Update #05

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY

PROTOCOL UPDATE TO ALLIANCE A092104

A RANDOMIZED PHASE 2/3 STUDY OF OLAPARIB PLUS TEMOZOLOMIDE VERSUS INVESTIGATOR'S CHOICE FOR THE TREATMENT OF PATIENTS WITH ADVANCED UTERINE LEIOMYOSARCOMA AFTER PROGRESSION ON PRIOR CHEMOTHERAPY

	Update:		**Status Change:**
X	Editorial/Administrative changes		Activation
	Eligibility changes		Closure
	Therapy/Dose Modifications/Study Calendar changes		Suspension
	Scientific/Statistical Considerations changes		Reactivation
	Correlative Science/BioMS changes		
X	Informed Consent changes		
X	Other: Updated CAEPR for Olaparib		

The changes included in this update to A092104 have been made in response to the NCI Action Letter from Dr. Steve Gore (steve.gore@nih.gov) for Olaparib. This Action Letter is posted on the A092104 study page on the CTSU website. A revised CAEPR for Olaparib with new risks has been added to the protocol. Additionally, Pazopanib risks have been replaced with standard of care risks in the protocol. Therefore, the model consent form has been revised to incorporate the new risks, consistent with the NCI Model Consent Template instructions.

No recommended level of IRB review is provided by the Alliance as the CIRB is the IRB of record for this trial. This amendment must be implemented within 30 days after posting.

A consent form addendum will need to be signed by all patients currently receiving treatment or having treatment held with Olaparib or Pazopanib. Please refer to the amendment application and CIRB guidelines for further instructions.

UPDATES TO THE PROTOCOL:

Cover Page

- Dr. Matthew Ingham has replaced Dr. Brian Van Tine as Study Chair. All contact information has been updated accordingly.
- The NRG Oncology Study Chair email contact information has been updated.

- Kayla Kroll has replaced Brandon Bright as the Data Manager and the contact information has been updated accordingly.
- The Protocol Coordinator's contact information has been updated per Alliance protocol template.

Study Resources
David Chan has replaced Barb Todaro as the Pharmacy Contact. All contact information has been updated accordingly.

Section 9.3.1 (Late Phase 2 and Phase 3 Studies)
The SAE Reporting Table has been updated to the most current CTEP version dated August 30, 2024.

Section 9.3.2 (Expedited AE reporting timelines defined)
- This sub-section has been completely removed as the information no longer pertains to the updated SAE Reporting Table in Section 9.3.1.
- The remaining sub-section has been renumbered.

Section 9.4.1 (Comprehensive Adverse Events and Potential Risks list (CAEPR) for Olaparib (AZD2281, NSC 747856))
This section has been revised to include the updated olaparib CAEPR (Version 2.7 ~~6~~, ~~June 5, 2023~~ July 9, 2025) provided by NCI CTEP. Changes from Version 2.6 to Version 2.7 include the following:
- Added New Risk:
  - Rare but Serious: Blood and lymphatic system disorders - Other (autoimmune hemolytic anemia (AIHA)); Blood and lymphatic system disorders - Other (pure red cell aplasia (PRCA)); Hepatobiliary disorders - Other (drug-induced liver injury (DILI))
- Increase in Risk Attribution:
  - Changed to Less Likely from Rare but Serious: Vascular disorders - Other (venous thromboembolism)
  - Changed to Rare but Serious from Also Reported on Olaparib Trials But With Insufficient Evidence for Attribution: Lymphocyte count decreased
- Decrease in Risk Attribution:
  - Changed to Less Likely from Likely: Abdominal pain; Anorexia; Diarrhea
  - Changed to Also Reported on Olaparib Trials But With Insufficient Evidence for Attribution from Less Likely: Abdominal distension; Edema Limbs; Mucositis oral; Muscle cramp; Rash maculo-papular; Urinary tract infection
- Deleted Risk:
  - Also Reported on Olaparib Trials But With Insufficient Evidence for Attribution: Bone pain; Flushing; Hypermagnesemia; Hypothyroidism; Renal and urinary disorders - Other (decreased glomerular filtration rate)
- Provided Further Clarification:
  - Footnote #2 is now added as "Autoimmune hemolytic anemia (AIHA) and Pure red cell aplasia (PRCA) have been reported in clinical trials as potential and identified risks when Olaparib is used in combination with durvalumab."
  - Footnote #3 is now added as "Venous thromboembolism includes deep vein thrombosis, embolism, pulmonary embolism, thrombosis, vena cava thrombosis and venous thrombosis."
  - Footnote #4 is now added as "Rash includes exfoliative rash, generalized erythema, rash erythematous, rash macular, rash maculo-papular, rash papular and rash pruritic."

