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| **Committee:** | Northern B Health and Disability Ethics Committee |
| **Meeting date:** | 2 November 2021 |
| **Zoom details:** | <https://mohnz.zoom.us/j/7894526927> |

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| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Assigned Lead Reviewers + Expert reviewers** |
| 12.30 – 12.55pm | 2021 FULL 11288 | A Phase 2 Open-Label Extension Study of Belcesiran in Patients with AATLD | Professor Edward Gane | Mr Jonathan Darby & Dr Gabrielle Jenkin |
| 12.55 – 1.20pm | 2021 TB 11341 | SCW0502-1121: A Study of XW003, OnceWeekly Human Glucagon-Like Peptide 1 Analogue, Compared with Once-Daily Liraglutide 3 mg in Adult Participants with Obesity | Doctor Michael Williams | Mr Jonathan Darby & Mrs Leesa Russell |
| 1.20 – 1.45pm | 2021 FULL 11469 | Plant diversity, microbiota and childhood allergies | Professor Jeroen Douwes | Mrs Kate O'Connor & Mr Barry Taylor |
| 1.45 – 2.10pm | 2021 FULL 11097 | TARGET Protein | Dr Paul Young | Ms Susan Sherrard and Dr Gabrielle Jenkin |
| 2.25 – 2.50pm | 2021 FULL 11459 | AROC3-1001: A Study of ARO-C3 in Healthy Adults and in Adults with Paroxysmal Nocturnal Haemoglobinuria and Adults with ComplementMediated Renal Disease | Doctor Mark Marshall | Mrs Kate O'Connor & Mr Barry Taylor |
| 2.50 – 3.15pm | 2021 FULL 11177 | DPX-Survivac in R/R DLBCL | Dr Sophie Leitch | Mr Jonathan Darby & Mrs Leesa Russell |
| 3.15 – 3.40pm | 2021 FULL 11468 | WP43295: A study to assess RO7276389 alone or in combination with cobimetinib for advanced solid tumours or melanoma with brain involvement | Dr Catherine Han | Mrs Kate O'Connor & Dr Gabrielle Jenkin |
| 3.40 – 4.05pm | 2021 FULL 11371 | Phase 1 Trial of MK-1084 Alone or as Combination with Pembrolizumab for Advance Solid Tumors | Dr. Rajiv Kumar | Ms Susan Sherrard & Mrs Leesa Russell |
| 4.20 – 4.45pm | 2021 FULL 11061 | Australia and New Zealand Fragility Fracture Registry | Dr Roger Harris | Mrs Kate O'Connor & Mr Barry Taylor |
| 4.45 – 5.10pm | 2021 FULL 11413 | Maternal Psoriasis and Infant Neurodevelopmental Outcomes (MaPINO) Study | Dr Hannah Jones | Mrs Kate O'Connor & Dr Gabrielle Jenkin |
| 5.10 – 5.35pm | 2021 FULL 11035 | Needle-free blood sampling enhanced by suction for blood glucose measurement | Professor Andrew Taberner | Ms Susan Sherrard & Mrs Leesa Russell |

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| **Member Name**   | **Member Category**   | **Appointed**   | **Term Expires**   | **Apologies?**   |
| Ms Kate O’Connor  | Lay (Ethical and Moral Reasoning) | 13 August 2021 | 16 August 2024 | Present |
| Ms Susan Sherrard  | Lay (Consumer/Community Perspective) | 19 March 2018 | 19 March 2022 | Present  |
| Mrs Leesa Russell | Non-Lay (Intervention/Observational Studies) | 13 August 2021 | 16 August 2024 | Present  |
| Dr Gabrielle Jenkin  | Non-lay (intervention/observational studies)  | 13 August 2021 | 16 August 2024 | Present  |
| Mr Barry Taylor | Non-Lay (Intervention/Observational Studies) | 13 August 2021 | 16 August 2024 | Present |
| Ms Maxine Shortland | Lay (Consumer/Community Perspective) | 13 August 2021 | 16 August 2024 | Apologies |

## Welcome

The Chair opened the meeting at 12pm and welcomed Committee members, noting that apologies had been received from Ms Maxine Shortland.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Mr Jonathan Darby Lay (law/ethical reasoning) confirmed their eligibility and was co-opted by the Chair as a member of the Committee for the duration of the meeting.

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 5 October were confirmed.

## New applications

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| **1**   | **Ethics ref:**   | **2021 FULL 11288** |
|   | Title:  | A Phase 2 Open-Label Extension Study of Belcesiran in Patients with AATLD |
|   | Principal Investigator:  | Prof Ed Gane |
|   | Sponsor:  | Dicerna Pharmaceuticals, Inc. |
|   | Clock Start Date:  | 19 October 2021 |

Teri Hogson 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. A Phase II open-label extension study to evaluate the long-term safety of belcesiran in adult patients with alpha-1 antitrypsin deficiency-associated liver disease (AATLD).

Summary of resolved ethical issues

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

1. The Committee confirmed that participants who participated in the Phase 1 study will proceed to this Phase 2 open-label extension (Cohort A) or the no-dosing safety follow-up extension (Cohort B). Participants qualify for Cohort B if their AAT protein was below 80% of baseline upon entering Phase 1.
2. The Committee clarified that, if approved by regulatory authorities, this is likely to be an on-going treatment as opposed to a long-term cure.
3. The Committee queried why women of child-bearing potential were excluded as opposed to a good contraception plan being in place. The researcher responded that the Sponsor was concerned about the unknown effects this could have on a foetus. The Committee noted to consider contraception as opposed to excluding this group. If this changes, this can be submitted by way of amendment to the HDEC.
4. The Committee noted that a new insurance certificate would be required if recruitment exceeds 5 persons in New Zealand.

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 to remove from the Data and Tissue Management Plan (DTMP) the statement “There is no future planned or unspecified analysis of tissue samples in this study.” Further, section 12.2.2 is blank but needs to be completed as Future Unspecified Research is being undertaken.

