

**corUNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
INFORMED CONSENT FORM AND AUTHORIZATION TO USE AND DISCLOSE  
PROTECTED HEALTH INFORMATION**

**Sponsor / Study Title:** F. Hoffmann-La Roche Ltd / “A PHASE III, MULTICENTER, DOUBLE-BLIND, PLACEBO-CONTROLLED, TREAT-THROUGH STUDY TO ASSESS THE EFFICACY AND SAFETY OF INDUCTION AND MAINTENANCE THERAPY WITH RO7790121 IN PATIENTS WITH MODERATELY TO SEVERELY ACTIVE ULCERATIVE COLITIS”

**Protocol Number:** GA45329

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**Why have I been given this document?**

To see if you are interested in taking part in a research study. A research study is a planned project done to learn more about a topic.

If the study participant is not of the legal age to provide consent or is an adult that is decisionally impaired and, therefore, cannot sign this document for themselves, then a parent or legally authorized representative (LAR), respectively, will be asked to read this consent form and sign this form, in order to provide permission for the participant to take part in the study. Although a parent or LAR can sign to provide consent for an under-age minor or a decisionally impaired adult, the wishes of the participant regarding study participation will be respected. That is, if participant does not want to take part in this study, then they do not have to do so, even if you want them to take part. If you are a parent or LAR, please note that throughout the rest of this consent form, the word “you” refers to the study participant.

During the course of the study, if the participant attains or regains the capacity to consent, informed consent will be obtained from the participant and the participant offered the ability to leave the study if desired.

**1.1 INTRODUCTION**

- You are being asked to take part in this research study (also known as a clinical trial) because you have ulcerative colitis that has not responded to previous treatment. This study is testing a drug called RO7790121 (also known as PF-06480605 or RVT-3101).
- All individuals will be considered for this clinical trial, regardless of race, ethnicity, sexual orientation, gender identity, sex, veteran status, or disability status.

Master ICF for Study GA45329, Version 2, 30 April 2024  
US Version 1, 15 May 2024

- F. Hoffmann-La Roche Ltd (hereafter referred to as Roche) is the sponsor of this study and is paying the Study Site to cover the costs of this study.
- This consent form tells you what will happen if you take part. It also tells you about the possible benefits and risks of being in the study.
- Taking part in this study is your choice. Please read the information carefully and feel free to ask questions. It may be helpful for you to discuss this information with your family and friends.
- Instead of taking part in this study, you may choose to
  - Get treatment for your ulcerative colitis without being in this study
  - Join a different study
  - Get no treatment
- Talk to your study doctor about all of your choices, and the risks and benefits of each choice. If you choose not to take part, you will not lose the regular care you receive from your doctors.
- If you decide to take part, you will be asked to sign this consent form. You will be given a copy of your signed consent form.

## 1.2 WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to compare the effects, good or bad, of RO7790121 versus placebo in participants with ulcerative colitis. In this study, you will get either RO7790121 or placebo. A placebo looks like a drug but has no active ingredients. In this consent form, the term “study drug” will be used to mean both RO7790121 and placebo.

Once you complete the study, or if your study doctor determines that your condition has not improved or has worsened during the study, you will have the opportunity to participate in an open-label extension phase of the study (see Section “What will happen if I participate?”). “Open-label” means that both you and your study doctor will know that you are getting the active drug (RO7790121). The purpose of the open-label extension phase of the study is to offer the opportunity to participants who were previously on placebo to take RO7790121 and to allow more scientific data to be collected. The open-label extension phase will also assess the long-term effects (good or bad) of RO7790121, and, if there is a good effect, how long this effect may last.

About 5 people will take part in this study at UCSF. About 400 people will take part in this study at all research sites.

RO7790121 is an antibody directed against a protein called TL1A. TL1A is a protein found naturally in the body that has a role in inflammation. It has been found that TL1A levels and activity are increased in patients with ulcerative colitis. This increase is thought to lead to the development and worsening of the disease. Earlier research has shown that participants with ulcerative colitis have benefited from treatment with RO7790121.

RO7790121 is an investigational drug, which means health authorities, such as the United States Food and Drug Administration (U.S. FDA) have not approved RO7790121 for the treatment of ulcerative colitis.

### **1.3 WHAT WILL HAPPEN IF I PARTICIPATE?**

This study has three parts:

1. Screening (to see if you are eligible for the study)
2. Study Treatment

The study treatment part of the study will have three phases:

- a) Induction phase
- b) Maintenance phase
- c) Open-label extension phase

3. Follow-up (to check on you after study treatment is finished)

#### **Screening**

If you agree to take part in this research study, the study doctor will first conduct some screening tests, assessments, and/or procedures. Some of them may be part of your regular medical care and may be done even if you do not take part in this study. If you have had some of these done recently, they may not need to be repeated. The study doctor will ask you some questions about your medical history and what medications you take to ensure that you are eligible for the study. The screening period may last up to 35 days (5 weeks) prior to the first day that study drug is given to you. Screening may involve more than one visit to the clinic.

#### **Study Treatment**

If your study doctor decides that you are eligible for the study and you agree to take part, you will be randomly placed in one of the following study treatment groups by a computer program. You will have a 60% chance of being assigned to the RO7790121 group (Group 1) and a 40% chance of being assigned to the placebo group (Group 2):

- Group 1 will receive RO7790121 (active drug) given as an infusion (into the vein) for the first four times. After this, the study drug will be given as a subcutaneous injection (under the skin) for the rest of the study.
- Group 2 will receive placebo (placebo looks like RO7790121 but does not contain active drug) given as an infusion (into the vein) for the first four times. After this, the placebo will be given as a subcutaneous injection (under the skin) for the rest of the study.

