Washington University in St. Louis

INFORMED CONSENT DOCUMENT

Project Title: Phase II Study of Stereotactic Body Radiotherapy and Focal Adhesion Kinase Inhibitor in Advanced Pancreas Adenocarcinoma

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This consent form describes the research study and helps you decide if you want to participate. It provides important information about what you will be asked to do during the study, about the risks and benefits of the study, and about your rights and responsibilities as a research participant. By signing this form you are agreeing to participate in this study.

- You should read and understand the information in this document including the procedures, risks and potential benefits.
- If you have questions about anything in this form, you should ask the research team for more information before you agree to participate.
- You may also wish to talk to your family or friends about your participation in this study.
- Do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.

KEY INFORMATION

This is a research study having to do with testing the drug defactinib when given with standard radiation therapy to treat borderline resectable or locally advanced (hereafter "advanced") pancreatic cancer. You are invited to be in this study because you have pancreatic cancer and your standard treatment would include radiation therapy, and you have already received standard chemotherapy for your disease. You should carefully consider the information in this consent document and discuss it with the research team. You should understand why you might want to participate, or why you might not want to participate. It is your choice whether to participate or not.

If you agree and sign this consent, you will be volunteering to participate in the research study. The research team must give you a copy of this signed consent document.

1. **What is this study about?**
   This study is looking at how adding the drug defactinib to standard treatment with radiation therapy affects the growth and spread of pancreatic cancer.

2. **Why should I consider participating?**
   The study doctors believe that adding defactinib to standard treatment will slow the spread of pancreatic cancer in people who have advanced disease. People with advanced pancreatic cancer are typically treated with routine chemotherapy with or without radiation therapy, and in this study we are adding a drug called defactinib to this treatment (you have already received your standard chemotherapy treatment). The study doctors believe that defactinib works in such a way that it will improve the effectiveness of the radiation therapy and therefore keep the cancer from spreading as quickly as it might otherwise spread.

3. What will I be asked to do?

People enrolling to this study will be randomly assigned, like a flip of the coin, to either the experimental arm or control arm. People who are assigned to the control arm will receive standard radiation therapy. People who are assigned to the experimental arm will have radiation therapy, but will also take the drug defactinib twice a day every day for up to 17 21-day cycles (up to 12 months) beginning on the second day of radiation. Everyone will have routine scans to check the status of their disease and will have regular follow-up visits after stopping treatment. Everyone will also be asked to undergo two research biopsies: one will be before beginning radiation therapy and the other will be either when they have surgery (if they're scheduled for surgery the surgical specimen will count as the biopsy) or 12 weeks after they finish radiation therapy (if they're not scheduled for surgery). Study visits may take as little as half an hour (on radiation-only days) or as long as 4 to 8 hours (on imaging or biopsy days). People who are assigned to the control arm will receive treatment for 1-2 weeks and will be followed for a total of 12-14 weeks, but people who are assigned to the experimental arm will be in the study for approximately 3 years. They will receive treatment for up to 12 months and be followed for 2 years.

You may choose to stop participating and withdraw from the study at any time. If you withdraw from the study, the research team may continue to use the information already collected about you.

4. What are the risks?

There are some risks to you if you agree to volunteer for this study. The most common risks are nausea and tiredness (caused by defactinib) and nausea, vomiting, and skin effects like redness, peeling, or burning (caused by radiation therapy). The risks to you are described in more detail later in this consent document.

5. What are the benefits to me? To others?

There may be no direct benefit to you. However, this may benefit others in the future because it will help researchers learn more about how to effectively treat advanced pancreatic cancer.

6. Is there any financial cost to me?

As part of this study, you will receive tests and procedures that are similar to what you would receive during routine clinical care of your condition. Your insurance company will be billed for some or all of these costs, and you will be responsible for any co-pays and deductibles that are normally required. The defactinib will be provided as part of your participation in this study.

7. Will my information be confidential?

Yes, your identity will be kept confidential. Your information will be available only to those who are working on this study.

8. Who is the sponsor?

The study is sponsored by Washington University and the National Institutes of Health (NIH). The manufacturer of defactinib (Verastem) is not sponsoring this study.

WHAT IS THE PURPOSE OF THIS STUDY?

