

**Study Title for Study Participants: VB-111 and paclitaxel in patients with ovarian cancer**

**Official Study Title for Internet Search on <http://www.ClinicalTrials.gov>: The OVAL Study: A Randomized, Controlled, Double-Arm, Double Blind, Multi-Center Study of Ofranergene Obadenovec (VB-111) Combined with Paclitaxel vs. Paclitaxel Combined with Placebo for the Treatment of Recurrent Platinum-Resistant Ovarian Cancer**

**What is the usual approach to my ovarian cancer?**

You are being asked to take part in this study because you have ovarian cancer which has grown or has recurred within 180 days of completing treatment with a platinum-containing chemotherapy or your cancer has grown while receiving platinum-containing chemotherapy. Patients who are not in a study are usually treated with standard chemotherapy with or without a biologic drug.

**What are my other choices if I do not take part in this study?**

Taking part in this study is voluntary. If you decide not to take part in this study, you have other choices. For example:

- you may choose to receive the standard treatment, including chemotherapy or other approved treatments, as described below.
- you may choose to take part in a different study, if one is available
- or you may choose not to be treated for cancer but you may want to receive comfort care to relieve symptoms.

Please talk to the study doctor about your options before you decide whether you will take part in this study. Your study doctor can also provide more details related to the potential benefits/risks of any of the alternative treatments.

**Why is this study being done?**

The purpose of this study is to compare the efficacy and safety of the experimental drug VB-111 in combination with the standard chemotherapy drug paclitaxel compared to using paclitaxel combined with placebo.

VB-111 is an investigational drug developed as an anti-cancer treatment, using a mechanism targeting specifically the blood vessels which grow and nourish the tumor and are required for its continued existence. VB-111 was developed based on a virus called adenovirus 5. This virus has been modified genetically so it cannot reproduce and remain in the body. A genetic code was inserted into the virus, causing it to intentionally damage rapidly growing blood vessels existing in the tumor environment, but does not damage normal blood vessels or other parts of the body. In addition, VB-111 stimulates the immune system in the tumor area to act against the tumor cells.

“Investigational” means that the drug VB-111 is still being studied and that study doctors are trying to find out more about it. It also means that the FDA (U.S. Food and Drug Administration) has not approved VB-111 for use in patients (other than in investigational studies), including people with your type of cancer.

Paclitaxel is a standard chemotherapy drug that is already FDA-approved for use in recurrent ovarian cancer. The placebo used in this study is a saline infusion (salt water), that looks like the active drug, but has no active ingredient. The placebo will be combined with paclitaxel in this study.

The combination of VB-111 and paclitaxel is investigational. The addition of VB-111 to paclitaxel could stop your cancer from growing but it could also cause side effects. This study will allow the researchers to know whether this different approach is better, the same, or worse than the usual approach. Standard chemotherapy drugs that are already FDA-approved for use in recurrent ovarian cancer include paclitaxel, paclitaxel combined with bevacizumab, topotecan, or pegylated liposomal doxorubicin (PLD) used alone or in combination with bevacizumab.

### **What are the study groups?**

It is expected that approximately 400 people will take part in this study; half will receive the study drug VB-111 and paclitaxel and half will receive paclitaxel and placebo:

- Group 1 will receive VB-111 by a 30 minute (approximately) infusion (through a needle into a vein) every 2 months and paclitaxel by a 60 minute (approximately) infusion weekly.
- Group 2 will receive placebo by a 30 minute (approximately) infusion (through a needle into a vein) every 2 months and paclitaxel by a 60 minute (approximately) infusion weekly.

A computer will allocate you to one of the two groups with an equal chance of assigning you to the study treatment options. This is called randomization, and is done by chance so that we can fairly judge whether one of the study groups is better or worse than the other.

You will not know and the study doctor will not know which study group you are in, but the study doctor can find out if there is an emergency or if it is necessary to know for your health. If this happens, the study doctor may not be able to tell you which study group you were in until everyone finishes the study.

### **How long will I be in this study?**

You will receive treatment on this study until your disease progresses, and according to the study doctor's discretion. After you stop study treatment, your doctor will continue to watch you for side effects and follow your condition for up to 5 years after randomization. Keeping in touch with you and checking on your condition helps us look at the long-term effects of the study.

