H-42376- EVALUATING UTILITY AND IMPROVING IMPLEMENTATION OF GENOMIC SEQUENCING FOR PEDIATRIC CANCER PATIENTS IN THE DIVERSE POPULATION AND HEALTHCARE SETTINGS OF TEXAS: THE KIDSCANSEQ STUDY

Background

You are invited to participate in the KidsCanSeq research study because you have agreed to let your child participate in it. We are requesting a saliva sample from you (and in some cases, a blood sample). This sample will be used as part of your child's genetic testing in order to confirm any inherited mutations that are found in your child. This sample will also be used for further research studies.

Your participation in this study is entirely voluntary. Should you withdraw from this study, your decision will in no way affect the care that your child receives. Please read the consent form carefully and feel free to ask any questions before you agree to take part in the study. If you decide to participate in the study you will receive a copy of this consent form to keep.

This research study is funded by the National Institutes of Health (NIH).

Purpose

The main goal of this study is to learn which genetic tests are most useful for finding inherited mutations and tumor mutations that might be important for the care of childhood cancer patients and their close family members.

There are other goals of this study to help learn how best to use and explain the results of these tests to cancer doctors, patients, and families. We are also hoping to learn more about how cancer doctors and families use these results to help make future medical decisions.

Procedures

The research will be conducted at the following location(s):
Baylor College of Medicine, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, and Vannie Cook Cancer Center.

We plan to enroll up to 1200 patients and their parents in this study over 4-5 years.

WHAT SAMPLES AND INFORMATION WILL BE USED?

Parent saliva and blood sample. Blood and saliva samples will be used to confirm any inherited mutations found in your child's blood sample, and also for additional research studies. The saliva sample can either be provided in the clinic or sent to us by mail using a collection kit that we will provide. In some cases we may request a parental blood sample (up to 5 teaspoons) for clinical or research purposes. If you agree to this, the blood draw will be performed in clinic at a time arranged with you. The saliva and/or blood samples will be sent to Baylor College of Medicine and Texas Children's Hospital (TCH) for this testing. Your samples will be carefully handled following standard laboratory procedures for sample tracking, storage, and confidentiality of medical samples.

We will also collect information from you, including your ethnic background, contact information, and other demographics.

HOW WILL I RECEIVE THE RESULTS?

Your results will be included in your child's blood reports that are entered in your child's electronic medical record. You will not receive a separate report. The only tests being done on the parent samples (if any) are tests to see if a mutation we found in your child's sample is also present in yours. The results will be returned to you as described in your child's study consent form.

WHAT TYPES OF RESULTS MAY I RECEIVE?

The results from these clinical genetic tests might reveal inherited mutations that affect your own clinical care. Examples of these results are described below. It is important to remember that parental samples will only be analyzed for the specific genetic changes identified in your child. They will not be subjected to the same genetic tests as your child is undergoing as part of this study. It is possible that you may carry genetic changes that will be missed by this testing.

1. Inherited mutations that cause you to have an increased risk of developing cancer or that explain other known medical conditions you or your child have been diagnosed with. Additional cancer screening or medical care may be recommended for you or other family members depending on the genetic test results. These tests often find rare changes in genes related to cancer or other known medical conditions that we don't understand yet. Such results are included in the genetic report but no actions are recommended based on these results.

2. Inherited mutations indicating you are a carrier of a recessive genetic disorder. This information would not be expected to affect your health, but it may be helpful to know if you are planning additional pregnancies. This test reports on only a small number of genes that are recommended for screening in the general population. You may be a carrier of mutations in other genes associated with recessive disorders, and may wish to pursue additional carrier testing.

3. Inherited mutations that provide information about an unknown medical condition for which treatment is available and recommended as standard medical care, for example related to heart disease. Additional follow-up testing, management, or treatment may be recommended for you if this type of mutation is found. These types of mutations are known as secondary findings.

Yes_____ No_____ I consent to receive secondary findings.

If we find any inherited mutations that have implications for your healthcare a study genetic counselor will explain them to you and work with you to determine the most appropriate next steps for your care. Inherited genetic findings can also have implications for other family members including your children or future children, your siblings, parents and extended family members. Your genetic counselor will also

discuss the implications of any findings for your family members.

STUDY PROCEDURES TO LEARN ABOUT COMMUNICATION OF GENETIC TEST RESULTS

Because we want to learn more about how families and their medical teams discuss and understand genetic test results, we will include the following activities if you participate in the study:

1. We will audiorecord a subset of the clinic or telemedicine visits in which parents learn about the results of their child's blood genetic testing. This will help us learn how to improve communication and understanding about these results between clinicians and families.

