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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 28 November 2023 |
| **Zoom details:** | 965 0758 9841 |

| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
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| 12:00PM – 12:30PM | 2023 FULL 18513 | Study of TN-001 topical eyedrops for Keratoconus | Dr Rasha Altaie | Andrea Forde & Cordelia Thomas |
| 12:30PM – 1:00PM | 2023 FULL 18939 | Inhaled rifampicin study | Dr Jack Dummer | Patricia Mitchell & Helen Walker |
| 1:00PM – 1:30PM | 2023 FULL 18867 | TREAT-SC | Dr Hannah Jones | Albany Lucas & Sandy Gill |
| 1:50PM – 2:20PM | 2023 FULL 18697 | COG: AAML1831 | Dr Siobhan Cross | Jessie Lenagh-Glue & Albany Lucas |
| 2:20PM – 2:50PM | 2023 FULL 19046 | BP45057: A Study to Investigate the Bioavailability of NXT007 After a Single Dose Injected in Different Sites of the Body in Healthy Participants. | Dr Rohit Katial | Andrea Forde & Cordelia Thomas |
| 2:50PM – 3:20PM | 2023 FULL 18530 | Efficacy and Safety of “Kamada-AAT for Inhalation" in Adults with Alpha-1 Antitrypsin Deficiency | Dr Michael Epton | Patricia Mitchell & Helen Walker |
| 3:30PM – 4:00PM | 2023 FULL 18989 | A Randomized, Double Blind, Active-Controlled Study on Efficacy and Safety of TEV-56248 in Patients with Asthma | Dr. Jonathan Huw Noble | Albany Lucas & Sandy Gill |
| 4:00PM – 4:30PM | 2023 FULL 19267 | Morphological Awareness in children with/without hearing aids | Miss Caelyn Eades | Jessie Lenagh-Glue & Patricia Mitchell |
| 4:30PM – 5:00PM | 2023 FULL 19175 | A study to discover if ZED1227 can improve continued celiac disease symptoms despite a gluten-free diet | Dr Nah Yeon (Tina) Baik | Andrea Forde & Cordelia Thomas |
| 5:00PM – 5:30PM | 2023 FULL 18776 | Zenith study | Dr Matthew O'Connor | Patricia Mitchell & Helen Walker |

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| **Member Name**   | **Member Category**   | **Appointed**   | **Term Expires**   | **Apologies?**   |
| Mrs Helen Walker  | Lay (Consumer/Community perspectives) (Chair) | 22/12/2020  | 22/12/2024 | Present  |
| Mrs Sandy Gill  | Lay (Consumer/Community perspectives)  | 22/05/2020  | 22/05/2023  | Present  |
| Dr Patries Herst  | Non-lay (Intervention studies)  | 22/05/2020  | 22/05/2023  | Apology |
| Dr Cordelia Thomas  | Lay (the Law)  | 22/12/2020  | 22/12/2024 | Present  |
| Mrs Patricia Mitchell  | Non-lay (Health/Disability service provision)  | 08/07/2022 | 08/07/2025 | Present  |
| Mx Albany Lucas | Non-lay (Observational studies) | 22/12/2021 | 22/12/2024 | Present |
| Ms Jessie Lenagh-Glue | Lay (Ethical/Moral reasoning) | 22/12/2021 | 22/12/2024 | Present |
| Dr Andrea Forde (co-opted) | Non-lay (Intervention studies)  | 22/12/2021 | 22/12/2024 | Present |

## Welcome

The Chair opened the meeting at 11:30am and welcomed Committee members, noting that apologies had been received from Dr Patries Herst.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Dr Andrea Forde confirmed their eligibility and were co-opted by the Chair as a member/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 10 October 2023 were confirmed.

## New applications

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| **1**   | **Ethics ref:**   | **2023 FULL 18513** |
|   | Title:  | A proof of concept, three-cohort, open-label study to investigate the safety and preliminary efficacy of TN-001 topical eyedrops.(Transforming Growth Factor Beta-3 and dexamethasone sodium phosphate) in male and female adult volunteers with permanent.vision loss and in patients with progressive keratoconus. |
|   | Principal Investigator:  | Dr Rasha Altaie |
|   | Sponsor:  | TheiaNova Ltd. |
|   | Clock Start Date:  | 16 November 2023 |

Dr Rasha Altaie 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 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 exclusion criteria and the exclusion of pregnant people. The Researcher explained that because it is the first in human study as a combination these drugs have not been used before and wanted to make it as safe as possible especially for pregnant people. The effect of the drug is unknown to the foetus, therefore excluded for safety concerns. This may change in future trials. In the second phase of the trial, pregnant people would be included as the researchers agree this group of participants can benefit from this study and the study drug.
2. The Committee asked about koha and the costs that are covered. The Researcher explained that the participant will get refunded $50 per visit to the clinic, there will be around 7 visits with 3 or 4 phone calls during the study period.
3. The Committee asked if the participant information sheet could be made available in braille. The Researcher explained that participants will be able to read and interpret all the information provided and are not that low vision that braille would need to be provided. Researcher advised that audio and independent interpreters will be available.

