# Research Study Informed Consent Document

**Study Title for Participants:** Testing the addition of bevacizumab to Osimertinib (AZD9291) as a first-treatment for patients with EGFR-mutant lung cancer that has metastasized

**Official Study Title for Internet Search on http://www.ClinicalTrials.gov:**
EA5182, Randomized Phase III Study of Combination Osimertinib (AZD9291) and Bevacizumab versus Osimertinib (AZD9291) Alone as First-Line Treatment for Patients with Metastatic EGFR-Mutant Non-Small Cell Lung Cancer (NSCLC)(NCT04181060)

Version Date: April 14, 2021

## 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 non-small cell lung cancer that has spread outside your lungs, and your cancer has a change in the gene called EGFR (epidermal growth factor receptor) gene.

### 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.

### Why is This Study Being Done?

This study is being done to answer the following question:

By adding an additional drug to the drug that is typically given, can we increase the time the cancer is controlled by the treatment?

We are doing this study because we want to find out if this approach is better or worse than the usual approach for your non-small cell metastatic EGFR-mutant lung cancer. The usual approach is defined as care most people get for metastatic EGFR-mutant lung cancer.

## What is the usual approach to my metastatic EGFR-mutant lung cancer?

The usual approach for patients who are not in a study is treatment with an EGFR inhibitor which is a pill that blocks EGFR protein. Several types of these pills are FDA-approved for first-line treatment for patients with metastatic EGFR-mutant lung cancer. These treatments are effective but after 1-1.5 years on average they stop working and the cancer grows again and new treatments are needed.

## 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 be randomly assigned to a study group. Depending on your assigned group, you will either get osimertinib (AZD9291), an EGFR inhibitor, alone, or you will get a combination of osimertinib (AZD9291) and bevacizumab, a VEGF inhibitor, until your cancer returns or spreads, you experience unacceptable side effects, or until you decide to come off the study.

Your doctor will continue to follow your condition for 10 years from the date you registered to the study and watch you for side effects. After you finish your treatment, you will be contacted for follow up every 3 months by attending office visits, or by phone if in-person visits are not already being done.

## 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 the study drugs may not be as good as the usual approach for your cancer at preventing your cancer from coming back.

There is also a risk that you could have side effects from the study drugs. 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 that the study doctors know about are:

- Rash or dry skin
- Diarrhea
- Fatigue
- Change in your nails
- Decreased appetite
- Increased blood pressure
- Risk of bleeding or clotting

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

**Benefits**

This study approach may be effective by controlling your cancer for longer than the standard of care and possibly helping you live longer. When older EGFR inhibitors such as erlotinib were combined with bevacizumab, patients were able to stay on the combination longer without their cancer worsening than patients who took the EGFR inhibitor (erlotinib) alone. We are studying osimertinib (AZD9291) since recent studies have demonstrated that it controls cancer for longer than older EGFR inhibitors (erlotinib, gefitinib). It is not possible to know now if the study approach will extend your time with your cancer under control compared to the usual approach. This study will help the study doctors understand how this combination of study drugs work and this study will help the study doctors learn things that will help other 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 (ECOG-ACRIN). 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 the usual treatment of osimertinib (AZD9291) alone to using bevacizumab plus osimertinib (AZD9291). The addition of bevacizumab, an anti-VEGF medication, to the usual treatment of osimertinib (AZD9291) could control your cancer for longer. Anti-VEGF medications work by blocking tumor blood vessel growth. But, it could also cause side effects, which are described in the risks section below.

This study will help the 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 the combination of osimertinib (AZD9291) with bevacizumab both keeps the cancer controlled for longer and helps people live longer compared to the usual approach.

The drug, osimertinib (AZD9291), is already approved by the FDA for use by itself to treat lung cancer. The drug, bevacizumab, is also already approved by the FDA when given with chemotherapy for treatment of advanced lung cancer. The addition of bevacizumab to other EGFR-targeting drugs has shown promise by delaying the time until progression on treatment for patients with EGFR-mutant lung cancers. An earlier study has determined that osimertinib (AZD9291) and bevacizumab can be given safely together.

