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| **Official Title** | Ruxolitinib Based GVHD Prophylaxis Regimen for Older Adults Receiving Non-ATG Containing Non-myeloablative Hematopoietic Cell Transplantation for Acquired Aplastic Anemia |
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Fred Hutchinson Cancer Research Center
University of Washington Medical Center

**Consent to take part in a research study:**

# Ruxolitinib Based GVHD Prophylaxis Regimen for Older Adults Receiving Non-ATG Containing Non-myeloablative Hematopoietic Cell Transplantation for Acquired Aplastic Anemia

**Short title: Rux and Aplastic Anemia**

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## Emergency number (24 hours): 206-598-8902

### Important things to know about this study

You are invited to participate in a research study. The purpose of this research is to find out if ruxolitinib, when given prior to and then continued during and following transplant, decreases the rate of graft versus host disease (GVHD) and improves post-transplant outcomes in patients with aplastic anemia.

The study involves taking ruxolitinib along with standard GVHD prevention drugs for the potential benefit of decreasing the chance of GVHD, a complication that occurs when the donor cells recognize the patient's body as foreign and attack it.

You do not have to join this study. We will give you details about the purposes, procedures, risks, and possible benefits related to this study. We will explain other choices that you have. We will also give you any other information that you need in order to make an informed decision about joining this study.

Following is a more complete description of this study. Please read this description carefully. You can ask any questions you want to help you decide whether to join the study. If you join this study, we will give you a signed copy of this form to keep for future reference.

### We invite you to join this research study.

We invite you to join this research study because you have aplastic anemia, and you are going to have a transplant of blood cells or bone marrow. Up to 20 people will join this study.

Research is not the same as treatment or medical care. The purpose of a research study is to answer scientific questions.

You do not have to be in the study. You are free to say “yes” or “no”, or to drop out after joining. If you say “no,” you would have no penalty or loss of benefits. Whatever you decide, your regular medical care would not change.

**Why are we doing this study?**

Transplantation is standard treatment for patients with aplastic anemia in many transplant hospitals around the world. Previous experience with stem cell transplantation treatment for aplastic anemia has led to cure for most patients. Older patients have not done as well as younger patients for unknown reasons. One hypothesis is that older patients cannot tolerate the standard regimens that have been developed for younger patients. These regimens may have higher doses of chemotherapy or immune-suppressing drugs that cause higher risk of infections.

We are studying ruxolitinib (trade name: Jakafi). While ruxolitinib has been approved by the Food and Drug Administration (FDA) for the treatment of acute and chronic graft vs host disease, we are doing this study to look specifically at the benefits of giving ruxolitinib prior to and following transplant for the prevention of graft versus host disease. While this has been done in other diseases, this strategy is new for patients with aplastic anemia. In this research study, we want to learn what effects, good or bad, ruxolitinib has on people with aplastic anemia. If you join this study, we will give you ruxolitinib and watch carefully for any side effects.

The purpose of this study is to find out if ruxolitinib, when given immediately prior to and then continued during and following transplant, decreases the rate of graft versus host disease and improves post-transplant outcomes in patients with aplastic anemia. We believe this is possible based on studies which have looked at ruxolitinib given following stem cell transplant in patients with leukemia and myelofibrosis and demonstrated a decreased rate of graft versus host disease. In these studies, the investigators did not see an increased risk of graft failure.

**What tests, procedures, and treatments are done in this study?**

If you join this study, we will perform the following tests, treatments, and procedures. Many of these tests, treatments, and procedures are part of your regular transplant care. These procedures are summarized in this consent form..

**Blood Samples**

Blood samples will be collected for research only at timepoints where blood is being collected for your regular care. You will be asked to provide up to 20 ml (1.33 tablespoons) of blood for research at up to 5 timepoints: pre-transplant evaluation, Days 7, 28, 100 and 365 after transplant). The purpose of these research samples is to look for mechanisms by which ruxolitinib may help with cell engraftment and to prevent GVHD.

