UNIVERSITY OF PENNSYLVANIA
RESEARCH SUBJECT
INFORMED CONSENT AND HIPAA AUTHORIZATION FORM

Protocol Title:	Identification and Analysis of Families with Genetic Susceptibility to Cancer
Principal Investigator:	Susan Domchek, MD Abramson Cancer Center and Department of Medicine Penn Medicine 215-615-3360
Emergency Contact:	215-662-4000 .

Research Study Summary for Potential Subjects

You are being invited to participate in a research study. Your participation is voluntary, and you should only participate if you completely understand what the study requires and what the risks of participation are. You should ask the study team any questions you have related to participating before agreeing to join the study. If you have any questions about your rights as a human research participant at any time before, during or after participation, please contact the Institutional Review Board (IRB) at (215) 898-2614 for assistance.

This research study is being conducted to find and characterize genes that may be involved in the development of familial cancer. You have been asked to participate in this research study because you may have familial cancer risk and/or have tested positive for a mutation(s) in a cancer predisposition gene.

If you agree to join this study, you will be asked to complete some or all the following research procedures:

- Donate blood or a saliva sample for DNA analysis
- Provide permission to access and use stored tissue from past and/or future procedures
- Complete a written or online questionnaire about your detailed medical history and family history of cancer
- Supply a copy of your genetic testing lab report
- Supply a family tree or pedigree
- Give permission to release and discuss your past medical information and records

Your participation in this study does not expire. You will be contacted on an approximate annual basis to provide follow up information on your personal and family health history.

There may be no direct benefit to you in participating in this study. This study may provide information leading to the discovery and better understanding of genes that can cause cancer, as well as management strategies to deal with these risks. The most common risks of

participation depend on whether you decide to provide a blood or saliva sample, and whether or not you choose to receive genetic test results, if available. Risks from blood drawing may include pain, bruising, and swelling at the site of the needle puncture. Rarely, patients can become lightheaded or faint, develop a small blood clot at the site of the puncture or have an infection.

Your participation in this study is completely voluntary and will not affect your medical treatment now or in the future.

This is only a summary. The main informed consent has more detail not discussed here.

Please note that there are other factors to consider before participating such as additional procedures, use of your personal information, costs, and other possible risks not discussed here. If you are interested in participating, a member of the study team will review the full information with you. You are free to decline or stop participation at any time during or after the initial consenting process.

Main Informed Consent

Why am I being asked to volunteer?

You are volunteering to participate in a research study designed to find and characterize genes that may be involved in the development of cancer.

You are being asked to participate in this research study because you may have familial cancer risk and/or have tested positive for a mutation(s) in a cancer predisposition gene.

Your doctor may be an investigator in this research study. You do not have to participate in any research study offered by your doctor. If you choose not to participate, there will be no loss of benefits to which you are otherwise entitled. You may also decide to discuss this study with your family, friends, or family doctor. Being in a research study is different from being a patient. As an investigator, your doctor is interested both in your clinical welfare and in the conduct of this study.

If you decide to participate, you will be asked to sign or e-sign this consent form in order to participate. You will receive a copy of this consent form and one copy will be kept in a research folder.

This consent form is written from the point of view of a research participant. If a legally authorized representative will be providing consent, the words "you" and "your" should be read as ("the research participant").

What is the purpose of this research study?

This research study is being conducted to find and characterize genes that may be involved in the development of cancer. Your contribution to this study will be to further research and the understanding of genetic risk for cancer. You personally may not receive information from this study.

How long will I be in the study?

Your participation in this specific study does not expire. Your information may be maintained in a research repository database. You will be asked to provide follow up information on an approximate annual basis to ensure your health and family history information is updated. Any saliva, blood or tissue specimens obtained for the purposes of this study become the exclusive property of The University of Pennsylvania. The University may retain, preserve or dispose of these specimens.

What am I being asked to do?

