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| **Committee:** | Northern A Health and Disability Ethics Committee |
| **Meeting date:** | 19 March 2024 |
| **Zoom details:** | https://mohnz.zoom.us/j/9738756003 |

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| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
| 12:30 - 1:00pm | 2024 FULL 19532 | Study of BEAM-302 in AATD-associated lung and/or liver disease | Dr Jeffery Garrett | Jonathan / Andrea |
| 1:00 - 1:30pm | 2024 FULL 19061 | Asthma Intervention in pharmacy | Mrs Neera Rajballi-Naidoo | Kate / Sotera |
| 1:30-2:00pm | 2024 FULL 19718 | AVT16-GL-F01: A Study to Assess the Safety and Tolerability of AVT16 in Healthy Participants. | Dr Chris Wynne | Kate / Jade |
| 2:00 - 2:20pm |  | BREAK (20 mins) |  |  |
| 2:20 - 2:50pm | 2024 FULL 19860 | BW-00163-1002: A Phase I Study of BW-00163 in Participants with Mild Hypertension | Dr Paul Hamilton | Jonathan / Jade |
| 2:50 - 3:20pm | 2024 FULL 18702 | OPTIMA (Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis) | Dr Marion Kuper-Hommel | Kate / Andrea |
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| **Member Name**   | **Member Category**   | **Appointed**   | **Term Expires**   | **Apologies?**   |
| Mr Derek Chang  | Non-lay (Intervention studies)  | 08/07/2022 | 08/07/2025 | Apologies |
| Dr Kate Parker  | Non-lay (Observational studies)  | 11/02/2020  | 11/02/2023  | Apologies |
| Dr Andrea Forde | Non-lay (Intervention studies)  | 22/12/2021 | 22/12/2024 | Present |
| Ms Catherine Garvey  | Lay (the Law) (Chair) | 19/03/2019  | 19/03/2022  | Apologies |
| Dr Sotera Catapang  | Non-lay (Observational studies)  | 11/02/2020  | 11/02/2023  | Present  |
| Mr Jonathan Darby | Lay (the Law/Ethical and Moral reasoning) | 13/08/2021 | 13/08/2024 | Present |
| Ms Jade Scott | Non-lay (Intervention/Observational studies) | 15/08/2021 | 15/08/2024 | Present |
| Ms Kate O’Connor  | Lay (Ethical/Moral reasoning) (Chair) | 13/08/2021 | 16/08/2024 | Present |

## Welcome

The Committee opened the meeting at 12:00pm with a karakia and welcomed Committee members, noting that apologies had been received from Ms Catherine Garvey, Dr Kate Parker and Mr Derek Chang.

The Committee noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Ms Kate O’Connor of the Northern B HDEC confirmed her eligibility and was co-opted by the Committee as the Chair 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 20 Feb were confirmed.

## New applications

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| **1**   | **Ethics ref:**   | **2024 FULL 19532** |
|   | Title:  | A PHASE 1/2 DOSE-EXPLORATION AND DOSE-EXPANSION STUDY TO EVALUATE THE SAFETY AND EFFICACY OF BEAM-302 IN ADULT PATIENTS WITH ALPHA-1 ANTITRYPSIN DEFICIENCY (AATD)-ASSOCIATED LUNG DISEASE AND/OR LIVER DISEASE. |
|   | Principal Investigator:  | Dr Jeffery Garrett |
|   | Sponsor:  | BEAM Therapeutics, Inc. |
|   | Clock Start Date:  | 07 March 2024 |

