COMET INFORMED CONSENT FORM

Study Title:	Comparison of Operative to Monitoring and Endocrine Therapy (COMET) Trial For Low Risk DCIS: A Phase III Prospective Randomized Trial
Study #:	<<protocol number>>
Sponsor:	<<sponsor>>
Study Doctor:	<<investigator>>
	<<firm name>>
	<<street address>>, <<city>>, <<state>> <<zip>>
Telephone Number:	<<000-000-0000>>
After Office Hours:	<<000-000-0000>>

For California participants: Before you read this consent form, you should read and sign a copy of the California Experimental Subject's Bill of Rights. Ask the study staff for a copy of this document if you haven't already received one.

This study is conducted and paid for by the Sponsor, Alliance Foundation Trials, LLC, a national clinical research group made up of cancer study doctors, other professionals, and laboratory researchers whose goal is to develop better treatments for cancer, to prevent cancer, to reduce side effects from cancer, and to improve the quality of life of people with cancer.

<<Quorum may add site-specific conflict-of-interest language to the form based on information the site reports to Quorum.>>

Introduction

You are being asked to take part in this study because you have been diagnosed with ductal carcinoma in situ (DCIS) in the cells lining the breast milk gland ducts. This is a clinical trial, a type of research study. Your study 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 study doctor for further explanation.

This is an important form. Please read it carefully. It tells you what you need to know about this research study. If you agree to take part in this study, you must sign this form. Your signature means that you have been told about the study and what the risks are. Your signature on this form also means that you want to take part in this study.

How is DCIS usually treated?

Women diagnosed with DCIS most commonly receive a combination of surgery, radiation and/or endocrine (hormone-blocking) therapy (the "usual treatment" approach).

A small number of women choose to have close monitoring over a period of time. Close monitoring means a condition is watched with follow-up exams and tests such as mammograms, breast ultrasounds, and breast MRI. This study is being conducted because researchers wish to know whether, after 2 years, clinical and quality of life outcomes for women with low risk DCIS who receive usual treatment are the same as those for women with low risk DCIS who receive close monitoring.

What are my choices if I do not take part in this study?

If you decide to not take part in this study, you have a number of choices:

- You may still choose usual treatment for DCIS;
- You may still choose close monitoring for DCIS;
- You may choose not to be treated for DCIS;
- You may choose to take part in a different study, if one is available.

You can decide upon which alternative you would like to choose with the study doctor or study staff. In addition, you may discuss your options with your regular health care provider.

Why is this study being done?

The purpose of this study is to compare the risks and benefits of the usual treatment approach for DCIS compared to the close monitoring approach. There will be about 1200 women taking part in the study.

What are the study groups?

In this research study, you will be randomly assigned to one of two study groups:

- Group 1 will be assigned to **usual treatment** (surgery, radiation and/or endocrine (hormone-blocking) therapy);
- Group 2 will be assigned to **close monitoring** (alone or with endocrine (hormone-blocking) therapy)

A computer will assign you to one of the study groups. This is called randomization (it is like flipping a coin) and it is done by chance. Neither you nor the study doctor or study staff will be able to pick which study group you are in. If you agree to be randomized, you will have an equal chance of being assigned to either study group. Both you and your study doctor will be informed of your study group assignment.

After randomization, you can decline your study group assignment at any time. However, we will ask you whether you would still like to contribute to the study by completing surveys and allowing us to collect your medical records.

How long will I be in this study?

You will be in the study for a minimum of 5 years from time of registration. During the course of the study you will have a physical examination about every six months, a mammogram (or possibly an MRI if you are in the close monitoring group) about every six or twelve months (depending on the study group you are assigned to) and you will be asked to complete a number of surveys. After 5 years, you will undergo a physical examination and mammogram every 12 months. We may wish to continue to follow your progress for up to 10 years.

What will happen if I take part in this research study?

BEFORE YOU BEGIN THE MAIN PART OF THE STUDY

You will need to have the following exams, tests or procedures to find out if you can be in the main part of 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.

- A history and physical exam, including your height, weight, pulse, blood pressure and temperature
- Routine blood tests
- Blood or Urine pregnancy test, if applicable
    - The study doctor or study staff will tell you if the pregnancy test results are positive.
    - The results of the pregnancy testing must be negative in order for you to be in the study.
- Mammogram

BASELINE SURVEY

If the exams, tests and procedures show that you can be in the study, and you choose to take part, then you will be asked to complete a baseline participant survey (paper version or on a tablet computer where available per site) where general information (age, race, general health, family health history, quality of life, etc.) will be collected. Clinical information will also be collected by a trained clinical research assistant. The survey will take about 30 minutes to fill out.