**Conditioning regimen (pre-transplant chemotherapy and radiation)**

Four days before the transplant, you will be given chemotherapy. You will need a central venous catheter for transplant. One will be placed if you do not already have one.

For this study you will be given fludarabine and low dose total body irradiation. The intent is to prepare your body for the stem cells by suppressing your immune system. Every patient receiving a transplant has a conditioning regimen as part of standard of care. The conditioning regimen on this study is one of many possible conditioning regimens you would receive even if you did not join this study. There are other possible conditioning regimens for patients with aplastic anemia.

<table>
<tr><th>Day</th><th colspan="2">Conditioning</th></tr>
<tr><td>4 days prior to transplant</td><td colspan="2">Fludarabine</td></tr>
<tr><td>3 days prior to transplant</td><td colspan="2">Fludarabine</td></tr>
<tr><td>2 days prior to transplant</td><td colspan="2">Fludarabine</td></tr>
<tr><td>1 day prior to transplant</td><td colspan="2">Radiation 3 Gy or 4 Gy*</td></tr>
<tr><td rowspan="2">Day 0 transplant</td><td colspan="2">Transplant/infusion type</td></tr>
<tr><td>Peripheral blood</td><td>Bone marrow</td></tr>
</table>

***4 Gy if you haven't had any prior therapy for your disease**

## Transplant Day (Bone marrow, blood stem cells)

On day 0, the transplant day, the marrow or blood stem cells are given through your existing central venous catheter. The infusion of these cells may take 1 to 4 hours and it feels like getting a blood transfusion.

With any source of stem cells, every possible effort is made to obtain the optimum number of stem cells. We may also retain some cells from the marrow or blood collection from unrelated donors and use them for you after transplantation, if necessary.

## Immunosuppression Therapy

As part of the transplant procedure, you will be given three drugs in addition to the ruxolitinib to reduce the risk of GVHD. Two of the three drugs may initially be given to you through your central venous catheter. When you can take medicines by mouth, the drugs will be given to you in the form of a pill or liquid. If you develop GVHD, you may take these medications for longer or receive additional medications to help treat it. The use of GVHD drugs is standard of care – you would receive them even if you do not join this study.

- **Cyclosporine**: This drug will be started three days before the transplant for patients receiving stem cells from related or unrelated donors. For patients

receiving sibling donor transplant, cyclosporine will be continued until day +96 and then tapered until day +180 after transplant. For patients receiving unrelated donor transplant, cyclosporine will be continued until day +96 and then tapered until day +150 days after transplant. For HLA-mismatched donors, cyclosporine will be continued until day +150 and then tapered until day +180.

- **Sirolimus**: This drug will be started three days before the transplant for patients receiving stem cells from matched unrelated donors. For these patients, sirolimus will be continued until day +150 and tapered until day +180. For patients receiving stem cell from HLA-mismatched unrelated donors, Sirolimus will be continued to day +180 and then tapered until day +365.

- **Mycophenolate mofetil (MMF)**: This drug will be started on the day of the transplant and will be continued for approximately 40 days after the transplant.

**Ruxolitinib**

This drug will be started five days before the transplant. For all patients, ruxolitinib will be continued for approximately 365 days after transplant.

**Post-Transplant Care at the Fred Hutchinson Cancer Center**

If you are receiving a bone marrow transplant, you will be given filgrastim (G-CSF or Neupogen) by injection beginning on Day 1 after your transplant. G-CSF signals the bone marrow to make white blood cells, which are needed to fight and prevent infections. You will continue to receive it daily until your white blood cell count recovers.

At some time during the initial transplant procedure, you may be admitted to the University of Washington Medical Center (Hospital) for your post-transplant care. After you are discharged, an outpatient transplant team will then follow you until Day 100. To evaluate how your new blood cells are developing and how your immune system is recovering after the transplant, you will have blood drawn and bone marrow biopsies at specific time points. Per standard practice, your blood will be drawn daily until your counts recover and then twice weekly until Day 100. Blood and bone marrow studies will be done to check for cell recovery (engraftment) as well as the presence of donor cells (chimerism tests) around Day 28, Day 56, Day 80, and at 1 year after your transplant. GVHD assessments will be performed weekly by clinical exam. Evaluation by biopsies is not required for the study but may be determined as necessary by your treating physician.

