Informed Consent to Participate in Research v3.0

BMT CTN 1705

A Randomized, Double-Blind, Placebo-Controlled Multicenter Phase III Trial of Alpha 1 – Antitrypsin (AAT) Combined with Corticosteroids vs. Corticosteroids Alone for the Treatment of High Risk Acute Graft-versus-Host Disease (GVHD) Following Allogeneic Hematopoietic Stem Cell Transplant

Your Name: _____

Principal Investigator: *Insert local PI information*

Sponsor: This study is sponsored by CSL Behring and the National Institutes of Health, through the Blood and Marrow Transplant Clinical Trials Network

The ethics of this study have been reviewed and approved by the National Marrow Donor Program Institutional Review Board (NMDP IRB).

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

Your study doctor or nurse will review this **Consent Form** with you, including:

- ✓ The purpose of the research
- ✓ Possible risks and benefits
- ✓ Other options available to you
- ✓ Your rights if you join the study

1. Study Overview

We invite you to join this clinical trial, also known as 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. GVHD happens because of differences between the donated cells (graft) and your body's cells (host). Your new cells from your donor might see your body's cells as different and attack them. Corticosteroids are medicines that are usually taken to treat GVHD. Alpha 1 – Antitrypsin (AAT) is a newer medicine that is being tested to see if it can also be helpful for treating GVHD.

We're doing this study to compare two treatments for acute GVHD to see which one works better. The two treatments are:

- Corticosteroids & AAT
- Corticosteroids & placebo (a substance with no medicine in it that looks like the AAT medicine)

We also want to study how the treatments affect your quality of life. Quality of life means how well you can do your normal everyday activities.

This study will take about 58 months to complete and will include 136 people.

If you join, you'll:

- Be in the study for up to 1 year
- Get medicines including corticosteroids, along with the study drug or with a placebo. You'll be randomly assigned to an option.
- Be asked to complete 3 surveys about your quality of life
- Be asked to provide blood samples

Some possible risks and benefits of joining the study include:

Possible Risks: You have side effects from the study drug, or your acute GVHD does not get better

Possible Benefits: Your acute GVHD may get better

If you do **not** join the study, you have other treatment options, such as:

- Corticosteroids (for example, prednisone or methylprednisolone) may be given even if you are not on this trial.
- Participation in another clinical trial. Ask your doctor if this may be an option for you.

Key points:

- Being in any research study is your choice.
- You may or may not benefit from being in the study. Knowledge gained from this study may help others.
- If you join the study, you can quit at any time. If you decide not to join or to quit the study, it will not affect your care at [name of facility or institution].
- Ask the study staff questions about anything you do not understand, or if you would like more information. You can ask questions now or any time.
- Take time to talk about the study with your doctor, study staff, and your family and friends. It is **your** choice to be in the study. If you decide to join, please sign the end of this Consent Form. You'll get a copy to keep. No one can force you to join this study.

2. Study Purpose

We're doing this study to see if a drug called Alpha 1-Antitrypsin (AAT), along with corticosteroids, helps treat the effects of Graft-Versus-Host-Disease (GVHD).

Right now, doctors and researchers don't know the best treatment for GVHD. Acute GVHD is usually treated using high-dose corticosteroids, but these don't always work well. The study drug, AAT, is a natural protein in your body that may be able to protect your body from attacks by the donated cells and may be able to treat GVHD better than steroids alone. This study will compare patients who receive AAT & corticosteroids and patients who receive placebo & corticosteroids.

AAT has been approved by the U.S. Food and Drug Administration (FDA) for the treatment of patients with AAT deficiency and evidence of emphysema, with a recommended dose of 60 mg per kg of body weight. The known side effects/risks are listed in the table in Section 4 below. AAT has NOT been approved by the FDA for the treatment of acute GVHD. This research study is registered with the FDA, and they will monitor it.

3. Study Treatment and Tests

Before Your Treatment

You'll need to have several tests to see if you can be in the study. These tests are part of your regular care. They would be done even if you decide not to join this study. The tests include:

- Physical exam (including height and weight)
- GVHD assessment
- Blood tests including blood cell counts and liver function
- A pregnancy test (if you're female and can get pregnant)

During the Study

If you join the study, here's what will happen:

- Randomization

  You'll be randomly assigned to a study group. We'll use a computer to put you into study group A (study drug) or group B (placebo) by chance (randomized). You have an equal chance of getting the study drug or placebo. It's just like flipping a coin. Both study groups will also get a corticosteroid (prednisone or methylprednisolone). Corticosteroids are standard treatment for high-risk acute GVHD. If you're randomized to the placebo group, you'll still get the standard treatment (corticosteroids).

