

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

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**Study Title:** RTOG 0621 Adjuvant 3D-CRT/IMRT In Combination With Androgen Suppression And Docetaxel For High Risk Prostate Cancer Patients Post-Prostatectomy: A Phase II Trial

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This is a clinical trial, a type of medical research study. Your study doctor, Alex Gottschalk, MD, I-Chow “Joe” Hsu, MD, Mack Roach, MD, from the UCSF Department of Radiation Oncology and Charles Ryan, MD, Amy Lin, MD, Urologic Oncology, Judy Luce, MD, from San Francisco General Hospital Hematology/Oncology will explain this study to you.

Medical research studies (clinical trial) include only people who choose to take part. Take your time to make your decision about participating. You may discuss your decision with your family, friends and with your health care team. If you have any questions, you can ask your study doctor.

You are being asked to take part in this study because you have prostate cancer that has been treated surgically and it has been determined that you have a 50% or greater risk of recurrence of your prostate cancer within 3 years following surgery.

**Why is this study being done?**

The purpose of this study is to find out what effects a combination of local (radiation therapy) and systemic (hormonal therapy and chemotherapy) treatments has on the risk of recurrence of your prostate cancer.

**How many people will take part in the study?**

Nationwide, about 76 will take part in this study. Up to 6 men will take part here at UCSF.

**What will happen if I take part in this research study?**

**Before you begin the study ...**

You will need to have the following exams, tests, or procedures to find out if you can be in the study. These exams, tests, or procedures are part of regular cancer care and may be done even if you do not join the study. If you have had some of them recently, they may not need to be repeated. This will be up to your study doctor.

- Evaluation by a medical or urologic oncologist and radiation oncologist
- History and physical exam, including an assessment of your ability to carry out activities of daily living (which will include questions such as whether you are able to feed, bathe, dress yourself)
- Bone scan (pictures of the bones that can show areas of rapid growth that may be a sign of cancer. To create these pictures, a radioactive substance is injected into the bloodstream. The substance collects in any areas of rapid growth. A scanner can pinpoint these areas).
- CT (computed tomography) scan and/or MRI (magnetic resonance imaging) of the pelvis. A CT scan is a study using x-rays to look at one part of your body. An MRI is imaging using a strong magnetic field to look at one part of your body.
- Routine blood studies (for blood count, liver function, and to measure testosterone) to be obtained by needle stick into one of your veins
- A blood test to determine your prostate specific antigen (PSA; a value that helps determine the aggressiveness of your prostate cancer). About 2 teaspoons of blood will be drawn from a vein. At least two PSA tests spaced by 2 months must be obtained after surgery. Your doctor also may draw another PSA before the start of treatment for a baseline value.

## **During hormone therapy, radiation therapy, and chemotherapy treatment...**

If the exams, tests and procedures show that you can be in the study, and you choose to take part, then you will need the following tests and procedures. They are part of regular cancer care. They may be done more often because you are in this study. All treatment and tests will be done as an outpatient at the Helen Diller Comprehensive Cancer Center.

**Routine blood studies** (for blood count, liver function, and to measure testosterone and PSA) to be obtained by needle stick into a vein, usually in your arm.

**Hormones:** Eight weeks before starting your radiation treatments, you will start taking hormone treatments, which will last for six months. There are two parts to the hormone therapy. The first part consists of an injection of either leuprolide (Lupron) which is given intramuscularly, or goserelin (Zoladex) which is administered subcutaneously (under the skin) by inserting a needle into loosely gathered fold of skin such as in the fatty pad of your stomach. Both are luteinizing hormone-releasing hormone (LHRH) agonists, which means they suppress the production of androgens (male sex hormones). The second part of the hormone therapy, which happens at the same time as the first part is to take one or more pills. If you are given flutamide (Eulexin), you will take pills three times a day. If you are given bicalutamide (Casodex), you will take a pill one time a day. These medications block the production and effectiveness of the male hormone, testosterone. If you are given flutamide, you will take six (6) capsules by mouth every day for 6 months total of 180 days). If you are given bicalutamide, you will take one (1) tablet by mouth every day for 6 months (180 days). It is important that you take bicalutamide at the same time each day.