**After You Return Home**

You will be discharged from the transplant team around day 100 when you are ready to be cared for by your home oncologist. Initially, it will be necessary for you to have frequent visits, and then at specific times as determined by your physician. Your physician will make assessments of your GVHD regularly as you taper your immune suppression drugs.

Extra blood and marrow studies may be requested at the 1-year time point. If you return to Seattle, we will collect samples at Fred Hutch. If you are not in Seattle, you may have your samples collected and imaging done at home, and we will request that the results be sent to our research team.

**How long would you stay in this study?**

If you join this study, you will stay in it for about two years. After you have recovered from any immediate transplant-related complications, follow-up will be routine, but we will continue to collect data on how your marrow is functioning at these follow-up visits.

Doctors could take you out of this study at any time. This would happen if:

- They think it is in your best interest not to continue in the study.
- You are not able or willing to follow study procedures.
- The whole study is stopped.

If you withdraw from the study for any reason, previously collected information would remain in the study records and would be included in the analysis of results. This information could not be removed from the study records.

**We would like to do long-term follow-up**

**Long-term follow-up** means keeping track of your medical condition for the rest of your life to look at the long-term effects of the study. You will be asked to sign another consent form to allow Fred Hutchinson Cancer Center to keep getting information from your referring physician and sending you annual questionnaires about your health after you finish this study. This is done by the Long-Term Follow-Up Department, but some of the information will also be used for this study.

You do not have to be in the long-term follow-up program. You can say yes or no. Either way, you can still join this study.

**What are the side effects (risks)?**

In this part of the consent form, we describe the side effects we expect from the tests and treatments in this study. Ruxolitinib could cause side effects we do not know about yet. We carefully watch everyone in the study for side effects.

If you join this study, we will tell you if we discover new side effects that could affect you.

This form lists side effects of *individual* drugs. Other side effects could occur when we use these drugs *together*.

Side effects may be mild or very serious. Medicines could be given to help lessen side effects. Many side effects go away soon after you stop taking ruxolitinib. In some cases, side effects can last a long time or never go away. There also is a risk of death.

**Ruxolitinib**

Ruxolitinib has been studied in over 1000 patients with myelofibrosis and over 1000 patients with GVHD and the following risks have been observed:

| Likely Side Effects (over 10%) | Less Likely Side Effects (3-9%) | Rare Side Effects (under 2%) |
|---|---|---|
| • Diarrhea<br>• Nausea<br>• Mild to moderately low blood cell counts (red blood cells (anemia) and platelets)<br>• Shortness of breath<br>• Swelling of the hands or feet<br>• Feeling hot<br>• Headache<br>• Increased risk of bruising and bleeding<br>• Weight gain<br>• Heart murmur<br>• Changes in blood pressure | • Fatigue<br>• Vomiting<br>• Low white blood cell count<br>• Increased risk of infection<br>• Low to moderate grade fever<br>• Pneumonia<br>• Bronchitis<br>• Sleep disturbances<br>• Pain in the arms or legs<br>• Itchiness<br>• Rash (viral skin infections, herpes zoster or singles) | • Urinary tract infection<br>• Inflammation of the bowel<br>• Gastrointestinal bleeding<br>• Gas<br>• High potassium count<br>• Low levels of sodium<br>• High cholesterol<br>• Abdominal pain<br>• Fainting<br>• Neck ache<br>• Infection or pain in joints<br>• Severe and life-threatening form of inflammation of the pancreas<br>• Bone marrow suppression<br>• Significantly low red blood cells, platelets, and ANC (a type of white blood cell)<br>• Intracerebral hemorrhage (bleeding)<br>• Upper respiratory infection<br>• High-grade fever<br>• Sore throat<br>• Low oxygen level<br>• Inflammation of the lungs<br>• Weakness<br>• Anxiety<br>• Acute response to drug withdrawal<br>• Depression<br>• Cardiomyopathy (weakening and enlargement of the heart muscle)<br>• Heart failure<br>• Acute myocardial infarction<br>• Liver toxicity<br>• Necrotizing fasciitis (rare infection of the deeper layers of skin and tissues underneath the skin)<br>• Blurred vision/vision loss |

| | | |
|---|---|---|
| | | • Necrosis of talus bone (located in the top of the foot joining ankle) |

