

## **PARTICIPANT INFORMATION SHEET AND CONSENT FORM (Part A: Single Ascending Dose)**

**Short Title:** A Study to Evaluate Single Ascending and Multiple Ascending Doses of RO7504109 in Healthy Participants.

**Protocol Number:** BP45135

**Sponsor:** F. Hoffmann-La Roche Ltd  
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**Ethics Number:** 2024 FULL 19999

**This is the first time that RO7504109 will be studied in humans.  
You will not get any health benefit from the drug used in this study; but there are risks of you  
having a drug reaction, injury, or illness.**

You are invited to take part in a clinical research study. This study will test an experimental drug, named RO7504109, that may potentially be used for the treatment of inflammatory bowel disease. RO7504109 is an investigational product because it has not been approved by the New Zealand MedSafe or other drug regulatory authorities.

There are two parts to this study, and you are being asked to take part in **Part A** of the study. This Participant Information Sheet will help you decide if you'd like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. We expect this will take about 30-60 minutes. You do not have to decide today whether or not you will participate in this study. Before you decide you may want to talk about the study with other people, such as family, whānau, friends, or healthcare providers. Feel free to do this.

Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason. If you do want to take part now, but change your mind later, you can pull out of the study at any time.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a copy of both the Participant Information Sheet and the Consent Form to keep.

Please make sure you have read and understood all 22 pages of this document including the consent form.

## 1 WHY ARE WE DOING THE STUDY?

### 1.1 Purpose

RO7504109 is being developed for the treatment of inflammatory bowel disease (IBD). IBD describes a group of disorders involving the inflammation of the digestive tract, including Crohn's disease and ulcerative colitis. This can cause symptoms such as diarrhoea, rectal bleeding, abdominal pain, fatigue, and weight loss. It is estimated that 20,000 New Zealanders live with IBD.

RO7504109 is designed to reduce the movement of white blood cells (cells that fight off infections and help treat injuries). When these cells get to the bowel tissue of an IBD patient they cause inflammation. RO7504109 may be an effective treatment for IBD.

This study will investigate the effects of single ascending doses (SAD) and multiple ascending doses (MAD) of RO7504109 in healthy participants. This information sheet describes the SAD (Part A) only. The purpose of the SAD part of the study is to:

- Evaluate how safe and well tolerated a single dose RO7504109 is, in healthy participants.
- Measure levels of RO7504109 in the blood over time, following a single dose.
- Measure the body's response to a single dose of RO7504109.
- Assess the body's immune response to RO7504109.

### 1.2 Study Design

Approximately 56 healthy participants will take part in Part A of this study. You are being asked to participate in Part A.

Part A of the study requires a Screening visit, a 3-night stay at the New Zealand Clinical Research (NZCR) unit, and 12 scheduled clinic visits and a scheduled phone call.

This is a randomised, blinded, placebo-controlled study:

Randomised means that the study medication you take (drug or placebo) will be assigned randomly (by chance).

Blinded means that neither you nor your study doctor will know whether you will be receiving RO7504109 or placebo. In an emergency, the study doctor can find out what you are receiving.

Every person in this study part will receive a single dose of RO7504109 or placebo (a substance that looks like RO7504109 but contains no active medication). The dose group (cohort) you are enrolled into will determine how you will receive the drug (or placebo).

The dose will either be given as a single injection under the skin on the abdomen (subcutaneous [SC] injection) over a time range of 5-10 minutes **OR** will be made into a solution and given into a blood vessel called a vein over a time range of 2-4 hours (intravenous infusion [IV]).

7 dose groups (cohorts) are planned for Part A of the study. The group you are assigned to will depend on when you join the study. Details for the planned dosing groups are as follows:

Cohort	Dose of RO7504109 or Placebo	Frequency
A1	13.5 mg	Single IV dose of RO7504109
A2	40.5 mg	
A3	135 mg	
A4	67.5 mg	
A5	81 mg	
A6	108mg	Single SC dose of RO7504109
A7	94.5 mg	Single IV dose of RO7504109

In each dose group two people will be dosed first (one will receive RO7504109 and one will receive placebo). These people will be monitored for 10 days. Following the monitoring period, 3 participants will be dosed, and after another 10 days of monitoring of those 3 people, the final 3 participants will be dosed.

Whether you receive active study drug or placebo will be assigned randomly (by chance). You will have a 6 out of 8 (75 %) chance of receiving RO7504109. Ten days after your treatment, the study doctor or someone from their team will call you to ask if you've had any side effects since your last visit.

Dose groups will be enrolled in order. You will be told which dose group you will be in. You will also be told if any changes are made to the planned dose for your group.

Blood samples and other tests to measure study drug levels and effects of study treatment on the body will be collected at specific time points during the study, your safety will be monitored, and any changes in your health will be recorded.

### 1.3 Nature and Sources of Funding of the Study

This research project is being conducted and funded by F. Hoffmann-La Roche Ltd.

By taking part in this research study, you agree that data generated from your assessments throughout the study, will be provided to the Sponsor. The knowledge gained from this data may lead to new discoveries, which would assist them in obtaining approval for a new drug and benefit the sponsor financially. There would be no financial benefit to you from these discoveries.

New Zealand Clinical Research (NZCR) will receive a payment from F. Hoffmann-La Roche Ltd for undertaking this research project.

No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

### 1.4 Approval by Ethics Committee.

This study has been reviewed by an independent group of people called a Health and Disability Ethics Committee (HDEC). The ethical aspects of this research project have been approved by the Central Ethics Committee.

