

**CONSENT FORM**

**OFFICIAL TITLE OF CT.GOV RECORD: Inhibition of Oral Tumorigenesis by Antitumor B**

**CT.GOV NUMBER: NCT04278989**

**CONSENT DATE: January 22, 2025**

**Medical College of Wisconsin  
INTRODUCTION TO THE INFORMED CONSENT**

IIT-WONG-ATB-RANDOMIZED: Inhibition of Oral Tumorigenesis by Antitumor B

Stuart Wong, MD  
Department of Medicine  
Division of Hematology and Oncology  
Medical College of Wisconsin  
8701 Watertown Plank Road  
Milwaukee WI 53226  
414-805-6700

**Definitions**

**Antitumor B (ATB)** – a botanical agent composed of six Chinese herbs. Scientists believe ATB may slow down tumor growth. ATB is still experimental, meaning it is not approved by the U.S. Food and Drug Administration (FDA).

**Purpose**

This project is being done to determine the effectiveness of Antitumor B (ATB), a botanical agent composed of six Chinese herbs, to slow down tumor growth.

**Length**

- You will take ATB study drug for between 7 to 28 days, depending on the time before your surgery is scheduled.
- After the ATB study drug administration is finished, we will ask you to return to the clinic following your surgery for a follow-up visit.

**Procedures**

If you participate in this study, you will receive ATB.

**List of visits:**

- Screening Visit(s)
  - Total Number: approx. 1-3
  - Total Time: approx. 6-8 hours
- ATB Administration Visits
  - Total Number: approx. 1-2
  - Total Time: approx. 2-4 hours each
- Surgery Visit
  - Total Number: approx. 1-2
  - Total Time: approx. 4-8 hours
- Follow-Up Visit
  - Total Number: approx. 1
  - Total Time: approx. 2-4 hours

**Procedures that will occur at various visits:**

**Invasive Procedures**

- Fresh tumor biopsy, if archival tissue is not available
- Blood collection for laboratory tests

**Non-invasive Procedures**

- Physical exam and vital signs
- Performance status
- Saliva sample collection
- MDASI-HN (MD Anderson Symptom Inventory-Head and Neck Survey) questionnaire

**Risks**

This is a brief list of the most commonly seen side effects. The **full consent form** after this introduction contains a more complete list of potential research risks.

**ATB risks:**

- ATB is made so that inactive or toxic components have been removed so the risk of liver damage is considered to be rare. Liver function tests will be monitored for the possibility of elevated enzymes. Although ATB has been shown to improve gastrointestinal symptoms such as heartburn symptoms, diarrhea can rarely occur from taking ATB.

Experimental therapy with ATB prior to surgery may cause toxicity and potentially delay curative surgery.

**Informed Consent for Research**

Clinical Interventions template - Version: November 1, 2019

IRB Protocol Number: PRO 37907

IRB Approval Period: 1/22/2025 – 1/21/2026

**EFFECTIVE**

1/22/2025

**MCW IRB**

**Benefits**

We don't know if this project will help you. Your condition may get better but it could stay the same or even get worse.

**My Other Options**

You do not have to join this project. Your other options may include:

1. Joining a different project
2. Routine care for this condition
3. Getting no treatment for this condition

If you have more questions about this project at any time, you can call Stuart Wong, MD at 414-805-6700.

If you have questions about your rights as a participant, want to report any problems or complaints, or offer input, you can call the MCW/Froedtert Hospital Research Subject Advocate at 414-955-8844.

## **CONSENT TO PARTICIPATE IN RESEARCH**

### **A1. INTRODUCTION – WHY ARE WE ASKING YOU TO PARTICIPATE?**

You are being invited to participate in this research because you have oral cancer.

A total of about 28 people are expected to participate in this research at the Medical College of Wisconsin/Froedtert Hospital.

The Director of the project is Stuart Wong, MD in the Department of Medicine. A research team works with Dr. Wong. You can ask who these people are.

The National Cancer Institute (NCI), is funding the research.

### **A2. DO I HAVE TO PARTICIPATE?**

You can decide whether to take part in this research or not. You are free to say yes or no. If you do not agree to join, or if you leave, you will not be penalized or lose any benefits that you had before starting the research project. Even if you join this project, you do not have to stay in it. You may stop at any time. Take as much time as you need to make your choice.

