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**PARTICIPANT INFORMATION SHEET AND**

**INFORMED CONSENT FORM**

**Interventional Study** -*Adult providing own consent*

**Box Hill Hospital**

**Title** A Phase 2b, Multicentre, Randomised, Double-blind, Placebo-controlled, and Open-label Comparator Study of Cotadutide in Participants Who Have Chronic Kidney Disease with Type 2 Diabetes Mellitus

**Protocol Number** D5676C00001

**Project Sponsor** AstraZeneca AB

**Local Sponsor** Covance Pty. Ltd.

**Principal Investigator** Prof Christopher Gilfillan

**Location** Box Hill Hospital – Arnold Street, Box Hill VIC 3128, Australia

There are [4] parts to this document:

Part 1: the “**Study Information**” essential to your decision to take part in the clinical study,

Part 2: the “**Future Research Information**” which explains the possibility to contribute to future research, subject to an optional consent,

Part 3: your “**Consent Form**” which summarises what you may agree to.

Part 4: supplementary information in the “**Additional information for participants**” Section, including a glossary.

# What does my participation involve?

**Introduction**

You are invited to take part in this studybecauseyou have Type 2 Diabetes and Chronic Kidney Disease. This Participant Information Sheet/Consent Form tells you about the research project. It explains the tests and treatments involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don’t understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or your local doctor/GP or treating specialist.

Participation in this research is voluntary. If you don’t wish to take part, you don’t have to. You will receive the best possible care whether or not you take part.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

• Understand what you have read

• Consent to take part in the research project

• Consent to have the tests and treatments that are described

• Consent to the use of your personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

**What is the purpose of this research?**

We are doing this study to learn more aboutcotadutide – the experimental drug, and its effects on the function of your kidneys if given at different doses compared to placebo and semaglutide (a drug already approved to treat Type 2 Diabetes). The placebo (dummy drug) will look like the medication cotadutide but will not contain any active medication. We are also trying to learn more about Type 2 Diabetes with Chronic Kidney Disease and its associated health problems.

The study drug, cotadutide, is called an experimental drug as it is not approved by any health authority, except for use in research studies like this.

## What does participation in this research involve and what do I have to do?

You will be in the study for approximately 37 weeks.

It is very important that you continue to manage your diabetes whilst participating in the study. Please let your study doctor or study team know immediately if you are feeling unwell.

Before you can start your treatment you must undergo screening tests to see if you are eligible to take part. The screening period will last up to 36 days (including weekdays and weekends; 5 weeks in total). The screening process takes place at Visit 1 where assessments are undertaken as detailed in the schedule of assessments in “Part 4: Additional Information for Participants”. You will be asked to first provide consent, and then detail your medical history, undergo a physical examination and will have vital signs (including body weight, height, blood pressure, pulse rate, temperature and respiratory rate) measured, and an electrocardiogram (ECG), urine test and blood tests will also be taken.

If you don’t meet the screening criteria, the reasons will be explained. Your study doctor or treating physician will talk to you about rescreening or other possible treatments.

Following Visit 1, you will then enter the 14-day run-in period within 28 days. The 14-day run-in period is additional to the screening period and the aim is to obtain baseline continuous glucose monitoring (CGM) readings. Screening starts at visit 1 and lasts up to a maximum of 28 days (Day -42 to Day -15); this is followed by the run-in period which lasts 14 days (Day -14 to Day -1). There are no additional procedures or assessments in between Visit 1 and the run-in period. It is time intended for the study doctor to receive and review results from Visit 1, and also provide you with some flexibility around when you would like to commence the study. Some participants may not require the full 28-day screening window. The visit on Day -14 is expected to last no longer than half a day; the visit on Day -5 is expected to last no longer than 1-2 hours. On Day -2 the site will have remote contact with participants who take insulin to advise on insulin dose adjustment prior to starting the treatment period of the study.

If you meet the screening criteria you will be required to attend the unit twice. A 14-day “run-in” period during which you will:

* Wear a patch attached to your arm to monitor your blood sugar levels. This is called Continuous Glucose Monitor (CGM). You will find further details about this in section 4 below. You will be provided with advice on diet and exercise.
* Attend the clinical unit for blood tests and you may/will be asked to wear a 24-hour ambulatory blood pressure monitoring (ABPM) device which will measure your vital signs while you go about normal life for 24 hours. The ABPM device is an arm cuff attached to a lightweight monitor which measures blood pressure and pulse rates of adults. The monitor can be worn by clipping to hip or strapped around the shoulder and has an audible alert one minute prior to the start of inflation only during the daytime hours. The ABPM device will be fitted and will inflate periodically during the 24-hour period. You may be asked to do this 3 times during your participation in the study depending on which arm of the study you’re randomised to.
* Be given some urine containers to collect your first urine passed each morning for 3 consecutive days.

On completion of the run-in period and meeting the screening criteria, you will be randomly assigned a study treatment: “randomly assigned” means that whatever treatment you get will be by chance, like flipping a coin or drawing names out of a hat. You have a 3 in 5 chance of being givencotadutide and a 1 in 5 chance of being given semaglutide, and 1 in 5 chance of being given placebo*.* The treatment period is of 182 days (Day 1 to 182), followed by one safety follow up visits; up to 28 days later.

There are three (3) treatment groups for cotadutide or placebo. If you happen to be in one of these treatment groups, you will all start receiving 50 micrograms (mcg) dose of cotadutide or equivalent placebo for the first 2 weeks of treatment. This will be increased to a maximum dose of either 100, 300 or 600 micrograms depending on which arm you have been randomly assigned. To better illustrate this, please see the below table.

Or, if you are assigned to semaglutide, your dose of semaglutide will start at 0.25 milligrams (mg) for the first 4 weeks of your treatment. This will be increased to 0.5 mg in the next 4 weeks followed by a maximum dose of 1.0 mg in the succeeding weeks until the end of the 26 weeks’ treatment period. To better illustrate this, please see the below table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Study Treatment Arms** | **Treatment Assignments** | **Planned Start Dose & Dose Increases** | **Number of participants** |
| Cotadutide vs Placebo | Cotadutide 100 mcg dose | 1-2 weeks: 50 mcg  3-26 weeks: 100 mcg | 45 |
| Cotadutide 300 mcg dose | 1-2 weeks: 50 mcg  3-6 weeks: 100 mcg  7-8 weeks: 200 mcg  9-26 weeks: 300 mcg | 45 |
| Cotadutide 600 mcg dose | 1-2 weeks: 50 mcg  3-6 weeks: 100 mcg  7-8 weeks: 200 mcg  9-10 weeks: 400 mcg  11-26 weeks: 600 mcg | 45 |
| Placebo | Matched according to cotadutide treatment assignment as above | 45 |
| Semaglutide / Comparator | Semaglutide 1mg dose | 1-4 weeks: 0.25 mg  5-8 weeks: 0.5 mg  9-26 weeks: 1.0 mg | 45 |

On weeks 1, 3, 7, 9, 11, 15, 17, 25 and 26 your dose will be given in the clinic if you are assigned to cotadutide or placebo.

