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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 23 November 2021 |
| **Zoom details:** | <https://mohnz.zoom.us/j/83688685162> |

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| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
| 12.00 – 12.30pm | 2021 FULL 11657 | Short chain fatty acids and Tregs in neonates | Dr Gergely Toldi | Peter/Helen W |
| 12.30 – 1.00pm | 2021 FULL 11654 | Whaioranga te Pā Harakeke – Paeārahi intervention for injury prevention and recovery for older Māori | Dr Joanne Hikaka | Julie/Sandy |
| 1.00 – 1.30pm | 2021 FULL 11250 | LIBerate-OLE | Professor Russell Scott | Peter/Cordelia |
| 1.30 – 2.00pm | 2021 FULL 11080 | tDCS in Spinocerebellar Ataxia type 1 (SCA1) | Mrs Julie Rope | Julie/Helen D |
| **2.00 – 2.15pm** |  | **BREAK (15 MINUTES)** |  |  |
| 2.15 – 2.45pm | 2021 FULL 11157 | Comparison of two buprenorphine patches. | Dr Noelyn Hung | Leesa/Helen D |
| 2.45 – 3.15pm | 2021 FULL 11653 | A Phase 3 Study of Elranatamab (PF-06863135) Monotherapy and Elranatamab + Daratumumab Versus Daratumumab + Pomalidomide + Dexamethasone in Participants With Relapsed/Refractory Multiple Myeloma | Dr Henry Chan | Leesa/Sandy |
| 3.15 – 3.45pm | 2021 FULL 11264 | The Lungs4Life PIE Study – Process and Implementation Evaluation | Associate Professor Catherine Byrnes | Leesa/Cordelia |
| 3.45 – 4.15pm | 2021 EXP 11490 | ECMT-154 for the Topical Treatment of Eczema v2 | Dr Gabby Shortt | Peter/Helen W |
| **4.15 – 4.30pm** |  | **BREAK (15 MINUTES)** |  |  |
| 4.30 – 5.00pm | 2021 FULL 11676 | Phase 1 study of safety and efficacy of KUR-101 in healthy adult participants. | Dr Chris Wynne | Julie/Helen W |
| 5.00 – 5.30pm | 2021 FULL 11622 | MAX-40070-001: A Study to Evaluate MAX-40070 in Healthy Participants | Dr Cory Sellwood | Peter/Sandy |
| 5.30 – 6.00pm | 2021 FULL 11634 | BRN-002-HV-102: A Study to Assess the Safety ofMultiple Doses of BRN-002 in Healthy Participants | Dr Paul Hamilton | Julie/Cordelia |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mrs Helen Walker | Lay (consumer/community perspectives) | 22/05/2018 | 22/05/2020 | Present |
| Mrs Sandy Gill | Lay (consumer/community perspectives) | 22/05/2020 | 22/05/2023 | Present |
| Dr Patries Herst | Non-lay (intervention studies) | 22/05/2020 | 22/05/2023 | Apologies |
| Dr Cordelia Thomas | Lay (the law) | 20/05/2017 | 20/05/2020 | Present |
| Dr Peter Gallagher | Non-lay (health/disability service provision) | 22/05/2020 | 22/05/2023 | Present |
| Ms Helen Davidson | Lay (ethical/moral reasoning) | 06/12/2018 | 06/12/2021 | Present |
| Ms Julie Jones | Non-lay (intervention studies) | 22/05/2020 | 22/05/2022 | Present |
| Mrs Leesa Russell | Non-lay (intervention/observational studies) | 13/08/2021 | 16/08/2024 | Present |

## Welcome

The Chair opened the meeting at 11.30am and welcomed Committee members, noting that an apology had been received from Dr Patries Herst. Mrs Leesa Russell was the co-opted non-lay member for this meeting from the Northern B HDEC.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 23 October 2021 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **2021 FULL 11657** |
|  | Title: | Short chain fatty acids and Tregs in neonates |
|  | Principal Investigator: | Dr Gergely Toldi |
|  | Sponsor: |  |
|  | Clock Start Date: | 04 November 2021 |

Dr Gergely Toldi and Professor Frank Bloomfield were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The study seeks to investigate whether neonatal regulatory T-cells (Tregs) are more sensitive to the immunomodulatory effects of short-chain fatty acids (SCFAs) in comparison to adults and demonstrate highest suppressive capacity of inflammation when cultured in the presence of butyrate compared with acetate and propionate. The study aims to answer this question by collecting small amounts of blood and stool samples from term and preterm babies and from adults for comparison. Isolated Tregs from the blood will be grown in a lab to study their response to SCFAs using various immunological methods. The composition of the microbiome and the capacity of bacteria therein to produce SCFAs will be determined from the stool samples.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee clarified that information would be collected from the mother, during the course of the pregnancy so the mother was a participant and would need to give informed consent.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee requested that any reference to consent for “you and your child” be made clear across all patient-facing documentation.
2. The Committee requested that the Karakia statement in the consent form regarding the storage and disposal of cord blood be made clear in the documentation to be about the cord blood and not just referred to as “samples”.
3. The Committee noted the statement, “The baby would have chosen to participate should the child understand the information” was incorrect as the parents will provide proxy consent.
4. The Committee requested clarification around what qualifies the participants who are being asked to take part in the study, they also asked this be included in the Patient Information Sheet and Consent Form (PIS/CF).
5. The Committee requested clarification in all documents as to whom the cord blood belongs, as it is generally considered that the cord and blood is the mother’s. Please include a statement specifying that this is the baby’s blood.
6. Please amend the Data and Tissue Management Plan (DTMP) to make it clear that the parent will provide proxy consent.
7. Please clarify in the advertisement where the stool will be sampled.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please add a consent form for signing by a parent/guardian on behalf of the child once the child has been born.
2. Please include a “What will happen with my data once collected?” section with the name and address of the biobank where the samples will be stored.
3. Please clarify the purpose in the PIS of healthy volunteers.
4. Please include a section that addresses the identifiable and deidentified information. Please see the [HDECs PIS/CF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) and also the [HDECs DTMP template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/hdec-data-tissue-management-template-oct2020.docx).
5. Please clarify the wording and determination around whether the information or data of participants will need to be sent overseas.
6. Please amend in the “Benefits and Risks” section, the risk of bruising and discomfort to be about the baby.
7. The current cultural consideration statement requires revision. The Committee recommends the following statement; however, this is not mandatory to use:   
     
   “*You may hold beliefs about a sacred and shared value of all or any tissue samples removed. The cultural issues associated with sending your samples overseas and/or storing your tissue should be discussed with your family/ whānau as appropriate.*

*There are a range of views held by Māori around these issues; some iwi disagree with storage of samples citing whakapapa and advise their people to consult before participating in research where this occurs. However, it is acknowledged that individuals have the right to choose*.”