This is a research study. We invite you to participate in this research study because you have been diagnosed with pancreatic cancer that is considered locally advanced that may or may not be able to be removed surgically.

The purpose of this research study is to look at how your disease responds to treatment with standard chemotherapy followed by radiation therapy combined with a drug called defactinib. We are looking at how this treatment regimen affects the way your disease grows or spreads as well as what side effects you experience during the course of treatment. Not everyone enrolling in this study will receive defactinib. People enrolling will be randomly assigned to receive radiation therapy OR the radiation therapy, and defactinib. In this study, for every one person assigned to the control arm (just radiation therapy), six people will be assigned to the experimental arm (radiation therapy and defactinib).

Defactinib is considered investigational, which means that it has not been approved by the U.S. Food and Drug Administration.

The radiation therapy is considered routine and would be given even if you were not participating in this study.

WHAT WILL HAPPEN DURING THIS STUDY?

All treatment will be given in either the outpatient or inpatient setting at Siteman Cancer Center. We feel it is important to remind you that any procedures regardless of whether they are tests you would have if you did not take part in the research or are research-related will require you to remain at the Siteman Cancer Center up to several hours to complete the necessary testing. There may also be a wide variability in the length of clinic visits due to the unique characteristics of your medical history and health condition as well as due to clinic factors such as physician availability, staffing shortages, and weather delays. This will also vary depending upon your needs at the visit as determined by your physician. It is important that you are able to be available to complete the procedures at each visit to ensure that your safety and treatment needs are met.

Before you begin study treatment:

You will need to have the following screening exams, tests, or procedures to find out if you can continue to be in the study. Most of these procedures are part of regular cancer care and may be done even if you do not join the study. If you have had some of them recently, they may not need to be repeated. This will be up to your study doctor.

- Physical exam, including taking of vital signs, measuring your height and weight, reviewing your medical history, and talking about any symptoms or health problems you're having
- Confirmation that you have received or are receiving standard chemotherapy
- ECG (electrocardiogram) to check the function of your heart. You will be asked to lie flat on a table and several small electrode pads (like stickers) are stuck on your arms, legs, and chest. The electrodes are connected to a machine that records the electrical signals of each heartbeat and monitors how your heart is working.
- Blood draw to check your counts and organ function (approximately 2 teaspoons of blood will be drawn from a vein in your arm)
- Blood draw to check tumor markers (approximately 4 teaspoons)

- Blood draw to check how your blood clots (approximately ½ teaspoon of blood will be drawn)
- Blood draw to check C-reactive protein and ESR levels; these tests look for inflammation (approximately 1 teaspoon of blood will be drawn)
- Pregnancy test if you are of childbearing potential (blood or urine; if blood, approximately ½ teaspoon of blood will be drawn from a vein in your arm)
- Imaging to check the status of your disease. In some cases, a contrast medium will be used and you must not eat or drink anything for 4 hours before the test (the doctor will tell you if this is the case). A "contrast medium" is a liquid or solid that helps make a sharper image from the scan. Before the scan, you will need to remove all jewelry. During the scan, you will lie on your back on an X-ray table. A strap may be placed across your body to prevent movement so that the X-ray will be clear. The table will then slide into a large tunnel-shaped machine.

  The preferred type of imaging being used in this study is a CT (computed tomography) scan. A CT scanner uses x-rays to create a picture of the bones and soft tissues in your body. If you are unable to have a CT scan for any reasons, you may have an MRI scan (magnetic resonance imaging) or PET (positron emission tomography) scan (combined with a CT scan) instead. An MRI scanner uses a magnet, radio waves, and computer equipment to produce images of structures in your body. Because it uses a very strong magnet, you may not be able to have an MRI if you have certain kinds of metal in your body. Someone will ask you questions about this before an MRI is scheduled. A PET/CT scanner uses a radioactive dye (called a tracer) combined with a CT scanner to create pictures of the inside of your body.

It is possible that after your medical history, tests, and procedures are reviewed, you will not be able to continue in this study.

If this occurs, your study doctor will go over the reasons with you. If you are not able to continue in this study, you may receive treatment with radiation off study.

