A Study to Evaluate the Safety and Efficacy of Bimekizumab in Subjects With Moderate to Severe Plaque Psoriasis Who Have Failed IL-17 or IL-23 Therapies

PI: Mark Lebwohl
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STUDY INFORMATION:

Study Title: A Study to Evaluate the Safety and Efficacy of Bimekizumab in Subjects With Moderate to Severe Plaque Psoriasis Who Have Failed IL-17 or IL-23 Therapies

Study site(s): Icahn School of Medicine at Mount Sinai

Lead Researcher (Principal Investigator): Mark Lebwohl, MD

Physical Address: Icahn School of Medicine at Mount Sinai
Department of Dermatology
5 East 98 Street, 5th Floor, Box 1048, New York, NY 10029

Mailing Address: 5 East 98 Street, 5th Floor, Box 1048, New York, NY 10029

Phone: 212-241-3288

SUMMARY OF THIS RESEARCH STUDY:

This document explains a research study you might be interested in joining. Participation in the study is voluntary. You can agree to join or not. Your decision will not limit your ability to receive care at Mount Sinai. You should only agree to take part if you understand the study and if all of your questions about the research study are answered. If you do join the study, the research team must share any new information with you that may change your mind about taking part.

The purpose of this research study is to evaluate the effectiveness and safety of bimekizumab in individuals with moderate-to-severe psoriasis who have failed similar therapies. Bimekizumab improves psoriasis by suppressing a type of substance found in our bodies called interleukins (specifically, interleukins 17a and 17F), which are known to increase inflammation. This study will look at the effectiveness of bimekizumab in psoriasis patients that have failed previous therapies that target interleukin IL-17A or 23.

If you choose to take part, you will be asked to read and sign this consent form before any study tests are done. Your participation in this study will last up to 20 weeks, during which time there will be 6 in-clinic visits. Each period is explained in this consent form in the order that they will be completed. Throughout your study participation, the site staff will conduct visual skin examinations, questionnaires, laboratory tests, and clinical photographs of target areas. There will be no charge to you for your participation in this study. Individuals enrolled in this study will be compensated for their time and effort. The study drug, study related procedures, and study site visits will be provided at no charge to you or your insurance company. During this time you will not be able to participate in other research studies.

Effective Date: 1/21/2025
End Date:1/20/2026

If you choose to take part, the main risks to you are upper respiratory tract infection, injection site reactions (redness, pain, and swelling), fungal infections, headache, and tiredness. In addition, there is a risk of an allergic reaction related to receiving the study drug. For full list of side effects and how often they occur, please see "Reasonably Foreseeable Risks and Discomforts" section below.

You may also benefit from taking part in this research. Some potential benefits are: your psoriasis may improve.

Instead of participating in this research, you may decide to pursue other clinical trials, other treatments for psoriasis, or choose no treatment. Other treatment options include topical corticosteroids, retinoids and vitamin D preparations and numerous systemic treatments such as secukinumab, brodalumab, cyclosporine and methotrexate.

If you are interested in learning more about this study, please continue to read below.

STUDY PARTICIPATION:

You may qualify to take part in this research study because you are at least 18 years old, have moderate-to-severe psoriasis, and have failed previous treatments with an IL-17 or IL-23 agent.

Your participation in this research study is expected to last up to 20 weeks.

There are 30 people expected to take part in this research study at Icahn School of Medicine at Mount Sinai and 60 people to take part across all sites (Mount Sinai and Psoriasis Treatment Center of Central New Jersey).

Funds for conducting this research are provided by UCB Pharma, the manufacturer of the study drug.

A description of this clinical trial will be available on http://www.ClinicalTrials.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.

DESCRIPTION OF WHAT IS INVOLVED:

If you agree to take part in this research study, here is what may be involved:

All research visits/activities will be performed at the Icahn School of Medicine at Mount Sinai, Department of Dermatology. All procedures performed during the study are being done for research purposes only.