A description of this clinical study will be available on <https://www.isrctn.com/>. 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.

## 2 WHAT WOULD YOUR PARTICIPATION INVOLVE?

Participation in this study will last up to approximately 26 weeks, including a screening, in-clinic treatment, and follow-up period. If you wish to participate in this study, you will be asked to sign this consent form before any study assessments can be performed.

The details of the study and tests performed are discussed and shown below. During the screening period, assessments will be done to check whether the study is suitable for you. The day you have your dose of RO7504109 (or placebo) is called Day 1 and all other days are counted back or forward from this.

The results of the screening assessments will determine whether or not you can take part in the study. However, even if all your results are normal, you may not be guaranteed a place. We may screen more participants than we need and so you may be asked to be a reserve. This will mean you will be asked to come to the clinic and undergo the tests and procedures until the point that we have enrolled enough eligible participants. You will then be discharged and where possible we will try to include you in a later group.

### 2.1 Tests and Procedures



#### **Questions about your health and medications:**

At Screening you will be asked demographic questions such as your name, age, sex, race/ethnicity, address and phone number that can identify you, as well as questions about your medical history, medications, social history (e.g., smoking, alcohol use, exercise, etc.). During the study, the doctor will ask questions about your health to determine whether you are having any side effects.



#### **Physical Examination:**

During the study, the doctor will perform a physical examination to check your health. Your height and weight will also be measured to calculate that your Body Mass Index (BMI) is within range for the study.



#### **Electrocardiogram (ECG):**

An ECG measures the electrical activity of your heart, using 12 wires attached to your chest and limbs with sticky pads.



#### **Vital Signs:**

Vital signs include recordings of your pulse, blood pressure, breathing rate, and temperature.



#### **Blood and Urine Samples:**

At clinic visits, blood samples are taken using a needle. On the day you receive your study drug dose, a cannula (thin plastic tube) will be inserted into a vein in your arm to take blood samples. If your cannula stops working, direct vein punctures will be used. Blood and urine samples will be collected:

- To monitor your safety (blood cells, clotting, chemistry, fats, liver function, kidney function)
- To check whether you may be pregnant (for people of childbearing potential only)

- To screen for recreational drugs such as cannabis, methamphetamine, and opiates
- To screen for specific infections (HIV, Hepatitis B, Hepatitis C, Tuberculosis, Cytomegalovirus, Epstein-Barr virus)
- To measure the amount of RO7504109 in the blood (pharmacokinetics)
- To see whether you develop antibodies to RO7504109. Antibodies are proteins that recognise foreign substances in the body, so that the immune system can fight them off. If a person develops antibodies against a drug, the antibodies can sometimes stop the drug from working or cause reactions if the drug is given again.
- To measure the effect of RO7504109 on specific immune system cells and proteins.
- To measure the presence of specific molecular markers, called “biomarkers” (biological markers). Biomarkers can be measured and used to explain how the body responds to a treatment for a particular disease. This may help the researchers identify different blood components that may contribute to knowledge about how RO7504109 works in the body.
- To perform additional assay validation or analyses related to processing of the study treatment or development of antibodies to the study treatment (if needed)



### **Alcohol Breath Testing**

You will be screened for the presence of alcohol via a breathalyser. You will blow into the mouthpiece for a few seconds to measure the presence of alcohol on your breath.

## Study Schedule

Period	Screening	In-Clinic Treatment Periods					Follow-Up											
		-28 to -2	-1	1	2	3	5	8	10	15	29	43	57	85	71, 99	113	127	155 EOS <sup>a</sup>
Admission to the unit		X																
Discharge from the unit					X													
Physical Exam	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Vital Signs	X		X	X	X		X			X							X	
ECG	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
BMI (Height & Weight)	X																	
Dose Administration			X															
Blood Sampling	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Urine Sampling	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X <sup>1</sup>
Drug and alcohol screen	X	X																
Phone call								X										
Questions about your health and medications	X																	

<sup>a</sup> EOS = End of Study

<sup>1</sup> On Day 155 (EOS visit) you will only have a urine sample (pregnancy test) if you are a person of child-bearing potential.

## 2.2 Who Can Take Part in this Study?

To take part in this study you must:	
✓	Be able to give informed consent and follow the study procedures.
✓	Be aged 18 – 65 years, inclusive.
✓	Have a BMI (Body Mass Index) inclusive of 18.0 kg/m <sup>2</sup> – 32.0 kg/m <sup>2</sup>
✓	Weigh at least 50 kg

You cannot take part in this study if you:	
✗	Are pregnant or breastfeeding
✗	Have taken any medications or vaccines (including over the counter or prescription medications, diet supplements, herbal remedies, and nutritional supplements) within 7 days prior to dosing (excluding contraception).
✗	Have a history of drug or alcohol abuse.
✗	Have a history of a significant medical problem, mental health problem or severe allergy.
✗	Have any major illness within 1 month before Screening, or fever illnesses within 1 weeks prior to Screening
✗	Have donated more than 500mL of blood within 3 months prior to Screening.
✗	Have participated in another clinical trial within 90 days prior to Screening.
✗	Have received a live vaccine (i.e., measles vaccine) within 1 month prior to screening or have plans to receive a live vaccine during the study or within 28 days of the final dose.

