CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

INFORMED CONSENT
FOR PARTICIPATION IN A RESEARCH STUDY

STUDY TITLE: TFE RENAL CELL CARCINOMA: A PROSPECTIVE REGISTRY AND TRANSLATIONAL RESEARCH INITIATIVE

SPONSOR NAME: James Geller, MD

FUNDING ORGANIZATION: Cincinnati Children's Hospital Medical Center (CCHMC)

James Geller (513) 636-4200 (ask for oncologist on call)
Principal Investigator Name Telephone Number 24 hr Emergency Contact

Subject Name: _____ Date of Birth: _____/_____/____

Throughout this document, references to "You" may stand for either the research study subject or for the parents or legal guardians of the research study subject if the subject is under 18 years of age or otherwise unable to legally give informed consent to participate in the research study. The signature(s) at the end will clarify whether the research study subject is signing this consent form on their own behalf or via a legal guardian or legal personal representative.

INTRODUCTION

You have been asked to participate in a research registry. It is important that you read and understand the following explanation of what will happen on this study. If you are unsure of what anything in this consent form means, please ask the study doctor. Participation in this registry is completely voluntary and will not affect your treatment. Your doctors will take care of you in the same way whether or not you decide to enroll in this registry. If you decide to be in this study, you may change your mind at any time during the study and you can stop being in the study. Please take your time to make your decision about participating. You may discuss your decision with your friends, family, and health care team. If you have questions, you may ask your doctor. You can ask questions at any time.

Researchers in the Cancer & Blood Diseases Institute at Cincinnati Children's Hospital Medical Center (CCHMC) would like to collect extra tissue samples that may be used for current research studies or studies that may be approved in the future.

WHY ARE WE DOING THIS RESEARCH?

In this research study doctors and other medical scientists want to learn more about the clinical

behavior and biology of Transcription Factor E Renal Cell Carcinoma (TFE RCC) and to develop better ways to treat patients with TFE RCC. To do this, they need more information about the characteristics of TFE RCC tumors. Therefore, they want to establish a central location for clinical information, imaging and tumor tissue, blood, and/or urine samples collected from TFE RCC patients.

You are being asked to take part in this research study because your doctor has reason to believe you may have TFE RCC, or you have been diagnosed with TFE RCC, a type of kidney cancer. There is currently little information available about patients with TFE RCC.

The purpose of this study is to:

- Enroll patients with a suspected diagnosis and patients diagnosed with TFE RCC in the TFE RCC Research Initiatives (TRRI) Registry.
- Provide a central location for clinical information, imaging scans, tumor tissue, blood and/or urine samples from patients with TFE RCC enrolled in the TRRI Registry.
- Collect tumor tissue and other samples to study how TFE RCC works on the molecular level. Researchers may use the tissue samples to study molecules such as proteins and DNA. Proteins are needed for the body to function properly and DNA is the molecule that carries our genetic information. Other researchers will be able to use the stored samples in the future to learn more about TFE RCC. The information researchers get from the research studies will be kept in the registry along with the clinical information.
- To help TFE RCC investigators around the world to work together to better define TFE RCC across all age groups and to help discover new drug treatments.
- To create tumor models (cell lines and mouse tumor models) for testing of new drugs.

WHO IS IN CHARGE OF THE RESEARCH?

James Geller, MD is the researcher at Cincinnati Children's Hospital Medical Center (CCHMC) that is in charge of this study. Funds to conduct this study are provided by donor support of the TRRI Collaborative.

WHAT HAPPENS TO YOU IN THE STUDY?

If you have been diagnosed with TFE RCC, the following data/materials will be collected from you:

Clinical Data: Demographic data, date of diagnosis, pathology, radiological imaging at diagnosis and relapse, signs and symptoms at diagnosis, molecular and biological data, staging details including sites of disease, detailed treatment data (e.g. types and dates of surgeries/interventional therapy (if any), medical/systemic therapy, radiotherapy), response to treatment, dates of progression, types of progression (local or metastatic), and follow-up data. The demographic and clinical data collected are abstracted and entered into an electronic data system secured by password protection. Collection of existing molecular and/or genomic data or analysis that has been performed will also be included.