Summary of outstanding ethical issues

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

1. To avoid coercion, the Committee recommended using a research nurse or someone who is not close to the patient to enrol participants.
2. The Committee requested inclusion of dates on the Māori and Pasifika consultation forms.
3. In the data management plan, please include organisational policies such as Te Whatu Ora and relevant legal factors and policies.

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

1. Please include the manufacturing procedure that is happening in Australia.
2. Please include more information about the infection control that will occur during the study.
3. Please include at the top of the participant information sheet in a bold box that this is a first in human study.
4. Please include that the treatment will only be done on the worst affected eye and that the other eye will not be touched.
5. Please remove reference to the NuvaRing, it is not available in New Zealand.
6. Please note that contact with GP is not optional, please make clear throughout.
7. On page 10, please rephrase the sentence that participation is voluntary, and not related to benefit.
8. On page 12, with reference to future unspecified research; this will require a participant information sheet and separate consent form.
9. On page 14, it should state Māori cultural support not Māori health support, please amend.
10. Please include that this study drug is grown in human embryotic tissue (HEK).
11. Please have the responding clinician included in the main participant information sheet.

**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 Dr Andrea Forde and Dr Cordelia Thomas.

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| **2**   | **Ethics ref:**   | **2023 FULL 18939** |
|   | Title:  | Inhaled rifampicin safety and dose finding proof of concept study |
|   | Principal Investigator:  | Dr Jack Dummer |
|   | Sponsor:  | Health Research Council of New Zealand |
|   | Clock Start Date:  | 16 November 2023 |

Dr Jack Dummer 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 resolved ethical issues**

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

1. The Committee asked about why the researchers are asking the participants to stop taking the oral contraceptive. The Researcher explained that the study drug reduces the effectiveness of the pill so there is a risk of pregnancy. Participants could continue to use the oral contraceptive pill if the participant wishes in addition to another form of highly effective contraception (listed below) as there is no harm in taking both oral contraceptive and the study drug.
2. The Committee asked about the exclusion of pregnant participants in this study. The Researcher explained that the study drug is being offered in a different route of delivery and may have more risks delivering it in a different way and want to minimise as many risks as possible for pregnant participants and would most probably be included in phase 2 and phase 3. Furthermore, the researcher acknowledged that the research drug may create unforeseen side effects in a phase I study.

**Summary of outstanding ethical issues**

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

1. Please use the ACC statements provided by HDEC.
2. On page 8 please remove the sentence that all research is overseen by HDEC.
3. Please include exactly how much koha will be offered to the participants with every visit.
4. Reimbursement for travel is taxable, please change to reimbursement for time.
5. Reimbursement should be articulated as a koha rather than incentives. Incentives could be seen as inducement.
6. Reimbursement for travel costs is not taxable.
7. At the top of the page please include that this is a first in human study in a bold box.
8. On page 1 it states that the participant information sheet is 6 pages long (it is 11).
9. Please remove all gendered language (e.g., "male or female, aged 18-55 years"), see HDEC template for gender neutral wording re: reproductive risks/contraception.
10. Please provide other contraception options for participants who are asked to come off the oral contraceptive, as currently the submitted participant information sheet is asking participants to come off the pill. Please explain that they are not required to stop taking their contraceptive pill, but they must use a second, highly effective means of contraception as well.
11. Please amend section D22 of reimbursement and please include how the time is going to be assessed and include the wording koha and provide smaller amounts per participant visit as opposed to a larger one time pay out, to avoid taxing of participant.
12. Please include the study visit timetable.
13. Please include the study drugs possible side effects and what to do if something occurs in the risk section.
14. On page 3 please include some numbers around the risks instead of describing them as "rare" or "common" (e.g. 1 in 100 people experience vomiting).
15. On page 6 "GP may be notified" please ensure there is a mandatory notification of GP.
16. On page 10 please amend the check tick boxes of consent forms to make sure these bullet points are truly optional.

