

**6G-09-1  
PRETEST**

**STUDY TITLE:** Cilengitide for Subjects with newly Diagnosed Glioblastoma Multiforme and Methylated MGMT Gene Promoter – a Multicenter, Open-label, Controlled Phase III Study, Testing Cilengitide in Combination with Standard Treatment (Temozolomide with Concomitant Radiation Therapy, Followed by Temozolomide Maintenance Therapy) versus Standard Treatment Alone (CENTRIC)

**PRINCIPAL INVESTIGATOR:** Thomas Chen, MD

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**EXPERIMENTAL SUBJECT’S BILL OF RIGHTS**

You have been asked to participate as a research participant in a medical experiment. Before you decide whether you want to participate in the experimental procedure, you have a right to the following information:

***CALIFORNIA LAW REQUIRES THAT YOU MUST BE INFORMED ABOUT:***

1. The nature and purpose of the study.
2. The procedures in the study and any drug or device to be used.
3. Discomforts and risks reasonably to be expected from the study.
4. Benefits reasonably to be expected from the study.
5. Alternative procedures, drugs or devices that might be helpful and their risks and benefits.
6. Availability of medical treatment should complications occur.
7. The opportunity to ask questions about the study or the procedure.
8. The ability to withdraw from the study at any time and discontinue participation without affecting your future care at this institution.
9. Be given a copy of the signed and dated written consent form for the study.
10. The opportunity to consent freely to the study without the use of coercion.

I have carefully read the information contained above and I understand fully my rights as a potential subject in this study.

Date: \_\_\_\_\_ Time \_\_\_\_\_

Signature: \_\_\_\_\_  
(Research Participant)

Study ID: HS-10-00072 Valid From: 8/12/2010 To: 2/24/2011

INFORMED CONSENT

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**PRETEST**

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**PRINCIPAL INVESTIGATOR:** Thomas Chen, MD

**DEPARTMENT:** Neurological Surgery

**24-HOUR TELEPHONE NUMBER:** (323) 865-3000

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Please take as much time as you need to read the consent form. You may also decide to discuss it with your family, friends, or your doctor. You may find some of the language difficult to understand. If so, please ask questions. If you decide to participate, you will be asked to sign this form.

**WHY IS THIS STUDY BEING DONE?**

You are being asked to participate in this study because your doctor suspects or has confirmed that you have a certain type of brain tumor.

Not all tumors are the same, and only one kind of tumor is being studied in this research study. To determine if you may be eligible for the study, the study doctor must perform a “pre-test” on a tissue sample from your brain tumor.

The effect of a drug is not always the same for each person. People respond in different ways to medical treatments. These different responses are due in part to our genetic makeup being different.

The study is being sponsored and paid for by Merck KGaA, Darmstadt, Germany, and its affiliate EMD Serono, Inc., Rockland, MA in USA.

**WHAT IS INVOLVED IN THE STUDY?**

The pre-test will research a specific region of your genetic information, known as the MGMT gene status in your tumor, which is considered to be associated to response to the study treatment.

The pre-test will be done on a sample of your brain tumor tissue. The tissue will be removed (or may already have been removed) during surgery on your brain tumor as part of your standard care. This tumor tissue sample will be sent to the central pathology site to determine the tumor’s nature. If enough of the tumor tissue is left after determining your tumor, it will be sent to a certified central research laboratory for the pre-test. The study doctor will tell you about the results of the pre-test. If it is determined that you

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have the type of brain tumor that we are studying, we will ask you to sign a separate informed consent form to participate in the study.

Some of your tumor tissue sample will be stored for at least 12 years after the study ends, at a special site under the sponsor's oversight, and the changes to a specific MGMT genetic region may be researched again later using current technologies.

Because the pre-test only evaluates a specific change in your MGMT gene, the full MGMT gene will not be researched. If you have questions or concerns about genetics issues, ask your doctor to explain the nature of the analysis in greater detail.

If you do not have the type of tumor we are studying, the study doctor will discuss different treatment alternatives with you. If the result of your test is required for another clinical study or is relevant for your other treatment, this information will be available for you and your doctors. In the same way, the tumor tissue sample will be available if required for another study or your future treatment.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

The tumor tissue sample used for the tests will be taken from a sample that will be obtained (or has already been obtained) in a standard diagnostic procedure during surgery for your brain tumor. Although just a small quantity of tumor tissue is needed to perform the pre-test for this study, we cannot guarantee that a sufficient quantity of tumor tissue will remain available if you want or need other tests to be done at a later stage.

**WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART IN THIS STUDY?**

It cannot be guaranteed that you will obtain any benefit from participating in this study. If you have the type of tumor we are studying in this research study, and the study doctor determines that you are eligible for the study, you will be given the opportunity to take part in the study. The mere fact that you have the type of tumor we are studying does not guarantee your participation in the study, since you must meet other eligibility criteria.