A research project is different from routine medical care in three ways: 1) there are extra risks that we will tell you about in this form; 2) you may have some extra medical tests and visits; 3) the research procedures, tests and visits follow a set plan that must be kept.

### **A3. WHY IS THIS PROJECT BEING DONE?**

This research study is being conducted to determine the effectiveness of Antitumor B (ATB), a botanical agent composed of six Chinese herbs, to slow down tumor growth. ATB is still experimental, meaning it is not approved by the U.S. Food and Drug Administration (FDA). We do not know all the ways that this compound may affect people.

This study is not likely to help you, but we hope the information from this study will help us develop a better treatment for oral cancer in the future.

### **B1. WHAT WILL HAPPEN IF I PARTICIPATE?**

#### **Study Drug**

ATB will be given as an oral pill. ATB will be taken leading up to the standard of care surgery to remove your tumor. It can be taken either with or without food. Starting from the time your surgery is scheduled, ATB will be taken for between 7 to 28 days. Four 300 mg pills will be taken three times per day until the evening prior to surgery. ATB pills should be stored at room temperature in a dry place. If you miss a dose of ATB, you should take it as soon as possible, as long as it is on the same day. Do not take an extra dose of ATB on the next day or any subsequent days to make up for the missed dose.

### **Study Groups**

If you participate in this study, you will receive ATB.

### **Study Procedures**

A Study Calendar showing the assessments performed throughout the study can be found at the end of this consent form.

#### **Screening (done within 28 days of registering to start the study compound)**

- Informed consent
- Physical exam and medical history review (including current medications and any adverse effects you are currently experiencing)
- Performance status assessment (how you are able to carry out daily activities)
- Laboratory blood tests (CBC with Differential, Platelet Count, Complete Metabolic panel)
- Record baseline medications
- Pregnancy test, if appropriate
- Tumor biopsy (It is standard for a patient with a suspected diagnosis of oral cancer to have had a confirmatory biopsy. If this biopsy was performed at an outside institution, this specimen may be used for entry into the study protocol if the pathologist determines that there is enough tissue for the study protocol laboratory tests. If a diagnostic biopsy has not been performed or the outside biopsy is insufficient for study required testing, then a repeat biopsy will be required.)
- Tumor assessment by CT scan

#### **Study Procedures, Day 1 until the day prior to surgery**

- Concomitant medications (review of your current medications)
- Agent administration: the first dose of ATB will be administered by mouth. You will take a dose once every 8 hours, for 3 times daily.
- Adverse Event Assessment (review of any adverse effects you are currently experiencing prior to taking the study compound.)
- Specimen Collection
  - A total of 2 saliva samples (2-4 ml) will also be collected at the following time points: before dose 1- morning, dose 2- midday or dose 3- evening. You will store collected saliva in an air-tight storage container provided by the study coordinator in your home freezer. At the end of the course of therapy you will be asked to return the storage specimens to the study coordinator. You will be given a Styrofoam transportation container with freeze packs for this purpose. You should avoid drinking for 5 minutes prior to saliva collection.
- Dosing/symptom diary will be given to you
- The study coordinator will contact you twice weekly for compliance assessment of your diary and reminders for protocol procedures. The study coordinator will also review your

adverse events and current medications.

- Performance status assessment (how you are able to carry out daily activities)

### **Prior to Surgery (up to 3 days prior to surgery date)**

- Concomitant medications (review your current medications)
- Laboratory blood tests (CBC with Differential, Platelet count, Complete metabolic panel)
- Specimen Collection:
  - A total of 2 saliva samples (2-4 ml) will also be collected at the following time points: before dose 1- morning, dose 2- midday or dose 3- evening. You will store collected saliva in an air-tight storage container provided by the study coordinator in your home freezer. At the end of the course of therapy you will be asked to return the storage specimens to the study coordinator. You will be given a Styrofoam transportation container with freeze packs for this purpose. You should avoid drinking for 5 minutes prior to saliva collection.
- Enter the saliva collection times as well as the dosing date and times and comment on any symptoms or adverse events that you may be having on your dosing diary.
- Tumor assessment by CT scan
- Performance status assessment (how you are able to carry out daily activities)

### **Day of Surgery**

- Physical exam (review of any adverse events you have or are experiencing)
- Concomitant medications (review your current medications)
- Operating room tumor resection specimen harvesting

### **Follow Up**

- Physical exam
- Laboratory blood tests (Complete metabolic panel)

### **Option to Perform Study Standard of Care Imaging, Lab Work, and Completion of Surveys at Other Institutions**

In special cases and with study team approval, you may be able to have imaging, lab work, and completion of surveys completed at specific community sites. This would be done instead of being required to perform these procedures at MCW/FH. You would have to travel to MCW/FH at times for all other procedures and visits. If you are interested in hearing more about this option, please talk with the study staff.

