BMT CTN 1501
NMDP IRB Template
Informed Consent to Participate in Research

Your Name: _____

Study Title: A Randomized, Phase II, Multicenter, Open Label Study Evaluating Sirolimus and Prednisone in Patients with Refined Minnesota Standard Risk, Ann Arbor 1/2 Confirmed Acute Graft-Versus-Host Disease

Protocol: BMT CTN 1501

Co-Investigator:

Co-Investigator:

Transplant Center Investigator: _____

Sponsor: The National Institutes of Health (NIH) gave financial support for this research study through the Blood and Marrow Transplant Clinical Trials Network (BMT CTN).

The word "you" throughout this form refers to you or your child.

1. Introduction

We invite you to join this clinical trial. A clinical trial is a research study. You're being asked to join because you have **acute graft-versus-host disease (GVHD)**. Acute GVHD is a possible side effect of **allogeneic transplant** and can be very serious and may cause death.

We're doing this study to evaluate 2 medicines for acute GVHD and see if they work the same or if one has fewer side effects.

The 2 medicines are:

- Prednisone
- Sirolimus

Prednisone is the standard treatment for GVHD. Sirolimus is a medicine that has also been used to treat GVHD.

We also want to know how the medicines affect your quality of life and if there are any differences between them. 'Quality of life' means how well you can do your normal everyday activities.

This study will take 3 years and include 150 people at ~20 sites. You will be in the study for **1 year.**

<u>You can't join this study if you're allergic to any of the study medicines or if you're pregnant, breastfeeding, or are likely to become pregnant during the study</u>.

These treatments will be tested in patients whose GVHD is likely to respond to treatment (standard risk GVHD). We will identify standard risk patients by their GVHD symptoms as well as blood tests.

This Consent Form will tell you about the purpose of the research, possible risks and benefits, other options available to you, and your rights as a participant in the study. Please take your time to make your decision.

Everyone who takes part in this research at [insert facility name] should know that:

- Being in any research study is voluntary.
- You may or may not benefit from being in the study. Knowledge we gain from this study may benefit others.

- If you join the study, you can quit the study at any time.
- If you decide to quit the study, it will not affect your care at [insert name of facility or institution].
- Please ask the study staff questions about anything that you do not understand, or if you would like to have more information.
- You can ask questions now or any time during the study.
- Please take the time you need to talk about the study with your doctor, study staff, and your family and friends. It's is your decision to be in the study. If you decide to join, please sign and date the end of this Consent Form.

You and your doctor will discuss other treatment choices if you don't want to participate in this study.

2. Background

The National Institutes of Health (NIH) through the Blood and Marrow Transplant Clinical Trials Network (BMT CTN), is providing staff support and money for this research study. The BMT CTN and the NIH will make decisions about how to manage the study.

For this study, we will evaluate 2 treatments for acute GVHD in people who have had an **allogeneic transplant (allo transplant)**. An allo transplant uses blood-making cells from a family member or an unrelated donor to remove and replace your abnormal blood cells.

Graft-Versus-Host-Disease (GVHD) is common side effect of allo transplant. It is a medical condition that can become very serious. GVHD happens because of differences between your cells (host) and the cells from your donor (graft), and the donor cells attack and damage your tissues.

Acute GVHD usually happens within 3 months after transplant. It might cause:

- Skin rashes
- Nausea (feeling sick to your stomach)
- Diarrhea
- Liver damage

Risk Groups

Patients with acute GVHD are usually put into 2 risk groups:

- High-risk
- Standard-risk

Your risk group is determined by your GVHD symptoms and a blood test.

This study focuses on patients with standard-risk acute GVHD.

Treatments for acute GVHD

Steroids like prednisone are the current standard treatment for acute GVHD, but there are shortcomings to this treatment including side effects.

Another possible treatment is a medicine called sirolimus. Other studies suggest that sirolimus may treat acute GVHD.

3. Study Purpose

We're doing this study to evaluate 2 medicines (prednisone and sirolimus) and see if they work the same to treat acute GVHD. This study may help doctors know which medicines work best to treat acute GVHD.

4. Right to Ask Questions and/or Withdraw

You have the right to ask questions about the study at any time. If you have questions about your rights as a participant or you want to leave the study, please contact:

[Insert contact info]

Being in this study is voluntary. You can choose to not be in this study, or leave this study at any time.