  You or your doctor will not choose your group. Once you're assigned a group, you or your doctor can not change your group. Neither you nor your doctor will know which group you are in.

- Randomized Therapy

  You will be given either AAT or placebo, depending on which group you're randomly assigned to. It will take about 30 minutes for you to receive the total dose of study drug on each treatment day. You will then be given corticosteroids (prednisone or methylprednisolone) to help with your GVHD symptoms

  a. AAT Group

     If you're randomized to the AAT group, we'll give you AAT through your central line or intravenously (IV). An IV is a thin tube or needle placed in a vein in your

arm. You'll get the study drug according to the schedule in Table 1 below unless your doctor or you want to stop it early.

b. Placebo Group: Substance that looks like AAT but has no medicine in it

If you're assigned to the placebo group, we'll give you the placebo through your central line or an IV. You'll get the placebo according to the schedule in Table 1. The placebo will look exactly like AAT but will have no medicine in it.

c. Both study groups

You'll take the corticosteroid orally (as a pill by mouth) or through your central line or intravenously (IV).

The schedule for treatment is in Table 1. You will be scheduled to receive 8 doses through Day 28. If, after you've received 8 doses (around Day 28), your doctor feels you are responding to treatment, you may be eligible to continue to receive 4 more doses of AAT or placebo through Day 56.

If you are not getting better with steroids and AAT/placebo you may have developed steroid-refractory GVHD. Your physician may recommend ruxolitinib, an FDA approved drug for steroid refractory GVHD while staying on study drug. Your physician may recommend using a different drug or stopping study drug.

Table 1. Treatment plan

Study Treatment	Treatment Days	Treatment Dose
AAT or placebo	0, 4, 8, 12, 16, 20, 24, 28	120mg/kg each treatment day
AAT or placebo (responding patients at Day 28 only)	35, 42, 49, and 56	120mg/kg each treatment day
Corticosteroid (prednisone or methylprednisolone)	1-56	2.0 mg/kg per day, with periodic decreases

Table 2. Timeline of Study Tests

	Days													
	Before you are on the study	**After you are on the study but before you start study drug[1]**	**Start of study drug**	**7**	**14**	**21**	**28**	**35**	**42**	**49**	**56**	**86**	**180**	**End Of Therapy (+ 30 days after last dose)**	**365**
Health history and physical exam	X														
Informed consent	X														
Performance score to see how well you can care for yourself	X						X				X	X	X		X
Pregnancy test (if applicable)	X						X				X				
Acute GVHD assessment	X			X	X	X	X	X	X	X	X	X	X		X
Blood tests to look at cell counts and liver function	X			X	X	X	X	X	X	X	X	X	X		X
Blood tests to look at the amount of other GVHD prevention drugs in your blood		X		X	X	X	X	X	X	X	X	X	X	X	X
Weight	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Chronic GVHD evaluation							X				X	X	X		X
Quality of life surveys		X					X				X		X		

There are also some samples that will be collected for research purposes (Table 3). The blood samples are required. The stool samples are optional and will be collected only from patients that agree to them at a small group of hospitals. The samples that are optional are described further in an additional research section (addendum) that will be given to you if you are at a participating hospital.

Table 3. Research Samples

	Pre-Therapy	0	8	16	24	28	56	At Treatment Discontinuation (if before last scheduled time point)
Blood tests to check amount of study drug in your blood (required)		X	X	X	X	X	X	
Blood research samples (required)	X		X	X		X	X	X
Stool research samples (optional)*	X		X			X		X

* = Only at select centers

The amount of blood that will be drawn at each time point above is:

- Pre-therapy: 16mL (about 3¼ teaspoons)
- Day 0 and 16: 10mL (about 2 teaspoons)
- Day 8: 11mL (about 2¼ teaspoon)
- Day 24: 5mL (about 1 teaspoon)
- Day 28, 56: 26mL (about 5¼ teaspoons)

Stopping Treatment

We'll stop the treatment if:

- 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're having serious side effects.
- You become pregnant.
- You cannot keep appointments or take study drugs as directed.
- The study is stopped for any reason.

