Participant Information Sheet and Consent Form

Interventional Study - *Adult providing own consent*

Title	Phase Ib/II Study of Intra-Arterial Liver Isolation Chemotherapy in Patients with Hepatic Metastases from Colorectal Cancer
Short Title	SYS-CAPLIOX
Protocol Number	AV-LIVPIBII-01
Project Sponsor	AllVascular Pty Ltd
Study Chair	Professor Nick Pavlakis
Principal Investigator(s)	*Site to complete*
Location	*Site Name*

Part 1 What does my participation involve?

1. Introduction

You are invited to take part in this research project. This is because you have liver metastases from colorectal adenocarcinoma. The research project is testing a potential new treatment for liver metastases from colorectal adenocarcinoma. The new treatment is called SYS-CAPLIOX.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the tests and treatments involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or your local doctor.

Participation in this research is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether or not you take part.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research project
- Consent to have the tests and treatments that are described
- Consent to the use of your personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

2. What is the purpose of this research?

2.1 Aim of the study and its significance

The aim of this study is to assess the efficacy of delivering chemotherapy treatment through the arteries directly to the liver, bypassing the main blood supply throughout the body. The delivery method is called liver isolation chemotherapy and is being investigated in this study to determine if it can be used to treat liver metastases from colorectal cancer. The medical device being tested is called the AVAS, and will be used to get access to your arteries in order to allow administration of the chemotherapy directly to your liver.

The chemotherapy is oxaliplatin which is an approved treatment for liver metastases from colorectal cancer. It has been tested but not approved for delivery through arteries via the liver isolation chemotherapy method. In addition, capecitabine will be taken orally.

This study is designed to help decide whether a larger clinical trial is warranted.

2.2 Contribution towards future care, education or research

The project will provide information about the feasibility and safety and effects of repeated dosing of chemotherapy delivered through the arteries directly to target organs like the liver and other solid cancers (called intra-arterial isolation chemotherapy).

Additionally, the knowledge gained from this project will help guide future treatment of patients with solid tumours.

2.3 Relevant Background Knowledge

The safety of delivering chemotherapy treatment through the arteries directly to the liver was assessed in a pilot study on ten patients using the model before the AVAS medical device called the Peripheral Access Device (PAD). The chemotherapy and the device were identical to what is being used in this clinical trial. The PAD is the first model of the AVAS device used in this clinical trial.

In the pilot study, there were two observed side effects that were related to the PAD. The first side effect was a patient who experienced a temporary tear in the inside layer of the blood vessel due to a catheter not being introduced through the PAD. A second patient had a blood vessel perforate from having small blood vessels. The experience and knowledge from these events have been used to develop the eligibility criteria for this trial and the clinician training to significantly reduce the likelihood of such events.

2.4 Current Registration Status of Drugs/Devices used in the Research

Medications, drugs and devices have to be approved for use by the Australian regulatory authorities called the Therapeutic Goods Administration.

Capecitabine is approved in Australia to treat liver metastases from colorectal adenocarcinomas.

Intra-arterial hepatic isolation chemotherapy is an experimental treatment. This means that it is not an approved treatment for liver metastases from colorectal cancer in Australia. Oxaliplatin is approved in Australia given intravenously to treat liver metastases from colorectal adenocarcinomas. However, it is not approved for administration through arteries. Therefore, it is an experimental route of delivery for liver metastases caused by colorectal adenocarcinomas. This means that oxaliplatin must be tested to see if it is an effective treatment for liver metastases from colorectal adenocarcinomas when given through the arteries rather than through the veins.

The AVAS is a medical device that has been approved for use and sale in the European Union as a vascular system implantable for up to 29 days. Approval for use and sale of the AVAS as an implantable vascular access system in Australia is currently under assessment by the Therapeutic Goods Administration. The use of the AVAS in this study for an implantation period of up to 2 months will be experimental.

2.5 Research Fund and Sponsorship

This research has been funded by the New South Wales Medical Device Fund.

This research is being conducted by AllVascular Pty Ltd and sponsored in Australia by AllVascular Pty Ltd.

3. What does participation in this research involve?

3.1 Patient Consent

There will be two patient cohorts enrolled on the trial, cohort 1 and cohort 2.

