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MAY 23, 2019

INFORMED CONSENT DOCUMENT
AGREEMENT TO BE IN A RESEARCH STUDY

NAME OF SPONSOR COMPANY:	Pfizer Inc
NUMBER AND NAME OF STUDY:	A8081069; "A PHASE 1, OPEN LABEL, CROSSOVER STUDY TO EVALUATE PALATABILITY AND RELATIVE BIOAVAILABILITY OF TWO PEDIATRIC MICROSPHERE FORMULATIONS OF CRIZOTINIB IN HEALTHY PARTICIPANTS"
NAME OF PERSON IN CHARGE OF THE RESEARCH STUDY (STUDY INVESTIGATOR):	Haq Nawaz, M.D., MPH, MBA
TELEPHONE NUMBER 24 HOURS:	203-401-0300

INTRODUCTION

You are here today as a possible volunteer in a drug research study sponsored by Pfizer Inc. Whether or not you are in this study is strictly up to you. You may refuse to take part in this research study. The study staff will be available to answer questions before, during, and after the study.

The sponsoring company (the company paying for this study), Pfizer Inc, employs the study investigator conducting this study.

If you are not completely honest about your health history, you may be harmed by being in this study.

INFORMATION ABOUT THE STUDY DRUGS

Crizotinib will be referred to as "the study drug" in the rest of this document. It is marketed as XALKORI®. The study drug is a marketed drug for the treatment of certain types of lung cancer. It has been approved in the United States (US) by the Food and Drug Administration (FDA). It has also been approved in many other countries. The approved formulation of the study drug is a capsule. This study will involve 2 new investigational formulations, an investigational liquid formulation, and the approved capsule formulation. "Investigational formulation" means that the form that it is in (for example, a liquid) has not been approved by the US FDA. The recommended dose is 250 mg twice a day. In this study, single oral (by mouth) 250 mg doses will be given.

The new formulations to be given in this study are microspheres. Microspheres are small coated spheres that contain study drug and appear like powder. The 2 formulations have different non-drug compositions.

Esomeprazole will also be given in this study. Esomeprazole is similar to Nexium®. It belongs to a group of medications called Proton Pump Inhibitors (PPIs). These medications reduce the amount of stomach acid produced by specific glands in the lining of your stomach. They are used to relieve symptoms of acid reflux (heartburn). They are also used to treat peptic or stomach ulcers and damage to the lower esophagus caused by acid reflux.

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Esomeprazole has been approved by the FDA for the treatment of heartburn and reflex symptoms. It is taken orally. The recommended dose is up to 40 mg a day. Dosing depends on the type of disorder or symptom being treated. It will be used in this study to see if it has an effect on the way the body processes the study drug. The dose used in this study will be 40 mg, given as a single capsule. It will be given once a day for 5 days in the last study period. Study drug will be given the day after the last dose of esomeprazole.

Some of the doses that you will receive are compounded in our pharmacy for use in this study. Compounded means that the ingredients are added together and mixed to make the final doses.

In this document, you may see the terms "medication", "treatment", and "treatment period". These are terms used in research studies as mentioned above. This does not mean that you will be receiving medical treatment for any condition. These terms apply to the investigational study drug and parts of the study where you will be receiving this investigational product.

The study has 6 periods. If you are accepted into the study, you will receive a single oral dose of study drug during each period. In Period 6, you will also receive a single oral dose of esomeprazole once a day for 5 days.

The order in which you receive the different formulations of the study drug will be randomly assigned (like the flip of a coin), except during Period 4 when all subjects will receive the same formulation.

The study investigator or sponsor may decide to remove you from the study at any time if it seems you are having a significant reaction to the study drug or esomeprazole.

PURPOSES OF THE STUDY

There are 6 purposes of this study:

1. To measure and compare the amount of study drug in the blood of 2 new formulations (cMS1 and cMS2) of study drug to the commercial formulation capsule (FC) under fasted conditions in healthy adult participants
2. To evaluate the taste of 2 new formulations of study drug given as 250 mg doses compared with a 250 mg dose of study drug as an oral solution (OS - liquid) using a taste questionnaire in healthy adult participants
3. To see how the drug formulations under study are tolerated, if there are significant side effects, and how healthy adult participants feel after taking them
4. To collect exploratory samples for biobanking
   - Biobanking is the collection and storage of blood samples for possible future testing
5. To explore the effect of food on the amount of study drug in the blood of 2 new formulations
6. To explore the effect of esomeprazole on the amount of study drug in the blood of 2 new formulations

HOW LONG THE STUDY WILL LAST AND HOW MANY PEOPLE WILL BE IN THE STUDY

You will be in this study up to about 99 days. This does not include the time between screening and dosing, which can be up to 28 days.

This study involves:

- 6 dosing periods (5 separate admissions)

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- 31 overnight stays (number of nights per admission detailed later in this document)
- 1 follow-up phone call (28-35 days after the last dose)

The time between each dose of study drug is as follows:

- At least 14 days between each dose in Periods 1, 2, and 3
- At least 5 days between dosing in Periods 3 and 4
- At least 14 days between dosing in Periods 4 and 5
- At least 14 days between dosing in Periods 5 and 6 (dosing with esomeprazole begins 9 days after study drug dosing in Period 5)

Up to 24 healthy male and female subjects will be in this study. Females must be unable to have children.

WHEN ARE YOU ELIGIBLE TO PARTICIPATE IN ANOTHER DRUG STUDY?

The decision for when you are eligible to screen for another study is based on information from the previous studies and this study. You may be eligible to dose in another study as soon as 30 days after the last dose of study drug. This information is true for most drugs. Some drugs may be present in your body longer and that may mean you may have to wait longer before entering into another study. These results are usually known after your last regularly scheduled blood sample is tested. We will always tell you this as soon as possible. We will let you know if there is a longer than usual period of time that you should not be in another drug study after this one. Our goal is to keep you from doing anything that might potentially harm you. Your safety while in these studies is our main concern.

The half-life of the marketed formulation of the study drug (FC – capsule) is about 42 hours. The half-life of a drug is the time it takes for the amount of the drug in the body to decrease by half. It is expected that very little, if any, will remain in your body after about 9 days.

The half-life of esomeprazole is about 1½ hours. It is expected that very little, if any, will remain in your body after about 24 hours.

TO BE IN THE STUDY

You cannot screen for this study if you are currently in another research study. This includes being in the follow-up visit period of another research study.

