ST VINCENT'S HOSPITAL
SYDNEY
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Participant Information Sheet/Consent Form

St Vincent's Hospital, Sydney

Title	The Cancer Molecular Screening and Therapeutics (MoST) Program - A framework protocol for multiple, parallel, signal-seeking clinical studies of novel molecularly targeted therapies for patients with advanced cancer and unmet clinical need.
Short Title	The Cancer Molecular Screening and Therapeutics (MoST) Program
Protocol Number	*CTC 0141*
Program Sponsor	*The University of Sydney*
Coordinating Centres	Garvan Institute of Medical Research and NHMRC Clinical Trials Centre
Coordinating Principal Investigator/ Principal Investigator	A/Prof Anthony Joshua
Location	St Vincent's Hospital, Sydney

1. Introduction

You are invited to take part in a clinical research program that is testing a new approach to providing 'personalised' treatments for patients with cancer. The program is called *The Cancer **Mo**lecular **S**creening and **T**herapeutics (MoST) Program*. This program may be suitable for you because there are currently limited treatment options for your cancer type.

We know that not all cancers or patients are the same, and that some patients may respond better to certain treatments. Sometimes tumours may have a biological characteristic that can be measured and which can indicate they may be responsive to treatment. This is called a 'biomarker'. In this program, we are looking into the possible benefits of:

(i) finding out if you have a suitable biomarker (called screening) and then

(ii) using this information to guide therapy.

Please note, the chance of finding such a biomarker is low and we may not be able to find a biomarker that can guide your treatment.

This Participant Information Sheet/Consent Form tells you about the screening phase of the MoST program. It explains the tests involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information sheet carefully. You should ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or your local doctor.

Participation in the program is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether or not you take part. If you decide to take part, you can withdraw from the program at any time.

If you decide you want to take part in the program and participate in screening, you will be asked to sign the Consent Form. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research program
- Consent to have the tests that are described
- Consent to the use of your personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep. You may continue to ask any questions of the research team at any time.

2. What is the purpose of this program?

Molecular screening means looking for changes in the DNA (the chemical structure that carries your genetic information and makes up your genes) or proteins of tumour tissue. There is no current established way to introduce this molecular information from tumour tissue into an individual patient's care.

The purpose of this program is to see if our process of screening or testing tumour tissue for DNA or protein markers identifies a biomarker that can be used to guide treatment. This means that for each participant we will try to find a biomarker first (molecular screening) and then, if a suitable biomarker is found, we will match eligible participants to a therapy based on that biomarker. Please note that the chance of finding a suitable biomarker that can guide your treatment is low.

The approach being investigated in this program differs from the standard treatment offered in this hospital because we are screening and selecting treatment based on changes in DNA or proteins in tumours. We plan to enrol 1000 participants in the molecular screening in Australia.

When we have the results of the screening, we will provide information on (i) the screening results and on (ii) the type of treatment that may be suitable for you. Options for treatment as a result of screening may include:

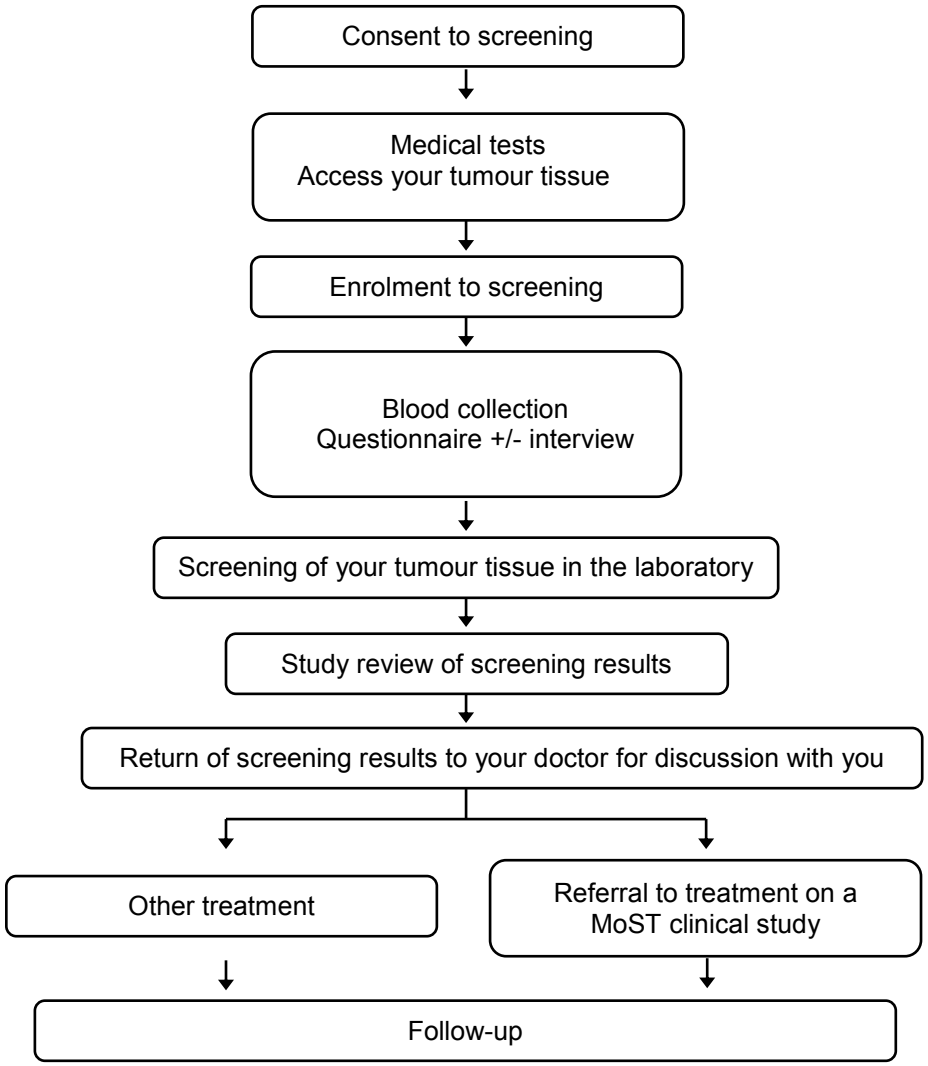
1. A MoST program clinical trial
2. A clinical trial outside of the MoST program
3. Other treatments outside of this program may be available through your doctor

These treatments are experimental and not used or yet approved as a standard treatment for your cancer. Your doctor will discuss these options with you at the time the results of the screen are returned to you.

3. What does participation in this research involve?

If you decide to take part in the program we will use a small part of your tumour tissue which was collected from a previous biopsy or surgery that you had prior to the participation in this study to look for a biomarker by doing a laboratory analysis (molecular screening). You can only participate in this study if we can access sufficient tumour tissue (amounts of tumour cells and DNA) for screening.

The figure below shows some of the steps you would take in the program:



Hospital Visit 1 Consent and screening: At the first screening visit, you will be asked to sign the Consent Form to consent to join the program and to be screened. Your doctor at this hospital will then conduct medical tests, including a physical assessment to check whether or not the program is suitable for you. When your tumour was removed, a small part of it was kept at a hospital or pathology service. We will collect a sample of your tumour tissue. Researchers from the Garvan Institute for Medical Research will take your tumour tissue and will look for molecular markers that are known to be associated with different types of cancer.

We will ask you to tell us about your own and family's health background.

We also ask for a 20 mL sample of blood (about 4 tablespoons of blood) to be collected.

Questionnaire: During your participation in the program, we will ask you to complete a questionnaire. The questionnaire explores your experience and expectations of being screened

for genetic changes over time. We are interested in knowing more about a patient's attitudes towards and understanding of molecular screening. This will be done (i) before the screening is complete, (ii) when results are returned to you and (iii) 3 and 6 months after the screening. You do not have to answer these questions if you prefer not to.

The questionnaire will take about 10 – 20 minutes to complete each time.

You may be one of up to 50 patients who will be invited to interviews to discuss their experience in the study and how they feel about molecular screening. There is no obligation to participate. If you are asked to participate and agree, 1-3 interviews may be needed:

i. when you agree to be part of the screening
ii. at 4 weeks after your results are returned
iii. 3 OR 6 months after results are returned.