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

1. Please clarify upper limits of alcohol consumption as “social drinking” can differ person-to-person.
2. Please amend the title to be more lay-friendly (i.e. can remove open-label).
3. For Cohort B, the Committee noted it is unlikely for a participant there to have any direct benefit. “May or may not” should be amended.
4. Page 6 of Cohort B, can you state whether the drug will be available at the end of the study.
5. The Committee noted to include information on reimbursement on how those who drove by car will need to provide evidence (as a receipt may not be possible or accurate).
6. Please flesh out risk percentages as fractions (such as 1 in 5 to represent 20%).
7. Statement around high level of disease and mortality, and burden of liver disease should be softened in Cohort B.
8. In the Future Research PIS, please introduce the notion of whakapapa in the cultural genetics statement.
9. Optional Liver Biopsy PIS should state whether any significant clinical findings will be discovered as a result, and whether these results are made available to the participant’s GP.

**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 Participant Information Sheet and Consent Form, taking into account the feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).

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| **2**   | **Ethics ref:**   | **2021 FULL 11341** |
|   | Title:  | SCW0502-1121: A Study of XW003, Once-Weekly Human Glucagon-Like Peptide 1 Analogue, Compared with Once-Daily Liraglutide 3 mg in Adult Participants with Obesity |
|   | Principal Investigator:  | Dr Mike Williams |
|   | Sponsor:  | Sciwind Biosciences APAC Co. Pty. Ltd. |
|   | Clock Start Date:  | 19 October 2021 |

Dr Mike Williams 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 is a randomised, parallel, open-label, active control, dose finding Phase 2 study. The aim of the study is to evaluate the preliminary body weight lowering effects of three dose regiments of XW003 once weekly versus liraglutide 3.0 mg once daily in adult participants with obesity.

**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 sites for this study. The researcher clarified that all are private research facilities except one clinical trial facility that is associated with Avalon Medical Centre. The Committee noted this conflict of interest (COI) and its management was well documented in the submission and was assured that the entrance is separate from the GP’s office.
2. The Committee noted that questions S9-11 of the application form indicates that previously consented for de-identified tissue is being used (such as from a tissue bank), but it was clarified with the researcher this was an error.
3. The Committee noted that the answer for E.3.1 should indicate how quickly a questionnaire can be reviewed and potential concerns sighted. The researcher clarified that this questionnaire is done on site so will be immediate.

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 submission needs to be signed-off by the Sponsor.
2. The Committee noted for the declared COI that a study co-ordinator should make the first approach to a potential participant, but the doctor with a COI can do the consenting process.
3. The Committee queried how the primary health care provider (such as GP) will be informed of any results of clinical significance. The researcher stated it would depend on the urgency of the findings. The Committee requested that these are detailed in the protocol.
4. The Committee noted that the study cannot be terminated for administrative reasons (E8) as that is not considered acceptable termination requirements in New Zealand.
5. The Committee noted that all communications advertising the study should be submitted to the HDEC for review, such as a bulk email.

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

1. The Committee noted that the lay title may need further simplification.
2. The Committee suggested rewording language around obesity as not all participants will be in the highest weight-range or suffering from obesity-related diseases yet. This can be statements such as “having obesity means your body weighs too much and your body fat is higher than is considered healthy by clinicians” and “obesity means your weight is in a higher category than that which is considered healthy and that which may have implications for your health”
3. The paragraph that starts with “the purpose of this study” should be at the start of the PIS.
4. Please put this sentence in a bordered box at the start of the form: “XW003 is an experimental treatment. This means that it is not an approved treatment for Obesity in New Zealand.” An example of this can be found in our [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/partner-pregnancy-participant-information-sheet-consent-form-template-dec20.docx).
5. Reference to flipping of a coin is not appropriate to describe randomization. Please amend (i.e. 1 in 2 chance).
6. The Committee clarified with the researcher that the participant does not have to pay for any treatment associated with the trial (such as the statements around “some tests… may be part of your usual care.”) Please amend the PIS to be clearer.
7. The Committee further noted the potential undue influence around the information that participants withdrawing from the study are back onto user-pays treatment. Please soften the wording on this as the access to the comparator drug for free can potentially influence voluntariness.
8. Please ensure the reimbursement cost is clarified to state it is for each visit.
9. Known risks should be represented as a ratio.
10. Any overseas companies or laboratories should be presented in the PIS with their full address.
11. The Committee noted the cultural considerations are well explored in the study documentation but is not in any participant-facing documents. This should be acknowledged in the PIS, please amend.
12. In the “what happens with my data” section, please state that public health authorities will be notified should a notifiable disease be detected during participation.
13. Optional follow-up visits are described in the main body of the PIS but are called other things in the CF. Please refer to them consistently and state in the PIS that there is an option in the CF for these.
14. Please state that participants cannot participate in any other clinical trial and cannot use other drugs without discussion with the investigator

**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 participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, 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, para 9.7).

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

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| **3**   | **Ethics ref:**   | **2021 FULL 11469** |
|   | Title:  | Plant diversity, microbiota and childhood allergies |
|   | Principal Investigator:  | Professor Jeroen Douwes |
|   | Sponsor:  | Massey University |
|   | Clock Start Date:  | 19 October 2021 |

Professor Jeroen Douwes and Dr Colin Brooks 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 observational research is part of a larger programme aimed at improving understanding of NCDs with a focus on the complex interrelationships among biodiversity and environmental and human microbiota. The focus of this specific study is to increase understanding of modifiable causes and mechanisms of allergies and asthma with a focus on biodiversity and environmental/human microbiota. This study will recruit 450 young children (6-24 months at baseline) from day-care centres from urban and rural areas with different levels of exposure to plant diversity.

**Summary of resolved ethical issues**

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

1. The Committee queried about participants who are not as connected to childcare or healthcare providers but may have more prevalence of asthma/allergies and may not be captured by the current method of recruitment. The Committee asked for the researcher to consider whether local Maraes, community groups etc. could be consulted for potential recruitment avenues to capture these groups but acknowledged the limitation of funding for exploring these options. After discussion of the various recruitment approaches intended, the Committee was satisfied that day-cares in lower socio-economic areas that focus on disconnected children would be included in the research.

