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| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 29 January 2021 |
| **Meeting venue:** | Via Zoom <https://mohnz.zoom.us/j/96507589841>Zoom Meeting ID: 965 0758 9841 |

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| **Time** | **Item of business** |
| 09.00am | Welcome |
| 09.30am | New applications (see over for details) |
| 09.30-09.55am09.55-10.20am10.20-10.45am10.45-11.10am11.10-11.35am11.35-12.00pm |  i 21/STH/2  ii 21/STH/3  iii 21/STH/4  iv 21/STH/5  v 21/STH/6  vi 21/STH/7  |
| 12.00pm | Meeting ends |

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| **Member Name**   | **Member Category**   | **Appointed**   | **Term Expires**   | **Apologies?**   |   |
| Dr Sarah Gunningham  | Lay (other)  | 05/07/2016  | 05/07/2019  | Present  |   |
| Dr Devonie Waaka  | Non-lay (intervention studies)  | 18/07/2016  | 18/07/2019  | Present  |   |
| Dr Cordelia Thomas  | Lay (the law)  |   |   | Apologies |   |
| Ms Rochelle Style  | Lay (ethical/moral reasoning)  |   |   | Present  |   |
| Professor Jean Hay-Smith  | Non-lay (health/disability service provision)  | 31/10/2018  | 31/10/2021  | Present  |   |
| Mrs Helen Walker  | Lay (consumer/community perspectives)  | 19/08/2020  | 19/08/2021  | Present  |   |
| Ms Helen Davidson  | Lay (ethical/moral reasoning)  |   |   | Present  |   |

## Welcome

The Chair opened the meeting at 09.00am and welcomed Committee members, noting that this meeting was compiled of members across different Committees in order to be able to assist with the large influx of applications the HDECs have received.

The Chair received apologies from Dr Cordelia Thomas.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## New applications

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|  **1**   | **Ethics ref:**   | **21/STH/2** 00:00 |   |
|   | Title:  | The MoPED Follow-up Study  |   |
|   | Principal Investigator:  | Dr Eleanor Kennedy  |   |
|   | Sponsor:  | University of Auckland  |   |
|   | Clock Start Date:  | 15 January 2021  |   |

Eleanor Kennedy and Jane Harding 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 researchers are currently undertaking the MoPED Study (Moderate-to-late Preterm Babies' Early Brain Development), which involves MRI brains scans on the much broader group of MLPT babies not enrolled in the DIAMOND trial. This planned follow up study will follow up the MoPED participants children with a neurological assessment at age 3 months and again at age 2 years to understand how early brain changes relate to later development.

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 submission of a follow-up study incorporates changes and documents that would need to be included as part of the main study. After discussion, the researchers noted their withdrawal for the application and under the advice of the Committee, will submit this as an amendment to the main study. The researcher agreed to proceed with the review to assist with the amendment submission.

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 peer reviewer commented the use of a superseded edition of the Bayley Scales of Infant and Toddler Development (third edition). The Committee noted that the amendment submission should include a clarification to why this edition is being used.
2. The Committee requested a researcher safety plan for home-visits.
3. The Liggins Clinical Data Research Hub (CDRH): according to the Data Management Plan, participants de-identified data and associated meta-data documentation may be made available in the future to other users under the data sharing arrangements provided by the Liggins Institute CDRH- bona fide researchers will be able to apply for access through the Data Access Committee and anonymised data may be shared with external researchers upon request, according to the Data Sharing Protocol of the CCRH. The Committee noted that robust governance of databanks is important to maintain the public’s trust in research that uses data from them and invited the researchers to consider whether the CDRH is a databank or data repository within the meaning of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019) – (pages 177 – 180). The Committee noted researchers should make relevant information on the governance of databanks available to the public (Standard 12.43) and referred the researchers to the relevant Standards which describe the matters which participants should be advised of. Currently, the PIS does not refer to the CCRH and requires amendment.
4. The Committee also noted the National Ethical Standards for Health and Disability Research and Quality Improvement (2019) which relate to the future use of data and the matters which should be included in a participant information sheet (refer, for example, to Standard 7.57). Please ensure participants are advised of all relevant matters pertaining to the future use of their data and consider giving participants the option of data being used for future unrelated research rather than making it mandatory.
5. The Committee noted there were too many identifiers used on the questionnaires. Further, please ensure all the ethnicity categories reflect the New Zealand census categories.
6. The Committee stated the protocol is insufficient for covering what is required for a data management section and lacks detail around the Research Hub. Please refer to the template for guidance (<https://ethics.health.govt.nz/updates/new-templates-datatissue-management-plans>) and ensure all relevant matters are covered in the PIS (refer also to the HDEC template for PISCFs).

