

## CONSENT TO TAKE PART IN A RESEARCH STUDY

**Study Title:** A Phase 2B, Double-Blind, Randomized, Placebo-Controlled, Parallel Group, Dose Ranging Study Of Oral PF-06651600 And PF-06700841 As Induction And Chronic Therapy In Subjects With Moderate To Severe Ulcerative Colitis

**Study #:** B7981005

**Sponsor:** Pfizer

**Study Doctor:** Satinder Gill MD  
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**For California participants: Before you read this consent form, you should read a copy of the California Experimental Subject's Bill of Rights. Ask the study staff for a copy of this document if you haven't already received one.**

You are being asked to take part in a research study. This research study is sponsored by Pfizer, who will be paying the study doctor and the study site to conduct the study.

The purpose of a research study is to gather information and does not replace your regular medical care.

Taking part in this research study is voluntary and your choice. There is no penalty or change to your regular medical care if you decide not to take part. You can decide to participate now, but change your mind later and stop being in the research study without any loss of benefits or medical care to which you are entitled.

We urge you to discuss any questions about this research study with our study staff members. Talk to your family and friends about it and take your time to make your decision.

If you decide to take part in this research study, you will be asked to sign this consent document before any study-related activities are performed. You will receive a copy of this signed consent document for your records.

### 1. WHAT IS THE PURPOSE OF THE RESEARCH STUDY?

You are being asked to take part in this research study because you have moderate to severe ulcerative colitis (UC). The purpose of this research study is to compare the safety and effects of two new drugs, PF-06651600 and PF-06700841, with placebo to find out which is better for potentially treating UC. PF-06651600 and PF-06700841 are investigational drugs. An

investigational drug is one that is being tested and is not approved for sale in the United States by the U.S. Food and Drug Administration (FDA). A placebo looks like the investigational drug but does not contain any drug. Researchers use a placebo to see if the investigational drug works better or is safer than not taking anything.

Be aware that this form refers to PF-06651600, PF-06700841, and placebo as “study drug.”

## **DRUG ACCESS AFTER STUDY COMPLETION**

Because this is a research study, PF-06651600 and PF-06700841 will be given to you only during this research study and not after the research study is over.

## **STUDY ASSIGNMENT**

If you participate in the research study, you will be assigned by chance (like the flip of a coin or drawing straws) to receive either PF-06651600, PF-06700841, or placebo. In the induction phase of the study (the first 8 weeks), there will be four designated groups for each study drug.

Participants who are enrolled in the PF-06651600 group will either receive 20, 70, or 200 mg of PF-06651600 daily or matching placebo. You will have a 92% (12 in 13) chance of receiving PF-06651600 and an 8% (1 in 13) chance of receiving placebo. Neither you nor your study doctor can choose the group you will be in.

If you are assigned to the PF-06700841 group, you will receive either 10, 30, or 60 mg daily of PF-06700841 or a matching placebo. You will have a 92% (12 in 13) chance of receiving PF-06700841 and an 8% (1 in 13) chance of receiving placebo. Neither you nor your study doctor can choose the group you will be in.

Following the induction period of the study, all subjects, including those on placebo, will be re-assigned by chance (like the flip of a coin or drawing straws) to the chronic dosing period (24 weeks) of the study. If you were originally in the group receiving PF-06651600, you will either receive 50 mg of PF-06651600 or matching placebo. If you were originally in the group receiving PF-06700841, you will either receive 30 mg of PF-06700841 or placebo. You will have a 67% (2 in 3) chance of receiving the investigational drug and a 33% (1 in 3) chance of receiving placebo in each group.

This is a double-blind research study, which means neither you nor the study team will know which of these study drug groups you are in. This is done to make sure the results of the research study cannot be unfairly influenced by anyone. In case of urgent need, the study team can learn quickly which study drug you are receiving.

## **ENROLLMENT**

There will be about 360 people taking part in this research study. The research study is being done at approximately 180 different research sites in 22 countries.

## **2. HOW LONG WILL I BE IN THE RESEARCH STUDY?**

You will be in this research study for about 42 weeks. You will need to visit the research site at least 11 times during the study.

## **3. WHAT WILL HAPPEN DURING THE RESEARCH STUDY?**

### **Screening Visit**

After signing this consent document, the research study will begin with a screening visit. The purpose of the screening visit is to find out if you meet all of the requirements to continue in this research study. This study will require you to visit the research site at least twice in order to complete all of the required screening procedures. Below are the procedures and assessments that will be completed during the research study, including screening. If you do not meet the requirements, the study doctor will explain why and will discuss with you other options, if available.

The study doctor will ask you if you have had any vaccinations with live virus, attenuated live virus or any live viral components within 30 days prior to the first dose of study drug. You will also not be permitted to have any of these types of vaccinations during the study.

Such vaccines include but are not limited to FluMist® (intranasal influenza vaccine), attenuated rotavirus vaccine, varicella (chickenpox) vaccine, attenuated typhoid fever vaccine, oral polio vaccine, MMR (measles, mumps, rubella) vaccine and vaccinia (smallpox) vaccine.

If you decide to be in this study, you might have to stop taking your regular medication during the entire study.

### **Study Procedures/Assessments**

You will have the following tests and procedures or assessments in this research study. In addition to the visits listed, your study doctor may ask you to come in for extra visit(s) if necessary to check on your well-being.

In some cases, an Endoscopy or Chest X-ray may show unexpected findings which are not part of the research study. These are called "incidental findings." If your study doctor believes an incidental finding identified during the conduct of the trial is important for your health, your study doctor will explain it to you. These findings may cause you to feel anxious. Your study doctor will discuss the next steps to follow and may do more tests.

