STU-2021-1029 - Tofacitinib: Suppressing Tumor Invasion in GBM Patients

Consent to be part of a Research Study
to be conducted at
The University of Texas Southwestern Medical Center

Key Information about this Study

This study aims to explore the efficacy and safety of the drug **Tofacinitib (Xeljanz)** used in combination with standard care treatment in patients who have newly diagnosed or recurrent glioblastoma. Tofacitinib is most used today for the treatment of rheumatoid arthritis, but its mechanism of function has been explored in the laboratory setting for suppressing tumor growth. You will receive Tofacitinib orally in 28-day cycles according to your physician's direction. You will be carefully monitored for side effects and tolerance during and after the treatment cycles.

Some of the commonly identified risks with the study drug are infections from immune suppression, headache, rash, cough, joint pain, diarrhea, and nausea. The possible benefit of your participating in this study is the reduction of glioblastoma invasion, which may lead to improved clinical prognosis and survival. However, since this is an investigational drug, there is no guarantee or promise that you will receive any benefit from this study. Additionally, we hope the information learned from this study will benefit other people with similar conditions in the future.

Your participation is completely voluntary. If you do not wish to participate, your study doctor will provide you with other treatment options available for your condition.

Please read carefully below for more information about the study.

Information about this form

You may be eligible to take part in a research study. This form gives you important information about the study.

Please take time to review this information carefully. You should talk to the researchers about the study and ask them any questions you have. You may also wish to talk to others (for example, your friends, family, or a doctor) about your participation in this study. If you decide to take part in the study, you will be asked to sign this form. Before you sign this form, be sure you understand what the study is about, including the risks and possible benefits to you.

Please tell the researchers or study staff if you are taking part in another research study.

Your doctor is a research investigator in this study. He is interested in both your medical care and the conduct of this research study. At any time, you may discuss your care with another doctor who is not part of this research study. You do not have to take part in any research study offered by your doctor.

Voluntary Participation - You do not have to participate if you don't want to. You may also leave the study at any time. If you decide to stop taking part in this research study, it will not affect your relationship with the UT Southwestern staff or doctors. Whether you participate or not will have no effect on your legal rights or the quality of your health care.

If you are a medical student, fellow, faculty, or staff at the Medical Center, your status will not be affected in any way.

General Information – "Who is conducting this research?"

Principal Investigator

The Principal Investigator (PI) is the researcher directing this study; the PI is responsible for protecting your rights, safety and welfare as a participant in the research. The PI for this study is **Michael Youssef MD,** Department of Neurology at UT Southwestern Medical Center.

Conflict of Interest:
A member of the research team, Amyn Habib is an inventor of **Tofacitinib** for which a patent may be filed by the institution. If the patent is pursued, based on data from this and other research, royalties and other compensation may be received by the institution and the investigator. Thus, UT Southwestern and the investigator have a financial interest in the outcome of this study.

Funding
Pfizer Pharmaceuticals, a for-profit company, is providing the study drug to UT Southwestern Medical Center so that the researchers can conduct the study. The study plan was designed by the research team independently. This study is also partially funded through a UT Southwestern Simmons Cancer Center Clinical Oncology Trial Program Grant.

Purpose – "Why is this study being done?"

You are asked to participate in this research study of glioblastoma, an aggressive type of brain cancer. Despite the need for new therapies, no new drugs have been approved for adult glioma patients in the last decade. Glioblastomas are typically treated with surgery, chemotherapy, and radiation. Despite these treatments, however, they tend to recur and overall have a poor prognosis.

Investigational Use of Drug or Device
This study involves the use of an investigational drug called **Tofacitinib** (marketed under the brand name **Xeljanz**). "Investigational" means that the drug has not yet been approved by the U.S. Food & Drug Administration (FDA) for use in the treatment of brain cancer. Tofacitinib is currently FDA-approved only for the treatment of moderate to severe rheumatoid arthritis.

The research team has found that Tofacitinib is successful at slowing down the growth and spread of tumor in the laboratory. The team hopes to see a similar effect in human patients with recurrent glioblastoma.