Procedures throughout the study:
If you are eligible to continue in this study, you will be randomly assigned to either the control arm or the experimental arm. For every one person assigned to the control arm (just radiation therapy), six people will be assigned to the experimental arm (radiation therapy and defactinib). You will also have the following procedures done before you begin study treatment:

- Biopsy for research purposes; the most common method of retrieving a small piece of your tumor tissue is using an endoscope. An endoscope is a tube that is put through the mouth into the stomach and small intestine. Before putting, the tube into the mouth medication is given to numb the throat and an IV is given for sedation. However, depending on the location of your tumor, a different procedure using a needle guided through your abdomen may be used.
- Blood draw (4 teaspoons) for research purposes
- Any tissue that you have already had removed as part of your standard care will be requested for research purposes
- All patients will receive standard chemotherapy prior to beginning the study treatment (radiation therapy alone, or radiation therapy with the addition of defactinib).

You will then begin treatment. Everyone will have 5 fractions (doses) of radiation therapy. People who

are assigned to the experimental arm will begin treatment with defactinib on the same day as the second fraction of radiation.

Defactinib is an oral drug which you will take twice a day every day for up to 17 21-day cycles. You should take defactinib at the same times each day immediately after a meal. If a scheduled dose is missed and fewer than 6 hours have passed since the scheduled dosing time, you should immediately take that dose. If more than 6 hours have passed, do not take the missing dose. You will be asked to complete a medication diary and bring it to your office visit at the end of each cycle. You should not eat grapefruit, drink grapefruit juice, or take St. John's wort if you are taking defactinib.

People who are assigned to the experimental arm will have the following tests and procedures while they are receiving treatment with defactinib:

- Review of any symptoms or health problems (Day 1 of each cycle)
- Blood draw to check counts and organ function (approximately 2 teaspoons of blood will be drawn on Day 1 of each cycle)

Everyone will have the following tests and procedures 6 to 8 weeks and 12 to 14 weeks after the end of radiation therapy:

- Physical exam, including taking of vital signs, measuring your height and weight, reviewing your medical history, and talking about any symptoms or health problems you're having
- Blood draw to check your counts and organ function (approximately 2 teaspoons of blood will be drawn from a vein in your arm)
- Blood draw to check C-reactive protein and ESR levels (approximately 1 teaspoon of blood will be drawn)
- CT scan to check the status of your disease (or MRI or PET/CT)
- Biopsy for research purposes (12 to 14 weeks after the end of radiation therapy OR when you have surgery, if applicable)
- Blood draw (4 teaspoons) for research purposes

If you are in the experimental arm, you will then be followed every 3-4 months for two years. This follow-up will consist of a physical exam, blood draws to check your counts and organ function, and a CT scan (or MRI or PET/CT) to check the status of your disease.

Will you save my research information and biospecimens to use in future research studies?

We would like to use the tissue, blood, and data we are obtaining in this study for studies going on right now as well as studies that are conducted in the future, including future genetic research. These studies may provide additional information that will be helpful in understanding pancreatic cancer, or other diseases or conditions, including research to develop investigational tests, treatments, drugs or devices that are not yet approved by the U.S. Food and Drug Administration. It is unlikely that what we learn from these studies will have a direct benefit to you. There are no plans to provide financial compensation to you should this occur. By allowing us to use your tissue, blood, and data you give up any property rights you may have in the tissue, blood, and data.

This future research may include genetic research. Genes are a unique combination of molecules (called DNA) that we inherit from our parents. There are millions of tiny differences in our genes that determine

things like our height or the color of our eyes. Some of these differences may make some people more or less likely to develop certain diseases or conditions or to have certain characteristics. The future genetic research may include looking at the difference in genes between different groups of people.

We will share your tissue, blood, and data with other researchers. They may be doing research in areas similar to this research or in other unrelated areas. These researchers may be at Washington University, at other research centers and institutions, or industry sponsors of research. We may also share your research data with large data repositories (a repository is a database of information) for broad sharing with the research community. If your individual research data is placed in one of these repositories only qualified researchers, who have received prior approval from individuals that monitor the use of the data, will be able to look at your information.

