COMIRB
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RECONSENT
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Principal Investigator: **Daniel A. Pollyea, MD**
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Study Title: **Safety and Efficacy of Venetoclax and Azacitidine for Newly Diagnosed Non-Elderly Adult Patients (aged 18-59) with Acute Myeloid Leukemia**

You are being asked to participate in a research study. A member of the research team will explain what is involved in this study and how it will affect you. This consent form describes the study procedures, the risks and benefits of participation, as well as how your confidentiality will be maintained. Please take your time to ask questions and feel comfortable deciding whether to participate or not. This process is called informed consent. If you decide to participate in this study, you will be asked to sign this form.

Why is this study being done?

The purpose of this study is to learn more about a combination of two drugs and how well it might work to treat acute myeloid leukemia (AML). The two drugs are called venetoclax and azacitidine. You are being asked to be in this research study because you have been newly diagnosed with AML and are under the age of 60.

The FDA has granted approval for the combination of venetoclax with azacitidine for the treatment of AML in adults who are age 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy. Since this study is for subjects aged 18 – 59, this combination is considered to be experimental and not yet approved by the FDA.

Azacitidine is given intravenously (IV) or subcutaneously (SC), and Venetoclax is given orally. In extreme and unlikely circumstances where you cannot swallow the venetoclax pill, the medication may be given to you through a feeding tube.

Throughout the rest of this consent form, Venetoclax and Azacitidine will be called the “study drugs” when referenced together.

How many people will participate?

Up to 50 people from your area or the United States will participate in the study.

What happens if I join this study?

If you join the study, you will be asked to sign this consent form. You will be given a copy to keep and the original form will be kept at the clinic. You can withdraw from the study at any time and without giving a reason. This will not affect the standard medical care you receive.

There are 4 parts to the study:

1. Screening (before beginning the study drugs)
2. Induction Phase (attempt to eliminate visible leukemia in your bone marrow)
3. Consolidation Phase
4. Maintenance Phase

If after initial therapy you have a good response to the study drugs (no visible leukemia in your bone marrow), you may continue with either the consolidation phase or maintenance phase. In the consolidation phase, azacitidine (75mg/m^2) will be given on Days 1-7 and venetoclax (600mg) will be given on Days 1-28. In the maintenance phase, you will be given azacitidine (75mg/m^2) on Days 1-5 and take venetoclax daily (400mg).

If after initial therapy, you still have evidence of disease, you will continue for an additional cycle in the induction phase.

By enrolling in this study you are forgoing standard intensive induction therapy that has curative potential.

Before you start taking venetoclax, tell your doctor if:

- You have heart, kidney, or liver problems
- You have fever or other symptoms of infection
- You have recently received or are scheduled to receive a vaccine
- You are pregnant or plan to become pregnant
- You are breastfeeding or plan to breastfeed
- You are taking medicines given by your doctor or on your own. Certain medicines and supplements may increase or decrease the amount of venetoclax in your blood.

The next section of this form lists what will be expected of you if you join this study.

Study Procedures

While you are taking part in this study, some of the tests and procedures are the same type that would be performed as part of your regular cancer care even if you did not join the study. Some of the tests and procedures are required only for the study and are considered research procedures. Research procedures cannot be conducted before this consent form is signed..

The screening tests and procedures will be done to see if you are eligible to join this study. You may have had some of these tests and procedures done recently as standard care for your cancer, and they may not need to be repeated.

- **Medical and Cancer History**
  Before you start the study we will record your date of birth, race, ethnicity, and complete medical history. This history will look at the background and progress of your cancer and any treatments you have received for your disease.

- **Physical Examination**
  A physical examination will be completed as part of your standard of care. We will also assess if the study drug is affecting your body functions including lungs, heart, abdomen, extremities, skin, head (eyes, ears, nose, hair, etc.) and neurologically.

- **Vital Signs**
  We will take your blood pressure, heart rate, respiratory rate, body temperature and weight. Height will be measured only during screening.

- **Performance Status**
  We will assess how well you are performing your daily activities.

- **Review of Current Medications**
  Your study doctor will let you know which medications you can and cannot take while taking part in this study. From the time you first receive the study drugs through 30 days after the last dose, we will record medications you may be taking.