If you think that any of the above applies to you, or you have one of the conditions described, please discuss these with your study doctor for more thorough assessment to see if you can take part in this study or not. Additionally, there are other criteria that you will need to meet in order to be eligible for the study, but the study doctor will discuss this with you at your screening visit.

## 2.3 Study Instructions

It is important that you follow the instructions you are given and attend all scheduled clinic visits. It is also possible that the study doctor may schedule extra visits or tests for you, if considered necessary. In the event that an assessment is not performed on the day outlined within the Schedule of Activities within this document, the assessment may be performed at your next study visit.

You will be given a Participant Identification Card if you participate in this study, stating the name of the study and the study doctor's contact information. This card should be carried with you at all times so that you can contact the study doctor at any time and so you can show it to any other doctor, dentist, or pharmacist that you might visit while in this study.

At each visit, the study staff will ask you questions about your health and the medications you are currently taking. You should always report any changes in your health, unusual feelings, or symptoms to the study staff. It is also important that you do not start, stop, or make changes to any of the medications you are currently taking without first discussing this with your study doctor.

When you are an inpatient with us, we will provide you with all of your meals. Meals play an important role in clinical trials due to their relationship with metabolism of the study drug (the way that the drug is processed and broken down by the body). By signing this document, you are agreeing that you will be compliant with all meal requirements on this study. In certain cases, we are able to cater for dietary requirements, please discuss this with the study team before joining the study.

### **Restrictions:**

- You must avoid taking prescription or non-prescription medications (including vitamins and dietary or herbal supplements until 28 days after your dose of the study drug. You should talk to the study doctor before starting any new medication whilst being in the study, even if they do not need prescription.
- You must not smoke or use any nicotine containing products within 48 hours prior to dosing (Day 1) and whilst you are inpatient. For the duration of the study, you should limit tobacco use to a maximum of 10 cigarettes per day (or the equivalent amount of tobacco or equivalent nicotine products e.g. vaping).
- You must not consume any caffeine or xanthine containing products (i.e., coffee, tea, chocolate, soda) for at least 24 hours prior to admission, and whilst you are an inpatient. You will be asked to limit your coffee or tea consumption to a maximum of 3 cups per day, and limit xanthine-containing products such as cola and drinking chocolate to 1 litre per day, for the duration of the study.
- You must not consume any alcohol for at least 48 hours prior admission (Day -1), whilst you are an inpatient and before your follow up visits. For the remainder of the study period, you must limit your alcohol intake to no more than 2 drinks per day (1 drink = 240mL of beer, 125mL of wine, or 25mL of spirits) until 28 days after your dose of the study drug.
- You must be fasted (no food, only water) for at least 8 hours prior to your screening visit and each follow up visit. You must be fasted for at least 2 hours prior to dosing day. Study staff will remind you prior to each visit that you need to be fasted.
- You must refrain from a major change to your usual exercise routine and will be asked to maintain your usual level of exercise within 4 weeks prior to screening and until 28 days after your dose of the study drug. You must also refrain from exercising at least 48 hours before your follow up visits.

At admission, you will have your bag checked for prohibited items (e.g., drinks or foods). Any prohibited items will be removed and returned to you on discharge from the unit.



### 3 WHAT ARE THE POSSIBLE BENEFITS, COSTS AND RISKS TO YOU PARTICIPATING?

#### 3.1 Benefits

This study is not designed to provide you with any therapeutic benefits. The information from this study might help to develop better treatments in the future for inflammatory bowel disease (IBD).

#### 3.2 Reimbursement and Costs

All tests required to be done for this study will be paid for by F. Hoffmann-La Roche Ltd and there will be no cost for you to participate in this study.

You will be reimbursed the sum of \$8,000 (before tax) following the final study visit. However, the timing of reimbursement is flexible and can be adjusted to suit your needs – please discuss this with study staff if you have any concerns regarding your reimbursement. **We are required to deduct withholding tax at the applicable rate you have declared in the IR330C form.** You will be responsible for any other tax obligations (e.g., ACC). If you are GST registered, it may be possible for you to submit a GST invoice. Contact [paymentforms@nzcr.co.nz](mailto:paymentforms@nzcr.co.nz) if you would like to discuss this further.

The payment will be made after you complete the study, to cover your time and inconvenience. If you are receiving a benefit or allowance, your usual payments may be affected. Your tax statement will state that you were paid from your dosing day through to your final study visit.

To be able to participate in the clinical study you must be eligible to work in NZ for the entire duration of the study. If you are no longer eligible to work in NZ during the study, you will be withdrawn from the study and your reimbursement will be a pro-rata of the total amount.

You will be reimbursed for travel and parking (if you use personal transport) or you can use Uber or taxi for your study visits, which can be arranged and paid for by NZCR if you live in the metropolitan area. If you live outside this area, we will discuss your travel costs individually. Full reimbursement requires completion of all visits according to study requirements. If you are withdrawn from the study for medical reasons, having received trial medication, you will receive reimbursement in full.

If you leave the study of your own choice or are released from the study for non-medical reasons, you will receive a partial reimbursement (a pro-rata reimbursement) according to how far you contributed to the study.

In order to meet dosing requirements, additional (reserve) participants may be admitted to the unit. If you are invited to attend the study as a reserve, you will be asked to either; admit to the unit on Day -1 just for the day (**day reserve**) or admit to the unit on Day -1 and stay overnight (**night reserve**). If you are a reserve, and you are not required to be dosed, you will be reimbursed for your time and inconvenience (day reserve = \$150 or night reserve = \$350).