To be in this study, your medical history and screening test results must be acceptable. Also, you must meet each of the following conditions:

- You must be a healthy male or female between the ages of 18 and 55 at the time of screening
- Females must be unable to have children and meet 1 of the following criteria:
  - Postmenopausal (at least 12 consecutive months without a period with no other medical cause and a blood test confirming that you are unable to have children)
  - Uterus and/or both ovaries removed (documented)
  - Both fallopian tubes removed (documented)
  - Other medical reasons causing permanent inability to have a child will be reviewed and possible study entry will be at the discretion of the study investigator

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- You must be willing and able to comply with scheduled visits, the study plan, lab tests, and other study procedures
- You must have a body mass index (BMI) between 17.5 and 30.5 and weigh more than 50 kg (110 lbs)
- You must be capable of giving informed consent and must have signed and dated this consent form
- You must not have evidence or a history of blood, kidney, glandular, lung, stomach, intestine, heart, blood vessel, liver, psychiatric, nerve, or allergic disorders (including drug allergies)
  - Untreated seasonal allergies without symptoms are allowed
- You must not have any condition that might affect your body's ability to absorb drugs (for example, gastrectomy [removal of all or part of the stomach], gastric or intestinal bypass surgery, gall bladder removal)
- You must not have any condition that might affect your ability to taste (for example, dysgeusia [distorted sense of taste] or respiratory infection)
- You must not have a history of or a current positive result for any of the following: human immunodeficiency virus (HIV), hepatitis B surface antigen (HepBsAg), hepatitis B core antibody (HepBcAb), or hepatitis C antibody (HCVAb)
  - A positive hepatitis B surface antibody (HepBsAb) due to vaccination is allowed
- You must not have any medical or psychiatric condition, including recent (within the past year) or active suicidal thoughts or behavior, or lab abnormality that could increase your risk of being in the study or receiving the study drug
  - You must not have any condition or lab abnormality that could interfere with the interpretation of the study results and, in the judgment of the study investigator, make you an inappropriate subject for this study
- You may not take any prescription or nonprescription drugs or nutritional (dietary) supplements for at least 7 days before the first dose of the study drug, or at any time during this study
  - Tylenol® (acetaminophen) may be used at doses of less than or equal to 1,000 mg a day
    - Its use must first be approved by the study investigator
    - Other nonprescription medicines that are not thought to affect your safety or the overall study results may be allowed on a case-by-case basis if first approved by the study investigator
- You must not have a known history of sensitivity to esomeprazole or other medications that work in the same way
- You must not have taken any investigational drugs for at least 30 days before the first dose of this study
  - You must not be in another drug study at any time during this study
- You cannot be in this study if you are using/taking any drugs of abuse
  - A urine test will be done to check for drugs of abuse and must be negative
- While on this study please do not eat anything that contains poppy seeds, as they may cause a positive drug test
- Your screening blood pressure while lying down must be less than or equal to 139/89 mm Hg
- Your screening ECG (electrocardiogram that measures the electrical activity of the heart) must be normal
- You must not have any of the following laboratory test abnormalities:
  - Liver enzymes (indicate how your liver is working) greater than or equal to 1.5 times the upper limit of normal
  - Total bilirubin greater than or equal to 1.5 times the upper limit of normal, or a direct bilirubin (for subjects with Gilbert's syndrome – a harmless mild liver condition in which the liver does not properly process bilirubin) greater than the upper limit of normal
  - eGFR (estimated glomerular filtration rate) less than 60 mL/min/1.73 m^2 (indicates how your kidneys are working)

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- Male subjects must be able and willing to follow the birth control requirements detailed later in this document for the duration of the study through at least 97 days after the last dose of study drug
- Male subjects must not donate sperm for the duration of the study through at least 97 days after the last dose
- You must not have a history of excessive alcohol use or binge drinking and/or any other illicit drug use or dependence within 6 months before screening
  - Binge drinking is defined as a pattern of 5 (males) or 4 (females) or more alcoholic drinks in about 2 hours
  - Alcohol intake should not exceed 14 units per week
    - A drink (unit) is defined as 8 oz. of beer, 3 oz. of wine, or 1 oz. of hard liquor
- Study staff may check your breath for the presence of alcohol. If alcohol is detected, you will not be allowed to be in this study
- You must not have donated (such as at a blood bank) a unit of blood (except plasma donations) for at least 60 days before dosing
- You must not donate any blood or blood products at any time during this study and for at least 4 weeks after your last blood draw
- You must not have a history of sensitivity to heparin (a substance that stops blood from clotting) or of low platelets (cells that help with blood clotting) as a result of heparin
- You must not currently smoke or use other forms of tobacco or nicotine products
  - A urine test will be done to check for cotinine (a by-product of nicotine) at screening and must be negative
- You must be willing and able to comply with the activity and diet restrictions of the study (detailed later in this document)
- You must not be a staff member of the Clinical Research Unit (CRU) directly involved in the study, a relative of a staff member at the CRU directly involved in the study, a staff member of the CRU supervised by the study investigator, or a Pfizer employee, including family members, directly involved with the study

WHAT WILL HAPPEN DURING THE STUDY

Screening:

Before the study starts, you will be asked to:

- Sign this consent form
- Give your race, age, gender, and ethnicity
- Review the study entry criteria
- Give your medical history
  - If you are not completely honest with your medical history, you may be harmed by being in this study
- Give your drug, alcohol, and tobacco use history
- Tell the study staff if you have taken in the past 28 days, or are taking, any over-the-counter or prescription drugs, vitamins, or dietary or herbal supplements
- Review birth control requirements (males only)

As part of screening you must complete all of the items listed below:

- Vital signs (blood pressure and heart rate while lying down)

- Height and weight
- Safety lab tests (blood and urine)
  - Includes blood tests for HIV, HepBsAg, HepBcAb, and HCVAb
- Urine to test for drugs of abuse (illegal and prescription) and cotinine (for smoking)
  - If this test is positive, you will not be allowed in the study
  - Urine collection may be monitored by a staff member of the same sex
  - You have the right to refuse to be monitored, but may be disqualified from the study
- The study investigator may decide to do an alcohol breath test
- ECG
- Complete physical exam. This may be done at screening or when you check-in for Period 1 of the study
- You will be asked "How do you feel?"
- Females who have not had a period for at least 12 consecutive months will have a blood hormone test that will confirm they cannot have children

HIV and Hepatitis Testing:

As required by this study, and if anyone is exposed to your blood, you will have your blood tested for the hepatitis viruses and for HIV. HIV is the virus that causes acquired immune deficiency syndrome (AIDS). If you have a positive HIV or hepatitis test, you cannot be in/remain in the study.

If the HIV test is positive, a follow-up test will be done. If the follow-up test is also positive, you will be told in private and you will also be told about counseling.