If you choose not to take part or to leave this study, it will not affect your regular medical care in any way.

If you decide to leave this study after taking the study treatment, or are asked to leave by your doctor for medical reasons, you will be asked to come back to the doctor's office for tests for your safety. Even if you withdraw from the study, the information collected from your participation will be included in the study evaluation, unless you specifically ask that it not be included.

Your study doctor and study staff will be available to answer any questions that you may have about taking part or leaving this study.

5. Study Treatments and Tests

We'll check your health before and during your treatment, and for 1 year after.

Before You Start Your Treatment

You will need to have several check-ups and tests to see if you can be in the study. These check-ups and tests are part of your regular care for acute GVHD. They would be done even if you decide not to join this study. The tests include:

- Medical history
- Physical exam, height, weight and temperature
- Complete GVHD assessment
- Blood tests including cell counts, cholesterol, liver and kidney function, and levels of GVHD medications in your blood (if it applies to you)
- Pregnancy test as per institutional practice (if you're female)

There will be some extra tests if you join the study.

- Myopathy (muscle weakness) test including hip and quadriceps strength test, and 2 minute walk test
- Quality of life questions - the quality of life questions will take about 30 minutes to complete. The questions will ask about:
  - How you feel
  - What symptoms you might have and how they affect you
  - How well can you do regular daily activities
- An extra blood sample (1 teaspoon) to find out if your GVHD is high risk or standard risk.
- In addition, if you consent to optional blood samples for future research, we will take 8 teaspoons (40 milliliters) of blood. (See section 18: Blood Samples for Future Research).

Randomizing You to Prednisone or Sirolimus:

We'll use a computer program to assign you to get prednisone or sirolimus. The computer program assigns you by chance, like flipping a coin or drawing a name out of a hat. Neither you nor your doctor or study investigator will have any control over which treatment group you will be assigned. You'll have an equal chance of being assigned to get either medicine.

During Your Treatment

Sirolimus:

If you're randomized to sirolimus, here's how it will work:

- You'll take it by mouth in pill form or solution.
- We'll check the level of sirolimus in your blood after the first 24 hours. Based on your level, we may give you a higher dose or continue giving you the same dose.
- You'll take it every day until day 56.
- We'll check the level of sirolimus in your blood 2 times a week.
- Once your sirolimus level is right, your doctor will let you know how often you should have your levels checked.
- If your acute GVHD gets better, we'll lower your dose of sirolimus.

Prednisone or Equivalent:

If you're randomized to prednisone, here's how it will work:

- You'll take tablets or a solution by mouth, or through your central line or IV.
- You'll take prednisone until about day 56 (the exact time depends on how long it takes to taper off safely)
- If your acute GVHD gets better, we'll lower your dose of prednisone.

Your doctor may change your treatment if the blood test results indicate that your GVHD is high risk. Your doctor may continue your treatment or change your treatment if your blood test results were not available.

Clinic Visits:

Depending on how well you respond to your medicine, you'll visit the clinic at least once a week through day 56. Then, you'll visit the clinic at day 90, 6 months, and 1 year. Your doctor may want to see you more often. (Table 1)

Study Tests

Table 1: Schedule for Study Tests

		After Starting Treatment (Prednisone or Sirolimus)					
Test	**First 24 hours**	**2 times a week**	**1 time a week until Day 56**	**Day 56**	**Day 90**	**6 months**	**1 year**
Medical history, physical exam, and weight			✓		✓	✓	✓
Complete GVHD assessment			✓		✓	✓	✓
Sirolimus only: Blood tests to check sirolimus level	✓	✓	✓		✓	✓	✓
Quality of Life Questions				✓		✓	✓

- Routine blood tests for your standard care will happen at your regular check ups
- Optional blood samples for future research on days 7, 28, and 56 after you start the study. (See section 18: Blood Samples for Future Research for more information.)
- Data regarding your clinical situation, including follow-up after 1 year, may be obtained by the BMT CTN from the CIBMTR, which captures information on all US transplants.

