Sample ETRIC Informed Consent Template for the BMT CTN 1203 Study

BMT CTN 1203, v3.0

A Multi-center Phase II Trial Randomizing Novel Approaches for Graft-versus-Host Disease Prevention Compared to Contemporary Controls

Your Name: _____

Study Title: A Multi-center Phase II Trial Randomizing Novel Approaches for Graft-versus-Host Disease Prevention Compared to Contemporary Controls

Protocol: BMT CTN #1203

Principal Investigator: *Insert local PI information*

Sponsor: The National Institutes of Health (NIH) is sponsoring this study by providing financial support through the Blood and Marrow Transplant Clinical Trials Network (BMT CTN).

1. Introduction

We invite you to join this clinical trial, also known as a research study. You are being asked to join because you have a disease that can be treated with an **allogeneic transplant** and you have a matched related or unrelated peripheral blood stem cell donor.

We are doing this study to find a way to prevent **Graft-versus-Host-Disease (GVHD).** GVHD is a possible side effect of allogeneic transplant and can be very serious.

For this study, the type of allogeneic transplant you will get is called a **peripheral blood stem cell (PBSC) transplant**. Your doctor also wants to use a **reduced-intensity or non-myeloablative conditioning regimen** for your transplant.

(See section **2: Study Background** for a definition of the bolded terms.)

We will use 3 drug combinations to see which one, if any, is better at preventing GVHD than the current standard of care. The 3 drug combinations are:

- Tacrolimus, methotrexate, and bortezomib
- Tacrolimus, methotrexate and maraviroc
- Tacrolimus, mycophenolate mofetil and cyclophosphamide

This study will take at least 2 years and will include 270 participants. Your participation will last about **1 year**.

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

Everyone who takes part in 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 is your decision to be in the study. If you decide to join, please sign and date the end of the Consent Form.

You and your doctor will discuss other treatment choices if you do not want to participate in this study.

2. Study Background

The National Institutes of Health (NIH), through the Blood and Marrow Transplant Clinical Trials Network (BMT CTN), are 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, you will receive a type of allogeneic transplant called peripheral blood stem cell (PBSC) transplant. Your doctor also wants to use a reduced-intensity or non-myeloablative conditioning regimen for your transplant.

An **allogeneic transplant** uses blood-making cells from a family member or an unrelated donor to remove and replace your abnormal blood cells. With a **peripheral blood stem cell (PBSC) transplant**, the donor cells come from his or her blood stream.

The conditioning regimen is the chemotherapy and radiation used to destroy the diseased cells before you get your donor cells. A **reduced-intensity or non-myeloablative conditioning regimen** uses lower doses of chemotherapy or radiation.

Graft-versus-Host-Disease (GVHD) is a common side effect of allogeneic transplant. It is a medical condition that can become very serious.

GVHD happens because of differences between your own immune cells (host) and the immune cells from your donor (graft). Your new immune system, or the donated cells, might see your cells as foreign and attack them.

GVHD can cause:

- Skin rashes
- Nausea (feeling sick to your stomach)
- Vomiting (throwing up)
- Diarrhea
- Liver damage
- Hepatitis or jaundice
- Increased risk of infection

3. Study Purpose

We are inviting you to take part in this study because you have a cancer of the blood or lymph glands and an allogeneic transplant is a treatment option for you. We are doing this study to learn more about preventing GVHD.

We will use 3 drug combinations to see which one, if any, is better at preventing GVHD than the current standard of care **(Table 1)**. The current standard of care is a combination of drugs called tacrolimus and methotrexate.

Table 1: Treatment Groups (Study Drug Combinations)

Treatment Group A	**Treatment Group B**	**Treatment Group C**
▪ Tacrolimus ▪ Methotrexate ▪ Bortezomib	▪ Tacrolimus ▪ Methotrexate ▪ Maraviroc	▪ Tacrolimus, ▪ Mycophenolate Mofetil ▪ Cyclophosphamide

The current standard of care for preventing GVHD (tacrolimus and methotrexate) is not available on this study. If you want the current standard of care, be sure to let your doctor know (see **Section 7: Alternative Treatments**).