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	Screening	Baseline	Induction Period			Chronic Dosing Period					Follow-Up
Visit Name/Number	Week -1 to -6	Week 0	Week 2	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 32 / Early Term.	Week 36
Study Day/Visit Window	Day -42 to 0	1	15 ±2	29 ±2	57 ±2	85 ±4	113 ±4	141 ±4	169 ±4	225 ±4	253 ±7
Medical History	X										
Complete or limited physical exam	X	X	X	X	X	X	X	X	X	X	X
Vital signs & temperature	X	X	X	X	X	X	X	X	X	X	X
Hearing test (audiogram) (within a 2 week window of the specific visits except for at screening)	X				X		X			X	
12-Lead ECG	X				X					X	
Height and Weight	X									X (Weight only)	
Chest X-ray (if needed)	X										
Blood sample for safety tests	X	X	X	X	X	X	X	X	X	X	X
Blood sample to check for some viruses (HIV, Hepatitis B and C) <sup>a</sup>	X										
Blood samples for biomarkers		X		X	X		X		X	X	
Viral surveillance tests		X	X	X	X					X	
Urine Sample	X	X	X	X	X	X	X	X	X	X	X
Stool Sample	X	X		X	X		X		X	X	
Pregnancy test for females who can have children	X	X	X	X	X	X	X	X	X	X	X
FSH test for women who are postmenopausal only	X										
Contraception check	X	X	X	X	X	X	X	X	X	X	X
Endoscopy (flexible sigmoidoscopy or colonoscopy) and intestinal tissue biopsies	X				X					X	
Tuberculosis (TB) screening (if needed) <sup>a</sup>	X										
Assign study drug you will take		X			X						
Study drug dispensed		X	X	X	X	X	X	X	X		
Study drug dosing at site		X	X	X	X	X	X	X	X	X	

Initials \_\_\_\_\_ Date \_\_\_\_\_  
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	Screening	Baseline	Induction Period			Chronic Dosing Period					Follow-Up
Visit Name/Number	Week -1 to -6	Week 0	Week 2	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 32 / Early Term.	Week 36
Study Day/Visit Window	Day -42 to 0	1	15 ±2	29 ±2	57 ±2	85 ±4	113 ±4	141 ±4	169 ±4	225 ±4	253 ±7
Study drug accountability			X	X	X	X	X	X	X	X	
Questionnaires		X		X	X					X	
Bowel movement diary instruction/review	X	X	X	X	X	X	X	X	X	X	
Pharmacokinetic blood sampling		X	X	X	X	X	X	X	X	X	
Genomic banked biospecimens		X									
Other exploratory banked biospecimens		X	X	X	X		X			X	
Ask you about how you are feeling	X	X	X	X	X	X	X	X	X	X	X
Ask about other medications you are taking and any vaccinations you have received or need to receive	X	X	X	X	X	X	X	X	X	X	X

<sup>a</sup> Positive HIV, viral hepatitis and TB test results may be reportable to local health authorities according to local laws.

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**Biopsy** is the removal of a small piece of your tissue from your intestine during your endoscopy (7–10 specimens). Intestinal tissue biopsies may be tested to understand the effect the study drug is having in your body, predict who might respond to the study drug in the future, and to learn about ulcerative colitis. A skin biopsy may also be obtained if you develop a skin rash. It can be done with a needle or small surgery, and it is usually done with local anesthesia (shots to numb the skin). You may or may not also receive sedation (drugs to help you be calm and comfortable). Your study doctor will discuss with you the method and location to perform these biopsies.

**Blood Collection (about 430 mL for the entire study) for laboratory tests:** A blood collection is the process of collecting blood from a vein through a needle. The needle is connected to a small tube in which the blood is stored until it is tested. If only a very small amount of blood is needed, it may be collected through a finger stick. In that case, your finger would be pricked by a small sharp point and the drops of blood collected. You will need to fast (nothing to eat or drink) for at least 8 hours prior to blood collections. Please note: Additional blood samples may be collected at any time during the study depending on the results from your previous laboratory tests.

**Pharmacokinetic Blood sampling** will be performed on the following schedule: Samples will be collected pre-dose at Weeks 0, 2, 12, 16, 20, 24, and 32. At Week 4, samples will be collected at 2 hour ( $\pm 30$  min) pre-dose, prior to dosing, and 0.5 hour ( $\pm 15$  min) post dose. At Week 8, samples will be collected at 2 hour ( $\pm 30$  min) pre-dose, prior to dosing, and 1 hour ( $\pm 30$  min), 2 hour ( $\pm 30$  min), and 4 hour ( $\pm 30$  min) post dose. This testing will look at what your body does to the study drug.

**Pharmacodynamic Blood Sampling** will be performed to see how the study drug affects your body. These samples will be taken at Weeks 0, 4, 8, 16, 24, and 32.

**Viral surveillance blood sampling** will be performed throughout the study to check for the amount of virus you may have in your blood. These samples will be taken at Weeks 0, 2, 4, 8, and 32. In addition, an additional sample may also be taken at the time of an adverse event.

**Hearing tests (audiogram)** will be performed at regular intervals (at Screening, Week 8, Week 16 and Week 32). An audiogram is a hearing test that measures a person's ability to hear different sounds, pitches, or frequencies. You may be asked to wear headphones or earplugs connected to a device that sends sounds of different volumes and pitches to one ear at a time. You may be also asked to respond by raising your hand or pressing a button each time you hear a sound. A speech discrimination test may also be performed as part of your hearing test. This test may consist of 2 parts. During the first part, you may be instructed to repeat two syllable words that you hear at gradually decreasing volumes. During the second part of the test you may be asked to repeat a series of one syllable words that you hear - at a volume that does not change. The results of the hearing exam along with any related reports will be shared with the sponsor (and/or designee).

**ECG** or “electrocardiogram” is a test that records the electrical activity of the heart. To perform an ECG, a study technician will place patches on your chest that are connected by wires to a machine that will measure the electrical activity.

**Fasting** is going without food or liquids other than water for a certain number of hours. Some tests are only accurate if they are done after fasting. For this study, you will be required to fast for at least 8 hours prior to each site visit.

