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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 26th September 2023 |
| **Zoom details:** | 965 0758 9841 |

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| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
| 12:00pm- 12:30pm | 2023 FULL 18698 | SWiFT study of whole blood in frontline trauma - resubmission | Dr Richard Charlewood | Dr Patries Herst & Mrs Sandy Gill |
| 12:30pm- 1:00pm | 2023 FULL 18134 | Randomized Study of Andexanet Alfa in Patients Requiring Urgent Surgery or Procedure | Dr Laura Young | Mrs Helen Walker & Ms Patricia Mitchell |
| 1:00pm-1:30pm | 2023 FULL 18115 | An Opportunity to Prevent Dementia. A Study of Potential Disease Modifying Treatments in Individuals at Risk for or With a Type of Early Onset Alzheimer's Disease Caused by a Genetic Mutation. | Dr Campbell Le Heron | Dr Cordelia Thomas & Mx Albany Lucas |
| 1:30pm- 2:00pm | 2023 FULL 18635 | VLS-01-102: An Open Label study to evaluate two formulations of VLS-01 (VLS-01-BU and VLS-01-IV) in Healthy Participants | Dr Christian Schwabe | Ms Jessie Lenagh-Glue & Dr Patries Herst |
| 2:00pm-2:30pm |  | **Break (30 minutes)** |  |  |
| 2:30pm-3:00pm | 2023 EXP 18292 | Puku Ora Pilot Study | Dr Stephen Inns | Dr Patries Herst & Mrs Sandy Gill |
| 3:00pm-3:30pm | 2023 FULL 15375 | COG ARST2032 | Dr Mandy De Silva | Ms Jessie Lenagh-Glue & Mx Albany Lucas |
| 3:30pm-4:00pm | 2023 FULL 18562 | Zephyr\_C101: A Study to Evaluate Single Doses of Dihydroergotamine Mesylate Inhalation Powder and Dihydroergotamine Mesylate Intravenous in Healthy Participants | Dr Alex Cole | Dr Cordelia Thomas & Ms Patricia Mitchell |
| 4:00pm-4:30pm | 2023 FULL 15585 | Study of Efficacy and Safety of Dazodalibep in Participants With Sjögren’s Syndrome. | Dr Sunil Kumar | Mrs Helen Walker & Mx Albany Lucas |
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| **Member Name**   | **Member Category**   | **Appointed**   | **Term Expires**   | **Apologies?**   |
| Mrs Helen Walker  | Lay (Consumer/Community perspectives) (Chair) | 22/05/2018  | 22/05/2020  | Present |
| Mrs Sandy Gill  | Lay (Consumer/Community perspectives)  | 22/05/2020  | 22/05/2023  | Present |
| Dr Patries Herst  | Non-lay (Intervention studies)  | 22/05/2020  | 22/05/2023  | Present  |
| Dr Cordelia Thomas  | Lay (the Law)  | 22/03/2020  | 22/03/2024  | Present  |
| Ms 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 |

## Welcome

The Chair opened the meeting at 11:30am and welcomed Committee members, noting that no apologies had been received.

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 22nd August 2023 were confirmed.

## New applications

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| **1**   | **Ethics ref:**   | **2023 FULL 18698** |
|   | Title:  | SWiFT study of whole blood in frontline trauma |
|   | Principal Investigator:  | Dr Richard Charlewood  |
|   | Sponsor:  | NHS Blood and Transplant |
|   | Clock Start Date:  | 14th September  |
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Dr Richard Charlewood, Dr Chris Denny, Dr James Le Fevre 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 resolved ethical issues

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

1. The Committee noted that the contextualisation document acts as sufficient documentation of how the New Zealand study protocol would be deviating from the United Kingdom protocol.

