STUDY PARTNER INFORMATION SHEET

Study Title: A phase 1b/2 multicenter, adaptive, double-blind, randomized, placebo-controlled study to assess the safety, tolerability, immunogenicity and pharmacodynamic effects of ACI-24.060 in subjects with prodromal Alzheimer's disease and in adults with Down syndrome (ABATE)

Protocol Number: ACI-24-AD-DS-2102

IRAS ID: 1004601

EU CT number: 2022-500069-29-00

Sponsor: AC Immune SA, EPFL Innovation Park, Building B, 1015 Lausanne, Switzerland

Study Doctor: *<Name>*

Address: *<Site name>*

<Site address>

Telephone: *<Telephone number>*

After Office Hours: *<24-hr phone number>*

Additional Contact(s): *<Additional staff members to contact and telephone number(s)>*

Participant Number: to be added by study site

A person close to you is considering taking part in a research study to test an investigational medicine (study vaccine) in people with early (so-called "prodromal") Alzheimer's disease (AD). In a second part of the study the study vaccine will also be tested in adults with Down syndrome who are at risk of developing AD. The sponsor of this research study is AC Immune SA (referred to as "The Sponsor" in this form).

You are also invited to take part in the study as the study partner of the person close to you to help with certain study activities or study requirements. In this form, the person you care for is called the "Participant". Your participation in this study as a study partner is entirely voluntary, meaning that you are free to say yes or no.

A study partner is a reliable person who the participant trusts and either lives with or spends a lot of time with (at least 10 hours a week).

This document is called study partner information sheet and informed consent form. It will explain the purpose of the study and what you can expect if you decide to take part as a study partner. You can take a copy of this form home to review. If you wish, you may ask advice from others, such as your family, before you decide.

Please read this form and the Participant's information sheet carefully. Take time to ask the study doctor or study staff as many questions about the study as you would like. The study doctor or study staff can explain words or information that you do not understand. If you decide to act as a study partner in this study, you must write and sign your name, and include the date, at the end of this consent form. You should sign this consent form only when you fully understand the details about the study and agree to the commitment.

The research study in which the Participant is being asked to take part has been reviewed by the Oxford A Research Ethics Committee, which is a group of scientific/medical experts and lay people who review research done in humans to protect the welfare, rights, and privacy of the Participants in the study. If you have any questions or complaints about the Participant's rights in relation to this study, please contact the study doctor using the contact details on the first page.

1. WHAT WILL I NEED TO DO AS A STUDY PARTNER IF I AGREE TO TAKE PART?

If you agree to participate in this study as a study partner, you will need to accompany the Participant to the study clinic at all planned study visits, assist with the Participant's compliance to the study procedures, as well as to any instructions given about food and any other medication, and report relevant changes in the Participant's health. You will need to assist the patient in keeping a study diary up to date in which any adverse events and changes in medications are noted. You will also be asked to provide input when completing questionnaires to assess the Participant's memory, and daily living function. There are no anticipated risks for you related to participation in this study. You and the Participant will be in the study for around 18 months and will visit the clinic about 17 times during this time. The duration of each visit is estimated to range between 3 to 8 hours.

2. WHAT IS THE PURPOSE OF THE RESEARCH STUDY?

In this research study an investigational medication named ACI-24.060 is being tested. A build up of the protein Abeta (Aβ) in the brain is believed to play an important role in cognitive decline in people with AD and in adults with Down syndrome. Cognitive decline is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. ACI-24.060 is designed to stimulate the immune system to produce antibodies against Aβ. These antibodies should reduce the quantity of Aβ in the brain and may have a positive effect on cognitive decline.

ACI-24.060 is called an investigational medication because its safety, effectiveness, and/or how it works is still being studied - it is not yet approved for marketing in any country. If the Participant agrees to take part in this study, they may receive either ACI-24.060 or placebo (which looks the same as the investigational medication, but it does not contain any active ingredients).