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 recruitment process in day-cares. The researcher stated that day-care centres will be approached and asked if they are willing to support this research. If so, they will pass on information packs about the study to parents who can send the consent form directly back to the researchers or via the day-care. The participant information sheet also contains other methods of contacting the researchers if a parent wants to discuss the study further. Day-cares might also be provided with refrigeration options to keep nappies in until the researcher collections them (daily). The Committee noted that it should be made clear to parents that participation confidentiality is limited as the day-care needs to be aware of their child’s participation in order to collect the nappy. Further, if a nappy is collected from a private residence, please include detail on what needs to be done with the nappy and provide resources to assist (such as biohazard bags or containers).
2. The Committee noted that a researcher safety plan, incorporating tikanga protocols (such as taking shoes off) for entering a private residence should be documented. Please provide this.
3. Questionnaires have identifiable information on them. Please include information in the Data and Tissue Management Plan (DTMP) on which items on these are going to be redacted for storage/how this is being redacted. Further, please clarify in the DTMP what information the overseas lab is receiving.
4. The Committee noted that the Future Unspecified Research (FUR) is not clear if it is FUR, or just storage of samples for specified future use (which could be an optional sub-study and not FUR). The DTMP, protocol and PIS are conflicted on this. The Committee recommended that rather than this being FUR, this could be an optional sub-study with further information provided in the participant information sheet, with an option in the consent form for the samples to be stored for longer with specified definitions of what this future use is. Please make it clearer that the genetic testing is not human-related but on the microbiome. The Committee noted that if the storage of this is indefinite as outlined in the DTMP, this mirrors a Tissue-bank closely. Please ensure a defined limit is placed on storage.
5. The Committee noted that while Marsden is the funder, they are not the Sponsor. The Sponsor is responsible for the initiation, management and funding (University). Please ensure this is identified in study documentation.
6. Please check with the University if a further Māori review is required.
7. Please document in detail how adverse events with allergy tests will be managed in the protocol. Also document that this will be passed on to the GP in the protocol and in the participant information sheet.

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

1. Please outline what kinds of questions the Questionnaires will involve, such as asking about whole household factors (e.g. smoking, pets, diet etc.)
2. Please indicate how much the blood sample is in teaspoons.
3. Please provide information on what collecting a used nappy involves. Please also provide information about how a parent gives permission for a day-care nappy to be collected for research.
4. Please include a page number and version number in the footer.
5. Regular ACC statement is required as there are risks related to the blood test. There is a templated statement in the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc).
6. Information section needs to distinguish identifiable and coded information, access, use, storage and destruction etc. The HDEC template also provides an example of what information should be involved.
7. The Committee requested the removal of the ‘yes / no’ tick boxes from the consent form unless it is for a clause that is truly optional (i.e. the participant can answer ‘NO’ and still participate in the study).
8. The “I don’t wish to take part” in the Consent Form is not required, please remove.

**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 participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please provide a researcher safety plan addressing the concerns raised by the Committee *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.62*).
4. 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, para 9.7).

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O’Connor and Mr Barry Taylor.

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| **4**  | **Ethics ref:**  | **2021 FULL 11097** |
|   | Title:  | TARGET Protein |
|   | Principal Investigator:  | Dr Paul Young |
|   | Sponsor:  | Central Adelaide Local Health Network (CALHN) |
|   | Clock Start Date:  | 19 September 2021 |

Dr Paul Young and Sally Hurford 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. TARGET Protein is a cluster randomised clinical trial. All patients in a given ICU (cluster) who meet eligibility criteria will receive the same formula across a 3-month period. After a 3-month period, the ICU will then administer the alternative formula for all patient admissions over the next 3 months. The process is then repeated so each ICU (cluster) crosses over twice. All patients receiving enteral nutrition at each site will receive the formula to which the site is randomised during the current cluster period, unless a speciality formula is required (i.e. elemental formula).

**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 this study involves enrolling participants without consent, because they are incapacitated. The Committee asked the researcher to explain their best interests justification, in order to obtain a waiver of consent, as per Right 7(4) of the Code of Rights. The researcher responded that participation in nutritional studies produces a collateral benefit and lift the participant’s standard of care. The Committee noted that:
* the researcher is providing options for participants to provide consent if possible,
* focussed attention on nutritional requirements is in the individual patient’s best interest,
* they will be talking with the participant’s whanau about whether the participant would have wanted to participate,
* they are gaining a post-consent for continued use of data once the subject has recovered
* the treating clinician is recording enrolment under best interests in the medical record, and
* the researchers have worked through various consenting scenarios in relation to this study.

The Committee was satisfied that this meets the legal standard of Right 7(4) in the Code of Rights, and the waiver of consent was granted.

1. The Committee queried the timing of recruitment for participants able to provide consent, and whether they have enough time to read and consider the participant information sheet (PIS) before deciding whether to take part. The researcher responded that participants would be given as much time as they need to make an informed decision, and that research nurses would ensure that participant are in a state capable of providing informed consent.
2. The Committee queried what information the researcher is collecting about the participant. The researcher responded that they are collecting routinely available medical information from the patient record such as how long the patient remains on life support, how long they stay in ICU, whether they survive, how long they stay in hospital, etc.
3. The Committee noted that the protein contains animal products and queried if participants are informed of this and provided with the option for a vegan alternative. The researcher responded that he has not encountered this in his clinical experience and is not aware of a vegan alternative.
4. The Committee noted that there are no stopping rules or interim data safety analysis in this study and queried whether the researcher is feeling confident in the safety and security of the intervention. The researcher responded that the nutritional feeds are used routinely in clinical practice around the world, and that the design of the study entails crossing over from one group to the other, so it is not possible to conduct an interim analysis.

**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 amend the answer to question b.10 of the application form, to state that participants will be from the public health system rather than private.