Neither you nor your study doctor can choose or know which study treatment group you are in. However, your study doctor can find out which study treatment group you are in if your safety is at risk or to help make a decision about your medical care. Your study doctor cannot find out which group you are in to help decide if you are eligible for another clinical study that is testing investigational drugs or procedures or for any other non-safety related treatment decision.

### Induction Phase

During the induction phase of the study, you will receive the study drug via infusion on the first day of the study, then 2 weeks later, and then every 4 weeks until Week 10. Each infusion may take up to 1 hour, and you will be observed for an additional 1 hour to make sure that you are feeling fine after the infusion. Visits may last 2 to 5 hours.

### Maintenance Phase

During the maintenance phase, you will have visits approximately every 4 weeks. You will receive the study drug via subcutaneous injection every 4 weeks from the 12<sup>th</sup> week until the 52<sup>nd</sup> week of the study. You will be observed for an additional 30 minutes to make sure you are feeling fine after the injection. Visits may last 1 to 5 hours.

### Open-Label Extension Phase

Once you complete the maintenance phase of the study, or if your ulcerative colitis worsens during the maintenance phase, you may be invited to join the optional open-label extension phase of the study. In this phase, all participants will receive RO7790121 (including participants who previously were given placebo).

If you do not wish to take part in the open-label extension phase of the study, you will be asked to return for three more follow-up visits (see below).

During the open-label extension phase of the study, you will continue to have study visits and receive RO7790121 treatment via subcutaneous injections approximately every 2 to 4 weeks until RO7790121 becomes commercially available in the United States. You will be observed for 60 minutes after the injection during the first 12 weeks of the open-label extension phase and for 30 minutes after the injection thereafter to make sure you are feeling fine. Visits may last 1 to 5 hours.

### Follow-up

If you decide to stop study treatment at any time before finishing the study, you will be asked to return to the study site for a treatment discontinuation visit. This will be followed by two safety follow-up visits, which will occur 6 and 12 weeks after your final dose of study drug. Visits may last 30 minutes to 2 hours.

Your total time in the study will depend on how your ulcerative colitis responds to the study drug. This could range from 1 day to approximately 70 weeks without participation in the open-label extension phase.

Between visits, you may be able to have RO7790121 delivered to your home by a courier. If you agree to home delivery of RO7790121, the courier will be given your contact details such as your name and address, but this information will be kept confidential. If you prefer, you can collect RO7790121 from the study site between visits. Please speak with the study team if you need help with determining the best option for you.

The study procedures are described in detail in Section "Study procedures and potential risks." Some procedures will be the same as your regular care for ulcerative colitis, and some procedures will be just for this study.

#### **1.4 ARE THERE ANY BENEFITS?**

Your health may or may not improve in this study, but the information that is learned may help other people who have a similar medical condition in the future.

#### **1.5 ARE THERE ANY RISKS?**

You may have side effects from the study drug or procedures used in this study, as described in Sections "Study treatment risks" and "Study procedures and potential risks." Side effects can be mild to severe and even life threatening, and they can vary from person to person. Talk to your study doctor right away if you have any of the following during the study:

- Symptoms that are new or have worsened
  - New or worsened symptoms should be reported directly to your study doctor. This includes symptoms recorded in your electronic diary because your study doctor might not see those symptoms right away.
- Changes in your prescribed or over-the-counter medications (including vitamins and herbal therapies)
- Visits to the doctor or hospital, including urgent care or emergency room visits

There may be a risk in exposing an unborn child to the study drug, and all risks are not known at this time. Women and men must take precautions to avoid exposing an unborn child to the study drug, as described in Section "Are there any special requirements?" If you are pregnant, become pregnant, or are currently breastfeeding, you cannot take part in this study.

You will be assigned to a study treatment program by chance, and the study treatment you receive may prove to be less effective or have more side effects than the other study treatment(s) or other available treatments.

#### **1.6 ARE THERE ANY SPECIAL REQUIREMENTS?**

While participating in this study, there are certain requirements, as listed below:

- You should not join another research study.
- You should tell study personnel about any travel you are planning.
- For women: If you can become pregnant, you must use a reliable birth control method during the study and for 95 days (13.5 weeks) after your final dose of the study drug. Talk with your study doctor about what method may be best for you. Tell your study doctor right away if you get pregnant during this period. If you become pregnant, you will be required to stop receiving the study drug and will not be able to continue to take part in this study. If you get pregnant, the study doctor will follow up with you on the outcome of the pregnancy and will collect information on the baby.
- For men: If your partner is pregnant or able to become pregnant, you must use a condom during the study and for 95 days (13.5 weeks) after your final dose of the study drug. You must not donate sperm during this same period. Tell your study doctor right away if your

partner gets pregnant during this period. The study doctor may ask you and your partner for permission to collect information about the pregnancy and the baby. No matter what you and your partner decide, you can continue to take part in this study.

- Certain medications should not be used during this study. Your study doctor will talk to you about these medications. You should talk to your study doctor before starting any medications, vitamins, or other supplements (including vaccines, topical medications such as skin lotions or eye drops, or herbal remedies), even if they don't need a prescription.
  - If you are using oral corticosteroid treatment (for example, oral prednisone or oral budesonide), you should continue using this medication during the induction phase of the study as prescribed by your doctor. Once you enter the maintenance phase of the study, your study doctor will slowly lower the dose of the medication over a couple of weeks until the medication is no longer needed.

### **1.7 WILL I BE PAID TO PARTICIPATE?**

You will be paid \$172.50 for each visit that you complete. You will be paid following each completed visit.

Information from this study, including information from research on your samples, may lead to discoveries, inventions, or development of commercial products. You and your family will not receive any benefits or payment if this happens.