If you complete the screening visit assessments and are found not eligible for the study, you will not receive any reimbursement.

#### 3.3 Possible Risks and Disadvantages?

Medical treatments often cause side effects. You may have none, some or all the effects listed below, and they may be mild, moderate, or severe. There may also be unknown side effects from taking RO7504109 alone or with other drugs you may be taking. In the event of side effects, we will consult you about any additional assessments needed, and if necessary, the results may be shared with the sponsor with your

permission. If you have any of these side effects, or are worried about them, talk with your study doctor. Your study doctor will also be looking out for side effects.

### **What are the Risks or Side Effects of RO7504109?**

Animal studies have been done with RO7504109 to try and predict what type of side effects might occur in people. However, animal studies do not always predict human responses to drugs. When RO7504109 was given to animals at doses higher than the doses that will be given in this study the below effects were observed in animal studies:

- Local site injection reactions
- Immune system (not local but systemic) reactions to injections after multiple doses

The doses planned for this study in people are much lower than any of the doses given to animals.

This BP45135 study is the first time that RO7504109 is being tested in humans. Based on the limited data from this study so far, and laboratory studies and knowledge of other drugs, the side effects listed below may potentially occur.

<b>Potential Side Effects</b>
<ul style="list-style-type: none"> <li>• Infusion-related or hypersensitivity reaction or delayed onset reaction. If this happens to you, you might experience fever, flushed skin, chills, low blood pressure, skin rash, joint pain, joint swelling, headache, nausea (feeling sick to your stomach), vomiting, rapid heartbeat, or trouble breathing.               <ul style="list-style-type: none"> <li>○ Mild rash and swelling of the joints were observed in 2 out of 24 people who participated in this study so far; erythema was observed in 3 out of 24 people, and joint pain in 4 out of 24 people. These side effects were deemed to be caused by the study drug (or placebo).</li> </ul> </li> <li>• Immunogenicity. This means that study treatment RO7504109 could cause the body to produce an immune response against RO7504109 which may trigger an allergic reaction. If this happens to you, the symptoms may include fever, chills, skin rash, joint pain, muscle pain, blood in the urine, and elevated protein excretion in the urine.</li> <li>• Local injection site reactions. For example, local swelling, tenderness, and redness in the area where the needle was inserted. If this happens to you, you may sometimes feel pain, itching or skin hardness, and it is possible that skin sores may develop with dead tissue.</li> <li>• Infection. The study treatment RO7504109 is not known to increase the risk of infection or reactivation of old infections, but it is possible. You will be tested for old infections (see Section 2.1) before being allowed to participate in the study and you will be monitored by the study doctor and study nurses for any sign of infection.</li> </ul>



In case of suspected hypersensitivity reactions including reactions with delayed onset, further investigations (including, but not limited to, blood smears, Magnetic resonance imaging (MRI), Ultrasound scans, X-rays and skin or tissue samples (biopsy)) may be performed at the Investigator's discretion. These additional assessments may help with understanding the underlying mechanism behind the reaction.

Your study doctor will explain the risks of the procedures to you for you to decide whether or not you want to participate.

### **Photography of side effects**

If you have a skin reaction or other adverse event, the study doctor may take a photograph to document the event. If necessary, with your consent these photographs will be shared with the Sponsor to view the reactions (new ones and ones which may already have been taken during the study).

Only the Sponsor's personnel will view the photos to help assess the safety of RO7504109. The photos will not allow you as an individual to be identified. If your face or any identifiable features are in the photograph/s, distinguishing features (e.g., eyes or tattoos) will be covered so that no Sponsor personnel will be able to identify you from them. Findings based on the photos may be summarized (by the study doctor or internal Sponsor personnel) in the meeting minutes. The Sponsor will not collect or store these photos but they will be part of your medical records.

**Giving your consent to sharing photography with the Sponsor is optional and this will be discussed with you at the time, if required. If you choose not to consent to sharing your photos, it will not affect your continued participation in the study.** You can withdraw consent for the viewing of photos at any time but those previously taken may have been already used as part of the study safety assessments.

### **What are the Risks or Side Effects of Study Procedures?**

#### **Blood Sample Collection & Cannulas:**

Risks include bruises, swelling with itching, and slight bleeding. The area may become inflamed. In rare cases, it may result in a blood clot, an infection or nerve damage. As needles can cause pain, you may feel light-headed or faint.

#### **ECG Tests:**

Sometimes the sticky pads used to attach the ECG leads can cause skin irritation (redness / itchiness).

#### **Physical Examination:**

During this examination you may be asked to remove some items of clothing so a full examination can be done. You can request a chaperone to be with you at the time of the physical examination, please ask one of our research nurses.

### **3.4 Contraception**

#### **Reproductive Risks for Sexually Active Participants of Child-Bearing Potential**

The effects of RO7504109 in pregnancy and breastfeeding are unknown, but there is a risk it may cause birth defects or foetal deaths, and/or be passed on in breast milk. If you are pregnant or breastfeeding, you cannot take part in this study.

