A Phase 2 Study Evaluating Short-Term Efficacy of Tonabersat (Xiflam) for Diabetic Macular Edema

(Protocol AN)

NCT05727891

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CONSENT TO TAKE PART IN A RESEARCH STUDY

STUDY TITLE: A Phase 2 Evaluation of Tonabersat for Diabetic Macular Edema

STUDY DOCTOR'S INFORMATION
Name:
Contact Number:
Site Name:
Mailing Address:
Emergency (24-hour) Number:
Study Coordinator Name/Phone:

SUMMARY

This consent form will give you important information about this study. It will help you decide if you would like to take part in the study. You do not have to be in this study. You can stop the study at any time. You should read and discuss all the information in this consent form with the study doctor.

- **The study is being done to find out whether a medication taken by mouth (pills) can be used to treat diabetic macular edema ("DME").**

- **The medication used in this study is called Tonabersat (known in past clinical trials as SB-220453). Tonabersat is not approved by the Food and Drug Administration (FDA). For this reason, it is called experimental in this study.**

- **You will be asked to be in this research study for about twelve months. You will have a visit each month for the first 6 months and a final visit at 12 months for a total of eight office visits. At these visits you will have vision testing, an eye exam, and imaging of your eye. You will receive either tonabersat or a placebo (a pill that does not contain any medicine). You will be asked to take two pills of the study medication every day for first 6 months. You will not know which treatment you are getting. You will stop taking the study medicine after 6 months but will be asked to return for one final visit at 12 months.**

- **The most likely risks to you are headache, drowsiness, and dizziness. Also, the most serious risks are tremors (shakes) and heart palpitations, but these risks are unlikely.**

- **The possible benefits are that tonabersat may make your DME better, but that is what the study is trying to find out. People who take part in this research study will add to new knowledge that may help other people with DME.**

- **If you do not participate, you may receive treatment outside of the study. We encourage you to discuss with your study doctor, primary care doctor, or another health care provider the options available to you to treat your DME.**

WHAT IS INFORMED CONSENT?

Informed consent is the process that tells you about what is involved in a research study. It tells you about the study, study procedures, and study treatments. It tells you about how study treatments are given and what side effects could happen. This process usually involves reading a form like this one, someone on the study team talking to you about the study, and getting answers to your questions and concerns. The goal is that you have all of the information you need so that you can decide if you want to participate in the study.

You can take as much time as you need to think about whether or not you want to be in this study. You can also take a copy of this form with you to discuss with friends, family, or other doctors to help you decide. Please read this document carefully. Do not agree to be in this study unless all of your questions have been answered.

You do not have to be in this study. If you decide not to be in this study, you will not be treated differently as a person just because you did not want to be in this study. Also, your regular care will not be impacted.

WHO IS DOING THE STUDY?

This research study is being done by the DRCR Retina Network, which is a group of clinical sites dedicated to research of retinal diseases. It is being paid for by the National Eye Institute (NEI), one of the National Institutes of Health of the US Public Health Service, a part of the federal government. A company called InflammX Therapeutics, Inc. is providing funding as well as the medication for the study. Additional funding is provided by JDRF.

The Jaeb Center for Health Research is the Coordinating Center for this study. They will use the funding to organize the study and pay your study doctor's office for their work on the study. Your study doctor and clinic staff will use the funding to carry out this study.

The name of the study doctor, the doctor's contact information, and the mailing address are listed on the first page of this form. If one of the study doctors gets money or benefits from a company that makes the drugs in this study, then they must tell the Jaeb Center.

WHY IS THIS STUDY BEING DONE?

You are being asked to take part in this research study because you have diabetic macular edema (DME). DME is the term used for swelling in the central part of the retina, which is caused by leaky blood vessels from diabetes. The goal of this study is to learn whether a medication called tonabersat can help people with DME.

The purpose of this study is to find out if a medication called tonabersat can help the swelling from DME go away. The swelling in the center of the macula from DME can reduce vision. This is because the center of the macula is used for sharp, straight-ahead vision, such as reading, driving, or recognizing

faces. When vision is reduced from DME, treatment may include injections in the eye. If this oral medication helps reduce the swelling it may delay or avoid needing other treatments in the eye.

WHO CAN PARTICIPATE IN THIS STUDY?