**Health and Medication Questions** ask about your health, your medical history, including UC history, history of illegal drug, alcohol, or tobacco use, skin rash, skin infection, any abnormalities that may predispose you to skin infections, and the medications you take.

**HIV and hepatitis testing:** Some of your blood will be used to test for HIV and hepatitis. The study doctor or study staff will tell you if the test results are positive. If required by state law, the study doctor or study staff may report a positive test result to the local health department. The results of these tests must be negative in order for you to be in the study.

**Questionnaires:** You will be asked to complete questionnaires about your quality of life. These questionnaires will be self-administered through an electronic tablet.

**Photographs:** During the study, the study doctor may take photographic images of your skin if you develop a skin rash. You will not be identified in these photographs (in case of facial photographs, your eyes and mouth will be digitally masked to protect your identity). However, if you have any identifiable markings on that area of your skin, like a tattoo, those markings may appear in the photographs. It is possible that people who see the study photos will recognize you.

The study sponsor will own these photographs. The photographs will be used and shared along with your study records, as described in this consent document. In addition, the photographs may be used in publications, presentations, or brochures. The photographs may be used along with text, graphics, or audio materials. You will not be identified by name in any use of the photographs.

By signing this consent document, you are giving permission for the study doctor to take this type of photographic images and for the uses described above.

**Physical Exam** includes an examination of certain body systems. During this study, you will either have a complete or limited physical exam at each visit. A complete physical exam consists of general appearance, full body skin exam (including visual inspection of breasts and external genitalia), head, eyes, ears, nose and throat, heart, lungs, breasts (optional), abdomen, extremities, neurologic function, back, external genitalia (optional), and lymph nodes. A limited physical exam consists of examination of the skin (full body exam including visual inspection of breasts and external genitalia), heart, lungs, and abdomen.

**Pregnancy Testing** if you are a female who can have children. Your blood (at the Screening visit) or urine (all other visits) will be tested to see if you are pregnant. The study doctor or study staff will tell you if the pregnancy test results are positive. The results of the pregnancy testing must be negative in order for you to be in the study. If you are postmenopausal, the study doctor may arrange for blood testing to make sure you are postmenopausal. Your baseline visit will need to be scheduled within 5 days of the start of your menses.

**The stool sample** provided at the screening visit will be examined to find out if you have any intestinal infections. Additional stool samples will be collected throughout the study and may be used to look at the effect the study drug is having on your body, predict who might respond to the study drug in the future, and to learn about inflammatory bowel disease. Microbial DNA (from intestinal bacteria, fungi, viruses) will be analyzed. Rarely, human DNA might be detected

or sequenced as a byproduct of the microbial analysis. The amount of this human DNA might serve as an indicator of mucosal lesions, but the human DNA data will be deleted from the database at the end of the study.

**Electronic Study Diary:** A record of events or experiences to be completed by you. This will be an e-diary device similar to a cell phone which will be used to record daily bowel movement information. The diary contains questions on your bowel movements (number of bowel movements, and presence and description of blood in the stool). You will be required to answer questions on a daily basis throughout the study. You will receive instruction on how to use the e-diary and may be asked to bring the completed diary back to the study site at each visit. You may also be asked to use this diary to record whether or not you took your study drug each day.

**Tuberculosis (TB) screening** will be performed if you have not been screened within the past 12 weeks. This will include chest x-rays to look at your lungs and a blood test. In case your study doctor recommends a skin test, which requires a needle, you will be asked to return to the study center 2 to 3 days after the skin test to allow the study doctor to look at your skin where the TB test was performed for evaluation.

**Urine collection** for routine laboratory safety tests.

**Vital Signs:** This includes taking a blood pressure reading, your temperature, and checking your heart rate.

**X-ray** is a procedure that produces images of the structures inside your body using radiation beams. You will have a chest X-ray if you have not had one in the last 12 weeks. If you have had a CT scan in the past 12 weeks, this scan can take the place of the X-ray.

**Banked Biospecimen(s):**

A 4 mL blood sample will be taken. The sample(s) may be used to study your genes (also called DNA), RNA, proteins and metabolites. **Genes** (DNA) provide the blueprints for the many processes which occur in the body, including those for the proteins produced and for traits such as eye color. This blueprint is copied into a new molecule called RNA. **RNA** is then used as the message to make proteins. **Proteins** are needed for body function and structure; examples are hormones, enzymes, and antibodies. **Metabolites** are produced by the action of proteins or the break-down of food, drugs, and naturally occurring substances. Differences in DNA, RNA, protein, or metabolite patterns among people can help researchers understand how different people respond to drugs. Your sample(s) may be studied in order to understand subjects' responses to the study drugs in this study (such as safety findings or drug level patterns). This is called "pharmacogenomic" or "biomarker" research.

The results of future studies could trigger the need to test these samples; therefore, the samples will be held by Pfizer for many years (no time limit). Data generated from the samples will also be kept by Pfizer to preserve the integrity of the study. The samples will be kept by Pfizer in its BioBank in the USA. Samples and data generated from them may be shared with other researchers outside of Pfizer, provided confidentiality is upheld and they are used only for research on the topics described in this document. Research results will not be returned to you or your study doctor.

### **Genetic Information Nondiscrimination Act (GINA)**

A Federal law, called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways:

- Health insurance companies and group health plans may not request your genetic information that we get from this research.
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums.
- Employers with 15 or more employees may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment.

This Federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

Additional use of your sample(s) -- OPTIONAL: In addition to the research on drug response described above, you can also choose to allow your pharmacogenomic/biomarker sample(s) to be used in research on the following topics:

- to study ulcerative colitis and related conditions.
- in comparisons with information from the samples of other people, including subjects with other conditions or diseases. This is called using the sample as a “control”. This also includes using the samples to study natural variation in DNA, RNA, proteins, or metabolites, or to develop new pharmacogenomic or biomarker technologies.

