Informed Consent to Participate in Research

Principal Investigator Contact Information
(Insert contact information for PI at your site)

Study 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).

Introduction
This is a clinical trial, which is a research study to answer specific medical questions. The information from this study will help future patients. The Study doctor (the person in charge of the research) will explain the clinical trial to you. Clinical trials include only people who choose to join the study.

Please take your time to decide if you want to join this study. Some people find it helpful to talk about the study with their family and friends before they make a decision. It may also be useful to talk with your doctor and other people on your health care team about the study. If you have questions or want to know more about the study, you can ask them for more information.

You are being asked to take part in this study because you have an HIV related chemotherapy-sensitive aggressive B cell lymphoma or Hodgkin's lymphoma which has either not fully responded to the initial treatment or has returned. An autologous peripheral blood stem cell transplant is when your own stem cells are collected from your blood, frozen, and then given back to you after you receive chemotherapy, also referred to as conditioning therapy.

Why is this study being done?
This approach is fairly standard for patients with lymphoma. However, in patients with HIV, there are some special issues. This study is being carried out to better define the risks and benefits of this approach to therapy in HIV patients. Results of this trial will help guide treatment decisions for future HIV patients.

How many people will take part in the study?
Forty patients will take part in this study.

What will happen if I take part in this research study?
Before you begin the study -- You will need to have the following exams, tests or procedures to find out if you can be in the study. These exams, tests or procedures are part of regular cancer care and may be done even if you do not join the study. If you have had some of them recently, they may not need to be repeated. This will be up to your study doctor. The tests include:

- Medical history
- Physical examination, including height and weight
- Blood and urine tests
- EKG
- Heart function tests
- Pulmonary (lung) function tests
- Tests to evaluate your lymphoma including PET/CT scans and a bone marrow biopsy
- A blood pregnancy test if you are a woman able to have children; if you are pregnant, you will not be able to take part in this study.

During the study *(you can refer to the Study Chart later in this consent as you read this)* **–**

Antiretorviral Therapy
Antiretroviral therapy will be stopped before transplant chemotherapy begins and will not be reinitiated until the WBC has recovered. This is done for two reasons. It is common for the chemotherapy to cause nausea and vomiting that would interrupt antiretroviral therapy. We believe repeated interruptions are more dangerous than a planned stop and then restart after nausea has resolved. In addition, some antiretroviral therapies may have effects on the bone marrow during its recovery (zidovudine) or may interact with chemotherapy drugs so as to lead to increased or unpredictable toxicities. Patients who were on zidovudine prior to transplant will be started on an alternative antiretroviral in place of zidovudine.

Conditioning Regimen
The conditioning regimen is used to kill the lymphoma cells in your body. BEAM is the pre-transplant conditioning regimen you will receive. You will receive BEAM chemotherapy starting 6 days before your transplant. BEAM is a very common combination of chemotherapy drugs that has been widely used in transplants for Lymphomas.

Reinfusion of Stem Cells (Transplantation)
After the conditioning regimen, the stem cells that were previously collected and frozen will be thawed and reinfused into you through your catheter. You will then receive the autologous cells that were collected and frozen during mobilization (this day that you receive your cells is referred to as Day 0). The cells will travel to your bone marrow where they'll begin making healthy, new blood cells. This step is necessary because the high dosages of chemotherapy given to you during the conditioning regimen will not only destroy lymphoma cells, but healthy cells in your bone marrow as well. Until the new stem cells begin producing healthy blood cells, you will be at an increased risk of excessive bleeding or developing an infection.

Description of Study Drugs

BEAM- BEAM is a mixture of several chemotherapy drugs that interfere with the growth of cancer cells and are widely used to treat NHL:

BCNU (also called carmustine)

Etoposide (also called VP-16)

Ara-C (also called cytarabine)

Melphalan

When you are finished taking these drugs and have received your transplant, you will be watched closely. For this study, you will have the following tests at least twice per week for the first 4 weeks and then again at 8 weeks, 100 days, six months, one year and two years after transplantation:

- Medical history
- Physical examination
- Blood and urine tests

In addition to these tests, you will have blood drawn to test how well your immune system is working before you begin treatment and at 60 days, six months and one year after your transplant.

