SUMMARY OF CHANGES – CONSENT 9673

For Protocol Amendment #21: This protocol is being amended to clarify the statistical analysis plan with regards to the timing of when the primary endpoint will be analyzed.

Part A: A Multi-Institutional Phase 2 Study of Nivolumab in Refractory Metastatic Squamous Cell Carcinoma of the Anal Canal (Original Protocol

Part B: A Multi-Institutional Phase 2 Study of Nivolumab or Nivolumab in Combination with Ipilimumab in Refractory Metastatic Squamous Cell Carcinoma of the Anal Canal (Amendment)

NCI Protocol #: 9673
Local Protocol #: NCI9673

NCI Version Date: March 24, 2023
Protocol Date: March 24, 2023

#	Section	Page	Request for Rapid Amendment (RRA)
1	Header	All	**OLD TEXT:** ~~Version Date: November 14, 2022~~ **NEW TEXT: Version Date: March 24, 2023** **RATIONALE:** Updated version date in header to reflect most recent resubmission.

Consent Form

Study Title for Study Participants: Testing nivolumab with/without Ipilimumab in patients with advanced cancer of the anal canal

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: NCI 9673 Part A: A Multi-Institutional Phase II Study of Nivolumab in Refractory Metastatic Squamous Cell Carcinoma of the Anal Canal

Part B: A Multi-Institutional Phase 2 Study of Nivolumab or Nivolumab in Combination with Ipilimumab in Refractory Metastatic Squamous Cell Carcinoma of the Anal Canal (Amendment)

What is the usual approach to my advanced cancer of the anal canal?

You are being asked to take part in this study because you have advanced anal canal cancer. You have already been treated with chemotherapy drugs. People who are not in a study are usually treated with different chemotherapy drugs or offered care to relieve cancer symptoms.

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

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

- you may choose to have the usual approach described above
- 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.

Why is this study being done?

The purpose of this study is to test any good and bad effects of nivolumab alone and nivolumab in combination with ipilimumab. Nivolumab or the combination of nivolumab and ipilimumab could shrink your cancer but it could also cause side effects.

Nivolumab and Ipilimumab are antibodies (a human protein that sticks to a part of the tumor and/or immune cells) designed to allow the body's immune system to work against tumor cells. Most anal cancers occur because of a prior infection with the human papillomavirus (HPV). Since these tumors have proteins produced by the virus, it is presumed that the immune system could recognize these foreign proteins and attack specifically those anal tumor cells infected with HPV. Although no animal studies involving anal cancer have been performed using nivolumab, laboratory studies from other cancer types also driven by HPV have indicated that nivolumab may be effective in treating HPV-positive tumors. Because anal cancer is considered

an HPV-associated tumor, nivolumab may be an effective treatment for patients with advanced anal cancer.

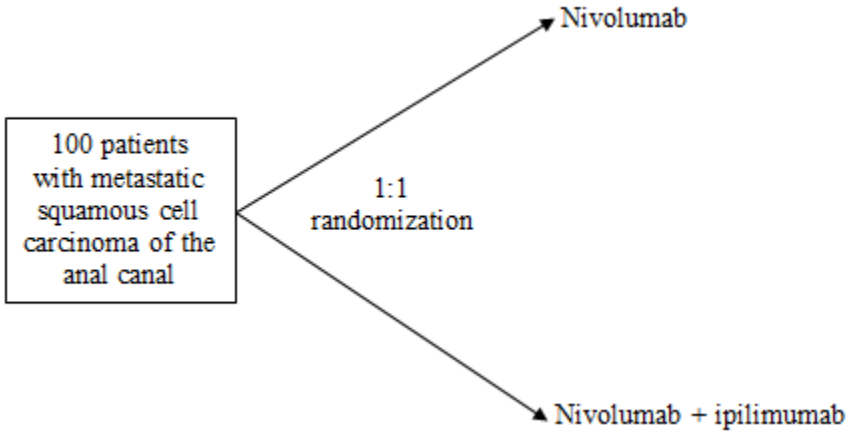
Nivolumab has FDA approval for melanoma, another type of cancer. The use of nivolumab in patients with advanced squamous cell cancer of the anal canal is experimental. Ipilimumab is commercially available and FDA approved to treat melanoma that has spread. The combination of nivolumab and ipilimumab is not FDA approved for the treatment of metastatic squamous cell cancer of the anal canal and is considered experimental.

