CONSENT TO TAKE PART IN A CLINICAL RESEARCH STUDY AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Sponsor / Study Title:	**GlaxoSmithKline / "A Phase 3, Multi-Center, Randomized, Double-Blind, Placebo-Controlled, 104-Week Study to Evaluate the Efficacy and Safety of Belimumab Administered in Combination with Rituximab to Adult Subjects with Systemic Lupus Erythematosus (SLE)"**
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Introduction:

You have been asked to take part in a clinical trial. A clinical trial is a type of research study. To keep the information in this form simple we shall refer to a Clinical Trial as a "study". The study staff will explain the study to you. You will be informed of the purpose of the study, what is required of you, and any potential risks or benefits of taking part.

The study will only include people who choose to take part. You should ask the study staff any questions you may have about the study.

This consent form has been reviewed and approved by an Independent Review Board (IRB) or Ethics Committee (EC). This board/committee reviews research studies to protect the rights and well-being of the people taking part. Some of the information in this consent form is required by law.

What is "giving your consent"?

Only you can decide if you want to take part in this study. You should only make your decision after reading all the questions and answers in this form.

You may talk to your family, friends and or your family doctor to help make your decision. You can take as much time as you like to decide.

After you have read the entire form, you will be given the chance to ask any questions that you may have. When you have had the chance to ask any questions and they have been answered to your satisfaction, if you decide to take part, sign and date the pages at the end of this form to show that you agree to be part of the study. This is called "giving your consent".

Even after you have signed and dated this study consent form you can change your mind and decide not to participate in the study. You do not have to give a reason.

Why is this research study being done?

You are being asked to take part in this study because you have Lupus (Systemic Lupus Erythematosus; SLE). Nearly 200 subjects with Lupus will participate in this study. Lupus is a disease in which the immune system (the system that fights infection) attacks your own cells and tissues, causing inflammation and can damage organs in the body. It can affect almost any organ in the body, and is thought to involve a type of white blood cell called B cells.

The purpose of this study is to test the safety and efficacy (effectiveness) of belimumab (also known as Benlysta™) and rituximab (also known as Rituxan™ or MabThera™), given either alone or in combination, in SLE. Belimumab and rituximab work in different ways to inhibit B-cells. Therefore, it is hoped that either belimumab given alone or belimumab given in combination with rituximab, may produce a beneficial effect on the symptoms and progression of the disease.

Belimumab has been approved in many countries for the treatment of active SLE in adults who are receiving other Lupus medicines. Rituximab is approved in many countries for the treatment of non-Hodgkin's lymphoma, chronic lymphocytic leukemia, rheumatoid arthritis, and granulomatosis with polyangiitis or microscopic polyangiitis. Rituximab taken by itself is not approved for doctors to treat patients with SLE. It is not known if rituximab and belimumab administered in combination are safe and effective in people with SLE.

Belimumab is a prescription medicine which is in a group of medicines called monoclonal antibodies. People with active Lupus often have high levels of a certain protein (called BLyS) in their blood. This protein helps B cells to live longer. Belimumab binds to and limits the activity of this protein and reduces the number of B cells in the blood. When given together with other medicines for Lupus, belimumab decreases Lupus disease activity more than other Lupus medicines alone.

Belimumab (also known as BENLYSTA™) for intravenous (IV) use is approved in over 70 countries for the treatment of SLE in people who are receiving other Lupus medicines. It is not known if belimumab is safe and effective in people with severe active Lupus kidney disease or severe active central nervous system Lupus. The IV form of belimumab is given by a healthcare provider through a needle placed in a vein (IV infusion). Approval for a subcutaneous (SC) formula of belimumab has been obtained in the United States, Europe, Japan and Canada. Subcutaneous medicines are injected under the skin by the patient or caregiver. The subcutaneous form of belimumab will be used in this study.

Rituximab is a medication used to treat certain autoimmune diseases and types of cancer. It is given by infusion through a needle placed in a vein (IV infusion), in your arm. Rituximab is a monoclonal antibody against the protein CD20, which is primarily found on the surface of immune system B cells. When it binds to this protein it triggers cell death and lowers the B cell levels in the body.

Part of this study will test if belimumab or the combination of belimumab and rituximab may also work without some other medicines typically used to treat Lupus, specifically corticosteroids or "steroids" and immunosuppressants. Steroids and immunosuppressants have been used to treat SLE for many years, however, these medicines can have serious side effects and this study will test if it is possible to decrease and/or stop these types of medicines while taking belimumab or belimumab and rituximab. Steroid medications will be decreased to a low dose and stopped if possible. If you are on immunosuppressants, these drugs will be stopped at Week 4 of the study. Immunosuppressants are drugs that inhibit or prevent activity of the immune system, some examples of these include methotrexate, azathioprine, leflunomide, mycophenolate (including mycophenolate mofetil, mycophenolate mofetil hydrochloride, and mycophenolate sodium), calcineurin inhibitors (for example tacrolimus, cyclosporine), sirolimus, oral cyclophosphamide, 6-mercaptopurine, mizoribine, or thalidomide.

Who is paying for the study and what do they do?

GlaxoSmithKline (also called "GSK") is a company that discovers and makes vaccines, medicines and other health products. GSK pays the study doctor and study site to run this study.

How does the study work?

There will be an initial screening period during which your study doctor and study staff will work with you to see if you qualify for the study. You will have examinations, tests and procedures to find out if you can enter the study. The Screening period can last up to 35 days.

If you qualify for the study and decide to participate, at the beginning of the study a computer will put you into 1 of the 3 study treatment groups by chance. One group (Group A) will take belimumab SC for 1 year with 2 IV doses of dummy drug (also called placebo), one group (Group B) will take belimumab SC for 1 year and 2 IV doses of rituximab and one group (Group C) will take belimumab SC for 2 years with no placebo or rituximab. Subjects in Group C will be allowed to stay on immunosuppressants if they were taking them at the beginning of the study. If subjects in Groups A and B enter the study on any immunosuppressants, these will be stopped at or before Study Week 4 before the IV infusion of placebo or rituximab. Subjects in all 3 groups will be tapered to low doses of their steroids, and if possible try to stop the steroids altogether. Information about how the study drug that you get affects your body and your health will be collected through a number of tests, procedures and questions. The effects of the study drugs will be compared after the study is complete.

