

**INFORMED CONSENT DOCUMENT  
AGREEMENT TO BE IN A RESEARCH STUDY**

**Sponsor / Study Title:** Pfizer Inc / “A PHASE 1, OPEN-LABEL, RANDOMIZED, SINGLE DOSE, 2-SEQUENCE, 3-PERIOD CROSSOVER STUDY TO EVALUATE THE EFFECT OF A LOW-FAT AND HIGH-FAT MEAL ON THE RELATIVE BIOAVAILABILITY OF PF-07284890 IN HEALTHY ADULT PARTICIPANTS”

**Protocol Number:** C4471002

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**INTRODUCTION**

You are here today as a possible participant in a drug research study sponsored by Pfizer Inc. Taking part in this study is voluntary (your choice). The study staff will be available to answer questions before, during, and after the study.

The sponsoring company (the company paying for this study), Pfizer Inc, employs the study investigator conducting this study.

If you are not completely honest about your health history, you may be harmed by being in this study.

**PURPOSES OF THE STUDY**

PF-07284890 will be referred to as the “study drug” in the rest of this consent document.

The purposes of this study are:

- To see how a new drug under study is tolerated, if there are significant side effects, and how people feel after taking it
- To measure the amount of study drug in your blood after a single, oral (by mouth), 200 mg dose taken after a low-fat meal and a high-fat meal, and without food
- To explore the effect of UGT2B7 genotype on the amount of study drug in your blood after a single 200 mg dose
  - UGT2B7 is a gene that, along with other genes, is responsible for breaking down the study drug in the body

The study drug is an investigational drug being studied to treat people with certain cancerous solid tumors, with or without the cancer having spread to the brain. “Investigational” means that the drug has not been approved by the United States (U.S.) Food and Drug Administration (FDA). Study drug will be given as two 100 mg tablets which you will swallow.

## ABOUT THE STUDY

### Number of Study Participants

There will be about 12 participants taking part in this study.

### Length of Study for Participants

You will be in this study for about 40 days. This does not include the time between screening and dosing, which can be up to 28 days.

This study involves:

- 3 dosing periods during 1 continuous admission
- 14 overnight stays at the Clinical Research Unit (CRU). You will not be able to leave the CRU during that time
- 1 follow-up phone call about 4 weeks after the last dose of study drug

There will be at least 5 days between each dose

### Eligibility to Participate in Another Drug Study

Your eligibility to take part in another study depends on information from this study and the ongoing study. You may be eligible to receive a different study drug in another study as soon as 30 days after your last dose of study drug in this study. This is true for most drugs. Some drugs may stay in your body longer which means that you may have to wait longer before joining another study. These results are usually known after your last blood sample is tested. We will tell you this as soon as possible. We will also tell you if there is a longer than usual period of time that you should not be in another drug study after this one. Our goal is to keep you from doing anything that might potentially harm you.

### Dosing Plan

The dose of the study drug that will be used to treat people with cancer is not yet known.

Dosing in this study is planned as follows:

Number of Participants	Study Period		
	1	2	3
6	Study Treatment A	Study Treatment B	Study Treatment C
	Study Treatment B	Study Treatment A	Study Treatment C
6	Study Treatment B	Study Treatment A	Study Treatment C

Study Treatment A: 200 mg of study drug (two 100 mg tablets) under fasted conditions (without food)

Study Treatment B: 200 mg of study drug (two 100 mg tablets) after a low-fat meal

Study Treatment C: 200 mg of study drug (two 100 mg tablets) after a high-fat meal

The dose in Period 3 may be decreased based on the safety data from the first 2 study periods.

On Day 1 of each period, you will receive a single oral dose of study drug. You will fast overnight (nothing to eat or drink except water) for at least 10 hours before dosing or beginning breakfast.

When dosing in the fed state (Periods 1 or 2 and 3), you will be served breakfast about 30 minutes before dosing. Breakfast should be completely eaten within about 20 minutes. Dosing will follow within 10 minutes of completing breakfast. When dosing in the fasting state (Period 1 or Period 2), you will not receive breakfast on Day 1.

An example of a high-fat breakfast includes: 2 eggs fried in butter, 2 strips of pork bacon, 2 slices of toast with butter, 4 oz. of hash brown potatoes, and 8 oz of whole milk.

An example of a low-fat breakfast includes: one boiled egg, one packet of flavored instant oatmeal made with water and 8 oz. of 1 % fat milk.

All of each breakfast should be eaten in about 20 minutes. If you agree to be in this study, you are agreeing to eat all the food listed in this menu. You must be able to eat meat and animal products for the high fat and low-fat breakfasts.

Each dose will be taken with about 8 oz of water. Doses must be swallowed whole. We will check your mouth after each dose to make sure the study drug has been swallowed.

Both you and the study staff will know what you are receiving.

This is a research study. The study drug will be given to you only during this study and not after the study is over.

