

**17.0 DONOR MODEL CONSENT FORM**

**A Phase II Study of Allogeneic Transplant for Older Patients with AML  
in First Morphologic Complete Remission Using a Non-Myeloablative  
Preparative Regimen**

This is a clinical trial (a type of research study). Clinical trials include only patients who choose to take part. Please take your time to make your decision. Discuss it with your friends and family.

*[Attach NCI booklet "Taking Part in Clinical Trials: What Cancer Patients Need To Know"]*

You have been identified as an HLA-identical sibling, that is a brother or sister who has the same type of bone marrow and can therefore serve as a good donor of bone marrow or "stem cells" for a family member who has been diagnosed with leukemia.

*[Reference and attach information about the type of cancer (and eligibility requirements, if desired).]*

**WHY IS THIS STUDY BEING DONE?**

You are being asked to take part in this study because you have a sibling that has been diagnosed with acute myeloid leukemia, a form of cancer that originates from the lymphocytes, the cells that make up the immune system and that are located in the lymph nodes, bone marrow and most of the other organs of the body. Unlike other forms of leukemia, these cancers are often difficult to treat with standard forms of treatment such as chemotherapy.

A transplant of some of sibling's bone marrow or "stem cells" may be effective treatment for these cancers. Stem cells are the original cells from which all the blood cells (including white blood cells which help fight infection, red blood cells which carry oxygen, and platelets which help the blood to clot) develop. The use of high doses of chemotherapy to kill cancer cells in patients, along with the use of stem cells from a healthy sibling donor such as yourself, may improve the outcome of patients with this disease.

**HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?**

About 136 people will take part in this study.

## WHAT IS INVOLVED IN THE STUDY?

If you take part in this study, you will undergo blood tests to insure that you do not carry any communicable diseases that could be transmitted through your blood (such as hepatitis, HIV, etc.). Other tests to determine your suitability as a donor may be necessary, as well.

### **Treatment**

It is possible to stimulate the bone marrow to produce stem cells with a drug called filgrastim, also known as G-CSF. G-CSF is a commercially available and approved medication used in patients receiving chemotherapy for cancer to increase the number of white blood cells, the cells responsible for fighting infections. When G-CSF is given to a healthy brother or sister who has been shown to have the same type of bone marrow as the patient with cancer, it is possible to obtain a collection of stem cells that can then be used to rescue their siblings who have cancer and are undergoing high dose chemotherapy. The stem cells collected from the donor (that is, a brother or sister) may also aid in recognizing and destroying any cancer cells that may still be in the patient's body after the high dose chemotherapy.

G-CSF will be given to you, the donor, for four to five consecutive days as a daily injection just underneath the skin (subcutaneous injection). We will teach you or a family member to give you the injections at home. During the four-day period in which you are receiving G-CSF, your white blood cell count will increase. After the fourth day, a process known as leukapheresis will be performed where the stem cells will be taken from the blood stream of the donor.

The leukapheresis procedure is similar to the process of blood donation, where a needle is placed in the vein of the arm and blood is removed in a sterile fashion. In leukapheresis, the blood is removed and filtered (centrifuged) so that only the white blood cells, stem cells, and some plasma are removed. About one-half pint of blood cells are collected for the transplant. The rest of the blood (mostly red blood cells) is returned back into the blood stream of the donor through a second needle. The leukapheresis procedures will be performed on the fifth day and, possibly, the sixth day after you have been receiving G-CSF. Each collection of stem cells will then be transfused directly into the patient (your brother or sister) who in the meantime will have received high dose chemotherapy.

A daily check of your blood counts will be performed on the days when you are undergoing leukapheresis. This will require about 1-2 teaspoons to be removed by blood draw from one of your veins.

## HOW LONG WILL I BE IN THE STUDY?

We think you will be in the study for approximately 5-6 days.

You can stop participating at any time. However, if you decide to stop participating in the study, we encourage you to talk to the researcher and your brother or sister's doctor first. There may be no consequences to your health if you discontinue participation in this study, but it may have serious affects on the recipient (that is, your brother or sister) if they have already received chemotherapy for their transplant.

*[Describe any serious consequences of sudden withdrawal from the study.]*

## WHAT ARE THE RISKS OF THE STUDY?

A daily check of your blood counts will be performed on the days when you are undergoing leukapheresis. The risks of the blood draw include bruising, inflammation in the vein, and infection. Care will be taken to avoid these complications.

The most common side effect of G-CSF is bone pain as the bone marrow becomes active. This is not common but can be relieved with acetaminophen (Tylenol<sup>®</sup>) in most cases. Other rare side effects which have been described or reported include bruising at the injection sites, fever, nausea, vomiting, diarrhea, headache, skin rash, chest pain, hair loss, loss of appetite, shortness of breath, enlarged spleen, drop in blood pressure, and generalized weakness. All of these side effects go away when the G-CSF treatment is stopped.