Interviews may be face to face or over the telephone and will take around 30 minutes each.

We will speak with your doctors to collect information from your medical records. Staff from the research team may review your data to review your eligibility for screening and treatment via available and recruiting trials.

We ask you to allow ongoing access to your relevant medical records from other doctors or hospitals. We would also like to access records held about you at state-based Cancer Registries and other relevant organisations such as the Australian Institute of Health and Welfare. We wish to link data with cancer registries and other relevant organisations to confirm cancer diagnoses and obtain other health related information.

This first visit may take up to 3 hours of your time. Access to your tumour tissue and medical records and registries will not require any time from you.

Hospital visit 2: We will return the results of the screening to your doctor(s) and we ask you to discuss these results with your doctor at this hospital (unless for medical or other reasons it is not possible for you to return to this hospital). The information we will provide to your doctor is whether we have found a biomarker that can guide your treatment or not and if you may be suitable for a clinical study within the MoST program or some other treatment option. We will not send you the report of the results directly. The time for this second visit depends on how many questions you have and if a study is available for you.

Follow-up: The Garvan Institute research staff may contact you at 3, 6, 12 and 24 months after screening to see how you are doing. We may also contact you if we open a new clinical study for which you would be eligible based on the molecular screening results. To be able to keep in touch with you, we also ask you to keep us informed if you change address and ask that you nominate a friend or relative through whom we can reach you in the future, for example, if you have changed your address.

Program costs

There are no additional costs associated with taking part in this program, nor will you be paid. If you require genetic counselling this may be a cost to you (see section 7 "What are the possible risks and disadvantages of taking part?" for more detail on counselling**)**.

If you decide to take part in this program, the study doctor will inform your local doctor. Please advise your study doctor if you do not wish this to occur.

4. Do I have to take part in this research program?

Taking part in any program is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the program at any stage.

Your decision on whether or not to take part, or to take part and then withdraw, will not affect your routine treatment, your relationship with those treating you or your relationship with St Vincent's Hospital, Sydney.

5. What are the alternatives to taking part?

If you do not take part in the program, there may be other options available. Your study doctor will discuss these options with you before you decide whether or not to take part in this program. You can also discuss the options with your local doctor.

6. What are the possible benefits of taking part?

We cannot guarantee that you will receive any benefits from this program. Possible benefits may include you being eligible for a treatment based on the finding of a biomarker or better treatment of people with cancer in the future. Chances of finding a biomarker that can guide treatment or make you eligible for a MoST clinical study are low.

7. What are the possible risks and disadvantages of taking part?

We do not know if we will find a biomarker that will lead to a new treatment option for you or that you will be suitable for a clinical trial of the program.

There is a small chance that we will find that your cancer could be caused by an inherited genetic change. Other members of your family may also have the same genetic change. This gene alteration could be passed on to the next generation. It is important to understand that this result may only show that there is an increased risk in your family of developing cancer.

In the consent form we will ask you to indicate if you wish to be informed about changes in your genes that could cause cancer and may run in your family. In the future we may ask you to confirm your decision. You can change your mind at any time. If you have a cancer gene alteration and you have indicated that you wish to be informed, we will let you know that we have found a genetic change and invite you to visit a Family Cancer Clinic to see a specialist doctor or genetic counsellor. We will give you the contact details of a genetic counsellor that you may contact any time during business hours. At the Family Cancer Clinic, the genetics specialist will help you to think about what this might mean for you and your family, describe any processes for confirmatory genetic testing and discuss the screening and risk management options that may be available and support you as you learn about the gene variant. There may be some charges to you for genetic counselling. If you are worried about a family history of cancer, you can ask to be referred to the Family Cancer Clinic before the results of the screening become available. Your GP can refer you to a local clinic. Learning about this result might affect you and your family emotionally.

If you do obtain the results of your genetic tests, you may then be obliged to disclose this on any future application for insurance or employment should it be requested. Genetic information actually acquired by you as a result of your participation in this research may have implications for your (or your relatives') ability to obtain cover for certain risk rated insurance products offered either alone or as part of a superannuation product (e.g. insurance products cover for: life, disability (income protection), trauma, or any business or bank loans which require a policy

for life, disability or trauma) and may impact upon the amount you pay for and scope of protection provided by such products.