On weeks 1, 5, 7, 9 your dose will be given in the clinic if you are assigned to semaglutide.

If you are assigned in the cotadutide vs placebo arm, you, your study doctor, study nurse and other members of the study team will not know if you are receiving cotadutide or placebo. This is called “blinding” to avoid bias in collecting data. The semaglutide arm is open-label, meaning you, your study doctor and other members of the study team will know that you are receiving the actual semaglutide drug.

You will have a total of 16 visits to your study doctor throughout the duration of the study. Each visit may be different in length, from a short visit of around one hour to longer ones lasting about 4-5 hours. Your study doctor will explain what you have to do and the tests that you will have during the study. You will be required to fast for 8 hours prior to your outpatient visits on Day 1, Day 99 and Day 182.

If you cannot come to a visit, you must tell your study doctor.

You will only be given study drugs while the study is going on but not after it has ended.

Cotadutide and placebo are administered by subcutaneous injection (meaning beneath the skin) in the lower abdomen using an injection pen once a day. Semaglutide is administered by subcutaneous injection in the lower abdomen using an injection pen once a week. You will receive your assigned treatment for a total of 26 weeks. If you agree to participate in the study you should be willing and able to self-administer subcutaneous (SC) injections following training by a study nurse.

Please note that the study, and your participation in the study, may be stopped earlier than expected, for example for scientific or safety reasons (see “section 13” for more details).

Additionally, if you decide to participate, you will be given a Participant Information Card to indicate that you are participating in a clinical trial. You should carry this card at all times with you.

If you decide to participate in the study, your study doctor will discuss with you whether you should stop or continue any medications you may be taking.

You will be asked throughout the study about any medical or physical events that you may experience while on study medication, as well as any other medications or treatments you may have taken. Some medications are not permitted during the study. You should let the study doctor or study team know before using any drug or other medication. Any side effect or symptom(s) should be reported to your study doctor, even if you think these changes or symptoms are not related to the study medication.

Please let your study doctor or study team know if you are participating in any other clinical research study.

In this study you will be expected to perform several study tests in your home in addition to taking the study drug. This will include blood pressure measurements using a 24-hour ambulatory blood pressure cuff; the cuff will be fitted at the site, but worn for 24 hours and you will therefore remove the cuff at home and return to the site at your next visit. A CGM sensor device will be worn on your arm at all times during the study; mostly this device will be fitted by the study team, but in the later part of the study you will be required to fit the device yourself at home with advice from the study team. In addition, a glucose (sugar) meter with finger prick assessments, and for some participants a ketone meter, will be used at home and if you are feeling unwell you will be asked by the site to check glucose and in some cases ketone levels and write these readings in a paper diary. Finally, you will also need to collect urine tests at home at different points in the study. Your study team will provide you with further information about all of these tests.

## What are the required tests and procedures?

To conduct the study, some tests and procedures will have to be performed on you.

The following tests and procedures will be included:

**Study Procedures:**

* **Physical examination** - You will receive a complete physical examination at the times specified in Part 4 section 2 of this document. These will be longer in duration at screening and end of study, and if the study doctor considers it necessary for safety reasons.
* **Measurement of height and weight** – your height will be recorded at the screening visit. Your body weight will also be measured and recorded from screening visit and at various points throughout the conduct of the study.
* **Measurement of vital signs** - Your vital signs (blood pressure, pulse rate, respiratory rate and body temperature) will be recorded at multiple times throughout the study. If you are chosen to receive either 300 or 600 µg dose of cotadutide or placebo, you will be asked to wear a 24-hour ABPM during the run-in period and a further 2 times.
* **Urine collection** – In addition to urine sample tests to evaluate your health status, you will also be required to provide your first urine sample of the day after you wake up. This will be collected at home prior to home dosing. On specific days as outlined in the table below, you will be asked to collect your first urine sample of the day for 3 consecutive days before your scheduled visit to your doctor. On these occasions, you will be provided with a urine sample collection kit.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Screening Period** | **Run-in Period** | **Treatment Period** |
| Days requiring first urine of the day collection for 3 consecutive days |  | Days -5, -4, -3 | Days 97, 98, 99  Days 180, 181, 182 |
| Other visit days requiring first urine of the day collection prior to study drug dosing | At start of screening |  | Days 1, 15, 29, 43, 57, 71, 85, 113, 141, 169, Follow-up Visit and if you finish your treatment early |

* **Electrocardiography (ECG)** - This will record the electrical activity of your heart.  Leads are connected to 12 stickers on your chest, wrists and ankles to record the electrical activity of your heart. Single ECGs will be collected during outpatient visits prior to dosing. On Days 1, 57, and 71, ECGs will be obtained prior to dosing and at 4 hours after.
* **Injection Pen** - During run-in and first day of treatment you will be trained how to use your assigned injection pen. You will be given an instruction guide to take home with you.
* **Pregnancy Test** - If you are female and of childbearing potential, pregnancy tests will be done at several time points during the study. If you are postmenopausal, pregnancy tests may still be performed.
  + Females are asked to use one highly effective form of birth control (described below) that can achieve a failure rate of less than 1% per year when used consistently and correctly. You should have been stable on your chosen method of birth control for a minimum of 3 months before entering the study to 5 weeks after the last study drug dose. The following lists the highly effective birth control methods:

Total sexual abstinence (true abstinence in line with the preferred and usual lifestyle choice), vasectomised partner, tubal occlusion, intrauterine device (provided coils are copper-banded), levonorgestrel intrauterine system, medroxyprogesterone injections, etonogestrel implants, normal and low dose combined oral pills, norelgestromin/ethinylestradiol transdermal system (eg, Evra Patch), intravaginal device (eg, ethinylestradiol and etonogestrel-NuvaRing), and Cerazette (desogestrel). Periodic abstinence, the rhythm method, and the withdrawal method are not acceptable methods of contraception (see also section 9 below).