Cohort 1 will enrol patients who are on first line treatment for inoperable liver metastases from colorectal cancer.

Cohort 2 will enrol patients who have completed prior treatment and are seeking an additional treatment option for their inoperable liver metastases from colorectal cancer.

If you belong to cohort 1, at the start of your first-line chemotherapy course, your oncologist informed you that you may be a potential candidate for this study halfway through and to be considered for the trial, if you were also being treated with a monoclonal antibody, such as bevacizumab, this treatment would need to be stopped for a period of 4 weeks prior to starting study treatment. You agreed to this recommendation, signed a short summary consent form, and this discussion was documented in your medical record.
Once you then reach the halfway point of your first-line chemotherapy course, you will have a computed tomography (CT) scan as part of the routine standard of care. Your oncologist may inform you that you are a potential candidate for this study if your scan results show a response or stable disease. At this point, the experimental nature of the study treatment as well as the details of the treatment will be explained to you by your oncologist. If you want to take part in the research project, you will be required to consent to the study to undergo further assessments to determine your eligibility before you can be enrolled to receive the study treatment.

If you belong to cohort 2, your oncologist will inform you that you may be a potential candidate for this study after receiving standard of care or other treatment for your liver metastases from colorectal adenocarcinoma. You will have a computed tomography (CT) scan to confirm the status of your disease and liver metastases, and the experimental nature of the study treatment as well as the details of the treatment will be explained to you by your oncologist. If you want to take part in the research project, you will be required to consent to the study to undergo further assessments to determine your eligibility before you can be enrolled to receive the study treatment.

3.2 Screening for Eligibility

The screening process will take no more than 2 weeks. As part of the screening process, you will be:

- Referred to have a computed tomography angiogram (CTA),
- Referred to a vascular surgeon for a consultation, physical examination, and possibly an ultrasound scan,
- Referred for another blood test if the latest test results during your chemotherapy plan did not have certain tests required to assess your eligibility for this study, and
- Referred for a standard 12-Lead Electrocardiogram (ECG) to check your general heart rate and rhythm.

The trial study co-ordinator and your oncologist will record your medical history, cancer management history, prescribed medications, and any allergies you may have. Your oncologist will assess this information, the results of your CT scan, and your blood tests to determine whether you are eligible for participation in the study. PET data from your CT scan will also be collected if available.

An interventional radiologist will assess your CTA and your CT scans to determine whether you are eligible for participation in the study.

A vascular surgeon will assess your CTA, physical examination, ultrasound imaging (if any), ECG, and your blood tests to determine whether you are eligible for the study.

3.3 Clinical Trial Design

This is an open-label study. This means that if you consent to participate and are assessed as eligible for the study treatment and enrolled, you will receive the study treatment.

3.4 Procedures

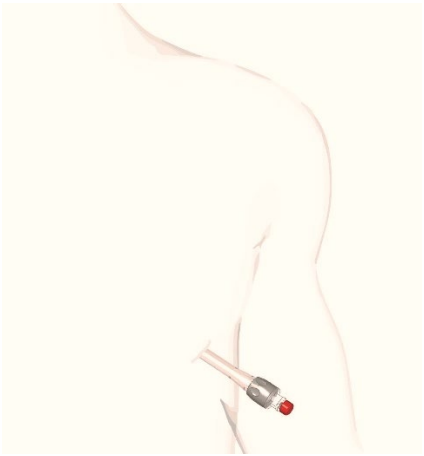
3.4.1 Implantation (Day 1)

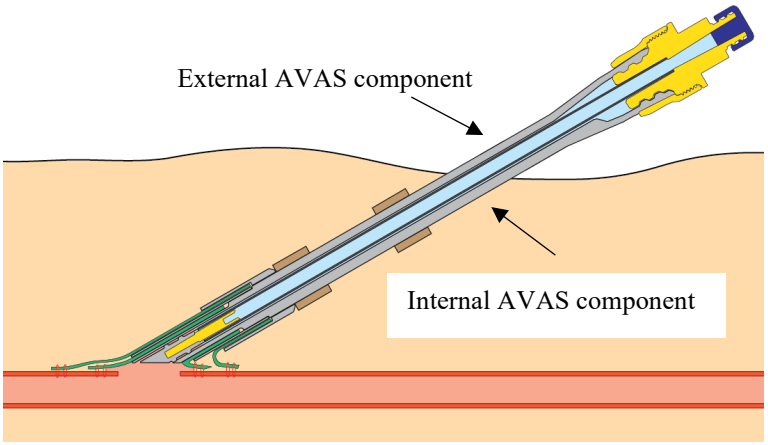
Within 2 weeks of all screening tests being completed, the AVAS device will be implanted. The implant will have an external opening that will be sutured into place and securely closed when not being used for chemotherapy infusions. You will be admitted to the study site hospital as the AVAS is surgically implanted in the operating room (OR) under general anaesthetic (GA). In accordance with the manufacturer's Instructions-For-Use (IFU), the AVAS will be preferably implanted in an artery in the upper chest region. Alternatively, it will be implanted in the common femoral artery which is in the upper thigh. The