If you do not want your sample(s) to be used in this additional research, you can still take part in the drug study. You will be asked to indicate whether or not you agree to the optional research on your sample(s) at the end of this form.

### **Other Biological Samples:**

You should ask the study doctor or study staff about how long your samples might be kept.

Your samples will not be labeled with your name or other directly identifying information. Your samples will have a code instead (subject number). The list that matches the code with your name and information will be stored separately from your samples.

### **Study Drug**

You will take your assigned study drug dose, in the form of tablets, every morning after breakfast whenever possible. You should swallow the tablets whole with approximately 240 mL (8 ounces) of water. You can take your dose with or without food. On study visit days when you come to the clinic, you should not take your dose of study drug before coming to the clinic. You will take this dose at the clinic.

During the Induction period, your study drug will be provided in blister-packs. For the Chronic Dosing Period, you may receive your study drug in bottles. If you think it will be hard for you to

open or close a childproof package, please tell a member of the study team and other arrangements may be made. Please make sure no one else uses your study drug.

You will be required to bring the used and unused blister packs and/or bottles with you to every clinic visit.

Will I need time to recover after my participation in the study?

Ask the study doctor or study staff for the estimated recovery time of your participation in this study.

#### **4. ARE THERE ANY SPECIAL INSTRUCTIONS TO FOLLOW WHILE TAKING PART IN THIS RESEARCH STUDY?**

During this research study, it is important that you:

- For a period of time before, during, and after the study, you may not be allowed to have certain vaccinations. Additionally, during the study and for a period of time after the study you may not be allowed to have routine household contact with adults or children who have recently received certain vaccinations. The study doctor will provide instructions on which medications, treatments, and vaccinations are not allowed.
- Report any medications that you take during this study to your study doctor to ensure they are not prohibited. To fully understand if the study drug is working, you should minimize taking additional medications. Please discuss with your study doctor what additional medications you may take to check if the medication is allowed and what doses may be allowed during your participation in this study.
- Discuss with your study doctor if you want to take part in another research study while you are taking part in this one. This may not be okay, as your safety could be at risk.
- It is recommended that subjects avoid consumption of grapefruit juice exceeding 8 ounces (240 mL) total in a day while in this study.
- Bring all your study drug blister packs and/or bottles (used and unused) and completed Stool Diary to all study visits.
- Keep the study drug as instructed by the site staff and away from children and pets.
- You must fast (drink only water) for at least 8 hours before all visits.
- Agree to use two effective contraceptive methods throughout the study and for at least 28 days after the last dose of study drug. Your study doctor will discuss the method(s) of birth control or contraception that are appropriate for you. Additionally, you will be asked at each visit about your use of contraception.
- Tell the study doctor or study staff if you want to stop being in the study at any time.

#### **5. WHAT ARE THE RISKS AND POSSIBLE DISCOMFORTS OF BEING IN THIS RESEARCH STUDY?**

Any research has some risks, which may include things that could make you feel unwell, uncomfortable, or harm you. You might have negative effects related to the study drug while taking part in the research study. Everyone taking part in the research study will be watched for any negative effects; however, the study team does not know all the effects that the study drug may have on you. These effects may be mild or serious. In some cases, these effects might be

long lasting or permanent, and may even be life-threatening. The research study team may give you medicines to help reduce negative effects.

Ask the study doctor if you have questions about the signs or symptoms of any side effects that you read about in this consent form.

The negative effects that are the most likely to happen to you if you take part in this research study are listed below.

**For PF-06651600:**

Study drug PF-06651600 is generally safe and well-tolerated. The negative effects that were reported most often in people receiving multiple doses of PF-06651600 were diarrhea, headache, and redness of the skin.

Skin rashes were also observed. Some of the more severe rashes were seen when PF-06651600 was given twice, rather than once, a day. For this reason, your study doctor will perform full body skin examinations, including the external genitalia, to monitor for these potential effects. If a skin rash is observed, you will be referred to a dermatologist for evaluation and treatment.

Given the expected effects of the study drug PF-06651600 on the immune system, infection is a potential risk to humans. There were two cases of abscess (localized infection) formation in a healthy volunteer study. Furthermore, there was a single case of reactivation of herpes zoster (shingles) and another of chicken pox infection. It is not clear whether PF-06651600 contributed to these events.

Studies have also been conducted in animals to try to identify risks that may occur in people who are given PF-06651600 for a longer period of time. After nine months, hearing loss and microscopic changes in a part of the brain involved in hearing were seen in dogs at doses that were more than 32 times higher than the 50mg/day dose that will be used in this trial. These effects were not seen in dogs at doses that were 7 times higher than the 50mg/day dose that will be used in this trial, nor in similar studies in rats.

There may be rare and unknown side effects from taking PF-06651600. Some of these side effects may be life-threatening. It is important that you report all side effects that you experience as soon as they occur, regardless of whether or not you believe they are caused by the study drug.

If a skin rash is observed:

- A blood sample will be taken to check for several types of viruses.
- A swab will be taken of the affected area to check for any bacterial or fungal infection, so that a culture may be done.
- If the rash is suspected to be a herpes type (e.g., shingles), an additional swab will be taken.
- The study doctor will take photographs of the rash. These photographs will be reviewed by a dermatologist designated by the sponsor.

- You will be referred to a dermatologist (skin doctor) for a complete examination, including a small biopsy taken from the skin rash. If the rash is on your face, the biopsy may or may not be done at the discretion of the dermatologist.
- You may receive treatment for the rash as determined either by your study doctor or the dermatologist.

**For PF-06700841:**

Study drug PF-06700841 is generally safe and well-tolerated. The negative effects that were reported most often in people receiving multiple doses of PF-06700841 were headache and constipation.

Given the expected effects of PF-06700841 on the immune system, infection is a potential risk in humans. In the completed clinical study with PF-06700841, some subjects experienced upper respiratory tract infection, although the association with study drug is unclear. There was one case of shingles (herpes zoster infection) in an individual who received PF-06700841 at a daily dose level that was higher than the doses being administered in the current clinical trial.