Dr Jeffery Garrett, Professor Ed Gane, Ms Esther Ji and Dr Nicolas Currier 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 the response to question E8 in the application form stated the study may be stopped for administrative reasons and confirmed a trial may not be terminated solely for commercial reasons in New Zealand.
2. The Committee noted the answer to E3 in the application form stated responses to quality-of-life surveys would be reviewed at the investigator’s discretion. The Researchers confirmed they would be reviewed routinely in a timely manner.
3. The Researcher confirmed the study would have a contract with Health New Zealand | Te Whatu Ora and pay for the use of public resources.
4. The Researcher confirmed the presence of agency nurses to care for 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 requested the Researcher supply the charter for the independent Data Safety Monitoring Committee (DSMC). *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.27).*
2. The Committee queried whether the baseline editing in this study would have any risk of germline transmission. The Researcher stated a study conducted on this did not demonstrate any evidence of germline editing or transmission. The Committee noted the information sheet instructed participants to not get pregnant for several months as the risks were unknown and requested additional information explaining what precautions they should take. The Committee requested further reassurance about whether the advice to participants to avoid pregnancy only for a few months is sufficiently precautious, in the context of unknown effects of a permanent genetic intervention. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. The Committee requested the Researcher update the Data Management Plan to remove references to participants under 16. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15).*

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17)*:

1. Please clarify that this study will be for fifteen years, as this is part of the protocol and is required by the FDA.
2. Please include a statement advising that if participants withdraw from the study their medical records will continue to be monitored for safety.
3. Please clarify the COVID-19 vaccine exclusion is specific to mRNA vaccines only as some New Zealanders may have had other vaccines that would not exclude them.
4. Please clarify the reason for the exclusions of participants with HBC, HCV and HIV.
5. Please include information about the QTc risk identified in animals.
6. Please clarify the screening period is a single screening visit.
7. Please clarify what is recommended by the statement ‘do not take part in strenuous exercise beyond your typical routine’ as strenuous activity may vary.
8. Please revise blood volume measurements in tablespoons and cups to millilitres on page 9.
9. Please include a small table of cohorts and doses on page 4.
10. Please remove the optional ‘yes / no’ tickbox on the consent clause for notifying the participant’s GP as this should be mandatory.
11. Please undertake a general revision to correct typos and grammar errors 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 supply the charter for the independent DSMC. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.27).*
4. Please update the data management plan. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Mr Jonathan Darby and Dr Andrea Forde.

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| **2**   | **Ethics ref:**   | **2024 FULL 19061** |
|   | Title:  | Assessing the feasibility of a new model of care in pharmacy for the self-management of asthma |
|   | Principal Investigator:  | Mrs Neera Rajballi-Naidoo |
|   | Sponsor:  | The University of Otago |
|  | Clock Start Date:  | 07 March 2024 |

Mrs Neera Rajballi-Naidoo was not 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 noted this is a feasibility study intending to enrol children. Per National Ethical Standard 6.19 research should only be conducted with children if comparable research with adults could not adequately answer the research question. Please limit the inclusion criteria to participants aged 16 and above only. If the study is successful children can be included at a later date via an amendment or new application. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 6.19).*
2. The Committee requested more detail in the study protocol to explain recruitment channels and how their effect will be measured. Please include information on how the power imbalance of GPs referring patients will be managed as some participants may feel pressure to please their GP. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 6.13).*
3. The Committee noted the researcher is a student of a university and will require the university on board the study as Sponsor. Please obtain authorisation on the form from the university research office for the resubmission.
4. The Committee requested the Researcher complete the [HDEC Data Management Template](https://ethics.health.govt.nz/guides-templates-and-forms/data-and-tissue-management-plan-templates) for the resubmission. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15).*
5. The Committee queried whether the session/consultation would have financial cost to participants.
6. The Committee queried the number of sessions needed for each participants and for how long each session would take.
7. The Committee requested clarification on whether other pharmacists will be involved or if the researcher will be doing locum work at various pharmacies. Please include more information on how pharmacies will join the study. Please clarify if each pharmacy will provide locality authorisation. Please clarify if private spaces for consultations will be available and that participants will not be charged for any extra consultations for the study.
8. The Committee requested more information on the consent process as this is unclear. Please clarify who will be doing it, where it will happen, whether it is electronic or on paper, when participants first learn of the study and how much time they will have to consider joining.
9. The Committee queried whether the questionnaires are validated.
10. The Committee requested clarification on the role of the first peer review and requested the comments and response to the second peer review.
11. The Committee noted the post study patient questionnaire will be linked to study data and is not anonymous. Please correct this.
12. The Committee requested the Researcher adapt the [HDEC Participant Information Sheet template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-v5.0april2023.doc) and include all applicable prompts. Please pay particular attention to distinguishing identifiable data and coded data and how these will be linked together. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
13. The Committee requested the Researcher include version numbers in the footer for the protocol, information sheet and data management plan.
14. The Committee noted AstraZeneca joining the study as a Sponsor may have commercial implications and require adjustment to the data management plan and arrangements for injury compensation.
15. The Committee noted people may go to more than one pharmacy (eg stopping at a new one on the way home instead of their usual pharmacy) and queried what implication this may have on the study.
16. The Committee noted the protocol did not include how a successful partnership between the pharmacy and medical clinic would be assessed or how to measure the practicality of the outcome.
17. The Committee requested information on who would be conducting the session/consultation and what their training would be. As the study will provide information on managing asthma please clarify if additional or specialist training is required for this.
18. The Committee noted the application form had indicated study participation involved a change to standard treatment and queried whether study participation would be considered separate treatment to that provided by the participant’s GP or if the study would consult with them.
19. The Committee noted the application stated there was no risk to study participation and noted stubborn asthma has the potential to cause mental distress. The Committee queried how this would be managed.
20. The Committee noted Qualtrics may not be appropriate for a study of this nature and suggested the researcher consider using REDCAP instead. The Committee suggests that the construction of the study database be completed prior to the resubmission of the ethics application, since this will have implications for the pharmacies responsible for entering study data.