- **Review of Side Effects**
  Some risks have been identified because of the disease process or through use of the study drugs themselves and these will be followed very closely by the Principal Investigator and study staff. More information will be provided in the Risk area of this consent.

- **Blood Collection**: Blood will be collected for routine testing over the course of the study, including pregnancy testing for women who are able to get pregnant.

- **Electrocardiogram (ECG or EKG)**
  This is a simple, noninvasive procedure that records the electrical activity of the heart. Electrodes are placed on the skin of the chest and connected in a specific order to a machine. Output usually appears on a long scroll of paper that displays a printed graph.

- **Bone Marrow Biopsy/Aspirate**
  At various time points during the study, you will have bone marrow examined. This involves placing a hollow needle into your hip bone near the small of your back and taking a small sample of the bone (bone marrow biopsy) and 2-3 tablespoons of the liquid bone marrow inside the bone (bone marrow aspirate). Some of the tests that will be performed on your samples are considered experimental.

Study Visits

Screening Visit *(within 28 days before treatment)*

- Informed consent
- Review of medical history
- Complete physical exam
- Performance status
- Review of current medications

- Vital signs
- Blood draw for routine tests, including:
  - Hematology
  - Chemistry (including magnesium, phosphorus and LDH)
  - Coagulation tests (including PT and PTT/INR)
  - Pregnancy test for women who are able to get pregnant
- Electrocardiogram (EKG)
- Bone marrow biopsy/aspirate (*may be performed up to 28 days prior to treatment*)

During the induction phase, you will take azacitidine (75mg/m^2) either by IV or subcutaneously on Days 1-7 of the cycle. You will take venetoclax starting on Day 1, starting at a dose of 100mg and increasing daily to 600mg by Day 4. You will continue to take venetoclax (600mg) for the rest of the cycle. Each cycle is 28 days.

Cycle 1 – Day -1 (*one day prior to treatment*)

- Receive pre-medications: All subjects will be admitted to the hospital about 1 day before Cycle 1 Day 1 and receive pre-medications for the study drugs.

Cycle 1 – Day 1 *(each cycle is 28 days)*

- Physical exam
- Performance status
- Review of side effects
- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
  - Hematology
  - Chemistry (including magnesium, phosphorus and LDH)
  - Pregnancy test for women who are able to get pregnant (does not need to be repeated if performed within 3 days of screening visit)
- Receive study drug calendar and diary
- Receive pre-medications
- Receive azacitidine
- Receive venetoclax

Cycle 1 – Day 2 - 7

- Review of side effects
- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
  - Hematology
  - Chemistry (including magnesium, phosphorus and LDH) Blood collection for these tests will be done about 4 hours prior to receiving study drugs and again 6-8 hours after dosing.
- Receive pre-medications
- Receive azacitidine
- Receive venetoclax

Cycle 1 – Day 8-13

- Receive venetoclax

Cycle 1 – Day 14

- Physical exam
- Review of side effects
- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
    - Chemistry (including magnesium, phosphorus and LDH) Blood collection for these tests will be done about 4 hours prior to receiving study drugs and again 6-8 hours after dosing.
- Receive pre-medications
- Receive venetoclax
- Bone marrow aspirate

Cycle 1 – Day 15-27

- Receive venetoclax

Cycle 1 – Day 28

- Physical exam
- Performance status
- Review of side effects
- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
    - Hematology
    - Chemistry (including magnesium, phosphorus and LDH) Blood collection for these tests will be done about 4 hours prior to receiving study drugs and again 6-8 hours after dosing.
- Receive pre-medications
- Receive venetoclax
- Collect study drug calendar and diary
- Bone marrow biopsy/aspirate

During Induction Cycle 2, all procedures will be done on Day 1, unless otherwise indicated. Azacitidine will be given on Days 1-7 and venetoclax will be given on Days 1-28.