### **1.8 ARE THERE ANY COSTS TO ME FOR TAKING PART IN THIS STUDY?**

YOU MAY NEED TO PAY FOR ITEMS SUCH AS PARKING AND TRANSPORTATION. YOU OR YOUR INSURER WILL BE BILLED FOR THE COSTS OF ANY USUAL MEDICAL CARE YOU RECEIVE OUTSIDE OF THIS STUDY. YOU WILL ALSO BE RESPONSIBLE FOR ANY DEDUCTIBLES OR CO-PAYMENTS FOR THESE USUAL MEDICAL CARE COSTS. The study drug and study-related procedures will be provided at no charge to you or your insurance company.

### **1.9 TREATMENT AND COMPENSATION FOR INJURY**

If you get hurt because of this study, the University of California will give you medical treatment that you need. You might have to pay for this treatment, or your insurance might pay for it. It depends on different things. The University or the study sponsor might pay for the medical costs instead. But usually, they don't pay for other things besides medical care if you get hurt. If you want to know more, call the office of the University of California Institutional Review Board at 415-476-1814.

### **1.10 CAN I STOP BEING IN THE STUDY?**

You can leave this study at any time. Tell your study doctor if you are thinking about stopping, and your study doctor will tell you how to stop safely. If you leave this study, you will not lose access to any of your regular care.

If there are important new findings or changes in this study that may affect your health or willingness to continue, your study doctor will let you or your legally authorized representative know as soon as possible.

You may be required to stop participating in the study, even if you wish to continue. Below are some of the reasons why you may be asked to stop:

- Your safety would be at risk if you continued
- You were unable to or did not follow study instructions or procedures
- You need medical care that is not allowed by this study
- This study has been stopped by Roche or a health authority such as the U.S. FDA

When your participation ends, no new information will be collected about you with two exceptions: 1) if you experience a side effect after the study that is believed to be related to study treatment, the study doctor may report the side effect to Roche, and 2) any laboratory samples collected prior to stopping may still be tested, unless you specifically ask for your samples to be destroyed. However, Roche will still be able to use information that was collected prior to stopping, including information from samples that were tested prior to stopping.

**SECTION 2: STUDY DETAILS**

**2.1 STUDY TREATMENT RISKS**

**Risks Associated with RO7790121**

RO7790121 has had limited testing in humans. Potential side effects based on human and laboratory studies or knowledge of similar drugs are listed below. There may be other side effects that are not known at this time.

<b>Potential Side Effects</b>	
<ul style="list-style-type: none"> <li>• <b>Infusion-related reaction:</b> Symptoms may include fever, chills, dizziness (caused by low blood pressure), rash, headache, nausea, or vomiting.</li> <li>• <b>Injection site reaction:</b> Symptoms may include bruising, warmth, burning, stinging, redness, pain, itching, or swelling around the site of injection.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Allergic reaction (systemic hypersensitivity):</b> There is a risk of an allergic reaction. The most serious type of allergic reaction is called anaphylaxis. Anaphylaxis is a serious, potentially life-threatening allergic reaction requiring immediate medical treatment by your doctor. The reaction may cause hives on the skin, itchiness of the skin, extremely low blood pressure, swelling of the throat, difficulty breathing, and loss of consciousness.</li> </ul>

**Additional Information on the Potential Risks Associated with RO7790121**

**Infusion-Related Reaction**

In earlier completed clinical studies of RO7790121 in participants with ulcerative colitis, no participants reported infusion-related reactions. However, this is a hypothetical risk with intravenous (into the vein) infusions.

Your study doctor will monitor you for any signs or symptoms of an infusion-related reaction. If you do experience an infusion-related reaction, steps will be taken to reduce the symptoms and the risk of it occurring again. These steps may include the following: Your study doctor may give you some drugs to treat the symptoms; the study drug may be given to you more slowly; or

you may be instructed to take medications before your next infusions to reduce the likelihood or severity of infusion-related reactions. If your symptoms of infusion-related reaction are severe enough, you may have to stop the study treatment permanently.

### **Injection Site Reaction**

You may experience a reaction at the injection site, such as pain, bruising, redness, warmth, burning, stinging, or itching. This reaction might be mild (going away without any treatment), moderate (requiring minimal treatment), or severe (requiring urgent treatment). In earlier completed clinical studies of RO7790121 in participants with ulcerative colitis, injection site reactions were reported in less than 3% of participants. All of the reported injection site reactions were mild, except for one that was moderate. No injection site reactions prevented the study participants from continuing with treatment.

Your study doctor will monitor you for any signs and symptoms of an injection-site reaction. If you do experience an injection site reaction, steps will be taken to reduce the symptoms and the risk of it occurring again. These steps may include the following: Your study doctor may give you some drugs to treat the symptoms, or you may be instructed to take medications before your next injection to reduce the likelihood or severity of injection-site reactions. If your symptoms of injection-site reaction are severe enough, you may have to stop the study treatment permanently.

### **Allergic Reaction (Anaphylactic Reaction or Hypersensitivity)**

In earlier completed clinical studies of RO7790121 in participants with ulcerative colitis, one participant had a potential allergic reaction (hypersensitivity) with two mild rashes at the same time after the first and second doses given under the skin. This was considered related to the study drug. Another participant had a potential delayed allergic reaction (hypersensitivity; generalized mild skin itching) about 4 months after their study treatment started. This itching later increased and then decreased on its own. The reaction was considered related to the study drug.

