U.K. Familial Ovarian Cancer Screening Study (UK FOCSS)

Phase 2 Patient Information Sheet

1. Invitation
You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and discuss it with others (your family, friends or other healthcare professional) if you wish. Please ask if there is anything you do not understand or if you would like more information.

2. What is the purpose of this study?
Ovarian cancer usually affects 1 woman in 70 in their lifetime. However it can occur more often in some families. This may be because there is a “faulty” gene, which runs in those families that results in women being at increased risk of ovarian cancer.

Most women who develop ovarian cancer have few symptoms until the cancer has spread, making the cancer more difficult to treat. In contrast, treatment is often successful in women diagnosed before the cancer has spread. Carrying out tests on a regular basis (screening) may help detect ovarian cancer at a potentially curable stage. Current screening tests can detect ovarian cancer before symptoms occur but at present it is not known whether screening can detect ovarian cancer early enough to save lives. We also do not know enough about which is the best way to screen women at high risk of developing ovarian cancer.

The purpose of this study is to find out which are the best screening tests for women at high risk of ovarian cancer and how often women should be screened. The overall aim is to improve the way screening is done in this group of women. This study also aims to find out what problems may arise as a result of screening.

We aim to follow a group of 5,000 women from high-risk families who are undergoing screening until the end of 2011. Similar studies are being conducted in the USA. It is planned that eventually the information obtained in all these studies will be put together to help answer the questions detailed above.

It is important that you understand that screening cannot prevent ovarian cancer and although the aim of screening is to detect cancer at a curable stage, there is no guarantee that it will succeed in doing so.

3. Why have I been chosen?
You have been asked to participate in this study as you have told us that close members of your family have had certain types of cancer. This means that you may belong to the “high risk” group. In addition, you have opted to undergo screening for ovarian cancer, rather than to have your ovaries removed.
To take part in the study you need to:

(a) Have a suitable family history of certain cancers  
(b) Be 35 years of age or over  
(c) Not have had both your ovaries removed at surgery. You can still take part if only one ovary has been removed or if you still have one or both of your fallopian tubes.  
(d) Not be taking part in another ovarian cancer screening study

4. Do I have to take part?

It is up to you to decide if you wish to take part. If you do decide to take part you will be asked to sign a form agreeing to be part of the study. This is called a consent form and you will be given a copy to take away with you. If you decide to take part and change your mind later, you are free to withdraw from the study at any time and you do not have to give a reason. This will not affect any future care you receive.

5. What will happen to me if I take part?

To confirm the details of your family history, your genetics counsellor or doctor will ask you to try to obtain permission from living relatives who have had cancer so that the genetics team can contact their doctors to confirm the type of cancer they had. It is important that you also send the genetics team copies of any death certificates of relatives who have died from cancer. These requirements are standard practice for anyone attending a genetics clinic, as it is impossible to advise women about their level of risk without accurate information about their family tree. The final decision about whether you can take part in the study will be made by the study team at the UK FOCSS Coordinating Centre at University College London (UCL). They will write to you to confirm whether your family history and other details make you suitable for this study.

6. What will I have to do?

Screening involves having a blood test for a substance called CA125 three times each year and an ultrasound scan of your ovaries (if the blood test results indicate one is needed). You will have a scan once a year irrespective of the blood test results. The study team will send you a blood pack to take to your GP three times a year for your CA125 blood test. Your screening hospital will send you an appointment for any ultrasound scans you may need.

6.1 Blood Tests

6.1.1 CA125 Blood Test

The blood test is to measure a substance called CA 125. This is released at higher levels into the blood in most (but not all) women with ovarian cancer. The study team will ask you to have a CA125 test every four months. They will send you a pack containing all the equipment necessary to have 17 ml (4 teaspoonfuls) of your blood taken and ask you to arrange a convenient time with your GP practice so that you can have your blood test there. The blood will then be sent to the study laboratory in London for testing. The study team will send you the results and arrange for follow up at your screening hospital if the results are abnormal. If you are found to have a high CA125 then you will be recommended to have an ultrasound scan. If the ultrasound and/or CA125 results are particularly abnormal, it may be necessary for
you to have surgery to exclude the possibility that you have developed an ovarian cancer.

