RESEARCH SUBJECT CONSENT FORM

TITLE: A Phase IIb Randomized, Double-blind, Parallel Group, Placebo- and Active-controlled Study with Double-Blind Extension to Assess the Efficacy and Safety of Vamorolone in Ambulant Boys with Duchenne Muscular Dystrophy (DMD)

PROTOCOL NO.: VBP15-004
WIRB® Protocol #20180117

SPONSOR: ReveraGen BioPharma, Inc.

INVESTIGATOR: Name
Address
City, State, Zip Code
Country

STUDY-RELATED PHONE NUMBER(S): Name(s)
Number(s) (24 hours required)

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

In this consent form “you” generally refers to the research participant. If you are being asked as the legally authorized representative, parent, or guardian to permit the subject to take part in the research, “you” in the rest of this form generally means the research participant.

What should I know about this research?

• Someone will explain this research to you.
• This form sums up that explanation.
• Taking part in this research is voluntary. Whether you take part is up to you.
• You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.
• You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
• If you don’t understand, ask questions.
• Ask all the questions you want before you decide.
Why is this research being done?
The purpose of this research is to see if an investigational drug called vamorolone is effective (improves or stabilizes muscle strength and function) and has fewer side effects than prednisone in children with Duchenne muscular dystrophy (DMD).

Boys with DMD experience progressive muscle weakness as they grow up. Corticosteroids such as prednisone (or prednisolone) and deflazacort, are currently the only class of medication available to all boys with DMD that has been shown to prolong walking ability. Corticosteroids are associated with several side effects (undesirable effects of the drug), including weight gain, behavioral problems, growth restriction, increased risk of bone fractures. Side effects are the main reason why corticosteroids are not always prescribed or are stopped even though we know that they help muscle function and delay the development of some complications in DMD. We are doing this research study to see if vamorolone works in DMD and if it has fewer of these side effects. Vamorolone is a new type of steroid.

About 120 participants will take part in this research across multiple countries in Europe, the U.S., Canada, Israel, and Australia.

How long will I be in this research?
We expect that your participation in this research will last approximately 1 year.

What happens if I agree to take part in this research?
This study has two periods. Period 1 is a double-blind placebo-controlled period lasting 24 weeks. Period 2 is also blinded but all participants will receive vamorolone at one of two different doses. During this entire study, you and the study doctor will not know which group you are in. Your study doctor can find out in case of an emergency.

You will be put into a study group by chance (like a coin toss). You have a 1 in 4 chance of being placed in Group 1 or Group 2, and a 1 in 8 chance of being placed in Group 3, Group 4, Group 5, or Group 6. This means that during period 1 your chance of receiving vamorolone (either high or low dose) is 1 in 2, your chance of receiving prednisone is 1 in 4, and your chance of receiving placebo is 1 in 4. All participants will receive vamorolone in period 2.

- Group 1 will receive vamorolone at a dose of 2.0 mg/kg/day for the entire 48 weeks.
- Group 2 will receive vamorolone at a dose of 6.0 mg/kg/day for the entire 48 weeks.
- Group 3 will receive prednisone at a dose of 0.75 mg/kg/day for period 1 and then receive vamorolone at a dose of 2.0 mg/kg/day for period 2.
- Group 4 will receive prednisone at a dose of 0.75 mg/kg/day for period 1 and then receive vamorolone at a dose of 6.0 mg/kg/day for period 2.
- Group 5 will receive an inactive drug (placebo) for period 1 and then receive vamorolone at a dose of 2.0 mg/kg/day for period 2.
- Group 6 will receive an inactive drug (placebo) for period 1 and then receive vamorolone at a dose of 6.0 mg/kg/day for period 2.

If you decide to participate in this research study, you should follow the study procedures and attend all the study visits. There will be approximately 15 visits and some visits may take place
over several days. At the end of the study we may ask if you would like to join a continuation study as long as you were able to receive vamorolone without any bad side effects.

Vamorolone is investigational, which means that it is not approved by any regulatory authority including the Food and Drug Administration (FDA). While prednisone is not specifically approved to treat DMD, it is frequently used for this purpose and considered standard of care by many.