Another purpose of this study is for researchers to learn if biomarker tests are helpful to decide if people will benefit from treatment with nivolumab alone and nivolumab in combination with ipilimumab. Biomarkers are found in the blood/tissue and may be related to your reaction to the study drugs.

There will be about 137 people taking part in this study which include patients already enrolled on part A of the study.

What are the study groups?

Patients already enrolled in Part A will continue to receive Nivolumab intravenously through your vein over 60 minutes once every 2 weeks. All new patients, a total of 100, will be enrolled in Part B and will receive either Nivolumab or Nivolumab plus Ipilimumab. We will use a computer to assign you to one of the study groups. This process is called "randomization." It means that your doctor will not choose and you cannot choose which study group you are in. You will be put into a group by chance. You will have an equal chance of being in either group. No one knows if one group is better, the same or worse than the other. The study doctor will tell you which group you are in. If you are in Part B, Nivolumab will be given intravenously through your vein over 30 minutes once every 4 weeks and if you are assigned to Ipilimumab group, you will be given intravenously through your vein over 30 minutes once every 8 weeks.



How long will I be in this study?

You will receive nivolumab alone or nivolumab in combination with ipilimumab for as long as you receive clinical benefit. After you finish nivolumab, the study team will continue to watch you for side effects for at least 100 days. The study team will also continue to check how you are doing every 3 months for up to 2 years after you finish nivolumab. They may check on you at the time of a routine clinic visit or by phone or by email.

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

Most of the exams, tests, and procedures you will have are part of the usual approach for your cancer. However, there are some extra tests and procedures that you will need to have if you take part in this study.

Before you begin the study:
You will need to have the following extra tests to find out if you can be in the study:

- Blood (about 1 teaspoon) or urine will be drawn for a pregnancy test if you can become pregnant. To take part in this study, you must not be pregnant.
- Blood (about 3 teaspoons) will be drawn to check your thyroid function, and for hepatitis B and C.
- You will have an electrocardiogram (EKG) to check your heart function.
- A research blood sample of about 7 tablespoons will be taken. The sample is required in order for you to take part in this study because the research on the samples is an important part of the study. The blood samples will be used for biomarker testing. Blood draws may cause pain, bleeding, and/or bruising. You may faint and/or develop an infection with redness and irritation of the vein at the site where blood is drawn. Frequent blood collection may cause anemia (low red blood cell count), which may create a need for blood transfusions.
- If not previously performed, human papillomavirus (HPV) testing will be done on some of your leftover cancer tissue from a previous biopsy, if available.
- You will have blood (about 2 teaspoons) drawn for HIV testing, unless you have been tested within the last 6 months.
- If you have HIV, you must be followed by a physician who is a specialist in treating HIV and receive appropriate treatment for HIV. You must agree to provide your HIV-related laboratory test results to the study team while you take part in this study.

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 samples and health information. The results from the blood sample and biopsy will be available to the study doctor.

If the exams, tests, and procedures show that you can take part in the study, and you choose to take part, then you will need the following extra tests and/or procedures. They are not part of the usual approach for your type of cancer.

During the study:

- If you can become pregnant, blood (about 1 teaspoon) or urine will be collected for a pregnancy test every 8 weeks. Blood or urine will also be collected for a pregnancy test 30 and 70 days after you stop taking study treatment.
- Every 8 weeks, you will have a CT scan and/or MRI to check the status of the disease. A blood sample (about 7 tablespoons) will be taken when you stop study treatment.
- If you stop taking study treatment for reasons other than your cancer growing, you will continue to have scans performed every 6 weeks until your cancer grows.

Leftover tumor tissue and leftover blood from biomarker testing will be banked for future research. This will be discussed in the section on optional studies.

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 the BMS-936558 (nivolumab, MDX-1106) and/or ipilimumab (MDX-010) may not be as good as the usual approach for your cancer or condition at shrinking or stabilizing your cancer.

You also may have the following discomforts:

- Spend more time in the hospital or doctor's office.
- Be asked sensitive or private questions about things you normally do not discuss.
- May not be able to take part in future studies.

