Patient information folder for the scientific research on the yield of pancreatic cyst surveillance.

Dear Sir/Madam,

Your treating physician has asked you to participate in a clinical study (the PACYFIC study), conducted by the Erasmus University Medical Centre of Rotterdam, the Netherlands, in cooperation with your own hospital. You were selected as a possible candidate, since you are diagnosed with a pancreatic cyst (fluid filled collection), for which surveillance is warranted.

The decision to participate in this study is entirely voluntary. Before you decide if you want to take part or not, it is important that you fully understand the purpose of the study and the involved procedures and risks. Please, take your time to read the following information carefully and discuss this with your partner, friends or family.

Feel free to ask questions now, or at any time during the study, by talking to your treating physician, or by consulting an independent physician (who is not personally involved in the study, but is well informed about the subject). You will find their contact information on page 5.

1. Aim of the study?

Pancreatic cysts are a common finding. Changes in the appearance of these cysts may be an indication of the development of pancreatic cancer. The risk of a cyst becoming cancer is known to be very small, but exact figures are not available. In the absence of this knowledge, out of caution, international guidelines recommend an intensive, lifelong surveillance strategy. Thus, one hopes to detect pancreatic cancer in an early stage and start treatment as soon as possible. However, the efficacy of the surveillance is never been properly investigated.

The present study investigates the actual benefit of this surveillance, as this has never been evaluated before. We are also interested how you, as a patient, the surveillance experiences. In addition, we hope to identify risk factors for the development of cancer from a pancreatic cyst. This will help us to choose the best surveillance strategy in the future; providing optimal protection, while causing the least burden for you as a patient.

2. What will be investigated?

This study will investigate the outcome of pancreatic cyst surveillance in a large group of individuals during a period of 15 years. We will record how often pancreatic cysts; change, cause symptoms, are operated upon, or become cancer. In addition, we will collect blood samples from every participant, and from some participant we will collect pancreatic juice.. Pancreatic juice is secreted after a meal to the small intestine for digestion. These samples will be stored in a biobank for future research. We use the blood and the pancreatic juice to look for possible markers that can predict the development of cancer. Finally, we will evaluate the burden for patients undergoing cyst surveillance, by means of patient questionnaires.

3. How is the study carried-out?
Whether you participate in the study or not, will not affect the way your cyst is followed or treated. In both cases, follow-up will be performed by your own physician, in your own hospital. The cysts will be checked with either a Magnetic Resonance Imaging (MRI) scan or by Endoscopic Ultrasound (EUS), and by taking blood samples every 6, 12 or 24 months (see appendix 1; Surveillance schedule of pancreatic cysts).

Participation in the study does **not** require any additional hospital visits. Regular cyst follow-up demands two hospital visits. The first visit is used to perform the imaging study and to take blood samples (two vials of 6 ml). If you decide to participate in the PACYFIC study, two additional vials (one 10ml, one 6ml) will be collected. These vials will be stored, to be examined for potential tumor markers at a later stage. The second visit, several weeks later, consists of an appointment with your treating physician, to discuss your condition and the test results.

Sometimes in patients who will receive an EUS, we will collect pancreatic juice. The pancreas will secrete pancreatic juice by giving an infusion of the hormone secretin during the EUS. The fluid that comes free in the small intestine will be gathered by suctioning. You will not notice anything, because the EUS is under sedation. However, the EUS will take 5-10 minutes longer.

If you consent to participation, we will ask you to fill out an online questionnaire after every hospital visit (1-2 times a year or 1 time every 2 years). The questions concern your experience with pancreatic cyst surveillance and its impact on your daily life. You may find some of these questions confronting or personal. Answering the questionnaire will take about 5 to 15 minutes of your time. You can complete the questionnaire online. A link to the questionnaire will be sent to you by email, if you give us permission to do so.

4. What is expected of you?
There are no special lifestyle rules or limitations, if you decide to participate in this study.

5. How is participation different from regular cyst surveillance?
Participation in the study will not change cyst management. It will only change the blood sampling procedure; instead of the two standard vials, two extra vials will be drawn. In addition, you will be asked to fill out an online questionnaire after each follow-up visit. If you want to refrain from filling out questionnaires, you can still participate in the study.

6. What are the other available surveillance options?
Your own treating physician will decide on the surveillance strategy of your pancreatic cyst. Participating in the PACYFIC study does not affect this process. We will only observe the outcome of this strategy.

7. What side effects can you expect?
Since this study does not intervene with cyst management, no side effects are expected for participants. Also, participation will not interfere with any future

decisions regarding your health. Your treating physician will remain responsible for all decisions concerning the cyst follow-up, additional diagnostic testing, and treatment of your pancreatic cyst.

8. What are the pro's and con's for participants?
It is important to understand the potential pro's and con's of this study before you make the decision on participation. Participation in this study does not give you any personal advantages. You will not suffer from fewer health complaints. Neither will you receive a better treatment. The cyst will not be more frequently checked then your own treating physician advises.
A potential benefit for participants will be to minimize the chance to miss an appointment during pancreatic cyst surveillance. Also, the obtained knowledge from this study will be used to improve pancreatic cyst surveillance in the future and prevent unnecessary hospital visits. When risk factors are established, we hope to provide individual cyst surveillance and treatment in the future. Participation in the study does **not** require any additional hospital visits. Also, no risks are related to participation in this study.

The burden for you as a participant will consist of filling out a questionnaire after each follow-up visit. This will take about 5 to 15 minutes. In addition, four blood vials will be collected instead of two. As blood is drawn in the course of your regular cyst follow-up, no extra vena-puncture will be necessary. The collected blood volume will not exceed 40ml. By comparison: for blood donation, generally 500 ml blood is drawn. Another possible disadvantage is if pancreatic juice will be collected the procedure will take several minutes longer.

9. What happens if I do not want to participate in this study?
Participation in this study is entirely voluntary. You have the right not to take part at all or to leave the study at any time, without an explanation. Declining to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with your treating physician.

10. Are you insured?
As participants will not be exposed to additional risks, the medical ethical committee of the Erasmus University Medical Center in Rotterdam has decided that an additional insurance is not necessary.

11. Will you be informed if new insights concerning the study become available?
The study procedures will be carried out as accurate and well controlled as possible. It will be frequently evaluated whether new significant insights become available. These insights will be shared and discussed with you. You can always decide to withdraw from the study.

12. What happens with your data and body tissue?
For this study, we will record personal data (such as your name, date of birth and information regarding your health) and store biomaterial. For this study is blood and pancreatic juice necessary. Collecting, using and storage of your data and biomaterial

is required to answer the research question of this study. We ask for the use of your data and biomaterial permission.

Confidentiality of personal data and biomaterial
To protect your privacy, data and biomaterial will be stored in a coded manner. Name and other personal information that could identify you will not be used in this database. To link the coded data with a specific individual, a key (list) is available. This key will be safely stored in the local research institution. Also, reports and publications on this study will not show any data that could trace back to your name and personal information.

Access to personal data
To monitor the study execution and its validity, certain individuals can have access to all coded and non-coded study data at the research site. These individuals are: the local safety committee of this study, investigators and members of the local research team, authorized members of the national Health Care Inspection and members of the Medical Ethical Committee. They will keep study data and personal information a secret. We ask your permission for these people to have insight in your information.

Storage period data and biomaterial
Data will be stored by the local research team for a period of 15 years after the end of study to run analysis related to the present study, or to other research questions regarding pancreatic cysts. You can declare your (dis)approval for this on the consent form (appendix 1), which is attached to this patient information folder. You can still participate in the study if you do not consent to use your information for future research questions.

E-mail address usage
In the informed consent form (appendix 2) you are requested to supply your e-mail address. This address will only be used to send you a link to the online patient questionnaire. Your e-mail address will be stored in a safe place, separate from the other research data. You can always notify us if you do not longer want to receive our e-mails. You can also participate in the study, without providing your email address. You will then not receive the patient questionnaires

Unexpected findings
During this research there is a possibility of unexpected findings that are not important for the research, but have a possible impact for you as a patient. If it has an impact for your health you get notified by your own physician. You can discuss the following steps with your physician or general practicer. For this you will give permission as well.

Withdraw consent
You can withdraw your consent on the use of personal data at any moment. This regards data on this study, storage of data and usage of data for future research. Research data that have already been collected up to the moment of consent withdrawal will be used for this research. Your biomaterial will be destroyed after withdrawal of consent. If analysis have already been performed on your biomaterial, these data will be used.

More information regarding your rights
To get general information on your rights regarding processing personal data you can consult the website of Autoriteit Persoonsgegevens (Dutch). You can contact the team responsible for processing your personal data if any questions remain unanswered. For example, the official for data protection in the Erasmus Medical Center (+31(0)10-7034986). Ask your treating physician for more information on data protection in your institution.

13. Are there extra costs or is there a financial compensation for participants of the study?
You will not be compensated financially for your participation. For this study, there are no extra costs or additional hospital visits.

14.Which Medical Ethical Committee approved the PACYFIC study?
The Medical Ethical Committee of the Erasmus University Medical Center in Rotterdam, the Netherlands approved the implementation of this study. You can find more information on the approval in the brochure on general medical research with humans which can be found in Dutch on www.rijksoverheid.nl/mensenonderzoek.

15. Is there anything else you would like to know?
You will be given enough time to decide if you would want to participate in the study (at least 48 hours). If you have any questions about the study, feel free to contact the principal investigator at your hospital:

Physician: ……..
Department: ……..
Phone number: ……..
E-mail: ……..

If you have doubts whether you should participate in the study or if you have questions you rather not discuss with our researchers, you can contact an independent physician at your hospital. This person is not involved in the study, however capable of answering your questions:

Physician: ……..
Department: ……..
Phone number: ……..
E-mail: ……..

For general information on your rights regarding the processing of your personal data you can contact: …… (website) or the data protection officer at your hospital.