Below is a table that shows the schedule and length of each visit. After the table we have explained all the assessments. During the study, study staff will help you remember what will be done at each visit and remind you about any preparation that you need to do for the visits.
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<td>Strength and function tests</td>
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Version 5 dated 22-Mar-2019
Description of the assessments:

- **Informed consent:** A member of the study team will review this consent form with you, answer any of your questions, and obtain your signature on this document. If there are important changes to the study, this document will be updated, and the study team will review the changes with you and have you sign a new informed consent.

- **Study eligibility:** A member of the study team will review the study eligibility. As part of the eligibility a central genetic counselor (who is also part of the study) will review your original DMD genetic diagnosis laboratory report.

- **Medical and medication history:** A member of the study team will collect detailed information about your disease history. This includes demographic information, initial symptoms, past medical and surgical events, and medication history. This could involve obtaining a release of medical records from your primary care doctor.

- **Vital signs:** A member of the study team will collect your blood pressure, temperature, breathing rate, heart rate. Height and weight will also be taken at some visits.

- **Physical exam:** You will be seen by one of the study doctors to complete a physical exam.

- **Safety blood and urine tests:** A member of the study team will collect a small amount of blood (between 6 and 20.5 mL (approximately 1 teaspoon to 1 ounce) depending on the visit) from a vein in your arm. A numbing cream might be applied to your forearm to make the area numb and reduce discomfort. You will need to fast (no food or liquids other than water for 6 hours prior) for some visits. The blood will be sent to a central laboratory to check for any health problems that might make it unsafe for you to be in the study. Urine will also be collected at some visits.

- **Safety review:** At each visit and during phone calls, a member of the study team will ask you about any adverse events (illnesses, injuries, or other undesirable experiences) that you have experienced since you signed the consent form. The safety review will also include the review of your current medications and therapies. These things will also be recorded in your study diaries and shared with the study team.

- **Blood for biomarkers:** At some visits blood will also be collected to measure biological markers to see how you are responding to the study drugs. The samples will be tested for biomarkers of drug safety (side effects) and efficacy (potential benefit). Some of these tests are known to be linked to safety concerns of prednisone and deflazacort, such as insulin resistance (metabolic side effects), bone turnover (bone side effects), and adrenal suppression (hormonal side effects). Other tests are exploratory, where preliminary studies suggest that specific markers reflect aspects of safety or efficacy of prednisone and deflazacort. Samples will also be tested to identify genetic changes which may be associated with DMD severity and/or response to vamorolone.

- **Blood for drug activity (PK):** At the Week 30 visit blood will be collected one time to determine the concentration of study drug in your bloodstream (pharmacokinetics or PK).

- **ACTH Stimulation Test:** This test measures how well your adrenal glands work. An intravenous (IV) catheter (cannula) is put into a vein in the arm or in the hand. In the morning before you have eaten or taken the study drugs a blood sample is taken from the cannula. You will then be given an injection of Cosyntropin (tetracosactide) and 2 additional blood samples will be taken again from the cannula approximately 30 and 60 minutes after the injection. This is to measure the levels of a natural hormone called cortisol in the blood to see if the adrenals glands are working normally.
- **Electrocardiogram (ECG)**: This is a test that shows the electrical activity of the heart. You will be asked to lie flat on a table and several small electrode pads (like stickers) will be placed on your body.

- **Echocardiogram**: This test will be performed to check the size, shape, and function of your heart. You will lie on a table or reclined chair and a gel will be applied to your chest area. A technician will use a microphone device that makes and receives sound waves.

- **Eye exam**: This exam is done to find out whether or not you have cataracts (a clouding of part of the eye called the lens) or glaucoma (increased pressure in your eye). The eye doctor or a helper will put drops in your eye to open your pupils wide (dilate) so they can see more when they look at your eyes. They will also check to see how well you can see.

- **DXA**: You will be asked to lie still for up to 10 minutes while the DXA machine scans your body to determine the density of your bones and risk of bone fractures.