There will be about 300 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 usual drug used to treat this type of cancer, osimertinib (AZD9291). You will get this drug as a pill you take by mouth every day of each cycle. Each cycle lasts 21 days (3 weeks).

  There will be about 150 people in this group.

- **Group 2**

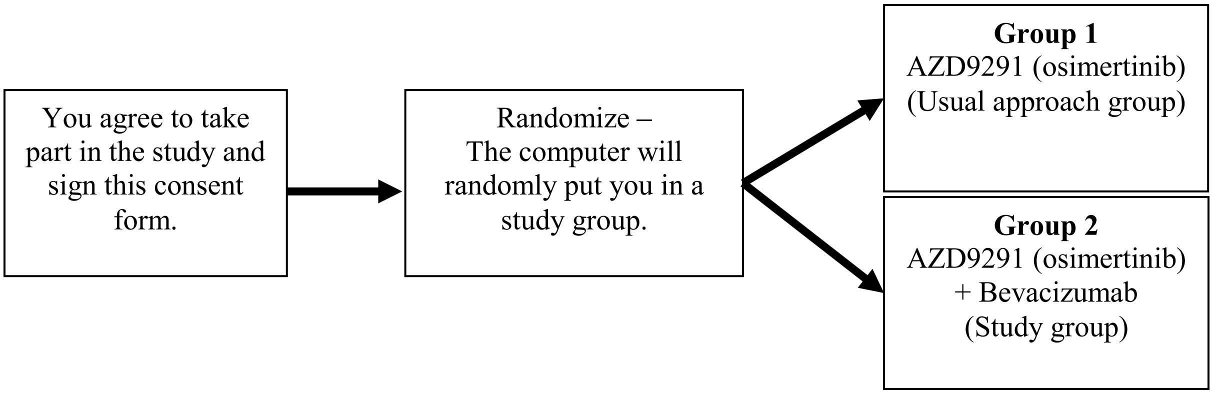
  If you are in this group, you will get a study drug called bevacizumab plus the usual drug used to treat this type of cancer, osimertinib (AZD9291). You will get bevacizumab intravenously (IV) on the first day of each cycle (once every 3 weeks) and you will get osimertinib (AZD9291) as a pill you take by mouth every day of each cycle. Each cycle lasts 21 days (3 weeks).

The drug bevacizumab is approved by the FDA as treatment for other cancers and in combination with other treatments, including in combination with chemotherapy for the treatment of advanced lung cancer, but it is not approved by the FDA for use in combination with osimertinib (AZD9291).

There will be about 150 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. Blood and archived tissue sample collection is optional and being collected for research purposes. If you do not want to contribute blood or tissue samples, you will still be allowed to participate in the study.

## 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 the study approach may not be as good as the usual approach for your cancer at preventing your cancer from coming back.

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 6 months after the last dose of protocol treatment for all patients on osimertinib plus bevacizumab combination arm.

### 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.

This study is looking at a combination of the usual drug used to treat this type of cancer plus a study drug. This combination of drugs may increase your side effects or may cause new 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 and Group 2** – Possible side effects of osimertinib (AZD9291) are listed in the tables below. This drug is part of the usual approach for treating this type of cancer:

### Possible Side Effects of Osimertinib (AZD9291)

Rev. Add1 (Table Version Date: October 19, 2020)

**COMMON, SOME MAY BE SERIOUS**

In 100 people receiving Osimertinib (AZD9291), more than 20 and up to 100 may have:

- Diarrhea
- Sores in the mouth, which may cause difficulty swallowing
- Infection, especially when white blood cell count is low
- Dry skin
- Rash

**OCCASIONAL, SOME MAY BE SERIOUS**

In 100 people receiving Osimertinib (AZD9291), from 4 to 20 may have:

- Anemia which may require blood transfusion
- Nausea, vomiting
- Change in the heart rhythm
- Bruising, bleeding
- Loss of appetite
- Nose bleed
- Damage to the lungs which may cause shortness of breath
- Change in or loss of some or all of the finger or toenails
- Hair loss, itching, acne
- A hole or tear in the skin which may cause pain

**RARE, AND SERIOUS**

In 100 people receiving Osimertinib (AZD9291), 3 or fewer may have:

- Heart failure which may cause shortness of breath, swelling of ankles, and tiredness
- Dry eye
- Visual disturbances
- Swelling and redness of the eye
- Change in heart function
- Fluid around lungs
- Severe skin rash with blisters and peeling which can involve mouth and other parts of the body

**Study Group 2 -** In addition to side effects listed above, people who are in Group 2 may also have some side effects from bevacizumab. These side effects are listed below.