Research Specimens:
Tissue will be requested from you and sent to central review to study pathologist. Then tissue

will be stored at CCHMC and future research testing mar be conducted on this tissue.

If you're doctor suspects you have TFE RCC and you decide to participate in this study, you will be enrolled but none of the above data/materials collection will not occur until after your diagnosis is confirmed. In the event that you do not have TFE RCC, you will be taken off study and no data/material collection or follow up will occur.

HOW LONG WILL I BE ON THE STUDY?

The information obtained from you can be used indefinitely. Researchers will continue to collect information about you regarding any follow up scans, future treatment, and additional tissue samples (if you have surgery). We will continue to collect this information from your doctor, and we may also contact you in the future to update medical release forms if needed and with questions about how you are doing.

CAN I STOP BEING IN THE STUDY?

Yes. If you decide to participate, you have the right to remove yourself from this registry at any time. Just contact Dr. James Geller at 513-636-6312 or the study coordinator at 844-722-8774 if you would like to stop.

WHAT ARE THE GOOD THINGS THAT CAN HAPPEN FROM THIS RESEARCH?

Being in this study may not help you right now. With time, we hope that we will know more about TFE Renal Cell Carcinoma. This may help other people with TFE Renal Cell Carcinoma later on.

WHAT ARE THE BAD THINGS THAT CAN HAPPEN FROM THIS RESEARCH?

You will not need to undergo any new tests or other medical procedures to take part in this research study, therefore there are no medical risks.

1. This consent is for new and previously stored samples. When you have certain procedures done, we will store samples for this project. **There will be no extra needle sticks or painful procedures to collect these samples.** These can include**:**
   a. Blood – Previously stored left-over blood samples may be kept for this project. Up to 2 teaspoons (10ml), depending on your size, of extra blood may be collected in the future from a vein or from your central line (a tube placed in your vein), if you have one. Blood may be collected when you have an IV placed for a procedure, such as a surgery or a scan. No additional risk is added to this routine procedure by the collection of this sample.
   b. Tissue – Leftover tissue from a biopsy or other surgery (from the past or in the future) may be stored for use by researchers. There is no additional risk to you in the storage of this leftover sample.
   c. Urine – A urine sample may be collected following routine clinic guidelines. There is no

additional risk or cost to you in the collection of this sample.

2. There is a risk that someone could get access to the personal information in your medical records or other information researchers have stored about you.
3. There is a risk that someone could trace the information in a central database back to you. Even without your name or other identifiers, your genetic information is unique to you. The researchers believe the chance that someone will identify you is very small, but the risk may change in the future as people come up with new ways of tracing information.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

There are no direct benefits to you from taking part in this study. We hope the information collected and learned from the registry will benefit patients in the future.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

There is no limit to how many people can participate in this study. This registry will enroll people from around the world, and about 25-50 people are expected to enroll per year.

WHAT OTHER CHOICES ARE THERE?

You have the option not to participate in this study. If you do not participate, it will not affect your medical care.

HOW WILL INFORMATION ABOUT YOU BE KEPT PRIVATE?

Making sure that information about you remains private is important to us. To protect your privacy in this research study Cincinnati Children's Hospital Medical Center and/or the Investigator will take the following precautionary measures to protect your privacy and confidentiality of your research and/or medical records:

- Your individual identifiers (name, address, date of birth, etc.) will not be used in any publications or reports. All your study records will be kept in secure areas with limited access.

- Medical scientists may request banked tissue and information for future research studies from the TRRI Steering Committee. Your medical information and tissues will be labeled with a code number. Your individual identifiers will not be released with the banked information. Only the Cincinnati Children's research team will have the information that matches the code number to your identifying information.

A copy of this consent form will be included in your medical research record.