6. Risks and Discomforts

All treatments and medicines can have side effects. This includes the standard therapy for GVHD (prednisone) and the other medicine being tested in this study (sirolimus). Your doctor will watch you carefully and will change your treatment if side effects develop.

See Table 1: Risks and Side Effects to learn more about the risk levels of the study medicines.

Table 1: Risks and Side Effects

Likely	What it means: This type of side effect is expected to occur in more than 20% of patients. This means that 21 or more patients out of 100 might get this side effect.
Less Likely	What it means: This type of side effect is expected to occur in 20% of patients or fewer. This means that 20 patients or fewer out of 100 might get this side effect.
Rare, but Serious	What it means: This type of side effect does not occur very often – in fewer than 2% of patients – but is serious when it occurs. This means that 1 or 2 patients (or fewer) out of 100 might get this side effect.

Sirolimus

Likely (May happen in more than 20% of patients)	**Less Likely** (May happen in less than 20% of patients)	**Rare, but Serious** (May happen in less than 2% of patients)
▪ High blood pressure ▪ Nausea (feeling sick to your stomach) ▪ Diarrhea and/or constipation ▪ Infection ▪ Fever ▪ Liver or kidney problems ▪ Joint pain ▪ Weight gain ▪ High cholesterol ▪ Acne	▪ Chest pain ▪ Insomnia (unable to sleep) ▪ Upset stomach or vomiting ▪ Shortness of breath ▪ Low blood counts ▪ Skin rashes or hives ▪ Slow wound healing	▪ Low blood pressure ▪ Lung problems, including asthma ▪ Loss of appetite ▪ Serious infections ▪ Blood clots ▪ Skin problems ▪ Kidney failure ▪ Secondary cancers ▪ Bone degeneration (necrosis) ▪ Muscle pain

Prednisone (Steroid, medicine to control inflammation)

Likely (May happen in more than 20% of patients)	**Less Likely** (May happen in less than 20% of patients)	**Rare, but Serious** (May happen in less than 2% of patients)
▪ Water retention and bloating (storing extra water in your body) ▪ Overeating ▪ Weight gain ▪ Enlarged heart ▪ Decreased bone density (bone thinning) ▪ Thin fragile skin ▪ Broken blood vessels in the skin, especially face ▪ Diabetes (high blood sugar) ▪ Infection ▪ Slowed growth in children ▪ Temporary mood swings or emotional changes ▪ Insomnia (trouble falling or staying asleep)	▪ Stomach ulcers ▪ Stomach swelling or pain ▪ High blood pressure ▪ Cataracts ▪ Headaches ▪ Tissue swelling ▪ Swollen face ▪ Slow wound healing ▪ Muscle loss	▪ Problems with the liver, pancreas or adrenal glands ▪ Personality changes ▪ Bleeding in the stomach and intestines ▪ Increased pressure within the eye ▪ Disturbance of bone calcium (might lead to possible broken bones or permanent bone damage) ▪ Bone death (aseptic necrosis) ▪ Torn tendons

It's is very important that you <u>do not</u> eat grapefruit or drink grapefruit juice. Grapefruit has an ingredient called bergamottin, which can affect some of the treatment drugs used in this study. Common soft drinks that have bergamottin are *Fresca*, *Squirt*, and *Sunny Delight*.

Other risks and side effects include:

a) <u>Infections</u>

- Because acute GVHD is caused by an immune attack on your body from the donor cells, all treatments for GVHD include drugs to suppress (control) the immune system. There is a higher risk of infection in patients with acute GVHD and in people who take prednisone or sirolimus.
- We'll give you standard medicines to prevent infection. You'll be watched carefully for any infections while you're being treated for acute GVHD. Tell your

doctors right away if you get a fever, chills, cough or any other symptoms that might be a sign of an infection.

b) Risks of Blood Draws

- There are no major risks associated with drawing blood. Having your blood drawn can be uncomfortable and can sometimes cause a bruise. In rare cases, a blood draw can cause fainting. Only trained people will draw your blood.

c) Reproductive Risks

- The medicines used in this study, including sirolimus, may cause injury or birth defects if you take them during pregnancy. Because of this, it's important that you're not pregnant or breast-feeding, and don't become pregnant while in this study.

- If you're a woman and pregnancy is possible, you'll need to take a pregnancy test before you start the study.