Section 9.4.2 (~~Comprehensive Adverse Events and Potential Risks list (CAEPR) for Pazopanib (GW786034, NSC 737754))~~ Adverse Event List for Pazopanib

- The title of the section has been updated in accordance with the removal of the Pazopanib CAEPR.
- The Pazopanib CAEPR has been completely removed and replaced with Pazopanib AE risk tables as per a recent change in CTEP policy, protocols should no longer include the CAEPR for Standard of Care agents or regimens being used per FDA label.

10.4 (Pazopanib (GW786034, Votrient, NSC#737754))

Subsection 'Adverse Events' has been updated to support the removal of the CAEPR in Section 9.4.2 and now states, "See ~~CAEPR in~~ Section 9.4.2."

Section 13.9 (Inclusion of Women and Minorities)

In both paragraphs, "gender" has been replaced with "sex" in accordance with the January 20, 2025, Executive Order 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government."

UPDATES TO THE MODEL CONSENT FORM:

In Drug Risks, the table under the '**Possible Side Effects of Olaparib**,' has been updated and with the following risk list changes:

- The Table Version date has been updated from ~~June 5, 2023~~ to July 9, 2025
- Added New Risk:
  - Rare: Damage to the liver which may cause yellowing of the eyes and skin, swelling
- Increase in Risk Attribution
  - Changed to Occasional from Rare: Blood clot
- Decrease in Risk Attribution:
  - Changed to Occasional from Common: Pain; Diarrhea; Loss of appetite
  - Changed to Rare from Common: Rash
  - Changed to Also Reported on Olaparib Trials But With Insufficient Evidence for Attribution from Occasional (i.e. Removed from the Risk Profile): Bloating; Sores in the mouth which may cause difficulty swallowing; Swelling of arms, legs; Infection which may cause painful and frequent urination

In Drug Risks, the risk tables under the '**Possible Side Effects of Pazopanib**,' have been completely removed and replaced with standard of care, 'Usual Treatment Risks' as per a recent change in CTEP policy. In the standard of care risks, there is an added new risk: Non-healing wound.

INFORMED CONSENT ADDENDUM:

A new informed consent addendum has been added to reflect the new or additional information for Olaparib with this update. This addendum is intended to be signed by all patients currently receiving treatment or having treatment held with Olaparib.

A new informed consent addendum has been added to reflect the new or additional information for Pazopanib with this update. This addendum is intended to be signed by all patients currently receiving treatment or having treatment held with Pazopanib.

A replacement protocol, model consent, and informed consent addendum have been issued.

This study remains closed to new patient accrual.

ATTACH TO THE FRONT OF EVERY COPY OF THIS PROTOCOL

Research Study Informed Consent Document

Study Title for Participants: Testing olaparib and temozolomide versus the usual treatment for uterine leiomyosarcoma after chemotherapy has stopped working

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: A092104: "A randomized phase 2/3 study of olaparib plus temozolomide versus investigator's choice for the treatment of patients with advanced uterine leiomyosarcoma after progression on prior chemotherapy (NCT05432791)"

Overview and Key Information

What am I being asked to do?