You will be registered in the Cincinnati Children's Hospital Medical Center's computer system as a research subject.

We will get some information about you and your health and store it in a database. This will include: a) personal identifying information such as date of birth, gender, etc., b) past medical and family history, and c) medical information (test and physical examination results). We will use your medical record from time to time to update this information.

We will store your sample(s) in a laboratory at CCHMC. Your samples will be marked with a number that links your sample(s) back to the information stored in the database. There is no limit on the length of time we will keep your information and samples unless you decide to withdraw from participating in this storage project. If you choose to withdraw from the study, stored samples will be destroyed, as well as any stored medical information. Samples and medical information that have already been distributed to researchers prior to your withdrawal of consent will not be destroyed.

By signing this consent form, you are giving permission for representatives of Cincinnati Children's Hospital Medical Center ("CCHMC"), the Investigator and CCHMC employees involved with the research study including the Institutional Review Board and the Office for Research Compliance and Regulatory Affairs, and any sponsoring company or their appointed agent as well as representatives and staff of**:** the National Cancer Institute (NCI), the National Institutes of Health (NIH) and the Office for Human Research Protection (OHRP), the Federal Food and Drug Administration (FDA), the National Cancer Data Base (NCDB), the Ohio Department of Health (Cancer Registry), the TRRI Registry, and referring institutions involved with the research study to be allowed to inspect and/or copy sections of your medical and research records related to this study.

A Federal law called the Genetic Information Nondiscrimination Act (GINA) generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. GINA does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance. GINA also does not protect you against discrimination based on an already-diagnosed genetic condition or disease.

The information from the research study may be published; however, you will not be identified in such publication. The publication will not contain information about you that would enable someone to determine your identity as a research participant without your authorization.

You can find more information about who can see your information and how it can be used in the following "HIPAA Authorization" section.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the study results. You can search this website at any time.

WILL IT COST YOU ANYTHING EXTRA TO BE IN THE RESEARCH STUDY?

Neither you nor your insurance company will be charged for participation in this study.

WILL YOU BE PAID TO BE IN THIS RESEARCH STUDY?

You will not be paid to participate in this research study. Tissues obtained in this research may result in the development of a product that could be patented or licensed. There are no plans to provide financial compensation to you should this occur.

WHAT HAPPENS IF YOU ARE INJURED FROM BEING IN THIS STUDY?

If you believe that you have been injured as a result of this research you should contact the Dr. James Geller at 513-636-6312 as soon as possible to discuss the concerns. Treatment for injuries is available at CCHMC. If you go to the Emergency Room or to another hospital or doctor it is important that you tell them that you are in a research study. If possible, you should give them a copy of this consent form.

CCHMC follows a policy of making all decisions about compensation for the medical treatment of physical injuries that happened during or were caused by research on an individual basis.

WHO DO YOU CALL IF YOU HAVE QUESTIONS OR PROBLEMS?

For questions, concerns, or complaints about this research study you can contact the study person listed on page 1 of this document.

If you would like to talk to someone that is not part of the research staff or if you have general questions about your research study rights or questions, concerns, or complaints about the research, you can call the CCHMC Institutional Review Board at 513-636-8039.

AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION FOR RESEARCH

To be in this research study you must also give your permission (or authorization) to use and disclose (or share) your “protected health information” (called PHI for short).

What protected health information will be used and shared during this study?
CCHMC will need to use and share your PHI as part of this study. This PHI will come from:

- Your medical records
- Your research records

The types of information that will be used and shared from these records include:

- Laboratory test results, diagnosis, and medications
- Reports and notes from clinical and research observations
- Imaging (like CT scans, MRI scans, x-rays, etc.) studies and reports
- If applicable, information concerning HIV testing or the treatment of AIDS or AIDS-related conditions, drug or alcohol abuse, drug-related conditions, alcoholism, and/or psychiatric/psychological conditions (but not psychotherapy notes).

Who will share, receive and/or use your protected health information in this study?

