

CONSENT TO PARTICIPATE IN GOG 0252:
A Phase III Clinical Trial of Bevacizumab with IV Versus IP Chemotherapy in
Ovarian, Fallopian Tube and Primary Peritoneal Carcinoma
(NCI Supplied Agents: Bevacizumab [IND#7921])
Consent Version 11/30/09

Investigators

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Study Doctor: _____ **Emergency Number:** _____

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.

Why have I been asked to take part in this research study?

You are being asked to take part in this study because you have ovarian, fallopian tube or primary peritoneal cancer which has not spread outside of the abdominal (peritoneal) cavity.

Who is conducting the study?

Nationally this study is being conducted by the Gynecologic Oncology Group (GOG); an organization dedicated to clinical research in the field of gynecologic cancers. Locally the Puget Sound Oncology Consortium, the Fred Hutchinson Cancer Research Center and the University of Washington are conducting the study with the GOG.

Why is this research study being done?

The standard treatment for ovarian, fallopian tube and peritoneal cancer is surgery followed by carboplatin or cisplatin and paclitaxel chemotherapy given intravenously (in a vein, IV) or directly into the abdomen (belly). Chemotherapy given directly into the abdomen is called intraperitoneal (IP) chemotherapy. However, a consensus has not been reached about what type of treatment works best, IV or IP, for women with these types of cancers. Also there is a new study that shows that giving chemotherapy weekly may be of benefit.

This study will compare three combinations of chemotherapy given IV or IP with the addition of bevacizumab. It is being conducted for the following reasons:

- The main purpose of this study is to compare IV chemotherapy with two different IP chemotherapy treatments. The study will look at time to cancer growth, survival, side effects and quality of life (wellness and physical functioning) with these different treatment plans.
- Another purpose of this study is to compare how ovarian, fallopian tube or primary peritoneal cancer responds to one of three different chemotherapy regimens when given with a newer drug, bevacizumab. Bevacizumab works by blocking a protein called vascular endothelial growth factor (VEGF) that helps new blood vessels form. Without new blood vessels, the growth of the tumor may be slowed.

Bevacizumab (Avastin™) has recently been approved by the U.S. Food and Drug Administration (FDA) for use in combination with chemotherapy in patients with colon, lung and breast cancer. Bevacizumab is investigational in this study because it is not approved for use in treating ovarian, primary peritoneal or fallopian tube cancer.

- Another reason for doing this study is to do special tests on blood and tumor samples which should provide researchers at the GOG with information about how tumors like yours respond to treatment and predict which patients may have side effects or may do better.

How many people will take part in the study?

About 1,250 women from different cancer treatment centers will take part in the study.

What is involved in the study?

Before you begin the study. To find out if you can join the study, you will need to have the following exams and medical tests. These exams, tests, and procedures are part of regular cancer care and may be done even if you do not join this study. If you have had any of them recently, your doctor may decide not to repeat them. These tests are done as an outpatient at your doctor's office, in a clinic, or in a hospital.

- History and physical examination which will include blood pressure measurement and pelvic examination. Your incision from your surgery and any wounds will be examined to make sure there is no infection or a healing problem.
- Blood tests to measure blood cell counts; liver, kidney and blood clotting function; blood mineral levels; CA-125 levels (CA-125 is a protein measured in the blood that is often elevated in patients with ovarian cancer).
- Urine test to check for protein
- Electrocardiogram (EKG) to check your heart rhythm
- Chest imaging (chest x-ray or chest CT)
- CT scan or MRI of the abdomen and pelvis to measure detectable tumor
- Hearing test if you have a history of hearing loss
- Pregnancy test if you are capable of becoming pregnant

Due to issues related to safety with the drug bevacizumab, no major surgical procedure, including abdominal surgery can be planned during this study. You are encouraged to discuss this with your physician prior to enrolling on this study.

During the study: If the exams, tests and procedures show that you can be in the study and you choose to take part, you will be “randomized” to one of the three study groups described on the following pages. Randomization means that you are put into a group by chance. A computer program will place you in one of the study groups. Neither you nor your doctor can choose the group you will be in. You will have an equal chance of being placed in any of the three study groups.

You will receive your study drugs according to one of the schedules described below. Each treatment cycle is 21 days (3 weeks). The first day of each week is called day 1, day 8, day 15, and the next cycle begins on day 22.

If you are randomized to receive intraperitoneal (chemotherapy directly into the abdomen) therapy (Groups 2 and 3), you will need to have a surgical procedure to place a peritoneal catheter (unless it was already placed at the time of your cancer surgery) in your abdomen to deliver the chemotherapy into the abdominal cavity. The surgical procedure to place the catheter is performed as an outpatient under general anesthesia. You will be asked to sign a separate consent for this procedure. The catheter is left in place until you complete the chemotherapy, and then it will be removed.

