Partners HealthCare System
Research Consent Form

Subject Identification

General Template
Version Date: August 2016

Protocol Title: The Effects of Dupilumab on Allergic Contact Dermatitis

Principal Investigator: Ari Goldminz, MD

Site Principal Investigator:

Description of Subject Population: Patients who have already undergone patch testing at the Contact Dermatitis and Occupational Dermatolgy Unit at Brigham and Women's Hospital

About this consent form

Please read this form carefully. It tells you important information about a research study. A member of our research team will also talk to you about taking part in this research study. People who agree to take part in research studies are called "subjects." This term will be used throughout this consent form.

Partners HealthCare System is made up of Partners hospitals, health care providers, and researchers. In the rest of this consent form, we refer to the Partners system simply as "Partners."

If you have any questions about the research or about this form, please ask us. Taking part in this research study is up to you. If you decide to take part in this research study, you must sign this form to show that you want to take part. We will give you a signed copy of this form to keep.

Why is this research study being done?

We are doing this research to measure the degree to which strong to allergic contact dermatitis reactions are reduced by Dupilumab. This study will also try to identify how Dupilumab affects the blood, skin and immune system.

Dupilumab is approved by the U.S. Food and Drug Administration (FDA) to for the treatment of adults with moderate-to-severe atopic dermatitis (AD), but Dupilumab is not approved by the FDA to treat allergic contact dermatitis.

We are asking you to enroll in this study because you had a strong to extreme patch test reaction to at least one allergen and continue to have rashes even after making changes to avoid your identified contact allergens. About 30 patients will take part in this research study at Brigham and Women's Hospital (BWH).

Regeneron is paying for this study to be done.

How long will I take part in this research study?

It will take you about 3 months to complete the research study. During this time, we will ask you to make 6 study visits. The study visits will be a combination of in-person and virtual visits.

What will happen in this research study?

If you agree to take part in this study, you will receive dupilumab an initial dose of 600mg/4ml of dupilumab under the skin and then you will self-administer 300 mg every 2 weeks during the 10-week treatment period. The in-person study visits will take place either at the Contact Dermatitis and Occupational Dermatology Unit at Brigham and Women's Hospital, or at the clinical rooms of the Center for Clinical Investigations (CCI) the Ambulatory Clinical Center at 221 Longwood Avenue. The virtual study visits will take place using Healthcare Secure Zoom, we will send you email reminders with the Zoom meeting information as well as instructions of how to use the Zoom videoconference prior to the virtual visit.

Please know that Partners standard is to send emails securely. This requires you to initially set up and activate an account with a password. You can then use the password to access secure emails sent to you from Partners HealthCare. If you prefer, we can send you "unencrypted" emails that is not secure and could result in the unauthorized use or disclosure of your information. If you want to receive communications by unencrypted email despite these risks, Partners HealthCare will not be held responsible. Your preference to receive unencrypted email will apply to emails sent from this research study only.

If you decide to volunteer, do you agree to receive unencrypted emails when contacting us for this study?

☐ Yes ☐ No Initials_____

A notation that you are taking part in this research study may be made in your electronic medical record. Information from the research that relates to your general medical care may be included in the record (for example, list of allergies, results of standard blood test done at the hospital labs, your study medication orders, and your consent to participate in the research study).

We will ask you to sign this consent form before we begin any study procedures.

The following visits will occur should you chose to participate in the study:

Screening - Virtual Visit 1 (Today):

- Electronic informed consent
- Measurements of skin rash activity
- If you are able to become pregnant, you will receive via mail 2 pregnancy test strips. During this virtual visit you will collect your urine at home, insert the test strip into the urine and show the pregnancy test strip to the study staff to make sure that you are not pregnant.
- Any drugs you may be taking and treatments, as well as any illnesses you may have had will be recorded.
- Photographs: If you have involvement in areas that would be difficult to examine with video teleconferencing (e.g. oral or genital involvement), study staff will request you send photos of those areas to the Research Assistant (via email address that will be provided).

Study Visit 2 –In Person (Week 0, Day 1 follow-up):
To complete the research activities of visit 2, we will schedule an in person visit.

