TO BE PRINTED ON LOCAL HOSPITAL HEADED PAPER

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ARGO

A PHASE II STUDY OF **A**TEZOLIZUMAB WITH **R**ITUXIMAB, **G**EMCITABINE AND **O**XALIPLATIN IN PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA WHO ARE NOT CANDIDATES FOR HIGH-DOSE THERAPY.

We invite you to take part in a research trial

Your doctor or nurse has given you this information sheet because they would like you to think about taking part in the ARGO trial.

You are being invited to take part in the ARGO trial because you have a particular type of lymphoma, which has returned (relapsed), or not responded (refractory) to your treatment and your doctors are considering further chemotherapy treatment for you.

Before you decide whether or not to take part, it is important for you to understand as much as possible about what is being done and what is involved, so:

- Please take the time to read this information carefully. You may also wish to discuss it with your family and friends before making up your mind
- Please feel free to ask your doctor any questions you may still have after reading this information sheet

Do I have to take part? No. It is entirely up to you if you take part in the trial or not. If you choose not to take part, the care you get from your doctors will not be affected in any way.

If I start the trial, can I stop if I want to? Yes. If you choose to take part in the trial, you are free to stop at any point without giving a reason – the standard of your care will not be affected.

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If you have any questions about this trial or would like to discuss it further, please contact:

[local investigator name]
[contact details]

Important things you need to know about ARGO

What is the aim of the trial?

- The ARGO trial aims to find out more about a new drug (medicine) that might improve the treatment of patients who have had their lymphoma return or not respond to initial treatment. In particular, we wish to see if adding this new drug to one of the normal types of chemotherapy used for returned or non-responding lymphoma, can improve the outcome of treatment.

What would the trial involve?

- If you agree to enter the ARGO trial, you will be put into one of two treatment groups. Your treatment will be decided by chance, this process is called "randomisation".
- All patients in the ARGO trial will be given the chemotherapy drugs rituximab, gemcitabine and oxaliplatin (R-GemOx). This is a standard treatment for your type of cancer. Depending on which treatment group you are randomly given, you will either to continue to receive R-GemOx only (Arm A), or you will receive R-GemOx along with the new drug atezolizumab (Arm B).
- The randomisation occurs on a 3:1 ratio. This means that out of the 112 patients enrolled to the trial 28 patients will be randomised to receive standard treatment (Arm A) and 84 patients will be in the treatment group who receive standard treatment plus atezolizumab (Arm B).
- There will be 6 cycles of treatment for each group, taking place every 14 days.
- Patients in Arm B who are given atezolizumab, will continue to have a regular 'maintenance dose' of atezolizumab every 21 days, after their 6th cycle. There will be 8 maintenance doses.
- All of the drugs used in this trial can cause side effects; however, you will be closely monitored and any side effects will be properly treated.
- You will need to sign a consent form before taking part in the trial to confirm that you understand it and agree to take part.
- We would like your permission to collect, store and analyse samples of your blood and tissue so we can learn more about who may benefit from this treatment.
- Women who might still be able to become pregnant will need to take a pregnancy test before being accepted on the trial. Pregnant women will not be able to take part in the trial.
- All participants **must** be willing to use adequate contraception while taking part in the trial.

How long would you be involved in the trial?

- The treatment phase lasts 12 weeks followed by the maintenance phase, which lasts 26 weeks. After the maintenance phase is complete, all patients will enter the follow up phase.
- Follow up visits occur at 12 months after treatment began, and then every 4 months for the next two years.
- Overall involvement in the study will be up to 3 years.