The study results will be compared to the standard of care. This study will help doctors make the best choices about which drugs work best to prevent GVHD.

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

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

5. Study Treatment and Tests

We will check your health before you start treatment, while you receive treatment, and for 1 year after transplant.

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 cancer care. They would be done even if you were not part of this study. These tests include:

- Medical history
- Physical exam, height and weight
- Blood and urine tests
- Heart function tests
- Lung (pulmonary) function tests
- Cancer re-staging test to see how much cancer you have (if needed)
- Bone marrow tests if you have acute leukemia, chronic myelogenous leukemia, or myelodysplastic syndrome. These tests are called aspirates or biopsies. Samples of your marrow will be taken from your hip bone with a large needle.
- Imaging studies if you have lymphoma
- Chest X-ray or chest CT
- A pregnancy test (if you are a woman able to have children)

Randomization

We will use a computer program to assign you by chance to 1 of 3 treatment groups. You won't be able to choose your group. Once you are assigned to a group, you can't change to the other groups. The study doctor can't change your group either. You will have an equal chance of being placed in 1 of the 3 groups.

During Your Treatment

Conditioning Regimen Before Transplant

The conditioning regimen is the combination of chemotherapy and radiation you will receive before you get your donor cells. This helps the donor cells start to grow and make new cells in your bone marrow (engraft). It also helps to kill cancer cells. Your doctor will choose from 1 of several conditioning regimens to prepare your body for transplant. The regimens are:

- Fludarabine and busulfan
- Fludarabine and melphalan
- Fludarabine and cyclophosphamide
- Fludarabine and Total Body Irradiation (TBI), or
- Fludarabine, cyclophosphamide, and TBI

Your doctor will decide which conditioning regimen you will receive before you are assigned to one of the three (3) treatment groups (study drug combinations).

Reinfusion of Peripheral Blood Stem Cells (Transplant)

(1) On your transplant day (Day 0), the donor cells (stem cells) will be given to you through your catheter, like a blood transfusion. The cells will travel to your bone marrow where they will start to make healthy, new blood cells.

GVHD Prevention Drugs

You will be given different combinations of drugs to prevent GVHD. Some drugs will be given to you before your transplant and some after. You will be randomized (assigned by chance) to 1 of 3 treatment groups.

Treatment Group A: Tacrolimus, methotrexate and bortezomib

If you are assigned to Treatment Group A, we will give you tacrolimus as a pill or by intravenous infusion (IV) beginning 3 days before your transplant. We will give you less and less until we stop it completely. This can take several months.

After your transplant, we will give you methotrexate by IV on Days 1, 3, 6, and 11.

We will give you bortezomib as a shot (or IV push) on Days 1, 4 and 7 after your transplant.

Treatment Group B: Tacrolimus, methotrexate and maraviroc group

If you are assigned to Treatment Group B, we will give you tacrolimus as a pill or by IV beginning 3 days before your transplant. We will give you less and less until we stop it completely. This can take several months.

After your transplant, we will give you methotrexate by IV on Days 1, 3, 6, and 11.

We will give you maraviroc beginning 3 days before your transplant. It will be given to you as a pill to take 2 times a day. You will continue to take it 2 times every day for 30 days after your transplant.

Treatment Group C: Tacrolimus, mycophenolate mofetil and cyclophosphamide group

If you are assigned to Treatment Group C, we will give you tacrolimus beginning Day 5. It will be given as a pill or by IV. We will give you less and less until we stop it completely. This can take several months.

We will give you mycophenolate mofetil beginning Day 5. It will be given as a pill or by IV 3 times a day. You will continue to take it 3 times a day for 30 days. Your doctor might decide that you have to continue taking this drug if you have signs of GVHD.

On Days 3 and 4 after your transplant, we will give you cyclophosphamide by IV. It will take about 1-2 hours.

Health Evaluations

We will test (evaluate) your health during the study. These tests and how often they are scheduled are standard care for patients receiving an allogeneic transplant. They would be done even if you were not part of this study. You will be watched closely for any signs and symptoms of GVHD.