### **GENETIC TESTING**

Genetic testing is done on blood and other specimens. In this project, we will do genetic testing on your tumor tissue. This will be collected at the Screening visit and during Surgery. Genetic

testing will be done because the study team would like to investigate the molecular effects of ATB administration.

This genetic testing is for research only. The purpose is not to discover information that could be used to change your medical care, make or change your diagnosis, or advise you on your risk of diseases.

Information that can identify you will be attached to your tumor tissue. The research team will make every effort to protect the information and keep it confidential, but it is possible that an unauthorized person might see it. Depending on the kind of information being collected, it might be used in a way that could embarrass you.

It is against federal law (Genetic Information Nondiscrimination Act, or GINA) for health insurance companies to deny health insurance, or large employers to deny jobs, based on your genetic information. But the same law does not protect your ability to get disability, life, or long-term care insurance. If you have questions, you can talk to the research doctor about whether this could apply to you.

You will not be given your genetic test results.

## **WE WOULD LIKE TO BANK YOUR TUMOR TISSUE FOR FUTURE RESEARCH**

“Banking” is storing health information and/or blood or tissue for future research studies. A “bank” is the place where it is stored. Dr. Wong wants your permission to bank your tumor tissue for future research. Dr. Wong would like you to take part in this bank because you have cancer. In the future, other doctors and scientists at this and other medical and research centers may use your tumor tissue to learn about many different diseases and conditions. Their goal is to improve health and develop new treatments.

If you agree to allow your tumor tissue to be banked, there is a chance that it may be used to study genetic material. Genetic material, or genes, are made up of DNA, and contain all the information which is passed on in families. These studies may look at differences in genetic material that might influence the likelihood of developing a certain disease, or of responding to specific drugs or treatment.

### **DO I HAVE TO BANK MY TUMOR TISSUE?**

You are free to say yes or no.

If you decide not to bank your tumor tissue you cannot take part in the main study.

### **WHAT TUMOR TISSUE WILL BE BANKED?**

We will bank a tumor tissue sample from an archival tumor sample at Screening. If an archival sample is not available, we will bank some of your fresh tissue biopsy.

During your tumor resection surgery, we will also bank some tissue that would otherwise be discarded.

### **ARE THERE ANY PHYSICAL RISKS IN THIS BANKING STUDY?**



There is no additional physical risk to you from banking an archival tissue sample or collecting tissue from your surgery that would otherwise be discarded.

Fresh tissue biopsy risks are described in section C3. OTHER RISKS OF THIS RESEARCH PROJECT in this consent form.

**WHERE WILL MY TUMOR TISSUE BE BANKED?**

Your tumor tissue will be banked at MCW Tissue Bank in Milwaukee, WI along with samples of many other people with different conditions.

**ARE THERE ANY RISKS TO CONFIDENTIALITY IN BANKING MY TUMOR TISSUE?**

Your tumor tissue will be sent to MCW Tissue Bank with some personal details. Personal identifiers such as dates, initials, or hospital numbers could identify you. **They might also identify your family, your housemates, or your employer.** It is possible that an unauthorized person might see it. Depending on the kind of information being collected, it might be used in a way that could embarrass you. If some records include genetic information, it is against federal law for health insurance companies to deny health insurance, or large employers to deny jobs, based on your genetic information. But the same law does not protect your ability to get disability, life, or long-term care insurance. If you have questions, you can talk to the study doctor about whether this could apply to you.

**WILL I BE PAID FOR BANKING MY TUMOR TISSUE?**

Dr. Wong, other researchers, or research companies may patent or sell products, discoveries and data or information that result from this research. Dr. Wong will not pay you if this happens. You will not receive any payment or commercial rights for products, data, discoveries, or materials gained or produced from your tumor tissue.