Induction Cycle 2 (for subjects with evidence of disease after Cycle 1 of Induction Phase)

- Physical exam
- Performance status
- Review of side effects
- Review of current medications

- Vital signs
- Blood draw for routine tests, including:
    - Hematology
    - Chemistry (including magnesium, phosphorus and LDH)
    - Pregnancy test for women who are able to get pregnant
- Receive study drug calendar and diary
- Receive azacitidine (Days 1-7 only)
- Receive venetoclax (600mg)
- Bone marrow biopsy/aspirate (Day 28 only)
- Collect study drug calendar and diary (Day 28 only)

If you continue on to the consolidation phase, you will take azacitidine (75mg/m^2) either by IV or subcutaneously on Days 1-7 of the cycle. You will take venetoclax also starting on Day 1, at a dose of 600mg for the rest of the cycle. Each cycle is 28 days. The consolidation phase is 3 cycles.

During consolidation cycles, all procedures will be done on Day 1, unless otherwise indicated.

Consolidation Cycles 1-3

- Physical exam
- Performance status
- Review of side effects
- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
    - Hematology
    - Chemistry (including magnesium, phosphorus and LDH)
    - Pregnancy test for women who are able to get pregnant
- Receive study drug calendar and diary
- Receive azacitidine (Days 1-7 only)
- Receive venetoclax
- Collect study drug calendar and diary (Day 28 only)
- Bone marrow biopsy/aspirate (Day 28 only)

During the maintenance phase if you do not have evidence of disease, you will take venetoclax daily (400mg) and azacitidine (75mg/m^2) either by IV or subcutaneously on Days 1-5. If you do have evidence of disease, you will continue with azacitidine (75mg/m^2) on Days 1-7 of the cycle and venetoclax daily (600mg).

During Maintenance cycles, all procedures will be done on Day 1, unless otherwise indicated.

Maintenance Cycles

- Physical exam
- Performance status
- Review of side effects

- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
    - Hematology
    - Chemistry (including magnesium, phosphorus and LDH)
    - Pregnancy test for women who are able to get pregnant
- Receive study drug calendar and diary
- Receive azacitidine
- Receive venetoclax
- Bone marrow biopsy/aspirate (Day 28 only)
- Collect study drug calendar and diary (Day 28 only)

Bone marrow aspirate and biopsy will occur every 3 cycles until 1 year after remission during the maintenance phase.

End of Study Visit

- Physical exam
- Performance status
- Review of side effects
- Review of current medications
- Vital signs
- Blood draw for routine tests, including:
    - Hematology
    - Chemistry (including magnesium, phosphorus and LDH)
- Bone marrow biopsy/aspirate
- Collect study drug calendar and diary

Safety Follow-up Visit *(30 days after end of treatment)*

- Physical exam
- Performance status
- Review of side effects

The study team will continue to follow up with you at least one time per year for five years as long as the study is open or until you decide to stop your participation in the study.

STUDY DRUG ADMINISTRATION

Always take venetoclax exactly as your doctor tells you.

How to take

- Take the tablets by mouth (orally)
- Take the tablets with a meal and water at approximately the same time each day
- Do not chew, crush, or break the tablets

- Do not drink grapefruit juice, eat grapefruit, Seville oranges or marmalades, or starfruit while you are taking venetoclax. These products may increase the amount of venetoclax in your blood

When to stop taking venetoclax
- Do not stop taking this medicine unless your doctor tells you to.

If you forget to take venetoclax
- If you miss a dose of venetoclax by less than 8 hours, take the missed dose right away. Take your next dose the following day as usual.
- If you miss a dose of venetoclax by more than 8 hours, do not take the dose that day. Take venetoclax dose at your usual time the next day.

If you vomit after taking venetoclax
- Do not take any additional dose that day.
- Take the next dose at the usual time the next day

If you take more venetoclax tablets than told by your doctor
- Talk to your doctor, pharmacist or nurse or go to hospital immediately.

How long will I be in the study?

You may continue receiving study drugs as long as you are receiving benefit or until your doctor determines that you should stop receiving the study drug regimen due to side effects, progression of your disease, or until you decide to stop participating in the study.

You will be followed long term for disease status and survival information through clinical visits, E-mail or phone calls once a year for at least five years.

What are the possible discomforts or risks?

You may have side effects while you are in this study, but you will be carefully checked by the study doctor for any problems. There may be risks or side effects of the study treatment that are unknown at this time. You should tell the study doctor about anything that is bothering you or any side effects you have, even if you do not think they are related to the study treatment. Many side effects go away shortly after the medications are stopped, but in some cases side effects can be serious, long lasting, or permanent.