In this study, Tofacitinib will be given with one of two standard treatments:

- If you are newly diagnosed with glioblastoma or have recurrent glioblastoma and were not already taking temozolomide; you will be taking Temozolomide 150mg/m^2 in addition to Tofacitinib.
- If you have recurrent glioblastoma and are already taking temozolomide, you will be taking Lomustine 90mg/m^2 in addition to Tofacitinib.

Lomustine and Temozolomde are each FDA-approved to treat glioblastoma and are currently the standard care for treatment. However, since these drugs are not FDA approved for use in combination with Tofacitinib, their use in this study is considered investigational.

In addition an additional experiment was conducted combining tofacitinib with an alkylating agent in an orthotopic model showing a cumulative effect of tofacitinib when combined with alkylating chemotherapy. Additionally, by adding tofacitinib to the above chemotherapies, it is thought that it will act to inhibit the NF-kB pathway, which is a commonly found driver of growth in glioblastoma. NF is found to be mutated in 13-14% of glioblastoma patients. Given the limited amount of patients with mutations readily found, it is thought that a combination of traditional chemotherapy along with this more targeted therapy will present a benefit regarding PFS and OS when compared to chemotherapy alone.

This study will compare the effects, good and/or bad, that Tofacitinib in combination with Lomustine and Temozolomide has on people who take it and on the tumor, with those of other commonly used interventions. The safety of this drug in humans has been tested in prior research studies; however, some side effects may not yet be known.

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.

Information about Study Participants – "Who is participating in this research?"

You are being asked to be a participant in this study because you have been diagnosed with glioblastoma. Your physician has reviewed your health history to determine if you are a candidate for this study.

How many people are expected to take part in this study?
This study will enroll approximately 20 study participants.

Information about Study Procedures – "What will be done if you decide to be in the research?"

Your physician has preliminarily reviewed your diagnosis and health history to determine that you are a candidate for this study.

Screening – After you sign this consent to participate, exams, tests, and/or procedures may be done as described below to find out if you can continue in the study; this is called screening. We may be able to use the results of exams, tests, and/or procedures you completed before enrolling in this study. You will be told which results we will obtain and which procedures will not have to be repeated. Many of the procedures are described below as "**standard care**" and would be done even if you do not take part in this research study. You will be told which ones are for "**research only.**"

Screening Procedures
For the purposes of this study, **all screening procedures are part of standard of care**. All the procedures listed below will be performed even if you do not participate in the study. In addition, the research team will also review your home medications.

- Complete physical examination – Height & weight, vital signs (heart rate, blood pressure, etc.), baseline neurological examination (Standard of care or SOC)
- Blood draw – To measure complete blood count, check your kidney and liver functions, check your electrolytes, measure the amount of sugar and cholesterol in your blood (SOC)
- Urine sampling – To measure the electrolytes, pH, protein, white blood cells, and/or bacteria in your urine (SOC)
- Electrocardiogram (ECG) – Tracing of your heart activity to assess your heart rhythm (SOC)
- Brain MRI scan – To take a high-resolution image of your brain (SOC)
- *For women,* pregnancy test – If you are capable of becoming pregnant, this test will be done before you start treatment with the study drug (SOC)
- Tissue examination/confirmation—this tissue will be obtained from the original surgery and does not require more surgery (SOC)

As part of your treatment, you will have an MRI scan of your brain. For this procedure, you will lie still inside a large, doughnut-shaped magnet, also called the MRI scanner. The MRI technologist can see and hear you during the procedure. You will also be given a squeeze ball to signal the technician if you need help while inside the scanner. You will be inside the MRI scanner for approximately 30-45 minutes. (SOC)

For the MRI procedure, you will receive a contrast agent. The contrast is used to highlight organs or tissues during imaging. For administration of the contrast, an intravenous catheter will be placed in your arm or hand. Prior to receiving contrast, you will have blood drawn to test your kidney function (or the results from your initial blood draw

from screening may be used if recent enough). For this test, approximately one teaspoon of blood will be drawn from your arm or hand.

The results of the screening exams, tests, and/or procedures will be reviewed to determine whether you will be allowed to continue in the study. If you are not allowed to continue in the study, the researcher will discuss the reasons with you and discuss alternative treatment options.