The BMS-936558 (nivolumab, MDX-1106) and/or ipilimumab (MDX-010) 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 test 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(s)/study approach.

Here are important things to know 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, and some may never go away.
- Some side effects may make it hard for you to have children.
- Some side effects may be mild. Other side effects may be very serious and even result in death.

You can ask your study doctor questions about side effects at any time. Here are important ways to make side effects less of a problem:

- If you notice or feel anything different, tell your study doctor. He or she can check to see if it is a side effect.
- Your study doctor will work with you to treat your side effects.
- Your 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 doctors know about. Keep in mind that there might be other side effects doctors do not yet know about. If important new side effects are found, the study doctor will discuss these with you.

PLEASE NOTE THE FOLLOWING IN REVIEWING THESE RISKS:

Nivolumab is an agent involved in the inhibition of "immune checkpoints," and may result in severe and possibly fatal immune-mediated side effects probably due to activation and growth of immune cells (T-cells). Immune-mediated side effects have been reported in patients receiving Nivolumab. In clinical trials, most immune-mediated side effects were reversible and managed by stopping Nivolumab temporarily, administration of corticosteroids and supportive care.

Risk Profile for Nivolumab (CAEPR Version 2.4, December 2, 2020)

Special precautions
Side effects of Nivolumab may happen anytime during treatment or even after your treatment has ended. Some of these problems may happen more often when Nivolumab is used in combination with ipilimumab. **Call or see your healthcare provider right away if you develop any problems listed below or the symptoms get worse.**
COMMON, SOME MAY BE SERIOUS In 100 people receiving Nivolumab, more than 20 and up to 100 may have:
• Tiredness

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Nivolumab, from 4 to 20 may have:

- Anemia which may require blood transfusion
- Swelling and redness of the eye
- Pain
- Diarrhea, nausea
- Dry mouth
- Fever
- Swelling and redness at the site of the medication injection
- Bruising, bleeding
- Pain or swelling of the joints
- Loss of appetite
- Reaction during or following a drug infusion which may cause fever, chills, rash

Nivolumab may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to:

- Lung problems (pneumonitis and pleural effusion). Symptoms may include: new or worsening cough, chest pain, shortness of breath.
- Intestinal problems (colitis) that can rarely lead to tears or holes in your intestine. Signs and symptoms of colitis may include: diarrhea or increase in bowel movements, blood in your stools or dark, tarry, sticky stools, severe belly pain or tenderness.
- Skin: itching; rash, blisters including inside the mouth; loss of skin pigment
- Liver problems (hepatitis) which can cause liver failure. Signs and symptoms of hepatitis may include: yellowing of your skin or the whites of your eyes, severe nausea or vomiting; drowsiness; pain in the right upper belly
- Hormone gland problems (especially the thyroid, pituitary and adrenal glands, and pancreas). Signs and symptoms may include: headaches that will not go away or unusual headaches, extreme tiredness or changes in mood or behavior; decreased sex drive; weight loss or weight gain; excessive thirst or urination; dizziness or fainting.

RARE, AND SERIOUS

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

- Dry eyes
- Sores in the mouth which may cause difficulty swallowing
- A syndrome starting with flu-like symptoms and followed by swelling, tenderness which may cause blurred vision, ringing in the ears, changes in hair or hair loss
- Swelling of the bowels

Nivolumab may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to:

- Visual disturbances which may cause double vision, blurred vision, or loss of vision with a chance of blindness
- A condition with high blood sugar which leads to tiredness, frequent urination, excessive thirst, headache, nausea and vomiting, and can result in coma
- Kidney problems, including nephritis and kidney failure requiring dialysis. Signs of kidney problems may include: decrease in the amount of urine, blood in your urine, ankle swelling.
- Heart problems including swelling and heart failure. Symptoms and signs of heart problem may include: Shortness of breath, swelling of the ankle and body.
- Problem of the muscle, including swelling, which can cause muscle pain and severe muscle weakness sometimes with dark urine
- Swelling of the brain (meningitis/encephalitis) which may cause: headache, stiff neck confusion, sleepiness, seizures or injury to the brain which may cause headache, blindness (also known as Reversible Posterior Leukoencephalopathy Syndrome)
- Problem of the nerves that can cause paralysis. Signs and symptoms may include: numbness, tingling of hands and feet; weakness of the arms, legs and facial muscle movement
- Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat
- Complications associated with stem cell transplant using donor stem cells (allogeneic stem cell transplant). These complications are caused by attack of donor cells on the host organs (inducing liver, skin and gut damage), and can lead to death. If you are considering an allogeneic stem transplant after participating in this study, please tell your doctor that you have received Nivolumab therapy, since the risk and severity of transplant-associated complications may be increased.