In another study in participants with Crohn's disease, a participant had fainting, shortness of breath, and low blood pressure during their first dose of RO7790121 given under the skin. The physician reported this as an allergic (anaphylactic) reaction. The participant recovered after treatment was given at the study doctor's office. This reaction was considered related to the study drug. If you have a very serious allergic reaction, you may be at risk of severe problems, including death. If you experience the sudden appearance of any of the symptoms of allergic reaction (systemic hypersensitivity or anaphylactic reaction) listed in the table above, please contact your study doctor immediately.

### **Additional Information about the Most Common Side Effects in Earlier Studies of RO7790121**

The most common side effects seen in at least 10% of participants with ulcerative colitis in earlier clinical studies of RO7790121 were:

- Joint pain
- Anemia (fewer red blood cells)



- Nausea (urge to vomit)
- Injection site reaction, which may include itching or redness
- Fever
- Increase in creatine phosphokinase (a laboratory test result that is used to assess the health of your muscles, heart, and brain)
- COVID-19

Other side effects seen in at least 5% but less than 10% of participants with ulcerative colitis in earlier clinical studies of RO7790121 were:

- Abdominal pain
- Sudden hair loss (alopecia)
- Back pain
- Infection that affects the nose, throat, and sinuses
- Sore throat or a feeling that something is caught in your throat and does not go away
- Infection of the urinary system
- Fatigue (tiredness)
- Headache

Some of these reported side effects may be associated with ulcerative colitis itself.

## **2.2 STUDY PROCEDURES AND POTENTIAL RISKS**

The procedures required in this study have some risks associated with them, and these are listed below. The study doctor will provide more detailed information about the risks and their frequency. Participation in the study may also involve unanticipated risks.

Procedures with Associated Risks		
Procedure	Approximate Timing	Potential Risks
<p><b>Endoscopy of large intestine (colonoscopy or sigmoidoscopy).</b></p> <p>For this procedure, your bowel must be empty. Therefore, in preparation for this assessment, you may be asked to take a laxative to clean your bowel. Usually, the preparations begin 1 to 2 days before the assessment. Your study doctor will give you specific instructions on this prior to the procedure.</p> <p>A video recording of the endoscopic image will be performed during the endoscopies to further evaluate your ulcerative colitis disease activity.</p>	<ul style="list-style-type: none"> <li>● Screening</li> <li>● End of induction phase (Week 12)</li> <li>● End of maintenance phase (Week 52)</li> <li>● Open-label extension phase: once a year (or every 3 months during the first year of this phase if your study doctor decides it is necessary)</li> <li>● At an unscheduled visit (if your study doctor decides it is necessary)</li> <li>● End of study</li> </ul>	<p>Although it is considered a safe procedure, you may experience some discomfort in preparation for or during the procedure. You might feel cramping or bloating afterwards. Rare risks include tears (perforation) in the large intestine wall and bleeding. You may also react to the medication used during the procedure to reduce alertness and pain (sedative) and may feel woozy or shaky when you wake up after the procedure.</p>
<p><b>Large intestine (colon) tissue sample (biopsy).</b></p> <p>The tissue samples will be collected at the end of the endoscopic procedure.</p> <p>Samples will be used to evaluate the effect of the study drug on your ulcerative colitis disease, and, if required, to ensure you are free from certain infections.</p>	<ul style="list-style-type: none"> <li>● Screening</li> <li>● End of induction phase (Week 12)</li> <li>● End of maintenance phase (Week 52)</li> <li>● Open-label extension phase: Once a year (or every 3 months during the first year of this phase if your study doctor decides it is necessary)</li> <li>● At an unscheduled visit (if your study doctor decides it is necessary)</li> <li>● End of study</li> </ul>	<p>Risks associated with a colon biopsy sample collection include bleeding and infection. Rare complications include bowel perforation, which is a hole that develops through the whole wall of your bowel and may require urgent surgery</p>

<b>Procedures with Associated Risks</b>		
<b>Procedure</b>	<b>Approximate Timing</b>	<b>Potential Risks</b>
<b>Blood sample</b> (up to approximately 2 to 3 tablespoons at a given visit)	<ul style="list-style-type: none"> <li>● Screening</li> <li>● Induction and maintenance phases: At every visit</li> <li>● Open-label extension phase: At every visit during the first year of this phase, annually thereafter</li> <li>● At an unscheduled visit (if your study doctor decides it is necessary)</li> <li>● End of study</li> <li>● Safety follow-up visits 6 and 12 weeks after your final dose of study treatment</li> </ul>	Drawing blood can cause pain, bruising, or infection where the needle is inserted. Some people experience dizziness, fainting, or upset stomach when their blood is drawn.

Non-invasive procedures with minimal risks are listed below.

<b>Non-Invasive Procedures with Minimal Risks</b>	
<b>Procedure</b>	<b>Approximate Timing</b>
Recording of demographic information, such as age, sex, race/ethnicity	<ul style="list-style-type: none"> <li>● Screening</li> </ul>
Review of medical history, including medications	<ul style="list-style-type: none"> <li>● Screening</li> </ul>