2. Surveys. Parent surveys will be conducted at up to four time points: (1) immediately after consent to participate in the study, (2) shortly after the return of study results, (3) six months after the return of results and (4) one year after return of results. Surveys will be administered either electronically or on paper, in person or remotely. The surveys will ask questions about what you think about genomic sequencing, how you feel about learning your child's genomic information, your knowledge of genetics, your perceptions of and general satisfaction with receiving your child's results, your family history, and your understanding of your child's results. The first survey must be completed within seven days of signing this consent form to continue study participation.

As this study develops, there is a possibility that in the future we will ask you to complete additional surveys and/or interviews. This will not be required for continued study participation.

We would also like to ask survey questions directly to patients who are 15 years and older. The survey will be given 6 months after the study results are returned and will be asked electronically, on paper, in person or remotely. The survey will ask questions about what they think about genetic testing, whether they have seen their results, what they think the results might be useful for, and their preferences for making decisions. Your permission does not mean that your child has to take the survey. Your child will be asked separately if he or she wants to take the survey. If so, he or she will be able to stop the survey at any time and may skip any questions that he or she does not want to answer. This will not be required for continued study participation.

Yes____No____I give the study team permission to contact my child who is at least 15 years old.

ADDITIONAL LABORATORY RESEARCH STUDIES

We may want to do additional research studies on your saliva or blood samples left over after the clinical genetic testing. This may include using different or newer methods of sequencing, analyzing proteins, or growing tumor or blood cells in the laboratory to do additional biological tests. Similarly, we may do additional genetic research tests on parent saliva samples and blood samples (if provided) and attempt to grow blood cells in the laboratory to use for tests of gene function.

Any results of these research tests would be preliminary and would not be reported to you unless we identify a genetic change that we think is important to the care of your child or family. In that case we will share that information with you and your child's cancer doctor and explain how to have the result confirmed by a clinical laboratory.

If research from this project is presented at research conferences or published in professional journals, we will not use any information such as name, address, telephone number, or social security number to identify you.

WHO WILL HAVE ACCESS TO YOUR STUDY INFORMATION?

All study data (surveys, audiotapes and all research genetic and clinical information) will be stored in a confidential computer database along with all data about your biological samples (if provided) and labeled with a code. Only the study investigators and selected research staff will be able to match the code to a particular person. Only the investigators and selected research staff will be able to access the database.

It is also helpful for other researchers to use your excess saliva or blood samples and genetic information paired with clinical information for their research. Coded leftover saliva or blood and your genetic information, and in some instances, clinical information, may be shared with other researchers who are conducting approved research studies. Study data, including your child's genetic and clinical information, as well as your survey responses, may also be shared with other researchers within the NIH Clinical Sequencing Consortium for approved research studies.

Your genetic and clinical information will be shared by releasing it into scientific databases including those maintained by Baylor College of Medicine and some maintained by the National Institutes of Health. These databases are restricted and can only be accessed by approved researchers. Sharing this information helps advance medicine and medical research by allowing other researchers to use this information to help solve questions of what causes cancers and other diseases. This is part of participating in a genetics study supported by the National Institutes of Health.

We will follow each child in the study for 2 years to determine if their cancer doctor has found the genetic test information useful in their care or for family members. In the future, it may be helpful to our research or those of other research groups to be able to re-contact you to obtain additional clinical information or to ask your permission to collect another research sample. Any first re-contact would come from a member of our KidsCanSeq research team.

CAN I CHANGE MY MIND AFTER I AGREE TO LET OUR SAMPLES BE USED?

You can withdraw from this study for any reason at any time. If you decide to withdraw from the study, your samples will be discarded.

If you decide to withdraw from this study before your genetic results have been reported and placed in your child's medical record, these results will be discarded and will not be used for any research purposes. However, it will not be possible to remove any reports that have already been submitted into your child's medical record. In addition, if your genetic, clinical, and survey information have been shared with other investigators or released into scientific databases, it may not be possible to remove this data from those databases.

This consent form is for a multi-site research study that requires one single IRB (institutional review board) of record for all of the participating sites. An IRB is a committee established to review and approve research involving human participants. The purpose of the IRB is to ensure that all human subject research be conducted in accordance with all federal, institutional, and ethical guidelines. For this study, Baylor College of Medicine is the IRB of record and all of the participating sites are listed below.

Research related health information

Authorization to Use or Disclose (Release) Health Information that Identifies You for a Research Study

If you sign this document, you give permission to people who give medical care and ensure quality from Baylor College of Medicine, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, and Vannie Cook Cancer Center to use or disclose (release) your health information that identifies you for the research study described in this document.

The health information that we may use or disclose (release) for this research includes:

- Information from health records such as diagnoses, progress notes, medications, lab or radiology findings, etc.
- Specific information concerning sickle cell anemia
- Demographic information (name, D.O.B., age, gender, race, etc.)
- Photographs, videotapes, and/or audiotapes of you

The health information listed above may be used by and or disclosed (released) to researchers, their staff and their collaborators on this research project, the Institutional Review Board, Baylor College of Medicine, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, Vannie Cook Cancer Center, and NATIONAL INSTITUTES OF HEALTH (NIH) and their representatives.