In addition to the above-referred matters, the Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Please amend to make it mandatory that abnormal findings are reported to the GP.
2. Please incorporate into one amended information sheet or present at the same time the 3 month and 2 year follow up and provide more information about these.
3. The age of maturity in New Zealand is 16 years, please amend to state information will be kept for 10 years from the point where the youngest enrolled participant turns 16 not 28 years.
4. Please provide more information about the video, how long it will be stored, where it will be stored, etc.
5. Please state that the MRI scans will remain as part of the participant’s clinical record.
6. More information around future potential use of their data in research should be included.
7. The information sheet switches between referring to the parent as the participant and the baby as the participant – please check for consistency and amend appropriately, especially in the data section.
8. Please include a compensation statement – please refer to the HDEC template and ensure all sections from that template are included in the PIS.

Decision

This application was withdrawn by the researchers after discussion with the Committee and resubmit as an amendment to the main study, taking into account the suggestions by the Committee.

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|  **2**   | **Ethics ref:**   | **21/STH/3** 24:00 |   |
|   | Title:  | BGB-15025 and Tislelizumab in advanced solid tumours  |   |
|   | Principal Investigator:  | Dr Sanjeev Deva  |   |
|   | Sponsor:  | BeiGene NZ, Limited  |   |
|   | Clock Start Date:  | 15 January 2021  |   |

Sanjeev Deva, Kerry Walker and Valmir Silva 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 phase 1 study to assess the safety and tolerability of a HPK1 inhibitor called BGB-15025, and then BGB-15025 combined with tislelizumab, an anti-PD-1 monoclonal antibody. Data will also be gathered to assess the preliminary anti-tumour activity in patients with advanced solid tumours.

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 for clarification if participants in Phase 1a can progress to Phase 1b, or if specific tumour cohorts will be recruited at that stage. The researcher clarified that Phase 1b information will be informed by Phase 1a. Phase 1a will inform what tumour types are sensitive to the drug that Phase 1b can be restricted to.
2. The Committee queried the data being kept for “at least 15 years” and whether this would be indefinite. The researcher clarified the wording of this is to capture the potential for the study to go on longer while keeping with New Zealand law, but will not be indefinite.
3. The Committee queried how information of the study will be given to patients if their usual health practitioner is also a main investigator, and how this potential conflict will be handled. The researcher clarified that there will be a team in the unit of other co-investigators and research nurses who will not be involved in the patient’s usual care. Patients will have the opportunity to discuss the study with someone who isn’t their usual doctor.
4. The researchers noted that the current insurance is only USD 1m per event and in the aggregate and advised that an amended insurance certificate will be provided which increase the cover to $10m.

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 stated further clarification is required that archival tissue slides will be used and subsequently destroyed after used for study purposes in the main information sheet and protocol *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17 & 9.7).* This should be included in a tissue and data management plan – please refer to the HDEC website.
2. The Committee requested confirmation that 'issuing office' is equivalent to 'policy territory'; territory of New Zealand is not specified in the insurance certificate document. (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 17.)*
3. The Committee queried the breadth of any mandatory pharmacogenetic and biomarker analysis and asked if the pharmacogenetic and biomarker testing will be constrained to those that are only specifically relevant, and whether genetic research will be included or not. Genetic research should comply with the National Ethical Standards for Health and Disability Research and Quality Improvement (2019) – refer to pages 194 – 198.
4. The Committee stated that participants should not be financially disadvantaged as a result of study participation. Please confirm that reasonable transportation costs will be covered, and clearly define what constitutes 'reasonable'.
5. The Committee noted that the Pregnant Partner Participant Information Sheet/Consent Form is not approved and should be submitted as an amendment if or when this becomes an issue during the trial and can be assessed to be fit for the specific circumstances.
6. The Committee requested justification for not requiring independent representation on the data monitoring committee, and a charter for the current membership. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.27).*
7. The Committee stated the data management and privacy sections in the protocol are not appropriate for New Zealand purposes and do not meet *National Ethical Standards for Health and Disability Research and Quality Improvement, -* refer, in particular, and non-exhaustively, *paras 12.14, 12.15 & 14.17*. Please refer to the data and tissue management plan template for guidance and submit a data management plan (<https://ethics.health.govt.nz/updates/new-templates-datatissue-management-plans>)
8. Please also submit a tissue management plan having regard to the HDEC template for guidance and ensure compliance with Standards 14.16 – 14.18 and have regard to the Standards pertaining to the identifiability of tissue, especially Standards 14.19 – 14.20.