**Radiation to the pelvis and prostate bed:** After the first 2 months of taking the hormones are up, you will have radiation to your pelvis and prostate once a day, 5 days a week, for almost 8 weeks. The hormones and flutamide or bicalutamide will be given on the same schedule during radiation as before radiation began. Once radiation is completed, but the LHRH agonist injections and the flutamide or bicalutamide will be continued for about 2 more months for a total of 6 months (180 days).

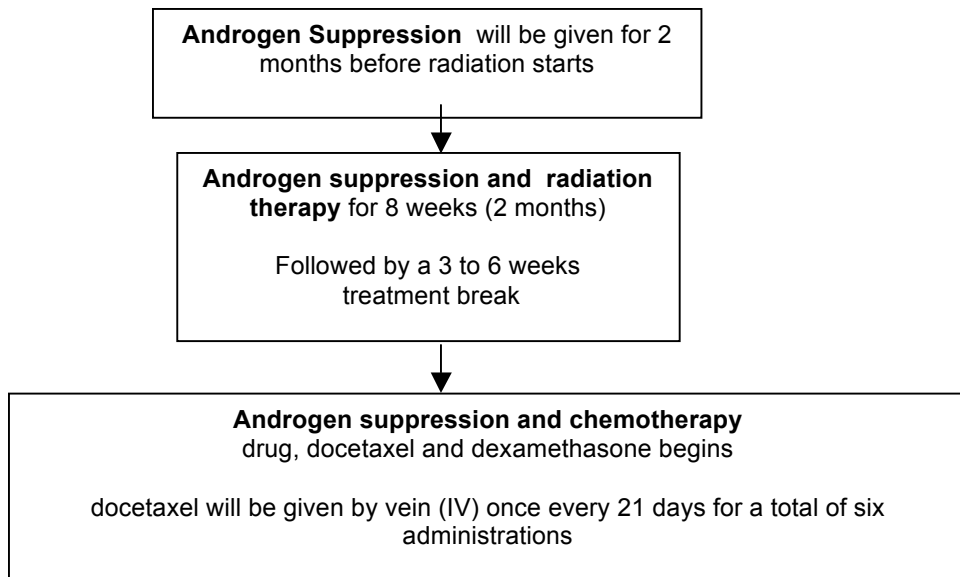
**Chemotherapy:** Beginning 28 days after radiation ends, you will receive a chemotherapy drug: docetaxel (Taxotere). The first day you will be given docetaxel through a needle in a vein in your arm for one hour. You will also be given a drug called dexamethasone in one of two ways: twice daily by mouth for 6 doses beginning 24 hours before docetaxel or a dose given at 12, 3, and 1 hour(s) before docetaxel to try to prevent some of the side effects of docetaxel. You may be given a dose of dexamethasone by vein in your arm on the day you receive docetaxel to try to prevent or decrease vomiting (throwing up). Docetaxel will be given every 3 weeks (21 days) for a total of 6 times. These drugs will be given to you as an outpatient (no hospital stay).

## **When you are finished receiving treatment...**

When you are finished with treatment including hormonal therapy, radiation therapy, and chemotherapy you will have follow-up visits with your doctor(s) every 3 months for 2 years, then every 6 months for years 2 through 5 after finishing treatment, then yearly after 5 years for life. At each visit a prostate specific antigen (PSA) will be drawn by vein (about 2 teaspoons of blood). The schedule of follow-up visits and the PSA blood test are part of routine follow-up care. In addition, your testosterone level will be checked by drawing blood at the same time as the PSA is done every 6 months for 3 years following completion of the treatment.

## Study Plan

Another way to find out what will happen to you during the study is to read the chart below. Start reading at the top and read down the list, following the lines and arrows.



### How long will I be in the study?

Once enrolled on the study you will be given hormonal therapy medicines that block the production and effectiveness of the male hormone testosterone. You will be asked to take a hormonal therapy pill (flutamide or bicalutamide) by mouth every day for a total of 6 months. In addition to taking flutamide or bicalutamide, you will receive a second hormonal therapy drug (leuprolide or goserelin) which is given as a shot once every month or every 3 months for a total of 6 months.