4. Risks and Benefits

Possible Benefits

Taking part in this study may or may not make your health better. Only half of the people joining the study will receive the study drug, AAT, the other half will receive placebo. Everyone will receive corticosteroids. If it works for you, your acute GVHD may get better. The information from this study could help future patients with acute GVHD.

Possible Risks

You may have side effects during the study. Side effects can range from mild to severe. Your health care team may give you medicine to help with certain side effects, like an upset stomach. In some cases, side effects can last a long time or may never go away.

Risks of Medicines

Alpha 1-Antitrypsin (AAT)

Likely (May happen in more than 1% but less than 10% of patients)	**Less Likely** (May happen in 0.1% or more of patients but less than 1%)	**Rare** (May happen in less than 0.01% of patients)
• Dizziness • Headache • Nausea • Shortness of breath	• Allergic reaction which may cause confusion, fainting, increased heart rate, low blood pressure, and swelling of the throat • Feeling of "pins and needles" in arms and legs • Redness of skin (flushing) • Infusion-site reactions (pooling of blood under skin, redness, itching) • Muscle weakness • Rash or hives	• Chest pain • Excessive sweating • Fever or chills • Itching • Numbness • Severe, sometimes life-threatening allergic reaction • Infections • Brain disease called Creutzfeldt-Jakob disease (CJD)

Corticosteroids (prednisone, methylprednisolone)

Likely, some may be serious (May happen in 20% or more patients)	**Less Likely, some may be serious** (May happen in less than 20% of patients, but more than 3%)	**Rare and serious** (May happen in 3% or fewer patients)
• Acne • Difficulty controlling blood sugar levels • Difficulty sleeping • High blood pressure • Inadequate function of adrenal gland which can cause the inability to mount a stress response • Increased appetite, weight gain • Infection and delayed healing of wounds • Low potassium in the blood which can lead to weakness, fatigue, muscle cramps and spasms, and heart palpitations • Mood swings • Seizures or spasms • Swelling of the face and body • Thin and fragile skin • Ulcers in the stomach, which may cause bleeding	• Fragile bones, which may cause bone fractures • Headache • Increased pressure in the eye causing eye pain and blurred vision and could lead to glaucoma which can result in blindness • Inflammation of the pancreas (upper abdominal pain, nausea, vomiting, elevated enzymes in blood tests) • Muscle loss or weakness • Rash • Slow growth (for example, height) • Tendon rupture	• Pressure in the brain (which may cause headache, nausea, confusion, and decreased alertness)

Risk of getting an infection with AAT

AAT is made from human blood. All products made from human blood may contain items that can cause disease, such as viruses. Since AATs are made from human blood, there is a small risk that AAT can give you a brain disease called Creutzfeldt-Jakob disease (CJD). Several steps have been taken to make the risk of getting a disease much less. These include:

- Checking blood donors for previous contact with certain viruses, by testing for infections
- Treatment during the manufacturing process to make viruses harmless
- Filtering and purifying AAT during the manufacturing process.

Even with taking the above steps, there is the small chance that AAT can have disease-causing agents, including some that are not yet known or identified. Because of this, there will always be a chance of getting a disease. Symptoms of an infection can be fever, drowsiness, chills, and runny nose, even rashes and joint pain. If any of these symptoms occur you should contact your study doctor.

Risks of placebo (Alburex)

Adverse reactions to albumin 5% are rare, although nausea, fever, chills or urticaria (itchy raised red bumps) may occasionally occur.

Infections

Acute GVHD is caused by an immune attack on your body from the donor cells. Corticosteroid drugs for GVHD try to prevent the attack on your body by suppressing (controlling) the immune system. Because your immune system will be weaker, there is a higher risk for infections. You'll get medicines to help your body prevent infection, but you'll still be watched carefully for any sign of infection. Tell your doctors right away if you get a fever, chills, cough or any other new symptoms. They may be a sign of an infection.

Other Treatments or Medicines

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

It's also important that you tell the study staff about any changes to your medicines while you're in the study.

Reproductive Risks

The drugs used in this research study may affect your ability to have children. If you or your partner become pregnant during the study, the drugs used may hurt your baby. There may be unknown or unanticipated risks to an embryo or fetus should you or your partner become pregnant during the study.