Health Evaluations After Transplant

- Physical exam to look for toxicities, and infections weekly until Day 63 and then at Days 100, 120, 150, 180, 270 and 365.
- Physical exam to assess GVHD weekly starting Day 7 until Day 63, and then at Days 100, 120, 150, 180, 270 and 365.
- Routine blood tests (cell counts, liver and kidney function) weekly until Day 63 and then at Days 100, 180, 270 and 365.
- Blood or bone marrow tests to find the amount of donor cells in your body on Days 28 and 100. This is also called chimerism.
- Disease evaluation tests to see how much cancer you have after treatment on Day 100, 180 and 365.
- Lung (pulmonary) function tests on Day 365.
- Optional blood samples for future research on Days 35, 100, 180 and 365 (see **Section 18: Blood Samples for Future Research**).

6. Risks and Discomforts

The risks and discomforts of stem cell transplant are the same if you join this study, or if you don't join this study. Your health care team may give you drugs to help ease side effects, such as feeling sick to your stomach (nausea). In some cases, side effects can be long-lasting or never go away.

Risks and Toxicities Related to Medications

All immune suppressive drugs, except for bortezomib and maraviroc, are commonly used in allogeneic transplant.

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.

Bortezomib (Velcade®) – GVHD prevention drug

Likely	Less Likely	Rare, but Serious
▪ Anemia (low red blood cell count) ▪ Thrombocytopenia (low platelet count and increased risk of bleeding) ▪ Feeling weak and uncomfortable ▪ Feeling tired Fever, with shaking chills ▪ Weight loss because of loss of appetite (not feeling hungry) ▪ Constipation ▪ Diarrhea ▪ Nausea (feeling sick to your stomach) ▪ Vomiting (throwing up) ▪ Stomach pain ▪ Pain , numbness and tingling in hands and feet	▪ Neutropenia (low white blood cell count and risk of infection) ▪ Insomnia (trouble sleeping) ▪ Skin rash ▪ Low blood pressure ▪ Arrhythmia (changes in heart beat) that causes you to feel light-headed, dizzy, faint, or short of breath ▪ Chest pain ▪ Heartburn ▪ Bleeding in stomach or lungs ▪ Blood in urine ▪ Pneumonia and bronchitis (lung infection) ▪ Confusion ▪ Anxiety (feeling worried and nervous) ▪ Painful sores in the mouth or throat ▪ Changes in the way things taste ▪ Abnormal liver tests ▪ Blurred vision ▪ Redness and swelling in the eye ▪ Aches and pain and	▪ Coughing up blood ▪ Posterior reversible encephalopathy syndrome (PRES) (Headache, confusion, seizures and vision loss caused by very high blood pressure that comes on quickly) ▪ Hepatitis (swelling of the liver) and liver failure ▪ Pancreatitis (swelling of the intestines, stomach, or pancreas) ▪ Pleural effusion (swelling and fluid build-up in and around the lungs) ▪ Pericarditis (swelling or fluid build-up in and around the heart) ▪ Hearing loss ▪ Bleeding in the brain ▪ Loss of some or all vision in one or both eyes ▪ Encephalopathy (brain disorder that can lead to death ▪ Allergic reactions that cause swelling of the skin, face or throat ▪ Rash with skin peeling and mouth sores that can lead to death ▪ Pain, redness, swelling and

Likely	Less Likely	Rare, but Serious
	weakness in arms and legs muscles, joints and the bone in the arms and legs ▪ Muscle weakness ▪ Cough ▪ Shortness of breath ▪ Headache ▪ Nose bleeds ▪ Changes in blood sugar ▪ Low potassium and sodium in your blood ▪ Increase in calcium in your blood ▪ Flu-like symptoms such as chills, sore throat, runny nose and sinus and throat infections ▪ Edema (swelling or fluid build-up in the arms and legs, feeling dizzy and gaining weight) ▪ Shingles (Herpes virus) ▪ New or worsening heart failure ▪ Infections of the bladder, sinuses, throat, stomach and intestines and skin ▪ Fungal infections in the mouth and throat ▪ Life-threatening infections in the blood	infection at the injection site for bortezomib ▪ Pain in the mouth and throat when swallowing ▪ Intestinal obstruction ▪ Fast death of cancer cells. This might let toxins (poisons) into the blood and hurt organs such as the kidneys ▪ Severe muscle weakness and paralysis