It may take weeks or months after being infected with HIV for the test to be positive. The HIV test is not always right.

Positive results for HIV or hepatitis tests or for other infections, or possibly having certain infections, may have to be reported to the State Department of Health. If you have any questions about what information is required to be reported please ask the study investigator or study staff.

Although this testing is intended to be private, complete confidentiality cannot be guaranteed. For example, it is possible for a court of law to get health or study records without your permission.

During the Study:

During the study you will complete all of the items listed below:

- Before being brought to the second floor of the clinic for each of your in-house stays, your belongings will be thoroughly searched
  - You will be asked to empty your bags and set all of your belongings on the table so the staff can go through them
  - You will be asked to empty your pockets, remove your shoes and hat, if you are wearing one, and you will be patted down
  - You will be scanned with a metal detector wand
- Review the study entry criteria (Period 1 only)
- Updates to your medical history, including drug, alcohol, and tobacco use (Period 1 only)
- Updates in any medications used since screening/previous admission

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- Blood and urine samples will be collected at various times throughout the study
  - The blood and urine samples will be used for safety labs
    - Any leftover blood from the samples collected for safety labs may also be used for exploratory safety biomarkers or unexpected safety findings
      - ✓ Samples to be used for this purpose will be kept for up to 1 year following completion of this study
  - Blood samples will also be used to measure the levels of study drug in your blood
    - As part of understanding how your body absorbs, distributes, and gets rid of the study drug, the samples may also be used to evaluate safety aspects related to concerns arising during or after the study, for metabolite identification (by-product(s) or end product(s) of a drug produced as the body processes a drug) and/or evaluation of the laboratory test used to measure the study drug, as well as for other internal exploratory purposes
- A sample of your blood will be collected and sent to Pfizer's biobank. Pfizer calls this sample a "Banked Biospecimen"
  - This sample will be used to study biological substances in your sample, including your genes. This will help us learn more about the study drug
  - This sample may be kept by Pfizer in a facility approved by Pfizer as long as the sample is useful for scientific research. This may be for many years (no time limit)
- Urine samples to test for drugs of abuse and cotinine will be collected at each admission and may be collected at various times throughout the study
  - If this test is positive, you will not be allowed to continue in the study
  - Urine collection may be monitored by a staff member of the same sex
  - You have the right to refuse to be monitored, but may be disqualified from the study
- The study investigator may decide to do an alcohol breath test at each check-in and at any time during the study
- A complete physical exam will be done at study check-in, if it was not done at screening
  - A limited physical exam may be done at various times throughout the study at the discretion of the study investigator
- The use of proper birth control will be confirmed/reviewed at each check-in and discharge from the CRU and during the follow-up phone call (males only)
- Blood pressure and heart rate will be measured while you are lying down at various times throughout the study
- Body temperature will be measured at each check-in
- You will be asked "How do you feel?" each day
- An intravenous (IV) catheter may be placed in a vein in 1 of your arms for blood collection
- ECGs (single measurements) will be done at various times throughout the study
  - It may be necessary to shave your chest so that the patches for the ECGs will stick to your skin
  - Your chest may be marked with a pen to identify the correct areas for ECG patch placement
- You will complete the Taste Questionnaire at 1 (immediately after) 5, 10, and 20 minutes after each dose of study drug (Treatments A, B, and D) in Periods 1 through 4
- You will receive a follow-up phone call between 28 and 35 days after the last dose of study drug

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A. Dosing Schedule:

Dosing is planned as follows:

TREATMENT SEQUENCE	NUMBER OF SUBJECTS	STUDY PERIOD					
		1	2	3	4	5	6
1	4	A	B	C	D	E	G
2	4	A	C	B	D	E	G
3	4	B	A	C	D	E	G
4	4	B	C	A	D	F	H
5	4	C	A	B	D	F	H
6	4	C	B	A	D	F	H

Treatment A: Single oral 250 mg dose of study drug as cMS1 formulation under fasted conditions
Treatment B: Single oral 250 mg dose of study drug as cMS2 formulation under fasting conditions
Treatment C: Single oral 250 mg dose of study drug as the commercial (FC) formulation under fasting conditions
Treatment D: Single oral 250 mg dose of study drug as an OS (liquid) under fasting conditions
Treatment E: Single oral 250 mg dose of study drug as cMS1 formulation under fed conditions
Treatment F: Single oral 250 mg dose of study drug as cMS2 formulation under fed conditions
Treatment G: Single oral daily dose of 40 mg of esomeprazole (as a capsule) for 5 day PLUS a single oral 250 mg of study drug as cMS1 formulation under fasting conditions on the day after the last dose of esomeprazole
Treatment H: Single oral daily dose of 40 mg of esomeprazole (as a capsule) for 5 days PLUS a single oral 250 mg dose of study drug as cMS2 formulation under fasting conditions after the last dose of esomeprazole

On the dosing day of Periods 1-4 you will receive your dose after an overnight fast (nothing to eat or drink except water) of at least 10 hours.

In Periods 1-3, the study drug will be given as a powder or a capsule which you will swallow. Each of these doses will be followed by/taken with about 8 oz. (1 cup) of water. The capsule must be swallowed whole.

In Period 4, the study drug will be given as a liquid in a dosing syringe, which you will swallow. This dose will be followed by about 1 cup of water.

In Period 5, you will receive your dose after a high-fat, high-calorie breakfast. You will fast overnight for at least 10 hours before eating. Breakfast will be given about 25 minutes before study drug dosing. Breakfast should be eaten completely in 20 minutes. Dosing will take place within 5 minutes after completing breakfast. Doses will be given as a powder followed by about 8 oz. of water.

In Period 6, you will receive a single oral dose of 40 mg of esomeprazole from Day -5 to Day -1, as a capsule. Esomeprazole will be given in the evening, about 1 hour before dinner, with about 8 oz. of water. The capsule must be swallowed whole. On Day 1, you will receive a single dose of study drug, after an overnight fast of at least 10 hours, as a powder, followed by 8 oz. of water.

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We will check your mouth after each dose of study drug and esomeprazole to make sure all have been swallowed completely.

Both you and the study staff will know which of the above you are receiving.

An example of a high-fat/high-calorie breakfast includes: 2 eggs fried in butter, 2 strips of pork bacon, 2 slices of toast with butter, 4 oz. of hash brown potatoes, and 8 oz. of whole milk. Breakfast should be eaten completely in 20 minutes. By reading and signing this consent form, you are agreeing to eat all the food listed in this sample breakfast menu.

This is a research study. The study drug and esomeprazole will be given to you only during this study and not after the study is over.