The main purpose of this study is to find out:

- If ACI-24.060 is safe and well tolerated

- If ACI-24.060 is able to provoke an immune response (elicit a related antibody response, as a study vaccine), also known as immunogenicity
- How ACI-24.060 works inside the body (mechanism of action)

2. WHAT WILL HAPPEN DURING THE STUDY?

Before you can start taking part as a study partner in the study, the study doctor will talk to you and the Participant about the study. If you agree to act as a study partner for the purposes of this study, you will be asked to sign this informed consent form. If the Participant has provided consent and met the criteria to be enrolled into the study, you will be expected to attend the study visits with the Participant: this could be up to 17 visits over the course of around 18 months (this does not include any unscheduled visits that may be needed). During these visits the Participant will complete assessments, some of which require your involvement:

- **Informed Consent:** You will be asked to read, understand, and sign the information sheet and informed consent form for study partners before the Participant can be involved with any study procedures. This will happen during the Screening Period, which is when tests and assessments are done to see if the Participant meets the requirements to be in the study.
- **Personal Information:** The Participant will be asked to provide basic information (gender, month and year of birth, and ethnicity) during the Screening Period.
- **Medical History:** During the Screening Period the Participant will be asked about their health, including the current diseases they may have, past diseases they had, their family history for AD and any medications they are taking.
- **Study Eligibility Criteria:** Whether the Participant is able to take part (eligibility) in the study will be reviewed during the Screening Period and at Visit 1.
- **Administration of Study Vaccine (ACI-24.060 or placebo):** The Participant will receive study vaccine as an injection into their muscle 5 times during the study, at Visits 1, 3, 5, 7, and 10.
- **Adverse Events and Concomitant Medications:** At all clinic visits including phone calls, the Participant will be asked about changes in their health and/or medications. A list of past and current medications will be recorded and reviewed for any changes since the last study visit. At Visit 1, you and the Participant will be trained on how to report any adverse events they may experience. A diary to record such information will be provided to the Participant at Visit 1. Please make sure they complete their entries as the diaries will be reviewed by study staff during all study visits.
- **Physical and Neurological Examination:** The Participant will undergo physical and neurological examinations to check their overall health during the Screening Period, and then 5 times during the Treatment Period (ie, Visits 1, 3, 5, 7, and 10), and once during the Follow-up Period, at Visit 13.

- **Vital Signs Measurement:** At each clinic visit, the Participant's vital signs (blood pressure, heart rate, and body temperature) will be measured.

- **Cognitive and Clinical Assessments:** At some of the clinic visits the Participant will be asked to perform tests of his/her memory and other areas of brain function. The Participant will also be interviewed using questionnaires to evaluate his/her symptoms of AD and how the disease affects his/her everyday life. Some of these tests will require your direct input.

  If you would like to know more about the assessments that you will be asked to be involved with, please ask your study doctor.

- **Lumbar Puncture:** A lumbar puncture will be performed according to the local standard procedure. A cerebrospinal fluid (CSF) sample (12 mL/around 2.5 teaspoons) will be collected from the Participant during the Screening Period, and then at Visits 8 and 11. This test measures the amount of proteins related to the disease (biomarkers) and other proteins of interest (for example, measuring inflammation) that are present in the CSF. For most people, lumbar puncture is well tolerated; in some cases headache can occur -and can sometimes be associated with fatigue and dizziness and last a few days. The headache may respond to painkillers. Should the Participant experience these symptoms, please always contact the study doctor or staff members.

- **Blood Sample Collection**: Blood samples will be collected during the Screening Period and then 13 times (each clinic visit) during the study. These will be analyzed to understand the Participant's health, safety, immune response, and for any genetic variations. For female participants who had no menstrual period within the past year, the blood sample collected during the Screening Period will also be used to confirm they are not pregnant. The total volume to be collected during this research study is up to about 450 mL (just under a pint).