6.1.2 Research Blood Samples
A portion of the blood taken for your CA125 test will (with your permission) be stored in our serum bank for use in future ethics committee approved studies. These studies will look for substances in the blood that may help us to detect ovarian cancer and other diseases earlier.

6.1.3 DNA Extraction and Storage
We would like to extract genetic material (DNA) from one of your routine blood samples and store this at our laboratory for use in future research. This research will test for genetic variations to assess the factors that may lead to increased or reduced risk of ovarian cancer. Most of these factors are still being investigated and will therefore not provide information that can be used for your health care or the health care of your family. All future research involving testing your DNA for genetic variation would be subject to separate ethics committee approval.

6.2 Ultrasound Scans
The ultrasound scan of your ovaries uses sound waves rather than x-rays and is thought to be very safe. There are two different ways of performing a scan. The first looks through the wall of the abdomen (similar to the way a baby is scanned in the womb). The second is to insert a thin probe into the vagina. This method of scanning gives a much clearer picture of the ovaries and should be no more uncomfortable than having a smear test. If, however, vaginal scanning is not possible or not acceptable to you, an abdominal scan can be performed instead. You can discuss this with your doctor or the person who is going to do the scan for you. Your scan results will be sent to you by the study team.

6.3 Diagnostic Information
It is important for us to know if you develop any serious illness or have surgery while you are taking part in this study. In the event of this happening, please contact the study team at UCL. They will then ask your doctor/GP for details. As part of the normal process of making a diagnosis, tissue is removed at the time of surgery for microscopic examination by the hospital pathology department. If you have surgery to remove your ovaries, we would like your permission to examine some of this tissue. This is to enable us to accurately record the biological information used to make your diagnosis.

6.4 Health Questionnaire
We will also ask you to fill in a health questionnaire twice during the course of the study. In addition, we will inform the NHS Information Centre for Health and Social Care (or equivalent organisation for Northern Ireland) that you are taking part in the study so that they can inform us if you develop any type of cancer. To do this, we will provide them with your name, address and NHS number.

6.5 Sample Storage
With your permission we will store:

a) a portion of your blood for research purposes under the custodianship of Professor Ian Jacobs, Dr Usha Menon and Dr James MacKay at UCL
b) a portion of your DNA for research purposes under the custodianship of Professor Ian Jacobs, Dr Usha Menon and Dr Simon Gayther at UCL

c) tissue removed if you have gynaecological surgery

The stored blood, DNA and tissue may be used for future research studies, which may include genetic analysis. These studies will not be of direct benefit to you, but we hope will benefit other women in the future. In order to ensure that your personal information remains confidential, your blood, DNA and tissue samples will be anonymously coded. Only the UK FOCSS research team will be able to trace a sample back to you. Other researchers using your samples will not be able to tell from whom samples were obtained. If you are concerned about the use of your samples in any future research study, please do discuss this with a member of the study team or the person recruiting you into the study. You do not have to agree to allow them to store your samples for use in future studies and if you prefer not to let them do this, it will not affect your screening or any future care you receive. You are free to withdraw your consent for use of your samples for research purposes at any time. The researchers who use these samples in the future will have to ask the permission of a Research Ethics Committee before doing this. It is possible that research may include researchers working for commercial companies. It is still possible for you to take part in the screening study if you do not wish any of your samples to be used for future research.

7. What is the procedure that is being tested?

This study is testing the effectiveness of ovarian cancer screening using a blood test (CA125) and ultrasound scans of the ovaries.

8. What are the alternatives methods for ovarian cancer screening?

No other tests for ovarian cancer screening have yet reached a stage of development where they are ready to be tested in a study such as this one. Up until now, CA125 tests were generally only used once a year for screening. Because of concerns about whether this was frequent enough, we have now increased the frequency of the blood test to three times a year.

It is still not known if this screening strategy will be effective. The other option apart from screening for women at high risk of ovarian cancer is to have an operation to remove the ovaries and fallopian tubes. This is the only guaranteed way to prevent cancer developing in the ovaries and fallopian tubes. It may also reduce the risk of developing breast cancer. Women at high risk of ovarian cancer have a small risk of cancer arising in the lining of the abdomen and this type of cancer (peritoneal cancer) cannot be prevented by having the ovaries and tubes removed. Having this operation may not be suitable for everyone. However, it is important that you consider this option carefully before opting for screening.

If you join this study and subsequently prefer to have your ovaries removed rather than continue with the screening program you are, of course, entirely free to do so. Once you have had your ovaries removed you will no longer be able to take part in the screening study.

9. What are the side effects of the screening when taking part?

Ultrasound scans of the ovaries are not known to have any side effects. As with all blood tests, there is a possibility of slight redness, inflammation and/or bruising developing at the site where the needle is placed into your arm.
10. What are the possible disadvantages and risks of taking part?

The purpose of the study is to find out if screening for ovarian cancer is effective. There is no guarantee that ovarian cancer will be picked up at a curable stage by the screening techniques used and should you develop any symptoms that you are concerned about, you should see your doctor as soon as possible.

CA125 blood tests can sometimes be high for reasons not related to cancer. Ultrasound tests can show non-cancerous abnormalities in the ovaries, for example ovarian cysts that often occur naturally in women still having periods. If you were found to have a high CA125 then you may be recommended to have an ultrasound scan. If the ultrasound and/or CA125 results are particularly abnormal, you will be referred to a specialist for further investigation, as it may be necessary for you to have surgery to exclude the possibility that you have developed an ovarian cancer. However, not all women with abnormal results have an ovarian cancer, so it is possible that you may have surgery to remove your ovaries and fallopian tubes and then discover that you did not have ovarian cancer. Not all ovarian cancers produce CA125 and it is possible that ovarian cancer could develop without it being detectable by the CA125 blood test. For some women, screening itself can lead to anxiety. Please feel free to discuss this or any other questions with the study team.

11. What are the possible benefits of taking part?

If you were to develop ovarian cancer there is a possibility that it would be detected earlier and therefore treatment may be more successful. There is no way to know if you or anyone else on the study will benefit in this way. There may be no benefit to you directly but it is hoped that the information gained will help many women in the future.

12. What if new information becomes available?

This study will be assessed at regular intervals. If it should become apparent that another type of test or method of screening is better then the study will be reviewed.

13. What happens when the research study stops?

At present, it is not known whether the National Health Service (NHS) will continue to provide screening for women at high risk of developing ovarian cancer once this study has finished at the end of 2011. It is hoped that when the results of this and similar studies in the USA become available, if screening is shown to be effective, the NHS will continue to offer it, but this is not guaranteed.

14. What if something goes wrong?

If taking part in this research project harms you, there are no special compensation arrangements. If you are harmed due to someone’s negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal National Health Service complaints mechanisms should be available to you.

15. Will my taking part be kept confidential?

Your GP will be informed that you have agreed to take part. Your participation and all information you supply will be kept confidential. If you consent to take part, regulatory authorities or Cancer Research UK ensure that the study is being carried out correctly and may examine your results and medical notes.
16. **What will happen to the results of the study?**

The results of this study will not be known for some time, but will be made available using scientific and medical publications that anyone can access. However, you will not be personally identified in such publications.

17. **Who is organising and funding the study?**

The study is being organised by the Gynaecological Cancer Research Centre at University College London. The principal investigators are Prof I Jacobs, Dr J MacKay, Dr U Menon, Dr S Skates and Dr A Rosenthal.

The funding for this study comes from Cancer Research UK, the Eve Appeal and the Department of Health, UK.

18. **Who has reviewed the study?**

The study has been reviewed by the Eastern Multi-Region Ethics Committee, and the Cancer Research UK Clinical Trials Advisory & Awards Committee. Both consist of healthcare professionals and members of the public with no connection to the study.

19. **Where can I get further information about the study?**

Mr Philip Badman / Mrs Lisa Hinton, UK FOCSS Team, Gynaecological Cancer Research Centre, Institute for Women’s Health, UCL, Maple House, 149 Tottenham Court Road, London W1T 7DN, Tel 020 7380 6916 / 6920

20. **For free impartial information about cancer please contact:**

   - **OVACOME** 020 7380 9589
   - **CancerBACUP** 0808 800 1234.