Tuberculosis has occurred in a small number of patients with myelofibrosis who were treated with ruxolitinib, but it is not known whether this was due to myelofibrosis, ruxolitinib, or other factors that are known to increase the risk of tuberculosis (such as diabetes, bronchitis, asthma, smoking, emphysema, or steroid use).

A rare disease called progressive multifocal leukoencephalopathy (PML) has been reported during ruxolitinib treatment for myelofibrosis. PML comes from a viral infection that causes brain damage and can be fatal. It is unknown whether this was due to ruxolitinib treatment since PML has occurred in patients with blood cancers, including myelofibrosis, who were not treated with ruxolitinib. Tell your study doctor immediately if you have any of the following symptoms or if anyone close to you notices that you have any of these symptoms: confusion or problems thinking, loss of balance or problems walking, clumsiness, difficulty speaking, decreased strength or weakness on one side of your body, blurred and/or loss of vision.

Some patients receiving ruxolitinib have been diagnosed with second cancers including lymphoma. It is not known whether this is related to ruxolitinib or is related to other factors, in particular the patient's genes.

There may be risks associated with sudden discontinuation of ruxolitinib. Patients who have symptomatic heart or lung disease might experience serious and life-threatening worsening of their heart or lung condition when the study drug is stopped. It is important that you let your doctor know about any heart or lung problems prior to starting the study. If you stop taking your medication and develop worsening of your symptoms, tell your doctor right away. Other risks that might be related to discontinuation include anxiety, insomnia, and weakness. You should tell the study doctor if you experience any of these symptoms when you stop taking ruxolitinib.

Since the study drug may have interactions with other medications, your physician may advise you not to take certain other drugs while you are on this protocol. Please check with your physician before starting any new medications or if you stop any medications.

Among patients with existing cardiac or heart problems, there have been reports of patients who experienced worsening heart disease or cardiac events.

**Fludarabine**

| Likely Side Effects (over 10%) | Less Likely Side Effects (3-9%) | Rare Side Effects (under 2%) |
|---|---|---|
| • Low white blood cell count with increased risk of infection<br>• Low platelet count with increased risk of bleeding<br>• Anemia | • Nausea and vomiting<br>• Diarrhea<br>• Fatigue | • Rash<br>• Visual changes<br>• Numbness and tingling in hands or feet<br>• Severe problems with brain (coma at high-dose, confusion)<br>• Pneumonia<br>• Irregular heart beats |

| | | |
|---|---|---|
| | | • Renal failure |

**Cyclosporine**

| Likely Side Effects (over 10%) | Less Likely Side Effects (3-9%) | Rare Side Effects (under 2%) |
|---|---|---|
| • Hypertension (high blood pressure)<br>• Tremor (shaking of the hands)<br>• Altered levels of magnesium, calcium, potassium, and sugars in the blood<br>• Kidney dysfunction (elevated level of creatinine) | • Headache<br>• Pain in the hands and/or feet[1]<br>• Increases in cholesterol and triglyceride<br>• Nausea/vomiting<br>• Changes in how clearly one can think<br>• Trouble sleeping<br>• Increased hair growth<br>• Destruction of red blood cells (hemolysis) | • Seizures<br>• Kidney failure from damage to the blood vessel walls and destruction of red blood cells by a condition called hemolytic uremic syndrome (HUS) |