implantation procedure generally takes 2 hours. A Product Specialist from the Sponsor, AllVascular, will be present during your implantation to provide any required guidance.

After the implantation, the surgical wound will be dressed by the nursing staff and you will be given anticoagulant medication to prevent clots. You will be monitored overnight and all being well, discharged the next day.

Before discharge, you will be shown how to care for and dress the wound by trained nursing staff or a study doctor. A diagram of the implanted AVAS device prior to dressings being applied have been provided for your reference.





3.4.2 Intra-arterial Chemotherapy Infusions

The treatment period will last up to 2 months during which you will receive between 5 and 7 chemotherapy infusions of oxaliplatin. The duration of treatment and the exact number of infusions will depend on your tolerance of the drug and the assessment of your treatment progress by your study doctor. A Product Specialist from the Sponsor, AllVascular, will be present during each chemotherapy infusion to provide any required guidance.

For each scheduled session, you will be admitted to the angiography suite or operating theatre and the chemotherapy infusion will be administered by a radiologist. You will get this treatment under general anaesthetic. During the procedure, three small balloon catheters will be inserted through the AVAS device and once in place, will be inflated to temporarily stop blood flow to the liver. The inflated balloons will be in place for approximately 20 minutes during which the oxaliplatin will be infused directly into your liver and tumour(s) via one of the balloon catheters in place. All balloon catheters will then be removed from the AVAS. While the entire infusion procedure usually takes 2 hours, the duration of the on-site visit, which also includes sedation and waking up from the sedated state, can take up to 12 hours. If you are the first participant, the starting dose of oxaliplatin will be 50mg/m^2 which is the dose level used in the pilot study where safety and tolerance was proven. Three participants will start on this dose level. Subsequent participants will receive an additional 10 mg/m^2 to that of the previous participants until an optimal dose (maximum dose tolerated by participant) has been determined. If you are enrolled after this period, you will be administered with the optimal dose as the starting

dose but this dose may be modified throughout the course of the treatment depending on your tolerance.

After the first infusion procedure, you may be required to stay overnight for monitoring. From the second infusion onwards, provided you are well enough, your study doctor may give permission for you to be discharged and allowed to go home on the same day.

A maximum of 2 infusion sessions are permitted per week. Furthermore, there will be at least 2 full days of rest period between consecutive infusions.

3.4.3 Explantation (removal of the device)

After the final infusion session, the device will be surgically removed (explanted) either immediately on the same day, or at a later time depending on the availability of operating rooms and your health. The surgical removal of the device takes approximately 70 minutes and will be removed under GA. A Product Specialist from the Sponsor, AllVascular, will be present during your explantation to provide any required guidance. You will be monitored overnight and discharged the next day.

3.4 Follow-up

4 weeks following the AVAS explantation, a PET-CT scan will be performed to assess your tumour response to the study treatment. An additional CT scan, 8 weeks following the AVAS explantation will be conducted to assess how your disease is continuing to fare. Subsequent follow-up visits will follow standard care as decided by your oncologist. These follow-up visits may include CT scans of the tumour to assess response, blood tests and quality of life questionnaires. The quality of life questionnaire is a short questionnaire that will take about 20 minutes to complete. Information for this study will continue to be collected for 2 years after the AVAS explant.

After the 4 week follow-up visit and after the PET-CT scan has been performed, you will return to your referring medical oncologist and to be treated and managed as per the standard of care. Clinical data and other information from your management plan will be collected in order to help evaluate the benefit of the study treatment. By signing this consent form you are agreeing to the collection of this information. If you do not want this information to be collected by the study team, you should notify the trial study co-ordinator or your oncologist.

