Emory University and Children’s Healthcare
Consent to be a Research Subject

A Phase 2, Randomized, Controlled Observer-blinded Trial, to Assess the Safety, Tolerability, and Immunogenicity of MCV4, Tdap Vaccine and rLP2086 Vaccine When Administered Concomitantly in Healthy Subjects Aged ≥10 to <13 Years

Principal Investigator: Harry L. Keyserling, MD

Sponsor: Pfizer, Inc Protocol: B1971015

If you are the legal guardian of a child who is being asked to participate, the term “you” used in this consent refers to your child.

Introduction
You are being asked to be in a medical research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study. The decision to join or not join the research study will not cause you to lose any medical benefits. If you decide not to take part in this study, your doctor will continue to treat you.

Before making your decision:
• Please carefully read this form or have it read to you
• Please listen to the study doctor or study staff explain the study to you
• Please ask questions about anything that is not clear

You can keep a copy of this consent form. Feel free to take your time thinking about whether you would like to participate. You may wish to discuss your decision with family or friends. Do not sign this consent form unless you have had a chance to ask questions and get answers that make sense to you. By signing this form, you will not give up any legal rights.

First, we want you to know that taking part in a research study is voluntary. Second, you need to know that there are important differences between being cared for in a research study and being cared for by your doctor outside of a research study:
• Outside a research study, you and your doctor have a great deal of freedom in making decisions about your health care.
• When you take part in a research study, the main goal is to learn things to help other patients in the future. The study team (your study doctor and the research staff that assist your study doctor) will follow the requirements for the research study. Our priority is always to protect your health and safety.

It is important that you understand the difference between the regular care you get from your doctor and what is involved in this research study.

This consent document gives you important information about the research study. Please read this information carefully before deciding to take part. No one can make you take part and you can stop at any time. If you choose to take part in this research study, you will need to sign this consent document. You will receive a copy of the signed document for your records.
This research study is being conducted for Pfizer. Pfizer is sponsoring the study and will be paying Dr. Keyserling and Emory University to conduct the study. Dr Keyserling’s day number is 404-727-4044 and emergency after hours number is 678-825-5428.

Pfizer studies are registered on www.clinicaltrials.gov and the results will be posted on www.clinicalstudyresults.org. It may be many years however, before research results are posted. Information that is posted to these websites will not include any personal information about you.

**Study Overview**

This study is being done to look at a new vaccine that might prevent a type of meningitis that is caused by a germ called Meningococcus B (MnB). There are several types of meningococcus. This study is trying to prevent meningitis caused by Meningococcus Type B. The test vaccine is called rLP2086. rLP2086 vaccine is a new investigational vaccine. A new investigational vaccine is one that is not approved for sale in this country.

Vaccines can help people to fight off germs. Vaccines are already available to help fight off some of the other types of meningococcus germs but not meningitis cause by MnB. We are testing rLP2086 to see if it will help fight off MnB meningitis. We are still testing this vaccine, so we want to see how well it works in healthy people. You are being asked to take part in this research study because you are healthy.

The purpose of this study is to learn what the effects are of the test vaccine, rLP2086, when taking it with two other vaccines at the same time. The two additional vaccines are FDA-approved and are usually given as part of the routine adolescent vaccination schedule. One of the vaccines is Menactra® (MCV4). Menactra® is approved for the prevention of four types of meningitis: meningococcal Groups A, C, Y, and W-135, but not meningococcus B. Adacel® is approved to prevent tetanus, diphtheria, and pertussis. The Adacel® (Tdap) booster is usually given to children who are 11 years of age and older. Giving Adacel® to a 10 year old is an off-label use. The term off-label means that the vaccine is approved by the FDA for persons who are 11 years of age and older. Adacel® is not approved for 10 year olds. We will learn if the vaccines work by looking at the antibodies in your blood before and after you receive the vaccines. A sample of your blood will be taken four times to obtain this information. Because this is a research study, rLP2086 vaccine will only be given during this study and not after the study is over.

The study is being done at 80 different research sites in the United States. About 2625 adolescents (10 -12 year olds) will be enrolled. We plan to enroll up to 30 children here at Emory. This study will use competitive enrollment. This means that when a certain number of children have entered the study from all of the research sites combined, no more children will be enrolled at any site.

You will be in this study for about 14 months. You will need to visit the research site 6 times during the study. There are 2 types of visits, a vaccination visit and a check up visit, Blood will be drawn at 4 of these visits.

You will be randomly assigned to one of three groups by a computer program. Your group will be decided by a random process (like flipping a coin). You have a 1 in 3 chance of being assigned to each group.