Screening / Visit 1 (60 minutes):

At the screening visit, after signing this consent form, the research team will ask you about your medical history and any medications you are taking, and a doctor on the research team will perform a skin examination to assess the degree of your psoriasis. A blood sample will be drawn (approximately 3 teaspoons). This blood sample will include general blood test (if not performed within the past 4 months). You will also be given a test to ensure you do not have tuberculosis (TB). This TB test may be performed via a PPD (skin prick test for which you will need to return to the study site in 72 hours for a doctor on the research team to evaluate) or via a blood test (in which case, another 1 teaspoons of blood will be collected). Testing will not be required if study participant can provide a negative test within 8 months of the screening visit. If you are an individual of child-bearing potential, approximately 2 teaspoons of urine will be collected to be used for a pregnancy test. This test must be negative to continue to qualify for the study.
If you continue to qualify for the study you will return for a baseline visit.

Baseline / Visit 2 (30 minutes):
At this visit you will undergo the following:

- The research team will ask you about any updates to your medical history and medications you are taking.
- Record Adverse Events
- A doctor on the research team will perform a skin examination to assess your psoriasis
- Photographs will be taken of at least one area affected with psoriasis. You will not be identifiable in these photographs because they will be up-close and will not include any tattoos or other marks that would otherwise identify you.
- You will complete questionnaires regarding potential joint pain
- If you are an individual of child bearing potential, a urine sample will be collected for a pregnancy test. This test must be negative to continue to qualify for this study.
- Study drug administration

All study drug administrations will be given by a member of the study team in the study clinic. All doses will be given as 2 injections of 160mg bimekizumab for a total of 320mg at Weeks 0, 4, 8, 12 and 16. The Injections are given subcutaneously (injected under your skin) into an area such as your upper arms, thighs or stomach.

Visits 3-6 (Weeks 4, 8, 12, 16; 30 minutes each):
You will be asked to return to the study site every 4 weeks following your Baseline visit for Visits 3 - 6. The following tests and procedures will be performed:

- The research team will ask you about any updates to your medical history and medications you are taking.
- Record Averse Events
- A doctor on the research team will perform a skin examination to assess your psoriasis.
- Clinical photography will be taken of at least one area affected with psoriasis
- You will complete questionnaires regarding potential joint pain (Week 16)

- If you are an individual of child bearing potential, a urine sample will be collected for a pregnancy test at every visit.
- Study drug administration

Early Termination Visit (30 minutes):
If you decide to end your participation in the study at any time before completing the study, you will be asked to return to the study site for an Early Termination Visit, at which you will undergo the same procedures as Visit 6/Week 16 (but no drug will be administered).

Because this research study involves the use of a study drug, a note must be included in your electronic medical record that you are taking part in the research. This way, anyone involved in your medical care will know that you are a study participant, and they can work to avoid any problems or negative outcomes that could arise if they do not know.

Pregnancy
If you can possibly get pregnant, a urine test for pregnancy will be done before you begin the study and a urine pregnancy test will be repeated at every visit.

You cannot be included in the study if you are or become pregnant, as the study drug could harm your fetus. You also should not be in the study if you are producing milk to feed a child as the study drug could harm your baby.

Unless you are at least one year past menopause or have had a successful operation to make pregnancy impossible, you should use effective birth control. Unless you are sexually abstinent (not having genital sex) the recommended methods of birth control are:

- The consistent use of approved hormonal birth control (pill, patches, or rings),
- An intrauterine device (IUD),
- Contraceptive injection (Depo-Provera),
- Double barrier methods (Diaphragm with spermicidal gel or condoms with contraceptive foam),
- Sexual abstinence (no sexual activity),
- Sterilization (a vasectomy, getting tubes tied, or a hysterectomy).

All birth control methods (other than abstinence and sterilization) are only effective if you use them properly, start them at least one month before you begin the research study, and continue using them throughout the research study and for 6 months after the last dose of study drug. If you are unsure whether the method of birth control you use is approved to use while you are in this study, you should ask the Lead Researcher before you begin the study. If you are less than one-year post-menopausal, you could still become pregnant. If you or your partner becomes pregnant, or may be pregnant, at any time during the study, you must tell a person from the research team immediately. The team may stop the study drug and refer you/your partner to an obstetrician/gynecologist for follow-up.

Should you/your partner become pregnant, whether or not you/your partner have the baby, the people funding and overseeing the research may ask for information on the pregnancy, even if you are no longer part of the study. You/your partner will be asked for additional written consent to share this information if that happens.