Approximately 8 weeks after your first hormonal therapy shot you will begin your radiation treatment. You will have two (2) or three (3) treatment planning appointments before you start radiation treatments. These visits will each take about one (1) hour each time. Radiation treatment will be given every day, Monday through Friday, for almost 8 weeks. About 3-6 weeks after your radiation therapy is completed you will begin chemotherapy. You will receive one chemotherapy drug: docetaxel (Taxotere). The first day you will be given docetaxel through a needle in a vein in your arm for one hour. You will also be given a drug called dexamethasone in one of two ways: twice daily by mouth for 6 doses beginning 24 hours before docetaxel or a dose given at 12, 3, and 1 hour(s) before docetaxel to try to prevent some of the side effects of docetaxel. You may be given a dose of dexamethasone by vein in your arm on the day you receive docetaxel to try to prevent or decrease vomiting (throwing up). Docetaxel will be given every 3 weeks (21 days) for a total of 4 months.

After you are finished with your treatment, the study doctor will ask you to visit the office for follow-up exams every 3 months for 2 years then every 6 months for years 2 through 5 after finishing treatment then yearly after 5 years. We would like to keep track of your medical condition for the rest of your life. We would like to do this by either seeing you in the doctor's office or calling you on the telephone once a year to see how you are doing. Keeping in touch with you and checking on your condition every year helps us look at the long-term effects of the study.

## **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 that any risks from the chemotherapy, radiation therapy, hormones can be evaluated by the study doctor. Another reason to tell the study 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 he/she believes it is in your best interest; 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. Everyone taking part in the study will be watched carefully for any side effects. However, researchers don't know all the side effects that may happen. Side effects may be mild or very serious. Your health care team may give you medicines to help lessen side effects. Many side effects go away soon after you stop taking hormones, chemotherapy radiation therapy. In some cases, side effects can be serious, long lasting, or may never go away. 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. **Risks and side effects include:**

### **HORMONE THERAPY**

#### **Risks and side effects related to LHRH agonists (leuprolide and goserelin) injections:**

##### **Likely**

- Hot flashes or sweating episodes
- Impotence and loss of libido (sex drive), which can be permanent
- Weight gain

##### **Less Likely**

- Dizziness
- Breast swelling or tenderness
- Diarrhea
- Unusual taste in the mouth
- Skin redness or hives
- Increased thirst and urination
- Anemia
- Loss of bone density
- Loss of muscle strength; Loss of the amount of muscle you have (muscle mass)
- increased percentage of body fat
- Loss of penis length; Decrease in the size of your testicles
- Increased cholesterol
- High blood pressure
- Worsening or onset of diabetes (high blood sugar)
- Nausea and/or Vomiting
- Changes in the texture of your hair
- Feelings of depression or other emotional changes

##### **Rare, but serious**

- Allergic generalized rash and difficulty breathing
- Increased risk of heart attacks and/or heart rhythm problems

## **Risks and side effects related to flutamide (Eulexin) and bicalutamide (Casodex):**

### **Likely**

- Impotence
- Loss of libido (sex drive)
- Hot flashes
- Fatigue
- Diarrhea (for flutamide)

### **Less Likely**

- Anemia
- Breast swelling and tenderness
- Diarrhea (for bicalutamide)
- Photosensitivity (sensitivity of the skin to light)

### **Rare but serious**

- Liver function changes in your blood tests

## **CHEMOTHERAPY- Risks and side effects related to docetaxel (Taxotere®):**

### **Likely**

- Lowering of blood counts leading to increased risk of infection, weakness, or bleeding, which in rare cases could have fatal complications
- Hair loss
- Skin rash
- Changes to the nail beds
- Loss of appetite
- Taste changes
- Mouth sores
- Nausea and vomiting
- Diarrhea
- Constipation
- Fatigue
- Muscle aches and/or joint pain
- Decreased sensation, numbness, or tingling in the fingers and toes
- Excess tearing in the eyes