Risks of the Study Drugs

Venetoclax, either alone or in combination with other agents, has been associated with nausea, diarrhea, decreases in lymphocytes and neutrophils (two different types of white blood cells), potential decreases in sperm numbers, tumor lysis syndrome (TLS) and infections.

Venetoclax decreases the number of white blood cells in the blood. Having decreased

numbers of white blood cells may be associated with fever and may increase your risk of infection including serious infections that may lead to **death**. When treatment with venetoclax is given with other cancer drugs, the risk of this may be higher. If you notice fever or other symptoms of infection, notify your doctor or nurse right away.

Anemia (low levels of red blood cells that carry oxygen throughout your body) may occur while taking venetoclax. When treatment with venetoclax is given with other cancer drugs, the risk of anemia may be higher. You may experience weakness or fatigue. If you notice this, notify your doctor. Your study doctor will take regular blood tests to monitor for these changes. You may require blood transfusion.

Decreases in platelets (type of cells which help prevent bleeding) can occur while taking venetoclax. When treatment with venetoclax is given with other cancer drugs, the risk of decrease in platelets may be higher. If you notice any bruising or bleeding, notify your doctor. Your study doctor will take regular blood tests to monitor for these changes. You may require platelet transfusion.

Do not eat the following citrus fruits for up to 3 days prior to the first dose of venetoclax and throughout your participation in the study:

- Grapefruit or grapefruit products
- Seville oranges (including marmalade containing Seville oranges)
- Star fruit (carambola)

Also, let the physician know all your current medications and supplements you are taking.

Risk of Tumor Lysis Syndrome

Tumor lysis syndrome (TLS) is a problem that can occur when cancer cells break down rapidly and the body has to get rid of the broken up cell parts. Sometimes your body, especially the kidneys, can't remove the cell parts quickly enough, so the level of some of these cell products in your blood, such as salts and acids, can rise. This can happen especially in subjects with large tumors or a high number of cancerous white cells in the blood. Tumor lysis syndrome is most likely to occur in the first 5 weeks of starting venetoclax.

Tumor lysis syndrome can lead to serious problems such as effects on your kidneys, heart (including abnormal heart rhythms) or brain (including seizures). These side effects can result in needing kidney dialysis (a special machine to remove toxins from the blood) or lead to death. Depending on the type and size of your tumor and on your kidney function, you may need to drink plenty of fluids, take medications to help the body get rid of salt, chemicals or broken up cancer cell parts, and/or be hospitalized before starting venetoclax. If you develop TLS, your study doctor will closely monitor and treat you as needed to try to prevent these complications.

Blood tests have shown TLS in some participants after receiving the initial dose of venetoclax or after receiving a higher dose of venetoclax than previously received. Deaths in

participants with chronic lymphocytic leukemia (CLL) who experienced TLS have been reported after receiving venetoclax, and 1 CLL subject with TLS has needed dialysis.

To reduce the risk of developing TLS, your study doctor will hospitalize you before you start venetoclax to give fluids into your vein, do blood tests, and check for TLS. You will begin treatment with venetoclax at a low dose. Your doctor will gradually increase the dose to the full standard dose. If you develop TLS, your urine may look dark, thick, or cloudy. You may experience fever, chills, nausea (feeling sick to your stomach), vomiting, diarrhea, confusion, shortness of breath, irregular heartbeat, unusual tiredness, muscle pain, joint discomfort and/or seizure. If you notice any of these, notify your study doctor or nurse right away.

Your study doctor will closely monitor and treat you as needed to decrease the risk of any serious changes in your blood or other complications of TLS. If blood tests suggesting TLS are seen, extra blood tests or monitoring of your heart rhythm may be recommended by your study doctor.

Serious Infections

Infections, including serious infections and some infections leading to death, have been reported in patients taking venetoclax. Your doctor may advise you to take medicines to help prevent some common infections for which you may be at risk. Your doctor may also advise you to take other measures to reduce your chance of developing an infection. If you notice fever or other symptoms of infection, notify your study doctor or nurse right away.