**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:**   | **2024 FULL 19718** |
|   | Title:  | An open label, single arm pilot study to investigate safety and tolerability of a single 300 mg intravenous dose of AVT16 in healthy adult subjects aged 18 to 55 years inclusive. |
|   | Principal Investigator:  | Dr Chris Wynne |
|   | Sponsor:  | Alvotech Swiss AG Thurgauerstrasse 54 |
|   | Clock Start Date:  | 07 March 2024 |

Dr Alex Cole, Ms Holy Thirlwall, Ms Julia O’Sullivan and Ms Lucy Druzianic 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 study drug is a competitor to a biosimilar drug that is currently funded by Pharmac. The Researcher noted that this competitor is good for New Zealand as it keeps the study drugs cheaper through competition.
2. The Committee clarified that the study drug would be delivered by IV or subcutaneously. The latter option may permit this to be delivered at home rather than patients receiving this medication requiring visits to a clinic for administration.
3. The Committee queried the retention of participants given the daily visits. The Researcher noted that the retention had been really good and that there were no issues in other trials run in a similar manner.
4. The Committee clarified that the note in the PIS surrounding changes to dose was standard template wording at the request of another HDEC to ensure that there was clarity for participants around what would occur should any dosing changes occur in the study.
5. The Committee clarified that the participants would be aware they were to attend study site visits on weekends as they would be provided a study visit planner detailing this.
6. The Committee clarified who would be organising transport and how this would be reimbursed and that this is detailed in the PISCF.

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 amendment to the advertisements to note that the participants will not be able to smoke on-site at the locality during the study*. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).*
2. The Committee requested that the advertising remove Wellington as a site.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17)*:

1. Please remove mention of photographs taken of skin lesions as this is a holdover from another study and not relevant to this one.
2. Please include the approximate duration of the daily visits.
3. Please amend the schedule of assessments to detail that certain study measures such as infusion site reaction assessments and ECGs only occur on certain days.
4. Please review for typos and missing words on page 11 and on page 12.
5. Please include the general Ministry of Health contact details.
6. Please ensure more detail is included as to who pays for transport arranged for participants.
7. Please review and amend the risks section to reflection correlation and remove any suggestion of causality particularly with respect to infectious diseases such as influenza and upper respiratory infections..
8. Please remove the requirement for the secondary line of protection for contraception if there is no risk of secretion of study drug metabolites in body fluids..
9. Please note that the live viral vaccination exclusion for one month, or the intention to receive a live viral vaccination as per the protocol should be explained in the PISCF as live viral vaccines include vaccines used for public health responses.
10. Please ensure all exclusions in the protocol, such as St John’s Wort are included in the PISCF.
11. Please indicate if dietary requirements will be catered for.
12. Please organise study visits in chronological order (eg screening visit, inpatient stay, 25 clinic visits).
13. Please amend the word ‘treatment’ to ‘clinic stay’ or something similar.