- **Spine X-Ray**: A technician will take x-rays of your back to look for spine fractures (called compression fractures), which are fractures that might occur when the bones start to get weak from prednisone or because of muscle problems. These compression fractures in the back are often silent (without pain), which is why an x-ray is needed to diagnose them. During the spine x-ray, you will have to stay still for a few seconds while the x-ray is being taken.

- **Strength and function tests**: A trained physiotherapist or physical therapist will ask you to complete a number of tests to study your muscle strength and ability to perform several tasks. To measure muscle strength, you will sit on an examining table and will be asked to pull/push a device (myometer). The functional tests (North Star Ambulatory Assessment) will include tasks such as stepping on to a step, jumping, and hopping on one leg. There will also be timed tests to measure the time that it takes you to complete different tasks: walk/run 10 meters, stand from a lying position, and climb 4 stairs. You will also be asked to walk for 6 minutes, and the distance walked during those 6 minutes will be measured.

- **Questionnaires**: At different visits you will be asked to complete different questionnaires to better understand how easy or hard it is to take the study medication(s), about your health including DMD symptoms and behavioral issues. Some of the questionnaires are short and some are longer. The study staff will let you know which need to be completed and how to complete them. The specific questionnaires that you will complete are:
  - Pediatric Outcome Data Collection Instrument (PODCI)
  - PARS III which collect behavioral information
  - Ease of study medication administration

- **Review of study medication**: At most visits you will be asked to bring in your study medication(s) so that they can be returned to the study team and/or checked to make sure that you are taking it every day.

**Study visits:**

- **Screening visits**: The screening visit will consist of 2 to 3 in-person visits. Each visit could last 6 to 8 hours. A number of assessments are completed to see if you are eligible to participate in this study (see table above). You will not be able to take part in this study if you do not pass all the screening tests described above and in the table.

  As part of the screening, you will be asked to swallow some dummy tablets (no active medication) to make sure that you can swallow the study medication without problems.
When you are confirmed to be eligible for the study, you will be randomly assigned to one of the study groups described above.

If you are not eligible after completion of screening procedures, this will be the end of your participation in the study. If you are not eligible for a reason that is expected to change in the future, you may return for a repeat screening visit in the future (re-screening).

- **Baseline Day -1:** If you pass the screening, you will return for a visit the day before you start taking study medication to complete some procedures as described above and in the table. Your eligibility for the study will also be re-checked at this visit.

- **Treatment Period 1 (Day 1 to Week 24) seven in-person visits:**
  - **Day 1 visit:** During this visit you will receive your first dose of study medication. Vamorolone is given as a liquid suspension (orange flavored) and prednisone is given in the form of tablets. The placebo that you will take in Treatment Period #1 could be either liquid or a tablet or both. The liquid placebo looks and tastes exactly the same as vamorolone and the tablet placebo looks and tastes exactly the same as prednisone.

  The liquid suspension should be taken every morning with breakfast including 240 mL or 8 ounces of full fat milk (or an equivalent amount of fat). If you cannot or will not drink full fat milk, the study doctor will help you identify an alternative food or drink that can be taken with study medication instead of full fat milk. The tablets (take in Period 1 and Transition Period (see below) only) can be taken with water, milk, or juice as you prefer. Tablets must be swallowed whole, and cannot be chewed, crushed or broken.

  - **Days 2 to Week 24:** You will take study medications each morning as directed by your doctor as previously described. You will be asked to record any missed or incomplete doses of study medication, any health problems, and new or changes in your other medications in the study diary. Serious illnesses, injuries, or other undesirable experiences which occur during this time period should be reported immediately to the study team at [Site Name] by contacting your doctor [Site Name] at [Contact information].

  You will have visits at Weeks 2, 6, 12, 18 and 24 during this period. At each visit, different procedures will be performed as described above and in the table. Sometimes, you will be asked to arrive to the visit having fasted (no food or liquids except water) for at least 6 hours. At each visit (except Week 2) we ask that you return the study medications (bottles and blister packs) and the completed study diaries. We will review the study medication and diaries and provide new diaries and more study medication.