Semen/Sperm:

Drugs can be found in semen and alter sperm. Since you are taking part in a study using experimental drugs or treatments, it is recommended that 1) you use a condom, 2) you do not get a partner pregnant or expose them to semen, and 3) you do not donate semen. These recommendations apply both while you are taking the study drug, and for 3 months after you stop taking the study drug. This is because levels of the study drug may be present in the sperm and/or semen even after you stop taking the study drug. You are encouraged to tell your partner(s) and/or their doctor(s) that you are participating in this clinical trial.

Future Contact:

The researchers may wish to use your personal contact information to contact you in the future. Do you give the researchers permission to **contact you** in the future to request the collection of additional information about you, discuss how your private information, study data and/or samples might be used, or discuss possible participation in another research study?

Please initial your choice: Yes_____ No_____

If “Yes”, please indicate your preferred method of contact: (initial all that apply)

[ ] Email [ ] Phone [ ] Letter [ ] Text

USE OF YOUR DATA AND/OR SAMPLES:

The researchers would like your permission to keep your personal information (such as, name, address, date of birth, social security number), study data and/or samples (blood, tissue, urine, saliva, or any other body matter) to use or share in future studies. You can still be part of the study if you do not allow us to use or share them. Please select Yes or No to each of the questions below. To decline all future uses/sharing please select ‘No’ each time.

(1) Will you allow the researchers to store your data and/or samples to use in future research studies?

Please initial your choice: Yes_____ No_____

If you select No, please stop here and move to the next section, '**Your Responsibilities If You Take Part in This Research**' section below."

If yes, please continue to the next question and tell us how your personal information, study data and/or samples may be used in future research studies.

(2) The researchers can store your data and/or samples with a link to your identity (using a code that can show the information came from you personally). In this case you could ask for your data and/or samples to be destroyed in the future if you want that to happen.

I would like my data and/or samples stored with a link to my identity through the use of a code_____

(3) Do you give the researchers permission to keep the data and/or samples, so they could use them in future studies that are **directly related** to the purpose of the current study?

Please initial your choice: Yes_____ No_____

(4) Do you give the researchers permission to keep the data and/or samples indefinitely, so they could use them for future studies that are **not related** to the purpose of the current study (for example a different area of research)?

Please initial your choice: Yes_____ No_____

(4.1) From time to time, researchers outside of medicine and related sciences would like to use data and/or samples. This might be in the fields such as anthropology, human origins, mapping human migration patterns. Do you give permission for researchers **outside the field of medicine** to use your data and/or samples?

Please initial your choice: Yes_____ No_____

a. If the future research in a different area can be done without having to know that the data and/or samples came from you personally, that will be done.
b. If the future research in a different area requires that it is known specifically who the data and/or samples came from, then one of the following will be done:

I. If you allowed the researchers to contact you in the future, they may be able to contact you to explain why your data and/or samples is needed and what will be done with it. Your permission will be asked to use your data and/or samples in that research project.
II. If you do not give permission to be contacted in the future, or if it is found that contacting you is not practical (for example, because you have moved), your data and/or samples may still be used. The Institutional Review Board (IRB) will be asked for permission to use the data and/or samples linked to your identity. The IRB can give permission for researchers to use and share identifiable health information without contacting you, but only if it determines that sharing the data and/or samples will not be more than minimal risk to you or your privacy. The IRB is a committee of doctors and scientists and nonscientists, including people not associated with this hospital or medical school, whose job it is to protect people who participate in research.

(5) Do you give permission to have your data and/or samples given **to other researchers,** including those at Mount Sinai, other medical or scientific institutions and for-profit companies, for use in research within the limits you have chosen above?

Please initial your choice: Yes_____ No_____

(6) Do you give permission to have portions of your data and/or samples deposited in large public databases (repositories) for use in research with the limits you may have chosen above? Please read the paragraphs below which explains repositories, then initial your choice:

To do more powerful research, it is helpful for researchers to share data and/or samples from the people they study. They do this by putting data and/or samples into a repository. A repository is where something is stored safely for a specified period of time. Data and/or samples from one study may be stored in a repository along with data and/or samples from other studies. Sample repositories are commonly called biobanks, while data repositories are commonly called databases. . Researchers can then use the data and/or samples from multiple studies to learn even more about health and disease. If you agree to take part in this study, some of your genetic and health information might be placed into one or more scientific databases, but they will not share your direct identifiers (for example, name, address, date of birth). These databases are maintained by either Icahn School of Medicine at Mount Sinai, another institution, the federal government, or private companies. Any researcher who wants to do a study using data and/or samples from the repository must apply for permission. There are different ways of reviewing such requests. Researchers with an approved study may be able to see and use your data, along with that from many other people. Researchers may use your samples for genetic sequencing and other experimental testing. Researchers will always have a duty to protect your privacy and to keep your information confidential, but there are always risks associated with data and/or sample collection and sharing. They are described in more detail in the Risks section.