Tests and exams to look at the status of your lymphoma will be done 100 days, 6 months, 1 year and 2 years after your transplant. These will include PET and CT scans.

All of these exams, tests or procedures are part of regular medical care after a transplant and may be done even if you do not join the study. The schedule for testing is only for tests required for the study. Some of these tests will be done more frequently than described here if your doctor thinks it is necessary for your medical care.

How long will I be on this study?
After your transplant, the study doctor will ask you to visit the office for follow-up exams for two years to receive the study tests and procedures described above.

Follow up for your transplant will last as long as you require care. However, we would like to keep track of your medical condition for the rest of your life by contacting you and the doctor providing your regular medical care by phone or mail once a year. Keeping in touch with you and checking on your condition every year helps us look at the long-term effects of the study and transplantation in general. Many transplant centers include this type of long-term follow-up as part of their regular medical care. It is not necessary for you to agree to follow-up for longer than 5 years to participate in this study.

Can I stop being in the study?
Yes. You can decide to stop at any time. Tell your doctor if you are thinking about stopping or decide to stop. He or she will tell you how to stop safely.

It is important to tell your doctor if you are thinking about stopping so any risks from the medications can be evaluated. Another reason to tell your doctor that you are thinking about stopping is to discuss what follow-up care and testing could be most helpful for you.

Can the Study Doctor withdraw me from the study?
You can be taken off the study (with or without your consent) for any of the following reasons:

- You do not qualify to be in the study because you do not meet the study requirements. Ask your doctor if you would like more information about this.
- You need a medical treatment not allowed in this study.
- The study doctor decides that continuing in the study would be harmful to you.
- The study treatments have a bad effect on you.
- You become pregnant.
- You are unable to keep appointments or take study drugs as directed.
- Other study-specific reasons; for example, if the dose of study drug you are taking is found to be unsafe.
- The study is cancelled by the Food and Drug Administration (FDA) or the National Institutes of Health (NIH).

What side effects or risks can I expect from being in the study?
You will have side effects while on the study. Side effects may be mild or very serious. Your health care team will give you medicines to help lessen side effects such as nausea. In some cases, side effects can be serious, long lasting, or may never go away. There is also a risk of death. Most of these risks are common to all patients undergoing autologous transplant but some, such as risk of infection or organ damage may be different in patients with HIV.

You should talk to your study doctor about any side effects that you have while taking part in the study.

Potential Side Effects

BEAM		
Likely	**Less Likely**	**Rare but Serious**
• Low blood counts • Nausea/vomiting • Mouth sores • Sores in esophagus • Abdominal pain/diarrhea • Difficulty eating • Hair loss • Fatigue	• Liver problems • Lung problems • Low blood pressure • High levels of uric acid • Skin rash • Chills	• Liver failure • Severe lung problems • Severe allergic reactions • Second cancers, including Myelodysplastic Syndromes (MDS) and leukemia • Life-threatening infection • Disease of the peripheral nervous system • Sterility

Reproductive Risks: You should not become pregnant or father a baby while on this study because the drugs in this study can affect an unborn baby. Women should not breastfeed a baby while on this study. It is important you understand that you need to use birth control while on this study. Check with your study doctor about what kind of birth control methods to use and how long to use them. Some methods might not be approved for use in this study. Some of the drugs used in the study may make you unable to have children in the future.

This study is designed to help persons who are suffering from lymphoma. However, this treatment may not cure your lymphoma. We do not expect that this treatment will have any long term effect on the course of your HIV infection.

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

Are there benefits to taking part in the study?

Taking part in this study may or may not make your health better. We do know that the information from this study will help doctors learn more about transplantation for lymphoma in HIV patients. This information could help future HIV patients with lymphoma.

What other choices do I have if I do not take part in the study?
Your other choices may include:

- Treatment with other drugs or a combination of drugs without a transplant.
- An autologous stem cell transplant that is not part of the study or another type of transplant.
- No therapy directed against your lymphoma at this time.

Talk to your doctor about your treatment choices before you decide if you will take part in this study.

What are the costs of taking part in this study?
You and/or your health plan/ insurance company will need to pay for some or all of the costs of treating your cancer in this study. Some health plans will not pay these costs for people taking part in studies. Check with your health plan or insurance company to find out what they will pay for. Taking part in this study may or may not cost your insurance company more than the cost of getting regular cancer treatment.