Cyclophosphamide (Cytoxan®) – GVHD prevention drug

Likely	Less Likely	Rare, but Serious
▪ Neutropenia (low white blood cell count and increased risk of infection) ▪ Temporary hair loss ▪ Nausea (feeling sick to your stomach) ▪ Vomiting (throwing up) ▪ Loss of appetite ▪ Sores in mouth or on lips ▪ Diarrhea ▪ Stopping of menstrual periods in women ▪ Low sperm production in men ▪ Thrombocytopenia (low platelet count and increased risk of bleeding)	▪ Anemia (low red blood cell count) ▪ Temporary tiredness ▪ Damage to the fetus if you become pregnant while taking drug ▪ Stomach pain ▪ Skin rash ▪ Bleeding in bladder	▪ Scarring of lung tissue, with cough and shortness of breath ▪ Severe heart muscle injury and death (at very high doses) ▪ Second cancers

Maraviroc (Selzentry®) – GVHD prevention drug

Likely	Less Likely	Rare, but Serious
▪ Fever, cough and flu-like symptoms ▪ Rash and redness of the skin ▪ Upper respiratory (lung) infections	▪ Fever ▪ Feeling dizzy ▪ Insomnia (trouble sleeping) ▪ Anxiety (feeling worried and nervous) ▪ Depression ▪ Itching ▪ Benign (not cancer) skin tumors ▪ High blood pressure ▪ Loss of appetite ▪ Constipation ▪ Neutropenia (low white blood counts and increased risk of infections) ▪ Joint pain ▪ Sweating a lot ▪ Nerve damage (causing numbness, tingling, and burning) ▪ Muscle pain ▪ Bladder discomfort ▪ Acne ▪ Abnormal liver tests ▪ Herpes infections ▪ Eye infections or inflammation (redness and swelling) ▪ Trouble breathing ▪ Genital warts ▪ Change in body fat	▪ Loss of consciousness (fainting) ▪ Rash covering the whole body ▪ Allergic reactions that can cause liver damage and jaundice (yellow skin)

Methotrexate – GVHD prevention drug

Likely	Less Likely	Rare, but Serious
▪ Neutropenia (low white blood cell count and increased risk of infection) ▪ Feeling tired ▪ Infections	▪ Nausea (feeling sick to your stomach) ▪ Vomiting (throwing up) ▪ Irritation or sores in the throat or mouth ▪ Diarrhea ▪ Stomach pain ▪ Fever ▪ Chills ▪ Anemia (low red blood cell count) ▪ Abnormal liver tests ▪ Kidney failure	▪ Feeling dizzy ▪ Scarring of the lungs

Mycophenolate Mofetil (MMF, Cellcept®) – GVHD prevention drug

Likely	Less Likely	Rare, but Serious
▪ Miscarriage (unborn baby dies in uterus) ▪ Birth defects ▪ Damage to unborn baby ▪ Less effective birth control pills (you could get pregnant while taking your birth control pills) ▪ Diarrhea ▪ Stomach pain ▪ Nausea (feeling stick to your stomach) ▪ Vomiting (throwing up) ▪ Headache ▪ Tremors (shaking) ▪ Neutropenia (low white blood cell count and increased risk of infection) ▪ High cholesterol ▪ Thrombocytopenia (low platelet count and increased risk of bleeding) ▪ Swelling of the hands, feet, ankles, or lower legs	▪ Anemia (low red blood cell count) ▪ Body rash ▪ Insomnia (trouble sleeping) ▪ Feeling dizzy	▪ Trouble breathing ▪ Abnormal bruising ▪ Fast heartbeat ▪ Feeling very tired ▪ Weakness ▪ Blood in stool ▪ Blood in vomit ▪ Change in vision ▪ Encephalopathy (brain disorder that can lead to death) ▪ Second cancers