1. Please review the PISs and remove repeated statements.
2. Please clarify what information you will be requesting or collecting from the parents in the PIS/CF.
3. Please include a statement concerning “Who has approved this study” in both PISs. See the [HDECs template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) for guidance.
4. Please amend the main PIS to state that withdrawal from the study will not affect any care that participants may receive in any institution, not just the neonatal intensive care unit as stated.
5. Please include in the statement “Direct communication with the participant or participant’s parent / legal guardian (feeding history, history of infections, jaundice, any other significant medical diagnoses since birth)”. This is currently found only in the DTMP.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the PIS/CFs, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Peter Gallagher and Mrs Helen Walker.

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| **2** | **Ethics ref:** | **2021 FULL 11654** |
|  | Title: | Whaioranga te Pā Harakeke – Paeārahi intervention for injury prevention and recovery for older Māori |
|  | Principal Investigator: | Dr Joanna Hikaka |
|  | Sponsor: |  |
|  | Clock Start Date: | 11 November 2021 |

Dr Joanna Hikaka, Emily Dwight, Hariata Vercoe, and Dr Ngaire Kerse were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The study aims to implement and test the feasibility and effectiveness of a paeārahi-led intervention on injury prevention, treatment and rehabilitation, and Accident Compensation Corporation access for Māori older adults in the Te Arawa rohe.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee clarified that the participants’ whānau would be asked questions about the intervention and the participant. The researcher also noted that the Hua Oranga online tool would be used to gauge the efficacy of the intervention both overall and for the participants.
2. The Committee clarified that paeārahi would be trained in accident prevention and injury recovery prior to the study.
3. The Committee clarified that paeārahi would enter the whānau’s whare and educate them there.
4. The Committee clarified that the photos mentioned in the Participant Information Sheet (PIS) would be included. The researcher stated that these photos would be of people in social interventions and events that would be displayed at community education events. It was further noted by the researcher that this is something that the participants have previously requested and is a key tool in dissemination and education around the study.
5. The Committee clarified that the participant’s general practitioner (GP) would be informed to mitigate potential risks, as well as other secondary health services available through the prospective district health boards.
6. The Committee clarified that if the paeārahi would be capable of observing, or accompanied by someone, who could look out for signs of distress or whakamā. To this effect, research leads would be present, and the online tool was also made available and monitored for signs of this.
7. The Committee clarified that there should be no costs associated for paeārahi intervention in resolution of no koha or reimbursement mentioned in the PIS.
8. The Committee clarified that data would only be matched or identifiable in the event of hospitalisation, allowing analysis, should any flags be raised for individual participants.
9. The Committee noted that the PIS and Consent Form (CF) were separated in the event that people were given the information without necessarily being consented at the same time.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee requested that mention of the participants’ whānau being asked questions needs to be included in the PIS/CF.
2. The Committee requested that the participants be given an independent Māori contact number so that if there is some hesitancy, they may have access to a person outside of the study to whom they may talk to, as was the case in previous phases of the study.
3. The Committee requested that further independent review be undertaken of the PIS and CF.
4. The Committee requested that the referral of participants to external services concerning the mental health of participants and the potential services to whom they would be directed be addressed in the PIS.
5. The Committee stated that more information around data management is required than what is available in the study documentation to satisfy the Committee that privacy and confidentiality is protected and that [paragraph 12.15a](https://neac.health.govt.nz/national-ethical-standards/part-two/12-health-data/) of the *National Ethical Standards for Health and Disability Research and Quality Improvement 2019* is met. Use of the [HDECs data management plan template](https://ethics.health.govt.nz/guides-templates-and-forms/data-and-tissue-management-plan-templates/) is not mandatory but is encouraged to be adapted or used as a guide.

The Committee requested the following changes to the PIS/CF:

1. Please include information around withdrawal from the study and what happens in the event of withdrawal with the data collected.
2. Please include an Accident Compensation Corporation statement. This is available in the [HDECs template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc).
3. In the main PIS, please state that the participants can request to read and review transcripts and data collected about them.
4. Please make clear that should the participant not wish the stakeholders or whānau to be involved in their individual data collection and review, they may still participate in the study.
5. Please include in the PIS information concerning the alternatives to taking part in the study.
6. Please state whether referral to services may occur in cases of mental distress.
7. In the main PIS, please state that the participants can also review their own information and records.
8. Please amend the statement in the consent form around data storage and destruction to note that data is required to be stored for 10 years post-completion.
9. Please amend and make consistent the statement around the GP/practice being contacted in the event of referral across all PIS/CFs.
10. Please see the [HDECs template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) for all PIS/CFs used and ensure that the information across these align and are consistent.
11. Please remove reference to information not relevant in the data management plan.
12. Please amend the statement around data linking and under what circumstances this may occur and to whom the information will be identifiable.
13. Please amend the main and whānau PISs to give some indication as to what the korero may include to better inform the consent process.
14. Please correct the statement in the PIS around the review of the ethics of the study by the HDEC.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the PIS/CF, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Sandy Gill and Ms Julie Jones.