**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 Helen Walker and Mrs Patricia Mitchell.

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| **3**   | **Ethics ref:**   | **2023 FULL 18867** |
|   | Title:  | A Randomised, Double-Blinded, Placebo-Controlled Trial of Early, Short Course Oral Dexamethasone for the Treatment ofSydenham's Chorea in Children. |
|   | Principal Investigator:  | Dr Anannya Parvathi |
|   | Sponsor:  | Health Research Council (New Zealand) |
|   | Clock Start Date:  | 16 November 2023 |

Dr Anannya Parvathi 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 resolved ethical issues.**

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

1. The Committee asked if urine will be tested for possible pregnancy. The Researcher explained that blood tests will be used.
2. The Committee asked about the Pacific consultation undertaken. The Researcher explained that they have consulted Māori doctors and have presented the study at the kid’s research association attended by Māori and Pasifika clinicians.
3. The Committee asked about tapu and if any touching of the head would occur. The Researcher explained that there will be no need for touching of the head, and understands the importance of this during the trial, adjustments can be accommodated.

**Summary of outstanding ethical issues**

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

1. Please note that there will need to be a re-consent form as some children may turn 16 during the study (the study will last approx. 12 months) section D18 should be a 'yes' answer.
2. Please explain what a 'clinical examination' will entail, please include that a gown will be provided, support person can accompany the participant and that participants can request to be examined by a physician of the same gender (if available).
3. Please amend section D22.1 Koha cannot be acknowledgement of 'time' as it will attract tax.
4. Please include that SDQ will be completed on a certain day so that mental health questionnaire responses can be assessed on the same day so as to follow up immediately if a participant's response indicates anxiety/depression etc.
5. Please provide a safety plan for participants if distress is detected as some questions can be triggers for participants, please also include this is in the older assent form.
6. The Committee recommends a safety plan should be provided that will protect the child in the event of a positive pregnancy test result.
7. In addition to the $50 koha, it would be good if the child were to receive a small gift (book or toy).

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

Main PIS:

1. The Committee raised an issue that the participant information sheet is asking mental health questions that could be triggering for some participants and that there is no safety plan in place to if distress occurs, highlighting that the risks of the study need to be detectable and managed by the research team. Please submit a safety plan outlining the process if a participant shows signs of distress.
2. Please amend the language throughout the participant information sheet; ensure consistency of language.
3. On page 7 please note that only the ethical aspects of the study have been approved by HDEC.
4. On page 7 please separate the Australian ethics sentence from HDEC.
5. Please include a Māori cultural statement. There needs to be some acknowledgment of whakamā, as the sort of ticks that chorea can induce may be perceived as shameful or may be interpreted differently in te Ao Māori.

(Parent/guardian PIS):

1. Please note that a caregiver cannot provide consent, needs to be parent or legal guardian please remove reference to a caregiver, instead use the language parent or guardian.
2. On page 2 "your child may have received steroids as a study medication" please rephrase this sentence as it sounds like something that has already occurred.
3. On page 3 "you will have outpatient follow visits"
4. Please include details of 'clinical examination' as described above.
5. On page 3 last paragraph for placebo overly complex, please simplify.
6. Please include Māori tissue statement as urine is collected in this study (see [HDEC PIS template](https://ethics.health.govt.nz/guides-templates-and-forms/participant-information-sheet-templates/))
7. Please include questionnaires under risks section as they could be triggering/distressing to complete.
8. On page 7 please remove reference to 'time' under koha.
9. On page 7 if participants wish to withdraw, they should be able to tell any member of study team (not just PI).
10. Please note that participants have the right to request to correct information they disagree with (see HDEC PIS template and include this statement).
11. On page 10 of the consent form: for this study, notifying GP of participation is not optional, please remove tick boxes.

Assent (older child):

1. Please amend the second paragraph under section 1: language is complex, please simplify.
2. Please amend the first sentence the non-steroid meds are used for children with SC. Steroidal treatments are only used in children with severe chorea because of potential side effects.
3. Please consider including small picture of the capsules or similar medicine so they can see how big the capsules are.
4. On page 2 "the study is done this way to remove any bias and test if the study medicine is effective" please use simpler language or remove (suggest removing the word ‘bias’)
5. Please include details of 'clinical examination' (e.g., whether they need to remove clothing, can they bring a support person, touching of head etc)
6. Please remove reference to Redcap.
7. Please remove the phrase "no one will be upset with you" as this cannot be guaranteed.
8. Please consider using checkboxes instead of asking for signature.
9. Please include that the older children will be videoed.
10. Please include an ACC statement.
11. Please include an explanation regarding the statement “After the study, we will keep all information for 10 years after the youngest children in our study turn 16, if you would like to see it” as this makes it sound as though they could see all the data.

