MC200708 / 20-010144

Phase II Study of Pemetrexed and Pembrolizumab in Recurrent and/or Metastatic Salivary Gland Malignancies

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RESEARCH PARTICIPANT CONSENT AND PRIVACY AUTHORIZATION FORM

Study Title: MC200708 Phase II Study of Pemetrexed and Pembrolizumab in Recurrent and/or Metastatic Salivary Gland Malignancies

IRB#: 20-010144

Principal Investigator: Katharine A. Price, M.D. and Colleagues

Key Study Information

This section provides a brief summary of the study. It is important for you to understand why the research is being done and what it will involve before you decide. **Please take the time to read the entire consent form carefully and talk to a member of the research team before making your decision.** You should not sign this form if you have any questions that have not been answered.	
It's Your Choice	This is a research study. Being in this research study is your choice; you do not have to participate. If you decide to join, you can still stop at any time. You should only participate if you want to do so. You will not lose any services, benefits or rights you would normally have if you choose not to take part.
Research Purpose	The purpose of this research is to evaluate the possible risks of pembrolizumab when taken with pemetrexed. Pembrolizumab is an anti-PD1 antibody that has been approved by the FDA for the treatment of many different kinds of cancers. Pembrolizumab is not yet approved by the FDA for treating salivary gland cancers. You have been asked to take part in this research because you have a salivary gland cancer that has returned or spread (metastasized) since your most recent treatment.
What's Involved	Study participation involves about the same amount of time as regular care for your cancer.

Key Information	There are alternatives to taking part in this research The research team will discuss the other treatment options with you. The main risks from this study are due to the drugs being used to treat your cancer. Pembrolizumab is an investigational drug which has not been approved by the FDA for treating salivary gland cancers, although the FDA is allowing pembrolizumab to be used in this study. The risks associated with study participation are completely described later in this form. Be sure to review them carefully. There are no additional costs to you for taking part in this study. The costs are described later in this consent form. Be sure to review them carefully. While our study is research and not guaranteed to offer help, you may benefit from the treatment if it works.
Learn More	If you are interested in learning more about this study, read the rest of this form carefully. The information in this form will help you decide if you want to participate in this research or not. A member of our research team will talk with you about taking part in this study before you sign this form. If you have questions at any time, please ask us.

Making Your Decision

Taking part in research is your decision. Take your time to decide. Feel free to discuss the study with your family, friends, and healthcare provider before you make your decision. Taking part in this study is completely voluntary and you do not have to participate.

If you decide to take part in this research study, you will sign this consent form to show that you want to take part. We will give you either a printed or electronic copy of this form to keep. A copy of this form will be put in your medical record.

For purposes of this form, Mayo Clinic refers to Mayo Clinic in Arizona, Florida, and Rochester, Minnesota; Mayo Clinic Health System; and all owned and affiliated clinics, hospitals, and entities.

Contact Information

If you have questions about …	You can contact …
▪ Study tests and procedures ▪ Materials you receive ▪ Research-related appointments ▪ Research-related concern or complaint ▪ Research-related injuries or emergencies ▪ Withdrawing from the research study	**Principal Investigator(s):** Dr. Katharine Price (MN) Dr. Ashish Chintakuntlawar (AZ) **Phone:** MN: (507) 284-2511 AZ: (480) 301-8000 **Institution Name and Address:** Mayo Clinic 200 First St SW Rochester, MN 55905 Mayo Clinic 5777 E Mayo Boulevard Phoenix, AZ 85054
▪ Rights of a research participant	**Mayo Clinic Institutional Review Board (IRB)** **Phone:** (507) 266-4000 **Toll-Free:** (866) 273-4681
▪ Rights of a research participant ▪ Any research-related concern or complaint ▪ Use of your Protected Health Information ▪ Stopping your authorization to use your Protected Health Information ▪ Withdrawing from the research study	**Research Participant Advocate (RPA)** **(The RPA is independent of the Study Team)** **Phone:** (507) 266-9372 **Toll-Free:** (866) 273-4681 **E-mail:** ResearchParticipantAdvocate@mayo.edu
▪ Billing or insurance related to this research study	**Patient Account Services** **Toll-Free:** (844) 217-9591

Other Information:
A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

A description of this research study will be available on http://www.clinicaltrials.mayo.edu. This website will not include information that can identify you. You can search this website at any time.