Tacrolimus (FK506, Prograf®) – GVHD prevention drug

Likely	Less Likely	Rare, but Serious
▪ Kidney problems ▪ Loss of magnesium, calcium, potassium ▪ High blood pressure ▪ Tremors (shaking) ▪ High cholesterol and triglyceride ▪ Thrombocytopenia (low platelet count and increased risk of bleeding) ▪ Infections	▪ Nausea (feeling sick to your stomach) ▪ Vomiting (throwing up) ▪ Liver problems ▪ Foggy thinking ▪ Insomnia (trouble sleeping) ▪ Unwanted hair growth ▪ Confusion	▪ Seizures ▪ Changes in vision ▪ Feeling dizzy ▪ Pure red cell aplasia. (Your body stops making red blood cells. This could lead to anemia.)

It is very important that you do not eat grapefruit or drink grapefruit juice while taking Tacrolimus. 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*.

Risks and Toxicities Related to Transplant

The following problems may happen because of your transplant. These risks may happen if a transplant was done as part of the study or not. The risks are:

Slow recovery of blood counts. The red blood cells, white blood cells, and platelets can be slow to recover after blood or marrow transplant. Until your blood counts recover, you will need blood and platelet transfusions, and will be at risk for bleeding and infections. To speed the recovery of the white cells as much as possible you will receive Filgrastim.

Graft failure. The stem cells (the "graft") may fail to grow inside your body. Past experience suggests that there can be up to a 10-15% chance of graft failure. If graft failure occurs, this may result in low blood counts for a long period of time. If your counts do not recover, you may need to receive a second transplant. Graft failure can be fatal.

Graft-Versus-Host Disease (GVHD). GVHD results from cells in the graft recognizing your body as foreign and attacking it. In most cases, GVHD can be successfully treated. Sometimes GVHD is

severe or difficult to treat and may lead to death. You will be watched closely for this complication and given drugs to prevent and/or treat it.

Acute GVHD may produce skin rash, nausea, vomiting, diarrhea, abdominal pain, abnormalities of liver function, and an increased risk of infection. Chronic GVHD may produce skin rashes, hair loss, thickened dry skin, dry eyes, dry mouth, liver disease, weight loss, diarrhea, and an increased risk of infection. To confirm the diagnosis of acute or chronic GVHD, you may be asked to have a biopsy (a small sample of your tissue to look at under the microscope) of your skin, gut, or, rarely, your liver.

Other complications may include:

a. Damage to the vital organs in your body. The transplant could cause problems in any body organ such as the heart, lungs, liver, gut, kidneys and bladder, or brain. The kidneys and the liver are most likely to be damaged. Some patients will experience serious lung problems from infections or the chemotherapy and radiation.

b. Serious infections. Full and complete recovery of your immune system may take many months. During this time, there is an increased risk of infections. You will be prescribed certain drugs to reduce the chance of those infections. However, these treatments do not always work. If you have an infection, you may have to stay in the hospital longer or be re-hospitalized after transplant. Although most infections can be successfully treated, some infections may result in death.

c. Relapse of disease or a new blood cancer. Your leukemia or lymphoma may come back even if the transplant is initially successful. In rare cases, a new blood cancer may develop from the donor cells. Cyclophosphamide can cause damage to blood cells, which may result in a blood cancer such as myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML). The blood cancer usually develops 2-10 years after treatment, or 6 years on average. The risk of developing a new blood cancer after allogeneic blood or marrow transplant is probably less than 2%. If cancer develops in your donor's blood cells, you may require additional treatment with chemotherapy or another blood or marrow transplant.

d. Risk to the unborn. The treatments in this study have not been proven to be safe at any stage of pregnancy. Therefore, if you are pregnant or nursing, you are not eligible for this study. Women who can become pregnant must use effective birth control while receiving chemotherapy, TBI, and drugs to prevent GVHD, and for 1 year after transplant. Effective birth control is defined as the following:

1. Refraining from all acts of vaginal sex (abstinence)

2. Consistent use of birth control pills

3. Injectable birth control methods (Depo-Provera, Norplant)

4. Tubal sterilization or male partner who has undergone a vasectomy

5. Placement of an IUD (intrauterine device)

6. Use of a diaphragm with contraceptive jelly and/or condoms with contraceptive foam every time you have sex.

Reproductive Risks

The drugs used in this research study may damage your reproductive organs, affect your ability to have children or possibly cause birth defects if you take them while you are pregnant. It is important that a woman is not pregnant or breast-feeding and does not become pregnant during the course of the study.