* **Continuous Glucose Monitoring (CGM)** – Two (2) devices will be used to continuously measure your blood sugar levels during the whole course of the study. These are Freestyle Libre® Pro CGM and Freestyle Libre® Flash sensors. These devices are approved by the US Food and Drug Administration (FDA) and European Medicines Agency (EMA) for people with diabetes. Both the Freestyle Libre® Pro and Flash sensors are small plastic circular device of 35 mm diameter and 5 mm depth, and will be applied to the back of your upper arm. The skin may need to be shaved in this area and prior to application the area will be cleaned with a sterile wipe. The sensor is applied to the skin using a special device which has a small needle. The sensor has a small plastic tube which sits just under the surface of the skin at all times, but the needle used to introduce it is discarded after insertion and does not remain in the body. The sensor is stuck down with a strong adhesive patch.

**Which device am I expected to wear at which stage of the study?**

You will be expected to wear the CGM sensors continuously during the course of the study and as per the following schedule.

* + Freestyle Libre® Pro CGM – on three (3) separate periods
    - Periods 1 (during run-in) and Period 2 (from Day 1 through to Week 14)

The CGM sensor will be applied to you by the study doctor or nurse on Day -14 (i.e. start of run-in period) whilst you are at site and will be changed on the following visit schedules: Day 1, Day 15, Day 29, Day 43, Day 57, Day 71, and Day 85).

* + - Period 3: from Week 25 to Week 26 with sensor changes on Day 169 and Day 182.
  + Freestyle Libre® Flash - From Week 15 to Week 25 of your study participation, the Freestyle Libre® Flash device will be used to measure your blood sugar levels every 15 minutes. During this period, you will be asked to touch the reader to the sensor device 4 times per day.

You may bathe and shower, and swim in up to 3m depth for up to 30 minutes whilst wearing the CGM sensor. You should let your study doctor know if you need to undergo a CT scan or an MRI scan as part of your routine care, or travel in an aeroplane whilst you are wearing the sensor. Intense exercise may cause the sensor to loosen due to sweat or movement of the sensor. If this happens, you should return to your study doctor for application of a new sensor.

* **Echocardiogram** – is a scan used to look at the heart and nearby blood vessels. It is a type of ultrasound scan where a gel is applied to your skin and a small probe is used to send out high-frequency sound waves that create echoes when they bounce off different parts of the body. The echoes are picked up by the probe and turned into a moving image on a monitor while the scan is being carried out. This procedure is safe and harmless. You will undergo this procedure between Days -1 and -14; 84 and 99; 175 and 182.
* **Digital Retinal Photograph** – This test is like taking a photograph of the inside of your eye. This is a useful test to screen for eye diseases.
* **Blood Sample Collection**
  + **Blood Tests for Safety** - You will have blood drawn for clinical laboratory tests to evaluate your health status at screening and at various study visits including the follow up visits.
* **Pharmacokinetic (PK) samples** – if you were randomised to the cotadutide vs placebo arm of the study as explained in section 3 above, blood samples for PK measuring the amount of study drug (Cotadutide) in your blood will be collected on the first day of dosing (Day 1) and at multiple times on multiple days during the course of the study and at the end of the study. All participants will have a PK sample taken on Day 29 and 85 at 4-hour post-dose.
* **Anti-Drug Antibody testing** - On the first dosing day (Day 1), on Days 15, 29, 57, 71, 85, 141, 182 and 28 days after last dose, or if you finish your treatment early, you will be tested for an anti-drug antibody (ADA - a protein that is made if your body has an immune reaction against study drugs). This test will also be in the form of a blood sample. If the result is positive you will be asked to return to provide another sample in 3 months to evaluate whether or not the ADA persists. If the sample taken in 3 months is ADA positive, you will be asked to return to provide a sample in another 3 months (i.e., 6 months after the end of study visit). If the sample is ADA positive at 6 months, you will be asked to return for a sample at 3-month intervals until your ADA test result returns to normal.
* Additional blood samples may be collected at the discretion of your doctor in the event of abnormal laboratory findings or if adverse events occur leading to the need for additional evaluation. For example, this may occur if you develop a fever or complication.
* **Required biomarker tests**
* A biomarker urine test for kidney injury will be performed on Days 1, 99, and 182. This test will be performed using the urine sample you will be providing.
* Uric acid, NT pro-BNP and cystatin c test – this test will be using your blood sample to detect any impairment in the function of your kidneys

The estimated volume of blood to be collected from you over the entire course of participation in the study is: 350 ml, which is just over 17.5 tablespoons of blood

* **Glucose/ketone meter and diary** – you will be provided with a glucose/ketone meter and a diary during the run-in period. Your study doctor/nurse will show you how the glucose/ketone meter works and you will be asked to demonstrate its proper use before you leave the clinic. You will use the meter to test for your blood sugar levels as you usually would; if you have symptoms of low blood sugars (hunger, dizziness, shaking, sweating, or irritability) or generally feel unwell.

Also, you will be advised to use the meter to test for your blood ketones when you have the following symptoms: excessive and frequent passing of urine, excessive thirst, general weakness, nausea and vomiting that may be associated with diffuse abdominal pain, decreased appetite, mild disorientation and/or confusion. Ketones are substances that your body makes when your body’s cells don’t get enough blood sugar. You should call your study doctor or the study team immediately if your blood ketone level result is greater than 3.0 mmol/L.

You will be required to write down the results of your blood sugar and ketone levels in the diary provided. Your study nurse and study doctor will review your diary every time you come to the clinic for a scheduled study visit.

* **Patient Reported Outcomes** – where available, you will be asked to complete questionnaires to evaluate your quality of life and value of health designed to assess your satisfaction with your diabetes treatment. All these questionnaires will be presented to you to complete during the run-in period (Day-14) and on Days 99, 182 and at the follow-up visit using a “tablet” similar to an iPad.

The complete list of tests and procedures, including their detailed schedule, is available in “part 4: Additional Information for Participants”. Section 10 also provides more details on handling, collection and storage locations of your **biosamples**.

If you decide to participate, you will be expected to adhere to the required study visits and tests as described above.

The COVID-19 pandemic (ongoing at the time of writing) may create circumstances that would prevent you from attending the clinical unit for these scheduled visits. If this were to happen, it may be possible to arrange home visits, where a registered nurse will visit you at home to conduct any of the required tests listed above. It may be necessary for a courier to come to your home to either deliver the study medication and other study supplies or collect samples such as urine, etc. These measures are provided to ensure your safety. To be able to use such services, your personal information such as your name and home address will be shared with a patient supply-chain organisation and/or courier service.

## What are the optional tests and procedures?

Extra blood samples on Days 1, 99, and 182 and urine on Days 1, 43, 99, and 182 for non-genetic biomarker research may be collected during the study for optional tests*.* These samples are optional;if you don’t consent to the optional procedures, you can still participate in this study.