If you change your mind and do not want us to store and use your tissue, blood, and data for future research you should contact the research team member identified at the top of this document. The tissue, blood, and data will no longer be used for research purposes. However, if some research with your tissue, blood, and data has already been completed, the information from that research may still be used. Also, if the tissue, blood, and data has been shared with other researchers it might not be possible to withdraw the tissue, blood, and data to the extent it has been shared.

Please place your initials in the blank next to Yes or No for each of the questions below:

My tissue, blood, and data may be stored and used for future research as described above.

_____ Yes **_____ No**
Initials **Initials**

- Unless you agree to future use as described above, your private information including tissue, blood, and data collected as part of this study will not be used or distributed for future research studies, even if identifiers are removed.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 42 people will take part in this study conducted by investigators at Washington University.

HOW LONG WILL I BE IN THIS STUDY?

If you agree to take part in this study and are assigned to the control arm, you will receive treatment for 1-2 weeks and will be followed for a total of 12-14 weeks. If you are assigned to the experimental arm, your treatment may last up to 12 months, and you will be followed for a total of two years. Each visit may range from 1 to 8 hours depending on what procedures and tests are happening at that visit.

WHAT ARE THE RISKS OF THIS STUDY?

You may experience one or more of the risks indicated below from being in this study. In addition to these, there may be other unknown risks, or risks that we did not anticipate, associated with being in this study.

Some risks described in this consent document, if severe, may cause death.

Risks of Defactinib

Common

- Nausea
- Diarrhea
- Feeling more tired than usual
- Vomiting
- Constipation
- Decreased appetite
- Increased levels of bilirubin, which could indicate liver problems
- Shortness of breath
- Cough
- Swelling in the feet and ankles
- Pain in the joints
- Headache

Other possible serious risks may include impaired fertility and defects to the unborn baby. While you are taking defactinib, you should use appropriate birth control.

All drugs have a potential risk of an allergic reaction, which if not treated promptly, could become life threatening. You should get medical help and contact the study doctor right away if you think you have any of the following symptoms of a serious allergic reaction: trouble breathing, or swelling of the face, mouth, lips, gums, tongue or neck. Other allergic reactions may include rash, hives, or blisters.

Drug-drug interactions:
If you start any new drugs (prescriptions, herbal and/or over the counter), inform your study doctor. How drugs react to each other can decrease how well your drugs work, may increase minor or serious unexpected side effects, or even increase the blood level and possible toxicity of a certain drug. Drug interactions with substances such as alcohol can also affect how your drugs work. Therefore, you should always discuss the use of any new drugs with your study doctor while you are participating in this study. Make sure to contact your doctor before starting blood thinning medications such as Warfin, Proton Pump Inhibitors (Prilosec, Prevacid etc), or antibiotics and antifungals.

Risks of Standard Radiation Therapy

Risks of radiation therapy may include tanning, redness, peeling, burning, or hair loss of the skin in the treated area. There is also a risk of nausea, vomiting, diarrhea, or fatigue. Less likely but possible late reactions that may occur months to years after treatment include injury to tissues in the treated area including the stomach, liver, small bowel, spinal cord, and kidneys leading to damage or abnormal function of one or several of these organs, bleeding ulcer (a break in the skin or lining of an organ), perforation (a small hole), or fistula (abnormal opening) of the stomach or bowel, renal dialysis or removal of damaged kidney, scarring and obstruction of the bowel which may require surgical treatment and permanent colostomy (an opening into the colon from the outside of the body which provides a new path for waste to leave the body after the colon has been removed), abnormal function of the small bowel which may require artificial (parenteral) nutrition, or liver failure.

Risks of Randomization

There is a risk you will be assigned to a treatment group that is not the one your doctor would have chosen for you.

Risks of Blood Draw

Taking blood may cause bruising at the place where the needle goes into the skin. Fainting and in rare cases infection may occur.