This is an observer-blind study. This means that you and your study doctor will not know to which group you are assigned. A nurse who does know your group assignment will give you the shots.

**Procedures**

Before you are given the test vaccine, the study nurse or doctor will check that it is okay for you to be vaccinated in a research study. The study nurse or doctor will:
• Ask some questions about your health.
• Ask if you have had any other vaccines recently.
• Take your temperature.
• Examine you.
• If you are female, you will be asked to provide a urine sample for a pregnancy test.
• Before the first vaccination, a 10 mL blood sample (this is about 2 teaspoons) will be taken to measure your antibody levels. The sample will be taken from your arm using a needle.

Once the study doctor or nurse has made sure it is okay for you to be vaccinated, you will be given your shot.

The study nurse will tell you when you need to come to the clinic. There is a table that shows what will happen at each visit is at the end of this consent document.

**Vaccination Visits: Visits 1, 3, and 5, (and possibly Visit 6)**

After you have been randomly assigned to a Study Group, you will be given three separate shots at each vaccination visit. You will get either:

- rLP2086 (test vaccine) and Menactra® and Adacel® (approved vaccines); or
- Saline (placebo) and Menactra® and Adacel® (approved vaccines); or
- rLP2086 (test vaccine) + two shots of saline (placebos).

A placebo is something that looks like the test vaccine or the approved vaccine, but does not contain any active parts. In this study, the placebo will be a saline (salt-water) shot. Researchers use a placebo to see if the study drug works better or is safer than not taking anything.

At Visits 3 and 5, depending on your assigned group, you will be given one shot of either rLP2086 or saline.

If you are in the group that gets two shots of saline at Visit 1 instead of the FDA approved vaccines, you will be told during Visit 6. After the blood draw at Visit 6, you will then be given the FDA approved MCV4 and Tdap vaccines.

The shots are given in the muscle near the top of your arms at Visit 1. One shot will be given in the left arm and two shots will be given in the right arm. At Visits 3 and 5 one shot will be given in the left arm. If you are in Group 3, you will be given 2 shots in the right arm at Visit 6.

You will need to stay in the clinic for about 30 minutes after each shot so that the doctor or nurse can make sure you are okay.

The study staff will give you an electronic diary, digital thermometer and measuring device to take home. You will be asked to use these to measure your temperature and any redness or swelling at the left arm injection site. The electronic diary will ask other questions about any side effects you may have after the shot.

While you are in the clinic, the study staff will show you how to use the electronic diary. You will have to answer some questions in the electronic diary for 7 days after each shot.

The study staff will show you how to measure your temperature at home and how to measure any redness or swelling that you might get where the left arm injection was given. You will have to take the measurements for 7 days after each shot.
Each day, after you have answered the questions in the electronic diary, it will ask you to send your answers to the study doctor. It is like sending a text message from a mobile/cell phone.

You will need to keep the electronic diary’s battery charged up by plugging it into the electricity supply. You should do this every day while you are not using the electronic diary.

You must return the electronic diary at your next visit so that the study staff can check your answers. It is very important that you remember to bring the diary to the visit because it has information about your safety.

You should call the study doctor or nurse if you have any unusual reactions, or if anything about your health worries you. It is important that you **tell the study doctor or nurse if you develop a new health problem during the study.** This is so that they can check if it is still safe for you to stay in the study.

It is also important that you contact the study staff if you have a large swelling at the left arm injection site (21 units or bigger on the measuring device), a temperature higher than or equal to 102.1°F, or if you have a severe headache.

**Extra visits:**
If you have swelling at the left arm injection site of 21 units or bigger on the measuring device, a temperature higher than or equal to 102.1°F, or if you have a severe headache you **should call the study doctor or nurse.** An extra visit may be scheduled. At this extra visit:

- You will have your temperature measured.
- The size of the swelling (if still present) may be measured.
- You will be asked about your health.
- The doctor or nurse may also examine you.

**Check up visits: Visits 2, 4 and 6**
At Visits 2, 4 and 6, the study doctor or nurse will ask about your health. They will want to know if you have received any other vaccines. The study staff will draw a 10 mL blood sample (about 2 teaspoons) to measure your antibody levels. If you are assigned to Group 3 you will get the FDA approved Menactra® and Adacel® vaccines at Visit 6.

A total of 40 mL (about 8 teaspoons) of blood will be drawn over the course of the study. If a test or procedure does not go as planned it may have to be done again.

You must remember to bring the electronic diary with you to every study visit.

The study team will contact you by telephone 6 months after your last study vaccination. You will be asked about any changes in your health or medications.