<b>Non-Invasive Procedures with Minimal Risks</b>	
Procedure	Approximate Timing
Electronic diary (eDiary) which includes completing questionnaires about your disease	<ul style="list-style-type: none"> <li>● Screening: Every day <ul style="list-style-type: none"> <li>- You will receive training on how to use the eDiary at your first screening visit.</li> </ul> </li> <li>● Induction phase: Every day <ul style="list-style-type: none"> <li>- Your eDiary entries will be reviewed at every visit (scheduled or unscheduled).</li> </ul> </li> <li>● Maintenance phase: Every day <ul style="list-style-type: none"> <li>- Your eDiary entries will be reviewed at every visit (scheduled or unscheduled) and at the end of study (if applicable).</li> </ul> </li> <li>● Open-label extension phase: Every day for at least 7 days before each 3-monthly study visit for the first year, and then annually thereafter <ul style="list-style-type: none"> <li>- Your eDiary entries will be reviewed every 3 months during the first year of this phase and annually thereafter. Your eDiary entries can also be reviewed at every visit.</li> </ul> </li> <li>● Your eDiary entries will also be reviewed at any unscheduled visits and at the end of the study.</li> </ul> <p>Note: eDiary entries are not required on the day you receive medication for bowel preparation before your endoscopy procedure or the day of your endoscopy.</p>
Questionnaires about your disease	<ul style="list-style-type: none"> <li>● Induction phase: Every visit</li> <li>● Maintenance phase: Every 20 weeks</li> <li>● Open-label extension phase: Every 3 months during the first year of this phase, annually thereafter</li> <li>● End of study</li> </ul>
Vital signs: temperature, pulse rate, blood pressure, breathing rate	<ul style="list-style-type: none"> <li>● Screening</li> <li>● Induction and maintenance phases: Every visit (scheduled or unscheduled)</li> <li>● Open-label extension phase: Every visit (scheduled or unscheduled)</li> <li>● End of study</li> <li>● Safety follow-up 12 weeks after your final dose of study treatment</li> </ul>

<b>Non-Invasive Procedures with Minimal Risks</b>	
Procedure	Approximate Timing
Complete or limited physical examination (may include height or weight)	<ul style="list-style-type: none"> <li>● Screening</li> <li>● Induction phase: At Weeks 6 and 12</li> <li>● Maintenance phase: At Weeks 20, 32, 44, and 52</li> <li>● Open-label extension phase: Every 3 months during the first year of this phase (or at every visit if your doctor decides it is necessary), annually thereafter</li> <li>● At an unscheduled visit (if your doctor decides it is necessary)</li> <li>● End of study</li> <li>● Safety follow-up 12 weeks after your final dose of study treatment</li> </ul> <p>Note: A complete physical examination may be performed at any visit if your doctor decides it is necessary.</p>
Review changes in your health or medications	<ul style="list-style-type: none"> <li>● Screening</li> <li>● Every visit (scheduled or unscheduled)</li> <li>● End of study</li> </ul>
Electrocardiogram (ECG): measures electrical activity of your heart	<ul style="list-style-type: none"> <li>● Screening</li> <li>● End of induction phase (Week 12)</li> <li>● End of maintenance phase (Week 52)</li> <li>● Open-label extension phase: Once a year (or at any visit during the first year of this phase if your doctor decides it is necessary)</li> <li>● At an unscheduled visit (if your doctor decides it is necessary)</li> <li>● End of study</li> </ul>
Urine sample	<ul style="list-style-type: none"> <li>● Screening</li> <li>● Induction and maintenance phases: Every visit</li> <li>● Open-label extension phase: Every 3 months during the first year of this phase, annually thereafter</li> <li>● At an unscheduled visit (if your doctor decides it is necessary)</li> <li>● End of study</li> </ul>
Stool sample	<ul style="list-style-type: none"> <li>● Screening</li> <li>● Induction phase: Day 0 and Weeks 2, 6, and 12</li> <li>● Maintenance phase: Week 16 and every 12 weeks thereafter</li> <li>● Open-label extension phase: every 3 months during the first year of this phase, annually thereafter</li> <li>● At an unscheduled visit (if your doctor decides it is necessary)</li> <li>● End of study</li> </ul>

Non-Invasive Procedures with Minimal Risks	
Procedure	Approximate Timing
Follow-up after you discontinue study treatment: study site visit to review changes in your health or medications (may include vital signs, urine sample, and limited physical examination)	<ul style="list-style-type: none"> <li>• 6 and 12 weeks after your final dose of study treatment</li> </ul> <p>Note: The 6-week visit may be done by phone. In this case, home pregnancy tests will be provided to you in advance (if applicable). The 12-week visit must be done at the study site.</p>

**2.3 ACCESS TO STUDY DRUG AFTER COMPLETING THE STUDY**

Currently, Roche does not have any plans to provide the Roche study drug (RO7790121) or any other study treatments to you after you complete the study.

**2.4 USE AND HANDLING OF LABORATORY SAMPLES**

**Sample Use**

Blood, urine, stool, and large intestine (colon) tissue samples will be collected as part of this study. Samples will be collected for reasons such as the following:

<ul style="list-style-type: none"> <li>• Check your health through standard laboratory tests</li> <li>• Find out if you are pregnant</li> <li>• Check if you have an inactive (latent) or active tuberculosis infection</li> <li>• Check how quickly your blood clots</li> <li>• Check for an infection with hepatitis B or C</li> <li>• Check if you have any parasitic or bacterial infection in your intestine</li> <li>• Check for a prior or current infection with HIV</li> <li>• Measure C-reactive protein and fecal calprotectin, which are markers of inflammation in the body</li> <li>• Measure antibodies produced by your immune system</li> <li>• Find out how study drug is processed by your body</li> <li>• Find out if your body is making antibodies to study drug</li> <li>• Measure serum tryptase, which is a marker of infusion-related reactions and allergic reactions</li> </ul>	<ul style="list-style-type: none"> <li>• Perform additional analyses related to your safety or to the development of antibodies to study drug (if needed) using any leftover blood samples</li> <li>• Develop tests or tools that help to understand and monitor your disease and your response to study treatment, such as measuring natural variations in TL1A biomarkers and the expression of the biomarkers and TL1A protein in blood and colon tissue</li> <li>• Test for natural variations in your TL1A biomarkers, or related biology, to find out how this could be related to your disease and your response to study drug</li> <li>• Test for soluble TL1A protein and associated markers in blood to find out how the study drug and study drug levels affect your biology</li> <li>• Measure how the study drug alters some aspects of your ulcerative colitis disease, such as markers of inflammation, your microbiome, and products thereof</li> </ul>
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Blood and large intestine tissue samples collected at screening will be retained for research related to your disease and the development of tests or tools that help with detecting or understanding your disease, even if you are not eligible for or decide not to take part in this study, unless you specifically ask for your samples to be destroyed.