As part of this research study you may be asked to provide a sample of your own blood or saliva for use in DNA analysis. Blood sample donation will be at most 21 cc (4 teaspoons). You will provide permission to access available stored tissue material.

You will be asked to complete a written or online questionnaire about your medical history and family history of cancer. You will provide detailed information on your family history, including

information about relatives who have been diagnosed with any form of cancer and to supply a copy of your genetic test lab report if applicable.

If you have reviewed your family history with a medical professional and have access to a family tree/pedigree, you will be asked to provide that information. Further information may be requested by phone, mail or email by a member of the research group.

You will be asked to provide permission to release your past medical information to members of this study group and you agree to discuss this information with members of Dr. Susan Domchek's research group. All types of imaging, including ultrasound, MRI, and mammograms, will also be collected when necessary.

You may be asked to discuss this study with family members whose participation would also be valuable to the research study. Family members will never be directly contacted by the study group without your permission. Instead, we would ask that you provide us with contact information such as email addresses or phone numbers for your relatives. All family members asked to participate in this study will be provided a copy of this consent form to sign or e-sign and return if they agree to participate. You are NOT giving consent for other members of your family to participate in this study. No medical information pertaining to you will be provided to any of your relatives during the interview process.

Leftover tissue from a biopsy or surgery is stored or "archived" in the form of small wax blocks (paraffin blocks) in the Department of Pathology. We may ask for use of archived tissue from past and/or future procedures from within UPHS and/or other health care entities, if at least two blocks of tissue remain in storage (enough for any future clinical needs) after your doctor has used this tissues to plan your care. Use of your leftover tissue for future research studies will not require any additional time commitment on your part.

Please indicate your choice(s) below regarding participation:

[ ] I would like to provide medical information only.
I will NOT provide a DNA sample.

[ ] I would like to provide medical information AND a DNA sample (blood or saliva).

[ ] I would like to provide medical information, a DNA sample (blood or saliva)
AND access to stored tissue block material.

What are the possible risks or discomforts?

Risks and discomforts depend on whether you decide to provide a blood or saliva sample and whether or not you choose to receive genetic test results (if available) that reveal further information about your cancer risks or risks to your family members beyond any previously identified risk.

Risks from blood drawing may include pain, bruising, and swelling at the site of the needle puncture. Rarely, patients can become lightheaded or faint, develop a small blood clot at the site of the puncture or have an infection.

A trained technician, nurse or doctor will obtain the blood samples. If for some reason removal of blood would be detrimental to your health, blood will not be collected.
If you are providing a saliva sample instead of a blood sample, the above risks do not apply.

This research may also involve risks that are currently unforeseeable.

Risks of Genetic Testing

This research may include genetic testing. 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.

There can be a risk in knowing genetic information. New health information about inherited traits that might affect you or your blood relatives could be found during a research study. Even though your genes are unique, you share some of the same genes with your blood relatives. Although we are not able to know all of the risks from taking part in research on inherited traits, we believe that the risks to you and your family are very low, because your samples will be coded.

Very rarely health or genetic information could be misused by employers, insurance companies, and others. For example, it could make it harder for you to get or keep a job or insurance, or life insurance companies may charge a higher rate based on this information. We believe the chance these things will happen is very small, but we cannot make guarantees.

A federal law (Genetic Information Non-Discrimination Act, GINA) helps reduce the risk from health insurance or employment discrimination. The law does not include other types of misuse by life insurance or long term care insurance. If you want to learn more about GINA, you can find information about it on the internet or ask the study staff.

If you have already been diagnosed with cancer in the past, genetic testing information should not change your already increased risk of adverse underwriting. If you receive your health insurance through a group however, you are not underwritten separately from others in the group. In addition there is there is federal legislation that protects you from this form of discrimination, as long as you keep continuous group health coverage.

What if new information becomes available about the study?