**Risks and Discomforts**
Any research has some risks that could make you sick, make you feel uncomfortable, or hurt you. You might experience negative effects related to the study vaccine while participating in the study. All research participants taking part in the study will be watched carefully for any negative effects. However, the study team does not know all the effects that the study vaccine may have on you. The study team may suggest medicines to help reduce negative effects. These effects may be mild or serious. In some cases, these effects can be long lasting, or permanent, and may even be life threatening.

The negative (bad) events that are the most likely to happen to you if you take part in this study are described below.
For rLP2086 vaccine:
Studies using rLP2086 vaccine have been done in about 780 people.

The results of the studies showed that the vaccine could cause the desired immune response (antibodies found in the blood) in adults, adolescents and toddlers.

As with all research studies, the rLP2086 vaccine may involve risks that are already known, as well as risks that are currently unknown. The procedures and therapy in this study involve the following known possible risks and discomforts to you:

Side effects seen at the site of injection with the rLP2086 vaccine may include pain, swelling, or redness. Most subjects had mild or moderate pain and swelling or redness after vaccination. The symptoms did not last long.

Some adults and teenagers (1-10%) had injection site redness and/or swelling that measured more than 10 cm. Some toddlers (<10%) had injection site redness that measured greater than 7 cm. These are considered large reactions for each age group. The reactions typically lasted several days. Sometimes the subjects also had other symptoms such as fever, headache, and tiredness. Pain that interfered with daily activities was reported by up to 10% of teens and adults. The more severe local reactions were generally seen in participants who received higher dose levels of vaccine. The symptoms resolved within a few days with no complications.

Occasional fever that lasted 1-2 days occurred in less than 10% of teens and adults. These fevers were generally seen in toddler participants who received higher dose levels of vaccine.

In babies 2 months old fever was very common (64-90%) after a first vaccine dose of 20 or 60 micrograms. Doses of 20 micrograms or higher are no longer given to babies.

In an infant study one baby developed meningitis (inflammation of the brain lining), about 10 hours after vaccination. The baby recovered fully. No clear cause was identified. The investigator decided that the case was probably not related to the vaccine.

Headache, chills, nausea, vomiting, muscle pain, joint pain and fatigue have also been seen after vaccination. In toddlers, decreased sleep, increased sleep, change in appetite, irritability, vomiting and diarrhea have been seen. These reactions range from mild to severe.

As with any vaccine given by injection, people may have an allergic reaction. The allergic reaction could be minor (rashes) or more severe (swelling of the face or lips and/or shortness of breath). A severe allergic reaction to the vaccine (anaphylactic shock) can occur (if your body has a reaction to the study vaccine). Therefore, it is important that you report all symptoms and side effects that you experience as soon as they occur, whether or not you think they are caused by the study vaccine.

Any serious side effects that occur up to six months after you have received your last study vaccination should be reported to the study staff.

You may have pain, swelling, or bruising around the site where the blood sample is collected. There is a risk of infection around the vein where your blood was collected.

For the approved vaccines:
Menactra® (MCV4) is an FDA-approved vaccine but may cause side effects such as headache, fever, nausea and dizziness. Redness, pain and swelling at the local injection site may also occur. Menactra® is an approved vaccine for the prevention of Meningitis types A, C, W-135 and Y.

Adacel® (Tdap) is an FDA-approved vaccine for the prevention of Tetanus, Diphtheria, and Pertussis and may cause side effects such as redness, swelling, and pain at the injection site, and fever.
For Placebo injection:
This is a saline (salt-water) shot. Reactions at the injection site might include pain, swelling and redness.

Other Risks
Since rLP2086 is investigational when taken alone or in combination with other medications, there may be other risks that are unknown. All drugs and vaccines have a potential risk of an allergic reaction. Allergic reactions must be treated promptly or they could become life threatening. You should get medical help and contact your study doctor right away if you think you have any of the following symptoms of a serious allergic reaction: trouble breathing, or swelling of the face, mouth, lips, gums, tongue or neck. Other allergic reactions may include rash, hives, or blisters.

It is important that you report all symptoms and side effects that you experience as soon as they occur, whether or not you think they are caused by the study vaccine. The phone numbers for your doctor and his/her study staff are on pages 2 and 9 of this document.

If you are a girl: The effects of rLP2086 on sperm, a pregnancy, or a nursing child are not known. If you might be physically able to become pregnant, you must agree to try not to get pregnant during the study and for 28 days after the last study vaccine. You must agree to not have sex, or if you do, use reliable birth control. This would include condom plus spermicide, a female condom, diaphragm, cervical cap or intrauterine device, implants, injectables, or combined oral contraceptives.
If you are currently pregnant, or are planning to become pregnant you should not take part in this study. If you become pregnant during the study, you may be withdrawn for safety reasons.

