

## **PARTICIPANT INFORMATION SHEET AND CONSENT FORM (Part 1: Single Ascending Dose)**

**Short Title:** A Study to Evaluate BC-006 in Adult Participants with Obesity

**Protocol Number:** CBC006A1101

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**Ethics Number:** 2025 FULL 22086

**This is the first time that BC-006 will be studied in humans.  
You will not get any health benefit from the medication used in this study; but there are  
risks of you having a medication reaction, injury, or illness.**

You are invited to take part in a clinical research study. This study will test an experimental medication, named BC-006, which may potentially be used for the treatment of Obesity. BC-006 is an investigational product because it has not been approved by the New Zealand MedSafe or other medication regulatory authorities.

There are multiple parts to this study, and you are being asked to take part in Part 1. This Participant Information Sheet will help you decide if you'd like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. We expect this will take about 30-60 minutes. You do not have to decide today whether or not you will participate in this study. Before you decide you may want to talk about the study with other people, such as family, whānau, friends, or healthcare providers. Feel free to do this.

Whether or not you take part is your choice. If you don't want to take part, you don't have to give a reason. If you do want to take part now, but change your mind later, you can pull out of the study at any time.

If you agree to take part in this study, you will be asked to sign the Consent Form on the last page of this document. You will be given a signed copy of this document.

Please make sure you have read and understood all the pages of this document including the consent form.

## 1 WHY ARE WE DOING THE STUDY?

### 1.1 Purpose

Obesity is a disease that is associated with a wide range of health issues, including diabetes, heart disease, stroke, arthritis, and some cancers. In New Zealand, approximately 1 in 3 adults and 1 in 10 children are classified as obese, and approximately 890 million adults are living with obesity worldwide.

GLP-1 receptor agonists (such as semaglutide (Ozempic®)) are currently popular medications used to manage obesity and diabetes. However, body weight tends to rebound quickly after stopping, requiring ongoing use of these medications to maintain weight loss. Studies show that 25% to 45% of weight loss from using these medications comes from the reduction of bones and muscle. This raises concerns about the potential negative side effects of GLP-1-based medications on physical function and possible treatment-induced physical weakness or “frailty”.

BC-006 is a type of investigational medication called a small interfering ribonucleic acid (siRNA) which works in the liver to reduce the production of a protein called inhibin subunit beta E (INHBE). Studies to date have shown that reducing INHBE can reduce fat mass and improve metabolism (how fast your body burns calories). Unlike GLP-1 receptor agonists, medications that inhibit (reduce) INHBE in the long-term have the potential to preserve muscle and bone mass. Therefore, if BC-006 can reduce levels of INHBE in the body, it may be an effective treatment to help prevent rebound weight gain after discontinuing medications like semaglutide.

Part 1 of the study will investigate the effects of a single ascending doses (SAD) of BC-006 in adult participants with obesity.

The purpose of Part 1 of this study is:

- Evaluate how safe and well tolerated BC-006 is, in adult participants with obesity.
- Measure levels of BC-006 in the blood over time, following a single dose.
- Measure the body’s response to a single dose of BC-006.
- Assess the effect of BC-006 on body composition

### 1.2 Study Design

Approximately 92 adult participants with obesity will take part in this study, with around 32 participants enrolling in Part 1. The study requires a screening visit, a 3-night stay at the New Zealand Clinical research (NZCR) unit, and 8 scheduled clinic visits. Further details are provided in section 2.

This is a randomised, blinded, placebo-controlled study:

Randomised means that the study medication you take (BC-006 or placebo) will be assigned randomly (by chance).

Blinded means that neither you nor your study doctor will know whether you will be receiving medication or placebo. In an emergency, the study doctor can find out what you are receiving.

Placebo controlled means the study uses a placebo (a substance that looks like BC-006 but contains no active medication) to compare against active BC-006.

Every person in the study will receive a single dose of BC-006 or placebo (a substance that looks like BC-006 but contains no active medication). Each dose will be given as a subcutaneous (SC) injection under the skin on the abdomen.

4 dose groups (cohorts) are planned for the study. The group you are assigned to will depend on when you join the study. Details for the dosing groups are as follows:

| Cohort | Dose of BC-006 or Placebo | Frequency                 |
|--------|---------------------------|---------------------------|
| A      | 100 mg                    | One SC injection on Day 1 |
| B      | 300 mg                    |                           |
| C      | 600 mg                    |                           |
| D      | 800 mg                    |                           |

In each dose group, two people will be dosed first (one will receive BC-006 and one will receive placebo). The rest of the group will be dosed only if there are no safety concerns after 48 hours of monitoring of the first two people. In the rest of each dose group, 5 people will receive BC-006 and 1 will receive placebo. Whether you receive active investigational medicine or placebo will be assigned randomly (by chance). You will have a 6 out of 8 (75 %) chance of receiving BC-006.

Dose groups will be enrolled in order. You will be told which dose group you will be in. You will also be told if any changes are made to the planned dose for your group.

Blood samples and other tests to measure investigational medicine levels and effects on the body will be collected at specific time points during the study (outlined below), your safety will be monitored, and any changes in your health will be recorded.

## 2 Who Can Take Part in this Study?

| To take part in this study you must: |  |
|--------------------------------------|--|
| ✓                                    | Be able to give informed consent and follow the study procedures.  |
| ✓                                    | Be aged 18 – 65 years, inclusive.  |
| ✓                                    | Have a BMI (Body Mass Index) between 30.0 kg/m <sup>2</sup> – 40.0 kg/m <sup>2</sup> (inclusive)                               |
| ✓                                    | Stable body weight within the last 3 months prior to screening   |
| ✓                                    | Be in good health (well controlled high blood pressure with stable treatment for at least 3 months prior to Screening is okay) |

| You cannot take part in this study if you: |   |
|--|---|
| ✗  | Have a history of a significant medical problem, mental health problem or severe allergy    |
| ✗  | Have been diagnosed with diabetes (except a history of gestational diabetes or prediabetes) |
| ✗  | Have a history of kidney disease  |