- If you are sexually active, you'll need to use effective birth control. Talk with your doctor about ways to prevent pregnancy.

d) Unforeseen Risks

- New risks might appear at any time during the study that are different from the risks listed in this Consent Form. We will promptly tell you of any new information that may affect your decision to participate.

e) Other Treatments or Medications

- Some medicines react with each other. It's important that you tell the study doctor or staff about any other drugs, treatments, or medicines you're taking. This includes non-prescription medications, vitamins and herbal treatments.

- It's also important that you tell the study staff about any changes to these medicines during your participation in the study.

7. Other Treatments

Other treatments that are currently available and may be used to treat GVHD include:

- Corticosteroids (prednisone) or sirolimus may be given even if you are not on this trial.

- Participation in another clinical trial (if available, check with your doctor)

Every treatment option has benefits and risks. Your study doctor will discuss the options with you.

If you decide not to participate in this study, your medical care will not be affected in any way.

8. Possible Benefits

Taking part in this study may or may not make your health better. Information from this study may help doctors learn more about possible therapies for the treatment of GVHD. This information could help future transplant patients.

9. New Information Available During the Study

During this research study, new information about the study medicines or the risks and benefits of the study may become known to the study doctors. If this happens, they'll tell you about the new information. The new information may mean that you can no longer participate in the study, or that you may not want to continue in the study.

If this happens, the study doctor will stop your participation in the study and you will be offered all available care to meet your needs and medical condition.

10. Privacy, Confidentiality and Use of 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.

If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. Your study number is not related to your name, social security number or medical record number at [insert facility name].

Information about your transplant from your original medical records may be seen or sent to national and international transplant registries, including:

- The Center for International Blood and Marrow Transplant Research (CIBMTR)

- The National Marrow Donor Program (NMDP)
- The Food and Drug Administration (FDA)
- The National Institutes of Health (NIH), which include the National Heart, Lung, and Blood Institute (NHLBI) and the National Cancer Institute (NCI)
- Data and Coordinating Center of the Blood and Marrow Transplant Clinical Trials Network (BMT CTN)
- Other authorized study organizations

We'll not identify you by name in any publications or reports that come from these organizations or groups.

Information gained from research on your blood may be used to develop diagnostic procedures or new treatments for GVHD in the future. It's also possible that researchers or companies could make a profit (money) from the biomarker or extra blood samples.

Health Insurance Portability and Accountability Act 1 (HIPAA[1]) Authorization to use and disclose individual health information for research purposes

A. Purpose

As a research participant, I authorize the Principal Investigators and the researcher's staff to use and disclose my individual health information for the purpose of conducting the research study for a minimum of seven years after final reporting or publication of the final results of the study:

B. Individual Health Information to be Used or Disclosed

My individual health information that may be used or disclosed to do this research includes:

- Demographic information (for example: date of birth, sex, weight).
- Medical history (for example: diagnosis, complications with prior treatment).
- Findings from physical exams.
- Laboratory test results obtained at the time of work up and after treatment (for example: blood tests, biopsy results).

[1] HIPAA is the Health Insurance Portability and Accountability Act of 1996, a federal law related to privacy of health information

C. Parties Who May Disclose My Individual Health Information

The researcher and the researcher's staff may collect my individual health information from:

(List hospitals, clinics or providers from which health care information can be requested).

D. Parties Who May Receive or Use My Individual Health Information

The individual health information disclosed by parties listed in item c and information disclosed by me during the course of the research may be received and used by the following parties:

- Principal Investigator and the researcher's staff

  XXX

- Study Sponsors

  National Heart, Lung, and Blood Institute (NHLBI) and the National Cancer Institute (NCI), both of the National Institutes of Health (NIH); Blood and Marrow Transplant Clinical Trials Network (BMT CTN)

- BMT CTN 1501 Co-Principal Investigators

  Dr. Joseph Pidala, Dr. Margaret MacMillan and Dr. Mehdi Hamadani

- Biomarker Laboratory of the Icahn School of Medicine at Mount Sinai (for blood test to determine GVHD Risk)

  Dr. James Ferrara, Dr. John Levine and their laboratory staff

- U.S. government agencies that are responsible for overseeing research such as the Food and Drug Administration (FDA) and the Office of Human Research Protections (OHRP)

- U.S. government agencies that are responsible for overseeing public health concerns such as the Centers for Disease Control (CDC) and federal, state and local health departments.