## **Study Process**

Before any study procedures begin, you will be asked to read, sign, and date this consent document.

## **Screening**

After you sign and date the consent document, you will begin screening. The purpose of the screening is to find out if you meet all of the requirements to take part in the study. Procedures that will be completed during the study (including screening) are described below. If you do not meet the requirements, you will not be able to take part in the study. The study investigator or study staff will explain why.

As part of screening, you must complete all of the items listed below:

- Give your race, age, gender, and ethnicity
- Give your medical history
  - You must review and confirm the information in your medical history questionnaire
- Give your drug, alcohol, and tobacco use history
- Give your past and current medication and treatment history. This includes any over-the-counter or prescription drugs, such as vitamins, dietary supplements, or herbal supplements, taken in the past 28 days
- Height and weight will be measured
- Vital signs (blood pressure, heart rate, breathing rate, and oral temperature) will be measured
- Electrocardiogram (ECG) will be collected. An ECG measures the electrical activity of the heart
- Complete a COVID-19 questionnaire

- All participants will be tested for COVID-19 at each visit to the CRU
  - Study staff may be wearing masks, face shields, respirator hoods, gowns, and gloves
    - You will be provided a mask, and are required to wear it at all times
    - You will be tested for COVID-19 by collection of a swab sample
- Safety lab tests will be done from blood and urine samples. In addition:
  - Blood tests for aPTT and PT-INR (these labs test the blood's ability to clot)
  - Blood tests for human immunodeficiency virus (HIV), hepatitis B, and hepatitis C
  - Urine to test for drugs of abuse (illegal and prescription) and cotinine (by-product of nicotine)
  - Females who have not had a period for at least 12 months in a row will have a blood hormone test to confirm they cannot have children
- The study investigator may decide to do an alcohol breath test
- The use of proper birth control will be reviewed (males only)
- Physical exam. This may be done at screening or when you check-in for the study
- You will be asked "How do you feel?"

### **HIV and Hepatitis Testing**

HIV, hepatitis B, and hepatitis C will be tested at screening. If anyone is exposed to your blood during the study, you will have these tests done again. If you have a positive test, you cannot be in or remain in the study.

HIV is the virus that causes acquired immune deficiency syndrome (AIDS). If your HIV test is positive, you will be told about the results.

It may take weeks or months after being infected with HIV for the test to be positive. The HIV test is not always right.

Having certain infections or positive test results may have to be reported to the State Department of Health. This includes results for HIV, hepatitis, and other infections. If you have any questions about what information is required to be reported, please ask the study investigator or study staff.

Although this testing is meant to be private, complete privacy cannot be guaranteed. For example, it is possible for a court of law to get health or study records without your permission.

### **During the Study**

The events below will take place throughout the study. If you would like to know when exactly these will take place, please ask the study staff.

- You will be asked about any updates to your medical history. This includes prior diseases, medication, drug, alcohol, and tobacco use
- Physical exam
- Eye exam(s) may be done (by an ophthalmologist), if clinically indicated
- The use of proper birth control will be confirmed/reviewed (males only)
- Vital signs will be measured. Your oral temperature will also be measured
- ECGs (single or triplicate measurements) will be collected
  - It may be necessary to shave or trim hair on your chest so that the patches for the ECGs will stick to your skin
  - Your chest may be marked with a pen to identify the correct areas for ECG patch placement

- You will be asked: “How do you feel?” each day
- An IV catheter may be placed in a vein in one of your arms for blood collection
- The study investigator may decide to do an alcohol breath test at any time
- You will complete a COVID-19 questionnaire
- You will be swabbed for COVID-19
- Blood and urine samples will be collected at various times throughout the study
  - Safety Labs: The blood and urine samples will be used for safety labs including the following:
    - Blood samples for aPTT and PT-INR (these labs test the blood’s ability to clot)
    - Urine samples to test for drugs of abuse and cotinine
  - Any leftover serum (component of blood) from the safety lab samples may be stored and used to assess exploratory biomarkers or unexpected safety findings. Biomarkers are natural substances in your body that can be used to show how your body works
    - Samples to be used for this purpose will be kept for up to 1 year following completion of the study
  - Study Drug Levels: Blood samples will also be used to measure the levels of study drug
    - As part of understanding how your body absorbs, distributes, and gets rid of the study drug, the samples may also be used for the following:
      - Metabolite identification (by-products or end products of a drug produced as the body processes a drug)
      - Evaluate safety or efficacy (ability to produce a desired effect) aspects related to any concerns during or after the study
      - Check the laboratory test which measures the study drug
      - Other internal exploratory purposes
  - Pharmacogenomics: A blood sample will be taken to determine how your genes affect your response to the study drug. This sample will be used to examine a specific gene (called UGT2B7) and potentially other genes that are responsible for breaking down the study drug in the body
    - This sample may also be used to go back and test other genetic differences associated with the levels of study drug in your blood, biomarker response or to explore side effects
    - This sample may be kept by Pfizer for up to 3 years after regulatory approval
  - Retained Research Sample: A sample of your blood will be collected, stored, and used to learn more about the study drug
    - Biological substances in your sample, including your genes, may be studied
    - This sample may be kept by Pfizer for as long as the sample is useful for scientific research. This may be for many years (no time limit)
- You will receive a follow-up phone call about 4 weeks after the last dose of study drug
- For safety reasons, we may add procedures at any time during the study to check on your health status

### **Blood Draws**

Blood samples will be taken by individual needlesticks, or by a catheter. A catheter is a small tube that is placed in a vein in your arm to take blood when required. Catheters are used when ordered by the study investigator or when required by the study plan. They are not used at the request of the participant.

