

A PHASE III TRIAL OF 6 VERSUS 12 TREATMENTS OF ADJUVANT FOLFOX PLUS CELECOXIB OR PLACEBO FOR PATIENTS WITH RESECTED STAGE III COLON CANCER

**CIRB
APPROVED**

CALGB C80702

Updated 7/15/11 Participant Information and Consent Form

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(386) 254-4213 (Business Hours)

Participant Initials: _____

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 more explanation.

You are being asked to take part in this study because you have cancer of the colon, which has been surgically removed, but has spread to lymph nodes.

Why is this study being done?

This study is being done to evaluate the effects (good and bad) of different chemotherapy treatments. One of the common combinations of chemotherapy drugs used to treat your type of cancer includes 5-fluorouracil (also called 5-FU), leucovorin and oxaliplatin, and is also called "FOLFOX". At the present time, the Food and Drug Administration (FDA) has approved each of these drugs as treatment for colon cancer. FOLFOX is a standard treatment used to prevent colon cancer from coming back (recurrence).

In this study, we will evaluate the effects (good and bad) of an oral drug called celecoxib when given in combination with FOLFOX chemotherapy. Celecoxib is approved by the FDA to treat arthritis. It is also approved to help prevent colon polyps in families with a genetic risk for colon cancer. The addition of celecoxib to FOLFOX chemotherapy is considered investigational. One of the purposes of this study is to determine if giving patients celecoxib (by mouth) and chemotherapy decreases the risk of colon cancer recurrence.

This study will also look at whether receiving FOLFOX chemotherapy for 6 treatments (12 weeks) is as good as 12 treatments (24 weeks) in preventing recurrence of colon cancer. Currently, the standard of care for your stage of colon cancer is 12 treatments with FOLFOX. That was the number of treatments tested in previous research studies. However, it is not known if fewer treatments would be as helpful in preventing your cancer from coming back. In this trial, we will explore whether 6 treatments are as effective as 12 treatments and whether side effects can be reduced with fewer treatments. If you participate in this study, you may be assigned to the group receiving only 6 treatments, which would be fewer treatments than the standard of care (12 treatments).

How many people will take part in the study?

About 2,500 people will take part in this study.

What Will Happen if I Take Part in the Research Study?

Before you begin the study . . .

You will need to have the following exams, tests or procedures to find out if you can be in the study. These exams, tests or procedures are part of regular cancer care and may be done even if you do not join the study. If you have had some of them recently, they may not need to be repeated. This will be up to your study doctor.

- Medical history and physical examination;
- Blood tests, a pregnancy test, liver function tests;
- CT, MRI scan, or ultrasound of the abdomen and chest CT or X-ray.

If the exams, tests and procedures show that you can be in the study and you choose to take part, then 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 one of the four groups. The four treatment groups are:

Group 1 (also called "Arm A") FOLFOX for 12 treatments (24 weeks) plus placebo (also known as a "sugar capsule") given by mouth every day for three years.

Group 2 (also called "Arm B") FOLFOX for 12 treatments (24 weeks) plus celecoxib given by mouth every day for three years.

Group 3 (also called "Arm C") FOLFOX for 6 treatments (12 weeks) plus placebo (also known as a "sugar capsule") given by mouth every day for three years.

Group 4 (also called "Arm D") FOLFOX for 6 treatments (12 weeks) plus celecoxib given by mouth every day for three years.

You will be told if you are to get treatment with FOLFOX for 6 treatments (12 weeks) or 12 treatments (24 weeks). Neither you nor your physician will be told if you are to get celecoxib or a placebo (sugar capsule) that looks just like celecoxib. However, in case of an emergency, your doctor may be able to find out whether you are getting the celecoxib or the placebo. If this happens, you will be required to drop out of the study.

Even after you have completed study treatment, you and your doctor will not be told whether you received celecoxib or a placebo capsule.

During the study . . .

Each treatment group will receive intravenous treatment with FOLFOX every 2 weeks and treatment with celecoxib or placebo capsules every day. Each 2-week period is called "a cycle".