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 raised the notion of consenting and enrolment in the study occurring once the participants have reached the hospital and therefore after they have received the blood.
This would aid in the issues identified previously by the Committee where presuming consent or attempting to make a best interest case where it might not be appropriate. The researcher noted that they could recruit only competent individuals with competence being assessed at the hospital.
2. The Committee noted that there was mention of a “legal representative” in the New Zealand documentation where it relates to adults. This is not legal in New Zealand and this needs to be amended across the applications documentation. This is particularly relevant in the Data Management Plan (DMP) where that term is used frequently.
3. The Committee noted that adults are not giving assent for the child but are in fact giving consent on behalf of the child. Please amend this in the application. The child should be the one assenting.
4. The Committee noted that there is no adult information sheet and consent form. The guardian forms may be amended for this purpose. This could also be used for children that turn 16 during the course of the study or a document created specifically for this purpose.
5. The Committee suggested that it would be a good idea to have a younger and older children information sheets and assent forms.
6. The Committee requested that the statements concerning an increased incidence in Māori be amended to prevent the ability for individuals to utilise this information to the detriment of Māori. The wording here should be careful in the way it disseminates the incidence and requirement of this treatment by Māori as there is a high possibility for a harmful narrative to be created by the results of this study.

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

Child PIS:

1. Please ensure there are headers and footers including dates and version numbers.
2. Please include contact details (phone numbers) as per the [HDEC PISCF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc).
3. Please include the information sections from the [HDEC PISCF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) rather than the links to the UK websites.
4. Please include the HDEC cultural statement as follows:
“*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 refer to the guidance on the [HDEC website to form these assent documents](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/hdec-assent-form-instructions-and-checklist-may18.doc).
6. Please remove all references to “presumed consent”.
7. Please ensure that the language used is appropriate for the two different age groups.
8. Please remove tick boxes in the assent form save where there is an actual option available to participants.

Guardian PIS/CF:

1. Please ensure there are headers and footers including dates and version numbers.
2. Please include contact details (phone numbers) as per the [HDEC PISCF template.](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc)
3. Please include the information sections from the [HDEC PISCF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) rather than the links to the UK websites.
4. Please include the HDEC cultural statement as above.
5. Please include a safety plan to ensure that any questionnaires that may be triggering are appropriately responded to in a timely manner. Please also more clearly detail the manner in which the guardians may be expected to help the child in responding to this questionnaire or respond on their behalf, and what it involves.
6. Please remove tick boxes in the assent form save where there is an actual option available to participants.
7. Please amend the sentence pertaining to withdrawal from the study to state that non-participation will not have an effect on the care provided to the child.
8. Please amend the statement regarding the withdrawal for data on page 9. This should state that any data collected up until the point of withdrawal may be used but that no further data will be collected or used in the study.

Assent Forms:

1. Please refer to the guidance on the [HDEC website to form these assent documents](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/hdec-assent-form-instructions-and-checklist-may18.doc).
2. Please remove all references to “presumed consent”.
3. Please ensure that the language used is appropriate for the two different age groups.
4. Please include the HDEC cultural statement as above.
5. Please clarify if the parents and guardians will be answering the questionnaires about mood such as the EQ5DL. Please also detail a safety plan should any harm or distress be identified.
6. Please remove tick boxes in the assent form save where there is an actual option available to 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).*
3. Please update the study protocol, taking into account the feedback provided by the Committee*. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by the full Committee.

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| **2**   | **Ethics ref:**   | **2023 FULL 18134** |
|   | Title:  | A Randomized Study of Andexanet Alfa Compared to Usual Care in Patients Receiving a Factor Xa Inhibitor who Require UrgentSurgery or Procedure (ANNEXA-RS) |
|   | Principal Investigator:  | Dr Laura Young |
|   | Sponsor:  | Te Toka Tumai Auckland |
|   | Clock Start Date:  | 14th September 2023 |

Dr Laura Young and Davina McAllister 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 clarified that pregnancy tests would be done in those participants able to bear a child.