During the course of this study, we may find more information that could be important to you. This includes information that, once learned, might cause you to change your mind about being in the study. We will notify you as soon as possible if such information becomes available.

What are the possible benefits of the study?

This study may provide information leading to the discovery and better understanding of genes that can cause cancer, as well as management strategies to deal with these risks. It is hoped that these discoveries will lead to improvements in the diagnosis, treatment and prevention of

cancer. You may feel a sense of satisfaction knowing you are facilitating to cancer research, even though you may not personally receive information back from the study. If the research laboratory ever discovered information that could significantly affect your cancer risks, this information would be offered to you. You may not get any benefit from being in this research study.

What other choices do I have if I do not participate?

Your participation in this study is completely voluntary and will not affect your medical treatment now or in the future.

Will I be paid for being in this study?

You will not be paid for being in this study.

Will I have to pay for anything?

There are no costs associated with participation and travel to the University of Pennsylvania is not necessary. If you are having your DNA sample collected at a site other than the University of Pennsylvania, a kit will be mailed to you with a pre-paid mailing label. If you choose to donate a blood sample versus a saliva sample and are charged for the blood draw, please pay the bill, and then send a copy of your receipt to us so our business office can fully reimburse you.

You are still responsible for any deductibles or applicable co-pays for routine office visits, scans and blood work related to your clinical care. Please talk to your doctor and study team about putting you in touch with a financial counselor to determine exactly what the deductible and co-pay will be for you; this is highly variable depending on your type of insurance.

Will I receive the results of research testing?

You should not expect to get individual results from research done using your biospecimen or health information. If researchers determine there is new information that should be shared with you, you will be notified if permitted by law. A small number of analyses we perform may have clinical importance. We may inform you or your doctor about the results of analyses which would impact your health. We also may contact you in the future about additional research studies that may be appropriate for you.

If the research laboratory detects a mutation in a cancer-associated gene, and clinical testing in a CLIA certified laboratory is available for this gene, you will be strongly encouraged to undergo confirmatory testing. Research testing is not performed in a CLIA certified laboratory, (Clinical **Laboratory** Improvement Amendments (**CLIA**) regulate **laboratory** testing and require clinical laboratories to be certified) therefore using research information to make clinical decisions must be done with great caution.

If research genetic test results reveal information that could alter your medical management and care, we will encourage you to share this information with your doctors and other health care professionals since it may benefit you to do so.

While clinical genetic testing results are routinely placed into the Electronic Medical Record (EMR), research genetic test results are specifically protected and are not automatically placed in your medical chart.

You will have the option of deciding whether or not to share this information with others outside the study team and whether you would like to include research genetic test results in your medical record. Once you share this information, it will likely be included in your EMR.

Most tests done in research studies are only for research and have no clear meaning for health care. Often in the course of genetics research, we find genetic changes that slightly impact cancer risk but not enough to alter medical management. This type of finding will NOT be reported back to you. However we will share our general research findings regularly through University of Pennsylvania approved communications.

What happens if I am injured from being in the study?

We will offer you the care needed to treat injuries directly resulting from taking part in this research. We may bill your insurance company or other third parties, if appropriate, for the costs of the care you get for the injury, but you may also be responsible for some of them.

There are no plans for the University of Pennsylvania to pay you or give you other compensation for the injury. If you feel this injury was caused by medical error on the part of the study doctors or others involved in the study, you have the legal right to seek payment, even though you are in a study. You do not give up your legal rights by signing this form.

If you think you have been injured as a result of taking part in this research study, tell the person in charge of the research study as soon as possible. The researcher's name and phone number are listed on page one of this consent form.

When is the Study over? Can I leave the Study before it ends?

This study may also be stopped at any time by your physician, the study Sponsor, or the Food and Drug Administration (FDA) without your consent because:

- The Primary Investigator feels it is necessary for your health or safety. Such an action would not require your consent, but you will be informed if such a decision is made and the reason for this decision.
- You have not followed study instructions.
- The Sponsor, the study Principal Investigator, or the Food and Drug Administration (FDA) has decided to stop the study.