Risks of Tumor Biopsy

Your doctor will inform you in detail about the risks associated with biopsy. The level of risk will depend on where the tumor is located and the specific procedure by which the tumor is accessed. If a biopsy cannot be obtained with an endoscope, it may be necessary to biopsy through the skin (this is rare). In general, having a biopsy can cause pain, swelling, bleeding, and/or infection at the site where the biopsy penetrates through the skin. There is also the possibility that having this procedure may shift some cells from the tumor into the surrounding tissues that come in contact with the biopsy needle. This means that the tumor may spread to that particular area. Depending on the area of the biopsy, a local anesthetic (to numb the area) may be injected into the skin, or a sedative medication may be given orally or intravenously. The risks of this anesthetic are minimal and include bleeding, bruising, infection, and allergic reaction. The risks associated with use of a sedative are similar, but also include drowsiness, slurred speech, staggering gait, poor judgment, inflammation of the vein where medication is injected, low blood pressure, decreased breathing, and slowed reflexes. More serious complications to the endoscopic biopsy can include perforation (a whole in the intestine), and pancreatitis.

Risks of CT Scan

If you are scheduled for a CT with contrast, the dye that is injected into a vein for the scan is usually well tolerated. Some people feel dizzy, queasy, or get a headache when given the dye or notice a cold feeling near the injection site. There is a rare chance of having an allergic reaction to the dye that very rarely can be serious or life threatening. You must tell your doctor if you have had bad reactions to dyes before. There is also a rare chance that a CT scan may cause a malfunction of worn or implanted medical devices. If you have electronic medical devices implanted such as a pacemaker or a drug pump, please make sure you tell your study doctors and research staff. The CT scan may cause a malfunction of electronic medical devices.

Risks of PET/CT

A PET scan uses a radioactive tracer to make 3-D images of structures in your body. It is likely that you will experience discomfort from lying still on the enclosed scanning table. You may also experience claustrophobia. There is a slight risk of a possible allergic reaction to the injection of the radioactive tracer, which could include symptoms such as itching, a rash or hives, or difficulty breathing.

Risks of MRI

You may be uncomfortable inside the MRI scanner if you do not like to be in closed spaces ("claustrophobia"). During the procedure, you will be able to talk with the MRI staff through a speaker system. You can tell them to stop the scan at any time.

The MRI scanner produces a loud hammering noise, which has caused hearing loss in a very small number of patients. You will be given earplugs to reduce this risk.

There is a risk of burns that could be serious.

If you have a device such as a pacemaker, bone hardware, or device placed in your uterus there may be additional risks. We will review what device you have and inform you of these risks. In general, these risks could be:

- heating or movement of the device
- device malfunction
- damage to the tissue that surrounds the device.

If you have a skin tattoo, including cosmetic tattoos (eye-liner, lip-liner) you could experience the following:

- irritation, swelling or heating in the area of the tattoos
- in rare instances a primary or secondary burn.

If you have a tattoo we will offer you a cold, wet washcloth to put over the tattoo to reduce this risk.

Risks of Gadolinium

Some people feel dizzy, queasy, or get a headache when given the gadolinium contrast dye during an MRI or notice a cold or burning feeling near the injection site. There is a rare chance of having an allergic reaction (hives, itchy eyes, or anaphylactic shock) to the dye that very rarely can be serious or life threatening. Use of gadolinium may be linked to a rare but sometimes fatal condition (nephrogenic systemic fibrosis or NSF) in people with severe chronic kidney disease or acute kidney problems. Therefore, before you are given this dye, your risk factors for kidney disease will be reviewed.

Recent information shows that when you receive gadolinium repeatedly it may collect in the brain. This would happen whether you receive the gadolinium as part of a research study or as part of your healthcare. The importance of this information and how it impacts your health are not known.

Gadolinium given during pregnancy could cause a still birth or the baby could have skin diseases later in their childhood. If you are a woman of child-bearing age, you must have a negative urine pregnancy test within 24 hours prior to getting the gadolinium.

Risks to Women Capable of Becoming Pregnant

If you are a woman capable of becoming pregnant, we will ask you to have a pregnancy test before beginning this study. You must use effective birth control methods and try not to become pregnant while participating in this study. If you become pregnant, there may be unknown risks to your unborn child, or risks to your unborn child that we did not anticipate. There may be long-term effects of the treatment being studied that could increase the risk of harm to an unborn child. You must tell the doctor if your birth control method fails while you are on the study. If you believe or know you have become pregnant while participating in this research study, please contact the research team member identified at the top of this document as soon as possible. Please discuss with the research team how long you need to wait before becoming pregnant after completing the treatment or procedures on this study. You should not nurse (breastfeed) a baby while on this study and for at least 3 weeks after the last dose of study treatment because the study drug may enter breast milk and possibly harm your child.