**Possible Side Effects of Bevacizumab**

(Table Version Date: May 2, 2018)

| **COMMON, SOME MAY BE SERIOUS**<br>In 100 people receiving bevacizumab (rhuMAb VEGF), more than 20 and up to 100 may have: |
|---|
| • High blood pressure which may cause headaches, dizziness, blurred vision |

**OCCASIONAL, SOME MAY BE SERIOUS**

In 100 people receiving bevacizumab (rhuMAb VEGF), from 4 to 20 may have:

- Anemia which may require blood transfusion
- Low white cell count that may increase the risk of infection
- Infection, including collection of pus in the belly or rectum
- Abnormal heartbeat which may cause palpitations or fainting
- Pain in the belly, rectum, chest, joints, muscles, or tumor
- Low appetite, constipation, diarrhea, heartburn, nausea, vomiting, or dehydration
- Bleeding from multiple sites including the vagina or nose
- Internal bleeding which may cause black tarry stool, blood in vomit, coughing up blood, or blood in urine
- Blockage of internal organs which may cause vomiting or inability to pass stool
- Sores in the mouth
- Allergic reaction during or after infusion of bevacizumab which may cause fever, chills, rash, itching, hives, low blood pressure, wheezing, shortness of breath, swelling of the face or throat
- Delay in healing of wounds or spontaneous opening of wounds
- Weight loss, tiredness, or dizziness
- Muscle weakness
- Damage to the jawbone which may cause loss of teeth
- Headache
- Numbness, tingling or pain in the fingers or toes
- Hoarseness, stuffy nose, or cough
- Dry skin
- Swelling and redness of the skin
- Blood clot in limbs or lungs which may cause swelling, pain, shortness of breath
- Leakage of protein in the urine, which can rarely lead to damage to the kidney

| **RARE, AND SERIOUS**<br>In 100 people receiving bevacizumab (rhuMAb VEGF), 3 or fewer may have: |
|---|
| • Clots in the arteries, causing stroke (which may cause paralysis or weakness) or heart attack (which may cause chest pain or shortness of breath). This risk is significantly increased in patients who are elderly or with history of diabetes<br>• Heart failure which may cause shortness of breath, swelling of ankles, and tiredness<br>• Bowel perforation (a tear in the bowel) that can cause pain or bleeding and require surgery to repair<br>• A tear or hole (fistula) in internal organs such as the nose, throat, lungs, esophagus, rectum, or vagina. These conditions may cause serious infections or bleeding and require surgery to repair<br>• Sores in the throat<br>• Flesh-eating bacteria syndrome, an infection in the deep layers of skin<br>• Damage to organs (bone, lungs, others) which may cause loss of motion<br>• Bleeding in the tumor, brain, belly or lungs which may cause confusion, blood in stool or coughing up blood<br>• Brain damage which may cause headache, seizure, blindness (also known as Reversible Posterior Leukoencephalopathy Syndrome)<br>• Kidney damage which may require dialysis<br>• Redness, pain or peeling of palms and soles |

**Additional Notes on Possible Side Effects for Bevacizumab:**

- Risk in pre-menopausal women: more likely to develop menopause when taking bevacizumab.

**Additional Drug Risks**

The drug osimertinib (AZD9291) could interact with other drugs. It interacts with a class of drugs that are called CYP3A4 inducers. Talk to your doctor to make sure you are not taking any of these medications.

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.
- Bring your pill calendar along with any unused study medication to each clinic visit.

**For women:** Do not get pregnant or breastfeed while taking part in this study. **For men:** Do not father a baby while taking part in this study.