STUDY PROCEDURES

You will be randomly assigned to one of the two study groups:

- Group 1 will be assigned to usual treatment for DCIS (surgery, radiation, or both);
- Group 2 will be assigned to close monitoring for DCIS

If you are assigned to the usual treatment group, you will undergo the appropriate surgery for DCIS within 60 days of randomization.

Participants in both groups will have a discussion with their regular care provider about taking endocrine (hormone-blocking) therapy, a pill that is taken once a day. These drugs are commonly used for DCIS and will not be paid for or administered by the study.

A biopsy (tissue sample taken from the breast) may be performed on either breast if any changes are detected during follow-up.

Your mammograms, breast ultrasounds, and breast MRIs (if any) will be collected for future research on DCIS.

SCHEDULE OF SUBSEQUENT STUDY SURVEYS

The study researchers would like to collect information about your health, quality of life, and other experiences of DCIS.

- About six months after you begin the study, you will be asked to complete a follow-up participant survey;
- About twelve months after you begin the study, you will be asked to complete another follow-up participant survey;
- You will then be asked to complete a follow-up participant survey every 12 months for the remainder of the study.

The surveys are required because your responses to them are a very important part of the study. The surveys will help us (the study doctor and study staff) to compare the benefits, harms, and burdens of usual treatment versus close monitoring in participants diagnosed with DCIS. The surveys will be available to complete online. If you cannot complete the surveys online, you will be provided with a survey packet with a stamped envelope, self-addressed to complete and mail back. Each survey will take approximately 30 minutes to complete.

<u>Will I need time to recover after my participation in the study?</u>

Ask the study doctor or study staff for the estimated recovery time of your participation in this study.

BLOOD AND TISSUE SAMPLES

As part of this study, you are being asked to provide tissue and blood samples (specimens) for future research. Tissue specimens will only be provided from biopsies that you have or will have as part of your care. Blood samples will involve no more than 4-6 tablespoons of extra blood.

After your tissue samples and blood are collected, they will be stored at room temperature (Tissue) or frozen (blood) in the AFT biorepository until they are used by research investigators. The biorepository is a place where biological samples (e.g. blood and/or tissue) are stored and protected from unauthorized use.

Your samples will be used by approved investigators working with AFT, the sponsor of this trial. Future studies may include genetic (DNA) analysis of your tissue and your blood. DNA is like an instruction book for each cell. Specific changes in your DNA may help to explain why some of your cells do not behave like others, or how you might respond to drugs and other treatments. Other types of studies may identify inherited variations in your DNA (which can be passed on and could reveal information about your family members) that are important for explaining why you may or may not respond to therapy. Investigators also plan to use some of your blood to look for DNA or other substances in your blood that may be used to predict how people will respond to therapy.

For all of the samples collected and all of the studies that will be performed on them, you should know:

- Your samples will be labeled only with code numbers. Only certain AFT personnel will have access to the list that links the code number to your name. The sample code number is linked to our study participant identification number in the AFT biorepository database. No study investigator will be able to link the sample code number to your name.
- Information collected during the main research study (research data such as your response to treatment, results of the study tests, and drugs you are given) may be provided to approved researchers along with your sample.
- The samples will be stored in the United States at the Alliance Foundation Biorepository, currently located at Washington University in St. Louis, MO.
- You will never receive any individual results from the research tests performed on your samples. These results will not be placed in your regular medical record.
- If your samples or the information generated from their use in research results in commercial products, you will not be able receive any profits from such products.
- Research data, as well as your genetic (DNA) research data (which contains information about variations in your DNA that can tell us about potential health risks to you and your children) may be shared with other investigators and the FDA, and may be placed in a publicly accessible database for further research use.

Your samples will be kept and used for approved research studies until they are physically used up or until you request that your samples be returned to your hospital or destroyed.

What will happen to my blood and tissue samples?

Your samples might be kept for ten years or even longer. Your specimens will be labeled only with code numbers. If you change your mind later, be aware that your samples may or may not be withdrawn from the research, depending on the sponsor's policies. You can ask the study doctor or study staff about this.

What will happen if I am assigned to close monitoring but my condition changes?

If you are assigned to close monitoring but your condition changes in some way, you may choose to be treated with breast surgery, radiation and/or endocrine (hormone-blocking) therapy.

What possible risks can I expect from taking part in this study?