We are asking you to take part in a research study. This study has public funding from the National Cancer Institute (NCI), part of the National Institutes of Health (NIH) in the United States Department of Health and Human Services. We do research studies to try to answer questions about how to prevent, diagnose, and treat diseases like cancer.

We are asking you to take part in this research study because you have uterine leiomyosarcoma that has grown after initial treatment with two prior forms of chemotherapy and cannot be removed by surgery.

Taking part in this study is your choice.

You can choose to take part or you can choose not to take part in this study. You also can change your mind at any time. Whatever choice you make, you will not lose access to your medical care or give up any legal rights or benefits.

This document has important information to help you make your choice. Take time to read it. Talk to your doctor, family, or friends about the risks and benefits of taking part in the study. It's important that you have as much information as you need and that all your questions are answered. See the "Where can I get more information?" section for resources for more clinical trials and general cancer information.

This study is conducted by the Alliance for Clinical Trials in Oncology, a national clinical research group supported by the National Cancer Institute. The Alliance is made up of cancer doctors, health professionals, and laboratory researchers, whose goal is to develop better treatments for cancer, to prevent cancer, to reduce side effects from cancer, and to improve the quality of life of cancer patients.

Why is this study being done?

This study is being done to answer the following question:

Is the combination of olaparib and temozolomide better than the usual treatment for advanced uterine leiomyosarcoma after initial chemotherapy has stopped working?

We are doing this study because we want to find out if the combination of olaparib and temozolomide is better, worse or the same than the usual approach for advanced uterine leiomyosarcoma. The usual approach is defined as care most people get for uterine leiomyosarcoma.

What is the usual approach to my uterine leiomyosarcoma?

The usual approach for patients who are not in a study is additional treatment with other chemotherapy drugs, most commonly with one of two chemotherapy drugs: trabectedin or pazopanib. Trabectedin and pazopanib are both FDA-approved drugs that have been shown to help patients with advanced uterine leiomyosarcoma. These treatments can reduce symptoms and may stop the tumor from growing for a few months or longer.

What are my choices if I decide not to take part in this study?

- You may choose to have the usual approach described above.
- You may choose to take part in a different research study, if one is available.
- You may choose not to be treated for cancer.
- You may choose to only get comfort care to help relieve your symptoms and not get treated for your cancer.

What will happen if I decide to take part in this study?

If you decide to take part in this study, you will either get the combination of olaparib and temozolomide or the usual treatment for uterine leiomyosarcoma until your cancer gets worse or the side effects become too severe. If you receive the usual treatment, you will receive either trabectedin or pazopanib, and the choice will be made by you and your doctor together.

After you finish your study treatment, your doctor will continue to follow your condition and watch you for side effects for up to 5 years. Your doctor and/or a member of the research team will contact you every 3 months for up to 5 years after you finish your study treatment to ask about this information.

What are the risks and benefits of taking part in this study?

There are both risks and benefits to taking part in this study. It is important for you to think carefully about these as you make your decision.

Risks

We want to make sure you know about a few key risks right now. We give you more information in the “What risks can I expect from taking part in this study?” section.

If you choose to take part in this study, there is a risk that olaparib and temozolomide may not be as good as the usual approach at shrinking or stabilizing your cancer.

There is also a risk that you could have side effects from olaparib and temozolomide. These side effects may be worse and may be different than you would get with the usual approach for your cancer.

Some of the most common side effects from olaparib and temozolomide that the study doctors know about are:

- Anemia ("low red blood cell count"), which may require blood transfusion
- Diarrhea, constipation, nausea and/or vomiting
- Difficulty sleeping
- Dizziness
- Hair loss
- Loss of appetite
- Muscle weakness
- Tiredness
- Trouble with memory

There may be some risks that the study doctors do not yet know about.