The study will include about 128 participants at about 25 different medical offices in the United States. In general, to take part in this study, you must:

- Be 18 years or older
- Have DME with good vision (about 20/32 or better) in at least one eye
- Be able and willing to provide informed consent

Also, you must not:

- Have another eye condition that may cause you to need treatment during the study
- Have chronic renal failure or had a kidney transplant
- Have a history of liver disease
- Have blood pressure that is greater than 160/100 (systolic above 160 OR diastolic above 100)
- Be pregnant or plan to be pregnant in the next six months or nursing an infant. *If you are a woman who may become pregnant, a pregnancy test will be done to be sure you are not pregnant before you enter the study.*
- Have taken part in other research within the last 30 days involving a drug or device
- Have had any prior ocular treatment for diabetic retinopathy or diabetic macular edema (i.e., laser, injection, surgery) in the last year; and have had no more than 4 anti-VEGF injections within the last 3 years
- Have a known allergy to any ingredient used to make the study drug (SB-220453, lactose, microcrystalline cellulose, sodium starch glycollate, colloidal silicon dioxide, and magnesium stearate). *A history of lactose intolerance does not exclude you from the study.*

Your study doctor and staff will review more health-related requirements with you. In some participants one eye will be eligible for the study and in some participants both eyes will be eligible. We will refer to an eligible eye as a ***study eye.***

To be eligible in this study, you must be willing to comply with all study procedures and tests. You must also agree to be present at the clinic for all scheduled visits. If you are planning to move out of this area within the first 6 months and want to be in this study, please let us know. We will see if we can arrange for you to still be in the study.

WHAT WILL HAPPEN IN THIS STUDY?

The study will last up to 12 months for each participant.

A. Screening

To make sure the study is right for you, we will get some information from you. We will ask questions about your medical and previous eye problems and treatment. We will also do some tests to see if you are eligible for the study (described in section C).

B. Study Treatment

If you are eligible and decide to take part in this study, a computer program will be used to randomly select whether you will be given tonabersat or placebo for the first six months of the study. The placebo looks like the tonabersat medication but does not have any medicine in it.

You will have a 50-50 chance of getting either tonabersat or placebo. You will not know which medication you are receiving. Your eye doctor and other study staff also will not know which medication you are receiving. However, the eye doctor can find out this information if an unexpected event occurs and your study eye doctor requires the information to treat you.

During the study, you will be asked to take two pills of the study medication once daily for the first 6 months. At your first visit, you will be provided with enough medication to last at least 1 month. More study medication will be provided at scheduled monthly visits. It may be mailed, if necessary.

After your first study visit, you will receive a call from the doctor's office within one week to make sure that you do not have any questions and are able to take the medication.

C. Study Testing

The testing that will be completed during the study is described below. The timing of each test is in the table below.

1. Vision Testing

- This will include measurement of your visual acuity (the ability to read letters on the vision chart). This measurement will be done in each eye separately at each visit.

2. Eye Exam

- An eye exam will be performed on each eye separately. Drops will be placed in your eye to dilate your pupil. The inside of the eye will be examined through a special microscope. The pressure in your eye will also be measured. The eye exam will be done on both eyes during the first, 6-month, and 12-month visits, and only on the study eye(s) at all other visits.

3. Optical Coherence Tomography

- Optical coherence tomography (referred to as OCT) uses a dim beam of light to measure the thickness of the retina. You will look into a machine at a pattern of flashing and rotating red lights. During the study, OCT will be used to find out if the retinal swelling has changed. OCT will be done on both eyes during the first, 6-month, and 12-month visits, and only on the study eye at all other visits.

4. Photographs of the Retina

- A special camera will be used to take photographs of your retina (referred to as fundus photographs) after drops have been placed in your eyes to dilate your pupil. These photographs will be taken on both eyes at the first and 6-month visits.

5. **Measurement of Blood Pressure, Height, and Weight**
    - Your blood pressure will be checked with a cuff that is placed on one of your arms. It will be taken during every visit.
    - Your weight will be taken during the first, 6-month, and 12-month visits.
    - Your height will be taken at the first visit.

6. **Laboratory Tests**
    - A blood sample (about two teaspoons in total) will be taken to measure HbA1c (how well your diabetes is controlled), blood counts, kidney function, and other measures of your general health. The blood sample will be taken at your first, 1-month, 3-month, 6-month, and 12-month visits.
    - A urine sample will be taken to measure kidney function and other measures of your general health.
    - If you are female of child-bearing potential, a urine sample will also be used to check for pregnancy.
    - The results will be sent to you. If you agree to provide primary care provider's contact information, we will also provide the results of your laboratory tests to your PCP.