1. Why we are doing the ARGO trial?

Diffuse large B-cell lymphoma (DLBCL) is the type of non-Hodgkin's lymphoma that you have, which has returned or not responded to your previous treatments. Doctors try to treat this with varied therapies; with one of these potential therapies being rituximab, gemcitabine and oxaliplatin (R-GemOx). This treatment targets patients who are not suitable for more aggressive forms of treatment and for patients who have had high-dose therapy but the lymphoma returned. Sometimes chemotherapy drugs do not work as well as expected because the cancer cells 'block' or 'resist' what the drugs are trying to do. In the ARGO trial we are looking at adding a new drug – called atezolizumab – that in combination with R-GemOx, may reverse the resistance of the cancer cells and improve the chances of the treatment being more successful. In studies where atezolizumab has been given to people, the results have shown it to be safe and effective. However, we need to find out more about atezolizumab as it has not been used in combination with R-GemOx chemotherapy.

The ARGO trial is a "randomised" Phase II study, where we are looking at the effect of atezolizumab on lymphoma, in combination with R-GemOx against R-GemOx alone and investigating the side effects of atezolizumab in combination with R-GemOx. The trial will include around 112 people whose DLBCL has returned or did not respond to treatment because we think this type of lymphoma might benefit from this approach. Therefore, we hope that people with the same cancer as you, might benefit in the future if this trial is successful.

2. Who is the trial for?

There are different things that your doctor will take into account to make sure that the ARGO trial is suitable for you. They will check things like your blood count, how well your kidneys and liver work and whether you are suitable for more aggressive treatment or not.

The ARGO trial is for people who have returning or non-responding DLBCL, after at least their first or second treatment, and are not suitable for more aggressive treatment.

3. More about the trial medicine

If you decide to take part in the ARGO trial, you will be treated with R-GemOx. This part of the treatment is one of a few options the doctor could treat you with if you were not taking part in this trial. We are trying to find out more about the effect of adding the new drug, atezolizumab, to this chemotherapy treatment.

What exactly is the medicine that is being tested? Doctors know that cancers are very good at hiding themselves or avoiding our immune system. The atezolizumab that you may be given, if you are randomised to the group who will receive it, is designed to help to boost your immune systems efficiency by targeting specific parts of the lymphoma cell and surrounding cells. The trial is investigating whether the combination of atezolizumab with a commonly used chemotherapy (R-GemOx) will increase its effectiveness and chances of curing your lymphoma.

Has atezolizumab been given to people before? Yes, atezolizumab has been given to patients with the same disease as you in studies. The ARGO trial is the next step towards developing atezolizumab in combination with other chemotherapies to improve their effect, for use in patients with lymphoma. Atezolizumab has been found to be effective in other cancers and is now approved for use in these in the US and the UK.

How do the doctors decide how much atezolizumab I will get? In the ARGO trial, doctors will be treating 84 of the 112 patients with returning or non-responding DLBCL at the dose recommended from previous studies. During the trial the trial team will be performing further checks on safety and any side effects from the treatment combination of R-GemOx with atezolizumab. The doctors shall also be looking at the effect the treatment will be having on your lymphoma.

4. What will I have to do if I decided to take part?

If you decide that you would like to take part in the ARGO trial, your doctor will ask you to sign the informed consent form. After you have provided informed consent, the research nurses and your doctor will need to do some tests to make sure that you are fully suitable to take part - this is called screening. You will be asked to provide three blood samples, (approximately 1.5 to 2 tablespoons of blood) as part of the screening process, which will be sent to the trial lab for analysis. The original biopsy which was taken to diagnose your cancer or the biopsy taken to confirm a relapse of your cancer (as long as these were taken within the last 6 months) will also be sent to the Haematological Malignancy Diagnostic Service in Leeds (HMDS) for further analysis. If the tumour biopsy was taken more than 6 months ago you may need to have a new biopsy taken. The tumour biopsy will be sent along with a copy of your consent form and NHS number, to allow HMDS to confirm you have consented to the trial. You will also have to have an ECG (electrocardiogram) performed to check your hearts rhythm, before you can potentially enter the trial. An initial bone marrow sample shall be taken during your screening visit to help assess your disease. If there is bone marrow involvement found with your disease then a repeat bone marrow biopsy will be required at the end of your treatment.