B. Blood Samples:

During the study, blood samples will be taken by individual needle sticks or by a catheter put directly into a vein in your arm. The catheter procedure consists of putting a small tube in your arm to take blood when required. Catheters are used at the judgment of the study investigator or when required by the study plan, not at the request of the subject.

There will be about 62 blood draws. The total amount of blood drawn during the study will be about 255 mL. This is equal to about 8 ½ oz., or a little more than a cup. For comparison, the standard blood donation is about 16 oz. (2 cups), once in any 56-day period.

As with all studies with blood draws, adequate rest and good eating habits are recommended.

YOUR RESPONSIBILITIES

Activity Restrictions:

- You will be confined to the CRU for 5 days starting with check-in for Periods 1, 2, and 5; 7 days for Periods 3 and 4 (1 continuous admission); and 9 days for Period 6
  - If a prolonged drug effect is noted and your safety is a concern, you may need to remain in the CRU longer
  - The study investigator or study staff will decide when you can leave the CRU
- You must not do any strenuous exercise (for example, heavy lifting, weight training, calisthenics, or aerobics) for at least 48 hours before each blood collection for safety labs
  - Walking at a normal pace is allowed
- You must call the CRU at the 24-hour phone number listed on the first page of this consent form for approval before taking any drugs other than the study drug(s)
  - You must report all such drugs taken during the study to the study staff
- Except in Period 4, lying down is not allowed for 4 hours after study drug dosing unless needed for any study assessments

Diet Restrictions:

- You must not eat or drink anything, except water, for at least 10 hours before each collection of the pre-dose blood sample for study drug/breakfast and 4 hours after each dose of study drug

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- You must not eat or drink anything, except water, for at least 4 hours before each safety laboratory test
- Except for 1 hour before and 1 hour after each dose of study drug, you may drink water freely
- You must not eat or drink anything with alcohol 24 for hours before each check-in through the collection of the last blood sample for study drug in each period
  - You must not drink red wine from 7 days before the first dose of study drug through collection of the last blood sample for study drug
- You must not eat or drink anything with caffeine from 24 hours before study drug dosing through collection of the last blood sample for study drug in each period
  - Food and beverages with caffeine include, but are not limited to, chocolate, coffee, tea, cola, Dr. Pepper®, and Mountain Dew®
- You must not eat or drink anything containing grapefruit or grapefruit-related citrus fruits (for example, Seville oranges, pomelos, fruit juices), including smoothies, from 7 days before the first dose of study drug through collection of the last blood sample for study drug
- Lunch will be served about 4 hours after each study drug dosing
- Dinner will be served about 9 to 10 hours after each study drug dosing
- Evening snacks may be allowed at appropriate times
- Meals will be provided as appropriate on the days you are not dosed with study drug

POSSIBLE SIDE EFFECTS AND RISKS OF THE STUDY DRUGS AND PROCEDURES

STUDY DRUG

The most common side effects (reported in at least 30% of patients) include:

- Sight changes (double vision, blurred vision, impaired vision, light intolerance, perceived flashes, floaters, or rings of light)
- Nausea
- Diarrhea
- Vomiting
- Swelling in the arms, legs, hands, feet, face, or around the eyes
- Constipation
- Abnormalities in blood tests that may indicate liver damage

Very common side effects (reported in 10% to less than 30% of patients) include:

- Fatigue
- Decreased appetite
- Decreases in white blood cells that fight infection
- Changes in taste
- Dizziness
- Damage to nerves in arms, legs, feet or hands, including tingling or numbness in hands or feet
- Pain in the abdomen
- Slow heartbeat

Common side effects (reported in 1% to less than 10% of patients) include:

- Inflammation, rash, dryness, redness, or flushing of the skin, including itching
- Swelling, inflammation, erosion, infection, or pain in the lining of the mouth, throat, nose, or esophagus (swallowing tube), including difficulty or pain on swallowing

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- Swelling of the abdomen
- Decreases in red blood cells that carry oxygen to the body
- Generalized weakness
- Headache
- Decreased kidney function or abnormalities of blood tests that may indicate kidney damage
- Muscle spasms, cramps, or weakness
- Indigestion or heartburn
- Cough
- Low blood phosphate, which can cause confusion or muscle weakness
- Difficulty sleeping
- Shortness of breath
- Low blood calcium, which may increase the risk of seizures or abnormal heart rhythm
- Fever
- Limb, muscle, bone, back, or chest pain
- Decreases in platelets (small particles in the blood that help with clotting)
- Weight loss or gain
- Low blood protein, which may lead to swelling in the body
- Changes in tests of the electrical function of the heart (ECG) which may lead to a potentially life-threatening or fatal abnormal heart rhythm
- Dry eyes or mouth
- Liver injury
- Joint swelling or pain
- Inflammation or infection of the lungs
- Closed pouches of fluid (cysts) within the kidney that could extend beyond the kidney and require drainage
- Low blood pressure
- Low blood potassium, which can cause weakness or cramping
- Increased blood potassium, which can cause abnormal heart rhythm and muscle weakness
- Increased bowel gas
- Low blood sodium, which may increase the risk of seizures
- High blood sugar which may lead to diabetes
- Hair loss
- Diminished activity of the testes
- Dehydration
- Vertigo (loss of balance)
- Increases in creatine phosphokinase and lactate dehydrogenase, which may be related to a worsening of a cancer or may indicate damage to heart or other organs
- Ear ringing
- Obstruction of the liver
- Vision loss including defect in part of the vision

Uncommon side effects (reported in less than 1% of patients) but serious include:

- Life-threatening or fatal liver failure
- Life-threatening or fatal blood clots in the lungs
- Fainting
- Heart failure

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ESOMEPRAZOLE

The most frequently reported side effects reported by people taking esomeprazole include:

- Headache
- Diarrhea
- Nausea
- Gas
- Abdominal pain
- Constipation
- Dry mouth
- Drowsiness

Less common side effects include:

- Enlarged abdomen
- Allergic reaction
- Asthenia (weakness or lack of energy)
- Back pain
- Chest pain
- Substernal (non-cardiac) chest pain
- Facial edema (swelling of the face caused by fluid buildup)
- Peripheral edema (swelling of the lower limbs caused by fluid buildup)
- Hot flushes
- Fatigue
- Fever
- Flu-like disorder
- Generalized edema (swelling throughout the body caused by fluid buildup)
- Malaise (general feeling of uneasiness or illness)
- Body Pain
- Rigors (sudden feeling of cold with shivering and sweating and a rise in body temperature)
- Flushing
- Hypertension (high blood pressure)
- Tachycardia (rapid heartbeat)
- Goiter (neck swelling caused by enlarged thyroid gland)
- Bowel irregularity
- Constipation aggravated
- Dyspepsia (indigestion)
- Dysphagia (difficulty swallowing)
- Dysplasia GI (an increase in abnormal cells in the gastrointestinal tract)
- Epigastric pain (pain in upper abdomen)
- Burping
- Disorder of the esophagus
- Frequent stools
- Gastroenteritis
- GI bleeding