**Mycophenolate Mofetil (MMF)**

| Likely Side Effects (over 10%) | Less Likely Side Effects (3-9%) | Rare Side Effects (under 2%) |
|---|---|---|
| • Nausea<br>• Miscarriage or birth defects if one becomes pregnant while taking and within 6 weeks after stopping MMF | • Vomiting<br>• Diarrhea (loose stools) and abdominal discomfort<br>• Lower red blood cell count that is reversible<br>• Lower white blood cell count with increased risk of infection | • Stomach and bowel bleeding (blood in stools)<br>• Secondary cancers<br>• Progressive multifocal leukoencephalopathy (a serious brain infection that can cause weakness, clumsiness and confusion and can lead to death) |

**Sirolimus (unrelated donors only)**

| **Likely Side Effects (over 10%)** | **Less Likely Side Effects (3-9%)** |
|---|---|
| • Increase in blood pressure<br>• Headache, or tremors<br>• Altered levels of magnesium and potassium in the blood.<br>• Decreased kidney function<br>• If blood lipids (triglycerides and cholesterol) are increased the use of drugs to correct this problem may be necessary<br>• Destruction of red blood cells (hemolysis) can occur with sirolimus | • Seizures<br>• Breakdown of muscle (rhabdomyolysis)<br>• Some patients have had seizures, but it is unclear whether sirolimus, other drugs, or a combination of drugs were responsible<br>• Loss of kidney function<br>• Low white blood cell count with an increased risk of infection (from bacteria, fungi or viruses)<br>• Lower platelet count with and increased risk of bleeding<br>• Anemia<br>• Infections<br>• Blurry vision |

**Granulocyte Colony Stimulating Factor (G-CSF) (bone marrow only)**

| Likely Side Effects (over 10%) | Less Likely (1-10%) |
|---|---|

| | |
|---|---|
| • Muscle aches or pain<br>• Bone pain<br>• Itching<br>• Skin rashes<br>• Headache | • Blood vessel inflammation<br>• Ruptured spleen |

**Total body irradiation (TBI)**

| Likely Side Effects (over 10%) | Less Likely Side Effects (3-9%) |
|---|---|
| • Nausea<br>• Fatigue<br>• The irradiation dose used may result in sterility, and there is a risk of major genetic damage to any children conceived after transplantation | • Temporary hair loss<br>• Vomiting<br>• Cataracts (an opacity or whitening of the lens) may develop in the eye<br>• Inflammation of the salivary gland<br>• Diarrhea<br>• Painful swelling of the parotid gland (a gland under the chin) for a few days<br>• Secondary cancers<br>• Mucositis (temporary damage to the lining of the mouth) |

Total body irradiation (TBI) destroys both the abnormal and normal marrow, resulting in a loss of red blood cells, white blood cells, and platelets. The temporary absence of these blood cells produces a risk of anemia, infection, and/or bleeding. This continues until the transplant begins to work. Blood transfusions are given as needed.

You will also receive procedures such as CT scans, chest x-rays based on medical necessity and to help follow your progress. These studies are a routine part of care following transplant and expose you to more radiation, but the amount of radiation from these tests is small in comparison to the therapy dose and are not expected to increase your health risk.

**Late Complications from radiation:**

- Sterility
- Hypothyroidism
- Possible increased incidence of radiation or chemotherapy-induced cancer, or leukemia [rare]
- Possible brain injury [rare]

You will be watched for these side effects and treated as they occur. Follow-up care in the hospital and later in the outpatient clinics will be necessary to observe your recovery and monitor for any possible late side effects of your transplant.

**Risks of bone marrow and blood stem cell transplant in general:**

**GVHD**: This occurs when the donor's white blood cells recognize your body as "foreign." The donor's cells then attack the cells of your body. GVHD can be mild or severe. In the most severe cases, it can cause death. You will be watched closely for this

complication and given specific treatment to prevent and treat it. GVHD is treated with drugs that weaken the immune system. This makes you more likely to get infections. Treatment of GVHD may last from months to years. One of the most common treatments for GVHD is prednisone. Prolonged treatment with prednisone may result in cataracts, bone loss, diabetes, high blood pressure, bone fracture, and muscle loss.

There are two forms of GVHD: acute (early) and chronic (late) GVHD. Chronic GVHD occurs most commonly in patients who have had acute GVHD but may occur in patients who did not have any acute GVHD.