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

WHANAU PIS

1. Simplify the presentation of information to clarify what is meant by cluster randomisation.
2. Simplify the presentation of information to clarify that the study treatment is the protein nutrition, and that this would be received regardless of participation
3. Please clarify what information you are collecting about the participant.
4. Please clarify that the follow up is for a maximum of 90 days.
5. Please provide a lay title.
6. Please use the standard ACC statement, as per the HDEC PISCF [template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc).

PARTICIPANT PIS

1. Please clarify what information you are collecting about the participant.
2. Please clarify that the follow up is for a maximum of 90 days.
3. Provide a lay title.
4. Clarify the outcome measures.
5. Revise the statement about swapping over study arms – use lay language.
6. Please remove the statement about participants not being asked to participate if the doctor does not think it is in their best interest. Rather, inform the participant that they will not be included in the study if they do not want to, and if they are unable to consent before they can provide consent, a doctor will make the decision about participation along with their whanau.
7. Please use the standard ACC statement.
8. Please provide further information and clarity around the use of data for FUR, e.g. that it is the study dataset for future use, and the end-data for data follow up.

**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 participant information sheet and consent form, taking into account feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Susan Sherrard and Dr Gabrielle Jenkin.

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| **5**  | **Ethics ref:**  | **2021 FULL 11459** |
|   | Title:  | AROC3-1001: A Study of ARO-C3 in HealthyAdults and in Adults with Paroxysmal NocturnalHaemoglobinuria and Adults with Complement-Mediated Renal Disease |
|   | Principal Investigator:  | Doctor Mark Marshall |
|   | Sponsor:  | Arrowhead Pharmaceuticals, Inc. |
|   | Clock Start Date:  | 19 September 2021 |

Dr Mark Marshall 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. ARO-C3 is being developed as a potential treatment for patients with PNH and/or complement mediated renal diseases (C3 glomerulopathy and IgA nephropathy) by blocking the expression of a protein called complement component 3 (C3) in the liver. This study will evaluate the safety, tolerability, pharmacokinetics (PK), and pharmacodynamics (PD) of ARO-C3 in healthy participants and patients with PNH and complement-mediated renal disease.

**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 it seemed like a very long time for healthy participants to be in a study and asked about the risk of antibiotic resistant bacteria. The researcher responded that he would not anticipate the use of antibiotics in this study resulting in antibiotic resistant bacteria within the wider population.
2. The Committee noted that the requirement to have had two doses of the COVID vaccine is a site requirement rather than an inclusion criterion for participation in this study.
3. The researcher clarified that the reason payment is less for patients than for healthy volunteers is because they are not required to stay overnight, and therefore there is less time and inconvenience to them.

**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 insurance for this study expires in a month’s time. Please provide a certificate to show that the insurance has been re-issued. Please provide this to the HDEC via the amendment pathway.

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

1. The Committee noted that discussion of vaccinations against meningococcal, influenza etc is a good opportunity to give participants advice regarding the COVID vaccine as well, and what would happen if they get COVID during participation. Please include more information about this in the PISCF, and whether participants who have already have the vaccination can take part.
2. Please update the comment on elicit substances to be better customed to drug use in NZ, e.g., marijuana and MDMA rather than cocaine.
3. Please clarify the provision of booster vaccinations.
4. Please remove reference to stopping research for commercial reasons, as this is not allowed in New Zealand.

**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 Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.
* Please provide a copy of the re-issued insurance certificate, via the amendment pathway.

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| **6**  | **Ethics ref:**  | **2021 FULL 11177** |
|   | Title:  | DPX-Survivac in R/R DLBCL |
|   | Principal Investigator:  | Dr Sophie Leitch |
|   | Sponsor:  | Calyx Bioconsulting Ltd |
|   | Clock Start Date:  | 19 September 2021 |

Dr Sophie Leitch and Kyle Southward 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 is a Phase 2b, Open-label, Multicenter, Randomized Parallel-Group, Two-Stage, Study of an Immunotherapeutic Treatment DPX-Survivac, Alone or in Combination with Pembrolizumab, with and without Intermittent Low-Dose Cyclophosphamide, in Subjects with Relapsed/Refractory Diffuse Large B-Cell Lymphoma.
2. There are 3 groups, and each participant will be randomly assigned to each group:
	* group 1 will receive DPX-Survivac, pembrolizumab, and cyclophosphamide;
	* group 2 will receive DPX-Survivac and pembrolizumab and,
	* group 3 will receive DPX-Survivac by itself.
3. The primary objective is to determine the objective response rate (ORR) in each of the study arms. Secondary objectives include determination of safety, duration of response, time to response, progression-free survival (PFS), disease control rate (DCR), complete response (CR) rate and patient-reported outcomes (PRO).
4. The proposed DPX-Survivac product is designed to target survivin, an antiapoptotic protein utilized by tumours to promote malignancy and evade immune detection.

**Summary of resolved ethical issues**

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

1. The Committee confirmed with the researcher that many of the trial participants will have run out of treatment options.
2. The Committee confirmed with the researcher that when using archival tissue, that the researcher will only use a slice rather than the whole block, and the remainder will be returned to the archive.
3. The Committee noted that the PI has never done a phase two trial and has limited clinical experience and queried what support there may be for her considering that phase two trials are technical and relatively high-risk. The PI reassured the Committee that she will be supported by the research department at Waitemata DHB
4. The Committee commended the researcher for not releasing genomic information to insurance companies, as participants should not be disadvantaged for being in trial that has a genomic analysis.
5. The Committee commended the free independent counselling that will be provided for in this study.
6. The Committee queried whether the result of the PET CT scans will be passed on to the treating clinician. The researcher responded that yes, this information would be available via the patient’s clinical records.
7. The Committee asked for more information regarding question E9 on the application form regarding the tissue collection and de-identification process. The researcher responded that they will collect the tissue, pass on to the pathology lab to be prepared and de-identified, and then shipped to the central laboratories.
8. The Committee noted that the researcher’s answer to D6.1 of the application form has stated that PI will also be the patient’s treating clinician. This is a concern as there needs to be clear delineation between treating the patient’s clinical needs, and participation in the study. The researcher responded the patient will be treated by other haematologists, and that the patient’s clinical needs are the priority. The study visits and treatment visits are separate.