Group 1 (Regimen I): If you are in the first group you will be treated with:

Day 1: carboplatin IV, paclitaxel IV, bevacizumab IV (*bevacizumab begins with cycle 2*)
Day 8: paclitaxel IV
Day 15: paclitaxel IV

You will receive a total of 6 cycles, with bevacizumab beginning cycle 2. The treatment time on day 1 will be two- three hours and on days 8 and 15 one hour.

Following the completion of the first 6 cycles, you will receive bevacizumab IV once every three weeks for an additional 16 treatments, to complete a total treatment time of about 15 months or 22 treatments. These treatments will take about 30 minutes each visit.

Group 2 (Regimen II): If you are in the second group you will be treated with:

Day 1: carboplatin administered into the abdominal cavity (IP), paclitaxel IV,
bevacizumab IV (*bevacizumab begins with cycle 2*)
Day 8: paclitaxel IV
Day 15: paclitaxel IV

You will receive a total of 6 cycles, with bevacizumab beginning cycle 2. The treatment time on day 1 will be 4-6 hours and on days 8 and 15 one hour.

Following the completion of the first 6 cycles, you will receive bevacizumab IV once every three weeks for an additional 16 treatments, to complete a total treatment time of about 15 months or 22 treatments. These treatments will take about 30 minutes each visit.

Group 3 (Regimen III): If you are in the third group you will be treated with:

Day 1: paclitaxel IV, bevacizumab IV (*bevacizumab begins with cycle 2*)

Day 2: cisplatin administered into the abdominal cavity (IP)

Day 8: paclitaxel administered into the abdominal cavity (IP)

You will receive a total of 6 cycles, with bevacizumab beginning cycle 2. The treatment time on day 1 will be 3-4 hours. On day 2 you will need to be in the infusion center 4-5 hours for Cisplatin IP and extra IV fluids (salt and water). On day 8 paclitaxel IP should be less than two hours.

Following the completion of the first 6 cycles, you will receive bevacizumab IV once every three weeks for an additional 16 treatments, to complete a total treatment time of about 15 months or 22 treatments. These treatments will take about 30 minutes each visit.

Whichever group you are in, to help prevent some of the side effects of paclitaxel, you must take another drug called dexamethasone before each paclitaxel treatment. Dexamethasone may be given to you by vein just before your treatment, or your doctor may give you tablets to take by mouth the day before and again in the morning on the day you receive paclitaxel. Your doctor will give you other medications to prevent/lessen side effects such as allergic reaction, nausea and vomiting. Bevacizumab is given slowly the first 2 times it is administered (60-90 minutes), but after that, if it is tolerated, it is given over 30 minutes. Your doctor may decide to give you a drug called docetaxel instead of paclitaxel if you have an allergic reaction or severe numbness in your hands and feet when you are treated with paclitaxel.

A summary of the study therapy is outlined on the table below:

Group 1	Group 2	Group 3
Paclitaxel IV on days 1, 8 and 15 Carboplatin IV on day 1 Bevacizumab IV on day 1 <i>(beginning with cycle 2)</i> Treatment given every 21 days for 6 cycles	Paclitaxel IV on days 1, 8 and 15 Carboplatin IP on day 1 Bevacizumab IV on day 1 <i>(beginning with cycle 2)</i> Treatment given every 21 days for 6 cycles	Paclitaxel IV on day 1 Cisplatin IP on day 2 Paclitaxel IP on day 8 Bevacizumab IV on day 1 <i>(beginning with cycle 2)</i> Treatment given every 21 days for 6 cycles
<i>Followed by</i>	<i>Followed by</i>	<i>Followed by</i>
Bevacizumab Given through a vein every 21 days for cycles 7-22 <i>Total treatment time 15 months</i>	Bevacizumab Given through a vein every 21 days for cycles 7-22 <i>Total treatment time 15 months</i>	Bevacizumab Given through a vein every 21 days for cycles 7-22 <i>Total treatment time 15 months</i>

During treatment on this study

All aspects of this treatment will be under the close supervision of your study doctor and his/her medical staff. You will need the following tests and procedures done while receiving treatment on this study. The exams and tests are done to monitor side effects and to see if the treatment should be delayed or stopped. These tests are part of regular cancer care but may be done more frequently because you are on this study.

Tests and exams during chemotherapy and bevacizumab (first 6 cycles):

The following exams and tests will be done during study therapy. They are part of regular cancer care.