You will receive belimumab SC (200 mg per dose) every week for 51 weeks (or 103 weeks if you are assigned to Group C) as an injection delivered just under the skin (subcutaneous). You will learn how and then inject the belimumab yourself during the study. You will administer the first dose of belimumab at the study clinic, under the supervision of your study doctor to ensure you understand what to do and that your study doctor is satisfied that you can do it properly. You will need to stay in the clinic for 3 hours for observation after the first dose. You will then self-inject the remaining doses of belimumab at home. You will receive detailed written instructions to refer to. You will also receive a smartphone which will have a self-injection log application which you will complete after each dose and which you will bring back to the clinic with you to review at each scheduled visit. The injections are to be given once every week, on the same day each week. You will receive a supply of study drug (referred to as the study drug kit) at each study visit. If you miss 4 or more injections in a row, you will need to have your next injection at the clinic and stay for 3 hours for observation. You will also be given a sharps container to throw away your used syringes. You must return the unused syringes to the study site.

If you are assigned to Groups A or B, you will receive rituximab (1000 mg per dose) or placebo on weeks 4 and 6 by a study nurse or study doctor through a needle placed in a vein (IV infusion) in your arm. About 30 minutes prior to receiving rituximab or placebo you will receive medicines to reduce the risk of an allergic reaction, these will be an antihistamine, a steroid and an analgesic, like acetaminophen or paracetamol (to prevent pain and fever). It takes at least 3-4 hours to give you the full dose followed by an observation period of 1 hour during which you will need to remain in clinic.

What am I expected to do in this study? How will being part of this study affect my lifestyle? How long will I be in the study?

Your expected participation in this study will last about 2 years. During this time, you will need to get tests, visit the clinic on a schedule, and tell the study staff about any changes to your health.

Please keep in mind how the study tests and visits described here will affect your work and family schedules. Consider if you need transportation to and from the clinic. You may find that these tests and visits need some planning. Some tests may be uncomfortable. Ask the study doctor or study nurse if you have any questions about the tests and procedures for the study.

You will need to allow enough time for phone calls from study staff. You will need to allow enough time each week to give yourself the belimumab SC dose and complete your diary. Your diary will be collected on a smart phone which will be provided to you for use during the study.

Depending on your study treatment group, if you are taking medications for your SLE, you may be asked by your study doctor to continue to take them at the same dose for the screening period and some phases of the study. Some medicines may be stopped and others decreased at various times during the study. Your study doctor will provide more details.

Talk with your study doctor before you start any new medications or if you are unsure regarding whether you should be taking existing medications.

You should not take the following medicines during the study:

- Any therapeutic antibody (excluding the study treatments)
- Any biologic investigational agent other than B cell targeted therapy
- Other biologic or non-biologic medicines that your study doctor will discuss with you
- Live vaccines

Vaccines help your body fight infections. If you get a vaccine while you are taking belimumab or rituximab, the vaccine might not work as well. Also, some types of vaccines may not be safe for you to get while you are taking belimumab or rituximab. Your study doctor will review your vaccination history and any necessary vaccinations will be administered prior to study start. You will not be able to receive a live vaccine while taking part in the study.

Pregnancy

Because the study drugs being tested in this study may affect an unborn baby you should not take part in this study if:

- You are pregnant or planning to become pregnant.
- You are currently breastfeeding

Women able to become pregnant will have a pregnancy test done at every clinic visit prior to the administration of study drug (belimumab, rituximab, or placebo) and at 16 weeks after the last dose of belimumab and/or monthly until 12 months after the last dose of rituximab or placebo, whichever is later.

If you withdraw from the study and are in Groups A or B, your doctor will ask you to continue using contraception and taking monthly urine pregnancy tests until 12 months after your last dose of study drug.

Women who can get pregnant will need to use birth control while in this study. Check with the study doctor about what kind of birth control methods to use and how long to use them. Some methods may not be approved for use during this study.

Acceptable methods of birth control are:

- Birth control implant (a small, soft, thin tube placed under the skin of your upper arm; for example, Norplant® or Implanon®)
- Birth control vaginal ring (a small, soft ring placed in the vagina; for example, NuvaRing®)
- Birth control shot (given as injection into your arm or hip; for example, Depo-Provera®)
- Birth control patch (a small patch you put on your skin; for example, Ortho Evra®)
- Intrauterine device (IUD, for example ParaGard®) or intrauterine hormone-releasing system (IUS, for example Mirena®), a small plastic device that is placed in your uterus
- Male partner who is sterile prior to the female participant's entry into the study and is the sole sexual partner of the female participant
- Birth control pill

- Bilateral tubal occlusion or ligation: a surgical procedure that involves blocking the fallopian tubes to prevent the ovum (egg) from being fertilized.

- Abstinence from intercourse on a long term and persistent basis

Important Note:

- Periodic abstinence (for example, calendar, ovulation, symptothermal, post-ovulation methods) and withdrawal are not acceptable methods of contraception.
- There can be stricter birth control methods required for a man or a woman while receiving other standard medicines (such as mycophenolate) given as part of this study. Your study doctor or study nurse must talk with you about acceptable methods of contraception to use while taking these medicines and participating in the study. Birth control pills may not work as well when you are taking mycophenolate and you could become pregnant. If you become pregnant during this study, call the study doctor right away. Study drug will be discontinued. You may be asked questions later about the pregnancy and the baby.

You will need to have the following exams to be in the study:

- Medical history: You will be asked about your health and any illnesses you may have or had in the past. You will be asked about medicines you are taking (including over-the-counter medicine, vitamins or herbal treatments).

- Physical examination: You will receive a complete physical examination.

- Electrocardiogram (ECG): This will record the electrical activity of your heart.

- Vital signs: Your weight, height, blood pressure and heart rate will all be checked.

