INFORMED CONSENT DOCUMENT
AGREEMENT TO BE IN A RESEARCH STUDY

Sponsor / Study Title:	**Pfizer, Inc. / "A PHASE 1, RANDOMIZED, OPEN-LABEL, 4-PERIOD, 5-TREATMENT, 6-SEQUENCE, CROSSOVER, SINGLE-DOSE STUDY IN HEALTHY PARTICIPANTS TO INVESTIGATE THE EFFECT OF TABLET FORMULATION AND FOOD ON THE BIOAVAILABILITY OF PF-07104091"**
Protocol Number:	**C4161007**
Principal Investigator:	**Sylvester Pawlak, APRN**
Telephone 24-Hours	**203-401-0300**
Address:	**New Haven Clinical Research Unit** **One Howe St** **New Haven, CT 06511**

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.

PURPOSE OF THE STUDY

PF-07104091 will be referred to as the "study drug" in the rest of this consent document.

The purposes of this study are:

- To see how the study drug is tolerated, if there are significant side effects, and how people feel after taking it with and without food
- To measure and compare the amount of study drug in your blood after single 300 mg doses of 4 different tablet formulations with and without food
- To test a digital health technology (DHT) device, which you will wear on your wrist, to measure certain vital signs (for example blood pressure, heart rate, breathing rate, body temperature, and respiratory rate) in comparison with current standard of care tools for the same measurements

This is the first time that the study drug will be given to healthy participants.

The study drug is an investigational drug being studied to treat people with certain types of cancerous tumors. "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 tablets, which you will swallow.

ABOUT THE STUDY

Number of Study Participants

There will be about 30 participants taking part in this study.

Length of Study for Participants

You will be in this study for about 45 days. This does not include the time between screening (the period during which your eligibility for participation in this study will be assessed) and dosing, which can be up to 28 days.

This study involves:

- 4 dosing periods during one continuous admission
- 18 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

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.

One group of participants is planned.

Dosing in this study is planned as follows:

Study Treatment Sequence	Number of Participants	Study Period			
		1	2	3	4
1	5	Study Treatment A	Study Treatment B	Study Treatment C	Study Treatment D
2	5	Study Treatment B	Study Treatment C	Study Treatment A	Study Treatment D
3	5	Study Treatment C	Study Treatment A	Study Treatment B	Study Treatment D
4	5	Study Treatment A	Study Treatment B	Study Treatment C	Study Treatment E

Study Treatment Sequence	Number of Participants	Study Period			
		1	2	3	4
5	5	Study Treatment B	Study Treatment C	Study Treatment A	Study Treatment E
6	5	Study Treatment C	Study Treatment A	Study Treatment B	Study Treatment E

Study Treatment A: 300 mg of study drug (two 125 mg and two 25 mg tablets) IR MST faster dissolution (faster dissolving), fasted (without food)
Study Treatment B: 300 mg of study drug (two 125 mg and two 25 mg tablets) IR MST moderate dissolution, fasted
Study Treatment C: 300 mg of study drug (four 75 mg tablets) IR DC batch moderate dissolution, fasted
Study Treatment D: 300 mg of study drug (four 75 mg tablets) IR DC Continuous (slower dissolution), fasted
Study Treatment E: 300 mg of study drug (four 75 mg tablets) IR DC Batch moderate dissolution, fed (with food)

An IR (immediate release) formulation releases the active ingredients of a drug in a short period of time.

MST (material sparing tablet) means that these tablets were developed on a small scale in order to keep the use of materials low.

DC (direct compression) is a manufacturing process.

Your study treatment sequence will be randomly assigned, like pulling a number out of a hat.

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

The study drug will be given orally (by mouth).

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, you will be served breakfast about 30 minutes before dosing. Breakfast should be completely eaten within 20 minutes. Dosing will follow within 10 minutes of completing breakfast. When dosing in the fasting state, you will not receive breakfast on Day 1 of all fasted periods.

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. All of the breakfast items should be eaten in 20 minutes. If you agree to be in this study, you are agreeing to eat all the food listed in this menu.

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

This is a research study. The study drugs 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
- Physical exam will be done
    - This may be done at screening or when you check-in for the study
- 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 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)
- The study investigator may decide to do an alcohol breath test
- The use of proper birth control will be reviewed
- 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 medication, drug, alcohol, and tobacco use
- Physical exam
- The use of proper birth control will be confirmed/reviewed
- Vital signs will be measured. Your oral temperature will also be measured
- ECGs 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
- A DHT device may be placed on one of your wrists
    - The DHT device is worn like a wristwatch and will be used to collect some exploratory vital sign measurements, which may include heart rate, blood pressure, breathing rate, body temperature,
    - You may be asked to wear it while you are confined to the CRU for the study
        - You must remove the device when showering/bathing
            - The device must not get wet
        - You may be required to keep a device with you in addition to the DHT wristband which will capture the DHT measurements
            - This device is about the size of a smart phone
        - Both devices will be collected back from you at the end of the study
        - You will complete a questionnaire about the wearability of the device when you return it to a member of the study staff
- An intravenous (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 tested 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:
        - 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 safety 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 this 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)
    - Endogenous (within the body) biomarkers
    - 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
- Retained Research Samples: Samples of your blood will be collected, stored, and used to learn more about the study drug and safety biomarkers
  - Biological substances in your samples, including your genes, may be studied
  - These samples may be kept by Pfizer for as long as the samples are 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 61 blood draws. The total amount of blood drawn during the study will be about 270 mL. This is equal to about 9 oz, or a little more than 1 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.