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| **3** | **Ethics ref:** | **2021 FULL 11250** |
|  | Title: | LIBerate-OLE |
|  | Principal Investigator: | Professor Russell Scott |
|  | Sponsor: |  |
|  | Clock Start Date: | 11 November 2021 |

Dr Joanna Young, Professor Russell Scott, and Dr Jane Kerr were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The study aims to assess the long-term safety, tolerability, and efficacy after 48 and 72 weeks with monthly dosing of LIB003 300 mg administered subcutaneously (SC). The study includes patients at very-high risk for cardiovascular disease (CVD) or at high risk for CVD (including homozygous familial hypercholesterolemia (HoFH) and heterozygous familial hypercholesterolemia (HeFH)) on a stable diet and maximally tolerated oral low density lipoprotein cholesterol (LDL-C) lowering drug therapy who completed a LIB003 Phase 3 base study.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee clarified how many people would be included in the trial and how they would be recruited.
2. The Committee queried where in the Participant Information Sheet (PIS) provides the guidelines for Accident Compensation Corporation or alternative compensation in the event of an adverse event. The researcher responded that the patients had been provided with this information in a separate arm of the study.
3. The Committee noted the answer to C.4. in the application form could be interpreted as patronising. The Committee requested that the researcher be mindful of this for any future applications. The Committee explained that Te Tiriti o Waitangi should not be cited as a health benefit and equal access to participate for Māori should not need to be stated as this is the default expectation. The Committee recommended including any statistics of the prevalence of the disease in Māori (or an explanation if this is unknown) when answering C.4. for any future applications.
4. The Committee clarified the statement in the PIS around maintenance of cholesterol levels and to what extent the participants (and their general practitioners) are made aware of this.
5. The Committee requested that alternative formats of information such as the activities in the project as opposed to the table currently supplied. The researcher responded that a less word-dense option will be supplied.
6. The Committee clarified the difference in arms of the study. The researcher advised that the participants entering this arm would be fully aware of the protocol and would be made aware that they were not on a placebo.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee queried the inclusion in the PIS of the drug being made in Chinese mouse ovaries. This information should either be outlined further or removed.
2. The Committee requested that on page 4 in the PIS there should be separation of statements for if the patient has ‘has any problems’ and if the patient changes their ‘address or phone number’. Please make these two separate sentences for two separate bullet points.
3. The Committee requested that any mention of self-administering the drug be removed. As this is not currently an option, an amendment may be added to this effect should it become available at a later stage in the trial.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please clarify the difference between which doctors will be contacted and when for the sake of consistency.
2. Please state that data will be stored for at least10 years as per New Zealand Law.
3. Please remove mention of genotyping blood sample consenting.
4. Please remove that the word “dummy” from the statement about placebo injections in the PIS.
5. Please separate statements around address and possible problems.
6. Please clarify where the samples will be stored and what is being stored in what locations given both Singapore and America are listed as storage facilities.

**Decision**

This application was *approved* by consensus, subject to the following non-standard conditions:

* please address all outstanding ethical issues raised by the Committee
* please update the PIS/CF, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17)*
* please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, para 9.7).*

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| **4** | **Ethics ref:** | **2021 FULL 11080** |
|  | Title: | tDCS in Spinocerebellar Ataxia type 1 (SCA1) |
|  | Principal Investigator: | Mrs Julie Rope |
|  | Sponsor: |  |
|  | Clock Start Date: | 11 November 2021 |

Mrs Julie Rope and Dr Nitika Kumari were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The aim of this pilot study is to assess the feasibility, acceptability and potential effectiveness of cerebello-cerebral tDCS combined with a physical therapy programme on ataxic symptoms experienced by people with SCA1. There are a number of feasibility issues that will be addressed in the study including:
2. Is the intervention acceptable to participants? Including exploring the acceptability of the frequency of the rehabilitation as well as the acceptability of the stimulation.
3. Are the research processes acceptable in terms of burden to the participants?
4. Is the washout period long enough to allow a return to baseline levels on the Scale for Assessment and Rating of Ataxia (SARA)?
5. Determining an effect size for the intervention that can be used to appropriately power a future study.
6. Determine the possible recruitment rate for a future trial. The researchers hypothesise that cerebello-cerebral tDCS combined with a physical therapy programme will improve ataxia compared to sham cerebello-cerebral tDCS combined with a physical therapy programme in people with SCA1.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee noted that the Data Management Plan (DMP) states that information will be collected from questionnaires and interviews. Please amend the DMP if questionnaires will not be used and remove reference to them. If questionnaires will be used, the Committee will need to see these for approval.
2. The Committee noted that on page 8 of the DMP, it states that results will be made available for participants of any future research conducted. Please amend this to ensure that the DMP is consistent with the study in that future research will not be undertaken.
3. The Committee asked if there are any COVID-19 related requirements with this study i.e., whether participants will need to be vaccinated or take any precautions, and what will happen in the event of a lockdown. The researcher stated that currently all participants will be through the clinic and they are already seeing vaccinated and non-vaccinated patients through the clinic. The clinic has precautions in place and all staff are vaccinated. Please amend the Protocol and Participant Information Sheet and Consent Form (PIS/CF) to detail this.
4. The Committee asked if participants will be excluded from the study if they are pregnant. The researcher confirmed this. The Committee also asked about any risks to pregnancy. The researcher stated that electrical currents will just move from the head to shoulders so there should not be any risks, nevertheless as a precaution this is why pregnancy is an exclusion criterion. Please make clear in the PIS/CF that people will be excluded from the study if they are pregnant. Please also outline why they are being excluded and any potential risks to them or their baby. Please also detail what would happen if a participant were to become pregnant during the course of the study (e.g. withdrawal). Please refer to wording in the [HDECs template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) for guidance around withdrawal.

The Committee requested the following changes to the PIS/CF:

1. Please include under the heading ‘What will my participation involve?’ that there is an interview(s) as part of the process.
2. On page 5 under the heading ‘Identifiable information’, please include the text below:

“*The sponsor, ethics committees, or government agencies from New Zealand, if the study or site is audited. Audits are done to make sure that participants are protected, the study is run properly, and the data collected is correct*.”

1. On page 5 under the heading ‘De-identified (Coded) information’, please include regulatory or other governmental agencies worldwide.
2. On page 5, please remove the future research section as it is not relevant to this study.
3. On page 6, please remove the word ‘strongly’ in reference to Māori support for the study.
4. On page 6, please make clear whether use of the App is a mandatory component of study participation. There is currently a question mark at the end of the sentence.
5. Please add a cultural statement about the head being considered tapu by Māori and the cultural considerations around this:

“*The head is considered tapu by Māori. The researchers recognise this and will be respectful at all times. Please let us know if you become uncomfortable or wish to discuss this with us and your whānau.”*

1. Please ensure that any information in the CF is also mentioned in the body of the PIS. For example, that the participant’s general practitioner will be notified about study participation.
2. Please remove the statement in the CF about information being sent overseas as this is not applicable for this study.
3. Please review the PIS/CF for any spelling mistakes or grammatical errors, such as:
   1. ‘…loving in New Zealand…’ on page 2.
   2. ‘one of the four-week exercise programs the tDCS will provide stimulation and the other you will not receive any stimulation…’ on page 2 – there is a word(s) missing.
   3. ‘…entitled to access to normal care through…’ on page 4 – small correction required.
   4. ‘There are no costs are associated with using the App’ on page 4.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the PIS/CF, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. (*National Ethical Standards for Health and Disability Research and Quality Improvement 2019, para 9.7*).