### **What is expected from me?**

When deciding whether to participate, consider whether you are able and willing:

- To follow the study rules
- To commit the time required to keep appointments
- To tell the study doctor truthfully about your complete medical history
- To report any new problems, illnesses, or changes in medication during the study. Please discuss with the study doctor before initiating any new medication, since there are medications which are prohibited.
- To follow directions for taking the study drug.

### **What tests and procedures will I have if I take part in this study?**

The following procedures will be performed to determine if you are suitable to participate in the study:

- Discussion of the study and review of the informed consent form. You will be required to sign this Informed Consent Form. After signing this consent form, you will be asked to undergo some screening tests or procedures to find out if you can be in the study.
- Recording of your demographic information.

- Review of your medical and surgical history, which includes questions about your health, current medications, and any allergies.
- A complete physical exam including height and weight measurements.
- Performance status, which evaluates how you are able to carry on with your usual activities.
- Recording of your vital signs (blood pressure, temperature, respiration and heart rate).
- Electrocardiogram of the heart (ECG - tracing of heart waves to measure the electrical activity of the heart, to make sure your heart is functioning properly).
- Blood samples (approximately 2-3 teaspoons) will be drawn from a vein to measure blood cell counts, blood mineral levels, blood clotting time, and check liver and kidneys function, and measure CA-125 (tumor marker, which assess the severity of your disease)
- Collection of urine sample
- Pregnancy test (using blood or urine), if you are of child-bearing potential. In addition, you must agree to use birth control methods. Your study doctor will further explain, if applicable.
- Tumor assessments using CT scan (Computed Tomography).

Some of these tests or procedures may be part of your regular medical care and would be done even if you do not take part in the study. If you completed some of these recently, they may not need to be repeated.

If these tests show that you are eligible to participate in the study, you will begin the study treatment. If you do not meet the eligibility criteria, you will not be able to participate in this study.

If you join the study, there will be exams, tests, and procedures that will be done to closely monitor your safety and health. Most of these are included in the usual care you would receive even if you were not in a study. Some exams, tests, and procedures are a necessary part of the study, but would not be included in usual care. Listed below are those procedures that will be done for research purposes only:

- All efforts will be made to obtain and submit archived tissue sample from prior surgery for correlative studies. This sample will be sent to the sponsor, Vascular Biogenics or a central lab for testing.
- Ascites (fluid accumulated in your abdominal cavity) sample or pleural effusion (fluid accumulated in your chest cavity) sample will be collected for correlative studies, if aspiration is required as part of standard of care treatment – once before you start study treatment, and once during treatment period.
- Fresh tumor biopsy samples will be obtained twice for correlative studies - one month after first VB-111/placebo administration and two weeks after third VB-111/placebo infusion. Biopsy sample will be obtained only from patients without a medical contraindication for a biopsy procedure, and only if tumor is safely accessible for core needle biopsy. The research on these samples is an important part of the study.
- Blood sample (approximately 1-2 teaspoons) will be drawn from a vein for antibodies and biomarkers testing during Cycles 1, 2 and 3 – at Day 1, Day 8 and Day 15 visits. Biomarkers are molecules, which are being used to indicate the state of the disease; Antibodies are proteins that are produced by the immune system to help stop intruders from harming the body.
- Blood sample (approximately 1-2 teaspoons) will be drawn from a vein for DNA testing during Cycle 1 Day 1 visit and at the End of Treatment visit.
- You will be asked to complete 2 brief questionnaires about your quality of life once every 2 months. These should take approximately 8-10 minutes to complete.
- You will be asked to measure your body temperature at home 3 times after Day 1 of each cycle., and document the results in a form (patient body temperature diary).

- The results of the CT scans will be submitted to an external vendor for review and evaluation. Please note you will not be identified by name on this scan. Only an assigned subject number and date of birth will be used to identify you.

Tissue samples, ascites samples, pleural effusion samples and blood samples for DNA, biomarkers & antibodies testing will be kept in locked storage and may be stored and used for up to 15 years from the end of the study. Any sample remaining at that time will be destroyed.

Your privacy is very important and the researchers will make every effort to protect it. Your test results will be identified by a unique code and the list that links the code to your name will be kept separate from your sample and health information.