**5. Other relevant information about the research project**

The overall description of this study (including the collection, storage and use of **your data** and **biosamples** as well as this document) has been reviewed and approved in your country by an independent Ethics Committee to ensure that the rights, safety and well-being of study participants are protected.

Your condition may or may not improve if you join the study, however the information we get from this study might help other patients with the same condition in the future. A description of this clinical study will be available on [*http://www.ClinicalTrials.gov*,](http://www.ClinicalTrials.gov/) as required by the Therapeutic Goods Administration (TGA) of Australia. The website will also include a summary of the results at the end of the study. This website will not include information that can identify you. You can search this website at any time.

This research project (study) is funded by AstraZeneca AB., a pharmaceutical company (the “sponsor”) and sponsored locally in Australia by Covance Pty Ltd. The study doctor's institution is being paid by the sponsor for the services it provides in conducting this study.

About 225 people will take part in this study globally in 8 countries. There will be approximately 29 participants across 9 study centres in Australia.

## Do I have to take part in this research project?

You can choose if you would like to participate in this study or not. Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

Please take as much time as you need to make a decision about whether or not you would like to participate in this study. Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your routine treatment, your relationship with those treating you or your relationship with Eastern Health.

If you don’t join the study, you will continue to receive care for your diabetes and kidney disease as before. Your study doctor or treating physician will talk to you about other possible treatments, their risks and benefits.

**7. What are the alternatives to participation?**

You do not have to take part in this research project to receive treatment at this hospital. Other options are available; your study doctor will discuss these options with you before you decide whether or not to take part in this research project. You can also discuss the options with your GP.

## What are the possible benefits of taking part?

There is no certainty that you will have any benefit from the study drug. However, it is expected that your condition could improve.

The information the study **sponsor** receives from this study may help to better treat patients with Type 2 Diabetes with Chronic Kidney Disease.

It is not certain that you will directly benefit from participation in the study. Your participation may, however, help other patients in the future by improving the knowledge of diseases and improving medical care.

## What are the possible risks and disadvantages of taking part?

There is a risk that your Type 2 Diabetes and Kidney Disease will not get better, or even get worse during the study.

It is possible that some participants could have side effects that we do not know about yet.

If you have severe side effects from the study drug, the study doctor may ask you not to continue in the study.

**Risks from Study Medication (Cotadutide)**

The effects of cotadutide on blood pressure, heart rate and other heart measurements have been assessed in animals and in participants with type 2 diabetes and/or obesity. Based on the available data there is a risk for increased heart rate. Changes in blood pressure have also been seen. You will be closely monitored by your study doctor to look for changes in your heart rate, blood pressure and other heart measurements.

Cotadutide and other similar drugs were reported to cause side effects on the digestive system, such as nausea and vomiting. These findings may be due to this type of drug slowing the passage of food through the digestive system. These effects may decrease over time with repeated dosing as your body becomes used to the drug. If you have kidney problems, dehydration through vomiting can sometimes cause these to worsen; you should inform your study doctor or nurse if you experience any nausea, vomiting or gastrointestinal symptoms during the study.

For participants with Type 2 Diabetes Mellitus (T2DM), there is a risk of having a low blood sugar while on the study medication in combination with use of insulin, or oral medications known as sulfonylureas or glitinides. Your study doctor and nurses will monitor your blood glucose, and you will also be given a glucose meter to test in case you have symptoms of a low blood sugar (dizziness, sweating, shaking, hunger). Your study nurse or doctor will advise you what you should do in the event of a low blood sugar.

For participants with type 2 diabetes treated with insulin, the dose of insulin needs to be adjusted during start and uptitration of cotadutide. Your study doctor will tell you how to adjust your insulin dose. It is important to monitor blood glucose levels during uptitration and also during treatment with cotadutide. If you feel ill you should monitor your blood glucose more frequently, and if your blood sugar goes too high you should contact your study doctor or nurse, in order for them to take action.

Participants with insulin-treated type 2 diabetes appear to be at increased risk of diabetic ketoacidosis. This has also been seen in participants taking insulin in combination with other anti-diabetic medications. Diabetic ketoacidosis is a serious condition that may require hospitalisation. Your study doctor or nurse will instruct you of signs and symptoms of diabetic ketoacidosis, which could include nausea, vomiting, abdominal pain, excessive thirst, frequent urination, weakness or fatigue/tiredness, shortness of breath, fruity-scented breath and confusion, and you will also be instructed to measure your ketone levels in such situations. It is important to adhere to instructions on how to manage your insulin dose to minimise the risk of this happening. If you experience any of the symptoms listed above and/or have high ketone levels, please seek medical attention and contact your study doctor or nurse.

Use of other similar drugs has been associated with a risk of developing acute pancreatitis in type 2 diabetes participants. Measures are taken to not include participants at high risk of pancreatitis in cotadutide studies. You will also be closely monitored by your Study Doctor.

There is a remote risk that you may have a serious allergic reaction (anaphylaxis) to cotadutide. Anaphylaxis may cause a serious drop in blood pressure, difficulty in breathing, severe hives, and sometimes death. In the event of symptoms such as severe itching, difficulty in breathing, circulatory problems such as low blood pressure, you need to immediately visit the nearest emergency facility. Less serious allergic reactions, such as skin rash with or without itching and swelling, may also occur within hours to days after receiving the drug. You should inform your Study Doctor of such events.

There is a risk that you will experience redness or swelling at the site of injection. Also, observations of non-allergic skin rash during treatment with cotadutide have been made in an animal study, the relevance of these findings for humans is unknown. You should inform your Study Doctor of any such events.

**Risks from Semaglutide**

Semaglutide (trade name Ozempic®) is currently being used in treating participants with Type 2 Diabetes and side effects, risks and discomforts are well documented. You may experience none, some or all of the following: nausea, vomiting, diarrhoea, low blood sugar levels, allergic reaction, kidney injury, abdominal pain and constipation. In participants with heart problems, it can cause damage to the back of the eye called “retinopathy”. Additionally, there is a risk of thyroid cancer. Incidence of thyroid cell tumours were observed in mice and rats after lifetime exposure. It is unknown whether semaglutide causes thyroid cell tumours in humans as human relevance of semaglutide-induced rodent thyroid cell tumours has not been determined.

## Are there any other considerations or risks I need to know about?

Pregnancy, contraception, and breast-feeding.

Because the effects of cotadutide on an unborn child or infant are not known youmust not get pregnant or breastfeed a child during the study. After the last dose of study drug, you should continue with your chosen contraception for 5 weeks if you are assigned cotadutide or placebo, or 2 months if you are assigned semaglutide. The study doctor can discuss acceptable birth control methods with you.