|   |   |
|---|---|
| ✗ | Have taken prescription medications (excluding contraceptives and medications for high blood pressure), over-the-counter medications (other than paracetamol and ibuprofen), food supplements, cholesterol lowering medications (statins), fish oil supplements, or herbal medications within at least 7 days prior to dosing, and antibiotics and systemic steroids (e.g. prednisone) within at least 30 days prior to dosing. |
| ✗ | Have a history of drug or alcohol abuse, have used recreational drugs within 6 months prior to screening, or a positive drug or alcohol test at screening or check-in. Alcohol abuse is defined as consuming on average more than 3 units of alcohol per day (1 unit of alcohol = 150 mL of wine, 360 mL of beer, or 45 mL of alcohol 40%).   |
| ✗ | Have a history of pancreatitis (inflamed pancreas) or significant low blood pressure.   |
| ✗ | Have donated more than 500mL of blood or plasma within 8 weeks prior to screening or planned blood or plasma donation within 90 days of dosing.   |
| ✗ | Have used any GLP-1 based therapy (e.g. semaglutide, liraglutide (Victoza, Saxenda) within 12 months of screening.  |
| ✗ | Are pregnant or breastfeeding   |
| ✗ | Have received a vaccination within 14 days prior to screening or plan to receive a live vaccination during the study period.  |
| ✗ | Are smoking more than 5 cigarettes per day (or nicotine equivalent, including vaping), and are unable to abstain completely from smoking/vaping during the inpatient stay   |
| ✗ | Have received an investigational medicine or device or have participated in a medication research study within at least 60 days before dosing.  |
|   | Have skin marks that could obscure the planned dosing site on the abdomen such as birthmarks, tattoos, wounds, scars, blemishes, heavy hair, or other skin conditions (such as eczema)  |
| ✗ | Have a positive screen for Hepatitis B, C or HIV (staff will discuss exceptions).   |

If you think that any of the above applies to you, or you have one of the conditions described, please discuss these with your study doctor for more thorough assessment to see if you can take part in this study or not. Additionally, there are other criteria that you will need to meet in order to be eligible for the study, but the study doctor will discuss this with you at your screening visit.

## 2.1 Nature and Sources of Funding of the Study

This research project is being conducted and funded by BaseCure Therapeutics Inc., and locally sponsored in New Zealand by PPD, part of Thermo Fisher Scientific, a Contract Research Organisation (CRO) which help conduct and monitor the study in New Zealand.

By taking part in this research study, you agree that data generated from your assessments throughout the study, will be provided to the Sponsor. The knowledge gained from this data may lead to new discoveries, which would assist them in obtaining approval for a new medication and benefit the sponsor financially. There would be no financial benefit to you from these discoveries.

New Zealand Clinical Research (NZCR) will receive a payment from BaseCure Therapeutics Inc. for undertaking this research project.

No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

## 2.2 Approval by Ethics Committee.

This study has been reviewed by an independent group of people called a Health and Disability Ethics Committee (HDEC). The ethical aspects of this research project have been approved by the Northern B Health and Disability Ethics Committee.

A description of this clinical study will be available on <https://www.anzctr.org.au/>. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

## 3 WHAT WOULD YOUR PARTICIPATION INVOLVE?

Participation in this study will last up to approximately 16 weeks, including a screening, dosing, and follow-up period.

The day you have your dose of BC-006 (or placebo) is called Day 1 and all other days are counted back or forward from this.

### Screening (up 28 days prior to Day 1)

Before any study procedures can be done, the study doctor will take you through this information form first and ensure you understand what is involved. If you decide to take part, you will be asked to sign the consent section at the end of this form.

The study team will then check whether you meet all the criteria to take part (see table 1 for assessments and procedures). This is called Screening.

- Screening must be done within 28 days of Day 1.
- It may be done on a single day or over several days.
- You will be told if you can take part once all your results have been checked.

The results of the screening assessments will help determine whether or not you can take part in the study. However, even if all your results are normal, you may not be guaranteed a place. We may screen more participants than we need and so you may be asked to be a **reserve**. This will mean you will be asked to come to the clinic and undergo the tests and procedures until the point that we have enrolled enough eligible participants. You will then be discharged and where possible we will try to include you in a later group.

### Dosing and Follow-Up (3 months/85 days)

You will check-in to the NZCR clinic the day before dosing (Day -1) and you will check-out of the unit on Day 3 (3-nights), once your study doctor has determined it's safe to do so.

Assessments will be done from Day -1 until 85 days after receiving your dose of BC-006 or placebo. Study visits will be in-person site visits.

At each visit you will have some of the assessments listed on the next page. Table 1. gives a summary of what will happen at each visit.

You may be asked to come to extra visits if the study team thinks this is needed for safety or other reasons. If your study doctor identifies any significant abnormal results during the study, they will tell you and inform your General Practitioner (GP).

## Additional Visits (if required)

During the study, you will have blood tests for certain “biomarkers” (a measurable sign of what's happening in your body). For your own safety, further unscheduled blood sampling may be performed if these biomarkers have not returned to normal after Day 85. **If your Day 85 blood sample has not returned to baseline (normal levels), you will be required to return to the clinic for an additional follow-up blood sample approximately every month until this result has returned to baseline.**

Study staff will communicate with you to let you know if this applies to you, and if you are required to return to the clinic. If you are required to come in for these additional visits, you will be appropriately reimbursed for your time and inconvenience (\$100 less tax per visit) and any reasonable travel costs that are associated with these visits.

## Early withdrawal visit

If you decide you want to withdraw from the study, please let us know. The study team will ask you to come in for a final visit to do some final health checks, if possible.

### 3.1 Study Assessments



#### **Informed Consent**

You will read and sign an informed consent form before you take part.



#### **Eligibility Check**

We will check that you qualify for the study.



#### **History and Demographics**

We will review your medical history, medications and lifestyle choices relevant to the study and record your age, gender, and ethnicity.



#### **Vital Signs:**

Vital signs include recordings of your pulse, blood pressure, breathing rate, and temperature.



