THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

Informed Consent

INFORMED CONSENT/AUTHORIZATION FOR PARTICIPATION IN RESEARCH WITH OPTIONAL PROCEDURES

Optimizing Preventative Adjuvant Linac-based Radiation: the OPAL Trial A Phase II/III Study of Hypofractionated Partial Breast Irradiation in Women with Early Stage Breast Cancer 2016-1035

Subtitle: 2016-1035

Study Chair: Benjamin Smith

_____ _____
Participant's Name Medical Record Number

This is an informed consent and authorization form for a research study. It includes a summary about the study. A more detailed description of procedures and risks is provided after the summary.

This research has been reviewed and approved by an Institutional Review Board (IRB - a committee that reviews research studies).

STUDY SUMMARY

The goal of this clinical research study is to find out how well a shortened schedule of radiation to the breast works compared to a standard schedule in breast cancer patients. Both schedules treat the same part of the breast, which is the area around where the cancer started. Researchers also want to learn about side effects of the shorter radiation schedule compared to the standard radiation schedule.

This is an investigational study. Radiation therapy will be delivered using FDA approved and commercially available methods. The shorter radiation treatment period is considered investigational. The study doctor can explain how radiation is designed to work.

Treating only the part of the breast where the cancer started may lead to fewer side effects than standard treatment. Future patients may benefit from what is learned. There may be no benefits for you in this study.

Your participation is completely voluntary. Before choosing to take part in this study, you should discuss with the study team any concerns you may have, including side effects, potential expenses, and time commitment. If you take part in this study, you may not be able to receive other standard treatment options.

You can read a list of potential side effects below in the Possible Risks section of this consent.

You will randomly be assigned to receive radiation for 1 to 1½ weeks (test schedule) or for 3 to 4 weeks (standard schedule).

You and/or your insurance provider will be responsible for the cost of radiation.

You may choose not to take part in this study. Instead of taking part in this study, you may choose to receive standard radiation outside of this study. You may choose to receive other investigational therapy, if available. The study doctor will discuss the possible risks and benefits of these treatments. You may choose not to have treatment for cancer at all. In all cases, you will receive appropriate medical care, including treatment for pain and other symptoms of cancer.

1. STUDY DETAILS

If you agree to take part in this study, one (1) time before you begin radiation treatment:

- You will complete 1 questionnaire about how your breast currently looks and feels. It should take about 10 minutes to complete the questionnaires.
- You will complete a second questionnaire about your financial well-being. It should take about 5 minutes to complete.
- The study team will take pictures of your breast to compare the way it looks before and after you begin receiving radiation. Your face will be covered (as much as possible) and will not be included in the pictures.
- If you can become pregnant, blood (up to 2 teaspoons) or urine will be collected for a pregnancy test before receiving radiotherapy. To take part in this study, you must not be pregnant.

You will be asked to repeat the financial well-being questionnaire 1 time during the last 4 weeks of radiation treatment.

You will no longer be able to receive radiation if intolerable side effects occur, or if you are unable to follow study directions. Your participation will be over after the 5 and a half-year follow-up visit, but doctors will continue to monitor your chart to learn about effectiveness of the treatment.

Up to 778 participants will be enrolled in this multicenter study at MD Anderson and Cancer Network sites.

Study Treatment Administration

If you agree to take part in this study and you are assigned to the shorter treatment course, you will receive 1 week of radiation (5 treatments) to the part of the breast where the disease first started. If the doctor thinks it is needed, additional radiation treatments as a "boost" will be given. These boost treatments will be delivered in 1 of 2 ways. They will either be done during the same time period as your 5 treatments, so that your treatment is not prolonged, or they will be given as 3 additional daily treatments that will start after you finish the first 5 treatments.

If you are assigned to the standard treatment course, you will receive 3 weeks of radiation (15 treatments) to the part of the breast where the disease first started. If the doctor thinks it is needed, you will have 5 additional radiation treatments as a "boost." The boost will be delivered to and focus more closely on the part of the breast where the disease first started.

The dose for each treatment of the “standard” treatment course is lower than the dose of each treatment for the “shorter” treatment course. The doctors running this study believe that the 2 treatment courses should be similar for both killing the cancer and for side effects.

Follow-Up Visits

About 6 months after you have finished receiving radiation, you will have a physical exam and complete the questionnaire about your financial well-being.

You will return for additional follow-up visits 1½, 3½, and 5½ years after you have finished receiving radiation. At each visit:

- You will complete the study questionnaire about how your breast looks and feels.
- You will complete the financial well-being questionnaire (only at the 1½ year visit).
- The study team will take pictures of both of your breasts.
- You will have a physical exam.

Your doctors will likely see you at other times as well during and after the study.