Eligibility waivers are not recommended; however, if warranted, prior approvals are required. Potential participants must meet all inclusion and exclusion criteria to be registered to the study. Study treatment may not begin until a potential participant is registered. Once registered, a participant is still required to meet all inclusion and exclusion criteria on the first day of treatment, prior to treatment.

Study Procedures - as a participant, you will undergo the following procedures:

- Complete physical examination – Height & weight, vital signs (heart rate, blood pressure, etc.), every 4 weeks (Standard of care or SOC)
- Blood draw – To measure complete blood count, check your kidney and liver functions, check your electrolytes, measure the amount of sugar and cholesterol in your blood every 4 weeks (SOC)
- Electrocardiogram (ECG) – Tracing of your heart activity to assess your heart rhythm every 4 weeks (SOC)
- Brain MRI scan – To take a high-resolution image of your brain every 8 weeks to help determine if the study medication is having a positive effect (SOC)

Once the research team confirms your eligibility for this study, you will be enrolled and treated with Tofacitinib, which will be provided to you free of charge. In addition to Tofacitinib, you will also take either Temozolomide or Lomustine, both of which are standard treatments for glioblastoma.

Tofacitinib + Temozolomide: You will take Tofacitinib 10 mg pills by mouth twice daily for 28 days for the **first cycle** of treatment. The study coordinator will provide you with a pill diary to record each dose. You will be monitored for side effects and tolerance throughout this process. You will also take Temozolomide 150mg/m^2 orally as a pill on days 1-5.

If you are able to tolerate the first cycle and your physician deems it safe to continue, you will begin **Cycle 2**. On day 1 of Cycle 2, you will visit the clinic for a full physical examination once again, including blood draw and urine sampling. Cycle 2 will entail the same dose of Tofacitinib for the same length of time (28 days) in addition to taking temozolomide 200mg/m^2 on days 1-5.. You will record the doses of Tofacitinib in a pill diary as well.

After the second cycle, you will see your physician for an **interim follow-up** within 5 to 10 days after your last dose. This follow-up will include a full physical examination, blood draw, and urine sampling. At this time, you will also undergo a follow-up MRI of your brain to evaluate any changes in your tumor. Your physician will discuss these results with you and determine if you are safe to continue.

Participants of this study may continue for a **maximum of 12 treatment cycles** based on dose tolerance and disease status. Participants will undergo interim follow-ups (including brain MRI scans) at least every 8 weeks to monitor for side effects and drug efficacy. This study is anticipated to run for 2 years, and patients will be followed regularly even after their participation is finished.

Tofacitinib + Lomustine: You will take Tofacitinib 10 mg pills by mouth twice daily for 42 days for the **first cycle** of treatment. The study coordinator will provide you with a pill diary to record each dose. You will be monitored for side effects and tolerance throughout this process. You will also take Lomustine 90mg/m^2 orally as a pill on day 1.

If you are able to tolerate the first cycle and your physician deems it safe to continue, you will begin **Cycle 2**. On day 1 of Cycle 2, you will visit the clinic for a full physical examination once again, including blood draw and urine

sampling. Cycle 2 will entail the same dose of Tofacitinib for the same length of time (42 days) in addition to taking lomustine 90mg/m^2 on day 1. You will record the doses of Tofacitinib in a pill diary as well.

After the second cycle, you will see your physician for an **interim follow-up** within 5 to 10 days after your last dose. This follow-up will include a full physical examination, blood draw, and urine sampling. At this time, you will also undergo a follow-up MRI of your brain to evaluate any changes in your tumor. Your physician will discuss these results with you and determine if you are safe to continue.

Participants of this study may continue for a **maximum of 6 treatment cycles** based on dose tolerance and disease status. Participants will undergo interim follow-ups (including brain MRI scans) at least every 6 weeks to monitor for side effects and drug efficacy. This study is anticipated to run for 2 years, and patients will be followed regularly even after their participation is finished.

After you complete the maximum number of treatment cycles, your study doctor will discuss other options for treatment with you at that time.

