



# Heartland Cancer Research

An NCI-Designated Community  
Clinical Oncology Program

## Missouri Baptist Medical Center Institutional Review Board

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CIRB Approval Date: JUN 15 2010  
MBMC Utilization Date: SEP 22 2010  
CIRB Expiration Date: DEC 16 2011

### INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

**TITLE OF STUDY: E2905 - Randomized Phase III Trial Comparing the Frequency of Major Erythroid Response (MER) to Treatment with Lenalidomide (Revlimid®) Alone and in Combination with Epoetin Alfa (Procrit®) in Subjects with Low- or Intermediate-1 Risk MDS and Symptomatic Anemia**

**PRINCIPAL INVESTIGATOR: Alan P. Lyss, M.D.**

**PARTICIPANT NAME:** \_\_\_\_\_

**This is a clinical trial, a type of research study. Your doctor will explain the clinical trial to you. Clinical trials include only people who choose to take part. Please take your time to make your decision about taking part. You may discuss your decision with your friends and family. You can also discuss it with your health care team. If you have any questions, you can ask your doctor for more explanation.**

**You are being asked to take part in this study because you have a condition called myelodysplastic syndrome and anemia.**

#### **WHY IS THIS STUDY BEING DONE?**

The purpose of this study is to compare how a drug called lenalidomide affects (good or bad) you and your condition when given alone compared with when given with another drug called epoetin alfa. We want to find out which is better. Epoetin alfa boosts the production of red blood cells. Lenalidomide makes early red blood cells more likely to be affected by the growth promoting effects of epoetin alfa and other red blood cell hormones. This study is being done to determine if the combination of treatment with epoetin alfa and lenalidomide is better than lenalidomide alone in improving red blood cell production and in relieving the need for red blood cell transfusions in patients with MDS (myelodysplastic syndrome). In this study, you will get either lenalidomide or lenalidomide and epoetin alfa.

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If you get lenalidomide alone and it does not have a very good effect on you after 4 cycles, then you will be offered lenalidomide and epoetin alfa.

Lenalidomide is approved by the FDA for the treatment of red cell transfusion-dependant MDS patients with a specific chromosome abnormality called deletion 5q. Lenalidomide has been shown to reduce transfusion dependence. Epoetin alfa has been FDA approved for the treatment of chemotherapy related anemia. However, the combination of epoetin alfa and lenalidomide is experimental.

#### **HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?**

About 252 people 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 MDS and/or anemia 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 doctor.

- Medical history

In addition, you will be asked to provide copies of laboratory results and blood transfusion history, if any, for the previous 8 weeks. This is necessary to document the status of your myelodysplastic syndrome and/or anemia.

- If you are a female of childbearing potential, you should have 2 negative pregnancy tests. The first test should be performed within 14 days, and the second test within 24 hours prior to taking lenalidomide. You must not take lenalidomide until negative pregnancy tests have been verified by the prescriber.
- Both males and females of childbearing potential should use effective contraception for at least 4 weeks before beginning lenalidomide therapy.
- ECG (electrocardiogram) – a test that monitors your heart activity
- Blood tests
- Bone marrow tests

##### **DURING THE STUDY**

If the exams, tests and procedures show that you can be in the study, and you choose to take part, then you will need the following tests and procedures. They are part of regular MDS and/or anemia care.

- Physical Exams
- Blood tests
- Bone marrow tests

You must use effective contraception for at least 4 weeks before beginning lenalidomide therapy, during lenalidomide therapy, during dose interruptions and for 4 weeks following discontinuation of lenalidomide therapy.

You will also have regular pregnancy tests (for women of childbearing potential only).

Please note that medication should not be shared with others, nor broken, chewed or opened

You will be "randomized" into one of the study groups described below. Randomization means that you are put into a group by chance. A computer program will place you in one of the study groups. Neither you nor your doctor can choose the group you will be in. You will have an equal chance of being placed in any group.

### **If you are in group 1 (often called "Arm A")**

You will be given lenalidomide by mouth for days 1-21 followed by 7 days of no lenalidomide. You will repeat this every 28 days for four cycles (1 cycle = 28 days).

You will be asked to maintain a medication diary. The medication diary will be provided by your physician.

Patients with deletion 5q will not be randomized, but will be put on Arm A. If there is not a good response to treatment on Arm A, patients with deletion 5q will have the option to cross over to receive Arm B treatment.

### **If you are in group 2 (often called "Arm B")**

You will be given lenalidomide by mouth for days 1-21 followed by 7 days of no lenalidomide. You will also be given epoetin alfa by an injection under your skin every week. You will repeat this every 28 days for four cycles (1 cycle = 28 days).

You will be asked to maintain a medication diary. The medication diary will be provided by your physician.

### **Central Review**

Samples of your bone marrow and blood and pictures of your chromosomes (karyotypes) will be sent to central laboratories to be examined by central reviewers. These reviews will be used to confirm the results of the local institutional review.