If you decide to participate, you are free to leave the study at any time. Withdrawal will not interfere with your future care at the University of Pennsylvania.

Once laboratory analysis of your DNA sample has been performed, you cannot ask for its removal from studies that have already been performed; however, you may ask to be removed from all future studies.

How will my personal information be protected during the study?

We will do our best to make sure that the personal information obtained during the course of this research study will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. The Institutional Review Board (IRB) at the University of Pennsylvania will have access to your records. If this study is being overseen by the Food and Drug Administration (FDA), they may review your research records.

Every attempt will be made by the investigators to maintain all information collected in this study as strictly confidential, except as required by court order or by law. Authorized representatives of the University of Pennsylvania IRB may be provided access to medical or research records that identify you by name. Information will be provided to your physician only with your written permission. If you have opted into Care Everywhere or a Health Information Exchange, your physician may have access to any research results in your electronic medical record. Information will be stored in a research file identified only by a code number. The key connecting your name to your code number will be stored in a separate, secure location. Information used for scientific publications will not contain any identifying information.

It is sometimes possible to determine, when multiple family members are tested, whether the individuals listed as your parents are in fact biologically related to you. If the research team discovers that you are not biologically related to one or both of your parents, this information will not be made available to you or anyone else.

What may happen to my information and sample(s) collected on this study?

Collection of Identifiable Specimens

Your sample(s) may be used for commercial profit to create products, including some that may be sold and/or make money for others. If this happens, there are no plans to tell you, or to pay you, or to give any compensation to you or your family.

Whole genome sequencing may be conducted on your samples. Whole genome sequencing involves analyzing your entire personal genetic code.

Future Use of Data and/or Specimens

Your identifiable information and samples will be stored for future research purposes. This can be done without again seeking your consent in the future, as permitted by law. The future use of your information and samples only applies to the information and samples collected on this study.

The following identifiers will be retained with your information and samples: name, MRN, and date of birth. If your data are shared with investigators outside of University of Pennsylvania your information and samples will de-identified. De-identified means that all identifiers have been removed.

We will also link the study participants with all three State Cancer Registries of Pennsylvania, Delaware, and New Jersey. This is important in order to help us assess the association of genetic factors with cancer incidence and allows us to extend follow up for cancer outcomes for patients who leave our health system, which will provide greater accuracy in our research findings. The data will be linked to retrospective cancer case information going back to 1985 for the Pennsylvania State Cancer Registry, 1979 for the New Jersey State Cancer Registry, and 1980 for the Delaware State Cancer Registry. We will then perform updates of the linkage annually when a new year of cancer registry data becomes available. We will obtain information on cancer cases including dates of diagnosis, tumor characteristics, treatment, and vital status.

Your information and samples may be stored and used for future research purposes for an indefinite amount of time. Investigators interested in genetics, cancer, and immune response may be interested in studying your data or samples in the future. The research may be conducted by the University of Pennsylvania, and/or other not-for-profit research or government organization, and/or for-profit companies, such as drug development companies.

We will not follow up with you to tell you about the specific research that will be done. It is possible that you may have chosen not to participate in these future research studies, had you been approached for participation.

There is a risk of breach of confidentiality (unintentional release of your information). We will do our best to make sure that this doesn't happen. However, we cannot guarantee total privacy. We will protect your confidentiality during storage and sharing by maintaining all paper patient files in a locked cabinet in the PI or study coordinator's office. All electronic data will be on a password protected computer. Your information will be stored using a subject ID number. Only personnel authorized by the Principal Investigator will have access to your blood samples, which will be stored with a Subject ID number.

In the future, people who do research may need to know more about your health. When data or samples are shared, they will **not** be given your name, address, phone number, or other identifying information. However, designated research study staff will have access to identifying information such as your name, address and phone number in order to update your health information for the study, and if you consent, to contact you at a later date.

