



## BMT CTN PROTOCOL #1205

Easy-to-Read Informed Consent (ETRIC) for Hematopoietic Cell Transplantation Clinical Trials

### FREQUENTLY ASKED QUESTIONS

#### **1. Why is this an important study?**

Informed consent is essential to the ethical conduct of research. Research shows that participants who better comprehend the studies in which they participate have better protocol adherence and less attrition. However, many clinical trial participants have misconceptions about the trials in which they are participating, including overestimation of benefits, underestimation of the unproven nature of the study intervention and failure to recognize the primary purpose of the trial. Moreover, as consent forms become longer and more complex, they become less comprehensible for patients. This is further exacerbated by the complexity of hematopoietic cell transplantation (HCT) clinical trials, where details about complex transplant treatments and complications have to be included.

#### **2. Aren't centers already improving consent forms for research?**

Recommendations have been made for improving consent forms for research, but research shows they are not widely adopted. The NCI, in cooperation with the Office of Human Research Protections and the US Food and Drug Administration, drafted recommendations for informed consent documents for cancer clinical trials in 1998 addressing consent form templates and simplified consent forms to make them easier to read. Research shows that 15 years after their publication, the guidelines are not universally followed. Consent forms continue to be lengthy, complex, and written at higher than recommended grade levels. Additionally, the recommendations from the NCI did not address readability and processability. In response, a novel, Easy to Read Informed Consent form was created by the BMT CTN. Both the NCI and BMT CTN consent form recommendations has been slowly adopted. This can be attributed to barriers at both the investigator level and the IRB. Part of this protocol will determine and document these barriers to implementation.

#### **3. Why does this need to be done in the BMT CTN?**

Use of the BMT CTN to do this study has several advantages. First, we can test the ETRIC form in a multi-center setting and confirm its generalizability. Second, and as noted above, at present BMT CTN consent forms are developed in an ETRIC format but



several barriers prevent their implementation at transplant center sites. The testing of the ETRIC form using the platform of the BMT CTN would make a better case for participating sites to use this consent form format. Furthermore, the clinical trials in the BMT CTN contain the complexity mentioned above for which the ETRIC template was specifically designed to ameliorate. Finally, the ETRIC format that we would like to test in this study has been specifically developed for BMT CTN clinical trials.

**4. Can patients enrolled in this study participate in other BMT CTN, cooperative, or institutional research studies?**

Yes. In fact, patients will at least need to undergo the consent process for either BMT CTN 1101, 1203, or 1301 to be eligible for this study. Of note, the BMT CTN 0901 was closed to accrual in April 2014. Participation in the parent trial is not necessary for participation in this study, so patients who partake in the consent process for the parent trial yet decline participation for those trials, should still participate in this study.

**5. What is the budget for the BMT CTN 1205?**

Site Start Up for Each Participating Transplant Center \$ 1,280

- Includes start-up labor and costs of various miscellaneous services to the extent consistent with NIH policies

Per Patient Reimbursement for Core and Affiliate Centers \$ 165

Reimbursement includes:

- Labor (Coordinator, Data Manager) at one data collection time point

*Fringe and TC Administrative Rate of 28% are included in the per patient reimbursement.*

**6. Do BMT CTN 1205 patients get accrual credit?**

Sites will get accrual credit for each patient enrolled on 1205, and if the patient also enrolls on the parent study (0901, 1101, 1203, or 1301) you will also get credit for that study as well.

**7. Why was the ETRIC form chosen?**

The ETRIC form was developed by an ad hoc BMT CTN task force that addressed the issue of consent form complexity for BMT CTN clinical trials. The task force consisted of members of the Data and Coordinating Center, Principal Investigators, health literacy experts from NMDP's Patient Services department and experts in bioethics. The



taskforce had several recommendations to improve the readability of BMT CTN consent forms that were summarized as the ETRIC format. The ETRIC form has a two-column format with specific attention towards enhancing readability and processability including layout, organization of content, typography and using plain language. Readability and processability impact comprehension and ability to locate information.

**8. What will be done to ensure that patients still understand the clinical trial to which they consent?**

For both the ETRIC and the standardized arm of the study, patients will be asked open-ended comprehension questions to ensure they understood their decision. This is a standard method recommended for complicated clinical trials.

**9. What if my patient is no longer eligible to participate in the parent study, but has already consented and enrolled onto BMT CTN 1205?**

The patient must still complete the 1205 study assessments if the patient was given the consent they were randomized to and the parent trial discussion occurred with the patient. The assessments must be completed within 7 business days of the parent trial consent discussion.

**10. What are the QuIC, DICCT, and STAI study assessments?**

QuIC measures actual and perceived understanding of cancer clinical trials pertaining to 13 domains needed for informed consent, while DICCT assesses patient understanding of 8 core elements of a study. A QuIC supplement will measure patient satisfaction with the consent process. These instruments measure patient comprehension as well as satisfaction with the consent process. The STAI instrument measures anxiety, but also distinguishes anxiety from depressive syndromes. All instruments that were chosen for this study have been validated in other research studies that have investigated novel methods of obtaining informed consent for participation in clinical trials in general.

**11. Why were BMT CTN 0901, 1101, 1203 and 1301 studies chosen as parent protocols?**

These BMT CTN multicenter clinical trials were selected based on their total accrual goal. These trials were also chosen to reflect common indications for HCT and the diversity and complexity of transplant technologies and supportive care treatments. Of note, the BMT CTN 0901 was closed to accrual in April 2014.



