Informed Consent Form for Participant Self Consent

Sponsors' Information:	Zafgen, Inc. 175 Portland St, 4th Floor Boston, MA 02114 USA Phone: +1 (617) 622-4003 Foundation for Prader-Willi Research (FPWR) 340 S Lemon Ave, Suite 3620 Walnut, CA 91789 USA Phone: +1 (888) 322-5487
Protocol Title:	Non-Interventional, Observational, Natural History Study of Serious Medical Events in Prader-Willi Syndrome
Branded Title:	PATH for PWS Study: Paving the way for Advances in Treatments & Health for PWS
Protocol Number:	ZAF-PWS-001
ICF Version Date:	04 February 2019
Principal Investigator:	Theresa Strong, PhD Director of Research Programs Foundation for Prader-Willi Research
Sub-Investigators:	Shawn McCandless, MD Section Head, Genetics and Metabolism University of Colorado Jennifer Miller, MD Associate Professor Department of Pediatrics University of Florida
Study Staff Contact:	PATH for PWS Study Coordinator info@pathforpws.com phone: +1 (888) 322-5487
Site(s) of Investigation:	There are no sites of investigation as all information will be collected using a web interface.
Emergency Contact:	In the case of an emergency, study participants are to call their local emergency number.

Approved by HIRB on 02-14-2019
HIRB Version 3.0

CALIFORNIA EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment, or who is requested to consent on behalf of another has the right to:

1. Be informed of the nature and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment and any drug or device to be used.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment, if applicable.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs, or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment or if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or the procedures involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time, and the subject may discontinue in the medical experiment without prejudice.
9. Be given a copy of the signed and dated written consent form when one is required.
10. Be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

UNDERSTANDING THE TERMS USED IN THIS CONSENT FORM

Study participants over the age of 18 who understand the consent form and legally provide their own consent are eligible to join this study on their own. You are invited to take part in this research study because you have been diagnosed with Prader Willi syndrome (PWS)

This is an **"observational research study,"** meaning individuals are observed and certain outcomes are measured over a period of time. This study is also **"non-interventional,"** meaning no treatment is given as part of the study.

The "**sponsors"** of this study are Zafgen, Inc. and the Foundation for Prader-Willi Research (FPWR). Sponsors are responsible for managing and financing the study. Zafgen, Inc. is a biopharmaceutical company that is developing an investigational therapy for patients with Prader-Willi syndrome (PWS). FPWR is a non-profit organization that is working to eliminate the challenges of PWS through the advancement of research and therapeutic development.

The PATH for PWS Study is a **"substudy"** of the Global PWS Registry. A substudy collects additional information from some of the study participants enrolled in the main study to investigate additional research questions. To participate in this study, you must also participate in the Global PWS Registry, which is an international registry for patients with PWS that is funded by FPWR and hosted by the National Organization of Rare Disorders (NORD). A **"registry"** collects and stores patient medical information, family history, and other relevant

information that may be used by researchers to better understand a disease or medical disorder. The same Investigators and staff members from FPWR who conduct the Global PWS Registry will also conduct this study and are being paid by Zafgen to conduct this study. These individuals will collectively be referred to as **"study staff."**

THE INFORMED CONSENT PROCESS

You are being invited to participate in this observational research study sponsored by Zafgen Inc. and FPWR.

Before you decide to participate, you need to understand the purpose of the study, the possible risks and benefits, and what would be expected of you. This process is called Informed Consent.

This informed consent form will explain to you the purpose and procedures of the study, describe possible risks that you may experience, and describe possible benefits, if any, from participating.

This form also describes how your medical information will be used and disclosed in the study and seeks your authorization for that use and disclosure. This form will also include information about any compensation you may receive for participation and contact information if you have any questions about the study or the rights of study participants.

Please read this form carefully as it will help you be fully informed and aware of what participation in this study will include. If you have additional questions after reading this consent, please contact the study staff using the information listed above and ask as many questions about the study as you would like. If there are any words or information that you do not understand, the study staff will explain them to you.

If you agree to participate in this study, you must sign this consent form before starting the study. Study participation is voluntary and you have the right to stop study participation at any time.

PURPOSE OF THE STUDY

The primary purpose of this study is to study the type and frequency of serious medical events in the PWS population. Serious medical events are those that result in death, are life-threatening, require hospitalization or an emergency room visit, or are medically significant. Medically significant events may include psychosis, significant self-injury, extreme aggression, suicidal thoughts, seizures, pneumonia, major infections, extreme food consumption in short amount of time, and severe edema (swelling due to excess fluid). The frequency of blood clots, prescription medications use, the complexity of PWS, hyperphagia behavior patterns, hyperphagia management strategies, and food-related behavior in the PWS population will also be studied. Hyperphagia means the intense, constant hunger that often occurs in individuals with PWS. Data from the study will be used to help advance the understanding and treatment of PWS as described in the "Potential Benefits from Study Participation" section.