As part of screening you may be required to have a cerebrospinal fluid examination if the doctors suspect central nervous system involvement with your disease.

After screening you will need to attend repeated clinic visits in order to receive your medicines, have examinations and provide samples. As part of your standard treatment, your doctor will assess the extent of your cancer (e.g. by CT scan or the newer type PET/CT scan) and we will collect this information. The trial team will also need to know the details of other medicines that you take during the trial.

Routine blood samples will be taken when you attend the hospital in order to monitor your progress. During your treatment, extra blood samples will need to be taken so that the levels of the medicines in your blood can be checked (this is called pharmacokinetics).

In order to collect more information about how the drug works (pharmacodynamic and translational studies), we would like your **permission to collect**, store and test some **further samples of blood**

(between 1.5 and 2 tablespoons, will be collected at various points throughout treatment and at the end of the trial).

You can find more about the trial samples in Section 8, 'More about the trial samples'.

If you decide to take part in the ARGO trial, you will need to attend more clinic visits than if you were receiving different treatment for your returned or non-responding lymphoma: this is to enable the nurses and doctor to check that you are okay and to take further blood samples for analysis. Your chemotherapy treatment will be given on day 1 of each cycle.

5. What is the treatment schedule?

Each treatment cycle is 14 days and you will have up to 6 cycles of treatment. All patients will receive a first cycle of R-GemOX. For those patients who are randomly assigned to Arm A, you will continue to receive R-GemOx to cycle 6. Those who are randomly assigned to Arm B, you will have atezolizumab added from cycle 2 through to cycle 6. The atezolizumab will be given first on day 1 of each cycle.

Cycle 1 (all patients):

	Day				
Drug	**1**	**2**	**3**	**4**	**5**
Rituximab	√				
Gemcitabine	√				
Oxaliplatin	√				
G-CSF					Days 5 - 11

Arm A:

Cycle 2-6

	Day				
Drug	**1**	**2**	**3**	**4**	**5**
Rituximab	√				
Gemcitabine	√				
Oxaliplatin	√				
G-CSF					Days 5 - 11

Arm B:

Cycle 2-6

	Day				
Drug	**1**	**2**	**3**	**4**	**5**
Atezolizumab	√				
Rituximab	√				
Gemcitabine	√				
Oxaliplatin	√				
G-CSF					Days 5 - 11

Arm B Maintenance

Drug	Day	
	1	
Atezolizumab	√	Every 21 days for 8 cycles

After the completion of the 6 cycles of treatment your disease will be checked. For those who are randomly assigned to Arm A, you will go on to have an observational phase, where the hospital staff shall assess your condition every 21 days for 8 cycles. You will be asked to come to the hospital on every other visit and your research team will contact you in between via a pre-arranged telephone appointment.

If you are randomly assigned to Arm B there will be a maintenance phase where you will receive atezolizumab every 21 days for 8 cycles.

Rituximab – This will be given on day 1 of each cycle. The first dose will be given by an infusion (a 'drip') in to your vein. For cycles 2-6 this will be given as an injection under the skin. You will receive the recommended dose for this treatment.

GemOx (Gemcitabine and Oxaliplatin) – This will be given on day 1 of each cycle, where you will receive the standard dose for this regime by infusion (a 'drip') in to your vein.

Atezolizumab – For those patients who will receive atezolizumab it will be given on Day 1 of each cycle, from cycle 2 to 6. Atezolizumab will be received at the recommended dose by infusion (a 'drip') in to your vein. There will be a maintenance phase for 8 cycles, where on day 1 of each cycle you will receive the recommended dose.

G-CSF – You will be given G-CSF on days 5 – 11 of each cycle through an injection under the skin. The G-CSF treatment is given as part of supportive care for patients with lymphoma with lowered immune cells in the body (medical name, neutropenia). You or a family member may be taught to do this for your convenience and will not require hospital visits.

