

**Assent to Participate in Research v1.0
(12 – 17 years of age)**

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

A. Why am I here?

You're being asked to join our study because you have high risk acute graft-versus-host disease (GVHD).

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

Doctors and researchers are looking for better ways to treat severe forms of graft-versus-host disease. Acute GVHD is usually treated using standard of care - corticosteroids (steroids). But steroids often don't work. The study drug, AAT, is a natural protein in your body. Giving AAT with steroids may treat GVHD better than steroids alone.

B. Why are you doing this study?

- We're doing this study to see if adding AAT to standard treatment works better than the standard treatment alone for acute GVHD. You'll receive one of the two treatments below:
 - Steroids & AAT
 - Steroids & placebo (a substance with no medicine in it that looks like the AAT medicine)

C. What will happen to me?

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

- Permission to let us read your medical records.
- Check-ups with the study doctors.
- Some blood from you at the start of study, then once to twice a week for up to 8 weeks.

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

You'll get the medicine through your central line or IV (thin tube or needle placed in a vein in your arm), **either** steroids and AAT **or** steroids and placebo. A placebo is something that is not medicine, but it looks like AAT. You'll get AAT or Placebo 8 to 12 times over about 2 months.

A computer will choose your which medicine you'll get.. You, your parents and your doctors will not know which medicine you are getting. Doctors and researchers will compare how people do with each type of treatment. This will help them know which works better.

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

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. You'll take 3 surveys about your quality of life.

You may be offered to give optional stool (poop) samples. You can choose not to give the optional samples if you would like. You can still join this study and say no to the optional samples.

You must not be (or become) pregnant or breastfeeding during the study. If you are a girl and can get pregnant, we will give you a pregnancy test to see if you can join the study. We will not tell your parent(s)/guardian(s) your results without your permission, except under certain circumstances, for example, if your life was at risk, or if the pregnancy was the result of suspected abuse. In these instances, we may need to tell your parent(s)/guardian(s) or relevant authorities.

Even if we do not tell your parent(s)/guardian(s) about the positive results, they may guess that you are pregnant because we may need to tell them you cannot participate in the research.

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 (about 3 months total) or not have sex.

During the study, if you become pregnant, or if there is a chance that you are pregnant, you or your parent(s)/guardian(s) should contact the research personnel right away so that we may provide help and counseling.

D. Will it hurt?

You'll take the steroid as a pill by mouth or through your central line or IV. AAT or placebo will always be given through your central line or IV. 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.

Each medicine has risks. Here are some of them:

AAT risks

Likely (Fewer than 10 people out of 100)	Less Likely (Fewer than 1 person out of 100)	Rare (Fewer than 1 person out of 1,000)
<ul style="list-style-type: none"> • Dizziness • Headache • Nausea • Shortness of breath 	<ul style="list-style-type: none"> • Allergic reaction • Feeling of "pins and needles" in arms and legs • Redness of skin • Redness, itching where you get the infusion • Muscle weakness • Rash or hives 	<ul style="list-style-type: none"> • Chest pain • Excessive sweating • Fever or chills • Itching • Numbness • Severe allergic reaction • Infections • Brain disease called Creutzfeldt-Jakob disease (CJD)

Steroid risks

Likely, some may be serious (20 people or more out of 100)	Less Likely, some may be serious (Up to 20 people out of 100)	Rare and serious (Fewer than 3 people out of 100)

<ul style="list-style-type: none"> • Acne • Difficulty controlling blood sugar levels • Difficulty sleeping • High blood pressure • Increased appetite, weight gain • Infection and cuts that are slow to heal • Weakness, fatigue, muscle cramps and heart palpitations • Mood swings • Seizures or spasms • Swelling of the face and body • Thin and fragile skin • Ulcers in the stomach 	<ul style="list-style-type: none"> • Broken bones • Headache • Eye pain and blurred vision • Upper belly pain, nausea, vomiting • Muscle loss or weakness • Rash • Slower growth • Broken tendon (connects your muscles to your bones) 	<ul style="list-style-type: none"> • Headache, nausea, confusion, and decreased alertness
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Placebo risks

It's rare, but some people have had nausea, fever, chills or itchy raised red bumps on their skin.

Other risks

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.

Sometimes things happen to kids in research studies that may make them feel bad. These are called "side effects". You may have side effects during the study. Side effects can range from mild to severe to even life-threatening. The chance(s) the bad things might happen are called "risk(s)".

Your doctors will watch you closely for 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 do **not** 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.

It's okay if you say yes now and then change your mind and say no later, even if you have already started some parts of the study.

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.

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.

Participant Name

Participant Signature

Date (MM/DD/YYYY)

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 - Use of Stool Samples for Future Research (Optional)

If you and your parents or guardians say it's okay, we'll collect stool (poop) from you 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 stool saved for future research or not:

- ☐ Yes, you may use my stool samples for future research.
- ☐ No, you may not use my stool samples for future research.

Participant Name

Participant Signature

Date (MM/DD/YYYY)