#### **Height, Weight and Waist-to-Hip Circumference:**

We will check your height and weight to calculate your body mass index (BMI). Your waist-to-hip circumference will be measured to calculate your waist-to-hip ratio (WHR).



#### **Physical Examination:**

A study doctor will examine you. This may include checks of your heart and lungs, blood vessels, brain and nerves, arms and legs, skin, neck and glands. You are welcome to ask for a chaperone during the exam. At some visits you will have only a brief physical exam.



#### **Electrocardiogram (ECG):**

An ECG is a heart check that is used to monitor the rhythm of your heart. This is done by applying small pads to the skin on your arms and legs and across your chest which peel off easily afterwards



### **Pregnancy Tests / Post-menopausal Test (if applicable)**

- If you can get pregnant, you will have blood pregnancy tests before and during the study.
- If you are (or think you are) post-menopausal, you will have a test done to confirm this.



### **Blood Samples:**

At clinic visits, blood samples are taken by direct vein puncture. On the day you receive your investigational medicine dose, a cannula (thin plastic tube) will be inserted into a vein in your arm to take blood samples. If your cannula stops working, direct vein punctures will be used. Blood samples will be collected:

- To monitor your safety (blood cells, clotting, chemistry, fats, liver function, kidney function)
- (If applicable) to confirm whether you are post-menopausal (FSH testing).
- To screen for specific infections (HIV, Hepatitis B, Hepatitis C)
- To measure the amount of BC-006 in the blood.
- To measure the effects of BC-006 on your body, including specific immune cells and proteins.
- To measure lipids (fats) and sugar in the blood.

### **Urine Samples**

- We will collect urine samples for similar reasons to blood samples.
- Urine will be collected for 24 hours after Day 1 dosing.



### **Alcohol Breath Testing and Drugs of Abuse Testing (DOA)**

- You will be screened for the presence of alcohol via a breathalyser. You will blow into the mouthpiece for a few seconds to measure the presence of alcohol on your breath.
- You will also be screened for recreational drugs such as cannabis, methamphetamine, and opiates (which will be a urine test).



### **Health and Medication check**

We will ask you about any changes in your health and any changes to your medications. This includes prescription and over-the-counter medications, herbal or homeopathic remedies, and nutritional supplements.



### **Mental Health Questionnaire:**

At your Day -1 visit and Day 29, Day 57 and Day 85, you will be asked to complete a short questionnaire in order to assess your mental wellbeing and health. A study doctor will ask the questions and the questions specifically relating to suicidal thoughts and behaviour. This questionnaire is a standardised, widely-used screening tool and the doctors are all trained to use it.



### **Body Composition Scan (DXA):**

DXA (Dual-energy X-ray absorptiometry) is a technique which uses small doses of radiation to measure your "lean body mass" (the weight of your body without the fat) and "fat body mass". This assessment will be done at a different clinical office and will be booked for you by the study staff. You will have three DXA scans during the study; one prior to dosing and one each at Day 43 and Day 85.

**Table 1: Study Schedule**

| Period                                   | Screening                     | In-Clinic Stay |            |   |   | Follow-Up |    |    |    |    |    |    |                     |
|--|-------------------------------|----------------|------------|---|---|-----------|----|----|----|----|----|----|---------------------|
| Study Day                                | Within 28 days prior to Day 1 | -1             | 1          | 2 | 3 | 8         | 15 | 22 | 29 | 36 | 43 | 57 | 85 EOS <sup>a</sup> |
| Visit Length                             | ~2 hrs                        | 3-nights       |            |   |   | ~1 hr     |    |    |    |    |    |    |                     |
| Admission to the unit                    |                               | X              |            |   |   |           |    |    |    |    |    |    |                     |
| Discharge from the unit                  |                               |                |            |   | X |           |    |    |    |    |    |    |                     |
| Clinic visit                             | X                             | In-clinic stay |            |   |   | X         | X  | X  | X  | X  | X  | X  | X                   |
| Informed Consent                         | X                             |                |            |   |   |           |    |    |    |    |    |    |                     |
| Eligibility Check                        | X                             | X              |            |   |   |           |    |    |    |    |    |    |                     |
| History and demographics                 | X                             | X              |            |   |   |           |    |    |    |    |    |    |                     |
| Physical Exam <sup>b</sup>               | X                             | X              |            |   | X |           |    |    |    |    |    |    | X                   |
| Vital Signs                              | X                             | X              | X          |   | X | X         | X  | X  | X  | X  | X  | X  | X                   |
| ECG                                      | X                             | X              | X          |   |   |           |    |    | X  |    |    |    | X                   |
| Pregnancy or FSH testing (if applicable) | X                             | X              |            |   |   |           |    |    | X  |    |    | X  | X                   |
| BMI (Height <sup>c</sup> & Weight) & WHR | X                             | X              |            |   |   |           |    |    | X  |    |    | X  | X                   |
| BC-006 Administration                    |                               |                | X          |   |   |           |    |    |    |    |    |    |                     |
| Blood Sampling                           | X                             | X              | X          | X | X | X         | X  | X  | X  | X  | X  | X  | X                   |
| Urine Sampling                           | X                             | X              | X          | X | X | X         | X  | X  | X  | X  | X  | X  | X                   |
| Alcohol Breath Test and Urine Drug test  | X                             | X              |            |   |   |           |    |    |    |    |    |    |                     |
| Health and Medication Check              |                               |                | Continuous |   |   |           |    |    |    |    |    |    |                     |
| Whole Body DXA                           | X                             |                |            |   |   |           |    |    |    |    | X  |    | X                   |



| Period                      | Screening                     | In-Clinic Stay |   |   |   | Follow-Up |    |    |    |    |    |    |                     |
|-----------------------------|-------------------------------|----------------|---|---|---|-----------|----|----|----|----|----|----|---------------------|
| Study Day                   | Within 28 days prior to Day 1 | -1             | 1 | 2 | 3 | 8         | 15 | 22 | 29 | 36 | 43 | 57 | 85 EOS <sup>a</sup> |
| Visit Length                | ~2 hrs                        | 3-nights       |   |   |   | ~1 hr     |    |    |    |    |    |    |                     |
| Mental Health questionnaire |                               | X              |   |   |   |           |    |    | X  |    |    | X  | X                   |

<sup>a</sup> EOS = End of Study

<sup>b</sup> A full physical examination will take place at screening and Day 85, a symptom-directed physical exam will take place on Day -1 and Day 3

<sup>c</sup> Height is only measured at screening

### **3.2 Study Instructions**

It is important that you follow the instructions you are given and attend all scheduled clinic visits. It is also possible that the study doctor may schedule extra visits or tests for you, if considered necessary. In the event that an assessment is not performed on the day outlined within the Schedule of Activities within this document, the assessment may be performed at your next study visit.