The data coordinating center will have access to the research records including your health information.

Use or Disclosure Required by Law

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Certificate of Confidentiality will not be used to prevent disclosure of child abuse, neglect, or harm to self or others to state or local authorities.

Baylor College of Medicine, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, and Vannie Cook Cancer Center are required by law to protect your health information. By signing this document, you authorize Baylor College of Medicine, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, and Vannie Cook Cancer Center to use and/or disclose (release) your health information for this research. Those persons who receive your health information may not be required by Federal privacy laws (such as the Privacy rule) to protect it and may share your information with others without your permission, if permitted by laws governing them.

Please note that the research does not involve treatment. Baylor College of Medicine, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, and Vannie Cook Cancer Center may not condition (withhold or refuse) treating you on whether you sign this Authorization.

Please note that you may change your mind and revoke (take back) this Authorization at any time. Even if you revoke this Authorization, researchers, their staff and their collaborators on this research project,

the Institutional Review Board, NATIONAL INSTITUTES OF HEALTH (NIH) and their representatives, regulatory agencies such as the U.S. Department of Health and Human Services, Baylor College of Medicine, data coordinating center, Children's Hospital of San Antonio , Cook/Fort Worth Children's Hospital, Doctors Hospital at Renaissance , TCH: Texas Children's Hospital, TCH: Texas Children's Hospital, Clinic, TCH: Texas Childrens Hospital Clinical Research Center, UT: MD Anderson Cancer Center, University Health System - San Antonio, and Vannie Cook Cancer Center may still use or disclose health information they already have obtained about you as necessary to maintain the integrity or reliability of the current research. If you revoke this Authorization, you may no longer be allowed to participate in the research described in this Authorization.

To revoke this Authorization, you must write to: Dr. Plon
1102 Bates St., FT 1200
Houston, TX 77030

This authorization does not have an expiration date. If all information that does or can identify you is removed from your health information, the remaining information will no longer be subject to this authorization and may be used or disclosed for other purposes.

No publication or public presentation about the research described above will reveal your identity without another authorization from you.

Potential Risks and Discomforts
The only physical risk of this study is related to obtaining a blood sample (if requested). The risk of drawing blood includes a small risk of bleeding or infection at the site, and some pain or discomfort with the needle stick. There may also be some bruising at the site of the needle stick after the blood draw.

If these genetic tests show a risk of developing a second cancer, or a risk of cancer in family members, or a risk of developing other types of diseases unrelated to cancer, you might feel anxious or upset by the results. Your cancer doctor can discuss these results with you and determine any medical follow-up that is indicated. There is also a potential risk in this type of genetic analysis for uncovering and conveying unwanted information regarding the biological relationship of parents and their children.

There is also the risk of a loss of privacy of your genetic information. The genetic reports will be placed in the electronic medical record and may be seen by your other doctors and health care workers. Health insurance companies may also have access to this information. There are laws to protect against the use of this information in making decisions about health insurance and employment. However, you may be asked to provide medical record information when you apply for life insurance or disability insurance.

Since your coded genetic and clinical information will be shared by releasing it into scientific databases, there is a risk that others will be able to trace this information back to you or your family. This may impact the ability of you or other family members to obtain life insurance, health insurance, or other products that may take into account the result of these genetic studies. Nobody will be able to know just from looking at a database that the information belongs to you. However, because your

genetic information is unique, there is a small chance that someone could trace the information back to you or close biological relatives. The current risk of this happening is very small, but may grow in the future as new ways of tracing genetic information are developed. Thus, the risk that your privacy would be breached may increase over time. Researchers who access your genetic and clinical information will have a professional obligation to protect your privacy and maintain your confidentiality.

While we believe that the risks to you and your family from participating in this study are low, we are unable to tell you exactly what all of the risks are. We believe that the benefits of learning more about cancer outweigh these potential risks.

Study staff will update you in a timely way on any new information that may affect your decision to stay in the study. There is a small risk for the loss of confidentiality. However, the study personnel will make every effort to minimize these risks.

Potential Benefits

The benefits of participating in this study may be: It is possible that inherited mutations may be discovered in this study that have implications for the treatment of you and/or your family and would not have been found by other standard tests. These may be used by your doctors as part of the clinical care of your child and/or family. However, we do not expect these types of clinically-relevant results to be found in most patients. . However, you may receive no benefit from participating.

Alternatives

The following alternative procedures or treatments are available if you choose not to participate in this study: If you choose not to participate in this study, your doctor may order some similar types of genetic testing outside the study, although the tests are expensive and not all of them are currently routinely available. Your physician would need to order the test and the hospital would need to determine insurance coverage..