Table 1 summarises the planned schedule

Table 1 – Schedule of Assessments

Schedule of Assessments		Screening (2 weeks ± 5 days	Treatment Phase									Follow-up Phase		
			AVAS Implantation (within 1 week from confirming eligibility)			LIOX Treatments (5-7 treatments)			AVAS Explantation (max 2 months from implantation)			4 weeks (± 2 days) from AVAS explantation	8 weeks (± 2 days) from AVAS explantation	2 years from AVAS explantation[g]
			Admission	Procedure	Discharge	Admission	Procedure	Discharge	Admission	Procedure	Discharge			
Imaging	CT-Angiogram (Chest & Liver)	X												
	PET/CT scan	X[a]										X	X[f]	
Haematology	Full blood count	X	X			X			X			X		
	Electrolytes, urea, creatinine, chemistry	X	X			X			X			X		
	Liver function tests	X	X			X			X			X		
	Lipids	X	X			X			X			X		
	Tumour markers: CEA, CA19-9	X	X			X			X			X		
	Coagulation: INR	X	X[c]									X		
Pregnancy Test		X[b]												
12-Lead Electrocardiogram		X												
Physical Examination & Vitals		X				X		X[e]				X		
QoL Questionnaire		X				X[d]						X		
Disease/Patient Status														X

[a] *CT scan prior to patient's commencement of FOLFOX/XELOX (i.e., baseline scan) and CT scan halfway into their FOLFOX/XELOX regimen to be assessed by site's interventional radiologist as per RECIST 1.1 against inclusion/exclusion criteria. PET component at screening is optional;*

[b] *Urine pregnancy test is required in women of childbearing potential (WOCBP) prior to AVAS implantation. If the urine test cannot be confirmed negative, a serum pregnancy test will be required*

[c] *can be omitted if result available in last 2 weeks*

[d] *only at 3rd LIOX treatment* [e]

[e] *limb observations only*

[f] *CT scan only. PET component not required*

[g] *quarterly follow ups during first year, 6 monthly follow ups during second year*

3.5 Test Sample Acquirement

Blood samples are taken during screening, before every infusion session and at every follow-up assessment as required by standard care.

The only blood test that is required by the study over and above the usual standard of care tests, is a blood sample to test for a protein called CEA which is an indicator of response to the treatment. This test is required prior to every infusion and at each follow-up visit until a new treatment is started, or for 2 years after the AVAS explant, whichever comes first.

3.6 Additional Costs

There are no additional costs associated with participating in this research project, nor will you be paid. All medication, tests and medical care required as part of the research project will be provided to you free of charge.

3.7 Reimbursement

You will be reimbursed for any reasonable travel and parking associated with the research project visit.

3.8 Communication with Regular Doctor

If you decide to participate in this research project, the study doctor will inform your regular doctor.

4. What do I have to do?

4.1 Lifestyle Restrictions

There are responsibilities and commitments you have to make to ensure you stay safe from undesired hazards during the treatment.

After the AVAS is implanted/explanted, you should protect the implant/explant site from contact with water for at least 1 day after the respective surgical procedures. Study staff will provide you with instructions on how to properly shower/bath while the device is implanted.

While the AVAS is implanted, you should limit vigorous physical activities, such as running, lifting heavy objects, loading weights. You should not participate in any water related activities like swimming.

You should attempt to avoid sleeping on top of the AVAS as much as possible (for example, if it is implanted in the chest area, do not sleep on your stomach).

Avoid pulling the AVAS at all times.

If there are signs of any undesired events, such as infection, excessive oozing from the wound site or continuous pain at the wound site, you should contact your study doctor.

5. Other relevant information about the research project

There is one principal investigator and other research associates involved in this research project. The investigators are from a number of specialities, including vascular surgeons, oncologists and interventional radiologists, working in collaboration for the purpose of this research. There will be up to 50 participants enrolled in each cohort on this clinical trial. \

6. Do I have to take part in this research project?

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your routine treatment, your relationship with those treating you or your relationship with the institutions taking part in this research project.