**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 NZ is not defined as a policy territory in the insurance certificate, which provides no assurance that compensation will be available to NZ participants if insurance has already been paid out to insurance limits in overseas territories. Please provide an addendum to the insurance certificate, noting that NZ is a policy territory. (*National Ethical Standards for Health and Disability Research and Quality Improvement*, 2019, paras 17.1 – 17.6)
2. The Committee noted that whole genome sequencing appears to be mandatory, which in effect risks underrepresenting or excluding Māori populations from participation in this study, due to cultural concerns around sharing genetic data. Please amend to replace mandatory whole genome testing with a specific RR-Lymphoma panel, so that genetic testing is only mandatory in order to fulfil primary study objectives. (*National Ethical Standards for Health and Disability Research and Quality Improvement*, 2019, paras 14.34, 14.34a).
3. The Committee noted that page 34 of the protocol states a study exclusion based on geographical location and queried whether this would exclude rural populations within the Waitemata DHB, such as Wellsford. The researcher responded that rural populations within the Waitemata DHB would not be excluded, though it would be more difficult for them to get to the hospital, although there is transport access available. Reimbursement for this will be arranged with the sponsor. Please update the study documentation to ensure that recruitment will be equally available to patients across the Waitemata, regardless of proximity to the hospital.
4. The Committee noted that pages 77-78 of the protocol do not reflect NZ rules surrounding retention of study information, which is a minimum of 10 years of storage of information or tissue before disposal. Please provide a NZ-specific protocol addendum to reflect this.
5. The Committee noted that the answer to question E (on the application form) should state that yes, you will be giving treatment. Please amend. This might open up more questions in the application form.
6. Please remove reference on page 51 of the protocol to the study being discontinued for commercial purposes as this is not allowed in NZ.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

PISCF

1. On page 5, remove the sentence "the screening procedures are:" it is not needed and misleading.
2. Provide the risk information as ratios (i.e., 1:100 chance) not percentages.
3. In the pregnancy section, please clarify that if it is a male participant with a pregnant partner, the partner will have to consent to any information sharing. Please be clear in this section that if they are a participant you will ask them for this information but it if is their partner you will seek their consent to record this information. Partners are able to refuse consent.
4. The offer of counselling should be moved to the top of the risk section, not at the bottom below the pregnancy info – it should be more prominent please.
5. Remove ‘reasonable’ from the reimbursement section as it implies judgement i.e. rather than 'reasonable costs' please either state a fixed amount or provide clarity around what costs are reimbursed e.g. travel, parking.
6. Participants cannot be withdrawn for administrative reasons. If there are specific issues for withdrawal these need to be spelled out. Discretionary withdrawal is not appropriate. Please amend.
7. GP contact should not be optional as there is safety risk if they are not aware, please remove the Y/N option from this consent section in order to make this a mandatory requirement of participation.
8. Remove Y/N tick boxes if the choice is not truly optional in order to participate in the study.
9. There is no Pacific contact despite a comprehensive description of the Pacific support available to participants in the application. Please amend.

PICF FUR

1. Please provide city and country for overseas samples.
2. Right to withdrawal section needs to clarify what will happen to tissue if they withdraw, i.e., some may already be in use, some may not be retrievable, some may not be able to be identified to destroy etc. (DTMP says "Tissue may be added to or mixed with other tissue samples, rendering it non-identifiable.) Participants need to be informed that anonymised tissue is unable to be accessed, corrected, or withdrawn; and that return of individual results will not be possible.
3. Provide more information on tissue and how it will be used. Provide the same level of risk analysis that has been given for use of data.

PICF Partner

1. Please amend to be more specific about what sexual history information is required, e.g., number of pregnancies and outcomes, and any relevant STIs. Ensure that information collected is only relevant to the drug-trial.
2. Information about the baby post birth (beyond birthing outcomes) will need an additional consent should this information be required.

**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 participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, 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, para 9.7).

After receipt of the information requested by the Committee, a final decision on the application will be made by Mr Jonathan Darby & Mrs Leesa Russell.

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| **7**  | **Ethics ref:**   | **2021 FULL 11468** |
|   | Title:  | WP43295: A study to assess RO7276389 alone or in combination with cobimetinib for advanced solid tumours or melanoma with brain involvement |
|   | Principal Investigator:  | Dr Catherine Han |
|   | Sponsor:  | Roche Products (New Zealand) Limited |
|   | Clock Start Date:  | 19 October 2021 |

Catherine Han, Rajiv Kumar 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. This is a study of a drug named RO7276389 that is being developed for the possible treatment of an aggressive type of solid tumour such as skin cancer (melanoma). This study will test the experimental drug given alone or in combination with cobimetinib in participants with solid tumours who have a mutated gene that results in an abnormal BRAF protein in their tumour. The main purposes of the study are to test safety and efficacy of the study drug alone and in combination with cobimetinib and how the body distributes and eliminates the drugs.

Summary of resolved ethical issues

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

1. The Committee queried the potential benefit to participants and if participants have exhausted all available treatments for this condition. The researcher clarified that there are other approved BRAF inhibitors available for some of the participant groups, but they are not funded in New Zealand. The group with advanced solid tumours (lung cancer and colorectal cancer), where these therapies are no longer available to them as standard care, will receive the study treatment as a last line of treatment.
2. The Committee noted the researcher’s confirmation that the study will be submitted to the Standing Committee for Therapeutic Trials (SCOTT) for peer review.
3. The Committee queried the lengthy participant information sheet and consent form (PIS/CF) and how it may be a challenge for unwell participants to digest. The researcher explained that they will go through the document with the participant in person, advising on the arms/areas that are relevant to them. He added the participants will be given plenty of time to digest the information, ask questions and discuss their participation.
4. The Committee advised that as elements of part 2 of the study will be determined by part 1 (i.e. dosing), there will be changes to the study documentation to follow. Please, ensure updated study documents are submitted to HDEC for review as an amendment via the post-approval pathway.
5. The Committee noted the researcher’s confirmation that there may be results of clinical significance from the genome testing.