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- GI symptoms not otherwise specified
- Hiccups
- Bloody stools
- Mouth disorder
- Pharynx (connects the mouth and nasal passages to the esophagus) disorder
- Rectal disorder
- Increase in serum gastrin (hormone that stimulates the secretion of gastric juice)
- Tongue disorder
- Tongue edema
- Mouth ulcers
- Vomiting
- Earache
- Tinnitus (ringing in the ears)
- Anemia (decrease in the number of red blood cells)
- Enlarged lymph nodes (neck area)
- Nose bleed
- Leukocytosis (increase in the number of white blood cells)
- Leukopenia (decrease in the number of white blood cells)
- Thrombocytopenia (decrease in the number of platelets)
- Bilirubinemia (increase in bilirubin in the blood)
- Increase in liver enzymes which can indicate abnormal liver function
- Glycosuria (increase in glucose [sugar] in the urine)
- Hyperuricemia (increase in uric acid in the blood)
- Hyponatremia (decrease in sodium in the blood)
- Increased alkaline phosphatase (a muscle and bone enzyme)
- Thirst
- Vitamin B12 deficiency
- Increase or decrease in body weight
- Arthralgia (joint pain)
- Aggravation of existing arthritis
- Arthropathy (joint disease)
- Muscle cramps
- Fibromyalgia syndrome (widespread muscle and bone pain, fatigue, tenderness)
- Hernia
- Polymyalgia rheumatica (pain and stiffness in hips and shoulders in people over the age of 50)
- Anorexia (eating disorder)
- Apathy (lack of interest/enthusiasm)
- Increased appetite
- Confusion
- Aggravation of existing depression
- Dizziness
- Hypertonia (abnormally high muscle tone)
- Impotence (unable to achieve/maintain an erection)
- Insomnia (difficulty sleeping)
- Migraine and/or aggravation of existing migraine
- Paresthesia (feeling of pins and needles)

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- Sleep disorder
- Somnolence (feeling sleepy/drowsy)
- Tremor
- Vertigo (loss of balance)
- Visual field defect
- Dysmennorhea (painful menstrual periods)
- Menstrual disorder
- Vaginitis (inflammation of the vagina)
- Aggravation of existing asthma
- Coughing
- Dyspnea (difficulty/labored breathing)
- Larynx (voice box) edema
- Pharyngitis (sore throat)
- Rhinitis (inflammation of the mucus membranes of the nose)
- Sinusitis (inflammation of the nasal sinuses)
- Acne
- Angioedema (swelling under the skin and mucus membranes)
- Dermatitis (redness and swelling of the skin)
- Pruritus, pruritus ani (itching of the skin or the rectum)
- Rash (with redness and/or small bumps)
- Skin inflammation
- Increased sweating
- Urticaria (skin rash with red welts)
- Otitis media (ear ache from inflammation)
- Parosmia (smell disorder)
- Loss or alteration of taste
- Abnormal urine
- Albuminuria (increase in urine albumin)
- Cystitis (bladder infection)
- Genital fungal infection
- Hematuria (blood in the urine)
- Increased urination
- Moniliasis (urinary or genital yeast infection)
- Polyuria (abnormally large volumes of dilute urine)
- Conjunctivitis (pinkeye)
- Abnormal vision

The following side effects have been seen in patients taking esomeprazole over a long period of time:

- Atrophic gastritis (inflammation of the stomach with atrophy [wasting away/shrinking] of the mucus membrane lining the stomach)
- Vitamin B12 deficiency
- Acute interstitial nephritis (inflammation in the kidneys)

These side effects were seen in patients taking esomeprazole for longer periods of time than will be given in this study.

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An increased risk of Clostridium difficile (C-diff, a bacterial infection) -associated diarrhea has been seen in some patients taking PPIs. This includes esomeprazole.

When you take more than 1 drug at a time, the side effects can be worse or different than if you take either drug by itself.

If you experience any of the above side effects, contact the study investigator and/or seek medical care. If you do not understand what all of these side effects mean, please ask the study investigator or study staff to explain them to you.

Because the study drug is investigational, all of its side effects are not known. There may be rare and unknown side effects, including reactions that 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.

These drugs can cause:

- Vision changes
- Dizziness
- Fatigue
- Weakness
- Vertigo
- Fainting
- Confusion

Esomeprazole can cause drowsiness.

Until you know how the drugs will affect you and/or if you experience any of these side effects, you should use caution by:

- Avoiding stairs
- Not driving a car
- Not swimming or bathing in a tub
- Not working with machinery or at heights

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 investigator right away if you think you have any of the following symptoms of a serious allergic reaction:

- Trouble breathing
- Wheezing
- Difficulty swallowing
- Swelling of the face, mouth, lips, gums, tongue, or neck

Other allergic reactions may include:

- Itchiness

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- Rash
- Hives
- Blisters
- Palpitations (racing heart)
- Chest discomfort/tightness
- Muscle pains/stiffness

At times, the following may also be symptoms of an allergic reaction:

- Diarrhea
- Nausea
- Vomiting
- Abdominal pain

Any subject who experiences a significant side effect during the study may have the following additional procedures done:

- A heart monitor may be attached to the chest for a continuous reading of heart rhythm and rate
- Vital signs, including blood pressure, may be measured often
- A monitor may be placed on a finger to sense the amount of oxygen in the blood
- A catheter may be inserted into a vein in your arm so that you may be given IV fluids and/or medications
- Other tests or treatment may be administered as necessary for your safety including, but not limited to, additional blood draws, collection of urine, stool, or other bodily fluids
    - Depending on the severity of your symptoms, you may be referred to outside medical providers or a hospital for additional evaluation and/or treatment
    - The study investigator may notify your emergency contact as appropriate in the event of an emergency while you are taking part in the study

If you are not honest about any side effects you have during the study, you may be harmed by staying in the study.

ADDITIONAL RISKS OR DISCOMFORTS

Testing of DNA and/or RNA (deoxyribonucleic acid and/or ribonucleic acid):

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.

This study may involve studying your biology and whether a particular biological feature (including genes) is related to the effects or action of the study drug or to a disease. This may include analyzing all of your genetic information. This is called "whole genome sequencing". Sequencing a gene is like reading a book one letter at a time. This is a very thorough way to learn about genes.