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Julie Jones and Mrs Helen Walker.

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| **5** | **Ethics ref:** | **2021 FULL 11157** |
|  | Title: | Comparison of two buprenorphine patches |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Zenith Technology Corporation Limited |
|  | Clock Start Date: | 11 November 2021 |

Dr Noelyn Hung and Linda Folland were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. This study is a bioequivalence study comparing a currently marketed medication with a new test formulation that the sponsor company would like to register on the market as a generic substitute for the currently marketed brand.
2. The primary objective of this study is to evaluate the bioequivalence of the test formulation, a single application of one 40 mcg/hr buprenorphine transdermal patch (Juno, Australia) relative to that of the reference formulation, a single application of one 40 mcg/hr Norspan® transdermal patch (Mundipharma, Australia) in healthy subjects under fasting conditions with the inclusion of a naltrexone block (50 mg Revia® tablets from Bristol-Myers Squibb, Australia).
3. This study is a two-way crossover study where each participant will receive the test formulation once and the reference formulation once as one patch applied to the upper arm and kept in place for a continuous period of seven days each. This study will be conducted under fasting conditions whereby each subject fasts for 10 hours prior to dosing and for at least four hours after dosing. The secondary objective is to assess the safety and tolerability of the formulations (i.e., local irritation, adhesiveness and sensitivity) using a skin response scoring system. Adverse events with also be recorded and analysed.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee noted that the medicine is opiate based and queried if there is risk of addiction. The researcher confirmed this and explained that it is for this reason that they administer naltrexone to block addiction. The researcher also noted that naltrexone does have some side effects too.
2. The Committee asked if the study involves a higher dosage than previous studies. The researcher confirmed this and explained that this is why they are keeping participants in for supervision for longer than in previous studies.
3. The Committee noted that participants must not be vaccinated in either arm for three months prior to the study. The researcher confirmed that this is an exclusion criterion. The Committee accepted this but noted that it might delay recruitment (particularly due to current COVID-19 vaccine requirements in New Zealand).
4. The Committee asked if a copy of the Investigator’s Brochure (IB) could be supplied. The researcher stated that generally for their bioequivalence studies they do not get supplied with an IB because it is already marketed information from the branded product. They have the certificate of analysis etc. which they compare against the test product and innovator product; however, they do not have anything else beyond the marketed product data sheet. The researcher also noted that they supplied a copy of the excipients that are in each formulation.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee noted that the study advertisement mentions that the study will be run over weekends. Please amend the advertisement to say ‘weeks of’ rather than ‘weekends of’ to be clear that participants need to stay for the whole week and extra day.
2. Please provide the Committee with a copy of the participant subject card for approval.
3. The Committee referred to the Data and Tissue Management Plan (DTMP) and application form. The Committee asked which Zenith Technology staff will have access to identifiable data and why. It is currently implied that all Zenith Technology staff will have access to identifiable data. The researcher noted that this is described at section 5 – please refer to this section at section 8.1 in brackets for the first bullet point that states ‘Zenith Technology staff’.
4. The Committee discussed the possibility of adding COVID-19 provisions in the Participant Information Sheet and Consent Form (PIS/CF). The researcher stated that they would await the New Zealand traffic light system for more information first. The Committee noted that any additions about COVID-19 provisions could be submitted as an amendment. The Committee recommended that this information be included as this is an on-site study.

The Committee requested the following changes to the PIS/CF:

1. Please include the ‘first in human’ statement table at the top of the front page of the PIS. This is to alert participants to the untested nature of the medication. Please also state that the drug is similar to one on the market but has not been given to many people etc. in order to make clear to participants that the side effects of the drug are not truly known yet. Please refer to the [HDECs template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) for guidance.
2. The Committee noted that the DTMP states that anonymised information in the form of statistical data about ethnicity and adverse events will be provided to local Rūnaka. Please also state this in the PIS.
3. On page 6, please provide a clearer statement around participants needing to not take any new prescribed medications, and that the research team will inform the participants as to which prescribed medications they need to stop taking. Please provide more clarity and detail about what this means, for example, if a participant needs to begin new prescribed medication, they will need to be withdraw from the study.
4. On page 6, please ensure that the information is consistent around advice that participants should ‘avoid’ showering. This section also implies that participants must not bathe/shower. Please include a sentence to ask that participants do not shower without discussing with the research team first. Please be clear about what participants can and cannot do.
5. The blood/plasma section needs a title – it is currently under the ‘Withdrawal’ section and does not fit appropriately here. The Committee suggested the title, ‘What will happen to my tissue?’
6. Please cover off in the body of the PIS, contacting the participant’s general practitioner (GP) i.e., that this will be done, when, and why (for example, in the case of adverse events). Please clearly state what information will be collected from GPs and also clarify this in the DTMP.
7. The Committee noted that there are no reproductive risks for men in this study; however, the CF states that there might be risks associated with treatment or the participant’s partner becoming pregnant. Please review and amend.
8. For the ‘Withdrawal’ section, please also add that if the participant withdraws the patch will be removed.

**Decision**

This application was *approved* by consensus, subject to the following non-standard conditions:

* please address all outstanding ethical issues raised by the Committee
* please update the PIS/CF, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17).*

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| **6** | **Ethics ref:** | **2021 FULL 11653** |
|  | Title: | A Phase 3 Study of Elranatamab (PF-06863135) Monotherapy and Elranatamab + Daratumumab Versus Daratumumab + Pomalidomide + Dexamethasone in Participants With Relapsed/Refractory Multiple Myeloma |
|  | Principal Investigator: | Dr Henry Chan |
|  | Sponsor: | Pfizer New Zealand Limited |
|  | Clock Start Date: | 11 November 2021 |

Dr Henry Chan was present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. This study will explore the effects of the study drug elranatamab (PF-06863135) alone and in combination with the study drug daratumumab for multiple myeloma and will have two distinct parts. Part 1 of the study has been completed. It was designed to find the best dose of elranatamab to be used in Part 2.
2. This study is Part 2. The purpose of Part 2 is to compare the treatment effects of three treatment regimens to learn which is better for treating relapsed multiple myeloma. This research study is different from, and does not replace, participants’ regular medical care.
3. As such, participants may have additional visits, procedures, extra laboratory tests, and/or follow a different treatment plan.
4. Elranatamab is an experimental drug, not approved for sale in New Zealand. Participants will be randomly assigned to receive one of three treatment regimens:
   * 1. elranatamab alone (an experimental drug in this study)
     2. elranatamab plus daratumumab (experimental combination of drugs), or
     3. pomalidomide, daratumumab plus dexamethasone (approved as potential standard therapy for multiple myeloma, at least in some parts of the world).