You will be given a Participant Identification Card if you participate in this study, stating the name of the study and the study doctor's contact information. This card should be carried with you at all times so that you can contact the study doctor at any time and so you can show it to any other doctor, dentist, or pharmacist that you might visit while in this study.

At each visit, the study staff will ask you questions about your health and the medications you are currently taking. You should always report any changes in your health, unusual feelings, or symptoms to the study staff. It is also important that you do not start, stop, or make changes to any of the medications you are currently taking without first discussing this with your study doctor.

When you are an inpatient with us, we will provide you with all of your meals. Meals play an important role in clinical trials due to their relationship with metabolism of the investigational medicine (the way that the medication is processed and broken down by the body). By signing this document, you are agreeing that you will be compliant with all meal requirements on this study. In certain cases, we are able to cater for dietary requirements, please discuss this with the study team before joining the study.

#### **Restrictions:**

- You will not be able to smoke or use any nicotine containing products during your in-clinic stay.
- You must be fasted (no food or drinks, other than water) for at least 10 hours prior to dosing on Day 1, and prior to blood collections. Study staff will remind you when you need to be fasted.
- During the study period you should maintain your usual diet.
- You must refrain from strenuous exercise for at least 48 hours prior to admission, up until the end of your inpatient stay.

At check-in, you will have your bag checked for prohibited items (e.g., drinks or foods). Any prohibited items will be removed and returned to you on discharge from the unit.

## **4 WHAT ARE THE POSSIBLE BENEFITS, COSTS AND RISKS TO YOU PARTICIPATING?**

### **4.1 Benefits**

This study is not designed to provide you with any therapeutic benefits. The information from this study might help to develop better treatments in the future for Obesity.

### **4.2 Reimbursement and Costs**

There are no costs associated with taking part in this study.

Study-specific costs will be paid for by BaseCure Therapeutics Inc.. You will still have to pay for your non-study related medical care.

You will receive a reimbursement of \$4000 (before tax) following the final study visit. However, the timing of reimbursement is flexible and can be adjusted to suit your needs – please discuss this with study staff if you have any concerns regarding your reimbursement. This is subject to tax. Further information about the reimbursement will be included in appendix 1.

You will be reimbursed separately for reasonable travel expenses associated with the study (if you use personal transport), or you can use Uber or taxi for your study visits, which can be arranged and paid for by NZCR if you live in the metropolitan area. Please discuss arranging study transport with the site study staff. If you live outside this area, we will discuss your travel costs individually. This reimbursement is not subject to tax.

In order to meet dosing requirements, additional (reserve) participants may be admitted to the unit. If you are invited to attend the study as a reserve, you will be asked to either; admit to the unit on Day -1 just for the day (day reserve) or admit to the unit on Day -1 and stay overnight (night reserve). If you are a reserve, and you are not required to be dosed, you will be reimbursed for your time and inconvenience (day reserve = \$150 or night reserve = \$350)

If you complete the screening visit assessments and are found not eligible for the study, you will not receive any reimbursement.

### 4.3 Possible Risks and Disadvantages?

Medications often cause side effects. You may have none, some or all the effects listed below, and they may be mild, moderate, or severe. There may also be unknown side effects from taking BC-006 alone or with other medications you may be taking. If you have any of these side effects, or are worried about them, talk with your study doctor. Your study doctor will also be looking out for side effects.

#### **What are the Risks or Side Effects of BC-006?**

This is the first time that BC-006 is being tested in humans and as such there is no human experience available to identify all of the risks of BC-006.

Animal studies have been done with BC-006 to try and predict what type of side effects might occur in people. However, animal studies do not always predict human responses to medications. When BC-006 was given to animals at doses higher than the doses that will be given in this study, no adverse (harmful) side effects were seen. The below effects were observed in animal studies:

- Changes in liver cells and function
- Skin reactions at the injection site

The doses planned for this study in people are lower than any of the doses given to animals. The study will begin with low doses of BC-006 that will be gradually increased if the investigational medication is well tolerated. However, as noted above, animal studies do not always predict human response to medications. Among side effects that could occur, some could be life-threatening.

**Subcutaneous (SC) Injection Reaction:** For most people, needle sticks for SC injection do not cause any serious problems. Sometimes they may cause bleeding or bruising. They may also cause infections and/or pain at the needle site. Injecting into your arm or abdomen (stomach) is done with sterile equipment, but germs on the skin may enter through the skin around the SC injection site, causing swelling, redness, and fever. You may feel swelling, pain, and redness around the vein; this is called phlebitis. A blood clot or an air bubble can be delivered into the circulation through an SC injection and end up blocking a vessel; this is called embolism. There is a low risk of embolism. Accidental release of the drugs into the surrounding tissue instead of the vein may occur if fluid leaks or flows outside the vein if the vein becomes damaged; this is called extravasation.

**Allergic Reaction:** As with other medications, BC-006 may cause an immune reaction or allergic reaction. Symptoms may include rash, flushing, itching, sneezing or runny nose, abdominal pain, diarrhea, swelling of face, tongue or throat, dizziness, lightheaded or fainting, trouble breathing, irregular or racing heart rate, and seizures. These reactions can be life-threatening / fatal. If you have a skin reaction or other adverse event, the study doctor may take a photograph to document the event.