If you are a man: The effect of the study drug on sperm is not known. To protect against possible side effects, you should not get a sexual partner pregnant while taking the study drug and for 28 days after the last dose. You and the study doctor should agree on a method of birth control to use throughout the study. This would include condom plus spermicide, a female condom, diaphragm, cervical cap or intrauterine device, implants, injectables, or combined oral contraceptives.

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

New Information
It is possible that the researchers will learn something new during the study about the risks of being in it. If this happens, they will tell you about it. Then you can decide if you want to continue to be in this study or not. You may be asked to sign a new consent form that includes the new information if you decide to stay in the study.

Benefits
There may or may not be medical benefit to you. The possible benefits of this study are that you may make antibodies that may protect you against meningococcus B. Other people may benefit from the information that is learned in this study.
This research study is for research purposes only. The alternative (other option) is to not take part in this study.

Compensation
You will not be paid for taking part in this study. However, you will be reimbursed $50 for each study visit for study-related costs (examples: transportation, meals, parking lot fees, gasoline or similar expenses).
**Blood Samples**
The blood samples will be used only for scientific research. The study staff, Pfizer and its representatives will have access to the samples, which will be stored at a facility chosen by Pfizer. Each sample will be labeled with a code so that the laboratory personnel testing the samples will not know who you are. Some of the samples may be stored for future testing by Pfizer. The blood samples will only be used for vaccine development purposes and no genetic testing will be performed. Pfizer will keep the samples for up to 15 years, then all samples will be destroyed. You may request that your samples, if still identifiable, be destroyed at any time; however, any data already collected from that sample will still be used for this research. The blood samples will remain the property of Pfizer and may be shared with other researchers as long as confidentiality is maintained. All names will be removed from samples before being given to other researchers. You will not be told of these possible tests, nor will you receive results of any of these tests.

**Confidentiality**
Certain offices and people other than the researchers may look at your medical charts and study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include Food and Drug Administration, the Emory Institutional Review Board, the Emory Office of Research Compliance, the Office for Clinical Research, and the Clinical Trials Audit & Compliance Office. Study sponsors may also look at your study records. Emory will keep any research records we create private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Study records can be opened by court order. They may also be produced in response to a subpoena or a request for production of documents.

The sponsor will use and disclose your information only for research or regulatory purposes or to prepare research publications. In addition to using it for this study, the sponsor may reanalyze the study data at a later date or combine your information with information from other studies for research purposes not directly related to this study. The goal of any such research would be to learn more about drugs or diseases or to help design better studies in the future. Your name will never appear in any sponsor reports or publications, or in any future disclosures by the sponsor.

The ways your study doctor will use your study-related health information and the people who may receive it are identified in a separate form entitled “Emory University School of Medicine Research Subject HIPAA Authorization to Use or Disclose Health Information that Identifies You for a Research Study." You will be asked to sign that form to show that you give permission for these uses and sharing of your information. You do not have to sign the authorization form. However, if you do not, you will not be able to participate in the study.

If you are or have been an Emory Healthcare patient, you have an Emory Healthcare medical record. If you are not and have never been an Emory Healthcare patient, you do not have one. Please note that an Emory Healthcare medical record will be created if you have any services or procedures done by an Emory provider or facility for this study.

If you agree to be in this study, a copy of the consent form and HIPAA patient form that you sign will be placed in your Emory Healthcare medical record. Emory Healthcare may create study information about you that can help Emory Healthcare take care of you. Anyone who has access to your medical record will be able to have access to all the study information placed there. The confidentiality of the study information in your medical record will be protected by laws like the HIPAA Privacy Rule. On the other hand, some state and federal laws and rules may not protect the research information from disclosure.
Emory does not control results from tests and procedures done at other places, so these results would not be placed in your Emory Healthcare medical record. They will not likely be available to Emory Healthcare to help take care of you. Emory also does not have control over any other medical records that you may have with other healthcare providers. Emory will not send any test or procedure results from the study to these providers. If you decide to be in this study, it is up to you to let them know.

**In Case of Injury**

If you experience a research injury, Emory University will provide or arrange for medical treatment at no cost to you. Pfizer will cover the costs of this treatment. A research injury is any physical injury or illness caused by your participation in the study. If you are injured by a medical treatment or procedure that you would have received even if you were not in the study that is not a research injury. Payment for such things as expenses other than medical care, or pain and suffering is not available. To help avoid injury, it is very important to follow all study directions. You are not giving up any of your legal rights by signing this form.

