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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 26 November 2024 |
| **Zoom details:** | 965 0758 9841 |

| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
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| 12:00 - 12:30pm | 2024 FULL 21607 | EIK1001-006:A Phase 2/3 Study to evaluate safety and efficacy of EIK1001-006 in Combination with Pembrolizumab versus Placebo and Pembrolizumab as First-Line Therapy in Patients with Advanced Melanoma | Dr Gareth Rivalland | Dr Cordelia Thomas & Mx Albany Lucas |
| 12:30 - 1:00pm | 2024 FULL 21720 | ABI-6250-101: A Study to Evaluate ABI-6250 in Healthy Participants | Prof. Edward Gane | Ms Jessie Lenagh-Glue & Ms Patricia Mitchell |
| 1:00 - 1:30pm | 2024 FULL 21157 | EPI-321-02: Phase 1/2 Study of EPI-321 in FSHD | Dr Richard Roxburgh | Ms Sandy Gill & Dr Patries Herst |
| 1:30 - 2:00pm | 2024 FULL 21683 | TPST-1120-301: A Study to Evaluate TPST-1120 in Combination with Atezolizumab Plus Bevacizumab in Patients with Unresectable or Metastatic HCC Not Previously Treated with Systemic Therapy | Dr Jeffrey Ngu | Mrs Helen Walker & Mx Albany Lucas |
| 2:00 - 2:30pm |  | Break 30 minutes |  |
| 2:30 - 3:00pm | 2024 FULL 21695 | Extended-release Thioguanine Study | Professor Murray Barclay | Mrs Helen Walker & Ms Patricia Mitchell |
| 3:00 - 3:30pm | 2024 FULL 21431 | COrticosteroids for Biphasic Reactions in Anaphylaxis - COBRA | Dr Adrian Owen | Ms Jessie Lenagh-Glue & Dr Patries Herst |
| 3:30 – 4:00pm | 2024 FULL 20508 | The CPS trial | Dr Saad Anis | Ms Sandy Gill & Mx Albany Lucas |
| 4:00-4:30pm | 2024 FULL 21100 | A Phase3 Study of Elranatamab+Daratumumab+Lenalidomide or Elranatamab+Lenalidomide vs Daratumumab+Lenalidomide+Dexamethasone in Transplant-Ineligible Participants with Newly-Diagnosed Multiple Myeloma | Doctor Niranjan Rathod | Dr Cordelia Thomas & Ms Patricia Mitchell |

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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)  | 22/12/2020 | 22/12/2024 | 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 22 October 2024 were confirmed.

## New applications

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| **1**   | **Ethics ref:**   | **2024 FULL 21607** |
|   | Title:  | EIK1001-006: A Multicenter, Randomized, Double-Blind, Active Comparator-Controlled, Adaptive Phase 2/3 Study to Evaluate the Safety and Efficacy of EIK1001 and Pembrolizumab Versus Placebo and Pembrolizumab as First-Line Therapy in Participants with Advanced Melanoma |
|   | Principal Investigator:  | Dr Gareth Rivalland |
|   | Sponsor:  | EIKON Therapeutics, INC |
|   | Clock Start Date:  | 14 November 2024 |

Dr Gareth Rivalland, Mrs Ruta Padalkar and another member 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 outstanding ethical issues

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

1. The Committee requested that the researcher clarify and specify the statement in the Data Management Plan talking about the unspecified medical or scientific purposes for which the data may be used in the future.
2. The Committee noted that the period of the insurance expires before the study commences, please ensure this is updated.