PF-06700841 can affect blood cells in humans, including red blood cells, white blood cells, platelets (small particles in the blood that help with clotting), and other blood cell types. In the completed clinical study, some individuals had decreases in the level of white blood cells and platelets. Increases in blood lipids (total cholesterol, LDL cholesterol, and HDL cholesterol) also occurred in some subjects, but in the majority of these subjects the effects were temporary and resolved once the study drug was stopped.

In the completed clinical study with PF-06700841, some subjects experienced increases in their blood creatinine level. Creatinine is a chemical that is measured to see how well your kidneys work. Increased creatinine levels in the blood may indicate that kidney function is impaired. Other supplemental tests may be necessary to assess kidney function in the presence of increased blood creatinine. In the completed clinical study, based on the supplemental tests, there was no evidence of impairment in the kidney function in the people with increased creatinine in the blood.

If there are increases or decreases in specific factors of your blood tests these changes will be followed until the results are back to Baseline.

Studies with PF-06700841 have also been conducted in animals (6-month studies in rats and 9-month studies in monkeys) to identify potential risks that may occur in people who are given PF-06700841 for a longer period of time. In the animal studies, no PF-06700841-related adverse findings were noted apart from expected effects due to the activity of PF-06700841 on the immune system. Risks in animals may not be the same for humans.

There may be rare and unknown side effects from taking PF-06700841. Some of these side effects may be life-threatening. It is important that you report all side effects that you experience as soon as they occur, regardless of whether or not you believe they are caused by the study drug.

## Other Risks

Since PF-06651600 and PF-06700841 are investigational, there may be other risks that are unknown.

All drugs have a potential risk of an allergic reaction, which if not treated promptly, could become life-threatening. You should get medical help and contact the study doctor right away if you think you have any of the following symptoms of a serious allergic reaction (anaphylaxis):

- rash, hives, or blisters
- a fast pulse
- wheezing or trouble breathing, or an inability to breathe without assistance
- sweating
- a feeling of dread
- swelling of the face, mouth, lips, gums, tongue, or neck
- a sudden drop in blood pressure (making you feel dizzy or lightheaded)

It is important that you report all symptoms and side effects that you experience as soon as they occur, along with any other problems with your health or the way you feel during the study, whether or not you think these problems are caused by the study drug. The phone numbers for the study team are on the first page of this document.

It is possible that taking PF-06651600 or PF-06700841 may change how your regular medications, vaccines, or supplements work. It is very important that you tell the study doctor about any medications, supplements, or vaccines before you take them during the study.

If you stop your regular medication to be in the study, your UC symptoms might come back or get worse or your health might get worse. Please tell the study doctor or study staff right away if you have any problems when you stop or change your regular medication.

It is possible that people who see the study photos will recognize you.

## Placebo Risk:

Certain research participants in this research study will receive a placebo. Taking a placebo may be similar to not taking any drug. If you are one of the people who receive a placebo, your UC may stay the same or get worse, or your UC may suddenly get better just as it might have done without treatment.

## Risks from the Research Study Procedures:

Risks and possible discomforts you might have from the research study procedures include:

**Endoscopy (Flexible Sigmoidoscopy and Colonoscopy):** These tests allow the study doctor to see inside of your colon (large bowel) to evaluate your UC. Colonoscopy is a test in which a flexible instrument is passed through the anus that allows direct visual examination of the entire colon and the very end of the small bowel. A flexible sigmoidoscopy is a similar procedure that examines only the lower part of the colon. Complications of these procedures are uncommon and may include bleeding and perforation (tear or hole in the bowel). Your study doctor will provide you with detailed instructions for the procedure and what you may need to do to prepare

for the procedure. The flexible sigmoidoscopy does not require sedation. The colonoscopy is commonly performed under intravenous sedation and is usually painless. Depending on your situation, the study doctor will explain which procedure you need to have and when you should have it done.

You will have 3 endoscopies performed during your participation in this study. The first endoscopy will occur during the screening period, 5–7 days before the baseline visit. In addition, you will be required to have biopsies. Small pinches of tissue (intestinal biopsies) will be taken during your endoscopies. You should not feel any pain but may experience potential bleeding. These tissue samples will be taken for special testing that will be performed as part of the study. An additional visit to the study center may be needed to perform the colonoscopy or flexible sigmoidoscopy.

The study doctor will take video images during your endoscopic procedures for assessment of your disease activity. You will not be identified in these videos. The study sponsor will own these videos. The videos will be used and shared along with your other study records, as described in this consent document.

**Blood draws:** A blood draw may cause dizziness or faintness, inflammation of the vein, pain, bruising, or bleeding at the site of puncture. There is also a slight chance of infection.

**ECG:** The risks from an ECG can include skin irritation and a rash from the gel that is used or from wearing or removing the patches.

**Hearing test (audiogram):** There are no risks associated with having an audiogram.

**Chest X-ray:** The amount of radiation from a chest x-ray that you receive as part of this study is small. During x-rays of the chest, you will be exposed to a small amount of radiation, about 0.1 millisievert (mSv), a measurement of radiation exposure. This is about the same amount the average person receives from 10 days of background or naturally occurring radiation. There is no significant risk from this total amount of radiation.

**Fasting:** Fasting could cause dizziness, headache, stomach discomfort, or fainting.

**Testing of DNA and/or RNA (deoxyribonucleic acid and/or ribonucleic acid):** This research may involve studying your biology, and the likelihood that a particular biological feature (including genes) may increase the chance of developing a disease. Genes are pieces of DNA that, through material called RNA, give instructions for building the proteins that make our bodies work. These instructions are stored in the form of a code. This is the code that you inherit from your parents and that you pass on to your children. DNA, RNA, and proteins can be studied as part of genetic research.

