Patient Information Sheet

PATIENT INFORMATION SHEET

RMT Ethics No. 2759
Study title: Timing and Deferral of Rectal Surgery Following a Continued Response to Pre-operative Chemoradiotherapy

We would like to invite you to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends, relatives and your GP if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

Radiotherapy is often necessary during the treatment of rectal cancer. It may be combined with chemotherapy usually in tablet form. This is known as chemoradiotherapy. Your doctors can find out by looking at your MRI scan whether or not they feel you need radiotherapy before your operation to reduce the chances of the tumour coming back near where it will be removed. Surgery usually takes place 6-8 weeks after the end of radiotherapy but there is evidence that some cancers may continue to respond to radiotherapy after this time.

Approximately 1 in 7 of patients have a complete response to chemoradiotherapy where no remaining cancer is seen under the microscope. This means that these patients may not have needed the surgery, as the chemotherapy and radiotherapy had already killed all the cancer cells.

A Brazilian study has been published in which patients who had no visible cancer after chemoradiotherapy had no surgery. Results of this study suggest that it may be safe to delay or avoid surgery, but this needs to be further investigated.

This trial tests the benefits and safety of delaying surgery until the tumour stops reducing in size after Chemoradiotherapy, as well as the safety of avoiding surgery in patients who continue to show no sign of cancer re-growth after treatment. As this is a new approach, we will also carefully assess quality of life issues, including long-term bowel, urinary, and sexual function.

Why am I being invited to take part?

You have a form of cancer known as rectal cancer (the rectum is a tube about 13 cm long above the anus). Your doctors decided that you required chemotherapy and radiotherapy. Now that you have completed these

treatments and your response has been assessed by an examination, and an MRI scan. We believe that you have had an excellent response and may continue to have a further response with time. In this situation, it is

still routine to have surgery at 6-8 weeks after chemoradiotherapy. If you decide to take part in this trial, you will either delay surgery until the cancer stops reducing in size or avoid surgery if the cancer cannot be detected with repeat scans and assessment. You will be closely monitored for 10 years.

Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to change your mind or withdraw at any time and without giving a reason. This will not affect the standard of treatment or care you receive.

What will happen to me if I take part?

You will have to let your doctors keep a very close eye on you for 10 years using examinations, scans and camera tests, to ensure that there is no regrowth of tumour cells, This means a Clinical Oncology out-patient visit every 3 months for the first 2 years, then every 6 months for the next 3 years, then yearly until 10 years have elapsed since completion of chemotherapy and radiotherapy. Travel will be arranged for you if necessary. A blood test will be performed each time you attend clinic. This is called a “CEA", or a “tumour marker”.

You will have a total of 3 CT scans in the first 3 years of follow-up, but no CT’s following this unless the need arises. You will have much larger number of MRI scans over 7 years after completion of chemotherapy and radiotherapy, and also PET scans which looks at cancer activity. We will also refer you for regular camera tests of the rectum with your Surgeon (known as Flexible Sigmoidoscopy). These camera tests will be performed at a 3-monthly basis for the first year, 6-monthly for the next 4 years, and then yearly for a further 3 years.

In the first year following completion of radiotherapy, you will be required to attend monthly MRIs for the first 4 months, and then 3 appointments every 3 months (MRI scan, camera test and clinic visit). As time goes on, these tests become less regular, but we believe that such an intensive programme is required to ensure your safety.

Three PET scans will be performed to monitor how your rectal tumour responds to chemoradiotherapy with time. These will be taken 8 weeks, 16 weeks and one year after chemoradiotherapy finishes. When you come to hospital for your PET scan, you will be given an injection of a small amount of a radioactive drug. It only stays in the body for a few hours. The drug is a radioactive version of glucose, and travels to areas where glucose is used for energy. Tumours above a certain size use more energy than other areas in the body, and so show up on the scan. For a typical healthy 40 year old person, the risk of developing a second cancer due to the radiation exposure from these scans is 1 in 500 per lifetime.

Biopsies have been taken to confirm that you have cancer. Several small studies have shown that some tests can be performed on these biopsies which may give us more information on how the cancer responds to treatment. This is still experimental and would not affect your treatment or follow-up, but the information we obtain may help us to treat patients with a similar condition to your own. This part of the trial is optional, and you can indicate on the consent form whether you agree to this.

There is, of course, a risk to not having surgery, as disease we cannot see may be left behind. However, if at any stage we discover that the tumour remains or that it has re-grown, we will inform you immediately and refer you for urgent surgery, though additional tests may be required. This operation will usually be performed by your own Surgeon, whom you will have been attending regularly. Following this, we will continue your follow-up at the Royal Marsden.

What do I have to do?

You will need to attend your appointments carefully. Your doctors appreciate that this is a complicated and intense follow-up, but we would be happy to help you at any time with appointment queries. We will also give you a diary of your all your appointments.

You will also be required to complete detailed questionnaires during clinic visits to fully assess the impact of chemotherapy and radiotherapy upon your quality of life, and long-term bowel, urinary, and sexual function.

There no specific life style or dietary restrictions. You may drive, drink, or take part in sport. Naturally we would advise discretion in all these areas. Continue to take your regular medication. For advice on any of these matters, please consult your GP, or your doctors at out-patients visits.

What is the drug or procedure that is being tested?

What is being tested is the best time for rectal surgery after chemoradiotherapy, and also the safety of avoiding surgery should the cancer become undetectable with repeat scans and examination afterwards.

Are there other ways of treating my condition?

The course of chemotherapy and radiotherapy you have been recommended is standard treatment in your type of rectal cancer. Surgery on all patients with rectal cancer following chemotherapy and radiotherapy remains standard treatment.