The risks and side effects of the leukapheresis process have to do with the placement of the leukapheresis needles in the veins of the arms. These risks are similar to those involved in blood donation and include nausea, vomiting, dizziness, seizures (if you faint), blood loss, inflammation in the vein and infection. Also, with the leukapheresis process, the platelet count (the cells partly responsible for blood clotting) may drop. This drop in blood counts is temporary and should return to normal within one or two days.

**Risk of Testing for Infectious Illnesses:** Participation in this study will require that you be tested for hepatitis and HIV. Testing for HIV and for the hepatitis viruses may result in a diagnosis of infection with these viruses. In the event that you are diagnosed with hepatitis or HIV, you may be referred to a doctor who specializes in these illnesses. The diagnosis of HIV or hepatitis may result in earlier treatment and/or prevention of many complications from the illnesses. Efforts will be made to keep your personal information confidential. Awareness of a diagnosis of these illnesses may have serious personal and social consequences. Some of these consequences include possible difficulty obtaining health insurance or employment.



## WHAT ARE MY RIGHTS AS A PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.

We will tell you about new information that may affect your health, welfare, or willingness to stay in this study.

## WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or a research-related injury, contact the researcher NAME(S) at TELEPHONE NUMBER.

For questions about your rights as a research participant, contact the NAME OF CENTER Institutional Review Board (which is a group of people who review the research to protect your rights) at TELEPHONE NUMBER. *[And, if available, list patient representative (or other individual who is not on the research team or IRB).]*

## WHERE CAN I GET MORE INFORMATION?

You may call the NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237) or TTY: 1-800-332-8615

Visit the NCI's Web sites...

CancerTrials: comprehensive clinical trials information  
[http://www.cancer.gov/clinical\\_trials](http://www.cancer.gov/clinical_trials)

CancerNet™: accurate cancer information including PDQ  
[http://www.cancer.gov/cancer\\_information](http://www.cancer.gov/cancer_information)

You will get a copy of this form. You may also request a copy of the protocol (full study plan).

*[Attach information materials and checklist of attachments. Signature page should be at the end of package.]*

## SIGNATURE

I agree to take part in this study.

Participant \_\_\_\_\_ Date \_\_\_\_\_

**18.0 RECIPIENT MODEL CONSENT FORM**

**A Phase II Study of Allogeneic Transplant for Older Patients with AML  
in First Morphologic Complete Remission Using a Non-Myeloablative  
Preparative Regimen**

This is a clinical trial (a type of research study). Clinical trials include only patients who choose to take part. Please take your time to make your decision. Discuss it with your friends and family.

*[Attach NCI booklet "Taking Part in Clinical Trials: What Cancer Patients Need To Know"]*

You are being asked to take part in this study because you have acute myeloid leukemia.

*[Reference and attach information about the type of cancer (and eligibility requirements, if desired).]*

**WHY IS THIS STUDY BEING DONE?**

The purpose of this study is to find out what effects (good and bad) this treatment has on you and your type of cancer.

This research is being done to improve the outcome of patients diagnosed with acute myeloid leukemia who may have achieved a complete remission with their initial therapy.

**HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?**

About 136 people will take part in this study.

**WHAT IS INVOLVED IN THE STUDY?**

**Medical Tests**

The following tests must be done to make sure that you are eligible for this study. None of these tests are experimental. They are routine. Depending on when you last had them, you may need to repeat some of these tests:

- Blood tests
- Chest x-ray
- Urinalysis
- EKG
- Pulmonary Function Tests (PFT)
- Echocardiogram or MUGA (a heart scan)
- Hepatitis, HIV Test

- **Bone marrow aspirate and biopsy**

Many of these tests will be repeated during the study. If you participate in this study, some of these tests may be done more frequently than if you were not taking part in this research study.

Studies to evaluate how well your body has accepted the blood cells from your donor will be performed. These studies are part of routine care for patients undergoing transplantation. The blood and bone marrow samples will be collected prior to beginning treatment on this study, and 30, 90, 180, and 365 days following your transplant. A final sample may be required after all treatment has been completed, or if your disease should return. The samples will be collected only when routine blood and bone marrow are collected for the purposes of following your response to treatment. Therefore, you will not have to undergo any additional procedures to collect these samples and you will not be at any additional risk for complications from these procedures.