- History and physical examination, including pelvic examination and blood pressure monitoring, and review of side effects, will be performed prior to each cycle (every three weeks).
- If you have an abnormal opening in the skin, such as your incision opening up, it will be examined weekly to make sure there is no evidence of infection or a healing problem.
- Blood tests weekly to measure blood counts. Blood tests every 3 weeks to measure blood mineral levels, check liver and kidney function, and measure CA-125. If you are on a blood thinner medication (such as Coumadin), blood tests to check clotting function will also be done.
- Urine test to check for protein every other cycle of treatment (every 6 weeks)
- CT scan of abdomen and pelvis to measure detectable tumor will be performed at the completion of six cycles.

The following tests are part of regular cancer care but are being done more often because you are in this study:

- Weekly blood pressure monitoring following the first treatment of bevacizumab for at least the first cycle. When weekly monitoring is necessary, you may do this at home and provide the results to the study doctor or study nurse if you wish, as long as the study doctor feels this is safe and practical. A blood pressure diary will be given to you to record home blood pressure readings.

The following tests are not part of regular cancer care and are being done for the purpose of this study:

- Optional blood and tissue collection for research (1 blood collection and samples of your tumor if left over from a previous surgery); only if you answered “yes” to the optional blood and tissue collection questions at the end of this consent form.

Tests and exams during bevacizumab only (cycles 7-22):

The following tests are part of regular cancer care but are being done more often because you are in this study:

- History and physical exam, which will include checking your blood pressure and a pelvic exam and review of side effects before every study treatment (every 3 weeks)
- Blood tests before every study treatment (every 3 weeks):
 - To check your blood counts
 - To measure blood mineral levels, check liver and kidney function, and measure CA-125. Also blood tests to test clotting function will be done if you are on a blood thinner medication such as Coumadin.
- Urine test to check for protein every other cycle of treatment (every 6 weeks)
- CT scan of abdomen and pelvis to measure detectable tumor will be performed at the completion of cycle 12 and cycle 22

After therapy is complete - Follow-up

To monitor your well-being and the status of your cancer, you will undergo the following tests and procedures that are part of regular cancer care:

- History and physical exam, which will include checking your blood pressure and a pelvic exam and review of side effects of your treatment every three months for two years, then every six months for an additional three years and then annually
- CA-125 blood tests every three months for two years, then every six months for an additional three years and then annually
- CT scan of abdomen and pelvis to measure detectable tumor will be performed every 6 months for 5 years and then annually. These tests will not be required if your cancer gets worse.

Quality of Life Questionnaires

We want to know how your life has been affected by cancer and its treatment. “Quality of life” looks at how you are feeling physically and emotionally during your cancer treatment. It also looks at how you are able to carry out your day-to-day activities.

You will be asked to complete a quality of life questionnaire at the following time points:

- prior to starting chemotherapy
- prior to cycle 4 (9 weeks after starting treatment)
- prior to cycle 7 (18 weeks after starting treatment)
- prior to cycle 13 (36 weeks after starting treatment)
- prior to cycle 21 (60 weeks after starting treatment)
- 84 weeks (about 18 months after starting treatment)

It takes about 10-20 minutes to fill out each questionnaire. You will be asked to complete the questionnaire event if you are not longer receiving study treatment. If any questions make you feel uncomfortable, you may skip those questions and not give an answer.

How long will I be in the study?

You will receive 22 cycles of treatment over 15 months as long as the cancer is not growing and you do not have unacceptable side effects. When you stop treatment we would like to keep track of your health for at least 10 years. Keeping in touch with you and checking your health helps us look at the long-term effects of the study 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 treatment can be evaluated by your doctor. The intraperitoneal chemotherapy catheter should be removed when you complete treatment or stop for any reason. 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 the study treatment does not work for your cancer, if he or she believes it is in the best interest for your health, 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. Most of these are listed here; however, doctors don't know all the side effects that may happen. Side effects will vary from person to person. Everyone taking part in the study will be watched carefully for any side effects.

Side effects may be mild or very serious and may require hospitalization for management. Your health care team may give you medicines to help lessen side effects. Many side effects go away soon after you stop taking the study therapy. In some cases, side effects can be serious, long lasting, may never go away or may be life-threatening. *There also is a risk of death.*

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

Paclitaxel (Taxol[®]):**Likely**

- Low white blood cell counts - this may make you more open to infection
- Low platelet count - this may make you bruise more easily and bleed longer if injured
- Low red blood cell count which may cause tiredness, shortness of breath or fatigue
- Mild to severe allergic reaction which may be life-threatening with hives, wheezing (difficulty breathing) and change in blood pressure (low or high)
- Numbness and pain of the hands and feet that sometimes worsens with additional treatment and may not disappear after the drug is stopped. This may lead to difficulty walking, buttoning clothes, etc. (may be serious)
- Hair loss
- Muscle weakness and muscle loss
- Muscle and joint aches
- Nausea and/or vomiting