There will be about 52 blood draws. The total amount of blood drawn during the study will be about 210 mL. This is equal to about 7 oz (7/8 cup). For comparison, the standard blood donation is about 16 oz. (2 cups), once in any 56-day period.

As with all studies with blood draws, rest and good eating habits are recommended.

### **Possible Risks and Discomforts**

Taking part in this study has some risks. The study drug or procedure(s) may make you feel unwell or uncomfortable or could harm you. If you do not understand what any of the side effects described below mean, please let us know. The study investigator or study staff will explain them to you.

It is important that you report all side effects that you have as soon as they occur. This is regardless of whether or not you believe they are caused by the study drug or your participation in this study.

If you are not honest about any side effects that you have during the study, you may be harmed by staying in the study.

### **Study Drug Risks**

The study drug is currently being studied in participants with cancer. No human safety data is available at this time.

During animal studies done in rats and monkeys, the study drug was shown to be tolerated at certain doses.

Potential side effects based on animal studies of the study drug include:

- Skin changes including:
  - Rash
  - Blisters
  - Swelling
  - Scabs
  - Thickening
  - Dryness
  - Infections
- Increased sensitivity to sunlight with possible sunburn, blisters, or eye damage
  - These can be prevented by using sunscreen and wearing UV-protective clothing and sunglasses
- A new or louder heart murmur and/or shortness of breath due to changes to the structure of the valves of the heart that could result in heart failure
- Stomach pain or bleeding due to stomach ulcers
- A need to go to the bathroom more often or an increase in the amount of urine expelled due to an increase in the amount of urine produced
- Decreased size of the testes, decreased sperm count, and decreased fertility in males
- Mild decrease in red blood cells
- Mild increase in white blood cells
- Increased heart rate
- Vascular inflammation, which is swelling of the blood vessels

Potential side effects seen in patients treated with other drugs that work in the body like the study drug include:

- Feeling tired
- Eye effects including:
  - Pain
  - Redness
  - Light sensitivity
  - Vision loss
- Rash
- Nausea that could lead to vomiting
- Painful joints
- New or growing cancers on the skin and in the body
- Birth deformities or death of a fetus from effects on a developing fetus (only seen in animals to date)
- Changes in how electrical impulses are conducted in the heart which may increase the risk of an irregular heartbeat
- Bleeding including in the gastrointestinal tract (for example, in your stomach and/or intestines) and brain
- Skin reaction which could be severe
- Liver toxicity leading to damage in your liver
- Cardiomyopathy which is a disease of the heart muscle that makes it harder for your heart to pump blood to the rest of your body

It is not known if you will develop any of these symptoms as animal studies and side effects seen in other drugs like the study drug do not always predict the side effects humans may experience

Until you know how the study drug will affect you, you should use caution by:

- Avoiding stairs
- Not driving a car
- Not swimming or bathing in a tub
- Not working with machinery or at heights

### **Other Risks**

Because the study drug is investigational, all of its side effects are not known. There may be rare and unknown side effects. These include reactions that may be life-threatening.

All drugs have a potential risk of an allergic reaction. If an allergic reaction is not treated quickly, it could become life-threatening. You should get medical help (by calling 911 or immediately going to an emergency room) right away if you think you have any of the following symptoms:

- Trouble breathing
- Wheezing
- Difficulty swallowing
- Swelling of the face, mouth, lips, gums, tongue, or neck

Other allergic reactions may include:

- Itchiness
- Rash
- Hives
- Blisters
- Palpitations (racing heart)
- Chest discomfort/tightness
- Muscle pains/stiffness

At times, the following may also be symptoms of an allergic reaction:

- Diarrhea
- Nausea
- Vomiting
- Abdominal pain

If a significant side effect occurs, the following may be done:

- Tests or treatment(s) may be given as needed for your safety
- Depending on how severe your symptoms are, you may be seen by outside medical providers or a hospital. This would be for further evaluation and/or treatment
- The study investigator may notify your emergency contact as appropriate in the event of an emergency while you are taking part in the study

## **Additional Risks or Discomforts**

### **Testing of DNA and/or RNA (deoxyribonucleic acid and/or ribonucleic acid)**

Genes are pieces of DNA that give coded instructions for the body. Parts of the code are passed down from parents to their children.