Planned Biospecimen Studies – We will use paraffin embedded tissue from the original resection. Thus, the samples have been collected prior to tofacitinib being administered and no further surgery is required. The specimen will be studied for EGFR mutation. These tests are not validated or FDA approved. They are being used based on research data to guide selection of patients who may respond to this therapy.

Could your participation end early? There are several reasons why the researchers may need to end your participation in the study (early withdrawal). Some reasons are:

- The researcher believes that it is not in your best interest to stay in the study.
- You become ineligible to participate. **Treatment with Tofacitinib will be stopped if there is evidence of disease progression,** upon which time your physician will discuss with you alternative options for medical care.
- Your condition changes and you need treatment that is not allowed while you are taking part in the study.
- You do not follow instructions from the researchers.
- The researchers still cannot reach you after significant attempts have been made (“lost to follow-up”).
- The study is stopped.

You may also choose to withdraw from this study *at any time* by notifying the study coordinator in writing.

It is possible that this study will identify information about you that was previously unknown, such as disease status or risk. Any clinically relevant results of the research will be communicated to you. Clinically relevant means that the information indicates that you may be at risk for a serious illness known at the time of testing to be treatable and it can be confirmed. In that case, we will attempt to notify you using the contact information you have provided.

If you do not want to be notified of any of these incidental findings, please initial below.

__ Please do not notify me of any incidental findings obtained from this research.

Risks – “What are the risks of participation in the research?”

Risks from the research

The investigators have designed this study to learn how effective Tofacitinib in combination with standard of care treatments is as treatment for recurrent glioblastoma, compared to historical patients receiving other commonly accepted treatment(s) for glioblastoma. There is a risk that the effectiveness and/or safety of this study drug may not be as good as the most commonly accepted treatments. You may get a treatment or drug that does not help treat your disease or that makes your condition or disease worse. There is also an increased risk of immunosuppression related to taking both chemotherapy and tofacitinib at the same time.

Risks from the specific research procedures (drug(s), interventions, or procedures)
There are risks to taking part in this research study. One risk is that you may have side effects while on the study.

Side effects from this study will usually go away soon after you stop taking the Tofacitinib. In some cases, side effects can be long lasting or may never go away.

Everyone taking part in the study will be watched carefully for any side effects. However, the study doctors don't know all the side effects that may happen. Be sure to tell your study doctor immediately, about any side effect that you have while taking part in the study.

The following section will describe the risks related to each your participation in this research study. You should talk to your study doctor about any side effects or other problems that you have while taking part in the study.

Side effects can range from mild to serious. Serious side effects are those that may require hospitalization, are life threatening or fatal (could cause death). The frequency that people experience a certain side effect can range from many (likely), few (less likely) or only one or two (rarely).

Risks and side effects related to the Tofacitinib include those which are:

Likely, some may be Serious
In 100 people, approximately (10-20) may have:

- Infection

Less Likely, some may be Serious
In 100 people, approximately (1-10) may have:

- Nasopharyngitis (nasal congestion),
- Skin Rash,
- High Cholesterol,
- Anemia (low iron in blood)
- Bone marrow suppression
- Headache
- High Blood pressure
- Cough
- Gastrointestinal effects (nausea, diarrhea, vomiting, indigestion)
- Fatigue
- Edema (swelling in arms/legs)
- Arthralgia (joint pain)

Rare but may be Serious:

- Venous Thromboembolism (blood clot)

Risks and side effects related to Lomustine include:

Common, some may be serious:
In 100 people, 10 or more may have:

- Delayed myelosuppression (bone marrow suppression), nausea, vomiting, mouth ulcers,alopecia (hair loss)

Less Likely side effects may include:

- Ocular disorders: visual disturbances, and blindness

- Neurologic disorders: disorientation, lethargy, loss of muscle coordination

Risks and side effects related to Temozolomide include:

Common, some may be serious
In 100 people, 10 or more may have:

- Alopecia (hair loss), fatigue, nausea, vomiting, headache, constipation, anorexia (loss of appetite), convulsions, rash, hemiparesis (weakness on one side of the body), diarrhea, asthenia (weakness), fever, dizziness, abnormal coordination, viral infection, amnesia (memory loss), insomnia.

