Title. Patient-reported selection for incidental findings in a comprehensive genomic trial: A Danish single institution experience from the Copenhagen Glioblastoma Cohort.

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INTRODUCTION: Participation in clinical trials is a high priority in the neuro oncology community and require an informed, signed consent from the patient. However, patient information becomes increasingly complex as many trials include comprehensive molecular analyses and, according to Danish legislation, must include a statement about incidental findings. Incidental findings can range from variants of unknown significance to pathogenic variants like mutations in the mismatch repair-genes (MMR) and *BRCA1-2*. Such findings can have significant influence on the patient and his/her family. Incidental findings have been reported in 1-18% of cancers with pathogenic variants most common in mesothelioma, ovarian-, cervical- and urothelial cancer, and cancer of unknown primary origin. Patients with glioblastoma (GBM) can have impaired cognitive function, both due to the disease and due to potential morbidity after surgery. This can limit access to clinical trials as some patients might not understand the study information. We wished to investigate whether patients were interested in participating in a comprehensive genomic trial and to investigate where they marked their preference of amount of information for incidental findings.

PATIENTS AND METHODS: Consent forms from a previously published study from the Danish Glioblastoma Cohort were investigated. The study enrolled 108 newly diagnosed GBM patients in the period of 2016-2019 and included whole exome- and RNA sequencing. The informed consent included three alternatives to receive information about incidental findings; 1) no information wanted, 2) information wanted if incidental findings could be treated or future disease be prevented and 3) all information wanted even though no treatment or prevention existed.

RESULTS: A total of 106/108 (98.1%) patients consented to participate. Each category was marked as follows: 33 patients (30.6%) marked 1), 24 patients (22.2%) marked 2) and 45 patients (41.7%) marked 3). Six consent forms were N/A as either two or no boxes were marked. No pathogenic incidental findings were identified.

CONCLUSION: We found a high interest in trial participation despite of a complex study information. Information about incidental findings was spread between groups with majority of patients interested in receiving full information, suggesting that complex information does not hinder participation in molecular-based trials for GBM patients.