### **Less Likely**

- Sweating
- Fever and chills
- Headache
- Weight gain
- Muscle cramps
- Hives
- Local skin reactions
- Flushing
- Ulcers of the stomach or esophagus
- Abdominal pain
- Reactions of the infusion site that include redness of the skin, dryness of the skin, mild swelling of the vein, changes in skin color, leakage of IV solution into the skin

### **Rare but serious**

- Decreased vision, vision changes, or eye irritation
- Glaucoma and/or cataracts
- Dizziness
- Depression
- Seizures
- Confusion
- Muscle weakness
- Swelling in arms and legs
- Irritation of skin at sites of prior radiation
- Damage to skin at the site of injection in the vein
- Slow wound healing
- Blood in urine
- Allergic reaction including skin rash and difficulty breathing
- Low blood pressure
- Risk of developing leukemia requiring treatment
- Chest pain
- Slowing or irregular heart rhythm
- Heart damage, possibly including changes in rhythm and poor pumping of blood
- Liver and kidney damage
- Fluid build-up in the lungs
- Death from infection
- Bleeding into the stomach and/or intestines
- Obstruction of the intestines
- Changes in sensation in the nerves of the hands and feet
- Pulmonary embolism (a blockage of an artery in the lung)

### **Risks and side effects related to dexamethasone (a type of steroid):**

#### **Likely**

- Difficulty sleeping
- Increase in the sugar content of your blood, possibly resulting in diabetes
- Increased blood pressure
- Skin bruising

#### **Less Likely**

- Increase in appetite
- Weight gain
- Mood changes
- Impaired skin healing
- Increased risk of infection
- Osteoporosis (a disorder in which the bones become increasingly brittle and subject to fracture)

#### **Rare but serious**

- Glaucoma and/or cataracts
- Addison's disease, when the dexamethasone is discontinued (a condition that develops when the adrenal glands are not able to produce enough of certain hormones)
- Muscle weakness, particularly in the lower extremities
- Loss of muscle mass
- Blood clots

## **RADIATION THERAPY Risks and side effects related to pelvic radiation therapy**

### **Likely**

- Hair loss in the treatment area
- Temporary tiredness
- Diarrhea
- Abdominal cramps and rectal urgency
- Bladder irritation
- Infertility

### **Less Likely**

- Reddening or tanning of the skin
- Permanent impotence
- Occasional rectal bleeding

### **Rare but serious**

- Bladder injury with bleeding
- Urethral scar tissue
- Severe rectal bleeding
- Urinary or bowel incontinence
- Injuries to the rectum, bowel, or urinary system that could result in colostomy (surgical creation of an artificial opening in the colon) or other major surgical procedures

**Reproductive risks:** If semen cannot be released from the penis during an orgasm following surgery to remove the prostate, there are no reproductive risks. If semen can be released during an orgasm, the patient needs to use birth control while on this study because the drugs and radiation in this study can affect an unborn baby

**CT scan risks:** CT scans involve the risks of radiation (see above). In addition, if contrast material (iodine dye) is used, there is a slight risk of developing an allergic reaction, from mild (itching, rash) to severe (difficulty breathing, shock, or rarely, death). The contrast material may also cause kidney problems, especially if you are dehydrated or have poor kidney function. The study doctors will ask you about any allergies or related conditions before the procedure. If you have any of these problems, you may not be allowed to have a CT scan. Having a CT scan may mean some added discomfort for you. In particular, you may be bothered by feelings of claustrophobia when placed inside the CT scanner, or by lying in one position for a long time. If contrast material is used, you may feel discomfort when it is injected. You may feel warm and flushed and get a metallic taste in your mouth. Rarely, the contrast material may cause nausea, vomiting or a headache.