## TREATMENT

### CYCLE 1

DAY	WHAT YOU DO
Within 24 hours of start of study	<ul style="list-style-type: none"> <li>• You will also have a pregnancy test (women only)</li> </ul>
14 days before starting study	<ul style="list-style-type: none"> <li>• Your doctor will record your medical history.</li> <li>• You will also have blood tests, bone marrow tests, a pregnancy test (women only), and a test to monitor your heart activity.</li> </ul>
Days 1-28	<ul style="list-style-type: none"> <li>• <u>If you are on Arm A:</u> You will receive lenalidomide for days 1-21 followed by 7 days of no lenalidomide.</li> <li>• <u>If you are on Arm B:</u> You will receive lenalidomide (like in Arm A) <u>and</u> epoetin alfa. You will receive epoetin alfa once every week for the duration of the study.</li> </ul>

### FUTURE CYCLES (CYCLES 2-4)

DAY	WHAT YOU DO
Days 1-28	<ul style="list-style-type: none"> <li>• <u>If you are on Arm A:</u> You will receive lenalidomide for days 1-21 followed by 7 days of no lenalidomide. If you have good results at the end of four cycles, you will continue to receive lenalidomide. But if the drug does not have a good effect on you or if you have a good response and then stop responding, you will then be offered to go on Arm B to receive lenalidomide and epoetin alfa. If you chose not to go on Arm B, you will then stop study treatment.</li> <li>• <u>If you are on Arm B:</u> You will receive lenalidomide (like in Arm A) <u>and</u> epoetin alfa. You will receive epoetin alfa once every week for the duration of the study. If you have good results at the end of four cycles, you will continue to receive lenalidomide and epoetin alfa. But if the drugs do not have a good effect on you, you will stop study treatment.</li> <li>• For both arms, your doctor will perform blood tests and bone marrow tests on you after 16 weeks of study treatment, at the time of final response analysis in Arm-A crossover patients (week 32), in addition to off-treatment and 1 year (only if you are receiving treatment).</li> </ul>

### **HOW LONG WILL I BE IN THE STUDY?**

You will be asked to take the drugs for 4 cycles and then be evaluated for additional therapy. You will have the option to continue until your condition becomes worse or returns. You will continue to receive study drug treatment as long as you are benefiting from the treatment. Your response to the treatment will be monitored with office visits. After you are finished taking the drugs, the doctor will ask you to visit the office for follow-up exams for 6 months after your last study drug treatment.

### **CAN I STOP BEING IN THE STUDY?**

Yes. You can decide to stop at any time. Tell the 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 the doctor if you are thinking about stopping so any risks from the drugs can be evaluated by your doctor. 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.

The doctor may stop you from taking part in this study at any time if he/she believes it is in your best interest; if you do not follow the study rules; or if the study is stopped.

### **WHAT SIDE EFFECTS OR RISKS CAN I EXPECT FROM BEING IN THE STUDY?**

You may have side effects while on the study. Everyone taking part in the study will be watched carefully for any side effects. However, doctors don't know all the side effects that may happen. Side effects may be mild or very serious. Your health care team may give you medicines to help lessen side effects. Many side effects go away soon after you stop taking the drugs. In some cases, side effects can be serious, long lasting, or may never go away. There also is a risk of death.

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

### **Risks and side effects related to lenalidomide include:**

#### **Likely:**

- Constipation
- Diarrhea
- Nausea or the urge to vomit
- Fatigue or tiredness
- Decreased number of a type of white blood cell (neutrophil/granulocyte)
- Decreased number of a type of blood cell that help to clot blood (platelet)

- Itching
- Skin rash with the presence of macules (flat discolored area) and papules (raised bump)

### **Less Likely**

- Lack of enough red blood cells (anemia)
- Abnormally low level of thyroid gland hormone
- Belly pain
- Irritation or sores in the lining of the anus
- Irritation or sores in the lining of the mouth
- Irritation or sores in the lining of the rectum
- Irritation or sores in the lining of the small bowel
- Vomiting
- Chills
- Swelling of the extremities (arms and/or legs)
- Fever
- Infection
- Decreased number of a type of white blood cell (lymphocyte)
- Weight loss
- Decrease in the total number of white blood cells (leukocytes)
- Loss of appetite
- Joint pain
- Back pain
- Muscle pain
- Dizziness (or sensation of lightheadedness, unsteadiness, giddiness, spinning or rocking)
- Headache or head pain
- Difficulty sleeping or falling asleep
- Cough
- Shortness of breath
- Irritation or sores in the lining of the voice box
- Irritation or sores in the lining of the throat
- Irritation or sores in the lining of the windpipe
- Excess sweating
- A chronic, inflammatory skin condition with sores covering the skin
- Formation of a blood clot that breaks loose and is carried by the blood stream to plug another blood vessel