7. **Serum Samples**
    - A separate blood sample (about two teaspoons total) will be taken at the first and 6-month visits for more advanced tests of kidney function and inflammation.
    - This will be drawn at the same time as the ones for laboratory tests above, and you will only need one successful needle stick for all blood samples at each visit.
    - Since these lab tests are exploratory, you and your PCP will not receive the results.

8. **OCT Angiography (OCTA)**
    - OCTA is a new type of machine that is used to look at the blood vessels in your eye. This test will be done to see if it provides additional information that can help doctors manage diabetic retinopathy in the future. The procedure is like the regular OCT above and will take less than five minutes. OCTA will be done on the study eye only during the first and 6-month visits.
    - Since this test is still new, the results will not be used to see if you are eligible or to guide study treatment decisions.
    - Not every doctor's office in this study will have the machine that is used for OCTA. If your doctor's office does not have the machine, you will not be asked to do these tests.

D. Follow-up

You will be asked to return for a follow-up visit once a month for the first six months, and you will be asked to bring back all of your study medication bottles to each visit. Each visit may take two to three hours. You will be asked some questions about your health and complete some vision tests. You will stop study medication after the 6 month visit, but will be asked to return for a final visit at 12 months.

If during the study you and your study doctor decide a different treatment is needed for your DME, study testing will be done first. If a different treatment for DME is given, the study medication will be stopped. You will still be asked to attend all study visits through the end of the study.

The table below shows what will happen at each visit.

Visit Procedures*	Study Start	One-week phone call	Month						
			1	2	3	4	5	6	12
Treatment assignment (tonabersat or placebo)	X								
Vision Testing	X		X	X	X	X	X	X	X
OCT	X		X	X	X	X	X	X	X
Fundus Photography	X							X	
OCTA	X							X	
Eye Exam	X		X	X	X	X	X	X	X
Blood Pressure	X		X	X	X	X	X	X	X
Blood & Urine Tests	X		X	Pregnancy test only	X	Pregnancy test only	Pregnancy test only	X	X
Safety Check			X	X	X	X	X	X	X
Study Drug Use Check		X	X	X	X	X	X	X	

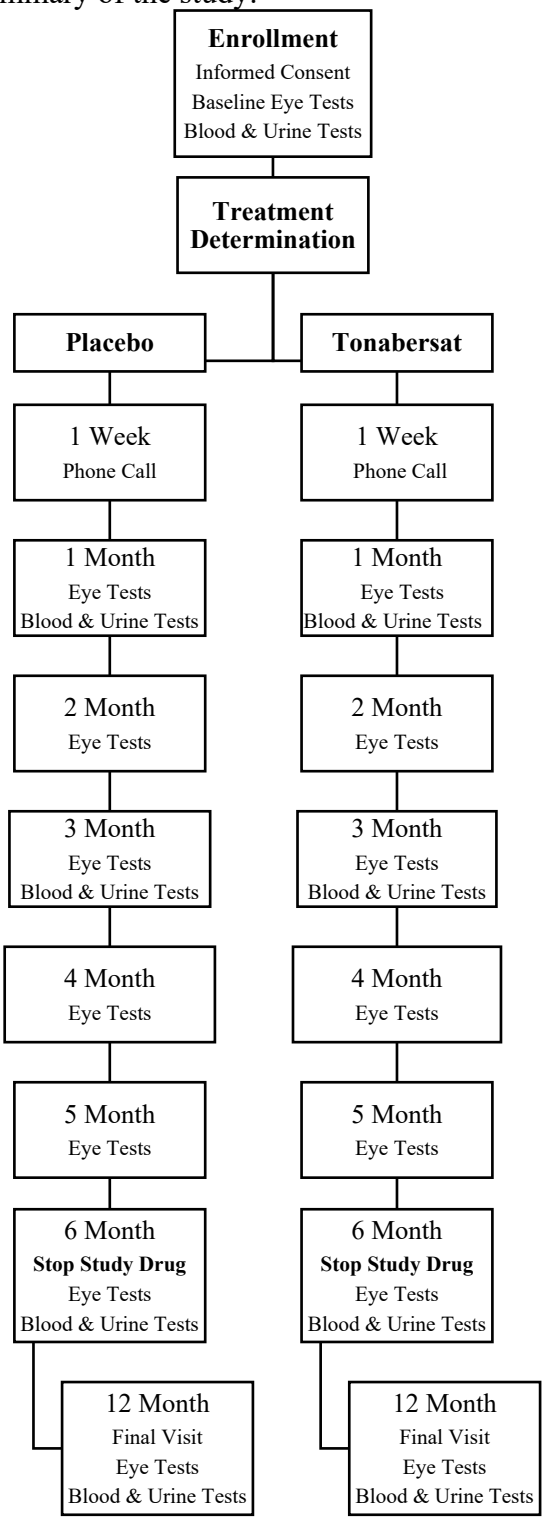
E. Optional Serum Samples for Future Use

