



OWNER INFORMED CONSENT



UW Veterinary Care
2015 Linden Drive, Madison, WI 53706

I understand that the veterinarians at this institution are engaged in research into the nature and treatment of malignant diseases. The detailed procedures of this study have been explained to me by:

Dr. _____ on _____.

As part of this particular study, I understand the following:

- My dog must have a confirmed diagnosis of multicentric lymphoma, with additional characterization of either B or T cell via flow cytometry.
- My dog must be naïve to treatment, meaning they have not received any previous chemotherapy, or corticosteroids for treatment of lymphoma.
- I have requested that my dog receive cancer treatment.
- My dog's specific treatment plan has been approved by me after discussion of the treatment options for multicentric lymphoma with an oncology clinician.
- As part of the study protocol, my dog will receive Laverdia (verdinexor), a novel chemotherapy drug, twice weekly (72 hours between doses). This medication will be given to my dog by me at home, as directed by my veterinarian. Potential risks of Laverdia may include gastrointestinal upset (vomiting, diarrhea, decreased appetite), lethargy, and less commonly liver enzyme elevations. If after two weeks my dog is tolerating Laverdia well, the dose may be increased for the remainder of the study.
- As part of the study, my dog will receive CCNU (Lomustine) once every 3 weeks for 5 doses. This medication will be administered during a scheduled recheck visit. Potential risks of CCNU include gastrointestinal upset (vomiting, diarrhea, decreased appetite), bone marrow suppression (neutropenia, thrombocytopenia, fever, increased risk of infection), and elevated liver values.
- My dog will receive a liver supportive medication (Denamarin) daily throughout the course of the study. The cost of this medication is my responsibility.
- Additional supportive medications (anti-emetics, anti-diarrhea medications, appetite stimulants, pain medications if needed) may be recommended throughout the course of the study to manage adverse events. The cost of these medications is my responsibility.
- Bloodwork and physical examination will be monitored throughout the treatment protocol, and if my dog experiences concerning adverse events, they will be withdrawn from the trial by the supervising clinician. At that time, I will be informed of the withdrawal and further treatment options will be discussed with me.
- I will report any episodes of vomiting, diarrhea, decreased appetite, and decreased energy to the veterinarian caring for my dog.

- My dog must return to UWVC on study days 21, 42, 63, 84, and between days 105-112. Physical examination, lymph node measurements, bloodwork, +/- CCNU administration will be performed during these visits.
- My dog must have a complete blood count (CBC) and temperature check performed on days 7, 28, 49, 70, and 91. These visits may be performed by my family veterinarian, but the associated costs will not be covered by the study. If these visits are completed at UWVC, these costs will be covered.
- Clients participating in this study will be granted special financial considerations. Specifically, the cost of Laverdia and CCNU will be paid for by the study, as well as any study-associated recheck examinations and blood work testing.
- I am responsible for the costs of initial diagnostics, staging tests, and initial consultation. If my pet requires additional recheck examination or testing beyond the scheduled study rechecks, even if associated with side effects of the underlying cancer or treatment, I will be responsible for those costs.
- Imaging studies such as abdominal ultrasound and/or chest radiographs, which may require sedation, may be performed at the recommendation of the clinician when deemed appropriate for disease monitoring or assessment of adverse events. The costs of these studies will not be covered by the trial and will be my responsibility.
- If my dog's lymphoma progresses while receiving treatment, they will be withdrawn from the study, and further treatment options will be discussed with me.
- If after completion of the study period my dog has maintained a clinical remission, I have the option of continuing Laverdia treatment. The cost of Laverdia will be covered, however I am responsible for the cost of recheck appointments and monitoring tests as recommended by my veterinarian while on this medication.
- I give my permission to publish the data obtained from this study for the benefit of the scientific community. I understand that my dog will not be identified individually in any such publications.
- I may withdraw my dog from this study at any time and for any reason without penalty. After withdrawal, I may discuss other treatment options with my veterinarian and continue seeking veterinary care at UWVC.

As a result of discussion with Dr. _____, and after reading the above, I voluntarily consent to assignment of my pet to this clinical trial. I consent to participate in this project and will follow the instructions of the veterinarians in charge as it pertains to therapy and follow-up procedures.

Signed: _____
 Owner or authorized agent of owner

Date _____

Witness: _____

Date _____