- **Urine evaluation:** At most of the clinic visits the Participant will be asked for a urine sample for routine testing. For female participants, a urine sample will be collected at Visits 1, 3, 5, 7, and 10 to confirm they are not pregnant.

- **Electrocardiogram (ECG):** This test measures the electrical activity of the heart. An ECG will be performed during the Screening Period and at Visits 1, 8, 11, and 13.

- **Magnetic Resonance Imaging (MRI) Scan:** MRI scan uses magnetic field and radio waves to take images of the brain and to check whether there is any damage to it. It will also be used to measure the size and volume of specific regions of the brain involved in memory patterns, to see if there is any change over time. This scan will be performed during the Screening Period and at Visits 5, 7, 10, and 13.

- **Positron Emission Tomography (PET) Scan:** Brain scans using PET imaging will be performed during the study, and a so-called "PET Tracer" will be given by injection into a vein 45-75 minutes before the PET scan. The Participant will be asked to lie still for around 30 minutes while the scan is taken. During the Screening Period, 2 PET

scans (an Amyloid-PET scan and a Tau-PET scan) will be performed; they use different PET Tracers. It is possible that some redness, itching, or swelling might be observed at the site of the injection. The Participant will be exposed to a small amount of radiation, so the risk of negative effects from these brain imaging procedures is considered to be very low.

Unscheduled Visit: At any time during the study, you might need to accompany the patient to the clinic for additional visits if further evaluation is required after collecting information from the patient following a phone call. The following assessments, at a minimum, will be performed:

- You will be asked about changes in the patient's health and/or medications.
- You will be asked about the patient's well-being.
- The patient's blood pressure, heart rate, and body temperature will be measured.
- The patient will have a physical and neurological examination.
- The patient's blood sample will be collected for a standard safety evaluation.

Other assessments may be performed during these visits, such as MRI scan, ECG, and cognitive assessments.

If, for any reason, the patient discontinues from the study before the scheduled study completion, the assessments listed above for the unscheduled visit will be performed.

Telephone Calls: 48 to 72 hours after each of the first 3 injections (Visits 1, 3, and 5) the study doctor will call you on the phone to ask you to report any symptoms and side-effects that the patient may be having.

Home Assessments: Some of the visits and tests planned in this study may be performed at the patient's home by study site personnel or a delegated vendor. The purpose of this would be to minimize the burden of travelling to the site and/or if there is a significantly increased risk that you or the patient may be exposed to the coronavirus (COVID-19) disease infection when visiting the site or if travel restrictions/site's policy prevent on-site visits from being performed. This will only be considered if the below conditions are met:

- Visits/tests by phone or at home are locally allowed and it is possible to organize them.
- The study site personnel has discussed with you and the patient about the possibility to have visits/tests at the patient's home in place of on-site and the patient agrees.

Whether there are visits at home or at the study site, the Schedule of Assessments (shown in the table in Section 3.1 of the Participant Information Sheet and Consent Form) will remain the same.

You will need to accompany the Participant to the study clinic at all planned study visits (more details are available in the Participant's consent form, and you can also refer to the study doctor or study staff).

3. RISKS AND DISCOMFORTS OF THE STUDY

There are no anticipated physical risks to you by participating as a study partner in this study.

Attending and witnessing the assessments by interview could cause you to feel uncomfortable. Please tell the study doctor if you feel uncomfortable while responding to the interview questions.

All efforts will be used to minimise any discomfort to the Participant during any procedures related to this research study. All potential risks of the study are listed in detail in the Participant's informed consent form. If you notice, or the Participant complains of any side effects or changes to his/her health during the study, please ensure he/she seeks treatment immediately and inform the study doctor (contact details are on the first page).

Risks of Participation during COVID-19 Pandemic

Risks associated with acquiring COVID-19 infection by travelling to the site during the pandemic will be minimized as far as possible, with all local recommendations and restrictions followed. Visits to the clinical site will be replaced by phone and/or home visits where this is considered appropriate to reduce the risk of acquiring COVID-19.