Summary of outstanding ethical issues

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

1. The Committee noted that the insurance expires during the research term, the Committee requested that this be renewed.
2. The Committee requested a separate consent form from the study consent for the future unspecified research/genetic research.
3. The Committee queried the use of the Code of Rights 7(4) for participants. The researcher clarified that the participant could be recruited to prevent serious problems due to waiting for the rivaroxaban to reverse on its own, delaying surgery by several hours. Some of these participants may be affected by a swift-onset acute delirium that may prevent them from being able to consent at that time. *National Ethical Standards* para *7.21*
4. The Committee noted that the enrolment of participants could occur after the surgery. The Committee noted that having two arms in the study where one arm receives no intervention, which may result in surgery being postponed for a few hours, does not satisfy equipoise or the code. The Committee clarified for the researchers that the study is unethical with the presence of the control group which is at higher risk of serious bleeds during surgery. *National Ethical Standards* para *7.21 & 7.70*
5. The Committee requested clarification on why information is being stored for up to 25 years. Please amend this if incorrect.
6. The Committee noted that the survey had not been uploaded for review. Please provide this.
7. The Committee suggested that all participant facing material requires a review for spelling, grammar, te Reo spelling and plain language.
8. The Committee noted that koha should be provided to participants over and above expenses where possible.
9. The Committee queried if the research intended to utilise the abridged version of the EQ5DL questionnaire.

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

1. Please include that this drug has not been approved by Medsafe.
2. Please describe what “usual care” is to participants.
3. Please include the cultural information as per the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc).
4. Please remove or amend the sentence “you will not lose any benefits you are entitled to…” as there are no benefits.
5. Please review the information section for repetition.
6. Please ensure and include a safety plan and disclaimer noting that the EQ5DL is a potentially triggering survey.

**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:**   | **2023 FULL 18115** |
|   | Title:  | A Phase II/III Multicenter Randomized, Double-Blind, Placebo-Controlled Platform Trial of Potential Disease Modifying TherapiesUtilizing Biomarker, Cognitive, and Clinical Endpoints in Dominantly Inherited Alzheimer’s Disease |
|   | Principal Investigator:  | Dr Campbell Le Heron |
|   | Sponsor:  | IQVIA RDS Pty Limited |
|   | Clock Start Date:  | 14th September 2023 |

Dr Campbell Le Heron, Laura Paermentier and another remember of the research team 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 noted that there are 2 groups involved in this study and clarified how the capacity of participants will be assessed.
2. The Committee noted that the submission did not specify that termination of the study could not be done for purely commercial reasons.
3. The Committee clarified that the genetic testing is mandatory.

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 suggested that the researchers could request an advance directive to remain in the research should they become incompetent during the study at the start of the research in order to avoid issues with loss of competence. This should be explained in the PIS and included in the consent form.
2. The Committee queried what identifiable information will be kept about the study partner.
The Committee queried why this should be stored for 15 years. This information should be coded for privacy and cannot be sent to the sponsor in an identifiable form.
3. The Committee noted that identifiable data being kept indefinitely is not appropriate, especially for the study data relating to the partner where there is no potential benefit.
4. The Committee requested that the researchers seek clarification if the storage and posthumous use of organs as part of this study may be affected by any regulations surrounding the precautions relating to Mad Cow Disease and residence in the United Kingdom during the 1990s.
5. The Committee noted that the referral to the “Stipend” should be amended as this will likely be taxable. This should refer to a koha instead.
6. The Committee requested that the legal language used concerning the participant’s right to access and correct data about them be made New Zealand specific as currently it is not.

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

1. Please do not introduce any new concepts in the consent forms that have not been already discussed and explained in the information sheet.
2. Please state that the study drug is not approved by Medsafe.
3. Please amend the statement on HDECs and what their responsibilities are in reviewing only specific health and disability research. Please see the [template for PISCFs](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) to correct this.
4. Please refrain from using gendered language in the pregnancy information. Please refer to the guidance in the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) to this effect.
5. Please state if the participant’s support person may travel with them to Australia and if this will be reimbursed.
6. Please amend the ACC-equivalent compensation language as per the HDEC template. The current statement is not adequate for HDEC review.
7. Please correct “2,5 hours” to “2.5 hours”.
8. Please include that brain organ donation will include storage of that organ overseas.
9. Please amend all mention that the participant “may” be reimbursed to “will be” reimbursed. Specify if this reimbursement is for non-participants.
10. Please clarify that genetic testing is mandatory in the consent forms.
11. Please clarify that the reason that the study partner cannot be a blood relative is due to the likelihood that the support person may have the same mutation.
12. Please amend mention of “Māori health support” to read “Māori cultural support.”
13. Please specify if participants will need to remove their clothing for any of the assessments or procedures.
14. Please remove the statement “father a child” in favour of using non-gendered language
15. Please briefly describe and clarify the number of times the lumbar puncture will occur.
16. Please use words rather than “>, <” symbols.
17. Please include the audio recordings as an example of identifiable data in the privacy breach section unless these are removed as part of the study.
18. Please include the paragraph in the consent form on confidentiality in the body of the PIS.
19. Please include the foreseeable risks paragraph in the consent form in the body of the PIS.