If you become pregnant, you must tell the study doctor immediately. You will have to stop taking the study drug immediately. The study doctor will collect information about the pregnancy and its outcome.

Male subjects are not required to use contraception. There is no restriction on fathering children or donating sperm during the clinical study.

## What will happen to my data and biosamples gathered in the study?

### Which data and biosamples are collected?

In order to conduct the study, the **Study site** will have to collect and register information about your identity (such as your name, address, telephone number) as well as data that is necessary to assess your health conditions such as your medical condition and medical history (this may include information from your physicians/available in your medical records), your lifestyle, your demographics (age, gender, ethnic and racial background), your images and data generated from the images (e.g. x-rays, echography, retinography). Your study site will not collect genetic samples. Data collected via devices and apps i.e. smartphone or websites will also be part of your coded data. Your answers to questionnaires using a smartphone or handheld device will also be collected. For more details about which data is collected in the study, see further details at the end of this document in “part 4: Additional information for participants”.

In addition, the study site will collect biosamples from you (such as blood or body tissue). These will be analysed and the data derived from the analysis will be part of your **coded data**.

### What are my data and biosamples needed for?

Your data and biosamples are needed for the **Sponsor** to develop the drug, get permission to introduce and keep it on the market, monitor its safety and get it reimbursed by governments i.e., throughout the drug development programme. Therefore, they will be used as planned in this study as well as within related research activities necessary for this drug development programme in order to:

* understand how the study drug(s) and similar drugs work in the body (i.e., evaluate the study drug mode of action, alone or in combination with other study drugs).
* better understand the studied disease and associated health problems,
* learn from past studies to plan new studies or improve scientific analysis methods,
* publish research results in scientific journals or use them for educational purposes in accordance with regulatory requirements.

### Who can access my data and biosamples?

Only at the study site, your name and contact details will be accessible to the study doctor and the study team to conduct the study. Non-medical personnel acting on behalf of the sponsor and being bound by a duty of confidentiality as well as **Health authorities** in other countries**,** Human Research Ethics Committee (“HREC”) and other Regulatory Authorities may also be given access to this data only to verify that the study is carried out in compliance with legal and quality requirements.

The study site will share your data and biosamples with the sponsor but only after they have been coded (which means that your name, contact details or health insurance number have been replaced by a code. For more information about coding, see details at the end of this document in *part 4: “Additional information for participants*”).

The sponsor may share your coded data and biosamples with its **Research partners** and **Service providers** for the purposes of the drug development programme.

In order to ensure proper conduct and accurate results of the study and to get permission to market the drug, the sponsor will share your coded data with authorities and possibly with Ethics Committees. They may also be shared with scientific journals, so the study results can be reviewed by independent scientists and to ensure the accuracy of results.

In **none** of these cases your identity will be revealed.

Some of the above-mentioned persons may be located outside your country. If this other country does not have equivalent personal data protection standards than your country, appropriate **Safeguards** (such as contracts and technical **Security measures**) will be adopted to protect and maintain the confidentiality of your data and biosamples as further described at the end of the document in part *4: “Additional information for participants”*.

In case another organisation takes over development or commercialisation of the study drug, your coded data or biosamples may be transmitted to them. They will then have to protect your data and biosamples in the same way as described herein.

### How long will my coded data and biosamples be kept?

The study site and the sponsor are obliged to keep all study data for 25 years after the end of the study, unless there is a legal requirement for keeping them longer. Your coded data will then be deleted or anonymised, and your biosamples destroyed as soon as possible after the tests listed in section 3 for the drug development program are completed unless you authorise the sponsor to use them for future research (a tick-box available in *part 3: “Consent Form*” will allow you to make this choice). For more details about anonymising, see part 1 section 10f: “*What does anonymised data mean?”*; *for internal Document Retention policy you may go to www.astrazenecapersonaldataretention.com*

### What are my rights under data protection law?

You have the right to review which of your data are collected and being used; you can also ask for a copy of this data, ask for restriction of use of this data, or ask to have incorrect data rectified*:*

To ensure the scientific integrity of the study, you will not be able to review some of the data or receive a copy of it until the study ends, because in this study, neither you nor the study doctor know if you are receiving the study drug.

To exercise these **restricted** **rights**, please contact preferably the study doctor.

### What does anonymised data mean?

Health authorities as well as pharmaceutical companies believe that access to clinical study data advances clinical science and medical knowledge and is in the best interest of patients and public health, provided that patient privacy is protected. Therefore, the sponsor may generate and share internally or with other researchers an anonymised set of your data collected in the study (e.g., on [www.clinicalstudydatarequest.com](http://www.clinicalstudydatarequest.com/)). This means your coded data will be stripped of your Patient code as well as of any other information that could reasonably be used to identify you such as your date of birth.

**11**. **What if new information arises during this research project?**

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

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

## What if I withdraw from this research project?

Your participation in the study is voluntary which means you can stop your participation at any time. If you want to stop taking the study drug, want to have a modified visit schedule or if you want to stop your participation, you should tell the study doctor.

If you stop participating in the study, the study doctor will stop the collection of your data but your previously collected data and biosamples will be kept and used to guarantee the validity of the study and comply with regulatory requirements, as allowed by law. The study doctor will then invite you to have an end of study examination to check your wellbeing. If you don’t show up at a planned visit, the study doctor will try to reach you. If the study doctor cannot reach you, public sources will be consulted to verify your wellbeing. This is important for study results. It is not mandatory but would be helpful for the study if you explain to your study doctor why you wish to stop your participation, in particular if you have experienced discomforts.

If you would like your data or biosamples not to be used after you quit the study, you must inform the study doctor. In such case, your remaining biosamples will be destroyed as soon as possible, but your coded data previously collected will be kept as required by clinical regulations.

It may also be necessary for you to take medication during or after the research project to address side effects or symptoms that you may have. You may need to pay for these medications and so it is important that you ask your doctor about this possibility.

**Could this research project be stopped unexpectedly?**

Your study doctor or the sponsor may end your participation in this study for any of the following reasons:

• If you develop a side effect or medical condition that may place you at risk of further complications by continuing your participation or if you need a medicine not allowed on this study;

• If you become pregnant;

• If you are unable to take the study medication;

• If you are unable to keep your scheduled appointments;

• If the study is cancelled by the sponsor, the Ethics Committees, FDA or by any Regulatory Authority like the FDA;

• For administrative reasons.

**14. What happens when the research project ends?**

Cotadutide, the experimental drug, will not be available after the project ends. Your study doctor will discuss with you the possible alternative treatments available for you.