**Unknown Side Effects:** Because BC-006 has never been tested in humans, there is always a risk of some unexpected serious, life-threatening side effects occurring following the administration of a new experimental treatment. It is unknown whether some unexpected serious or life-threatening side effect could occur with BC-006. You will be monitored closely for them and treated if they occur.

### **What are the Risks or Side Effects of Study Procedures?**

#### **Blood Sample Collection, injections & Cannulas:**

Risks include bruises, swelling with itching, and slight bleeding. The area may become inflamed. In rare cases, it may result in a blood clot, an infection or nerve damage. As needles can cause pain, you may feel light-headed or faint.

#### **ECG Tests:**

Sometimes the sticky pads used to attach the ECG leads can cause skin irritation (redness / itchiness).

#### **Physical Examination:**

During this examination you may be asked to remove some items of clothing so a full examination can be done. You can request a chaperone to be with you at the time of the physical examination, please ask one of our research nurses.

#### **Dual Energy X-Ray Absorptiometry (DXA) scan:**

A DXA scan is an imaging test that uses X-rays but at a much lower level of radiation than a standard X-ray. Although there are no known long-term harmful effects from the radiation of a single scan, the risk of harmful effects from multiple scans over a period of time is not known. Talk to your doctor if you have any concerns.

#### **Mental Health Questionnaire:**

We understand that the questionnaire may be difficult emotionally for some persons. If you have thoughts of hurting yourself or have any other unusual or uncomfortable thoughts or feelings during this study, you must tell your study doctor immediately (by contacting your study doctor via the phone number on your participant card) or go to the nearest hospital right away. Alternatively, you can contact Lifeline on **0800 543 354** for support.

## **4.4 Reproductive Risks and Contraception**

Being in this study may result in risks to a foetus or baby.

If you are pregnant or breast-feeding, you will not be able to take part.

You must not get pregnant, or get a partner pregnant, during this study.

- If you could become pregnant, or your partner could become pregnant to you, (and you are sexually active) you and your partner must use effective contraception during the study.
- We will discuss effective contraception options with you, and how long they must be used for. Details are in Appendix 2 of this information sheet.

You must agree not to donate sperm or eggs, from dosing until at least 90 days after dosing.

You are responsible for informing your sexual partner(s) of the possible risks.

If a pregnancy occurs, you must report this to us as soon as possible. You / your partner will be asked to give consent for pregnancy information and the infant's information to be collected for monitoring purposes.

## **5 WHAT IF SOMETHING GOES WRONG?**

As this research study is being conducted for a commercial sponsor, BaseCure Therapeutics Inc., you won't be eligible for Accident Compensation Corporation (ACC) in the event of a study related injury.

BaseCure Therapeutics Inc. has confirmed to the approving Health and Disability Ethics Committee that appropriate insurance for injury is in place.

You should be aware that:

- Sponsor insurance may not provide ACC equivalent compensation.
- There are limitations on compensation availability.
- Compensation is not provided on a no-fault basis. The Sponsor may not accept the compensation claim if:
  - Your injury was caused by the researchers, or;
  - There was a deviation from the proposed research plan, or;
  - Your injury was caused solely by you.

You will need to apply to the sponsor and/or its insurers for compensation, but approval is not guaranteed. You are entitled to take action through the Courts for compensation.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

## 6 WHAT WILL HAPPEN TO MY TEST SAMPLES?

- Blood and urine samples will be collected from you during the study.
- About approx. 345 mL of blood will be collected during the trial in total. To compare, a standard blood donation is 470 mL.
- Safety samples will be sent to the local laboratory in New Zealand and will be identified with your name and date of birth.
- Other samples will be identified using your study ID code only. These samples will be sent a laboratory in China. We can give you the names and addresses of the laboratories if you wish.
- Your samples will be kept for up to 3 years. They will then be destroyed using standard practices.
- You are invited to perform a karakia at the time of sample collection, please inform staff if you would like any assistance. However, due to your samples being sent to countries outside of New Zealand, a karakia will not be able to be performed at the time of your sample disposal.
- If you withdraw from the study, samples previously collected will still be used, unless you ask for the samples to be destroyed. Results from samples that have already been tested will be used for the study.

### 6.1 Are There Any Cultural Considerations?

You may hold sacred and shared values about your tissue samples and/or data originating from this tissue. In line with this we include data sovereignty principles in our practices and in our data management plan. These principles are in place to ensure that the data generated from this research is protected (**whanaungatanga** – relationships) and may benefit Māori now and into the future. More information on data can be found in Section 6.3 including what happens to your data, **karitiakitanga** (guardianship) and how this impacts **whakapapa** (whānau, hapū, iwi). NZCR also honour **Kotahitanga** (working together) and ensure that participants are not discriminated based on beliefs.

If you would like to take part in this study you may want to talk to your whānau about it as the study will impact on their whakapapa (that is any tissue and data we gather from you will potentially include information about your whanau, hapū and iwi. If you are involved in any hapū and iwi events and have

access to people who understand the impact of this research on your whakapapa you may be able to contact them as well.

There are other ways of accessing cultural support if you need it. There is a contact at the end of this form that you can ring if needed.

Cultural support is different from wanting to know about the study. In this case we can arrange for an investigator to come and talk to you and your whānau.

New Zealand Clinical Research is committed to meeting their Tiriti obligations by ongoing training to understand what our Tiriti responsibilities are.

## 7 WHAT ARE THE RIGHTS OF PARTICIPANTS IN THE STUDY?

### 7.1 Participation is Voluntary

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. This will not affect your relationship with NZCR.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

### 7.2 New Information

Sometimes during the course of a research project, new information becomes available about the medication 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 health care to continue. If you decide to continue in the research project, you may 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, they will explain the reasons and arrange for your regular health care to continue.

### 7.3 Privacy and Confidentiality and Right to Access Information Collected During the Study

#### What will Happen to my Information?

During this study, the study doctors, researchers, nurses and other NZCR staff will record information about you and your study participation. This includes the results of any study assessments. Information such as your name, sex, age, race/ethnicity, address and phone number will be on the demographics page for the study so we can identify you correctly at visits and contact you. This information may be used to obtain health records (detailed below) but is not supplied to anyone overseas, except your sex, race/ethnicity and age/year of birth.