  At the Week 24 visit, which may take place over multiple days, you will receive hydrocortisone to take 24 hours prior to the follow-up ACTH Stimulation Test. 24 hours after taking the hydrocortisone dose, you will return to the study site for the ACTH Stimulation Test. The test will take place as close to 8am as possible.
• **Transition Period (Week 25 to Week 28) one in-person visit:** During these 4 weeks, the number of tablets you take will be reduced weekly until discontinuing them by Week 28. The dose (mL) of the liquid suspension will continue to be the same. The study doctor will provide you with instructions about how to reduce the tablets over the Transition Period and the study team will check in with you by phone at Week 26. At Week 28 you will return to the study site for safety assessments. At this visit we ask that you be fasted. At this visit, you will be given liquid vamorolone for the start of Period 2. You will take the first dose of the study medication for Period 2 at home on the day after the Week 28 visit.

• **Treatment Period 2 (Week 28 +1 day to Week 48) five in-person visits:** Throughout the 20-week Period 2 you will continue to take the liquid study medication once daily with breakfast including 240 mL (8 ounces) of full fat milk (or equivalent). There will be no tablets to take during Period 2.

You will return to your study center for the Weeks 30, 34, 40 and 48 visits. At each visit, different procedures will be performed as described above and in the table. Sometimes, you will be asked to arrive to the visit having fasted (no food or liquids except water) for at least 6 hours. At each visit (except Week 30) we ask that you return the vamorolone and the completed study diaries. We will review the vamorolone and diaries and provide new diaries and more vamorolone.

Towards the end of Period 2, you should discuss with your study doctor if you would like to continue to receive vamorolone by joining a separate long-term extension study or return to standard medical care, including steroids if desired.

At the Week 48 visit, which may take place over multiple days, you will receive hydrocortisone to take 24 hours prior to the follow-up ACTH Stimulation Test. 24 hours after taking the hydrocortisone dose, you will return to the study site for the ACTH Stimulation Test. The test will take place as close to 8am as possible.

• **Tapering Period (Week 49–52) one in-person visit (if applicable):** If you opt not to enroll directly into another study or program for vamorolone and instead wish to discontinue vamorolone, you will begin a 4-week dose tapering period. The study doctor will provide you with instructions about how to reduce vamorolone over the tapering period.

• **Week 52 visit:** Four weeks after starting the taper you will return to your study center for the last study visit. This study visit will only occur if you choose not to enroll directly in the long-term extension study.

**What are my responsibilities if I take part in this research?**
If you take part in this research, you will be responsible to:
• Attend all scheduled study visits and communicate with the study team in advance of any conflicts or concerns
• Contact the study doctor immediately in case of any serious illnesses or injuries especially those requiring hospitalization or those that may result in missed doses of study medication
• Contact the study doctor if any surgeries (planned or unplanned) will be undertaken
• Take the assigned study medications every day according to the study team instructions and contact the study doctor if you will miss or missed more than one dose of study medication for any reason
• Keep liquid medication refrigerated at all times and contact the study staff if it is left unrefrigerated for more than 1 hour
• Inform the study staff of all prescription and non-prescription medications, supplements, and vitamins taken at the start of the study
• Inform the study doctor as soon as possible if you start a new medication (prescribed or over-the-counter) or there are any changes to the doses of current medications.
• Avoid making any changes, if possible, to medications including over-the-counter medicines during your participation in the study
• Avoid the following medications throughout the study and consult your study doctor if anyone advises taking any of these medication types prior to starting them:
  o Live vaccines
  o Medicines belonging to the group called mineralocorticoid receptor agents (e.g. spironolactone, eplerenone)
  o Idebenone
  o Steroids (except as required for stress dosing) [Inhaled and/or topical glucocorticoids prescribed for a reason other than DMD are permitted but must be administered at stable dose beginning at least 4 weeks prior to first dose of study medication, and are anticipated to be used at the stable dose regimen for the duration of the study.]
  o Other immune suppressing medicines
  o Any other investigational medications
  o Any other medications approved for DMD
  o Any medications, supplements, or herbal remedies which can impact strength and function, including but not limited to co-enzyme Q10 and creatinine
  o Any drug metabolized by the enzyme cytochrome P450 3A4 (CYP3A4) (see list of commonly prescribed medications metabolized by CYP3A4 at the end of this document). These medications should be used with caution since vamorolone, like prednisone and deflazacort, can increase levels of this enzyme and potentially decrease the levels of these medications.
• Bring study medications and completed diaries with you to study visits
• Ensure that you are appropriately prepared for study procedures as directed by the study staff (for example, fasted for visits which require fasting, wear appropriate footwear and clothing for strength and function tests)