What are the possible side effects?

There are no side effects as you will not be having any further treatment. You will simply be followed up closely to ensure no re-growth of cancer.

What are the possible disadvantages and risks of taking part?

The main risk of taking part in this trial is that there may be cancer left behind which cannot be detected by examination or scans. We hope that with regular follow-up, we may be able to detect any re-growth at an early stage, at which point surgery will be offered immediately.

Future insurance status, e.g. life insurance or private medical insurance, should not be affected by taking part. Before agreeing to take part in the study you should check that any private medical insurance you have will not be affected by you taking part.

Information from this study will be stored on hospital computer until after the trial has completed. It will be protected by password. This information is confidential and will only be available to authorized users.

What are the possible benefits of taking part?

Your doctors hope that surgery will be more successful by waiting until your cancer has responded fully to chemoradiotherapy. In some cases, it is hoped that a stoma may no longer be necessary, although this cannot be guaranteed. If you have no visible cancer detected, avoiding surgery will help you by avoiding certain bladder, bowel, and sexual side-effects. Again, this cannot be guaranteed. The information we get from this study may help us to treat future patients with a condition similar to yours.

What if new information becomes available?

Sometimes during the course of a research project, new information becomes available about the treatment being studied. If this happens, your research doctor will tell you about it and discuss with you whether you want to continue in the study. If you decide to withdraw your research doctor will make arrangements for your care to continue. If you decide to continue in the study you will be asked to sign an updated consent form.

Also, on receiving new information your research doctor might consider it to be in your best interests to withdraw you from the study. He/she will explain the reasons and arrange for your care to continue.

What if something goes wrong?

Your legal rights are not affected by giving your consent to take part in this study.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential. Any information about you which leaves the hospital will have your name and address removed, nor will names and addresses be identified in any report or publication.

Your GP will be notified, with your permission, of your participation in this trial.

What will happen to the results of the research study?

Results of the research will be published in medical journals and presented at Medical conferences. Results are likely to be published after an average of 5 years of follow-up, and again after 10 years. If you would like a summary of the results when available please inform the investigator named below.

Who is organising and funding the research?

This study is being funded internally within the Royal Marsden.

Who has reviewed the study?

This study has been reviewed and approved by the Royal Marsden Committee for Clinical Research and South West London REC 1.

Contact for the Further Information

If you have any queries, please contact the GI Clinical Trials Unit (Tel: 020 8661 3365)

Thank you for considering taking part in this study. Please keep a copy of this information sheet. You will also be given your signed consent form.

Letter to GP

"Timing and Deferral of Rectal Surgery Following a Continued Response to Pre-operative Chemoradiotherapy"

RMT Ethics No. 2759

Date

Dear Dr,

Your patient has been enrolled onto a research trial at the Royal Marsden hospital. This trial tests the safety of deferring surgery in order to achieve maximum tumour response before an operation in patients who have had an excellent response to chemotherapy and radiotherapy, and also avoiding surgery for those patients who continue to show no sign of recurrent disease on serial clinical and radiological investigations. If at any point there is evidence that there is re-growth of the cancer, your patient will be referred urgently for surgery.

All of the modern pre-operative Chemo-Radiotherapy trials for rectal cancer see a percentage of patients that achieve a complete response, ie that do not have any tumour found in the pathology specimen. This may account for 10-25% of patients. With such impressive rates of pathological complete response, there is increasing interest in the possibility of selecting those patients that might achieve complete response, and deferring surgery. One such series has been reported, with encouraging results, suggesting that deferring surgery may be safe in those who continue to have no visible cancer on serial clinical and radiological examinations.

All patients will be followed up in clinic at regular intervals with CEA estimation at each clinic visit. Patients will be followed after completion of all treatment every 3 months for the first 2 years, every 6 months to 5 years, and then annually until 10 years have elapsed. An intensive schedule of MRI, CT-PET, CT and flexible Sigmoidoscopy follow-up has been formulated, such that any evidence of recurrence should be detected and treated swiftly.

Please do not hesitate to contact me with any queries. A copy of the protocol is available on request.

Dr Diana Tait
Clinical Oncologist.
020 8661 3365
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Consent
Study Protocol Number: 2759
Ethics Protocol Number: 06/Q0801/37

Patient Identification No. for this trial:

CONSENT FORM

Title of Project: Timing and Deferral of Rectal Surgery Following a Continued Response to Pre-operative Chemoradiotherapy

Name of Principal Investigator: Dr Diana Tait

Please Tick Box

1. I confirm that I have read and understand the information sheet dated 3/11/09 (version 12) for the above study and that I have had an opportunity to ask questions. I confirm that I understand the lifetime risk of this additional radiation causing a fatal cancer is about 1 in 500 for an average person of 40 years of age in normal health. ☐
2. I agree to have tumour samples which were collected as a part of the normal clinical management ***and blood samples*** stored and used for research purposes ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and my medical care and legal rights will not be affected. ☐
4. I am willing to allow access to my medical records to check that the study is being carried out correctly. I have been assured that strict confidentiality will be maintained. ☐
5. I agree for my GP to be notified of my participation in this study. ☐
6. I agree to participate in the above study. ☐
7. I would/would not like to be informed of the results of this study. ☐

(please delete as appropriate).

_____	_____	_____
Name of Patient	Date	Signature
_____	_____	_____
Name of Person obtaining consent (if different from Principal Investigator)	Date	Signature
_____	_____	_____
Chief Investigator	Date	Signature

1 copy for Patient, 1 for Principal Investigator, 1 for Hospital Notes