There is a small risk to your privacy because personal information is used in the record linkage process (to access data from cancer registries and other databases). We will supply your personal information (name, date of birth, address) to the relevant registry or databank so that they can identify you correctly. The registry will retrieve all the relevant associated information and send it back to the program investigators. All appropriate measures have been put in place to ensure the confidentiality of your information. Strict guidelines regarding data transfer, storage and access will be adhered to.

9. What will happen to my test samples?

Required research: A small sample of your tumour that has already been removed during previous surgery or by a biopsy will be used for screening and research. No further surgery or biopsies are required of you for this purpose.

Your leftover tumour tissue will be collected from the hospital or pathology service where it is stored. The molecular screening of your tumour sample will be performed at the Garvan Institute or contracted services. The molecular screening will include genetic panel testing, which means looking for changes in a subset of genes (DNA) in your tumour tissue and other laboratory assays. We may use your blood sample to compare the DNA in your blood with the DNA from your cancer if required and for other research related to this program.

Future extended Research (optional): The program researchers are interested in doing additional research now and in the future on the samples collected from you to better understand the nature of cancer and how patients respond to treatment.

We would like to use your tumour and blood samples for future laboratory research studies that may or may not be related to this project. Providing your samples is optional (ie you can choose whether or not to take part in future research). You may decide not to take part in the "optional" study and still take part in the main study. This research may not benefit you, but may help people in the future who have the same kind of cancer as you have.

Rapid advances in technology make it impossible to predict what new tests or studies may be possible in the future. This may include genetic studies.

We will make the samples and screening data collected in this program available to other researchers in the future. Extended research may occur in Australia and overseas. This extended research will be approved by The Garvan Institute, the University of Sydney and a Human Research Ethics Committee. A researcher who gains approval to use data or samples from this program will not be given any information that might identify you as all samples and data will be coded.

If you provide consent, any tumour sample remaining after screening and your blood sample will be stored at the Garvan Institute of Medical Research in Sydney, NSW.

Sample Identification and Storage: Staff will remove personal identifiers, such as your name and address, and replace them with a unique code. This unique code will enable us to link the information from different datasets, for example, your medical records, to your samples. Your tissue and other samples, the data derived from any analyses of those samples and your personal information found in your health records will be coded to protect your confidentiality.

The Garvan Institute will be the custodian of your samples. The samples will be stored indefinitely at one or more of the Garvan central laboratories, located in Sydney, NSW, or until they are used up. We will be able to re-link your personal details with your coded data, but this

will only be done in order to make sure the database records are correct or in case you want to withdraw from the program.

Your samples and information will not be released for other uses without your prior consent, unless required by law.
You will retain the right to have your samples destroyed at any time by contacting your study doctor. If you decide to have your samples destroyed, any data or analyses that were done before the request cannot be removed. However, no further analysis will be done on your samples, and all of your remaining samples will be destroyed. The Garvan Institute is responsible for organising the destruction of the samples at your request.

Your tissue and/or blood will not be sold by the Garvan. You will not benefit financially if this research leads to development of a new treatment or medical test.

10. What if new information arises during this program?

During the course of the program, information on new biomarkers that can guide your treatment may become available. If this happens, the research team will tell you about the new biomarker and discuss with you whether you want to your samples to be tested for this biomarker. This will be entirely up to you to decide. The screening process for any new biomarker will follow what is described in this Participant Information Sheet/Consent Form.

11. What if I withdraw from this program?

If you decide to withdraw from the program, please notify a member of the research team beforehand. You will be asked to complete and sign a "Withdrawal of Consent" form. This will be provided to you by the research team

If you decide not to receive your screening results, you can choose to be contacted for follow-up to allow the collection of personal information regarding your health. If you do not wish to be contacted for follow-up, a member of the research team will ask for your permission to collect information on your health from your medical records and from relevant health registries to look at the long-term effects of your participation on this program.

If you wish to completely withdraw from this program, you will not be contacted again and no information will be collected about your health from then on.

If you withdraw your consent for the collection of any future personal information, information already collected will be retained in compliance with the law. You should be aware that data collected up to the time you withdraw consent will form part of the program results.