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

1. Please include a summary of the plan for those experiencing mental distress such as was outlined in the protocol.
2. Please include the wording “with your consent” where referring to parts of the study that could be optional. Some of the statements seem quite mandatory and like if they decline to those aspects they may not participate.
3. Please specify that the part of the study mentioned in “there will be no direct benefit to you or your family…” is the genetic component.
4. Please clarify the meaning of “double blinding” in lay language.
5. Please review for typos.
6. Please provide a diagrammatic summary or chart of procedures that clearly sets out what is required from participants and at what stage in the study as it is currently unclear.
7. On page 4 please ensure that blinding is described first prior to using the term.
8. Please use the name of the study intervention once before then referring to it as the “study medicine” or “study intervention” from then on. Please be consistent with whatever terminology is used.
9. Please explain what is meant by the “…ECOG performance status…” when first introducing this term in lay language.
10. When mentioning the physical exam please clarify if the participant will be able to have a support person present and if the removal of clothing is required.
11. Please clarify if the genomic testing is mandatory and be clear where it will or will not be required and what may affect this being mandatory.
12. Please consider if the diagram on page 10 is necessary as it is a copy of part of the diagram on page 11. It may be easier to sum everything up on one page for clarity.
13. Please use the phrase “more than” instead of the symbol.
14. Please clarify why the group of those who have experienced side-effects is of unknown size or clarify that this relates to those treated with the study medicine. If the side-effects are incredibly rare and that is what this statement is trying to say then please clarify this.
15. Please append the phrase “with your consent” to the statement concerning pregnancy and post-natal follow-up.
16. Please amend the privacy statement to state “New Zealand law *will not* protect….”
17. Please review the “Other questions” section for whether there is missing information. If there should be an image there please ensure that this is present when given to the participants.
18. Please use a definitive statement as to whether whole genome sequencing will or will not be undertaken. Please clarify this with the sponsor.
19. Please clarify if there will be any impact of the genetic testing on the future wellbeing of participants. It may be a good idea to just clarify what the tumour genetic testing is for and what it could tell researchers.
20. Please make it clear that the reimbursement is per visit. The committee requested that this be given as a stipend for travel to reduce the burden of the study on participants (in having to keep receipts to be paid). Please note that this doesn’t apply to anything beyond the cost of travel.
21. On page 5 please clarify “you *should* refrain from smoking tobacco” and instead state that People “*must* not smoke tobacco”. Please clarify if this also includes vaping.
22. When describing the risks/side effects please refer to the percentages as well as 1 in 1000 people etc., for those who may not understand percentages.
23. Please simplify and include on page 3 the figure from the protocol to just show the dose stratification so that participants can easily identify what part of the study they are in.
24. Please amend the incomplete sentence “so the results of the study may available after the research finishes” on page 24.

**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 Data Management Plan, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.13).*

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| **2**   | **Ethics ref:**   | **2024 FULL 21720** |
|   | Title:  | A Phase 1a, Blinded, Placebo-Controlled Study of the Safety, Tolerability and Pharmacokinetics of Single- and Multiple-Ascending Doses of ABI-6250 in Healthy Subjects  |
|   | Principal Investigator:  | Professor Ed Gane |
|   | Sponsor:  | PPD, part of Thermo Fisher Scientific; TMF Group |
|   | Clock Start Date:  | 14 November 2024 |

Professor Ed Gane, Miss Lucy Druzianic, Miss Kayla Malate and a sponsor representative 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 the genetic testing was very specific and not unspecified.
2. The Committee clarified that the “questions about my health” would be general questions about side effects of the study medicine etc., and not a validated questionnaire.
3. The Committee queried what the plan is for referral if the participant does not have a primary care physician. The researcher responded that the written information relevant to a person’s participation would be sent to whoever had referred the participant to the study.

Summary of outstanding ethical issues

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

1. The Committee queried why there had been a lack of consultation with Pasifika communities despite the study concerning a disease prevalent mainly in this population. The researcher noted that as this is a Phase 1 study it is not quite so important for this stage but that the consultation would occur once the study was out of trialling in healthy participants. The Committee noted that despite this there is importance in the findings from the study for that population and that it would be good for a dissemination of the study findings be undertaken with Pasifika health organisations in the relevant area. Please ensure that there is planning for this dissemination written into a supporting document and sent to the HDEC Secretariat for the attention of the Committee.
2. The Committee queried whether thought had been given to how tokenistic the cultural section of the Participant Information Sheets (PISs) is. There seems to be very little connection between what is being undertaken and the templated words about sovereignty and Māori values. The latter aspect could be expanded on to make it more meaningful for all readers by explaining what those values and parts of the cultural consideration mean in practice.
3. The Committee noted that the money for reimbursement was quite low for this kind of study. The Committee requested that this be reviewed.
4. The Committee queried how the researchers would be screening for mental health conditions per the exclusion criteria and queried the efficacy of the singular question in the pre-screen.