Other medicines – You will be given other medicines to help stop nausea, vomiting and other side effects. The exact drugs used will be those normally used at your Cancer Centre.

Will this treatment schedule change? It could change. Some of the most common reasons the schedule may change are:

- At each stage, your doctor must be satisfied that you are well enough to continue receiving treatment. If you are not well enough, your schedule of treatment may change a little or stop, depending on the exact situation. Your doctor will discuss these with you on an ongoing basis throughout the trial.
- Sometimes during the course of a clinical trial, new information becomes available about the trial medicine. If this happens, it may or may not affect your treatment schedule. If anything changes

that might affect your treatment, your doctor will discuss this with you and you can decide if you want to continue with the trial. You may be asked to sign an updated consent form.

6. What are the possible side effects?

As with most medicines, all of the chemotherapy medicines used in this trial can cause unwanted side effects. This information sheet does not list all of the known side effects, only the most common.

Please be aware that you may experience a side effect(s) that we do not yet know about: if you suffer from something that you think may be caused by the trial medicines, please contact your trial doctor/nurse.

Gem-Ox chemotherapy is known to cause the following side effects, though not in all patients:

- Suppression of the bone marrow. This can mean that you do not produce normal quantities of healthy blood cells which could put you more at risk of infection. You may be at risk of anaemia, which can make you pale, tired and short of breath. You may be more at risk of bleeding and it may be harder for your body to stop bleeding.
- Hair loss. Hair loss is usually temporary. Hair will start to grow back a few weeks after treatment is finished.
- Nausea and vomiting.
- Sore mouth, sore throat and mouth ulcers. This is also called mucositis.
- Loss of appetite and change in taste.
- Constipation or alternatively diarrhoea.
- Fatigue.
- Numbness or tingling in hands or feet. Known as peripheral neuropathy.
- Risk of blood clot.

Some other side effects are particular to individual drugs; please see a summarised list below:

Drug	**Side effect**
Rituximab	• Fevers, chills, flu-like symptoms. This is the most common experience. It is usually associated with the first dose. It can be managed with paracetamol and anti-histamines. Other symptoms, which are less common, include: • skin rash or itching • a feeling of swelling in the mouth or throat • a temporary drop in blood pressure • hot flushes or night sweats • headache • throat irritation • runny nose • cough, wheeze or shortness of breath • pain in your enlarged lymph nodes

	Rituximab can also cause a flare-up of past viral infections. Please tell your team if you have been infected with serious viruses in the past, such as shingles or hepatitis. Rituximab can worsen heart problems if you already have them, for example angina or heart failure. Talk to your team about this. *Very rarely the use of rituximab may result in the development of serious skin reactions. If you have concerns about this please discuss this with your doctor or nurse.*
Gemcitabine	• Flu like symptoms (feeling hot, cold or shivery, headache and aching at time of treatment) • Risk of infection • Bruising and bleeding • Anaemia (low number of red blood cells) • Nausea (feeling sick) • Loss of appetite • Cough or wheezing (breathlessness) • Change in the way your kidneys and liver work • Swelling, due to build-up of fluids (face, ankle and legs) • Skin changes (become dry, itchy or rash) • Hair loss • Sore mouth • Diarrhoea • Constipation • Aching or pain in joints or muscles
Oxaliplatin	• Allergic reaction (at the time of treatment) • Risk of infection • Bruising and bleeding • Anaemia (low number of red blood cells) • Nausea (feeling sick) • Diarrhoea • Numb or tingling hands or feet • Fatigue and tiredness • Sore mouth and taste changes • Short spasms in area around your voicebox • Pain along the vein (at the time of treatment)
Atezolizumab	• Tiredness • Decreased appetite and nausea • Fever • Constipation • Risk of infection • Skin changes (dry, itchy or rash) • Thyroid changes • Immune problem • Diarrhoea