It is important that both women who can become pregnant and their male partners use birth control for 1 year after transplant while on this study.

If you are a woman and can become pregnant, you will need to take a pregnancy test before you start the study. You should discuss ways to prevent pregnancy while you are in the study. Women who have gone through puberty may find that their menstrual cycle becomes irregular or stops permanently. This does not mean that you cannot become pregnant. You must still use an effective method of birth control during your transplant and continue until you are finished with your GVHD prevention treatment.

If you are a man, your body may not be able to produce sperm (become sterile). You should talk with your doctor about banking your sperm before having a transplant.

Please check with your doctor to understand more about these risks.

Additional Information about Bortezomib (Velcade®)

- The effect of Velcade® on reproduction and its safety in pregnancy are unknown. If you are a woman capable of becoming pregnant [anyone who has not undergone a hysterectomy (removal of the womb), has not had both ovaries removed or has not been post-menopausal (stopped menstrual periods) for more than 24 months in a row], you must have a negative pregnancy test before beginning treatment. In addition, you must not be breastfeeding a baby during this study.
  (2)
- If you think that you have become pregnant or may have fathered a child while taking part in this study you must tell the study doctor immediately. The study doctor will advise you of the possible risks to your unborn baby and discuss options for managing the pregnancy with you. You should also notify the doctor managing your pregnancy that the mother/father received a study drug called Velcade®.
  (3)
- If you are a woman and you become pregnant during your participation in this study, your treatment with Velcade® will be stopped and you may be withdrawn from some of the study procedures but not from follow-up by your study doctor.

The study doctor will ask for your permission to stay in contact with you throughout the length of the pregnancy. (4)

- If you are a man and your partner becomes pregnant, the study doctor will ask for your partner's permission to collect information about her pregnancy and the health of the baby. (5)
- Laboratory tests show that Velcade® may damage DNA. Based on this information, it is possible that Velcade® may cause infertility in men and women.

Additional Information about MMF

- MMF could be damaging to an unborn baby if you are pregnant or become pregnant while receiving the drug.
- MMF can make birth control pills less effective and increase your chances of becoming pregnant while you are taking it.
- If you could become pregnant, you must use 2 effective forms of birth control for 4 weeks before starting MMF, during treatment, and for 1 year after transplant.
- If you think you might be pregnant or could be become pregnant prior to enrollment, you should not join this study.

Unforeseen Risks

New risks might appear at any time during the study. These risks might be different from what is listed in this Consent Form. We will promptly tell you about new information that may affect your decision to take part in the study. We may learn new things about reduced-intensity transplants that might make you want to stop being in the study. We will let you know if this happens and you can decide if you want to continue in the study.

Other Treatments or Medications

Some medicines react with each other, and it is important that you tell the study doctor or staff about any other drugs, treatments, or medicines you are taking. This includes over-the-counter drugs, vitamins and herbal treatments.

It is also important that you tell the study staff about any changes to these medications during your participation in the study.

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

7. Alternative Treatments

Participation in this study is optional. If you choose not to take part, you may still receive an allogeneic transplant to treat your disease. The treatment and evaluations you would receive could be very similar to what would receive if you join this study.

Your study doctor will talk with you about your options. If you decide not to participate in this study, your medical care will not be affected in any way.

Your other choices may include:

- An allogeneic transplant, including the standard drugs that are used to prevent GVHD (standard of care)
- Treatment with other drugs, radiation, or a combination of drugs and radiation without a transplant
- An allogeneic transplant that is not part of the study, or another type of transplant
- Participation in another clinical trial, if available (check with your doctor)
- No treatment for your blood cancer at this time
- Comfort care.

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

8. Possible Benefits

Taking part in this study may or may not make your health better. The information from this study will help doctors learn more about drugs used to prevent GVHD. It could also help people with a blood cancer that may need a transplant in the future.