Other cancers

Some patients who have received several previous chemotherapy treatments may develop another cancer. It is unknown if venetoclax has contributed since these types of cancers can happen in people who have not received venetoclax.

Risks Associated with Venetoclax:

Very common (more than 1 in 10 people)

- upper respiratory tract infection – signs include runny nose, sore throat, or cough
- Pneumonia
- decrease in the number of a type of white blood cell called neutrophils (neutropenia)
- diarrhea
- feeling or being sick (nausea or vomiting)
- constipation
- feeling tired
- Low number of red blood cells (anemia). A decreased number of red blood cells may result in weakness and fatigue. In severe cases, a blood transfusion may be necessary.
- Low number of lymphocytes (another type of white blood cell) (10.16%). A decreased number of white blood cells may increase your risk of infection including serious infections that may lead to death.
- Very serious infection in your blood caused by a bacteria (sepsis)

- A decrease in platelets in your blood can increase bleeding and bruising (thrombocytopenia)
- Abdominal Pain
- Blood bilirubin increase
- Weight decrease
- Decreased appetite
- Lower level of potassium (hypokalaemia)
- Joint Pain (arthralgia)
- Dizziness
- Headache
- Shortness of breath (dysponoea)
- Bleeding (hemorrhages; most common events were: nose bleeds, bruising, and tiny round spots on skin)
- Low blood pressure (hypotention)
- Feeling of weakness or lack of energy (asthenia)

Common (1 in 100 people up to 1 in 10 people)

- Urinary tract infection
- Tumor lysis syndrome (described above; may experience fever, chills, nausea (feeling sick to your stomach), vomiting, diarrhea, confusion, shortness of breath, irregular heartbeat, unusual tiredness, muscle pain, joint discomfort and/or seizure)
- Higher level of phosporous in your blood (hyperphosphatemia)
- Higher level of uric acid/urate in your blood (hyperuricemia)
- Higher level of potassium in your blood (hyperkalemia)
- Lower level of calcium in your blood (hypocalcemia)
- Higher level of creatinine (blood creatinine increase)
- Swelling, redness and pain of the mouth (Stomatitis)
- Painful swelling of the gallbladder, which may be caused by gallstones blocking the flow of bile (Cholecystitis/ Cholelithiasis)

Venetoclax may be given at the same time as other cancer drugs. If venetoclax and the other cancer drugs have the same side effects, the risk of those side effects may be higher than when venetoclax is given alone.

Risks Associated with Azacitidine:

Common or very common (may affect more than 1 in 100 people) (*may be life threatening):

- Decrease in red blood cells (anemia) *
- Bone marrow failure
- Fever with low number of a type of white blood cell called neutrophils (febrile neutropenia) *
- Decrease in white blood cells (leukopenia)
- Decrease in a type of white blood cells called neutrophils (neutropenia) *
- Decrease of all three components of the blood (red cells, white cells, and platelets) (pancytopenia)

- Decrease in your platelets (thrombocytopenia) *
- Neutropenia with infection and the presence of bacteria in your blood stream (neutropenic sepsis)
- Bacteria or viral infections including lung infection (pneumonia), upper respiratory infection, or urinary tract infection *
- Very serious infection in your blood caused by a bacteria (sepsis) *
- Fever *
- Indigestion
- Bleeding, including brain, mouth and stomach/gut *
- Bruising
- Injection site pain, redness, or bruising (if receiving azacitidine as an injection under the skin)
- Kidney failure
- Abdominal pain
- Constipation
- Diarrhea
- Feeling sick to your stomach (nausea)
- Vomiting
- Chest pain
- Shortness of breath *
- Feeling tired or lethargic
- Low blood pressure *
- Lack of appetite or interest in food
- Weight loss
- Pain including joint, muscle pain and headache
- Dizziness
- Anxiety and difficulty sleeping
- Sore throat or nasal infection
- Urinary tract infection
- Nose bleed
- Rash
- Itching
- Decrease in blood potassium
- Eye disorders

The following events have been reported in trials with azacitidine less frequently, but can be severe in nature. These events may or may not be related to azacitidine.