	• Lung inflammation • Myocarditis- inflammation of the myocardium - the heart muscle. • Nephritis- inflammation of the kidneys

Adverse Events of Special Interest:

Within this study there are some side effects that are of special interest to the doctors running the study. These reactions vary in likelihood but must be reported to your doctor or nurse in any case so that they can check for any increase in frequency. The adverse events of special interest are (for specific adverse events please ask your doctor or nurse):

Adverse Event	Explanation of Adverse Event
Colitis	Is the inflammation of your colon, signs of which can manifest as abdominal pain, tenderness, bloody diarrhoea, incontinence, fatigue, loss of appetite and unexplained weight loss.
Endocrine disorders	An effect on your hormone levels and glands, for example: hyper or hypo-thyroidism or reduction in your adrenal gland's activity. Or hypophysitis, which is a rare condition referring to an inflammation of the pituitary gland. This is treated with corticosteroids and hormone replacement therapy.
Hepatitis	Is the inflammation of the liver due to an infection or damage affecting its function. This can be detected through markers in your blood.
Hypersensitivity	This can present similarly to allergic or anaphylactic reactions. Symptoms could present as flushing, fever, chills, blood pressure change or shortness of breath.
Pneumonitis	Is the inflammation of the lung. This can present with cough, shortness of breath and chest pain.
Transaminitis	An elevation of, what is known as, transaminases which are enzymes in the liver, important for its function. This can be detected through your blood tests
Nephritis	Is the inflammation of the kidneys which can impair their function
Lupus	Is an autoimmune disease, where the body's immune system mistakenly attacks healthy tissue. The symptoms and effects are varied.
Influenza like symptoms	Symptoms such as fever, fatigue, chills and headache often occurring one or two weeks post the first cycle.
Infusion related reactions	These reactions will normally occur within 30 minutes to 24 hours after you've received drug and can present as fever, fatigue, nausea, headache and diarrhoea.
Neurological disorders	Rare forms of these disorders could present themselves as abnormal weakness of certain muscles (myasthenia gravis) or sudden weakness in muscles (Guillain-Barre syndrome). Tingling and numbness in fingers and toes is a symptom of peripheral neuropathy. Altered mental state, confusion, headache or fever are potentially symptoms of meningitis, if any of these are experienced the treating doctors must be informed.
Cardiac Disorders	Rarely patients treated with the study drug have suffered from a heart attack. This can present as chest pain or collapse and medical advice should be sought urgently.
Ocular toxicities	Uveitis- inflammation of the middle layer of the eye, retinitis- loss of cells in the retina, optic neuritis-inflamed optic nerve.

Myositis	Inflammation of the muscles.
Myopathies, including rhabdomyolysis	A disease of the muscle fibres, which can result in muscular weakness.
Vasculitis	Inflammation of the blood vessels.
Severe skin reactions	In less than 1% of patients, severe skin reactions can occur such as Stevens-Johnson syndrome, dermatitis bullous, toxic epidermal necrolysis.

7. What will happen at the end of the trial?

You will have an end of treatment clinic visit approximately 4 weeks after your last dose of chemotherapy. Dependent on how your disease has responded to treatment and which treatment arm you are on you may go on to an observational phase or a maintenance phase for a further 8 cycles. If you do not go on to the observational phase or maintenance phase you move in to the follow up phase of the study. After the completion of either the observational or maintenance phase, you will remain in the trial, and will have a follow-up visit every 4 to 6 months until three years since you first entered the study.

8. More about the trial samples

In the trial your biopsy, three samples of blood (approximately 1.5 to 2 tablespoons), will be sent to the Haematological Malignancy Diagnostic Service in Leeds (HMDS), prior to the start of your first cycle of treatment, for analysis. Within the trial we will need to take a number of additional blood samples from you at regular time points, please ask your doctor or nurse for exact details. We need to take these blood samples at specific times throughout the trial so that we can determine if it is possible to examine continuing disease from your blood. Please be aware that these blood samples will be sent to a selection of labs within the UK involved in research.