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 advised that the global general liability insurance certificate is not acceptable. Please reissue a New Zealand territory and protocol specific certificate and provide to the Committee.
2. The Committee were concerned the statement under genome testing on page 32 of the participant information sheet and consent form (PIS/CF), “Testing may include an analysis of your entire DNA (whole genome sequencing)” infers future unspecified research which has not been declared in this study. The researcher confirmed that testing for part 1 will be specific to the study aims only and not exploratory. Please clarify this in the PIS/CF.
3. The Committee requested the data and tissue management plan states the full addresses for the overseas labs and the number of labs, not just the country. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) in addition to those mentioned above:

MAIN PIS/CF

1. Please separate the procedures into routine procedures and additional study procedures (page 20). Please also estimate the time needed for each visit so that participants can manage their time.
2. Please also consider using a table to display the procedures within each study visit to aid participants’ understanding of what is happening when.
3. Please state that cobimetinib is approved for use in New Zealand (rather than approved treatment).
4. Please present side effects as a ratio (e.g. 1 in 20 chance of…)
5. Please shorten the paragraph on what a physical examination is as most participants will know what to expect.

LUMBAR PUNCTURE PIS/CF

1. Please state what the symptoms of the severe adverse events are, rather than the names (i.e. neurological symptoms or meningitis should be described as headaches, nausea, dizziness, high fever, affected speech, etc).
2. Please explicitly state that this is for future unspecified research at the top of the form as well as on the ‘no’ option on the consent form.

**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 participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O'Connor and Dr Gabrielle Jenkin.

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| **8**   | **Ethics ref:**   | **2021 FULL 11371** |
|   | Title:  | Phase 1 Trial of MK-1084 Alone or as Combination with Pembrolizumab for Advance Solid Tumors |
|   | Principal Investigator:  | Dr Rajiv Kumar |
|   | Sponsor:  | Merck Sharp & Dohme |
|   | Clock Start Date:  | 19 October 2021 |

Rajiv Kumar 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. This is a multicentre, worldwide, open-label, non-randomised, first-in-human study to test an investigational drug, MK-1084, alone or in combination with Pembrolizumab for participants who have advanced solid tumours with KRASG12C mutation. The primary aim of this study is to determine safety and tolerability of MK-1084 alone, or in combination with pembrolizumab. This study will recruit approximately 185 participants worldwide.

Summary of resolved ethical issues

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

1. The Chair stated that the request for a closed meeting is declined as commercial sensitivity is not sufficient justification under the *New Zealand Public Health and Disability Act*. The Committee stated that it is a public administrative body and reassured the researchers and sponsor that the discussions are focused on the ethical issues of the study and will not contain any technical, commercial, or propriety information that would disclose a trade secret. The researcher confirmed his wish to continue with the review under the open meeting conditions.
2. The Committee noted the researcher’s confirmation the genome gene testing, at a local lab, is targeted sequencing at a specific gene rather than the whole genome.

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 advised that the optional ‘Treatment after Disease Progression’ is too minimal, and it is not clear what the participant is agreeing to particularly as participants may not recall details from the original participant information sheet and consent form (PIS/CF). The Committee and researcher agreed for the revised optional ‘Disease Progression’ PIS/CF to be resubmitted through the post-approval pathway as an amendment to the application documentation. The Committee requested the following changes:
	* Please revise the document to provide key information that will help participants understand what they are required to reconsent at this particular time and what they are signing up to. This includes but is not limited to; explaining why they are being asked to sign this form (i.e. disease is getting worse, and they are now outside the parameters of study), briefly including other standard PIS/CF elements (e.g. ACC equivalent compensation provisions remain the same, same rights, etc.), and that they will be given a copy of the original PIS/CF if they choose to.
2. The Committee stated that the Future Unspecified Research PIS/CF does not state if the research will be related to the specific cancer in the study, or cancer more generally and not for any research the sponsor chooses. Please clarify the remit of the future research to the Committee and to the participant in the PIS/CF.

**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 Participant Information Sheet and Consent Form, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

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| **9**   | **Ethics ref:**   | **2021 FULL 11061** |
|   | Title:  | Australia and New Zealand Fragility Fracture Registry |
|   | Principal Investigator:  | Dr Roger Harris |
|   | Sponsor:  | Accident Compensation Corporation |
|   | Clock Start Date:  | 21 October 2021 |

Roger Harris, Ngaire Kerse, and Paul Mitchell 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 purpose of the Fragility Fracture Registry (the Registry) is to improve the quality, safety, and effectiveness of fragility fracture care to reduce further fractures. This will be done by measuring and reporting how fracture care is delivered, how further fractures are prevented and comparing this to the Clinical Standards for Fracture Liaison Services in New Zealand. The Registry aims to record information about the care of everyone in New Zealand with a fragility fracture.

Summary of resolved ethical issues

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

1. The Committee queried how the recruitment process will work. The researcher explained the multi-pronged approach whereby some potential participants will be referred by clinicians, but most will be identified from several electronic medical lists (i.e. ED trauma, orthopaedic boards, geriatric medicine wards, and radiology department) and contacted (by phone) by a Fracture Liaison Services coordinator.
2. The Committee noted the researcher’s explanation that people with fragility fractures are being approached for two reasons; firstly to offer treatment and advice to prevent a second fracture and secondly to ask if they are interested in their data being added to the Registry.
3. The Committee noted the researcher’s confirmation that all potential participants, whether introduced to the study in person or by phone call, will be given/sent a participant information sheet and consent form (PIS/CF) to consider whether or not they wish to be involved.
4. The Committee noted the researcher’s confirmation that the Registry will be for new fragility fractures going forward and is not retrospective.
5. The Committee queried how researchers will identify and manage those people who lack capacity to opt-out on their own. The researcher explained that they will determine capacity during the consultation for further treatment which would involve the family of those who lack capacity. At this point the researchers will provide the family with the PIS/CF to decide if being added to the Registry would be consistent with the informed choice the participant would make if he or she were competent. He added that as per their standard opt-out process, to decline the potential participant’s addition to the Registry, the whanau/family member would need to contact the research team to opt-out.
6. The Committee advised that potential participants (and their whanau/family where appropriate) must be given clear and accessible ways to decline to participate. It recommended introducing a step into the recruitment process, whereby the person is given the opportunity to verbally decline at the first opportunity, such as the introductory phone call. The researcher confirmed that this step is included in the recruitment process.
7. The Committee queried how the researchers will avoid causing distress by contacting the family of participants who have recently died. The researcher explained that the mortality information is updated to DHBs database in a timely manner and this database will be checked prior to calling potential participants and their families, including for the follow-up phone calls.
8. The Committee clarified that external researchers requesting access to unidentified data should be reviewed and approved by the data access/governance committee. However, requests by external researchers and entities to access identifiable data should be submitted to the HDECs as a substantial amendment to this study, rather than submitted as a separate HDEC application.