4. ARE THERE ANY BENEFITS TO BEING IN THE STUDY?

As a study partner, you will not receive any direct benefit by taking part in this study. Participation may or may not help the study Participant. Results from this study may benefit others in the future.

5. PAYMENT FOR PARTICIPATION AND EXPENSES

You will not be paid for participation in this study. However, you will be reimbursed by the study site for reasonable expenses (for example, parking, meals, travel, hotel stay) that you have as a result of your participation in this study. You will be required to provide receipts of your expenses for reimbursement. Speak to the study team if you would like more information.

6. WILL MY PERSONAL DATA BE KEPT PRIVATE?

As the study partner for the participant participating in this study, we will use your name and contact details. The study site staff will use this information to contact you only with regards to the Participant's involvement in the study. Your data will be linked to the coded data of the participant.

Collection and processing of personal data for the research study

Your personal data will be processed and shared during the study by your study doctor, study staff, and representatives/designees of the Sponsor for the following purposes:

1. Reliability and Safety Purposes: Your personal data will be processed in order to ensure that study data is reliable and that safety requirements have been met for your participation in the study.
2. Research Activity Purposes: Your personal data will be processed for scientific research purposes related to A phase 1b/2 multicenter, adaptive, double-blind, randomized, placebo-controlled study to assess the safety, tolerability, immunogenicity and pharmacodynamic

effects of ACI-24.060 in subjects with prodromal Alzheimer's disease and in adults with Down syndrome (ABATE).

The legal bases for processing and sharing your personal data for the purposes mentioned above are:

1. Reliability and Safety Purposes: For personal data, the legal basis is the Sponsor's compliance with a legal obligation under the national law implementing ICH-GCP (GDPR Article 6(1)(c)). For sensitive personal data, the legal basis is 'public task' as processing is necessary for the performance of a task carried out in the public interest (GDPR Article 9(2)(i)).
2. Research Activity Purposes: For personal data, the legal basis is the Sponsor's legitimate interests (GDPR Article 6(1)(c)). For sensitive personal data, the legal basis is that processing is necessary for scientific research purposes (GDPR Article 9(2)(j) and Article 89(1)).

What personal data will be used and disclosed?

For the purposes mentioned above, the Sponsor and the study doctor may use the following personal data:

- Identification data: name, contact number, and email address. Note: Your identification data will be checked at the clinic by Sponsor staff or persons working on behalf of the Sponsor but will not be stored by the Sponsor.

Who are the authorized recipients of your personal data?

- Sponsor or persons working on behalf of the Sponsor (eg, representatives of Sponsor, monitors and auditors of the Sponsor, or representatives of Worldwide, the contract research organization working with the Sponsor on this study)
- The study doctor and study staff
- Independent Ethics Committees
- Competent Authorities
- Regulatory authorities, such as the Medicines and Healthcare products Regulatory Agency (MHRA), other governmental agencies, or the European Medicines Agency
- Government agencies (including those outside of your country of residence)
- Vendors working on this study
- Individuals involved in obtaining marketing authorization for the study vaccine.

How will my personal data be processed?

The study doctor and team, and representatives/designees of Sponsor will process and use your personal data collected during the research study and during the Screening Period. Your personal data will be collected via study forms.

At the end of the Screening Period, participant will be assigned a unique participant identification number. This unique participant identification number will be used to identify participant on study forms, and your data will be linked to the coded data of the participant. Any personal data processed outside of the study clinic will only refer to you by the unique participant identification number. Decoding will only take place as required by law.

While at the study clinic, the study doctor and staff, and designees/representatives of the Sponsor will have direct access to the directly identifiable personal data collected to ensure they are correct and that the study was conducted properly (monitoring and auditing purposes). The study staff will use your name and contact details to contact you about the research study (eg, visit reminders or follow-up purposes), make sure that relevant information about the study is recorded for participant's care, and to oversee the quality of the study. You may also be contacted after the study has ended to inform you of the study outcome. The study staff may also need to correct or provide missing information about you even after your study participation is over.