- If you give permission, any leftover portion of the serum from the samples at the first and 6-month visits will be stored indefinitely to help future research.
- Some examples of future research would be to see if there are blood markers that may be related to disease worsening or response to treatments.
- Direct identifiers (such as your name) will be removed before sending your blood to the central laboratory where it will be stored indefinitely.
- Scientists and/or industry partners will be able to request the samples and/or other medical information for their research in diabetes or retinal diseases, for example. The samples may be sent to national or international laboratories for analysis.
- You can still be in the study if you do not want to provide samples for future research. If you do not give permission, any leftover portion will be destroyed at the end of the study.

F. Optional Text Message Reminders

If you give permission to receive text messages, you will receive automatic text reminders to take your study medication. The text will be sent at a time of day and how often that you indicate is best for you. You will not need to reply to these reminders. The first text will be sent while you are at your eye doctor's office to make sure it works. At the end of this form, you will be asked to decide whether you want to receive text message reminders.

The following figure shows a summary of the study:



WHAT ARE THE RISKS OF THIS STUDY?

If you choose to take part in this study, you need to know that there are some potential side effects or risks of being in this study. We urge you to discuss these with your study doctor, your primary care provider, or another health care professional. If a treatment or procedure has increased risk because it was not done as stated by study procedures due to error, you will be informed, and the needed steps will be taken to care for you.

Risks of Taking Tonabersat:
Tonabersat has not been approved by the FDA for any indication. In prior studies tonabersat was well tolerated and there were no major safety issues. Side effects may be minimized by taking the medication at bedtime.

The more common side effects that are known:

- The most common side effects reported with tonabersat are headache, drowsiness (sleepy), and dizziness.

The less common side effects that are known:

- In prior studies, the following side effects occurred in only 2 in 100 people taking tonabersat – dry mouth, chills, tremors (shakes), nausea, vomiting, and heart palpitations.
- The following side effects occurred in only 1 in 100 people taking tonabersat – abdominal pain, constipation, diarrhea, abnormal vision, and a runny nose.

You will be provided with detailed instructions on how to take the study medication. **To reduce the risk of known side effects from tonabersat, you should take the study medication at bedtime as directed by your study doctor.** If you are having a hard time handling the side effects, please talk to your study doctor. They may be able to reduce your dose to help you be more comfortable.

Risks of Eye Examination and Tests

- **Eye Exam:** As part of the eye exam, drops will be put into your eyes to dilate the pupils. The drops may blur your vision and make you sensitive to light. The drops will wear off over several hours. There is a small risk of an allergic reaction to the drops. There is also a small risk that the drops could cause the eye pressure to rise. If this happens, it will be treated, but there is a small risk of losing vision from the pressure rise. Due to the blurring effect on your vision and possible light sensitivity, we recommend that you do not drive until the blurring effect of the drops has worn off. If necessary, have someone come with you who can drive for you after the exam.

- **Blood Draw Risks:** Anytime you have your blood drawn you may have bruising, discomfort, bleeding, infection, or fainting. Although these risks are possible, they are unlikely, and usually mild.

- **OCT, OCTA, and Fundus Photographs:** There are no known risks associated with OCT, OCTA, or fundus photographs. The bright flashes used to take the scans may be annoying but are not painful and cause no damage.

Risks for Unborn Babies

The risks of the drug in this study on an unborn baby or breastfeeding baby are unknown. For this reason, anyone who is pregnant, planning to become pregnant within the next twelve months, or breastfeeding cannot be in this study. During the study, anyone who is capable of bearing children must agree to use an effective method of birth control to prevent pregnancy.

Anyone who becomes pregnant during the study will be asked to stay in the study but will no longer receive the drug. Urine pregnancy tests are done as part of this study for anyone that may be able to get pregnant. For example, anyone that has started having menstrual periods, or is still having menstrual periods, will have pregnancy tests no matter how young or old they are. They will also be asked about how they plan to make sure that they do not become pregnant while in the study (like if they use birth control). The study doctors are required to do this even if someone thinks there is no possibility of pregnancy.