**Genetic Research Risks:** This research involves genetic studies and information. Although procedures have been put into place that are designed to make it very difficult for the results from genetic research to be linked to you, there is a remote possibility that information from your participation in this study could adversely affect you or your family in some way if a genetic disorder were discovered.

**Questionnaires:** A questionnaire may contain questions that are sensitive in nature. You may refuse to answer any question that makes you feel uncomfortable. If you have concerns after completing the questionnaires, you should contact your study doctor.

**Loss of Confidentiality:** There is a risk of loss of confidentiality of your information. You will read more about the protection of your information later in this form. Please ask the study doctor or study staff if you would like to know more about how your information will be protected while you are in this study.

### **Pregnancy Related Risks / Use of Birth Control**

The effects of PF-06651600 and PF-06700841 on sperm, a pregnancy, a fetus, or a nursing child are not known.

In animal developmental studies, some pregnant animals that received PF-06651600 produced fetuses with lower body weight and malformations. At this time, the effects of PF-06651600 on male and female fertility, a pregnancy, a fetus, or a nursing child are not known. For these reasons, strict use of birth control must be followed, as detailed by the study doctor and study staff.

At this time, the effects of PF-06700841 on male and female fertility, pregnancy in humans, a fetus, or a nursing child are not known.

In animal developmental studies, some pregnant animals that received PF-06700841 produced fetuses with fetal skeletal malformations (rats) and lower fetal viability (rats and rabbits). For these reasons, strict use of birth control must be followed, as explained by the study doctor and study staff. Also, women who are pregnant or wish to become pregnant may not participate in clinical studies with PF-06700841.

**IF YOU ARE CURRENTLY PREGNANT, PLANNING TO BECOME PREGNANT, OR BREASTFEEDING A CHILD, YOU CANNOT JOIN THIS RESEARCH STUDY. IF YOU ARE A MALE AND PLAN TO FATHER A CHILD, YOU SHOULD NOT JOIN THIS RESEARCH STUDY.**

If you are able to have children and you are sexually active, you must use 2 effective forms of birth control consistently and correctly during the research study and for at least 28 days after you have stopped taking the study drug. This applies to men as well as women who take part in the research study. The study doctor will discuss with you the methods of birth control that you should use while you are in this research study, and will help you select the methods that are appropriate for you. The study doctor will also check that you understand how to use the birth control methods and will review this with you at each of your research study visits.

Effective methods of contraception that are acceptable to use during this study are listed below:

1. Established use of oral, inserted, injected, implanted, or transdermal hormonal methods of contraception are allowed, provided the subject or male subject's female partner plans to remain on the same treatment throughout the entire study and has been using that hormonal contraceptive for an adequate period of time to ensure effectiveness.
2. Correctly placed copper-containing intrauterine device (IUD).
3. Male condom or female condom used WITH a separate spermicide (i.e., foam, gel, film, cream, or suppository).
4. Male sterilization with absence of sperm in the post-vasectomy ejaculate.
5. Bilateral tubal ligation or bilateral salpingectomy or bilateral tubal occlusive procedure (provided that occlusion has been confirmed in accordance with the device's label).

All sexually active male subjects must agree to use a condom consistently and correctly, beginning with the first dose of study drug and continuing for at least 28 days after the last dose of study drug.

Birth control methods, even when used properly, are not perfect. If you or your partner becomes pregnant during the research study, or you want to stop your required birth control during the research study, you should tell the study doctor immediately. You will be withdrawn from the research study if you stop using birth control or you become pregnant.

### **Pregnancy Follow Up**

If you, or your partner, becomes pregnant during the study or within at least 28 days after you have stopped taking the study drug, please tell the study doctor immediately. Please also tell the doctor who will be taking care of you/your partner during the pregnancy that you took part in this study. The study doctor will ask if you/your partner or your pregnancy doctor is willing to provide updates on the progress of the pregnancy and its outcome. If you/your partner agree, this information will be provided to the study sponsor for safety monitoring follow-up.

### **6. WHAT OPTIONS ARE AVAILABLE OTHER THAN BEING IN THIS RESEARCH STUDY?**

Instead of taking part in this research study, you may choose to receive treatment with UC drugs that have been approved for use. Your study doctor will discuss with you the major risks and benefits of the standard-of-care treatments and alternative treatment options. In addition, you may discuss your options with your regular health care provider.

### **7. WHAT ARE POSSIBLE BENEFITS OF BEING IN THIS RESEARCH STUDY?**

It is possible that your condition or health may improve because you are taking part in this research study, but there is no guarantee that you will benefit in any way. However, your participation in this research may benefit people with UC in the future.

### **8. WHAT HAPPENS IF I AM INJURED AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?**

If you experience a research injury, the study doctor or study center will provide or arrange for medical treatment. In general, Pfizer will cover the costs of this treatment. A research injury is any physical injury or illness caused by your participation in the study. If you are injured by a medical treatment or procedure that you would have received even if you weren't in the study, that is not a research injury. There are no plans to offer you payment for such things as lost wages, expenses other than medical care, or pain and suffering. To help avoid injury, it is very important to follow all study directions. You are not giving up any of your legal rights by signing this form.

Be aware that your health care payer/insurer might not cover the costs of study-related injuries or illnesses.

If you are treated for a research injury and your treatment is paid for by Pfizer, Pfizer or its representative will collect your name, date of birth, gender, and Medicare Health Insurance Claim Number or Social Security Number to determine your Medicare status. If you are a Medicare beneficiary, Pfizer will report the payment and information about the trial you are in to the Centers for Medicare & Medicaid Services (CMS), a U.S. government agency, in accordance with CMS reporting requirements. Pfizer will not use this information for any other purpose.

This study involves HIV-related information (that is, any information indicating that a person has had an HIV-related test, or has HIV infection, HIV-related illness or AIDS; or any information that could indicate a person has been potentially exposed to HIV). The release of any HIV-related information to Pfizer does not permit Pfizer to re-disclose such information without your consent, unless permitted to do so under applicable state law. If you receive Medicare, by signing this consent, you specifically authorize Pfizer and its representatives to disclose your HIV-related health information to CMS for the purpose of complying with reporting requirements.