ARM A:

**FOLFOX every 2 weeks plus
Placebo every day for
12 treatments (24 weeks)**

Then:

Placebo alone every day for 3 years total

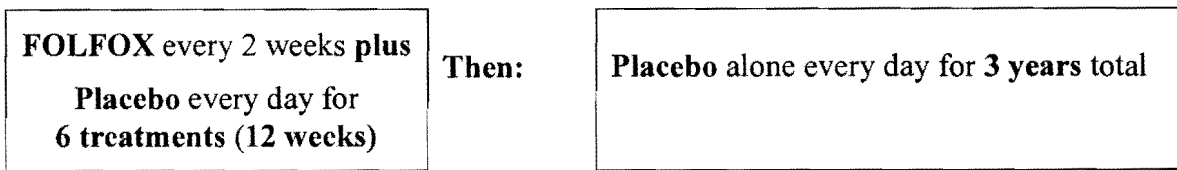
ARM B:

**FOLFOX every 2 weeks plus
Celecoxib every day for
12 treatments (24 weeks)**

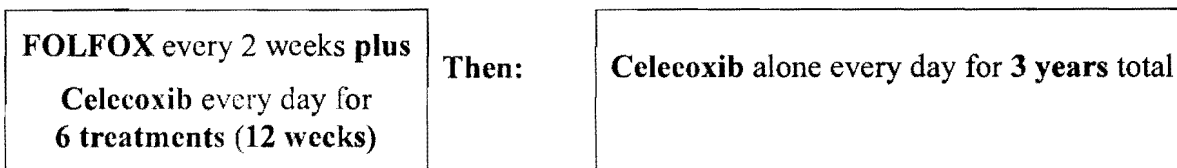
Then:

Celecoxib alone every day for 3 years total

ARM C:



ARM D:



FOLFOX: For the FOLFOX combination, you will receive the following drugs:
Oxaliplatin will be given by vein over a period of about 2 hours. Afterwards (or at the same time), **leucovorin** will be given by vein for 2 hours. **5-FU** will then be given as a shot through your vein, followed by an infusion which will take about 2 days. You can get the 2-day infusion as an outpatient.

Celecoxib or Placebo: Within the first 15 days of study treatment with FOLFOX you will start study treatment with celecoxib or the placebo. You will take one capsule every day for three years. You will receive a new bottle of celecoxib or placebo capsules every 3 months. Try to take the capsule at about the same time every day with food. Doses should only be made up if missed within 12 hours of the regularly scheduled dose. Vomited doses should only be made up if the entire capsule can be seen in your vomit. Missed doses should be taken with food. You will be asked to record the day, number of capsules taken and time of each dose of celecoxib or placebo on a medication calendar. You will be asked to bring the calendar and any unused capsules with you each visit.

Tests and Procedures:

During the time that you are receiving the study treatment, you will need the following tests and procedures that are part of regular cancer care.

- Physical examinations (every 4 weeks during FOLFOX treatment and then every 3 months while taking celecoxib/placebo only),
- Blood tests (every 2 weeks during FOLFOX treatment and then every 3 months while taking celecoxib/placebo only), to look at the side effects of chemotherapy
- Blood tests for liver and kidney function (every 4 weeks during FOLFOX treatment and then every 3 months while taking celecoxib/placebo only),
- CT scans, MRI scans, ultrasound scans and chest x-rays to monitor your condition after the completion of the FOLFOX treatment (about every 6 months).

Other Medicines:

You should not take NSAIDs (e.g., ibuprofen or similar drugs) other than celecoxib/placebo study medicine. You should not take aspirin more than 3 times a week. If you take baby aspirin (100 mg or less), you should take no more than 1 per day. If you have any questions about these medicines, please ask your doctor.

How long will I be in the study?

You will be treated with the FOLFOX chemotherapy for up to 6 treatments (12 weeks) or 12 treatments (24 weeks) (depending on your treatment arm) and the celecoxib or placebo capsule for up to 3 years. Some or all of the treatments would be stopped if you become too sick to receive the therapy, if your doctor believes another treatment is appropriate, or if you no longer wish to continue with the study. Whether or not you remain on study treatment, the study doctor will continue to follow your progress at least every 6 months for up to 6 years after you started treatment.