AC Immune SA is the Sponsor of the study and as such, will act as data controller with respect to the research data/records and the conduct of the study. This means that the Sponsor is responsible for safeguarding your personal data collected during your participation in the study and for using it properly. The Sponsor's data protection officer can be contacted by email at dpo@acimmune.com.

The Sponsor will keep your study records for up to 25 years after the end of the study/2 years after the date a marketing application is approved, or longer if required by applicable law and/or clinical guidelines.

Specific data uses:

Registries and Publications: 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 study participant. At most, the Web site will include a summary of the results. You can search this Web site at any time.

A description of this clinical study will be available on the European Union Medication Regulating Authorities Clinical Trials Database as required by European laws. 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.

The results of the study will be submitted to one or more Sponsor offices, health/regulatory authorities, qualified third-party researchers, and other approving bodies. The results may also be presented at meetings or published in medical journals. You will not be identified in any presentation or publication resulting from the study.

Regulatory Authorities: The regulatory authorities will be granted direct access to your original study records in order to audit, monitor, and verify the proper conduct of the study, evaluate study results and adverse events, and provide approval/marketing authorization.

Will my personal data be shared?

Your personal data will only be shared with and disclosed to authorized third parties and recipients, if instructed and permitted by the Sponsor. Some of those third parties and recipients might be located outside the United Kingdom (UK) and/or the European Union (EU) where the level of protection of personal data information might not be as strict and advanced as in your country and may not stop coded study data from being shared with others. A transfer of personal data outside the UK and EU may pose a security risk, as well as the risk that you may not be able to exercise certain rights, or may have more difficulty exercising such rights, in respect to these recipients. In

those cases, your personal data will only be transferred where appropriate safeguards are in place to it (such as Standard Contractual Clauses). You can find more information on these safeguards by contacting the study doctor (using the contact details on the first page), who will contact the Sponsor's data protection officer as needed.

All third parties and recipients are obligated to observe the rules of professional confidentiality and will only use your personal data for the purpose of the study and as described in this section.

What are my rights?

You have the right to access personal data and correct inaccurate personal data processed in the study. You may also have the right to erase, limit, or object to the processing of your personal data, where such processing is a) no longer necessary for the purposes described in this section, or, b) is processed only for scientific research purposes and the Sponsor does not have compelling legitimate grounds to continue processing which override your interests, rights, and freedoms. You can exercise your rights by contacting the study doctor (using the contact details on the first page), who will contact the Sponsor's data protection officer as needed.

You also have the right to lodge a complaint regarding how your personal data are being handled with the supervisory authority responsible for enforcing data protection legislation, the Information Commissioner's Office at https://ico.org.uk/

Withdrawal:

If you wish to withdraw your consent to participate in the research study, no further personal data will be collected about you unless it is necessary for participant safety or to maintain the integrity of the research. The Sponsor may, however, still use your personal data that was collected and shared before you withdrew your consent, as described in this form. If you wish to withdraw from the research study, you must notify the study doctor using the contact details on the first page.

7. WILL THERE BE EXPENSES AND PAYMENTS?

The study medication and all tests and procedures required by the study are provided at no cost to you or the Participant. The Sponsor will pay for them. The costs of other medications and treatments that the Participant takes or uses independently of the study are not covered by the Sponsor of this study.

Reasonable expenses related to clinic visits (eg, travel, meals) will be reimbursed, after receipts for the payments are provided, and in agreement with the study doctor.

8. WHAT WILL I BE EXPECTED TO DO WHILE IN THE STUDY?

Taking part in a research study can be an inconvenience to your daily life. Please consider the study time commitments and responsibilities as a study partner when you are deciding to take part. Your responsibilities as a study partner may include the following:

- Willing and able to provide follow-up information on the Participant throughout the course of the study.