- Severe or fatal infections including severe skin infections (necrotizing fasciitis)
- Heart problems: Cardiac arrest (heart stopped), heart attack, irregular heart beat
- Liver damage in individuals with previous liver problems Severe allergic reactions (anaphylaxis)
- Tumor lysis syndrome
- Differentiation syndrome

Injectable azacitidine should not be used interchangeably with oral azacitidine.

If you receive combination treatment, additional risks, warnings, and precautions, as outlined should be discussed with your study doctor. You should contact the study doctor or study staff and get medical help if you have any of the above mentioned or any other side effects during the study. Combination of azacitidine with venetoclax may worsen the potential side effects of azacitidine or venetoclax, or even cause other side effects that were not known before.

Side effects

Harmful reactions or side effects may occur in patients participating in clinical trials. Some of these will be due to your disease or prior therapy and some may be due to the drug being studied. Everyone taking part in the study will be watched carefully for any side effects. However, doctors don't know all the side effects that may happen. In general, side effects can range from mild to serious. Your health care team may give you medicines to help lessen side effects. Many side effects go away soon after you stop taking the study drugs. Although numerous measures are established to protect your health, it is possible that in some cases, side effects can be serious, long lasting, or may never go away.

Patients with cancer may have a risk of death due to their cancer or as a complication of their cancer treatment. The risk of side effects or death related to the study drugs will be closely monitored.

Vaccination

You should not receive a live vaccine before (4 weeks before is recommended, may vary with protocols based on background disease population and/or combination agent), during, or after treatment with venetoclax until your doctor tells you it is okay. If you are not sure about the type of immunization or vaccine, ask your study doctor. These vaccines may not be safe and/or may not work as well during treatment with venetoclax. Your study doctor will provide further information on the non-live vaccines that you can receive while on study.

COVID-19/non-live Pandemic-Related Vaccination Guidance

Certain non-live COVID-19 vaccines can be given during study. However, the COVID vaccines may be less effective since Venetoclax lowers the number of infection-fighting cells in your body. Your study doctor will provide you with more information on the COVID-19/non-live vaccine you can receive while on study.

Risks of the Study Procedures

Blood tests

Blood sampling and needle punctures carry some risk. Possible side effects include, but are not limited to, fainting, bleeding, bruising, discomfort, dizziness, infection and/ or pain at the puncture site.

Having an IV inserted in your vein

In this study we will insert a needle, connected to a plastic tube, into a vein in your arm. We will use the tube to take blood samples or give you fluids. You will feel some pain when we first insert the tube into your vein. You may have some redness, swelling, or bruising where

the tube goes under your skin. In some cases, this type of tube can cause an infection where it goes under the skin. In rare cases, it can cause a blood clot in the vein. You will have this tube inserted for about four or five hours.

Bone marrow biopsy
In this study we will take four samples of bone marrow from your pelvic bone. Before we take each sample, we will give you some numbing medication on the skin outside your pelvic bone (on your hip). After your skin is numb, we will push a special needle into the center of your pelvic bone. Then, we will draw the bone marrow up into the syringe. When we do this, you will have a pulling feeling as the marrow leaves the bone and goes into the syringe. The area around the bone will be sore for a few days.

There is a very small chance that you will be allergic to the numbing medicine. There is also a very small chance that you could bleed or develop an infection.

Electrocardiogram (EKG)
An electrocardiogram (EKG) is a test that records the electrical activity of the heart. Skin irritation is rare but could occur during an EKG from the electrodes or the gel that is used.

Risks Associated with Pregnancy
When pregnant animals were dosed with venetoclax, decreased weight or premature loss of the developing baby was observed. It is unknown if any of the effects seen in animals will occur in humans. While participating in this research study, you should not become pregnant, nurse a baby, or father a baby. Both men and women who are able to have children must use a highly effective means of birth control approved by your study doctor. You must continue the use of birth control at least 28 days before starting study drugs, during the entire time of your study participation and to at least 3 months after the last dose of study drugs.

If you are a female who has stopped having menstrual periods for at least 1 year (menopause), please discuss with your study doctor the need for birth control. If you become pregnant, you must stop taking venetoclax at once and notify your doctor immediately. You will not be allowed to continue in the study. You may be asked questions about the outcome of your pregnancy and the baby.