Why are you being asked to take part in this research study?

You are being asked to take part in this research study because you have salivary gland cancer that is advanced or has metastasized.

About 45 people will take part in this study at Mayo Clinic.

Why is this research study being done?

The purpose of this study is to evaluate whether pembrolizumab, an immunotherapy drug, in combination with the chemotherapy drug, pemetrexed, has an effect on advanced salivary gland cancer.

Pembrolizumab and pemetrexed are not approved by the U.S. Food and Drug Administration (FDA) for the treatment of advanced salivary gland cancer. However, the FDA has allowed the use of these drugs in this research study.

Information you should know

Who is Funding the Study?
Merck and Co. is providing funding to Mayo Clinic to cover the costs of running the study. Merck is also providing pembrolizumab for use in this study.

Information Regarding Conflict of Interest:
Your healthcare provider may be referring you to this research study. If your healthcare provider is also an investigator on this study, there is the chance that his or her responsibilities for the study could influence his or her recommendation for your participation.

If you prefer, your healthcare provider will be happy to refer you to another investigator on the research study team for you to decide if you want to participate in the study and to see you for the research study activities while you are in the study.

How long will you be in this research study?

You will be in this study until your cancer gets worse ("progresses") or you have side effects that you cannot tolerate.

You may receive treatment with pembrolizumab for up to 2 years (35 cycles).

After you complete treatment, we will follow your health for up to five years after you start this study. We may review your medical records, telephone you, or send you a request for information through the patient portal.

What will happen to you while you are in this research study?

Before you can take part in this study, you will need to have the following tests and procedures:

- Medical history and physical exam including performance status (assessment of your activity level), height, weight, and vital signs (temperature, blood pressure)
- Routine blood testing
- Routine imaging of your cancer
- Pregnancy test if you are able to become pregnant

These tests and procedures are part of regular care for your cancer.

If you are eligible and willing to take part in this study, you will sign this informed consent form and have the following:

- We will collect blood samples (about 2.5 tablespoons) for research before you start treatment.

Once you start the study, you will be treated in cycles. A treatment cycle is defined as 21 days. Both pembrolizumab and pemetrexed are given by intravenous (IV) infusion on Day 1 of every cycle. You will need to return to the clinic every three weeks for testing prior to getting treatment.

You will have the following tests and procedures prior to every cycle:

- Medical history and physical exam including performance status, weight, and vital signs (temperature, blood pressure)
- Routine blood testing

You will have the following tests and procedures at the end of every third cycle

- Routine imaging of your cancer
- Routine blood samples with additional blood taken for research (about 2 tablespoons)

You may receive treatment with pembrolizumab for up to 2 years (35 cycles).

After you finish treatment on this study, we will follow your health for up to five years. We may review your medical records, telephone you, or send you a request for information through the patient portal.

If there are new findings about pembrolizumab and pemetrexed that may affect your willingness to participate in this study, we will let you know.

If you had a tumor tissue biopsy as part of your clinical care and there is tumor tissue that is not needed for your clinical care, a portion of this tissue will be requested for research on this study.

Your tissue will be tested for PD-L1. PD-L1 is the biomarker on the tumor targeted by the study drug, pembrolizumab. This testing is part of standard clinical care.

What are the possible risks or discomforts from being in this research study?

Risks and side effects of pembrolizumab (MK-3475)
The study doctors believe that the side effects listed below can be caused by pembrolizumab.

Very common side effects (≥20%) seen in people taking pembrolizumab include the following:

- Frequent or excessive bowel movements or diarrhea
- Cough
- Itching of the skin (pruritus)

Common side effects (5-20%) seen in people taking pembrolizumab include the following:

- Decreased release of thyroid hormone (hypothyroidism) that may appear as feeling tired, weight gain, feeling cold easily, or bowel movements occurring less often than usual
- Loss of salt in the blood - may feel tired, confused, have a headache, have a muscle cramps, and/or feel sick to your stomach (hyponatremia)
- Loss of skin color (vitiligo)
- Pain or uncomfortable feeling in the belly
- Pain in the joints
- Back pain

Uncommon side effects (1-5%) seen in people taking pembrolizumab include the following:

- Inflammation of the lungs, so you may feel short of breath and cough (pneumonitis)
- Too much thyroid hormone, so you may feel anxious, feel angry, have trouble sleeping, feel weak, tremble, sweat, feel tired, have loose and watery stools (hyperthyroidism)
- Infusion reaction, where you may feel dizzy or faint, feel flushed, get a rash, have a fever, feel short of breath, experience a decrease in your blood pressure at the time of receiving your infusion (IV) or just after, or have pain at the site of infusion
- Inflammation of the bowels/gut, which may cause severe pain in your belly with loose or watery stools, and black, tarry, sticky stools or stools with blood or mucus (colitis)
- Inflammation of the skin so you may have peeling of the skin, itchiness, and/or skin redness. The skin inflammation (i.e., peeling, itching and redness) could also be widespread throughout your body. More severe skin reactions may involve the inside of your mouth, the surface of your eye and genital areas, and/or may cause the top layer of your skin to peel from all over your body which can cause severe infection (Severe skin reactions, including Stevens-Johnson syndrome or toxic epidermal necrolysis)

Rare Serious Adverse Events (seen in <1% of all people treated with pembrolizumab)

- Inflammation of the brain with trouble thinking clearly or easily confused and fever - may also include: disorientation, memory problems, seizures (fits), changes in personality and behavior, difficulty speaking, weakness or loss of movement in some parts of your body, and loss of consciousness (encephalitis)
- Inflammation of the thyroid gland an organ that makes and stores thyroid hormones which may cause fast or uneven heartbeats, change in blood pressure or body temperature, and affect the rate at which food is converted into energy (thyroiditis)
- Inflammation of the pancreas a gland in your abdomen that controls sugar levels (pancreatitis)- symptoms may include: abdominal pain in the top part of your belly that radiates to the back, swollen or tender abdomen, fever, nausea and vomiting that gets worse when you eat

- Inflammation of the muscles that may result in weakness or pain in the muscles (myositis)
- Inflammation of the eye, so you may have eye redness, blurred vision, sensitivity to light, eye pain, see floaters or have headaches (uveitis)
- Inflammation of the kidneys causing them not to work as well, you may pass less urine, have cloudy or bloody urine, you may have swelling and low back pain (nephritis)
- Inflammation of the pituitary gland (a gland in the head), which may appear as headache, nausea, a sensation of the room spinning around you, changes in behavior, double vision, few to no menstrual cycles, weakness, vomiting and dizziness, or fainting (hypophysitis)
- Adrenal glands (glands on top of the kidneys) may not make enough hormone, which could cause tiredness, weight loss, muscle weakness, feeling faint, having joint, muscle and belly pain, nausea, vomiting, loose or watery stools, fever, salt craving, and sometimes darkening of the skin like a suntan (adrenal insufficiency)
- Inflammation of the liver which may make you feel sick to your stomach and vomit, feel like not eating, feel tired, have a mild fever, a pin in the right side of your belly, may cause yellowing of the skin or eyes and dark urine (hepatitis)
- Type 1 diabetes, a condition that can cause too much sugar in your blood, feeling thirstier than usual, frequent urination and weight loss – you would need regular insulin shots
- Inflammation of the middle layer of the heart wall, which may cause your heart to have difficulty pumping blood throughout your body, and can cause chest pain, shortness of breath, and swelling of the legs. You may experience a fast or irregular heartbeat that may cause dizziness or fainting (myocarditis)
- A condition that may make you feel weak and tired and may cause drooping of the eyelids, blurred or double vision, difficulty swallowing, slurred speech, weakness in arms and legs or difficulty breathing (myasthenic syndrome, myasthenia gravis, or worsening of existing myasthenia gravis)
- Inflammation of the nerves that may cause pain, weakness, or tingling in your hands and feet and may spread to your legs, arms, and upper body, leading to severe muscle weakness and possible temporary paralysis (Guillain-Barre Syndrome)
- The formation of small clusters of immune cells (called granulomas) in part of your body such as your lymph nodes, eyes, skin, or lungs (sarcoidosis)
- Inflammation of the spinal cord with pain, numbness, tingling, or weakness in the arms or legs, bladder or bowel problems including needing to urinate more frequently, urinary incontinence, difficulty urinating, and constipation (myelitis)
- Inflammation of the blood vessels (vasculitis) – symptoms will depend on the particular blood vessels involved in the inflammatory process, for example, if it is your skin you may get a rash; if it is your nerves not getting enough blood you could have numbness or weakness, may cause fever, headache, weight loss, and fatigue

Additionally, since pembrolizumab was approved in September 2014, the following side effects have been reported by people receiving pembrolizumab.