In addition, we would like to store these samples of blood and tissue so that we can do some further studies in the future. We would like to do this because doctors need to understand exactly how the drug works in the body (these studies are called pharmacodynamic and translational studies). This information, along with the other results collected in this trial, will be used to get a better understanding of lymphoma, how chemotherapy works and how it interacts with lymphoma.

All of your samples will be coded, this means that your samples will be labelled with a code number, not your name. Neither you nor your relatives will be contacted about them once they have been taken.

Any remaining samples will be stored on behalf of the ARGO Trial Management Group and may be used in future ethically approved projects. The blood samples that are stored will be prepared so that they are acellular (cell free). These samples will allow researchers to run different tests in the future to look for DNA mutations in the cells. Researchers other than the ARGO Trial Management Group may carry out some of these projects using these stored samples.

9. What are the possible benefits, risks and disadvantages of taking part in the trial?

Clinical trials are designed to reduce the risks and increase the benefits to the people who take part, regardless of which treatment they get. However, we cannot guarantee any specific treatment benefits or that there are no risks involved when taking part in a clinical trial.

Possible benefits:

- You will be helping to further our knowledge of how to treat cancer and this will benefit society and others with the same condition in the future

Possible risks/disadvantages

- The trial treatment may not control your lymphoma
- There may be some unpleasant side effects (please see the side effects section, section 6, for more information)
- There could be risks to your child if you, or your partner, are/or become pregnant, or are breastfeeding (please see the pregnancy and contraception section, section 10, for more information)
- You will need to attend more clinic visits and provide more blood samples than if you were not taking part in the trial

Radiation Risks

- During the trial, you will have three PET/CT scans or Contrast Enhanced CT with a separate PET scan, and a further three Contrast Enhanced CT scans to assess your lymphoma. Two of the PET/CT or Contrast Enhanced CT scans are standard of care all others are additional to the trial. These tests use radiation, which slightly increases your risk of cancer in the future.
- You may also be required to have an echocardiogram or MUGA, depending on your hospital's practice and whether you meet certain criteria, to ensure you are well enough to receive the full dose of chemotherapy. The echocardiogram does not expose you to radiation. The MUGA scan involves the use of ionizing radiation, which can slightly increase your risk of cancer in the future.

Risk Explanations:

A **contrast enhanced CT scan** involves radiation, using X-Rays to get a detailed image of the body area. The main risk of the radiation is there is a small chance it may cause a cancer many years after exposure. The CT scans also require a contrast injection, which some patients may have an allergic reaction to. In certain patients it could cause kidney damage and it is recommended that if you have previously experienced problems, you let your doctor know. One contrast enhanced CT scan is considered to be the equivalent of approximately 8 years of normal background radiation exposure.

In comparison a **PET-CT scan** differs from a contrast-enhanced CT in that a radioactive isotope is given to you, the patient. The PET-CT scanner detects how much of isotope your body absorbs and uses a computer to create an accurate image of the scanned body area. As with CT scans, this involves radiation which has a small chance of causing cancer many years after exposure, though it is slightly higher than a CT scan due to the dye. It is considered that for a patient with your medical condition

this represents a very small risk. One PET-CT scan is considered to be the equivalent of approximately 3 years of normal background radiation exposure.

An **Echocardiogram**, which will be used depending on your hospital's local practice, uses an ultrasound wave to give your doctor a visual display of how your heart is working. In comparison a **MUGA** (depending on your hospital's local practice) creates video images of the lower chambers of your heart to detect any irregularities. The MUGA scan involves the use of ionizing radiation and is considered to be the equivalent of approximately 2 years of normal background radiation exposure. These scans will measure the amount of blood pumped by your heart.

The main risks of radiation are that cancer may occur years after exposure. Although the radiation in this study may be equivalent to 84 fold the dose you would receive from natural background radiation in a similar period of time, it is considered unlikely to add significantly to the health risk you already face.