- Diarrhea
- Sores in the mouth or throat (that can lead to difficulty swallowing and dehydration)

Less likely

- Low blood pressure
- Irregular heartbeats
- Fever
- Fatigue, weakness
- Fluid retention (swelling or bloating)
- Elevation in liver function blood tests
- Confusion; mood changes
- Skin tissue irritation, swelling or discoloration around the injection site
- Skin tissue damage if some of the drug leaks from the vein while it is being given
- Changes in taste
- Rash

Rare but serious

- Elevation of serum creatinine in kidneys (may be reversible or can lead to kidney damage)
- Inflammation of the colon, pancreas or lungs (may be serious)
- Liver failure
- Seizures
- A slowing of the heart rate (a slow pulse is not harmful; however, if you should develop any other irregularities in heart rate during treatment, an EKG and other tests may be required.)
- Heart attack
- Blood clots
- Blockage in the intestines
- Opening in the bowel wall

The doctor may substitute docetaxel for paclitaxel if you experience a severe allergic reaction or severe numbness or tingling in your hands or feet to paclitaxel. Docetaxel is a similar drug to paclitaxel and has been found to be as effective in patients with ovarian and primary peritoneal cancer as paclitaxel. Docetaxel generally has the same type of side effects as paclitaxel but has been found to cause less tingling and numbness in the hands and feet but has also been found to cause lower white blood cell counts and higher risk of infection and a chance of severe fluid retention (see below). Some patients that experience allergic reactions to paclitaxel do not demonstrate allergic reactions to docetaxel.

Docetaxel (Taxotere):**Likely:**

- Low white blood cell counts - this may make you more open to infection
- Low platelet count - this may make you bruise more easily and bleed longer if injured
- Low red blood cell count which may cause tiredness, shortness of breath or fatigue
- Mild to severe allergic reaction which may be life-threatening with hives, wheezing and low blood pressure
- Numbness and pain of the hands and feet that sometimes worsens with additional treatment and may not disappear after the drug is stopped. This may lead to difficulty walking, buttoning clothes, etc.
- Hair loss
- Muscle weakness and muscle loss; muscle and joint aches
- Shortness of breath
- Skin irritation (including hives and itching if allergic reactions)
- Low or high blood pressure
- Nausea and/or vomiting
- Diarrhea
- Mouth and throat sores
- Fatigue
- Excessive tearing of the eyes
- Chills; fever
- Fluid retention, in the form of weight gain, poorly tolerated swelling of the legs, arms, tissues beneath the skin, sometimes fluid collections in the chest causing shortness of breath and strain on the heart, and sometimes fluid collections in the abdomen (ascites) which can cause abdominal discomfort, distention and indigestion.
- Nail changes (e.g. discoloration, fungal infection, bleeding under the nail, etc.)

Less likely, but serious:

- A slowing of the heart rate (a slow pulse is not harmful; however if you should develop any other irregularities in heart rate during treatment, an EKG and other tests may be required.)
- Irregular heartbeats
- Heart attack
- Sores in the mouth or throat (that can lead to difficulty swallowing and dehydration)
- Fatigue
- Lightheadedness
- Headaches
- Kidney damage
- An increase in triglycerides (a blood lipid) levels which could increase risk of hardening of the arteries
- Liver damage
- Confusion; mood changes
- Skin tissue damage if some of the drug leaks from the vein while it is being given
- Changes in taste
- Irritation and swelling of the skin in an area previously treated with radiation therapy
- Rash

- Inflammation of the colon, pancreas or lungs
- Blurred vision or other changes in eyesight such as sensation of flashing lights or spots
- Infection and/or bleeding complications as a result of decreased blood counts

Rare, but serious:

- Liver failure
- Swelling of the Brain
- Seizures
- Severe allergic reaction resulting in development of a rash, difficulty breathing , and low blood pressure
- Acute leukemia

Cisplatin:**Likely:**

- Fatigue
- Low white blood cell counts - this may make you more open to infection
- Low red blood cell count which may cause tiredness, shortness of breath or fatigue
- Decrease in kidney function
- Loss of appetite and weight loss
- Diarrhea, constipation, nausea and vomiting and abdominal pain
- Complete hair loss
- Numbness/tingling in hands and feet, difficulty walking
- Skin rash
- Changes in taste
- Ringing in the ears and hearing loss
- Changes in minerals in the blood such as magnesium, potassium, and calcium