If you are a female, you must not be (or become) pregnant or breast-feeding during the study. If you can get pregnant, or get a partner pregnant, you must use a reliable method of birth control from the first dose of study treatment until 30 days after the last dose (approximately 3 months). These include:

- Not having sex
- Hormonal methods, for example:
  - Birth control pills
  - Birth control patch
  - Vaginal rings
- Condom or diaphragm with spermicide
- IUD (intrauterine device) placed more than 3 months before signing this consent form

Tell your doctor right away if you or your partner become pregnant.

If you become pregnant during this study, you will no longer receive the study drug. You may still continue other study tests such as GVHD assessments, quality of life surveys, and blood tests to look at your cell counts, liver function, and amount of GVHD prevention drugs in your blood. You will be contacted to join a separate study to collect medical information about you and your pregnancy.

If you are male and your partner becomes pregnant during the study, or if you later learn that your partner became pregnant during the study or up to 30 days after your last dose of study drug, you must contact your study doctor immediately for further instructions about follow-up. If you report a pregnancy of your partner, your study doctor will first need to obtain permission (consent) from your partner about sharing data and before asking any questions about the pregnancy. If your partner consents to provide this information, your study doctor will follow up directly with your partner.

Risks of Blood Draws

There are no major risks with blood draws. A blood draw can hurt a little and may cause a bruise. On rare occasions, people feel lightheaded or faint. Only trained people will draw your blood.

Surveys

There are very few risks with taking the study surveys. The main risk is that your confidentiality could be lost. The study team will do everything it can to keep your answers confidential.

Also, some of the questions or topics may upset you. If this happens, we can put you in touch with a counselor or trained support specialist, if needed. It is important to tell your doctor and care team, because they will not be able to see your answers on the surveys. The answers will not be shared with anyone until after the study is done and you will not be able to be identified.

Unforeseen Risks

Other new risks might appear at any time during the study. These risks might be different from what is listed in this Consent Form. There may be some unknown or unanticipated side effects from this treatment. The study team will do everything they can to keep you safe and lower your risk of side effects.

For more information about risks and side effects, ask your study doctor.

5. Your Rights to Withdraw, Ask Questions, and Seek Other Treatment

Being in this study is your choice. You can choose **not** to be in this study or leave this study at any time. If you choose to not join or leave this study, it won't affect your regular medical care in any way. You will still receive treatment for your GVHD from your doctor. If at any time you are considering leaving the study, talk to your study doctor about your health and safety. If you decide to leave this study after taking the study treatment, or your doctor asks you to leave for medical reasons, you will be asked to come back to the doctor's office for tests for your safety. Even if you leave the study, the information collected from your participation will be included in the study evaluation, unless you specifically ask that it not be included.

If you stop participating in this study, information about whether you are alive or deceased may be collected up to 12 months after consent depending on the time you stopped. This information may also be gathered from public records such as government census or death records.

You have the right to ask questions about the study at any time. If you have questions about the study, please contact:

[Insert contact details of Principal Investigator or Study Team]

If you want to talk with someone not directly involved in the study, or have any complaints or questions about your rights as a research participant or about potential risks and injuries, you may contact the NMDP IRB Administrator at:

1-800-526-7809

You must tell [Insert name of Principal Investigator] if you decide to leave the study.

If you choose not to join, other options are available. Your study doctor will talk with you about your options. If you decide not to join this study, your medical care will not be affected in any way. If you join this study, you can be in another clinical trial at the same time, but you will need to ask your study doctor first before joining any other clinical trials. You will also need to tell your study doctor if you are already on any other clinical trials before starting on this one.

Your other choices may include:

- Corticosteroids (for example, prednisone or methylprednisolone) may be given even if you are not on this trial.
- Joining another clinical trial (check with your doctor)

Every treatment option has benefits and risks. Talk with your doctor about your choices before you decide if you will be in this study.

6. New Information Available During the Study

During this study, the study doctors may learn new information about AAT or the risks and benefits of taking part in the study. If they learn new information, they'll tell you as soon as it's available.

The new information may mean that you can no longer participate in the study, or you may not want to continue. If this happens, the study doctor will stop your participation and offer you all available care to meet your health care needs.

7. Privacy, Confidentiality, and Use of Information

Your privacy is very important to us. The study doctors, study sponsor, and other groups with access to your study-related medical information will make every effort to protect it. This study has a "Certificate of Confidentiality," which means 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 by the study doctor, study sponsor, and other groups 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 you.