- Blood: will be drawn from a vein for laboratory tests to help monitor your health, and assess the safety and efficacy of the study treatments.

- Pregnancy test: If you are a woman and can have children, a blood/urine test will be done throughout the study to see if you are pregnant.

- Urine: will be tested for your general health, to assess the function of your kidneys, and for drugs and alcohol.

- You will be asked about the symptoms of your disease (SLE).

- You will receive a range of assessments, which your study doctor will explain, to evaluate the severity of your disease.

- Questionnaires: You will be asked to respond to several questionnaires to help assess your general health, your disease symptoms, your neurological health and your risk for suicide.

- Exit interview (US Only): At the end of the first year of the study (week 52) and again at the end of the second year of the study (week 104) you will have a short 'interview', during which you will be asked questions which will help us better understand any benefits or side effects you may have experienced. Your exit interview will be recorded using two audio recorders and used to create a transcript after the interview.

- Optional DNA/genetic research: You will be asked if you would like to participate in genetic research for this study. This research is optional. If you decide to participate you will need to confirm as such when you sign and date the consent form.

- Optional Blood Leukocyte Analysis (BLA) research: You will be asked if you would like to participate in the BLA section of this study. This research is optional. If you decide to participate you will need to confirm as such when you sign and date the consent form.

This study will be using mobile electronic devices to collect study data, including smartphones and tablets (for example- iPads). You will be supplied with a smartphone for use during the study to fill in an injection log and a study questionnaire. In addition, at the study clinic office you will be asked to complete additional study questionnaires on a tablet at each visit.

<u>Subject SMS (Text) Monthly Visit Reminders:</u>

When you are randomized into this study, you will be asked by your clinic staff if you would like to receive monthly SMS (Text) visit reminder messages to your personal mobile phone. You may agree or decline to receive monthly visit reminders. However, if you agree to receive visit reminders, you will be asked to provide your personal cell phone number which will be entered in to a system called Trial Manager with automatic visit reminder capability. Your cell phone is encrypted (hidden) in this system and will not be visible to others.

If at any time you want to stop receiving SMS (Text) monthly visit reminder messages, inform your doctor or site staff and they will disable this feature and stop sending you monthly messages.

At some office visits during the study a study staff member from the site known as the **Blinded Assessor** will be performing the SLE assessments on you called the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI 2K), or S2K. This is a scale that measures Lupus disease activity and is the effectiveness measurement used in the study. The blinded assessor is not allowed to know what study treatment group you are in. It is very important that you do not discuss the study or your study drugs with the blinded assessor.

Before participating you should consider if this will affect any insurance you currently have, or may purchase in the future, and seek advice if necessary from your insurance company.

How much blood will be drawn during the study?

The approximate total blood volume drawn for all subjects is as follows:

- At each study visit, approximately 30 mL (6 teaspoons) up to 120 mL (8 tablespoons), depending on the assessments being made at each visit day. No more than 350 mL (1 ½ cups) will be taken over any 6-month period.

- If you remain in the study up to the maximum period of 104 weeks, up to 1100 mL (4 2/3 cups) of blood will have been drawn.

- Additional blood (2 samples of 40 mL [8 teaspoons} each in Year 1 and 2 samples of 40 mL each in Year 2) will be collected from subjects if they elect to participate in BLA research.

The blood samples will be used to check your blood count, blood chemistry, to measure special markers to monitor your SLE disease activity and to measure the effects on your immune system. You will also be tested for hepatitis B, hepatitis C (viruses that cause inflammation of the liver), and human immunodeficiency virus (HIV) antibodies. The study doctor may be required by law to report the result of these tests to the local health authority. On some occasions, blood will be taken to check for levels of belimumab and rituximab in your blood and to see if your body is making antibodies to belimumab and rituximab. The tests may also include looking at changes in RNA, which makes proteins in your body.

You are not allowed to donate blood for other purposes while you are taking part in this study.

What side effects can I expect from this study?
You may have side effects while on this study. Ask the study doctor if you have any questions about the side effects described here.

Side effects may be mild or severe. The study staff/study doctor may give you medicine(s) to help lessen any side effects. Some side effects may go away as soon as you stop taking the study drug. In some cases, side effects can be serious, lasting or may never go away, or could rarely be fatal.

Like all medicines, this study drug can cause side effects, although not everybody gets them.

Belimumab: possible side effects
Belimumab has mostly been studied in subjects with systemic Lupus erythematosus (also called "Lupus" or "SLE"). Safety information from Lupus subjects is given here.

Infections: Up to 1 in 10 people may experience a serious infection. Other medicines that you may be receiving for your SLE can also increase your risk for infection. Infections can be serious and fatal. Tell your study doctor or study nurse right away if you have any of the following symptoms which may be a sign of an infection:

- fever
- chills
- pain or burning with urination
- urinating often
- bloody diarrhea
- coughing up mucus

Progressive Multifocal Leukoencephalopathy (PML): PML is a rare but serious and life-threatening brain condition. Your chance of getting PML may be higher if you are treated with medicines that weaken your immune system, including belimumab and rituximab. Tell your study doctor immediately if you have:

- memory loss
- trouble thinking
- difficulty with walking or talking
- loss of vision or similar problems

Allergic (hypersensitivity) and infusion reactions: The most common side effects that happen during or soon after a belimumab dose are nausea, headache, rash, itching, and fever. These side effects are usually not severe. Serious allergic reactions may affect up to 1 in 100 people who receive belimumab.

These reactions were observed in subjects receiving belimumab by intravenous infusion and generally happened on the day of or day after the infusion. In this study, belimumab will not be administered as an intravenous infusion but as an injection (under the skin). In a study in Lupus subjects using the injection form of belimumab (under the skin), skin reactions in the area of injection occurred in less than one in 10 people, and were mild or moderate in severity. No serious reactions occurred.