Less likely but serious:

- Allergic reaction
- Chills and fever with aches and pains
- Low platelet count - this may make you bruise more easily and bleed longer if injured
- Sores in mouth and throat (that can lead to difficulty swallowing and dehydration)
- Altered vision
- Skin irritation and swelling if the drug leaks from the vein into which it is injected into the surrounding skin

Rare but serious:

- Seizures
- Secondary cancers such as acute leukemia
- Kidney failure requiring dialysis
- Deafness
- Cardiac abnormalities (disturbances of the heart rhythm, chest pain, changes on the electrocardiogram which is a graphic display of the electrical activity of your heart)
- Abnormal liver function
- Inability to coordinate muscles for movement

- Hemolytic uremia syndrome (uncontrolled bleeding and kidneys are unable to produce urine).

Carboplatin:**Likely:**

- Low white blood cell counts - this may make you more open to infection
- Low platelet count - this may make you bruise more easily and bleed longer if injured
- Low red blood cell count which may cause tiredness, shortness of breath or fatigue
- Tiredness
- Loss of appetite and weight loss
- Diarrhea, constipation, nausea and vomiting, and abdominal pain
- Complete hair loss
- Skin rash
- Changes in taste
- Changes in electrolytes in the blood such as magnesium and potassium

Less likely, but serious:

- Numbness or tingling in fingers or toes
- Ringing in the ears and hearing loss
- Allergic reactions
- Chills and fever with aches and pains
- Decrease in kidney or liver function
- Sores in mouth and throat (that can lead to difficulty swallowing and dehydration)
- Altered vision

Rare, but serious:

- Seizures
- Secondary cancers such as acute leukemia
- Kidney failure requiring dialysis
- Deafness
- Death

Bevacizumab:**Likely**

- Mild to moderate increase in blood pressure
- Protein in urine, which can rarely lead to damage to the kidney
- Shortness of breath
- Nose bleeds
- Headache
- Loss of appetite
- Sore mouth or sore throat
- Constipation
- Fatigue
- Diarrhea

- Nausea and vomiting
- Generalized pain and pain in the abdomen (belly)
- Heartburn

Less Likely

- Mild to moderate decrease in blood pressure
- Blood clots in veins or arteries, which may be life threatening
- Mild to moderate bleeding in the tumor, stomach, intestines, vagina, or lungs
- Reactions associated with bevacizumab infusion: chills, fever, rigor
- Rash; skin ulcer, hives, welts or itching
- Infection
- Dizziness
- Pain in the muscles and joints
- Chest pain
- Cough
- Nasal stuffiness, sneezing, post nasal drip
- Wheezing
- Weight loss
- Voice changes, hoarseness, laryngitis
- Damage to the heart muscle resulting in decrease in heart function
- Low white blood cell counts - this may make you more open to infection. The risk of low white blood cell counts caused by chemotherapy drugs such as carboplatin, paclitaxel or taxotere can be increased by bevacizumab.

Rare, but Serious

- Congestive heart failure (decrease in heart function)
- Clots in the arteries that supply blood to the heart, brain, or other organs. The use of bevacizumab is associated with an increased risk of conditions related to clots in the arteries, including stroke or heart attack; these conditions can be life-threatening or fatal. When several studies were looked at together, problems due to clots in arteries were increased about two-fold (up to 4-5%) in patients receiving chemotherapy plus bevacizumab compared to chemotherapy alone (about 2.5%). Patients who were older than age 65 or with past history of clots in the arteries appeared to be at a greater risk for these problems.
- Delay in wound healing, failure of a wound to heal or spontaneous opening of a wound including a surgical wound. You should inform your doctor if you are considering surgery.
- Development of an abnormal opening (fistula) between the large intestine and another organ, most commonly the bladder, uterus, or vagina
- Perforation of the gastrointestinal track (a tear or a hole in the gut) which may be associated with an abdominal abscess or infection. This often requires surgery to repair and can be life-threatening and fatal. You should inform your physician if you experience symptoms suggestive of bowel perforation, such as worsening or new pain in the abdomen or rectum or fever. The overall incidence of bowel perforation in patients with metastatic ovarian cancer treated with bevacizumab is about 2-4% based on several studies. However, in one of these studies for patients with metastatic ovarian cancer that has progressed after multiple chemotherapies, 5 of the 44 patients treated with

bevacizumab developed bowel perforations. It is unclear at this time whether the relatively high rate of bowel perforation in this study was due to more advanced tumors, a higher number of previous therapies or other unrecognized factors in addition to bevacizumab.