Please initial your choice: Yes _____ No _____

Whether or not you have allowed us to share your data and/or samples with Mount Sinai the researchers at Mount Sinai will keep data and/or samples collected about you during this research study to use in future research studies consistent with the wishes you expressed above.

YOUR RESPONSIBILITIES IF YOU TAKE PART IN THIS RESEARCH:

If you decide to take part in this research study, you will be responsible for the following things:

- Go to all scheduled visits.
- Follow the research staff's directions about the study.
- Tell the research staff about any illnesses or injuries.
- Tell the research staff about any changes to your medicines.
- Tell the research staff about any side effects or problems that occur during the study.
- Tell the research staff if you plan to have any surgery or any other medical treatments or procedures.
- You should not receive any live vaccines.
- Practice birth control, if applicable.
- If you become pregnant, you must notify the doctor within 24 hours from when you are made aware of the pregnancy.

COSTS OR PAYMENTS THAT MAY RESULT FROM PARTICIPATION:

There may be costs to you for taking part in this study. Certain safety tests or assessments may uncover underlying diseases or problems that require medical attention.

If you agree to take part in this study, you will be paid $250 for your time and effort ($50 for each of the 5 visits). You will not be compensated for the screening visit. If you do not complete this study, for any reason, you will be paid for the study visits you do complete.

Payment will be given to you in the form of a check at the end of the study. It can take up to 6 weeks to prepare and give you a check for study participation. If you do not get a check by then, you can first contact the research team. If further assistance is needed, please contact Mount Sinai's Program for the Protection of Human Subjects at (212) 824-8200.

Tax law may require the Mount Sinai Finance Department to report the amount of payment you receive from Mount Sinai to the Internal Revenue Service (IRS) or other agencies, as

applicable. Generally, this happens if you receive payments that equal $600 or more from Mount Sinai in a calendar year. You would be responsible for the payment of any tax that may be due.

It is possible that products may someday be developed with the help of your data and/or samples, and there are no plans to share any profits from such products with you.

POSSIBLE BENEFITS:

There is a chance this study may benefit you, but this is not guaranteed. Others may benefit from what researchers learn from the study. Possible benefits to you include: improvement of your psoriasis.

POSSIBLE RISKS AND DISCOMFORTS:

Physical Risks: Risks of Study Drug (Bimekizumab)
All drugs have potential side effects; the study drug being tested may cause side effects and involve risks that are currently unknown. In the data from the completed studies, most of the side effects were mild to moderate, easily manageable, resolved and did not require discontinuation of the study drug.

Although all possible precautions are taken to prevent serious adverse events (side effects), if such an event occurs, it may be in your best interest to be admitted to a hospital. Depending on the type of event, the research team may contact a medical specialist responsible for your treatment. The research team will provide assistance to the hospital and doctors looking after you. This may involve you allowing the research team to access your medical records so they can better understand the adverse event.

Side effects, along with how often they are expected to occur are listed below.

- Very Common (occurring in more than 10% of the study participants)
  - Upper Respiratory tract infections (such as common cold and runny nose) which were all mild or moderate.