Possible Side Effects of Ipilimumab

Risk Profile for Ipilimumab (MDX-010) (CAEPR Version 2.10, March 29, 2019)

Special precautions

Side effects of ipilimumab (MDX-010) may happen anytime during treatment or even after your treatment has ended. Some of these problems may happen more often when ipilimumab (MDX-010) is used in combination with BMS-936558 (nivolumab). **Call or see your healthcare provider right away if you develop any problems listed below or the symptoms get worse.**

COMMON, SOME MAY BE SERIOUS

In 100 people receiving ipilimumab (MDX-010), more than 20 and up to 100 may have:

- Diarrhea, nausea
- Tiredness

Ipilimumab (MDX-010) may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to:

- Skin: itching; rash, blisters including inside the mouth (can be severe); hives

OCCASIONAL, SOME MAY BE SERIOUS
In 100 people receiving ipilimumab (MDX-010), from 4 to 20 may have:

- Abnormal heartbeat
- Hearing loss
- Swelling and redness of the eye
- Pain
- Difficulty swallowing, eating
- Constipation, vomiting
- Weight loss, loss of appetite
- Fever
- Dehydration
- Pain or swelling of the joints
- Reaction during or following a drug infusion which may cause fever, chills, rash
- Low blood pressure which may cause feeling faint

Ipilimumab (MDX-010) may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to:

- Lung problems (pneumonitis). Symptoms may include: new or worsening cough, chest pain, shortness of breath
- Intestinal problems (colitis) that can rarely lead to tears or holes in your intestine. Signs and symptoms of colitis may include: diarrhea or increase in bowel movements, blood in your stools or dark, tarry, sticky stools, severe belly pain or tenderness
- Kidney problems, including nephritis and kidney failure requiring dialysis. Signs of kidney problems may include: decrease in the amount of urine, blood in your urine, ankle swelling.
- Problem of the muscle, including inflammation, which can cause muscle pain and severe muscle weakness sometimes with dark urine
- Problem of the nerves that can cause paralysis. Signs and symptoms may include: numbness, tingling of hands and feet; weakness of the arms, legs and facial muscle movement.
- Liver problems (hepatitis) which can cause liver failure. Signs and symptoms of hepatitis may include: yellowing of your skin or the whites of your eyes, severe nausea or vomiting; drowsiness; pain in the right upper belly
- Hormone gland problems (especially the thyroid, pituitary and adrenal glands, and pancreas). Signs and symptoms may include: headaches that will not go away or unusual headaches, extreme tiredness or changes in mood or behavior decreased sex drive; weight loss or weight gain; excessive thirst or urine; dizziness or fainting.

RARE, AND SERIOUS In 100 people receiving ipilimumab (MDX-010), 3 or fewer may have:
• Bleeding • Blockage of the bowels which may cause constipation • Fluid around heart • Severe illness with multiorgan failure • Confusion Ipilimumab (MDX-010) may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to: • A condition with high blood sugar which leads to tiredness, frequent urination, excessive thirst, headache, nausea and vomiting, and can result in coma • Heart problems including inflammation and heart failure. Symptoms and signs of heart problem may include: Shortness of breath, swelling of the ankle and body • Complications associated with stem cell transplant using donor stem cells (allogeneic stem cell transplant). These complications are caused by attack of donor cells on the host organs (inducing liver, skin and gut), and can lead to death. If you are considering an allogeneic stem transplant after participating in this study, please tell your doctor that you have received ipilimumab therapy, since the risk and severity of transplant-associated complications may be increased. • Swelling of the brain (meningitis/encephalitis), which may cause: headache, confusion, sleepiness, seizures, and stiff neck

Reproductive risks: You should not get pregnant, breastfeed or father a baby while in this study. Both study drugs (Nivolumab and Ipilimumab) could be very damaging to an unborn baby. Check with the study doctor about what types of birth control or pregnancy prevention to use while in this study. Women able to get pregnant must continue to use birth control or pregnancy prevention for 5 months after the last dose of study drug. Men must continue to use contraception for 7 months after the last dose of nivolumab.