## **12. When will the ETRIC study assessments occur?**

Patients will receive assessments at a single time point – after the consent discussion for 1101, 1203, or 1301 study. Of note, the BMT CTN 0901 was closed to accrual in April 2014. These will include assessments for study endpoints (comprehension, anxiety, satisfaction, information location). These assessments will be conducted irrespective of whether the patient participates or declines participation in the parent studies.

Assessments are both self and study coordinator administered, and will take approximately 30 minutes to complete. The study assessments must be completed within 7 business days of the parent trial consent discussion.

## **13. What is the accrual goal?**

We will enroll 160 patients onto BMT CTN 1205.

## **14. What are the recruitment strategies?**

Core Clinical Centers and Affiliate Centers will participate. Transplant centers will follow their local institutional practices for recruiting patients on research studies, with attention paid to the seeking of a waiver to document informed consent. Patient information and educational materials explaining this study will be prepared by the NMDP Office of Patient Advocacy and made available to centers in paper form and on the Web.

The workflow and processes for discussing clinical trials with patients, presenting the consent forms and having the consent discussion varies considerably among transplant center sites. The Protocol Team will work with centers participating in the randomized study to ensure that the ETRIC study can be accommodated within their workflow and processes.

## **15. What are the proposed plans for data acquisition, transfer, management, and analysis?**

For the Randomization Study, all assessments will be administered using paper-based forms. Answers from these will be entered into AdvantageEDC. A web-based data entry platform will be used for all BMT CTN supplemental forms. Data are transmitted encrypted using secure socket layer (SSL) technology. SSL is the standard used by banks in their electronic transactions. This platform includes online missing forms reports as well as other reports as deemed useful by the transplant centers. Missing forms reports are updated daily. Queries will be developed to check for missing and inconsistent data. Queries will be distributed to the centers at least monthly. Analysis files will be prepared



prior to each Data and Safety Monitoring Board (DSMB) meeting. Most analyses will be conducted using SAS and following the statistical analysis plans outlined in each protocol.

**16. What is the monitoring and overall coordination of protocol management (e.g. Brief summary of plans to run the study-initiation, coordination, data collection, and monitoring?)**

A protocol coordinator is assigned to each BMT CTN protocol. The protocol coordinator is responsible for the daily operational needs of the study and of the participating transplant centers. The protocol coordinator oversees enrollment and data collection issues and is in regular communication with CRAs at participating transplant centers.

A form submission schedule is developed for each BMT CTN protocol and is included in these materials. This schedule details the dates of all expected visits and list of forms and/or samples required at each visit.

Initiation site visits will be conducted for all participating centers. These are held via conference call with all transplant center personnel involved with this protocol. Monitoring for this study will follow the mechanisms already established for the parent 0901, 1101, 1203, or 1301 studies, whichever trial the patient is being considered for. DCC staff, including at a minimum the protocol coordinator, will conduct periodic monitoring visits to the participating clinical centers and laboratories. The primary purpose of these visits is to conduct data audits. Other activities include those required to enhance data quality, ensure study integrity, satisfy regulatory requirements, and evaluate site performance. Site visits will occur at variable frequency throughout the course of the studies, depending primarily upon the stage of the study, site performance, and sponsoring agency requirements.

Given the minimal risks associated with the ETRIC study interventions and the subsequent short follow-up period, no additional monitoring will be conducted for the ETRIC study.

Reporting of serious adverse events will be consistent with BMT CTN procedures, as will patient death, though these are not expected due to the nature of the ETRIC trial.



**17. Why is a waiver of the requirement for the investigator to obtain a signed consent form to be sought for the intervention study?**

Given the number of consents and randomization conversations subjects will encounter, the randomized portion of this study will seek a waiver for the investigator to obtain a signed consent form. Verbal consent onto 1205 will still be documented by the site, placed in the patient's file, and reported in AdvantageEDC. Early conversations with site PIs raised this concern and the waiver of the requirement for the investigator to obtain a signed consent form was suggested as a possible remedy to reduce the number of consent patients must sign. This process will reduce the complexity at centers for enrolling patients on the ETRIC study.

Consent discussion for the ETRIC study will occur, but the patients will not be required to sign a consent form onto 1205. They will still need a signed consent onto the parent trial. Verbal consent onto 1205 will still be documented by the site, placed in the patient's file, and reported in AdvantageEDC. Patients will be provided with an information sheet. The information sheet and the consent discussion for the ETRIC study will meet all federal criteria for human subject protection. The 1205 study meets the criteria for waiver of the requirement for the investigator to obtain a signed consent form (CFR §46.117 (c) (1): An IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either: ... (2) That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.).

**18. If our IRB rejects our application for a waiver of the requirement to document consent, can the study proceed at our institution?**

Yes. First, one of the PIs on this study, Ryan Spelley, PhD, is a bioethicist and an IRB chair. He is available to consult with an IRB prior to and during the submission process. However, if an IRB is adamant that the waiver cannot be granted, a standard written consent may be used for the intervention study.

**19. Are there any specific study training plans necessary to accomplish the research goals (eg, workshops, study certification)?**

CRA's are certified for data submission by the DCC after participating in a training session conference call with the protocol coordinator.