## What happens if I am harmed or injured during the study?

If you become ill or are injured while you are in this research study, you must tell your study doctor straight away.

Injuries that have been caused by the study drug, tests or procedures are called ‘research injuries’. Injuries caused by your usual medical care or your condition are not research injuries.

There are two avenues that may be available to you for seeking compensation if you suffer an injury as a result of your participation in this research project:

The pharmaceutical industry has set up a compensation process, with which the Sponsor [AstraZeneca AB] of this research project has agreed to comply. Details of the process and conditions are set out in the Medicines Australia Guidelines for Compensation for Injury Resulting from Participation in a Company-Sponsored Clinical Trial. In accordance with these Guidelines, the sponsor will determine whether to pay compensation to you, and, if so, how much. The research staff will give you a copy of the Guidelines together with this Participant Information and Consent Form.

You may be able to seek compensation through the courts; however this could be costly.

## 16. What are the costs of taking part?

Participating in this study will not cost you anything. Study drug, study visits, tests and examinations are free of charge.

You will be reimbursed for reasonable expenses incurred due to your participation in the study for example: travel and parking.

## How to find out more after the study?

Trial Result Summaries are a short and easy to understand summary of the results of this study. These will be added to [www.trialsummaries.com](http://www.trialsummaries.com/) within 1 year of the last study participant’s last site visit*.* You can visit www.trialsummaries.com website anytime to sign up to be notified via email when the trial results summary of your study is available.  Or, please let your study doctor know if you need a printed copy of the document. Technical Information about this research study will be posted on http://astrazenecaclinicaltrials.com and http:///www.clinicaltrials.gov and https://www.clinicaltrialsregister.eu/. These websites do not contain any information about you.

## 18. Further information and who to contact

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this study or if you have any medical problems which may be related to your involvement in the study (for example, any side effects), you can contact the study doctor on (03) 9890 6472 or any of the following people:

**Clinical contact person**

|  |  |
| --- | --- |
| Name | Kerrie Peacock |
| Position | Study Coordinator |
| Telephone | (03) 9095 2421 |
| Email | kerrie.peacock@monash.edu |

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

**Complaints contact person**

|  |  |
| --- | --- |
| Name | Eastern Health Office of Research & Ethics |
| Position | Manager |
| Telephone | 03 9895 3398 |
| Email | ethics@easternhealth.org.au |

If you have any complaints about any aspect of the research project (study), the way it is being conducted or any questions about being a research participant in general, then you may contact:

**Reviewing HREC approving this research** **and HREC Executive Officer details**

|  |  |
| --- | --- |
| Reviewing HREC name | St Vincent’s Hospital Melbourne |
| HREC Executive Officer | The Executive Officer of Research |
| Telephone | 03 9231 2394 |
| Email | Research.Ethics@SVHM.org.au |

**Local HREC Office contact (Single Site - Research Governance Officer)**

|  |  |
| --- | --- |
| Name | Eastern Health Office of Research & Ethics |
| Position | Manager |
| Telephone | 03 9895 3398 |
| Email | ethics@easternhealth.org.au |

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# OPTIONAL FUTURE RESEARCH INFORMATION

In addition to participating in the clinical study, we would like to know if you would be willing that your coded data and additional biosamples collected in part 1 for non-genetic biomarker research if you agreed, are used in future research projects with appropriate ethical approval. Your consent to future research means that you also consent to provide additional biosamples for use in these same future research projects.

You are free to consent to the use of your coded data and biosamples for future research. If you decide not to do so, you may still take part in the clinical study.

## What is future research?

Future research is important to advance science and public health. At present, however, it is not possible to foresee all details of future **scientific** **research** projects. These future scientific research projects are beyond the scope of the clinical study and use of sample and data as outlined in part 1 and may occur whilst the study is ongoing or after the study has finished.

Your coded data and biosamples may only be used for scientific health-related researchto find new ways to detect, treat, prevent or cure health problems.

They may also be used jointly with information from other sources outside typical clinical research settings, e.g. from public research databases. However, they will not be combined with other information in a way that could identify you. Your coded data and biosamples may also be anonymised for some of the future **scientific** **research**.

## Which additional biosamples do I have to provide?

If you consent to future research, we will collect additional biosamples for non-genetic biomarker research from you as follows: blood (on Days 1, 99 and 182) and urine samples.

You will be requested to sign a separate Optional future research consent form.

## How will my coded data and biosamples for future research be handled?

All biosamples will be securely stored on behalf of the sponsor and will be destroyed thereafter. These samples will be stored at AZ Biobank in Sweden. Please note that the location of the biosamples may change at the request of the sponsor.

Any additional data generated from your biosamples will be stored as long as necessary for scientific research objectives and allowed by lawand will be destroyed or anonymised thereafter. For more information on Sponsor’s internal Document Retention policy you may go to [www.astrazenecapersonaldataretention.com](http://www.astrazenecapersonaldataretention.com/)

## May my coded data and biosamples be shared?

The sponsor may share your coded data and biosamples with research partners *or* ***deposit*** *them in* ***scientific databases*** as described at the end of the document in part *4: “Additional information for participants*”. This may include researchers from universities, research hospitals, and companies.

Some of the above-mentioned recipients may be located outside your country. The data protection laws which apply in those countries may not be as stringent as the laws in your country. Nevertheless, appropriate safeguards and security measures will be taken in order to protect and maintain the confidentiality of your biosamples and coded data as described at the end of the document in part *4: “Additional information for participants”.*

## How will my privacy be protected?

Your coded data and biosamples will be subject to appropriate safeguards, as specified in part *4: “Additional information for participants*”, and will only be used for the purpose of scientific health related research. They will not be used to contact you or to affect your care or any other decision affecting your life such as insurance rates or employment opportunities.

You have the same rights as the ones described in part 1 section 10e “*What are my rights under data protection law?”.*

## What if I want to withdraw from future research?

Your participation in future research is voluntary. You are entitled to withdraw your consent for future research at any time, without giving a reason and without a negative effect on your standard of medical care. If you wish to withdraw, please informyour study doctor.

You may still continue to participate in the clinical study even if you choose to withdraw from future research.

If you withdraw from future research, your coded data and biosamples will not be used for future research and your samples will be destroyed as soon as possible. Your coded data (either copied from the clinical study database or newly generated) will also be destroyed unless this information is already included in analyses or used in scientific publications or if the coded data has been anonymised and therefore we can’t identify your data or biosamples.

## Results from Future Research?

We may have to use study coded data and biosamples from many people over many years before we can know if the results of future research are meaningful.