E. Right to Refuse to Sign this Authorization

I do not have to sign this authorization. If I decide not to sign the authorization, I will not be allowed to participate in this study or receive any treatment related to research that is provided through the study.

My decision not to sign this authorization will not affect any other treatment, payment, or enrollment in health plans or eligibility for benefits.

F. Right to Revoke

I can change my mind and withdraw this authorization at any time by sending a written notice to the Principal Investigator to inform the researcher of my decision.

If I withdraw this authorization, the researcher may only use and disclose the protected health information already collected for this research study. No further health information about me will be collected by or disclosed to the researcher for this study.

G. Potential for Re-disclosure

My individual health information disclosed under this authorization may be subject to re-disclosure outside the research study and no longer protected.

Examples include potential disclosures for law enforcement purposes, mandated reporting of abuse or neglect, judicial proceedings, health oversight activities and public health measures.

H. This authorization does not have an expiration date.

11. Ending Your Participation

The study doctor or the study sponsor may stop the study at any time. We may ask you to leave the study if you don't follow directions or if you suffer from side-effects of the treatment. If you are asked to leave the study, the reasons will be discussed with you.

Possible reasons to end your participation in this study include:

- You don't meet the study requirements.
- You need a medical treatment not allowed in this study.
- The study doctor decides that it would be harmful to you to stay in the study.
- You are having serious side-effects.

- You become pregnant.
- You cannot keep appointments or take study drugs as directed.
- The study is stopped for any reason.

12. Physical Injury as a Result of Participation

It's important that you tell your study doctor or study staff if you feel that you've been hurt or injured because of taking part in this study.

You'll get medical treatment if you're injured as a result of taking part in this study. You and/or your health plan will be charged for this treatment. This study will not pay for medical treatment.

In case of injury resulting from this study, you don't lose any of your legal rights to seek payment by signing this form.

13. Compensation or Payment

You won't be paid for your participation in this study, or receive compensation or reimbursement for any extra expenses (travel, meals, etc.) from your participation on this trial.

14. Costs & Reimbursements

Most of the visits for this research study are standard medical care for patients with GVHD and will be billed to your insurance company. You and/or your health insurance company will need to pay for some or all of the costs of standard medical treatment in this study.

15. Ethical Review

The ethical aspects of this research study have been reviewed and approved by [name of IRB].

16. For More Information

If you need any information about this study, or if you have any problems while you are participating in this study you can contact the study doctor or his/her staff. They may be contacted at the telephone numbers listed here:

[Insert name and contact details]

A description of this clinical trial will also 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.

17. Independent Contact

If you wish to speak to someone not directly involved in the study, or if you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

[Insert appropriate contact details]

18. Blood Samples for Future Research (Optional)

Please note: This section of the Consent Form is about an additional study that will be done with people who are taking part in the main study. You may take part in this additional study if you want to. You can still be a part of the main study even if you say 'no' to this additional study.

Your blood has a material known as DNA. This is a molecule that holds a person's genetic information.

We ask for your permission to collect and store extra blood. These samples will be used for future research.

DNA from your stored blood and your health information might be used in genome-wide association (GWA) studies for a future project done or supported by the National Institutes of Health (NIH).

GWA studies are a way for scientists to identify genes involved in human disease. This method searches the genome for small genetic changes that are more common in people with a particular disease than in people without the disease. Each study can look at hundreds of thousands of genetic changes at the same time. Researchers use data from this type of study to find genes that may add to a person's risk of developing a certain disease.

If your coded genetic and clinical information is used in such a study, the researcher is required to add the DNA test results and non-identifying information into a public research database. This public database is called the NIH Genotype and Phenotype Database and it is managed by the National Center for Biotechnology Information (NCBI). The NCBI will never have any information that would identify you, or link you to your information or research samples.