Assent (younger child):

1. On page 1 "your mood changes that you are feeling after because of the fever" please rephrase.
2. On page 1 "might make you feel sleepless or funny" please adjust the language used as this is for children.
3. On page 1 "this medicine is safe" there may be side effects, especially at this dose so please rephrase.
4. "Taking part in this study will not affect how we look after you in the hospital" 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).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Sandy Gill and Mx Albany Lucas.

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| **4**   | **Ethics ref:**   | **2023 FULL 18697** |
|   | Title:  | COG AAML1831: A Phase 3 Randomized Trial for Patients with de novo AML Comparing Standard Therapy Including GemtuzumabOzogamicin (GO) to CPX-351 with GO, and the Addition of the FLT3 Inhibitor Gilteritinib for Patients with FLT3 Mutations. |
|   | Principal Investigator:  | Dr Siobhan Cross |
|   | Sponsor:  | Children’s Oncology Group |
|   | Clock Start Date:  | 16 November 2023 |

Dr Andrew Wood 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 resolved ethical issues.**

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

1. The Committee asked about why there are two forms to sign for optional biobanking (one separate PIS, one attached to main PIS). The Researcher explained that having the information in one consent form would be too big and historically HDEC have requested to use the two forms.
2. The Committee asked about a payment of US$4,500 to Te Whatu Ora/ Health New Zealand from COG for each child enrolled onto this study. The Researcher explained that its per participant and the money goes to the individual hospital where the participant was enrolled from.

**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 submit all questionnaires that will be given to participants.

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

PIS (Arms A + B):

1. Please state that participants will not have access to experimental drug after the study.
2. On page 1 "you will not lose any benefits to which you are entitled", please rephrase or remove this sentence as the benefits section states there are no benefits (beyond helping others in future).
3. Please note that reproductive risks section needs to be updated to gender neutral wording.
4. Please list some examples of effective contraception.
5. On page 15 and page 16 "there are no plans to pay you", "there are no plans for you to profit" etc. please make it more direct (e.g. “you will not be paid”).
6. On page 16 "when you reach the age when you are considered an adult and can sign a consent form..." children younger than 16 will not be using this PIS, please remove.
7. As the gilternitinb arm of the study is not being offered in New Zealand, please remove mention of it in the participant information sheet or include a sentence that there is a second arm but not available for New Zealand.
8. Please explain echocardiograms in lay language where possible.
9. HDEC agreed that the neurocognitive function questionnaire should be offered to younger children as well, and it should be for over 16 not 18, as people aged 16 can give informed consent.
10. Please submit a copy of the questionnaire.
11. Please include some indication on the participant information sheet explaining what sort of questions are going to be contained in the questionnaire and what kind of functioning is going to be measured.
12. Please remove “if you are a woman and become pregnant” – change to “if you become pregnant”, similarly, just say “you should not breastfeed a baby while on this study”.
13. Attachment 3 (Certificate of Confidentiality) is not relevant to New Zealand, but it can stay in if the research team wish.

PIS (HSCT):

1. Please state that participants will not have access to experimental drug after the study.
2. Please amend page 1 it states that “you have already been enrolled and treated on this study” … so they have already chosen between standard treatment and this research study – therefore all the information in the Why am I being invited…” is repetitive. It would be better to remove all the duplicate information and just focus on the SCT information.
3. On page 9 please update reproductive risks section to gender neutral wording.
4. Please remove references to losing 'benefits' as it is misleading.
5. Please delete any wording that has been crossed out because not applicable in New Zealand.

Assent (older children)

1. Please provide examples of contraception (this can be an appendix if it is mentioned in main assent form).
2. HDEC suggest removing list of doctors and instead say that they can speak to any member of study team.
3. For clarity, please have the benefits and risks sections look more like the main participant information sheet - current wording is too basic for older children (e.g., "sometimes bad things can happen").

Assent (younger children)

1. Please note that this is too complicated for younger children, ideally just one or 2 pages.
2. Please say "medicine" instead of CPX-351
3. Language is not appropriate for younger children, please simplify.
4. HDEC suggest removing info about optional aspects of study (e.g., biobanking).
5. HDEC suggest yes/no tick boxes instead of signature for this age group.

"Sometimes bad things can happen to people when they are in a research study" please rephrase as it sounds intimidating.