The Committee requested the following changes to the Participant Information Sheet and Consent Forms as they did not meet *National Ethical Standards for Health and Disability Research and Quality Improvement,* and, in particular and non-exhaustively, *para 7.15 – 7.17, 7.57 & 7.58*:

Main Participant Information Sheet/Consent Form:

1. Please amend the typo that states that participants are invited to take place in Phase 1a only.
2. Please check formatting and fonts throughout for consistency and readability.
3. On top of page 3, please amend “In Phase 1b, additional participants with specific types of tumours will be added at the dose which was found in Phase 1b” to state Phase 1a.
4. On page 13, please use the contraceptive template (available on the HDEC template)
5. On page 13, Any premature termination of the pregnancy will be reported. The study doctor will discuss this with you further.” Please clarify who this will be reported to and that it will only be done with the permission of the pregnant person.
6. On page 14, please amend typo “at blood samples”.
7. On page 15, under paragraph 14, please remove “after the end of the study” and clarify the availability of the drug for the participant.
8. On page 9, please ensure all side effects also describe the seriousness of them as well as their likelihood.
9. The Committee noted that on page 14, the data section needs improvement. Please refer to the HDEC template for guidance (<https://ethics.health.govt.nz/guides-templates-forms-0>) and ensure that overseas data warning statements are included (for example, and non-exhaustively, Standard 12.16a) and advise participants that data generated during the study will be available for inspection by the FDA in America and the China National Medical Products Administration (China NMPA), and all other national and local health authorities.
10. The Committee stated it was unclear on page 17 why access to data by participants might be restricted as this isn’t a blinded study. Please clarify and amend, as participants have a right to access and correct data collected about them.
11. Please make it clear on page 18 where the parent company of Beigene is located
12. In the Consent form, *“ … Alternatively, a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis.”* This should be optional and should be explained in the participant information sheet first.
13. Please don’t raise new things in the CF which haven’t been explained in the PIS – e.g., ‘I consent to my GP or current provider being informed about my participation…..” and ‘“I understand that, if I decide to discontinue the study treatment…..”
14. Please include in the consent form that data and tissue will be going overseas
15. Please check formatting/font throughout, it seems to change on P12 & P11.
16. Please define PK and ADA blood samples in lay-terms.
17. Safety bloods include HIV, Hep B & C. These are notifiable diseases in New Zealand and participants should be told of this.
18. On page 12, regarding the Eye exam, the Committee queried if participants able to drive after this procedure. If not, they should be informed of this.

Optional Storage and Future Research Participant Information Sheet/Consent Form:

1. The Committee noted that the information sheet provided insufficient information and does not comply with the National Ethical Standards for Health and Disability Research and Quality Improvement and the Committee advised the researcher to check it also complies with the new Privacy Act 2020, especially page 2. The HDEC FUR templates may be helpful to use as a guide (<https://ethics.health.govt.nz/guides-templates-forms-0>). Please ensure compliance with all Standards including, in particular and non-exhaustively, Standards 7.57 and 7.58. Please also comply with the Biobanking Chapter 15 of the National Ethical Standards for Health and Disability Research and Quality Improvement
2. Please explain what biomarkers are in lay-terms.
3. If research may include genomic research, please explain this in lay-terms and clearly state whether WGA will be undertaken. Genetic research should comply with the National Ethical Standards for Health and Disability Research and Quality Improvement (2019) – refer to pages 194 – 198

Optional Tumour Biopsy Participant Information Sheet:

1. Please review the layout and revise accordingly as the Committee noted sections are missing such as return of results, risks/benefits, withdrawing of samples on withdrawal from the main study, etc.
2. Please explain what DNA and RNA are in lay-terms, and how the DNA and RNA in this sub-study are different from the DNA and RNA that provide inheritable genetic information.
3. Please include a brief statement referring participants to the compensation provisions for the main study.
4. If participants withdraw from the main study, please ensure the study doctor asks at the time of withdrawal about withdrawing of samples from any optional research. This should be noted in all optional information sheets.
5. The Committee stated that it cannot be assumed that the Main Participant Information Sheet has been kept by the participant and should not be relied on to ensure enough information about data and/or tissue has been explained in relation to this optional sub-study. Please explain what happens to the data and tissue. Please ensure this sheet has enough information that it can be standalone.

Optional Treatment Through Progression Participant Information Sheet/Consent Form:

1. The Committee stated that it cannot be assumed that the Main Participant Information Sheet has been kept by the participant and should not be relied on to ensure enough information about data and/or tissue has been explained in relation to this optional sub-study. Please explain what happens to the data and tissue. Please ensure this sheet has enough information that it can be standalone.