Less Likely, some may be Serious
In 100 people, approximately (2-15) may have hair loss, nausea or vomiting, headache, fatigue and decreased platelet count.

For more information about risks and side effects, ask one of the researchers or study staff.

There may be unforeseeable side effects that could be life threatening or fatal (could cause death).

Are there Risks related to withdrawing from the study?
If you decide to withdraw from this study early, please discuss your decision with the principal investigator. The researcher will ask you to complete study withdrawal procedures at a final study visit. This visit will include the same components as an interim follow-up: complete physical examination including neurological exam, blood draw, urine sampling, and a brain MRI scan. There is no risk to you if you do not complete the final withdrawal procedures and you can choose not to participate in them.

Reproductive Risks

Concerns for sexually active men and women: Women should not become pregnant and men should not father a baby while taking part in this study because we do not know how the study drugs/procedures could affect a man's sperm (for some drugs/procedures, the concern may be that the sperm might be affected and in some cases, drugs could being carried by the semen into the vagina and cause harm) or a fetus, if a woman becomes pregnant during the study. It is important that you talk to your study doctor about avoiding pregnancy during this study. If you think you might have become pregnant or if you believe your female partner has become pregnant while you are in this study, you must tell one of the study doctors right away so that management of the pregnancy and the possibility of stopping the study can be discussed. You must use birth control during the study and for 6 months after the last dose of study drug. Examples of acceptable methods of birth control include barrier methods (condom, diaphragm), intrauterine device (IUD), and hormonal contraceptives (oral, transdermal or injection). Your doctor will discuss birth control methods with you.

If you are a woman who is pregnant or could be pregnant, you cannot take part in this study because we do not know how Tofacitinib might affect a developing fetus. We will do a pregnancy test before you start treatment to make sure you are not pregnant.

If you become pregnant during your participation in this research study, the researchers would like to collect follow-up information regarding your pregnancy. You will be withdrawn from the study and stop treatment with Tofacitinib immediately.

Risks to babies who are being breastfed: Women who are breastfeeding cannot take part in this study because we do not know what effect the drugs/procedures might have on their breast milk.

Are there risks if you also participate in other research studies?

Being in more than one research study at the same time, or even at different times, may increase the risk to you. It may also affect the results of the studies. You should not take part in more than one study without approval from the researchers. If you are already enrolled in another research study, or are interested in enrolling in another study, please talk to the study coordinator and/or your physician.

What if a research-related injury occurs?
The researchers have taken steps to minimize the known or expected risks. However, you may still experience problems or side effects, even though the researchers are careful to avoid them. In the event of a research-related injury or if you experience an adverse reaction, please immediately contact your study doctor. See the section "Contact Information" for phone numbers and additional information. You may also need to tell your regular doctors.

If you are injured or made sick from taking part in this research study, medical care will be provided. This care may be billed to you or your insurance. Depending on the circumstances, this care may be provided at no cost to you. We have no plans to give you money if you are injured. The investigator can provide you with more information.

If you sign this form, you do not give up your right to seek additional compensation if you are harmed as a result of being in this study.

Benefits – "How could you or others benefit from your taking part in this study?"
The possible benefit of your participating in this study is the reduction of glioblastoma invasion, which may lead to improved clinical prognosis and survival. However, since this is an investigational drug, there is no guarantee or promise that you will receive any benefit from this study.

Additionally, we hope the information learned from this study will benefit other people with similar conditions in the future.

Alternative procedures or course of treatment – "What other options are there to participation in this study?"

There are other options available to you. Your other choices may include:
1) getting treatment or care without being in a study,
2) taking part in another study, and
3) getting no further treatment.

Payments – Will there be any payments for participation?
This study is voluntary. Subjects will not be paid for their participation.

Costs – Will taking part in this study cost anything?
You or your health insurance company will be responsible for the cost of treatments and procedures that would be done whether or not you took part in this study, such as clinic visits, physical examinations, blood draws, urine sampling, pregnancy testing, and brain MRI scans. All procedures listed as standard of care will be done through your regular clinical visits and will be your responsibility. It is important to understand that some insurance companies do not cover some costs (for example, approved drugs used in a way different from the package instructions.