Your tissue and/or blood may be used for genetic research (about diseases that are passed on in families). Your blood may also be used to determine if markers within your blood are associated with cancer risk, outcomes and treatment. If your blood is used for any of these kinds of research, the results will **not** be put in your health records. If you are already aware of genetic results based on family history or clinical testing, then any added risk is low.

This research includes genetic testing. 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.

Electronic Medical Records and Research Results

What is an Electronic Medical Record and/or a Clinical Trial Management System?

An Electronic Medical Record (EMR) is an electronic version of the record of your care within a health system. An EMR is simply a computerized version of a paper medical record.

A Clinical Trial Management System (CTMS) is used to register your information as a participant in a study and to allow for your research data to be entered/stored for the purposes of data analysis and any other required activity for the purpose of the conduct of the research.

If you are receiving care or have received care within the University of Pennsylvania Health System (UPHS) (outpatient or inpatient) and are participating in a University of Pennsylvania research study, information related to your participation in the research (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in your existing EMR maintained by UPHS. Information related to your participation in clinical research will also be contained in the CTMS.

If you have never received care within UPHS and are participating in a University of Pennsylvania research study that uses UPHS services, an EMR will be created for you for the purpose of maintaining any information produced from your participation in this research study. The creation of this EMR is required for your participation in this study. In order to create your EMR, the study team will need to obtain basic information about you that would be similar to the information you would provide the first time you visit a hospital or medical facility (i.e. your name, the name of your primary doctor, the type of insurance you have). Information related to your participation in the study (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in this EMR.

Once placed in your EMR or in the CTMS, your information may be accessible to appropriate UPHS workforce members that are not part of the research team. Information within your EMR may also be shared with others who are determined by UPHS to be appropriate to have access to your EMR (e.g. Health Insurance Company, disability provider, etc.).

What information about me may be collected, used or shared with others?

The following information about you will be collected and used for research:

- Name and date of birth
- Address/telephone number
- Medical record number
- Email address
- Imaging, including ultrasound, MRI, and mammograms

Why is my information being used?

- Your information is used by the research team to contact you during the study.
- Your information and results of tests and procedures are used to:
- do the research
- oversee the research
- to see if the research was done right
- to evaluate and manage research functions

Who may use and share information about me?

The following individuals may use or share your information for this research study:

- The Principal Investigator and Co-Investigators for the study and the study and laboratory team (other University staff associated with the study)
- Other authorized personnel at Penn, including offices that support research operations.
- Other research personnel with access to the databases for research and/or study coordination and as otherwise approved by the IRB

Who, outside of the School of Medicine, might receive my information?

As part of the study, the Principal Investigator for the study and the study team (other University staff) may disclose your personal health information, including the results of the research study tests and procedures. In all disclosures outside the University of Pennsylvania Health System and School of Medicine including other collaborating outside research and/or academic or medical institutions, for-profit companies and drug and device companies, biotechnology companies and others, you will not be identified by name, social security number, address, telephone number, or any other direct personal identifier unless disclosure of the direct identifier is required by law.

<u>Oversight organizations</u>

- The U. S. Office of Human Research Protections (OHRP)
- Other regulatory bodies
- Future collaborators, approved by the Principal Investigator

Once your personal health information is disclosed to others outside the School of Medicine, it may no longer be covered by the federal privacy protection regulations. In records and information disclosed outside of the University of Pennsylvania Health System and School of Medicine, you will be assigned a unique code number. The Principal Investigator will ensure that the key code will be kept in a secure file.

We will share patient identifiers with the State Cancer Registries for the purpose of data linkage, which include patient first, last and middle names, date of birth, and social security number. We will use Box and Web Plus to share data securely with the State Cancer Registries. Security is achieved by a combination of software features and network infrastructure. Identifiers will be

accessible via Box and Web Plus to only the minimally necessary staff to perform the linkage. After linkage of the data, the file containing identifiers will be destroyed by both the State Registries and Penn staff.