The genetic analysis is for research purposes only. It is not a medical test. This means that the medical importance of the results may not be known. They may not be related to any medical condition.

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The results of tests on your samples will not be given to:

- You
- The study investigator
- Any insurance company
- Your employer
- Your family
- Any physician who treats you

If you do not want genetic testing to be done on your samples, you should not agree to participate in the research described in this document.

Pfizer and researchers will put measures in place to minimize the chance that results from this research could be linked to you. There is always a chance that information from your taking part in the research may be disclosed.

Genetic Information Nondiscrimination Act (GINA):

A Federal law, called the 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 ask for 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

You should know that this Federal law does not protect you from genetic discrimination by companies that sell:

- Life insurance
- Disability insurance
- Long-term care insurance

Blood Samples and IV Catheter (if used):

Possible side effects of having your blood drawn or an IV catheter inserted into a vein in your arm include:

- Bleeding at the site of the needle puncture
- Bruising
- Feeling faint
- Rarely infection or blood clot
- Redness of the vein and/or pain

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If you feel faint, tell one of the study staff immediately.

ECG:

Possible side effects from having an ECG include:

- Irritation or rash from the adhesive on the patches

A rash may result in a long-lasting discoloration of your skin. If it is necessary to shave the area where the patches need to be, irritation from shaving may occur.

BIRTH CONTROL, DANGERS OF PREGNANCY AND BREASTFEEDING

The effects of the study drug on the following are not known:

- Sperm
- Pregnancy
- Unborn child
- Nursing child

If you are a female and currently breastfeeding a child, you should not join this study. If you are a male whose partner is currently pregnant or plan to father a child, you should not join this study.

The effects of the study drug and esomeprazole on an unborn or breastfed baby are unknown and may involve unforeseeable risks.

The study drug has been associated with malformation of a developing embryo.

Women in this study should not be able to get pregnant. Women who can be in this study could include:

- Postmenopausal (at least 12 consecutive months without a period with no other medical cause and a blood test confirming that you are unable to have children)
- Uterus and/or both ovaries removed (documented)
- Both fallopian tubes removed (documented)
- Other medical reasons causing permanent inability to have a child will be reviewed and possible study entry will be at the discretion of the study investigator

It is very important that men do not make women pregnant during this study. The only sure way to prevent pregnancy is to not have sex. If you are a man able to father children and choose to have sex with a woman who is able to have children, you and your partner must use a highly effective method of birth control. This is in addition to using a condom (see below). The method must be used consistently and correctly from the start of dosing through the duration of the study and for at least 97 days after the last dose of study drug.

If the chosen method of birth control is changed or discontinued, you should inform us immediately.

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FOR MALES

Males must agree to the following requirements during the study and for at least 97 days after the last dose of study drug:

- No donation of sperm

PLUS either:

- Abstain from having sex with a female or male partner as your preferred and usual lifestyle (abstinent on a long-term and continuing basis) and agree to remain abstinent

OR

Must agree to use a contraception barrier as detailed below:

- Agree to use a male condom when engaging in any activity that allows for the passage of ejaculate to another person

Female partners of childbearing potential of male participants are required to:

- Use an additional highly effective method of birth control
  - Hormonal method of birth control (must remain the same throughout the study and have been in use long enough to ensure its effectiveness)
    - ✓ Intrauterine device (IUD)
    - ✓ Inserted hormone-releasing system (IUS)
    - ✓ Subdermal (under the skin) implant
  - Bilateral tubal occlusive procedure (tubes blocked)/bilateral tubal ligation (tubes tied)

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

Pregnancy Follow-up:

If your partner becomes pregnant during the study or within at least 97 days after you have stopped taking the study drug, please tell the study investigator immediately. Please also tell the doctor who will be taking care of your partner during the pregnancy that you took part in this research study. The study investigator will ask if your partner or her pregnancy doctor is willing to provide updates on the progress of the pregnancy and its outcome. If your partner agrees, this information will be collected for safety monitoring follow-up.

POSSIBLE BENEFITS OF THE STUDY

You will get no medical benefit from being in the study. Information from this study may benefit persons with certain types of lung cancer in the future.

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ALTERNATIVES TO PARTICIPATING IN THIS STUDY

Since this study is for research only, the only other choice would be not to be in the study.

RELEASE OF YOUR MEDICAL RECORDS AND PRIVACY (CONFIDENTIALITY)

The clinic staff will record:

- Your medical history
- The dose(s) you receive
- The results of exams and tests done during the study

Your name will not appear in the study data. Instead you will be identified by a subject-identification number. The information from the study data may be shared with others.

Your clinic records may include:

- Health information about you
- Documents that directly identify you

People from the groups listed below may need to look at your clinic records to make sure that the study information is correct and that the study was run as it should have been.

These reviews may take place during the study or after the study is over.

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

- Pfizer Inc or its representatives, including its auditors and companies it hires to provide study-related services
- IntegReview IRB, the institutional review board (IRB) that approved this study, and any other committees responsible for overseeing the research
- Researchers who are conducting this study at other study centers
- Government health agencies (such as the FDA) in the US or other countries
- Accrediting agencies

People from these groups may get information from your study data. Or, they may review your clinic records. Because of the need to share information with these people, it may not be possible to keep your identity a secret.

Pfizer will use and share your information only for research or legal reasons or to write research reports. In addition, Pfizer may:

- Capture data from electronic devices if you complete the consent process using the eConsent tablet. This information may include data about your use of the eConsent tablet, application, or tool, such as the length of time it takes you to complete the consent process, the number of times you scroll between pages or click on the hyperlinked items, and your electronic signature
- Look at the study data at a later date
- Add your information to information from other studies for other research reasons

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However, your name will never appear in any reports, or in any future communication by Pfizer.

By signing this consent form, you agree to allow the use of your study information even after you leave the study.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by US 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.

Please note the following information regarding the delivery of push notifications and text messages:

- The sponsor, or a company working for the sponsor, occasionally may send push notifications and text messages using an automated system to remind you of upcoming appointments, medication reminders and missed doses, or other study-related information
- To discontinue receiving text messages, please contact the Pfizer New Haven CRU at 800-254-6398
- Standard text messaging rates apply to all text messages. Message rates differ from carrier to carrier, so please contact your wireless phone provider to inquire about the details of your plan
- The contact information you have provided will be used for the sole purpose of communicating with you about the research study
- The push notifications or text messages received through this program may appear on your mobile phone screen as soon as they are received, even when the phone is locked. These messages could be seen and read by others who are near your phone when the message is received

PAYMENT FOR INJURY RELATED TO THE STUDY

If you experience a research injury, the clinic will arrange for medical treatment at no cost to you. Pfizer will cover the costs of this treatment. A research injury is any physical injury or illness caused by being in this study. There are no plans to offer you payment for such things as:

- Lost wages
- Expenses other than medical care
- Pain and suffering

To help avoid injury it is very important to follow all study directions. You can get more information about medical treatment for research injuries from the study investigator or study staff.