- Assisting with the Participant's compliance to the study vaccine and study procedures including helping them to complete a Participant diary throughout the study.
- Reporting all relevant changes in the Participant's health, including side effects that you may notice, to the study doctor.
- Coming to study visits with the Participant.
- Telling the study doctor/staff if you want to stop acting as a study partner.Agreeing to be contacted by the study team if necessary, by telephone or in writing.
- Ensuring the Participant follows any rules about any food or medicines that they should not take while in this study. The study doctor or study staff will talk to you and the Participant about these.

The Participant's informed consent form(s) includes, among other things, a detailed description of the study and all study procedures, how the procedures will be performed, the risks of the study, and how the Participant's medical information will be used and who might see the Participant's medical information. **You must read the Participant's informed consent form(s) along with the Participant before signing this consent form.**

9. WHAT IF RELEVANT NEW INFORMATION BECOMES AVAILABLE?

The study doctor will inform you and the Participant of any new information found during the study that may affect whether you or the Participant wishes to continue to take part. You and the Participant will receive this information verbally and in writing. You and the Participant may be asked to sign a new consent form if this occurs.

10. WHAT IF I HAVE QUESTIONS ABOUT THE STUDY?

Questions about the Study

Please feel free to ask questions about this form or the study at any time. Contact the study doctor or study staff with any questions or concerns. The telephone number is printed on the first page of this information sheet.

Concerns or Complaints If you have a concern about any aspect of this study including Participant rights, you should ask to speak to the study doctor who will do their best to answer your questions. If you remain unhappy, there are 2 options available to you:

NHS Complaints:

Every NHS organisation has a complaints procedure. If you want to complain about an NHS service – such as a hospital, GP or dentist – ask the service for a copy of their complaints' procedure, which will explain what you need to do. You may choose to make a complaint in writing, by email or by speaking to them. If you speak to them, they may be able to resolve your concerns without you having to go through the formal complaints process.

PALS (Patient Advice and Liaison Service):

You can get help and advice from Patient Advice and Liaison Services (PALS), whose officers are available in most hospitals. They offer confidential advice, support and information on health-related matters to participants, their families and their caretakers. Contact details for PALS are <to be inserted: site PALS contact details>.

STUDY PARTNER INFORMED CONSENT FORM:

SIGNATURE AND CONSENT/PERMISSION TO BE IN THE RESEARCH STUDY

Study Title: A phase 1b/2 multicenter, adaptive, double-blind, randomized, placebo-controlled study to assess the safety, tolerability, immunogenicity and pharmacodynamic effects of ACI--24.060 in subjects with prodromal Alzheimer's disease and in adults with Down syndrome (ABATE)

Protocol Number: ACI-24-AD-DS-2102

Please initial each box

1. I confirm that I have read the Participant information sheet dated..... (version.....) and the Study Partner information sheet dated..... (version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation as a study partner is voluntary and that I am free to withdraw at any time without giving any reason, without the participant's medical care or legal rights being affected. I know that in case I withdraw from study participation, all data stored up until the time of my withdrawal can still be used. ☐ ☐

3. I understand that my personal data may be collected, used, and shared as specified in this form. If necessary, the collected data may be forwarded in coded form.

4. I am not giving up any of my legal rights by signing this form. ☐

5. I agree to act as a study partner in this study for the purposes listed above. ☐

6. I will receive a signed and dated copy of this informed consent form for my records. ☐

Signature of Study Partner _____ Date _____

Printed Name of Study Partner _____

STATEMENT OF PERSON EXPLAINING CONSENT

I have carefully explained to the study partner the nature and purpose of the above study. There has been an opportunity for the study partner to ask questions about this research study. I have been available to answer any questions the study partner has about this study.

Signature of Person Explaining Consent	Date

Printed Name of Person Explaining Consent

Filing Instructions:
One wet ink copy of this form is to be given to the Study Partner, one wet ink copy kept in the study file onsite.