If at any time during the study you think you or your partner might be pregnant, you must tell your study doctor right away.

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 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 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.

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 out of the study:

- 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.

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?

Both study drugs (Nivolumab and Ipilimumab) will be supplied at no charge by the National Cancer Institute's Division of Cancer Treatment and Diagnosis while you take part in this study. The cost of getting the study drug ready and giving it to you is not paid by the study sponsor so you or your insurance company may have to pay for this. It is possible that the study drug may not continue to be supplied while you are on the study. Although not likely, if this occurs, your study doctor will talk to you about your options.

Neither you nor your health care plan/insurance carrier will be billed for the collection of the research blood samples and optional biopsies done for this study. The study will cover these tests.

You and/or your health plan/insurance company will need to pay for all of the other costs of treating your cancer while in this study, including the cost of tests, procedures, or medicines to manage any side effects, unless you are told that certain tests are supplied at no charge. Before you decide to be in the study, you should check with your health plan or insurance company to find out exactly what they will pay for.

You will not be paid for taking part in 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 study sponsor will not offer to pay for medical treatment for injury. Your insurance company may not be willing to pay for study-related injury. If you have no insurance, you would be responsible for any costs.

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.

Who will see my medical information?

Your privacy is very important to us. The study doctors will make every effort to protect it. The study doctors have a privacy permit to help protect your records if there is a court case. However, some of your medical information may be given out if required by law. If this should happen, the study doctors will do their best to make sure that any information that goes out to others will not identify who you are.

Some of your health information, such as your response to cancer treatment, results of study tests, and medicines you took, will be kept by the study sponsor in a central research database. However, your name and contact information will not be put in the database. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

There are organizations that may look at your study records. Your health information in the research database also may be shared with these organizations. They must keep your information private, unless required by law to give it to another group.
Some of these organizations are:

- The qualified representative(s) of the Pharmaceutical Collaborator(s) and any drug company supporting the study
- The Institutional Review Board, IRB, is a group of people who review the research with the goal of protecting the people who take part in the study.
- The Food and Drug Administration (FDA) and the National Cancer Institute in the U.S., and similar ones if other countries are involved in the study.
- The National Cancer Institute will obtain information from this clinical trial under data collection authority Title 42 U.S.C. 285.

Where can I get more information?

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).

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.

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).*

ADDITIONAL STUDIES SECTION:

This section is about optional studies you can choose to take part in

This part of the consent form is about optional studies that you can choose to take part in. You will not get health benefits from any of these studies. The researchers leading the optional studies hope the results will help other people with cancer in the future.

The results will not be added to your medical records and you or your study doctor will not know the results.

You will not be billed for these optional studies. You can still take part in the main study even if you say "no" to any or all of these studies. If you sign up for but cannot complete any of the studies for any reason, you can still take part in the main study.

Circle your choice of "yes" or "no" for each of the following studies.

Optional Sample Collections for Laboratory Studies and/or Biobanking for Possible Future Studies

Researchers are trying to learn more about cancer. Much of this research is done using samples from your tissue and blood. Through these studies, researchers hope to find new ways to treat or cure cancer.

Some of these studies may be about genes. Genes carry information about features that are found in you and in people who are related to you. Researchers are interested in the way that genes affect how your body responds to treatment.

1. Optional biopsy study

If you choose to take part in this study, the study doctor for the main study would like to collect tumor tissue for research on biomarkers. Biomarker studies are tests to see if features of the sample predict response to the study drug for future patients. You will have small pieces of cancer tissue removed by biopsy performed with diagnostic imaging (such as a MRI or CT scan) guidance for research testing before your first and third dose of nivolumab. The cancer tissue

samples will be used for biomarker testing. The biopsies would only be used for research and not to guide your medical care.

If you do not want to undergo a tissue biopsy or your doctor tells you that it is not feasible, then you can allow your doctor to submit your tumor tissue that is available from earlier biopsies. These tissue biopsies could have been taken from an earlier surgery or biopsy that was collected when you were first diagnosed with your cancer.