12. Could this program be stopped unexpectedly?

This program may be stopped unexpectedly for a variety of reasons, including decisions made by local health authorities, the funding body or the program sponsor.

13. What happens when the program ends?

Your study doctor will inform you about your own results where relevant. Your study doctor will inform you of the results of the program after it has been analysed and reported.

14. What will happen to information about me?

By signing the Consent Form you consent to your study doctor and relevant research staff collecting and using personal information about you for the program. Your program data will be held by the Garvan Institute, and the NHMRC Clinical Trials Centre, the University of Sydney. This information will be held securely and confidentially.

The information collected in the databases of this program will be identified by a code number. Specifically, we will keep your personal details separate from your coded data through computers dedicated to this project and use stringent security measures to prevent unauthorized use, including: strict access controls, computer security and data encryption techniques, confidentiality agreements and staff training. Only your study doctor and the research team will be able to link the code number to you personally. Your information will only be used for the purpose of this program and it will only be disclosed with your permission, except as required by law.

Information about your participation in this program will be recorded in your health records.

Information about you may be obtained from your health records held at this and other health services for the purpose of this program. By signing the Consent Form you agree to the research team accessing health records if they are relevant to your participation in this program. Authorised representatives of the Garvan Institute and the NHMRC Clinical Trials Centre may contact you to obtain follow-up information.

We would also like to collect information about your ongoing health status from state-based Cancer Registries and the Australian Institute of Health and Welfare. We may access and link data from sources containing information about your health, medication and treatment including cancer registry records. As required by each data source, third parties may be involved in the record linkage process (for example the Centre for Health Record Linkage will be involved in linkage to the NSW Cancer Registry). All parties involved will be professional bodies adhering to the highest standards of confidentiality.

Before any data linkage occurs with external sources, separate approvals will be sought as appropriate. Approval will be sought from the NSW Population and Health Services Research Ethics Committee before linkage to the NSW Cancer Registry occurs.

Your health records and any information obtained during the program are subject to inspection (for the purpose of verifying the procedures and the data) by the relevant authorities and authorised representatives of the University of Sydney, the Commonwealth Therapeutic Goods Administration, the approving Human Research Ethics Committee, the Garvan Institute and the hospital or as required by law. By signing the Consent Form, you authorise release of, or access to, this confidential information to the relevant program personnel and regulatory authorities as noted above.

It is anticipated that the results of this program will be published and/or presented at professional meetings. In any publication and/or presentation, information will be provided in such a way that you cannot be identified.

In accordance with relevant Australian and NSW/State privacy and other relevant laws, you have the right to request access to your information collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please contact the research team member named at the end of this form if you would like to access your information.

15. Complaints and compensation

If you suffer any injuries or complications as a result of this program, you should contact the research team as soon as possible and you will be assisted with arranging suitable medical

treatment. If you are eligible for Medicare, you can receive any medical treatment required to treat the injury or complication.

By participating in this program, you do not give up any legal right to take legal action to obtain compensation for any injuries or complications resulting from the program. Compensation may be available if your injury or complication is sufficiently serious and is caused by unsafe drugs or equipment, or by the negligence of one of the parties involved in the program (for example, the researcher, the hospital, or the treating doctor).

16. Who is organising and funding the program?

This is an investigator-initiated program being led by the Garvan Institute of Medical Research and conducted in Australia in collaboration with the NHMRC Clinical Trials Centre, University of Sydney, Sydney Catalyst. It is led by a team of doctors and medical specialists (incl. oncologists and pathologists), scientists (with expertise in cancer biology, genetics and bioinformatics) and clinical trial researchers.

The program is funded by the NSW Ministry of Health. The Garvan Institute of Medical Research will receive a payment from the NSW Ministry of Health for undertaking this program and will pass on some of these funds to the University of Sydney.

The University of Sydney is the sponsor of the program.

No member of the research team will receive a personal financial benefit from your involvement in this program (other than their ordinary wages).

17. Who has reviewed the program?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this program have been approved by the HREC of St Vincent's Hospital (Reference Number: HREC/16/SVH/23).

This program will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007, updated 2014)*. This statement has been developed to protect the interests of people who agree to take part in human research studies.