- Severe allergic reactions that result in difficulty breathing or drop in blood pressure
- Serious or fatal bleeding from the tumor, brain, gut, or lungs
- Heart problems, including irregular heart beats, heart attack, or heart failure, potentially serious abnormal heart rhythm
- Reversible changes in the liver functions
- Nephrotic syndrome, a type of kidney disease caused by damage to the tiny blood vessels in the kidney
- Reversible Posterior Leukoencephalopathy Syndrome (RPLS) or similar leukoencephalopathy syndrome: RPLS is a medical condition related to leakiness of blood vessels in the brain and can cause confusion, blindness or vision changes, seizure and other symptoms, as well as changes in brain scans. This condition is usually reversible, but in rare cases, it is potentially life-threatening and may have long-term effect on brain function.

Bevacizumab is approved for human use against other cancers. It is considered an experimental drug when used in this study. Possible side effects of bevacizumab listed above are based on studies of bevacizumab in humans. These side effects may be a minor inconvenience or could be severe enough to be life threatening or fatal. In addition, there is always the risk that you could experience other presently unknown side effects. You will be watched closely for any side effects and if serious side effects occur the drug will be stopped and you will be treated appropriately.

Other Risks:

The placement of the IP catheter can injure your bowels and require a second surgery for repair. Other risks include infection and abdominal pain. You will be asked to sign a separate surgical consent for this procedure.

Chemotherapy drugs given IP may cause abdominal pressure and bloating, which may be uncomfortable and cause pain (pain can be severe); frequent urination and bladder fullness; breathing faster and more frequent; nausea and vomiting; decrease in appetite; and leakage of chemotherapy out of the wound in your abdomen or vagina.

Reproductive risks: The drugs in this study can affect an unborn baby. If you are able to become pregnant, you should not become pregnant while on this study and for at least 6 months after your last dose of bevacizumab. You should use birth control while on this study. You should ask about counseling and more information about preventing pregnancy. If you feel you might be pregnant you must notify your study doctor immediately. A pregnancy test may be performed.

You should not breastfeed a baby/child while on this study and for at least 6 months after your last dose of bevacizumab.

Are there benefits to taking part in this study?

Taking part in this study may or may not make your health better. The doctors hope that the treatment may slow or stop the growth of the cancer, but the cancer may worsen despite treatment.

We do know that the information from this study will help doctors learn more about the use of IV and IP chemotherapy and bevacizumab in patients with ovarian, primary peritoneal and fallopian tube 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 this study. This could include treatment with the combination of carboplatin and paclitaxel alone.
- Taking part in another study
- Getting no treatment and receiving supportive comfort care only

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

Will my medical information be kept private?

Information about your participation in this clinical trial will be kept in your medical record and research record, including a signed copy of this consent form.

We will try to keep your personal information as private as we can. We cannot guarantee absolute privacy. Your personal information may be disclosed if required by law. Medical information, including things such as your medical history, medical treatment and results of your blood tests and exams, and selected medical records will be sent to the GOG Administrative Office, the GOG Statistical and Data Center and/or the GOG tissue bank for review and analysis by physicians and other study personnel. Portions of your medical information may be transmitted electronically through the Internet, but will be encrypted (scrambled) to maintain confidentiality. Pathology slides or blocks will be sent to the GOG for review but can be returned on request.

Organizations that may inspect and/or copy your medical records or research records for quality assurance and data analyses are listed below. Your research records will include things such as your medical history, results of your blood tests and exams, reports from your surgery and treatment, reports of your office visits and your radiology reports.

- the Puget Sound Oncology Consortium (PSOC)
- the Fred Hutchinson Cancer Research Center (FHCRC)
- the Gynecologic Oncology Group (GOG)
- Genentech (the company that makes bevacizumab) and their representatives
- Government agencies that may review the research to see that it is being done safely and correctly (for example, the National Cancer Institute [NCI], the Food and Drug Administration [FDA] and the Department of Health and Human Services [HHS]).
- The CTSU (the Cancer Trials Support Unit, a service sponsored by the NCI to provide greater access to cancer trials)

- The local Institutional Review Board (a group of people who review the research study to protect your rights).

Under NCI policy, data from this study may be provided so another researcher at some future time for use in an approved research project. If this occurs, the researcher must agree to keep individual patient information confidential.

When the research results are published or discussed in conferences, no information will be included that reveals your identity.

To help us further protect your privacy, the federal government has given the GOG a Certificate of Confidentiality. With this Certificate, the researchers involved in this project cannot be forced to disclose research information that identifies you in legal actions.

You should understand that this Certificate would not change your ability to voluntarily request that research information about you be released. For example, if you request the release of your information to an insurance company, physician or other third party, GOG researchers will disclose the information requested.