Benefits

There is evidence that olaparib and temozolomide may be effective in shrinking or stabilizing your type of cancer. However, we do not know if olaparib and temozolomide will extend your life compared to the usual approach. This study will help the study doctors learn things that will help people in the future.

If I decide to take part in this study, can I stop later?

Yes, you can decide to stop taking part in the study at any time.

If you decide to stop, let your study doctor know as soon as possible. It's important that you stop safely. If you stop, you can decide if you want to keep letting the study doctor know how you are doing.

Your 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.

Are there other reasons why I might stop being in the study?

Yes. The study doctor may take you off the study if:

- Your health changes and the study is no longer in your best interest.

- New information becomes available and the study is no longer in your best interest.
- You do not follow the study rules.
- For women: You become pregnant while on the study.
- The study is stopped by the National Cancer Institute (NCI), Institutional Review Board (IRB), Food and Drug Administration (FDA), or study sponsor (Alliance for Clinical Trials in Oncology). The study sponsor is the organization who oversees the study.

It is important that you understand the information in the informed consent before making your decision. Please read, or have someone read to you, the rest of this document. If there is anything you don't understand, be sure to ask your study doctor or nurse.

What is the purpose of this study?

The purpose of this study is to compare an investigational treatment, olaparib and temozolomide, to the usual treatment for uterine leiomyosarcoma after two types of chemotherapy have stopped working. This study will help study doctors find out if this different approach is better, the same, or worse than the usual approach. To decide if it is better, the study doctors will be looking to see if olaparib and temozolomide lengthens the time it takes for the cancer to get worse, or lengthens overall survival, for patients with this type of cancer.

There will be about 190 people taking part in this study.

What are the study groups?

This study has 2 study groups. You will be told which group you are in.

- **Group 1**

  If you are in this group, you will get the combination of olaparib and temozolomide. Olaparib is a pill taken twice per day. Temozolomide is also a pill and is taken once per day. Both drugs are taken for 7 days in a row followed by 14 days off. Olaparib and temozolomide will be given in 21-day cycles that repeat until the drugs stop working or cause too many side effects.

  You will not be able to get additional doses of olaparib. Olaparib with temozolomide is not approved by the FDA for treatment of your disease. Temozolomide alone is sometimes used as a usual treatment for your disease.

  There will be about 95 people in this group.

- **Group 2**

  If you are in this group, you will get one of the two the usual drugs used to treat this type of cancer: trabectedin or pazopanib.

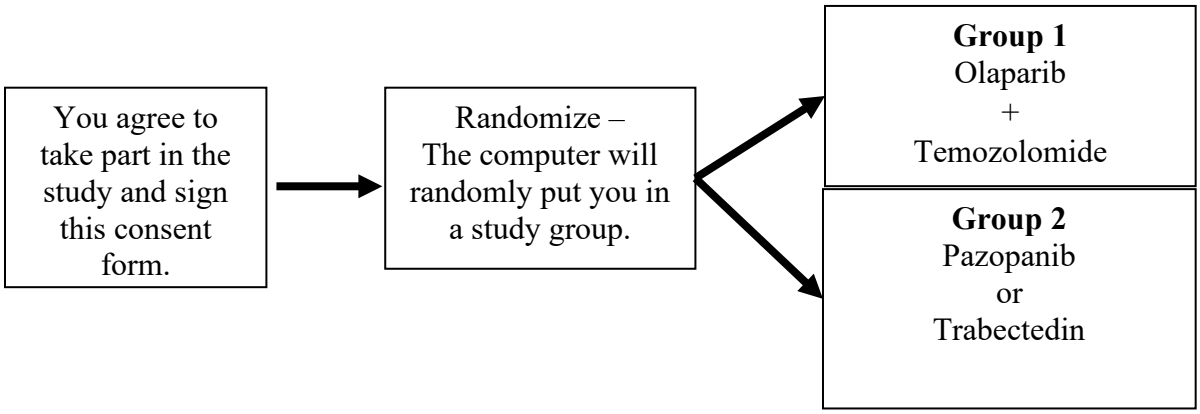
Trabectedin and pazopanib are both FDA-approved drugs that have been shown to help people with uterine leiomyosarcoma. These treatments can reduce symptoms and may stop the tumor from growing for a few months or longer. You and your doctor will together decide which drug is the best choice for you.