### **Treatment**

The standard treatment for your disease is chemotherapy. The treatment on this research study is a new approach that attempts to stimulate your own immune system to fight your disease. The chemotherapy given to you during treatment is meant to weaken your immune system (the white blood cells responsible for fighting infections) in preparation of the introduction of the red blood cells and immune cells from your donor. The goal of this study is to replace the defective cells responsible for your disease with normal cells from your donor. If you agree to participate, you will receive the chemotherapy drug fludarabine by intravenous (IV) infusion over 30 minutes each day for five (5) days one week before you receive your donor's cells. Fludarabine will be given to you by IV infusion through a needle in a vein in your arm or through a "central line" which is an IV catheter (or tube) placed in the large vein under your collarbone or your neck. The day you receive your donor's cells will be known as Day 0 or the day of transplant. Thus, fludarabine will be given on Day -7 through Day -3 (that is, fludarabine will be given for five days, one week before Day 0). Another chemotherapy drug known as busulfan will be given for two days by IV infusion every six hours (for a total of eight doses) on Day -4 through Day -3 (that is, busulfan will be given for two days, beginning four days before Day 0). Thymoglobulin, another drug intended to weaken your immune system in preparation for your donor's cells, will be given on Days -4 through Day -2 (that is, thymoglobulin will be given for three days, beginning four days before Day 0). You will also receive the drug known as tacrolimus beginning on Day -2 through approximately Day +150 (that is, approximately 5 months after Day 0). Another chemotherapy drug called methotrexate will be given on Day +1, +3, +6, and +11. On Day 0, the day of transplant, you will receive what are known as "stem cells" (cells which will eventually develop into white blood cells, red blood cells and platelets) from your donor. After Day 0, you will be given antibiotics to help fight

infections; blood transfusions to increase the number of red blood cells in your system; platelet transfusions to assist in helping your blood to clot; and nutritional and general support. Finally, on Day +12 you will receive the drug G-CSF daily by subcutaneous injection (that is, an injection under your skin) until your blood counts have recovered to satisfactory levels. G-CSF will help to stimulate white blood cell production.

## HOW LONG WILL I BE IN THE STUDY?

For the first 28 days on this study, you will be seen frequently by your doctors and have lab tests drawn at least twice weekly. You will then need to be seen by your doctor and have lab tests drawn at least once weekly for the next 100 days, and then every month for the first year. Following the first year, you will need to be seen and have lab tests drawn at least every three months for a year and then every six months for a maximum of five years from the date of entry on the study.

The researcher or your regular doctor may decide to take you off this study if:

- Your cancer returns and does not respond to the treatment that is part of this study.
- Your health gets worse.

You can stop participating at any time. However, if you decide to stop participating in the study, we encourage you to talk to the researcher and your regular doctor first.

## WHAT ARE THE RISKS OF THE STUDY?

While on this study, you are at risk for these side effects. You should discuss these with the researcher and/or your doctor. Other drugs may be given to you to make side effects less serious and uncomfortable. Many side effects go away shortly after the drugs are stopped, but in some cases side effects can be serious, long-lasting, or permanent.

Since performing a donor stem cell transplant in patients aged 60 and over using a less intensive chemotherapy approach is experimental, there may be significant toxicities associated with this approach and there may be side effects that we cannot predict. Some side effects could be so serious that they may result in your death.

Risks associated with this treatment include:

### **Likely:**

- Lowered white blood cell count\* that may lead to infection.
- Lowered platelets\* which may lead to an increase in bruising or bleeding.



- Lowered red blood cells\* which may cause anemia, tiredness, or shortness of breath.
- Fever, chills.
- Diarrhea, nausea, vomiting.
- Increased risk of infection.
- Loss of appetite and/or weight loss.
- Weakness, fatigue and dizziness
- Muscle aches.
- Rash, itching.
- Elevated liver function tests.
- Time away from work.
- Partial hair loss.
- Painful burning of the skin on hands and feet.
- Should this occur, it can be treated with blood products (transfusions), antibiotics, and a reduction in the amount of chemotherapy given to you.

**Less Likely But Serious:**

- Rejection of your donor's stem cells
- Graft versus host disease (see below)
- Sterility
- Kidney damage (may be permanent).
- Lung damage (may be permanent).
- Liver damage (may be permanent).
- Hives, including severe rash leading to skin loss and mucous membrane damage.
- Bleeding from your stomach or intestines.
- Red blood cell destruction by the immune system. Blood may be present in your urine.
- Incoordination or a temporary unsteadiness when walking.
- Hypertension (high blood pressure) which may require treatment.
- Chest pain.
- Heart damage (may be permanent).

- Hearing loss (may be permanent).