If needed, **information from your hospital records and your usual doctor (GP) may also be collected**, and your GP will be notified about your participation in the study. You cannot take part in this study if you do not consent to the collection of this information.

| Type of information   | Where is it stored? | Who can access it? |
|---|---------------------|--------------------|
| <b>Identifiable Information</b> – <i>this information can be traced back to you</i> |                     |                    |

|  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>Information collected from you</li> <li>Laboratory results</li> <li>Photographs if required for any adverse events e.g. skin reactions.</li> <li>Study questionnaires (C-SSRS)</li> </ul>   | <ul style="list-style-type: none"> <li><b>Paper:</b> stored securely under restricted access at NZCR. Following study completion paper forms are transferred to a secure site and stored for 15 years, then destroyed</li> <li><b>Electronic:</b> stored on secure NZCR servers (in New Zealand and Australia)</li> </ul> | <ul style="list-style-type: none"> <li>NZCR staff</li> <li>Your GP / usual doctor</li> <li>Local laboratory staff to process and report your screening and safety tests</li> <li>Sponsor/CRO monitors to ensure the study is run properly and data is collected accurately</li> <li>Representatives from the Sponsor if you make a compensation claim as a result of study-related injury. Identifiable information is required to assess your claim</li> <li>Ethics committee, regulatory authorities, and sponsor/CRO representatives if the study or site is audited</li> <li>Medical Officer of Health for positive test results for a notifiable disease (i.e., HIV, Hepatitis B/C)</li> <li>The study doctor may share your information with other people, in the rare event of a serious threat to public health or safety, or to the life or health of you or another person OR if the information is required in certain legal situations</li> </ul> |
| <b>De-identified (coded) Information</b> – <i>this information is only labelled with your unique study ID</i>  |   |   |
| <ul style="list-style-type: none"> <li>De-identified information about you (sex, race/ethnicity and age/year of birth)</li> <li>Study assessment results are uploaded into the study database to be analysed</li> <li>De-identified photographs, if required (as above)</li> </ul> | <ul style="list-style-type: none"> <li><b>Electronic:</b> will be stored-on a secure platform and will be retained indefinitely (except photographs which will only be stored for up to 15 years after study completion). Storage will comply with local and/or international data security guidelines.</li> </ul>        | <ul style="list-style-type: none"> <li>The Sponsor, for the purposes of this study.</li> <li>People and companies working with or for the Sponsor, for the purposes of this study.</li> <li>Regulatory or other governmental agencies worldwide.</li> </ul>   |
| <b>Anonymised Information</b> – <i>this information cannot be traced back to you (code removed)</i>  |   |   |
| <ul style="list-style-type: none"> <li>All de-identified information for which the code has been removed</li> </ul>  | <ul style="list-style-type: none"> <li><b>Electronic:</b> stored on a secure sponsor-managed database</li> </ul>  | <ul style="list-style-type: none"> <li>Access not restricted</li> </ul>   |

### Future Research Using Your Information

Your coded information may be used for future research related to BC-006 or obesity.



This future research may be conducted overseas. You will not be told when future research is undertaken using your information. Your information may be shared widely with other researchers or companies. Your information may also be added to information from other studies, to form much larger sets of data.

You will not get reports or other information about any research that is done using your information.

Your information may be used indefinitely for future research unless you withdraw your consent. However, it may be extremely difficult or impossible to access your information or withdraw consent for its use once your information has been shared for future research.

### **Security and Storage of Your Information**

During the study, your information will be stored on paper forms at NZCR and electronically on secure servers. When the study has finished, paper forms will be transferred to a secure site and stored for at least 15 years, then destroyed. De-identified information in electronic form will remain on a secure platform and will be retained indefinitely. Storage will comply with local and/or international data security guidelines.

### **Risks**

Although efforts will be made to protect your privacy, absolute confidentiality of your information cannot be guaranteed. Even with coded and anonymised information, there is no guarantee that you cannot be identified. While the risk is currently very small, the chance that someone might access and misuse your information (for example, by making it harder for you to get or keep a job or health insurance) might increase in the future as people find new ways of tracing information.

Your coded information is being sent overseas. Other countries may have lower levels of data protection than New Zealand. There may be no New Zealand representation on overseas organisations which make decisions about the use of your information. There is a risk that overseas researchers may work with information in a way that is not culturally appropriate for New Zealanders.

### **Rights to Access Your Information and Results**

You have the right to request access to your information held by the research team. You also have the right to request that any information you disagree with is corrected.

Please ask if you would like to access your screening and safety tests during the study. You may access other study-specific information before the study is over, but this could result in you being withdrawn from the study to protect the study's scientific integrity.

If you have any questions about the collection and use of information about you, you should ask a study doctor.

## **8 WHAT WILL HAPPEN AFTER THE STUDY ENDS, OR IF I WANT TO PULL OUT?**

### **8.1 If You Decide to Withdraw**

You may withdraw your consent for the collection and use of your information at any time, by informing your Study Doctor. Please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to discuss any health risks or special requirements linked to withdrawing, such as follow up visits.

If you withdraw your consent, your study participation will end, and the study team will stop collecting information from you. Information collected up until your withdrawal from the study will continue to be used and included in the study. This is to protect the quality of the study.



## **8.2 Could the Study End Earlier than Planned for me?**

If you wish to withdraw from the study, please let us know. We may ask if you could complete some end-of-study assessments if you withdraw early.

We may withdraw you from the study if we believe it is not in your best interests to continue. We will discuss any withdrawal decisions with you and provide health care advice where appropriate.

Other reasons that you may be withdrawn from the study are:

- You need treatment that is not allowed in this study.
- You did not follow the instructions for the study.
- The study is stopped
- You have a serious reaction or illness or injury that is not related to the study.

