

(To be presented on local headed paper)

The RADICALS trial – Radiotherapy Timing 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 had surgery to remove your prostate as treatment for your prostate cancer. We would like you to take part in a research study to help us answer the important question:

- When should radiotherapy be used 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. We would like you to help us find out when radiotherapy should be used after surgery for prostate cancer.

Radiotherapy is often used in combination with surgery in other types of cancer. This is because it is often better for patients than using surgery alone. In prostate cancer, surgery alone is a standard approach, and we want to know if adding radiotherapy would be better.

A2. Why am I being invited?

You are being invited because you have recently had surgery for prostate cancer.

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.

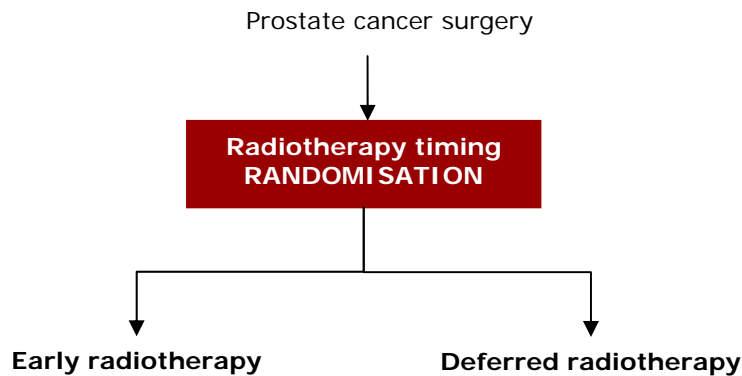
A4. What happens in the study?

Radiotherapy may be used after surgery for prostate cancer at one of two different times: It may either be used within a few months after surgery to reduce the risk of cancer recurrence in the future or, alternatively, it may be used later to treat recurrent disease if it occurs. RADICALS will compare these two approaches. If you agree to take part, you would be allocated to one of these two approaches:

- Early radiotherapy (3 to 6 months after surgery)
- Deferred radiotherapy (only if your PSA (Prostate Specific Antigen) level starts to rise)

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 two study treatments. The results are compared to see if one treatment is better. You have an equal chance of receiving either treatment. Allocating treatments this way means that the groups of men receiving each of the two treatments should be similar and the comparison fair. Figure 1 shows a diagram of this comparison.

Figure 1. Radiotherapy Timing Comparison



A5. What does 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 surgery 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 deferred radiotherapy involve?

If you are allocated to deferred radiotherapy, you will have regular blood tests to monitor your PSA levels. If these regular tests show that your PSA levels are rising, you will then be treated with radiotherapy.

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

All treatments can have unwanted effects (side-effects). Leaflets are available which describe radiotherapy in more detail. Please ask your study doctor if you would like more information. The main side-effects which may occur during or after the radiotherapy treatment 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).

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?

Using radiotherapy routinely after surgery might reduce the risk of the cancer coming back. 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. Your care and follow-up at the hospital (including blood tests for PSA measurements) in the study may continue for 10 years or more but this is just like standard care.

If you have radiotherapy during the trial, you may be asked to join up with an additional, optional part of the trial which is looking at using hormone therapy. Your study doctor would tell you more about this at the time.

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.

We would also like you to complete a questionnaire with about 50 questions. We will use these answers to learn how treatment affects your quality of life. You will be asked to complete the questionnaire four times: before you join the study, one year after joining the study, then at 5 years and 10 years.

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. Some doctors use early radiotherapy and others use deferred radiotherapy.

When radiotherapy is used after surgery for prostate cancer, it can be given with or without hormone therapy. Another part of the RADICALS trial (the Hormone Duration Comparison) will compare these two approaches. If and when you have radiotherapy, and if your doctor thinks it is appropriate, you might be asked to consider taking part in the optional Hormone Duration Comparison as well which looks at whether hormone therapy should also be used with the radiotherapy.

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.