Could being in this research hurt me?
You may experience side effects or discomfort while participating in this study. The laboratory tests, physician exams, and adverse event review are designed to help monitor and reduce the chance of developing side effects. The side effects that you could experience are listed below.
However there could be side effects that are unknown. If side effects develop, please contact the study doctor, who will work to reduce or eliminate those side effects.

**KNOWN RISKS OF VAMOROLONE:**

- **Adrenal Suppression**

Five of 12 boys (42%) with DMD taking vamorolone 2mg/kg/day and 8 of 9 boys (89%) with DMD taking vamorolone 6mg/kg/day as part of an earlier clinical trial experienced adrenal suppression while taking vamorolone. This was noted in bloodwork only (decreased cortisol levels) and did not result in any symptoms (see Adrenal Suppression below).

- **Elevated Liver Enzymes**

One adult volunteer in a previous study of vamorolone in the highest dose group (20 mg/kg/day) experienced transient elevated liver enzymes, which could reflect potential liver damage. Thus, elevated liver enzymes and liver damage are also a possible risk associated with vamorolone. The most common blood tests to check for liver problems are AST and ALT enzymes. In patients with DMD, however, these enzymes are already elevated due to muscle damage and therefore these enzymes cannot be used to assess liver damage problems in DMD patients. Therefore, potential liver damage problems were monitored in a previous study of vamorolone in boys with DMD by testing for other liver-selective enzymes that are not elevated in DMD. These results were re-assuring; however, more information is needed to better assess risk of elevated liver enzymes in DMD due to vamorolone. In the current study, liver-selective enzymes will be monitored.

- **Weight Gain**

Boys taking 6.0 mg/kg/day vamorolone for 24 weeks as part of a previous study experienced an increase in BMI (body mass index). This increase in BMI was similar to the BMI increase noted in boys taking prednisone for a similar amount of time. Boys taking 2.0 mg/kg/day vamorolone for 24 weeks as part of the same study experienced a smaller increase in BMI.

**KNOWN RISKS OF PREDNISONE** The following side effects have been reported in boys taking steroids, including prednisone.

- Adrenal suppression (see Adrenal Suppression below)
- Weight gain
- Changes in the facial appearance (puffy face)
- Slow growth
- Increased risk of fractures
- Behavioral changes, for example becoming more emotional or irritable or worsening or improvement of any existing behavioral problems
- Increased blood pressure
- Upset stomach
- Development of eye cataracts
- Weakened immune system (more likely to catch an infectious disease)
• There may be changes in the skin such as excessive hair growth, acne, skin thinning and easy bruising
• Other risks that are unknown at this time

ADRENAL SUPPRESSION (Possible side effect of vamorolone and prednisone)
Adrenal suppression is caused by decreased functioning of the adrenal glands. The adrenal glands produce hormones in the body. Often children with adrenal suppression do not have any symptoms or have non-specific symptoms. Signs and symptoms of adrenal insufficiency may include:

• Fatigue/tiredness
• Nausea/vomiting
• Abdominal/stomach pain
• Muscle pain
• Muscle weakness
• Dizziness
• Trouble thinking clearly
• Poor growth
• Weight loss
• Behavior changes

Adrenal suppression can be seen in individuals who are taking or recently stopped taking traditional steroids (prednisone, deflazacort) also. Some of these signs and symptoms are also seen in people with DMD without any adrenal problems.

Children with adrenal insufficiency are at risk of becoming very ill. When this happens, it is called adrenal crisis. Adrenal crisis can be associated with low blood pressure and/or low blood sugar and typically occurs when a child with unrecognized adrenal insufficiency has a physical stress such as an illness, surgery, or injury. Adrenal crisis can be prevented/treated by providing steroid replacement in “stress doses” during the acute stress.