**HOW LONG WILL MY TUMOR TISSUE BE BANKED?**

The purpose of the bank is to answer questions in the future, so we expect to keep your tumor tissue for a long time, maybe forever.

**CAN I REMOVE MY TUMOR TISSUE AFTER IT IS BANKED?**

You can contact Dr. Wong in writing at

Department of Medicine  
Division of Hematology and Oncology  
Medical College of Wisconsin  
8701 Watertown Plank Road  
Milwaukee WI 53226

and ask to have your tumor tissue removed from the bank or destroyed. Because your sample is identified by a code, it can be destroyed even though the bank does not know your identity.

**MY DECISION ABOUT THE BANKING STUDY**

Initial either 1 or 2:

1. \_\_\_\_ I do NOT want to bank my tumor tissue in this study. This means that I CANNOT participate in the main study.  
**Stop here** and speak to Dr. Wong. Do not sign this form.

2. \_\_\_\_ I agree to bank my tumor tissue.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The study team can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The study team will use the Certificate to resist any demands for information that would identify you.

The Certificate cannot be used to resist a demand for information from personnel of the United States federal or state government agency sponsoring the project and that will be used for auditing or program evaluation of agency funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

## **B2. HOW LONG WILL I BE IN THE PROJECT?**

You will take ATB study drug for between 7 to 28 days, depending on the time before your surgery is scheduled.

After the ATB study drug administration is finished, we will ask you to return to the clinic following your surgery for a follow-up visit, as described above.

## **B3. CAN I STOP BEING IN THE PROJECT?**

You are free to withdraw from the project at any time. If you leave, your regular medical care will not change. If you are thinking about leaving, please tell the research doctor.

The research doctor can tell you about the effects of stopping, and you and the research doctor can talk about what follow-up care would help you the most.

You might be asked to come back for one more visit to check your health.

You might be asked to return your research drug containers.

The research doctor may take you out of this project at any time. This would happen if:

- They think it is in your best interest.
- You do not follow the project rules.
- The whole project is stopped.

If this happens, the research doctor will tell you.

## **B4. ARE THERE ANY SPECIAL INSTRUCTIONS WHILE I AM IN THE PROJECT?**

You should not breastfeed a baby while in this study.

You should come to the clinic for all study visits.

You should not take any other medicinal botanical, natural, or other herbal compounds during this study.

You should inform your study doctor of all side effects or changes to your health that occur during the study.

You should take your assigned treatment as directed by your study doctor. Additionally, you should record the time of dose and time of saliva collection in the diary which will be provided to you by the study team. Please bring the diary with you to each study visit.

### **C1. WHAT HEALTH RISKS OR PROBLEMS CAN I EXPECT FROM THE PROJECT?**

There are risks to taking part in any research project. There is a risk that you may get a drug that does not help your condition or may make it worse. There also may be problems (side effects) we do not know about yet, from the drug itself, or how it combines with other drugs you are taking. If we learn about new important side effects, we will tell you.

We watch everyone in the project for problems (side effects). **You need to tell the research doctor or a member of the research team immediately if you experience any problems, side effects, or changes in your health.** In an emergency, call 911.

### **C2. RISKS OF STUDY DRUG**

The research drug itself may cause problems (side effects). Side effects may be mild or very serious. Some can last a long time or never go away. Many go away soon after you stop taking the compound. This can affect individuals in different ways.

ATB is made so that inactive or toxic components have been removed so the risk of liver damage is considered to be rare. Liver function tests will be monitored for the possibility of elevated enzymes. Although ATB has been shown to improve gastrointestinal symptoms such as heartburn symptoms, diarrhea can rarely occur from taking ATB.

#### Other Risks:

Experimental therapy with ATB prior to surgery may cause toxicity and potentially delay curative surgery.

### **C3. OTHER RISKS OF THIS RESEARCH PROJECT**

Other procedures that are part of the research also involve some risks:

#### Blood Draws:

Blood draws and insertion of the needle for IV infusion 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.

#### Biopsy:

Having tumor 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.

Saliva Collection:

You will be asked to salivate “drool” into a small cup. There is usually no discomfort.

Computerized Tomography (CT scan):

A CT scan is a specialized x-ray test that takes images of the body. The doses of radiation that are used in a CT scan carry a possible risk of causing cancer at a later date (as does your exposure to everyday background radiation), but the risk is very low. The amount of radiation used to do a CT scan is greater than with a normal X-ray. Because there may be variation in the practices and equipment used for this procedure, you should consult your study doctor, study staff or radiologist regarding information about the risks of radiation exposure. You may feel some discomfort or anxiety when lying inside the scanner.