If you are sexually active and of child-bearing potential (able to become pregnant), it is very important that you do not become pregnant during this study. A person of child-bearing potential is any pre-menopausal person who may become pregnant. If you are unsure if this applies to you, please check with the study doctor before you start the study medication. **You must use one of the methods of contraception listed below**, from at least your first dose of study drug until at least 6 months after your dose:

A highly effective method (less than 1 pregnancy per 100 people using the method for one year) e.g.:

- Implant contraceptive (e.g., Jadelle®)
- Intra-uterine device (IUD) containing either copper or levonorgestrel (e.g., Mirena®)
- Sterilisation (e.g., vasectomy, bilateral tubal ligation ('clipping or tying tubes' or hysterectomy)
- Injectable contraceptive (e.g., Depo Provera)
- Oral Contraceptive Pill (combined hormonal pill or progestogen-only 'mini-pill' associated with inhibition of ovulation) - when used consistently and correctly.

Total abstinence from heterosexual intercourse during the entire period of risk associated with the study drug (from dosing until at least 6 months after your dose) is considered an acceptable form of contraception if this is in line with your preferred and usual lifestyle.

If you are unsure which method of birth control you are using (or want to start using) and whether it is acceptable for this study, please ask the study doctor for more information.

You must also agree to not donate eggs, from dosing until at least 6 months after your dose of study drug.

**If you do become pregnant during the study, you must tell the study doctor as soon as possible.** If you do become pregnant you will be asked to sign a separate consent form, to allow the Sponsor to collect information about your pregnancy and the outcome of your pregnancy.

### **Reproductive Risks for Sperm in Sexually Active Participants**

The effects of RO7504109 if passed on through semen are unknown, but there is a risk it may cause birth defects or foetal deaths. **You are responsible for informing your sexual partner of these possible risks.**

If you are sexually active and have any partner who is of child-bearing potential (meaning a partner who may become pregnant) it is very important that you use contraception during this study. You and your partner should also use one of the contraception options listed above for participants of child-bearing potential, from your dose of study drug through until at least at least 90 days after your dose.

You / your partner will need to use a barrier method of contraception, from your first dose of study drug through until 90 days after your dose. Barrier methods of contraception include:

- Condoms (external or internal) – not to be used together due to increased risk of breakage.
- Diaphragm ('cap')

Please note that barrier methods alone are not highly effective methods of contraception.

Total abstinence from heterosexual intercourse during the entire period of risk associated with the study drug (from dosing until at least 90 days after your dose) is considered an acceptable form of contraception if this is in line with your preferred and usual lifestyle.

**If a pregnancy occurs, you must report this to the study doctor as soon as possible.** Your partner will be asked to give consent for their information and their infant's information to be collected for monitoring purposes.

You must also agree not to donate sperm, from dosing until at least 90 days after your dose of the study drug.

## **4 WHAT WOULD HAPPEN IF YOU WERE INJURED IN THE STUDY?**

As this research study is for the principal benefit of its commercial sponsor F. Hoffmann-La Roche Ltd, if you are injured as a result of taking part in this study you **won't** be eligible for compensation from Accident Compensation Corporation (ACC).

However, Roche has satisfied the Central Health and Disability Ethics Committee that approved this study that it has up-to-date insurance for providing participants with compensation if they are injured as a result of taking part in this study.

New Zealand ethical guidelines for intervention studies require compensation for injury to be at least ACC equivalent. Compensation should be appropriate to the nature, severity and persistence of your injury and should be no less than would be awarded for similar injuries by New Zealand's ACC scheme.

Some sponsors voluntarily commit to providing compensation in accordance with guidelines that they have agreed between themselves, called the Medicines New Zealand Guidelines (Industry Guidelines). These are often referred to for information on compensation for commercial clinical trials. There are some important points to know about the Industry Guidelines:

- On their own they are not legally enforceable and may not provide ACC equivalent compensation.
- There are limitations on when compensation is available, for example compensation may be available for more serious, enduring injuries, and not for temporary pain or discomfort or less serious or curable complaints.
- Unlike ACC, the guidelines do not provide compensation on a no-fault basis:
- The Sponsor may not accept the compensation claim if:
  - Your injury was caused by the investigators, or;
  - There was a deviation from the proposed research plan, or;
  - Your injury was caused solely by you.

An initial decision whether to compensate you would be made by the sponsor and/or its insurers.

If they decide not to compensate you, you may be able to take action through the Courts for compensation, but it could be expensive and lengthy, and you might require legal representation. You would need to be able to show that your injury was caused by participation in the trial.

You are strongly advised to read the Industry Guidelines and ask questions if you are unsure about what they mean for you.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

## **5 WHAT WILL HAPPEN TO MY TEST SAMPLES?**

Blood and urine samples will be collected throughout the study. These samples will be used for various tests. Some of the samples will be used for regular routine blood counts and blood chemistry, to monitor your general health. All these routine samples will be sent to LabPlus for testing and destroyed after a maximum of 3 months by internationally accepted means.

Pharmacokinetics and immunogenicity samples will be sent to a central laboratory (ICON in Assen, Netherlands) for testing and then onward shipment to another testing laboratory (Arup in Salt Lake City, Utah, USA; Q2S in Edinburgh, UK; Q2S in Valencia, California, USA; Q2S in Singapore, Rules Based Medicine in Austin USA, Microcoat in Germany and Roche Penzberg in Germany) and can be stored for up to 2 years after the final study results have been reported and destroyed as per local regulations as applicable.

Infusion related reaction (IRR) samples will be sent to a central laboratory (Q2S in Singapore,) for testing or onward shipment to another testing laboratory (Arup in Salt Lake City, Utah, USA; Q2S in Edinburgh, UK or Q2S in Valencia, California, USA) and can be stored for up to 5 years after the final study results have been reported and destroyed as per local regulations as applicable.