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

1. Please review the sentence on page 9 for the missing word “If” at the start of the sentence “..you think…”.
2. Please define what “strenuous exercise” is.
3. Please amend the statement “full reimbursement requires completion of all visits” to be clearer in that travel will be reimbursed as it occurs and that inability to attend all visits will be pro-rated.
4. Please remove mention of the “legally authorised representative” as this is not relevant for this population.
5. Please either provide reasoning for the indefinite storage period of images or amend the statement to be true.
6. Please soften the language around pregnancy follow up to ensure it is clear that follow up will only occur with that participants consent.
7. Please clarify the training on page 16 refers to the staff of the site.
8. Please include that information will be sent overseas to the consent form in part A.

**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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| **3**   | **Ethics ref:**   | **2024 FULL 21157** |
|   | Title:  | EPI-321-02: A Phase 1/2, Open-label, Dose-escalation Study to Evaluate the Safety, Tolerability, and Biological Activity of EPI-321, an AAVrh74-delivered Epigenetic Editing Therapy in Adult FSHD Patients  |
|   | Principal Investigator:  | Dr Richard Roxburgh |
|   | Sponsor:  | EpiCrispr Biotechnologies, Inc |
|   | Clock Start Date:  | 14 November 2024 |

Dr Richard Roxburgh, Mr Keneth Harvey, Ms Angela Chelet, Dr Paul Hamilton and other members of the research and sponsor 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 insertion leading to cancer would be due to the possibility of viral insertion rather than any insertion caused by the Cassette.
2. The Committee clarified the weight limit of 90kg was in an attempt to ensure maximal dosage without increased vector exposure.
3. The Committee queried the exclusion of people with hepatitides. The sponsor clarified it was a “standard exclusion” due to increased chance of liver toxicity or dysfunction. HIV is excluded due to potential for prolonged use to impact immune suppression.
4. The Committee noted that the insurance cover does not extend through to the end of the study, please ensure this is renewed to reach the end of the study.

Summary of outstanding ethical issues

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

1. The Committee queried the option for those experiencing emotional distress. It may not be that they can stop taking the investigational product (as it is a single dosage) and that this may be to stop follow up, but there should be a further, more detailed plan in the protocol and more briefly in the PISCF on how emotional distress will be supported as part of duty of care. The needs to include a plan specifically for the questionnaires. Please explain how quickly the questionnaires will be read and assessed and what the questions may address as well as what supportive steps will be taken.

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

1. Please include in the black box warning that this is a gene therapy.
2. Please remove all reference to “drug”. This is not a drug it is an investigational gene therapy.
3. Please note clearly that this is a gene therapy that silences a gene and go into some detail in lay terms about how this works as it is not clear.
4. Please ensure that there is the option provided for participants to receive a lay summary of results. Where mentioned ensure it specifies it is lay.
5. Please provide a little more detail of the policies that will be adhered to in terms of the universities data policies.
6. Please ensure that the period in which it is a requirement to live within a certain distance of the site is correct.
7. Please clarify that due to anonymisation, Future Unspecified Research (FUR) samples will not be withdrawn should the participant remove themselves from the study.
8. Please review for spelling and grammar.
9. When mentioning the physical exam please clarify if the participant will be able to have a support person present and if the removal of clothing is required.
10. Please remove the consent for FUR from the general consent form and keep it just in the separate consent form.
11. Please clarify whether this will stop the progression of participants condition or improving.
12. Please review the language to be more neutral e.g., “you will be asked to remain in…” instead of “You will remain in….”
13. Please amend the language around the potential for benefit to state “it could provide benefit”.
14. Please ensure that the first time you mention a procedure that you describe what it is, such as an MRI.
15. Please amend the wording “If you identify as Māori…” to state “Māori consider blood and tissue to be taonga….”
16. Please ensure that where stating HIV is notifiable that you also ensure there is sufficient follow up and care for those who test positive as a result of screening and that this be mentioned in the PISCF.

**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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| **4**   | **Ethics ref:**   | **2024 FULL 21683** |
|   | Title:  | TPST-1120 in Combination with Atezolizumab Plus Bevacizumab in Patients with Unresectable or Metastatic HCC Not Previously Treated with Systemic Therapy |
|   | Principal Investigator:  | Dr Jeffrey Ngu |
|   | Sponsor:  | Novotech (New Zealand) Limited |
|   | Clock Start Date:  | 14 November 2024 |

Katherine Denton, Sam Whiting, Yonchu Jenkins, Soyoung Han, Sheldon Mullins, Liezl Iu, Seema Rajsingh, Michelle Tang and Heidi Hsu 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 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 storage of data at the archival site was for such a long period. Please clarify and justify/amend this as the standard should be 10 years.
2. The Committee noted that the insurance cover does not extend through to the end of the study, please ensure this is renewed to reach the end of the study.

