

MM Interview

Okay, so the first set of questions relates to new study sites that are study sites that have not worked with previously. If working with new sites, how are new sites identified and what percentage of sites participating in study? We're new to Roach, right? So Valerie and I are both fairly new. We started out end of last year for this project, and the study has already been going on for quite some time. In fact, we thought it was about to wrap up, but then we added additional patients, so we weren't involved when there were site selections. I don't think we can really speak to how they were selected, but of course, in Greed, we select our sites based on their experience in therapeutic area, ability to monitor safety events, phase one experience those type of criteria. Did you examine a demographic summary of populations or did you encourage these sites with high enrollment of underserved groups? We did. One of the things the team did was they looked at census data specifically for African American because there's a higher percentage prevalence for multiple myeloma. And there was an ACRP article that said only about four and a half percent of African Americans participate in clinical trials. So what the team did is they looked at our US. Sites, they identified three sites that were in areas, according to census data, having a higher prevalence of African Americans compared to what they were screening and rolling among those sites. New tarot. What percentage of previous experience is kind of our research with other city sponsors. As I mentioned before, we weren't involved in site selection, so I don't know if the sites that we selected at the time we selected them were new to Jennifer Roche or they've had prior experience. Were there any issues with study startup at new sites? And if yes, what were the issues related to IRB site staff, study contact, or budget? Yes. I don't think Valerie and I would be aware of any issues that occurred. The study started because, as I mentioned, the study has been going on for a few years by the time we joined it. Okay. Overall for new study sites, in terms of diverse patient population, what were the successes and what were the pain points or watch outs? I think not specifically to new sites, but as I mentioned, we did look at some of our US. Sites, so we did go back and have conversations with them. So I believe that's something we're going to be talking about further down in the interview. Hi, Leah. The next set

of questions relates to protocol measures. What specific protocol measures did you implement to increase and ensure diversity in your study? For example, simplifying scheduled assessments or eligibility criteria? Relaxation. Right. I don't believe we have implemented any protocol specific measures to address inclusion. Not that I'm aware of. Was the protocol reviewed for feedback by patient partners or community partners? I'm not aware of it. I do remember that one of our other studies, they did have conversations, I think, with patient groups to assess our scheduled assessments and how they would be for an actual patient overall for protocol measures in terms of diverse patient populations, what worked and what was not successful and why, I'm not aware because as I mentioned, we hadn't made any protocol specific changes. The next set of questions relates to communication strategies. Was there a communication strategy for increasing the diversity of patients enrolled in the study? Yeah, as I mentioned, we looked at our US sites and there were three sites that we had identified that we wanted to speak to. So the team had conducted interviews with those three sites to kind of understand what their patient population was, any hurdles, and then also share with them what support we could provide, and then also try to get a commitment to them to increase their inclusion. At first, what communication strategies do you use with, for example, personalized communications, video calling option, alternative language options, extended office hours and when were these strategies used? Early, throughout, etcetera. We did the interviews and I believe the interviews were done. I'm trying to remember when they were done. I think they were done sometime last year or the year before. Can I jump in? Sorry, David. Susan, I apologize for joining late. Just a quick intro. My name is Leah Peters. I'm a legacy GSL Senior coal in PDG and the Long kodak and I'm supporting David as part of the PD enabling team. And I'm really interested to hear about, and I apologize if you've already covered this, but those three sites in the US, how did you identify them? Was there like a data driven strategy or was it just kind of like input from your MSL? Now, we had looked at census data to see the percentage of African Americans that are typically enrolled in clinical trials, which according to an ACRP article is about 4.5%. So we looked at census data to see where US. Sites were in the prevalence of that population and then compared it to the screening and enrollment we were seeing at those

sites. So if they were having less enrollment than the population, we had conversations with them and we were able to, I think, increased enrollment for us. We had enrolled as of May, about 11% of African American patients compared to the four and a half percent I mentioned. And then even if you were to look at all ethnicities, aside from white, we are at about 21%. That's great. And sorry, David, I'm going off script. I'm just really interested to hear how was that received? Like, having those interviews with them as they would be already in an area of high density of underrepresented populations and they haven't had experience or success tapping into those communities. Were they aware of it? Were they defensive? Now, from my understanding, it sounds like they were very appreciative of our conversations we had with them, really trying to get their insights and understand their challenges. And it gave us a good opportunity to be able to inform them of the reimbursement options that we have available to them. I think some of the sites weren't really aware of those, so it was a good thing that we had a chance to have a conversation with them. That's great. Thank you overall for communication strategies in terms of diverse patient populations, what worked and what was not successful and why. I think if you want to say what's worked, I think having that direct connection with the sites and taking the time to speak with them with empathy to understand what's happening at the site, I think when you're at a sponsor and you're removed, we may have a certain thinking of how things may be at a site. But I think it's always really helpful to actually speak to the site firsthand to get their experience. The next set of questions relates to unconscious bias. Does your study team have an internal discussion or training about an unconscious bias? Not that I'm aware of. Does your study team discuss unconscious bias with study investigators? They may have, but I'm not aware of it. As I mentioned, we came into the study late. Do you have any questions or concerns about discussing unconscious bias training with investigators? I don't think so. I think nowadays, in today's current environment, I think diversity and inclusion and equity is very much in the forefront of a lot of people's minds and people are more open to understanding that we all have unconscious bias. Right. And just being aware of it is helpful in starting to break those barriers down. The next set of questions relates to recruitment measures. Were there any specific recruitment measures or

targets for inclusive research? I don't think nothing beyond having the interviews with those US sites. What specific recruitment measures did you implement to increase or ensure diversity in your study? For example, specific sites, specific advocacy, specific vendors, or specific educational materials? Aside from the interviews and having those direct conversations. And I mentioned we provide reimbursement for transportation and lodging for patients. So that is something that we've implemented to help. Overall, for recruitment measures in terms of diverse patient populations, what worked and what was not successful and why, I think it's difficult for me to say what worked and what didn't work. But I think as I shared with you, the percentage that we've been able to enrolled in the study, I think sharing what we are able to provide and the support we can provide and having those conversations with sites did move the needle. Were there retention challenges related to diverse patient populations in the study? I don't think we've looked at that data. That is something that we can always go back and take a look at to see if those patients had a tendency to drop out early. Did you leverage existing internal toolkits resources or other teams experience when setting up your inclusive research strategy? I don't think so at the time, because, as I mentioned, I believe these conversations actually happened a year or two ago when we didn't have a lot of our ongoing efforts that are available now to teams. What did you think was helpful to help you build and implement your IR strategy, and what do you think was missing? I don't know if I can really speak to what I think was missing or what worked. I think when you want to talk about barriers to recruitment for underrepresented people, a financial burden is always a challenge. I think there's support we were able to provide for the reimbursement for transportation and lodging I think is very helpful for patients. Sorry to interrupt. I know that you mentioned that the study had started and then you came on board and also kind of the enterprise focus on increasing inclusive research and equity in our clinical trials has definitely matured over the years. Yes. Coming in kind of midstudy after study startup, has there been anything that you've been able to implement kind of midstudy, aside from highlighting the reimbursement option for these patients? Are you thinking, like, mutational materials or anything like that? No, I don't believe anything that that, like, was created. I had mentioned early on that this is actually a study that's supposed to be wrapping up

this year, but we've actually extended it by adding some additional patients. Okay, that's just for more, like cohorts and additional subgroup analysis or just to expand? Yeah, it's different arms, so different dosing schedules that we're implementing. I think moving forward, I think it's a great idea to provide some materials. There's always the challenge when you do patient facing materials, you need IRB approval, but I do think those type of things would be helpful. Great. Thank you. Did the team put in measures to reduce the financial burden of participation in clinical trials, or what specific operational measures did you implement to increase and ensure diversity in your study? For example, paying for travel daycare compensation for lost work? Yeah, I mean, it was the Reimbursement that we had offered to patients and caregivers for transportation and lodging. Was that with a specific vendor? Did you use Green Fire, or was there another kind of vendor that you identified specifically for this? It's a good question, actually. I don't know if we had used Green Fire as a Reimbursement vendor. Valerie, do you know if we have GreenFire on this study? I can double check. I haven't seen any invoices for that come through for me, so it sounds like it's just kind of a line item in the study budget for the employee. Yeah. Okay. And I wanted to add that the interviews took place in February of last year. Okay. Thank you, Valerie, for clarifying that. In terms of operational measures for increasing and ensuring diversity, what worked and what was not successful and why. I don't know if I'd say what was not successful, but I do think the communication with the sites were helpful and I think having that conversation with them so that they understand that Genentech as a sponsor is shining a light on diversity inclusion and wanting to really have that brought into our clinical studies. And I think we know now, when you look at the FDA, it's very keen interest of theirs in understanding the diverse population that we put in our trials. The last set of questions is related to clinical planning in these areas where there is biologicality for population specific differences. How have you considered incorporation of meaningful clinical questions into trial design? I don't think I can speak to this particular study because as I mentioned, I think when we had the interviews, it was a study that had been going on. But I think certainly if you're planning a new study or a new program, depending on the therapeutic area, I think it makes sense similar to what we did looking at the census data, or if you're

going into various countries, looking at the different countries for the prevalence of those diverse populations that you may be wanting to target. And I'm hopeful that while right now we seem to have a really good focus on our US sites, I'm hoping in the future we are able to have that same support and research for XUS sites. Is there an overall evidence generation strategy for inclusive research beyond dedicated trials or increasing enrollment that might be implemented across the global affiliates? Not that I'm aware of, but certainly the teams are going to be looking and running data to see what populations were enrolled in the studies. Is there anything additional that you would like to add that hasn't been already covered? No, I think what we've talked about today is what we're aware of that was done in on the study.