Consent Form

St. Marianna University School of Medicine Hospital

Dear Hospital Director:

Title of the study: Randomized noninferiority phase III trial comparing dexamethasone on day 1 with dexamethasone on day 1-4 combined with neurokinin-1 receptor antagonist, palonosetron, and olanzapine (5 mg) in patients receiving cisplatin-based chemotherapy

Description

1. Introduction about clinical trials.
2. The purpose of this study.
3. The method of this study.
4. The expected duration of participation in this study.
5. The expected number of participants in this study.
6. The expected effects of the medication under investigation and the possible side effects.
7. If you do not use this medication, other treatment options are available.
8. Participation in this study is voluntary.
9. If you agree to participate in the study, it requires observation of your first 5 days of chemotherapy.
10. Potential harmful effects to your health, which may occur during this study.
11. The chance that we may stop using this medication.
12. If you participate in this study, your medical records and other information may be examined during and after this study.
13. Your identity will not be revealed if the results of this study are made public.
14. We will keep you informed regarding this medication.
15. Your cost burden.
16. Information regarding the bioethics committee.
17. The institution participating in the study.
18. Information about your physician and consultation.

[Patient's signature line]

I have been fully informed of the above information, have received the letter of consent, and fully understand the details of this study. I voluntarily consent to participate in this study.

Date of consent: _____

Patient's name: (Signed)_____

[Physician's signature line]

I have fully briefed the patient on this clinical trial.

Date of presentation: _____

Affiliation: _____

Name: (Signed)_____