Posthumous Donation PIS/CF:

1. Please include some recognition as per the Human Tissue Act (2008) that the family may object to donation and that this objection is a valid consideration in what occurs to the tissue.
2. Please note that study partners cannot create an advance directive for the participant.
3. Please remove the false statement concerning “HDEC is responsible for protecting safety and rights of participants”. Please only use the standard statements per the [HDEC template.](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc)

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Cordelia Thomas and Mx Albany Lucas.

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| **4**   | **Ethics ref:**   | **2023 FULL 18635** |
|   | Title:  | A Phase 1b, Single-Centre, Open-Label Dose Ranging Study of an Optimized Formulation of VLS-01 in Healthy Adult Volunteers |
|   | Principal Investigator:  | Dr Christian Schwabe |
|   | Sponsor:  | Novotech (New Zealand) Limited |
|   | Clock Start Date:  | 14th September 2023 |

Holly Thirwall, Dr Christian Schwabe, Susanna Abigail, and Kayla Malate 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 resolved ethical issues

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

1. The Committee clarified that there was no exclusion of females.

Summary of outstanding ethical issues

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

1. The Committee queried why there is testing for Hepatitis, C and B and HIV testing and how this would be disclosed to participants before either exclusion from the study or transfer to a non-healthy participant study.

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

1. Please include more information as to the experience of the trip caused by the study drug. The PISCF should include a clearer safety plan outlined as to the availability of facilitation or support nurse during the trip.
2. Please include that testing positive to any of the infectious diseases being tested for is exclusionary. And that there would be support offered around this.
3. Please review for te Reo typos.
4. Please clarify the language around recording of audio, specifically the word “performed”.
5. Please clarify that there will be no additional reimbursement for the blood tests as standard in the sub-study.
6. Please clarify that the questionnaires will be carried out in-clinic.

**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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| **5**   | **Ethics ref:**   | **2023 EXP 18292** |
|   | Title:  | Puku Ora Pilot Study |
|   | Principal Investigator:  | Dr Stephen Inns |
|   | Sponsor:  | University of Otago Wellington |
|   | Clock Start Date:  | 14th September 2023 |

`Dr Stephen Inns 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.

Ms Sandy Gill declared a potential conflict of interest and the Committee decided to continue with the member in the discussion as it was not sufficient to recuse them from the discussion.

Summary of resolved ethical issues

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

1. The Committee clarified that Māori and non-Māori may be included in this study as there will be recruitment of whole family groups.
2. The Committee clarified the inability to do bowel screening in those participating in the programme due to the differential function between this study and other screening initiatives. Individuals will still be encouraged to participate in the bowel screening programme.
3. The Committee clarified that testing would not be conducted in younger people due to the false-positive rates and the risk for bowel perforation via colonoscopy and cost associated with the service provision. Extension of the age group was determined to be outside of the scope of this study.
4. The Committee clarified that the peer reviewer was sufficiently independent.

Summary of outstanding ethical issues

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

1. The Committee queried why the income bracket demographics data was necessary for the research. The Committee noted that this may be problematic if there is any inference that income and education are the reason for incidence of the condition under research. The Committee do not think this is responsible data collection and these specific questions should be removed.
2. The Committee noted that there needs to be a cultural support outside of the Kōkiri marae to ensure that the cultural aspects of the study are appropriately and independently addressed and supported. The Committee suggested using hospital cultural contacts for this.
3. The Committee requested that any responses to the scientific peer review be provided to the Committee for review.
4. The Committee requested that any mention of blood sampling is removed.
5. The Committee recommended that the participant information sheet (PIS) be edited to remove unnecessary information.
6. The Committee recommended that the pamphlet be slightly larger in font due to an older target demographic.
7. The Committee noted the importance of individuals to walk participants through the PIS/consent form (CF) to help those with limited ability to read.