DESCRIPTION OF THE STUDY AND PROCEDURES INVOLVED

Approximately 500 people with PWS who are at least 5 years old, live in the United States, Canada, Australia, or New Zealand and who are enrolled or are willing to enroll in the Global PWS Registry will participate in this study. (Refer to the consent form for the Global PWS Registry for more information about that study.) This study is anticipated to be active for

approximately 4 years. You must also have a caregiver who is willing to enter information into surveys specific to this study and specific to the Global PWS Registry using the internet, into an online database at study entry and every 6 months on your behalf. The information entered into the surveys will be combined into one database and analyzed together.

The types of data that your caregiver will be asked to enter into the database for use in this study includes, but are not limited to information about your medical history, current health conditions, behaviors, and medications. Although we encourage completion of all the surveys in the Global Registry, below is a list of required surveys your caregiver will be required to complete for the study. These required surveys will be marked with an asterisk (*) in the online database.

1. Consent for the PATH for PWS Study - must be completed before enrolling into the study
2. Getting Started – complete at study entry
3. Contact Information – complete at study entry (including the contact information for your caregiver)
4. Participant Demographics - complete at study entry
5. Diagnosis - complete at study entry
6. Research Trials - complete at study entry and should be updated if the information changes during the study
7. General Medical History - complete at study entry
8. Thrombosis Risk History - complete at study entry
9. Psychological and Mental Health - complete at study entry
10. Neurological History - complete at study entry
11. Vision History - complete at study entry
12. Thrombotic and Serious Medical Events - complete at study entry and as soon as possible after the event but at least every 6 months
13. Hyperphagia and Food Behavior – complete at study entry and every 6 months
14. Food Safe Zone – complete at study entry and every 6 months
15. PWS Profile – complete at study entry and every 6 months

The surveys required at study entry are expected to take approximately 2 to 3 hours overall to complete. Although these surveys should be completed as soon as possible after entering the study, they do not need to be completed all at once. You can save partially completed surveys online and come back later to complete and submit the surveys. The surveys given every 6 months are expected to take approximately 1 to 2 hours overall to complete. The time it takes to complete the surveys may depend on the amount of information, medical history, or serious medical events that you have experienced.

The study staff may contact your caregiver via phone or email to clarify any data entries and may enter data into the database on your behalf based on information your caregiver provides. Your caregiver will also be contacted approximately every 6 months to remind him or her to complete the required surveys. The study staff may also ask your caregiver to upload your medical records and blood work or test results related to blood clots or serious medical events into the database.

Because this is an observational study, no study drug will be provided and no visits to a doctor or clinic are required.

POSSIBLE RISKS

There are no physical risks to you for allowing your data to be stored and used in this study.

There is an unlikely risk of breach of confidentiality, meaning that someone could get unauthorized access to the information collected about you from this study. There are laws against the misuse of confidential information, but they may not give full protection. Strict security safeguards are in place to reduce the chance of misuse or unplanned release of information. If there is a breach in this study's computer system, you will be notified.

POTENTIAL BENEFITS FROM STUDY PARTICIPATION

There is no treatment being provided so there is no direct benefit to you from participating in this study.

Data from this study will be used to help advance the understanding and treatment of PWS by:

- Increasing the understanding of the full range of PWS characteristics
- Identifying trends that generate new insights into PWS, and identifying areas for additional study
- Guiding the development of standards of care
- Expediting the completion of PWS clinical trials
- Accelerating solutions for PWS

VOLUNTARY PARTICIPATION AND HOW TO REVOKE YOUR AUTHORIZATION

Participating in this study is voluntary. Refusing to participate will involve no penalty or loss of benefits to which you are otherwise entitled (such as health care outside the study, the payment for health care, and health care benefits).

If you do participate, you are free to change your mind at any time, but the information collected before you changed your mind may still be used to complete the research that has already started.

You may revoke your authorization regarding the use of your health information at any time by sending a written notice using the study staff contact information listed above.

STOPPING THE STUDY UNEXPECTEDLY

This study may be stopped unexpectedly for a variety of reasons, including decisions made in the commercial interests of the Sponsors or by local regulatory/health authorities.

In addition, the study doctor or the Sponsors can stop your participation at any time without your consent for any reason including:

- If it is discovered that you do not meet the study requirements
- For administrative reasons including if sufficient number of participants have been enrolled

The study staff will notify you if the study is stopped and inform you of all remaining study requirements.