Subject Costs and Payments

You will not be asked to pay any costs related to this research.

You will be given $25 after completion of the baseline survey and $10 for completion of each survey at the other three timepoints for a total of $55.

A ClinCard will be used for reimbursement, unless it is not available, in which case, cash or gift card will be used.

Payments will be loaded onto the ClinCard within 48-72 hours of visit completion. You will be able to use Clincard anywhere that accepts MasterCard to make purchases and to obtain cash. First and last name, date of birth, and home address are required for ClinCard set up. A social security number (SSN) is required for tax reporting purposes if compensation is expected to meet or exceed $600 in a calendar year. Your email address and/or cell phone number will be collected in the event you want email or text notification when payments are loaded to your Clincard. Baylor College of Medicine (BCM) and Greenphire (ClinCard Company) have entered into an agreement which requires Greenphire to protect your personal information. If you do not want to provide your SSN, you can still participate in this study and decline payment.

BCM will replace your ClinCard free of charge if your first card is lost or stolen. After that, there is a $7 ClinCard replacement fee. This replacement fee will be charged to the balance on your ClinCard at the time of replacement. Your ClinCard has an expiration date. If your Clincard expires while you are participating in this study, BCM will provide you with a new ClinCard at no cost to you. For a period of three months following your final study visit, you may request replacement of an expired ClinCard at no cost to you.

The research study team will provide you with handouts with more information about using the ClinCard.

The Internal Revenue Service (IRS) considers compensation for the time and travel associated with research participation, income for tax purposes. BCM is required by federal law to report this income to the IRS if the amount of compensation is equal to or greater than $600 for participation in one or more research studies over a calendar year. BCM will use the name and social security number (SSN) provided for ClinCard setup to issue an IRS 1099 Form to you or your parent, guardian or LAR for tax purposes. The name should match the SSN. This income may or may not affect government or public assistance benefit programs (e.g. SSI or TANF) you or your parent, guardian or LAR may be participating in.

This institution does not plan to pay royalties to you if a commercial product is developed from blood or tissue obtained from you during this study.

Research Related Injury

If you are injured as part of your participation in this study, there are no plans to compensate you.

Research personnel will try to reduce, control, and treat any complications from this research. If you are injured because of this study, you will receive medical care that you or your insurance will have to pay for just like any other medical care.

Subject's Rights

Your signature on this consent form means that you have received the information about this study and that you agree to volunteer for this research study.

You will be given a copy of this signed form to keep. You are not giving up any of your rights by signing this form. Even after you have signed this form, you may change your mind at any time. Please contact the study staff if you decide to stop taking part in this study.

If you choose not to take part in the research or if you decide to stop taking part later, your benefits and services will stay the same as before this study was discussed with you. You will not lose these benefits, services, or rights.

The investigator, SHARON PLON, and/or someone he/she appoints in his/her place will try to answer all of your questions. If you have questions or concerns at any time, or if you need to report an injury related to the research, you may speak with a member of the study staff: For Texas Children's Hospital, Vannie Cook Cancer Center, or Children's Hospital of San Antonio, please contact SHARON E PLON at 832-824-4251 during the day. After hours, call (832) 824-2099 and ask to page Dr. Plon or Dr. Parsons.

For Cook Children's of Fort Worth, please contact Dr. Kelly Vallance at 682-885-4007 during the day and at 682-885-4000 after hours.

For University Health System-San Antonio, please contact: Gail Tomlinson, M.D., Ph.D. can be reached at (210) 567-9116 or (210) 275-6507 cell after hours: Shawn Gessay, M.S., C.G.C. at (210) 562-9148; Christine Aguilar, M.P.H. at (210) 562-9123 or (210) 262-2472 cell after hours.

For MD Anderson, please contact Dr. Jonathan Gill at (713) 792-6620 during the day and (713) 792-5173 after hours.

Members of the Institutional Review Board for Baylor College of Medicine and Affiliated Hospitals (IRB) can also answer your questions and concerns about your rights as a research subject. The IRB office number is (713) 798-6970. Call the IRB office if you would like to speak to a person independent of the investigator and research staff for complaints about the research, if you cannot reach the research staff, or if you wish to talk to someone other than the research staff.

National Institutes of Health and the National Cancer Institute may have access to your records for research purposes. Coded information may be provided to the NIH/NCI such as Patient ID, Patient Zip code, Patient country code and Patient Birth date (month/year). However, in the event of an audit

NIH/NCI might have access to more information that is part of your research record.

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Signing this consent form indicates that you have read this consent form (or have had it read to you), that your questions have been answered to your satisfaction, and that you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.

Subject	Date
Investigator or Designee Obtaining Consent	Date
Witness (if applicable)	Date
Translator (if applicable)	Date

Parent ID:_____ Consent Version Date: 12/18/2019