Your confidentiality is one of our main concerns. We will do our best to make sure that the personal information in your medical record is kept confidential (private). However, we cannot promise total privacy.

To make sure the study is running ethically, some government agencies or other groups may need to access part of your medical records. For this study, those groups include:

- [Institution]
- The National Institutes of Health (NIH), which include the National Heart, Lung, and Blood Institute (NHLBI) and the National Cancer Institute (NCI)
- U.S. government agencies that are responsible for overseeing research such as The Food and Drug Administration (FDA) and the Office of Human Research Protection (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
- The Data and Safety Monitoring Board (DSMB), not part of [Institution]
- The NMDP Institutional Review Board (IRB) responsible for this study
- Blood and Marrow Transplant Clinical Trials Network Data and Coordinating Center (BMT CTN DCC), including:
    - The Center for International Blood and Marrow Transplant Research (CIBMTR)
    - The National Marrow Donor Program (NMDP)
    - Emmes, who are coordinating the studies of the BMT CTN
- CSL Behring, its collaborators, or designees
- Study investigators

If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Study information may also be used for research in the future. These projects could be related to your disease or similar diseases, or development of the study drug.

We might use information from this study to get approval from the government, like the Food and Drug Administration (FDA).

Blood or tissue taken during the study may be used for future research. If the study team does this, the blood or tissue will not be attached to you or your name in any way and results of the research done with these samples will not be returned to you.

A description of this clinical trial will also be available on http://www.ClinicalTrials.gov/, as

required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

You will **not** be able to access your study results before the study is done. This helps keep the study results accurate and trustworthy.

When the study is complete, you can ask your study doctor for your health information from the study. **By signing this Consent Form, you agree to ask for your results only after the study is done.** You will still have access to your regular medical records.

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.

8. Leaving the Study

You can choose to leave the study at any time.

You may also be told to leave the study for reasons such as:

- 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're having serious side effects.
- You become pregnant.
- You cannot keep appointments or take study drugs as directed.
- The study is stopped for any reason.

Even if you leave the study, the information already collected from you will be included in the study evaluation. If you don't want your information to be used, you **must** let your study doctor know in writing.

9. Cost and Reimbursement

You will **not** be paid for joining this study. You will not be paid or reimbursed for any extra expenses (such as travel, meals, or loss of income) from your participation in this study. You may have some of these extra expenses regardless of whether you participate on this study or not.

A new drug or product may be developed from this study. You will not be paid if a commercial product is developed from blood or tissue taken from you during this study.

Most of the visits for this study are standard medical care for patients with acute GVHD and will be billed to your health 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. The cost of the study drug (AAT or placebo) is covered by the study.

Some health insurance plans will not pay for costs of care when you take part in a research study. Check with your health plan or insurance company to find out if they will pay.

You or your health insurance company will not be charged for extra tests or research costs for this study. These include:

- Quality of life assessments
- Blood samples for research
- Stool samples for research (optional)

For questions about your costs, financial responsibilities, and/or health insurance coverage for this study, please contact /Hospital/ Financial Counselor at / Number/.

Physical Injury as a Result of Participation

Tell your study doctor or staff if your think you've been hurt because of being in this study. You'll get medical treatment if you're hurt as a result of this study.

If you suffer any side effect or other physical injury resulting directly from the study medication(s) or study procedures, the study sponsor will reimburse you for the reasonable costs of medical treatment to the extent permitted by the law if:

- You took the study medication as directed by the study doctor
- Your injury was not deliberately caused
- The study doctor was immediately notified about your injury; and
- The medical advice of the study doctor was followed

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

10. Health Insurance Portability and Accountability Act 1 (HIPAA) Authorization to use health information for research

Your local study hospital will give you a separate form with information about the Health Insurance Portability and Accountability Act 1 (HIPAA).

TITLE: BMT CTN 1705: A Randomized, Double-Blind, Placebo-Controlled Multicenter Phase III Trial of Alpha 1 – Antitrypsin (AAT) Combined with Corticosteroids vs. Corticosteroids Alone for the Treatment of High Risk Acute Graft-versus-Host Disease (GVHD) Following Allogeneic Hematopoietic Stem Cell Transplant

- I have read and understood this Consent Form. The purpose and description 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 have had the chance to discuss my participation in this research study with a family member or friend if I choose.
- I understand that…
    - I may not directly benefit from taking part in the study.
    - My name and personal information will not be identified even if information gained during the study is published.
    - 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 will be given a copy of this signed consent form.
    - I do not give up any legal rights by signing this form.