7. What are the alternatives to participation?

You do not have to take part in this research project to receive treatment at this hospital. Your study doctor will discuss these options with you before you decide whether or not to take part in this research project. You can also discuss the options with your regular doctor.

8. What are the possible benefits of taking part?

We cannot guarantee or promise that you will receive any benefits from this research; however, possible benefits may include an increased uptake of the chemotherapy drugs by the target tumours and this method of isolation may reduce side effects of the chemotherapy drugs.

However, there may also be no direct benefit to you from your participation in this study.

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

Medical treatments often cause side effects. You may have none, some or all of the effects listed below, and they may be mild, moderate or severe. If you have any of these side effects, or are worried about them, talk with your study doctor. Your study doctor will also be looking out for side effects.

There may be side effects that the researchers do not expect or do not know about and that may be serious. Tell your study doctor immediately about any new or unusual symptoms that you get.

Many side effects go away shortly after treatment ends. However, sometimes side effects can be serious, long lasting or permanent. If a severe side effect or reaction occurs, your study doctor may need to stop your treatment. Your study doctor will discuss the best way of managing any side effects with you.

The lists below summarise the anticipated side effects that you may experience through the course of the study treatment. The symptoms of each side effect may be mild, moderate or severe. If you have any of the introduced side effects, or are worried about them, talk with your study doctor. Your study doctor will also be looking out for side effects.

Possible side effects of the AVAS implant, plus the implantation and explantation procedure:

- Blood loss / Bleeding;
- Vessel blockage – clot/air/foreign body;
- Unintended perforation of blood vessels;
- Unintended leakage between blood vessels and surrounding soft tissue;
- Intimal hyperplasia (vessel narrowing) at implantation site;
- Discomfort, haematoma (bruising), seroma (excess fluid) at wound sites and in tissue around implant;
- Infection at (also applicable after the device has been explanted);
- Infection at the device exit site (groin/pectoral)
- Neurological incidents including stroke (rare);
- Death (rare).

Possible effects of liver isolation chemotherapy method:

- Vascular trauma or damage caused by catheters used in procedure, including:
    - Vessel perforation;
    - Temporary or permanent narrowing or blockage of the vessel;
- Side-effects related to general anaesthesia;
- Side-effects / toxicity related to oxaliplatin
- Permanent damage to the liver caused by restriction of the blood flow;
- Vessel blockage – clot/air;
- Blood loss;
- Inability to access the site;

Possible effects of the administration with oxaliplatin

Type	Description	Likelihood
Gastrointestinal	Diarrhoea, nausea, vomiting, inflammation of the stomach, loss of appetite, abdominal pain, inflammation of mucous lining of the gut and intestine, dehydration, painful blockage of the intestine, low potassium, production of excessive acid in the body which in severe untreated cases can lead to coma or death, constipation	Very common (more than 1 in 10)
	Bleeding in stomach or intestine	Common (1 in 10)
	Inflammation of the colon (large intestine)	Rare (1 in 10,000)
Haematological	Blood effects: reduced red cells, white cells and platelets which lead to increased susceptibility to a range of conditions including anaemia, infection and bleeding	Very common (more than 1 in 10)
Hepatobiliary	Raised liver function blood test results indicating reduced liver function	Very common

Type	Description	Likelihood
		(more than 1 in 10)
	Liver injury due to exposure to drug also known as sinusoidal obstruction syndrome	Very rare (1 in 10,000)
Hypersensitivity	Skin rash, eye infection, runny nose	Very common (more than 1 in 10)
Immune system	Infections, fever, feeling of cold and shivering with increase in body temperature, fatigue, weakness and lack of energy	Very common (more than 1 in 10)
	Fever because of infection often associated with a low neutrophil (one of the white blood cells) count	Very common (more than 1 in 10)
	Blood disorder caused by the body destroying its own red blood cells resulting in fatigue, headache, shortness of breath and rapid heartbeat. Blood disorder causing destruction of platelets and resulting in reduced clotting ability, causing susceptibility to bleeding	Rare (1 in 1,000)
Musculoskeletal	Back pain, pain in the joints	Very common (more than 1 in 10)
Neurological	Damage to the nerves that supply the extremities of the body and that leads to numbness, reduced ability to feel extreme temperatures, associated with pain and tingling Unpleasant and metallic taste in the mouth	Very common (more than 1 in 10)
	Abnormal sensation in the mouth and throat, jaw spasm, abnormal tongue sensation, feeling of chest pressure	Common (1 in 10)
	Difficulty in talking, Reversible posterior leukoencephalopathy syndrome (RPLS) which is associated with headache, confusion, seizures and visual loss, nose bleeds	Rare (1 in 1,000)
Renal	Altered kidney function	Common (1 in 10)
	Kidney damage	Very rare (1 in 10,000)
Respiratory	Coughing	Very common (more than 1 in 10)
	Hiccups	Common (1 in 10)
	disease lung condition causing cough and weight loss Thickening of lung tissue causing shortness of breath, cough, fatigue, weight loss, pains in the muscles and joints	Rare (1 in 1,000)
	Thickening of lung tissue causing shortness of breath, cough, fatigue, weight loss, pains in the muscles and joints	Very rare (1 in 10,000)
Sensory	Toxic changes in the ears	Uncommon (1 in 100)