- If contrast material (iodine) is used during the CT scan there is slight risk of developing an allergic reaction. The reaction can be mild (itching, rash) or severe (difficulty breathing or sudden shock). Death resulting from an allergic reaction is rare. Most reactions can be controlled using medication. Be sure to tell your doctor if you have allergies of any kind (such as hay fever, iodine allergy, eczema, hives, or food allergies) or have had a previous reaction to medications or contrast material.
- The contrast material used during CT scanning can cause water loss or damage to the kidneys that may lead to kidney failure. This is a concern if you have poor kidney function, dehydration, or diabetes, especially if you take Glucophage (metformin) to control your diabetes.

Another risk may be loss of confidentiality. Every effort will be made to keep your research records confidential but we cannot guarantee it. Depending on the kind of information being collected, if your research information were accidentally seen, it might be used in a way that could embarrass you or affect your ability to get insurance. If you have questions, you can talk to the project director about whether this could apply to you.

**C4. REPRODUCTIVE RISKS**

**Risks to subjects who could become pregnant**

We do not know if the drug causes harm to a baby, so we do not want anyone who might be pregnant to enter the project.

You should not become pregnant or nurse a baby while in this project. You must tell the research doctor right away if you think you are pregnant. You will be asked to have a pregnancy test to be sure you are not pregnant at the start of the project.

You may not donate eggs during your participation in the project or for 21 days after stopping the drug.

**Risks to a subject's partner(s)**

If you and your partner(s) are able to become pregnant, one or both of you must use some form of effective birth control, because it is unknown if the drug could affect a baby. You must tell the research doctor right away if you think your partner is pregnant.

You may not donate sperm during your participation in the project or for 60 days after stopping the drug.

### **Birth control methods for all subjects**

Check with the research doctor about the birth control methods needed for this project and how long to use them. Some methods might not be good enough for this project. If you are having sex that could lead to pregnancy, you should use two forms of highly effective birth control while you are in this project.

This may include:

- Not having vaginal sex (abstinence)
- Taking birth control pills orally
- Having birth control shots or patches such as Depo-Provera
- Surgical sterilization (hysterectomy/tubal ligation or vasectomy)
- Limiting sexual activity to a partner who has undergone surgical sterilization
- Use of an intrauterine device (IUD)
- Use of diaphragm with contraceptive jelly
- Use of condoms with contraceptive foam
- Use of diaphragm with condoms (“double barrier”)

Females should continue using birth control for 21 days after stopping the study drug.

Males should continue using birth control for 60 days after stopping the study drug.

### **C5. ARE THERE ANY BENEFITS TO TAKING PART IN THE PROJECT?**

This study is not likely to help you, but we hope the information from this study will help us develop better treatments for oral cancer.

### **D1. ARE THERE ANY COSTS TO BEING IN THE PROJECT?**

Most of the medical care that you will receive in this project is considered routine care for your condition and would be recommended whether or not you join the project. Costs for routine care will be billed to you or your insurance carrier.

Activities/costs that are part of the project and will not be billed to you or your insurance company are:

- Study compound, ATB
- Processing and shipping of research samples (saliva)
- Processing and shipping of all research tissue samples
  - Collection of tissue samples will be routine care unless the initial biopsy is insufficient for study required testing, then a repeat biopsy will be required at study entry.
- CT scan prior to Surgery (up to 3 days prior)
- PT/INR prior to Surgery (up to 3 days prior)

Some insurers will not pay for compounds, tests or hospitalization that are part of research, so check with your insurer before you join this project. If you have questions regarding costs, please contact Dr. Wong.

If you participate in this research, the costs of any necessary emergency medical treatment in the event of a research-related injury will be billed to you or your health insurance.

## **D2. WILL I BE PAID FOR PARTICIPATING IN THE PROJECT?**

There is no payment for being in this project.

Sponsor, other researchers, or research companies may patent or sell products, discoveries and data or information that result from this research. Neither Sponsor nor Dr. Wong will pay you if this happens. You will not receive any payment or commercial rights for products, data, discoveries, or materials gained or produced from your biospecimens.