Risks to Confidentiality

This study will be capturing some information about you that includes identifiable, personal information, like your date of birth. The study has procedures in place to protect that information. There is a chance that a loss of that protection could occur. This would be a loss of confidentiality. Please see the "How will my information be protected and kept confidential" section below for more information.

Other Important Risks

It is always possible that anyone taking a drug for the first time may have an allergic reaction. Also, there may be additional risks from the drug or the study procedures that are not known. If we find out that there are any new risks, you will be told about them. You will be able to decide if you want to continue in the study based on this new information.

Text Messaging

If you choose to receive medication reminder text messages for this study, the text messages are secure when sent. The text messages are called secure, because there are steps in place to help keep people from seeing these messages that are not supposed to. It is possible that someone else may see the text messages on your phone. If they do, they might know that you are in a study or see a detail about the study. The company that manages the system that sends the texts will see your phone number. They use this information to send the texts. They are not allowed to send your phone number to other people or companies. Please ask the study team if you would like a copy of the company's privacy policy.

Separately, the study doctor and staff may use your contact information to call, text or email you during the study for things like appointment reminders. Your name, phone number, or email address may be in the text or email. They are not allowed to send you other identifiable health information by text or regular email because it is unsecure. This means that there is a risk that a message may be seen by someone that is not supposed to see it, like when an email gets hacked.

If you think that the study doctor's office has texted or emailed information that they should not have please contact JCHR at 813-975-8690 and ask to speak to the IRB Administrator. If *you* text or send a

regular email to the study doctor's office, it is unsecure and what you put in the text or email is not protected.
Please discuss the risks with your study doctor or any other health care provider.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?

The possible benefits are that tonabersat might make your DME better, but that is what the study is trying to find out. People who take part in this research study will add to new knowledge that may help other people with DME. Receiving text messages may help you remember to take the medication.

ARE THERE OTHER OPTIONS THAN BEING IN THIS STUDY?

If you do not take part in this study, your options include standard treatment like anti-VEGF or steroid drug injections, laser treatment, other research studies, or you may choose not to do anything. The study medication being tested in this study is not available outside of the study. Your study doctor will discuss these choices and the risks and benefits of each with you. You can still be in the study if you decide not to receive text messages.

CAN I STOP BEING IN THE STUDY?

You can stop being in the study at any time. If you decide to stop being in this study, you will not be treated differently as a person. Also, your regular care will not be impacted. Please talk to your study doctor or staff so they know why you are stopping the study and can help you do so safely. Also, if you want to stop study treatment but want to stay in follow-up or allow ongoing data collection during the study, you will need to tell the study team. Information can only keep being collected this way if you say that it is okay in writing, like with a letter or an email. You can also use the JCHR IRB Withdraw Letter on our website at www.jaeb.org/research-participants. **If you decide to stop, it is important that you return any remaining study medication to your doctor's office.**

If you agree to receive text messages, you can decide to stop getting text messages reminders at any time. You will need to tell your study doctor if you would like to stop receiving text message reminders. Replies to the text messages will not be monitored.

If we find out that there is any important new information about the study, you will be told about it. You will be able to decide if you want to continue in the study based on this new information.

The study may stop, or the study doctor may decide to take you out of the study at any time. You do not have to give permission for the study to stop or for the study doctor to remove you from the study. You will be told if this happens.

Some reasons why you may be removed from the study include:

- The doctors feel that it is in your best interest
- The doctors think that being in the study may cause you harm
- If you experience an injury related to the study
- If you need additional or different medication

If you withdraw, are removed from the study, or the study is stopped, you may continue to receive care like you normally would if you were not in this study. You will not be able to keep the drug used in the study. It must be returned.

ARE THERE COSTS RELATED TO TAKING PART IN THE STUDY?

Testing that is specifically for this study will be paid for by the study. The study will pay for visual acuity measurements, blood and urine tests, eye exam, photographs, OCT, and OCTA at required visits. All other tests and procedures, which are not part of the study, will be your or your insurance company's responsibility. Depending on your cell phone provider, message and data rates may apply if you agree to receive text message reminders. The study is not planning to pay for these charges.