## **8.3 Results**

When the research project ends, the study data must be analysed, so the results of the study may not be available until about a year after the research finishes. The study doctors and/or Sponsor may decide to discuss or publish the results of the study. This may include publication in journals, presentation at conferences or other professional forums. In any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you if you wish, this option is within the consent form. If you change your mind and no longer wish to receive a summary of the study results when they become available, then please inform NZCR staff.

## 9 WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE CONCERNS?

If you have any questions, concerns, or complaints about the study at any stage, you can contact:

Dr Jane Kerr, Principal Investigator  
Phone: 0800 862 278  
Email: [hibiscus.christchurch@nzcr.co.nz](mailto:hibiscus.christchurch@nzcr.co.nz)

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050  
Fax: 0800 2 SUPPORT (0800 2787 7678)  
Email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz)  
Website: <https://www.advocacy.org.nz/>

Māori cultural support is available through:

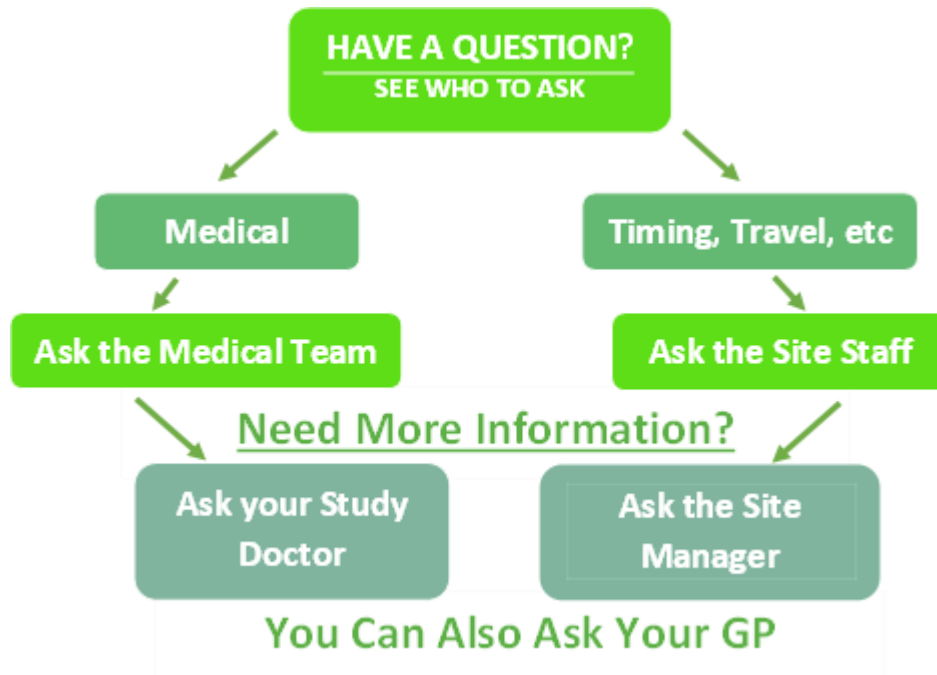
Dr. Matea Gillies  
Mobile: 027 4105 025  
Email: [gillies-lamb@xtra.co.nz](mailto:gillies-lamb@xtra.co.nz)

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Email: [hdec@health.govt.nz](mailto:hdec@health.govt.nz)  
Phone: 0800 400 569 (Ministry of Health general enquiries)

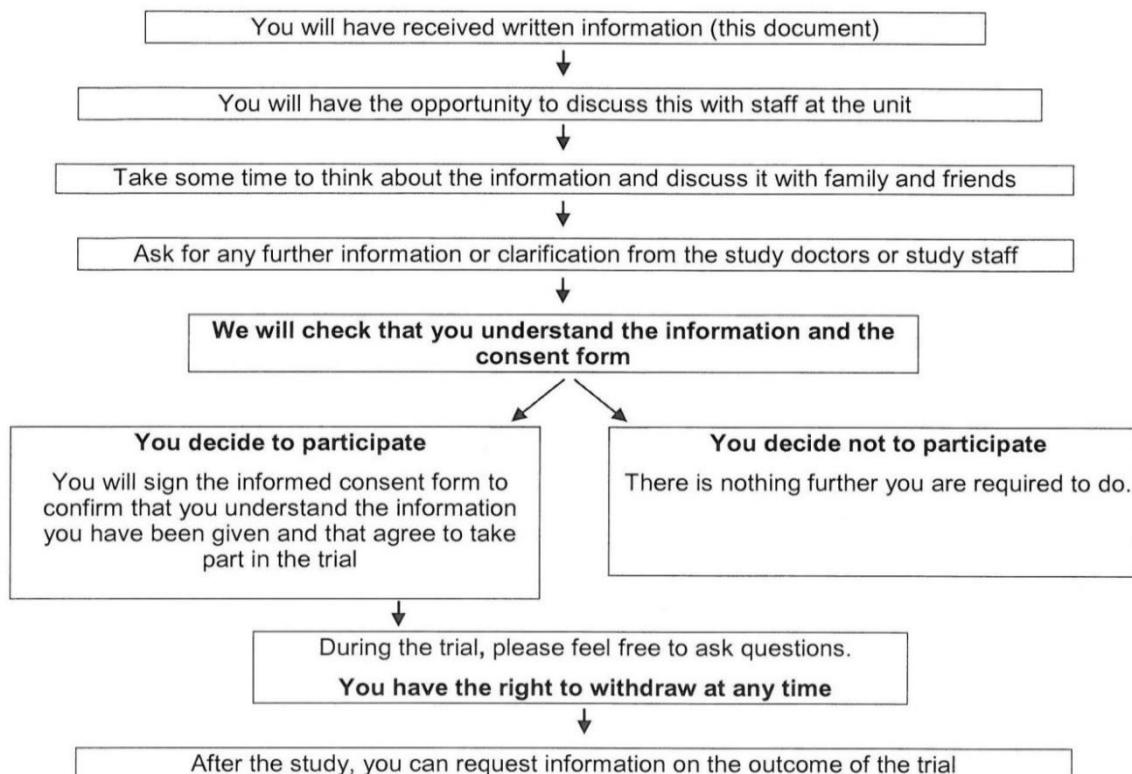
If there is an emergency, please phone **111**

## 10 WHAT ABOUT ANY OTHER QUESTIONS I MAY HAVE?



## 11 DO I HAVE TO DECIDE STRAIGHT AWAY?

**No, you do not have to decide straight away.** You should take some time to consider whether or not to participate, we will be in touch in a week or so to discuss your decision. The following steps are useful in helping you reach a decision.