Your test results will not be given to you or your doctor or be put in your health record. Neither you nor your health care plan/insurance carrier will be billed for the collection of the tumor tissue and the blood samples that will be used for this study.

The following tests will be done on the samples taken from the ascites, pleural effusion, blood and archival tissue as well as the sample from the fresh biopsy: looking at genes (DNA and RNA) or biomarkers and antibodies found in the tumor samples, ascites, pleural effusion and blood. The testing may be done during the study or in the future and may help doctors to better understand your ovarian cancer, or related conditions, how the drug is working in your body, and which patients may benefit most from treatment with study drug in the future. The DNA tests on your tissue, ascites, pleural effusion and blood samples will not give information about diseases that are passed on in families - such information is not sought, and if discovered will not be returned to doctor or patient. These tests may be performed in the future, and are not a substitute for standard genetic testing.

The insurance coverage information for the tests and other parts of the study is listed in a later section, "What are the Costs."

### **Procedures performed on Day 1 of each cycle (a cycle in this study lasts 56 days)**

The following procedures will be done before you receive your infusion:

- You will be asked to complete 2 brief questionnaires about your quality of life. These should take approximately 8-10 minutes to complete.
- A complete physical exam including weight measurements.
- Recording of your vital signs (blood pressure, temperature, respiration and heart rate).
- Blood samples (approximately 2-3 teaspoons) will be drawn from a vein to measure blood cell counts, blood mineral levels, blood clotting time, and check liver and kidneys function.
- Blood sample (approximately 2-3 teaspoons) will be drawn from a vein for CA-125 testing
- Collection of urine sample.
- Pregnancy test (using blood or urine) will be performed if you are a woman of child-bearing potential.
- Blood sample (approximately 1-2 teaspoons) will be drawn from a vein for antibodies and biomarkers testing. This procedure will be performed only during cycles 1-3.
- Blood sample (approximately 1-2 teaspoons) will be drawn from a vein for DNA testing. This procedure will be performed only during the first cycle.
- You will be asked about all medications you are taking and if you are experiencing any side effects.
- You will be asked to measure your body temperature at home, by using your thermometer, at the evening after dosing, at the morning after dosing day, and at the morning on the day after. You will be asked to document the results in a form, called "patient body temperature diary", and bring this form to the clinic on your next appointment.

- Tumor assessments using CT scan will be performed once every 12 weeks. Additional tumor assessments by CT scan may be performed as per clinical need and per your study doctor's discretion. The results of the CT scans will be submitted to an external vendor for review and evaluation.

The following procedures will be done as part of your infusion:

- You will receive acetaminophen (or similar anti-fever drug) to prevent side effects from occurring prior to VB-111/placebo infusion. You may also be given an anti-fever drug as needed.
- You will receive premedication prior to paclitaxel infusion, as per standard of care.
- You will be given an infusion of paclitaxel over about 60 minutes (through a needle into a vein).
- You will be given VB-111/placebo infusion over about 30 minutes (through a needle into a vein).

#### **Procedures performed weekly when Paclitaxel is given**

- You will receive paclitaxel weekly as part of your standard of care treatment from your study doctor.
- You will receive premedication prior to paclitaxel infusion, as per standard of care.
- You will be asked about all medications you are taking and if you are experiencing any side effects since your last visit.
- Blood samples (approximately 2-3 teaspoons) will be drawn from a vein to measure blood cell counts, blood mineral levels, and check liver and kidneys function – according to standard of care.
- Blood sample (approximately 2-3 teaspoons) will be drawn from a vein for CA-125 testing. This procedure will be performed on day 29 of each cycle.
- Blood sample (approximately 1-2 teaspoons) will be drawn from a vein for antibodies and biomarkers testing. This procedure will be performed only during Day 8 and Day 15 of cycles 1-3.
- Pregnancy test (using blood or urine) will be performed if you are a woman of child-bearing potential. This procedure will be performed on day 29 visit of each cycle.