The study medication will be provided to you at no cost. **During the 6-month visit, or if you decide to withdraw from the study, you must return the remaining medication to your study doctor's office.**

The costs of routine treatment, office visits, and tests that are part of your regular care will be billed to you or your insurance company like they normally would if you were not in a study. **Please ask to speak to someone at your study doctor's office if you want more information about what you or your insurance will be expected to pay.**

IS THERE PAYMENT FOR TAKING PART IN THIS STUDY?

If you take part in the study, you will receive up to $400 for your participation. These payments will be paid as follows: $50 for each completed visit. These payments will be made by gift or money cards given to you by your study doctor's office. If you withdraw from the study, you will still be paid for the visits that you have completed. You will not receive extra payments for visits that are required as part of your normal care or for visits that are for treating an illness or injury. You may be asked to repeat a testing procedure if the study staff cannot use your data. If repeating the procedure requires you to schedule a doctor's visit outside of normal care, you will be provided an additional $25.

If you would like reimbursement for travel expenses, then please tell the study doctor's office. Direct and reasonable travel expenses for study required visits will be reimbursed. Direct and reasonable travel expenses are the actual cost of the most sensible travel option to get you to and from required study visits. Requests for these travel expenses will be submitted to the Jaeb Center for Health Research study team so they can be reimbursed. You will be asked to provide receipts or proof of mileage to receive reimbursement. Mileage reimbursement will be made based on the current federal mileage rate. Please speak to someone at your study doctor's office to obtain more information about this reimbursement.

The use of your samples may result in commercial profit. You will not be compensated for the use of your samples other than what is described in this consent form. The samples collected will not be used for whole genome sequencing or other genetic research.
Because payments made to you for participating in this study may be reported to the IRS as income, you may need to provide your social security number or a Form W-9 to your study doctor's office. These

will not be shared outside of your doctor's office, other than as required by the IRS. Travel reimbursement is not taxable income per the IRS.

WHAT HAPPENS IF I HAVE AN ILLNESS OR INJURY FROM BEING IN THE STUDY?

If you have an illness or injury that is related to your participation in the study, then you can get care like you normally would. If you have an emergency, please seek emergency care as soon as possible. Please tell the emergency doctor that you are in a research study. Please also tell your study eye doctor about the emergency as soon as you can. Care will be billed to you or your insurance like it normally would.

However, InflammX will reimburse direct medical costs for treatment or procedures provided by a health care provider relating to illnesses or injuries that are the direct result of taking the study medicine. Your study doctor and the Jaeb Center will determine whether the illness or injury was related to the study medication. If you believe you have suffered an injury or illness related to the study medicine that required treatment, then contact your study doctor's office or the Jaeb Center at 1-866-372-7601. Once it is determined that the illness or injury was probably or definitely related to the study medication, you will be asked to submit documentation of the costs for reimbursement. The compensation described in this section will be the only form of compensation provided to you for complications or injuries that occur related to this study. Your study doctor, the study doctor's office, the Jaeb Center, and InflammX are not planning to cover payment for lost wages, direct losses, or indirect losses.

CONTACT INFORMATION FOR QUESTIONS OR PROBLEMS

If you have questions about this study; a research illness or injury; or have concerns, suggestions, or questions about the study, then contact your study doctor using the contact information on the first page of this form.

Contact the Jaeb Center for Health Research Institutional Review Board (IRB) Office at 813-975-8690 or irb@jaeb.org if you have questions, comments or suggestions about the research. You can also contact the IRB if you want more information about your rights, injury reimbursement, or the future use of your information or samples.

HOW WILL MY INFORMATION BE PROTECTED AND KEPT CONFIDENTIAL?

This section tells you about the use and/or disclosure (sharing) of your personal Protected Health Information (PHI) if you decide to participate in this study. Your health information that may be used or disclosed is described below. This is like the information that is usually found in your medical records that will be collected for the study. Only the health information about you that is needed for this research study will be used or disclosed. This information will be kept confidential and private as required by law. The specific types of information that will be released and used for this research are:

- Hospital discharge summaries
- Medical history / treatments
- Laboratory / diagnostic tests
- Operative report (about an operation)

- Biological specimen(s) and/or slide(s)
- Diagnostic imaging report relating to your eyes
- Diabetes records
- Retinal images from OCT scans and photographs

You are being asked to not only be in this study, but also to give your permission for your PHI to be released from your doctors, clinics, and hospitals to the researchers doing this study. This is called giving your Authorization. The PHI is necessary for the study to be done, so you do have to give your Authorization in order to be in the study. If you do not want to give Authorization, then you will not be able to be in the study.