**Symptoms of early or acute GVHD**

- Skin rash
- Diarrhea
- Nausea and vomiting
- Abdominal pain or cramping
- Increased risk of infection
- Liver disease (inflammation of the liver and yellowing of the skin)

**Symptoms of late acute or chronic GVHD**

- Skin rash
- Thickened skin
- Dry mouth and dry eyes
- Increased risk of infection
- Liver disease or inflammation
- Lung disease (scarring of the lungs)
- Diarrhea

The side effects associated with transplantation can be uncomfortable, and in some cases dangerous, life-threatening, or fatal. Because this is a research study there may be additional side effects which are not known at this time. The known or possible side effects of the treatments you will receive as part of this study are listed below. If we learn about other side effects, we will tell you.

**Graft failure:** This occurs when your body does not accept the transplanted cells. Graft failure may occur in 5-15% of patients. We do not know how likely graft failure is when giving ruxolitinib during and following transplant in patients with aplastic anemia. It is also possible that the blood stem cells will grow, but not work normally. This will result in low blood counts for a long period of time. If graft failure occurs, you may be able to have a second transplant with cells from the same donor or from another donor if one is available. Graft failure may result in death from infections, anemia or bleeding.

**Damage to the vital organs in your body:** This could affect any organ in your body such as heart, lungs, liver, gut, kidneys and bladder, brain, etc. Some subjects will experience severe lung problems due to infections and/or due to a reaction of the lungs to the chemotherapy and/or radiation. Some subjects can suffer sinusoidal obstruction

syndrome of the liver (SOS). SOS is damage to the liver that can occur because of transplant. Symptoms and signs include yellowing of the skin (jaundice), a swollen and painful liver, fluid retention, weight gain and abnormal liver tests. In severe cases, SOS can lead to liver failure or even cause death.

**Serious infections:** Your immune system will not be normal for many months after the transplant, and the white blood cells that fight infection will be very low or not function well. During this time, there is an increased risk of viral, fungal, or bacterial infections. You will be prescribed certain medications to reduce the chance of those infections. However, preventive treatments are not always effective. If you develop an infection, you may have to stay in the hospital longer or be re-hospitalized after transplant. Infections can be very serious or cause death.

**Recurrence of aplastic anemia**: There is a chance that the transplant will not cure your disease or that it returns even if the transplant is initially successful.

**Other Complications:** Other complications that can result from the transplantation procedure not specifically related to one specific drug include:

***Rare allergic reactions*:** Allergic reactions to the drugs used in this study are very rare but possible.

***Risk to the unborn*:** The treatments in this study have NOT been proven to be safe at any stage of pregnancy. Some are known to cause a miscarriage and birth defects if a woman becomes pregnant while being treated and for some time after stopping the treatment. Therefore, if you are pregnant, intend to become pregnant, or are nursing, you are not eligible for this study. Women who have the potential of becoming pregnant must use a combination of two forms of effective birth control. Effective birth control would be defined as the following: 1) refraining from all acts of vaginal intercourse (ABSTINENCE); 2) consistent use of birth control pills; 3) injectable birth control methods (Depo-Provera, Norplant); 4) tubal sterilization or male partner who has undergone a vasectomy; 5) placement of an IUD (intrauterine device); and, 6) use, with every act of intercourse, of a diaphragm with contraceptive jelly and/or condoms with contraceptive foam.

***Sterility and future childbearing potential for men and women*:** Chemotherapy and/or radiation may affect fertility. Male patients may become sterile (unable to produce sperm). Female patients may find that their menstrual cycle becomes irregular or stops permanently. However, this DOES NOT MEAN THAT YOU CANNOT BECOME PREGNANT, and you must use some effective method of birth control. Damage to reproductive tissue may result in birth defects or permanent inability to father a child or become pregnant. You should discuss these risks and options in detail with your doctor before entering this study.

If you became pregnant after joining this study, you would have to notify the study doctor immediately. Participation in this study would end, and you would receive counseling and follow-up throughout the pregnancy and for about 6 months after the child is born.