In general, however, hypersensitivity reactions can be severe and can cause death. Symptoms may include:

- swelling of the face, mouth, throat, lips, or tongue
- wheezing
- trouble breathing or shortness of breath
- rash, which may be raised and itchy (welts or hives)
- slow heart beat
- dizziness or fainting
- high or low blood pressure
- headache
- nausea

Seek medical attention right away if you get any of these symptoms. Your study doctor or study nurse will watch you closely during and after your first injection of study drug for signs of reaction. In addition, if you miss 4 or more weekly injections of belimumab in a row the study doctor will observe you for injection reactions for 3 hours in the office for your next dose.

Delayed-type allergic reactions can occur with belimumab. These types of reactions generally occur 5-10 days after a dose of study drug (but can occur before or after that time) and include a combination of symptoms such as:

- rash
- nausea
- fatigue
- muscle aches
- headache
- facial swelling

If you experience these symptoms, particularly if you experience a combination of such symptoms contact your study doctor or study nurse.

Very common side effects (may affect more than 1 in 10 people):

- Nausea
- Diarrhea
- Infections, such as chest, bladder, nose, throat, or stomach infections

Common side effects (may affect up to 1 in 10 people):

- Fever or high temperature
- Stuffy or runny nose
- Sore throat
- Cough (bronchitis)
- Trouble sleeping
- Pain in hands or feet
- Stomach virus
- Depression
- Headache (migraine)
- Urinary tract infection
- Vomiting
- Stomach pain
- Low white blood cell count

Uncommon side effects (may affect up to 1 in 100 people)

- Severe allergic reactions, sometimes with swelling of face or mouth causing difficulty in breathing
- Swelling of the face, lips and tongue
- Wheezing, difficulty in breathing or shortness of breath
- Rash
- Itchy raised bumps or hives

Cancer: Belimumab may reduce the activity of your immune system. Medicines that affect the immune system may increase your risk of certain cancers. So far, subjects who get belimumab have not gotten cancer more often than subjects who do not get belimumab.

Mental health problems and suicide: Mental health problems, such as depression, trouble sleeping, and anxiety, are common in patients with Lupus and were reported in subjects receiving belimumab.

Symptoms of mental health problems can include thoughts of suicide or dying, attempt to commit suicide, trouble sleeping (insomnia), new or worse anxiety or depression, acting on dangerous impulses, other unusual changes in your behavior or mood, or thoughts of hurting yourself or others.

Tell your study doctor or study nurse right away if you have any of these symptoms. Tell your study doctor even if these problems are not bothering you a lot right now. Also tell your study doctor if you are having any mood problems, are not acting or feeling like yourself, or are having behavior problems. If your family or friends have told you that they think you have these problems, tell your study doctor, even if you don't agree. You will be asked questions about your mood and any thoughts of harming yourself that you may have during the study.

If you experience certain serious problems (such as an allergic reaction, swelling, difficulty breathing, a bad skin rash, liver or kidney damage, or changes in your heart rhythm), you may be asked to return to the clinic for more assessments, which may include more blood tests.
Your doctor will explain these tests to you if they are needed. You may also need to stop taking the study drug after talking with your study doctor.

Rituximab: possible side effects Like all medicines, rituximab can cause side effects, although not everybody experiences these. Most side effects are mild to moderate but some may be serious and require treatment. Rarely, some of these reactions have been fatal.

Infusion Reactions: During or within the first 2 hours of the first infusion you may develop fever, chills and shivering. Less frequently, some subjects may experience pain at the infusion site, blisters, itching, sickness, tiredness, headache, breathing difficulties, tongue or throat swelling, itchy or runny nose, vomiting, flushing or palpitations, heart attack or low number of platelets. These reactions can be serious and fatal. If you have heart disease or angina, these reactions might get worse. Tell the person giving you the infusion immediately if you develop any of these symptoms, as the infusion may need to be slowed down or stopped. When these symptoms go away, or improve, the infusion can be continued. Your study doctor may decide to stop your rituximab study treatment if these reactions are serious.

Infections: Serious, including fatal, bacterial, fungal and new or reactivated viral infections can occur during and following rituximab therapy. You might get infections more easily during your study treatment.

Tell your study doctor or study nurse right away if you have any of the following symptoms which may be a sign of an infection: fever, chills, pain or burning with urination, urinating often, bloody diarrhea, or coughing up mucus.

Progressive Multifocal Leukoencephalopathy (PML): PML is a rare but serious and possibly fatal brain condition. Your chance of getting PML may be higher if you are treated with medicines that weaken your immune system, including belimumab and rituximab. Tell your study doctor immediately if you have memory loss, trouble thinking, difficulty with walking or talking, loss of vision, or similar problems.

Skin Reactions: Very rarely, severe blistering skin conditions that can be life-threatening may occur. Redness, often associated with blisters, may appear on the skin or on mucous membranes, such as inside the mouth, the genital areas or the eyelids, and fever may be present. Tell your study doctor immediately if you experience any of these symptoms.

The side effects of rituximab in patients with rheumatoid arthritis who were treated with doses similar to that in this study are listed below:

Very common side effects (may affect more than 1 in 10 people):

- Infections such as pneumonia (bacterial)
- Pain on passing water (urinary tract infection)
- Allergic reactions that are most likely to occur during an infusion, but can occur up-to 24-hours after infusion
- Changes in blood pressure, nausea, rash, fever, feeling itchy, runny or blocked nose and sneezing, shaking, rapid heartbeat, and tiredness
- Headache
- Changes in laboratory tests carried out by your study doctor. These include a decrease in the amount of some specific proteins in the blood (immunoglobulins) which help protect against infection.