If you are a male, you are responsible for informing your partner(s) that the effects of venetoclax on an unborn fetus or embryo in humans are unknown. You and your partner(s) are responsible for using acceptable birth control as described above. Discuss with your partner acceptable forms of contraception. If your partner becomes pregnant while you are on study, you must notify your doctor immediately. You and your partner may be asked questions about the outcome of the pregnancy and the baby. Written informed consent for release of medical information from your partner will be obtained prior to collecting any information about the pregnancy and baby.

Women of childbearing potential are advised to avoid pregnancy during treatment with azacitidine injectable. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, there are potential hazards to the fetus. Female partners of

male patients receiving azacitidine injectable should not become pregnant. Men are advised not to father a child while receiving treatment and for at least 3 months after the last dose.

Risk of Loss of Confidentiality

There is a risk that people outside the research team will see your research information. We will do all that we can to protect your information, but it cannot be guaranteed.

There may be other risks that could arise which are not reasonably foreseeable. If new information becomes available which could influence your willingness to continue, this new information will be discussed with you.

What are the possible benefits of the study?

If you agree to take part in this study, there may or may not be direct medical benefit to you. While it is possible that you may benefit, we do not know if you will and there is no guarantee of this. We hope the information learned from this study will benefit other individuals with AML in the future.

Are there alternative treatments?

There may be other ways of treating your cancer. Instead of taking part in this study:

- You may choose to receive treatment with an approved therapy.
- You may choose to participate in a different study with another experimental drug.
- You may choose to receive comfort/ palliative care.
- You may choose to get no treatment at all.

You should talk to your doctor about your choices. Make sure you understand all of your choices before you decide to take part in this study. You may leave this study and still have these other choices available to you.

Who is paying for this study?

AbbVie, Inc. is providing a grant of funding support for this study. AbbVie manufactures the study drug, venetoclax, and will provide this drug for the study. This research is being conducted by Dr. Daniel Pollyea. The research study will only pay for procedures not considered standard of care.

Financial Disclosure: Dr. Daniel Pollyea (Principal Investigator) has a financial interest with AbbVie, Inc. AbbVie, Inc. is the company providing funding for this research. Please feel free to ask any questions you may have about this matter.

Will I be paid for being in the study?

You will not be paid to be in the study.

Will I have to pay for anything?

The drug manufacturer, AbbVie, will pay for the cost of the study drug, venetoclax. The funding for this study will also pay for any tests or procedures that are related to the research study.

The study drug, azacitidine, is considered standard treatment for your type of cancer. This drug will be obtained through your insurance, and you will be responsible for any applicable copays required by your insurance policy.

There are some medical procedures that you would get for your condition whether you were in this study or not, such as blood draws. These are considered standard of care. You and/or your health insurance may be billed for the costs of medical care during this study, if these expenses are related to standard of care procedures. If you have health insurance, the cost of these services will be billed to your insurance company. If your insurance does not cover these costs, or you do not have insurance, these costs will be your responsibility.

Ask your study doctor to discuss the costs that will or will not be covered by this research study. This discussion should include the costs of treating possible side effect. Otherwise, you might have unexpected expenses from being in this study.

Is my participation voluntary?

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you choose to take part, you have the right to stop at any time. If you refuse or decide to withdraw later, you will not lose any benefits or rights to which you are entitled.

If you leave this study, you will still receive your normal medical care. The only medical care that you will lose is the medical care you are getting as part of this study. You might be able to get that same kind of medical care outside of the study. Ask your study doctor.

Can I be removed from this study?

The study doctor may decide to stop your participation without your permission if the study doctor thinks that being in the study may cause you harm, or for any other reason.

What happens if I am injured or hurt during the study?

If you have an injury while you are in this study, you should call Dr. Pollyea immediately. His phone number is 720-848-8084.

We will arrange to get you medical care if you have an injury that is caused by this research. However, you or your insurance company will have to pay for that care.

Who do I call if I have questions?

The researcher carrying out this study is Daniel A. Pollyea, MD. You may ask any questions you have now. If you have questions, concerns, or complaints later, you may call Dr. Pollyea at 720-848-8084. You will be given a copy of this form to keep.

You may have questions about your rights as someone in this study. You can call Dr. Pollyea with questions. You can also call the responsible Institutional Review Board (COMIRB). You can call them at 303-724-1055.