Trabectedin is administered as a 24 hour continuous ambulatory (outpatient) infusion through a port and is repeated once every 21 days. Pazopanib is a pill that you take by mouth once every day. During this study, both trabectedin and pazopanib will be given in 21-day cycles that repeat until the drug stops working or causes too many side effects.

There will be about 95 people in this group.

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 Group 1 or Group 2.

Another way to find out what will happen to you during this study is to read the chart below. Start reading at the left side and read across to the right following the lines and arrows.



What exams, tests, and procedures are involved in this study?

Before you begin the study, your doctor will review the results of your exams, tests, and procedures. This helps your doctor decide if it is safe for you to take part in the study. If you join the study, you will have more exams, tests, and procedures to closely monitor your safety and health. Most of these are included in the usual care you would get even if you were not in a study.

Some exams, tests, and procedures are a necessary part of the research study, but would not be included in usual care. Listed below are procedures that will be done for research purposes only.

- **Paper surveys:** For this study, English and Spanish readers will be asked to complete questionnaires about side effects you may be experiencing on a paper survey. The paper survey will be performed once before treatment starts, at the beginning of each

cycle of treatment (until cycle 11), and once after treatment ends. It will take approximately 10 minutes to complete this survey.

Since these forms are being used for research, the responses you provide will not be shared with your study doctor. If you have any serious health issues or other concerns, please talk with your doctor or nurse right away.

You will be asked to fill out this form at 13 times:

- Before treatment begins
- At the beginning of each cycle of treatment (until cycle 11)
- After treatment ends

Each form will take about 10 minutes to complete. The forms will ask about things like (briefly describe, e.g., tiredness, diarrhea). You don't have to answer any question that make you feel uncomfortable.

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

General Risks

If you choose to take part in this study, there is a risk that olaparib and temozolomide may not be as good as the usual approach 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 drugs used in this study could be very harmful to an unborn or newborn baby. There may be some risks that doctors do not yet know about. It is very important that you check with your study doctor about what types of birth control or pregnancy prevention to use during the study and for 3 months after you have completed the study.

Side Effect Risks

The drugs 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 let you know if changes occur that may affect your health.

There is also a risk that you could have other side effects from the study drugs.

Here are important things to know about side effects:

1. The study doctors do not know who will or will not have side effects.

2. Some side effects may go away soon, some may last a long time, and some may never go away.
3. Some side effects may make it hard for you to have children.
4. 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.

Drug Risks

The tables below show the most common and 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.

Study Group 1 - Possible side effects of Olaparib and Temozolomide are listed in the tables below:

Possible Side Effects of Olaparib (AZD2281)
(Table Version Date: July 9, 2025)

COMMON, SOME MAY BE SERIOUS In 100 people receiving olaparib (AZD2281), more than 20 and up to 100 may have:
• Anemia which may require blood transfusion • Nausea, vomiting • Tiredness •

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving olaparib (AZD2281), from 4 to 20 may have:
• Pain • Constipation, diarrhea, heartburn • Cold symptoms such as stuffy nose, sneezing, sore throat • Infection, especially when white blood cell count is low • Loss of appetite • Dizziness, headache • Changes in taste • Cough, shortness of breath • Blood clot

RARE, AND SERIOUS In 100 people receiving olaparib (AZD2281), 3 or fewer may have:
• Damage to the liver which may cause yellowing of the eyes and skin, swelling • Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat • Bruising, bleeding • Cancer of bone marrow caused by chemotherapy • Damage to the bone marrow (irreversible) which may cause infection, bleeding, may require transfusions • Damage to the lungs which may cause shortness of breath • Rash