## **APPENDIX 1: INFORMATION ABOUT PAYMENT AND TAX OBLIGATIONS**

We are required to deduct withholding tax at the applicable rate you have declared in the IR330C form. You will be responsible for any other tax obligations (e.g., ACC). If you are GST registered, it may be possible for you to submit a GST invoice. Contact [paymentforms@nzcr.co.nz](mailto:paymentforms@nzcr.co.nz) if you would like to discuss this further.

The reimbursement will be made after you complete the study to cover your time and inconvenience, however, the payment schedule can be flexible to suit your needs. Please discuss with the study team about changing your payment schedule if needed.

If you are receiving a benefit or allowance, your usual payments may be affected. Your tax statement will state that you were paid from your dosing day through to your final study visit.

If you leave the study of your own choice or are released from the study for non-medical reasons, you will receive a partial reimbursement (a pro-rata reimbursement) according to how far you contributed to the study.

Full reimbursement requires completion of all visits according to study requirements. If you are withdrawn from the study for medical reasons, having received trial medication, you will receive reimbursement in full.

To be able to receive reimbursement as part of this study you must be eligible to work in NZ (e.g. as a NZ resident, NZ citizen, or with the appropriate work visa) for the entire duration of the study, due to tax obligations. If you are no longer eligible to work in NZ during the study, you will be withdrawn from the study and your reimbursement will be a pro-rata of the total amount.

## APPENDIX 2 – CONTRACEPTION REQUIREMENTS

### For Participants Who Could Become Pregnant:

You must use one of the methods of contraception listed below, during the study until at least 90 days after your dose:

A highly effective method (less than 1 pregnancy/100 women using the method for one year):

- Implant contraceptive (e.g. Jadelle®)
- Intra-uterine device (IUD) containing either copper or levonorgestrel (e.g. Mirena®)
- Male sterilization (vasectomy) of sole sexual partner
- Female sterilization (e.g. bilateral tubal ligation/occlusion ('clipping or tying tubes'))

OR an effective method (5-10 pregnancies per 100 women using the method for one year) AND the use of a barrier method (male condom, female condom, or female diaphragm):

- Injectable contraceptive (e.g. Depo Provera)
- Oral Contraceptive Pill (combined hormonal contraceptive pill or progestogen 'mini-pill')

Please note that barrier methods alone are not highly effective methods of contraception.

Total abstinence from heterosexual intercourse during the entire period of risk associated with the investigational medicine (for the duration of the study until at least 90 days after your dose) is considered an acceptable form of contraception if this is in line with your preferred and usual lifestyle.

### For Participants Who Could Get a Partner Pregnant

The effects of BC-006 if passed on through semen are unknown, but there is a risk it may cause birth defects or fetal deaths.

You and your sexual partner must use one of the contraception options listed above, for the duration of the study until at least 90 days after your dose.

You / your partner must also use a barrier form of contraception (if your partner is using oral injectable, implantable contraceptives, an IUD or have had a bilateral tubal ligation), for the duration of the study through until 90 days after your last dose. Barrier methods of contraception include:

- Male condoms
- Female condoms
- Female diaphragm ('cap')

Please note that barrier methods alone are not highly effective methods of contraception.

Total abstinence from heterosexual intercourse during the entire period of risk associated with the investigational medicine (for the duration of the study until at least 90 days after your dose) is considered an acceptable form of contraception if this is in line with your preferred and usual lifestyle.

## **CONSENT FORM**

### **(Part 1: Single Ascending Dose)**

**Short Title:** A Study to Evaluate BC-006 in Adult Participants with Obesity

**Protocol Number:** CBC006A1101

**Principal Investigator:** Dr. Jane Kerr

***Please let study staff know if you require an interpreter.***

#### **Declaration by participant:**

- I have read the Participant Information Sheet, or have had it read to me in a language I understand, and I fully comprehend what it says.
- I have been given sufficient time to consider whether or not to participate in this study.
- I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.
- I consent to the research staff collecting and processing my information, including information about my health (including information collected from my GP and other Health Providers).
- If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed.
- I understand that there may be risks associated with the medication in the event of myself or my partner becoming pregnant. I undertake to inform my partner of the risks and to take responsibility for the prevention of pregnancy.
- I agree to my tissue samples being sent overseas, and I am aware that these samples will be disposed of using established guidelines for discarding biohazard waste.
- I agree to an approved parties including Sponsor or CRO representatives for monitoring and auditing, auditor appointed by the New Zealand Health and Disability Ethic Committees, or any relevant regulatory authority or their approved representative reviewing my relevant medical records for the sole purpose of checking the accuracy of the information recorded for the study.
- I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.
- I understand the compensation provisions in case of injury during the study.
- I know who to contact if I have any questions about the study in general.
- I understand my responsibilities as a study participant.
- I wish to receive a summary of the study results. **YES** ☐ / **NO** ☐
- I consent to my GP or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study.

**Statement by Participant** I hereby consent to take part in this study. I understand that I will receive a signed copy of this consent form for my records.

\_\_\_\_\_ (full name)

\_\_\_\_\_ (signature)

\_\_\_ / \_\_\_ / \_\_\_ (Date DD/MM/YYYY) Time: \_\_\_\_\_

**Statement by Consenter (Investigator/designee)** I have discussed this study with the above-named participant. The participant appeared to fully understand the information provided about the study.

\_\_\_\_\_ (full name)

\_\_\_\_\_ (signature)

\_\_\_ / \_\_\_ / \_\_\_ (Date DD/MM/YYYY) Time: \_\_\_\_\_