CONSENT FORM AND AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

STUDY TITLE: AN OPEN-LABEL STUDY OF CC-10004 FOR CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME

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Hospital: William Beaumont Hospital
Study Supporter: Celgene

INTRODUCTION

Why is this study being done?

The purpose of clinical research is to look at the nature of disease and try to develop improved methods to diagnose and treat disease. You are being asked to participate in a clinical research study. The doctor in charge of the study believes that you meet the initial requirements to take part in the study. Before agreeing to participate, it is important that you read and understand the following explanation of the research procedures. This consent and authorization form describes the purpose, procedures, benefits, risks and discomforts of the study. It also describes the alternatives available to you, and your right to withdraw (quit) from the study at any time.

Please read this information carefully and ask as many questions as you like before deciding whether or not you would like to take part in this research study.

The goal of this study is to evaluate an investigational medication referred to as CC10004 for treatment of prostatitis. This study is also being done to determine the safety and effectiveness of the drug. CC-10004 is a drug that alters the immune system. It is currently being tested in a variety of inflammatory conditions. This drug is investigational, which means the U.S. Food and Drug Administration has not yet approved it to be sold commercially.

A total of 20 patients at William Beaumont Hospital will participate in the study.

How long will I be in the study?

If you decide to take part in this study, your participation is expected to last 16 weeks. You may not participate in this study if you are currently enrolled in another related research study that could alter or influence the study results.

You may not donate sperm or blood while taking the study medication and for 28 days after your final dose.

DESCRIPTION OF THE STUDY

What will happen if I take part in the research study?

You are being asked to participate in this research study because you have been diagnosed with prostatitis. Prostatitis is the most common urologic diagnosis in men under the age of 50 and the third most common diagnosis in older men. In Chronic Prostatitis (CP) or Chronic Pelvic Pain Syndrome (CPPS), symptoms include lower urinary tract symptoms, pelvic pain, and sexual dysfunction. Little is known about the cause of CP/CPPS.

Due to the significant inflammatory nature of CP/CPPS, most prior therapies have focused on treating the inflammation. CC-10004 in several studies has shown to inhibit inflammation, and therefore may decrease the pain experienced from CP/CPPS.

If you are eligible and you agree to take part in this study, you will be placed on the study medication.

Below is a table describing what will occur at each study visit:

	Visit 1	**Visit 2**	**Visit 3**	**Visit 4**	**Visit 5**	**Visit 6**	**Visit 7**	**Visit 8**	**Visit 9**	**Visit 10**
	Screen Visit	**Week 0**	**Week 1**	**Week 2**	**Week 4**	**Week 6**	**Week 8**	**Week 10**	**Week 12**	**Week 16**
Informed Consent	X									
Medical History	X									
Physical Examination	X				X		X		X	X
Concurrent Medications	X	X	X	X	X	X	X	X	X	X
Dispense or Count Study Medication		X	X	X	X	X	X	X	X	X
Lab tests										
Chemistry panel	X			X	X	X	X	X	X	X
Complete Blood Count	X		X	X	X	X	X	X	X	X
PSA	X									
Urinalysis	X		X	X	X	X	X	X	X	X
Urine Culture	X									
Urine for Cytokines	X				X		X		X	X
HIV Hepatitis	X									
12-lead EKG	X			X	X	X	X	X	X	X
TB test	X									
Chest X-ray	X									
Questionnaires	X		X	X	X	X	X	X	X	X
Side Effects			X	X	X	X	X	X	X	X

Current Medications

You will need to stop any antibiotics for at least seven (7) days prior to starting study drug.

You must stop taking anti-inflammatory medications (such as advil and ibuprofen for at least seven (7) days prior to starting study drug.

You may continue on your narcotics (medication for pain) for CP/CPPS at your regular dosage. Any change in the amount of narcotic medications that you take should be discussed with your study physician first.