Type	Description	Likelihood
	Deafness, inflammation of the optic nerve of the eye, loss of vision, visual field disturbances, temporary vision loss	Rare (1 in 1,000)
Skin	Loss of hair on the body and head, rash	Common (1 in 10)
Vascular	Nose bleeds	Very common (more than 1 in 10)
	Deep vein thrombosis (clots deep below the skin, often in the legs), formation of a clot that breaks loose and is carried in the blood to cause an obstruction in another blood vessel, raised or lowered blood pressure	Common (1 in 10)

9.1 Effects on Reproductive System

The effects of this treatment delivered through an AVAS device on an unborn child and on a newborn baby are not known. Because of this, if you are a woman, it is important that you are not pregnant or breast-feeding and do not become pregnant during the course of the research project. You must not participate in the research if you are pregnant or trying to become pregnant, or breast-feeding. If you are female and child-bearing is a possibility, you will be required to undergo a pregnancy test prior to commencing the research project. If you are male, you should not father a child or donate sperm for at least 6 months after device explantation.

Both male and female participants are strongly advised to use effective contraception during the course of the research and for a period of 6 months after explantation. You should discuss methods of effective contraception with your study doctor.

If you do become pregnant whilst participating in the research project, you should advise your study doctor immediately. Your study doctor will withdraw you from the research project and advise on further medical attention should this be necessary. **You must not continue in the research if you become pregnant.**

You should advise your study doctor if you father a child while participating in the research project. Your study doctor will advise on medical attention for your partner should this be necessary.

Chemotherapy may cause temporary or permanent sterility. Please discuss this with your study doctor if you have any concerns about future fertility. Known adverse effects of chemotherapy are identified in the table above.

9.2 Risks Associated with Injections

Having a drug injected or blood sample taken may cause some discomfort, bruising, minor infection or bleeding.

9.3 Risks Associated with Anaesthesia

While anaesthesia is generally very safe there are some risks associated with anaesthesia. The most common problems associated with anaesthesia are feeling unwell or vomiting, bruising at the site of injections, sore throat or hoarse voice. Most patients do

not have these problems. If these problems do happen, they usually get better very quickly. Damage to teeth may occur rarely. The risk of brain damage or death due to anaesthesia is very rare. These risks have been summarised in the table provided.

The risk of problems from anaesthesia increases for patients who are having major surgery, those with medical problems and those that require difficult anaesthetic procedures. If you have any concerns about these issues, you should discuss them with the study team.

Side Effects from Anaesthesia	Likelihood
Feeling unwell	Common (between 1 in 10 and 1 in 100)
Vomiting	
Bruising at the site of injections	
Sore throat	
Hoarse voice	
Damage to teeth	Uncommon (1 in 100 to 1 in 100,000)
Death	Rare (1 in 100,000)
Blindness	Extremely rare (1 in 1,250,000)

9.4 Risks Associated with Radiation

This research study involves exposure to a significant amount of radiation. Some of these exposures (associated with the scans required during the procedures to ensure proper functioning and positioning of the device, and delivery of drug, and with the PET & CT scans) are over and above those you would have received if you were not in this study. As part of everyday living, everyone is exposed to naturally occurring background radiation and receives a dose of about 2 millisieverts (mSv) each year. The effective dose from this study is about 90 mSv.