Your Authorization for PHI lasts 50 years from the date that you sign this form or until the end of the study, whichever comes first. You may cancel your Authorization at any time. **You will need to contact your study doctor's office in writing, or you may contact the JCHR IRB Office at 813-975-8690 or irb@jaeb.org.** When you fully cancel your Authorization, you are no longer part of the study. No new PHI will be shared for the study, except if there is a safety concern. If there is a safety concern, your entire medical record may need to be reviewed. The researchers will receive all the information that was collected for the study up to the time that you canceled your Authorization or are no longer in the study. Any information that has been received will remain in the study database after you withdraw.

The researchers will use a code that may have your initials or date of birth to keep your study information (study results) together at the Jaeb Center for Health Research in Tampa, Florida. Your Authorization for the use and sharing of the coded study results will never end. Also, the following people or companies involved in this study may see your study results with things like your date of birth, initials, and date of procedures:

- your treating healthcare providers and their staff,
- associated healthcare institutions and hospitals where you receive care
- Jaeb Center for Health Research and people working on the study for Jaeb
- Your primary care provider's office (if you give permission below for us to notify them of your participation in the study)
- Central reading centers looking at pictures of your eyes
- InflammX Therapeutics, Inc.

Sometimes people not directly working on the study need to see your PHI. For example, the Food and Drug Administration (FDA), other federal agencies, and committees that monitor safety may inspect health and study records. In most cases, the information will be coded instead of having your PHI, but not always. For example, if you participate in this study, then this form could be reviewed, and it would have your name on it. Once PHI is shared, it may no longer be covered by the privacy laws.

You have the right to see your records. During the study, you may not be able to see or get copies of everything. For example, if you are not supposed to know which study group you are in, then we wouldn't want to tell you before the study ends. The study doctor will be able to tell you if you will have to wait to get some information. When the study is over, you have the right to see the full records.

Certificate of Confidentiality
The National Institutes of Health has guaranteed a Certificate of Confidentiality for this study. This adds special protection for study information that identifies you and allows us, in some cases, to refuse to give out information that could identify you without your consent. This could be done when the information is requested by a federal, state, local court, or public agency. If you need medical help, we may still share your identifiable information. As described in this form or in other cases, we may share identifiable information. For example, if the government inspects us, they may see your identifiable information. Your study doctor and research team will follow local laws and will tell the local or state authorities:

- if certain diseases are present;
- if they suspect neglect, abandonment, or abuse of you; and
- if your study doctor or research team learn that you plan to harm yourself or someone else

Clinical Trial Reporting
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. A copy of one of the study consent form templates will also have to be posted on a federal Web site.

Other Considerations
The information collected in the study may be used in future studies without additional permission from you. This may include research done by other researchers. The information that may be shared will not contain any PHI that could identify you. There may still be a chance that someone could identify you, but this is not likely. A copy of the information collected as part of the study will be made public in a dataset. This will be done after the study ends. This dataset will not contain any PHI. The study results will also be made public. These results will not have any PHI either. Study results without PHI may be shared in medical journals and at scientific meetings. Your retinal image from OCT scans may be shared in a medical journal or at a scientific meeting, but your name and other identifying information will not be shared. If your retinal images are used for publication or teaching purposes, you will not be told or be provided with the publication or educational materials ahead of time. See more information below regarding use of retinal images for future use.

A limited dataset that contains some PHI may be provided to certain researchers. This PHI will not include things like your name, address, or medical record numbers. Any researcher would need to sign an agreement to protect your PHI before getting this dataset as required by law.

Results from the study will be sent to you in a letter when they are made public.

Social Media We would like to ask you not to share any of the specific details of this study publicly, like in social media posts. This is one way we can help protect confidentiality. This is also important because the products being used in this study are not available outside of this study. You do have the right to discuss the study with others to help you decide if you want to be in the study or stay in the study at any time.

Contact from the Jaeb Center
Separately from your research data, the Jaeb Center for Health Research in Tampa, Florida will be provided with your contact information.

- After enrollment, you may receive a phone call from a staff member at the Jaeb Center to see if you have any questions. You will be called at a time that you indicate is most convenient for you. If you are not available at the time of the call and prefer to call the Jaeb Center yourself, you can call them toll-free at 1-866-372-7601.

- If we are not able to locate you when we try to schedule your follow-up visit, the Jaeb Center may try to contact you through the alternative contact information you have given us. If this is not successful, the Jaeb Center may use a third-party search service.

