

(To be presented on local headed paper)

The RADICALS trial – Hormone Duration Randomisation

Clinical trial of treatment after surgery for prostate cancer

MRC PR10
ISRCTN40814031, NCT00541047

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Dear (Patient's Name),

This patient information sheet is in two parts. **Part A** is a summary of the RADICALS study. **Part B** gives more detailed information on the study and administration issues. Please read both sections before making your final decision.

You have previously had surgery to remove your prostate as treatment for your prostate cancer, and are now due to have radiotherapy to the prostate bed. We would like you to take part in a research study to help us answer the important question:

- How should hormone treatment be used for men having radiotherapy after surgery?

Before you decide, it is important for you to understand why the research is being carried out and what it will involve. Please read the following information carefully and discuss it with anyone else 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.

Where to find more information

If you have any further questions about your disease or clinical trials, please discuss them with your study doctor. You may also find it helpful to contact **Prostate Cancer Support Federation**, a patient led cancer charity covering the UK, (helpline 0845 601 0766; www.prostatecancerfederation.org.uk), **CancerBACKUP**, an independent patient advisory group (freephone: 0808 800 1234; address: 3 Bath Place, Rivington Street, London, EC2A 3DR; web site www.cancerbackup.org.uk) and **The Prostate Cancer Charity** (telephone: 0845 300 8383; address: The Prostate Cancer Charity, 3 Angel Walk, London W6 9HX; web site <http://www.prostate-cancer.org.uk/>)

Contact for Further Information

For further information about the trial please contact:
(Centre to add name and telephone number for a local contact: This can be a doctor and/or nurse involved in the study locally. Out of hours contact information should also be given).

PART A

A1. What is the purpose of the study?

The study will answer important questions for men like you who have had surgery for prostate cancer, and are now due to have radiotherapy. We would like you to help us find out which is the best way to use hormone treatment in men having radiotherapy after surgery for prostate cancer.

Some doctors use hormone treatment with the radiotherapy but other doctors do not. We want to find out which is the better approach.

A2. Why am I being invited?

You are being invited because you have previously had surgery for prostate cancer and are now due to have radiotherapy.

A3. Do I have to take part?

No. The RADICALS study will involve about 3000 men like you from UK, Canada, Denmark and Ireland who are being treated for prostate cancer. It is up to you to decide whether or not to take part. We will describe the study and go through this information sheet, which we will then give to you. If you do decide to take part you will be asked to sign a consent form to show you have agreed to take part. It is important that you know you are still free to withdraw at any time and without giving a reason. If you decide to withdraw at any time, or decide not to take part now, this will not affect the standard of care that you receive from the doctors and nurses here.

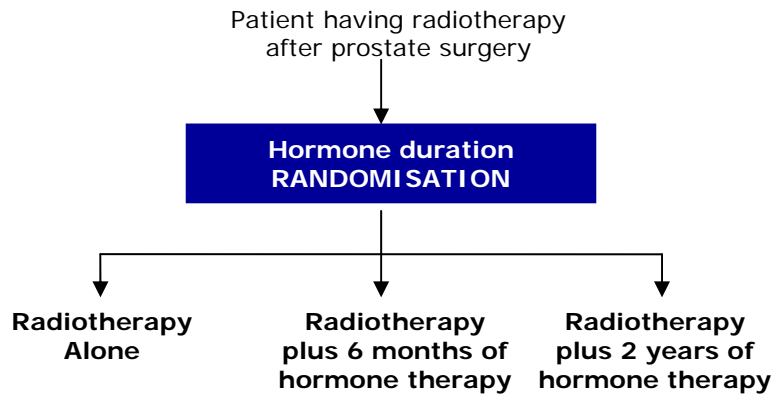
A4. What happens in the study?

When radiotherapy is used after surgery for prostate cancer, it can be given with or without hormone treatment. RADICALS will compare these approaches. As you are about to have radiotherapy, we would like you to join this study. If you agree to take part, you would be allocated to one of these three treatments:

- either radiotherapy alone
- or radiotherapy plus 6 months hormone treatment
- or radiotherapy plus 2 years hormone treatment

We are not sure which way of treating patients is best so we need to make a comparison. An important part of making a fair comparison is "random allocation". Men who choose to join the study are put into groups by a computer and each group is given one of these three study treatments. The results are compared to see if one treatment is better. You have an equal chance of receiving each of the treatments. Allocating treatments this way means that the groups of men receiving the three treatments should be similar and the comparison fair. Figure 1 shows a diagram of this comparison.

Figure 1. Hormone Duration Comparison



After discussion with your doctor, you may decide to be allocated between only two of the three treatments. For example, you may choose to join the comparison of no hormone treatment and shorter hormone treatment (Figure 2) or you may choose to join the comparison of shorter hormone treatment and longer hormone treatment (Figure 3).