_____
Printed Name of Participant

_____ _____
Participant Signature (if 18 years or older) Date (MM/DD/YYYY)

_____
Printed Name of Parent/Legal Guardian
(if participant is less than 18 years old)

_____ _____
Parent/Legal Guardian Signature Date (MM/DD/YYYY)
(if participant is less than 18 years old)

_____
Printed Name of Parent/Legal Guardian #2 (*Optional*)
(if participant is less than 18 years old)

_____ _____
Parent/Legal Guardian #2 Signature (*Optional*) Date (MM/DD/YYYY)
(if participant is less than 18 years old)

Physician certification

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.

_____

Counseling Physician Name

_____ _____

Counseling Physician Signature Date (MM/DD/YYYY)

Interpreter certification (if needed)

I certify that I have provided an accurate interpretation of this consent form. I believe the participant has understood the information provided.

_____

Interpreter Name

_____ _____

Interpreter Signature Date (MM/DD/YYYY)

ADDENDUM to Informed Consent to Participate in Optional Stool Samples for Research

(*Selected centers only*)

BMT CTN 1705

A Randomized, Double-Blind, Placebo-Controlled Multicenter Phase III Trial of Alpha 1 – Antitrypsin (AAT) Combined with Corticosteroids vs. Corticosteroids Alone for the Treatment of High Risk Acute Graft-versus-Host Disease (GVHD) Following Allogeneic Hematopoietic Stem Cell Transplant

Your Name: _____

Principal Investigator: *Insert local PI information*

Sponsor: This study is sponsored by CSL Behring and the National Institutes of Health, through the Blood and Marrow Transplant Clinical Trials Network

Stool Samples for Research (Optional for patients at select centers)

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 BMT CTN 1705 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.

We ask for your permission to collect stool samples to study your **microbiome**, which describes all the microbes (such as bacteria) living in your body. We want to see how your GVHD and other drugs that you receive affect your microbiome.

If you agree to provide stool samples, here is what will happen:

- We will collect them from you before you start the study drug and on Day 8 and 28. If you stop taking the study drug before Day 28, you will have a stool sample collected at that time instead of on Day 28.
- The 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 have unique codes that do not identify you, however, 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 do 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 stool samples to be collected, you can change your mind at any time. If you change your mind, please contact [the Principal Investigator at your transplant hospital] in writing to state that you are withdrawing permission for your stool to be used for research. Their 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 stool samples for this study.

Risks

There are no major risks with stool collection. A possible risk is the loss of confidentiality about your medical information. The study doctors will make every effort to protect your privacy.

Confidentiality and Your Medical Information

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

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

Information gained from research on your stool samples may be used to develop diagnostic procedures or new treatments for GVHD in the future. Your samples will not be sold to any person, institute, or company for profit. It is possible that research companies could make a profit (money) from the research.

Making Your Choice

Please read each sentence below. Then, check one of the boxes. If you have any questions, please talk to your doctor or nurse, or call our research review board at 1-800-526-7809.

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

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

The purpose of storing stool 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 stool 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 stool samples may be collected and that my 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 agree to allow my stool samples to be used for future research.

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

_____

Printed Name of Participant

_____ _____

Participant Signature (if 18 years or older) Date (MM/DD/YYYY)

_____

Printed Name of Parent/Legal Guardian
(if participant is less than 18 years old)

_____ _____

Parent/Legal Guardian Signature Date (MM/DD/YYYY)
(if participant is less than 18 years old)

_____

Printed Name of Parent/Legal Guardian #2 (*Optional*)
(if participant is less than 18 years old)

_____ _____

Parent/Legal Guardian #2 Signature (*Optional*) Date (MM/DD/YYYY)
(if participant is less than 18 years old)

Physician certification

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.

_____

Counseling Physician Name

_____ _____

Counseling Physician Signature Date (MM/DD/YYYY)

Interpreter certification (if needed)

I certify that I have provided an accurate interpretation of this consent form. I believe the participant has understood the information provided.

_____

Interpreter Name

_____ _____

Interpreter Signature Date (MM/DD/YYYY