### **Rare but Serious**

- Inflammation (swelling and redness) of the pancreas
- Serious potentially life-threatening type of allergic reaction that may cause breathing difficulty, dizziness, low blood pressure, and loss of consciousness
- Increased blood level of fat-digesting enzyme (lipase)
- Group of signs and symptoms due to rapid breakdown of tumor that can occur after treatment of cancer has started that causes increased levels of blood potassium, uric acid, and phosphate, decreased levels of blood calcium, and kidney failure
- Temporary growth in tumor or worsening of tumor related problems
- Progressive necrosis (tissue death) of a part (the white matter) of the brain without inflammation (swelling and redness)
- Sudden or traumatic injury to the kidney
- Severe reaction of the skin and gut lining that may include rash and shedding or death of tissue
- Potentially life-threatening condition affecting less than 10% of the skin in which cell death causes the epidermis (outer layer) to separate from the dermis (middle layer)
- Life-threatening condition affecting greater than 30% of the skin in which cell death causes the epidermis (outer layer) to separate from the dermis (middle layer)

### **Risks Associated with Pregnancy**

Lenalidomide is related to thalidomide. Thalidomide is known to cause severe life-threatening human birth defects. Findings from a monkey study indicate that lenalidomide caused birth defects in the babies of female monkeys who received the drug during pregnancy. If lenalidomide is taken during pregnancy, it may cause birth defects or death to any unborn baby. Women must not become pregnant while taking lenalidomide. You have been informed that the risk of birth defects is unknown. If you are female, you agree not to become pregnant while taking lenalidomide.

When taking lenalidomide, the drug is present in semen of healthy men at very low levels for three days after stopping the drug. For patients who may not be able to get rid of the drug, such as people with kidney problems, lenalidomide may be present for more than three days. To be safe, all men should use condoms when engaging in sexual intercourse while taking lenalidomide, when temporarily stopping lenalidomide, and for 28 days after permanently stopping lenalidomide treatment if their partner is either pregnant or able to have children.

Patients should not donate blood during study treatment or for 28 days following discontinuation of lenalidomide.

You will be counseled at least every 28 days during lenalidomide treatment and again one last time when you stop taking lenalidomide about not sharing lenalidomide (or other study drugs), the potential risks of fetal exposure, abstaining from blood and other donations, the risk of changes in blood counts and blood clots, and you will be reminded not to break, chew or open lenalidomide capsules. You will be provided with the "Lenalidomide Information Sheet for Patients Enrolled in Clinical Research Studies" with each new supply of lenalidomide as a reminder of these safety issues.

### **Reproductive Risks of Lenalidomide**

You should not become pregnant or father a baby while on this study or during maintenance. The following contraceptive methods are mandatory. If you are a woman of childbearing potential, you must refrain from sexual intercourse or employ two methods of contraception: one of which is highly effective (IUD, birth control pills, tubal ligation or partner's vasectomy) and another additional method (condom, diaphragm or cervical cap). Women who have had a hysterectomy or have been postmenopausal and have had no period for at least 24 consecutive months do not have to use the described contraceptive measures. It is not known if lenalidomide shows up in the semen of men receiving lenalidomide. Therefore, if you are a man on this study you must use a latex condom during any sexual contact with women of childbearing potential, even if you have had a vasectomy.

You must not breast-feed a baby while being treated with lenalidomide. You must **NEVER** donate blood, ova or sperm while being treated with lenalidomide. Lenalidomide does not induce abortion of the fetus and should never be used for contraception.

Thalidomide is a similar drug to lenalidomide and has been shown to cause severe birth defects in the unborn babies of females who have taken it while pregnant. The risk of thalidomide causing damage to the embryo is up to 50% for females taking thalidomide during the "sensitive period," which is estimated to range from 35-50 days after the last menstrual period. It is not known whether thalidomide may cause birth defects in unborn babies if it is taken after the "sensitive period". A single dose of thalidomide may cause birth defects. Because lenalidomide is a close relative of thalidomide, similar risks may exist.

Birth defects observed in babies exposed to thalidomide during pregnancy include absent or abnormal legs and arms; spinal cord defects; cleft lip or palate; absent or abnormal external ear; heart, kidney, and genital abnormalities; and abnormal formation of the digestive system, including blockage of necessary openings. Also, a 1994 article by Stromland and others describe an association between thalidomide and autism.

Because of the severity of these abnormalities, it is extremely important that pregnancies do not occur while you are taking lenalidomide. The drug is known to be present in male ejaculate (semen) of men treated with thalidomide.

You should discuss with your doctor what the best methods of birth control are for you. Remember however, that **no** method of birth control besides complete abstinence provides 100% protection from pregnancy.

Patients with a history of infertility should still take the appropriate contraceptive measures.

These risks will be discussed each time you begin a new course of lenalidomide.