**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 Mx Albany Lucas and Ms Jessie Lenagh-Glue.

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| **5**   | **Ethics ref:**   | **2023 FULL 19046** |
|   | Title:  | AN OPEN-LABEL, PARALLEL-GROUP PHASE I STUDY TO EVALUATE THE RELATIVE AND ABSOLUTE BIOAVAILABILITY OF SINGLE SUBCUTANEOUS DOSES OF NXT007 AMONG INJECTION SITES ABDOMEN, UPPER ARM, AND THIGH IN HEALTHY MALE PARTICIPANTS |
|   | Principal Investigator:  | Dr Rohit Katial |
|   | Sponsor:  | F. Hoffmann-La Roche Ltd. |
|   | Clock Start Date:  | 16 November 2023 |

Dr Rohit Katial 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 resolved ethical issues.**

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

1. The Committee asked if there are more than one study drug being used as there are references to “drugs” in the application forms. The Researcher confirmed that there is only one study drug being used for this trial.
2. The Committee asked about the exclusion of certain drugs during the trial period that participants could not use. The Researcher explained that certain drugs would be available such as Panadol etc and that further or contrary treatments should be consulted with the study doctor and will be a case-by-case consideration. This is to keep the participant safe and ensure the study drug can be utilized correctly, this process will be discussed at the time of participant consent with the research team.
3. The Committee asked about exclusion criteria and who is limited to participating. The Researcher explained that the study needs to be limited to X and Y chromosome people for study drug safety and efficacy and will be including HIV and HBSC people in the study in further phases given the target audience is haemophiliacs.

**Summary of outstanding ethical issues**

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

1. In the advertising material, please change smoke or vape on average 5 cigarettes or less to 5 cigarettes or fewer.
2. Picture in the “Odyssey Study” advert shows a woman being consented and there is no mention in the text that the study is limited to XY chromosome individuals, this could be misleading, please amend.

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

1. On page 6 it refers to "which study drug” there is only one drug please amend.
2. On page 13 please include how much alcohol amounts to abuse.
3. On page 21 please include that a support person is allowed to accompany a participant
4. On page 25 please review/delete "local laws… samples" this does not apply to New Zealand.
5. On page 31 please explain the risks of clots and information on early signs of clots etc especially with early withdrawal of a participant.
6. For the consent form please delete reference to participant becoming pregnant.
7. Please include the worst case scenario such as strokes.
8. Please identify and include the risks associated with withdrawing from this study, and the support the participants will receive, during the withdrawal process.
9. Please amend the men getting pregnant section.
10. Please include that a participant can request a same sex patient examiner. This is not mandatory but should accommodate if possible.

**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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| **6**   | **Ethics ref:**   | **2023 FULL 18530** |
|   | Title:  | A Prospective Phase III Multi-center, Placebo Controlled, Double Blind Study to Evaluate the Efficacy and Safety of “Kamada-AAT for Inhalation” 80 mg per day in Adult Patients with Congenital Alpha-1 Antitrypsin Deficiency with Moderate and Severe Airflow Limitation (40% ≤ FEV1 ≤ 80% of predicted; FEV1/SVC ≤ 70%) |
|   | Principal Investigator:  | Dr Michael Epton |
|   | Sponsor:  | Kamada Ltd. & Syneos Health New Zealand Ltd. |
|   | Clock Start Date:  | 16 November 2023 |

Dr Michael Epton 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 resolved ethical issues.**

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

1. The Committee asked about data retention and why the data is being kept for 25 years as opposed to 15 years. The Researcher explained that this was a mistake in the clinical forms and will amend.
2. The Committee asked about the storage of samples and traveling with the medication. The Researcher explained that they will be clear with participants on the correct way to carry/store/travel with the sample and in the past, there has been no issues.
3. The Committee asked if tobacco include vaping. The Researcher confirmed that vaping is also included in relation to tobacco.

**Summary of outstanding ethical issues**

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

1. The Committee asked about the duration of the study, and if there is a possibility that the participants on the placebo pill will have access to the study drug. The Researcher said these participants will not receive the real study drug after 104 weeks on the placebo. The Committee strongly suggest making the study an open label extension study for these participants, the Researcher agreed and will go back to the Sponsor with this feedback.
2. The Committee asked why people with would Hepatitis A,B, and C and HIV be excluded for this phase in the trial. The Researcher explained that this exclusion criteria is due to a low risk of viral contamination and not for the safety of researchers. The Committee asked for further information to understand this.
3. Kamada reserves the right to discontinue the study for safety or futility. The Study cannot be discontinued for only commercial reasons. Please ensure this is clarified.
4. The Committee noted that SOC IV augmentation is not available in New Zealand, please remove reference to this.
5. In section E3.2 of the submission form, please include who will pay for the independent counselling and how this process will occur.
6. In the data management plan, people under 18 are not enrolled. Please remove reference to 16-year-olds in this document.