The genes in your samples may be studied. This may include analyzing all of your genetic information. This is called “whole genome sequencing”. While collection of genetic information does not expose you to physical risk, collection of such information may result in a loss of your privacy if your genetic information is lost or stolen.

There is a very small chance that your genetic information could be misused by people not involved with the research, including to discriminate against you. However, steps are in place to prevent a particular result from being linked to you and to prevent unauthorized people from even knowing genetic research was done.

U.S. federal law prohibits discrimination in health insurance coverage and employment based on a person’s genetic data. However, U.S. federal law does not protect against discrimination when you are applying for:

- Life insurance
- Long term care insurance
- Disability insurance

You should talk to your physician or genetic counselor about the potential for genetic discrimination.

The results of tests on your sample(s) will not be given to:

- You
- The study investigator
- Any insurance company
- Your employer
- Your family
- Any physician who treats you

**Blood Samples and IV Catheters (if used)**

Possible side effects of having your blood drawn or an IV catheter inserted include:

- Bleeding at the site of the needle puncture
- Bruising
- Feeling faint
- Rarely, infection or blood clot
- Redness of the vein
- Inflammation of the vein
- Swelling
- Pain
- Nerve damage
- Vein irritation from the fluid or medication being given
- Local swelling due to IV fluid accidentally entering the tissue rather than the vein
- Scarring

If you feel faint, tell one of the study staff immediately.

**COVID-19 Testing**

Collection of a swab sample may cause:

- Discomfort
- Sneezing
- Your eyes to water
- Gagging
- Possible nosebleed

You are required to disclose any use of anti-inflammatory drugs in the last 7 days or any previous history of nasal surgery.

There is a risk of COVID-19 infection when you are in close contact with the study staff or other study participants during the screening process and during the study. However, safety procedures will be followed during screening and the study to minimize the risk of COVID-19 transmission.

If you test positive for COVID-19 you cannot be in the study. If you have a positive result it will be reported to the State Department of Health. If you have any questions about what information must be reported, please ask the study investigator or study staff.

## **ECG**

Possible side effects from having an ECG include:

- Irritation or rash from the adhesive on the patches

A rash may result in a long-lasting discoloration of your skin. If it is necessary to shave the area where the patches need to be, irritation from shaving may occur.

## **Fasting**

Fasting could cause symptoms such as:

- Dizziness
- Headache
- Stomach discomfort
- Fainting
- Hypoglycemia (low blood sugar)

## **Other**

The length of time that you may be confined to the CRU may make you feel uncomfortable

## **Use of Birth Control**

### **Females unable to have children**

Women in this study should not be able to get pregnant. You may take part in this study provided that you:

- Have had your uterus removed (documented)
- Have had both fallopian tubes removed (documented)
- Have had both ovaries removed (documented)
- Have not had a period for at least 12 months in a row with no other medical cause. You must have a blood hormone level confirming that you cannot get pregnant

Females permanently unable to have children due to a medical cause not listed above may be allowed to participate in the study at the discretion of the study investigator.

## **Males**

You must agree to the following during the study and for at least 28 days after the last dose of study drug:

- Refrain from donating sperm

**PLUS** either

- Be abstinent from heterosexual intercourse with a female able to have children as your preferred and usual lifestyle (abstinent on a long-term and persistent basis) and agree to remain abstinent

**OR**

- Must agree to use birth control/barrier method as detailed below:
  - Agree to use a male condom, and should also be advised of the benefit for a female partner to use a highly effective method of birth control, as a condom may break or leak when having sexual intercourse with a female able to have children who is not currently pregnant

**Highly effective methods of birth control include:**

Low user dependency methods (methods that do not rely on you to remember to use them)

- Implantable progestogen-only hormone birth control
- Intrauterine device (IUD)
- Intrauterine hormone-releasing system
- Bilateral tubal occlusion (both tubes blocked) which includes bilateral tubal ligation (both tubes tied)
- Partner has a vasectomy (absence of sperm confirmed)

User dependent methods (methods that rely on you to remember to use them)

- Hormonal birth control

Sexual Abstinence

- Sexual abstinence – defined as refraining from heterosexual intercourse during the study and for 28 days after the last dose of study drug, and is the preferred and usual lifestyle of the participant

Other Effective Methods

- Male or female condom with or without spermicide
- Cervical cap, diaphragm, or sponge with spermicide
- A combination of male condom with either cervical cap, diaphragm, or sponge with spermicide (double barrier methods)

**Pregnancy-Related Risks**

The effects of the study drug on the following are not known and may involve unforeseeable risks:

- Fertility
- Pregnancy
- Unborn child
- Breastfeeding child

Even if you use birth control during the study, there is a chance your partner could become pregnant. If your partner is pregnant or becomes pregnant during the study, the study drug or procedure may involve unforeseeable risks to the unborn child. A pregnancy test is not always right, especially in the early stages of pregnancy.