Common side effects (may affect up to 1 in 10 people):

- Infections such as bronchial tube inflammation (bronchitis)
- A feeling of fullness or a throbbing pain behind the nose, cheeks and eyes (sinusitis), pain in the abdomen, vomiting and diarrhea, breathing problems
- Fungal foot infection (athlete's foot)
- High cholesterol levels in the blood
- Abnormal sensations of the skin, such as numbness, tingling, pricking or burning, sciatica
- Migraine, dizziness

- Loss of hair
- Anxiety, depression
- Indigestion, diarrhea, acid reflux, irritation and /or ulceration of the throat and the mouth
- Pain in the tummy, back, muscles and/or joints

Uncommon side effects (may affect up to 1 in 100 people):

- Excess fluid retention in the face and body
- Inflammation, irritation and / or tightness of the lungs, and throat, coughing
- Skin reactions including hives, itching and rash
- Allergic reactions including wheezing or shortness of breath, swelling of the face and tongue, collapse

Very rare side effects (may affect up to 1 in 10,000 people):

- A complex of symptoms occurring within a few weeks of an infusion including: allergic like reactions such as rash, itching, joint pain, swollen lymph glands and fever
- Severe blistering skin conditions that can be life-threatening. Redness, often associated with blisters, may appear on the skin or on mucous membranes, such as inside the mouth, the genital areas or the eyelids, and fever may be present.
- Other rarely reported side effects include a decreased number in the blood of white cells (neutrophils) that can help fight against infection.

Combination of belimumab and rituximab

There is no available information from previous or ongoing clinical trials regarding the side effects of administering belimumab and rituximab in combination. Therefore, there is the possibility that the combination of these two study drugs may increase the side effects potentially caused by either study drug alone or may cause new side effects that are not known now.

Both belimumab and rituximab may increase your risk of infection and/or suffering an adverse allergic reaction when the study drug is given to you. It is possible that this risk may be increased when both belimumab and rituximab are administered at the same time. Your study doctor can explain to you the steps that will be taken to reduce this risk.

In addition, it is also possible that the risks of cancer and psychiatric side effects (feeling anxious or depressed) could be increased when both belimumab and rituximab are administered at the same time.

Other possible side effects:
There may be other side effects that may happen that are not known now. For example, all drugs can cause an allergic reaction in some subjects. Certain problems can become worse if not treated quickly. Call the study doctor right away if:

- You feel very tired or faint
- You feel pain or sick in your stomach and you do not want to eat
- You bruise easily or develop itching
- You have yellow eyes or skin, or dark urine
- You become confused.

Other Risks

When giving blood you may feel faint, or experience mild pain, bruising, irritation or redness at the site. In rare cases, you may get an infection.

Privacy Risks
If your genetic research data are shared with unauthorized users, you may be at risk of loss of the privacy of your health data. This risk is minimized by protections described in the Confidentiality section below.

What benefits can I expect from this study?
Taking part in this study may or may not make your health / condition better, and may or may not have direct benefit to you.

Knowledge from this study may help doctors better understand SLE, treatment for SLE, or help determine who is more likely to benefit or who is more likely to have side effects from belimumab or the combination of belimumab and rituximab. It may also help future patients.

When the study is completed at all the study sites, the data will be analyzed. You will have an opportunity to learn of the results. You may ask your study doctor for the results and to have them explained to you.

Are there alternatives to taking part in this study?
Your participation in this study is entirely voluntary and you do not have to take part in this study to be treated for your condition. Your study doctor or family doctor will discuss with you any other treatment or investigational drug(s)/treatment(s) which may be available for the treatment of your SLE and their risks and benefits. If you decide not to participate in this study, your ability to receive medical care will not be affected.

Will I receive payment to be part of this study?

You will not be paid for taking part in this study. However, you will be reimbursed for the cost of travelling to your study visits. Mileage will be reimbursed up to a maximum allowable amount of $200.00 (Two Hundred US dollars) (based upon IRS Business moving rate per mile) per visit to cover the car mileage of a personal vehicle. You will be paid upon invoice to the Sponsor.

Will I have to pay anything to be part of this study?

As part of the study, you will receive the study drugs and all the study tests and procedures at no cost to you. Of note, if your study doctor decides at any time in the study to use rituximab other than that provided for at study Weeks 4 and 6, that cost will not be covered by GSK.

You and your insurance company will continue to pay for your regular health care.

What is the genetics part of this study? Why is it being done?

The purpose of the genetics part of this study is to help scientists to understand SLE and related conditions and response to study drugs.

Joining this part of the study is optional. You can choose not to join the genetics study and still take part in the main study.

However, if you decide to take part in the genetics part of the study, you will be asked to review and sign and date a separate consent form.

Please talk to the study doctor or study nurse for more information.

We get our genes (DNA) from our parents. Different genes may affect who gets SLE or how a body reacts to a drug. Scientists look for differences in people's genes (DNA) that might explain this. Genetic research may include the study of certain genes or all your genes also called your whole genome. This may include genes involved in the way the study drug works (both good and bad) or how the study drug is broken down in the body. It may also include genes linked to Lupus or related conditions.

If you choose to take part in the genetics study, we will draw about 1½ teaspoons (about 6 ml) of your blood. If there is a problem looking at your blood sample, we may ask to take the sample again. The risks associated with giving a genetics blood sample are the same as the risks for giving any blood sample in this study.

Your sample may be used during the study or in the future to get genetic data. Your sample will be stored and used as described in the section "What happens to my blood?"

Your genetic data may be:

- studied during the clinical study or in the future.
- studied with the medical information and results from the main study.
- stored and used as described in the section on "What happens to my personal and medical information?"

You can stop the main study and still participate in the genetic research study.

If you choose to stop the genetics part of the study after giving a sample, we will not conduct any new tests on the sample. We will destroy the sample. If we have gotten genetic data but we have not studied that data at the time you stop the genetics part of the study, your genetic data will not be used for any purpose in the future.

GSK will use any results we have from studying the data before you stopped participating in the genetics study.

What benefits can I expect from the genetics part of the study?

You will not receive any direct benefit from taking part in the genetics part of the study. If you agree to give a sample, you may help scientists understand why some people get SLE or react to or handle the study treatments differently. This may help identify better ways to treat SLE and who is more likely to benefit from the study treatments and who may have side effects.

What is the Blood Leukocyte Analysis (BLA) research? Why is it being done?

This section describes the BLA part of the study. Joining this part of the study is optional. You can choose not to join the BLA part of this study and still take part in the main study. However, if you choose to take part in the BLA part of the study, you will be asked to confirm your participation in the BLA part of the study by confirming and signing and dating this consent form.