If you have any of the symptoms above, or have an illness, an injury or are scheduled for a surgery, contact your study doctor. A referral to an endocrinologist with consideration of testing of adrenal function and provision of replacement steroids may be made. You will also be provided with an emergency card with the study doctor’s contact details and information for you and clinicians about how to manage adrenal insufficiency and adrenal crisis.

Stopping the study drugs suddenly can be dangerous as it may also cause adrenal crisis. If you do not take the study drugs for more than 24 hours (two missed doses) for any reason, you should contact the study doctor as soon as possible for advice. If it is necessary for you to stop taking the study medication, do not stop it suddenly. The study doctor will provide advice on how to stop taking study medication safely.

RISKS ASSOCIATED WITH STUDY ASSESSMENTS:
Risks of Blood Draws: Taking blood may cause soreness or bruising at the site of the needle insertion. This is a common risk. Rarely, lightheadedness, fainting, or a more serious injury such as hematoma (bleeding under the skin) may develop. If a cannula is used, soreness or bruising at
the site of the cannula insertion is possible. To reduce the discomfort of taking blood or cannula insertion, a local numbing cream may be applied to the area. The side effects that may be associated with numbing cream include lack of sensation to the area where it is applied, with an increased chance of harm to the area because of lack of sensation.

Depending on the study visit, between 6 and 20 mL (approximately 1 teaspoon to 1 ounce) of blood will be collected at one time.

**Risk of ECG:** Rarely, this test may cause irritation to the skin under the electrodes.

**Risk of DXA scan and Spine X-Ray:** During the DXA scan and the spine X-Ray, you will be exposed to a small amount of radiation. The extra radiation you will be exposed to because you are participating in this study is less than you would be exposed in a normal year. This is considered an acceptable amount of radiation for patients with a high risk of fractures like in DMD. There may be some minor discomfort from lying in the same position for up to 10 minutes while having the DXA scan.

**Risks of strength and function tests:** It is possible that these tests could make you more tired than after a regular (non-research) doctor’s visit or that you may have muscle soreness. These are common risks. There are also uncommon risks of falling or shortness of breath.

**Risks of ACTH Stimulation Test:** There are usually no side-effects from a ACTH Stimulation Test apart from a small bruise which may appear at the place where the needle was inserted. However, very rarely the ACTH Stimulation Test can cause one or more of the following reactions: nausea, sweating, dizziness, palpitations, facial flushing or an allergic reaction. The test will be done in the morning and under the supervision of a doctor to monitor for any sign suggestive of adrenal insufficiency. Study medication will be given to you as soon as the test has been completed.

**Risk of inappropriate use of study medication:** The tablets and the bottles used in this study are FOR USE BY RESEARCH PARTICIPANTS ONLY. Please take care to keep them out of the reach of children or people who have trouble reading or understanding written directions. Use of the study medicine by persons who have not been carefully screened could be dangerous.

**Risk of Loss of Confidentiality:** The confidentiality of all study-related records will be maintained in accordance with the country specific laws. All paper records containing identifying information will be kept in locked files accessible only to the study team and unlocked only while a study staff member is physically present. Results of the study procedures listed above will be entered (without any identifying personal data) into a secure study database for analysis. You will only be identified by a study ID number to protect your confidentiality. However, because this is a rare disease there is a very small risk of you being identified by identification of the mutation you have.

**Will it cost me money to take part in this research?**
ReveraGen will provide the study drugs free of charge during the study. Tests and procedures that are done only for the study will not be billed to you or your insurance company. You or your insurance company may be billed for any standard medical care given during this research study.

In some cases, insurance does not pay for services ordinarily covered because these services were performed in a research study. You should check with your insurance to see what services will be covered by your insurance and what you will be responsible to pay.

ReveraGen will provide you with reimbursements for travel, lodging, food, and other direct costs related to your study visits according to ReveraGen’s Reimbursement Guidelines.