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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|  **3**   | **Ethics ref:**   | **21/STH/4** 1:01:14 |   |
|   | Title:  | CT-868-002: Study to Evaluate the Efficacy, Safety, and Tolerability of CT-868 in People with Type 2 Diabetes  |   |
|   | Principal Investigator:  | Assoc Professor Helen Lunt  |   |
|   | Sponsor:  | Carmot Therapeutics, Inc  |   |
|   | Clock Start Date:  | 15 January 2021  |   |

Helen Lunt 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. The main aim of the study is to assess how effective CT-868 is in lowering blood sugar. Safety and tolerability, weight loss and pharmacokinetics will also be assessed.

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 standard treatment is not being withheld as it states in the application form, and that there is a provision of measures in place when the diabetic control deteriorates in the study.

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 stated that stopping a study for commercial reasons is not permitted in New Zealand as per Standard 11.37. Please provide confirmation from the sponsor that this is not a condition.
2. The Committee stated that mandatory pharmacogenetic testing seems to be exploratory objectives rather than relevant to the study. Mandatory genetic research may create barriers for Māori. If this is an exploratory component, this should be optional for New Zealand participants and the researchers were asked to refer to *National Ethical Standards for Health and Disability Research and Quality Improvement, para* 14.27-14.41 to ensure all standards involving genetic research are met. Please create separate Participant Information Sheet/Consent Form for this that is optional.
3. The Committee requested the post-dose observation period after the first dose is extended to be 2 or 4 hours. Please amend the procedure to reflect this.
4. The Committee stated that no sponsor insurance certificate has been provided.
5. The Committee requested justification for there being no reimbursement for time and participation in the study as there is the potential for no benefit for taking part, and to document what kind of koha would be offered whether this would vary from site to site.
6. Please provide a data management section in the protocol (or as a standalone document) specific for New Zealand, as the current information is insufficient as per the Standards. The HDEC template is available for use or as a helpful guide (<https://ethics.health.govt.nz/updates/new-templates-datatissue-management-plans>). Pleae also note, in particular, but non-exhaustively, Standards 12.14 and 12.15. The DMP should also include matters such as what security measures will be taken for remote monitoring via EMR (if applicable) (as referred to on page 12 participant information sheet) :
7. The Committee stated that the future unspecified research regarding data appears to be mandatory. There is insufficient information regarding the unspecified research, the extent of it and its implications for participants, and the risks around this. Please refer to Standard 7.57.
8. The Committee noted that the Pregnant Partner Participant Information Sheet/Consent Form is not approved in applications and should be submitted as an amendment if or when this becomes an issue during the trial and can be assessed to be fit for the specific circumstances.
9. Please also ensure compliance with Standard 14.16-14.20 relating to the management of tissue. A useful template for a tissue management plan may be found on the HDEC website (linked above)

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

1. Please use a lay-language title (amend efficacy / tolerability)
2. Please add a warning box on page 1 that this is the second study in humans; first in diabetics
3. On page 2 please add that this not approved anywhere in the world (not just in New Zealand)
4. On page 4. Please delete 'also called the AIDS virus'.
5. Please provide advice in lay-terms about hypo-symptoms during the fasting period as these would usually be treated with food.
6. On page 5, please state what antibodies are in lay terms
7. On page 7, please add the number of New Zealand participants expected to be enrolled
8. On page 8, please include risks of drugs that are in a similar class to the study drug that could potentially affect participants due to commonalities.
9. On page 11, please include information about withdrawal of samples. Only withdrawal of information is included.
10. On page 14, Section 18 repeats information that has been previously described more succinctly. Please review and delete redundant paragraphs.
11. Please confirm whether MRI scans will be retained in the participant's clinical record or kept only as part of the study.
12. Please ensure all matters raised in the Consent Form are covered in the PIS – for example, ‘I consent to my GP or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study.’
13. If research may include genomic research, please explain this in lay-terms and clearly state whether WGA will be undertaken. Genetic research should comply with the National Ethical Standards for Health and Disability Research and Quality Improvement (2019) – refer to pages 194 – 198
14. The Committee noted there were some minor spelling and grammatically errors in relation to Māori words, please amend.
15. Please remove any references that is not relevant to the New Zealand context (i.e. hospital setting on page 7)

Decision

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

* Please address all ethical issues raised by the Committee.
* 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).*
* Please supply evidence of ACC-equivalent compensation available to all participants in the event of injury during the study. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 17.1).*
* Please supply a data governance plan to ensure the safety and integrity of participant data *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15).*
* 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 Helen Walker and Devonie Waaka

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|  **4**   | **Ethics ref:**   | **21/STH/5** 1:26;00 |   |
|   | Title:  | A study on the respiratory syncytial virus (RSV) when given alone and together with a vaccine against influenza in adults aged 60 years and above.  |   |
|   | Principal Investigator:  | Dr Dean Quinn  |   |
|   | Sponsor:  | GlaxoSmithKline Biologicals SA (GSK)  |   |
|   | Clock Start Date:  | 15 January 2021  |   |

Dean Quinn, Ruth Deschepper, Jelena Tica, and Estelle Berengier 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.