- Common (occurring in 1 to 10% of the study participants)
  - Red, itchy, dry, cracked skin
  - Oral thrush
  - Headache
  - Injection site reactions (such as redness, pain and swelling)
  - Infection or inflammation of the vagina
  - Fungal infections of the skin or nails (for example, ringworm, athletes' foot, jock itch, etc.)
  - Ear infections

- Tiredness
- Inflamed hair follicles
- Acne
- Fungal infections of mucous membranes, mostly in the mouth

- Uncommon (occurring in 0.1 to 1% of the study participants)
  - Outbreak of herpes simplex infections, a virus that may cause sores on the skin, mouth, lips, eyes, and genitals
  - Irritation and inflammation of the stomach and intestines
  - Low levels of white blood cells called neutrophils
  - Fungal infection of mouth, throat, or other parts of body
  - If you develop symptoms of a fungal infection, particularly in the mouth or throat (creamy white bumps or patches on your tongue, inner cheeks, gums or throat, bad taste in your mouth; pain or difficulty while swallowing), you must tell a doctor on the research team immediately so appropriate action can be discussed.
  - Conjunctivitis

- In addition to the side effects above, you may have an allergic reaction or symptoms related to administration of the study drug. Although serious allergic reactions have not yet been seen in the study participants receiving this study drug, signs may include a skin rash, swelling of the face, tongue, lips or throat or trouble breathing. If you develop any of these signs, you must go to an Emergency department immediately and make sure that a doctor on the research team is informed
- In studies where study participants received bimekizumab for a period of a year or longer, upper respiratory tract infections, runny nose and fungal infections of the mouth were the most frequent side effects.
- Infections can occur and in rare cases might become serious. You must tell your a doctor on the research team if you develop signs of infection, for example persistent fever, diarrhea, flu-like symptoms, red or painful skin, feeling short of breath, ear pain with discharge or have coughing which will not go away so that you can be assessed and treated appropriately.

In rare instances, study participants taking bimekuzimab have developed inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) or have had a worsening (flare) of existing underlying disease. Symptoms such as persistent bloody diarrhea with urgency or crampy abdominal pain may indicate the development of or worsening of inflammatory bowel disease. If you develop these symptoms, you must tell a doctor on the research team immediately so appropriate actions can be discussed.

Risks of Allergic or Hypersensitivity Reaction

There is a chance that you may experience a local or generalized allergic reaction (also known as hypersensitivity reactions) to the study drug. One kind of allergic reaction can happen immediately

(within minutes or hours) after taking study drug. This is called anaphylaxis. Symptoms of immediate allergic reaction may include skin flushing, rash or hives, sneezing, runny nose, difficulty breathing, wheezing, sudden cough, a sense of choking, sudden change in blood pressure (causing dizziness or lightheadedness), swelling around the mouth, throat, or eyes, fast pulse or sweating, abdominal cramps, diarrhea, passing out, and a sense that something bad is going to happen. The severity of this type of immediate reaction ranges from mild to severe. A mild reaction may progress to a more severe one, so you should contact the study personnel if you experience any new symptoms occurring within a couple of hours after study drug injection.

A severe allergic reaction requires immediate medical treatment and could result in permanent disability or death if not treated promptly. If you believe you are having a severe allergic reaction, you should immediately seek emergency medical treatment and alert a doctor on the research team and research staff as soon as possible.

Risks of Blood-Draw
The risks of a blood draw include pain, bruising, and the slight possibility of infection at the place where the needle goes in. Some people feel dizzy or may faint during or after a blood draw.

Risks of Photographs
There is a possibility that you will be able to be identified from photographs taken for the study. However, steps will be taken to reduce this possibility whenever possible. Photographs will only be used for teaching purposes and to share the results of the study.

Risks of Questionnaires
Some of the questions asked may be upsetting, or you may feel uncomfortable answering them.

Risks of Loss of Private Information
Risk of loss of private information; this risk always exists, but there are procedures in place to minimize the risk.

Risks of Pregnancy
If you are pregnant or become pregnant, this research may hurt your baby or your pregnancy in ways that are unknown. The unknown risks could be minor or major (death) for the pregnancy. You should not become pregnant or get someone pregnant while you take part in this study. Please read the acceptable methods of birth control found under the Description of What Is Involved section of this document.

Group Risks - Although your name will not be given to researchers, basic information such as your race, ethnic group, and sex may be shared. This information helps researchers learn whether the factors that lead to health problems are the same in different groups of people. It is possible that such findings could one day help people of the same race, ethnic group, or sex as you. However, they could also be used to support harmful stereotypes or discrimination.