In-Person Visit:

- Measurements of skin rash activity
- Placement of Patch Test Materials
- Single blood draw: We will clean the skin over a vein in your arm. Then we will put a needle into the vein and draw blood into a tube. Approximately 2.5 teaspoons (10-12 mL) of blood will be drawn.
- Photographs: We will take a photograph of the patch test placement site from a standard distance of 2 feet for purposes of site identification for Study Visit 3.

- Questionnaires to measure quality of life will be completed.
- A urine pregnancy test will be performed (if applicable).
- Any side effects, illnesses and/or new drugs you may be taking and treatments since the last study visit will be recorded.

After Visit:

- You will remove the patch test material at home after 2 days and also receive a post-patch testing phone call 2-5 days after the patch(es) was/were applied.

Study Visit 3 - In Person (Week 0, Day 4-6 follow up):
To complete the research activities of visit 3, we will schedule an in person visit.

If you don't qualify for the study, you will not receive Dupilumab and will leave the study at this point.

Study Drug

We will teach you how to administer drug (Dupilumab) study staff will administer the first and second loading dose injections with you during the visit. You will be provided with three additional doses of study drug to administer yourself at home every 2 weeks. It is important for you to follow our instructions about how to take the study drug. Bring any unused study drug with you to your next study visit.

Your Study Drug Diary

We will provide, email or mail you a study diary and allergen exposure diary to fill out at home each day. You will mark down the count for each dose you take of the study drug and whether you had any known exposures your contact allergens. Bring these diaries with you to each study visit, so we can track your progress.

- In-Person Visit:
    - Photographs: We will take a photograph of the patch test site**(s)** from a standard distance of 2 feet and photographs of other rashes that are visible.
    - We will confirm the strength of your patch test reaction.

- Two skin biopsies: One biopsy will be taken from the area where you have a patch test reaction and a second from normal skin. These biopsies will be taken from skin on the back, abdomen, arm, or thigh. First, the area where the biopsy is taken will be cleaned with alcohol. We will give you an injection of anesthetic (numbing medicine) into the biopsy area. The injection may cause you some brief pain. Then, the study doctor will remove a piece of skin around 1/4 of an inch, about the size of a pencil eraser. The study doctor will close your wound with 1 or 2 stitches. The stitches will either dissolve on their own or will need to be removed in 7-14 days. If you choose the non- absorbable stitches you will need to return to our clinic within 7-14 days to have them removed. You may also choose to have your regular doctor remove them but they may charge you for a clinic visit. You will also be provided the option to have gel foam (a small absorbable sponge) used instead of stitches**.** The study doctor will discuss which option is better for you in terms of both your convenience and preference. You will receive a post-biopsy phone call 1-2 weeks after the biopsies were performed.
- Single blood draw: We will clean the skin over a vein in your arm. Then we will put a needle into the vein and draw blood into a tube. Approximately 2.5 teaspoons (10-12 mL) of blood will be drawn.
- You will be asked if you have had any side effects since the last visit and if you have had any illnesses and new medications or treatments since the last visit.
- We will interpret the strength of your patch test reaction.

Storage of leftover samples: If you decide to volunteer, do you agree to have the leftover samples be stored for future projects?

☐ Yes ☐ No Initials_____

As part of this study, we will obtain tissue and blood sample from you for testing. After the tests are completed, part of your samples may be left over. Normally these leftover samples would be thrown away. We are asking you to allow us to collect and store this leftover tissue in the Human Skin Disease Resource Center Biobank (HSDRC).

If you agree, your leftover samples will be frozen and maintained for future projects.

Virtual Study Visit 4 (Week 6, Day 42 follow-up):

- We will provide you the option to pick up or receive by mail 2 more Dupilumab injections to be administered once every 2 weeks until next study visit (Visit 5)
- At the virtual study visit, we will complete questionnaires to measure quality of life with you.
- You will be asked to provide the pregnancy strip test result performed at home on the same day as this study visit.
- You will be asked if you have had any side effects since the last visit, and if you had any illnesses and new medications or treatments since the last visit.
- You will be asked to show the study diaries with the completed entries.
- We will evaluate the severity of your skin rashes virtually.