Figure 2. Hormone Duration Comparison – Two-way allocation only

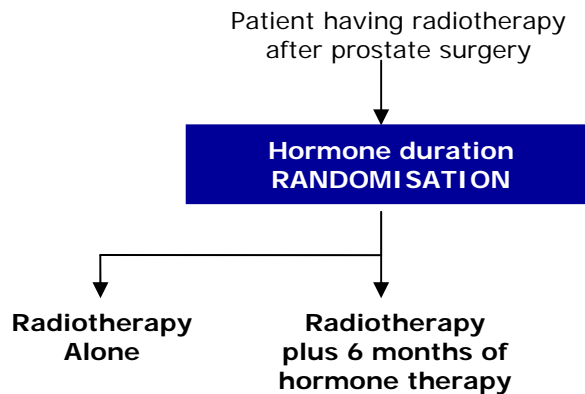
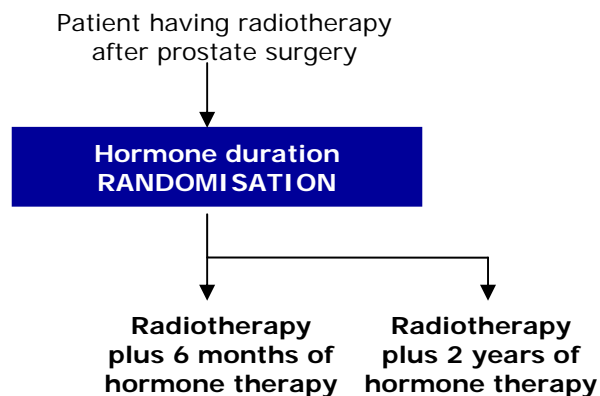


Figure 3. Hormone Duration Comparison – Two-way allocation only



A5. What does the radiotherapy involve?

Radiotherapy involves treatment with x-rays. It does not make you radioactive. A week or two before radiotherapy, you will have a CT scan of the pelvis to assist with planning the treatment. Radiotherapy is given daily, 5 days a week for between 4 and 6 ½ weeks. Each day, the treatment lasts 5 to 10 minutes, is painless, and does not affect your ability to drive. There is published evidence that shows that radiotherapy to the prostate area after prostatectomy is well tolerated with minimal side effects. You might find travelling for radiotherapy tiring in addition to any effects of the treatment itself.

A6. What does hormone treatment involve?

Hormone treatment may be given either by tablets or by injections under the skin. Typically, men receive a 3 week course of tablets (known as anti-androgens) initially, and then injections (such as Zoladex or Prostav), given either monthly or 3-monthly. The first injection is given during the initial 3 week course of tablets. The injections are usually given under the skin of the abdomen, and can be uncomfortable and lead to some bruising. Hormone treatment is sometimes given using an anti-androgen tablets alone (called bicalutamide or Casodex).

A7. What are the side-effects of any treatment received when taking part?

All treatments can have unwanted effects (side-effects). The main side-effects of these treatments are listed below. Leaflets are available which describe radiotherapy and hormone treatment in more detail. Please ask your study doctor if you would like more information.

A7a. Side-effects of radiotherapy

Side-effects which may occur during or after the treatment with radiotherapy include:

- loose or frequent bowel movements
- discomfort in the back passage
- loss of pubic hair
- tiredness
- reddening of the skin in the treated area

These side effects are common, but are typically mild and settle down within a few weeks after the end of radiotherapy.

There is also a risk of long-term side-effects from radiotherapy, which include:

- loss of the ability to have an erection (impotence)
- change in bowel habit, such as an increase in frequency or urgency of bowel movements
- bleeding from the bowel

Impotence is a common late side-effect of treatment, but significant, long-term side-effects on the bowel are unusual (about 1 in 20).

A7b. Side effects of hormone treatment

The effect of the injections is to lower the levels of the male hormone (testosterone), which can lead to side-effects including:

- loss of sexual interest
- tiredness
- hot flushes
- weight gain
- low mood

Testosterone levels return to normal after stopping the injections, and these side-effects are reversible. Hormone treatment is sometimes given using just anti-androgen tablets (bicalutamide or Casodex). One advantage of this approach is that sexual function may be retained, but painful swelling of the breasts is a common side-effect. A dose of radiotherapy is often given to the breasts to prevent this.

A8. What are the other possible disadvantages and risks of taking part?

No other disadvantages or risks are expected.

A9. What are the possible benefits of taking part?

The use of hormone therapy might improve the outcome of radiotherapy. We cannot promise the study will help you personally. The information we get should help improve the treatment of other patients like you with prostate cancer in the future.

A10. What would happen to me if I took part?

If you join the study, you would follow one of the treatment approaches described above. You would be asked to visit the hospital and have blood tests (PSA measurements) just as if you were not in the study.

A11. What do I have to do?

All men who take part in the RADICALS study will have a follow up appointment every 4 months for 2 years, then every 6 months up to 5 years then annually after 5 years. This is just the same as if you did not join the study. At each follow-up appointment with your study doctor, you will have standard medical tests which include a PSA test.