10. More about contraception and pregnancy during the trial

Women

If you are pregnant or breast feeding, you will not be able to enter the ARGO trial. Women who are of child bearing potential will need to have a negative pregnancy test at screening (prior to starting treatment). Please be aware that if you become pregnant during the trial, you will not be able to continue taking part in the trial.

You must also agree to use **two** very effective forms of contraception (oral, injected or implanted hormonal contraception and condom; an intra-uterine device and condom) from the start of your trial treatment, throughout the trial and for 12 months after finishing treatment.

Men

If your partner is pregnant or breast-feeding, we advise you to use barrier method contraception to make sure that the baby is not exposed to the trial drug.

If you have a partner of child bearing potential, you must agree to use **two** forms of highly effective contraception (oral, injected or implanted hormonal contraception and condom; an intra-uterine device and condom) from the start of your trial treatment, throughout the trial and for 12 months after finishing treatment. You must refrain from any sperm donation from the start of your trial treatment, throughout the trial and for 12 months after finishing treatment.

**** If you or your partner becomes pregnant during the trial, you must tell your trial doctor immediately because we will need to follow the pregnancy to check that the trial drug has not caused any problems. ****

Future fertility – chemotherapy can affect your ability to have children in the future so; you may wish to discuss this, and the possibility of storing eggs/sperm, with your doctor.

11. What are the alternative treatments?

If you prefer not to take part in the ARGO trial, your doctor will be able to discuss all treatment options with you. Please be reassured that it is entirely up to you whether or not you decide to take part in the ARGO trial. If you decide not to take part, the standard of your care will not be affected in any way.

12. Other questions you may have about the trial

What does informed consent mean?

No one can enter you in the clinical trial without your permission. To help you decide if taking part in a clinical trial is right for you, the trial doctor/nurse should discuss the trial with you in depth. The most important thing is that you should feel satisfied that you know enough about the trial to make an informed decision. You should feel free to ask as many questions as you need to. In addition, you should be given as much time as you need to make your decision – you should not feel rushed.

If you decide to take part in the trial, you will be asked to sign a consent form which confirms that you agree to take part. The original will be filed and stored securely by the research team at the hospital, a copy will be kept in your medical notes and you will receive a copy. The hospital research team will send a copy to the SCTU via secure e-mail which will be held securely for the period of the trial. A copy of your signed consent is also sent with your trial samples to the HMDS lab, further details about this can be found in the section below.

Will my details be kept confidential?

Yes. If you decide to take part in the ARGO trial, any data collected and any results produced will not identify you personally.

Southampton Clinical Trials Unit (SCTU) are acting on behalf of University Hospital Southampton NHS Foundation Trust, who is the sponsor for this study based in the United Kingdom. SCTU will be using information from you and your medical records in order to undertake this study and will act as the data controller for this study. This means that SCTU are responsible for looking after your information and using it properly. University Hospital Southampton NHS Foundation Trust will keep identifiable information about you for 25 years after the study has finished.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at
https://www.southampton.ac.uk/ctu/about/index.page

[Insert name of local NHS site] will collect information from you and your medical records for this research study in accordance with our instructions.

[Insert name of local NHS site] will use your name, NHS number and contact details to contact you about the research study, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Individuals from SCTU and regulatory organisations may look at your medical and research records to check the accuracy of the research study. [Insert name of local NHS site] will pass these details to Southampton Clinical Trials Unit, acting on behalf of University Hospital Southampton NHS Foundation Trust, along with the information collected from you and your medical records. The only people in Southampton Clinical Trials Unit, or the University Hospital Southampton NHS Foundation Trust who will have access to information that identifies you will be people who need to audit the data collection process.

The people who analyse the information will not be able to identify you and will not be able to find out your name, NHS number or contact details.

[Insert name of local NHS site] will keep identifiable information about you from this study for 25 years after the study has finished.