Study Visit 5 (Week 12, Day 84 follow-up):
To complete the research activities of visit 5, we will schedule an in person visit.

- In-person visit:
    - Measurements of skin rash activity
    - Placement of Patch Test Materials
    - Single blood draw: We will clean the skin over a vein in your arm. Then we will put a needle into the vein and draw blood into a tube. Approximately 2.5 teaspoons (10-12 mL) of blood will be drawn.
    - Photographs: We will take a photograph of the patch test placement site from a standard distance of 2 feet for purposes of site identification for Study Visit 6.
    - At the study visit, we will complete questionnaires to measure quality of life with you.
    - A urine pregnancy test will be performed (if applicable).
    - You will be asked if you have had any side effects since the last visit, and if you had any illnesses and new medications or treatments since the last visit.
    - You will be asked to bring in the study diaries with the completed entries.

- After Visit:
    - You will remove the patch test material at home after 2 days and also receive a post-patch testing phone call 2-5 days after the patch(es) was/were applied.

End of Study - Visit 6 (Week12, Day 87-89 follow up):
To complete the research activities of visit 6 we will schedule an in person visit.

- In-person visit:
  - Photographs: We will take a photograph of the patch test site(s) from a standard distance of 2 feet and photographs of other rashes that are visible.
  - We will confirm the strength of your patch test reaction.
  - We will collect your allergen avoidance and dupilumab dosing diaries.
  - Two skin biopsies: One biopsy will be taken from the area where you have a patch test reaction and a second from normal skin. These biopsies will be taken from skin on the back, abdomen, arm, or thigh. First, the area where the biopsy is taken will be cleaned with alcohol. We will give you an injection of anesthetic (numbing medicine) into the biopsy area. The injection may cause you some brief pain. Then, the study doctor will remove a piece of skin around 1/4 of an inch, about the size of a pencil eraser. The study doctor will close your wound with 1 or 2 stitches. The stitches will either dissolve on their own or will need to be removed in 7-14 days. If you choose the non- absorbable stitches you will need to return to our clinic within 7-14 days to have them removed. You may also choose to have your regular doctor remove them but they may charge you for a clinic visit**.** You will also be provided the option to have gel foam (a small absorbable sponge) used instead of stitches**.** The study doctor will discuss which option is better for you in terms of both your convenience and preference. You will receive a post-biopsy phone call 1-2 weeks after the biopsies were performed.
  - Single blood draw: We will clean the skin over a vein in your arm. Then we will put a needle into the vein and draw blood into a tube. Approximately 2.5 teaspoons (10-12 mL) of blood will be drawn.
  - If there is an area of rash unrelated to the patch test site that did not resolve with dupilumab treatment, an additional skin biopsy will be taken unless the rash is on the face, hands, elbows, knees, genitals, or feet.
  - You will be asked if you have had any side effects since the last visit, and if you had any illnesses and new medications or treatments since the last visit.
  - We will interpret the strength of your patch test reaction.

- At this visit we will ask you to bring in the completed diaries where you recorded your avoidance of allergens and Dupilumab dosing.

We have a contingency plan in case there is a resurge of COVID, a pandemic, closure of facilities or other act of God that prevents the study visit schedule to be completed in person. In such case, we will add a virtual visit component to our in person visits to complete some of the research activities related to that visit.

After You Complete the Study

After you complete the study, we will refer you back to your own doctor for your ongoing medical care.

If you are interested in continuing dupilumab after completion of the study we will assist you in applying for access to dupilumab through your insurance provider. It is possible, however, the insurance provider may not approve our request for your continuation of dupilumab. Currently dupilumab is only FDA approved for use for some patients with atopic dermatitis (eczema) and asthma. If your insurance provider approves continued treatment with dupilumab, there may also be costs associated with the treatment based on your insurance coverage.