#### **Procedures performed on End of Treatment visit**

- You will be asked to complete 2 brief questionnaires about your quality of life. These should take approximately 8-10 minutes to complete.
- A complete physical exam including weight measurements.
- Recording of your vital signs (blood pressure, temperature, respiration and heart rate).
- Electrocardiogram of the heart (ECG - tracing of heart waves to measure the electrical activity of the heart, to make sure your heart is functioning properly).
- Blood samples (approximately 2-3 teaspoons) will be drawn from a vein to measure blood cell counts, blood mineral levels, blood clotting time, and check liver and kidneys function..
- Blood sample (approximately 2-3 teaspoons) will be drawn from a vein for CA-125 testing.
- Blood sample (approximately 1-2 teaspoons) will be drawn from a vein for DNA testing.
- Collection of urine sample.
- You will be asked about all medications you are taking and if you are experiencing any side effects.
- Tumor assessments using CT scan will be performed, unless done within 2 months before the visit. The results of the CT scan will be submitted to an external vendor for review and evaluation.

#### **Procedures performed during Follow-up period**

After you stop study treatment, your doctor will continue to watch you for side effects and follow your condition every 2-3 months for the first two years, and then every 5-6 months until 5 years after randomization.

Pregnancy test (using blood or urine) will be performed one month after last dose of study treatment, if you are a woman of child-bearing potential.

In case you continue visiting the study clinic for your treatment, the study doctor may ask you to continue filling out the two brief questionnaires about your quality of life. Follow up may be performed via the phone. If you stopped study treatment for reason other than progression of your disease, follow up CT scans should be performed every 12 weeks, until evidence of disease progression, for up to 5 years after randomization.

The results of the CT scans will be submitted to an external vendor for review and evaluation.

If you do not return to the study clinic following the end of study treatment, or if the study team at the clinic fail to contact you via the phone, your study doctor (or appointed delegate) may seek to establish your long term health status by accessing your hospital records, or publicly available sources such as national registries, newspaper obituaries and social networking websites.

## **What possible risks can I expect from taking part in this study?**

### **If you choose to take part in this study, there is a risk that:**

- You may lose time at work or home and spend more time in the hospital or doctor's office than usual
- You may be asked sensitive or private questions which you normally do not discuss
- The study drug combined with chemotherapy may not be better, and could possibly be worse, than the usual approach of chemotherapy alone.
- There is a risk someone could get access to the personal information in your medical records or other information researchers have kept about you. Someone might be able to trace this information back to you. The researchers believe the chance that someone will identify you is very small, but the risk may change in the future as people come up with new ways of tracing information. In some cases, this information could be used to make it harder for you to get or keep a job. There are laws against misuse of genetic information, but they may not give full protection. The researchers believe the chance these things will happen is very small, but cannot promise that they will not occur.
- There can also be a risk in finding out new genetic information about you. New health information about inherited traits that might affect you or your blood relatives could be found during a study.

The drug used in this study may affect how different parts of your body work such as your liver, kidneys, heart, and blood. The study doctor will be testing your blood and will let you know if changes occur that may affect your health.

There is also a risk that you could have side effects from the study drug/study approach. VB-111 has been administered in clinical trials to more than 300 patients; however some patients who have taken VB-111 have reported side effects. There are some side effects that have been experienced by other patients participating in studies with VB-111, some of which may be due to VB-111. Study results which were analyzed so far show that VB-111 has been well tolerated in terms of safety.

Here are important points about side effects:

- The study doctors do not know who will or will not have side effects.
- Some side effects may go away soon, some may last a long time, or some may never go away.
- Some side effects may interfere with your ability to have children.
- Some side effects may be serious and may even result in death.

Here are important points about how you and the study doctor can make side effects less of a problem:

- Tell the study doctor if you notice or feel anything different so they can see if you are having a side effect.
- The study doctor may be able to treat some side effects.
- The study doctor may adjust the study drugs to try to reduce side effects.

The tables below show the most common and the most serious side effects that researchers know about. There might be other side effects that researchers do not yet know about. If important new side effects are found, the study doctor will discuss these with you.

### **Possible Side Effects of VB-111:**

The most frequent side effects related to VB-111 have been flu-like symptoms, including fever, chills and fatigue. These events usually occur on the day of study treatment (often starting about 6 hours after the infusion), and resolve on the same day. To control these symptoms, an anti-fever drug will be given to you prior to VB-111/placebo infusion.