All patients and sexual partners regardless of gender must use one or more forms of effective and acceptable birth control for the duration of the study.

**Central venous catheter:** There has been considerable experience with central venous catheter use. The most common complications are clotting and local infection which often leads to a generalized infection in the blood. Clotting may require the catheter to be removed or treatment with a fibrinolytic agent (medicines that dissolve blood clots). Infections will be treated with antibiotics, and sometimes, removal of the catheter is required. Occasionally, skin redness at the catheter exit site occurs, this may require antibiotic treatment. There is also a small risk of puncturing the lung at the time of the catheter insertion. If this occurs, placement of a temporary chest tube to reinflate the lung may be required. There are no long-term effects once the lung puncture has resolved.

**Non-physical risks**

If you join this study, non-physical risks are:

- You might not be able to work.
- Results of genetic tests might be released by accident. This risk is very low, because we keep personal information private. If these results became known, you could have problems from others knowing about your genetic test results. For example, the results could cause stress or anxiety in family members who learn about their own risk of developing disease, or you could have problems with insurance because of your health status.

**What are the benefits?**

We do not know if this study would help you. We are testing ruxolitinib to see its effects on people with aplastic anemia. You might do better because you receive ruxolitinib, but you could also do the same or worse than patients who were transplanted for aplastic anemia without ruxolitinib. We hope the information from this study will help other people with aplastic anemia in the future.

**You have other choices besides this study.**

You do not have to join this study. You are free to say “yes” or “no”. Your regular medical care would not change if you decide to say “no”.

You have other choices for treatment. Each of these choices has risks and benefits. You should talk to your doctor or healthcare provider about these choices.

Other choices include:

- Bone marrow transplant or blood stem cell transplant that is not part of this research study
- Another research study

- No treatment
- Comfort Care

Enrollment in this study may exclude you from other research studies.

**Protecting Privacy as an Individual and the Confidentiality of Personal Information**

If you join this study, some people or organizations might need to look at your medical records and research records for quality assurance or data analysis. They include:

- Researchers involved with this study.
- Institutional Review Boards (IRB), including the Fred Hutchinson Cancer Research Center IRB. An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- Fred Hutchinson Cancer Center and University of Washington
- Office for Human Research Protections, Food and Drug Administration, and other regulatory agencies as required.
- National Marrow Donor Program (NMDP). The NMDP is a nonprofit organization that operates the Be The Match Registry® of volunteer stem cell donors and umbilical cord blood units in the United States.
- Incyte (the sponsor of the study) and their agents.
- University of Colorado.
- Data Safety Monitoring Board.

We will do our best to keep personal information confidential, but we cannot guarantee total confidentiality. Personal information may be given out if required by law. For example, workplace safety rules may require health workers to contact you about lab tests, or a court may order study information to be disclosed. Such cases are rare.

We will not use personal information in any reports about this study, such as journal articles or presentations at scientific meetings.

If you join this study, information about your participation would be made part of your permanent medical record. This information would include a copy of this consent form. If an insurance company or employer or anyone else were authorized to see your medical record, they would see a copy of this consent form.

**How is my genetic information protected?**

A federal law called the Genetic Information Nondiscrimination Act (GINA) helps protect genetic information about people who join research studies.

GINA restricts access to genetic information so that it cannot be used for health insurance coverage decisions. GINA prevents health insurance companies or group health plans from:

- Asking for genetic information obtained in research studies, or
- Using genetic information when making decisions regarding your eligibility or premiums

GINA *does not* help or protect against genetic discrimination by companies that sell life, disability, or long-term care insurance.

**Would we pay you if you join this study?**

There is no payment for being in this study.

**Would you have extra costs if you join this study?**

The treatments and procedures that are listed above including but not limited to imaging, bone marrow biopsies, chemotherapy and medications to prevent graft versus host disease are part of your regular transplant care and are not covered by the study. Your insurance company is expected to cover these costs as part of your transplant procedure.

You will not be billed for research blood and marrow samples. These are paid for by the study. Ruxolitinib will be provided free of charge by the study sponsor, Incyte.