The benefits from the study should be weighed against the possible detrimental effects of radiation, including an increased risk of fatal cancer. In this particular study, the risk is moderate and the estimated risk of such harm is about 1 in 250. For comparison, this risk is about 60 times lower than the cancer mortality rate in the general population of about one case in every four people.

Have you been involved in any other research studies that involve radiation? If so, please tell us. Please keep information contained within the Patient Information and Consent Form about your exposure to radiation in this study, including the radiation dose. You will be required to provide this information to researchers of any future research projects involving ionizing radiation.

10. What will happen to my test samples?

Blood samples collected during the study will be analysed by pathology laboratories in accordance with their normal process.

11. What if new information arises during this research project?

Sometimes during the course of a research project, 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 research project. If you decide to withdraw, your study doctor will make arrangements for your regular health care to continue. If you decide to continue in the research project you will be asked to sign an updated consent form.

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

12. Can I have other treatments during this research project?

Whilst you are participating in this research project, you may not be able to take some or all of the medications or treatments you have been taking for your conditions or for other reasons. It is important to tell your study doctor and the study staff about any treatments or medications you may be taking, including over-the-counter medications, vitamins or herbal remedies, acupuncture or other alternative treatments. You should also tell your study doctor about any changes to these during your participation in the research project. Your study doctor should also explain to you which treatments or medications need to be stopped for the time you are involved in the research project.

13. What if I withdraw from this research project?

If you decide to withdraw from the project, please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to discuss any health risks or special requirements linked to withdrawing. Special requirements may involve you requiring the AVAS device to be surgically removed in an explantation procedure, detailed above in section 3.4.3.

With your consent, your personal information may still be followed up even after you withdraw your participation during the research project. If you do not wish this, inform your study doctor or relevant study staff to discontinue the follow-up, then your additional personal information will no longer be collected, although personal information already collected will be retained to ensure that the results of the research project can be measured properly and if required, to comply with law. You should be aware that data collected by the sponsor up to the time you withdraw will form part of the research project results. If you do not want them to do this, you must tell them before you agree to participate in this research project.

14. Could this research project be stopped unexpectedly?

This research project may be stopped unexpectedly for a variety of reasons. These may include reasons such as:

- Unacceptable side effects
- The drug/treatment/device being shown not to be effective
- The drug/treatment/device being shown to work and not needing further testing
- Decisions made in the commercial interests of the sponsor or by local regulatory/health authorities.

15. What happens when the research project ends?

Once the research project ends, you will return to your referring medical oncologist and to be treated and managed as per the standard of care.

Part 2 How is the research project being conducted?

16. What will happen to information about me?

Your personal information collected as part of your treatment will be handled in such a way that quality and integrity of the data are maintained throughout all stages of the research project. The clinical data collected from the project will be re-identifiable (coded). The data collected will be kept at the investigation site where you are treated by the principal investigator or one of the co-investigators of the investigation site for a minimum period of 15 years after the completion of the clinical trial.

By signing the consent form you consent to the study doctor and relevant research staff collecting and using personal information about you for the research project and other related research. Any information obtained in connection with this research project that can identify you will remain confidential. Your personal information will be de-identified by being coded and will only be able to be re-identified by the responsible principal investigator or one of the co-investigators or site staff. Your information will only be used for the purpose of this research project or related research and it will only be disclosed with your permission, except as required by law.

Information about you may be obtained from your health records held at this and other health services for the purpose of this research. By signing the consent form you agree to the study team accessing health records if they are relevant to your participation in this research project.

Your health records and any information obtained during the research project are subject to inspection (for the purpose of verifying the procedures and the data) by the relevant authorities and authorised representatives of the Sponsor, AllVascular, the institution relevant to this Participant Information Sheet, or as required by law. By signing the Consent Form, you authorise release of, or access to, this confidential information to the relevant study personnel and regulatory authorities as noted above.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your permission.

Information about your participation in this research project may be recorded in your health records.

In accordance with relevant Australian and/or New South Wales privacy and other relevant laws, you have the right to request access to your information collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please contact the study team member named at the end of this document if you would like to access your information.

Any information obtained for the purpose of this research project and related research as described in Section 16 that can identify you will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.