## **Risk of using your tissue for research**

The study requires that tissue samples of the large intestine will be collected at the end of the endoscopic procedure. There is a small chance that using this tissue for research will use up the tissue. If this happens, your doctors might not be able to make a clinical diagnosis or complete other tests. To help reduce the risk of this happening, a trained person will evaluate if there is enough tissue for research. With this process, we believe the risk of using up your tissue for research is small.

Commercial Use: Your specimens and/or information obtained from your specimens may be used for commercial use. If this happens, you will not share in any profits.

## **Genome Testing**

Biomarker testing may involve analysis of your genome (DNA), an "instruction book" for the cells in your body. Your blood samples may be tested for inherited genome variations associated with ulcerative colitis. Data from this evaluation may be used in the development of diagnostic tests. Analyses of samples from a large number of people may help researchers learn more about RO7790121 and similar drugs, ulcerative colitis and other diseases, possible links among diseases, genome variations and how they might affect a disease or a person's response to treatment, and new avenues for drug development and personalized therapies.

## **Sample Storage**

Samples will be securely stored for a defined period (as described below) and will then be destroyed.

Samples will be stored for up to 5 years after the final study results have been reported, with the following exception:

- Samples for testing for the TL1A biomarker will be stored for 15 years after the final study results have been reported.

## **2.5 WILL MY MEDICAL INFORMATION BE KEPT CONFIDENTIAL?**

If you take part in this study, there may be some loss of privacy. We will do our best to make sure that information about you is kept confidential, but we cannot guarantee total privacy. Some information from your medical records may be collected and used for this study. If you do not have a UCSF medical record, one will be created for you. Your signed consent form and some of your research tests will be added to your UCSF medical record. People involved with your future care and insurance may become aware that you participated in this study. They may see information added to your medical record. Study tests and information obtained from you will be part of your research records. This information may be added to your medical record. Your personal information may be given out if required by law. Information from this study may be published or presented at scientific meetings. If it is, your name and other personal information will not be used.

By California law, some medical test results must be shared with the county public health department. This is done so health experts can keep track of these diseases. The report we share with the health department will include information like your full name and social security number. The researchers can tell you what kinds of tests in this study will be shared.

Authorized representatives from the following organizations may review your research data for the purpose of monitoring or managing the conduct of this study:

- Representatives of the Sponsor, F. Hoffmann-La Roche Ltd
- Representatives of the University of California
- Representatives of the Food and Drug Administration (FDA)
- Advarra IRB

You will be asked to sign a separate form authorizing access, use, creation, or disclosure of health information about you.

## **2.6 HANDLING OF GENETIC INFORMATION**

Testing of your samples may provide information related to your genome ("genetic information"), including information about inherited characteristics. Your samples and genetic information will not be labeled with your name, your picture, or any other personally identifying information. Roche uses many safeguards to protect your privacy.

The Genetic Information Nondiscrimination Act generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you on the basis of your genetic information. This act generally will protect you in the following ways:

- Health insurance companies and group health plans cannot request your genetic information from this research
- Health insurance companies and group health plans cannot use your genetic information when making decisions regarding your eligibility or premiums
- Employers with 15 or more employees cannot use your genetic information from this research when setting the terms of your employment

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

## **2.7 STUDY RESULTS**

Results from exploratory biomarker tests, including tests for genome variations, will not be shared with you or your study doctor (unless required by law) and will not be part of your medical record.

A clinical study report containing the results of this study may be made available to anyone who requests a copy. Before this report is provided, additional steps will be taken to protect your information from being linked to you.



An easy-to-understand summary of the results of this study will be available at <https://forpatients.roche.com/>. Your study doctor may inform you about the availability of the summary for this study. Once the summary is available, you can view it by entering the study number (GA45329) in the search bar. This summary will not contain any information that could lead to the identification of you or any other study participants.

A description of this clinical trial will be available at <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Information on this study will also be posted in a similar format on a European Web site at <https://euclinicaltrials.eu/home>.

## **2.8 WHOM TO CONTACT ABOUT THIS STUDY**

During the study, if you experience any medical problems, suffer a research-related injury, or have questions, concerns or complaints about the study such as:

- Whom to contact in the case of a research-related injury or illness;
- Payment or compensation for being in the study, if any;
- Your responsibilities as a research participant;
- Eligibility to participate in the study;
- The study doctor's or study site's decision to withdraw you from participation;
- Results of tests and/or procedures;

**Please contact the study doctor at the telephone number listed on the first page of this consent document.**

If you seek emergency care, or hospitalization is required, alert the treating physician that you are participating in this research study.

An institutional review board (IRB) is an independent committee established to help protect the rights of research participants. If you have any questions about your rights as a research participant, contact:

- By **mail**:  
Study Subject Adviser  
Advarra IRB  
6100 Merriweather Dr., Suite 600  
Columbia, MD 21044
- or call **toll free**: 877-992-4724
- or by **email**: [adviser@advarra.com](mailto:adviser@advarra.com)

Please reference the following number when contacting the Study Subject Adviser:  
**Pro00079533**.

Master ICF for Study GA45329, Version 2, 30 April 2024  
US Version 1, 15 May 2024

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, you can also call the office of the University of California Institutional Review Board at 415-476-1814.