A description of this clinical trial will be available on http://www.Clinical Trials.gov, as required by U.S. Law. 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.

Who will see my research information?

The University of Colorado Denver (UCD) and its affiliated hospital(s) have rules to protect information about you. Federal and state laws including the Health Insurance Portability and Accountability Act (HIPAA) also protect your privacy. This part of the consent form tells you what information about you may be collected in this study and who might see or use it.

The institutions involved in this study include:

- University of Colorado Denver
- University of Colorado Health

We cannot do this study without your permission to see, use and give out your information. You do not have to give us this permission. If you do not, then you may not join this study.

We will see, use and disclose your information only as described in this form and in our Notice of Privacy Practices; however, people outside the UCD and its affiliate hospitals may not be covered by this obligation.

We will do everything we can to maintain the confidentiality of your personal information but confidentiality cannot be guaranteed.

The use and disclosure of your information has no time limit. You can cancel your permission to use and disclose your information at any time by writing to the study's Principal Investigator (PI), at the name and address listed below. If you do cancel your permission to use and disclose your information, your part in this study will end and no further information about you will be collected. Your cancellation would not affect information already collected in this study.

Daniel A. Pollyea, MD
Anschutz Medical Campus
1665 N. Aurora Court
Mail Stop F754
Aurora, CO 80045

Both the research records that identify you and the consent form signed by you may be looked at by others who have a legal right to see that information, such as:

- Federal offices such as the Food and Drug Administration (FDA) and the Office of Human Research Protections (OHRP) that protect research subjects like you.

- People at the Colorado Multiple Institutional Review Board (COMIRB).
- The study doctor and the rest of the study team.
- Members of your care team that have access to your electronic medical records.
- AbbVie, Inc., manufacturer of venetoclax who is also providing a grant of funding support.
- Officials at CU Anschutz, University of Colorado Health, Providers affiliated with your care, and officials at other institutions involved in this study who are in charge of making sure that we follow all of the rules for research

We might talk about this research study at meetings. We might also print the results of this research study in relevant journals. But we will always keep the names of the research subjects, like you, private.

You have the right to request access to your personal health information from the Investigator.

Information about you that will be seen, collected, used and disclosed in this study:

- Name and demographic information (age, sex, ethnicity, address, phone number, etc.
- Portions of your previous and current medical records that are relevant to this study, including but not limited to diagnosis(es), history and physical, laboratory or tissue studies, radiology studies, procedure results.
- Research visit and research test records.
- Tissue samples and the data with the samples.
- Billing or financial information.

Your care team, including family doctor, may be made aware of your participation in the study through your electronic medical records.

What happens to Data, Tissue, Blood and Specimens that are collected in this study?

Scientists at the University of Colorado Denver and the hospitals involved in this study work to find the causes and cures of disease. The data, tissue, blood and specimens collected from you during this study are important to this study and to future research. If you join this study:

- The data, tissue, blood, or other specimens given by you to the investigators for this research no longer belong to you.
- Both the investigators and any sponsor of this research may study your data, tissue, blood, or other specimens collected from you.
- If data, tissue, blood, or other specimens are in a form that identifies you, UCD or the hospitals involved in this study may use them for future research only with your consent or Institutional Review Board (IRB) approval.
- Any product or idea created by the researchers working on this study will not belong to you.
- There is no plan for you to receive any financial benefit from the creation, use or sale of such a product or idea.

Agreement to be in this study and use my data

The research project and the procedures associated with it have been explained to me. The experimental procedures have been identified and no guarantee has been given about the possible results. I will receive a signed copy of this consent form for my records.

I agree to participate in this study. My participation is voluntary and I do not have to sign this form if I do not want to be part of this research study.

Subject Signature: _____ Date: _____

Subject Print Name:_____

Consent form explained by: _____ Date: _____

Print Name: _____

---------- Use Only if Applicable ----------

Signature Line for witness; required for consent of non-reading subjects and consent using a short form, if you requested such consent procedures

Witness of Signature ☐
Witness of consent process ☐

Interpreter/Witness Signature:_____ Date:_____

Interpreter/Witness Print Name: _____