These side effects were voluntarily reported from a group of people of unknown size. It is not possible to estimate the frequency of this side effect:

- Inflammation of the joints which may include joint pain, stiffness and/or swelling (arthritis)
- Severe responses of the immune system that cause the body to attack its own blood cells, spleen, liver, lymph nodes, skin and brain. This reaction may include fever, rash, inflammation of the liver, yellowing of the skin, enlarged liver and spleen, low blood counts, and enlarged lymph nodes. The nervous system may also be affected and cause confusion, seizures, and even coma (hemophagocytic lymphohistiocytosis (HLH))
- Changes in eyesight, eye pain, whitish patches on the skin and hearing loss (Vogt-Koyanagi-Harada (VKH) Syndrome)
- Inflammation and scarring of the bile ducts (tubes that carry digestive fluid that is made in the liver) - which can cause symptoms similar to those seen with inflammation of the liver (hepatitis) such as pain in right side of your belly, yellow eyes and skin, feeling tired, and itching (sclerosing cholangitis)

We do not know all the side effects that may occur with pembrolizumab. Other less common side effects have been reported. The study doctor or staff can discuss these with you.

It has been reported that immune-related side effects from pembrolizumab including some that could be life-threatening can occur even after patients are no longer taking the drug.

Risks and side effects of pemetrexed

Likely risks of Pemetrexed (*events that occur > 20%*)

- Decreased white blood cells, which are the infection fighting cells, which could put you at risk for infection (leukopenia)
- Decrease in red blood cells, which are the oxygen carrying cells, which could make you feel tired (anemia)
- Feeling sick to the stomach (nausea)
- Throwing up (vomiting)
- Excessive or abnormal loss of body fluids (dehydration)
- Loose stools (diarrhea)
- Mouth and throat sores (stomatitis/pharyngitis)
- Loss of appetite, not feeling hungry (anorexia)
- Hair loss (alopecia)
- Abdominal (stomach) pain

- Itchy skin rash, which may progress to become serious
- Shortness of breath or difficulty breathing (dyspnea)
- Generalized weakness and loss of strength (asthenia)
- Cough
- Headache
- Feeling tired (fatigue)

Less likely risks of Pemetrexed (*events that occur less ≤ 20%*)

- Abnormal liver function tests which may indicate that your liver is not functioning properly
- Decreased number of blood cells (platelets) that help to clot the blood (which could put you at increased risk of bleeding) (thrombocytopenia)
- Decrease in kidney function
- Fever (pyrexia)
- Difficulty in passing stool (constipation)
- Burning, itchy, red, sore eyes with lots of watering
- Infection in the blood with fever (caused by a fall in the number of white blood cells)
- Inflammation of the skin (swelling, redness, pain)
- Infection in the bladder and/or kidney (urinary tract infection)
- Blood clots
- Increase in body fluid (swelling)
- Sores on the skin or local redness, pain, and/or swelling at the site of the injection
- Infection of the skin and surrounding tissue (cellulitis)
- Indigestion or heartburn (dyspepsia)
- Change in taste sensation (dysgeusia)
- Chest pain that occurs when your heart doesn't get enough oxygen. It can be a warning sign of a heart attack (angina – unstable)
- Lack of oxygen to the heart muscle which can cause damage to the heart (heart attack)
- Increased heart rate
- Numbness, tingling, or inflammation of the nerves (usually in the hands and feet), which may be painful (peripheral neuropathy)
- Inflammation/infection of the lungs (pneumonitis/pneumonia)
- Difficulty falling or staying asleep (insomnia)
- Abnormal heartbeat (arrhythmia)
- Bleeding from the stomach, large intestine and/or small intestine (gastrointestinal bleeding)
- Blockage in the intestines (bowel obstruction)
- Infection around the eye, also called pink eye (conjunctivitis)

- Damage to the kidneys, which may be temporary or permanent (nephropathy/acute renal failure)

Rare but serious risks of pemetrexed (*events that occur less than 2-3% of time*)

- Fever, chills, swelling of body, shortness of breath (allergic reaction)
- Inflammation in the colon (colitis) has been reported in patients taking pemetrexed

You should not take aspirin and aspirin-like drugs (NSAIDS like Advil®, Motrin®, Aleve®, etc.) for two days before getting treatment, on the day of treatment, and for two days after getting the treatment. Aspirin and aspirin-like drugs can cause trouble with the body's ability to remove pemetrexed, raising the risk of low blood counts that can lead to infections and bleeding. Tylenol may be used.