Stopping the Study Early

If you decide to stop taking part in the study for any reason, we will ask you to make a final study visit. You will need to return all unused study drug and your study diary at this visit. The final study visit will take about 20 minutes. At this visit:

- All activities from visit 2 will happen again with the exception of the placement of patch test materials, distribution of the subject diary, blood draw and photographs. In addition, the below activity will be performed during this visit
- Collection of study drug dosing and allergen avoidance diaries.
- Collection of study drug dispensed.

Also, the study doctor may take you out of the study without your permission. This may happen because:

- The study doctor thinks it is best for you to stop taking the study drug
- You can't make the required study visits
- You become pregnant
- You don't want to take the study drug
- The Sponsor decides to stop the study

- We stop doing the study for other reasons

If this happens, the study doctor will explain why you need to stop taking part in the study. We will ask you to come in for a final study visit as described above.

What are the risks and possible discomforts from being in this research study?

Taking Dupilumab may cause you to have one or more of the side effects listed below.

- Local irritation at the site where the shot is given
- Eye irritation
- Cold sores
- Visual changes, eye pain or severe eye irritation

There may be other risks of Dupilumab that are currently unknown.

As with any drug, an allergic reaction can occur. Allergic reactions can be mild or more serious, and can even result in death. Common symptoms of an allergic reaction are rash, itching, skin problems, swelling of the face and throat, or trouble breathing. If you think you are having an allergic reaction, call the study doctor right away. If you are having trouble breathing, call 911 immediately

Risks to an Embryo or Fetus, or to a Breastfeeding Infant

The effect of Dupilumab on an embryo or fetus (developing baby still in the womb), or on a breastfeeding infant, is unknown and may be harmful. Because of these unknown risks, women cannot take part in this study if they are:

* Pregnant
* Trying to become pregnant
* Breastfeeding

If you are a menopausal woman and have not had a menstrual period for the past 12 months or more, you will not need to have a pregnancy test. Also, if you have had any well-documented method of surgical sterilization, you will not need to have a pregnancy test. Methods of surgical sterilization include having had a hysterectomy (removal of the uterus), bilateral oophorectomy (removal of both ovaries), a tubal ligation (having your tubes tied), and transvaginal occlusion

(plugging the opening of the tubes with a coil). All other female subjects must have a negative pregnancy test before starting the study drug.

If you are sexually active and able to become pregnant, you must agree to use a medically acceptable method of birth control (for example, hormonal contraceptive "the pill", IUD or other methods your study doctor will discuss with you) while participating in this study and for 12 weeks after the last dose of the study drug.

If you have any questions about appropriate birth control methods, please ask your study doctor.

If you miss a period, or think you might be pregnant during the study, you must tell the study doctor immediately. If you or your partner (if you are male) become pregnant, you must stop taking the study drug and you must contact the study doctor or designee immediately. You will need to stop study treatment during pregnancy. The study doctor may ask for your permission to collect information about the outcome of your pregnancy and the condition of your newborn.

Getting pregnant will result in your removal from this study.

Risks of Blood Draws

You may have a bruise (a black and blue mark) or pain where we take the blood samples. There is also a small risk of infection, lightheadedness, and/or fainting. The expected blood loss will be minimal and of no clinical consequences. The time required is approximately 5 minutes.

Risks of Patch Test(s)

You may experience itching, local rash, and occasionally temporary blistering at the past test and/or tape sites, local pigment changes at the patch test site (rarely permanent), temporary flare of your ongoing or other rashes, and very rarely a severe allergic reaction. A reaction to the patch test is expected to be the same as the one you had to the same allergen(s) during your patch testing that occurred within the past 6 months.

Risks of a skin biopsy

The risks of skin biopsy include bleeding, infection, pain, and abnormal scar formation. Local anesthesia may be associated, in unusual cases with central nervous system effects, including lightheadedness, dizziness, blurred vision, ringing in the ears, seizures, or respiratory arrest, or cardiovascular effects including a slow heart rate or low blood pressure. Allergic reaction may also occur rarely. The time required is approximately 10 minutes.