Can I stop being in the study?

Yes. You can decide to stop at any time. Tell the study 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 study 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 study 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 is also a risk of death.

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

Risks and side effects related to the treatments being studied include:

FOLFOX:

LIKELY:

These side effects occur in more than 20% of patients receiving FOLFOX:

- Lack of enough red blood cells (anemia which may make you short of breath, weak, fatigued, or tired)
- Diarrhea, which could lead to dehydration
- Nausea or vomiting
- Fatigue or tiredness
- Abnormal liver function as seen on a blood test: ALT, AST
- Decreased number of a type of blood cell (platelet) that helps to clot blood (may result in easy bruising or bleeding)
- Damage to nerves causing numbness, tingling, burning
- Decreased number of a type of white blood cell (lymphocyte) that can lead to infection
- Decreased number of another type of white blood cell (neutrophil/granulocyte) that can lead to infection
- Temporary hair loss
- Darkening of the skin. This happens most often in the palms of the hands or along the vein where 5-FU is given. This is not harmful, but it could be permanent.
- Sores in the mouth and/or throat
- Photosensitivity (exposure to sunlight can cause skin to be sensitive to sunburn). You should use a sunscreen.
- A sensation of pain or tingling in areas of the body that are exposed to cold air or cold liquid, such as your hands if placed in the refrigerator or your throat if exposed to a cold wind or drinking cold liquids (see the Additional Information section below).
- Dizziness
- Changes in fingernails
- Loss of appetite
- Taste changes
- Headache

LESS LIKELY:

These side effects occur in 3% to 20% of patients receiving FOLFOX:

- Abnormal blood clotting and/or bleeding
- Fever associated with dangerously low levels of a type of white blood cell (neutrophils)
- Destruction of red blood cells
- Abnormal heart rhythm
- Hearing loss
- Inflammation in the ear
- Swelling and redness of the eye and eyelids
- Dry eye
- Temporary vision problems caused by the cold
- Problem with eyelid
- Swelling around the nerve responsible for sight
- Belly pain

- Fluid collection in the abdomen
- Constipation
- Dry mouth
- Heartburn
- Difficulty swallowing
- Excess passing of gas
- Irritation of the stomach
- Bleeding in some organ(s) of the digestive tract, for example, blood in your stool
- Death of tissue somewhere in the digestive tract
- Sore (ulcer) in the digestive tract, including esophagus or intestines
- Blockage of the intestines with severe constipation
- Inflammation of the pancreas that can cause belly pain and may be serious
- Chills
- Swelling of the face, arms or legs
- Fever
- Difficulty walking
- A condition in which both the liver and kidneys fail
- Irritation at the site of the IV
- Chest pain not heart-related
- Liver failure
- Increase in size of the liver
- Blockage of the veins in the liver leading to liver damage
- Allergic reaction
- Infection
- Slow blood clotting as seen on a blood test: PTT, INR
- Abnormal kidney function as seen on a blood test: creatinine
- Abnormal liver function as seen on a blood test: alkaline phosphatase, bilirubin, GGT
- Abnormal test of bone health: alkaline phosphatase
- Weight gain
- Weight loss
- Dehydration
- Increased or decreased blood sugar level
- Decreased levels of a protein called albumin
- Abnormal blood chemistries that could lead to abnormal heart, kidney, or nerve function: blood acid, uric acid, calcium, potassium, magnesium, sodium, phosphate
- Pain including joint, back, bone, and muscle
- Difficulty or limitation in ability to open mouth
- Sleepiness
- Speech problems
- Abnormal or involuntary movements
- Bleeding in the brain
- Stroke or mini-stroke (TIA)
- A malfunction of the nerves within the head and neck
- Weakness or paralysis caused by damage to nerves
- Convulsion or seizure
- Anxiety