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

1. Please put the warning that the study medicine is experimental (currently on page 2) and that it is not approved for use anywhere in the world (currently on page 3) on the first page of the PISCF.
2. Please amend the wording stating “medications and drugs have to be approved…” to instead state that they “medications and drugs can be approved for use…”.
3. Please cross-reference the bullet point about HIV testing on page 4 to note that for more information please also refer to page 16.
4. Please amend the wording “your study doctor should…” to instead say, “your study doctor *will*…”
5. When mentioning the physical exam please clarify if the participant will be able to have a support person present and if the removal of clothing is required.
6. Please include a statement acknowledging that the head and face are tapu to Māori and some Pasifika cultures and noting that permission will be asked for before touching these areas.
7. Please amend the wording around “abstinence” referring to all sexual activity to be clear that what the concern in this is directly associated with is sexual activity that could result in a pregnancy.
8. Please remove the sentence on page 27 that talks about possible benefits being future commercial products or tests.
9. Please amend the wording and process for the opting out of receipt of a lay summary of results to be an opt in and please include this in the consent form.
10. Please check for grammar in the treatment and beyond section.
11. Please change the wording “without penalty” where discussing withdrawal. This does not need to be included.
12. Please review macron use. Māori words without macrons are considered typos.
13. Please do not describe randomisation as a flipping of a coin. This is neither appropriate or correct.
14. Please add “you will be asked to…” where mentioning follow up.
15. Please clarify what the snack may be that would be provided when taking the medication.
16. Please clarify the risks of contrast where the contrast is first mentioned.
17. Please review for gendered language, particularly in the reproductive risks section.
18. Please review the PISCF for repetition and condense the information where possible.
19. Please temper the language throughout, uses of the word “must” should be replaced with the words “we will ask you” etc., where appropriate.
20. Please review and clarify if the participants who are not experiencing side-effects or are benefitting from the study intervention will receive compassionate access to the study intervention till such a time it is approved in New Zealand.
21. Please amend “you will continue to come in until your cancer worsens”, to “…unless your cancer worsens”.
22. Please amend “you and your nominated…representative” if not appropriate or include somewhere in the consent form for that nomination or a process by which such nomination will occur.
23. Please remove mention of the NuvaRing as this is not available in New Zealand.

**Decision**

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

* please address all outstanding ethical issues raised by the Committee
* please update the Participant Information Sheet and Consent Form, taking into account the 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:**   | **2024 FULL 21695** |
|   | Title:  | Concentrations of Thioguanine and its metabolite 6-TGN in Blood and Colon Tissue Samples in Active Ulcerative Colitis Patients Administered Extended-release Thioguanine tablets  |
|   | Principal Investigator:  | Professor Murray Barclay |
|   | Sponsor:  | Barclay Gastroenterology Ltd |
|   | Clock Start Date:  | 14 November 2024 |

Dr Murray Barclay 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 the insurance cover does not extend through to the end of the study, please ensure this is renewed to reach the end of the study.
2. The Committee queried if a change in dose was possible should the highest dose not be effective. The researcher clarified how and why this would not be possible.

Summary of outstanding ethical issues

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

1. The Committee requested that all questionnaires/surveys that participants will complete be provided for review.
2. The Committee requested provision of the cultural consultation conducted. The Committee noted that this is not Kaupapa Māori research. The Committee suggested that the researcher look into the difference between culturally competent research and research undertaken using Kaupapa Māori methodology.
3. The Committee requested that a neutral party conduct the consenting (i.e., not their practicing clinician or regular gastroenterologist in the event this is the PI) such as a study nurse.
4. The Committee requested that the data management plan and participant information sheets (PIS) be made consistent around whether future research will be undertaken with the study data. If the collected aggregated results will be used for research about the same study topic then please amend the PIS to state that the results of the study may inform future research on this condition, or something to that effect.
5. The Committee noted that the PI had signed off as the sponsor of the study. This cannot be the case due to conflict of interest and there should be a signatory from the locality research office if possible.