If you get ill or injured from being in the study, Emory would help you get medical treatment. You should let the study doctor know right away that you are ill or injured. If you believe you have become ill or injured from this study, you should contact Dr. Keyserling at telephone number 404-727-4044 during normal business hours and 678-825-5428 for after hours. You should also let any health care provider who treats you know that you are in a research study.

If you get ill or injured as the direct result of being in this study, the sponsor will pay the costs for your medical treatment of the illness or injury if it:

- (a) is not a medical condition that you had before you started the study;
- (b) is not the result of the natural progress of your disease or condition;
- (c) is not caused by your failure to follow the study plan; and
- (d) is not proved to be directly caused by the negligence of an Emory or sponsor employee. “Negligence” is the failure to follow a standard duty of care.

Your insurance will be billed for any costs of medical treatment for your injury or illness that the sponsor does not pay. Your insurer may be told that you are in a research study. If you do not have insurance, or if your insurance does not pay, then you will have to pay these costs.

Emory has not set aside any money to pay you or to pay for your treatment if you get ill or injured from being in the study. The only exception to this policy is if it is proved that your injury or illness is directly caused by the negligence of an Emory or sponsor employee.

**Costs:**

**There will be no charge to you for participating in this study. The study vaccines, study related procedures, and study visits are provided at no charge to you or your insurance company.**

**Withdrawal from the Study**

Taking part in this research study is up to you. You may choose not to take part. You can change your mind and withdraw (drop out) later. There will be no penalty, and you will not lose any benefits you receive now or have a right to receive.
We will tell you if we learn new information that could change your mind about you taking part in this research study. If you want to drop out, you should tell us. We will make sure you can end the study in the safest way. We will also talk to you about follow-up care, if needed.

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

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

If you stop participating in the study early for any reason, the study team will tell the study sponsor why. If the study team asks you to come to any more study visits and you agree, the study team will send the study sponsor information from those visits as well. All information collected about you may continue to be used and disclosed. If you leave the study for any reason, the study doctor may ask you to have the tests listed in the Procedures section conducted for your safety.

If you withdraw or are removed from the study, biological samples (for example, blood or urine samples) that have been collected from you can be withdrawn if they have not yet been analyzed or destroyed. If you want your samples withdrawn, you must tell the study team before or at the time you leave the study.

If you leave the study early, you will be asked to attend the next clinic visit as planned. The study doctor or nurse will ask about your health and may ask to take a blood sample. If you are in the group that is given two shots of saline at Visit 1 instead of the FDA-approved vaccines, you will be given the FDA-approved Menactra® and Adacel® vaccines. The study staff will also ask to contact you by phone approximately 6 months after your last shot to collect information about your health. These procedures are done for your safety and to complete the collection of necessary study information.

**Contact Information**

Contact Dr. Harry L. Keyserling at 404-727-4044 during business hours and at 678-825-5428 for after hours.
- if you have any questions about this study or your part in it,
- if you feel you have had a research-related injury or a bad reaction to the study drug, or
- if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:
- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.
- You may also let the IRB know about your experience as a research participant through our Research Participant Survey at [http://www.surveymonkey.com/s/6ZDMW75](http://www.surveymonkey.com/s/6ZDMW75).
**Consent**

Please, print your name and sign below if you agree to be in this study. By signing this consent form, you will not give up any of your legal rights. We will give you a copy of the signed consent, to keep.

____________________________________
Name of Subject

____________________________________
Signature of Legally Authorized Representative

____________________
Date              Time

____________________________________
Authority of Legally Authorized Representative or Relationship to Subject

____________________________________
Signature of Person Conducting Informed Consent Discussion

____________________
Date              Time

____________________________________
Name of Person Conducting the Informed Consent
### Study Visit Schedule:

<table>
<thead>
<tr>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
<th>Visit 5</th>
<th>Visit 6</th>
<th>Phone Call</th>
</tr>
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<tbody>
<tr>
<td><em>Vaccination visit</em></td>
<td>About 1 month after visit 1</td>
<td>About 1 month after visit 2</td>
<td>About 1 month after visit 3</td>
<td>About 1 month after visit 4</td>
<td>About 1 month after visit 5</td>
<td>About 6 months after visit 5</td>
</tr>
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</table>

**Study staff will ask you about your health and take your temperature before the vaccination**

**If you are female you will have to give a urine sample for a pregnancy test**

**You will be given the vaccine**

**A blood sample will be taken to measure your antibodies**

**You will have to answer questions in a diary for 7 days after your vaccination**

**Children assigned to Group 3 will also receive the 2 FDA approved vaccinations at Visit 6.**