## **D3. WHAT OTHER HEALTHCARE CHOICES DO I HAVE?**

You do not have to join this project. You are free to say yes or no. If you do not join this project, your research doctor can discuss other healthcare choices with you.

Your other choices may include:

- Routine care for this condition
- Joining a different research project
- The procedure or drug offered to you may also be available without being in any research project.

The research doctor can explain both the possible benefits and the risks of other options that are available to you.

## **D4. WILL I BE GIVEN NEW INFORMATION ABOUT THE PROJECT?**

If we learn any important new information about the drug that might change your mind about being in the project, we will tell you about it right away. You can then decide if you want to stay in the project.

When research biospecimens are collected and analyzed, there is the chance of finding something clinically relevant. There may be benefits to learning such results (such as early detection and treatment of a medical condition), but there are risks as well (such as feeling worried about a finding for which no treatment is required or appropriate).

The results from the biospecimens we collect in this research study are not the same quality as what you would receive as part of your health care, so you will not be informed of any clinically relevant research findings. The results of your research biospecimens will not be placed in your medical record.

## **D5. WHAT HAPPENS IF I AM INJURED BECAUSE I TOOK PART IN THE PROJECT?**

Emergency medical treatment for injuries directly related to your participation in this research project will be provided to you. You or your health insurance will be billed for the costs of this

emergency treatment. MCW will decide on a case by case basis if they will reimburse you or your insurer for emergency treatment costs. If your research-related injury requires medical care beyond this emergency treatment, you or your insurer will be responsible for the costs of this follow-up care.

At this time, there is no plan for any additional financial payments.

If you believe that you have been injured because of your participation in this project, contact the research doctors right away. Contact information: Stuart Wong, MD, 414-805-6700

**Nothing in this consent form affects any legal rights you may have nor does it release the investigator, the sponsor, the institution, or its agents from liability for negligence.**

#### **D6. WHO CAN ANSWER MY QUESTIONS ABOUT THE PROJECT?**

- If you have more questions about this project at any time, you can call Stuart Wong, MD at 414-805-6700.
- If you have questions about your rights as a research participant, want to report any problems or complaints, or offer input, you can call the MCW/Froedtert Hospital Research Subject Advocate at 414-955-8844.

#### **E. PERMISSION TO COLLECT, USE AND SHARE HEALTH INFORMATION**

##### **E1. What health information will be collected and used for this project?**

To be in this research project, the research team needs your permission to access, collect and use some of your health information. If you say no, you cannot be in the project. This information may come from questions we ask, forms we ask you to fill out, or your medical record, as described below. We will only collect and use information needed for the project.

The protected health information (PHI) originates from services you will or have received at one or more of the following locations: the Medical College of Wisconsin (MCW); Versiti, Inc.; Children's Hospital of Wisconsin (CHW); any Froedtert Health Affiliate- Froedtert Hospital (FH), Inc.; Froedtert Menomonee Falls Hospital; Froedtert West Bend Hospital; Froedtert & The Medical College of Wisconsin Community Physicians Clinics, Inc. (FMCWCP); the West Bend Surgery Center, LLC; and the Froedtert Surgery Center, LLC.

**The health information to be collected and used for this project is:**

- Past and present medical records
- Records about your Study visits and results of tests done during the study
- Records about phone calls made as part of this research
- Research records

##### **E2. Who will see the health information collected for this project?**

The only MCW/Froedtert Hospital. employees allowed to handle your health information are those on the research team, those on the Institutional Review Board (IRB) and those who check on the research activities to make sure the hospital's rules are followed.

If the costs of any necessary emergency medical treatment in the event of a research-related injury are billed to your health insurance, your health information may need to be disclosed to the insurer for billing purposes.

The research team may share your information with people who don't work at MCW/Froedtert Hospital, because they planned, pay for, or work with us on this project. The federal Privacy Rule may no longer protect your health information once it leaves MCW/Froedtert Hospital. For this project, we plan to share information with those doctors, researchers or government representatives working with us on this project at the institutions or companies listed here:

- Government agencies in the U.S., such as the Food and Drug Administration (FDA), National Cancer Institute (NCI), and National Institutes of Health (NIH);
- Government agencies in other countries;
- Other federal and state agencies, such as the Office of Human Research Protections, (OHRP)
- Florence Healthcare, Inc.