**Will being in this research benefit me?**

We cannot promise any benefits to you or others from your taking part in this research. You have a 1 in 4 chance of being randomized to placebo during the first 6 months of this trial, in which case, you will not experience any benefits during that time period. You will receive vamorolone in the second 6 months of the trial and may then experience possible benefits. Possible benefits to you include an improvement in muscle strength and function based on findings from a previous study of vamorolone in boys the same age with DMD. In the previous study, an improvement was seen in boys taking vamorolone 2.0 mg/kg/day and 6.0 mg/kg/day for 24 weeks in the time that it took to complete some of the functional assessments completed as part of the study, such as the Time to Stand Test, Time to Run/Walk 10 Meters, and 6-Minute Walk Test. The improvement seen varied between boys but was similar to the improvement seen in boys taking prednisone for a similar amount of time and was significantly better than changes seen in boys who did not take vamorolone or any other steroids. Based on blood tests, there is also the possibility of more stable blood sugar levels and bone metabolism with vamorolone compared to prednisone.

However, we cannot promise any benefits to your child because the information known about vamorolone is still limited. While there may be no direct benefit to your participation in this study, others may possibly benefit from information that the doctors gain while treating you.

**What other choices do I have besides taking part in this research?**

Instead of participating in this research, your choices may include:

- Standard medical care for DMD including initiation of traditional steroid therapy
- Participating in other research studies for DMD

You should further discuss these options with your study doctor or regular doctor.

**What happens to the information collected for this research?**

Your private information and your medical record will be shared with individuals and organizations that conduct or watch over this research, including:

- The research sponsor
- People who work with the research sponsor
- Government agencies, such as the FDA
- The Institutional Review Board (IRB) that reviewed this research

Version 5 dated 22-Mar-2019
We may publish the results of this research. However, we will keep your name and other identifying information confidential.

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

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

Beyond the specific research objectives, researchers are also trying to learn more about neurological disorders, cancer, diabetes, and other health problems. Much of this research is done using health data, images (like X-rays or MRIs), and specimens, such as blood or tissue. Through these studies, researchers hope to find new ways to detect, treat, and maybe prevent or cure health problems. Some of these studies may be about how genes affect health and disease, or how genes affect response to treatment. Some of them may lead to new products, such as drugs or tests for diseases.

If you choose to be in this study, portions of the biological samples collected from you during the study may remain after the study completion. These left-over samples will be sent to AGADA BioSciences, Halifax, Canada. Scientists worldwide can apply to use these left-over samples for research, including biomarkers in DMD. When portions of these samples are provided to scientists, no identifying information is released.

As part of this study the sponsor, ReveraGen, will/may:

- Store your de-identified sample(s) blood samples and clinical information in a Data/Biobank, along with information and/or samples from other boys. There is no limit on the length of time we will keep this information and/or your sample(s).
- Allow other researchers to use the materials stored in the Data/Biobank for approved studies. Researchers from other universities, the government, and drug- or health-related companies can apply to use the materials. A science committee at the Data/Biobank will review each request. There may also be an ethics review. We will not give researchers your name or any other information that could directly identify you.
- Collect research data from any studies done using your sample and clinical information

Who can answer my questions about this research?

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board (“IRB”). An IRB is a group of people who perform independent review of research studies. You may talk to them at (800) 562-4789, help@wirb.com if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
• You want to talk to someone else about the research.
• You have questions about your rights as a research subject.

**What if I am injured because of taking part in this research?**
If you are injured or get sick because of being in this research study, call the study doctor immediately. The study doctor will provide emergency medical treatment. Your insurance may be billed for this treatment. The sponsor will pay any charges that are not covered by insurance policy or the government, provided the injury was not due to your underlying illness or condition and was not caused by you or some other third party. No other payment is routinely available from the study doctor or sponsor.

**Can I be removed from this research without my approval?**
The person in charge of this research can remove you from this research without your approval. Possible reasons for removal include:
• You cannot or do not take study medication
• You do not comply with study procedures
• Safety blood test results indicate that continuing in the study could be harmful,
• Not being able to obtain blood samples for safety monitoring
• You experience side effects that are not tolerable
• The study is closed

We will tell you about any new information that may affect your health, welfare, or choice to stay in this research study.