Name: ……..
Phone number: ……..
E-mail: ……..

Also, you can contact the coordinating investigators of the Erasmus Medical Center in the Netherlands:
E-mail: pacyfic@erasmusmc.nl

Website: www.pacyfic.net

If you have any complaints about the study or your treatment, you can contact the independent hospital complaints committee of the ……..(hospital name and city/country) by phone: ……..(phone number).

If you decide to participate in this study after careful consideration, we kindly ask you to sign the informed consent form (appendix 2.) together with the principal investigator or his/her representative.

Yours sincerely,

The PACYFIC research team

Appendices

1. Regular pancreatic cyst surveillance schedule
2. Informed consent form

Appendix 1: Regular surveillance schedule of pancreatic cysts.

Follow-up will be performed with MRI or endoscopic ultrasound (EUS) and/or blood samples. Your own treating physician decides how to screen and it will be performed at your own hospital.

The European guidelines advises the following. However your own treating physician can, and is allowed, to deviate from these guidelines.

For every follow-up there are two hospital visits. One visit consist about undergoing the tests (MRI or EUS and/or blood). The other visit will be about discussing the test results.

Newly discovered cyst **Or** **Operated cyst**	**How many times will there be a follow-up of the cyst?**	**Which diagnostic will be performed?**
1 year	2 times or 1 time	MRI or EUS* + blood samples** + ***
2 and 3 year	Yearly	MRI or EUS* + blood samples** + ***
4 year and beyond	Yearly or 1 time every 2 years	MRI or EUS* + blood samples** + ***

When you are participating in the PAYCFIC study the following will be added to the regular follow-ups of the cysts:

* There is a possibility that pancreatic juice will be collected during an EUS

** Two extra vials blood (with a maximum of 10 milliliters per vial) will be drawn

*** after every follow-up a you will be asked to fill out an online questionnaire at home about 5 – 10 minutes

Appendix 2: Informed consent form for the scientific research on the yield of surveillance of cyst lesions of the pancreas
Informed consent form for the scientific research on the yield of surveillance of cyst lesions of the pancreas

I have read and understood the PACYFIC study patient information folder. Also, I have been given the opportunity to ask questions and all my questions were answered to my satisfaction. I had sufficient time to consider my participation.

I understand that my participation in this study is voluntary and that I can withdraw at any time, without being penalized or questioned on why I have withdrawn.

I give permission to request personal data from my general practitioner or medical specialist.

I give consent to collect and use my personal data to answer the research question of this study.

I am aware that authorized people (as mentioned in the patient information folder) will have access to my medical file to monitor the execution and validity of this study. I consent to give them insight in my medical records.

I give permission to send me the patient questionnaire by e-mail. My e-mail address will not be visible for unauthorized persons and will only be used to send me the patient questionnaires mentioned earlier.

Please write down your e-mail address here: _____

I □ **do** □ **do not** give permission to store my medical data after the end of this study and use it in future research on the field of pancreatic cysts.

I □ **do** □ **do not** give permission to store my body material for 15 years after the end of this study to use this for future research on pancreatic cysts.

I □ **do** □ **do not** give permission to use my body material, which will be collected during the study, for other research regarding pancreatic cysts.

I □ **do** □ **do not** give permission to store and send my body material in the context of the PACYFIC study to other countries abroad. I am aware that the European guidelines for general data protection regulation are not applicable outside the European Union.

I □ **do** □ **do not** give permission to contact me for additional research in the future.

I want to participate in this study.

Name participant: ……

Signature: …… Date: ___ / ___ / _____

** Please, sign both consent forms*

To be filled out by the study investigator:

Undersigned declares to have informed…… (name participant) and to have answered all the questions about this trial to the best of his/her ability

If significant new insights that might influence the consent of the participant become available during the study period, I will inform him/her as soon as possible.

Name investigator (or it's representative): ……

Signature: …… Date: __ / __ / __

Informed consent form for the scientific research on the yield of surveillance of cyst lesions of the pancreas

I have read and understood the PACYFIC study patient information folder. Also, I have been given the opportunity to ask questions and all my questions were answered to my satisfaction. I had sufficient time to consider my participation.

I understand that my participation in this study is voluntary and that I can withdraw at any time, without being penalized or questioned on why I have withdrawn.

I give permission to request personal data from my general practitioner or medical specialist.

I give consent to collect and use my personal data to answer the research question of this study.

I am aware that authorized people (as written in the patient information folder) have access to my medical file to monitor the execution and validity of this study. I consent to give these authorized persons insight in my medical record.

I give permission to send me the patient questionnaire by e-mail. My e-mail address will not be visible for unauthorized persons and will only be used to send me the patient questionnaires mentioned earlier.

Please write down your e-mail address here: _____

I □ **do** □ **do not** give permission to store my medical data after the end of this study and use it in future research on the field of pancreatic cysts.

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Name participant: ……

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Name investigator (or it's representative): ……

Signature: …… Date: __ / __ / __