The sponsor will provide Tofacitinib free of charge during this study. At the end of your participation you must return all unused Tofacitinib to the researcher.

Ask the researchers if you have any questions about what it will cost you to take part in this study (for example bills, fees, or other costs related to the research).

Confidentiality – How will your records be kept confidential?

Information we learn about you in this study will be handled in a confidential manner, within the limits of the law. If we publish the results of the study in a scientific journal or book, we will not identify you. The Institutional Review Board and other groups that have the responsibility of monitoring research may want to see study records which identify you as a subject in this study.

How will my information and/or tissue samples be used?
With appropriate permissions, your samples and collected information may also be shared with other researchers here, around the world, and with companies.

By agreeing to participate in this study, your information or tissue samples could be used for future research studies or sent to other investigators for future research studies without additional consent from you. The information that identifies you will first be removed from your information or tissue samples. If you do not want your information or tissue samples to be used for future research studies without your consent, you should not participate in this study.

Research policies require that private information about you be protected and this is especially true for your health information. However, the law sometimes allows or requires others to see your information. The information given below describes how your privacy and the confidentiality of your research records will be protected in this study. Medical information collected during this study and the results of any test or procedure that may affect your medical care may be included in your medical record. The information included in your medical record will be available to health care providers and authorized persons including your insurance company.

What is Protected Health Information (PHI)?
Protected Health Information is information about a person's health that includes information that would make it possible to figure out whose it is. According to the law, you have the right to decide who can see your protected health information. If you choose to take part in this study, you will be giving your permission to the investigators and the research study staff (individuals carrying out the study) to see and use your health information for this research study. In carrying out this research, the health information we will see and use about you will include:

- Your medical and surgical health history
- Laboratory testing results
- Imaging and procedure results (i.e. MRI scans)
- Demographic information (age, marital status, years of education completed, occupation, address)

We will get this information by reviewing your electronic medical records.

How will your PHI be shared?
Because this is a research study, we will be unable to keep your PHI completely confidential. We may share your health information with people and groups involved in overseeing this research study including:

- The company, Pfizer Pharmaceuticals, that makes the study drug/device.
- The committee that checks the study data on an ongoing basis, to determine if the study should be stopped for any reason.
- The members of the local research team.
- The Institutional Review Board, Human Research Protection Program Office and the Compliance Office of the University of Texas Southwestern Medical Center, and other groups that oversee how research studies are carried out.
- The Research offices at the University of Texas Southwestern Medical Center.
- The Food and Drug Administration (FDA) and other U.S. and international governmental regulatory agencies involved in overseeing drug or device research.
- Representatives of domestic and foreign governmental and regulatory agencies may be granted direct access to your health information for oversight, compliance activities, and determination of approval for new medicines, devices, or procedures.

If you decide to participate in this study, you will be giving your permission for the groups named above, to collect, use and share your health information. If you choose not to let these groups collect, use and share your health information as explained above, you will not be able to participate in the research study.

Parts of your PHI may be photocopied and sent to a central location or it may be transmitted electronically, such as by e-mail or fax. The groups receiving your health information may not be obligated to keep it private. They may pass information on to other groups or individuals not named here.

How will your PHI be protected?
In an effort to protect your privacy, the study staff will use code numbers instead of your name, to identify your health information. Initials and numbers will be used on any photocopies of your study records, and other study materials containing health information that are sent outside of the university for review or testing. If the results of this study are reported in medical journals or at meetings, you will not be identified.

Do you have to allow the use of your health information?
You do not have to allow (authorize) the researchers and other groups to see and share your health information. If you choose not to let the researchers and other groups use your health information, there will be no penalties but you will not be allowed to participate in the study.

After you enroll in this study, you may ask the researchers to stop using your health information at any time. However, you need to say this in writing and send your letter to the Principal Investigator (PI), details below:

Michael Youssef, MD
Assistant Professor, Neurology/Oncology
Harold C. Simmons Cancer Center
2201 Inwood Rd., Dallas, TX 75390-8855
+1 (215) 645-4673

If you tell the researchers to stop using your health information, your participation in the study will end and the study staff will stop collecting new health information from you and about you for this study. However, the study staff will continue to use the health information collected up to the time they receive your letter asking them to stop.