Any additions will be subject to University of Pennsylvania procedures developed to protect your privacy.

How long may the School of Medicine use or disclose my personal health information?

Your authorization for use of your personal health information for this specific study does not expire.

Your information may be held in a research database. However, the School of Medicine may not re-use or re-disclose information collected in this study for a purpose other than this study unless:

- You have given written authorization
- The University of Pennsylvania's Institutional Review Board grants permission
- As permitted by law

Results of all tests and procedures done solely for this research study and not as part of your regular care will not be included in your medical record.

Will you be able to access your records?

During your participation in this study, you will have access to your UPHS medical record, if one has been created for you for clinical care, and any study information that is part of that record. The investigator may, but is not required to, release to you research information that is not part of your medical record.

Can I change my mind about giving permission for use of my information?

Yes. You may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the investigator for the study at the address on the first page. If you withdraw your permission, you will not be able to stay in this study. Even if you withdraw your permission, the Principal Investigator for the research study may still use your personal information that was collected prior to your written request if that information is necessary to the study.

If you withdraw your permission to use any saliva, blood, or tissue obtained for the study, the Principal Investigator will ensure that these specimens are destroyed or will ensure that all information that could identify you is removed from these specimens.

What if I decide not to give permission to use and give out my health information?

Then you will not be able to be in this research study.

You will be given a copy of this Research Subject HIPAA Authorization describing your confidentiality and privacy rights for this study.

By signing this document, you are permitting the School of Medicine to use and disclose personal health information collected about you for research purposes as described above.

Who can I call with questions, complaints or if I'm concerned about my rights as a research subject?

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator listed on page one of this form. You may reach the study team at 215-349-9093. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the IRB at the number on page one of this form.

When you sign this form, you are agreeing to take part in this research study. This means that you have read the consent form, your questions have been answered, and you have decided to volunteer. Your signature also means that you are permitting the University of Pennsylvania to use your personal health information collected about you for research purposes within our institution. You are also allowing the University of Pennsylvania to disclose that personal health information to outside organizations or people involved with the operations of this study.

A copy of this consent form will be given to you.

_____	_____	
Name of Subject (Please Print)	Signature of Subject	Date
_____	_____	
Name of Person Obtaining Consent (Please Print)	Signature	Date
_____	_____	
Authorized subject representative (Please Print)	Authorized subject representative Signature	Date

Provide a brief description of above person authority to serve as the subject's authorized representative.

_____

IRB Approval 8/23/2023

Release of Medical Record(s) Information

Name : _____ **DOB:** _____

Type of Cancer: _____ Date (Year) of Diagnosis: _____

Type of Cancer: _____ Date (Year) of Diagnosis: _____

Hospital(s) where cancer surgery was performed (Name, City, State):

Specific Requests for Release of Information:

Pathology report for _____ Date: _____

Pathology report for _____Date: _____

ER and PR Receptor report _____Date: _____

Biopsy report for _____ Date:_____

Op notes for _____Date: _____

Other _____

Please forward the paraffin blocks containing normal and tumor tissue in addition to corresponding pathology report. If it is not possible to send out the block please forward:

10-15 unstained 15 micron sections on plain glass slides from the top of the block
20-30 unstained 4-5 micron sections on plain glass slides from the top of the block
One H & E thin section

Date of surgery for block request: _____

Send records and blocks to:

Cancer Risk Evaluation Program
Abramson Cancer Center – 3rd Floor
Perleman Center for Advanced Medicine West Pavilion
3400 Civic Center Blvd.
Philadelphia, PA 19104
Phone: 215-349-9093 Fax: 215-349-5314

_____ _____ _____
Name of Subject (Please Print) Signature of Subject Date

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