A new federal law (2009), called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and employers of 15 or more persons to discriminate against you based on your genetic information. Health insurance companies and group health plans may not request your genetic information that we get from this research. This means that they must not use your genetic information when making decisions regarding insurability. Be aware that this new federal law will not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

If you agree to provide blood samples, here's what will happen:

- We will collect extra blood samples at the same time you have routine blood tests done on 4 study visits; before you start treatment (baseline), and on days 7, 28 and day 56 after you start your treatment.
- The amount of blood collected from you is small – about 6-8 teaspoons (30-40 milliliters) each time. Patients with weight < 13 kg will have ≤ 3 mL/kg collected at each individual time point
- Your blood will be collected confidentially and your name will not be on the containers.
- These samples may be stored indefinitely for future research.
- The blood samples will be sent to the BMT CTN Repository for processing and storage. A repository is a place that protects, stores and sends out samples for approved research studies. All research samples will be given a bar code that cannot be linked to you by future researchers testing your samples. A link to this code does exist. The link is stored at the Data and Coordinating Center for the Blood and Marrow Transplant Clinical Trials Network (BMT CTN DCC). The staff at the Repository where your sample is being stored does not have a link to this code. Your research samples will continue to be stored at the BMT CTN Repository until they are used up for approved research.

Withdrawal

If you agree to allow your blood to be used for research, you can change your mind at any time. If you change your mind, please contact [the Principal Investigator at your transplant center] in writing to state that you are withdrawing permission for your blood to be used for research. His/her mailing address is on the first page of this Consent Form. Any unused samples will be destroyed if you withdraw your permission. If you choose not to participate in this additional research there will be no change in your care.

Benefits

You will not benefit directly from providing blood samples for this study.

Risks

There are no major risks with blood draws. Having your blood drawn can be uncomfortable and can sometimes cause a bruise. In rare cases, it can cause fainting. Only trained people will draw your blood.

Confidentiality and Your Medical Information

The results of GVHD research done with your blood will not be part of your medical record and will not be shared with you.

If you agree to allow your blood samples to be used for research, they will be collected confidentially and your name will not be on the tubes. Only the study doctors or staff working with them will study the results from your blood samples.

Information gained from research on your blood may be used to develop diagnostic procedures or new treatments for GVHD in the future. It's also possible that research companies could make a profit (money) from the extra blood and/or DNA samples.

Making Your Choice

Please read each sentence below and think about your choice. After reading each sentence, make your selection by checking one of the boxes. If you have any questions, please talk to your doctor or nurse, or call our research review board at [IRB's phone number].

No matter what you decide to do, it will not affect your care.

Statement of Consent for Blood Samples for Future Research (Optional)

The purpose of storing blood samples, the procedures involved, and the risks and benefits have been explained to me. I have asked all the questions I have at this time and I have been told whom to contact if I have more questions. I have been told that I will be given a signed copy of this consent form to keep. I understand that I do not have to allow the use of my blood and for research. If I decide to not let you store research samples now or in the future, it will not affect my medical care in any way.

I voluntarily agree that blood samples may be collected and that my blood and related information can be stored indefinitely by the BMT CTN Repository for research to learn about, prevent, or treat GVHD, cancer, or other health problems. I also understand that my blood samples and health information may or may not be used in genome-wide association studies.

❑ I agree to allow my blood to be used for future research.

❑ I do not agree to allow my blood to be used for future research.

Participant Signature (if 18 years or older)	Date
Parent/Legal Guardian Signature (if participant is <18 years old)	Date

TITLE: BMT CTN 1501: A Randomized, Phase II, Multicenter, Open Label Study Evaluating Sirolimus and Prednisone in Patients with Refined Minnesota Standard Risk, Ann Arbor 1/2 Confirmed Acute Graft-Versus-Host Disease

PRINCIPAL INVESTIGATOR (S)

Name: Phone:

Address: Fax:

Email:

- I have read and understood this Consent Form. The nature and purpose of the research study has been explained to me.
- I have had the chance to ask questions, and understand the answers I have been given. I understand that I may ask questions at any time during the study.
- I freely agree to be a participant in the study.
- I understand that I may not directly benefit from taking part in the study.
- I understand that, while information gained during the study may be published, I will not be identified and my personal results will stay confidential.
- I have had the chance to discuss my participation in this research study with a family member or friend.
- I understand that I can leave this study at any time, and doing so will not affect my current care or prevent me from receiving future treatment.
- I understand that I will be given a copy of this signed consent form.