Study Medication

Study medication should be taken at approximately the same time every day, 12 hours apart, once in the morning and once in the evening. Morning doses should be taken orally at least 1 hour before or 2 hours after breakfast; evening doses should be taken orally 12 hours later, at least 1 hour before or 2 hours after the evening meal.

Banking of Urine Specimens

With your permission, additional urine specimens will be collected at visits 1, 5, 7, 9, and 10. Urine biomarkers look at certain elements in the urine that may be of help in diagnosing and treating painful bladder syndrome. You will be asked to give specimens of urine in the amount of approximately ½- 1 cup. You will not be informed of any of the results of the biomarker analysis of your urine. The results will not be placed in your medical record.

The urine specimens that you provide will not contain your name or other information that could identify you. Your urine specimens will be saved and stored at William Beaumont Hospital where the specimens will be given a unique study number. At a later date, the specimens will be sent for analysis. Should you decide to withdraw your specimens while they are stored at the William Beaumont Hospital, please contact Dr. Ken Peters. The study coordinator and Dr. Peters will have access to your urine specimens.

Once your specimens are sent for analysis, they cannot be withdrawn because these specimens have a unique study number and it will not be known which urine specimen is yours.

Your urine specimens may be stored for an indefinite period of time or through the end of the study. They may be used at any time for more studies in urine biomarkers. Stored urine may be used later for identification of new risk factors for painful bladder syndrome and other urology diseases.

You may change your mind at anytime. You do not have to provide urine specimens for biomarker analysis or storage in order to participate in the drug study.

Do you wish to participate in this additional, optional portion of this study?

☐ Yes

☐ No

_____
Patient's Signature

RISKS, SIDE EFFECTS AND DISCOMFORTS
What side effects or risks can I expect from being in the study?

Most Frequent (occurring more than 10% of the time):

- Headache (26%)
- Nausea (16%)
- Pain in your joints [Arthralgia] (11%)
- Dizziness (11%)
- Diarrhea (11%)
- Nasal Congestion (11%)
- Sore throat [Pharyngitis] (11%)
- Runny nose [Rhinorrhea] (11%)

With any drug, unusual, unexpected or previously unreported side effects may occur. You could also have an allergic reaction to the drug (your body has a reaction to the study medication). You should discuss these with the researcher and/or your regular doctor. Other drugs may be given to make side effects less serious and uncomfortable. Many side effects go away shortly after the medications are stopped, but in some cases, side effects can be serious, long lasting, permanent or fatal.

Other medications, which work in a similar way as the study medication, have been shown to decrease your ability to fight off an infection. As of now, this side effect has not been seen in the 351 patients who have taken CC-10004.

Precautions will be taken to prevent or reduce any discomfort or risk. You understand that there may be risks and discomforts that are unknown. You may experience all, some or none of these side effects listed. You will be asked to contact your study doctor for any problems or questions that arise at any time during your treatment, so that measures can be started to prevent or decrease serious problems. If, during the course of treatment, your doctor becomes aware of additional toxic (bad) or therapeutic (good) effects, your doctor will discuss them with you.

Drawing blood may cause pain, bleeding, and/or bruising at the needle puncture site, and rarely, a blood clot or infection could occur. Some people may become lightheaded or faint during or shortly after having their blood drawn.

TB skin test: This test involves a small needle prick in the top layer of the skin. This test may result in swelling, redness and itching at the injection site, similar to a mosquito bite that can last for up to a week.

_____ _____ Pt.
Initials Date

Questionnaires: The self-administered questionnaires in this study contain items that may cause some emotional anxiety and discomfort. The questionnaires will take you about 5-10 minutes to complete.

Not all possible effects or hazards of the use of this drug are known; therefore, use of the drug and its effect on disease cannot be predicted. You will be informed of any significant new findings that develop during the course of this research study that might change your decision to continue to participate in this study.

If any physician other than the study physician prescribes medication for you, even if it is for another condition, you must inform the study staff. In addition, you must report all over the counter medications, herbal preparations and nutritional supplements that you are taking. This is important because the interaction of some medications and supplements may cause serious side effects.