Risk of loss of confidentiality

We will take steps to protect your privacy and confidentiality. Only study personnel will have access to data collected as part of this protocol. All paper records will be stored in a locked area, and all electronic files will be stored within Partners network, behind institutional firewall. A master log of patients and their corresponding code numbers will be kept in a secure file by the principal investigator at Brigham and Women's Hospital.

If you agree to store your leftover samples, we will protect your privacy by labeling your samples and information only with a code, and keeping the key to the code in a password protected database.

Information that could be used to identify you will only be shared with researchers within Partners who have approval of the Partners ethics board. Information that likely could be used to identify you will not be shared with researchers outside Partners.

What are the possible benefits from being in this research study?

There may or may not benefit from participating in this study. Future patients may benefit from what is learned in this study.

What other treatments or procedures are available for my condition?

You do not have to take part in this study to be treated for allergic contact dermatitis. Other treatments or procedures that are available to treat allergic contact dermatitis include:

- Allergen avoidance.
- Topical corticosteroids and other topical anti-inflammatory medications.
- Oral medications such as prednisone, cyclosporine, methotrexate, mycophenolate mofetil, and azathioprine.

Can I still get medical care within Partners if I don't take part in this research study, or if I stop taking part?

Yes. Your decision won't change the medical care you get within Partners now or in the future. There will be no penalty, and you won't lose any benefits you receive now or have a right to receive.

Taking part in this research study is up to you. You can decide not to take part. If you decide to take part now, you can change your mind and drop out later. We will tell you if we learn new information that could make you change your mind about taking part in this research study.

What should I do if I want to stop taking part in the study?

If you take part in this research study, and want to drop out, you should tell us. We will make sure that you stop the study safely. We will also talk to you about follow-up care, if needed.

Also, it is possible that we will have to ask you to drop out of the study before you finish it. If this happens, we will tell you why. We will also help arrange other care for you, if needed.

Will I be paid to take part in this research study?

Yes, you will be provided with a voucher of $20 to cover the parking fees for each onsite visit you complete. In addition, $100 will be provided per completed visit. The total payment if you complete the 6 study visits is $600 plus the parking vouchers.

We may be using an approved, outside vendor (Forte Research) to make these payments to you via a reloadable credit card-based system, called Forte Payments. This secure system is similar to a gift card or credit card.

If you are paid by this system, you will be given a Forte Payments Visa card when you enroll in the study. Once the card is activated, the study team will add a payment after each paid visit you complete. The payment should be available to you within a day. You may use the card anywhere Visa cards are accepted, such as at a grocery store.

We will need to collect your Social Security number in order to make these payments, and it will be shared securely with the company that runs the card-based system. Payments like this are considered taxable income. If you receive more than $600, the payment will be reported to the IRS as income by the hospital.

If you provide a receipt for something like travel expenses and we can cover that, that is not considered taxable income. Reimbursement of expenses will not be made using the Forte Payments card.

What will I have to pay for if I take part in this research study?

Regeneron is providing the study drug at no cost.

Study funds will pay for certain study-related items and services. We may bill your health insurer for, among other things, routine items and services you would have received even if you did not take part in the research. You will be responsible for payment of any deductibles and co-payments required by your insurer for this routine care or other billed care. If you have any questions about costs to you that may result from taking part in the research, please speak with the study doctors and study staff. If necessary, we will arrange for you to speak with someone in Patient Financial Services about these costs.

What happens if I am injured as a result of taking part in this research study?

We will offer you the care needed to treat any injury that directly results from taking part in this research study. We reserve the right to bill your insurance company or other third parties, if appropriate, for the care you get for the injury. We will try to have these costs paid for, but you may be responsible for some of them. For example, if the care is billed to your insurer, you will be responsible for payment of any deductibles and co-payments required by your insurer.

Injuries sometimes happen in research even when no one is at fault. There are no plans to pay you or give you other compensation for an injury, should one occur. However, you are not giving up any of your legal rights by signing this form.

If you think you have been injured or have experienced a medical problem as a result of taking part in this research study, tell the person in charge of this study as soon as possible. The researcher's name and phone number are listed in the next section of this consent form.

If I have questions or concerns about this research study, whom can I call?