### **9. IS BEING IN THE STUDY VOLUNTARY?**

Yes. Taking part in this research study is up to you. You may choose not to take part or you can change your mind and withdraw (drop out) later. There will be no penalty, and you won't lose any benefits you receive now or have a right to receive.

We will tell you if we learn new information that could change your mind about taking part or continuing in this research study. If you want to drop out, you should tell us. We will talk to you about follow-up care, if needed.

The study doctor or the study sponsor may decide to take you out of the study without your agreement if:

- You do not follow the directions of the study team;
- The study doctor decides that the study is not in your best interest;
- The study is stopped by the study sponsor, the institutional review board (IRB) or independent ethics committee (IEC) (a group of people who review the research to protect your rights) such as Quorum Review, or by a regulatory agency;
- You become pregnant, intend to become pregnant or are nursing a child during this study.

To help you leave the study safely, the study doctor may ask you to have more tests.

If you withdraw or are removed from the study, any remaining biological samples (for example, blood or urine samples) that have been collected from you can be destroyed by making a request to the study doctor. However, any data already generated from your samples will be kept to preserve the value of the study. If you do not request that your samples be destroyed, Pfizer will continue to use your samples for the purposes of the study.

If you tell the study doctor you want the sponsor to stop testing your samples, this is not the same as canceling your permission to use and share your records. You must follow the directions in the section of this form titled, "If I Take Part in This Research Study, How Will My Privacy Be Protected?" to cancel your permission to use and share your records.

What if I work for the study center? What if I am a family member of someone who works for the study center?

Study center employees and their family members do not have to be in this study. No one should influence or pressure you to be in this study. An employee's or his/her family member's decision to be in the study, or to leave the study early, will not affect the employee's job or job benefits.

**10. WHAT WILL I HAVE TO PAY FOR IF I TAKE PART IN THIS RESEARCH STUDY?**

There will be no charge to you for taking part in this research study. The study drug, study-related procedures, and study visits will be provided at no charge to you or your insurance company. If you are required to see either a dermatologist or a kidney specialist to evaluate side effects as instructed by the study doctor, the sponsor will cover these costs.

Examinations, scans, laboratory tests, and other medical procedures and treatments that would routinely be needed to monitor and treat your illness are known as "standard-of-care" services. Certain standard-of-care services and treatments will be done as part of being in the research study. Charges for some or all of these standard-of-care services may be billed in the usual manner to you or your insurance company (if you have health insurance).

Some insurance plans will not pay for these services for people taking part in research studies. Please check with your insurance company to find out what your plan will pay for. No additional funds have been set aside by the study sponsor or the research site to cover standard-of-care services that your insurance plan does not cover, and so you may be financially responsible for those costs. Even if your insurance plan covers these costs, you are responsible for all co-payments and deductibles as determined by your individual insurance plan. If you have any questions about costs to you that may result from taking part in this research study, please speak with the research study team.

Examinations, scans, laboratory tests, and other medical procedures that are required only for the research study and are not needed for the usual care of a person with your illness are known as "research-related" services. The costs for research-related services will be covered by the study sponsor.

The study drug (PF-06651600, PF-06700841, or placebo) will be provided free of charge while you are in this research study.

**11. WILL I BE PAID FOR TAKING PART IN THIS RESEARCH STUDY?**

You will get a total of up to \$770.00 if you finish the whole study. If you do not finish the whole study, you will get \$70.00 for each study visit you finish. The study doctor or study staff can tell you more about when you will get paid.

In addition to payment for being in the study, you will get a total of up to \$550.00 for travel and parking costs if you finish the whole study. If you do not finish the whole study, you will get \$50.00 for travel and parking costs for each study visit you finish. The study doctor or study staff can tell you more about when you will be reimbursed for travel and parking costs

Pfizer may use information resulting from the research study to develop products or processes from which it may make a profit. There are no plans to pay you or provide you with any products developed from this research. Pfizer will own all products or processes that are developed using information from the research study.

## **12. WHERE CAN I FIND ADDITIONAL INFORMATION ABOUT THIS RESEARCH STUDY OR THE RESEARCH RESULTS?**

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.

The research study results, when available, may also be found on [www.pfizer.com](http://www.pfizer.com) and <https://www.clinicaltrialsregister.eu/>.

The above Web sites are in English only. If you need assistance understanding the content on these Web sites, please ask the study doctor.

## **13. CONTACT INFORMATION**

In the event of an emergency, dial 911 immediately.

If you require emergency care, be sure to tell the emergency care provider about your participation in this study. Contact the study doctor or study staff as soon as possible.

You can ask questions about the study at any time. You can call the study doctor or study staff at any time if you have any concerns or complaints. You should call the study doctor or study staff at the phone number listed on page 1 of this form if you have questions about the study procedures, study costs (if any), study payment (if any), or if you get hurt or sick during the study.

Quorum Review reviewed this study. Quorum Review is a group of people who review research studies to protect the rights and welfare of research participants. Review by Quorum Review does not mean that the study is without risks. If you have questions about your rights as a research participant, if you are not able to resolve your concerns with the study doctor or study staff, if you have a complaint, or if you have general questions about what it means to be in a research study, you can call Quorum Review or visit the Quorum Review website at [www.QuorumReview.com](http://www.QuorumReview.com).

Quorum Review is located in Seattle, Washington.

Office hours are 8:00 AM to 5:00 PM Pacific Time, Monday through Friday.

Ask to speak with a Research Participant Liaison at 888-776-9115 (toll free).

## **14. IF I TAKE PART IN THIS RESEARCH STUDY, HOW WILL MY PRIVACY BE PROTECTED?**

A federal regulation known as the Privacy Rule gives you certain rights concerning the privacy of your health information. The Privacy Rule was

issued under a law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Researchers covered by this regulation are required to get your authorization (permission) to use and disclose (share with others) any health information that could identify you.