Pregnancy Warning

All patients taking CC-10004 must follow guidelines for prevention of pregnancy. This is because there may be a risk of harm to a fetus if pregnancy occurs while taking CC-10004.

If you are a man:
In male mice treated with Apremilast, although most of their sperm were alive, some sperm were found dead or dying. What this finding means in men is not known. Therefore, you must use latex condoms during sexual activities that can lead to pregnancy while on study medication and for at least 84 days after you take the last pill of study medication. If you have any questions about this information please ask your study doctor.

The study doctor will discuss appropriate birth control measures with you. If you suspect that your spouse or your partner have become pregnant during the research study, you will be asked to notify your study doctor. The study doctor will report all pregnancies to Celgene. The study doctor will ask for information on the outcome of the pregnancy and report this information to Celgene.

Radiation Risk Statement

This research involves exposure to radiation from one x-ray of the chest. The whole body and critical organ dose equivalents are below the FDA guidelines for human research. The amount of radiation exposure that is received from this one procedure is an effective dose equivalent of 20 millirem. This is equivalent to 0.07 times the amount of natural environmental radiation the average person receives in the United States annually (300 millirem).

BENEFITS

What are the benefits of taking part in this study?

There may be no direct benefit to you from taking part in this study. Information gained from the results of this study may be of benefit to others in the future, with a similar medical condition. Your condition may improve, but this cannot be guaranteed.

ALTERNATIVE OPTIONS

What are my choices about taking part in this study?

You do not have to take part in this study to receive treatment for your condition. Little is known about the cause of CP/CPPS and no definitive therapy exists for CP/CPPS.

Due to the significant inflammatory nature of CP/CPPS, most prior therapies have focused on targeting the inflammation, which may include treatment with medications such as antibiotics and anti-inflammatory drugs (i.e., ibupropen).

ECONOMIC CONSIDERATIONS

What are the costs of taking part in this study?

Celgene Corporation will provide the study medication at no cost to you. There will be no cost to you for the study procedures described in this consent e.g. physical examinations (5), blood samples collected (9), EKG's (8) and questionnaires. Routine procedures that are done outside of the study and are billed to your third party payor as usual. Routine care costs, normally covered by a third party payor, that are <u>not</u> covered by your insurance, will be your responsibility.

You will be reimbursed for your time and travel (etc) during the course of the study. You will receive $25 per completed visit.

COMPENSATION

What happens if I am injured because I took part in this study?

Your participation in this study is voluntary. The possible risks and side effects that might occur during the course of the research study have been described in this consent and authorization form. A research injury is any physical injury or illness caused by your participation in the study.

Should any unintentional injury or damage result from your participation in this study, there are no designated funds provided for subsequent medical care or compensation by either the study doctor or William Beaumont Hospital or the company supporting the study.

Financial compensation for such things as lost wages, disability or discomfort due to injury during research is not routinely available.

What are my rights if I take part in this study?

You are not giving up any of your legal rights by signing this form.

CONFIDENTIALITY, DISCLOSURE AND USE OF YOUR INFORMATION

Will my medical information be kept private?

In order for this research study to take place, you must also authorize the researchers to access and use some of your personal health information. By signing this consent and authorization form, you give William Beaumont Hospital permission to use and or disclose (release) your health information related to this research. Your medical and billing records collected for the purpose of the study will remain confidential, but may be disclosed (released) or used by the following and/or their representatives:

- The investigators (study doctor, research staff)
- William Beaumont Hospital
- The Food and Drug Administration
- Other governmental agencies, and
- The study supporter Celgene Corporation, their agent or designee
- Your healthcare insurer including Medicare and Medicaid and their intermediaries (companies contracted to process claims) may also have access to your medical and billing records of the study.

The purpose for this disclosure (release) or use is, for example, to assure compliance with the study protocol, to evaluate the effectiveness of the study, and/or to provide protection to you as a research study subject. The disclosure and use of your information will continue after your participation in the study has ended. There is no expiration date for the use of your medical and billing records from the study. Any information about you disclosed to the parties identified above may be re-disclosed by them; however, such re-disclosure is not under the protections of this Consent and Authorization.