All costs of your care including the chemotherapy drugs and costs associated with administration of them will need to be paid by you and/or your health plan/insurance company. All of the medical tests, evaluations and procedures in this study are considered part of standard medical care.

The companies that make the drugs used in this study did not plan or design this clinical trial. They will also not have a part in analyzing the results of this study.

You will not be paid for taking part in this study.

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.

What happens if I am injured because I took part in this study?
It is important that you tell your doctor, _____ *[investigator's name(s)]*, 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.

What are my rights if I take part in this study?
Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you and you will not lose any of your regular benefits. Leaving the study will not affect your medical care. You can still get your medical care from our institution.

We will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study.

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

Will my medical information be kept private?
We will do our best to make sure that the personal information in your medical record will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Organizations that may look at and/or copy your medical records for research, quality assurance, and data analysis include:

- The National Marrow Donor Program and the Center for International Blood and Marrow Transplant Research, organizations involved in research on blood and marrow transplantation and in the coordination of this study
- The EMMES Corporation, a research organization that is helping to coordinate this study
- Members of the Blood and Marrow Transplant Clinical Trials Network, which is conducting this study
- The National Heart, Lung, and Blood Institute (NHLBI), the National Cancer Institute (NCI) and other government agencies, like the Food and Drug Administration (FDA), involved in keeping research safe for people

HIPAA[1] authorization to use and disclose individual health information for research purposes

a. Purpose: As a research participant, I authorize the Principal Investigator and the researcher's staff to use and disclose my individual health information for the purpose of conducting the research study entitled *High Dose Chemotherapy with Autologous Stem*

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

Cell Rescue for Aggressive B Cell Lymphoma and Hodgkin Lymphoma in HIV-infected Patients.

b. Individual Health Information to be Used or Disclosed: My individual health information that may be used or disclosed to conduct this research includes: demographic information (e.g., age, date of birth, sex, weight), medical history (e.g., diagnosis, complications with prior treatment), physical examination findings, and laboratory test results obtained at the time of work up and after transplantation (e.g., blood tests, biopsy results).

c. Parties Who May Disclose My Individual Health Information: The researcher and the researcher's staff may obtain 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:

- Members of the BMT CTN Data and Coordinating Center and 0803 Protocol Team
- National Heart, Lung, and Blood Institute (NHLBI) and the National Cancer Institute (NCI), both of the National Institutes of Health (NIH), study sponsors
- 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
- Other:

_____

_____

_____

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 research-related treatment that is provided through the study. However, my decision not to sign this authorization will not affect any other treatment, payment, or enrollment in health plans or eligibility for benefits.

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

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

g. Potential for Re-disclosure: My individual health information disclosed under this authorization may be subject to re-disclosure outside the research study and no longer protected. Examples include potential disclosures for law enforcement purposes, mandated reporting or abuse or neglect, judicial proceedings, health oversight activities and public health measures.

h. This authorization does not have an expiration date.

Who can answer my questions about the study?
You can talk to your study doctor about any questions or concerns you have about this study. Contact your study doctor _____ *[name(s)]* at _____ *[telephone number]*.

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).*

You will get a copy of this form. If you want more information about this study, ask your study doctor.

* *

About Using Blood for Research

Please note: This section of the informed consent form is about future research studies that will be done using blood samples from people who are taking part in the main study described above. You may give small blood samples for these 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. You can say "yes" or "no" to giving blood samples for future research studies. Please mark your choice at the end of this section.

We would like to have one small (4 teaspoons or 20 mL) blood sample for future research. If you agree, this sample will be obtained pre-transplant. They will be kept and may be used in research to learn more about HIV, cancer and other diseases. Usually the blood can be drawn from your central venous catheter at the time of the other blood collections. If this is not possible, it will be taken from a vein. When the sample is 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.

The samples collected for research purposes will be sent to the AIDS and Cancer Specimen Resource Repository. The samples will be labeled with unique codes that do not contain

information that could identify you. 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). 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 ACSR Repository until they are used up for approved research.

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

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

The research that may be done with your blood is not designed specifically to help you. It might help people who have HIV, cancer and other diseases 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.