If you have questions regarding your costs, financial responsibilities, and/or medical insurance coverage for this activity, please ask your physician or inquire at the Fred Hutchinson Patient Financial Services Department at 206-606-1113.

**What if you get sick or hurt after you join this study?**

For a life-threatening problem, call 911 right away or seek help immediately. Contact your study doctor when the medical emergency is over or as soon as you can.

For all other medical problems or illness related to this research, immediately contact Dr. Rachel Salit. She will treat you or refer you for treatment. Incyte (the study sponsor) will pay for the reasonable costs of care for injuries or illness directly related to your participation in the study. There are no funds to pay you for a loss of a job, or other costs to you or your family. State or national law may give you rights to seek payment for some of these expenses. You do not waive any right to seek payment by signing this consent form.

You or your insurer will be billed for treatment of problems or complications that result from your condition or from standard clinical care.

You will not lose any legal right to seek payment for treatment if you sign this form.

**What will my information and/or tissue samples be used for?**

Your information and samples (such as blood and bone marrow) will be used for the purposes of this study.

Your samples might help researchers develop new products. This research could be done by for-profit companies. There is no plan to share with you any revenue generated from products developed using your tissue samples.

During this study, if the researchers learn new information that may be important to your general health or to your disease or condition, they will share that information with you.

**Will my information and/or tissue samples ever be use for future research?**

Your information and tissue samples (even if made anonymous) will not be used for any research other than this study.

**Your rights**

- You do not have to join this study. You are free to say "yes" or "no".
- If you get sick or hurt in this study, you do not lose any of your legal rights to seek payment by signing this form.
- During the study, we might learn new information that you need to know. For example, some information may affect your health or well-being. Other information might make you change your mind about being in this study. If we learn these kinds of information, we will tell you.
- If you join this study, you will not have to stay in it. You could stop at any time (even before you start). Your regular medical care would not change. You would have no penalty for stopping, but it would be better not to join the study if you think that you would change your mind later.
- If you decide to drop out, we will want you to tell the study doctor. The doctor could tell you about the effects of stopping ruxolitinib (without tapering). You and the doctor could talk about the follow-up care and testing that would help the most.
- Before you leave the study, the doctor might ask you to sign a separate consent form to continue in the follow-up part of the study.

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.

**Your responsibilities**

If you join this study, you will have some responsibilities.

- Follow the schedule of study visits and procedures.
- Take study medications as directed.
- Prevent pregnancy.
- Tell us about side effects.

**For more information**

If you have questions or concerns about this study, you can talk to your doctor anytime. Other people you could talk to are listed below.

| **If you have questions about:** | **Call:** |
|---|---|
| This study (including complaints and requests for information) | 206-667-1317 (Dr. Dr. Rachel Salit, MD) |
| If you get sick or hurt in this study | 206-667-1317 (Dr. Dr. Rachel Salit, MD) |
| Your rights as a research participant | 206-667-5900 or email irodirector@fredhutch.org (Director of Institutional Review Office, Fred Hutchinson Cancer Research Center) |
| Your bills and health insurance coverage | 206-606-1113 |

## Emergency number (24 hours): 206-598-8902

**Signatures**

Please sign below if you:

- have read this form (or had it read to you)
- had the opportunity to ask any questions
- had the opportunity to discuss the research with the person obtaining consent; and
- agree to participate in this study.

| Printed Name | Signature | Date |
|---|---|---|

If you served as an interpreter or impartial witness during the consent process, sign below to indicate you attest to the accuracy of the presentation and the participant's apparent understanding of and willingness to participate in the research.

Impartial Witness or Interpreter:

| Printed Name | Signature | Date |
|---|---|---|

**Researcher's statement**

I have discussed the research study, including procedures and risks, with the person signing above. A copy of the signed consent form will be given to the participant.

Person obtaining consent signature:

| Printed Name | Signature | Date |
|---|---|---|

Protocol: RG1124040
Current consent version date: 8/8/2024
Previous consent version date: N/A
Copies to: Participant
Medical Record