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee noted that the researcher is a clinician and will also be involved in the recruitment of participants. The Committee and researcher discussed the importance of managing conflict of interest, presenting the full picture to the potential participant, and preventing them from feeling obliged to participate. The researcher highlighted that this study offers treatment to patients that they would otherwise not have access to.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee asked how many participants will be recruited in New Zealand. The researcher stated that they are insured for six participants but aiming for 12 in total. Please discuss with the sponsor about increasing insurance for 12 participants and provide evidence to confirm the increase.
2. The Committee noted that it was difficult to understand from the application form, which parts of the study are optional or mandatory. It was confirmed that there is no specific future research. The Committee advised that in order to meet the NEAC Standards, the researcher needs to submit a separate Future Unspecified Research (FUR) Participant Information Sheet and Consent Form (PIS/CF). Please refer to the [HDECs template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/future-unspecified-use-tissue-piscf-template.doc) for guidance. In the response to provisional approval, please also clearly state which parts of the study are optional and which are mandatory. Please also reflect this clearly in the study documents.
3. The Committee noted that the researcher wishes to follow the baby if a baby is born. Please provide a separate PIS/CF for the baby once born and submit this to the Committee as an amendment if a pregnancy occurs.

APPLICATION FORM:

1. The Committee advised that for future applications, E4 of the application form should be answered with information about how the research team will manage any participants who are unwell, and detail what process will be followed in particular. For example, call an ambulance, refer the participant to the clinic, contact their general practitioner etc.
2. The Committee noted that F4 of the application form incorrectly states that there is no mandatory genetic analysis; however, there is. Please ensure that this question is answered correctly for future applications.
3. The Committee also noted that G2 incorrectly states ‘no’. The answer should be ‘yes’ as identifiable data will be used and stored. Please also ensure that this question is answered correctly in future.
4. The Committee discussed C2, noting that stigmatisation does not occur just by identifying individuals. It occurs by how the results are presented and if particular statements are made about any particular groups. Please take this into consideration when answering this question for future applications.

PROTOCOL:

1. The Committee noted that on page 107 of the Protocol, the sponsor has indicated that they will terminate the study for any reason. The Committee advised that in New Zealand, studies cannot be stopped for ‘any reason’ or commercial reasons. The Committee requires assurance that the study will only be stopped for reasons of research integrity, safety, or ethical issues. Please amend this section of the Protocol. (*National Ethical Standards for Health and Disability Research and Quality Improvement 2019*, *para 11.37*).

DATA AND TISSUE MANAGEMENT PLAN:

1. Please complete section 3. At minimum, the District Health Board’s privacy policy and research policy could be referenced.
2. For section 7.1, please outline all of the identifiable data groups being collected so it can be seen whether the Data and Tissue Management Plan (DTMP) aligns with the other study documents. Reference to the Protocol only is not sufficient.
3. For section 7.3, please outline the future unspecified research.
4. Section 8.1 needs to be clear about what types of samples will be accessed and by which laboratories. Please include the laboratory name and which city it is in. Please also provide this information on page 4 of the PIS/CF. If any new laboratories added, this detail can be added to the documents and submitted to the Committee as an amendment.
5. Please answer section 8.3 in respect of the FUR.
6. Please remove section 11.1 on optional genomic research.

MAIN PARTICIPANT INFORMATION SHEET & CONSENT FORM (PIS/CF):

1. The Committe noted that the use of tables in the document was helpful.
2. The Committee suggested that a lay person/non-clinician review the PIS/CF and suggest any edits to the language and content. The document is currently difficult to read and would benefit from use of more lay language. Readability could also be improved through edits to the format, font size, paragraphing etc.
3. Please ensure that any jargon/acronyms used are explained or defined in full the first time they are used in the document (for example, ‘EoT, ‘FU visit’, ‘MUGA’, and ‘GBS’ etc.)
4. Please remove the word ‘reasonable’ from the reimbursement paragraph.
5. Please outline that if participants do not participate in the study, they will still receive the available treatment for their cancer. Since this study is being run by the treating clinician, it is important to reassure patients of no disadvantage.
6. On page 4, please clarify that the study duration is unknown and that there is no certainty as to when the drug will no longer be available to participants once the study ends. However, please provide at least an estimate of the study’s duration.
7. As participants will not be given the drug insert, please state that ‘your study doctor can discuss any other risks/side effects with you’ in regards to drug risks.
8. The right to withdraw information section should be reflected in the general withdrawal section.
9. Please clearly explain what will happen to the researcher’s access to participants’ medical records if they withdraw from the study.
10. For withdrawal, participants can stop treatment and also refuse to have further data collected about them. Please include this option in the withdrawal options (i.e., the participant could come for follow up but have no further information sharing and minimal data collected).
11. Please ensure that participants’ name, address, and phone number will not be supplied to anyone apart from the study team (as noted in the DTMP). Currently, the PIS implies that only people overseas will not see this information.
12. Please clearly explain that all of the following are notifiable diseases and must by law be reported to the Medical Officer of Health: HIV, HCV, HBV, tuberculosis – not just hepatitis as indicated. COVID-19 is also a notifiable disease in New Zealand. Please put this information in the body of the PIS, not just in the appendix.
13. Please check whether the full ‘Rights to access information’ section is supposed to be underlined.
14. Please include information in the body of the PIS about notifying the participant’s general practitioner (GP). This is currently only in the CF, but the CF should not introduce new information.
15. Please clarify when hospital/GP records will be collected and for what purposes.
16. On page 10, participants should not be responsible for notifying their GP of study participation. This is the responsibility of the research team. Please rephrase to say ‘we will notify…’. Please also provide the Committee with a copy of the template letter that will be sent to GPs.
17. On pages 15 and 16, please be clearer about how mental health risks will be managed. One of the medications in this study has significant mental side effects. If this affects a participant as a result of the study drug, the researcher has an obligation to provide support, and the sponsor is responsible for providing funding for the participant. In the response to provisional approval, please confirm that the study sponsor agrees to pay for participants who experience side effects from the medication(s). Participants should not need to fund their own GP appointments/appropriate referrals/support as a result of study drug side effects. Mental health side effects need to be covered by insurance too.
18. Please move some of the genetic testing information in the appendix, to the body of the PIS/CF along with biopsy information, as these are major issues for participants and should be prominent.
19. Please remove references to United States law in the appendix.
20. Please review this PIS/CF and remove any aspects that are specific to the FUR PIS/CF that will be submitted to the Committee as part of the response to provisional approval.