The purpose of the BLA research part of this study is to look at changes in different B cells (immune cells) during this study. This information will help scientists better understand Lupus and how the study drugs can treat SLE.

If you choose to take part in the BLA part of the study, we will draw a total of about 32 teaspoons (8 teaspoons per draw) of your blood during the study. If there is a problem looking at your blood sample, we may ask to take the sample again.

The risks associated with giving a blood sample is the same as the risks for giving any blood sample in this study.

Your blood sample will be given a code (similar to your other study information) and kept in locked storage. Anyone who works with your sample will hold the sample and results in confidence.

Your sample will be used by GSK or shared by GSK with other companies or universities to better understand Lupus.

GSK may store and use your sample for up to 15 years after the end of the study. After 15 years, your sample will be destroyed.

If you choose to stop the BLA part of the study after giving a sample, we will not conduct any new tests on the sample. We will destroy the sample. GSK will keep and use any results generated before you stopped participating in the BLA part of the study.

What benefits can I expect from being in the BLA part of the study?

You will not receive any direct benefit from taking part in the BLA part of the study. However, if you take part in the BLA part you may help scientists understand why some people would react to or handle the combination of belimumab and rituximab study drugs differently. This may help identify better ways to treat SLE and who is more likely to benefit from combination of belimumab and rituximab and who may have side effects.

What happens to my blood samples?

If you take part in this study, you will be asked to give blood samples for certain tests. Similar to information collected in the study, your samples may also be used by GSK or shared by GSK with other companies or universities to better understand SLE, other diseases or conditions, or to further develop the study drug or other drugs.

Your blood samples will be given the same code as your other study information and kept in locked storage. Anyone who works with your samples will hold the information and results in confidence.

GSK may store your blood samples for up to 15 years after the end of the study after which time your samples will be destroyed. This will allow scientific research to be conducted in the future as new discoveries are made. You may request destruction of your samples at any time by telling your study doctor.

What happens to my personal information?

During your time in the study, the study doctor and other study personnel will collect information about you. This information may include:

- Your name, address, telephone number, health insurance number.
- Your age, gender, ethnic and racial background [ethnicity and race]:
- Information about your life style, health, medical condition and medical history.
- Information about your study treatments and response to study treatments.
- The data resulting from analysing the biological samples collected and any images taken.

All the personal information collected for this study will be stored in the study medical records at your study site. GSK staff and others (including review boards and ethics committees that approve and monitor studies) will check these study records, including your personal information, to make sure that the study is being run properly.

Regulatory agencies that review and approve new products/treatments or medicines, such as the US Food and Drug Administration, European Medicine Agency or others, will be granted direct access to your information for verification of clinical trial procedures and/or data. Your name and other information that directly identifies you will not be in the information sent to GSK. Instead, the information sent to GSK will be given a unique code, such as 123456. This is called coding the study data. Once the data are coded, linking it to you is only possible through a code list. The code list is kept confidential by the study site.

Your personal information may be anonymised. This means it can no longer be linked to you. The anonymised information may be used for this study or other purposes, including further research, once the study is complete.

If you check "Yes" on the signature page where it says:

> "I consent to GSK, study staff, and others accessing and using my medical and personal information for the study as described in this form",

GSK (alone or working with others) may use this coded study data (by itself or by combining it with other information) for these study purposes:

- To do this study and to understand the results of this study.
- To learn more about <the study drug/vaccine> or about the study disease.
- To publish the results of these research efforts. Your name will not appear in any publication.
- To work with government agencies or insurers to have the study drug/vaccine approved for medical use or approved for payment coverage.

If you <u>also</u> check "Yes" on the signature page where it says:

> "I consent to GSK, study staff, and others accessing and using my medical and personal information for further research, once the study is complete,"

GSK (alone or working with others) may use this coded study data (by itself or by combining it with other information) for other research uses <u>not directly</u> related to this study, such as:

- To learn more about the product and other products and this disease / condition and other diseases and conditions.
- To publish the results of these other research efforts. Your name will not appear in any publication.
- To share coded study data with other companies, organisations or universities to carry out research separate from GSK.
- To plan how to do future studies.

A description of this clinical trial will be available on the GSK Study Register http://www.gsk-clinicalstudyregister.com/ and may also appear in clinical trial/study registries in countries in which the clinical study is conducted.

GSK will be the owner of the study results. GSK plans to use the results, and may get patents, or sell the product in the future, or make profits other ways. You will not be paid any part of this.

At any time, you may ask the study doctor to see your personal information and correct it if necessary. You may, in certain circumstances, also have the right to request the deletion of your personal information, to restrict your personal information from being processed further, to object to further processing or to have your information transferred to another entity. In some circumstances, you may not be able to access your study data while the study is ongoing. However, the study doctor will share any important medical information if it is relevant to your health, during the course of the study.

You have the right to withdraw consent to the use of your personal information for the study, or for further research, or both, at any time and at no cost or detriment to you. Your decision will not have any effect on the care you receive.

If you withdraw your consent for use of your personal information for the study, you should know that:

- You will no longer be able to continue in the study;
- Data that has already been disclosed or published for research purposes cannot be withdrawn; and
- GSK may still process your personal information in order to comply with its legal and regulatory obligations.

If you withdraw your consent for use of your personal information for further research, you should know that:

- Data that has already been disclosed or published for research purposes cannot be withdrawn; and
- GSK may still process your personal information in order to comply with its legal and regulatory obligations, or for further scientific research purposes if permitted by (and in accordance with) applicable law.

Do I have to stay in the study?

No. **Your participation in the study is voluntary**. You may choose to stop taking part in the study at any time, without giving a reason. Tell the study staff if you want to stop being in the study. Your decision will not affect your medical care now or in the future. It will not affect other benefits you receive outside of the study.

You may need to leave the study if:

- The results of certain tests show that you are not right for this study or for the study drugs.
- You do not follow study instructions for study treatment or follow-up visits.
- You get new health problems during the study that might not work well with the study set-up.
- You get pregnant or decide that you want to become pregnant.
- The study doctor thinks it is best for you to stop.
- The study sponsor, GSK, thinks it is best for you to stop.