What are the costs?

You and/or your health plan/ insurance company will need to pay for all of the costs of treating your cancer in this study, including the cost of managing the side effects of therapy except as noted below. 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. You will be responsible for paying any deductibles, coinsurance and co-payments as required under the terms of your insurance plan(s). Taking part in this study may or may not cost your insurance company more than the cost of getting regular cancer care.

Bevacizumab will be provided free of charge for the study, from the Division of Cancer Treatment, and Diagnosis, NCI. However, you or your health plan will need to pay for the costs of the supplies and personnel who give you the drugs. Bevacizumab is not FDA approved for use in your type of cancer and its use in this study is considered investigational. If bevacizumab becomes approved for the treatment of women with ovarian cancer, you may need to pay for the cost of drug. If this happens your study doctor will discuss this with you.

You will not be paid for taking part in this study. The institution receives payment which covers some, but not all of the cost of conducting the 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 or her (name and number at the beginning of this form).

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. This study will not pay for medical treatment for any physical or psychological injury that happens as a result of this study.

What are my rights if I take part in this study?

Taking part in the study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you and you will not lose any of your regular benefits. Leaving the study will not affect your medical care. You can still get your medical care from our institution.

We will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study. You may be asked to sign another consent form in response to new information.

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?

For questions about the study or a research-related injury, contact your physician or one of the investigators at the beginning of the consent form.

For questions about your rights as a research participant, call Karen Hansen in the Institutional Review Office of the Fred Hutchinson Cancer Research Center at (206) 667-4867.

Where can I get more information about cancer and its treatment?

- You may call the National Cancer Institute's (NCI'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 the NCI's clinical trials information, go to: <http://cancer.gov/clinicaltrials>
- For the NCI's general information about cancer, go to: <http://cancer.gov/cancerinfo>

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

Signatures

Statement of Person Conducting the Informed Consent Discussion:

I have provided an explanation of the above research program. The patient was given an opportunity to discuss the procedures, including risks, benefits and possible alternatives, and to ask any additional questions. A signed copy of the consent form will be given to the patient.

Signature of Person Conducting the Informed
Consent Discussion

Date

Printed Name of Person Conducting the
Informed Consent Discussion

Participant's Statement

I have been given a copy of all 21 pages of this consent form. I have read the consent form or it has been read to me. This information was explained to me and my questions were answered.

I agree to take part in this research study. I give permission for my medical records to be available for review and copying, for the duration of the study, to physicians and personnel for this study.

Participant's Signature

Date

Participant's Printed Name

Copies to: Participant
 Medical Records
 Research File

See next section regarding the collection and use of specimens for research.

GENERAL INFORMATION ABOUT THE COLLECTION AND USE OF SPECIMENS FOR RESEARCH

You are being asked to allow some of your blood and tumor if available from a previous surgery to be submitted and used for research. Such bodily materials are referred to as specimens and are very important in helping doctors and scientists learn more about caring for and treating people with cancer and other diseases. The use of specimens in scientific research can also help doctors and scientists understand why some people develop cancer and others don't, and why some people have cancers that respond or don't respond well to current therapies, and why some people have or don't have side effects to cancer therapies, for example.

The research that may be done with your specimens is not designed specifically to help you, but it may help others with cancer or other diseases in the future. Reports about research done with your specimens will not be given to you or your doctor, or be put in your health record. The research will not have an effect on your care.

When research is performed on specimens connected with clinical information about the person including the person's disease and how the person responds to treatment, for example, doctors and scientists can specifically study how to prevent, detect, treat and cure cancer and other diseases, or how to predict response to therapy, toxicities, recurrence and overall survival.

The GOG utilizes procedures and policies to protect your privacy and confidentiality. The chance that information from your health records will be incorrectly released is very small, but you should be aware of this risk. To protect your privacy and confidentiality, the research investigators that study your specimens will never be given your name, address, phone number, Social Security number or any other personal information. In addition, your specimens will never be labeled with your name or other type of personal identifier. Your specimen will be labeled with a unique series of letters and numbers. The GOG uses the unique series of letters and numbers as confidential codes to keep track of the specimens, and sends research investigators specimens labeled only with these codes.

Your specimens will be used for research purposes and will not be sold. However, the research done with your clinical specimens may help to develop new products and therapies in the future, or may be used to establish a cell line or test that could be patented and licensed. In any event, there are no plans to provide you with any direct financial compensation.

If you agree now that your tissues and blood specimens can be submitted and used for this research study and/or for future research, your specimens will be used for research purposes only until they are used up or if you change your mind. If you change your mind, please contact the staff at your treating institution, typically your doctor or nurse, and tell them that you have changed your mind about allowing your specimens to be used for research. The staff at your treating institution will notify the GOG regarding your wishes about using your specimens for research. If necessary, the GOG will destroy (incinerate) all of your specimens to make sure that they will no longer be used for research.