Devonie Wakaa declared a potential conflict of interest. After discussion with the Chair, it was deemed not significant and the Chair allowed the member to remain as part of the discussion.

Summary of Study

1. The study is phase 3, randomized, open-label, multi-country study with 2 parallel groups that will assess the immunogenicity, safety and reactogenicity of the RSVPreF3 OA investigational vaccine when co-administered with the seasonal quadrivalent influenza vaccine FLU-QIV in adults ≥60 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 clarified with the researcher that the surveys and questionnaires stated in the application form refer to the participant diary.
2. The Committee queried if the low levels of influenza and RSV in the community due to lockdown and closed borders will impact the required sample size of the study. The researcher stated that the study is primarily looking at immunogenicity of the vaccine and not the efficacy, so it will have no impact.
3. The Committee confirmed with the researcher that participant’s GPs will be advised of any abnormal results of significance.
4. The data and tissue management plan states that written consent will be obtained for optional additional secondary uses of data and tissue, but no optional tick-boxes or additional information sheets were provided. The researcher clarified that no data or tissue collected as part of the main study will be used for future research outside of the scope of the study unless the participant signs the future research consent form. The Committee noted that there is no provision for participants to distinguish they would like only their data or tissue being used, and what they are comfortable with their data being used for.
5. The Committee asked the researcher about an inconsistency in the data and tissue management plan that states tissue will be collected in identifiable form, but the only tissue in the study is blood going to a central lab in de-identified form, and queried if there was other tissue included in the study. The researcher clarified that this is an error and the only tissue being collected is the de-identified blood samples.
6. The Committee queried if there were any anticipated issues around the capacity for participants to consent and noted the current provisions for participation in the study to be supported. The researcher stated that each potential participant will be assessed whether they can meaningfully consent and that a support person is to assist with the participant’s needs as opposed to assisting with the consent process.

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 investigators that are listed in the cover letter are not all listed in the application form with their contact details. The Committee stated that they would normally see all lead investigators listed in the application form with their contact details. Please provide a full list in the response.
2. Committee queried that there is no independent member on the data monitoring committee for this phase. The researcher clarified that Phase 1 and Phase 2 has had independent committee meetings and there were no safety concerns to continue with the study. The decision was made that an internal safety review was enough for this type of study with a relatively smaller sample size. The Committee requested this justification and mechanisms in place is provided in writing with the provisional approval response. The Committee stated that the data management and tissue plan (DTMP) refer to sections that do not exist and has inaccuracies with cross-referencing. Please amend and resubmit, in tracked changes form. Some identified errors include but are not limited to the following:
	1. Page 6: De-identified data may be anonymised prior to being made available for future research (see Section 7.2.1). – there is no section 7.2.1
	2. On page 10. Mandatory tissue samples will be labelled as detailed in Section 6. Section 6 does not provide those details
	3. Page 10 - The samples, as described in Section 7.3, will be sent in the care of specialised courier companies in compliance with IATA guidance, to the overseas laboratories for the tests/analyses as described in the protocol. Section 7.3 describes anonymous data and tissue
	4. Page 11 : 12.2.3 Databank / Registry /Biobank submission. For return of results from data and tissue submitted to Biobanks, refer to Section 7.4.” There is no section 7.4
3. The Committee further noted that there is insufficient information in the DTMP, and participants are not given sufficient information, about the coded data being sent to the Clinical Study Data Request website that is mentioned in the data and tissue management plan. The Committee stated that the data repository resembles a data bank and requested the researchers to provide further information about the website and to justify why it is not a databank. The Committee also noted that participants must be told their data is being submitted to the Clinical Study Data Request website and noted the requirements of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019) – (pages 177 – 180). The Committee noted researchers should make relevant information on the governance of databanks available to the public (Standard 12.43) and referred the researchers to the relevant Standards which describe the matters which participants should be advised of. Currently, the participant information sheet does not meet these standards.
4. The DTMP should also include details of how video or uploading documents to a computer system will be secure (refer page 13 main PIS : “For this purpose, personnel acting on behalf of the sponsor may view your data at study site or by using protected multimedia tools …” Please also explain the reference to data being “Used to test and improve computer software used by GSK.”
5. Please amend the advert to explain “nor specific therapeutics beyond supportive care”, and take out “important” from “important study”
6. The Committee queried if renumeration for healthy volunteers would be provided for their time and to please review this.