**MRI risks:** Because the MRI machine acts like a large magnet, it could move iron-containing objects in the MRI room during your examination, which in the process could possibly harm you. Precautions have been taken to prevent such an event from happening; loose metal objects, like pocketknives or key chains, are not allowed in the MRI room. If you have a piece of metal in your body, such as a fragment in your eye, aneurysm clips, ear implants, spinal nerve stimulators, or a pacemaker, you will not be allowed into the MRI room and cannot have an MRI. Having an MRI may mean some added discomfort for you. In particular, you may be bothered by feelings of claustrophobia and by the loud banging noise during the study. Temporary hearing loss has been reported from this loud noise. This is why you will be asked to wear earplugs. At times during the test, you may be asked to not swallow for a while, which can be uncomfortable.

**MRI Contrast agent (gadolinium) risks:** A few side effects of gadolinium injection such as

mild headache, nausea, and local pain may occur. Rarely (less than 1% of the time) low blood pressure and lightheadedness occurs. This can be treated immediately with intravenous fluids. Very rarely (less than one in one thousand), patients are allergic to gadolinium. These effects are most commonly hives and itchy eyes, but more severe reactions have been seen which result in shortness of breath.

Patients with severe kidney disease sometimes have a bad reaction to gadolinium contrast. The condition is called nephrogenic sclerosing fibrosis (NSF). It can cause skin to tighten or scar and can damage internal organs. Sometimes it can be life threatening. There are no reports of NSF in patients with normal kidney function. Before you have a MRI scan requiring an injection of gadolinium contrast, you will have a blood test in order to check the function of your kidneys. Based on your medical history and the results of the test, a doctor will decide whether it is safe for you to undergo the MRI scans

**Bone scan risks:** Few risks are associated with bone scans because the amount of radioactive material injected into the body is small. Some possible risks include: Although rare, some patients may develop a rash, swelling or severe allergic response (*anaphylaxis*).

**Venipuncture risks:** Needle punctures into a vein for delivering medication and/or drawing blood may cause temporary discomfort from the needle stick, bruising, and infection.

**Unknown risks:** The experimental treatment may have side effects that no one knows about yet. The researchers will let you know if they learn anything that might make you change your mind about participating in the study.

**For more information about risks and side effects, ask your study doctor.**

### **Are there benefits to taking part in the study?**

Taking part in this study may or may not make your health better. While doctors hope radiation therapy, hormones, chemotherapy, will keep your cancer from coming back, there is no proof of this yet. We do know that the information from this study will help doctors learn more about these therapies as a treatment for 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 a study
- Receiving the same or a different combination of Lupron or Zoladex with or without Casodex or Flutamide, , radiation or chemotherapy off study
- Taking part in another study, if available
- Getting no treatment

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

### **Will my medical information be kept private?**

Records of your progress and medical images while on this study will be kept in confidential form at UCSF and data are housed at Radiation Therapy Oncology Group (RTOG) Headquarters, Philadelphia, PA, in a password-protected database. We will do our best to make sure that the personal information in your medical record 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.

Organizations that may look at and/or copy your medical records for research, quality assurance, and data analysis include:

- The sponsor of the study, Radiation Therapy Oncology Group (RTOG), and its designees and a Data Monitoring Committee (DMC) that regularly meets to monitor safety and other study data
- The Committee on Human Research, an institutional review board, a committee who is involved in keeping research safe at UCSF
- Designated representatives of Sanofi-Aventis, the maker of the drug, docetaxel (Taxotere)
- The National Cancer Institute (NCI) and other government agencies, like the Food and Drug Administration (FDA)

### **What are the costs of taking part in this study?**

You and/or your health plan/ insurance company will need to pay for some or all of the costs of treating your cancer in this study. 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. Taking part in this study may or may not cost your insurance company more than the cost of getting regular cancer treatment.

Sanofi-Aventis, the drug maker, will provide docetaxel, at no cost to you. However, you or your health plan may need to pay for costs of the supplies for drug administration and personnel who give you the docetaxel.

If, during the study, docetaxel becomes approved for use in your cancer, you and/or your health plan may have to pay for drug needed to complete this 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.

### **Will I be paid for taking part in this study?**

You will not be paid for taking part in this study.

### **What happens if I am injured because I took part in this study?**

It is important that you tell your study doctor Alex Gottschalk, Joe Hsu, or Mack Roach, MD, the principal investigator, 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/her at (415) 353-7175 or (415) 353-7065.

