

OHSU Knight Cancer Institute Information Sheet

TITLE: War on Melanoma: Enlisting a cohort of melanoma survivors and their families

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“You” refers to you or your child in this consent form.

This is a registry, a type of research database. Research registries include only people who choose to take part. Please take your time to make your decision about taking part. You can discuss your decision with your friends and family. You can also discuss it with your health care team. If you have any questions, ask the investigator.

You are being asked to take part in this registry because you have been identified as someone who has a personal history of melanoma or are a relative or friend of someone who had melanoma.

WHY IS THIS STUDY BEING DONE?

You are being asked to join a registry of melanoma patients, their families and friends. The Melanoma Community Registry will serve as a resource for communicating with you about future melanoma community outreach projects and research that may be of interest to you. By agreeing to be included in the Melanoma Community Registry, you are providing consent or permission for OHSU researchers to keep your information in a confidential, privacy-protected, ethics board-approved database for future contact regarding melanoma educational and community events, free skin cancer screenings, and/or skin cancer research opportunities. Your participation in any of these future events is completely voluntary and you can request removal from the registry at any time.

HOW MANY PEOPLE WILL TAKE PART IN THIS REGISTRY?

As many as 5000 people will take part in this registry, which will be managed by Oregon Health & Science University.

WHAT WILL HAPPEN IF I TAKE PART IN THIS RESEARCH REGISTRY?

Your name and contact information will be stored in a database of information. The OHSU Department of Dermatology may then contact you in the future to let you know about melanoma-related events. Researchers may ask the Department of Dermatology to contact you about research studies they want to do, in which case we will contact you (the researchers will not be given your contact information unless you directly provide it to them) so that you can decide if you'd like to participate in that future research. If you decide you do want to participate, you will have the information necessary to let the researchers know.



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Before you agree to participate in any future research, the investigator must tell you:

1. Why the research is being done, what you will have to do, and how long it will last;
2. The risks and benefits of the research;
3. What other choices you have if you prefer not to join the research study; and,
4. How information about you will be protected.

Depending on the study, the investigator may also tell you about:

1. What will happen if you are harmed by the study;
2. What happens if you decide to stop participating in the study;
3. New risks that may be discovered during the study;
4. The reason(s) why you may be asked to leave the study before it is completed;
5. Costs, if any, you may be responsible for; and
6. How many people will be in the study.

HOW LONG WILL I BE IN THE REGISTRY?

Your information will be stored indefinitely, unless you request to be removed from the registry.

WHAT RISKS CAN I EXPECT FROM BEING IN THE REGISTRY?

We take significant precautions to protect your information. All of the information you provide is stored at OHSU on a secure, HIPAA-compliant server. However, there is a small risk of loss of confidentiality. If the information in this registry were to be accidentally released, it might be possible that the information we will gather about you as part of this registry could become available to others. .

ARE THERE BENEFITS TO TAKING PART IN THE REGISTRY?

You may or may not personally benefit from being in this registry. However, by serving as a participant, you may help us learn how to benefit patients in the future.

WHAT OTHER CHOICES DO I HAVE IF I DO NOT TAKE PART IN THIS REGISTRY?

You may choose not to be in this registry.

WILL MY INFORMATION BE KEPT PRIVATE?

We will take steps to keep your personal information confidential, but we cannot guarantee total privacy.

WHAT ARE THE COSTS OF TAKING PART IN THIS REGISTRY?

There will be no cost to you or your insurance company to participate in this registry.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS REGISTRY?

If you have any questions regarding your rights as a research participant, you may contact the OHSU Research Integrity Office at (503) 494-7887.

You do not have to join this or any research study. If you do join the registry and later change your mind, you have the right to withdraw at any time. This includes the right to withdraw your authorization to use and disclose your health information.

WHAT WILL HAPPEN IF I CHOOSE TO STOP PARTICIPATING IN THE REGISTRY?

You can decide to stop at any time. If, in the future, you decide you no longer want to participate in this registry, we will delete your contact and health information. However, if your information is already being used in an on-going research project and if its withdrawal jeopardizes the success of the entire project, we may ask to continue to use it until the project is completed.

WHO CAN ANSWER MY QUESTIONS ABOUT THIS REGISTRY?

War on Melanoma staff at telephone: 1-844-300-SPOT (7768) is available to answer any questions you may have about this registry.

Language for: ONLINE CONSENT: (not included on printed copy)

Your submission of this electronic form by clicking on "I ACCEPT" button below indicates that you have read this entire form and that you agree to be in this registry. If you change your mind about participation in the registry at any time, now or in the future, contact the study team listed on the first page of this consent form.

I, **ACCEPT**.

OR

I am under age 18, AND a PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE to **ACCEPT** ON HIS/HER BEHALF.

If you are not at home or don't have a printer available, we can mail you a hard copy of this form.

☐ Please send me a printed version of this form