- Confusion
- Depression
- Difficulty sleeping or falling asleep
- Blood in the urine
- Bleeding in the kidney
- Need to urinate often
- Difficulty emptying the bladder
- Bleeding in male or female organs
- Stuffy or runny nose, sneezing
- Bleeding in the respiratory tract
- Throat tightness, shortness of breath, or a choking sensation (see the Additional Information section below)
- Cough, wheezing
- Hiccups
- Inflammation of the lungs
- Scarring of the lungs that can cause shortness of breath and interfere with breathing
- Problem of the sinuses
- Voice change
- Dry skin
- Excess sweating
- Itching
- Skin rash
- Hives
- Sudden reddening of the face and/or neck
- Hot flashes
- High blood pressure
- Low blood pressure
- Inflammation of a vein
- Formation of a blood clot that could break loose and be carried by the blood stream to block another blood vessel
- Swelling and redness of the skin on the palms of the hands and soles of the feet that can be serious
- Kidney damage that could be severe (see the Additional Information section below)
- Watery eyes

RARE BUT SERIOUS:

These side effects occur in less than 3% of patients receiving FOLFOX:

- Formation of blood clots in small blood vessels around the body that leads to a low platelet (a type of blood cell that helps to clot blood) count
- Gas in the intestinal (bowel) wall
- Inflammation of the gallbladder possibly associated with gall stones
- Sudden or traumatic injury to the kidney
- Severe potentially life-threatening damage to the lungs which can lead to difficulty breathing
- Clotted catheter or catheter infection
- Severe diarrhea that may be life threatening



- Heart problems (chest pain, heart attack)
- Accumulation of fluid around the heart

Celecoxib:

LESS LIKELY:

These side effects occur in 3% to 20% of patients receiving Celecoxib:

- Headache
- Heartburn
- Diarrhea
- Belly pain
- Bleeding in some organ(s) of the digestive tract, for example, blood in your stool
- Nausea and vomiting
- Hypertension
- Swelling in the arms and legs

RARE BUT SERIOUS:

These side effects occur in less than 3% of patients receiving Celecoxib:

- Kidney damage
- Heart attack
- Stroke
- Chest pain (angina)
- Blood clots

Patients who continue to take the celecoxib/placebo after 1 year may be more likely to have a heart attack, stroke, or other cardiovascular problems.

Unanticipated side effects which have not been previously reported may occur with any of these drugs. If you have any unusual symptoms, report them immediately to your doctor.

Reproductive risks: You should not become pregnant or father a baby while on this study and for at least two months after you stop taking the FOLFOX and celecoxib because the drugs may affect an unborn baby. Women should not breastfeed a baby while on this study and for at least two months after you stop taking FOLFOX and celecoxib. It is important you understand that you need to use birth control while on this study. Check with your study doctor about what kind of birth control methods to use and how long to use them. Some methods might not be approved for use in this study.

Additional Information about Risks

Additional information about the risks of oxaliplatin:

Exposure to cold (oxaliplatin): When receiving oxaliplatin, the nerves that affect your throat may be affected and cause a strange sensation when swallowing cold liquids. You should avoid cold beverages while you are participating in this study. You may also notice a tingling and numbness or pain in your hands and feet that worsen on exposure to cold. Extra layers of clothing (gloves, mittens and warm socks) may help these symptoms be less severe.

If you should develop **throat tightness, shortness of breath, or a choking sensation**, contact your doctor immediately. In the patients treated with this drug, there have been 11 patients (of more the 50,000 who have be treated with oxaliplatin) who have had lung problems such as cough, shortness of breath, or trouble breathing. This caused scar tissue in the lungs and these events can be life threatening.

Inflammation of the nerves can become worse during the time you are receiving treatment, and the risk of developing it increases with the amount of oxaliplatin you receive. This inflammation usually goes away.

In some cases, the combination of oxaliplatin and 5-FU can cause a severe infection often associated with **diarrhea**. This infection is serious and can be life threatening. Contact your physician immediately if you are experiencing severe diarrhea (more than 7 or 8 times per day), fever, as well as numbness or tingling in your hands, feet or throat, or weakness.

A few patients treated with oxaliplatin have developed kidney damage. The damage to the kidneys may lead to the need for kidney dialysis usually on a temporary basis. You may also develop a condition associated with the dysfunction of your kidneys called Hemolytic Uremic Syndrome. This syndrome can be serious and may lead to seizures, problems with the central nervous system, or coma.