PREGNANT PARTNER PIS/CF:

1. Please ensure that this document is written in lay language.
2. From this PIS/CF, consent cannot be provided by the parent for the child’s information. Only pregnancy and birth outcomes. As noted above, a separate consent is required for the child post-birth.
3. Please include duration of data collection about the mother and clarify that this data collection will stop at birth.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the PIS/CFs, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, paras 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. (*National Ethical Standards for Health and Disability Research and Quality Improvement 2019*, *para 9.7*).

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Leesa Russell and Mrs Sandy Gill.

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| **7** | **Ethics ref:** | **2021 FULL 11264** |
|  | Title: | The Lungs4Life PIE Study – Process and Implementation Evaluation |
|  | Principal Investigator: | Associate Professor Catherine Byrnes |
|  | Sponsor: |  |
|  | Clock Start Date: | 11 November 2021 |

Alana Ainsworth, Associate Professor Catherine Byrnes, and other members of the research team were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. The key objectives of this process evaluation are:
   1. To determine if the ‘Koira4Rukahukahu:Lungs4Life’ programme has been implemented as intended across settings and over time.
   2. To identify the variations in implementation between the different sites and barriers or facilitators to implementation. This includes understanding the perspective of the health professionals delivering the programme.
   3. To examine the patterns of participation within the ‘Koira4Rukahukahu:Lungs4Life’ programme.
   4. To assess if the model of care is accessible and acceptable to whānau by evaluating their experiences.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. The Committee noted that the peer reviewer said that there is a need to ensure that there is comparison between urban and rural cohorts of children. The Committee asked if the researcher had a response to this. The researcher noted that this was a good suggestion and most rurally located children will be in the Northland region. The researcher stated that they are uncertain on numbers but can present the data in this way.
2. The Committee and researcher discussed whether only children are participants or if whānau are as well. In the response to provisional approval, please state clearly who the participants are (i.e., only the children, or children and whānau). If only the children are participants, the whānau Participant Information Sheet and Consent Form (PIS/CF) does not currently align with this. Please review and ensure that it is focused on the child’s healthcare and child’s expectation of the services, rather than the parents’ (if it is confirmed that only the children are participants).
3. The Committee noted that a sponsor was not identified on the application form at H5. This is likely the University of Auckland (or Starship Hospital); however, please confirm with the relevant research office. In future, please identify the sponsor at the time of filling in the application form.
4. The Committee noted that a finite date for participation was not stated in the Protocol. Please include this.
5. Please include in the Protocol what will happen if an adverse outcome/unexpected finding is identified.
6. The Committee referred to the Data Management Plan and process for data collection. The Committee noted that there appears to be secondary use. The patient is seen in clinic and then data is transferred to REDCap for analysis. The Committee asked if there is a way for all data to be collected in a clinical form that could then just have a set taken from it as secondary use. The researcher stated that they have been developing a form to be used across the different portals and regions; however, they currently do not have this in place, and each individual District Health Board has different ways of doing this. For consistency, the researcher has chosen to use REDCap as opposed to Microsoft Excel.
7. The Committee noted that clinical staff/focus groups may be interviewed and have their data collected. If the researcher considers that these people will be study participants, a separate PIS/CF would be required and need to be submitted to the Committee. Please clarify this in the response to provisional approval.

The Committee requested the following changes to the PIS/CF:

1. Please include a sentence at the beginning of the PIS/CF that states “In all cases “You”, refers to “Your child”” (as per proxy consent given by the parents). Please ensure use is consistent and correct in both the body of the PIS and also the CF. Currently, the document switches between use of ‘you’, ‘your child’, and ‘you and your child’.
2. Please put a clear explanation about what the purpose of the study is. The purpose section is not clear (i.e. whether the study is looking at individual children and their outcomes? or the overall programme and how that worked etc.? – these are not the same purpose), and it was noted that the ‘aim’ of the study is then also described under the ‘How is the study designed?’ section.
3. Please review page 2, a small correction is required under the benefits section (additional ‘of the’ in the first sentence).
4. On page 2, please remove any repeated information.
5. Please ensure that the distinction between the researcher and care provider roles is made clear in the PIS. In particular, the section, "This information will be collected when we ask you questions about your child during their Lungs 4 Life programme visits. These questions will be asked even if your child is not in this study as they will form part of your child’s clinical record." Please be clear that they are coming in for programme visits and the research is optional. Please also make clear that any data will not be used for research purposes without consent.
6. Under the who can take part section, please shorten this and just state that it is children enrolled in the ‘Koira4Rukahukahu:Lungs4Life’ programme.
7. As the research team will not be managing adverse events as this is an observational study, please remove references to regular doctors in the programme accessing data on page 3. This is not research related. Please also state that participating in this research will not affect regular participation in the ‘Koira4Rukahukahu:Lungs4Life’ programme (and outline what that regular participation in the programme is, as opposed to the research additionally).
8. The participant’s general practitioner does not need to be informed about participation in an observational study.

**Decision**

This application was *provisionally approved* by consensus, subject to the following information being received:

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the PIS/CF, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. (*National Ethical Standards for Health and Disability Research and Quality Improvement 2019, para 9.7*).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Cordelia Thomas and Mrs Leesa Russell.