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

Main Information Sheet

1. The Committee requested to include a statement clarifying the potential benefit that while RSV rates in the community are currently low, they could increase in the next flu season,
2. The Committee noted that if GPs are being informed about the participation in the study, the optional Yes/No tick-box should be removed.
3. Please present potential risks and side effects of the RSV and Influenza vaccine as a list
4. The Committee requested the inclusion of a cultural tissue statement to the PIS. The Committee recommended the following statement: “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.”
5. Please give participants the option to receive a lay summary of study results.
6. Please ensure the language, terms and contact numbers are appropriate for the New Zealand context
7. Page 14: Please make it very clear what research is   mandatory data FUR and what is optional data FUR. The main PIS and the FUR PIS require better explanation. Note in particular Standard 7.57 and the requirements of what participants must be told about the future use of their data. Note also the template on the HDEC website for the data and privacy sections in the PIS.
8. Please use New Zealand terms – e.g., HDEC rather than IRBs/ IECs, and ensure that New Zealand contact numbers are used. The Committee further noted that data controllers are not relevant to New Zealand
9. Please clarify which samples are going to the biobanks – only those which are FUR, or mandatory samples.
10. The Committee stated that providing links to model contracts for the transfer of data and links to GSK’s Binding corporate rules is insufficient to comply with the Standards. A lay summary of the relevant information in those links should be provided.
11. On page 4, please clarify the statement "You cannot participate in any other study (for example, studies to test Coronavirus disease 2019 [COVID-19] vaccines) while participating in this study" to state that participants will still be able to get the COVID-19 vaccine as part of the national roll-out and participate. This is mentioned on page 9 and should reduce misunderstanding if it is included with the statement on page 4.
12. On page 20 it is unclear if an interpreter is available. Please amend.
13. On page 8, it states "Ensure the quality of the tests used for the study vaccines or disease(s) is maintained over time" and "Develop and improve tests related to the study vaccines or disease(s)" and "additional tests and analysis within the scope of the study" but the application form (and FUR consent form) suggests GSK can use the samples for unrelated research. Please clarify.
14. In relation to the statement, “The study doctor may find out information about your health after you have left the study. If this information relates to the safety of the vaccine you received during the study, the study doctor will send it to GSK” please explain how will they find out about a participant’s health after they’ve finished/left the study.

Future Unspecified Research

1. Information sheet states "a minimum of 30 years." for keeping data but application form says 25. Please amend.
2. The Committee noted that if a person withdraws from the main study (in the 6 or 7 month follow up period) and has given FUR consent it is incumbent on you to ask them if they continue to give consent for FUR.
3. Please clearly explain how this FUR is different to the mandatory FUR in the main PIS.
4. Page 3 - please ensure compliance with the relevant Biobanking Standards, especially, but not limited to, Standard 15.8 (particularly around governance) and 15.9Please include relevant details about the ClinicalStudyDataRequest.com

All

1. Please amend all participant information sheets to have a lay or simple study title first and put the formal title in the footer.

Decision

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

* Please address all outstanding ethical issues, providing the information requested by the Committee.
* 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, 5.57 & 5.58).*
* Please amend the data and tissue management plan to ensure the safety and integrity of participant data and tissue *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15 & 14.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Sarah Gunningham and Jean Hay-Smith

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|  **5**   | **Ethics ref:**   | **21/STH/6**  |   |
|   | Title:  | CLEAR STUDY  |   |
|   | Principal Investigator:  | Prof Peter Gilling  |   |
|   | Sponsor:  | ProArc Medical Ltd  |   |
|   | Clock Start Date:  | 15 January 2021  |   |