Remember that you must call the study investigator listed on the first page of this consent form immediately if you experience a research injury. A 24-hour answering service is available.

If you are treated for a research injury that is paid for by Pfizer, Pfizer or its representative will collect your 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 study you are in to the Centers for Medicare & Medicaid Services (CMS), in accordance with CMS reporting requirements. Pfizer will not use this information for any other purpose.

LEGAL RIGHTS

You will not lose any of your legal rights by signing this consent form.

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WHOM TO CONTACT

For answers to questions about this research or to report a research-related injury, contact:

Haq Nawaz, M.D., MPH, MBA
Call the 24-hour Clinic Telephone Number
203-401-0300

If you are unable to reach anyone at the number listed above and you need medical attention, please go to the nearest emergency room.

You will receive a card with information about this study. This information includes:

- The name or number of the study
- The clinic 24-hour phone number

You should keep this card with you in case you have a medical emergency. You can give this card to any doctor or healthcare professional, if they need more information about the research study to provide the best treatment for you.

If you do not want to talk to the study investigator or study staff, if you have concerns or complaints about the research, or to ask questions about your rights as a study subject you may contact IntegReview.

IntegReview's policy indicates that all concerns/complaints are to be submitted in writing for review at a convened IRB meeting to:

Mailing Address:	**OR**	**Email Address:**
Chairperson IntegReview IRB 3815 S. Capital of Texas Highway, Suite 320 Austin, Texas 78704		integreview@integreview.com

If you are unable to provide your concerns/complaints in writing or if this is an emergency situation regarding subject safety, contact our office at:

512-326-3001 or
toll-free at 1-877-562-1589
between 8 a.m. and 5 p.m. Central Time

IntegReview has approved the information provided in this informed consent form and has given approval for the study investigator to do this study. This does not mean IntegReview has approved your personal participation in this study. You must consider the information in this consent form for yourself and decide whether or not you want to be in the study.

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PAYMENT FOR BEING IN THE STUDY

Valid proof of a Social Security Number is required before any payment is released.

The amount of payment is based on a number of things including the length of the study.

All payments will be made in US dollars. Compensation may be provided on a loadable debit card or by paper check. The Pfizer New Haven CRU reserves the right to determine method of payment.

You will be paid $175.00 for travel expenses to and from screening. You will receive this payment within 2 weeks of screening. If you test positive for drugs of abuse or cotinine or if you leave the screening early, you will not be paid the $175.00. Travel pay for this study has been included in the subject payment. Additional travel pay is not available for this study.

Further, if you test positive for drugs of abuse:

- You will not be allowed to be in this study
- You will not be allowed to be in any future studies
- You will be removed permanently from our active database

The payment for completing the entire study will be up to $8,550.00. If you do not follow instructions your payment may be less.

If we ask you to return for additional tests, you will be paid $250.00 for each trip to the clinic. During times that you are confined to the clinic, you will not be paid more for repeat or added tests.

If you discontinue from the study, or if you are taken out of the study early, you will be paid for the time you completed. You will not be given the study completion bonus if you drop out of the study early.

If total payment by Pfizer is $600.00 or more in a calendar year, your payment will be reported to the Internal Revenue Service in accordance with Federal tax law.

Pfizer may use information resulting from the study or samples collected in the 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 or samples from the research study.

The decision to admit you into the study is based upon results of pre-study requirements. No one is assured a place in the study until the first dose is complete. Sufficient numbers of subjects will be brought in to be sure we fill the study.

<u>Study Subjects</u>:

- If you successfully complete this study, the total amount you will be paid will be up to $8,550.00 ($6,755.00 plus $1,795.00 completion bonus)
- If you do not follow instructions (including those listed in the New Haven CRU House Rules), if you are late for blood draws, or if you miss procedures, your payment will be reduced

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- If you choose to leave or are withdrawn from the study before finishing all visits, your payment will be based on how much of the study you completed
  - This pay will be based on $205.00 for each overnight stay (31), $250.00 for each follow-up visit (none are planned), and $100.00 per week for the time between the last dose and the follow-up phone call (4 weeks)
- Partial payments are planned during the study. Details will be provided at screening.
- A final payment will be provided about 2 weeks after you finish the study

Back-up Subjects:

- If you are a back-up subject who is required to stay in the CRU overnight, you will be paid $250.00 per night that you stay
- If you are not required to stay overnight, you will be paid $190.00

You will be paid a prorated amount based on the extent of your participation if:

- You are not able to complete the study
- You choose to leave the study
- You are withdrawn from the study early by the study investigator for non-safety related issues
- The study is stopped early
- You are qualified but not chosen to participate

YOUR DECISION TO BE IN THE STUDY

Whether you are in this study is entirely up to you. You cannot be forced to be in this study. You may not want to be in this study. You may leave the study at any time without penalty or loss of any benefits. Your future medical care will not be affected. The study investigator, Pfizer Inc, IntegReview IRB, or the FDA may take you out of the study without your permission at any time for the following reasons:

- You do not follow the instructions of the study investigator
- We find out you should not be in the study
- The study is stopped
- The study becomes harmful to your health
- You do not follow the New Haven CRU House Rules

If you leave the study or if you are taken out of the study for any reason, you may be asked to return to the clinic for a final visit. You may have some end of study evaluations or tests at this visit. This is to ensure your safe exit from the study. Also, the data collected to the point of your withdrawal remains part of the study database and may not be removed.

If you are withdrawn from the study, or decide to stop the study, you can ask that any unused samples that were collected be destroyed, by contacting the study investigator. However, your samples may not be able to be destroyed because:

- They may no longer be traceable to you
- They may have already been used
- They may have been given to a third party

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ADDITIONAL COSTS

There will be no charge to you for taking part in this study. The study drug, study-related procedures, and study visits will be provided at no charge to you or your insurance company.

NEW FINDINGS

If there is new information about the safety of the study drug or changes in the study tests, we will tell you. You can then decide if you still want to be in the study.

THE REASON FOR INSTITUTIONAL REVIEW BOARDS AND INFORMED CONSENT

What is a consent form?
The Informed Consent Document contains information required by federal regulations. The informed consent document must be reviewed and approved by an IRB. You can tell the IRB has approved this study by dated information at the top of each page.