**For all:**

Study participants must not expect to conceive or father children by using accepted and effective method(s) of contraception or by abstaining from sexual intercourse.:

- 6 weeks after the last dose of protocol treatment for female patients on the osimertinib (AZD9291) alone arm;
- 4 months after the last dose of protocol treatment for male patients on osimertinib (AZD9291) alone arm;
- 6 months after the last dose of protocol treatment for all patients on osimertinib (AZD9291) plus bevacizumab combination arm.

Tell your study doctor right away if you think that you or your partner have become pregnant during the study or within 6 months after your last dose of study treatment.

## What are the costs of taking part in this study?

The study agents (osimertinib (AZD9291) or bevacizumab) will be supplied at no charge while you take part in this research study. It is possible that one or more of the study agents may not continue to be supplied while you are on the study. Although not likely, if this occurs, your study doctor will talk to you about your options. You and/or your insurance plan will need to pay for all the other the costs of medical care for treating your cancer while taking part in this research study, just as you would if you were getting the usual care for your cancer. 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 bevacizumab 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.

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.

The ECOG-ACRIN Cancer Research Group is conducting this study. ECOG-ACRIN is a cancer research group that conducts studies for the National Cancer Institute. Your doctor is a member of ECOG-ACRIN or another group that is participating in this study. To help protect your privacy, ECOG-ACRIN has obtained a Confidentiality Certificate from the Department of Health and Human Services (DHHS). With this Certificate, ECOG-ACRIN cannot be forced (for example, by court subpoena) to disclose information that may identify you in any federal, state or local civil, criminal, administrative, legislative or other proceeding. Disclosure will be necessary, however, upon request of DHHS for audit or program evaluation purposes.

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 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.

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 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 Central Institutional Review Board at 888-657-3711.

## 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 will not be added to your medical records and you or 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 studies for any reason, you can still take part in the main study.

## Optional sample collections for known laboratory 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.

### Known future studies

If you choose to take part in this optional study, researchers will collect blood samples for research to understand who will and will not benefit from the study drug.

### Unknown future studies

If you choose to take part in this optional study, tissue and blood will be stored. Storing samples for future studies is called 'bio-banking.' The biobank is being run by ECOG-ACRIN 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. Also, any health-related information, such as your response to cancer treatment, results of study tests, and medicines you took, will be stored for future use.

Right now, we don't know what research may be done in the future using your tissue and 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 just be in your tumor tissue. These are called somatic changes. Changes may also be in your normal tissue and 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.

If only tumor tissue is sequenced, we will not know if a genetic change in your tumor is also in your normal tissue. This is why sometimes both normal tissue and tumor tissue are sequenced. This helps researchers understand if a genetic change happened only in your cancer tissue, or in your normal tissue as well.

### What is involved in this optional sample collection?

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

1. Archived tumor tissue that was collected at the time of your diagnostic biopsy and tumor tissue collected as part of your routine care if your cancer worsens will be sent to the biobank for storage. Only tumor tissue from procedures performed as part of your standard of care will be sent.
2. About seven (7) teaspoons of blood will be collected from a vein in your arm before you start treatment, after six weeks on treatment, and if your cancer worsens. The blood will usually be collected at the same time as the blood collected for your clinical tests to monitor your health. In most cases an additional needle stick will not be required to collect the blood.
3. Your tissue and blood 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
- possibly 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. There are laws against the misuse of genetic information, but they may not give full protection. For more information about the laws that protect you, ask your study doctor or visit: https://www.genome.gov/10002328/

**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 samples 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 samples 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 samples that remain in the biobank will be destroyed or returned to your study doctor. This will not apply to 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 known future studies:**

*May we have samples of your blood for laboratory research studies?*

**I agree that my samples and related health information may be used for the laboratory research studies described above.**

YES NO

**Samples for unknown future studies:**

*May we have samples of your tissue and blood for future research?*

**I agree to provide additional samples for research.**

YES NO

*May we keep any blood leftover after the laboratory research studies for future research?*

**My samples and related information may be kept in a Biobank for use in future health research.**

YES NO

**This is the end of the section about optional studies.**

## My signature agreeing to take part in the 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 _____________________________________