Can you ask to see the PHI that is collected about you for this study?
The federal rules say that you can see the health information that we collect about you and use in this study. Contact the study staff if you have a need to review your PHI collected for this study.

How long will your PHI be used?
By signing this form, you agree to let us use and disclose your health information for purposes of the study until the end of the study. This permission to use your personal health information expires when the research ends and all required study monitoring is over.
Trial monitoring will be conducted according to the study-specific monitoring plan. For guidance on creating a monitoring plan, refer to the UTSW SCCC IIT Management Manual

Contact Information – Who can you contact if you have questions, concerns, comments or complaints?
If you have questions now, feel free to ask us. If you have additional questions, concerns, comments or complaints later or you wish to report a problem which may be related to this study please contact:

Primary contact:

Tammy Ricklefs, RN
Clinical Research Nurse, Study Coordinator

Department of Neurological Surgery
UT Southwestern Medical Center
+1 (214) 519-1716
Tammy.ricklefs@utsouthwestern.edu

If primary is not available, contact

Michael Youssef, MD
Assistant Professor, Neurology/Oncology
Harold C. Simmons Cancer Center
2201 Inwood Rd., Dallas, TX 75390-8855
+1 (215) 645-4673
Michael.youssef@utsouthwestern.edu

The University of Texas Southwestern Medical Center Human Research Protection Program (HRPP) oversees research on human subjects. HRPP and Institutional Review Board (IRB) representatives will answer any questions about your rights as a research subject, and take any concerns, comments or complaints you may wish to offer. You can contact the HRPP by calling the office at 214-648-3060.

Research Consent & Authorization Signature Section

If you agree to participate in this research and agree to the use of your protected health information in this research, sign this section. You will be given a copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE FOLLOWING STATEMENTS ARE TRUE:

- You have read (or been read) the information provided above.
- Your questions have been answered to your satisfaction about the research and about the collection, use and sharing of your protected health information.
- You have freely decided to participate in this research or you are voluntarily giving your consent for another person to participate in this study because you believe this person would want to take part if able to make the decision and you believe it is in this person's best interest.
- You understand that a copy of this signed consent document, information about this study, and the results of any test or procedure that may affect your medical care, may be included in your medical record. Information in your medical record will be available to health care providers and authorized persons including your insurance company.
- You authorize the collection, use and sharing of your protected health information (another person's protected health information) as described in this form.

Adult Signature Section

			AM PM
Printed Name of Participant	Signature of Participant	Date	Time
			AM PM
Printed Name of Person Obtaining Consent	Signature of Person Obtaining Consent	Date	Time

Witness / Interpreter Signature Section

Interpreter/witness (Interpreter signature required per hospital policies when physically present.)

I attest that I have interpreted the information in this consent form and it was explained to, and apparently understood by the subject or the subject's legal authorized representative, and that informed consent was freely given by the subject or the subject's legally authorized representative as indicated by their signature on the associated **short form**.

Printed Name of Interpreter	Signature of Interpreter	Date	Time AM PM

Witness Signature (required when interpreter is not physically present-e.g., Language Line is used):

By signing below:

I attest that the information in the consent form was accurately explained to, and apparently understood by the subject or the subject's legal authorized representative, and that informed consent was freely given by the subject or the subject's legally authorized representative as indicated by their signature on the associated **short form**.

Printed Name of witness	Signature of witness	Date	Time AM PM

Blind or Illiterate Signature Section *At the time of consent, also complete this section if consent is obtained from an individual who is unable to read and/or write but can otherwise communicate and/or comprehend English (e.g., blind, physically unable to write, etc.)*

Declaration of witness:

By signing below, I confirm I was present for the entire consent process. The method used for communication (e.g., verbal, written, etc.) with the subject was: _____ .

The specific means (e.g., verbal, written, etc.) by which the subject communicated agreement to participate was: _____.

Printed Name of Witness	Signature of Witness	Date	Time AM PM