The table below presents the common side effects that were seen in patients treated with VB-111 according to their observed frequencies:

<b>MOST COMMON</b>
In 100 people receiving VB-111, more than 20 may have:
<ul style="list-style-type: none"> <li>• Fever</li> <li>• Chills</li> <li>• Fatigue</li> <li>• Nausea</li> <li>• Headache</li> </ul>

<b>VERY COMMON</b>
In 100 people receiving VB-111, 10 to 20 may have:
<ul style="list-style-type: none"> <li>• Vomiting</li> <li>• Mild diarrhea</li> <li>• Constipation</li> <li>• High blood pressure</li> <li>• Shortness of breath</li> <li>• Muscle weakness</li> <li>• Disease progression</li> </ul>

<b>COMMON</b>
In 100 people receiving VB-111, 5 to 10 may have:
<ul style="list-style-type: none"> <li>• Flu like illness</li> <li>• Cough</li> <li>• Dizziness</li> <li>• Temporary elevation of enzymes in the liver – which may be an indicator of liver damage. Note: this side effect was more frequent in patients with ovarian cancer treated with combination of VB-111 and Paclitaxel (in 100 people, more than 20 may experience it)</li> <li>• Prolonged PTT (test of blood clotting) which may increase the risk of bleeding</li> </ul>

**COMMON**

In 100 people receiving VB-111, 5 to 10 may have:

- Decreased platelet count, which may increase the risk of bleeding/bruising
- Decrease of mineral levels in the blood (Sodium and Potassium)
- Elevation of blood glucose levels
- Anemia (decrease in red blood cells)
- Elevation of protein level in the urine
- Low blood pressure
- Pain, including: abdominal pain, back pain, muscle pain and joint pain
- Loss of strength
- Loss of appetite
- Difficulty sleeping
- Urinary tract infection
- Heart rate higher than normal, usually related to fever
- Excess fluid around the tumor site
- Some brain related adverse events were commonly experienced only by patients with brain tumors: seizures, partial paralysis (restricted to one side of the body), difficulty walking, falling, confusion, difficulty speaking

**UNCOMMON, BUT POTENTIALLY SERIOUS**

- Bleeding (including at the tumor site)
- Severe Diarrhea
- Coughing up blood
- Pulmonary embolism (blockage of the main artery of the lung or one of its branches)
- Thrombosis (blood clot)
- Wound dehiscence (premature opening of a wound along surgical incision)
- Heart attack or weakening of heart muscle that could result in heart failure
- Serious allergic reaction. This may require discontinuation of the product and treatment for the allergic reaction. Serious allergic reaction may result in death.
- Stroke (blood clot in brain resulting in nervous system symptoms that may be life-threatening and lead to death)
- A tear or a hole in the intestines which may require surgery
- Decrease in the level of white blood cells, which may cause greater risk for infection

**Possible Side Effects of Paclitaxel:****COMMON, SOME MAY BE SERIOUS**

In 100 people receiving Paclitaxel, more than 20 and up to 100 may have:

- Anemia which may cause tiredness, or may require blood transfusions
- Infection, especially when white blood cell count is low
- Diarrhea, nausea, vomiting
- Sores in mouth which may cause difficulty swallowing
- Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the

**COMMON, SOME MAY BE SERIOUS**

In 100 people receiving Paclitaxel, more than 20 and up to 100 may have:

- face or throat
- Bruising, bleeding
- Pain
- Muscle weakness
- Numbness, tingling or pain of the arms and legs
- Hair loss

**OCCASIONAL, SOME MAY BE SERIOUS**

In 100 people receiving Paclitaxel, from 4 to 20 may have:

- Abnormal heartbeat
- Damage to the lungs which may cause shortness of breath
- Blood clot which may cause swelling, pain, shortness of breath
- Elevation of enzymes in the liver – which may be an indicator of liver damage
- Injection site reactions, including skin redness, tenderness and swelling
- Focal edema

**RARE, AND SERIOUS**

In 100 people receiving Paclitaxel, 3 or fewer may have:

- Heart attack or heart failure which may cause shortness of breath, swelling of ankles, and tiredness
- A tear or a hole in the stomach or intestine, which may cause belly pain or that may require surgery
- Neurologic events, such as seizures and fainting

Let your study doctor know of any questions you have about possible side effects. You can ask the study doctor questions about side effects at any time.