If you are a man whose partner is currently pregnant or plan to father a child, you cannot join this study.

If you want to stop your required birth control during the study, you should tell the study investigator **immediately**. You will be taken out of the study if you stop using birth control.

### **Pregnancy Follow-Up**

If your partner becomes pregnant during the study or within 28 days after your last dose of study drug, please:

- Tell the study investigator **right away**
- Tell the health care provider(s) who will be taking care of your partner during the pregnancy that you took part in this study

The study investigator will ask if your partner or her health care provider(s) are willing to provide updates on the progress of the pregnancy and its outcome. This information will be collected for safety monitoring follow-up.

## **PARTICIPANT RESPONSIBILITIES AND RIGHTS**

### **Participant Responsibilities**

- You must tell the study investigator if you previously took part in this study, have been in any other study in the past year, or are currently involved in any other study. This includes being in the follow-up visit period of another study
- You must agree to the scheduled visits, the study plan, lab tests, study procedures, and diet and activity restrictions (details listed later in this document)
- You must not take any medications (including over-the-counter medications, such as medications for cold or allergies, antacids, herbal supplements, St. John's Wort, minerals, or vitamins) within 7 days before the first dose or at any time during the study
  - Before taking any drugs other than the study drug, you must call the CRU for approval. It must first be approved by the study investigator
  - You must tell the study staff about any drugs taken during the study
- You must not take, or have an anticipated need for, drugs that are known strong inhibitors or inducers of UGT2B7 within 10 days of the first dose
  - The study investigator or a member of the CRU staff will review a list of these medications with you
- You must not take certain CYP3A4 substrates (enzymes that help the body break down certain drugs in the body)
  - The study investigator or a member of the study staff will review a list of these medications with you
- You must not take any investigational drugs within 30 days before the first dose of this study
- You must not have received the COVID-19 vaccine within 7 days before screening or admission to the CRU or be scheduled to be vaccinated at any time while confined to the CRU for the study
- You may be asked to provide documentation of your childbearing status

- You must not have donated blood for at least 60 days before dosing. Plasma (a component of blood) donation may be allowed
  - You cannot donate any blood or blood products at any time during this study. Donation is not allowed for at least 4 weeks after your last blood draw
- You must not have a history of excessive alcohol use or binge drinking and/or other illicit drug use within 6 months before screening
  - Binge drinking is defined as a pattern of 5 (male) or 4 (female) or more alcoholic drinks in about 2 hours
  - You should not drink more than 14 alcoholic drinks a week
  - A drink is defined as 8 oz. of beer, 3 oz. of wine, or 1 oz. of hard liquor
- You must not currently use tobacco or nicotine containing products or have a history of use within 6 months of screening
- You must not be using/taking any drugs of abuse (such as marijuana, cocaine, opioids, etc.). Urine tests will be done throughout the study to check for such drugs and cotinine
  - If a test is positive, you will not be allowed in the study
  - Urine collection may be monitored by a staff member of the same sex
  - You have the right to refuse to be monitored, but may be disqualified from the study
  - While in this study, please do not eat anything that contains poppy seeds. They may cause a positive drug test
- You must try to avoid direct sunlight exposure or any high intensity ultraviolet (UV) light exposure from the first day of dosing until discharge from the CRU
  - You must use sun cream/lotion if exposure cannot be avoided.
  - Please also wear protective clothing and eye protection when outside
- You must not have any significant medical or psychiatric condition, as determined by the study investigator that may put your safety at risk or could have an effect on the study results
  - You must not have a history of uveitis (swelling of the uvea [the colored portion of the eye])
- Please let us know if you or a relative are a staff member of Pfizer. If so, you may not take part in this study if you or your relative are supervised by the study investigator or are directly involved with the study

### **Activity Restrictions**

- You will need to stay in the CRU for 15 days in a row starting with check-in
  - You may need to stay in the CRU longer if you experience a longer drug effect. This is for safety reasons
  - The study investigator or study staff will decide when it is safe for you to leave the CRU
- You must not do any strenuous exercise for at least 48 hours before each blood draw for safety labs. Examples of this include heavy lifting, weight training, or aerobics
  - Walking at a normal pace is allowed
- You cannot lie down for 4 hours after each dosing unless needed for any study procedures
- You will be confined to the procedure room for the first 4 hours after each dosing, except to use the bathroom

### **Diet Restrictions**

- You must not eat or drink anything (except water) for at least 4 hours before each safety lab test and 10 hours before the collection of the pre-dose sample for study drug on Day 1 of each period
- Except for 1 hour before and 1 hour after dosing in the fasting period you may drink water freely; you may drink water freely before and after dosing in the fed periods