9. New Information Available During the Study

During this research study, the study doctors may learn about new information about the study drugs or the risks and benefits of the study. If this happens, they will 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 will offer you all available care to meet your needs

and medical conditions.

10.Privacy, Confidentiality and Use of Information

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 private. However, we cannot guarantee total privacy.

All your medical and demographic (such as race and ethnicity, gender and household income) information will be kept private and confidential.

[Name of Transplant Center] and the organizations listed below will not disclose your participation by any means of communication to any person or organization, except by your written request, or permission, or unless required by federal, state or local laws, or regulatory agencies.

Individuals authorized by the organizations below will have access to your research and medical information. They may use this information for inspections or audits to study the outcomes of your treatment, or for required reporting to regulatory authorities (such as to the FDA for serious adverse events). In agreeing to participate, you consent to such inspections and to the copying of parts of your records, if required by these organizations

- 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)
- Millennium Pharmaceuticals, Inc., supplier of bortezomib

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

Information that does not include personally identifiable information about this clinical trial has been or will be submitted, at the appropriate and required time, to the government-operated clinical trial registry data bank, which contains registration, results, and other information about registered studies.

This data bank can be accessed by you and the general public at www.ClinicalTrials.gov. Federal law requires clinical trial information for certain clinical trials to be submitted to the data bank.

For questions about access to your medical records, please contact:

[Insert name and phone number].

11. Ending Your Participation

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 leave this study, your regular medical care will not be affected in any way. Tell your doctor if you are thinking about stopping or decide to stop. He or she will tell you how to stop safely.

The study doctor or the study sponsor may stop the study at any time, and we may ask you to leave the study. We may ask you to leave the study if you do not follow directions or if you suffer from side effects of the treatment. If we ask you to leave the study, the reasons will be discussed with you. Possible reasons to end your participation in this study include:

- You do not 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.

If you decide to leave this study after taking the study treatment, or are asked to leave by your doctor for medical reason, you will need 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.

12. Physical Injury as a Result of Participation

It is important that you tell your doctor, *[investigator's name(s)]* or study staff if you feel that you have been injured because of taking part in this study. You can tell the doctor in person or call him/her at *[telephone number]*.

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

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

13. Compensation or Payment

You will not be paid for your participation in the research study. You will not be compensated or reimbursed for any extra costs (travel, meals, etc.) from taking part in this study. Taking part in this study might help researchers make products to sell.

Millennium Pharmaceuticals, Inc. (manufacturer of bortezomib) or others may profit from these products. You will not have any rights to the patents or discoveries that could happen from this research, and you will not receive any payments from it.

14. Costs and Reimbursements

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

You or your insurance will not be charged for tests that are only done for research on this study.

The drug bortezomib is being provided by the manufacturer (Millennium Pharmaceuticals, Inc.), free of charge. The drug maraviroc is being provided by the study, free of charge. Some health plans will not pay these costs for people taking part in studies. Check with your health plan or insurance to find out if they will pay.

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

For more information on clinical trials and insurance coverage, you can visit the National Cancer Institute's Web site at http://cancer.gov/clinicaltrials/understanding/insurance-coverage. You can print a copy of the "Clinical Trials and Insurance Coverage" information from this Web site.

Another way to get the information is to call 1-800-4-CANCER (1-800-422-6237) and ask them to send you a free copy.

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 more information about this study, or if you have problems while taking part in this study, you can contact the study doctor or his/her staff. They can be reached at the telephone numbers listed here:

[*Insert name and contact details*]

17. Contact Someone about Your Rights

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*]
For questions about your rights while taking part in this study, call the _____*[name of center]* Institutional Review Board (a group of people who review the research to protect your rights) at _____ *(telephone number).*

18. Blood Samples for Future Research (Optional)

This section of the Consent Form is about future research studies that will use blood samples from people who are taking part in the main study.

You can choose to give blood samples for the future research studies if you want to. You can still be a part of the main study even if you say "no" to giving blood samples for future research studies. Please mark your choice at the end of this section.

Researchers are trying to learn more about how the human body processes the drugs used for transplant and how the body recovers after transplant. This research is meant to gain knowledge that may help people in the future and make transplants even more successful.