You can call us with your questions or concerns. Our telephone numbers are listed below. Ask questions as often as you want.

Ari Goldminz, MD is the person in charge of this research study. You can call him with questions about this research study at 617-732-9090 Monday to Friday 9am-5pm., nights and weekends at 617-732-5500; pager 35151.

If you have questions about the scheduling of appointments or study visits, call Liset Chacin at 617-264-5926.

If you want to speak with someone **not** directly involved in this research study, please contact the Partners Human Research Committee office. You can call them at 857-282-1900.

You can talk to them about:

- Your rights as a research subject
- Your concerns about the research
- A complaint about the research

Also, if you feel pressured to take part in this research study, or to continue with it, they want to know and can help.

If I take part in this research study, how will you protect my privacy?

During this research, identifiable information about your health will be collected. In the rest of this section, we refer to this information simply as "health information." In general, under federal law, health information is private. However, there are exceptions to this rule, and you should know who may be able to see, use, and share your health information for research and why they may need to do so.

In this study, we may collect health information about you from:

- Past, present, and future medical records
- Research procedures, including research office visits, tests, interviews, and questionnaires

Who may see, use, and share your identifiable health information and why they may need to do so:

- Partners research staff involved in this study
- The sponsor(s) of this study, and the people or groups it hires to help perform this research
- Other researchers and medical centers that are part of this study and their ethics boards
- A group that oversees the data (study information) and safety of this research
- Non-research staff within Partners who need this information to do their jobs (such as for treatment, payment (billing), or health care operations)
- The Partners ethics board that oversees the research and the Partners research quality improvement programs.
- People from organizations that provide independent accreditation and oversight of hospitals and research
- People or groups that we hire to do work for us, such as data storage companies, insurers, and lawyers
- Federal and state agencies (such as the Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, and other US or foreign government bodies that oversee or review research)
- Public health and safety authorities (for example, if we learn information that could mean harm to you or others, we may need to report this, as required by law)
- Other:

Some people or groups who get your health information might not have to follow the same privacy rules that we follow and might use or share your health information without your permission in ways that are not described in this form. For example, we understand that the sponsor of this study may use your health information to perform additional research on various products or conditions, to obtain regulatory approval of its products, to propose new products, and to oversee and improve its products' performance. We share your health information only when we must, and we ask anyone who receives it from us to take measures to protect your privacy. The sponsor has agreed that it will not contact you without your permission and will not use or share your information for any mailing or marketing list. However, once your information is shared outside Partners, we cannot control all the ways that others use or share it and cannot promise that it will remain private.

Because research is an ongoing process, we cannot give you an exact date when we will either destroy or stop using or sharing your health information.

The results of this research study may be published in a medical book or journal, or used to teach others. However, your name or other identifying information **will not** be used for these purposes without your specific permission.

Your Privacy Rights

You have the right **not** to sign this form that allows us to use and share your health information for research; however, if you don't sign it, you can't take part in this research study.

You have the right to withdraw your permission for us to use or share your health information for this research study. If you want to withdraw your permission, you must notify the person in charge of this research study in writing. Once permission is withdrawn, you cannot continue to take part in the study.

If you withdraw your permission, we will not be able to take back information that has already been used or shared with others.

You have the right to see and get a copy of your health information that is used or shared for treatment or for payment. To ask for this information, please contact the person in charge of this research study. You may only get such information after the research is finished.

Informed Consent and Authorization

Statement of Person Giving Informed Consent and Authorization

- I have read this consent form.
- This research study has been explained to me, including risks and possible benefits (if any), other possible treatments or procedures, and other important things about the study.
- I have had the opportunity to ask questions.
- I understand the information given to me.

Signature of Subject:

I give my consent to take part in this research study and agree to allow my health information to be used and shared as described above.

Subject	Date	Time (optional)

Signature of Study Doctor or Person Obtaining Consent:

Statement of Study Doctor or Person Obtaining Consent

- I have explained the research to the study subject.
- I have answered all questions about this research study to the best of my ability.

Study Doctor or Person Obtaining Consent	Date	Time (optional)

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