Risks of Radiation Exposure in Women Capable of Becoming Pregnant

You may not participate in this study if you are pregnant. If you are capable of becoming pregnant, we will perform a pregnancy test before exposing you to research-related radiation. You must tell us if you may have become pregnant within the previous 14 days because the pregnancy test is unreliable during that time.

Risks to Sexually Active Males

If you are a sexually active male it is important that you not impregnate anyone or donate sperm during your participation in this study. There may be unknown risks to the unborn child or risks we did not anticipate. If pregnancy is a possibility, you must agree to use birth control if you want to take part in this study. If you believe or know that you have impregnated anyone, donated sperm or otherwise fathered a child during your participation in this study, please contact the research team member identified at the top of this document as soon as possible

Risk of Genetic Research

There may be information obtained from the genetic testing that indicates that you, or potentially a family member (since we inherit genes from our parents, and pass genes on to our children) are at risk for a particular disease or condition. For example, genetic sequencing may indicate that an individual is more prone to develop certain types of cancer or other types of diseases, (e.g. Alzheimer's or other inherited diseases).

If made available to persons or agencies outside of our research group, information about genetic test results could affect your employment or insurance. For instance, employers, insurers, or others may use this information when making decisions about you or your family members regarding employment, insurance, or other benefits.

While the data developed for this study is being stored without traditional identifiers (stored only with coded ID numbers, no names), there may be ways of linking the genetic materials back to you. Because your DNA is unique to you, it is possible that someone could look at the information in the DNA database and compare it to information in another database, and use that to identify you. This is difficult to do and is very unlikely to happen.

There is a federal law called the Genetic Information Nondiscrimination Act (GINA). In general, this law makes it illegal for health insurance companies, group health plans and employers with greater than 15 employees to discriminate against you based on your genetic information. However, it does not protect you against discrimination by companies that sell life insurance, disability insurance or long term-care insurance.

Risk of Breach of Confidentiality

One risk of participating in this study is that confidential information about you may be accidentally disclosed. We will use our best efforts to keep the information about you secure. Please see the section in this consent form titled *"How will you keep my information confidential?"* for more information.

WHAT ARE THE BENEFITS OF THIS STUDY?

You may or may not benefit from being in this study.

However, we hope that, in the future, other people might benefit from this study because it will help researchers learn more about better ways to treat people with advanced pancreatic cancer.

WHAT OTHER TREATMENT OPTIONS ARE THERE?

Before you decide whether or not to be in this study, your doctor will discuss the other options that are available to you. Instead of being in this study, you could:

- get treatment or care for your cancer without being in a study (including standard radiation therapy)
- take part in another research study
- get no treatment
- get palliative care, also called comfort care

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

As part of this study you will receive tests and procedures that are similar to what you would receive during routine clinical care of your condition. Your health plan/insurance company will be billed for some or all of these costs, and you will be responsible for any co-pays and deductibles that are normally required by your health plan/insurance. Not all insurance plans cover the costs associated with being in a study. Even if they do, you may be responsible for more out-of-pocket expenses, such as co-pays and deductibles, when there are more tests and procedures or more expensive tests and procedures involved in the study than if you were to receive routine clinical care outside the study.

If you wish to know whether there are more tests and procedures or more expensive tests and procedures in the study, you should ask your study doctor.

If you wish to know whether your insurance will pay, you should contact them directly, or speak with the study team about obtaining a financial pre-certification prior to enrolling in the study.

The study is providing the defactinib at no cost to you.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

WHO IS FUNDING THIS STUDY?

The National Institutes of Health (NIH) is funding this research study. This means that Washington University is receiving payments from the NIH to support the activities that are required to conduct the study. No one on the research team will receive a direct payment or increase in salary from the NIH for conducting this study.

WHAT IF I AM INJURED AS A RESULT OF THIS STUDY?

Washington University investigators and staff will try to reduce, control, and treat any complications from this research. If you feel you are injured because of the study, please contact the investigator at (314) 362-8502 and/or the Human Research Protection Office at 1-(800)-438-0445.