- You must not eat or drink anything with alcohol for 24 hours before check-in through collection of the last blood sample for study drug
  - Study staff may check your breath for alcohol. If alcohol is found, you will not be allowed in the study
- You must not eat or drink anything with caffeine for 24 hours before dosing until collection of the last blood sample for study drug
  - Caffeine can be found in different foods and drinks. Some examples include chocolate, coffee, tea, cola, Dr. Pepper®, and Mountain Dew®
- Breakfast will be provided about 30 minutes before dosing when dosing in the fed state. Breakfast will not be given when dosing in fasting state
- Lunch will be provided about 4 - 5 hours after dosing
- Dinner will be provided about 9 – 10 hours after dosing
- An evening snack may be permitted on each dosing day
- Meals (breakfast, lunch, dinner, and evening snacks) will be provided at appropriate times on all other study days

### **Possible Benefits of the Study**

This study is for research purposes only. There is no direct benefit to you from taking part. However, information learned from this study may benefit other people in the future.

### **Alternatives to Participating in this Study**

This study is for research purposes only. Your alternative is to not take part in the study.

### **Confidentiality**

This section describes how we will collect, use, and share your personal information.

### **What personal information may we collect about you during this study?**

The study staff will collect information about you. This information may include:

- **Information that directly identifies you** such as your name, address, telephone number, date of birth, and Social Security Number
- **Personal information** such as your medical history, data from this study (including study results from tests and procedures), demographics (for example, age and gender) and other sensitive information that is needed for this study such as race, ethnicity, sexuality, substance use disorders, mental health disorders, diagnoses and treatment, and HIV status
- **Data from testing and analysis of biological samples** (such as blood or urine) This may also include genetic information
- **Data captured from electronic devices** if you complete the consent process using the eConsent tablet. This information may include
  - The length of time it takes you to complete the consent process
  - The number of times you scroll between pages or click on the hyperlinked items
  - Your electronic signature

### **Who will use my personal information, how will they use it, and where will it be stored?**

Any personal information collected during this study will be stored by the study staff at the CRU. The study staff must keep your personal information confidential.

Your personal information will be accessed by:

- The study investigator and other study staff members
- Pfizer and its representatives (including its affiliated companies)
- People or organizations providing services for, or collaborating with, Pfizer
- Government or regulatory authorities (including the U.S. FDA and authorities in other countries)
- Advarra Institutional Review Board (IRB), the IRB that reviewed this study and any other committees responsible for overseeing the research

The individuals and groups listed above will use your personal information to conduct this study, and to comply with legal or regulatory requirements, including to:

- Determine if you are eligible for this study
- Provide you with reimbursement, as allowed by the study, for your time, effort, and certain expenses related to your participation
- Verify that the study is conducted correctly and that study data are accurate
- Answer questions from IRB(s) or government or regulatory agencies
- Assess your use of electronic devices in the study, for example, to determine how long it takes you to complete any eConsent module used for the study and your comprehension of the eConsent process
- Contact you during and after the study (if necessary)
- Follow-up on your health status, including using publicly available sources (for example, public databases or the internet) should the study staff be unable to contact you using information held on file
- Protect your vital interests such as providing information to an emergency department of a hospital if you are being treated
- Answer your data protection requests (if any)

If you provide someone else's personal information, you should make them aware that you have provided the information to us. Examples of this information include:

- Emergency contact information
- Details of family medical history

We will only use such information in keeping with this informed consent and applicable law.

### **Text Messages**

If you agree, the study staff, or a company working on behalf of Pfizer, may send text messages using an automated system to remind you of:

- Upcoming study appointments
- Other study-related information
  - Standard text messaging rates apply to all text messages. Message rates differ from carrier to carrier. Please contact your wireless phone provider to ask about the details of your plan
  - The contact information you have provided will be used for the sole purpose of communicating with you about the study

- The text messages received through this program may appear on your mobile phone screen as soon as they are received. This may happen even when the phone is locked. These messages could be seen and read by others who are near your phone when the message is received
- To discontinue receiving text messages, please contact the Pfizer New Haven CRU at 800-254-6398

You will be asked to make your choice at the end of this document.

### **What happens to my personal information that is sent outside the CRU?**

Before the study staff transfers your personal information outside the CRU, the study staff will:

- Replace your name with a unique code
- Remove information that directly identifies you

This is called "**Coded Information.**" The link between the code and your personal information will be kept confidential by the study staff.