Platinum drugs like oxaliplatin have been known to cause **leukemia** in a small number of patients. It is not known whether risk of future development of leukemia is a side effect of oxaliplatin. One case of leukemia and one case of myelodysplastic syndrome, a condition which could lead to leukemia, have been seen following oxaliplatin chemotherapy, although it is not certain that oxaliplatin caused these blood disorders.

For more information about risks and side effects, ask the study 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 that adding celecoxib to FOLFOX may decrease the risk of cancer recurrence compared to FOLFOX alone, there is no proof of this yet. Furthermore, while doctors hope that the shorter course of FOLFOX (6 treatments) will be as effective a longer course of FOLFOX (12 treatments), 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 cancer. This information could help future cancer 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 cancer without being in a study, which may involve using combinations of the drugs used in this study or different drugs

- Taking part in another study
- Getting no treatment, but this is not generally recommended for this stage of colon cancer.

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?

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

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

- The Cancer and Leukemia Group B (CALGB)
- The Southwest Oncology Group (SWOG)
- The National Cancer Institute (NCI) and other government agencies, like the Food and Drug Administration (FDA), involved in keeping research safe for people
- Pfizer pharmaceutical company, the makers of celecoxib.
- Liberty IRB (Institutional Review Board); and
- NCI CIRB (National Cancer Institute Central Institutional Review Board)

The Cancer Trials Support Unit (CTSU) may also view your records if you are participating in this trial through one of their institutions.

The Cancer and Leukemia Group B has received a Certificate of Confidentiality from the federal government, which will help us to protect your privacy. The Certificate protects against the involuntary release of information about you collected during the course of the study. The researchers involved in this project may not be forced to identify you in any legal proceedings (criminal, civil, administrative, or legislative) at the federal, state, or local level. However, some information may be required by the Federal Food, Drug, and Cosmetic Act, the U.S. Department of Health and Human Services or for purpose of program review or audit. Also, you may choose to voluntarily disclose the protected information under certain circumstances. For example, if you or your guardian requests the release of information about you in writing (through, for example, a written request to release medical records to an insurance company), the Certificate does not protect against that voluntary disclosure.

What are the costs of taking part in this study?

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

The cost of 5-FU, oxaliplatin, and leucovorin will be charged to you/your insurance company.

The celecoxib/placebo will be provided at no charge while you take part in this study.

Even though it probably won't happen, it is possible that the manufacturer may not continue to provide the celecoxib/placebo for some reason. If this would occur, other possible options are:

- You might be able to get the celecoxib/placebo from the manufacturer or your pharmacy but you or your insurance company may have to pay for it.
- If there is no celecoxib/placebo available at all, no one will be able to get more and the study would close.

If a problem with getting celecoxib/placebo occurs, your study doctor will talk to you about these options.

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

For more information on clinical trials and insurance coverage, you can visit the National Cancer Institute's Web site at <http://cancer.gov/clinicaltrials/understanding/insurance-coverage>. You can print a copy of the "Clinical Trials and Insurance Coverage" information from this Web site.

Another way to get the information is to call 1-800-4-CANCER (1-800-422-6237) and ask them to send you a free copy.

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

It is important that you tell your study doctor, _____, if you feel that you have been injured because of taking part in this study. You can tell the doctor in person or call him/her at (386) 254-4212.

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.

A Data Safety and Monitoring Board, an independent group of experts, will be reviewing the data from this research throughout the study.

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.

It may be necessary to contact you at a future date regarding new information about the treatment you have received. For this reason, we ask that you notify the institution where you received treatment on this study of any changes in address. If you move, please provide your new address to the following person:

Clinical Trials Coordinator at:
Halifax Health Center For Oncology
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
(386)254-4213

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.

Who can answer my questions about the study?

You can talk to Dr. Deveras, the Principal Investigator overseeing the study at Halifax Health your study doctor as listed on page one of this consent regarding any questions or concerns you have about this study. You can contact them at:

Halifax Health
Center for Oncology
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
(386) 254-4212 (24 Hour Number)

If you have any questions about your rights as a participant in this research study, you can contact

Liberty IRB, Inc.
DeLand, Florida 32724
(386) 740-9278 (Business Hours)

The Liberty Institutional Review Board (IRB) is a committee that has reviewed this research study for Halifax Health to help ensure that your rights and welfare as a research participant are protected and that the research study is carried out in an ethical manner.