Therefore, you will not receive individual results from future research projects. We will not give any such data to your doctor and we will not put them in your medical record as they are not individual valid results.

**You are free to consent to the use of your coded data and biosamples for FUTURE RESEARCH. If you agree, you can indicate this in the CONSENT FORM.**

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# PART 3: CONSENT FORM

**Interventional Study** -*Adult providing own consent*

**Title** A Phase 2b, Multicentre, Randomised, Double-blind, Placebo-controlled, and Open-label Comparator Study of Cotadutide in Participants Who Have Chronic Kidney Disease with Type 2 Diabetes Mellitus

**Protocol Number** D5676C00001

**Project Sponsor** AstraZeneca AB

**Local Sponsor** Covance Pty. Ltd.

**Principal Investigator** Prof Christopher Gilfillan

**Location** Box Hill Hospital – Arnold Street, Box Hill VIC 3128, Australia

I confirm that:

* The study doctor has explained the study to me comprehensively.
* I have had the opportunity to discuss the study with the study doctor and all my questions were answered.
* I have had an adequate amount of time to consider the study.
* I have read and understood all the above information related to the study.
* I understand that I will receive a copy of this document once I have signed it.
* I understand that my decision to take part in the study is entirely voluntary. If I decide not to participate in the study or to stop my participation during the study, this will not affect my standard medical care.
* I have truthfully answered all questions about my medical history and will follow all rules listed in the document.

I consent to take part in the clinical study and study procedures described herein. I understand that my participation also entails:

* My name and contact details being collected during the study as described to me, and accessed and reviewed by listed authorised people including study-approved designated couriers and/or patient supply chain organisations;
* My coded data being used by the sponsor or by people or companies acting on its behalf or working with the sponsor;
* My coded data being used by persons or organisations located in countries that may not have data protection rules equivalent to those of my country. I understand that the sponsor monitors these uses and takes all possible measures to protect my privacy;
* Study procedures may be carried out in my home;
* Study supplies, including study drug, may be sent to my home;
* My biosamples being collected and analysed as described herein.

**I further understand that I can make a choice about the topics listed below and that by ticking “Yes” I do give consent and that by ticking “No” I do not give consent:**

|  |  |  |
| --- | --- | --- |
| My participation to optional tests/procedures   * Blood & urine samples for non-genetic biomarker research | Yes □ | No □ |
| The study doctor may notify your physician of your participation in the study and may share relevant medical information with him/her if necessary for managing your health and safety throughout. If you agree, please indicate name and contact details of your physician here: | | |

|  |  |
| --- | --- |
|  | **STUDY PARTICIPANT** |
| FULL NAME (capital letters) |  |
| DATE (dd-mmm-year) |  |
| SIGNATURE |  |

|  |  |
| --- | --- |
|  | **Signature of person conducting the informed consent discussion** |
| FULL NAME (capital letters) |  |
| DATE (dd-mmm-year) |  |
| SIGNATURE |  |

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**CONSENT FORM FOR OPTIONAL FUTURE RESEARCH INFORMATION**

**Interventional Study** -*Adult providing own consent*

**Title** A Phase 2b, Multicentre, Randomised, Double-blind, Placebo-controlled, and Open-label Comparator Study of Cotadutide in Participants Who Have Chronic Kidney Disease with Type 2 Diabetes Mellitus

**Protocol Number** D5676C00001

**Project Sponsor** AstraZeneca AB

**Local Sponsor** Covance Pty. Ltd.

**Principal Investigator** Prof Christopher Gilfillan

**Location** Box Hill Hospital – Arnold Street, Box Hill VIC 3128, Australia

I confirm that:

**I further understand that I can make a choice about the topics listed below and that by ticking “Yes” I do give consent and that by ticking “No” I do not give consent:**

|  |  |  |
| --- | --- | --- |
| The use of my coded data and biosamples for future research, as described in part 2: Future Research Information”, including the collection of additional biosamples | Yes □ | No □ |

|  |  |
| --- | --- |
|  | **STUDY PARTICIPANT** |
| FULL NAME (capital letters) |  |
| DATE (dd-mmm-year) |  |
| SIGNATURE |  |

|  |  |
| --- | --- |
|  | **Signature of person conducting the informed consent discussion** |
| FULL NAME (capital letters) |  |
| DATE(dd-Mmm-Year) |  |
| SIGNATURE |  |

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**Form for Withdrawal of Participation -** *Adult providing own consent*

|  |  |
| --- | --- |
| **Title** | A Phase 2b, Multicentre, Randomised, Double-blind, Placebo-controlled, and Open-label Comparator Study of Cotadutide in Participants Who Have Chronic Kidney Disease with Type 2 Diabetes Mellitus |
| **Protocol Number** | D5676C00001 |
| **Project Sponsor** | AstraZeneca AB |
| **Principal Investigator** | Prof Christopher Gilfillan |
| **Location** | Box Hill Hospital – Arnold Street, Box Hill VIC 3128, Australia |

**Declaration by Participant**

I wish to withdraw from participation in the above research project (study) and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with Eastern Health.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Name of Participant (please print) | |  |  |  |  |
|  | | | | | | |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

**Declaration by Study Doctor/Senior Researcher†**

I have given a verbal explanation of the implications of withdrawal from the research project (study) and I believe that the participant has understood that explanation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Name of Study Doctor/ Senior Researcher† (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

† A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project (study).

Note: All parties signing the consent section must date their own signature.

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# PART 4: ADDITIONAL INFORMATION FOR PARTICIPANTS

## Contact details

|  |  |
| --- | --- |
| Study doctor: Prof Christopher Gilfillan | Study Coordinator (e.g. nurse appointed to the study): Kerrie Peacock |
| Phone No. (03) 9092 6753 | Phone No. (03) 9095 2421 |
| Address: Box Hill Hospital, 5 Arnold Street, Box Hill VIC 3128, Australia | Address: Box Hill Hospital, 5 Arnold Street, Box Hill VIC 3128, Australia |
| chris.gilfillan@easternhealth.org.au | kerrie.peacock@monash.edu |

|  |  |
| --- | --- |
| 24-hour Emergency Contact | Hospital switchboard: ask for the Endocrinology registrar on-call |
| Phone No. | 1300 342 255 |
| Address | Box Hill Hospital – 8 Arnold Street, Box Hill VIC 3128, Australia |