_____
Printed Participant Name

_____ _____
Participant Signature (if 18 years or older) Date

_____
Printed Parent/Legal Guardian Name

_____ _____
Parent/Legal Guardian Signature Date
(if participant is <18 years old)

I certify that I have provided a verbal explanation of the details of the research study, including the procedures and risks. I believe the participant has understood the information provided.

_____
Printed Counseling Physician Name

_____ _____
Counseling Physician Signature Date

BMT CTN 1501
NMDP IRB Template
Assent to Participate in Research
(12 to 17 years of age)

Study Title: A Randomized, Phase II, Multicenter, Open Label Study Evaluating Sirolimus and Prednisone in Patients with Refined Minnesota Standard Risk, Ann Arbor 1/2 Confirmed Acute Graft-Versus-Host Disease

Protocol: BMT CTN 1501

A. Why am I here?

We're inviting you to join our study because you have acute graft-versus-host disease (also called GVHD).

Acute GVHD happens when donor cells from the transplant attack parts of the body like your skin, stomach, or liver. Both children and adults can get GVHD. It can be a very serious problem for some people.

B. Why are you doing this study?

We want to look at 2 ways to treat acute GVHD. This will help us learn whether they work the same or if one works better.

C. What will happen to me?

If you decide to be in the study, we'll ask you to:

- Let us read your medical history records.
- Have check-ups with the study doctors.
- Give some blood at the start of study, then 1 to 2 times a week for up to 8 weeks.

- Do tests to see how strong you are.

- Not eat grapefruit or drink grapefruit juice. This includes no Fresca, Squirt or Sunny Delight which contain grapefruit juice.

We'll ask you how you're feeling. We'll also ask you how well you're able to do the things you normally do during the day.

There are 2 medicines in this study. You'll get 1 of them. It will be a pill or a liquid (like water). The medicines are called:

- **Prednisone or similar** – this might be given by mouth as a pill or liquid (like water), or through your central line or IV.

- **Sirolimus** – this might be given by mouth as a pill or liquid (like water)

A computer will decide which medicine you'll get.

After you start taking your medicine, we'll watch you carefully for a fever, signs of infection, or other problems.

D. Will it hurt?

If your medicine is a liquid (like water), you might get it through your central line. If you don't have a central line, we might give it to you with a needle. This might feel like a pinch. It will hurt for a few seconds and the place where the needle went in might be a little red and sore. You might get a little bruise but it goes away in a few days.

We'll take your blood from your central line. If you don't have a central line, we'll take your blood with a needle. You may feel a pinch, and the place where the needle went might be red and sore. You might get a little bruise but it goes away in a few days.

If you get prednisone, you may feel puffy from water retention, have mood changes, or other problems.

If you get sirolimus, you may feel sick to your stomach, have achy joints (like your knees and elbows), or other problems.

Your doctors will watch you closely for these problems. They can give you medicines to help you feel better.

E. Will the study help me?

We don't know if the study will help you or not. Your GVHD may stay the same, it may get better, or it may get worse.

F. What if I have questions?

You can ask your doctor and nurses questions at any time. If you forget to ask a question and think of it later, you can call your doctor at [insert office number]. You can also ask your question the next time you see your doctor.

You can call the study office at [insert office number].

G. Do I have to be in this study?

You don't have to be in this study. Tell your doctor and your parent or guardian if you don't want to be in the study. Your doctor won't be angry with you if you don't want to join.

You can say yes now and change your mind later.

You'll still need treatment for your GVHD if you don't join this study.

Please talk to your parents or guardians before you decide if you want to be in this study. We'll also ask your parents to give their permission for you to join this study.

Use of Blood Samples for Future Research

Your blood contains DNA. DNA holds your genetic information. We may want to study your blood and DNA for future studies on GVHD.

If you and your parents or guardians say it's okay, we'll collect a little more blood from you (no more than 6 teaspoons) to save for future GVHD studies.

This is an extra study. You can join the main study to treat GVHD and say no to this extra study. Your doctor won't be angry with you if you don't want to join**.**

Check one of the boxes below to let us know if you want to join the extra study and have your blood saved for future research or not:

❒ Yes, you may use my blood samples for future research.

❒ No, you may not use my blood samples for future research.