NCI CIRB (National Cancer Institute Central Institutional Review Board), a committee that reviews this research study to ensure that your rights and welfare as a research participant are protected and that the research study is carried out in an ethical manner.

* You may also call the Operations Office of the NCI Central Institutional Review Board (CIRB) at 888-657-3711 (from the continental US only).

RELATED STUDIES

Please note: The following 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.

The results of these research studies will not be provided to you or your doctor, nor will the results have any effect on your treatment. It is unlikely that what we learn from these studies will have a direct benefit to you. However, the information learned from these studies may benefit other patients in the future.

The results from these studies may be published, but individual patients will not be identified in these publications.

There will be no charge to you for participating in these research studies. Your sample and information will only be used for research and will not be sold. The research done with your sample may help to develop new products in the future.

The greatest risk to you is the release of information from your health records. We will do our best to make sure that your personal information will be kept private. The chance that this information will be given to someone inappropriate is very small.

In the future, people who do research may need to know more about your health. While the Cancer and Leukemia Group B may give them reports about your health, it will not give them your name, address, phone number, or any other information that will let the researchers know who you are.

If you decide now to participate and then change your mind at any time about participating in these studies for any reason, you should contact your institution and let them know that you do not want the researchers to use your sample. The sample will then no longer be used for research. It will either be destroyed or returned to your institution for storage. The sample will also be returned to your institution upon request if needed for any other medical or legal reasons.

You can say “yes” or “no” to each of the following studies. Please mark your choice for each study. No matter what you decide to do, it will not affect your care.

Cancer Prevention and Diet and Lifestyle Study

The study investigators are interested in studying whether diet, lifestyle, or supplements has an effect on cancer survivors, including recurrence of cancer, new cancers or new colorectal polyps. They would like to ask you to fill out a questionnaire about your diet and daily activities within the first six weeks of treatment and between 14 and 16 months after the start of treatment. This questionnaire should take about 30 minutes to complete. When you are presented with the questionnaire, you may choose whether or not you would like to fill it out.

As part of this research study, we are also asking you to give permission for the study investigators to access the reports from your colonoscopies and biopsies that are done for up to 6 years after you started treatment on this study.

1) I choose to take part in the Cancer Prevention and Diet and Lifestyle Study:

_____ Yes _____ No Participant Initials _____

Studies on tissue and blood:

As part of this research study, we would like to request your permission to study cells from your tissue. The tissue samples were previously obtained when your disease was first diagnosed or when you had surgery. No additional biopsy will be required. These tissue samples will be used in a laboratory to investigate colorectal cancer. This will include looking at the cells in your tumor tissue to detect changes in genetic material that may have occurred. These types of changes are not usually passed down from generation to generation and are not considered to be inherited.

The researchers would like to keep some of the tissue that was left over for future research. If you agree, this tissue will be kept and may be used in research to learn more about cancer and other diseases. Please read the information sheet called "How is Tissue Used for Research" to learn more about tissue research. [This NCI information sheet is available at <http://www.cancerdiagnosis.nci.nih.gov/specimens/patient.pdf>]

In addition, the researchers would also like to collect additional samples of your blood. The researchers would like to investigate whether substances in your blood (sometimes called tumor markers) are related to the way that your body responds or doesn't respond to the chemotherapy you receive in this trial. Approximately 4 teaspoons of additional blood would be collected at the beginning of the study.

2) I agree that my specimens may be used for the research described above.

_____ Yes _____ No Participant Initials _____

Genetic studies on blood cells:

Researchers at special CALGB laboratories wish to determine whether there is a relationship between genes and response to treatment and treatment outcomes, and side effects. No research studies will be performed that can knowingly reveal genetic information that might be of risk to you or to your family.

In order to study genes, the DNA must be removed from your blood sample. DNA is the substance that makes up your genes. Genes are the units of inheritance that are passed down

from generation to generation. They are responsible for eye color, hair color, blood type, and hundreds of other traits.