Decisions about whether payment for medical treatment for injuries relating to your participation in research will be made by Washington University. If you need to seek medical care for a research-related

injury, please notify the investigator as soon as possible.

HOW WILL YOU KEEP MY INFORMATION CONFIDENTIAL?

Other people such as those indicated below may become aware of your participation in this study and may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you.

- Government representatives (including the Office for Human Research Protections) to complete federal or state responsibilities
- The U.S. Food and Drug Administration
- Verastem, manufacturer of defactinib
- Your primary care physician if a medical condition that needs urgent attention is discovered
- Hospital or University representatives to complete Hospital or University responsibilities
- Information about your participation in this study may be documented in your health care records and will be available to anyone with access to your health care record, including your health insurance company. This information may also be released as part of a release of information request.
- The last four digits of your social security number may be used in hospital or University systems to track billing information for research procedures.
- Washington University's Institutional Review Board (a committee that oversees the conduct of research involving human participants) and the Human Research Protection Office. The Institutional Review Board has reviewed and approved this study.
- The Siteman Cancer Center Clinical Trials Office
- The Quality Assurance and Safety Monitoring Committee, to monitor the conduct of this study
- Any report or article that we write will not include information that can directly identify you. The journals that publish these reports or articles require that we share your information that was collected for this study with others to make sure the results of this study are correct and help develop new ideas for research. Your information will be shared in a way that cannot directly identify you.

To help protect your confidentiality, we will make sure that your study information is kept secure. We will keep study information in a secure database that requires a username and password. To help protect your confidentiality, no identifying information such as your name, birth date, or social security number will be made available to researchers who receive your health information. Furthermore, the study team will keep the master code list that links your unique study number with your name and other identifying information in locked storage in a locked office (for paper copies) or on a secured network on a password-protected computer (for electronic copies). Access to either paper or electronic copies will be limited to the Principal Investigator and members of the study team.

If you receive Medicare benefits, are injured as part of your participation in this research study and medical treatment relating to this injury is paid by anyone other than you or your insurance company, that payer will need to collect personal information about you. This information includes your name, date of birth, gender, social security number, Medicare identification number and information related to this research study. The payer will report this information to the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees the Medicare program, during your participation in the

study and for as long as the payer is required by CMS to report this information. If you do not want to release your personal or treatment related information you have the right to refuse reimbursement by the payer for any research injury. The payer will not use this information for any other purpose.

The Siteman Cancer Center at Washington University School of Medicine and Barnes-Jewish Hospital is supported by funding from the National Cancer Institute (NCI). To meet NCI requirements, your protected health information relating to your participation in this study (including your social security number) will be stored in a secure database at the Siteman Cancer Center. This database and also your health care records may be reviewed by Siteman Cancer Center personnel. All information will be securely and confidentially maintained.

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

We will disclose to the proper authorities information shared with us or activities we observe concerning abuse, neglect or harm to others or yourself.

To further protect your privacy, this research is covered by a Certificate of Confidentiality from the federal government. This means that the researchers can refuse to disclose information that may identify you in any legal or court proceeding or to anyone who is not connected with the research except if:

- there is a law that requires disclosure, such as to report child abuse and neglect, or harm to self or others*;*
- you give permission to disclose your information, including as described in this consent form; or
- it is used for other scientific research allowed by federal law.

This Certificate may not be effective for information held in foreign countries.

You have the right to share your information or involvement in this study with anyone at any time. You may also give the research team permission to disclose your information to a third party or any other person not connected with the research.

If information about you or your involvement in this research is placed in your medical record the information may no longer be protected under the Certificate. However, information in your medical records is protected in other ways.

Are there additional protections for my health information?

Protected Health Information (PHI) is health information that identifies you. PHI is protected by federal law under HIPAA (the Health Insurance Portability and Accountability Act). To take part in this research, you must give the research team permission to use and disclose (share) your PHI for the study as explained in this consent form. The research team will follow state and federal laws and may share your health information with the agencies and people listed under the previous section titled, "How will you keep my information confidential?"

Once your health information is shared with someone outside of the research team, it may no longer be protected by HIPAA.