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

1. Please clarify what the “experience” in the sentence “stool sample for testing and filling in a questionnaire on your experience” refers to.
2. Please explain the tests in lay terms rather than just naming the tests.
3. Please note that data must be stored for 10 years.
4. Please include a section as to who and when and under what circumstances data will be stored and accessed. Please utilise the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) for the wording of this.
5. Please remove tick-boxes from points in the consent form that are not 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).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Patries Herst and Ms Sandy Gill.

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| **6**   | **Ethics ref:**   | **2023 FULL 15375** |
|   | Title:  | COG ARST2032: A Prospective Phase 3 Study of Patients with Newly Diagnosed Very Low-risk and Low-risk Fusion NegativeRhabdomyosarcoma |
|   | Principal Investigator:  | Dr Mandy De Silva |
|   | Sponsor:  | Children’s Oncology Group (COG) |
|   | Clock Start Date:  | 14th September 2023 |

Dr Sarah Hunter and Dr Mandy de 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 resolved ethical issues

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

1. The Committee clarified that the genetic testing in the Future Unspecified Research (FUR PISCF) was a general document used for all COG studies.

**Summary of outstanding ethical issues**

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

Main/Adult PIS/CF:

1. Please include that the participants will have access to all treatments after the study.
2. Please amend all gendered language to be gender neutral.
3. Please specify that it is Central HDEC that has approved the study.
4. Please include the name of the city where the central review Committee is.
5. Please consider including a glossary of all acronyms.
6. Please include the clarifications of diseases and tumours etc., from the top of the FUR PIS/CF in this document.
7. Please clarify that karakia will not be available for participants when the tissue samples are destroyed.
8. Please amend the FDA approval of drugs to be New Zealand specific.
9. Please include an option in the consent form to receive a copy of the study results.

Low-Risk PIS/CF:

1. Please ensure that the wording around carrying of the genetic variant causing this cancer is not presumed and that there is a chance that the participant may not carry this mutation.
2. Please amend the FDA approval of drugs to be New Zealand specific.
3. Please include an option in the consent form to receive a copy of the study results.

Arm-M PIS/CF:

1. Please amend the wording on the first page to clarify if it is Arm-M or Arm-VLR by using the wording “This is the arm you are being asked to participate in.” instead of just “This arm.”.
2. Please include an option in the consent form to receive a copy of the study results.

Older Child PIS:

1. Please review for plain language and simplify so that it is suitable for this age group.
2. Please provide different assent forms for the different arms for this group to reduce how burdensome the acronyms are for this age group.
3. Please include some examples of contraception.
4. Please note that not all the names of the doctors need to be included at the end of the document. Please refer to Mandy de Silva and then “Any other doctor at Starship”.

Younger Child PIS:

1. Please review for plain language and simplify so that it is suitable for this age group.
2. Please amend the wording “You’ll be assigned to a treatment group”.
3. Please remove acronyms.
4. Please remove the biobank information.
5. Please consider using pictures.
6. Please amend the wording “sometimes bad things happen to people when they are on a research study.”
7. Please omit the risk of “potentially not being able to have children in the future”.

**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).*
* 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).*

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| **7**   | **Ethics ref:**   | **2023 FULL 18562** |
|   | Title:  | A PHASE 1, SINGLE CENTER, OPEN-LABEL STUDY TO EVALUATE THE PHARMOKINETICS, BIOAVAILABILITY, DOSEPROPORTIONALITY, SAFETY, AND TOLERABILITY OF SINGLE ASCENDING DOSES OF DIHYDROERGOTAMINE MESYLATE(ZEPHYR) INHALATION POWDER, AND DIHYDROERGOTAMINE MESYLATE INTRAVENOUS, IN HEALTHY ADULT SUBJECTS |
|   | Principal Investigator:  | Dr Alex Cole |
|   | Sponsor:  | Syneos Health New Zealand Ltd. |
|   | Clock Start Date:  | 14th September 2023 |

Julia Sullivan, Dr Alex Cole, Kayla Malate and Brittany Findlay 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 resolved ethical issues

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

1. The Committee noted that the testing of HIV and Hepatitis to exclude participants with these health issues may be stigmatising as many of these participants will not be “unhealthy” and could likely be included in studies such as this.
2. The researcher clarified that the researchers would be updating the insurance before it lapsed during the study period.
3. The Committee clarified that the study treatment has been submitted to SCOTT for review.