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

a) We would like to have five (5) small blood samples for future research. If you agree, these samples will be drawn before you begin the conditioning regimen for your transplant (3 teaspoons or 16 mL), and at 4 different times after your transplant: on Days 35, 100, 180 and 365 (10 teaspoons or 40 mL each). These samples will be kept and may be used in research to learn more about immune reconstitution, GVHD, cancer and other diseases.

b) 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.

c) These samples will be kept and may be used in research to learn more about immune recovery, GVHD, cancer and other diseases. When the samples are given to investigators for research, no information about your name, address, phone number or other information that will let the researcher know who you are will be provided.

   DNA from your stored blood samples might be used in genome-wide association (GWA) studies for a future project either done or supported by the National Institutes

of Health (NIH). Genome-wide association studies are a way for scientists to find genes that have a role in human disease or treatment. Each study can look at hundreds of thousands of genetic changes at the same time.

If your coded samples are used in such a study, the research is required to add your test results and sample 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, although the results of genetic studies could theoretically include identifying information about you.

Benefits:

The research that may be done with your blood is not designed specifically to help you. The benefits of research using blood include learning more about what causes GVHD, cancer and other diseases, how to prevent them, and how to treat them.

Risks:

There is a small risk of an infection or fainting from the blood draw.

A possible risk is the loss of confidentiality about your medical information. We will do our best to make sure that your personal information will be kept private. The chance that this information will be given to someone else is very small.

Some general things to think about when letting us store your blood samples for research are:

1. The choice to let us have blood samples for future research is up to you. No matter what you decide to do, it will not affect your care.

   If you decide now that your blood can be kept for research, you can change your mind at any time. Just contact your study doctor and let him or her know that you do not want us to use your blood sample. Then any blood that remains will no longer be used for research.

2. In the future, people who do research on these blood samples may need to know more about your health. While the study doctor or others involved in running this study may give the researchers reports about your health, it will not give them your name, address, phone number, or any other information that will let the researchers know who you are.

   Sometimes blood is used for genetic research (about diseases that are passed on in families). Even if your blood is used for this kind of research, the results will not be put in your health records.

3. Your blood will be used only for research and will not be sold. The research done with your blood may help to develop new products in the future. Reports about research done with your blood will not be given to you or your doctor. These reports will not be put in your health record. The research will not have an effect on your care.

Genetic Information Nondiscrimination Act:

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 about your insurance. 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.

We ask that you contact [Principal Investigator] in writing and let him/her know you do not want us to use your research samples or health information for research. His/her mailing address is on the first page of this form. However, samples and information that have already been shared with other researchers cannot be taken back or destroyed.

Making Your Choice:

Please read each sentence below and think about your choice. After reading each sentence, please indicate your choice below. If you have any questions, please talk to your doctor or nurse, or call our research review board at _____.

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

You can change your mind at any time about allowing us to use your samples and health information for research.

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 a 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 DNA and health information may or may not be used in genome-wide association studies.

- ❑ I do agree to give blood samples for future research.
- ❑ I do not agree to give blood samples for future research.

_____ _____

Signature Date

Health Insurance Portability and Accountability Act 1 (HIPAA1) 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:

A Multi-Center Phase II Trial Randomizing Novel Approaches for Graft-versus-Host Disease Prevention Compared to Contemporary Controls

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 transplant (for example: blood tests, biopsy results)

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:

Dr. Javier Bolaños-Meade
Dr. John Koreth
Dr. Ran Reshef

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), Data and Coordinating Center
- 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.
- Millennium Pharmaceuticals, Inc., supplier of bortezomib.

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, t he 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 or abuse or neglect, judicial proceedings, health oversight activities and public health measures.

H. **This authorization does not have an expiration date.**

TITLE: BMT CTN #1203: A Multi-center Phase II Trial Randomizing Novel Approaches for Graft-versus-Host Disease Prevention Compared to Contemporary Controls

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.

_____ _____
Participant Name Date

_____ _____
Signature Date

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.

_____ _____
NAme of Counseling Physician Date

_____ _____
Signature of Counseling Physician Date