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

1. Please review and remove all gendered wording (e.g., "females") please refer to the HDEC reproduction risks template for gender-neutral wording suggestions.
2. Please include how many participants will be recruited in New Zealand.
3. For the physical examination, please clarify whether participants will need to undress/remove items of clothing, and whether they can bring a support person.
4. Please do not ask participants to provide receipts for reimbursement as it is too burdensome, consider stipend instead.
5. Māori cultural support, not health support, please amend.
6. Please include a lay title.
7. PIS/CF investigation medicine is preferred to ' drug'.
8. You are invited to take part in a study on Alpha-1 Antitrypsin Deficiency (AATD) related lung disease this is not strictly accurate. The study is about the medicine. Please amend.
9. Please include a sentence covering the importance of not leaving the product in the car.
10. Please include a sentence covering the importance of cleaning the product.
11. Please have blood in mLs.
12. Please note that IV therapy is not available in New Zealand. Remove reference.
13. Please include that “smoking” also covers vaping.
14. Please review the wording in the pregnancy section and use gender-neutral wording.
15. Identifiable data is kept for 15 years, not 25.
16. For the questionnaires, please include more information for what happens if a participant shows signs of distress during the questionnaire and please submit a safety plan that outlines what will happen if a participant indicates high levels of anxiety/depression 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).*

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

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| **7**   | **Ethics ref:**   | **2023 FULL 18989** |
|   | Title:  | A Randomized, Double-Blind, Multicenter, Active-Controlled, Parallel-Group Study to Evaluate the Efficacy and Safety of Fluticasone Propionate/Albuterol Sulfate Fixed-Dose Combination on Severe Asthma Exacerbations in Patients with Asthma. |
|   | Principal Investigator:  | Dr Jonathan Huw Noble |
|   | Sponsor:  | Teva Branded Pharmaceutical & Syneos Health New Zealand Limited |
|   | Clock Start Date:  | 16 November 2023 |

Dr Jonathan Huw Noble 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 resolved ethical issues.**

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

1. The Committee asked how potential participants will be "identified" how they will be approached and the advertisement material. The Researcher explained that no advertisement material has been provided with this submission, the sponsor is providing the advertising material in the future and participants will contact the researcher team to be involved, the researchers will not be going into the patient database and choosing participants. Any advertising material will need to approve by HDEC.
2. The Committee asked about participant pregnancy and exclusion criteria. The Researcher explained that because it is two well-known drugs being used together, there may be adverse side effects for pregnant people hence the exclusion. Furthermore, the researcher explained that there will be testing for pregnancy before and during the trial. The Committee explained an emergency pregnancy management plan may be of use for this study.
3. The Committee asked if participants who turn 16 will be reconsented during the study period. The Researcher explained that they will use a 16+ consent form to reconsent these participants.

**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 insurance expires March 2024. Please ensure updated .
2. Please amend section D14 of the application, as Right 7(4) does not apply to parents/guardians providing proxy consent for their children, and children can still provide assent.
3. Please amend section E8 the study cannot be terminated for “any reason at any time”.
4. Please consider providing a koha for participants, as 3 years is a big commitment (koha for child, not parents).
5. Please provide more information for the safety plan for testing children for pregnancy, covering how will parents be informed and how will a child be protected if parents are not aware that they are sexually active or if the pregnancy was a result of sexual assault.
6. Please include in the cultural statement about tapu with respect to touching of participant’s head.
7. Please amend the GP letter wording of “stomach flu” please use specific language.

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

Main PIS/CF:

1. Please submit a safety plan that outlines what will happen if a participant indicates high levels of anxiety/depression etc.
2. Please review for typos and repeated information throughout.

Adult/Parent-guardian PIS:

1. Please say 3 years instead of ‘35 months’
2. On page 4 please amend the sentence about the smoking/vaping history of the child.
3. Please consider including a picture of the inhaler device.
4. Please simplify language throughout.
5. Please include how many participants are to be recruited in New Zealand.
6. Please include a timeline, it would be helpful when explaining what participation involves.
7. "Your visits to the study centre will take approximately 1-4 hours" Is this in total or for each visit, please review and amend.
8. Please clarify what the 'physical examination' involves, whether participants will need to undress/remove clothing, whether a support person can be present etc.
9. Please remove all gendered wording, particularly when discussing contraception, pregnancy risks etc (see HDEC reproduction risks template).
10. Please consider using a table when describing what happens at each visit to avoid unnecessary repetition.
11. Please include taking contraception/avoiding pregnancy under 'what do I have to do?' section.
12. Please clarify what "difficult exercises" mean and provide some examples.
13. Please simplify language around risks (e.g., "adverse reactions with greater than or equal to 3% incidence") and consider using descriptions instead of percentages (e.g., fewer than 5 in 100 people experienced...)
14. For reimbursement "you may need to provide receipts" is too burdensome, consider providing a stipend instead.
15. 'What will happen to my (child's) information' section is unnecessarily long and detailed - please consider adapting wording from HDEC template instead.
16. Please remove reference to "benefits to which you are entitled”.
17. Please clarify whether karakia is available when tissue samples are destroyed.
18. Māori cultural support, not health support please amend.
19. Please remove tick boxes next to section on informing GP in consent form (as not optional)
20. On page 2 of the parent/guardian participant information sheet please include "and their assent" after "your child's participation is voluntary and requires your written consent".
21. For the parent/guardian consent form please remove "I undertake to inform my child's partner of the risks and to take responsibility for the prevention of pregnancy"
22. Please have measurements in mLs.

Child information sheet (4-6 years):

1. On page 4 please amend the wording: "pee in a cap".
2. Please amend the wording: "sometimes medications can cause one to feel unwell" please say, "sometimes medications can make you feel sick".
3. Please change "ill" to "sick".
4. Please submit an assent form for younger children (based on the 4-6 year olds information sheet).
5. Please submit an assent form for older children (based on the current 7–14-year-olds assent form).
6. Please submit a PIS/consent form for children 16+ (based on the 15–16-year olds 'assent' form).

Please incorporate the following recommendations for current assent forms:

1. Please use gender-neutral wording when describing pregnancy tests (and provide some examples of contraception in older child assent form).
2. Māori cultural support, not health support.
3. Please consider using tick boxes instead of signature for younger children assent form.
4. For the younger forms please remove wording “no one will be upset” as this cannot be guaranteed.

**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 Sandy Gill and Mx Albany Lucas.

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| **8**   | **Ethics ref:**   | **2023 FULL 19267** |
|   | Title:  | Morphological awareness in children with/without hearing aids. |
|   | Principal Investigator:  | Miss Caelyn Eades |
|   | Sponsor:  | University of Canterbury |
|   | Clock Start Date:  | 16 November 2023. |

Caelyn Eades 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 resolved ethical issues.**

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

1. The Committee asked how the children will be identified. The Researcher explained that children with hearing aids will be identified through the service and for typical hearing children, the plan is going to be approach schools and discuss the study with the school and see if the advertisement can be given to parents, Facebook ads and in clinic advertisements. The participants that are interested will then contact the researchers and ask to be involved.
2. The Committee asked about the risk of stigmatisation due to the parental education level and that this may not decide whether the participant can hear better or not, the Committee recommended that it should be removed, also highlighting the potential whakamā from this question. The Committee explained that the risk could be abated given that there is no link between study scores and the stigmatising question. The Researcher explained that the question is an important variable for many reasons and cannot be excluded. The Committee recommended that a management plan needs to be seen highlighting the management of tapu and preventing participant whakamā.

**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 the following for the survey:
	1. Please note that the lay title does not read as lay, i.e., "Morphological awareness".
	2. Please complete a plain language review e.g., monolingual.
	3. Please amend the survey, question 8 and 9 are the same.
	4. How would the caregivers/guardians know the answer to q 13The hearing environment in your child's classroom is hard for them, please add extra responses “my child explained to me” etc. Please reconsider the question
	5. Please note that caregivers/guardians may not be able to compare their child to others for reading writing and maths. Please reconsider the questions
	6. Please amend question 20, include who this question is referring to.
	7. Please amend question 33, What is your child's current hearing level in their better ear (without hearing aids)?
	8. Please amend the guide it needs some explanation on how to use it for participants.
2. Please submit all advertisement material that will be used.
3. Please include a clarification on why the parent’s educational level, socio-economic state is being requested.
4. Please provide the strategies used for avoiding stigmatization, especially for the questions surrounding the socio-economic state of the parents.
5. Please ensure that Ngai Tahu is updated regularly.

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

1. The assent form is too complex for the younger children HDEC suggest a shorter, simpler form also be available for them to look at.
2. Please amend the language used.
3. Please amend page 3 for the signing of the consent.
4. On page 5 please check for typos.
5. Once schools are involved, the researchers will need to contact the school explaining the study and the plan and obtain the school’s agreement to being involved.
6. Please amend the assent form and check for typos and repeated language.
7. Please include a statement that the research team is looking to see some children with hearing aids and some children with no hearing aids, avoid confusion.