### **Risks of Developing Second Primary Cancers**

Sometimes a second primary cancer arises after patients have undergone cancer therapy, including therapy using chemotherapeutic agents used to treat multiple myeloma. Recently, in clinical trials of patients with newly diagnosed multiple myeloma, a higher number of second cancers has also been reported in patients treated with high doses of chemotherapy (induction therapy) and/or stem cell transplant followed by prolonged (maintenance) lenalidomide therapy compared to those who received induction therapy and/or transplant without maintenance lenalidomide.

We do not know at this time whether prolonged lenalidomide therapy in this clinical setting actually increases the risk of second primary cancers. No increase in second primary cancers has been observed in patients receiving lenalidomide therapy who have relapsed multiple myeloma or other types of cancer.

We will be carefully monitoring these events (second primary cancers) in on-going studies of lenalidomide therapy and will inform you if there are any changes. We want you to be aware of this possibility and to continue to follow standard medical advice for prevention and early detection of other cancers during and after your treatment.

### **Risks and side effects related to epoetin alfa include:**

#### **Likely:**

- Temporary redness at the site of injection

#### **Less Likely:**

- Blood clots in the legs or arteries of the heart. These can be life threatening because they can dislodge and go to the lungs or prevent blood flow to a portion of the heart.

#### **Rare but Serious:**

- A rash

- Nausea
- Vomiting
- Fever
- Diarrhea
- Swelling
- Tingling sensation
- Allergic reaction (itching, shortness of breath or change in blood pressure)
- Seizures
- Increased risk of death has been reported in subjects with chronic kidney disease or cancer that received epoetin alfa when the hemoglobin increased to high levels. Your hemoglobin will be closely monitored to adjust the dose of epoetin or hold treatment to prevent an excessive rise in hemoglobin.
- Cancer growth – trials in subjects with solid tumors suggest that epoetin might adversely affect the speed of growth of some cancers.
- Pure red cell aplasia:

Pure red cell aplasia (PRCA) is a rare condition that involves a failure in the production of red blood cells in the bone marrow and can be a side effect of erythropoietin-like medications (such as the Epoetin-alfa being used in this clinical trial). PRCA results in a severe anemia that might require frequent transfusions for the rest of your life.

PRCA that is a side effect of erythropoietin medications is often first observed as a "loss of effect" of those medications. "Loss of effect" occurs when the drug seems to work for you and increases your red blood cell count or keeps the red blood cell count at the same level for several weeks, but is then followed by an unexplained drop in red blood cell counts. PRCA is extremely rare in cancer subjects treated with erythropoietin products.

PRCA is caused by the presence or development of an immune reaction in your body to erythropoietin, a protein that is involved in making red blood cells. If your study doctor is suspicious of PRCA or notices an unexplained loss of effect of treatment of your condition with Epoetin-alfa, you may be asked to provide an two additional blood samples (approximately 10 mL or 2 teaspoons of blood) to determine if an immune reaction has occurred. (Note, if you did not take more than one dose of study drug over a period of more than one month, a second blood sample is not required.) The results of this testing will be reported to your study doctor. You will be asked to sign a separate consent form for this testing.

If the results of these blood tests show that you have anti-erythropoietin you may be asked to take part in a separate study to follow the PRCA.

There is no standard treatment for PRCA other than to use red blood cell transfusions to keep your blood count normal. Most patients (over 80%) who develop PRCA recover or improve with treatments that suppress the immune system. Your study doctor will be able to advise you on the best treatment for PRCA should it happen to you.

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

**ARE THERE BENEFITS TO TAKING PART IN THE STUDY?**

Taking part in this study may or may not make your health better. While doctors hope these drugs will be more useful against MDS and/or anemia compared to the usual treatment, there is no proof of this yet. We do know that the information from this study will help doctors learn more about these drugs as a treatment for MDS and/or anemia. This information could help future MDS and/or anemic patients.

**WHAT OTHER CHOICES DO I HAVE IF I DO NOT TAKE PART IN THIS STUDY?**

Your other choices may include:

- Getting treatment or care for your MDS and/or anemia without being in a study
- Taking part in another study
- Supportive care

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

**WILL MY MEDICAL INFORMATION BE KEPT PRIVATE?**

Protected health information (PHI) is health information that identifies you. This information is protected by Federal law under the Health Insurance Portability and Accountability Act (HIPAA). Your rights regarding your health information will be further explained to you in a separate consent form.

The Eastern Cooperative Oncology Group (ECOG) is conducting this study. ECOG is a cancer group that conducts studies for the National Cancer Institute. Your doctor is a member of ECOG or another group that is participating in this study. To help protect your privacy, ECOG has obtained a Confidentiality Certificate from the Department of Health and Human Services (DHHS).

With this Certificate, ECOG cannot be forced (for example, by court subpoena) to disclose information that may identify you in any federal, state or local civil, criminal, administrative, legislative or other proceedings. Disclosure will be necessary, however, upon request of DHHS for audit or program evaluation purposes.