Possible Side Effects of Temozolomide
(Table Version Date: September 28, 2018)

COMMON, SOME MAY BE SERIOUS In 100 people receiving temozolomide, more than 20 and up to 100 may have:
• Constipation, nausea, vomiting, diarrhea • Dizziness • Muscle weakness, paralysis, difficulty walking • Trouble with memory • Tiredness • Difficulty sleeping • Hair loss • Headache and seizure

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving temozolomide, from 4 to 20 may have:
• Infection, especially when white blood cell count is low • Anemia which may cause tiredness, or may require transfusion • Bruising, bleeding • Severe skin rash with blisters and can involve inside of mouth and other parts of the body • Rash

RARE, AND SERIOUS In 100 people receiving temozolomide, 3 or fewer may have:
• Cancer of bone marrow caused by the chemotherapy • Damage to the bone marrow (irreversible) which may cause infection, and bleeding, may require blood transfusions • Liver damage which may cause yellowing of eyes and skin, swelling • Cough, damage to the lungs which may cause shortness of breath

Study Group 2 – Possible side effects of Pazopanib and Trabectedin are listed in the tables below. These drugs are the usual approach for treating this type of cancer:

Possible Side Effects of Pazopanib

Usual Treatment Risks
The usual treatment for your cancer has side effects. This study consent form does not talk about all the risks of your usual treatment. Some important side effects of Pazopanib are:

- High blood pressure which may cause headaches, dizziness
- Nausea, vomiting, diarrhea, belly pain
- Heart attack or heart failure which may cause shortness of breath, swelling of ankles
- Change in heart rhythm which may cause fainting
- Liver damage which may cause yellowing of eyes and skin
- Non-healing wound

Your doctor and your care team will talk to you in more detail about all the side effects, how common and serious they are, and how to manage them.

Possible Side Effects of Trabectedin
(Table Version Date: July 22, 2022)

COMMON, SOME MAY BE SERIOUS In 100 people receiving trabectedin, more than 20 and up to 100 may have:
• Nausea • Vomiting • Constipation • Diarrhea • Fatigue • Edema of the legs or arms (peripheral edema) • Decreased appetite • Shortness of breath • Headache • Increase in liver enzymes, reflecting damage or irritation to the liver • Low red blood cells (anemia) • Low levels of cells that fight infection (neutropenia) • Low levels of platelets (cells that stop bleeding)

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

• Muscle aches and pains • Difficulty sleeping • Infection with low levels of white blood cells (“febrile neutropenia”) • Muscle breakdown, which may cause pain and kidney dysfunction (“rhabdomyolysis”) • Heart failure

RARE, AND SERIOUS In 100 people receiving trabectedin, 3 or fewer may have:
• Cough • Numbness, tingling or pain in the arms and/or legs (peripheral neuropathy) • Liver failure

Additional Drug Risks

The study drugs could interact with other drugs including prescription medications, over-the-counter medications, and herbal products. Your study doctor will give you a clinical trial wallet card that lists the study drugs. Share this information with your family members, caregivers, other health care providers, and pharmacists.

Rarely, there are problems getting enough supplies of the study drug. If that happens, your doctor will talk with you about your options.

What are my responsibilities in this study?

If you choose to take part in this study you will need to:

- Keep your study appointments.
- Tell your doctor about:
    - all medications and supplements you are taking
    - any side effects
    - any doctors’ visits or hospital stays outside of this study
    - if you have been or are currently in another research study.
- Write down in your medication diary when you take the study drug at home.

For women: Do not get pregnant or breastfeed while taking part in this study. **For all:** Tell your study doctor right away if you think that you have become pregnant during the study or within 3 months after your last dose of study drug.

What are the costs of taking part in this study?

