

Table 1: Master Protocol RSSP Standard Schedule of Assessments

All P2P participants will be screened from PPMI and will have NSD characterization and staging applied prior to P2P screening.

Activity	Master Protocol Screening ⁷ Group A	Master Protocol Screening ⁷ Group B	Baseline/Randomization within RSSP	Week 2	Mon 1	Mon 3	Mon 6	Mon 9	Mon 12	Mon 15	Mon 18	Mon 21	Mon 24 /Early Termination ⁶	Initiation of Dopaminergic Tx ⁸	End of RSSP Treatment	End of RSSP Treatment Safety Call ¹¹
	<6 months from last PPMI*	≥6 months from last PPMI*														
	Clinic	Clinic	Clinic	Phone	Clinic	Clinic	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Clinic	Clinic	Phone
Window days	-90 to -1	-90 to -1	0	3+	7+	14+	14+	14+	14+	14+	14+	14+	14+	14+	14+	3+
Informed Consent																
Documentation of informed consent	X	X														
Screening Activities																
Inclusion /exclusion criteria	X	X	X													
DAT eligibility	X	X														
General Activities																
Demographics ²	PPMI	PPMI		Data uploaded per PPMI EDC												
Family History ²	PPMI	PPMI														
Medical history ²	PPMI	PPMI														
Socio-Economics ²	PPMI	PPMI														
Physical Examination	X	X							X				X		X	
Height and Weight ⁹	X	X	X		X	X	X		X		X		X	X	X	
Vital signs	X	X	X		X	X	X	X	X	X	X	X	X	X	X	
Orthostatic BP	X	X	X		X	X	X	X	X	X	X	X	X	X	X	

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	Clinic	Clinic	Clinic	Phone	Clinic	Clinic	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Clinic	Clinic	Phone
Window days	-90 to -1	-90 to -1	0	3+	7+	14+	14+	14+	14+	14+	14+	14+	14+	14+	14+	3+
Neuro/Motor Assessments																
Participant Motor Function Questionnaire		X				X	X	X	X	X	X	X	X	X	X	
Freezing and Falls		X							X				X		X	
Neurological Exam	X	X							X				X		X	
MDS-UPDRS Part Ia	X	X			X	X	X	X	X	X	X	X	X	X	X	
MDS-UPDRS Part III Hoehn & Yahr	X	X	X		X	X	X		X		X		X	X	X	
MDS- UPDRS Part III /Hoehn & Yahr OFF/ON ¹⁶						Post Initiation of Dopaminergic Treatment										
MDS- UPDRS Part IV ¹⁶						Post Initiation of Dopaminergic Treatment										
MDS-UPDRS Part Ib and Part II	X	X			X	X	X	X	X	X	X	X	X	X	X	
Modified Schwab & England ADL	X	X				X	X	X	X	X	X	X	X	X	X	
Features of Parkinsonism		X				X	X	X	X	X	X	X	X		X	
Other Clinical Features		X				X	X	X	X	X	X	X	X		X	
Clinical Diagnosis	X	X				X	X	X	X	X	X	X	X	X	X	
Primary Research Diagnosis	X	X				X	X		X		X		X	X	X	

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	<6 months from last PPMI*	≥6 months from last PPMI*														
	Clinic	Clinic	Clinic	Phone	Clinic	Clinic	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Clinic	Clinic	Phone
Window days	-90 to -1	-90 to -1	0	3+	7+	14+	14+	14+	14+	14+	14+	14+	14+	14+	14+	3+
Non-Motor Assessments																
Olfactory Testing (UPSIT)		X							X				X		X	
RBD Screening Questionnaire.		X							X				X		X	
Epworth Sleepiness Scale		X							X				X		X	
SCOPA-AUT		X				X			X		X		X		X	
Neuro QoL		X							X				X		X	
Cognitive and Psychiatric Assessments																
Montreal Cognitive Assessment	X	X							X				X		X	
Clock Drawing		X							X				X		X	
Lexical Fluency		X							X				X		X	
Hopkins Verbal Learning Test-Revised		X							X				X		X	
Benton Judgment of Line Orientation		X							X				X		X	
Modified Semantic Fluency (Animals only)		X							X				X		X	
Letter Number Sequencing		X							X				X		X	

Activity	Master Protocol Screening ⁷ Group A	Master Protocol Screening ⁷ Group B	Baseline/Randomization within RSSP	Week 2	Mon 1	Mon 3	Mon 6	Mon 9	Mon 12	Mon 15	Mon 18	Mon 21	Mon 24 /Early Termination ⁶	Initiation of Dopaminergic Tx ⁸	End of RSSP Treatment	End of RSSP Treatment Safety Call ¹¹
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	Clinic	Clinic	Clinic	Phone	Clinic	Clinic	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Tele ¹	Clinic	Clinic	Clinic	Phone
Window days	-90 to -1	-90 to -1	0	3+	7+	14+	14+	14+	14+	14+	14+	14+	14+	14+	14+	3+
Symbol Digit Modalities Test		X							X				X		X	
Trail Making Test (A and B)		X							X				X		X	
Modified Boston Naming Test		X							X				X		X	
Cognitive change	X	X				X	X	X	X	X	X	X	X		X	
Cognitive characterization	X	X				X	X	X	X	X	X	X	X		X	
State-Trait Anxiety Inventory for Adults		X					X		X		X		X		X	
Geriatric Depression Scale	X	X					X		X		X		X		X	
QUIP		X					X		X		X		X		X	
Global Function Assessment																
CGI-S		X	X			X			X		X		X		X	
PGI-S		X	X			X			X		X		X		X	
PDAQ-27		X	X			X	X		X		X		X		X	
Novel PRO		X	X			X			X		X		X		X	
Digital Assessment																
Digital Assessment			As needed per PPMI Digital Sub Study													
Safety Assessments																
Clinical safety labs ³	X	X			X	X	X	X	X	X	X	X	X		X	

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Window days	-90 to -1	-90 to -1	0	3+	7+	14+	14+	14+	14+	14+	14+	14+	14+	14+	14+	3+
ECG	X	X			X				X				X		X	
C-SSRS ¹³	X	X	X	X	X	X	X	X	X	X	X	X	X		X	
Biological Sample Collection																
Research samples ³ (blood & urine)		X	X				X		X				X		X	
Lumbar puncture		X ⁴							X				X		X	
Skin biopsy		X ⁴											X		X	
Imaging Activities																
Pregnancy Test (prior to DaTscan) if applicable	X	X							X				X		X	
DAT SPECT	X ⁵	X ⁵							X				X		X ¹⁴	
MRI ¹⁵		X							X				X		X	
Medications																
Concomitant meds review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LEDD Medication Initiation log				As needed												
Randomization to open RSSP																
Randomization	X	X	X													
Adverse Events (AE)																
AE Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AE Telephone Assessment ¹⁰	X	X							X				X		X	

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Window days	-90 to -1	-90 to -1	0	3+	7+	14+	14+	14+	14+	14+	14+	14+	14+	14+	14+	3+	
Current Medical Conditions Review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Report of Pregnancy	X	X	X	As needed													
Other Assessments																	
Study completion form															X		
Surgery for PD				As needed													
Visit Status ¹²		X							X				X		X		

Footnote:

1. Tele (Video if possible) visits may be converted into in-person clinic visits as necessary at the discretion of the site investigator; vital signs and clinical safety labs will not be collected at Tele visits unless the visit is converted to an in-person clinic visit
2. Procedures, assessments, and samples collected as part of the main PPMI Clinical study (screening) may be used for this Master Protocol and will be uploaded into EDC by Data Management
3. Clinical Safety/Research Samples: See [Section 12](#) and [Appendix 3](#) for specific analytes. IgE should be collected at screening and as specified in each RSSP. HIV serology, HBV serology and Hep C antibody performed at screening only. Collect samples as outlined in the Laboratory Manuals; Collect Screening blood samples after other requisite tests for eligibility have been completed. For WOCBP, perform serum pregnancy test (HCG) at Screening; perform urine pregnancy test or (serum if required by the site) prior to injection of DaTscan and at all other indicated visits.
4. Skin biopsy and lumbar puncture tests will be repeated if last procedure/test performed ≥ 12 months of the P2P screening visit
5. Repeat DaTscan if last DaTscan was collected ≥ 3 months of the P2P screening visit.
6. The end of treatment is defined when last RSSP participant completes their month 24 visit for the assigned RSSP. All consented participants will remain active in the RSSP until the last subject completes the month 24 visit or until 24 months have passed since randomization (if terminated early). Following Month 24, participants will continue study visits every 3 months until the last participant randomized in the RSSP has had the opportunity to complete 24 months of follow-up on intervention. Participants will repeat the Months 15 – 24 visit schedules until the End of RSSP Treatment. Therefore, Month 27 will follow the same schedule of activities as Month 15; Month 30 will follow the same schedule of activities as Month 18; Month 33 will follow the same schedule of activities as Month 21; Month 36 will follow the same schedule of activities as Month 24 and so on ([Table 4](#)).

7. PPMI annual visit data may be used for P2P screening visits (group A or B)
8. This visit should be scheduled prior to initiation of Dopaminergic therapy (levodopa or dopamine agonists). If this visit occurs ≤ 90 days from the next in-clinic visit, replace this visit with the next in-clinic visit and follow the schedule of activities accordingly
9. Height is only collected at the screening visit. Weight will be collected at all in person office visits.
10. AE Telephone Assessment is performed 2-3 days after a skin biopsy, DAT SPECT, and lumbar puncture.
11. End of RSSP Treatment Safety call is performed 30 days after completion/ withdrawal from RSSP unless specified otherwise in the RSSP.
12. Visit status will be tracked in PPMI Clinical Study
13. Screening/Baseline C-SSRS use the long form. All other visits will complete the C-SSRS using the short form.
14. Repeat DaTscan if last DaTscan was collected ≥ 6 months prior to the End of RSSP Treatment visit.
15. An MRI is not required if completion of the MRI is not possible for a safety or medical reason.
16. The MDS-UPDRS Part III /Hoehn & Yahr OFF/ON and MDS-UPDRS Part IV will be performed only if the participant has initiated therapy on levodopa or dopamine agonists. These assessments will be performed at the visits in which MDS- UPDRS Part III /Hoehn & Yahr is required. When OFF testing is required, it is preferred that the OFF exam be performed first. OFF testing should occur at least 6 hours post last dose of PD medication.

* See Section 5.1 for a description of the PPMI Clinical study