**What happens if I agree to be in this research, but I change my mind later?**
If you decide to leave this research study, contact the research team so that the investigator can:
• Instruct you how to stop study drug safely
• Arrange to return to the study center for a follow-up assessment after discontinuation of study medication

**Will I be paid for taking part in this research?**
You will not be paid for participating in the study.

**Sharing Information for a Parallel Study**
We are asking for your permission to allow us to share your contact information (name and phone number and/or email address) with a team of researchers led by Dr. Roxanna Bendixen at the University of Pittsburgh. Dr. Bendixen is carrying out another research study for boys enrolled in this study. The purpose of her study is to demonstrate that a wearable health band (ActiGraph) can be used to gather helpful information about boys with DMD and possibly any changes related to the study drug. If you agree to allow your contact information to be shared, Dr. Bendixen or someone from her study team will contact you to explain the study in greater detail and you will then have the option to participate in this parallel study. This parallel study is approved by the University of Pittsburgh IRB (PRO17080555 - Community Based Outcome Measures in Boys with Duchenne Muscular Dystrophy). Both sharing your information with Dr. Bendixen and participating in this parallel study are optional. You can still participate in this study even if you do not want to share your contact information with Dr. Bendixen or participate in the parallel study.
Please initial next to YES or NO below to indicate your choice.

I DO agree to have my contact information shared with Dr. Roxanna Bendixen:

_____ YES   _____ NO

Statement of Consent:
- All children are required to assent, unless the investigator determines that the capability of the child is so limited that the child cannot reasonably be consulted.
- If assent is obtained, have the person obtaining assent document assent on the consent form.

Your signature documents your permission for the individual named below to take part in this research.

________________________________________  ______________________ 
Signature of child subject’s parent, or individual authorized to consent to the child subject’s general medical care  Date

________________________________________  ______________________
Printed name of subject  Date

________________________________________  ______________________
Signature of person obtaining consent  Date

☐ I have explained the study to the extent compatible with the subject’s capability, and the subject has agreed to be in the study. OR

The subject is not able to assent because the capability of the subject is so limited that the subject cannot reasonably be consulted.

________________________________________  ______________________
Signature of person obtaining assent  Date
## List of commonly prescribed medications metabolized by CYP3A4

<table>
<thead>
<tr>
<th>Inhibitors</th>
<th>Substrates</th>
<th>Inducers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Antivirals:</td>
<td>Macrolide antibiotics:</td>
<td>carbamazepine</td>
</tr>
<tr>
<td>indinavir</td>
<td>clarithromycin</td>
<td>efavirenz</td>
</tr>
<tr>
<td>nelfinavir</td>
<td>erythromycin</td>
<td>nevirapine</td>
</tr>
<tr>
<td>ritonavir</td>
<td>NOT azithromycin</td>
<td>phenobarbital</td>
</tr>
<tr>
<td>Others</td>
<td>telithromycin</td>
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<tr>
<td>clarithromycin</td>
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<td>pioglitazone</td>
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<tr>
<td>itraconazole</td>
<td>Anti-arrhythmics</td>
<td>rifabutin</td>
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<td>ketoconazole</td>
<td>quinidine</td>
<td>rifampin</td>
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<tr>
<td>nefazodone</td>
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<td>St. John's Wort</td>
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<tr>
<td>erythromycin</td>
<td>Benzodiazepines</td>
<td>troglitazone</td>
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<td>grapefruit juice</td>
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<tr>
<td>amiodarone</td>
<td>Immune Modulators</td>
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<td>NOT azithromycin</td>
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<tr>
<td>fluvoxamine</td>
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<td>sirolimus</td>
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<td>voriconazole</td>
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<td>Calcium Channel Blockers:</td>
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<td><strong>Inhibitors:</strong></td>
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<tr>
<td>NOT rosuvastatin</td>
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<td><strong>PDE-5 Inhibitors:</strong></td>
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<tr>
<td>vardenafil</td>
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<tr>
<td><strong>Others:</strong></td>
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<tr>
<td>boceprevir</td>
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<tr>
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<tr>
<td>carbamazepine</td>
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<tr>
<td>gleevac</td>
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<tr>
<td>haloperidol</td>
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<tr>
<td>pimozide</td>
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<tr>
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<tr>
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