Privacy Risks - Your name and other information that could directly identify you (such as an address, date of birth, or social security number) will never be placed into a database. However, because your genetic information is unique to you, there is a small chance that someone could trace it back to you. The risk of this happening is very small, but may grow in the future. Since the database contains genetic information, a break in security may also pose a potential risk to blood relatives as well as yourself. For example, it could be used to make it harder for you (or a relative) to get or keep a job or insurance. If your private information was misused, it is possible you would experience other harms, such as stress, anxiety, stigmatization, or embarrassment from revealing information about your family relationships, ethnic heritage, or health conditions.

In addition to these risks, this research may hurt you in ways that are not known. The unknown risks might be minor or might be major (death).

OTHER OPTIONS TO CONSIDER:

You may decide not to take part in this research study. If you decide not to take part, this will not affect the clinical care you receive at Mount Sinai. The choice is totally up to you. Instead of being in this research study, your choices may include: going on a systemic therapy such as secukinumab, brodalumab or even bimekizumab without participating in this study (since it is FDA approved for the treatment of psoriasis). Other treatments for your condition could include topical steroids, retinoids and vitamin D preparations, or you may choose not to use any treatment at all.

The important risks and possible benefits of these alternatives are listed below:

- Topical corticosteroids: skin thinning; stretch marks; easy bruising; and enlarged blood vessels.
- Alternate systemic agents (secukinumab, brodalumab): allergic reactions; injection site reactions; increased risk of infections; and low white blood cell counts.

Benefits of topical corticosteroids and alternative systemic agents include the possibility your condition may improve.

IN CASE OF INJURY DURING THIS RESEARCH STUDY

If you are injured or made sick from taking part in this study, you will get medical care. The group funding this research study will pay you for any reasonable and necessary medical expenses to diagnose and treat research-related injury or illness. This does not prevent you from seeking payment for injury related to malpractice or negligence. You can contact the Lead Researcher for more information.

The Centers for Medicare and Medicaid Services (CMS) is the government agency that oversees Medicare and Medicaid. Funding agencies who make payments for injuries related to studies must report payments to CMS. In order to do this, the funder must have certain information about you, such as your name, date of birth, Social Security Number, Medicare or Medicaid ID numbers, date of injury, and description of injury. The funding agency is only allowed to use this information to report payments related to the injury should this be necessary or as otherwise specified in the Authorization to Use and Disclose Protected Health Information section, which is included below.

ENDING PARTICIPATION IN THE RESEARCH STUDY:

You may stop taking part in this study at any time. No matter what you choose, your care and benefits through Mount Sinai will not be negatively impacted.

If you decide to stop being in the study, please contact the Lead Researcher or the research staff. You will be asked to return to the study for a final termination visit (procedures are listed in the description section).

You may also withdraw your permission for the researchers to use and share any of your protected information for research, but you must do so in writing to the Lead Researcher at the address on the first page. Even if you withdraw your permission, the Lead Researcher may still use the information that was already collected if that information is necessary to complete the research study. Your health information may still be used or shared after you withdraw your authorization if you have an adverse event (a bad effect) from taking part in the research study.

If you decide to stop being in the research study, the following may occur: any improvements in your psoriasis may be lost or may worsen.

If you stop being in the research study, the research team may not remove information they have already placed in the study database, and may continue to use that data as part of this study. The research team may ask you whether they can continue to collect information from your medical record.

If you decide you don't want your data and/or samples to be used for research anymore, you can contact the researcher and ask to have your data and/or samples withdrawn or labeled so that they will not to be used in additional projects or shared. If your data and/or samples have already been shared with researchers, those researchers will be asked to stop using them. However, if any data and/or samples have already been shared without your identity or a linking code, it won't be possible to retrieve them. Data and/or samples that have already been used will not be affected by your

decision. If your data and/or samples have already been deposited in an external repository, the study team will request that your data and/or samples be removed.

Withdrawal without your consent: The Lead Researcher, the funder or Mount Sinai may stop your involvement in this research study at any time without your consent. This may be because the research study is being stopped, the instructions of the research team have not been followed, the Lead Researcher believes it is in your best interest, or for any other reason. If data and/or samples have been stored as part of the research study, they too can be destroyed without your consent.

CONTACT INFORMATION:

If you have any questions, concerns or complaints at any time about this research, or you think the research has harmed you, please contact the office of the research team and/or the Lead Researcher at phone number 212-241-3288.