## Detailed list of visits and Test/Procedures

| Assessment | Screening  (Day-50 to Day-15) | Run-In  (Day -14 to Day -1) | Treatment Period  (26 weeks) | Early Discontinuation | Follow up  (28 days after last dose) |
| --- | --- | --- | --- | --- | --- |
| Consent | X |  |  |  |  |
| Eligibility | X | X |  |  |  |
| Diet & Exercise Advice |  | X |  |  |  |
| Vital signs | X | X | X | X | X |
| Physical Examination | X | X | X | X | X |
| ECG | X |  | X  (at various days throughout the period) | X | X |
| Body weight | X | X | X | X | X |
| Height & BMI | X |  |  |  |  |
| Pregnancy Test (for women of child-bearing potential) | X |  | X  (Days 1, 43, 85, 141, 182 | X | X |
| Safety blood tests | X | X | X | X | X |
| Efficacy blood tests  (Glucose, Lipid, HbA1c) | X |  | X  (at various days throughout the period) | X | X |
| Safety Urine tests |  |  | X  (at various days throughout the period) | X | X |
| Efficacy Urine tests  (UACR) | X | X | X | X | X |
| Optional blood sample for non-genetic Biomarker research |  |  | X  (Days 1, 99, 182) |  |  |
| Optional urine sample for non-genetic Biomarker research |  |  | X  (Days 1, 43, 99, 182) |  |  |
| PK blood sampling (predose)  (On Days 29 & 85 – predose and 4hours post-dose samples taken) |  |  | X  (Days 1, 15, 29, 57, 71, 85, 141, 182) | X |  |
| ADA blood samples before dosing |  |  | X  (Days 1, 15, 29, 57, 71, 85, 141, 182) | X | X |
| Cotadutide / Placebo Administration in clinic |  |  | X  (Days 1, 15, 43, 57, 71, 99, 113, 169, 182) |  |  |
| Daily Cotadutide / Placebo Administration |  |  | X  (once daily SC injection) |  |  |
| 100-μg cotadutide/ placebo titration step in clinic |  |  | X  (Day 15) |  |  |
| 300-μg cotadutide/ placebo titration step in clinic |  |  | X  (Days 15, 43, 57) |  |  |
| 600-μg cotadutide/ placebo titration step in clinic |  |  | X  (Days 15, 43, 57, 71) |  |  |
| Semaglutide Administration in clinic |  |  | X  (Days 1, 29, 43, 57) |  |  |
| Weekly Semaglutide administration |  |  | X  (once weekly SC administration) |  |  |
| Semaglutide titration step in clinic |  |  | X  (Days 29, 57) |  |  |
| Digital retinal photograph (where available) |  | X | X  (Between Days 175 - 182) |  |  |
| Echocardiogram (where available) |  | X | X  (Between Days 84 to 99 and Days 175 to 182) |  |  |
| ABPM (to be worn for approximately 24hours at the given time points in 300 and 600 µg arms only) |  | X | X  (Days 99, 182) |  |  |
| Continuous Glucose Monitoring (CGM) |  | X  (start at Day -14) | X  (throughout treatment period; sensor change every 14 days) |  |  |
| Training and provision of glucose/ketone meter |  | X |  |  |  |
| Patient Reported Outcomes/ Questionnaires |  | X | X  (Days 99, 182) |  | X |

## Glossary

|  |  |
| --- | --- |
| **Your biosamples** | All your biological samples collected during this study and related to you, such as blood and urine, are listed in part 1 section 4: “*What are the required tests and procedures?*” and in *part 2 section 2 “Which additional biosamples do I have to provide?”.* All your biosamples are coded which means that your name will not be associated with them. |
| **Your coded data** | All your data collected at the study site with your name and contact details have been replaced by a code. This is done by the study doctor who keeps the link between your name/contact details and the code to ensure your safety and confidentiality.  Coded information cannot identify you unless your study doctor provides your name or contact details, where allowed by applicable law. |
| **Sponsor details** | Sponsor: AstraZeneca AB, s-151 85 Södertälje, Sweden  The sponsor has the overall responsibility for a clinical study. |
| **Study site details** | The place where the clinical study is taking place and where you will have to go for the planned visits. |
| **Health authorities** | Authorities who supervise the study, who approve the commercialisation of the drug or who receive the adverse events reporting, whether in your country or in other countries. |
| **Research partners** | Any organisation which collaborates with the sponsor within the drug development programme or for future research. |
| **Service providers** | Any organisation bound to the sponsor by a contract, which may conduct activities on behalf of the sponsor under its strict instructions. This may include other researchers including so-called “contracted research organisations” (CROs) and IT companies hosting clinical data or providing IT services. |
| **Safeguards** | Appropriate safeguards will be implemented to protect coded data during and after the study and may include that:   * + Access to the coded data will be limited to specific individual’s subject to confidentiality obligations (including the obligation to not attempt to re-identify individuals/decode the clinical data).   + The coded data will be protected with security measures to avoid data alteration, loss and unauthorised accesses and further de-identification techniques may be applied.   + A data protection impact assessment (DPIA) will apply to identify and mitigate privacy risks, if any, associated with each scientific research.   + When required by applicable law, scientific research is subject to the approval of Ethics Committees.   + The coded data will not be shared for direct marketing purposes or other purposes that are not legal duties or are not considered scientific research according to the applicable data protection legislation. In particular, it will not be used to make decisions about future services available to you, such as insurance. |
| **Security measures: How is my data protected in other countries?** | The processing of your data starts at the study site. Your data will then be transferred to several data experts to be verified and for results to be calculated. In addition to having your data and biosamples coded, your data is also protected by high standard technical security means such as strong access control and encryption. |
| **Restricted rights** | Please note that the rights provided by the GDPR and UK Privacy Law to get data discarded (i.e., the right to be forgotten) as well as to get data transmitted in a standard electronic format (i.e., right of portability)do not apply to such studies. |
| **Scientific research** | Scientific research includes technological development and demonstration, fundamental research, applied research and privately funded research as well as studies conducted in the public interest in the area of public health. This means that we may use the data to advance our understanding of how to make new medicines, medical devices, diagnostic products, tools and/or other therapies, to treat diseases. We may also use this data to improve the design and execution of future clinical studies, services and treatments, for outcome research activities and to aid in pricing and reimbursement activities. |
| **Deposit in scientific databases** | To do more powerful research, it is helpful for researchers to share data by placing data into one or more scientific databases. Researchers can then study the data combined from several research projects and learn even more about health and disease.  If you agree to take part in future research, some of your coded data (not including genetic data) might be placed into one or more scientific database.  Researchers with an approved scientific research project may be able to see and use your coded data, along with that from many other people.  Your name and other information that could directly identify you (such as address) will never be placed into such a scientific database. Researchers will always have a duty to protect your privacy and to keep your information confidential. |