2. POSSIBLE RISKS

While on this study, you are at risk for side effects. These side effects will vary from person to person. The more commonly occurring side effects are listed in this form, as are rare but serious side effects. You should discuss these with the study doctor. You may also want to ask about uncommon side effects that have been observed in small numbers of patients but are not listed in this form. Many side effects go away shortly after treatment is stopped, but in some cases side effects may be serious, long-lasting or permanent, and may even result in hospitalization and/or death.

Tell the study staff about any side effects you may have, even if you do not think they are related to the study treatment.

Breast Radiation Therapy Side Effects

Common (occurring in more than 20% of patients)

• fatigue • swelling of the breast	• skin redness • skin peeling	• darkening of the skin • shrinking of the breast • breast pain

Occasional (occurring in 3-20% of patients)

• sores on the breast	• tissue scarring on the breast	• dilated red blood cells on the skin of the breast

Rare but serious (occurring in fewer than 3% of patients)

• decreased blood supply to the heart	• inflammation of the tissue around the heart (possible chest pain)	• heart inflammation • broken bones

Radiation therapy may cause you to develop another type of cancer. Side effects can occur even many years after radiation therapy is over.

Blood draws may cause pain, bleeding, and/or bruising. You may faint and/or develop an infection with redness and irritation of the vein at the site where blood is drawn. Frequent blood collection may cause anemia (low red blood cell count), which may create a need for blood transfusions.

Questionnaires may contain questions that are sensitive in nature. You may refuse to answer any question that makes you feel uncomfortable. If you have concerns after completing the questionnaires, you are encouraged to contact your doctor or the study chair.

Although every effort will be made to keep study data safe, there is a chance that your personal health information could be lost or stolen, which may result in a **loss of confidentiality**.

This study may involve unpredictable risks to the participants.

Pregnancy Related Risks

Taking part in this study can result in risks to an unborn or breastfeeding baby, so you should not become pregnant or breastfeed a baby while on this study. You must use birth control during the study if you are sexually active.

Birth Control Specifications: If you can become pregnant, you and your partner(s) must use an acceptable form of birth control while on study. Acceptable forms of birth

control are birth control pills, condoms for male partners, or surgical sterilization (tubes tied or both ovaries removed or hysterectomy for women; vasectomy or testicles removed for male partners).

Females: If you are pregnant, you will not be enrolled on this study. If you become pregnant or suspect that you are pregnant, you must tell your doctor right away.

Getting pregnant during radiation will result in your removal from this study.

OPTIONAL PROCEDURES FOR THE STUDY

Optional Procedures #1: You may also be asked to allow 1 saliva sample to be collected and used for TGF-beta genotype testing. To collect saliva, you will be asked to spit into a tube.

Optional Procedure Risks:
There are no expected risks from the saliva sample collection.

CONSENT/PERMISSION/AUTHORIZATION FOR OPTIONAL PROCEDURES

Circle your choice of "yes" or "no" for each of the following optional procedures:

Optional Procedure #1: Do you agree to allow saliva to be collected for genotype testing?

YES **NO**

3. COSTS AND COMPENSATION

If you suffer injury as a direct result of taking part in this study, MD Anderson health providers will provide medical care. However, this medical care will be billed to your insurance provider or you in the ordinary manner. You will not be reimbursed for expenses or compensated financially by MD Anderson for this injury. You may also contact the Chair of MD Anderson's IRB at 713-792-6477 with questions about study-related injuries. By signing this consent form, you are not giving up any of your legal rights.

Certain tests, procedures, and/or drugs that you may receive as part of this study may be without cost to you because they are for research purposes only. However, your insurance provider and/or you may be financially responsible for the cost of care and treatment of any complications resulting from the research tests, procedures, and/or drugs. Standard medical care that you receive under this research study will be billed to your insurance provider and/or you in the ordinary manner. Before taking part in this study, you may ask about which parts of the

research-related care may be provided without charge, which costs your insurance provider may pay for, and which costs may be your responsibility. You may ask that a financial counselor be made available to you to talk about the costs of this study.

Samples that are collected from you in this study may be used for the development of treatments, devices, new drugs, or patentable procedures that may result in commercial profit.

There are no plans to compensate you for any patents or discoveries that may result from your participation in this research.

You will receive no compensation for taking part in this study.

Additional Information

4. You may ask the study chair (Dr. Benjamin Smith, at 713-563-2300) any questions you have about this study. You may also contact the Chair of MD Anderson's Institutional Review Board (IRB - a committee that reviews research studies) at 713-792-6477 with any questions that have to do with this study or your rights as a study participant.

5. You may choose not to take part in this study without any penalty or loss of benefits to which you are otherwise entitled. You may also withdraw from participation in this study at any time without any penalty or loss of benefits. If you decide you want to stop taking part in the study, it is recommended for your safety that you first talk to your doctor. If you withdraw from this study, you can still choose to be treated at MD Anderson. If you withdraw from the study, the study staff may ask if they can continue collecting the results of routine care from your medical record.

6. This study or your participation in it may be changed or stopped without your consent at any time by the study chair, the U.S. Food and Drug Administration (FDA), the Office for Human Research Protections (OHRP), or the IRB of MD Anderson.