## **2.9 OTHER RESEARCH STUDIES**

Roche may inform your study doctor about other Roche research studies that might be of interest to you, taking into consideration your medical records and/or information collected as part of this study. If allowed by local laws, your study doctor may contact you in the future to see if you would like to learn more about taking part in a new research study. Taking part in a new research study would be entirely voluntary.

## Signature

**I confirm that I have read this Informed Consent and Authorization Form, or it has been read to me. I understand the information presented and have had my questions answered. I understand that I will be given a copy of all pages of this form after it has been signed and dated. I voluntarily agree to take part in this research study as described above and authorize the study site to use and share my information as described in this form.**

You will be given a copy of this form to keep. You will also be given the Experimental Subject's Bill of Rights to keep.

I am not giving up any of my legal rights, or if applicable, my child's legal rights by signing and dating this form.

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Participant's name (print)

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*If applicable* – Name of participant's parent/legal guardian/legally authorized representative (print)

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Relationship to participant

---

Participant's signature or signature of participant's parent/legal guardian/legally authorized representative

---

Date

---

Name of participant's second parent/legal guardian (print)

---

Signature of participant's second parent/legal guardian

---

Date

Second parent permission not documented, reason (person obtaining consent will initial and check all that apply):

- |  |   |
|--|---|
|  | <u>Initials of person obtaining consent</u> |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is deceased:                         | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is unknown:                          | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is incompetent:                      | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent does not have legal custody:         | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent " <u>Not Reasonably Available</u> ": | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by telephone           |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by email               |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by mail                |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by fax                 |   |

**I, the undersigned, have fully explained this Informed Consent Form to the participant named above and/or the participant's parent/legal guardian/legally authorized representative.**

\_\_\_\_\_  
Name of person conducting informed consent discussion (print)

\_\_\_\_\_  
Signature of person conducting informed consent discussion

\_\_\_\_\_  
Date

**WITNESS SIGNATURE FOR PARTICIPANT/PARTICIPANT'S PARENT/LEGAL GUARDIAN WHO CANNOT READ (if applicable)**

The study participant/participant's parent/legal guardian has indicated that he/she is unable to read. The consent document has been read to the participant/participant's parent/legal guardian by a member of the study staff, discussed with the participant/participant's parent/legal guardian by a member of the study staff, and the participant/participant's parent/legal guardian has been given an opportunity to ask questions of the study staff.

\_\_\_\_\_  
Witness name <sup>a</sup> (print)

\_\_\_\_\_  
Witness signature <sup>a</sup>

\_\_\_\_\_  
Date

<sup>a</sup> If the study doctor or Institutional Review Board deems a witness signature is necessary (as per ICH Guidelines, Good Clinical Practice [E6], 4.8.9, or local regulations).

## Signature Acknowledging Study Treatment Continuation in the Open-Label Extension Phase of the Study

I understand that there is a possibility to continue participating in the study. This would involve initiation or continuation of active study treatment in the open-label extension phase of this study. My study doctor has explained the possible benefits and risks of continuing study treatment in the open-label extension phase of this study, including the risk of delaying initiation of alternative treatments or participation in alternative clinical trials. I agree to participate in the open-label extension phase of the study if I am eligible. I understand that all sections of the main consent form (previously signed by me) are still in effect.

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Participant's name (print)

---

*If applicable* – Name of participant's parent/legal guardian/legally authorized representative (print)

---

Relationship to participant

---

Participant's signature or signature of participant's parent/legal guardian/legally authorized representative

---

Date

---

Name of participant's second parent/legal guardian (print)

---

Signature of participant's second parent/legal guardian

---

Date

Second parent permission not documented, reason (person obtaining consent will initial and check all that apply):

- |  |   |
|--|---|
|  | <u>Initials of person obtaining consent</u> |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is deceased:                         | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is unknown:                          | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is incompetent:                      | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent does not have legal custody:         | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent " <u>Not Reasonably Available</u> ": | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by telephone           |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by email               |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by mail                |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by fax                 |   |

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Name of person conducting informed consent discussion (print)

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Signature of person conducting informed consent discussion

\_\_\_\_\_  
Date

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The study participant/participant’s parent/legal guardian has indicated that he/she is unable to read. The consent document has been read to the participant/participant’s parent/legal guardian by a member of the study staff, discussed with the participant/participant’s parent/legal guardian by a member of the study staff, and the participant/participant’s parent/legal guardian has been given an opportunity to ask questions of the study staff.

\_\_\_\_\_  
Witness name <sup>a</sup> (print)

\_\_\_\_\_  
Witness signature <sup>a</sup>

\_\_\_\_\_  
Date

<sup>a</sup> If the study doctor or Institutional Review Board deems a witness signature is necessary (as per ICH Guidelines, Good Clinical Practice [E6], 4.8.9).

### SECTION 3: CONSENT FOR OPTIONAL COLLECTION AND/OR STORAGE OF SAMPLES FOR THE RESEARCH BIOSAMPLE REPOSITORY

#### INTRODUCTION

The Research Biosample Repository (RBR) is a collection of samples that will be tested by researchers during Study GA45329 and for future research. Reasons for testing may include:

- Finding out why certain people are more likely to respond to treatments than others
- Finding out how and why diseases act differently in different people
- Developing new treatments for diseases or medical conditions
- Finding out why certain people are more likely to have side effects than others
- Finding out how treatments are processed in the body
- Finding out how treatments affect the body
- Developing better ways for preventing diseases or treating diseases earlier
- Developing or improving tests or tools that help with detecting or understanding diseases and identifying the right medicine for the right patient

You are being asked to donate blood, stool, and large intestine tissue samples to the RBR. Donating your samples to the RBR is your choice. No matter what you choose, it will not affect your participation in the main study or the regular care you receive from your doctors.