If you choose to take part in this study, there is a risk that:

- The close monitoring approach may not be better, and could possibly be worse, than the usual treatment approach for DCIS. Please ask your study doctor if you have questions about this;
- There may be physical, emotional and psychological side effects of surgical treatment. These may include bruising, bleeding, pain and changes to the look and feel of your breasts. These side effects may have an impact on your daily life;
- Radiation side effects may include burns to the skin and changes in the texture of the breast;
- Potential side effects of endocrine (hormone-blocking) therapy may include hot flashes, joint pain, weight gain, bone changes, blood clots. Rarely new cancers have been reported;
- You may be asked sensitive or private questions which you normally do not discuss;
- Additional risks include potential distress and loss of privacy or confidentiality when answering survey questions. Please tell the study doctor or study staff if you feel uncomfortable or upset while filling out a questionnaire. You have the right to refuse to answer any questions. While your direct responses to the survey will not be shared with the entire study team (study doctor and all study staff), we will alert your study team if you report substantial depressive symptoms;
- There is a risk of loss of confidentiality through the transfer of your personal health information (PHI). This includes the information we have stored about you in the database, for example revealing that you carry a genetic disease. You will read more about the protection of your information later in this form. Please ask the study doctor or study staff if you would like to know more about how your information will be protected while you are in this study;
- The information shared in the database may include your DNA results. Because your DNA information is unique to you, there is a chance that someone could trace it back to you. The risk of this happening is small, but may be greater in the future;
- If your tissue is used for research studies, there may be insufficient tissue remaining for other uses, should it be needed in the future for your medical care.

Ask the study doctor if you have questions about the signs or symptoms of any of the risks that you read about in this consent form.

Please tell the study doctor or study staff right away if you have any problems with your health or the way you feel during the study, whether or not you think these problems are related to the study procedures.

What possible benefits can I expect from taking part in this study?

It is not possible to know at this time if the findings of this study will help people who have DCIS currently. Providing samples for the biorepository will not help you. However, we hope that information from the study will help researchers to better understand treatment of DCIS and that this could help people diagnosed with this condition in the future.

Can I stop taking part in this study?

Yes - you can decide to stop at any time. There will be no penalty to you, and you won't lose any benefits. If you decide to stop for any reason, it is important to let your study doctor know as soon as possible so you can stop safely.

If you withdraw from the study, the study doctor or study staff can still use your information that they have already collected.

Your study doctor will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study. You may be taken out of the study:

- If your health changes and the study is no longer in your best interest.
- If new information becomes available.
- If you do not follow the study rules.
- If the study is stopped by the sponsor, Quorum Review or the U.S. Food and Drug Administration (FDA).

If you stop taking part in your assigned group, but would like to still remain in the study, you will be invited to complete the follow-up surveys so that researchers can learn about the health and quality of life of women with DCIS. However, if you decide that you do not wish to take additional surveys and would like to exit the study completely, you will no longer be asked to complete them and you will no longer be contacted about the study unless you give permission.

What are my rights in this study?

Taking part in this study is your choice. No matter what decision you make, and even if your decision changes, there will be no penalty or loss of benefits to you. You will not lose medical care or any legal rights.

What are the costs of taking part in this study?

You and/or your health plan/insurance company will need to pay for all of the costs of your care while in this study, including the cost of tests, procedures, or medicines. **Before you decide to take part in the study, you should check with your health plan or insurance company to find out exactly what they will pay for.**

Will I receive payment?

<<Quorum will add site-specific compensation language to the form based on information the site reports to Quorum.>>

What happens if I am injured or hurt because I took part in this study?

If you are injured or hurt as a result of taking part in this study and need medical treatment, please tell your study doctor. Medical treatment will be provided as usual. The study sponsors will not offer to pay for medical treatment for injury. Your insurance company may not be willing to pay for study-related injury. If you have no insurance, you would be billed for any costs.

If you are injured as a result of this study, you keep all your legal rights to receive payment. You do not give up any of your legal rights by signing this form.

Who will see my medical information?

Your identity will be protected as required by law and according to any policies the study center or sponsor may have. Be aware that your study records (which include your medical records, your signed consent form, and other information) will be shared as needed for the study. Your information may be given out if required by law. For example, certain States require doctors to report to health boards if they find a disease like tuberculosis or if the study doctor or study staff suspects that you are going to harm yourself or others. The researchers will do their best to make sure information is not released that could potentially identify you, although there is a risk of loss of confidentiality through the transfer of your personal health information (PHI) which will be kept in a central database for research.