If there is an emergency, please call 911 or go to the emergency room. Let the emergency room staff know you are in a research study so they can contact the Lead Researcher if needed.

DISCLOSURE OF FINANCIAL INTERESTS:

Researchers sometimes get paid for consulting or doing work for companies that produce drugs, biologics or medical devices. If you have questions regarding industry relationships, you are encouraged to talk to the Lead Researcher or visit our website at http://icahn.mssm.edu/ where Mount Sinai publicly discloses the industry relationships of our faculty.

The company sponsoring this research study makes the drug or device being tested and has a financial interest that could be affected by the outcome of this research study.

The Lead Researcher's department receives significant support from the research funder.

MAINTAINING CONFIDENTIALITY – HIPAA AUTHORIZATION:

As part of this study, some of your private and/or protected health information will be obtained, used, and shared with your permission. There is a Federal Health Insurance Portability and Accountability Act (HIPAA) that makes sure this is done correctly and safely.

What is protected health information (PHI)?
PHI is the combination of two things:

1. PHI contains information that identifies you. It will be used to contact you and link you to your health information, like name, date of birth, medical record number, and address.

2. PHI also contains health information, including information about your mental and physical health from your visits to doctors or hospitals, or from study visits.

Every time you visit a hospital or your doctor, PHI is created and recorded in your medical record by your healthcare providers. In the same way, the PHI created as part of this study will be linked to who you are and your medical information.

What PHI is collected and used in this research study, and might also be shared with others?

As part of this study, the research team at the hospital(s) involved in the research will collect your name, address, telephone/fax numbers, dates directly related to the individual (birth, admission, discharge, date of death, etc.), e-mail social security number, or photographic images
The researchers will also get information from your medical record (you will be asked to sign a release so that your primary care doctor or dermatologist can send us your medical records).

During the study, the researchers will gather information by:

- Reviewing and/or taking your medical history (includes current and past medications or therapies, illnesses, conditions or symptoms, family medical history, allergies, etc.)
- Completing the tests, procedures, questionnaires and interviews explained in the description section of this consent.

Why is your PHI being used?
Researchers need the information that identifies you so they can contact you during the study. They need your health information and the results of any tests and procedures being collected as part of this study to answer the questions posed in the study. The purpose of the study is discussed earlier in this consent form. Before researchers analyze the data, they remove any information that would let others know who you are or that you took part in the study. If researchers publish or present study results at scientific meetings, lectures, or other events, their presentations would not include any information that would let others know who you are, unless you give separate permission to do so.

The Lead Researcher may also use and share the results of these tests and procedures with other healthcare providers at Mount Sinai who are involved in your care or treatment. The research team and other authorized members of The Mount Sinai Health System (“Mount Sinai”) workforce may use and share your information to ensure that the research meets legal, institutional or accreditation requirements. For example:

- The Mount Sinai Program for the Protection of Human Subjects is responsible for overseeing research on human participants and may need to see your information.
- If you receive any payments for taking part in this study, the Mount Sinai Finance Department may need your name, address, social security number, payment amount, and related information for tax reporting purposes.

- I*f the research team uncovers abuse, neglect, or reportable diseases, this information may be disclosed to appropriate authorities.*

Who, outside Mount Sinai, might receive your PHI?
As part of the study, the Lead Researcher, research team and others in the Mount Sinai workforce may disclose your PHI, including the results of the research study tests and procedures, to the following people or organizations: (It is possible that there may be changes to the list during this research study; you may request an up-to-date list at any time by contacting the Lead Researcher.)

- The United States Department of Health and Human Services (DHHS) and the Office of Human Research Protection (OHRP) (the government organization that is responsible for protecting human research participants).
- The commercial sponsor and/or their representative (who will use the results for submissions to the Food and Drug Administration (the government organization that approves drugs or devices for medical use): UCB, Inc.
- The United States Food and Drug Administration.
- Mount Sinai laboratories who will be performing laboratory analysis for our research center.