Biomarker samples will be sent to a central laboratory (ICON in Assen, Netherlands and Roche Basel in Switzerland) for testing and then onward shipment to another testing laboratory (Arup in Salt Lake City, Utah, USA; Q2S in Edinburgh, UK; Q2S in Valencia, California, USA; Q2S in Singapore, Rules Based Medicine in

Austin USA, Microcoat in Germany and Roche Penzberg in Germany) for testing and can be stored for up to 5 years after the final study results have been reported and destroyed as per local regulations as applicable.

The maximum amount of blood collected from each participant during the study will be up to approximately 330 mL. For comparison, a standard blood donation at a blood collection centre is about 470 mL. An additional 75 mL of blood will be taken on several days in case of any infusion-related or hypersensitivity reaction event.

Samples collected by NZCR will be identified by your study number, year of birth, initials, and sex, to allow study doctors to quickly respond to any abnormal results. Before the results of these tests are sent to the Sponsor, your identifiable information will be removed and replaced with a code.

The proposed blood tests include a screening test for HIV and for viral hepatitis B /C, and tuberculosis. Signing the consent form means that you agree to have this testing performed. It is important to understand that a positive screening test does not necessarily mean you have the disease. Should you receive a positive screening result for HIV or either hepatitis B or C, then the study doctors will provide initial counselling and medical advice and will assist in arranging any follow up tests that you require. HIV, acute (newly diagnosed) hepatitis B/C, and tuberculosis are all 'notifiable diseases', which means that it is required by law to notify government health authorities of any new cases.

### **5.1 Are There Any Cultural Considerations?**

You may hold beliefs about sacred and shared values about your tissue samples and/or data originating from this tissue. The cultural issues associated with sending your tissue samples and data overseas and/or storing your tissue and data should be discussed with your family/whānau as appropriate. If you wish to know more about the study, we can arrange for an Investigator to come and talk to you and your whānau. NZCR are committed to preserving and upholding mauri through karakia and the handling of samples. You are invited to perform a karakia at the time of sample collection, please inform staff if you would like any assistance. However, due to your samples being sent to countries outside of New Zealand, a karakia will not be able to be performed at the time of your sample disposal.

Personal and health information is a tāonga and will be treated accordingly. The following data sovereignty principles are in place to ensure that the data generated from this research is protected and may benefit Māori now and into the future. The principles included are whakapapa, whanaungatanga, rangatiratanga, kotahitanga, manaakitanga and kaitiakitanga. Clinical trials are often driven by Sponsor companies overseas and involve very few Māori as participants.

Consideration of Tikanga and Tiriti obligations are highly valued at NZCR, whereby staff attend Tiriti and Tikanga workshops to acknowledge and understand Māori cultural values and principles. NZCR also maintain contact with the Office of the Chief Advisor Tikanga across Te Whatu Ora Waitemata and Te Toka Tumai Auckland and Te Puna Oranga Māori Research Review Committee for consultation of Māori health services. NZCR also have open dialogue with the chair of the Māori Governance Rōpu for Ira Tātai Whakaheke.

Before deciding whether to participate in this study or not, it may be appropriate to discuss your participation with your whanau/family/Kaumatua/hapu/lwi and consider both the potential risks and benefits that may be involved. If you need cultural support, please let us know and we will arrange this for you. For additional cultural support or tikanga advice, please contact your local Māori support contact listed at the end of this document.

## **6 WHAT ARE THE RIGHTS OF PARTICIPANTS IN THE STUDY?**

## 6.1 Participation is Voluntary

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. This will not affect your relationship with NZCR.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

## 6.2 New Information

Sometimes during the course of a research project, new information becomes available about the medication that is being studied. If this happens, your study doctor will tell you about it and discuss with you whether you want to continue in the research project. If you decide to withdraw, your study doctor will make arrangements for your regular health care to continue. If you decide to continue in the research project, you may be asked to sign an updated consent form.

Also, on receiving new information, your study doctor might consider it to be in your best interests to withdraw you from the research project. If this happens, they will explain the reasons and arrange for your regular health care to continue.

## 6.3 Privacy and Confidentiality and Right to Access Information Collected During the Study

### What will Happen to my Information?

During this study, the study doctors, researchers, nurses and other NZCR staff will record information about you and your study participation. This includes the results of any study assessments. Your name, address and phone number will be on the demographics page for the study so we can identify you correctly at visits and contact you. This information may be used to obtain health records (detailed below) but is not supplied to anyone overseas.

If needed, **information from your hospital records and your usual doctor (GP) may also be collected**, and your GP will be notified about your participation in the study. You cannot take part in this study if you do not consent to the collection of this information.