The research team will only use and share your information as talked about in this form or as permitted or required by law. When possible, the research team will make sure information cannot be linked to you (de-identified). Once information is de-identified, it may be used and shared for other purposes not discussed in this consent form. If you have questions or concerns about your privacy and the use of your PHI, please contact the University's Privacy Officer at 866-747-4975.

Although you will not be allowed to see the study information, you may be given access to your health care records by contacting your health care provider.

If you decide not to sign this form, it will not affect

- your treatment or the care given by your health provider.
- your insurance payment or enrollment in any health plans.
- any benefits to which you are entitled.

However, it will not be possible for you to take part in the study.

If you sign this form:

- You authorize the use of your PHI for this research
- This authorization does not expire.
- You may later change your mind and not let the research team use or share your information (you may revoke your authorization).
  - To revoke your authorization, complete the withdrawal letter, found in the Participant section of the Human Research Protection Office website at hrpo.wustl.edu.
    - **If you revoke your authorization:**
      - The research team may only use and share information already collected for the study.
      - Your information may still be used and shared as necessary to maintain the integrity of the research, for example, to account for a participant's withdrawal from the research study or for safety reasons.
      - You will not be allowed to continue to participate in the study.

IS BEING IN THIS STUDY VOLUNTARY?

Taking part in this research study is completely voluntary. You may choose not to take part at all. If you decide to be in this study, you may stop participating at any time. Any data that was collected as part of your participation in the study will remain as part of the study records and cannot be removed.

If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify.

What if I decide to withdraw from the study?

You may withdraw by telling the study team you are no longer interested in participating in the study or you may send in a withdrawal letter. A sample withdrawal letter can be found in the Participant section of the Human Research Protection Office website at hrpo.wustl.edu.

If you decide to leave the study early, we will ask you to tell the study doctor if you are thinking about

stopping so any risks can be evaluated by your doctor. Another reason to tell your doctor that you are thinking about stopping is to discuss what follow-up care and testing could be most helpful for you.

Will I receive new information about the study while participating?
If we obtain any new information during this study that might affect your willingness to continue participating in the study, we'll promptly provide you with that information.

Can someone else end my participation in this study?
Under certain circumstances, the investigator might decide to end your participation in this research study earlier than planned. This might happen for no reason or because staying in the study would be harmful, you need treatment that is not allowed while on the study, you fail to follow instructions, you become pregnant, or the study is canceled.

WHAT IF I HAVE QUESTIONS?
We encourage you to ask questions. If you have any questions about the research study itself, please contact the Principal Investigator, Dr. De Selm, at (314) 273-2931. If you experience a research-related injury, please contact Dr. DeSelm as well; if this is after hours, you will be directed to the exchange number which will be covered by a resident or fellow on call. Please tell this person you are a research participant.

If you have questions, concerns, or complaints about your rights as a research participant, please contact the Human Research Protection Office 1-(800)-438-0445, or email hrpo@wustl.edu. General information about being a research participant can be found on the Human Research Protection Office web site, hrpo.wustl.edu. To offer input about your experiences as a research participant or to speak to someone other than the research staff, call the Human Research Protection Office at the number above.

This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You are not waiving any legal rights by agreeing to participate in this study. As a participant you have rights and responsibilities as described in this document and including:

- To be given enough time before signing below to weigh the risks and potential benefits and decide if you want to participate without any pressure from the research team or others.
- To understand all of the information included in the document, have your questions answered, and receive an explanation of anything you do not understand.
- To follow the procedures described in this document and the instructions of the research team to the best of your ability unless you choose to stop your participation in the research study.
- To give the research team accurate and complete information.
- To tell the research team promptly about any problems you have related to your participation, or if you are unable to continue and wish to stop participating in the research study.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a signed and dated copy of this form.

Do not sign this form if today's date is after EXPIRATION DATE: 07/29/26.

_____ _____
(Signature of Participant) (Date)

_____
(Participant's name – printed)

Statement of Person Who Obtained Consent

The information in this document has been discussed with the participant or, where appropriate, with the participant's legally authorized representative. The participant has indicated that they understand the risks, benefits, and procedures involved with participation in this research study.

_____ _____
(Signature of Person who Obtained Consent) (Date)

_____
(Name of Person who Obtained Consent - printed)