New information may become available or known that might affect your choice to stay in the study. Such information will be shared and discussed with you.

This new information might include:

- Safety issues with belimumab and/or rituximab or the combination of belimumab and rituximab
- Evidence that the belimumab and rituximab combination may not work
- Another drug/treatment becomes available (that may help treat your SLE better.

GSK (the study sponsor), the regulatory authority, or the study doctor may choose to stop the study at any time. We will give you the reason at that time.

What happens if I stop taking belimumab or decide to leave the study?

If you stop taking the study drugs or decide to leave the study for any other reason before the end of the study, you and the study doctor will discuss the best way to do this.

You will be asked to return any unused belimumab.

We will ask you for the names and contact information of some of your family members, friends and your doctors. We may contact them if we are not able to contact you during or after the study for follow up information.

It is possible to stop taking study drug and stay in the study. If you do not want to take study drug for the rest of the study, it is important that the study staff be able to collect your health information until the study ends. Also, it is possible that your study doctor feels you may need other treatments for your SLE during the study including restarting belimumab (for Groups A and B), you will be asked to continue to participate including all the study visits, procedures and assessments until the end of the study.

If you decide to leave the study and withdraw your consent, it means you decide that no more information about your health can be collected. You and the study doctor will discuss the best way to do this. You or others, your Caregiver/Legally authorized representative may be contacted to learn about your well-being. This will be done by phone call. Any information that can be found in the public may be used for the study, even after you withdraw consent.

All the data and samples collected before you left the study will still be used for the study. You may ask that your samples be destroyed but any data already collected about your samples will be used for the study.

What happens if I get hurt while taking part in this study?

If you become ill or are hurt while you are in the study, you will get the medical care that you need right away. You should inform the healthcare professional treating you that you are participating in this study.

GSK will pay your costs for reasonable and necessary care if you are hurt by the study drug or a procedure that is done to you only because you are part of this study. To pay these medical expenses, GSK will need to know some information about you like your name, date of birth, and social security number.

This is because GSK has to check to see if you receive Medicare, and, if you do, report the payment it makes to Medicare. GSK will not use this information for any other purpose.

Signing and dating this consent form does not change any legal rights you may have nor does it relieve the investigators, Sponsor or involved institutions from their legal and professional responsibilities.

GETTING ANSWERS TO YOUR QUESTIONS OR CONCERNS ABOUT THE STUDY

You can ask questions about this consent form or the study (before you decide to start the study, at any time during the study, or after completion of the study). Questions may include:

- Who to contact in the case of a research-related injury or illness;
- Your responsibilities as a study subject;
- Eligibility to participate in the research;
- The study doctor's or study site's decision to exclude you from participation;
- Results of tests and/or procedures;
- Other questions, concerns, or complaints.

Contact the study doctor or study staff listed on the first page of this form with any questions, concerns or complaints.

GETTING ANSWERS TO YOUR QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH SUBJECT

This study has been reviewed by an Institutional Review Board (IRB). This Committee reviewed this study to help ensure that your rights and welfare are protected and that this study is carried out in an ethical manner.

For questions about your rights as a research subject, contact:

- By mail:
  Study Subject Adviser
  Chesapeake IRB
  6940 Columbia Gateway Drive, Suite 110
  Columbia, MD 21046
- or call **toll free**: 877-992-4724
- or by **email**: adviser@chesapeakeirb.com

Please reference the following number when contacting the Study Subject Adviser: Pro00021583.

Study Participant Consent Statement

The study has been explained to me. I have read the information (or have had the information read to me). I have been given enough time to make a decision. I have had the chance to ask questions and I am satisfied with the answers. I am aware that I can change my mind at any time and stop taking part in the study without giving a reason. By signing this form, I agree:

- To take part in the study.
- That my information and samples are used as described in the form.
- I have been given names of study staff who I can call if I have any questions about the study.
- I know that the study doctor can ask me to stop taking part in the study at any time and he/she will tell me the reason why.
- I know that I cannot be in another study while I am taking part in this study.
- I agree that my information may be shared with people who are not healthcare providers and that the information would no longer be protected by US federal privacy rules (such as "HIPAA").
- I agree that the study doctor may tell my doctor that I am taking part in a study.
- It has been explained to me that I have not waived my legal rights by signing this document. I will receive a copy of this signed document to take with me.
- I have received the "Informed Consent Form –Additional Privacy Notice"

STUDY PARTICIPANT CONSENT TO PROCESSING PERSONAL INFORMATION

I consent to GSK, study staff, and others accessing and using my medical and personal information for the study as described in this form. ☐ YES ☐ NO	I consent to GSK, study staff, and others accessing and using my medical and personal information for further research, once the study is complete. ☐ YES ☐ NO

I know that I can withdraw this consent for use of my medical and personal information at any time.

Person agreeing to take part

Signature:	Date:
Thumb print (if participant cannot read or write):	
Name:	

Study Participant's Parent or Legally Acceptable Representative if applicable	
Signature:	Date:
Thumb print (if participant cannot read or write):	
Name:	
Relationship to participant:	

Person conducting consent (STAFF CONFIRMATION)	
By signing below, I show that: • I have explained the study to the potential study participant and what will happen to his/her blood and urine samples collected during the study. • I have given the potential study participant the chance to ask questions and I have answered them to his/her satisfaction. • I have given the potential study participant enough time to think and decide whether or not he/she wants to take part in the study. • I explained that he/she may talk with others before making a decision. • A copy of this Informed Consent Form has been provided to the study participant.	
Signature:	Date:
Name:	

Witness (only required if the potential study participant [study participant's parent(s)/LAR(s)] is unable to read or write or if required per local legislation)	
I confirm that: • I am not linked to the study • I attended the consent process and • I have read the information for the study.	
Signature:	Date:
Name:	

Study Participant Consent Statement for Genetics Research

By signing this form, I agree

- I have read this form, and the genetics research part of the study has been explained to me in a language I understand.
- I have discussed the genetic research part of the study and have asked questions. I am satisfied with the answers.
- I have had enough time to make my decision.
- I freely agree to give a genetic sample as described in this form.