Blood draws
The risks of drawing blood include pain, bruising, lightheadedness, and/or fainting, or rarely, infection at the site of the needle stick.

Genetic Information Nondiscrimination Act (GINA)
The Genetic Information Nondiscrimination Act (GINA) may help protect you from health insurance or employment discrimination based on genetic information.

The law provides that health insurance companies and group health plans:

- May not ask for genetic information from this research and
- May not use genetic information when making decision about eligibility or premiums

The law will not stop health insurance companies from using genetic information to decide whether to pay claims. The law also will not help you get other types of insurance (such as: life, disability or long-term care).

Risks Associated with Genomic Testing
Despite the GINA protections and the best efforts of the research team, there may still be a risk if information about you were to become known to people outside of this study.

Genetic information is unique to you, even without your name or other identifiers. For this reason, genetic information like DNA may be used to identify you and possibly your family members. We have procedures (such as, labeling your biospecimens with a password protected code known only to select research staff) to prevent people working with your DNA from discovering if it belongs to you. However, there is the risk this can happen as new ways of tracing genetic information are being developed that may make re-identification of genetic information possible.

Unforeseeable Risks
Many side effects go away shortly after the study drugs are stopped, but in some cases side effects can be serious, long lasting, or may never go away. There may be a risk of death. Some side effects may not be known. Side effects may range from mild to life-threatening.
Other drugs may be given to make side effects less serious and less uncomfortable. Talk to the researcher and/or your healthcare provider about side effects and ask any other questions.

This study involves testing your DNA, which is the genetic information you inherited from your parents (also known as genetic testing). This testing may include whole genome sequencing (mapping your entire genetic code). You will not be notified of the genetic test results and they will not be put into your medical record.

As with all research, there is a chance that confidentiality could be compromised; however, we take precautions to minimize this risk.

Are there reasons you might leave this research study early?

You may decide to stop at any time. You should tell your study doctor if you decide to stop and you will be advised whether any additional tests may need to be done for your safety.

In addition, the study doctor; the study sponsor, Mayo Clinic; or Merck & Co. may stop you from taking part in this study at any time:

- If it is in your best interest,
- If you don't follow the study procedures,
- If the study is stopped,
- For administrative reasons, including competitive enrollment.

If any new information becomes available that may be relevant to your willingness to continue participation in this research study, the study team will inform you in a timely manner.

If you choose to withdraw from this clinical trial, your original consent to data or sample processing is still valid. Any results obtained from testing of your samples can still be used by the Sponsor. However, no other new samples will be collected, and you may also request that no new analyses be performed after withdrawal. If you decide at any time during the period of the trial that you want any of your submitted samples withdrawn, you will need to contact your study doctor in writing, who will then contact the laboratory to have your samples destroyed. However, any results already obtained from testing of your samples can still be used.

What if you are injured from your participation in this research study?

Where to get help:
If you think you have suffered a research-related injury, you should promptly notify the Principal Investigator listed in the Contact Information at the beginning of this form. Mayo Clinic will offer care for research-related injuries, including first aid, emergency treatment and follow-up care as needed.

Who will pay for the treatment of research related injuries:
Care for such research-related injuries will be billed in the ordinary manner, to you or your insurance. You will be responsible for all treatment costs not covered by your insurance, including deductibles, co-payments and coinsurance. The study will not offer free medical care or payment for any bad side effects from taking part in this study.

What are the possible benefits from being in this research study?

This study may not make your health better. However, others with salivary gland cancers may benefit in the future from what we learn in this research study.

What alternative do you have if you choose not to participate in this research study?