You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about you or your involvement in this research. Note, however, that if an insurer or employer learns about your participation and obtains your consent to receive research information, then ECOG may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your privacy.

Finally, you should understand that your doctor and ECOG are not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others and the Certificate does not prevent the review of your research records under some circumstances by certain organizations for an internal program audit or evaluation. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as:

- Eastern Cooperative Oncology Group
- National Cancer Institute
- Food and Drug Administration
- Other regulatory agencies and/or their designated representatives
- Drug manufacturers and/or their representatives supporting the trial
- Ortho Biotech (the company that will be supplying epoetin alfa for this study)
- Central Laboratories (a central laboratory receives or analyzes specimens (i.e., blood and tissue) from all patients participating in the trial)
- Southwest Oncology Group (SWOG)
- The Cancer Clinical Trials Support Unit (CTSU), a research group sponsored by the National Cancer Institute (NCI) to provide greater access to cancer trials
- Missouri Baptist Medical Center Staff
- Missouri Baptist Institutional Review Board (a group of people who review the research study to protect your rights)

#### **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 MDS and/or anemia 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 treatment for your MDS and/or anemia.

The Division of Cancer Treatment and Diagnosis, NCI, and Celgene are supplying lenalidomide at no cost to you during the duration of your participation in the study. However, you or your health plan may need to pay for costs of the supplies and personnel who give you the lenalidomide. If lenalidomide becomes commercially available for use in combination with epoetin alfa, there is a remote possibility that you may be asked to purchase subsequent supplies. Your physician will discuss this with you should this situation arise.

The Division of Cancer Treatment and Diagnosis, NCI and Ortho Biotech Clinical Affairs LLC are supplying epoetin alfa at no cost to you during the duration of your participation in the study. The NCI will provide the commercial agent, epoetin alfa, free of charge to all participants. However, you or your health plan may need to pay for costs of the supplies and personnel who give you the epoetin alfa.

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?**

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.

**Please note: This section of the informed consent form is about additional research studies that are being done with people who are taking part in the main study. You may take part in these additional studies if you want to. You can still be a part of the main study even if you say 'no' to taking part in any of these additional studies.**

**You can say "yes" or "no" to each of the following studies. Please mark your choice for each study.**

## **ABOUT USING SPECIMENS FOR RESEARCH**

If you participate in the clinical trial, we would also like samples of your **bone marrow and blood** to be used for research studies. These samples are referred to as "specimens". These specimens and the health information collected during your participation in the clinical trial can be used to help doctors and scientists learn more about caring for and treating people with cancer and other diseases.

Below is some general information you should know before agreeing to allow the use of your specimens for research. After the general information there are descriptions of the research projects. Each project is described separately, including the types of specimens requested and how they are collected. Each description is followed by questions concerning your participation in the project. Your specimens will be used only for the projects in which you agree to participate.

You will not receive any payments for allowing your specimens to be used for these research studies, even if your specimens are used to help develop commercial products or tests someday. You or your insurance company will not be billed for the research studies performed using your specimens.

### **How Will My Specimens Be Used For Research?**

There are two types of projects:

- **Laboratory Research projects:** These research studies are already planned and the project details are written into the study plan. They are approved by ECOG and NCI, and have been reviewed by the researchers' Institutional Review Board or IRB (a group of people who review the research to protect patient rights).
- **Future Research projects:** Specimens are stored in central locations for use in future research. The type of projects they will be used for are not yet known. Future projects must be approved by ECOG and the researchers' IRBs.

Researchers may study the differences and similarities of the cells or parts of the cells in the specimens, such as normal cells, tumor cells, proteins, and genetic material. The level of drug in the specimens may be studied. Some projects may study characteristics that are passed on in families (inheritable). The study of inheritable traits is a type of genetic research. To better understand the results, the researcher may compare the test results to the information collected from your participation in the clinical trial (such as your age, side effects you experience, and your response to treatment).

Additional information on the importance of donating your specimens for research and how specimens are used for research can be found on the patient advocacy website ([www.researchadvocacy.org](http://www.researchadvocacy.org)) and on the NCI website at [www.cancer.gov/clinicaltrials/](http://www.cancer.gov/clinicaltrials/).

### **Where will my specimens be stored and who has access to them?**

If you agree to allow your specimens to be used for the research projects, your specimens will be sent to research laboratories for testing. After these tests are completed, the researchers will send any left over specimens to a repository (bank) where, if you agree, they will be stored for use by other researchers. The stored specimens will be kept indefinitely or until they are used up.

Because your specimens are valuable, researchers must present their projects for review and approval to scientific reviewers appointed by the Eastern Cooperative Oncology Group. Any research done on the specimens must also be reviewed by the researcher's IRB. Some projects may also require approval by the National Cancer Institute (NCI).