Publication or other release of study results, data, and other information (such as in professional writings, at professional meetings, and in the study supporter's product information, and/or advertising or other promotional materials) will not identify you.

If you decide to withdraw your authorization for the researchers to access and use your personal health information before the end of the study, you will be withdrawn from the research study. However, where the study relied on your consent and authorization for the time you participated in the study, your consent and authorization cannot be withdrawn and the information already collected may still be used and disclosed as you previously authorized.

STOPPING STUDY PARTICIPATION

What if I decide to stop taking part in the study?

Taking part in this research study is completely voluntary. You may choose not to take part or to stop being in the study (withdraw) at any time without penalty or loss of benefits to which you are otherwise entitled, or without jeopardizing your medical care by your physician at William Beaumont Hospital. However, if you do not agree to sign this Consent and Authorization form, you will not be able to participate in this study.

If you decide to withdraw from the study you will need to notify the study doctor, in writing, of your decision to stop taking part in the study. This notice may be sent to Dr. Kenneth Peters at William Beaumont Hospital, 3535 West 13 Mile Road, Royal Oak, MI 48073.

Your participation in this study may be stopped by the study doctor or study supporter without your consent, for any reason, which will be explained to you. Examples include:

- If the study medication or procedures appear to be medically harmful to you.
- If you fail to follow directions for participating in the study.
- If it is discovered that you do not meet the study requirements.
- If the study is canceled.
- If it is determined to be in your best interest.

If your study doctor stops your participation, or if you decide not to continue, you may be asked to have a final study visit or examination, so that you may be discontinued from the study in a safe and orderly manner.

CONTACTS

Who can answer my questions about the study?

You may talk to the study doctor about any questions or concerns that you have about your study participation, or in case you think you may have suffered a research related injury. The doctor in charge of the study Dr. Kenneth Peters may be reached at: (248) 551-0387 to answer your questions.

The study coordinator assigned to this study in the department of Urology may be reached at (248) 551-3565.

If you have any questions regarding your rights as a research participant, you may contact the Institutional Review Board (Human Investigation Committee) Chairperson at (248) 551-0662.

STATEMENT OF VOLUNTARY PARTICIPATION

I have read the above, have asked questions and have received answers about this study to my satisfaction. I understand what I have read and willingly give my consent to participate in **AN OPEN-LABEL STUDY OF CC-10004 FOR CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME.** I understand that I will receive a signed copy of this document and will be promptly informed of any new findings regarding this study. I further authorize the use or disclosure of my health and personal information contained in records as described above.

_____
RESEARCH SUBJECT NAME (PLEASE PRINT)

_____ _____
RESEARCH SUBJECT SIGNATURE DATE/TIME

ALTERNATIVE SIGNATURE (IF RESEARCH SUBJECT UNABLE TO SIGN)
AS THE PERSONAL/LEGAL REPRESENTATIVE OF THE STUDY SUBJECT, PLEASE LIST THE BASIS FOR YOUR AUTHORITY TO SIGN THIS CONSENT AND AUTHORIZATION:

☐ COURT-APPOINTED GUARDIAN ☐ NEXT OF KIN ☐ DURABLE POWER OF ATTORNEY

_____ _____
NAME (PLEASE PRINT) RELATIONSHIP TO SUBJECT

_____ _____
SIGNATURE DATE/TIME

☐ WITNESS TO SIGNATURE ON CONSENT ☐ WITNESS TO CONSENT PROCESS AND SIGNATURE

_____
WITNESS NAME (PLEASE PRINT)

_____
WITNESS SIGNATURE DATE/TIME

INVESTIGATOR/AUTHORIZED CONSENT PROVIDER STATEMENT:

I have explained this study and have offered the study subject an opportunity for any further discussion or clarification.

_____ _____
Name (please print) Phone Number

_____ _____
Signature Date /Time

_____ _____
Pt. Initials Date