Reproductive risks

You should not get pregnant or breastfeed while receiving study treatment and for at least 6 months after last study treatment administration. The drugs used in this study could be very damaging to an unborn baby. If you are of child-bearing potential, you must agree to use two methods of reliable contraception simultaneously or to practice complete abstinence from heterosexual contact as a preferred and usual lifestyle from the time you sign this form and until at least 6 months after last study treatment administration. One method must include a highly effective method such as an intrauterine device, hormonal (birth control pills, injections or implants), tubal ligation or partner's vasectomy and one can be an additional (barrier method such as a male condom, diaphragm or cervical cap or hormonal). You should notify your health care team immediately if you think you have become pregnant while participating in this study – you will be followed through the outcome of the pregnancy to collect the data for your pregnancy outcome and child health.

Risks associated to the ECG

A 12-lead ECG, or electrocardiogram, is a test that measures how fast and how regular the heart is beating. There is minimal risk to you from this procedure; however, there may be a small amount of pain from removal of the patches or skin irritation from the glue used to stick the patches to your body.

### Risks related to Blood Samples

Blood samples will be taken at most visits. A blood sample is taken with a needle placed in a vein. Sometimes giving a blood sample may cause pain, faintness, swelling of the vein, bruising, or bleeding at the site the needle is placed. There is also a slight chance of infection.

### Risks Associated with Biopsies

Biopsies are normally performed under the guidance of an imaging technique. The risks may include:

- Pain and discomfort. The amount of pain and discomfort will vary, depending on the location of the biopsy site. These risks can be discussed with the study doctor.
- Minor bleeding at the biopsy site.
- Tenderness at the biopsy site.
- Scarring at the biopsy site.
- Rarely, an infection at the biopsy site.

Uncommonly, complications from biopsies can be life threatening. As with any interventional procedure, other potentially serious complications from bleeding or organ damage may occur. These might require additional surgical intervention.

### Risks Associated with CT Scans

While you are in this study, CT scans will be used to evaluate your disease. The frequency of these exams is what you would receive as standard care. In the long term, over many years, there is a very low risk of developing a new cancer as a result of the radiological evaluation and treatment for your cancer.

There is a small risk with using the contrast agent that is injected into a vein during the scan. It may worsen kidney function in people who already have decreased kidney function. Therefore, we will monitor your kidney function closely while you participate in this study. If there is any change in your kidney function, we may have to remove you from the study.

Uncommonly, some people have allergic reactions (such as hives and itching) to the contrast agent. Serious reactions (for example, drop in blood pressure, difficulty breathing or severe allergic reaction and death) are rare.

### Non-Physical Risks:

Because of side effects or the time required for tests and clinic visits while you are on this study, you may be unable to keep up with your normal daily activities.

## **What possible benefits can I expect from taking part in this study?**

It is not possible to know at this time if the study drug VB-111 combined with paclitaxel is better than the usual approach so this study may or may not help you. This study will help researchers learn things that will help people in the future.

## **Can I stop taking part in this study?**

Yes. You can decide to stop at any time. If you are thinking about stopping or decide to stop for any reason, it is important to let the study doctor know as soon as possible so you can stop safely. If you stop, you can decide whether or not to let the study doctor continue to provide your medical information to the organization running the study.

If your participation in the study is stopped early, you may be asked to complete end of study procedures (such as a final medical examination and laboratory tests) for your own safety.

Leaving the study will not affect your medical care outside of the study. If you choose not to participate, are not eligible to participate, or withdraw from this study, this will not affect your present or future care and will not cause any penalty or loss of benefits to which you are otherwise entitled.

If you decide to stop participating in the study for any reason, data collected prior to your withdrawal may still be processed along with other data collected as part of the study. Normally, if you withdraw consent from participating in the study, no new information will be collected for the study database unless you specifically authorize that. However, the law does require that any side effects you may suffer are documented and reported. In any case, to complete the study findings, your long term health status may also be obtained from public sources.

The study doctor will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study.