### **WHAT IS GRAFT VERSUS HOST DISEASE (GVHD)?**

GVHD is a side effect of bone marrow or stem cell transplantation. In cases of GVHD, the new donor cells treat your body as “foreign” and launch an attack against it. The most common sites of attack by cells causing GVHD are the skin, liver, and gastrointestinal tract. If it occurs within 100 days after transplant it is called acute GVHD. If it occurs later it is called chronic GVHD. Symptoms of GVHD can range from mild to severe, and when severe GVHD can be fatal (cause death). Medications are given in this study to prevent or reduce the chances of having severe GVHD, and to treat GVHD if it occurs.

Symptoms of GVHD that may occur include:

- Skin rash
- Liver disease (including jaundice)
- Nausea, vomiting, diarrhea
- Temporary darkening of the skin and hardening and thickening of patches of skin and tissue under the skin (occurs with chronic GVHD)
- Dry and sore mouth and eyes (chronic GVHD)
- Bacterial, fungal, and viral infections (acute and chronic GVHD)
- Weight loss
- Lung disease (chronic GVHD)

The risk of developing moderate to severe GVHD following transplantation of stem cells from a matched related donor is between 30-50%. GVHD usually begins when your donor’s stem cells begin to make blood cells. The cell that is felt to be responsible is a type of white blood cell known as a T-cell. You will receive medications to reduce the chance that donor T-cells will attack your body to reduce the risk or prevent GVHD. These drugs can cause an increased susceptibility to infection.

A small amount of GVHD may be beneficial if the T-cells attack any remaining leukemia cells and destroy them.

### **Less Likely But Not Serious:**

- Tingling of the fingers and/or toes.
- Weight gain and/or swelling.
- Insomnia.

**Reproductive risks:** The drugs used in this study are known to have risk of causing malformations in an unborn child. Therefore, you should not father a baby while on this study. For this reason, men will be asked to practice an effective method of birth control while participating in this study. Ask about counseling and more information about preventing pregnancy.

**Risk of Testing for Infectious Illnesses:** Participation in this study will require that you be tested for hepatitis and HIV. Testing for HIV and for the hepatitis viruses may result in a diagnosis of infection with these viruses. In the event that you are diagnosed with hepatitis or HIV, you may be referred to a doctor who specializes in these illnesses. The diagnosis of HIV or hepatitis may result in earlier treatment and/or prevention of many complications from the illnesses. Efforts will be made to keep your personal information confidential. Awareness of a diagnosis of these illnesses may have serious personal and social consequences. Some of these consequences include possible difficulty obtaining health insurance or employment.

**Secondary Malignancy:** A number of established chemotherapy agents have an inherent risk of causing another cancer (secondary malignancy). Certain drugs in use today, not currently known to be associated with this risk, may be shown at a later time to result in the development of these secondary malignancies

For more information about risks and side effects, ask the researcher or your doctor.

## ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there may or may not be direct medical benefit to you. We hope the information learned from this study will benefit other patients with acute myeloid leukemia in the future.

## WHAT OTHER OPTIONS ARE THERE?

You may receive treatment for your type of cancer without being on this study. Instead of participation in this study, you have these options:

- No therapy at this time with care to help you feel more comfortable.
- Treatment with other commonly-used chemotherapy.
- A bone marrow transplant without participating in this study.

You may get the same treatment in this clinical trial at this center and other centers even if you do not take part in the study.

Please talk to your doctor about these and other options.

*[Reference and attach information about alternatives.]*

## WHAT ABOUT CONFIDENTIALITY?

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

Organizations that may inspect and/or copy your research and medical records for quality assurance and data analysis include groups such as:

- Cancer and Leukemia Group B
- Blood and Marrow Transplant Clinical Trial Network (BMT CTN)
- National Cancer Institute (NCI)
- Food and Drug Administration (FDA)

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:

(name) \_\_\_\_\_ (title) \_\_\_\_\_  
(address) \_\_\_\_\_ (phone  
number) \_\_\_\_\_.

## WHAT ARE THE COSTS?

The drugs used in this study are commercially available and will be charged to you and your insurance. You and your insurance company will be responsible for all costs related to the study treatment. Taking part in this study may lead to added costs to you or your insurance company. Please ask about any expected added costs or insurance problems.

In the case of injury or illness resulting from this study, emergency medical treatment is available but will be provided at the usual charge. No funds have been set aside to compensate you in the event of injury.

You or your insurance company will be charged for continuing medical care and/or hospitalization.

You will receive no payment for taking part in this study.

## WHAT ARE MY RIGHTS AS A PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.

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CancerNet™: accurate cancer information including PDQ  
[http://www.cancer.gov/cancer\\_information](http://www.cancer.gov/cancer_information)

You will get a copy of this form. You may also request a copy of the protocol (full study plan).

*[Attach information materials and checklist of attachments. Signature page should be at the end of package.]*

## SIGNATURE

I agree to take part in this study.

Participant \_\_\_\_\_ Date \_\_\_\_\_