There are organizations that may inspect your records. These organizations are required to make sure your information is kept private, unless required by law to provide information. Some of these organizations are:

- The Alliance Foundation Trials, LLC;
- Quorum Review - a group of people who review research studies to protect the rights and welfare of research participants;
- The Food and Drug Administration.

Where can I get more information?

A description of this clinical trial will be available on *http://www.ClinicalTrials.gov*, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Who can answer my questions about this study?

In the event of an emergency, dial 911 immediately.

If you require emergency care, be sure to tell the emergency care provider about your participation in this study. Contact the study doctor or study staff as soon as possible.

You can ask questions about the study at any time. You can call the study doctor or study staff at any time if you have any concerns or complaints. You should call the study doctor or study staff at the phone number listed on page 1 of this form if you have questions about the study procedures, study costs (if any), study payment (if any), or if you get hurt or sick during the study.

Quorum Review reviewed this study. Quorum Review is a group of people who review research studies to protect the rights and welfare of research participants. Review by Quorum Review does not mean that the study is without risks. If you have questions about your rights as a research participant, if you are not able to resolve your concerns with the study doctor or study staff, if you have a complaint, or if you have general questions about what it means to be in a research study, you can call Quorum Review or visit the Quorum Review website at www.quorumreview.com.

Quorum Review is located in Seattle, Washington.
Office hours are 8:00 AM to 5:00 PM Pacific Time, Monday through Friday.
Ask to speak with a Research Participant Liaison at 888-776-9115 (toll free).

HOW WILL MY INFORMATION BE USED AND SHARED FOR THIS STUDY?

This section explains who will use and share your health information if you agree to be in this study. You must authorize this use and sharing of your information by signing this form or you cannot be in the study. You can still be in the main part of the study even if you do not authorize the use and sharing of your information for the optional parts of the study (which you will read about below).

The study doctor and study staff will collect, use, and share health information about you, including any information needed to do the study and other identifying information about you, such as your name, address, phone number, or social security number. The information used and shared will include:

- information from your medical records
- information collected about you during the research about study visits, tests, procedures, etc.

Your information may be used and shared with these people for the following purposes:

- The study doctor and study staff to conduct this research.

- The sponsor, Alliance Foundation Trials; people who work with or for the sponsor; and other researchers involved in this study. These people will use your information to review the study, and to check the safety and results of the study.
- Others required by law to review the quality and safety of research, including the FDA, other government agencies in the United States and other countries, and Quorum Review.
- A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, and conducting public health surveillance, investigations, or interventions.

After your information is shared with the people and companies listed above, the law may not require them to protect the privacy of your information. To maintain the integrity of this research, you might not have access to any health information developed as part of this study until it is completed. At that point, you generally would have access to your health information.

You can cancel your authorization to use and share your information at any time by writing a letter to the study doctor. If you cancel your authorization, you will not be able to continue in the study. You can cancel your authorization for the optional parts of the study and remain in the main study.

If you cancel your authorization, the study doctor and study staff will still be able to use and share your information that they have already collected.

This authorization to use and share your information expires in 50 years.

_____ _____

Signature of Participant Date

<<*Quorum staff: Include the following for Indiana sites:*

In **Indiana,** you must complete the following information:

_____

Participant's Street Address

_____

Participant's City, State, ZIP>>

Signature Agreeing to Take Part in the COMET Study

I have read this consent form or had it read to me. I have discussed it with my study doctor and my questions have been answered. I will be given a signed copy of this consent form. I agree to take part in the COMET study and any additional study components below where I circle 'yes'. By signing this form, I do not give up any of my legal rights.

I agree to take part in the COMET Study. I agree to provide tissue and blood samples for future research.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

I attest that the individual providing consent had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to participate in this study.

_____

Printed Name of Person Explaining Consent

_____ _____

Signature of Person Explaining Consent Date

Optional Component of the Study:

This part of the consent form is about an optional component of the study that you can choose to take part in or not. You can still take part in the COMET study even if you say "no" to the optional component. If you sign up for but cannot complete the optional component for any reason, you can still take part in the COMET study.

- Option to be contacted about future clinical trials

Please circle your answer: I agree to be contacted about any future clinical trials.

YES NO Initial: _____

If yes, please provide your telephone number and e-mail address (if you have one) below:

_____ _____

Email Address Telephone Number

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

I attest that the individual providing consent had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be contacted about any future clinical trials.

_____

Printed Name of Person Explaining Consent

_____ _____

Signature of Person Explaining Consent Date