### **Will personal information be associated with the specimens?**

The specimens sent to research laboratories and repositories will have some identifying information, such as initials and where the specimens were collected. To protect your identity, your specimens and any related information will receive a unique identification code. Researchers approved to use the specimens for future research will only receive the code that is attached to your specimen. Any information from your research records that is approved to go to a researcher will also receive a code.

Any research or information that is published, presented at scientific meetings or made public in any other way will use only coded information.

### **What are the risks?**

There are very few risks to you if your specimens and data are used for this type of research. The greatest risk, although rare, is the loss of confidentiality caused by unauthorized release or misuse of information from your research records.

We will do everything possible to make sure that the information in your research records are kept private.

Risk from participating in genetic research: Your genetic information is unique to you. You do share some genetic information with your family members. Although rare, there are examples where health insurers or employers have denied insurance or employment based on results from genetic testing. Many states currently have laws to protect against genetic discrimination by employers or insurance companies.

A new federal law called the Genetic Information Non-Discrimination Act, or GINA is in effect. This law helps to lower the risk of health insurance or employment discrimination. The law does not include other types of misuse by life insurance or long term care insurance. To learn more about the GINA Law, please check the Internet or ask the study staff.

How we will address these risks: We have several safeguards in place to prevent misuse of research results by any third party including insurers or employers: your research results will not be sent to you or your doctor and will not be placed in your medical record; insurers or employers will not be authorized to view any research records; and all information will be coded. As stated before, we also have a Certificate

of Confidentiality from the US government, which protects your information from forced disclosure by civil, criminal, administrative, legislative or other proceeding. We believe that the risks to you and your family are very low.

### **Benefits**

The research that may be done with your specimens will probably not benefit you directly. It may help researchers learn more about what causes cancer and other diseases, how to prevent them, and how to select the most appropriate treatment for future patients who have these diseases.

### **Changing your mind about letting us use your specimens**

If at any time you decide you no longer want your specimens used for research, please give your doctor or study nurse a signed note stating your decision. They will contact ECOG and tell us about your decision.

If your specimens were already sent from the repository and are being used for a project when you withdraw your consent, your specimens and accompanying data will still be used for that approved project. Once you choose to end your participation, no further specimens or related information will be sent to researchers from the repository for any new research projects.

Specimens will NOT be returned to you. When consent is withdrawn, specimens are either destroyed or marked as unavailable for future research use.

### **Voluntary Participation**

The choice to participate in the optional laboratory research projects or to allow your specimens to be stored for future research is completely up to you. **No matter what you decide to do, your decision will not affect your medical care.** You can participate in the treatment part of the study without participating in these research projects.

Please read the research study descriptions below, review the questions carefully and circle "Yes" or "No". If you circle "Yes", you are indicating you understand:

- Coded information collected from your medical records may be given to researchers to perform these studies.
- The research results from your specimens will not be given to you or your doctor, they will not be placed in your medical record and they will not affect your medical care.
- Your specimens may be used in genetic research.
- The risks associated with allowing your specimens to be used in research, including the possible risks associated with genetic research.
- You will not receive any payment for the use of your specimens for these projects and have no other rights in the results of such research on the specimens. You or your insurance will not be billed for any of these research studies.

- That at any time, you can end your participation in the projects and any remaining specimens or information will not be used for new research.

If you do not agree with any of the statements above, indicate "No" to ALL the questions below.

#### LABORATORY RESEARCH STUDIES

This study includes one or more laboratory tests that will analyze small samples of blood and bone marrow. Blood samples will be collected from a vein using a needle according to standard procedures for routine blood sampling. Two (2) teaspoons of blood will be collected at baseline, week 16, week 32 and year 1 and at relapse or end of treatment. A small sample of bone marrow that is obtained to assess your disease and characterize the response to treatment will be used for scientific studies. One (1) teaspoon of bone marrow will be collected at baseline, weeks 16 and 32, year 1 and at relapse or when you go off treatment. The blood and marrow specimens will be sent to a central laboratory, where tests will be performed. Researchers will perform these tests in order to understand what features of your disease affect your response to the treatment.

Please review the points listed in the "Voluntary Participation" section above, then read the questions below and circle "Yes" or "No".

**I agree to participate in the laboratory research studies that are being done as part of this clinical trial.**

Yes No

#### USING SPECIMENS FOR FUTURE RESEARCH

We would like to keep some of your specimens for future research.

If you participate in the laboratory research studies associated with this protocol, this means any specimens left over from the laboratory studies will be stored. In addition, any specimens left over from the central review will also be stored.

Although most future research studies will focus on cancer, some research projects may also include other diseases, such as heart disease, diabetes or Alzheimer's disease.

As indicated above, the specimens will only be given to researchers approved by scientific reviewers appointed by the Eastern Cooperative Oncology Group. Any research done on the specimens must also be reviewed by the researcher's Institutional Review Board.