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 some potential participants may not speak English and advised that researchers should have translations of the PIS/CF available to ensure that study information is in a language that potential participants can understand. It added that translations are only required for those who do not speak English and these ethnicity groups tend to be Pacific and Asian (e.g. Samoan, Tongan, Mandarin, and sign languages). *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.17).*
2. The Committee noted that the data governance documentation provided relates to the Hip Fracture Registry and it is therefore not clear what is happening around the management of data for this specific registry. For example, who will have access to identifiable data vs deidentified data, what the data will be used for, if the data will be sold to commercial entities or used for public good only and how that fee structure would work. Please modify the data and access governance documentation and data management plan to appropriately reflect the data management requirements of this study. (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.14 – 12.15a.)*
3. The Committee queried why ACC needs access to identifiable data from the Registry, adding that it is unusual for a sponsor to be given participants’ identifiable data. The researcher responded that ACC want to use data to evidence that the activities of the fracture Registry and the fracture liaison service activities reduce the number of claims. The Committee stated that to approve an application for opt-out consent, there must be no more than minimal risk. Given the uncertainty around the intention to release potentially identifiable health information to ACC and potentially other external researchers, the Registry is no longer low-risk and the Committee is therefore reluctant to approve the opt-out consent. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.45, 12.6 – 12.7).*

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

1. Please customise the PIS/CFs to distinguish between the two different audiences they are aimed at.
2. The identifiable information section states, "Only your local clinical team will have access to this.", and that "we will use your identifiable information to compare our record about you with other health records held in the Ministry of Health Mortality Collection, the Hip Fracture Registry and ACC”. Please make it clearer that participants identifiable health information from the Registry may be given to these third parties or if it will be deidentified data only that will be shared, please clarify this.
3. Please add the following statement, ‘You have the right to request access to your information held by the research team. You also have the right to request that any information you disagree with is corrected’. (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a).*

**Decision**

This application was *declined* by consensus, as the Committee did not consider that the study would meet the ethical standards referenced above. The Committee recommended the researcher re-apply to the Northern B HDEC as they have reviewed this initial application and will have more context for the re-application.

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| **10**  | **Ethics ref:**   | 2021 FULL 11413  |
|   | Title:  | Maternal Psoriasis and Infant Neurodevelopmental Outcomes (MaPINO) Study |
|   | Principal Investigator:  | Dr Hannah Jones |
|   | Sponsor:  |  |
|   | Clock Start Date:  | 21 October 2021 |

Dr Hannah Jones 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 observational study aims to compare the neurodevelopmental profiles of children born to mothers with psoriasis with the neurodevelopmental profiles of children born to mothers without psoriasis at two years of age. To investigate whether psoriasis in pregnancy is associated with altered gene methylation and transcription in new-born peripheral blood mononuclear cells (PBMCs), and whether differentially methylated regions (DMRs) and differentially expressed genes (DEGs) correlate with infant neurodevelopmental outcomes at two years of age. To investigate whether psoriasis is associated with elevated serum concentrations of IL-17a and other proinflammatory cytokines in mothers during pregnancy and new-borns at delivery compared with controls and analyse whether cytokine profiles correlate with neurodevelopmental outcomes at two years of age.

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 whether most pregnant woman with psoriasis in the study would know they cannot take their steroids. The Researcher confirmed that the participants would be aware of this.
2. The Committee asked about the babies/unborn baby consent process, asking if baby blood is being collected. The Researcher confirmed this, saying that cord blood will be collected.
3. The Committee asked if health outcome information of babies is being collected. The Researcher explained that they are capturing delivery information.
4. The Committee asked about the recruitment process and how the consent is being recorded. The Researcher explained that the ad will provide the research nurse or researcher details. If contacted, they will review for eligibility and confirm that the potential participants can post or email back the consent form. Once that is returned, the researcher will send them the questionnaire.
5. The Committee asked if tissue is being sent overseas. The Researcher explained that tissue will be sent to Australia.
6. The Committee asked if the Researcher would contact the lead carer when potential mental health issues arise during the study. The Researcher explained that if any concerns arise the record would be de-identified, and the participant contacted. If it is severe the researcher will contact the lead carer/GP.

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 resubmit ad as a PDF and use lay language when possible.
2. Please amend the answer to question D8 on the application form, as it seems to suggest diminished capacity to consent.
3. Please submit a separate HDEC consent form for the inclusion of the children in the sub-study.
4. Please attach reference to the scientific significance section of the protocol.
5. Please expand on the study’s plan when potentially discovering unknown genomic, developmental, and mental health findings which require clinical management.
6. The Committee asked for greater detail around the management of tissue and data in the New Zealand part of the study to be added either to the study protocol or to a separate tissue and data management plan (DTMP). This should meet the requirements set out in paras 12.15-12.15a and 14.16-14.18 of the *National Ethical Standards for Health and Disability Research and Quality Improvement*, 2019. For guidance, please refer to the HDEC data and tissue management [template](https://ethics.health.govt.nz/system/files/documents/pages/hdec-data-tissue-management-template-oct2020.docx).
7. Please amend the DTMP to remove use of excel, as redcap is being used.
8. Please acquire consent for future unspecified research (FUR).
9. Please acquire study sign off by the DHB.