18. Further information and who to contact

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this program or if you have any medical problems which may be related to your involvement in the program (for example, any side effects), you can contact the principal study doctor on 02 9355 5633 or any of the following people:

Clinical contact person

Name	A/Prof Anthony Joshua
Position	Principal Investigator
Telephone	02 9355 5655
Email	SVHS.CancerResearch@svha.org.au

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Complaints contact person

Name	St Vincent's Hospital HREC
Position	Research Office Manager

Telephone	02 8382 2075
Email	SVHS.Research@svha.org.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC name	St Vincent's Hospital HREC
Position	HREC Executive Officer
Telephone	(02) 8382 2075
Email	SVHS.research@SVHA.org.au

ST VINCENT'S HOSPITAL
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Consent Form

Title	The Cancer Molecular Screening and Therapeutics (MoST) Program - A framework protocol for multiple, parallel, signal-seeking clinical studies of novel molecularly targeted therapies for patients with advanced cancer and unmet clinical need.
Short Title	*The Cancer Molecular Screening and Therapeutics (MoST) Program*
Protocol Number	*CTC 0141*
Program Sponsor	*The University of Sydney*
Coordinating Principal Investigator/ Principal Investigator	A/Prof Anthony Joshua
Location	St Vincent's Hospital, Sydney

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the program described in this Participant Information Sheet.

I freely agree to take part in this program as described and understand that I am free to withdraw at any time during the program without affecting my future health care.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to St Vincent's Hospital, Sydney, concerning my disease and treatment for the purposes of this program. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I understand that, if I decide to discontinue the participation, I may be asked to attend follow-up visits to allow collection of information regarding my health. Alternatively, a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis.

I understand that I will be given a signed copy of this document to keep.

In respect to the storage and use of my genetic samples, I give permission for the use of my DNA and/or tissue for the purpose of:

1. this research project only Yes ☐ No ☐
2. this research project and any closely related future research projects Yes ☐ No ☐
3. future research projects that may or may not be related to this research project Yes ☐ No ☐

I wish to be informed if I am found to have a gene alteration that causes cancer:

YES ☐ NO ☐

If research with my DNA and/or tissue reveals some other medical condition relating to me or my family for which treatment is available or pending:

a. I wish to be informed Yes ☐ No ☐
b. I wish for affected family members to be informed and I give my consent for the researcher to approach my relatives on my behalf Yes ☐ No ☐

Name of Participant (please print) _____

Signature _____ Date _____

Name of Witness* to Participant's Signature (please print) _____

Signature _____ Date _____

* Witness is not to be the investigator, a member of the research team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher/Delegate†

I have given a verbal explanation of the program, its procedures and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/Senior Researcher† (please print) _____

Signature _____ Date _____

† A senior member of the research team or delegate must provide the explanation of and information concerning the research program.

Note: All parties signing the consent section must date their own signature

ST VINCENT'S HOSPITAL
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Form for Withdrawal of Participation

Title	The Cancer Molecular Screening and Therapeutics (MoST) Program - A framework protocol for multiple, parallel, signal-seeking clinical studies of novel molecularly targeted therapies for patients with advanced cancer and unmet clinical need.
Short Title	*The Cancer Molecular Screening and Therapeutics (MoST) Program*
Protocol Number	*CTC 0141*
Program Sponsor	*The University of Sydney*
Coordinating Principal Investigator/ Principal Investigator	*A/Prof Anthony Joshua*
Location	*St Vincent's Hospital, Sydney*

Declaration by Participant

☐ I hereby wish to WITHDRAW from receiving screening results but agree to continue program follow-up

☐ I hereby wish to WITHDRAW completely from the above program.

I understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with St Vincent's Hospital, Sydney.

Name of Participant (please print) _____

Signature _____ Date _____

Reason for withdrawal (study doctor to complete if verbal explanation provided by participant):

Declaration by Study Doctor/Senior Researcher†

I have given a verbal explanation of the implications of withdrawal from the research program and I believe that the participant has understood that explanation.

Name of Study Doctor/Senior Researcher†
(please print) _____

Signature _____ Date _____

† A senior member of the research team must provide the explanation of and information concerning withdrawal from the research program.

Note: All parties signing the consent section must date their own signature.