Type of information	Where is it stored?	Who can access it?
<b>Identifiable Information – this information can be traced back to you</b>		
<ul style="list-style-type: none"> <li>Information collected from you</li> <li>Laboratory results</li> <li>Photographs if required for any adverse events e.g. skin reactions</li> </ul>	<ul style="list-style-type: none"> <li><b>Paper:</b> stored securely under restricted access at NZCR. Following study completion paper forms are transferred to a secure site and stored for 15 years, then destroyed</li> <li><b>Electronic:</b> stored on secure NZCR servers</li> </ul>	<ul style="list-style-type: none"> <li>NZCR staff</li> <li>Your GP / usual doctor</li> <li>Local laboratory staff to process and report your screening and safety tests</li> <li>Sponsor/CRO monitors to ensure the study is run properly and data is collected accurately</li> <li>Representatives from the Sponsor if you make a compensation claim as a result of study-related injury. Identifiable information is required to assess your claim</li> </ul>

		<ul style="list-style-type: none"> <li>• Ethics committee, regulatory authorities, and sponsor/CRO representatives if the study or site is audited</li> <li>• Medical Officer of Health for positive test results for a notifiable disease (i.e., Tuberculosis, Hepatitis B/C)</li> <li>• The study doctor may share your information with other people, in the rare event of a serious threat to public health or safety, or to the life or health of you or another person OR if the information is required in certain legal situations</li> </ul>
<b>De-identified (coded) Information</b> – <i>this information is only labelled with your unique study ID</i>		
<ul style="list-style-type: none"> <li>• De-identified information about you (sex, race/ethnicity and age/year of birth)</li> <li>• Study assessment results are uploaded into the study database to be analysed</li> <li>• De-identified photographs, if required (as above)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Electronic:</b> will be stored on a secure platform and will be retained indefinitely. Storage will comply with local and/or international data security guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• The Sponsor, for the purposes of this study.</li> <li>• People and companies working with or for the Sponsor, for the purposes of this study.</li> <li>• Regulatory or other governmental agencies worldwide.</li> </ul>
<b>Anonymised Information</b> – <i>this information cannot be traced back to you (code removed)</i>		
<ul style="list-style-type: none"> <li>• All de-identified information for which the code has been removed</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Electronic:</b> stored on a secure sponsor-managed database</li> </ul>	<ul style="list-style-type: none"> <li>• Access not restricted</li> </ul>

### Future Research Using Your Information

Your coded information may be used for future research related to RO7504109 or IBD.

This future research may be conducted overseas. You will not be told when future research is undertaken using your information. Your information may be shared widely with other researchers or companies. Your information may also be added to information from other studies, to form much larger sets of data.

You will not get reports or other information about any research that is done using your information.

Your information may be used indefinitely for future research unless you withdraw your consent. However, it may be extremely difficult or impossible to access your information or withdraw consent for its use once your information has been shared for future research.

### Security and Storage of Your Information

During the study, your information will be stored on paper forms at NZCR and electronically on secure servers. When the study has finished, paper forms will be transferred to a secure site and stored for at least 15 years, then destroyed. De-identified information in electronic form will remain on a secure platform and will be retained indefinitely. Storage will comply with local and/or international data security guidelines.



## Risks

Although efforts will be made to protect your privacy, absolute confidentiality of your information cannot be guaranteed. Even with coded and anonymised information, there is no guarantee that you cannot be identified. While the risk is currently very small, the chance that someone might access and misuse your information (for example, by making it harder for you to get or keep a job or health insurance) might increase in the future as people find new ways of tracing information.

Your coded information is being sent overseas. Other countries may have lower levels of data protection than New Zealand. There may be no New Zealand representation on overseas organisations which make decisions about the use of your information. There is a risk that overseas researchers may work with information in a way that is not culturally appropriate for New Zealanders.

## Rights to Access Your Information and Results

You have the right to request access to your information held by the research team. You also have the right to request that any information you disagree with is corrected.

Please ask if you would like to access your screening and safety tests during the study. You may access other study-specific information before the study is over, but this could result in you being withdrawn from the study to protect the study's scientific integrity.

If you have any questions about the collection and use of information about you, you should ask a study doctor.

## 7 WHAT WILL HAPPEN AFTER THE STUDY ENDS, OR IF I WANT TO PULL OUT?

### 7.1 If You Decide to Withdraw

You may withdraw your consent for the collection and use of your information at any time, by informing your Study Doctor. Please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to discuss any health risks or special requirements linked to withdrawing, such as follow up visits.

If you withdraw your consent, your study participation will end, and the study team will stop collecting information from you. Information collected up until your withdrawal from the study will continue to be used and included in the study. This is to protect the quality of the study.

### 7.2 Why the Study Might be Unexpectedly Stopped

This research project may be stopped unexpectedly for a variety of reasons. These may include reasons such as:

- Unacceptable side effects and safety issues
- Poor recruitment
- Poor study conduct

### 7.3 Results

When the research project ends the study data must be analysed, so the results of the study may not be available until about a year after the research finishes. The study doctors and/or Sponsor may decide to discuss or publish the results of the study. This may include publication in journals, presentation at

conferences or other professional forums. In any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you. If you do not wish to receive a summary of the study results when they become available, then please inform NZCR staff.

## 8 WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE CONCERNS?

If you have any questions, concerns, or complaints about the study at any stage, you can contact:

Dr Millie Wang, Principal Investigator  
Phone: (09) 373 3474 or 0800STUDIES (08007883437)  
Email: [sunrise.auckland@nzcr.co.nz](mailto:sunrise.auckland@nzcr.co.nz)

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050  
Fax: 0800 2 SUPPORT (0800 2787 7678)  
Email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz)  
Website: <https://www.advocacy.org.nz/>

Māori cultural support is available through:

Auckland:

The Office of the Chief Advisor Tikanga, He  
Kamaka Waiora, Te Whatu Ora (Health New  
Zealand) – Waitemata and Auckland

Mobile: 021 0203 1167  
Phone: 09 486 8320 ext 43204  
Email:

[hkwresearch@waitematadhb.govt.nz](mailto:hkwresearch@waitematadhb.govt.nz)

Waikato:

Te Puna Oranga Māori Health Service, Te Whatu  
Ora (Health New Zealand) - Waikato

Phone: (07) 8343644  
Email: [research@waikatodhb.health.nz](mailto:research@waikatodhb.health.nz)

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

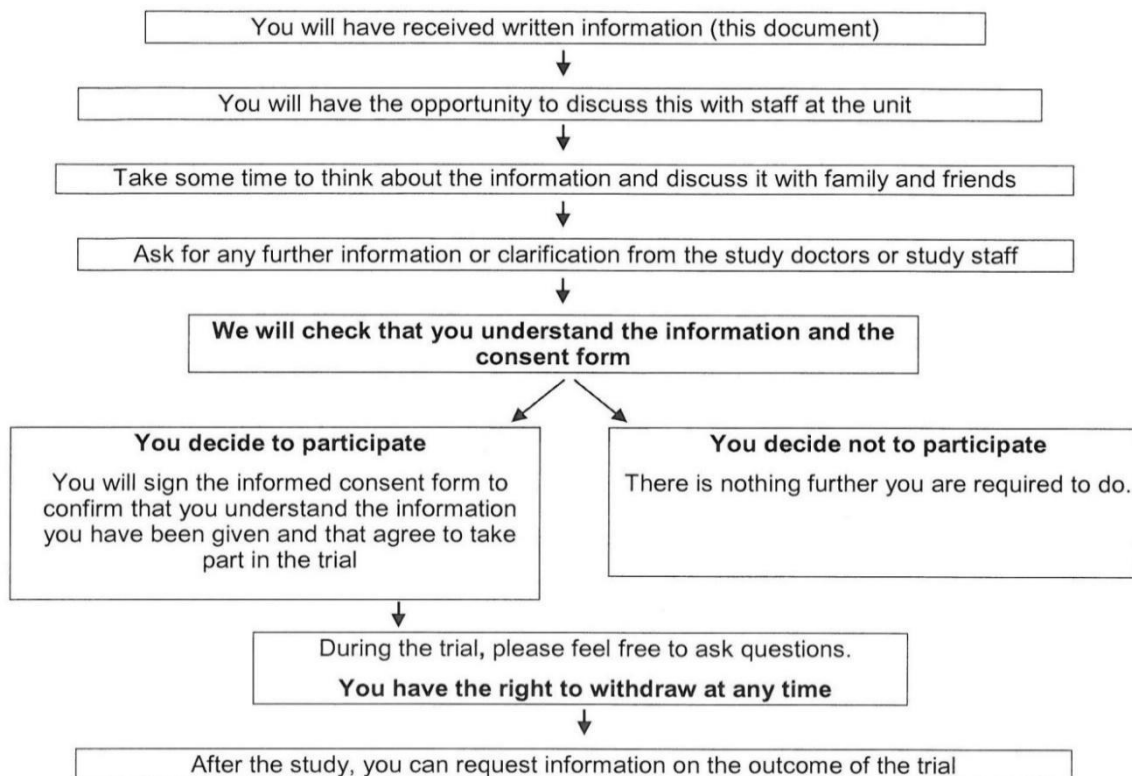
Email: [hdecs@health.govt.nz](mailto:hdecs@health.govt.nz)

## 9 WHAT ABOUT ANY OTHER QUESTIONS I MAY HAVE?



## 10 DO I HAVE TO DECIDE STRAIGHT AWAY?

**No, you do not have to decide straight away.** You should take some time to consider whether or not to participate, we will be in touch in a week or so to discuss your decision. The following steps are useful in helping you reach a decision.



## CONSENT FORM (Part A: Single Ascending Dose)

**Short Title:** A Study to Evaluate Single Ascending and Multiple Ascending Doses of RO7504109 in Healthy Participants.

**Protocol Number:** BP45135

**Principal Investigator:** Dr Millie Wang

*Please let study staff know if you require an interpreter.*

### Declaration by participant:

- I have read the Participant Information Sheet, or have had it read to me in a language I understand, and I fully comprehend what it says.
- I have been given sufficient time to consider whether or not to participate in this study.
- I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.
- I consent to the research staff collecting and processing my information, including information about my health (including information collected from my GP and other Health Providers).
- If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
- I understand that there may be risks associated with the treatment in the event of myself or my partner becoming pregnant. I undertake to inform my partner of the risks and to take responsibility for the prevention of pregnancy.
- I agree to my tissue samples being sent overseas, and I am aware that these samples will be disposed of using established guidelines for discarding biohazard waste.
- I agree to an approved parties including Sponsor or CRO representatives for monitoring and auditing, auditor appointed by the New Zealand Health and Disability Ethic Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.
- I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.
- I understand the compensation provisions in case of injury during the study.
- I know who to contact if I have any questions about the study in general.
- I understand my responsibilities as a study participant.
- I understand that I will receive a summary of the study results and if I do not wish to receive this, I will inform site staff.
- I consent to my GP or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study.

<b>Statement by Participant</b>	I hereby consent to take part in this study. I understand that I will receive a signed copy of this consent form for my records.
	_____ (full name)
	_____ (signature)
	___ / ___ / ___ (Date DD/MMM/YYYY)

<b>Statement by Consenter (Investigator/designee)</b>	I have discussed this study with the above-named participant. The participant appeared to fully understand the information provided about the study.
	_____ (full name)
	_____ (signature)
	_____ (project role)
	___ / ___ / ___ (Date DD/MMM/YYYY)