Deborah Bell, Audra Wilson, Yair Feld, David Nitsan 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 this study is to evaluate the safety and efficacy of the ClearRing™ system for the treatment of Lower Urinary Tract Symptoms (LUTS) due to Benign Prostatic Hyperplasia (BPH). This is a multi-center, single arm, open label, non -randomized, prospective 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 queried how many investigators in the New Zealand site will be involved in doing the procedures. The researcher stated that it will be one with a backup (two total in New Zealand).
2. The Committee noted that the application form refers to an independent data safety monitoring committee but clarified with the researcher that it was not.
3. The Committee queried if the cystography will use any ionising radiation. The researcher responded that it will just be a video.
4. The Committee noted the significant risk of undue influence due to their treating physician being involved in recruitment and queried what steps will be taken to mitigate this risk. The researcher stated that no private patients of the research team will be recruited into the study and will be recruited by referring clinical personnel within the hospital and if participants are interested, the details will be passed on to the research team who will contact them.
5. The Committee noted the reference of advertising material in the application form but none were provided for review. The researcher clarified that there are none to submit at this time. The Committee noted that any material that is to be used in future must be submitted by way of amendment in the case of an approved study or with a re-submission.
6. The Committee queried if there was any intention to do genetic testing. The researcher stated there is not.

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 stated that they cannot make an informed decision on this study in the absence of a thorough independent peer review, and the provided document is blank besides one line *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.26).* Please ensure a thorough completed independent peer review is included as part of the re-submission.
2. The Committee queried if there is intention to stagger the testing with this new version of the device for safety reasons, noting that an earlier iteration was tested in previous studies. The researcher stated that the intention is to stagger testing with just one participant at a time and will be a global plan. The Committee requested this procedure is written formally in the protocol and the participant information sheet.
3. The Committee asked whether the procedure is performed under local, regional, or general anaesthesia as this is not addressed in the application or protocol. The Committee requested the procedure/options around this is clearly explained in the protocol and participant information sheet.
4. The data and privacy section of the protocol is not New Zealand-relevant and is largely based on European requirements such as the GDPR. The Committee also required further documentation around the handling of tissue. Please submit a separate New Zealand data and tissue management plan which includes, non-exhaustively, a section on data FUR. The HDEC template is available for use or for guidance (<https://ethics.health.govt.nz/updates/new-templates-datatissue-management-plans>). Please consider the proposal for using data for future research as this is not currently covered.

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

1. Please clearly state under procedures that this is the first time this version of the device is being used in humans. Previous experience with the older version should be also included here.
2. Please include information around the sentinel strategy and anaesthesia and associated time commitments.
3. If there are exclusion criteria that are easy for a lay person to identify, please put these under the “who can take part” section.
4. Please provide information on what will happen if there is an implant failure.
5. GP notification should be mandatory for the study. Please remove the optional component in the consent form and information sheet.
6. On page 5, please state simply that no blood or urine samples will be sent overseas but other tissue sample(s) for histopathology will be sent to ProArc Medical Ltd or a designate for histopathology analysis and please identify the location.
7. In the risk section, please include that the device may fail to implant together with the outcome of the failed procedures previously. Please also describe risks associated with any other study procedures being undertaken.
8. In the consent form, please delete the reference to risks of pregnancy.
9. Please provide full address of the laboratory the tissue is being sent overseas to.
10. Please remove the following statement *“Some of your information will be the same as your whanau, and when donating a biological sample (for example blood, tissue, urine) it may be appropriate to discuss participation with them.”*
11. Please split out the live capture of images from the recording of the procedure.
12. Please include in the consent form the options for the future unspecified research of data.

Decision

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

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|  **6**   | **Ethics ref:**   | **21/STH/7** 2:21:25 |   |
|   | Title:  | A Study in Healthy Participants and Patients with Mild Asthma to Investigate a New Drug for the Treatment of Asthma  |   |
|   | Principal Investigator:  | Dr Irene Braithwaite  |   |
|   | Sponsor:  | Parexel International  |   |
|   | Clock Start Date:  | 15 January 2021  |   |

Irene Braithwaite 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 to assess safety and tolerability of AZD0449 after multiple inhaled doses. Secondary objectives include characterising the blood plasma PK of AZD0449 and evaluation of the anti-inflammatory effect by measuring FeNO. This application relates only to Part 3a of the accompanying Phase 1 protocol which has been initiated in New Zealand to support the European recruitment.

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 if the researcher was satisfied if safety samples sent overseas will be turned around in a timely manner despite potential COVID-19 delays. The researcher responded that this will be performed locally to get around this.
2. The Committee noted the exploratory biomarkers in the information sheet and asked for assurance that these are related only to the current study and queried if any are genomic. The researcher stated that the main study will only explore biomarkers related to the main study and there is a separate, optional genomic biomarker component that does not affect participation in the main study.