You don’t have to be in this study to receive treatment for your condition. Your other choices may include: treatment for your cancer without being on a study, treatment on a different research study, or no treatment. Talk to the Principal Investigator or your doctor if you have any questions about any of these alternative treatments or procedures.

What tests or procedures will you need to pay for if you take part in this research study?

You won't need to pay for tests and procedures which are done just for this research study. These tests and procedures are:

- Research testing on blood and tissue
- The study drug, pembrolizumab, and its administration

The study drug, pembrolizumab, will be given to you at no cost. You and/or your insurance might also have to pay for other drugs or treatments given to help control side effects.

You and/or your insurance will need to pay for all other tests and procedures that are part of this research study and/or needed for your clinical care including copayments and deductibles. These costs include:

- The cost of pemetrexed and the costs to administer pemetrexed
- Routine clinical exams
- Routine testing of blood and tissue including PD-L1 testing on tissue
- Routine imaging of your cancer

Before you take part in this study, you should call your insurer to find out if the cost of these tests and/or procedures will be covered. You will have to pay for any costs not covered by your insurance.

If you have billing or insurance questions call Patient Account Services at the telephone number provided in the Contact Information section of this form.

Will you be paid for taking part in this research study?

You will not be paid for taking part in this study.

There is a very small chance that some commercial value may result from the use of your donated samples. This could include new products like a drug or a test to diagnose a disease. If that happens, you won't be offered a share in any profits.

Will your information or samples be used for future research?

We would like to keep your information and samples for future research. You can still take part in this current study even if you don't want your information or samples used for future research.

Researchers at Mayo Clinic who aren't involved with this study may ask to use your sample for future research. Researchers at other institutions may also ask for a part of your sample for future studies. Researchers at other institutions may also ask for a part of your information and/or samples for future studies. Unless you indicate otherwise, the future research may be on any topic. No direct benefits to you are expected from the future research. Your information and/or samples will only be shared consistent with your consent, and with all applicable laws and regulations.

If you approve release of your information and/or samples by checking 'yes' below, Mayo may send the information and/or samples to researchers who request them, but Mayo will not send your name, address, phone number, social security number, or any other identifying information with the information and/or samples. Your information and/or samples may be sent with a code, and only the researchers for this study at Mayo Clinic would be able to link the code to you.

Some future studies may examine your DNA, which is the genetic information you inherited from your parents (genetic testing). If there are findings which may be useful for your health care, the researchers may contact Mayo Clinic, so Mayo Clinic can give you the option of learning the results. You would be given general information on the potential risks, benefits, and costs of choosing to learn about the findings.

To support future research, de-identified genetic information may be placed in databases accessible by the internet. Some of the information may be available to anyone using the internet, and some will be released only to approved researchers. Combined study information (including genomic summary results) may be published, but the information will not identify you.

Even though information traditionally used to identify you will not be shared, people may develop ways in the future to allow someone to link your genetic information back to you. For this reason, confidentiality cannot be guaranteed. It is also possible that re-identified information could be used in discriminating ways, and there could be additional unknown risks. We will make every effort to protect your confidentiality.

Please read the following statements and mark your choices:

1. I permit my information and samples to be stored and used in future research to learn about, prevent or treat cancer at Mayo Clinic:

☐ Yes ☐ No Please initial here: _____Date: _____

2. I permit my information and samples to be stored and used in future research at Mayo Clinic to learn about, prevent, or treat any other health problems (for example: causes of diabetes, heart disease, and Alzheimer's, or genetic links to alcoholism):

☐ Yes ☐ No Please initial here: _____Date: _____

3. I permit Mayo Clinic to give my information and samples to researchers at other institutions:

☐ Yes ☐ No Please initial here: _____Date: _____

4. I agree to have my coded genetic information and coded medical information placed in password-protected secured databases for research analyses.

☐ Yes ☐ No Please initial here: _____Date: _____

5. I agree that my study doctor, or someone on the Mayo Clinic study team, may contact me to see if I wish to participate in other research in the future.

☐ Yes ☐ No Please initial here: _____Date: _____

You may withdraw your consent for future use of your information and/or samples at any time, by writing to the Principal Investigator at the address provided in the "Contact Information" section of this consent form.