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

1. Please explain what placebo means the first time it appears in the document.
2. Please clarify how many other people have received the study intervention before or in what manner this intervention may have been used. If it has not been used in this formulation then please state so using a black box warning at the beginning of the PISCF.
3. Please explain in lay terms why the dosing is being conducted at a higher dose prior to moving to a lower dose.
4. Please amend the order of things to sort the PISCF into chronological order, e.g., screening, then informed consent, then the procedures that will occur post-consent.
5. Please explain when the questionnaires will be given, how long they may take, who will review the responses and when and what will happen should concerning responses be provided.
6. Please use a table to lay out the procedures for easy reference.
7. Please note that there could be whakamā (sense of shame) around the disclosure of bowel movements etc., that should be acknowledged in the cultural statement.
8. Under “Future Research” please clarify that the information that may be used is coded and not identifiable.
9. Please note that general practitioner notification should be in the PIS and the CF and that as this is an intervention this should not be optional and therefore should not have a tick box associated in the CF.
10. Please ensure that the consent form must have a section in it stating that information will be sent overseas.
11. Please clarify the vessel for a stool sample will be provided and recommendations for storage and the handling of it.
12. Please ensure that it is clear that previous medical information will be provided in an identifiable manner but deidentified once linked.
13. Please review for typos.
14. Please include all of the groups listed in the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) as having access to coded information as currently the section is missing several relevant groups who should be listed in this section.
15. Please remove reference to access to information by government agencies worldwide as this appears to be incorrect.
16. Please remove the yes/no tickbox about withdrawal and data being processed despite this.

**Decision**

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

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

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

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| **6**   | **Ethics ref:**   | **2024 FULL 21431** |
|   | Title:  | Randomised control trial, comparing incidence of biphasic anaphylaxis reactions in patients given oral Prednisone/Prednisolone against placebo  |
|   | Principal Investigator:  | Dr Adrian Owen |
|   | Sponsor:  | Te Whatu Ora Waikato |
|   | Clock Start Date:  | 14 November 2024 |

Dr Adrian Owen 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 queried the timing of procedures. The researcher described the process around educating medical professionals in the field around the use of corticosteroids and the treatment for anaphylaxis.
2. The researcher clarified that there has been no evidence that there is benefit to treatment with corticosteroids during anaphylaxis.
3. The Committee queried that given the risk and the scope of the study and that if this is the standard of care for children and adults, why the research is not being done in adults first. The researcher clarified their reasoning and the Committee suggested that the researcher run this as a pilot in adults first. The Committee noted that the 4-6 hours after adrenaline administration would be sufficient for adults but for parents of a child and for the children it would not be adequate unless they could have the steroids 24 hours after provision of the Participant Information Sheets and Consent Forms (PISCF) and assent form. The researcher advised that the risk for the second phase would be greatest within 72 hours and as such this would not be an option.
4. The Committee clarified whether a research nurse or other clinical staff could provide the information sheets and talk potential participants through the study. A separate person from the clinician treating the participant would be collecting consent.

Summary of outstanding ethical issues

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

1. The Committee noted that the research was not using Kaupapa Māori methodology. Please make sure you understand what this is before checking this box as it is a complex interconnected systemic approach and given you have checked NO to any of the research staff being Māori, it is highly unlikely the methodology is Kaupapa Māori.
2. The Committee queried if the results of the study would be impacted by the provision of steroids to provide sufficient time to be able to make an informed decision to participate. The Committee, through varied discussion, came to the conclusion that the most ethical way forward for the research would be for the research (with randomisation) to be done in adults (16 years plus. The committee further suggested that paediatric cases receive standard of care and be followed up in a separate prospective observational study. This could be done as part of the main study or as an amendment at a later stage and would require a separate parent PIS/consent form, older and younger PISs/assent forms and an amended DMP.

*National Ethical Standards* para 8.3, 8.4 & *9.7a*

1. The Committee requested provision of an assent form in the event that the study will include children. This should be split into two, one version for older children and one for younger. There should also be mention in the parent/guardian Information Sheets that children will be asked to assent. *National Ethical Standards* para *6.25-6.27*
2. The Committee noted that the Data Management Plan (DMP) references anonymised data. As there will be no anonymisation of data please remove this.
3. The Committee requested that the protocol include information/a plan should incidental findings occur as part of the study and that any information relevant to participants on this topic be included also in the PISCFs and assent forms. *National Ethical Standards* para 9.7a & 7.15
4. The Committee noted that the submission form mentioned that data is stored in an identifiable form. Please clarify if the researcher intends for this to be identifiable even after the research is concluded.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) *National Ethical Standards* para *7.15 & 7.16*:

1. Please provide clarity on the risks of corticosteroids. Please also ensure that this is quantified in a manner that is easily understood (such as “1 in 100”).
2. Please change reference to the approving HDEC to Central, not Southern.
3. Please review for typos.
4. Please note that while no koha is understandable it is appropriate to at least provide a letter of thanks or some acknowledgement of participation.
5. Please note that (in the event children will be part of the study) some health data must be kept for 10 years from the point the youngest participant turns 16 years old.
6. When stating that participants may receive a summary of results that this is a *lay* summary.
7. Please provide more information on “Who has access to my information”. This can be taken from the DMP.
8. Please be clear that the medications listed in the PISCF are corticosteroids.
9. Please clarify what screening and safety tests are being carried out.
10. Please be consistent (in the event children will be part of the study when using “my/my child” and “you/your child” throughout.
11. Please include a tickbox for the withdrawal statement in the consent form. Please also clarify this statement as it is currently unclear.
12. Please remove all italics
13. Please remove the first bullet point from the risks section.

**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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| **7**   | **Ethics ref:**   | **2024 FULL 20508** |
|   | Title:  | Long-Term Effects of a Cannabis-Based Medication on Sleep in Chronic Back Pain: A Randomised Crossover Trial  |
|   | Principal Investigator:  | Dr Saad Anis |
|   | Sponsor:  | The University of Auckland |
|   | Clock Start Date:  | 14 November 2024 |

Dr Anis Saad and Dr Matthew Moore 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 may be effects from the study medicine outside of just drowsiness and pain relief.

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 the waiver of consent was for access to records that the researcher would ordinarily have access to as clinicians but for a huge number of screening data. The reason given for the waiver was due to disruption and effort that would be required to contact people. The researcher noted that they would then be consented once contacted. The Committee suggested that the clinicians at the clinic should be forwarding the potential participants during clinical practice to the study by providing them with information (perhaps in a pamphlet) and then the participants could reach out to the researchers should they wish to. Given this is a serious breach of privacy the Committee does not think there is enough justification for the waiver per the reason provided. *National Ethical Standards* para *9.7a.*
2. The Committee noted that the protocol did not include any reason or justification for not disclosing that the study medicine contains cannabis (or alike substance). The Committee noted that this is the same for the participant facing information that does not disclose any of the relevant information for participants to make an informed decision on their participation. In trying to avoid drug-seeking behaviours the approach has become paternalistic. It would be sufficient to describe the fact the medicine is a plant-derived oil with CBD and THC. *National Ethical Standards* para *7.15 & 9.7a*
3. The Committee suggested that there are other methods for ensuring that drug seeking, mental health issues or addictions are screened out. Having a letter from the GP or even the planned access of participants medical records post-pre-screening (i.e., once they have consented) will address this.
4. The Committee requested that there be included in the protocol and the Participant Information Sheets a safety plan that declares what kinds of questions will be asked, how quickly questionnaires will be reviewed, if there will be follow up, what will be carried out in the event that mental distress or if an adverse event is flagged in the questionnaire responses. *National Ethical Standards* para *8.3.*
5. The Committee noted that the responses to the Māori and Pacific cultural questions are not adequate. Please note that more detail is required and specifically for statistics relating to Māori and Pacific people suffering from these conditions. There also needs to be consideration of cultural issues that could be part of the study for Māori and Pacific people. *National Ethical Standards* para *3.3.*
6. The Committee noted that in the event of withdrawal, researchers may not keep the participants NHI or demographic data.
7. The Committee requested more consideration to the response to E8 in the application form as “no plans for an early termination” is not sufficient, nor does it answer the nature of the question.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) *National Ethical Standards* para *7.15 & 7.16*:

1. Please consider reformatting the form so that the psychological adverse events are under that heading.
2. Please review the [HDEC PISCF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) for missing information that should be included for participants.
3. Please define in lay terms what tachycardia is.
4. Please state that karakia is not available at time of tissue disposal.
5. Please clarify how long identifiable data will be stored.
6. Please amend “Māori health support” to “Māori cultural support”.
7. Please include a section on notification of the participants general practitioner in the PIS not just the CF.
8. Please remove mention of “usual benefits”.
9. Please remove the tick box from GP notification in the CF as this should be mandatory.
10. Please clarify the form in which the medication will be provided and that the oil is to be held under the tongue. Please also state that the dosage is changeable and describe how. An image of the pipette/dropper may help to illustrate this.
11. Please clarify what safety tests are required during screening.
12. Please specify that the sponsor is the University of Auckland.
13. Please consider re-formatting the document to 1.5 line space for easier reading and a shorter document.
14. Please amend the working “fall pregnant”. People do not “fall” pregnant they “become” pregnant.
15. Please add a numerical value out of an aggregate (such as 1 in 1000) beside percentages in the risks section.