Blood loss in this amount may lead to a low red blood cell count (anemia). Anemia can make you feel more tired than usual.

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

As of March 21, 2022, 35 participants with cancer have been dosed with the study drug across multiple dose levels. Participants in Part 1A of an ongoing study received doses including 75 mg, 150 mg, 225 mg, 300 mg, 375 mg, and 500 mg given twice a day. Six participants have been dosed in Part 1B of this study. These participants received 75 mg of study drug twice a day with 125 mg of Fulvestrant once a day. Fulvestrant is a medication used to treat certain types of breast cancer. Seven additional participants have also been dosed in Part 1B of this study with different dosing strategy. These participants received 150 mg of study drug twice a day and 100 mg of Fulvestrant once a day. Four participants have been dosed in Part 1C of this study. These participants received 75 mg of study drug twice and 125 mg of Letrozole once a day. Letrozole is a medication used to treat certain types of breast cancer.

The most common study treatment-related adverse events (side effects), occurring in at least 10% of the participants reporting adverse events were:

- Anemia (low red blood cells that carry oxygen in the blood), which may cause tiredness
- Blood aspartate aminotransferase increased (an enzyme found in the liver that can help diagnose liver damage or disease)
- Decreased appetite
- Diarrhea
- Fatigue (tiredness)
- Hypokalemia (low levels of potassium in the blood), which can cause an abnormal heart rate
- Hypercalcemia (high levels of calcium in the blood), which can cause altered mental status, weakness, and/or kidney damage
- Hyperuricemia (high levels of uric acid in the blood), which can cause painful joints and/or kidney failure (gout)
- Lymphocyte count decreased (lymphocytes are a type of white blood cell that protects against infection), which may increase the risk of infection
- Nausea
- Neutrophil count decrease (very low amounts of neutrophils which are a type of white blood cells that protect against infection) , which may increase the risk of infection
- Platelet count decrease (low levels of platelets in the blood, platelets are cells that help the blood clot), which may increase the risk of bleeding
- Vomiting
- White blood cell count decreased (cells of the immune system which protect against infections) , which may increase the risk of infection

Four serious adverse events considered to be likely related to the study drug have been reported as of the data cut-off of 21 March 2022. These are noted below:

- Diarrhea in 1 participant in Part 1A, at a dose of 300 mg of study drug twice a day and another participant in Part 1A, at 500 mg given twice daily.
- Acute kidney injury (sudden episode of kidney failure or damage) in 1 participant in Part 1A, at a dose of 500 mg of study drug twice daily.
- Pneumonia (lung infection) in 1 participant, based on preliminary data, in Part 1B, at dose level 75 mg of study drug twice daily and 125 mg of Fulvestrant once a day.

In animal studies the most common adverse events observed were in the gastrointestinal (GI) tract (stomach, small intestine, and large intestine [colon]) and bone marrow (this is the soft, spongy tissue found in the middle of most bones, which makes blood cells).

The GI effects included:

- Nausea
- Vomiting
- Diarrhea
- Loss of appetite
- Weight loss
- Dehydration (lose more fluids than you take in)

The bone marrow effects included:

- Low white blood cells (could lower the body's ability to fight infection)
- Low hemoglobin also known as anemia), which could result in:
    - Fatigue (tiredness)
    - Pallor (paleness)
    - Shortness of breath
- Low platelet counts which could cause you to bleed more easily

In animals (rats and dogs), adverse effects were observed on the cells of the reproductive organs in both sexes of the individual animals.

It is not known if you will develop any of these symptoms as animal studies do not always predict the side effects that people may experience.

The study drug may make your skin more sensitive to light. Because of this, you will be asked to avoid exposure and protect yourself from sunlight throughout the study. You will be asked to use sunscreen after taking the study drug for a certain period of time.

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, not all of its side effects are 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 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 use of any medication 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 study staff or other study participants during the screening process and during the study. However, preventative 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)

Digital Health Technology (DHT)

Possible side effects from wearing a DHT device include:

- Discomfort/irritation of the skin for those not used to wearing wrist-worn devices
- Skin irritation or an allergic reaction at the site of the device to the elements in the device
    - Aluminum
    - Silicone (plastic)

You are encouraged to wear the DHT device for the duration of the study. However, your completion of the study will not be impacted if you need to discontinue wearing the device due to skin irritation or discomfort.