SPECIFIC INFORMATION FOR THIS RESEARCH STUDY

You are being asked to allow 2 teaspoons of your blood to be collected for this research study. This specimen may be collected before or after starting treatment, or after completion of treatment. In addition, you will be asked to give permission for some of your tumor from a previous surgery to be submitted and used for research. **The choice to let us use your specimens for research is up to you. No matter what you decide to do, it will not affect your care.** You can still participate in this research study if you do not give permission allow your blood to be collected and used for research.

What Will Happen To Your Specimen(s) If You Agree

If you give permission to use your blood and tumor specimens for this research study, your health care team will send your specimens to the GOG Tissue Bank in Columbus, Ohio. The GOG Tissue Bank is approved by the National Cancer Institute (NCI) to store, process and distribute specimens from patients who agree to participate in the studies conducted by the GOG.

The GOG Tissue Bank will be responsible for shipping specimens submitted for this research study to approved laboratories for testing.

The tumor and blood will be used to study differences among patients in the types and amounts of proteins, the activity of certain genes and DNA. This might lead to discoveries about why some patients with cancer live longer, respond well to anti-cancer therapies or have side effects to treatment while others do not.

After the laboratory testing is finished, the results will be sent to the GOG Statistical and Data Center in Buffalo, New York for analysis. The results from the laboratory testing will be studied to determine if any of the laboratory testing may be used to identify which patients in the future might be more or less likely to respond to the study drug, have side effects or have a good prognosis. These results will be used for research purposes only, and published after completion of this research study. Reports of this research done on your specimens will not be given to you or your doctor, or be put in your health record.

MAKING YOUR CHOICES FOR THIS RESEARCH STUDY

Please read each sentence below and think about your choice. After reading each sentence, circle "Yes" or "No". **No matter what you decide to do, it will not affect your care. You will still be allowed to participate in this research study even if you don't want your specimens to be submitted and used for this research study.** If you have any questions, please talk to your doctor, nurse or other type of healthcare provider.

1. Do you give permission for some of your tumor, that was left over from a previous surgery, to be submitted and used for this research study?

Yes No

2. Do you give permission for your blood to be collected for submission and use for this research study?

Yes No

Please sign your name after you circle your answers.

Your signature: _____ **Date:** _____

SPECIFIC INFORMATION FOR FUTURE RESEARCH

The next section of the consent will ask you to decide whether your specimens, if still available after completion of this research study, can be used for future cancer research or for research for health problems other than cancer. We will also ask your permission to use the clinical information that the GOG will collect about you as part of your participation in this research study to be utilized for future research that will use your specimens. Next, we will ask for permission to contact you in the future to participate in more research.

If you agree to allow your specimens to be used for future research, there is a chance that your specimens may be used to study changes in genetic material that are passed on in families or that are not passed on in families but are either natural changes or influenced by environment and lifestyle. These tests can focus on a section of genetic material (DNA), genetic material packaged into chromosomes or examine all of the genetic material called the whole genome. The results can then be studied to identify changes in genetic material that influence the development of diseases including cancer or the effectiveness of specific treatments.

The choice to let us collect your specimens for future research is up to you. No matter what you decide to do, it will not affect your care. You can still participate in this GOG study if you do not allow your specimens to be used for future research.

MAKING YOUR CHOICES ABOUT FUTURE RESEARCH

Please read each sentence below and think about your choice. After reading each sentence, circle "Yes" or "No". **No matter what you decide to do, it will not affect your care.** If you have any questions, please talk to your doctor, nurse or other type of healthcare provider.

- 1. Do you give permission for your specimens, if still available after this research study is completed, to be used in future research to learn about, prevent, or treat cancer?

Yes No

- 2. Do you give permission for your specimens, if still available after this research study is completed, to be used in future research to learn about, prevent or treat health problems other than cancer (for example: diabetes, Alzheimer's disease, or heart disease)?

Yes No

- 3. Do you give permission for the clinical information collected by the GOG as part of your participation in this study to be used for future research that uses your specimens?

Yes No

- 4. Do you give permission for someone from your GOG institution such as your doctor or nurse to contact you in the future to ask you to take part in more research?

Yes No

- 5. Do you give permission for your specimens, if still available after this research study is completed, to be used for future research to study changes in genetic material?

Yes No

Please sign your name after you circle your answers.

Your signature: _____ **Date:** _____

Copies to: Participant
 Medical Records
 Research File