New scientific tools will now allow researchers to look at your whole DNA, not just one part or one gene. This kind of research can provide information to researchers about the development of cancer and response to treatment. It can also provide information about a variety of other conditions and diseases, including heart disease, diabetes and Alzheimer's disease.

Because the information gained in these genetic studies can be very useful to the research community, the National Institutes of Health (NIH) has requested that these data be placed in a central database housed at the NIH. The goal is to speed up the process for discovery of new treatments, prevention and diagnosis of disease. Researchers must get approval from the NIH before they can access the research results and health-related information from your specimen. All information will be coded with a unique number. Researchers will not have access to your identity; they will only see coded information.

Participation in this additional research study would require an additional sample of blood (about 2 teaspoons).

The greatest risk to you is the release of information from your health records. We will do our best to make sure that your personal information will be kept private. The chance that this information will be given to someone is very small. Below are some of the steps we have taken to protect your privacy and confidentiality:

- Blood samples will be stored at a CALGB laboratory. The CALGB Statistical Center will perform all analyses of data and store all study results. Your blood sample will not be stored with your name on it. Instead, it will be labeled with a special CALGB identification number. The only location where your name and special identification number will be stored together is at the CALGB Statistical Center. The greatest effort will be made to see that all personal information that can identify you is kept under conditions that protect your privacy.
- Information about your participation in this study and results of any tests performed on your sample will be kept only at the CALGB Statistical Center. This information will not be made available to your doctors or to individual researchers at CALGB. Test results from this study will not be put in your medical records. All study information, including test results, is stored under conditions that limit access in order to protect the privacy of the people participating in the study.
- The Cancer and Leukemia Group B has received a Certificate of Confidentiality from the federal government, which will help us to protect your privacy. More information about the Certificate can be found in the paragraph "Will my medical information be kept private?"
- A federal law (Genetic Information Non-Discrimination Act, GINA) will help lower the risk from health insurance or employment discrimination on the basis of genetic information. The federal law does not include other types of misuse by life insurance, long-term care or disability insurance. If you want to learn more about the GINA Law,

you can find information about it on the internet or ask the study staff. In addition to the federal law, some states have laws that also help protect against genetic discrimination.

While we believe that the risks to you and your family are very low, we cannot tell you exactly what all of the risks are from taking part in genetic research studies. Your privacy and confidentiality will be protected to the fullest extent possible.

You have the right to receive the planned therapy on this study without participating in the proposed research study on your blood sample. Please read the sentence below and think about your choice. After reading the sentence, please mark your choice, sign your name, and provide the current date. **No matter what you decide to do, it will not affect your care.**

3) I agree that my blood may be used for the genetic research studies described above.

_____ Yes _____ No Participant Initials _____

Storage of your specimens:

The researchers would also like to store any portion of the tissue and blood that is not used up by the related studies described above. These samples may be stored indefinitely. You can still take part in the treatment study, and the research study described above without giving your consent for your samples to be stored.

It is not possible for you or the CALGB to know what studies of cancer may be appropriate in the future. We ask that you give permission in advance for other studies to be performed using the tissue and blood without being re-contacted to give permission for each test.

4) My specimens may be kept for future unknown use in research to learn about, prevent, treat, or cure cancer.

_____ Yes _____ No Participant Initials _____

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

_____ Yes _____ No Participant Initials _____

6) My doctor or someone from CALGB may contact me in the future to ask me to take part in more research.

_____ Yes _____ No Participant Initials _____

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.

Signature

I have been given a copy of all 19 pages of this form. I have read it or it has been read to me. I understand the information and have had my questions answered. I agree to take part in this study.

By signing this document, you are confirming that:

- Your concerns and questions about this research study have been answered to your satisfaction
- You agree to be a part of this study
- You have received your own signed, dated and timed copy of this document
- You understand that your participation in the study is voluntary and that you are free to withdraw at any time, without giving any reason, and without your medical care or legal rights being affected.

Participant's Printed Name

Participant's Signature

Date

Time

Printed Name of Person Conducting Informed Consent Discussion

Signature of Person

Date

Time

Conducting Informed Consent Discussion

Physician's Printed Name

Physician's Signature

Date

Time