As part of this research, you may be required to use one or more of the following: a phone or web app/ site, an electronic study diary (eDiary), or a device that tracks information about you. While using these, information about you may be collected and shared with the researchers or people outside of the study. This data might include personal health information, location, call logs, text message history, web browsing history, or social media use. A complete description of the data collection and sharing for an app, eDiary, or device can commonly be found in the Terms of Use, End User License Agreement, or Privacy Policy associated with the device. If you would like to read these documents, request a copy or instructions about how to access this information from the study investigator.

While the Terms of Use, End User License Agreement, or Privacy Policy may include statements limiting your rights if you are harmed as a result of your use of the app, eDiary, or device in this study, you do not release the study investigator, sponsor, institution, or agents for responsibilities from mistakes. You also do not waive any of your rights as a research participant.

Other

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

Use of Birth Control

Males

You must agree to the following during the study and for at least 91 days after the last dose of study drug:

- Refrain from donating sperm

PLUS either

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

OR

- Must agree to use a male condom when engaging in any activity that allows for passage of ejaculate to another person

- In addition to male condom use, male participants should 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

Highly effective methods of birth control include:

Low user dependency methods (methods that *do not* rely on the user remembering to use them)

- Implantable progestogen-only hormone birth control
- Intrauterine device (IUD)
- Intrauterine hormone-releasing device (IUS)
- 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 the user to remember to use them)

- Hormonal birth control* **(See Note below)**
- Sexual abstinence – defined as refraining from heterosexual intercourse and is the preferred and usual lifestyle

PLUS

***Note:** One of the following barrier methods must be used in addition to the **user dependent hormonal birth control methods detailed above:**

- 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 method)

Pregnancy-Related Risks

The study drug is contraindicated for use in pregnancy as the effects of the study drug on the ability to bear children have not been studied.

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 or your partner becomes pregnant.

Pregnancy Follow-Up

If your partner becomes pregnant during the study or within 91 days after your last dose of study drug, please:

- Tell the study investigator **right away**
- Tell the health care provider(s) 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 have any significant medical or psychiatric conditions, or COVID-19 related situations (for example, contact with a positive case, residence in, or travel to, an area with a high incidence), 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 take any medications (including over-the-counter medications, such as medications for cold or allergies, antacids, herbal supplements, or vitamins) within 7 days before the first dose or at any time during the study
    - Before taking any drugs other than the study drugs, 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 have taken any medications or substances that are strong inducers or inhibitors of CYP3A4 or UGT1A9 (a gene that alters enzyme activity in the body) within 28 days of the first dose through 2 days after the last dose
    - The study investigator or study staff will review a list of these medications and substances with you
- You must not have taken any medications or substances that were highly dependent on UGT1A1 (a gene that provides the body with instructions for making enzymes) during dosing through 5 days after the last dose
    - The study investigator or study staff will review a list of these medications and substances with you
- You must not take any investigational drugs within 30 days before the first dose of this study
- 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 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 use tobacco or nicotine containing products within 3 months of screening or have a positive cotinine urine test
- 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
    - If a test is positive, you will not be allowed in the study
    - Urine collection may be monitored by a study 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
- 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 18 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 with study drug, unless needed for any study procedures
- You should limit your exposure to sunlight/high intensity ultraviolet light and use sunscreen products with a high sun protection factor

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 each pre-dose sample and 4 hours after each dose. Water is allowed during this time
    - Except for one hour before and one hour after morning dosing on Day 1 of each fasted period, you may drink water freely
        - There are no pre-dose water restrictions for the fed period
- You must not drink red wine for 7 days before the first dose. Red wine is not allowed through the collection of the last blood sample for study drug
- You must not eat or drink anything with alcohol for 24 hours (or as stated above for red wine) before check-in. Alcohol is not allowed through the 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. Caffeine is not allowed through the 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®
- You must not eat or drink anything that has grapefruit or grapefruit-related citrus fruits for 7 days before the first dose. These are not allowed through collection of the last blood sample for study drug
    - Examples of citrus fruits that are not allowed are Seville oranges and pomelos
    - Fruit juices and smoothies may also contain grapefruit or these citrus fruits
- Breakfast will be provided during the fed period about 30 minutes before dosing
    - Breakfast will not be given during the fasting periods
- Lunch will be provided about 4 hours after study drug dosing in each period
- Dinner will be provided about 9 – 10 hours after study drug dosing in each period
- An evening snack may be permitted on Day 1 of each study period
- 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 may be 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**
    - eConsent tablet if used to complete the consent process
        - 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

    Mobile applications and other digital tools used in the study may have their own privacy policies. Those policies provide additional information about the data processing activities performed.

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 types of cancerous 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 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

Please reference the following number when contacting the Study Subject Adviser: Pro00062995.

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 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

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.

STUDY PARTICIPANTS		
Type of Activity	**Payment per Activity**	**Total Number**
Overnight Stay*	$240.00	18 nights
Duration of Follow-Up Period (Discharge to Follow-Up Phone Call)	$15.00	27 days
Follow-Up Phone Call	$100.00	1
Completion Bonus	$1,350.00	
Total Payment	$6,175.00	

BACK-UP PARTICIPANTS	
Type of Activity	**Payment per Activity**
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