**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 the Full Committee.

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| **9**   | **Ethics ref:**   | **2023 FULL 19175** |
|   | Title:  | A phase II, double-blind, randomised, placebo-controlled trial to evaluate the efficacy and tolerability of ZED1227 in celiac disease subjects experiencing symptoms despite gluten-free diet |
|   | Principal Investigator:  | Dr Nah Yeon (Tina) Baik  |
|   | Sponsor:  | Dr. Falk Pharma GmbH & Novotech (New Zealand) Limited |
|   | Clock Start Date:  | 16 November 2023. |

Dr Tina Baik 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 outstanding ethical issues**

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

1. For the advertisements there are references to celiac and coeliac, please make this consistent.
2. Please amend section E3.1; questionnaires are reviewed immediately after completion however the participant information sheet explains they are completed electronically. Please amend and make consistent.
3. Please note that for section E8 a study cannot be discontinued solely for commercial reasons.
4. Please include dates for all documents submitted.
5. As this is an international study that will include New Zealand, please list number of participants to be recruited in New Zealand.

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

1. Please include a lay title.
2. Please amend the reference to international guidelines, either delete or add New Zealand guidelines (such as national Ethical Standards and Code of Rights).
3. Please provide more information surrounding the physical exam (such as whether undressing is required) and whether the participant can bring a support person.
4. Please explain meaning of "legumes”.
5. The sponsor refers to local sponsor in Australia, should be New Zealand sponsor.
6. Please use lay language where possible.
7. Please review for typos and repeated information.
8. If a side effect is serious enough to be life threatening, seek medical assistance immediately by calling 111, please include that the research team will also be notified asap.
9. Please remove gendered language throughout especially around testing for pregnancy and contraception.
10. No mention of karakia availability for disposing tissue, please include.
11. No Māori data sovereignty/tissue statements, please include in the participant information sheet. These can be found on the HDEC website.
12. For the safety plan, it is the researcher’s responsibility to care for the participants if adverse events occur. Please submit a safety plan especially for the mental health questions and let the participants know that the questionnaires will be assessed with participants being allowed some space in clinic to complete the questionnaires and that care is available for them. Please mention quality of life questionnaires under risks section as this can be upsetting or triggering for participants.

**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 Dr Cordelia Thomas and Dr Andrea Forde.

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| **10**   | **Ethics ref:**   | **2023 FULL 18776** |
|   | Title:  | Evaluation of the Safety and Performance of the Zenith LAA Occlusion System and Procedure for the mechanical closure of the Left Atrial Appendage (LAA). |
|   | Principal Investigator:  | Dr Matthew O'Connor |
|   | Sponsor:  | AuriGen Medical Ltd |
|   | Clock Start Date:  | 16 November 2023 |

Ms. Mandy Fish 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 resolved ethical issues.**

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

1. The Committee asked about why exclusion of pregnant breast feeding or planned pregnancy women and asked the Researcher to explain the risk. The Researcher explained that the exclusion is because of protocol statements, however the Researcher agrees this group of participants can be beneficial and will go back to the sponsor and ask for rationale and try to include this group of potential participants.

**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 provide independent peer review.
2. Please put in bold and in a box that this is first in human study.
3. Please amend the wording for how many participants will be involved in New Zealand and how many overall.
4. On page 3 please review for typos.
5. Please note that compensation MNZ guidelines do not apply to devices, please amend.

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

1. Please review participant information sheet and remove gendered wording (e.g. "female of childbearing age")
2. Please describe what physical examination will involve in the participant information sheet, whether undressing is required, whether support person can be present etc.
3. Please mention the quality-of-life questionnaires in the risks section, may be distressing/triggering for participants to complete.
4. On page 4 please amend the typo "need for emergent cardiac surgery".
5. On page 4 please include "people" after "1 in 1,000" etc.
6. Please provide further information for when a participate shows signs of distress/concern and please provide a safety plan and state exactly what will happen for when signs of distress are detected and provide more information about what the survey includes to avoid surprise or possibly triggering participants.
7. On page 7, please change to Central HDEC.
8. In relation to the post-death autopsy for the device, please provide more information on what will happen and clarifies what will happen to those who are contacted, explain it in an expression of interest and that this not bound by law.
9. Please include what the inclusion and exclusion criteria is.
10. Please create and submit assent forms for different types of consenting parties.

**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 Helen Walker and Mrs Patricia Mitchell.

## General business

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

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| **Meeting date:** | Tuesday 30 January 2024 |
| **Zoom details:** | To be determined |

 The following members tendered apologies for this meeting.

* Pat Mitchell
1. **Review of Last Minutes**

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

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

The meeting closed at 5:30pm.