**Please review the points listed in the "Voluntary Participation" and the risks associated with donating your specimens for research (including**

genetic research) outlined in the section above. Then read the questions below carefully and circle "Yes" or "No".

**My specimens may be kept for use in research to learn about, prevent, treat, or cure cancer.**

Yes No

**My specimens may be kept for research about other health problems (for example: causes of diabetes, Alzheimer's disease, or heart disease).**

Yes No

#### **PERMISSION TO CONTACT YOU IN THE FUTURE**

We request your permission to contact you in the future about taking part in more research studies. If you agree and we decide to contact you in the future, we will first contact your doctor or some one at your hospital. They will tell you why we would like to contact you and, if you agree, they will send us your contact information. We will not attempt any direct contact without obtaining this second permission from you.

**Someone from this institution may contact me in the future to ask me to take part in more research.**

Yes No

#### **WHERE CAN I GET MORE INFORMATION?**

You may call the National Cancer Institute's Cancer Information Service at: 1-800-4-CANCER (1-800-422-6237) or TTY: 1-800-332-8615

You may also visit the NCI Web site at <http://cancer.gov/>

For NCI's clinical trials information, go to: <http://cancer.gov/clinicaltrials/>

For NCI's general information about cancer, go to <http://cancer.gov/cancerinfo/>

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

This study has been reviewed by the Missouri Baptist Medical Center Institutional Review Board (IRB). The Missouri Baptist Medical Center IRB is a Federally recognized, administrative group established to protect the rights and welfare of human research subjects recruited to participate in research activities conducted at Missouri Baptist Medical Center. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Principal Investigator at 314-996-5569. You may also ask questions or state concerns regarding your rights as a research subject to Dr. David Striker, Chairman of the Institutional Review Board, Telephone: (314) 996-5186.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a signed copy of this consent form for my records. I hereby consent to my participation in the research described above.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date

**Patient Informed Consent for Erythropoietin Antibody Testing  
Procrit Clinical Trials – EPO Antibody Testing Program – EPO-CLIN-USA**

Addendum 1 is a consent form for the antibody testing program associated with the use of Procrit (Procrit is an erythropoietin product, a drug that stimulates red blood cells to form). Your doctor has reported a lack of effectiveness of your treatment with Procrit, and has determined that it may be useful to perform antibody testing to see if erythropoietin antibodies are being produced by your immune system. The following companies will work together to perform the antibody testing and to evaluate whether you have developed antibodies to Procrit:

- Johnson & Johnson Pharmaceutical Research & Development, L.L.C.
- The Cancer Therapy Evaluation Program (CTEP), Division of Cancer Treatment and Diagnosis, NCI
- Eastern Cooperative Oncology Group (ECOG)

**If you agree to be tested for antibodies, please read the points below and write your initials in the boxes next to them.**

- a. I agree to give a blood sample(s) for testing. I understand that giving a sample(s) for this testing is voluntary and that I am free to withdraw my approval for use of the blood sample(s) at any time without giving a reason, and without my medical treatment or legal rights being affected.
- 
- b. I agree to allow my doctor to supply a blood sample(s) that has already been collected for testing. I understand that giving a sample(s) for this testing is voluntary and that I am free to withdraw my approval for use of the sample(s) at any time without giving a reason, and without my medical treatment or legal rights being affected.
- 
- c. I understand that my doctor will be informed of the results of the erythropoietin antibody test(s). I understand that my doctor will inform me of results, as he/she deems appropriate.
- 

I understand my blood sample(s) and information about my treatment with PROCIT (epoetin alfa) including medical and health data relating to me, will be held by the following companies to allow them to further evaluate whether I have developed erythropoietin antibodies:

- The Cancer Therapy Evaluation Program (CTEP), Division of Cancer Treatment and Diagnosis, NCI
- Eastern Cooperative Oncology Group (ECOG)
- Johnson & Johnson Pharmaceutical Research & Development, L.L.C.
- Centocor Ortho Biotech Services in the United States of America
- Amgen, Inc

I understand that it will not be possible for these companies to carry out these tests if I do not consent to the collection of my blood sample(s). I further understand that the results of the erythropoietin antibody test(s) may also be used for scientific presentations, publications, and regulatory submissions and may be communicated to the manufacturer of the erythropoietin product and/or national Health Authorities.

I understand that all appropriate measures will be taken to protect my privacy. Information about my blood sample(s) will be maintained in confidence [including removal of identifying information and replacement of this information with a case reference number]. I also understand that some of the countries to which my data may be transferred may not offer an adequate level of protection of privacy of personal data.

I understand the determination of the presence or the absence of the erythropoietin antibodies may guide the treatment determined by my doctor.

By signing this form I agree to the collection of my blood and the use of relevant information in accordance with this document.