**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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| **8**   | **Ethics ref:**   | **2024 FULL 21100** |
|   | Title:  | An Open-Label, 2-Arm, Multicenter, Randomized Phase 3 Study To Evaluate The Efficacy And Safety of Elranatamab (PF-06863135) + Daratumumab + Lenalidomide or Elranatamab + Lenalidomide Versus Daratumumab + Lenalidomide + Dexamethasone in Transplant-Ineligible Participants With Newly Diagnosed Multiple Myeloma  |
|   | Principal Investigator:  | Dr Naranjan Rathod |
|   | Sponsor:  | Pfizer Inc. |
|   | Clock Start Date:  | 14 November 2024 |

Dr Niranjan Rathod, Ms Kathleen Durbin, Mr Matt Maingay and Ms Claudia Romano 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 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 was a pre-screening PISCF when the screening was being conducted in a group who already had a diagnosis. If this is more to do with the timing of procedures then this needs to be made clearer. It is not necessary to have a pre-screening should it only concern one test that should be required for participation.
2. The Committee queried if there is an overseas ethics committee to review FUR.
3. The Committee reminded the researchers that the study may not be terminated for solely commercial reasons in New Zealand.
4. The Committee requested a plan for what the researchers intend to do should the participants not have a general practitioner.
5. The Committee noted that the pregnancy PISCFs have not been reviewed and should be submitted as an amendment should a pregnancy occur, at which time they will be reviewed for use.

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

Main PISCF:

1. Please review for plain lay language.
2. Please create a lay title for the study.
3. Please specify what biological samples need to be provided.
4. Please note that if withdrawal occurs this is full and would not just involve contact. Please amend this language.
5. Please note that it should not be optional for information already collected to stay in the research. Please amend the consent form in accordance.
6. Please provide a safety plan for participants responding to the surveys where there may be indication of mental distress. This should include the timeliness of review of these surveys, follow up and who will review these.
7. Please clarify page 2 to better describe the commitment required in participation as this is currently vague.
8. Please clarify if participants will have to stay on the study drug forever if it is efficacious or if this would be stopped at the end of the study etc., this section is unclear but should ideally outline what would happen post-study. Please also state what will occur should the condition worsen.
9. Please state whether or not the research is blinded and if it is describe what blinding is.
10. Please remove all gendered language.
11. Please amend tables and diagrams to be of legible size.
12. Please clarify the infection prevention measures as these are currently too vague.
13. Please explain what preventative treatments are.
14. Please amend the 3rd party vendor data access according to whether they will receive identifiable data or not and to what extent their policies may apply to the New Zealand arm of the study.
15. Please clarify why the death rates in the safety data group are so high.
16. Please note that general practitioner (GP) notification should be mandatory, please remove the tick box from the consent form beside this statement.
17. Please amend the future use sentence as it is incomplete.
18. Please amend the safety plan detailed on page 39 as this is not adequate information for participants to recognise their own risk. The onus in this case should not be placed on the participants and this must be clear.
19. Please clarify on page 12 what company will be hired by the sponsor for collection, transportation and storage of samples.
20. Please provide reimbursement in a stipend format rather than per kept receipt. Participants should not have to manage receipts for the regular visits and reimbursed travel etc. as this is overly burdensome.
21. Please include a Māori cultural statement concerning genetic testing, this should mention the impact for Māori and their whakapapa.
22. Please specify if the physical exams will require undressing and if this is the case please state participants may have a support person present.
23. Please remove the wording concerning survival and monitoring of lab results post-withdrawal. No data should be collected per this as there is no consent to do so.

FUR PISCF:

1. Please clarify if there is an overseas ethics committee to review FUR. If not please amend the statement declaring there will be/
2. Please make it clear that this is optional. This includes in the title.

**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 Ms Patricia Mitchell and Dr Cordelia Thomas.

## General business

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

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| --- | --- |
| **Meeting date:** | 28 February 2025 |
| **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 4:05pm