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| **8** | **Ethics ref:** | **2021 EXP 11490** |
|  | Title: | ECMT-154 for the Topical Treatment of Eczema v2 |
|  | Principal Investigator: | Dr Gabby Shortt |
|  | Sponsor: | Manuka Bioscience |
|  | Clock Start Date: | 11 November 2021 |

Dr Gabby Shortt and Alex Semprini were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

A potential conflict of interest was raised by Ms Julie Jones as she works at the same site as the researchers. Ms Jones also reviewed the cover letter submitted to the Committee; however, did not review any other study documents. The Committee was satisfied that this was minimal and would not prevent Ms Jones from participating in the discussion.

Summary of Study

1. This study aims to test whether cream containing ECMT-154™, a mānuka-oil based extract, is effective at treating eczema. Pre-clinical experiments have demonstrated ECMT-154™ has anti-bacterial properties which could reduce the risk of eczema rashes becoming infected. ECMT-154™ extract may also have anti-inflammatory benefits to help treat eczema symptoms. A first-in-human study with 118 participants.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee asked what happens in this study, who is involved, and where it is taking place. The Researchers explained that the study is taking place in the Pharmacy Research Network and they will recruit 118 adults aged 18 to 65-years-old with eczema to trial the cream twice a day for six weeks.
2. The Committee asked if the cream used in the study will need a prescription before participants can use it. The Researchers explained that the cream is a face cream with a compound of ECMT-154™ which is a combination of natural ingredients, and therefore does not need a prescription before participant use.
3. The Committee asked how participants are recruited and the advertisements. The Researchers explained that participants are recruited through the pharmacist investigators who directly capture people who come into the pharmacy who want to treat eczema, posters around the pharmacies, use of social media advertisements, and contacting past participants who have completed an eczema trial through the Pharmacy Research Network.
4. The Committee asked about the referrals to earlier studies which were approved. The researchers explained that the study is in a different product, using different essential oils. The design of the study, outcome measures, recruitment strategies, and timeframe are the same.
5. The Committee asked about the insurance of the study which was overall one million NZD. The Researchers explained that underwriters believed it was an appropriate amount for the study and the insurance amount is based off the fact it is a low-risk product. The Committee discussed among members if one million dollars insurance is acceptable. The Committee agreed this is an acceptable amount for a low-risk product.
6. The Committee asked about the emergency contact number setup. The Researchers explained that the phone number is connected to their phone and they have yet to answer a real emergency call; however, if it were to occur, they have the ability to answer.

Summary of outstanding ethical issues

The main ethical issues considered by the Committee and which require addressing by the Researcher are as follows.

1. Please note to use lay languaget for future applications.
2. Please amend ECMT-154™ on page 1 of the Participant Information Sheet and Consent Form (PIS/CF) to say that it may help treat eczema symptoms and stay away from the anti-inflammatory claim.
3. Please amend page 1 of the PIS/CF: from using the word humans to people instead.
4. Please amend page 2 of the PIS/CF: "The treatment will be applied twice daily for six weeks." Please phrase this to make it clear that the participant is applying the cream themselves.

FOLLOW UP SURVEY SECTION:

1. Please amend the following to make it clearer for participants: "a follow up survey to review if you have experienced any ...". 'survey to ask you if you have'... they are being asked, rather than a review occurring.
2. Please include the word “complete” in the following as it is missing: "You will be asked to five electronic study diaries, once".
3. Please amend page 4 under the heading ‘What happens if my eczema gets worse during the study’ by explaining what is expected rather than relying on the heading to impart the info: "This is expected with eczema and you may be able to continue in the study."
4. Please remove the word “safe” from page 4: "study physician at the first safe opportunity”
5. Please amend page 5 following: "Any costs to you in seeking additional treatment for eczema (e.g., general practitioner appointment and prescription fee) will be reimbursed by the study team. " Please make it clear that this refers to treatment following a study related adverse event, not all additional treatment for eczema.
6. Please amend page 5 to say: “The Standing Committee on Therapeutic Trials (SCOTT) has reviewed and approved the scientific design of the trial.”
7. Please remove the word “free” from the following section: “I give consent for my phone number and/or email address to be used by study staff to receive free once-weekly email/text message reminders to complete the study diary”.

**Decision**

This application was *approved* by consensus, subject to the following non-standard conditions:

* please address all outstanding ethical issues raised by the Committee
* please update the PIS/CF, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17).*

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| **9** | **Ethics ref:** | **2021 FULL 11676** |
|  | Title: | Phase 1 study of safety and efficacy of KUR-101 in healthy adult participants. |
|  | Principal Investigator: | Dr Chris Wynne |
|  | Sponsor: | Infinity Consulting Limited |
|  | Clock Start Date: | 11 November 2021 |

Dr Chris Wynne and Sharmin Bala were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. KUR-101 is being developed for the treatment of acute pain. This is a randomised, double-blind, placebo/drug-controlled study. Approximately 60 healthy volunteers will take part in this study, in two parts. Part 1 will involve a single ascending (increasing) dose (SAD) study where approximately 42 participants (approximately 8 in each cohort) will be randomised to receive a single dose of the study drug or placebo.
2. As this is a dose escalation study, the first group enrolled will receive the lowest dose and once it is considered to be safe, the next group will be enrolled and will receive the next higher dose. Dose escalation (increase) will only proceed following a review of information from what was seen when the participants were dosed, as well as the results of blood tests and other assessments.
3. The dose levels planned for this study are: Cohort 1 – 10 mg Cohort 2 – 20 mg Cohort 3 – up to a maximum of 40 mg Cohort 4 – up to a maximum of 60 mg Cohort 5 – up to a maximum of 90 mg. Subjects enrolled into Cohort 3 will receive two doses of study drug separated by one week. The first dose will be given without food and the second dose will be given with food. The purpose is to see if food affects how the participant's body processes the study drug.
4. Part 2 will involve a crossover design where approximately 18 males will receive a single oral dose of each of three interventions (study drug KUR-101, placebo, and a marketed opioid pain medicine known as Oxynorm®). Each participant will receive a single dose of each of three different interventions. The doses will be separated by 7 days. The order of doses will be as follows: six participants will receive study drug–placebo-OxyNorm®, six participants will receive placebo-OxyNorm®-study drug, and six participants will receive OxyNorm®-study drug-placebo. The dose of KUR-101 will be selected from the doses tested in Part 1 of the study. The oral capsules containing the placebo will look the same as the capsule that contains active study drug but without any medicine in it. The oral capsules containing OxyNorm® will look the same as the capsule that contains active study drug but will contain the opioid medicine, OxyNorm®.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee asked about the five million NZD insurance in reflection to other studies of this kind which were around 10 million NZD. The Researcher explained that it is not exactly first in human for this class or related compound, but first in human for this patented version of this drug. The Researcher further explained that they are happy to go back to the sponsor if the Committee would like to increase the insurance.
2. The Committee asked how many participants are taking part in this study. The Researcher explained that there are around 60 participants.