Even if you do not personally benefit from participating in this study, the information obtained might be useful in treating other cancer patients in the future.

**WILL YOUR INFORMATION BE KEPT PRIVATE?**

The investigator and the Institutional Review Board (IRB) will keep your records private as far as the law allows. The IRB is a research review board that is made up of professionals and community members who review and monitor research studies to protect the rights and welfare of research participants. Officials sent by the Food and Drug Administration (FDA), the sponsor, who is Merck, the U.S. Department of Health and Human Services (HHS), government agencies from other countries in which approval of the study drug may be considered, government agencies that must receive reports on certain diseases may look at your research records and medical records. Your records will be kept confidential unless the law requires us to share these records. We may publish the information from this study in journals or present it at meetings. If we do, we will not use your name.

You have the right to see and copy your personal medical information related to the research study while this information is in the hands of the study doctor or the institution in charge of the research. However, in order to ensure the scientific integrity of the study, you will not be allowed to review part of the study information until after the study has ended.

**WHAT ARE THE COSTS?**

You will not have to pay for this pre-test. Your tumor tissue sample will be used for research purposes only, and will not be sold. The research done with your tumor tissue sample may also lead to the development of new treatments, devices or new drugs that might be marketed and sold. It is not intended for you to obtain any payment or patent if products from research on your samples are marketed or developed. The Sponsor will continue being the holder of all rights.

**ARE THERE ANY PAYMENTS TO YOU FOR TAKING PART IN THE STUDY?**

You will not be paid for participating in this pre-test.

**WHAT HAPPENS IF YOU GET INJURED OR NEED EMERGENCY CARE?**

It is important that you tell the study doctor, Thomas Chen, MD, if you feel that you have been injured because of the pre-test procedure. You can tell the study doctor in person or call him at (323) 865-3000.

If you get sick or are physically injured as a direct result of the pre-test procedure, emergency medical care/treatment will be provided to you. The sponsor will pay for the costs of your immediate medical treatment for this sickness or physical injury as long as the pretest procedure has been performed in accordance with any applicable law and regulation and the terms of the protocol (study plan). No other form of compensation will be provided for injuries resulting from your personal conduct or participation in activities outside of the scope of the study protocol (study plan). No financial compensation will be provided for such things as lost wages, disability or discomfort, losses claimed by spouses or family members, medical expenses due to treatment of any underlying or unrelated condition. However, by signing this form you have not given up any of your legal rights.

**WHAT ARE YOUR RIGHTS AS A PARTICIPANT AND WHAT WILL HAPPEN IF YOU DECIDE NOT TO PARTICIPATE?**

Your participation in this study is voluntary. Your decision whether or not to take part will not affect your current or future care at this institution. You are not giving up any legal claims or rights. If you do decide to take part in this study, you are free to change your mind and stop being in the study at any time.

If you withdraw your consent before the test, no test will be performed and your tumor tissue sample will be returned; if you withdraw your consent once the test has been done, data collected up to that time will remain in our data bases, unless you specifically request their destruction. The tumor tissue supplied will be stored to possibly perform a new test later on if required during the study subsequently.

If you do not want us to keep your tumor tissue sample, tell the study doctor. Then, every remaining sample of tumor tissue will be returned to the institution that gave it.

**WHOM DO YOU CALL IF YOU HAVE QUESTIONS OR PROBLEMS?**

You may contact \_\_\_\_\_ at \_\_\_\_\_ with any questions, concerns, or complaints about the research or your participation in this study. If you feel you have been hurt by taking part in this study, please contact Thomas Chen, MD at (323) 865-3000. If you have questions, concerns, or complaints about the research and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact the Institutional Review Board (IRB) Office at 323-223-2340 between the hours of 8:00 AM and 4:00 PM. (Fax: 323-224-8389 or email at irb@usc.edu). If you have any questions about your rights as a research participant, please also contact the Institutional Review Board Office at the numbers above or write to the Institutional Review Board at the LAC+USC Medical Center, General Hospital, 1200 North State Street, Suite 4700, Los Angeles, CA 90033.

**AGREEMENT:**

I have read (or someone has read to me) the information provided above. I have been given a chance to ask questions. All my questions were answered. I have decided to sign this form in order to take part in this study.

_____ Name of Research Participant	_____ Signature	_____ Date (& Time) of Signature
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_____ Name of Witness	_____ Signature	_____ Date (& Time) of Signature
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I have personally explained the study to the research participant and answered all questions. I believe that he/she understands the information described in this informed consent and freely consents to participate.

_____ Name of Investigator/Person Obtaining Informed Consent	_____ Signature	_____ Date (& Time) of Signature
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If applicable:  
I have verbally translated this informed consent document to the research participant.

_____ Name of Translator	_____ Signature	_____ Date (& Time) of Signature
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