7. You will be informed of any new findings or information that might affect your willingness to continue taking part in the study and you may be asked to sign another informed consent and authorization form stating your continued willingness to participate in this study.

8. MD Anderson may benefit from your participation and/or what is learned in this study.

Future Research

Your personal information and/or samples are being collected as part of this study. These data and/or samples may be used by researchers at MD Anderson or shared with other researchers and/or institutions for use in future research.

Before being shared for future research, every effort will be made to remove your identifying information from any data and/or samples. If all identifying information is removed, you will not be asked for additional permission before future research is performed.

In some cases, all of your identifying information may not be removed before your data or samples are used for future research. If this research is performed at MD Anderson, the researchers must get approval from the Institutional Review Board (IRB) of MD Anderson before your data and/or samples can be used. At that time, the IRB will decide whether or not further permission from you is required. The IRB is a committee of doctors, researchers, and community members that is responsible for protecting study participants and making sure all research is safe and ethical.

If this research is not performed at MD Anderson, MD Anderson will not have oversight of any data and/or samples.

If you do not want your samples or data to be used for future research, tell the study doctor. You may withdraw your samples at any time by telling your study team. If you decide to withdraw your samples, they will be returned to the lab they came from or destroyed. However, the data and test results already collected from your samples will be kept and may be used.

Genetic Research

Samples collected from you as part of this study may be used for genetic research, which may include whole genome sequencing. Whole genome sequencing is a type of testing in which researchers study your entire genetic makeup (DNA). This may help researchers learn how changes in the ordering of genes may affect a disease or response to treatment. If genetic research is done with your samples, those who have access to those samples may be able to identify you. The results of this research may also be able to be linked to you.

A federal law, called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways:

- Health insurance companies and group health plans may not request your genetic information that we get from this research.
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums.
- Employers with 15 or more employees may not use your genetic information

that we get from this research when deciding to hire, promote, or fire you or when setting the terms of your employment.

Be aware that this federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance. Nor does this federal law prohibit discrimination based on an already known genetic disease or disorder.

Authorization for Use and Disclosure of Protected Health Information (PHI):

A. During the course of this study, MD Anderson will be collecting and using your PHI, including identifying information, information from your medical record, and study results. For legal, ethical, research, and safety-related reasons, your doctor and the research team may share your PHI with:
- Federal agencies that require reporting of clinical study data (such as the FDA, National Cancer Institute [NCI], and OHRP)
- The IRB and officials of MD Anderson
- Study monitors and auditors who verify the accuracy of the information
- Individuals who put all the study information together in report form

Study sponsors and/or supporters receive limited amounts of PHI. They may also view additional PHI in study records during the monitoring process. MD Anderson's contracts require sponsors/supporters to protect this information and limit how they may use it.

The results of this research may be published in scientific journals or presented at medical meetings, but your identity will not be disclosed.

B. Signing this consent and authorization form is optional but you cannot take part in this study or receive study-related treatment if you do not agree and sign.

C. MD Anderson will keep your PHI confidential when possible (according to state and federal law). However, in some situations, the FDA could be required to reveal the names of participants.

Once disclosed outside of MD Anderson, federal privacy laws may no longer protect your PHI.

D. The permission to use your PHI will continue indefinitely unless you withdraw your authorization in writing. Instructions on how to do this can be found in the MD Anderson Notice of Privacy Practices (NPP) or you may contact the Chief Privacy Officer at 713-745-6636. If you withdraw your authorization, you will be removed from the study and the data collected about you up to that point can be used and included in data analysis. However, no further information about you will be collected.

E. 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.

CONSENT/AUTHORIZATION

I understand the information in this consent form. I have had a chance to read the consent form for this study, or have had it read to me. I have had a chance to think about it, ask questions, and talk about it with others as needed. I give the study chair permission to enroll me on this study. By signing this consent form, I am not giving up any of my legal rights. I will be given a signed copy of this consent document.

_____ _____
SIGNATURE OF PARTICIPANT DATE

_____
PRINTED NAME OF PARTICIPANT

WITNESS TO CONSENT

I was present during the explanation of the research to be performed under this protocol.

_____ _____
SIGNATURE OF WITNESS TO THE VERBAL CONSENT PRESENTATION (OTHER THAN PHYSICIAN OR STUDY CHAIR) DATE

A witness signature is only required for non-English speakers utilizing the short form consent process (VTPS) and patients who are illiterate.

_____
PRINTED NAME OF WITNESS TO THE VERBAL CONSENT

PERSON OBTAINING CONSENT

I have discussed this research study with the participant and/or his or her authorized representative, using language that is understandable and appropriate. I believe that I have fully informed this participant of the nature of this study and its possible benefits and risks and that the participant understood this explanation.

_____ _____
PERSON OBTAINING CONSENT DATE

_____
PRINTED NAME OF PERSON OBTAINING CONSENT