Non-identifiable data, managed by the Southampton Clinical Trials Unit, will be held on servers located in the EU and USA and access will be strictly controlled and all applicable Data Protection legislation will be abided by. In collaboration with the Southampton Clinical Trials Unit a selection of laboratories across the UK will have strictly controlled access to your anonymised data. The information provided to the labs will contribute to a better understanding of this disease and will be used by investigators who will not have access to any data that will identify you. Trained and authorised staff who work at the Haematological Malignancy Diagnostic Service Lab (HMDS) will have access to a limited amount of your identifiable data. Staff at HMDS are employed by The Leeds Teaching Hospital NHS Trust. A small number of staff from this lab will see your NHS number and your signed consent form, as these must be sent along with the tissue samples that you give during your time on the trial for analysis. The reason for this is so that the lab can confirm that you have given your consent for them to analyse your samples as part of this trial. Your details would be stored electronically by HMDS along with your tissue sample results on their secure NHS servers, the paper copies of your consent form and NHS number are destroyed as confidential waste.

How will my data be used in the future? If you agree to take part in a research study, the information about your health and care may be provided to researchers running other research studies in this organisation and in other organisations. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the UK Policy Framework for Health and Social Care Research. Your information could be used for research in any aspect of health or care, and could be combined with information about you from other sources held by researchers, the NHS or government.

Where this information could identify you, the information will be held securely with strict arrangements about who can access the information. The information will only be used for the purpose of health and care research, or to contact you about future opportunities to participate in research. It will not be used to make decisions about future services available to you, such as insurance.

Where there is a risk that you can be identified your data will only be used in research that has been independently reviewed by an ethics committee.

With your permission, we will tell your General Practitioner (GP) that you are taking part in the ARGO trial. We will ask your GP to update the research team if you start taking any new medications, they may therefore need to share medical information about you with the research team. Your medical records will be available to those involved in your clinical care and authorised individuals from the Sponsor or the Sponsor's delegates from the Southampton Clinical Trials Unit, Funder and Regulatory Authorities.

What happens if something goes wrong? If you decide to take part in the ARGO trial and feel concerned about any part of the trial at any point, you should contact your research doctor/nurse as soon as possible. Your clinical research team will do their best to help you and answer your questions.

If you wish to complain, or have any concerns about the way you have been approached or treated during the ARGO trial, the normal NHS complaints system will be available to you. Please be aware that if you are harmed as a result of taking part in the ARGO trial, there are no special compensation arrangements. If you are harmed because of someone's negligence, you may be able to take legal action but you may have to pay your own legal costs.

If you have private medical insurance you may wish to check with your provider before agreeing to take part in this trial to make sure that your participation will not affect your cover.

Who is organising and funding the trial? This is an academic trial being coordinated by the Southampton Clinical Trials Unit. The trial is being funded through unrestricted educational grant by F.Hoffman-La Roche Ltd (the manufacturer and supplier of atezolizumab and rituximab) and has been endorsed by Cancer Research UK, Clinical Research Committee. The Sponsor is University Hospital Southampton NHS Foundation Trust.

What will happen to the results of the trial? At the end of the trial, any results will be analysed and presented at national or international meetings, and will also be published in a medical journal. You will not be personally identified in anyway in any reports or publications that come from the ARGO trial. A lay version of the trial results will be prepared and made available for patients and members of the public, please ask your doctor.

13. Contact information

If you have any further questions about your illness or available treatments please discuss them with your doctor. If at any stage you have questions about the ARGO trial, or would like to discuss your participation in more detail, please contact:

Doctor's name: *(Insert)*

Name of treatment centre: *(Insert)*

Telephone number: *(Insert)*

Further information about cancer, treatments and taking part in trials can be found on the Cancer Research UK website: www.cancerresearchuk.org
Macmillan Cancer Support can also provide support and information: http://www.macmillan.org.uk/