The study doctor may take you off study treatment:

- If your health changes and the study is no longer in your best interest
- If new information becomes available
- If you do not follow the study rules
- If the study is stopped by the sponsor, IRB or FDA.

If you are removed from the study treatment, the study doctor will explain to you why you were removed. The study doctor and study team will help arrange for your continued care. If you are removed from the study treatment, we would still like to perform follow-up assessments, as described above.

In case of death, an autopsy may be requested due to its medical and scientific importance. Please inform your family about your will.

### **What are my rights in this study?**

Taking part in this study is your choice. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights.

For questions about your rights while in this study, call the \_\_\_\_\_ (*insert name of center*) Institutional Review Board at \_\_\_\_\_ (*insert telephone number*). (*Note to Local Investigator: Contact information for patient representatives or other individuals at a local institution who are not on the IRB or research team but take calls regarding clinical trial questions can also be listed here.*)

### **What are the costs of taking part in this study?**

#### Your Potential Costs:

Taking part in this research study might lead to added costs to you or your insurance company. You may receive your current standard of care during the study. You or your insurance company will still be charged for your standard care.

You and/or your health plan/insurance company will be responsible for:

- The cost of paclitaxel.

- Exams, tests, and procedures that may be needed to manage side effects and to monitor your safety as part of the study.

You are responsible for all co-pays and deductibles according to your insurance plan.

It is important for you to speak to your insurance plan to ensure that you understand your coverage and whether you might need approval to take part in a study. While most plans cover clinical trials, it is your responsibility to check with them.

If you take part in a Medicare Advantage Plan, your health care bills will be sent to the regular Medicare. This may result in a higher co-pay. The co-pay should be directed to your Medicare Advantage plan for payment after Medicare reimburses you.

Ask your doctor, nurse, case manager, or financial advisor if you are unsure which costs will be billed to your insurance plan. If you have other questions about what your plan covers, you may also ask to speak to a financial advisor or case manager at the hospital or clinic.

If you have questions about your insurance coverage, or the items you might be required to pay for, please call financial services for information. The contact information for financial services is:

• ***(Replace with your details)***

The National Cancer Institute provides an online resource to help people participating in cancer clinical trials understand which services their insurance company is required by law to pay. This can be found at the website below or can be provided by the study team:

[www.cancer.gov](http://www.cancer.gov) or 1-800-4-CANCER (1-800-422-6237)

Costs Paid by the Study

Neither you nor your insurance company will be charged for the following items:

- Study drug (VB-111/Placebo)
- Study visits
- Study procedures
- Study laboratory tests

Exams, tests, and procedures done for research purposes only will not be billed to you or your insurance plan. These include the collection of ascites, pleural effusion and blood samples and the biopsies to obtain tumor tissue samples.

The cost for VB-111/placebo will not be billed to you or your insurance plan while you take part in this study.

You may be reimbursed for reasonable travel expenses incurred as a result of taking part in this study on production of a receipt.

You will not be paid for taking part in this study. If the research leads to new tests, drugs, or other commercial products, you will not share in any profits.

**Will the personnel involved in the study receive any payment?**

The [medical institution and investigator] receives payment from Vascular Biogenics Ltd. who is the sponsor of this study.

**What happens if I am injured or hurt because I took part in this study?**

If you are injured or hurt as a result of taking part in this study and need medical treatment, please tell your study doctor. The cost of medical treatment for study related injury will be paid for by the study sponsor. Your insurance company may not be willing to pay for study-related injury.

If you feel this injury was a result of medical error, you keep all your legal rights to receive payment for this even though you are in a study.

There are no plans for the institution to pay you or give you other compensation for the injury. You do not give up your legal rights by signing this form.

If you think you have been injured as a result of taking part in this study, tell the person in charge of this study as soon as possible. The study doctor's name and phone number are listed in this consent form.

**Who will see my medical information?**

Your privacy is very important to us and the researchers will make every effort to protect it. The information collected about you usually will not directly identify you (for example, by name, address, or social security number). Instead, your initials and a code number will be used for your information.

Because of the research goals of this study, however, your study records cannot be kept completely confidential. The sponsor of this study is Vascular Biogenics Ltd.