\_\_\_\_\_  
Printed Name of Patient

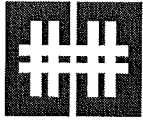
\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date



# Heartland Cancer Research

An NCI-Designated Community  
Clinical Oncology Program

## **Authorization to Use and Disclose Personal Health Information for Study:**

### **E2905 – Randomized Phase III Trial Comparing the Lenalidomide (Revlimid) Alone and in Combination with Epoetin Alfa (Procrit) in Subjects with Low- or Intermediate-1 Risk MDS and Symptomatic Anemia**

A federal government rule has been issued to protect the privacy rights of patients. This rule was issued under a law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This rule is designed to protect the confidentiality of your personal health information. Your personal health information is information about you that could be used to find out who you are. For this research study, this includes information in your existing medical records needed for this study and new information created or collected during the study.

This Authorization explains how your personal health information will be used and who it will be given to (“disclosed”) for this research study. It also describes your privacy rights, including your right to see your personal health information.

By signing this Authorization form, you will give permission (“authorization”) for the uses and disclosures of your personal health information that are described in this Authorization. If you do not want to allow these uses and disclosures, you should not participate in this study.

If you agree to participate in the research study, your personal health information will be used and disclosed in the following ways:

- The study doctor and staff (also known as the research team) will use your medical records and information created or collected during the study to conduct the study.
- The research team will send your study-related health information (“study data”) to the sponsor of the study and its representatives (“sponsor”). If the sponsor conducts business related to clinical research in multiple countries around the world, this may involve sending your study data outside of the United States. Other countries may have privacy laws that do not provide the same protections as the laws in this country. However, the sponsor will respect the terms of this Authorization in all countries.

- The study data sent by the research team to the sponsor generally does not include your name, address, social security number, or other information that *directly* identifies you. Instead, the research team often assigns a code number to the study data, which may include your initials or other similar information. Some study data used or disclosed under this Authorization may contain other information that could be used (perhaps in combination with other information) to identify you (eg, date of birth). If you have questions about the specific health information that will be used or disclosed pursuant to this Authorization, you should ask the study doctor.
- The research team and sponsor will use the study data for research purposes to support the scientific objectives described in the consent document and the process of getting regulatory approvals for its drugs, devices or other products.
- The sponsor or research team may add your study data to data from other studies in research databases so that it can study better measures of safety and effectiveness, study other therapies for patients, develop a better understanding of diseases, or improve the design of future clinical trials.
- Your study data, either alone or combined with data from other studies, may be shared with regulatory authorities in the United States and other countries, research teams at other institutions participating in the study, central study cooperative or monitoring groups, and the review board overseeing this study.
- Study data that does not directly identify you may be published in medical journals or shared with others as part of scientific discussions or training.
- Your original medical records, which may contain information that directly identifies you, may be reviewed by the sponsor, the ethical review board overseeing this study, and regulatory authorities in the United States and other countries. The purpose of these reviews is to assure the quality of the study conduct and the study data, or for other uses authorized by law. Portions of your medical record may be stored by the research team in the research record, as well.
- The sponsor may work with business partners in drug development. The sponsor may share your study data with these business partners, but only if the business partners need the information as a part of this work with the sponsor, and only if the business partners agree to protect your study data in the same way as the sponsor.
- Your medical records and study data may be held and processed on computers.
- Your personal health information or study data may be used or disclosed in any other manner or to any other person or organization referenced in the Informed Consent document to which this Authorization is attached or related.

Your personal health information may no longer be protected under the HIPAA privacy rule once it is disclosed by the research team to these other parties.

You have the right to see and copy your personal health information related to the research study for as long as this information is held by the study doctor or research institution. However, to ensure the scientific integrity of the study, you agree that you will not be able to access or review such study information until after the study has been completed, when your access rights will be re-stored.

You may cancel your authorization at any time by providing written notice to the study doctor. If you cancel your authorization, you will no longer be able to participate in the study. However, if you decide to cancel your authorization and withdraw from the study, you will not be penalized or lose any benefits to which you are otherwise entitled.

If you cancel your authorization, the research team will no longer use or disclose your personal health information in connection with this study, unless the research team needs to use or disclose some of your personal health information to preserve the scientific integrity of the study or for other purposes for which the research team has relied upon your original authorization (e.g., to be paid for services). The sponsor, oversight boards and regulatory agencies may still use study data that was collected before you canceled your authorization for the original purpose(s) of those disclosures.

Your consent for the uses and disclosures described in this Authorization does not have an expiration date.

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Signature of Participant

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Date (by Participant)

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Participant Name (Print or Type)

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Participant Initials and  
Number (if applicable):

Complete ONLY if Authorization is signed by a legal representative of the Participant

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Signature of Legal Representative

---

Date (by Legal  
Representative)

---

Legal Representative Name (Print or Type)

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If signed by Legal Representative, description of  
relationship to patient or other basis for legal authority