In all disclosures outside of Mount Sinai, you will not be identified by name, social security number, address, telephone number, or any other direct personal identifier unless disclosure of the direct identifier is required by law. Some records and information disclosed may be identified with a unique code number. The Lead Researcher will ensure that the key to the code will be kept in a locked file, or will be securely stored electronically. The code will not be used to link the information back to you without your permission, unless the law requires it, or rarely if the Institutional Review Board (IRB) allows it after determining that there would be minimal risk to your privacy. It is possible that a sponsor or their representatives, a data coordinating office, a contract research organization, may come to inspect your records. Even if those records are identifiable when inspected, the information leaving the institution will be stripped of direct identifiers. Additionally, when applicable, the monitors, auditors, the IRB, *OHRP, as well as the Food and Drug Administration (FDA) will be granted direct access to your medical records for verification of the research procedures and data. OHRP and FDA are authorized to remove information with identifiers if necessary to complete their task. By signing this document you are authorizing this access.* The results of this research may be published. However, your name and other identifying information will be kept confidential.

For how long will Mount Sinai be able to use or disclose your PHI?
Your authorization for use of your PHI for this specific study does not expire.

Will you be able to access your records?
During your participation in this study, you will not be able to access your medical records. This is done to prevent the knowledge of study results from affecting the reliability of the study. Your information will be available should an emergency arise that would require your treating physician to

know this information to best treat you. You will have access to your medical record and any study information that is part of that record when the study is over or earlier, if possible. The research team is not required to release research information to you that is not part of your medical record.

Do you need to give the researchers permission to obtain, use or share your PHI?
NO! If you decide not to let the research team obtain, use or share your PHI, you should not sign this form, and you will not be allowed to volunteer in the research study. If you do not sign, it will not affect your treatment, payment, or enrollment in any health plans or affect your eligibility for benefits.

Can you change your mind?
If you decide to stop being in the study, please contact the Lead Researcher or the research staff. The research team may ask you whether they can continue to collect information from your medical record. You will also have to decide if you wish to limit the continued use of the information collected during the study. Under US privacy laws you may also withdraw your permission for the researchers to use and share any of your protected information for research, but you must do so in writing to the Lead Researcher at the address on the first page.

Even if you withdraw your permission, the Lead Researcher may still use the information that was already collected, but only to complete this research study. Your health information may still be used or shared after you withdraw your authorization if you have an adverse event (a bad effect) from taking part in the research study.

If you have not already received it, you will also be given The Hospital's Notice of Privacy Practices that contains more information about how The Hospital uses and discloses your PHI.

It is important for you to understand that once information is disclosed to others outside Mount Sinai, the information may be re-disclosed and will no longer be covered by the federal privacy protection regulations. However, where possible, Mount Sinai has entered into agreements with those who will receive your information to continue to protect your confidentiality.

If researchers are reviewing your medical records or asking questions about your medical history or conditions, it is possible that they may learn information related to your HIV status. If that is the case, the following information concerns you. If researchers are not reviewing your medical records or asking questions about your medical history or conditions, then you may ignore the following section.

Notice Concerning HIV-Related Information
If you are authorizing the release of HIV-related information, you should be aware that the recipient(s) is (are) prohibited from re-disclosing any HIV-related information without your authorization unless permitted to do so under federal or state law. You also have a right to request a list of people who may receive or use your HIV-related information without authorization. If you experience discrimination because of the release or disclosure of HIV-related information, you may contact the

New York State Division of Human Rights at (888) 392-3644 or the New York City Commission on Human Rights at (212) 416-0197. These agencies are responsible for protecting your rights.

How the Institutional Review Board (IRB) can help you:

This research has been reviewed and approved by an Institutional Review Board (IRB). You may reach a representative of the Mount Sinai Program for Protection of Human Subjects at telephone number (212) 824-8200 during regular work hours (Monday-Friday, 9am-5pm, excluding holidays) for any of the reasons listed below. This office will direct your call to the right person within the Mount Sinai Health System:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You are not comfortable talking to the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

ADULT PARTICIPANT:

Your signature below documents your permission to take part in this research study and to the use and disclosure of your protected health information. A signed and dated copy will be given to you.

Signature of Participant	Printed Name of Participant	Date	Time

PERSON EXPLAINING STUDY AND OBTAINING CONSENT:

Signature of Consent Delegate	Printed Name of Consent Delegate	Date	Time

WITNESS SECTION: ○ N/A

My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the participant, and that consent was freely given by the participant.

Signature of Witness	Printed Name of Witness	Date	Time


IRB Approved