Summary of outstanding ethical issues

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

1. The Committee queried the exclusion of individuals who had received a Depo-Provera injection or contraceptive implant. Please clarify on this and ensure that it is clearer for participants.

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

1. Please amend the wording around “avoid grapefruit and it’s juice” to state “do not eat or drink grapefruit and it’s juice”.
2. Please clarify that the history of Covid-19 exclusion criteria is only for those with ongoing coughs or respiratory issues.
3. Please provide a different perspective of the image of the inhaler as the current one alone is potentially confusing.
4. Please define the conditions listed in the side-effects to be more lay-friendly.

**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).*

|  |  |  |
| --- | --- | --- |
| **8**   | **Ethics ref:**   | **2023 FULL 15585** |
|   | Title:  | A Phase 3 Randomized, Double-blind, Placebo-controlled Study to Evaluate the Efficacy and Safety of Dazodalibep in ParticipantsWith Sjögren’s Syndrome With Moderate-to-severe Systemic Disease Activity. |
|   | Principal Investigator:  | Dr Sunil Kumar |
|   | Sponsor:  | PPD Part of Thermo Fisher |
|   | Clock Start Date:  | 14th September 2023 |

Dr Sunil Kumar, Kathryn Stothers, and Dr Sharon Cheung 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 resolved ethical issues

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

1. The Committee requested that in future applications that the researchers note that studies cannot be terminated for solely commercial reasons.

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 clarified that there would be post-study access to the study drug for the extension study participants. The Committee requested that this be clarified with the sponsor and clearly outlined in the participant information sheet (PIS) who will have access once the study is concluded.
2. The Committee requested clarification as to whether the female sexual function questionnaire was opt-in. Many people may feel uncomfortable declining to participate in this and uncomfortable with the topic and number of questions in this questionnaire.
3. The Committee queried if it was possible for participants in all groups to receive access to the study drug as part of an open-label extension.
4. The Committee commented on the capacity of General Practitioners (GPs) to provide an independent medical opinion on participation as GPs are likely to be too busy to provide this opinion. The Committee queried if it would be a possibility for someone independent from the study to be provided as a contact to act as a sounding board for queries that participants may have around the study.
5. The Committee queried when the Optional PIS would be provided to participants. If this is not at the initial enrolment stage this should be made clear to participants at that point.
6. The Committee queried if the sections in the PISs in yellow are relevant to the study. If these are site specific please remove these where needed.

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

1. Please specify a safety plan and response per site for the questionnaires concerning mental health. This should specify how soon after completion the questionnaires will be reviewed, the pathway for potential referral and response to distress and the support available. One section that covers all of the questionnaires would be ideal as this would aid participants in disseminating the topics and risk of each and detailing what may be triggered by some of these questionnaires. The Committee stressed that 48 hours is not swift enough for the review of the questionnaires.
2. Please specify how many participants will be participating in New Zealand.
3. Please use words to describe greater than or lesser than symbols as some people may not know what the symbols mean.
4. Please state that the completion of participation may be a visit or phone call.
5. Please amend for consistency any statements on early withdrawal. Participants should be made aware if withdrawal does in fact require visits as per sections of the PIS that conflict with other documentation.
6. Please specify if any of the study assessments will require the removal of clothing.
7. Please amend all gendered language to be gender neutral.
8. Please reword the statement, “taking a placebo is the same as not taking any active medicine.” As this is unnecessarily complex.
9. Please review section 8.6 on page 17 for missing words.
10. Please review the sentence on page 22 “If the study doctor has any financial links to the sponsor…” to be clearer as currently it makes little sense. This may not need to be in the PIS.
11. Please only include tick boxes for items in the consent form that are truly optional.
12. Please review for spelling mistakes or items that should be headings.

Optional PIS/CF:

1. Please be clear in the information sheet that the samples will be going overseas and provide detail as to where specifically this will be. This is currently only in the consent form.

**Decision**

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

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

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

## General business

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

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| --- | --- |
| **Meeting date:** | 24th October 2023 |
| **Zoom details:** | To be determined |

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 4:29pm.