- If you agree to receive text message reminders, you will receive text messages from the Jaeb Center through a third-party texting service. The text messages will be sent automatically using a computer program from the Jaeb Center database. This database is designed with security protections. Your contact information will be saved in a different part of the database and will not be saved with your study information. The third-party texting service will only receive your phone number and the content of the text message. They have agreed to only use your phone number for the study texts.

- If your study medication is mailed directly to you, it may be done through a central pharmacy contracted by the Jaeb Center, who may be given your name and address.

Study Information for Future Use
Some of your identifiable study information collected as part of this study may be stored or used for future research by the Jaeb Center and the DRCR Retina Network, other researchers, and industry collaborators. This information includes retinal images such as OCT scans and photographs of the retina. Your OCT scans may be made publicly available. They could be used for publications, other research, or to help design future studies, or for teaching materials. The types of research that may be done with this information include analyses to help researchers better understand the condition being studied or plan future studies. If someone got this information, then they might be able to figure out that is your information. OCT scans and photographs of the retina are only identifiable if they can be matched to a database that already includes pictures of your retina for identification purposes. It is not likely that someone could identify you by looking at a picture of your retina, but it is possible.

There are plans to protect your information by storing it in a secure database to which only authorized personnel have access. There are also plans to protect your information by removing any dates, names, initials, or other information from the retinal images that could make it easier to identify you. There is still a risk that a loss of that protection could occur. This would be a loss of confidentiality.

This information from this study may be stored and used indefinitely.

You will not be told about the specific purposes of the future research. You should think about whether there is a certain kind of research study for which you would normally not want your information to be

used, because at this time we do not know what types of future studies may be done using the information collected in this study. Also, the results from the future studies will not be shared with you.

It is not expected that you will have any benefit by allowing this information to be used for these future research purposes. The information may help people in the future. You do not have to allow the Jaeb Center the use of this information for future purposes if you don't want to.

If you decide that you do not want to allow the future use of your study information, then you cannot be in the main study either. This is because the future use is an important part of the research. Your regular care outside of the study will not be impacted. Also, if you change your mind in the future, we will not be able to remove the information or samples once shared. Please know that we will not be able to get the OCT scans back once they have been shared. This is because there is no other information with those images that could tell us which ones are yours.

Adult Study Participation

By signing below, you/the participant agree to take part in this study. Your signature means that:

- you have read this informed consent form
- you have been given the chance to discuss the study and to ask questions to your satisfaction
- you freely choose to participate and you can withdraw at any time
- you allow the use of your identifiable study information (retina images) to share for other future research. This information is collected as part of participation in this study. You cannot be in this study if you do not provide this permission.
- you will receive a copy of this consent form
- you authorize the use and disclosure of your protected health information. This information is collected as part of participation in this study. You cannot be in this study if you do not provide this permission.

_____

Adult Participant's Full Name (printed)

_____ _____

Participant's Signature **Date**

Permission to Notify Primary Provider About Participation

It might be a good idea for your regular provider or doctor's office to know that you are in this study. With your permission, we can contact your regular provider or doctor's office for you and give them information about the study and your health.

☐ I ***do*** give my permission for the study team to contact my regular provider or doctor's office to tell them about my participation in this study. This may include some health information about me too. I understand that I will be asked to provide the contact information of my regular provider or doctor's office. I may need to sign a release of information form at the study doctor's office too.

☐ I ***do not*** give my permission for the study team to contact my primary physician to inform them about my participation in this study.

_____ _____

Participant's Signature **Date**

Optional Text Message Enrollment

Please check a box to show whether or not you want to receive automatic, secure text messages during the study. You can still be in the study if you do not want to receive text messages:

☐ I ***agree*** to receive automatic text message reminders, or

☐ I ***do not*** agree to receive text message reminders automatically.

_____ _____

Participant's Signature **Date**

Optional Blood Serum Samples for Future Use

The optional blood serum samples for future use will not include any identifiable information about you. You can still be in the study if you do not agree to this future use. Please choose only one of the options below:

☐ I ***do*** give my permission for the use of extra blood serum samples for future research as described above, or

☐ I ***do not*** give my permission for the use of extra blood serum samples for future research

_____ _____

Participant's Signature **Date**

Investigator's Certification

I certify that to the best of my knowledge the participant is who they say they are, understands the nature, demands, risks, and benefits involved in the participation of this study.

_____ _____ _____

Investigator's Printed Name **Investigator's Signature** **Date**