This is the end of **Part A**. If you have any questions about anything you have read, ask your study doctor or nurse.

Part B has more specific information about the study. Please make sure you read **Part B**, too, before deciding if you want to take part in the study.

PART B

B1. Who is organising and funding the research?

The RADICALS study is organised by the Medical Research Council and funded in the UK by Cancer Research UK on behalf of the National Cancer Research Institute. The doctors conducting the research are not being paid for including you or any other patients in the study.

B2. What are the alternatives for treatment?

If you choose not to join the trial, your doctor will discuss standard care with you. Your doctor is already planning radiotherapy with you. Some doctors use hormone treatment with post-operative radiotherapy, others do not.

B3. What happens when the research study stops?

Once the study treatment has finished, you will be assessed and treated according to standard practice at your hospital for men with prostate cancer.

If for any reason the research study stops or the treatment programme needs to be changed, the reasons will be explained. Arrangements will be made for you to continue treatment according to the best available information at the time.

B4. What if relevant new information becomes available?

Sometimes during the course of a research study, new information becomes available about the treatment that is being studied. If this happens, your study doctor will tell you about it and discuss with you whether you want to continue in the study. If you decide to leave the study, your study doctor will make arrangements for your treatment to continue according to the best available information at the time.

It is also possible that on receiving new information about treatment your study doctor might consider it to be in your best interest to withdraw from the study. He/she will explain the reasons and arrange for your care to continue.

B5. What will happen if I don't want to carry on with the study?

You can withdraw from treatment but keep in contact with us to let us know your progress. Information collected may still be used; this is important for the integrity of the study.

B6. What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to your study doctor who will do their best to answer your questions (see contact number on this sheet). If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure (or Private Institution). Details can be obtained from the hospital. If you are harmed as a result of your participation in this study due to someone's negligence, then you may have grounds for legal action but you may have to pay your legal costs. Your hospital

continues to have a duty of care to you as a patient being treated within the hospital whether in a study or not. If you are harmed as result of your participation in this study, and this is not due to negligence, the Medical Research Council, who are managing this study, would sympathetically consider any claim for compensation.

B7. Will there be expenses and payments?

You will not be paid for taking part in this study. The follow-up visits are just the same as for routine care so travel expenses are not available. Your doctor and your hospital will not be paid anything extra if you join.

If you will be having radiotherapy, you may have to travel to another hospital to receive the radiotherapy as your hospital may not have the facilities to give radiotherapy. If you do not join the trial but do still have radiotherapy, you may still have to travel to another hospital to receive radiotherapy.

If you are allocated to receive radiotherapy now, you will need to travel for treatment more or less straight away whereas if you are allocated to receive radiotherapy if your PSA level starts to rise, it may be some time before you have to start to travel.

Transport arrangements to travel to receive radiotherapy will not be affected by the study whether private or hospital transport is used. There will be no reimbursement of costs incurred.

B8. Will my taking part in this study be kept confidential?

If you decide to participate in the RADICALS study, information about you will be passed to the Medical Research Council Clinical Trials Unit (MRC CTU) who are co-ordinating the study. Occasionally staff from the MRC CTU or regulatory authorities will need to visit the hospital to review your notes to check that the information being provided is correct. Your GP, and the other doctors involved in your care, will be kept fully informed, but otherwise all information about you and your treatment will remain completely confidential. We will link with your details at the National Health Service Central Register (NHSCR), so we can check your health status in the event that you lose touch with your hospital study doctor or in the longer term. We need to keep your name and address and NHS number on file but will keep it separately from other data about you. The MRC CTU is registered under the Data Protection Act to hold such information on a confidential basis. All of the people who may see your information have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

B9. What will happen to any samples I give?

When you have had surgery, specimens from your cancer will be stored in the hospital pathology laboratory. If you take part in the RADICALS study, we would like to ask your permission to retrieve some of that stored material in the future, for prostate cancer research. This research will be based in UK and would only be carried out after review by an independent research ethics committee. It involves extracting DNA or other chemicals from the tumour to see whether it is possible to predict which patients will benefit most from each treatment. These samples would be considered as a gift and no personal results from genetic tests or studies could be provided to you.

B10. What will happen to the results of the research study?

It is likely that the results of the RADICALS study will take over 12 years from the start of the study to be reported. This is because we need long-term follow-up information. The results will be published in a medical journal and presented at clinical conferences. You will not be identified in any report or publication. The results are important as they will answer several questions for doctors looking after men like you. This will improve the treatment for men in the future. Men in the past have taken part in research into the best treatments you are receiving now.

B11. Who has reviewed the study?

All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your safety, rights, well-being and dignity. This study has been reviewed and given favourable opinion for the UK by the Royal Free Hospital and Medical School Research Ethics Committee.

This is the end of **Part B**. Thank you for taking the time to consider taking part in the RADICALS study. You will be given a copy of the information sheet and a signed consent form to keep.

If you have any further questions please ask your study doctor or nurse. They will be able to answer your questions and let you know where to find further information.