Because this project involves the use of drugs and/or devices, the FDA also has the right to inspect all project records.

We may record your research information, including results of tests and procedures done for research, in your Froedtert Hospital and/or Medical College of Wisconsin medical record. As a result, this research information may be seen by people allowed to see your medical records for healthcare operations or treatment, by those you allow to see your medical records by giving written permission, and by others when required by law.

We will not use your personal health information for a different project without your permission or the permission of a hospital research review board (IRB). Once all personal identification is removed from your health information and/or biospecimens, the information and/or biospecimens may be used for future research or distributed to another investigator for future research without additional informed consent from you or your legally authorized representative. The information might also be used or released for other purposes without asking you. Results of the project may be presented in public talks or written articles, but no information will be presented that identifies you.

### **E3. What are the risks of sharing this health information?**

One risk of taking part in a research project is that more people will handle your personal health information collected for this project. The research team will make every effort to protect the information and keep it confidential, but it is possible that an unauthorized person might see it. If you have questions, you can talk to the research doctor about whether this could apply to you.

### **E4. How long will you keep the health information for this project?**

If you sign this form, we plan to keep your information without any end-date in case we need to check it again for this project.



**E5. Can I cancel my permission to share this health information?**

If you change your mind later and do not want us to collect or share your health information, you need to send a letter to Stuart Wong, MD at

Department of Medicine  
Division of Hematology and Oncology  
Medical College of Wisconsin  
8701 Watertown Plank Road  
Milwaukee WI 53226

The letter must say that you have changed your mind and do not want the researcher to collect and share your health information. At that time, we will decide that you cannot continue to be part of the project. We may still use the information we have already collected.

**E6. Access to records**

You may not be able to see, or copy, your project-related health information until after the project has been completed; otherwise, it could affect the study.

**F1. FOR MORE INFORMATION ABOUT THE PROJECT**

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 can look up this project by referring to the ClinicalTrials.gov number (NCT04278989) or by asking the research team for a printed copy.

**Informed Consent for Research**

Clinical Interventions template - Version: November 1, 2019

IRB Protocol Number: PRO 37907

IRB Approval Period: 1/22/2025 – 1/21/2026

**EFFECTIVE**

1/22/2025

**MCW IRB****CONSENT TO PARTICIPATE****By signing my name below, I confirm the following:**

- I have read (or had read to me) this entire consent document. All of my questions have been answered to my satisfaction.
- The project's purpose, procedures, risks and possible benefits have been explained to me.
- I agree to let the research team use and share the health information and other information gathered for this project.
- I voluntarily agree to participate in this research project. I agree to follow the procedures as directed. I have been told that I can stop at any time.

**IMPORTANT:** You will receive a signed and dated copy of this consent form. Please keep it where you can find it easily. It will help you remember what we discussed today.

|   |  |             |
|---|--|-------------|
|   |  |             |
| <b>Subject's Name</b> <i>please print</i>   | <b>Subject's Signature</b>   | <b>Date</b> |
|   |  |             |
| <b>Name of Witness, if applicable</b><br><i>please print</i>  | <b>Signature of Witness</b>  | <b>Date</b> |
| <b>Rationale for Use of Witness</b><br><input type="checkbox"/> Subject has limited/no literacy<br><input type="checkbox"/> Subject has limited English proficiency<br><input type="checkbox"/> Subject has limited/no vision | <input type="checkbox"/> Sponsor requirement<br><input type="checkbox"/> Other _____ |             |
|   |  |             |
| <b>* Name of person discussing/obtaining consent</b> <i>please print</i>  | <b>Signature of person discussing/obtaining consent</b>                              | <b>Date</b> |

*\* A member of the research team trained and authorized by the Principal Investigator to act on her/his behalf in obtaining informed consent according to the protocol. The Principal Investigator is responsible and accountable for the research project.*