2. Optional biobanking of collected tissue and blood samples for possible future studies

If you choose to take part, leftover tissue and/or blood that are collected while you take part in the study will be stored in a research bank at MD Anderson for use in future research related to cancer. The researchers ask your permission to store and use your samples and related health information (for example, your response to cancer treatment, results of study tests and medicines you are given) for medical research. The research that may be done is unknown at this time. Storing samples for future studies is called "biobanking". The Biobank is being run by MD Anderson Cancer Center.

WHAT IS INVOLVED?

If you agree to take part, here is what will happen next:

1) If there is any tissue and/or blood leftover from what is collected for research studies while you take part in the study, the samples will be stored in a research bank at MD Anderson for use in future research related to cancer. The samples will be kept until they are used up.
2) Researchers will not be given your name or any other information that could directly identify you.
3) Neither you nor your study doctor will be notified when research will be conducted or given reports or other information about any research that is done using your samples.
4) Some of your genetic and health information may be placed in central databases that may be public, along with information from many other people. Information that could directly identify you will not be included.

WHAT ARE THE POSSIBLE RISKS?

1) There is a risk that someone could get access to the personal information in your medical records or other information researchers have stored about you.
2) There is a risk that someone could trace the information in a central database back to you. Even without your name or other identifiers, your genetic information is unique 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.
3) In some cases, this information could be used to make it harder for you to get or keep a job or insurance. There are laws against the misuse of genetic information, but they may not give full protection. There can also be a risk in knowing genetic information. New health information about inherited traits that might affect you or your blood relatives could be found during a study. The researchers believe the chance these things will happen is very small, but cannot promise that they will not occur.

4) Having biopsies performed may cause pain, bruising, bleeding, redness, low blood pressure, swelling, and/or infection at the site of the biopsies. An allergic reaction to the anesthetic may occur. A scar may form at the biopsy site. Rarely, major bleeding may occur.

HOW WILL INFORMATION ABOUT ME BE KEPT PRIVATE?

Your privacy is very important to the researchers and they will make every effort to protect it. Here are just a few of the steps they will take:

1) When your sample(s) is sent to the researchers, no information identifying you (such as your name) will be sent. Samples will be identified by a unique code only.
2) The list that links the unique code to your name will be kept separate from your sample and health information. Any Biobank staff with access to the list must agree to keep your identity confidential.
3) Information that identifies you will not be given to anyone, unless required by law.
4) If research results are published, your name and other personal information will not be used.

WHAT ARE THE POSSIBLE BENEFITS?

You will not benefit from taking part in the optional studies. The researchers, using the samples from you and others, might make discoveries that could help people in the future.

ARE THERE ANY COSTS OR PAYMENTS?

There are no costs to you or your insurance. You will not be paid for taking part. If any of the research leads to new tests, drugs, or other commercial products, you will not share in any profits.

WHAT IF I CHANGE MY MIND?

If you decide you no longer want your samples to be used, you can call the study doctor, _____, *(insert name of study doctor for main trial*) at _____ (*insert telephone number of study doctor for main trial)* who will let the researchers know. Then, any sample that remains in the bank will no longer be used and related health information will no longer be collected. Samples or related information that have already been given to or used by researchers will not be returned.

WHAT IF I HAVE MORE QUESTIONS?

If you have questions about the use of your samples for research, contact the study doctor, _____, *(insert name of study doctor for main trial)* at _____ *(insert telephone number of study doctor for main trial)*.

Please circle your answer to show whether or not you would like to take part in each option.

OPTIONAL BIOPSIES:
I agree to have the biopsies and I agree that my specimen samples and related information may be used for the laboratory studies described above.

YES NO

As I did not agree to a fresh tissue biopsy or my doctor told me it was not safe, I do agree that my already available tissue samples and related information may be used for the research studies described above.

YES NO N/A (Check N/A if you are agreeing to a tissue biopsy)

SAMPLES FOR FUTURE RESEARCH STUDIES:
My leftover blood and/or tissue samples and related information may be kept in a Biobank for use in future health research.

YES NO

This is the end of the section about optional studies.

My Signature Agreeing to Take Part in the Main Study

I have read 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 agree to take part in the main study and any additional studies where I circled 'yes".

Participant's signature_____

Date of signature_____

Signature of person(s) conducting the informed consent discussion_____

Date of signature_____