If you sign this informed consent form, you are giving permission for the use and disclosure of your health information for purposes of this research study. You do not have to give this permission. However, if you do not, you will not be able to take part in the study. You can still be in the main part of the study even if you do not authorize the use and sharing of your information for the optional part of the study.

### **Who Will Use and Disclose My Health Information?**

The study team at this research site may use your health information to conduct, review, and determine the results of the study. The study team may also use your information to prepare reports or publications about the study. However, your name will not appear in any report or publication.

### **What Health Information will be Used and Disclosed?**

During the study, the study team will use, collect, and record health information about you (your “records”). Your records will include any information about you that the study team needs to do the study, including information from the procedures described above. Your records may include other health information about you and will include identifying information such as your name and address. Your records will also include photographs and/or genetic information. The study team will record some of this information on “study forms” provided by the study sponsor. Your name or address will not appear on the study forms. Instead, you will be assigned a participant identification number. The study team will send the completed study forms to the study sponsor and may share this information with others, as described below.

Representatives from the groups identified below may also need to look at your records (which have your name on them) to make sure that the information on the study forms is correct or that the study was conducted properly. Reviews like that will take place at the research site or where the records are stored and can take place after the study is over.

## **Who Will Receive My Health Information?**

Your study information may be shared with the following people or groups:

- The study sponsor (Pfizer Inc) or its representatives, including companies it hires to provide study-related services
- Researchers who are conducting this study at other research sites
- Quorum Review, the institutional review board (ethics committee) that reviews this study and any other committees responsible for overseeing the research
- Government health agencies (such as the Food and Drug Administration) in the US or other countries who review the quality and safety of research

## **Will My Information be Protected by the Privacy Rule After it is Disclosed to Others?**

This research site is required by the Privacy Rule to protect your health information. After your information is shared with others, such as the study sponsor, it may no longer be protected by the Privacy Rule. The people who receive this information could use it in ways not discussed in this form and could disclose it to others. The study sponsor will use and disclose your information only for research or regulatory purposes or to prepare research publications. In addition to using it for this study, the study sponsor may reanalyze the study data at a later date or combine your information with information from other studies for research purposes not directly related to this study. The goal of any such research would be to learn more about drugs or diseases or to help design better studies in the future. When using your information in these ways, the study sponsor may share it with regulatory authorities, other researchers, its business partners, or companies it hires to provide research-related services. This could result in transfer of your information outside the United States. However, your name will not appear in any study sponsor reports or publications.

## **What Happens if I Leave the Study Early?**

If you stop participating in the study early for any reason, the study team will tell the study sponsor why. You do not have to provide a reason. If the study team asks you to come to any more study visits and you agree, the study team will send the study sponsor information from those visits as

well. All information collected about you may continue to be used and disclosed as described in this form.

**Will My Authorization Ever Expire?**

This Authorization expires in 50 years. The study team may need to correct or provide missing information about you even after your study participation is over. The review of your medical records (collected for the study as described above) may also take place after the study is over.

**May I Take Back My Authorization?**

You have the right to take back (revoke) your Authorization at any time by writing to the study team at the address on page 1 of this document.

If you revoke your Authorization, the study team will not collect any new health information about you. However, they can continue to use and disclose any already collected information if that is necessary for the reliability (the scientific value) of the study. The study sponsor can also still keep and use any information that it has already received. In addition, during and after your participation in the study your study doctor will be required to report to the sponsor information related to any serious adverse effect that you may experience due to your participation in the study. If you revoke your Authorization, you can no longer continue to participate in the study. You can revoke your authorization for the optional part of the study and remain in the main study.

**May I Look At My Study Information?**

You have a right to see and make copies of your medical records. However, to ensure the reliability of the study, you will generally need to wait to see your study records until the study is completed.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**15. SIGNATURES:**

I have read and understand the information in this informed consent document. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given enough time and opportunity to ask about the details of the study and to decide whether or not to participate in the study. I voluntarily agree to take part in this study. I do not give up any of my legal rights by signing this consent document.

I have been told that I will receive a signed and dated copy of this document.

**OPTIONAL RESEARCH ON PHARMACOGENOMIC/BIOMARKER SAMPLE(S)**

Please make your choice and initial one of the statements below:

\_\_\_\_\_  
Initials

I AGREE TO ALLOW MY PHARMACOGENOMIC/BIOMARKER SAMPLE(S) TO BE USED FOR ADDITIONAL RESEARCH RELATED TO MY DISEASE/CONDITION, AND FOR USE AS A CONTROL SAMPLE.

OR

\_\_\_\_\_  
Initials

I DO NOT AGREE TO ALLOW MY PHARMACOGENOMIC/BIOMARKER SAMPLE(S) TO BE USED FOR ADDITIONAL RESEARCH RELATED TO MY DISEASE/CONDITION, AND FOR USE AS A CONTROL SAMPLE. I CAN STILL BE IN THIS STUDY.

\_\_\_\_\_  
Printed name of study participant

\_\_\_\_\_  
Signature of study participant

\_\_\_\_\_  
Date of signature<sup>§</sup>

\_\_\_\_\_  
Time (if needed)\*

**PERSON OBTAINING CONSENT**

\_\_\_\_\_  
Printed Name of the Person Conducting the  
Consent Discussion

\_\_\_\_\_  
Signature of the Person Conducting the  
Consent Discussion †

\_\_\_\_\_  
Date of signature§

\_\_\_\_\_  
Time (if needed)\*

§ Person signing must personally date their signature.

\* Time is needed only if information was provided and consent is given on the same day, or if consent is given and any study-specific activities will be performed on the same day.

† The investigator, or an appropriately qualified and trained person designated by the investigator to conduct the informed consent process, must sign and date the consent document during the same interview when the subject signs the consent document.