17. Complaints and compensation

If you suffer any injuries or complications as a result of this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment. If you are eligible for Medicare, you can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

There are two avenues that may be available for you seeking compensation if you suffer an injury as a result of your participation in this research project.

- The pharmaceutical industry has set up a compensation process, with which the Sponsor AllVascular of this research project has agreed to comply. Details of the process and conditions are set out in the Medicines Australia Guidelines for Compensation for Injury Resulting from Participation in a Company-Sponsored Clinical Trial. In accordance with these Guidelines, the sponsor will determine whether to pay compensation to you, and, if so, how much. The research staff will give you a copy of the Guidelines together with this Participant Information and Consent Form. If you have any questions about the Guidelines, please ask to speak to *[Name of designated person, associated with the research trial or in the organisation, capable of explaining the Guidelines]*.
- You may be able to seek compensation through the courts.

It is the recommendation of the independent ethics committee responsible for the review of this investigation that you seek independent legal advice before taking any steps towards compensation for injury.

18. Who is organising and funding the research?

This research project is sponsored by AllVascular Pty Ltd and is partly being funded by New South Wales Medical Device Fund.

AllVascular may benefit financially from this research project if, for example, the project assists AllVascular to obtain approval to market the AVAS.

You will not benefit financially from your involvement in this research project even if, for example, knowledge acquired from the project proves to be of commercial value to AllVascular.

In addition, if knowledge acquired through this research leads to discoveries that are of commercial value to AllVascular, the study doctors or their institutions, there will be no financial benefit to you or your family from these discoveries.

The institutions involved in the research will receive payment from AllVascular for services performed in undertaking this research project.

No member of the research team will receive a personal financial benefit from your involvement in this research project other than their ordinary wages.

19. Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC overseeing *[Site Name]*.

This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect the interests of people who agree to participate in human research studies.

20. Further information and who to contact

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this project or if you have any medical problems which may be related to your involvement in the project (for example, any side effects), you can contact the principal study doctor on *[phone number]* or any of the following people:

Clinical contact person

Name	*Site to complete*
Position	*Site to complete*
Telephone	*Site to complete*
Email	*Site to complete*

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Complaints contact person

Name	*Site/HREC to complete*
Position	*Site/HREC to complete*
Telephone	*Site/HREC to complete*
Email	*Site/HREC to complete*

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC approving this research and HREC Executive Officer details

Reviewing HREC name	*Site/HREC to complete*
HREC Executive Officer	*Site/HREC to complete*
Telephone	*Site/HREC to complete*
Email	*Site/HREC to complete*

Local HREC Office contact (Single Site -Research Governance Officer)

Name	*Site/HREC to complete*
Position	*Site/HREC to complete*
Telephone	*Site/HREC to complete*
Email	*Site/HREC to complete*

Consent Form - *Adult providing own consent*

Title	Phase Ib/II Study of Intra-Arterial Liver Isolation Chemotherapy in Patients with Hepatic Metastases from Colorectal Cancer
Short Title	SYS-CAPLIOX
Protocol Number	AV-LIVPIBII-01
Project Sponsor	AllVascular Pty Ltd
Study Chair	Professor Nick Pavlakis
Principal Investigator(s)	*Site to complete*
Location	*Site Name*

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to *Site Name* concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that, if I decide to discontinue the study treatment, I may be asked to attend follow-up visits to allow collection of information regarding my health status. Alternatively, a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____

Signature _____ Date _____

Name of Witness* (if applicable) to Participant's Signature (please print) _____

Signature _____ Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Study Doctor/Senior Researcher†

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/
Senior Researcher† (please print) _____

Signature _____ Date _____

† A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation - *Adult providing own consent*

Title	Phase Ib/II Study of Intra-Arterial Liver Isolation Chemotherapy in Patients with Hepatic Metastases from Colorectal Cancer
Short Title	SYS-CAPLIOX
Protocol Number	AV-LIVPIBII-01
Project Sponsor	AllVascular Pty Ltd
Study Chair	Professor Nick Pavlakis
Principal Investigator(s)	*Site to complete*
Location	*Site Name*

Declaration by Participant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with *Site Name*.

Name of Participant (please print) _____

Signature _____ Date _____

Declaration by Study Doctor/Senior Researcher†

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

Name of Study Doctor/
Senior Researcher† (please print) _____

Signature _____ Date _____

† A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.