- Staff at all the research study sites (including CCHMC)
- Personnel who provide services to you as part of this study
- Other individuals and organizations that need to use your PHI in connection with the research, including people at the sponsor and organizations that the sponsor may use to oversee or conduct the study.
- The members of the CCHMC Institutional Review Board and staff of the Office of Research Compliance and Regulatory Affairs.

How will you know that your PHI is not misused?

People that receive your PHI as part of the research are generally limited in how they can use your PHI. In addition, most people who receive your PHI are also required by federal privacy laws to protect your PHI. However, some people that may receive your PHI may not be required to protect it and may share the information with others without your permission, if permitted by the laws that apply to them.

Can you change your mind?

You may choose to withdraw your permission at any time. A withdrawal of your permission to use and share your PHI would also include a withdrawal from participation in the research study. If you wish to withdraw your permission to use and share PHI you need to notify the study doctor, listed on the first page of this document, in writing. Your request will be effective immediately and no new PHI about you will be used or shared. The only exceptions are (1) any use or sharing of PHI that has already occurred or was in process prior to you withdrawing your permission and (2) any use or sharing that is needed to maintain the integrity of the research.

Will this permission expire?

Your permission will expire at the end of the study. If the study involves the creation or maintenance of a research database repository, this authorization will not expire.

Will your other medical care be impacted?

By signing this document you are agree to participate in this research study and give permission to CCHMC to use and share your PHI for the purpose of this research study. If you refuse to sign this document you will not be able to participate in the study. However, your rights concerning treatment not related to this study, payment for services, enrollment in a health plan or eligibility of benefits will not be affected.

OPTIONAL RESEARCH STUDIES

We would also like to bank specimens for future studies. You do not have to do these tests if you do not want to. It is your decision as to whether or not you agree to participate in these tests. This will improve future research studies through releasing tumor tissue for tumor modeling and drug testing, ultimately leading to the development of more effective therapies for children with TFE RCC.

If you agree to participate in the optional studies additional specimens may be collected.

1. Blood: prospectively collected at time of enrollment and at time of relapse. DNA and RNA will be isolated from blood samples. Whole blood, as well as DNA and RNA will be stored for use in future research studies. If requested, an extra 5-10mL (1-2 teaspoons) of blood will be drawn. If your doctor suspects you may have TFE RCC, no blood will be requested until after you receive an official diagnosis of TFE RCC.

Please indicate by initialing below if you agree to the collection of blood.

_____/_____ Yes, I agree to the collection of blood for future research.

_____/_____ No, I do not agree to the collection of blood for future research.

2. Urine: prospectively collected at time of enrollment and at time of relapse. Urine will be stored for use in future research studies. If your doctor suspects you may have TFE RCC, no urine will be requested until after you receive an official diagnosis of TFE RCC.

Please indicate by initialing below if you agree to the collection of urine.

_____/_____ Yes, I agree to the collection of urine for future research.

_____/_____ No, I do not agree to the collection of urine for future research.

3. Tumor models tissue: Prospectively collect or retain left-over tumor tissue samples and normal tissue as available. This tissue may be used to generate various types of tumor models that will aid in the development of effective therapies for children with TFE RCC. DNA or RNA may be isolated from this tissue as well to be used for future research studies to better understand the biology of TFE RCC. If your doctor suspects you may have TFE RCC, tissue may be submitted from upcoming procedures to confirm diagnosis. Submitted tissue will not be used for any tumor modelling until an official diagnosis is made. If it is determined you do not have TFE RCC, the tissue will be returned to your treating institution, or if we are unable to so or your treating institution cannot accept it, will be destroyed.

Please indicate by initialing below if you agree to the use/collection of tissue to develop tumor models.

_____/_____ Yes, I agree to the use/collection of tissue for tumor models for future research.

_____/_____ No, I do not agree to the use/collection of tissue for tumor models for future research.

If you agree to participate in all of these studies, the total amount of blood and urine being collected is safe even for small children.