**Treatment and Compensation for Injury:** If you are injured as a result of being in this study, treatment will be available. The costs of the treatment may be covered by the University of California or the study sponsor, RTOG, depending on a number of factors. The University and the study sponsor do not normally provide any other form of compensation for injury. For further information about this, you may call the office of the Committee on Human Research at 415-476-1814.

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

Taking part in this 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.

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?**

You can talk to your study doctor about any questions or concerns you have about this study. Contact your study doctor, Alex Gottschalk, MD, I-Chow "Joe" Hsu, MD, Mack Roach, MD, from the UCSF Department of Radiation Oncology (415) 353-7175, Charles Ryan, MD, Amy Lin, MD, Urologic Oncology, (415) 353-7171 or Judy Luce, MD from San Francisco General Hospital Hematology/Oncology 476-4082.

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call the Office of the Committee on Human Research (CHR) UCSF's Institutional Review Board (a group of people who review the research to protect your rights) at 415-476-1814.

**Please note: This section of the informed consent form is about additional research that is being done with people who are taking part in the main study. You may take part in this additional research if you want to. You can still be a part of the main study even if you say 'no' to taking part in this additional research.**

**You can say "yes" or "no" to the following study. Below, please mark your choice.**

### **Consent Form for Use of Tissue for Research**

#### **About Using Tissue for Research**

You have had surgery to remove your cancer. Your doctor has removed some body tissue to do some tests. The results of these tests will be given to you by your doctor and will be used to plan your care.

We would like to keep some of the tissue that is left over for future research. If you agree, this tissue will be kept and may be used in research to learn more about cancer and other diseases. Please read the information sheet called "How is Tissue Used for Research" to learn more about tissue research. This information sheet is available at <http://www.cancerdiagnosis.nci.nih.gov/specimens/patient.pdf>

Your tissue may be helpful for research,. The research that may be done with your tissue is not designed specifically to help you. It might help people who have cancer and other diseases in the future.

Reports about research done with your tissue will not be given to you or your doctor. These reports will not be put in your health record. The research will not have an effect on your care.

## Things to Think About

The choice to let us keep the left over tissue for future research is up to you. No matter what you decide to do, it will not affect your care or your participation in the main part of the study.

If you decide now that your tissue can be kept for research, you can change your mind at any time. Just contact us and let us know that you do not want us to use your tissue. Then any tissue that remains will no longer be used for research and will be returned to the institution that submitted it.

In the future, people who do research may need to know more about your health. While the (doctor/institution) may give them reports about your health, it will not give them your name, address, phone number, or any other information that will let the researchers know who you are.

Sometimes tissue is used for genetic research (about diseases that are passed on in families). Even if your tissue is used for this kind of research, the results will not be put in your health records.

Your tissue will be used only for research and will not be sold. The research done with your tissue may help to develop new products in the future.

## Benefits

The benefits of research using tissue include learning more about what causes cancer and other diseases, how to prevent them, and how to treat them.

## Risks

The greatest risk to you is the release of information from your health records. We will do our best to make sure that your personal information will be kept private. The chance that this information will be given to someone else is very small.

## Making Your Choice

Please read each sentence below and think about your choice. After reading each sentence, **initial** next to "Yes" or "No". If you have any questions, please talk to your doctor or nurse, or call our research review board at IRB's phone number.

**No matter what you decide to do, it will not affect your care.**

1. My tissue may be kept for use in research to learn about, prevent, or treat cancer.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

2. My tissue may be kept for use in research to learn about, prevent or treat other health problems (for example: diabetes, Alzheimer's disease, or heart disease).

\_\_\_\_\_ Yes    \_\_\_\_\_ No

3. Someone may contact me in the future to ask me to take part in more research.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**Where can I get more information?**

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

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



**CONSENT**

You have been given copies of this consent form and the Experimental Subject's Bill of Rights to keep. You will be asked to sign a separate form authorizing access, use, creation, or disclosure of health information about you.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

If you wish to participate in this study, you should sign below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature for Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent