

Study Number: 79635322MMY3002

Protocol Title: A Phase 3 Randomized Study Comparing JNJ-79635322 versus Teclistamab in Participants with Relapsed or Refractory Multiple Myeloma after 1 to 3 Prior Lines of Therapy, Including an Anti-CD38 Antibody and Lenalidomide

Outpatient Participant Diary

Participant Number: _____

Site Number: _____

**Bring this diary with you to
the next study visit**

Introduction

Thank you for taking part in the 79635322MMY3002 clinical research study. This diary is being provided for you to complete during your participation in this study as an outpatient.

Please NOTE that for safety reasons, you should remain in close proximity (within 30 minutes travel time) to the site and in the company of a competent adult for 2 days after the step-up dose(s) and first treatment dose of study medication.

Precautions and Study Team Contact Information

Call your study doctor or hospital study staff **IMMEDIATELY** if you have any of the following symptoms:

- Fever (100.4°F/38°C or higher)
- Chills or tremors
- Difficulty or rapid breathing and wheezing
- Fast or irregular heartbeat
- Dizziness or lightheadedness
- New or worsening headache or seizures
- Confusion or disorientation
- Loss of balance or coordination
- Difficulty in speaking or writing
- Severe fatigue or weakness
- Muscle or joint pain
- Slurred speech
- Severe nausea, vomiting or diarrhea
- Any other unusual symptoms

Contact the study staff as indicated below.

	Name	Telephone
Study Doctor		
Study Nurse		
Study Coordinator		
Site 24-Hour Emergency contact		

Diary Completion Instructions

You will use this diary to record your temperature and record when you take post-treatment medications (if applicable) as instructed by the study staff during the period of 48 hours (2 days) after your first injection of JNJ-79635322 or after your first and second injection of teclistamab (e.g. “step-up dose”). You will also record it 48 hours (2 days) after your first full treatment dose of study medication.

You must bring this diary with you to the next study visit.

Temperature:

Record your oral temperature at least twice per day for 48 hours after your step-up dose (SUD) injection(s) and for 48 hours after the first full treatment dose of study medication.

If you are hospitalized after you receive the SUD or full treatment dose injections, the study staff will instruct you on whether to record your temperature after you leave the hospital.

The study staff will inform you of the dates and times when you will need to take your oral temperature.

On days you are instructed to measure your temperature, do the following:

- Measure your temperature at least twice daily and at least 8 hours apart.
- Measure your temperature, using an oral thermometer.
- Immediately record the measurement details in the appropriate new row in the temperature diary, as follows:
 - a. Enter the date in the first column using two digits for the day, three letters for the month, and four digits for the year. e.g. 17 / JUL / 2024.
 - b. Enter the time, to the minute, in the third column (indicate whether 24 hr format, or AM, or PM apply).
 - c. Enter the exact temperature in the fourth column in °C or °F, (to one decimal place if available).
- If at any time you experience a temperature of 38°C/100.4°F or higher, call your doctor immediately and please record this additional temperature(s) in the diary as an additional temperature measurement.

Refer to the example diary below. If you still have questions, please contact a member of the study staff to assist you.

Example Temperature Diary Completion:

Here is an example of a completed temperature diary for one day:

Date (DD/MON/YYYY)	#	Time (12 Hr or 24 Hr)	Temperature
17/JUL/2024	1	08:13 ☒ 24 Hr ☐ AM ☐ PM	36.7 ☒ °C ☐ °F
	2	16:25 ☒ 24 Hr ☐ AM ☐ PM	36.6 ☒ °C ☐ °F
	3	19:31 ☒ 24 Hr ☐ AM ☐ PM	38.0 ☒ °C ☐ °F

**FEVER, Call your doctor
IMMEDIATELY**

Post-treatment medications intake (only applicable if you receive JNJ-79635322 as study medication):

Record each intake of post-treatment medication during the period of 48 hours after your first SUD injection of JNJ-79635322 study medication and 48 hours after your first full treatment dose of JNJ-79635322.

The study staff will instruct you how and when to take each medication (which may include anti-fever and/or corticosteroid medications).

Each time you take any of the medications orally, record the following:

- Enter the Date of intake in the first column using two digits for the day, three letters for the month, and four digits for the year. e.g. 17 / JUL / 2024.
- Enter the Time of intake, to the minute, in the third column (indicate whether 24 hr format, or AM, or PM apply).
- Enter the Medication name in the fourth column.
- Enter the Medication dose in the fifth column.

Example Post-treatment Medications Diary Completion:

ALWAYS FOLLOW THE SPECIFIC MEDICATION INTAKE INSTRUCTIONS PROVIDED BY YOUR STUDY DOCTOR.

Here is an example of the completed post-treatment medications intake for one day.

Date (DD/MON/YYYY)	#	Intake Time (12 Hr or 24 Hr)	Oral Medication Name	Dose
17 / JUL / 2024	1	06:13 ☒ 24 Hr ☐ AM ☐ PM	Acetaminophen	500 mg
	2	14:13 ☒ 24 Hr ☐ AM ☐ PM	Acetaminophen	500 mg
	3	22:13 ☒ 24 Hr ☐ AM ☐ PM	Acetaminophen	500 mg

Temperature Diary

Complete as instructed:

Date (DD/MON/YYYY)	#	Time (12 Hr or 24 Hr)	Temperature
___ / ___ / ____	1	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	2	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	3	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
___ / ___ / ____	1	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	2	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	3	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
___ / ___ / ____	1	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	2	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	3	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
___ / ___ / ____	1	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	2	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F
	3	___ : ___ ☐ 24 Hr ☐ AM ☐ PM	___ . ___ °C ___ . ___ °F

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Temperature Diary continued...

Date (DD/MON/YYYY)	#	Time (12 Hr or 24 Hr)	Temperature
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F

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Temperature Diary continued...

Date (DD/MON/YYYY)	#	Time (12 Hr or 24 Hr)	Temperature
____ / ____ / _____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
____ / ____ / _____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
____ / ____ / _____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
____ / ____ / _____	1	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	2	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F
	3	☐ 24 Hr ☐ AM ☐ PM ____ : ____	____ . ____ ☐ °C ____ . ____ ☐ °F

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Temperature Diary continued...

Date (DD/MON/YYYY)	#	Time (12 Hr or 24 Hr)	Temperature
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	2	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	3	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	2	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	3	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	2	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	3	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
____ / ____ / ____	1	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	2	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F
	3	☐ 24 Hr ☐ AM ☐ PM	____ . ____ °C ____ . ____ °F

End of Temperature Diary

Post-medication Intake Diary (only applicable if you receive JNJ-79635322 as study medication):

ALWAYS FOLLOW THE SPECIFIC MEDICATION INTAKE INSTRUCTIONS PROVIDED BY YOUR STUDY DOCTOR.

Complete as instructed:

Date (DD/MON/YYYY)	#	Intake Time (12 Hr or 24 Hr)	Oral Medication Name	Dose
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		

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Post-medication Intake Diary continued...

ALWAYS FOLLOW THE SPECIFIC MEDICATION INTAKE INSTRUCTIONS PROVIDED BY YOUR STUDY DOCTOR.

Date (DD/MON/YYYY)	#	Intake Time (12 Hr or 24 Hr)	Oral Medication Name	Dose
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		

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Post-medication Intake Diary continued...

ALWAYS FOLLOW THE SPECIFIC MEDICATION INTAKE INSTRUCTIONS PROVIDED BY YOUR STUDY DOCTOR.

Date (DD/MON/YYYY)	#	Intake Time (12 Hr or 24 Hr)	Oral Medication Name	Dose
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		

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Post-medication Intake Diary continued...

ALWAYS FOLLOW THE SPECIFIC MEDICATION INTAKE INSTRUCTIONS PROVIDED BY YOUR STUDY DOCTOR.

Date (DD/MON/YYYY)	#	Intake Time (12 Hr or 24 Hr)	Oral Medication Name	Dose
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ☐ AM ☐ PM		
	2	☐ 24 Hr ☐ AM ☐ PM		
	3	☐ 24 Hr ☐ AM ☐ PM		

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Post-medication Intake Diary continued...

ALWAYS FOLLOW THE SPECIFIC MEDICATION INTAKE INSTRUCTIONS PROVIDED BY YOUR STUDY DOCTOR.

Date (DD/MON/YYYY)	#	Intake Time (12 Hr or 24 Hr)	Oral Medication Name	Dose
____/____/____	1	☐ 24 Hr ____ : ____ ☐ AM ☐ PM		
	2	☐ 24 Hr ____ : ____ ☐ AM ☐ PM		
	3	☐ 24 Hr ____ : ____ ☐ AM ☐ PM		
____/____/____	1	☐ 24 Hr ____ : ____ ☐ AM ☐ PM		
	2	☐ 24 Hr ____ : ____ ☐ AM ☐ PM		
	3	☐ 24 Hr ____ : ____ ☐ AM ☐ PM		

End of Post-medication Intake Diary

Participant Signature: _____

Date: _____