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

PISCF CONTROL GROUP:

1. Please supply separate consent for review of child’s medical records at 2 years, especially the records and neuro-assessment at 2 years.
2. Please amend PISCF to reflect explicitly that the study is looking for changes to the brain and development issues not just genetic testing related to inflammation.
3. Please use lay language in the genetic section of PISCF.
4. Please submit a separate FUR consent form for ten years.
5. Please amend the overseas blood samples section in accordance with the DTMP.
6. Please amend the “what happens with my blood” paragraph into a shorter section and provide a preamble when moving onto cultural statements.
7. Please provide more information risks and benefits sections, providing more information on actual risks and benefits.
8. Please amend the data storage section data cannot be stored with NHI number as this is identifiable.
9. Please provide ACC statement, cultural statement, data types and data risks statement.
10. Please unhook the sub-study from the main study, to provide easier reading and clarity.
11. Please provide information about secondary use or FUR in PIS.

PISCF PSORIASIS GROUP:

1. Please provide more information about where the study is being held, further explaining where people will be tested and receiving the questionnaire etc.
2. Please add support contacts on each PISCF as participants may not contact a researcher.
3. Please supply Māori support information on the form.

**Decision**

This application was *declined* by consensus, as the Committee did not consider that the study would meet the ethical standards referenced above.

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| **11**   | **Ethics ref:**   | **2021 FULL 11035** |
|   | Title:  | Needle-free blood sampling enhanced by suction for blood glucose measurement |
|   | Principal Investigator:  | Professor Andrew Taberner |
|   | Sponsor:  | The University of Auckland |
|   | Clock Start Date:  | 21 October 2021 |

 Professor Andrew Taberner 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 intervention study will reveal whether capillary blood samples will be able to be collected by applying suction following the jet injection of a fingertip. This may be important new knowledge as this could be a preferable way to obtain these samples in many situations (as it may be less painful or reduce the possibility of transmission of infection). This new knowledge is also important in its relevance to the study’s larger goal of creating a single device for diabetics that can perform both the glucose measurement and the subsequent insulin delivery. Such a device could significantly reduce the burden associated with diabetes for many sufferers.

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 commercialization of this study through Uniservices The researcher explained that the research is funded by national science challenges, and that the researcher’s part in this study is the development of this method/device of releasing blood from fingers tips and collecting it.
2. The Committee asked if the overall benefit is for the public or a commercial entity. The Researcher explained that there is no commercial pathway, no commercial entity is getting the data from the thesis.
3. The Committee asked if there is a potential of recruiting the PI’s own students. The Researcher confirmed the potential for this to occur.
4. The Committee asked about the dangerous substances and how dangerous they are. The Researchers explained that the dangerous substances are being used at a much lower level than usual and is very rare to cause issues. A research nurse will be there during the intervention stages of the study to assist.
5. The Committee asked if the device could malfunction, make a larger hole or explode. The Researcher explained that the worst-case scenario that could occur is the full volume of the drug entering the system, that the maximum power is close to a normal injection, and that there should be no unusual effects from it.
6. The Committee asked if this device is first in person study. The Researcher explained that this device has been used in humans before and can release blood from the fingertip.

Summary of outstanding ethical issues

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

APPLICATION:

1. Please amend answer to S3/S4 – you cannot have an intervention study with no human participants.
2. Please amend B1, the answer to this question is incorrect, this is not a treatment and the possible findings are incidental findings. This is not a therapeutic trial.
3. Please amend B5.1 to reflect and make clear if this is first in human trial or is in phase 2.
4. Please amend D6, as it suggests you are recruiting healthy participants which would suggest a first-in-human.
5. Please amend E1 (use of dangerous substance). Please provide a safety protocol for this adverse event (describe the process you will undertake should this event occur and how the participant will be kept safe).
6. Please expand on E10 clarifying if this investigator initiated or if there is a device commercialization company involved.
7. Please amend F5 explaining how tissue will be labelled and the identification process will be managed & how samples will not be mixed up.
8. Please add sponsor signature on the final page.

PROTOCOL:

1. Please amend section 3.4 and provide clear instructions around aseptic touch technique and use of sterile wipes (rather than 'wiped clean' given infection is noted to be a risk).
2. Please amend use of cotton wool to use of sterile gauze as this is recommended and cotton wool is not best practice for wounds as it can adhere.
3. Please attach a summary of device safety document.
4. Please include voltage risk, however minimal.
5. Please provide what data will be collected into a case report form. Demographics, use of hands, medical conditions etc.
6. Please provide the form for collecting identifiable contact information.
7. Please provide a data and tissue management plan (DTMP), either as part of the protocol or as a standalone document. (*National Ethical Standards for Health and Disability Research and Quality Improvement*, 2019, paras 12.15-12.15a and 14.16) Please see the HDEC DTMP [template](https://ethics.health.govt.nz/assets/HDEC-data-tissue-management-template-Oct-2021.docx) for guidance.

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

1. Please explain in lay language what blinding methodology (opaque barrier) is.
2. Please review and ensure the Māori health contact is accurate and consistent.
3. Please clearly explain the risks of the two chemicals and that people with known allergies to these should be excluded.
4. Please use the regular ACC statement from the HDEC [template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc).
5. Please declare PI conflict if there is one (may seek to benefit etc).
6. Please outline that this study is first time tested on participants (for this use).
7. Please outline that this study may have no benefits and there may be risks involved.
8. Please do not collect identifiable data on the PIS (e.g., email address. This should be collected on the CRF which has not been included in this application).
9. Please include the withdrawal statement in the body of text (data will be used up until point of withdrawal, there will be no disadvantage to the participant for withdrawing, they can withdraw at any time etc).

**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 participant information sheet and consent form, taking into account feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, 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, 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 Ms Susan Sherrard.

## General business

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

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| **Meeting date:** | 7 December 2021 |
| **Zoom details:** | TBC |

1. **Review of Last Minutes**

The minutes from the 5 October 2021 meeting were confirmed.

The meeting closed at 6pm.