Things to Think About: 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.

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.

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.

Benefits: The benefits of research using blood include learning more about what causes HIV, cancer and other diseases, how to prevent them, and how to treat them.

Risks: The greatest risk to you is the release of information from your health records. 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.

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.

Statement of consent

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 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 my blood and information can be stored indefinitely by the BMT CTN and/or AIDS and Cancer Specimen Resource Repository for research to learn about, prevent, or treat health problems. I also understand that my DNA and health information may or may not be used in genome-wide association studies.

- ❑ Yes, I agree to have a blood sample drawn for future research.
- ❑ No, I do not agree to have a blood sample drawn for future research.

_____ _____

Signature *Date*

* *

SIGNATURE

I have been given a copy of all _____ *[insert total of number of pages]* pages of this form. I have read it or it has been read to me. I understand the information and have had my questions answered. I agree to take part in this study.

Participant _____

Date _____

Witness _____

Date_____

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

_____
Signature of person conducting informed consent

Date_____

ASSENT FORM

High Dose Chemotherapy with Autologous Stem Cell Rescue for Aggressive B Cell Lymphoma and Hodgkin Lymphoma in HIV-infected Patients

A. Why am I here?

We are inviting you to join our study because your first treatment for your lymphoma did not work or your lymphoma has come back, and because you have HIV.

B. Why are you doing this study?

We want to know how well autologous transplant treats lymphoma in people with HIV.

C. What will happen to me?

If you say you want to be in the study, we will ask you for several things:

- Permission to let us read your medical records and x-rays.
- Participate in getting tests done to find out more about your health.
- Check-ups with the study doctors for at least two years.
- Some blood from you (about 12 teaspoons). A very small needle will be used to get blood.

For this study, you will have an autologous transplant.

What is an autologous transplant?

An autologous transplant uses stem cells collected from your blood stream or bone marrow to rebuild your immune system. There are three main steps to this type of transplant. First, we will give you a series of four drugs (chemotherapy) to destroy your unhealthy cells (lymphoma) in your blood steam and bone marrow. Second, we will collect the rest of your cells from your blood stream or bone marrow, treat them and store them. Third, we will give you back your treated cells that, after a brief delay, will make new, healthy cells.

During and after your transplant, we will watch you carefully for fevers, any sign of infection or other problems. You may have to stay in the hospital. You may require daily visits to a clinic during your transplant. Once your transplant is complete, you will need to come back for regular visits and testing for at least 2 years for this study. Your doctor may want to see you for longer than 2 years.

D. Will it hurt?

You will get sick from the chemotherapy. Side effects of these drugs include nausea and vomiting, mouth sores, stomach pain, skin rash, and lowering of your blood counts. We will give you drugs to treat most of these side effects. One side effect, which we cannot prevent, will be hair loss. This will occur about 2-3 weeks after you receive the medicines. This is only temporary.

When you have your blood and cells taken with a needle, it may feel like a pinch. It will hurt for a minute and sometimes the place where the needle went might be red and sore. You might get a little bruise where the blood was taken but it goes away in a few days.

A stem cell transplant requires us to give you many drugs through your vein, and to sample your blood many times. To make this easier for you, we will place a tube in your neck or chest. We will give drugs before the tube is placed in to make you sleepy, so you won't feel it going in. Once this tube is place, you will not need any more needle sticks. When the transplant is done and you are feeling well, the tube will be removed.

E. Will the study help me?

We don't know if the study will help you or not. Your lymphoma may stay the same, it may get better, or it may get worse. It is not known if the study will help your HIV.

F. What if I have questions?

You can ask any questions that you have about the study. If you forget to ask a question and think of it later, you can call me [insert office number]. You can also ask your question the next time you see me.

You can call the study office at any time to ask questions about the study.

G. Do I have to be in this study?

- If you don't want to be in the study, you need to tell us and your parent or guardian. Your doctor will not be angry or upset if you don't want to join.
- Whether you are in the study or not, you will still need to have treatment for your lymphoma.
- You can say yes now and change your mind at any time.
- Please talk this over with your parent or guardian, and other family members, before you decide if you want to be in the study. We will 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.

Signature of Child	Date
Signature of Researcher	Date