You and/or your insurance plan will need to pay for the costs of medical care you get as part of the study, just as you would if you were getting the usual care for your uterine leiomyosarcoma. This includes:

- the costs of tests, exams, procedures, and drugs that you get during the study to monitor your safety, and prevent and treat side effects.
- the costs of getting the temozolomide, pazopanib or trabectedin (if applicable) ready and giving it to you.
- your insurance co-pays and deductibles.

Talk to your insurance provider and make sure that you understand what your insurance pays for and what it doesn't pay for if you take part in this clinical trial. Also, find out if you need approval from your plan before you can take part in the study.

Ask your doctor or nurse for help finding the right person to talk to if you are unsure which costs will be billed to you or your insurance provider.

You and/or your insurance provider will not have to pay for exams, tests, and procedures done for research purposes only or that are covered by the study. These include:

- Blood that is drawn for research testing.

You or your insurance provider will not have to pay for the olaparib (if applicable) while you take part in this study.

Taking part in this study may mean that you need to make more visits to the clinic or hospital than if you were getting the usual approach to treat your cancer. You may:

- Have more travel costs.
- Need to take more time off work.
- Have other additional personal costs.

You will not be paid for taking part in this study. The research may lead to new tests, drugs, or other products for sale. If it does, you will not get any payment.

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

If you are injured as a result of taking part in this study and need medical treatment, please talk with your study doctor right away about your treatment options. The study sponsors will not pay for medical treatment for injury. Your insurance company may not be willing to pay for a study-related injury. Ask them if they will pay. If you do not have insurance, then you would need to pay for these medical costs.

If you feel this injury was caused by medical error on the part of the study doctors or others involved in the study, you have the legal right to seek payment, even though you are in a study. Agreeing to take part in this study does not mean you give up these rights.

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 or receive copies of some of the information in 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 study sponsor and any drug company supporting the study now or in the future. This would include any organization helping the company with the study.
- The NCI Central IRB, which is a group of people who review the research with the goal of protecting the people who take part in the study.
- The FDA and the groups it works with to review research.
- The NCI and the groups it works with to review research.
- The NCI's National Clinical Trials Network and the groups it works with to conduct research including the Imaging and Radiation Oncology Core (IROC).

In addition to storing data in the study database, data from studies that are publicly funded may also be shared broadly for future research with protections for your privacy. The goal of this data sharing is to make more research possible that may improve people's health. Your study records may be stored and shared for future use in public databases. However, your name and other personal information will not be used.

Some types of future research may include looking at your information and information from other patients to see who had side effects across many studies or comparing new study data with older study data. However, right now we don't know what research may be done in the future using your information. This means that:

- You will not be asked if you agree to take part in the specific future research studies using your health information.
- You and your study doctor will not be told when or what type of research will be done.
- You will not get reports or other information about any research that is done using your information.

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.

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, and email address if appropriate*).

For questions about your rights while in this study, call the (*insert name of organization or center*) Institutional Review Board at (*insert telephone number*).

Optional studies that 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. They are separate from the main study described above. These optional studies will not benefit your health. The researchers leading these optional studies hope the results will help other people with cancer in the future. The results may help other people with cancer in the future. The results will not be added to your medical records and you and your study doctor will not know the results.

Taking part in these optional studies is your choice. You can still take part in the main study even if you say “no” to any or all of these studies. There is no penalty for saying “no.” You and your insurance company will not be billed for these optional studies. If you sign up for, but cannot complete any of these optional 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 known laboratory studies and/or storage for possible future studies

Researchers are trying to learn more about cancer and other health problems using blood and tissue samples from people who take part in clinical trials. By studying these samples, researchers hope to find new ways to prevent, detect, treat, or cure diseases.

Some of these studies may be about how genes affect health and disease. Other studies may look at how genes affect a person’s response to treatment. Genes carry information about traits that are found in you and your family. Examples of traits are the color of your eyes, having curly or straight hair, and certain health conditions that are passed down in families. Some of the studies may lead to new products, such as drugs or tests for diseases.