Writing your name on this page means that you agree to be in the study, and know what will happen to you. If you decide to quit the study, all you have to do is tell the person in charge.

You and your parent or guardian will get a copy of this form after you sign it.

_____ _____

Signature of Participant Date

_____

Printed Name of Participant

_____ _____

Signature of Researcher Date

_____

Printed Name of Researcher

BMT CTN 1501
NMDP IRB Template
Assent to Participate in Research
(7 to 11 years of age)

Study Title: A Randomized, Phase II, Multicenter, Open Label Study Evaluating Sirolimus and Prednisone in Patients with Refined Minnesota Standard Risk, Ann Arbor 1/2 Confirmed Acute Graft-Versus-Host Disease

Protocol: BMT CTN 1501

H. Why am I here?

We'd like you to join our study because you're not feeling well from the transplant and this study might help you feel better.

You're sick because you have something called acute graft-versus-host disease (also called GVHD).This happens when the donor cells from the transplant attack parts of your body like your skin, stomach, or liver.

I. Why are you doing this study?

We want to help kids who have GVHD, like you, feel better. We'll look at 2 ways to treat GVHD. This will help us learn if they work the same or if one works better.

J. What will happen to me?

We'll ask you to do a few things if you join the study. They are:

- Let us read about your past health.
- Have check-ups with doctors.
- Take some of your blood at the start of study. Then, 1 to 2 times a week for up to 8 weeks.

- Do tests to see how strong you are.

We'll ask you how you're feeling. We'll also ask you how well you're able to do the things you normally do during the day.

There are 2 medicines in this study. You'll get 1 of them. It will be a pill or a liquid (like water). The medicines are called:

- **Prednisone or similar** – this might be given by mouth as a pill or liquid (like water), or through your central line or IV.

- **Sirolimus** – this might be given by mouth as a pill or liquid (like water)

A computer will decide which medicine you'll get.

After you start taking your medicine, your doctor will see if you have a fever or infection (sick bug) during your check-ups.

K. Will it hurt?

If your medicine is a liquid (like water), you might get it through your central line. If you don't have a central line, we might give it to you with a needle. This might feel like a pinch. It will hurt for a few seconds and the place where the needle went in might be a little red and sore. You might get a little bruise but it goes away in a few days.

We'll take your blood from your central line. If you don't have a central line, we'll take your blood with a needle. You may feel a pinch, and the place where the needle went might be red and sore. You might get a little bruise but it goes away in a few days.

L. Will the study help me?

We don't know if the study will help you or not. The GVHD may stay the same, it may get better, or it may get worse.

M. What if I have questions?

Your doctors and nurses will answer your questions. It's important that you get all of your questions answered.

If you forget to ask a question but think of it later, you can call your doctor at [insert office number]. You can also ask your question the next time you see your doctor.

You can call the study office at [insert office number].

Be sure to get all of your questions answered.

N. Do I have to join this study?

You don't have to join this study. Tell your doctor and your parents or guardians if you don't want to be in the study. Your doctor won't be angry with you.

It's okay if you say yes now, and change your mind and say no later.

You'll still need treatment for GVHD if you don't join this study.

Talk to your parents or guardians before you decide if you want to join this study. We'll also ask your parents if it's okay for you to join.

Use of Blood Samples for Future Studies

We may want to study your blood and DNA for future studies on GVHD. Your blood contains DNA. DNA holds the 'blueprint' for how to make you.

If you and your parents or guardians say it's okay, we'll collect a little more blood from you to save for future GVHD studies. We'll take about 6 teaspoons.

This is an extra study. <u>You can join the main study to treat GVHD and say no to this extra study.</u> Your doctor won't be angry with you if you don't want to join the extra study**.**

Check one of the boxes below to let us know if you want to join the extra study and have your blood saved for future studies:

❒ Yes, you may use my blood samples for future studies.

❒ No, you may <u>not</u> use my blood samples for future studies.

Writing your name on this page means that you agree to be in the study. If you decide to quit the study, all you have to do is tell the person in charge.

You and your parent or guardian will get a copy of this form after you sign it.

_____ _____
Signature of Participant Date

_____
Printed Name of Participant

_____ _____
Signature of Researcher Date

_____
Printed Name of Researcher