Your information and/or samples would be removed from any repository where they are stored, if possible. Information and/or samples already distributed for research use will not be retrieved. Because we cannot predict how your sample will be used in the future, we cannot promise that samples can be retrieved and destroyed.

It is possible that information identifying your samples or your data could be removed. These samples and data will no longer be linked to you. If that were to happen, the samples and data

could be used for future research studies or given to another researcher without asking for your permission.

How will your privacy and the confidentiality of your records be protected?

Mayo Clinic is committed to protecting the confidentiality of information obtained about you in connection with this research study. All of your research samples transferred to the Mayo Clinic or designee will be labeled with a code number and kept in locked storage. Only your study doctor will be able to link your samples with your identity. No one working with your samples will know your identity. If the results of the research are made public, information that identifies you will not be used.

During this research, information about your health will be collected. Under Federal law called the Privacy Rule, health information is private. However, there are exceptions to this rule, and you should know who may be able to see, use and share your health information for research and why they may need to do so. Information about you and your health cannot be used in this research study without your written permission. If you sign this form, it will provide that permission (or "authorization") to Mayo Clinic.

Your health information may be collected from:

- Past, present and future medical records.
- Research procedures, including research office visits, tests, interviews and questionnaires.

Your health information will be used and/or given to others to:

- Do the research.
- Report the results.
- See if the research was conducted following the approved study plan, and applicable rules and regulations.

Your health information may be used and shared with:

- Mayo Clinic research staff involved in this study.
- Other Mayo Clinic staff involved in your clinical care.
- Researchers involved in this study at other institutions.
- The sponsor(s) of this study and the people or groups hired by the sponsor(s) to help perform this research.
- The Mayo Clinic Institutional Review Board that oversees the research.

- Federal and State agencies (such as the Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health and other United States agencies) or government agencies in other countries that oversee or review research.
- A group that oversees the data (study information) and safety of this research.

How your information may be shared with others:

While taking part in this study, you will be assigned a code that is unique to you, but does not include information that directly identifies you. This code will be used if your study information is sent outside of Mayo Clinic. The groups or individuals who receive your coded information will use it only for the purposes described in this consent form.

If the results of this study are made public (for example, through scientific meetings, reports or media), information that identifies you will not be used.

In addition, individuals involved in study oversight and not employed by Mayo Clinic may be allowed to review your health information included in past, present, and future medical and/or research records. This review may be done on-site at Mayo Clinic or remotely (from an off-site location). These records contain information that directly identifies you. However, the individuals will not be allowed to record, print, or copy (using paper, digital, photographic, or other methods), or remove your identifying information from Mayo Clinic.

Is your health information protected after it has been shared with others?

Mayo Clinic asks anyone who receives your health information from us to protect your privacy; however, once your information is shared outside Mayo Clinic, we cannot promise that it will remain private and it may no longer be protected by the Privacy Rule.

Your Rights and Permissions

Participation in this study is completely voluntary. You have the right not to participate at all. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to sign this form, but if you do not, you cannot take part in this research study.

Deciding not to participate or choosing to leave the study will not result in any penalty. Saying ‘no’ will not harm your relationship with your own doctors or with Mayo Clinic.

If you cancel your permission for Mayo Clinic to use or share your health information, your participation in this study will end and no more information about you will be collected; however, information already collected about you in the study may continue to be used.

You can cancel your permission for Mayo Clinic to use or share your health information at any time by sending a letter to the address below:

Mayo Clinic
Office for Human Research Protection
ATTN: Notice of Revocation of Authorization
Plummer Building PL 3-02
200 1st Street SW
Rochester, MN 55905

Alternatively, you may cancel your permission by emailing the Mayo Clinic Research Participant Advocate at: ResearchParticipantAdvocate@mayo.edu.

Please be sure to include in your letter or email:

- The name of the Principal Investigator,
- The study IRB number and /or study name, and
- Your contact information.

Your permission for Mayo Clinic to use and share your health information lasts forever, unless you cancel it.

Enrollment and Permission Signatures

Your signature documents your permission to take part in this research.

Printed Name Date (mm/dd/yyyy) Time (hh:mm am/pm)

Signature

Person Obtaining Consent

- I have explained the research study to the participant.
- I have answered all questions about this research study to the best of my ability.

Printed Name Date (mm/dd/yyyy) Time (hh:mm am/pm)

Signature