Unknown future studies

If you choose to take part in this optional study, blood samples and leftover tissue from a previous biopsy will be collected and stored. Storing samples for future studies is called "biobanking." The biobank is being run by the Alliance for Clinical Trials in Oncology and is supported by the NCI. This is a publicly funded study. Samples from publicly funded studies are required to be shared as broadly as possible. However, we will protect your privacy. The goal of this is to make more research possible that may improve people's health.

The biobank is a public research resource. It has controlled access. This means that researchers who want to get samples and data from it must submit a specific research request. The request identifies who they are and what their planned research project is. Before getting the samples and data, the researchers must agree to keep the data private, only use it for their planned research project, and never use it to try to identify you.

Right now, we don't know what research may be done in the future using your blood samples. This means that:

- You will not be asked if you agree to take part in the future research studies.
- You and your study doctor will not be told when or what type of research will be done.
- You will not get reports or other information about any research that is done using your samples.

Unknown future research studies may include sequencing of all or part of your DNA. This is called genomic sequencing. Sequencing allows researchers to identify your genetic code. Changes in your genetic code may be passed down through your family. For example, these genetic changes may be passed down to your children in the same way that eye and hair color are passed down. These are called germline changes.

What is involved in this optional sample collection?

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

1. About 2 tablespoons of blood will be collected from a vein in your arm four times during this study: before treatment begins, at the start of the second cycle, at the start of the fifth cycle, and after you stop treatment.
2. A sample from the tissue that was collected or biopsied in the past will be sent to the Biobank. Only leftover tissue will be stored. No new biopsies will be performed.
3. Your blood and tissue samples will be stored in the biobank. There is no limit on the length of time we will keep your samples and research information. The samples will be kept until they are used for research or destroyed.
4. Researchers can only get samples from the biobank after their research has been approved by experts. Researchers will not be given your name or contact information.
5. Some of your genetic and health information may be placed in central databases for researchers to use. The databases will not include your name or contact information.

What are the risks in this optional sample collection?

- The most common risks related to drawing blood from your arm are brief pain and maybe a bruise.
- Your medical and genetic information is unique to you. There is a risk that someone outside of the research study could get access to your study records or trace information in a database back to you. They could use that information in a way that could harm you. Researchers believe the chance that someone could access and misuse your information is very small. However, the risk may increase in the future as people find new ways of tracing information.
- In some cases, this information could be used to make it harder for you to get or keep a job and get or keep health insurance.

How will information about me be kept private?

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

1. They will remove identifiers, such as your initials, from your sample and information. They will replace them with a code number. There will be a master list linking the code numbers to names, but they will keep it separate from the samples and information.
2. Researchers who study your sample and information will not know who you are. They also must agree that they will not try to find out who you are.
3. Your personal information will not be given to anyone unless it is required by law.
4. If research results are published, your name and other personal information will not be used.

What are the benefits to taking part in this optional sample collection?

You will not benefit from taking part.

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 to this optional sample collection?

There are no costs to you or your insurance. You will not be paid for taking part in this study. The research may lead to new tests, drugs, or other products for sale. If it does, you will not get any payment.

What if I change my mind about this optional sample collection?

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 biobank know. Then, any sample that remains in the biobank will be destroyed or returned to your study doctor. This will not apply to any samples or related health information that have already been given to or used by researchers.

What if I have questions about this optional sample collection?

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 below to show if you would or would not like to take part in each optional study:

Samples for unknown future studies:

I agree that my samples and related health information may be kept in a biobank for use in future health research.

YES NO

Contact for Future Research

I agree that my study doctor, or someone on the study team, may contact me or my doctor to see if I wish to participate in other research in the future.

YES NO

This is the end of the section about optional studies.

My signature agreeing to take part in the 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 and dated copy of this form. I agree to take part in the main study. I also agree to take part in 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