**Informed Consent for Research**

Clinical Interventions template - Version: November 1, 2019

IRB Protocol Number: PRO 37907

IRB Approval Period: 1/22/2025 – 1/21/2026

**EFFECTIVE**

1/22/2025

**MCW IRB****Attachment 1 – Study Calendar**

| Procedure   | Screening <sup>1</sup>   | ATB Administration:<br>(Daily until Day -1 of Surgery)     |                                    | End of Treatment |                         |
|---|--|--|------------------------------------|------------------|-------------------------|
|   |  | Day 1  | Prior to Surgery <sup>12, 13</sup> | Day of Surgery   | Follow Up <sup>13</sup> |
| Informed Consent  | X  |  |                                    |                  |                         |
| AE Reporting  | Recorded from day 1 of the study drug through 30 days after the last dose of study drug (Section 6). |  |                                    |                  |                         |
| Concomitant Medications <sup>3</sup>  | Recorded from signing of the ICF through 30 days after the last dose of study drug.                  |  |                                    |                  |                         |
| Physical Exam <sup>2</sup>  | X  |  |                                    | X                | X                       |
| Medical History <sup>2</sup>  | X  |  |                                    |                  |                         |
| Pregnancy Test (Serum or Urine) <sup>4, 13</sup>                            | X  |  |                                    |                  |                         |
| ECOG Performance Status <sup>5</sup>  | X  |  |                                    |                  |                         |
| Vital Signs per institutional standards                                     | X  |  |                                    |                  |                         |
| Complete metabolic panel <sup>6,13</sup>                                    | X  |  | X                                  |                  | X                       |
| CBC w/ Diff and platelet count <sup>13</sup>                                | X  |  | X                                  |                  |                         |
| PT, INR <sup>13</sup>   |  |  | X                                  |                  |                         |
| Research saliva samples <sup>7</sup>  |  | See footnote 7 for research saliva sample draw timepoints. |                                    |                  |                         |
| Tumor Measurement by Physical Exam  | X  |  |                                    |                  |                         |
| Tumor Specimen <sup>9</sup>   | X  |  |                                    | X <sup>8</sup>   |                         |
| CT <sup>9, 8</sup>  | X  |  | X                                  |                  |                         |
| MDASI-HN (MD Anderson Symptom Inventory-Head and Neck Survey) <sup>13</sup> |  | X  | X                                  |                  |                         |

**EFFECTIVE**

1/22/2025

**MCW IRB**

| Procedure                   | Screening <sup>1</sup> | ATB Administration:<br>(Daily until Day -1 of Surgery)  |                                    | End of Treatment |                         |
|-----------------------------|------------------------|---|------------------------------------|------------------|-------------------------|
|                             |                        | Day 1   | Prior to Surgery <sup>12, 13</sup> | Day of Surgery   | Follow Up <sup>13</sup> |
| ATB administration          |                        | Patient to take as directed from day 1-prior to surgery |                                    |                  |                         |
| Patient Diary <sup>11</sup> |                        | X   | X                                  |                  |                         |

1. Screening procedures must occur within 28 days prior to registration. ATB administration should start within seven days of registration.
2. Focused physical examination by a study investigator.
3. Capture medications taken from signing of informed consent document until 30 days post last dose of ATB. Medications given during the surgical hospitalization will only be collected if related to Adverse event treatment.
4. For women of childbearing potential.
5. Refer to Appendix 1.
6. Including albumin, total protein, total bilirubin, direct bilirubin, ALT, AST, LDH, alkaline phosphatase, bicarbonate, sodium, potassium, chloride, creatinine, , calcium, BUN, and glucose.
7. A total of at least two patient samples (saliva) per day will be collected (predose, before lunch, or before dinner dose 1, dose 2, dose 3 of study drug). Saliva samples will be collected in a 5-ml bio vial, time documented by the patient, then frozen and stored by the patient until collection (see Section 3.1 for more details).
8. Fresh frozen tumor specimen will be collected, see section 5.6 for processing.
9. CT at baseline may be performed within six weeks prior to study registration. CT at day -1 of surgery can have a window of - 3 days. If baseline tumor is not measurable by baseline imaging (eg due to dental artifact) then follow-up imaging is NOT required
10. Patient will complete study diary with all relevant information and will submit the diary to study coordinator on the day of surgery.
11. The date for follow-up assessment is at the discretion of the surgeon and will correspond with the first post-operative outpatient assessment.
12. The indicated assessment for this timepoint will be collected only once with a window of two days: Day -3 to Day 0 of surgery.

**EFFECTIVE**

1/22/2025

**MCW IRB**

- 
13. In special cases and with study team approval, subjects may be able to have imaging, lab work, and completion of surveys completed at specific community sites. This would be done instead of being required to perform these procedures at MCW/FH. They would have to travel to MCW/FH at times for all other procedures and visits.