#### WHAT WILL HAPPEN IF I PARTICIPATE?

Listed below are the procedures for donating samples, along with any potential risks.

Procedure	Potential Risks
A blood sample (about 0.2 tablespoons) will be collected for the RBR.	The RBR blood sample will be collected at the same time as another scheduled sample collection, so there are no additional risks.
Any remaining blood, stool, and tissue collected during the study (including any additional biopsies your study doctor decided to collect) and any proteins, DNA, or RNA extracted from them will be donated to the RBR.	There are no additional risks associated with donating remaining blood, stool, and tissue samples to the RBR.

Samples will be securely stored in the RBR until they are no longer needed or until they are used up, and will then be destroyed.

Testing may involve analysis of your genome (DNA), the "instruction book" for the cells in your body. Your samples may be tested for inherited or non-inherited genome variations, to allow for exploration of broad health research questions across disease areas. Testing may include analysis of all of your DNA (whole genome sequencing) or analysis of part of your DNA. Analyses of samples from a large number of people may help researchers learn more about RO7790121 and similar drugs, ulcerative colitis and other diseases, possible links among

diseases, genome variations and how they might affect a disease or a person's response to treatment, and new avenues for drug development and personalized therapies.

**ARE THERE ANY BENEFITS TO DONATING SAMPLES?**

You will not receive any direct benefit from donating your samples. However, research performed on these samples may benefit other patients with ulcerative colitis or a similar condition in the future.

**WILL I BE PAID IF I DONATE SAMPLES?**

You will not be paid for donating samples to the RBR.

Information from research on your RBR samples may lead to discoveries, inventions, or development of commercial products. You and your family will not receive any benefits or payment if this happens.

**HOW WILL MY PRIVACY BE PROTECTED?**

Your samples and information will be labeled with your participant ID number; they will not be labeled with your name, your picture, or any other personally identifying information. Your samples and information will be kept under the same level of privacy used for the main study. Roche uses many safeguards to protect your privacy.

Information from the analyses will not be given to your insurance company or employer, unless required by law. If the research results are published in a medical journal or presented at a scientific meeting, you will not be identified. Information from the sample analyses will not be part of your medical record.

Roche, Roche affiliates, and Roche's collaborators and licensees may study the RBR samples and information in any country worldwide.

Data from analysis of RBR samples may be shared with researchers or government agencies, but only after personal information that can identify you has been removed. These data may be combined with or linked to other data and used for research purposes, to advance science and public health, or for analysis, development, testing, and commercialization of products that treat or diagnose disease, or improve patient care. These data will not include information that identifies you.

**WILL I HAVE ACCESS TO MY TEST RESULTS?**

Information from the sample analyses will not be shared with you or your study doctor, unless required by law, except as described below.

You may request access to the genome sequencing data obtained from your blood sample, if permitted by local law. You must submit any request for access to such sequencing data to your study doctor. This information shared with you and your study doctor may be available in the form of a file of raw genomic sequencing data. This file will not contain any interpretation of your data, and no clinical report will be available. The data will not be included in your medical record. Your blood sample may be tested many years after the study has ended or may never be tested. This means your genomic sequencing data may not be available at the time of your



request or may never be available. Roche will do its best to forward available data, but there is no guarantee that data will be forwarded in response to every request.

**CAN I CHANGE MY MIND ABOUT STORING MY SAMPLES IN THE RBR?**

You can change your mind at any time. If you want to withdraw your consent for the RBR, tell your study doctor that you no longer want your samples stored or used for research. After you withdraw consent, any samples that remain will be destroyed. If you change your mind and your samples have already been tested, Roche will still be able to use the results from those tests. If you withdraw or discontinue from the main study, your RBR samples will continue to be stored and used for research unless you specifically ask that they be destroyed.

**Signature**

**I willingly consent to allow my samples to be stored in the RBR and used for the research described above.**

\_\_\_\_\_  
Participant's name (print)

\_\_\_\_\_  
*If applicable* – Name of participant's parent/legal guardian/legally authorized representative (print)

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Participant's signature or signature of participant's parent/legal guardian/legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of participant's second parent/legal guardian (print)

\_\_\_\_\_  
Signature of participant's second parent/legal guardian

\_\_\_\_\_  
Date

Second parent permission not documented, reason (person obtaining consent will initial and check all that apply):

- |  |   |
|--|---|
|  | <u>Initials of person obtaining consent</u> |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is deceased:                         | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is unknown:                          | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent is incompetent:                      | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent does not have legal custody:         | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent " <u>Not Reasonably Available</u> ": | _____                                       |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by telephone           |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by email               |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by mail                |   |
| <input type="checkbox"/> 2 <sup>nd</sup> Parent Not available by fax                 |   |

**I, the undersigned, have fully explained this Informed Consent Form for RBR to the participant named above and/or the participant's parent/legal guardian/legally authorized representative.**

\_\_\_\_\_  
Name of person conducting informed consent discussion (print)

\_\_\_\_\_  
Signature of person conducting informed consent discussion

\_\_\_\_\_  
Date

**WITNESS SIGNATURE FOR PARTICIPANT/PARTICIPANT'S PARENT/LEGAL GUARDIAN WHO CANNOT READ (if applicable)**

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\_\_\_\_\_  
Witness name <sup>a</sup> (print)

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Witness signature <sup>a</sup>

\_\_\_\_\_  
Date

<sup>a</sup> If the study doctor or Institutional Review Board deems a witness signature is necessary (as per ICH Guidelines, Good Clinical Practice [E6], 4.8.9, or local regulations).