Your Coded Information will be used by the following:

- Pfizer and its representatives (including its affiliated companies)
- People and/or organizations providing services to or collaborating with Pfizer
- Any organization that obtains all or part of Pfizer's business or the rights to the product under study
- Other researchers
- Advarra IRB
- Government or regulatory authorities

The above parties may use your coded information for the following purposes:

- **Conducting the study**, including:
  - Examining your response to the study drug
  - Understanding the study and the study results and learning more about certain cancerous solid tumors
  - Assessing the safety of the study drug
- **Complying with legal and regulatory duties** such as:
  - Ensuring the study is conducted according to good clinical practice
  - Making required disclosures to IRB(s), or government or regulatory authorities
  - Seeking approval from government or regulatory authorities to market the study drug
    - It is possible that these government or regulatory authorities may disclose your Coded Information to other researchers for the conduct of future scientific research
  - Sharing study data with other researchers not affiliated with the study staff or Pfizer. This includes through publication on the internet or other ways. However, information that could directly identify you will not be made available to other researchers
- **Publishing summaries of the study results:**
  - In medical journals
  - On the internet
  - At educational meetings of other researchers

You will not be directly identified in any publication or report of the study. But some journal representatives may need access to your Coded Information to verify the study results and ensure the research meets the journal's quality standards. Also, journals may require that genetic and other information from the study that does not directly identify you be made available to other researchers for further research projects.

- **Improving the quality, design, and safety** of this study and other research studies

### **How are my biological samples handled?**

If biological samples are taken during the study, those samples will be handled in the same way as your Coded Information. All samples will be treated as required by law.

### **Can my coded information and biological samples be used for other research?**

Your Coded Information and biological samples may be used in other research projects to advance scientific research and public health. At this time, we do not know the specific details of these other research projects.

### **Study-Related Injuries**

You will also receive a card with information about this study. This information includes:

- The name or number of the study
- The CRU 24-hour phone number

You should keep this card with you in case you have a medical emergency. You can give this card to any healthcare provider if they need more information about the research study to provide the best treatment for you.

If you experience a research injury, the CRU will arrange for medical treatment at no cost to you. Pfizer will cover the costs of this treatment. A research injury is any physical injury or illness caused by being in this study. There are no plans to offer you payment for such things as:

- Lost wages
- Expenses other than medical care
- Pain and suffering

To help avoid injury, it is very important to follow all study directions. You can get more information about medical treatment for research injuries from the study investigator or study staff.

You must call the study investigator immediately if you experience a research injury. The number is listed on the first page of this consent document. A 24-hour answering service is available.

If you are treated for a research injury that is paid for by Pfizer, Pfizer or its representative will collect your:

- Medicare Health Insurance Claim Number or,
- Social Security Number

This is to determine your Medicare status. If you are a Medicare beneficiary, Pfizer will report the payment and information about the study you are in to the Centers for Medicare & Medicaid Services (CMS). This is in keeping with CMS reporting requirements. Pfizer will not use this information for any other purpose.

## **Legal Rights**

You will not lose any of your legal rights by signing and dating this consent document.

## **Whom To Contact About This Study**

During the study, if you experience any medical problems, suffer a research-related injury, or have questions, concerns or complaints about the study such as:

- Whom to contact in the case of a research-related injury or illness;
- Payment or compensation for being in the study, if any;
- Your responsibilities as a research participant;
- Eligibility to participate in the study;
- The study investigator's or study site's decision to exclude you from participation;
- Results of tests and/or procedures;

**Please contact the study investigator at the telephone number listed on the first page of this consent document.**

If you seek emergency care, or hospitalization is required, alert the treating physician that you are participating in this research study.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, contact:

- By mail:  
Study Subject Adviser  
Advarra IRB  
6100 Merriweather Dr., Suite 600  
Columbia, MD 21044
- or call **toll free:** 877-992-4724
- or by **email:** [adviser@advarra.com](mailto:adviser@advarra.com)

Please reference the following number when contacting the Study Subject Adviser: Pro00062770.

## **Link to Additional Information**

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

## **Payment for Taking Part in the Study**

Valid proof of a Social Security Number (SSN) is required. This is needed before any payment can be made.

The amount of payment is based on a number of things including the length of the study. Travel pay for this study has been included in the payment.

You may be eligible for a travel and hotel bonus payment:

- \$0.20/mile per one-way trip to or from the CRU based on your home address
- For participants traveling long distances, a 1-night hotel stipend (\$150.00) for the night prior to your visit(s), if needed

Additional travel services may be arranged on your behalf at no cost to you.

All payments will be in U.S. dollars. Compensation may be provided on a loadable debit card or by paper check. Pfizer New Haven CRU reserves the right to determine method of payment.

If total payment by Pfizer is \$600.00 or more in a calendar year, your payment will be reported to the Internal Revenue Service in accordance with Federal tax law. In some countries, compensation may not be allowed due to immigration status

If at any time you test positive for drugs of abuse or cotinine, you will not be paid for your visit. Further, if you test positive for drugs of abuse:

- You will not be allowed to be in this study
- You will not be allowed to be in any future studies
- You will be removed permanently from our active database

## **Screening Payments**

The screening payment is listed below. You will receive this payment within 2 weeks of screening. If you leave the screening early, you will not be paid.

Screening Visit at CRU	\$175.00
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Additional payments are made if we ask you to return to the CRU to repeat any screening tests (\$100.00 per visit).

