Appendices

Appendix 1: Informed consent form

Informed consent form for participation in the clinical trial design: Comparison of the efficacy and safety of bevacizumab of AryoGen Pharmed company with Avastin® (manufactured by ROCHE Company) in patients with metastatic colorectal cancer.

Mrs./Mr.…….

I hereby invite you to participate in the above-mentioned research. Research information is provided in this service sheet and you are free to participate or not in this research. You do not have to make an immediate decision and you can ask your questions from the research team to decide on it and consult with anyone you want. Before signing this consent, make sure you understand all the information in this form and all your questions have been answered.

Researcher……....

1- I know that the purpose of this study is to compare the efficacy and safety of bevacizumab of AryoGen Pharmed Company with Avastin® (manufactured by ROCHE Company) in patients with metastatic colorectal cancer.
2- I know that my participation in this research is totally voluntary and I do not have to participate in this research. I was assured that if I did not want to participate in this study, I would not be deprived of routine diagnostic and therapeutic care and my therapeutic relationship with the treatment center and the physician will not get affected.
3- I know that my cooperation in this study is that, after signing informed consent and being placed randomly in one of the groups of bevacizumab will be treated according to the following protocol:

Patients are randomized in to the two groups A and B (AryoGen pharmed bevacizumab or Avastin®) and will be treated according to the following protocol:

Bevacizumab 5 mg/kg will administer at day 1 every 2 weeks. Initially it will administer as a 90 min infusion. If the first infusion is well tolerated, the second will deliver as a 60 min infusion; if the 60-min infusion is well tolerated; all subsequent infusions will deliver over 30 min.

FOLFIRI-3:

FOLFIRI-3 regimen consist of irinotecan 100 mg/m^2 over 1 hour at day 1, leucovorin 400 mg/m^2 at day 1 over 2 hours, followed by a 46 hour 5-FU continuous infusion (2000 mg/m^2) and irinotecan 100 mg/m^2 over 1 hour at day 3 will administer.

These treatment cycles will be repeated every 2 weeks for 26 cycles. Also during 6 months to 1 year therapeutic evaluations will be done.

Before starting treatment, the full detail of the study, drug administration and its possible side effects have been described to me.

4- The possible benefits of my participation in this research are as follows:
By participating in this research, the cost of my medication will be free of charge, and during this study, I will be examined more carefully and precisely regarding side effects of medications by physicians. By participating in this study, I can help improve the patient's treatment process and make cheaper drugs being available for patients like me.

5- The possible harms and adverse events of participation in this study are as follows:
Possible damages include side effects of medications. According to the fact that one of the study groups receives Avastin® (manufactured by Roche) is a common drug that is commonly used in many countries, including Iran, adverse events are the same as mentioned in the pharmacy books. In the other group receiving bevacizumab of AryoGen pharmed, the side effects are similar to that of the previous one and have not been seen more than the usual treatment.

6- I know that the researchers of this clinical trial keep all of my information, confidential and are only allowed to publish the general and cumulative results of this research without mentioning my name and profile.

7- I know that the Ethics Committee can have access to my information for monitoring my rights.

8- Dr. Hamid Reza Rezvani was introduced to me for answering my questions and I was told that whenever a problem or question related to participation in the above-mentioned research came to me, I can ask him. His address and phone number are given to me as follows:
Address: Taleghani Hospital, Shahid Beheshti university of medical sciences, Shahid Arabi St., Yaman St., Chamran highway, Tehran, Iran.
Telephone: 00982122432560-9

9- I know that if during the research any physical or mental problem arose for me regarding my participation in this research, it would be the responsibility of the researcher to treat side effects and compensate the costs and expenses.

10- I know that if for any reason, the clinical trial is terminated sooner or suspended, my research organization or researcher will be notified me of this matter and they ensured me that appropriate treatment and follow up will be done for me.

11- I know that if I become hospitalized due to participation in this study, or a disability or any other unpleasant consequence occur for me in this study, that if I did not attend this study, it would not happen for me, the relevant compensation is AryoGen pharmed company responsibility and I am insured by the AryoGen pharmed company due to the adverse events occur for me because of my participation in the study.

I know that if I have a problem or objection to executers of the research or the research process, I can contact the Ethics Committee of Shahid Beheshti University of Medical Sciences at the address of: Shahid Beheshti university of medical sciences, Shahid Arabi St., Yaman St., Chamran highway, Tehran, Iran and present my problem either verbally or in writing.

12- This form of information and informed consent is provided in two copies and will be signed by the researcher and me. A signed copy will be given to me and a signed copy will be given to the researcher.

I read and understood the above-mentioned tips, and based on that, I declare my informed consent to participate in this research.

Participant signature:

I consider myself bound to comply with the obligations of the executor in the above provisions, and I undertake to work on the rights and safety of people participating in this research.

Researcher signature:

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