What is an Institutional Review Board (IRB)?
An IRB is a group of people that reviews research studies. The main goal of this review is to protect the rights and well-being of the human subjects participating in research studies.

IntegReview, the IRB for this study
IntegReview is an IRB. Its board members provide services in the US, Japan, and Latin America.

To meet the requirements of the federal regulations, the IntegReview Board currently includes:

- Doctors
- Pharmacists
- Nurses
- Toxicologist (people who study the harmful effects of chemicals)
- Other specialists
- Others who do not have a background in science or medicine

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AGREEMENT TO BE IN THE STUDY **PIMS #**: _____

This consent form contains important information to help you decide if you want to be in the study. If you have any questions that are not answered in this consent form, ask one of the study staff.

By checking each of the following, you are agreeing that the statements below are true:

		Please Check
A.	This consent form is written in a language I understand.	
B.	I understand the information in this consent form.	
C.	I have been given enough time to ask questions and talk about the study.	
D.	All of my questions have been answered completely.	
E.	I think I have received enough information about the study.	
F.	I agree that I was not pressured by the study investigator or the study staff to be in this study.	
G.	I know that I can leave the study at any time without giving a reason and without affecting my healthcare.	
H.	I know that my health records from this study may be reviewed by Pfizer Inc and by government officials.	
I.	I know that I can't be in another study while I am in this study.	
J.	I have received the HIV, Hepatitis A, B, and C pamphlets and reviewed the information in them.	

IF YOU DID NOT CHECK THE BOX NEXT TO ANY OF THE ABOVE QUESTIONS, OR YOU ARE UNABLE TO ANSWER ANY OF THE ABOVE QUESTIONS, YOU SHOULD NOT SIGN THIS CONSENT FORM.

- You will get a copy of this signed and dated Informed Consent Document for your records
- You agree to participate in this study
- It is your responsibility to tell the study investigator about all changes in your physical or mental health during the study

_____
Printed Name of Adult Study Subject

_____
Signature of Adult Study Subject Date

_____
Printed Name or Initials of Person Explaining Informed Consent

_____
Signature or ALPHA NUMERIC CODE of Person Explaining Informed Consent Date

THIS IS AN IMPORTANT DOCUMENT - KEEP FOR FUTURE REFERENCE

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ADDITIONAL CONSENT REQUEST (OPTIONAL)

USE OF BIOLOGICAL SAMPLES FOR ADDITIONAL RESEARCH

Pfizer would like your permission to use some or all of the samples collected in this study for additional research that may or may not be related to the study. This additional use of your samples is called "**Additional Research**".

This Additional Research is optional and you do not have to agree. You may take part in the study and contribute samples for use in the study even if you do not want your samples to be used for Additional Research.

If you decide to take part in this Additional Research, you do not have to provide any new samples. Researchers will use samples that already have been collected during the study.

There is no penalty or change to your regular medical care if you decide not to take part in this Additional Research.

1. What is the purpose of this Additional Research?

The aim of this Additional Research is to use these biological samples and the information obtained from them to understand diseases and to advance science. This includes the development of other medicines or treatments.

- This Additional Research might involve learning more about your biology. It may involve studying biological substances in your sample(s), including your genes.
- The Additional Research might include exploratory research of any disease or condition.

2. What are the possible risks of this Additional Research?

There is always a chance that information from your taking part in the Additional Research may be disclosed. Pfizer and researchers will put measures in place to minimize the chance that results from this Additional Research could be linked to you.

The testing of DNA and/or RNA risks language in the consent document for the study applies to this Additional Research.

3. What are the possible benefits of this Additional Research?

This Additional Research is for research purposes only. There is no direct benefit to you from taking part. Information from the Additional Research may help other people in the future and help in the development of new medicines or treatments.

4. What if I agree to this Additional Research and then change my mind?

You can change your mind at any time about allowing your biological samples to be used for this Additional Research. Your decision will not affect your regular medical care or any benefits to which

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you are entitled. Tell the study investigator if you would like to end your participation in the Additional Research.

5. What will I have to pay for if I take part in this Additional Research?

There will be no charge to you for allowing your samples to be used for this Additional Research.

6. Will I be paid if I consent to this Additional Research?

You will not be paid for taking part in this Additional Research. Pfizer may use information from this Additional Research to develop products or processes, from which Pfizer could make a profit. There are no plans to pay you or provide you with any products developed from this Additional Research. Pfizer will own or have rights to all products or processes that are developed using information from your samples.

7. What will happen to my personal information?

All information concerning the confidentiality, use, and disclosure of your information contained in the main consent for the drug study applies to this consent as well.

Biological samples will be handled in a manner that protects your privacy and confidentiality. Biological samples will be assigned your study identification code (ID) at the site. The data generated from these biological samples will also be labeled with this ID. The key between your ID and your direct personally identifying information (for example, name and address) will be held at the study site.

It is possible that results from the Additional Research may be included in:

- Further applications to government agencies to market other medicines or devices
- Ethics committees/IRBs involved in research

Pfizer may share the samples and data from the samples with third parties in order to perform the Additional Research described above. The third parties may include other researchers and collaborators at institutions and companies.

8. Where can I find additional information about this Additional Research or the results of this Additional Research?

It may not be possible to link the results of the Additional Research to individuals, including you. Pfizer does not plan to give any information generated during the Additional Research to:

- You
- The study investigator
- Your personal doctor
- Your family
- Your employer
- Any insurance company

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9. Contact Information

The study team will answer your questions or concerns regarding the Additional Research. The consent document for the study provides contact information if you need to reach the study team or wish to speak with someone not involved with the Additional Research.

10. Decision to Participate in Additional Research

Below please check the box next to your choice regarding whether to take part in the Additional Research. Thank you for considering whether to participate.

☐ I agree to allow my samples to be used for Additional Research for those purposes described above.

OR

☐ I do NOT agree to allow my samples to be used for Additional Research for those purposes described above.

Signatures

- I have read and understand this Additional Consent Request.
- I have had enough time to ask questions and decide whether or not to participate.
- I understand that taking part in the optional uses described in this Additional Consent Request is voluntary.
- 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.

_____
Printed Name of Adult Study Subject

_____
Signature of Adult Study Subject Date

_____
Printed Name or Initials of Person Explaining Informed Consent

_____
Signature or ALPHA NUMERIC CODE of Person Explaining Informed Consent Date

THIS IS AN IMPORTANT DOCUMENT - KEEP FOR FUTURE REFERENCE

VERSION CONTROL
bgb/5-23-19