**Study Payments**

The payment for completing the entire study is listed below. Please be aware that:

- If you do not follow instructions (including those listed in the New Haven CRU House Rules), if you are late for blood draws, or if you miss procedures, your payment may be reduced. You will be paid a prorated amount based on the extent of your participation if:
  - You are not able to complete the study
  - You choose to leave the study
  - You are withdrawn from the study early by the study investigator for non-safety-related issues
  - The study is stopped early
  - You are qualified but not chosen to participate
- You will not be given the study completion bonus if you drop out of the study early
- Partial payments are planned during the study. Details will be provided at screening
- A final payment will be provided to you within 2 weeks of finishing the study
- Pfizer may use information resulting from the study or samples collected in the study to develop products or processes. Pfizer may make a profit from these. There are no plans to pay you or provide you with any products developed from this research. Pfizer will own all products or processes that are developed using information or samples from the study

The decision to admit you into the study is based upon results of pre-study requirements. No one is guaranteed a place in the study until the first dose is complete. Enough numbers of participants will be brought in to be sure we fill the study.

<b>STUDY PARTICIPANTS</b>		
<b>Type of Activity</b>	<b>Payment per Activity</b>	<b>Total Number</b>
Overnight Stay*	\$245.00	14
Duration of Follow-Up Period (Discharge to Follow-Up Phone Call)	\$15.00	26
Follow-Up Phone Call	\$100.00	1
Completion Bonus	\$980.00	
<b>Total Payment</b>	<b>\$4,900.00</b>	

<b>BACK-UP PARTICIPANTS</b>	
<b>Type of Activity</b>	<b>Payment per Activity</b>
Overnight Stay*	\$300.00
Daytime Stay	\$190.00

\*Overnight stay rates include an increase for COVID restriction inconveniences

Additional payments are made if we ask you to return to the CRU or to outside medical providers for additional tests (\$250.00 per visit). During times that you need to stay in the CRU, you will not be paid more for repeat or added tests.

## **Costs for Study Participants**

The study drug, study-related procedures, and study visits will be provided at no cost to you.

## **Your Decision to be in the Study**

Taking part in this study is voluntary. You cannot be forced to be in this study. You may leave the study at any time without penalty or loss of any benefits. Your future medical care will not be affected. The study investigator, Pfizer Inc, or the FDA may take you out of the study without your permission at any time for the following reasons:

- You do not follow the instructions of the study investigator
- We find out you should not be in the study
- The study is stopped
- The study becomes harmful to your health
- You do not follow the New Haven CRU House Rules

If you leave the study or if you are taken out of the study for any reason, you may be asked to return to the CRU for a final visit. You may have some end of study tests at this visit. This is to make sure it is safe for you to leave the study. The data collected to the point of your withdrawal remains part of the study database and may not be removed.

If you are withdrawn from the study, or decide to stop the study, you can ask that any unused samples that were collected be destroyed. If you would like to have this done, please contact the study investigator. However, your samples may not be able to be destroyed because:

- They may no longer be traceable to you
- They may have already been used
- They may have been given to a third party

## **New Findings**

If there is new information about the safety of the study drug or changes in the study tests, we will tell you in a timely manner. You can then decide if you still want to be in the study.

**AGREEMENT TO BE IN THE STUDY**

PIMS # \_\_\_\_\_

This consent document contains important information to help you decide if you want to be in the study. If you have any questions that are not answered in this consent document, ask one of the study staff.

By checking each of the following, you are agreeing that the statements below are true:

Please  
Check

A.	This consent document is written in a language I understand	
B.	I understand the information in this consent document	
C.	I have been given enough time to ask questions and talk about the study	
D.	All of my questions have been answered completely	
E.	I have received enough information about the study	
F.	I agree that I was not pressured by the study investigator or the study staff to be in this study	
G.	I know that I can leave the study at any time without giving a reason and without affecting my health care	
H.	I know that my health records from this study may be reviewed by Pfizer Inc and by government officials	
I.	I know that I cannot be in another study while I am in this study	
J.	I have received the HIV, Hepatitis A, B, and C pamphlets and reviewed the information in them	

**IF YOU DID NOT CHECK THE BOX NEXT TO ANY OF THE ABOVE QUESTIONS  
OR YOU ARE UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS,  
YOU SHOULD NOT SIGN AND DATE THIS CONSENT DOCUMENT**

**Text Messages:**

Please check the box next to your choice.

Yes, I agree that the study staff may send me text messages as described in the Confidentiality section

No, I do NOT agree that the study staff may send me text messages as described in the Confidentiality section

- You will get a copy of this signed and dated ICD for your records
- You agree to participate in this study
- It is your responsibility to tell the study investigator about all changes in your physical or mental health during the study

\_\_\_\_\_  
Printed Name of Adult Study Participant (Name as appears on SSN/Tax ID Card)

\_\_\_\_\_  
Signature of Adult Study Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name or Initials of Person Explaining Informed Consent

\_\_\_\_\_  
Signature of Person Explaining Informed Consent

\_\_\_\_\_  
Date