ALTERNATIVES TO BEING IN THE STUDY

The alternative is for you not to be in the study.

CONFIDENTIALITY AND USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

This section explains who will use and share your health information if you agree to be in this study. You must authorize this use and sharing of this information by signing this form or you cannot be in the study.

All of your information from the Global PWS Registry (including data from surveys listed above) will be added to the database for this study. The information provided concerning you will be de-identified before being shared beyond the study staff. De-identified means that all the personal identifiers have been removed, including your name, address, and all other information that identifies you or your family. Except as set forth in this consent, only the study staff will have access to identifying information, such as names and addresses, that can directly identify you. Please refer to the consent form from the Global PWS Registry for more information about how identifiable information is protected.

When the results of this research are published or discussed in conferences, unless your specific consent is obtained, any personal information that could identify you will be removed or coded to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

A description of this study will be available on https://www.ClinicalTrials.gov, as required by United States law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

Representatives from the National Institutes of Health, United States Food and Drug Administration, NORD, Hummingbird Institutional Review Board (IRB), or other authorized parties may inspect study records during auditing procedures to be sure that this study is being protected according to regulations and policies.

Information that is disclosed pursuant to this authorization may be redisclosed by the recipient, in which case the information may no longer be covered by the federal privacy protection regulations.

Your authorization for use of your personal health information for this specific study does not expire.

You may withdraw your permission for the use and disclosure of any of your personal information for research, but you must do so in writing to the study staff using the address or email above. Even if you withdraw your permission, the study staff may still use your personal information that was already collected if that information is necessary to complete the study.

You will be given a copy of this consent/authorization form describing your confidentiality and privacy rights for this study.

For persons living outside the United States who choose to share information about themselves, the same protections for privacy and confidentiality are offered as in the United States. By signing this consent, you acknowledge that you are disclosing information that would otherwise be private. Privacy laws in your country may have different protections than those provided in the United States.

GETTING ANSWERS TO YOUR QUESTIONS ABOUT THE STUDY

You can ask questions about this form or the study at any time. You may have questions about this study or payment during the study. You may have other questions. You should contact the study staff using the contact information listed above with any questions or concerns.

This research has been reviewed by an IRB for the purpose of protecting your rights. An IRB is a group of people who are responsible for protecting the rights and welfare of people who participate in studies. For questions about your rights as a participant in this study or to discuss other study related concerns or complaints with someone who is not part of the study staff, you may contact Hummingbird IRB, One Broadway, 14th Floor, Cambridge, MA, 02142 USA at 1-855-447-2123 (toll free). Review and approval of this study by Hummingbird IRB is not an endorsement of the study or its outcome.

Do not sign this form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. Please call the IRB with your questions and concerns about rights as a participant.

COSTS OF PARTICIPATING IN THE STUDY

There will be no cost for participating in the study.

COMPENSATION FOR PARTICIPATING IN THE STUDY

For your time and effort related to your participation in this study, you will receive a $100 e-gift card (to Amazon.com) for completing the required surveys at study entry and a $50 e-gift card (to Amazon.com) for completing the required surveys every 6 months as outlined in the list above. If you live outside of the United States, the e-gift card will be issued in your local currency (in US $ equivalent values) for an Amazon.com affiliate site (e.g. Amazon.ca, Amazon.com.au). If you have any questions regarding your compensation for participation, please contact the study staff number using the information listed above.

YOUR ROLE IN THE STUDY

While in the study, you must:

- Have a caregiver who can complete the surveys listed above on your behalf using the data entry schedule provided
- Measure your body weight (ideally on the same scale) and height every 6 months
- Keep your contact information current (address, email, and phone number).

STATEMENT OF THE PERSON SIGNING THE CONSENT

By signing this consent, I confirm that the following statements are true.

- I confirm that I have been diagnosed with PWS.
- I confirm that I am at least 5 years of age.
- I confirm the I live in the United States, Canada, Australia or New Zealand.
  I give permission to provide research data for this study only for the purposes described above.
- I give permission to provide research data from the Global Prader-Willi Syndrome Registry as described above to be used for this study.
- I give permission to being contacted by the study staff to clarify any data entries, to receiving reminders approximately every 6 months to complete timely entry of new data and to allowing the study staff to enter data on my behalf.

( ) I have read the information provided above describing this study. My questions have been satisfactorily answered and I have signed this form as indication of my desire to participate in this study. I understand that I will receive an electronic copy of this consent/authorization form.

( ) I authorize the release of my information to the parties identified in this consent, including the sponsors, the Food and Drug Administration (or other Regulatory Agencies) and Hummingbird IRB. By signing this consent form, I have not given up any of the legal rights that I would otherwise have as a participant in an observational study.