The study personnel, the sponsor and its agents will need to review the medical information collected from you for use in this study in order to accurately record information for this study. In addition, in order to review the study findings, the U.S. Food and Drug Administration (FDA) and other regulatory agencies may review your medical records. The following sections provide a specific description of how your information will be used and disclosed if you participate in this study. By signing this consent form, you are authorizing such access. If you do not sign this form to authorize access, you will not be able to participate in this study.

The medical information that will be collected from you if you participate in the study includes:

- Information obtained from procedures to determine your eligibility to participate in the study, including a routine medical history, physical exam, electrocardiogram (ECG), blood and urine tests, CT scans.
- Information that is created or collected from you during your participation in the study, including the results of the routine medical history, physical exam, blood and urine tests, CT scans and any other procedures performed during the study.
- Information contained in your underlying medical records related to your medical history and treatment.

The above information may identify you by name, address, telephone number, social security number, health plan number, study number, date of birth, dates relating to various medical procedures, and/or other identifying information.

If you sign this form and participate in the study, the study personnel will be authorized to use the information described above to carry out the purposes of the study. The study personnel will also be authorized to disclose the relevant information described above to the following parties involved in the study:

- Vascular Biogenics Ltd. or other agents designated by Vascular Biogenics Ltd. to collect or review study data for verification of study procedures and/or adverse event reporting.
- The GOG Foundation, supporting this study.
- The Institutional Review Board (IRB) and Institutional Bioethics Committee (IBC) that oversees the study at your site.
- Government regulatory agencies including the FDA.

Once your information is disclosed to the study sponsors, its agents, the IRB or government agencies as described above, there is a potential that your medical information will be re-disclosed and will no longer be protected by US federal privacy regulations. In addition to disclosures to the entities identified above, the sponsor may further electronically disclose your coded health information to others involved in the study, such as:

- To laboratories or offsite testing facilities for clinical tests required by study protocols.
- To approved offsite storage facilities or cloud service providers to meet study record retention and storage requirements.
- To other third parties contracted by Vascular Biogenics Ltd. to provide services related to studies.

The study data may be transferred to other countries for processing, including countries not covered by data protection legislation. The laws of your state may provide further protection.

While the study is in progress, your access to your study records will be temporarily suspended. You will be able to access your information when the study is completed. You have the right to see and copy the medical information collected from you in the course of the study for as long as that information is maintained by the study personnel and other entities subject to federal privacy regulation.

Study data, including your coded medical information, may be used and shared for pharmaceutical research purposes related to this study. This authorization has no expiration date. In signing this form, you authorize the use and disclosure of your information for purposes of the study at any time in the future.

Your information may be given out if required by law. For example, certain states require doctors to report to health boards if they find a disease like tuberculosis. However, the researchers will do their best to make sure that any information that is released will not identify you. Some of your health information and/or information about your specimen(s) from this study will be kept in a central database for research. Your name or contact information will not be put in the database.

### **Where can I get more 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.

You may visit the NCI Web site at <http://cancer.gov/> for more information about studies or general information about cancer. You may also call the NCI Cancer Information Service to get the same information at: 1-800-4-CANCER (1-800-422-6237).

### **Who can answer my questions about this study?**

You can talk to the study doctor about any questions or concerns you have about this study or to report side effects or injuries. Contact the study doctor \_\_\_\_\_ (*insert name of study doctor[s]*) at \_\_\_\_\_ (*insert telephone number*).

**My Signature Agreeing to Take Part in the Study**

I have read and understand this consent form or had it read to me. I have discussed it with the study doctor and my questions have been answered. I will be given a signed copy of this form. I voluntarily agree to take part in the study.

In the event that I withdraw my consent at a future date to participate in this study, I agree that my study doctor may continue to review my medical records to determine my medical condition. This information will be shared with the sponsor to allow for completion of study analysis. Please check Yes or No below:

Yes

No

Participant's printed name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

Witness's (if applicable) printed name \_\_\_\_\_

Witness's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

*(The following signature and date lines for the person(s) conducting the discussion may be included at the discretion of the study sponsor.)*

Name of person(s) conducting the informed consent discussion \_\_\_\_\_

Signature of person(s) conducting the informed consent discussion \_\_\_\_\_

Date of signature \_\_\_\_\_