Summary of outstanding ethical issues

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please amend page 15 to include the word “not” in the following sentence: "you will get reports or other information about any research that is done using your information."
2. Please remove the word “from” in the following sentence: "New Zealand Clinical Research (NZCR) will receive a payment from for undertaking this research project.”
3. Please inform the participants who you will contact if mental health issues arise etc. Suicidal severity rating used.

**Decision**

This application was *approved* by consensus, subject to the following non-standard conditions:

* please address all outstanding ethical issues raised by the Committee
* please update the PIS/CF, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17).*

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| **10** | **Ethics ref:** | **2021 FULL 11622** |
|  | Title: | MAX-40070-001: A Study to Evaluate MAX-40070 in Healthy Participants |
|  | Principal Investigator: | Dr Cory Sellwood |
|  | Sponsor: | IQVIA RDS Pty Limited |
|  | Clock Start Date: | 11 November 2021 |

Dr Cory Sellwood and Dr Chris Wynne were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. Alopecia Areata (AA) is estimated to affect approximately two percent of people worldwide, with 14 percent to 25 percent of those patients progressing to complete hair loss, at which point the patients rarely fully recover. Currently, there are no FDA approved treatments, although corticosteroids are considered first line. Only several off-label trials are ongoing and may have temporary improvement of the disease regarding efficacy and adverse outcomes. MAX-40070 has been developed as a formulation that is able to be applied topically, directly at the affected area, which may be more effective than other treatments and result in less off target side effects that are seen with oral treatments. Therefore, this study will provide critical data that will help inform the ongoing development of MAX-40070 in the treatment of AA.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee commented about the cultural considerations for Māori regarding hair lose in relation to whakamā (embarrassment, shame) that may arise during the study. The Researcher explained that this study is for healthy participants so they would not expect Māori participants with hair loss, but they have noted this for future applications.
2. The Committee asked about the doses for Part B and when the researchers should expect to get that information. The Researcher explained that Part B is the multi-ascending dose which dosing cohort has not been determined just yet, it will be determined when the safety, efficacy, and pharmacokinetic data from Part A has been reviewed by the safety review committee, and doses will be made appropriately based on that data.

**Decision**

This application was *approved* by consensus.

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| **11** | **Ethics ref:** | **2021 FULL 11634** |
|  | Title: | BRN-002-HV-102: A Study to Assess the Safety of Multiple Doses of BRN-002 in Healthy Participants |
|  | Principal Investigator: | Dr Paul Hamilton |
|  | Sponsor: | Novotech (New Zealand) Limited |
|  | Clock Start Date: | 11 November 2021 |

Dr Paul Hamilton and Courtney Rowse were present via videoconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

1. Atherosclerosis is a major contributing factor to cardiovascular disease, as atherosclerotic plaques can break off or rupture, leading to health problems such as heart attack or stroke. Cardiovascular disease (CVD) is the leading cause of death worldwide, with an estimated 17.9 million deaths each year attributed to CVD (32 percent of all deaths). Unfortunately, this number is steadily increasing and there is a pressing urgency to help prevent and treat patients with CVD. Given this high prevalence and the current high unmet medical need, compounded further by the COVID-19 pandemic, there is an urgent need to improve and expand therapeutic options for these patients. If this study indicates that BRN-002 has the potential to be a safe and effective treatment for the precursors to CVD (atherosclerosis), additional studies can proceed to fully evaluate the efficacy of this treatment. As well as helping patients, this new treatment could reduce the rising health care costs associated with the increased burden of CVD. Therefore, this study will provide critical data that will inform the ongoing development of BRN-002 in the treatment of a wide range of disease indications.

Summary of resolved ethical issues

The main ethical issues considered by the Committee and addressed by the Researcher are as follows.

1. The Committee asked about the inclusion criteria including slightly elevated low-density lipoprotein (LDL) and asked if it was appropriate to tell participants that this was necessary. The Researcher explained that it probably is not necessary as it is on the high-end of normal and unlikely to have any significant clinic effects. Further, the Researcher explained that if something was significantly elevated this would result in a screening failure and they would inform the participant and their general practitioner.
2. The Committee asked if potential participants with normal levels of LDL are excluded from the study. The Researcher explained that potential participants are allowed up to slightly elevated levels, so normal levels are fine for inclusion.
3. The Committee asked about future unspecified research if it is related to this medication or other unspecified research. The Researcher explained that it is not future unspecified research in the sense that just the research is going to be done in relation to the drug and is not related to future unspecified research. It is specified research in relation to the drug.
4. The Committee asked what if a stool sample cannot be collected every day and if this would cause any problems. The Researcher explained that this would not cause any problems and they understand the variable habits. If there is no sample available this is acceptable and it may not be possible at every timeframe to collect it.
5. The Committee asked if any COVID-19 tests will be carried out. The Researcher explained that they have recently introduced a COVID-19 testing policy. Prior to all the in-patient stays/each dosing period there will be a COVID-19 test.

Summary of outstanding ethical issues

The Committee requested the following changes to the Future Unspecified Research Participant Information Sheet and Consent Form (PIS/CF):

1. Please remove the following: "all future research is subject to ethical review".
2. Please amend the D1 inclusion criteria to include slightly raised LDL.

**Decision**

This application was *approved* by consensus, subject to the following non-standard condition:

* please update the Future Unspecified Research PIS/CF, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement 2019, paras 7.15 – 7.17).*

## General business

1. The Chair reminded the Committee of the date and time of its next scheduled meeting:

|  |  |
| --- | --- |
| **Meeting date:** | 25 January 2022 |
| **Zoom details:** | TBC |

1. **Review of Last Minutes**

The minutes of the previous meeting were agreed and signed by the Chair and Co-ordinator as a true record.

1. **Matters Arising**
2. **Other business**
3. **Other business for information**
4. **Any other business**

The meeting closed at 5.00pm