STUDY PARTICIPANT CONSENT TO PROCESSING PERSONAL INFORMATION FOR GENETIC RESEARCH

I consent to GSK, study staff, and others accessing and using my medical and personal information (my genetic sample and data) for each of the uses below. I know that I can withdraw this consent for use of my medical and personal information at any time.

I consent to GSK, study staff, and others accessing and using my medical and personal information for the genetic research as described in this form.	I consent to GSK, study staff, and others accessing and using my medical and personal information for further genetics research, once the study is complete.
☐ YES	☐ YES
☐ NO	☐ NO

Person agreeing to take part

Signature:	Date:
Thumb print (if participant cannot read or write):	
Name:	

Study Participant's Parent or Legally Acceptable Representative if applicable

Signature:	Date:
Thumb print (if participant cannot read or write):	
Name:	
Relationship to participant:	

Person conducting consent (STAFF CONFIRMATION)	
Signature:	Date:
Name:	
Witness (only required if the study participant [study participant's parent(s)/LAR(s)] is unable to read or write or if required per local legislation)	
I confirm that: • I am not linked to the study • I attended the consent process and • I have read the information for the study.	
Signature:	Date:
Name:	

Study Participant Consent Statement for Optional BLA Sub-Study Research

By signing this form, I agree

I have read this form, and the optional BLA sub-study research part of the study has been explained to me in a language I understand.

I have discussed the optional BLA sub-study research part of the study and have asked questions. I am satisfied with the answers.

I have had enough time to make my decision.

I freely agree to give a whole blood sample as described in this form.

STUDY PARTICIPANT CONSENT TO PROCESSING PERSONAL INFORMATION FOR OPTIONAL BLA RESEARCH

I consent to GSK, study staff, and others accessing and using my medical and personal information (my optional whole blood study sample and data) for each of the uses below.

I know that I can withdraw this consent for use of my medical and personal information (optional whole blood sample and data) at any time.

I consent to GSK, study staff, and others accessing and using my medical and personal information for the optional BLA sub-study as described in this form. ☐ YES ☐ NO	I consent to GSK, study staff, and others accessing and using my medical and personal information from the optional BLA sub-study for further research, once the study is complete. ☐ YES ☐ NO

Person agreeing to take part	
Signature:	Date:
Thumb print (if participant cannot read or write):	
Name:	
Study Participant's Parent or Legally Acceptable Representative if applicable	
Signature:	Date:
Thumb print (if participant cannot read or write):	
Name:	
Relationship to participant:	
Person conducting consent (STAFF CONFIRMATION)	
Signature:	Date:
Name:	

Witness (only required if the study participant [study participant's parent(s)/LAR(s)] is unable to read or write or if required per local legislation)	
I confirm that: I am not linked to the study I attended the consent process and I have read the information for the study.	
Signature:	Date:
Name:	

ADDITIONAL INFORMATION FOR STUDY PARTICIPANTS

Informed Consent Form –Additional Privacy Notice

Please review this information. It describes the handling and use of your personal information by or for the study sponsor, GlaxoSmithKline (**GSK**). It concerns information you provide, or is generated, as part of the research study described in the **informed consent form**.

Personal information (including sensitive personal information) may include: your name, address, medical history, genetic data.

- You will be asked to provide consent before your personal information is used for the study.
- You will be asked to provide consent for any further research once the study is complete.
- Your personal information will be processed and used as described in the Informed Consent Form:
    - For this research study ("the study");
    - For further research, once the study is complete; and
    - To comply with legal and regulatory obligations for clinical trials and the regulation of medicines.
- Your personal information will be handled and used for the shortest time needed. However, this will be at least 25 years under EU medicines regulations. This time-period may be longer to comply with other legal obligations.

- Your personal information may be accessed by:
    - GSK employees (such as study monitors and auditors);
    - Ethics committees and review boards that review, approve and monitor studies; and
    - Regulatory agencies that review study data and approve new medicines such as the U.S. Food and Drug Administration (FDA).
    - Other companies, organizations or universities. Other companies/organizations or universities must agree to a written contract that requires them to keep your personal information secure.
- Your personal information may be anonymized. This means it can no longer be linked to you. The anonymized information may be used for this study or other purposes, including further research, once the study is complete.
- The study or other research results may be published in medical journals, for meetings and/or on the internet for other researchers to use. Your name will not appear in any publication.
- Legal, organizational and technical measures will be taken to protect your personal information consistent with applicable privacy and data security laws; and
- You may have the right to:
    - Request information on the processing of your personal information.
    - Request a copy of your personal information.
    - Request the correction and/or deletion of your personal information.
    - Object to the processing of your personal information.
    - Request transfer of your personal information to a third party (such as your personal doctor), in a suitable format for re-use.
    - Complain to your local supervisory authority, or to a court of law, if your privacy rights are violated.
    - Claim compensation for damages or distress incurred or suffered in consequence of unlawful processing of your personal information.

You also have the right to withdraw consent for the use of your personal information for the study, or for further research, or both, at any time. Your decision will not have any effect on the care you receive.

If you withdraw your consent for use of your personal information for the study, you should know that:

- You will no longer be able to continue in the study.
- Data that has already been disclosed or published for research purposes cannot be withdrawn.
- GSK may still process your personal information in order to comply with its legal and regulatory obligations.

If you withdraw your consent for use of your personal information for further research, you should know that:

- Data that has already been disclosed or published for research purposes cannot be withdrawn; and
- GSK may still process your personal information in order to comply with its legal and regulatory obligations, or for further scientific research purposes if permitted by (and in accordance with) applicable law.

If you have questions regarding the processing of your personal information, if you wish to exercise any of your rights set out above, or if you require additional information, please contact the study doctor at the telephone and address listed on the first page of this informed consent form.

You should contact your study doctor initially for all queries relating to this study, however, should you wish to contact GSK's Data Privacy team their details are WW.Privacy-Centre-of-Excellence@gsk.com