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 a researcher safety plan for home visits is documented and provided.
2. The Committee stated that section 9.5 in the data management plan suggests mandatory FUR and the participant information sheet also suggests that some future research is also mandatory and would like this amended as this is not appropriate. Please remove this from the main information sheet and include the semi-specified future research as part of the optional information and consent form.
3. The Committee noted that no data or tissue will be anonymised in the data/tissue management plan, but participant information sheet states these cannot be withdrawn if they have been anonymised. Please clarify and justify not providing participants with safety / screening results such as routine safety laboratory results; this does not break the blind or otherwise impact on the validity of the study. Please amend accordingly.
4. Data and Tissue Management Plan (DTMP) : Page 9: there are no sections 8.7 and 8.8 – “De-identified data will be included in clinical trial registries and data banks (refer to Section 8.7). De-identified tissue will be included in biobanks (refer to Section 8.8).” Please amend.
Page 10 – please improve information about the governance and management of the data and biobanks. This is a critically important part of allaying ethical concerns about such repositories. Refer standard 15.8
5. The Research Biosample Repository (RBR) is not adequately explained to participants and it is not adequately explained in the data tissue management plan. The Committee referred to Chapter 15 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019 and requested compliance with the Standards within that Chapter.
6. The Committee noted that the Pregnant Partner Participant Information Sheet/Consent Form is not approved in applications and should be submitted as an amendment if or when this becomes an issue during the trial and can be assessed to be fit for the specific circumstances.

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

Main Information Sheet:

1. Generally, the main PIS does not adequately split what is compulsory for data and tissue FUR and what is optional. The difference between what is mandatory and what is optional needs to be made much clearer. For example, there is very little explanation of the biomarker research and very little discussion of the Research Biosample repository (RBR).
2. Please include information referred to into the data and tissue management plan pertaining to informing participants of data and tissue going overseas, what form this will take (i.e. de-identified), that there may be no New Zealand representation on relevant committees – please refer to the data sections in the PIS template on the HDEC website.
3. Please review and simplify the men’s contraception section and refer to the HDEC contraception portion of the information sheet template.
4. Similarly, for women, please use the HDEC contraception template, including that some listed methods have real-life failure rates of 5-10%.
5. Please describe the procedures in lay terms the first time they are described.
6. Please describe what the blood and urine samples will be used for in lay language
7. Include details on overseas lab and storage facilities.
8. Please review and amend the table of assessments for lay language.
9. Please include HIV, Hepatitis and TB as notifiable diseases.
10. Pages 21-22 – require data warning statements about data protection overseas being different to NZ – refer to the Standards and refer to the new Privacy Act 2020. Currently a statement about this only appears in the CF. Please refer to the HDEC template (<https://ethics.health.govt.nz/updates/new-participant-information-sheet>)
11. Pages 21 and 22: Please split out more effectively the information on data and tissue FUR and what is mandatory and what is optional.
12. Page 22: It is insufficient to provide links to Binding corporate rules to comply with the Standards. A lay summary of the relevant information in those links should be provided
13. Page 22 – there’s a lot of repetition – eg, about what happens to samples and data on withdrawal – most of the section “what happens after the study or if I change my mind’ is repetition.
14. Please review for spelling and grammatical errors.
15. The consent form contains multiple clauses regarding the use of information, some of which are redundant, and some of which are contradictory to information provided in the body of the PIS/CF. Please review and amend as appropriate.
16. Please ensure all matters referred to in the CF are first explained in the PIS – for example: a declaration about the status of all my nationalities (and why that is necessary) and why it is necessary to have a Photo and drivers licence In relation to the statement which relates to agreeing that personal information can be used and shared by the Sponsor and other researchers for future research, as described in this document. – please clarify how this is different from the following optional statement which also appears in the CF: “I agree that my coded personal data can be used for other medical, healthcare or scientific related research purposes”. Please clarify and amend accordingly.

Optional Genetic Information Sheet:

1. Please amend incorrect statement that this is the 3rd clinical trial.
2. Risk of genetic research is not adequately explained. This PIS and CF require further detail to comply with Standards 14.27 – 14.41. Please amend and resubmit, especially (but not limited to) risks which are not sufficiently described and also what kind of genetic testing is being done, etc.
3. The Committee were not satisfied the information sheet met *National Ethical Standards for Health and Disability Research and Quality Improvement, para* 14.27-14.41.

Decision

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

* Please address all outstanding ethical issues, providing the information requested by the Committee.
* 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).*
* Please update the data governance and tissue management plan to ensure the safety and integrity of participant data *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Rochelle Style And Jean Hay-Smith

## General business

1. The Chair reminded the Committee of the date and time of its next scheduled pop-up meeting, namely:

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| **Meeting date:** | 12 February 2021, 09:00 AM |
| **Meeting venue:** | Via Zoom |

The meeting closed at 12.10pm.