**Decision**

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

* Please update the advertisements, taking into account the feedback provided by the Committee*. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).*
* 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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| **4**  | **Ethics ref:**   | **2024 FULL 19860** |
|   | Title:  | BW-00163-1002: A Phase I, Randomized, Double-Blind, Placebo-Controlled, Single Ascending Dose Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of Subcutaneously Administered BW-00163 in Healthy Subjects and Subjects with Mild Hypertension |
|   | Principal Investigator:  | Dr Paul Hamilton |
|   | Sponsor:  | Argo Biopharma Australia Pty Ltd |
|   | Clock Start Date:  | 07 March 2024 |

Ms Kim Huljich and Ms Yuqiong Li 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 participants would need to have a diagnosis of mild hypertension. These potential participants would need to have previously received treatment for their hypertension but still be hypertensive. This would require a wash-out period prior to participation. Untreated people with this diagnosis would also be included.
2. The Committee clarified the way that participants will be forwarded to the study by their General Practitioners.
3. The Committee clarified that the study is First-in-Human overall but this part of the study is not as there is now a 35-participant cohort in Australia that has received this investigational product before.

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 once the advertising was available that it be submitted for review prior to being used for recruitment. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).*
2. The Committee queried what the risk of washing out of their current medication would be. There should be some reassurance for participants that should a spike in their condition occur during a period where they are not medicated that they are promptly and sufficiently responded to. Please provide some assurance and description of how this will be managed outside of the clinic.
3. The Committee queried the use of the word,” random” regarding the reading of participants blood pressure and how this could lead to inclusion in the study. This should be more accurately described in terms of what “mild hypertension” will be defined as and how this will impact the selection criteria as specified in the protocol. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*
4. The Committee requested that there be some more thought around the selection criteria and how this will be determined and how exclusions will be managed based on cause of hypertension and severity given that the general practice may not catch these cases as the data required for inclusion is not necessarily something collected as part of general practice.
5. The Committee requested a safety plan for participants post-confinement, particularly with respect to elevated levels in between scheduled study visits.
6. The Committee requested that there be age-stratification in the inclusion criteria and specify the blood pressure considered as mild hypertension for each strata/group (Part B).
7. The Committee requested if there would be instruction given to participants for at-home readings of blood pressure as there are a lot of factors that impact blood pressure such as being at rest or post-activity that have not been accounted for in the protocol or PISCF.
8. The Committee requested that information be included in the protocol any requirement for blood-sampling for pharmacokinetic determination. This should include any fasting requirements and frequency/amount of blood taken. Details about this should also be included in the PISCF if it details any activities as part of participation.
9. The Committee requested that placebo participants be followed up as part of duty-of-care given there is risk from being in a washout period from previous medications.
10. The Committee noted that the insurance was in Australian dollars. Please provide clarification that this would be provided in NZD for NZ participants.
11. The Committee noted that the Data Management Plan does not include the sponsor governance policies and any other governance policies that may apply to this application.
12. The Committee requested clarification from the sponsor as to why there is an exclusion for HIV and Hepatitis B and C. Some of these conditions are curable and are not considered adequate grounds for exclusion.

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

1. Please consider re-wording the sentence on Page 4 regarding strenuous activity prior to day 1 to say “…during the in-clinic stay and up to 48 hours prior to each follow up.”
2. Please clarify if and what dietary requirements will be able to be catered for.
3. Please amend the contraception section as it seems overly prescriptive for hysterectomized females to require their male partner use a condom.
4. Please amend the wording around “stopping regular medicine” to note that the study drug is considered as an investigational product.
5. Please clarify the fasting requirements during pre and post dosing.

**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. All changes could be included as a New Zealand specific appendix to the study.
2. Please provide the advertisements, as requested by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).*
3. Please update the participant information sheet and consent form to reflect the New Zealand requirements. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
4. Please update the data and tissue management plan to ensure the safety and integrity of participant data and tissue *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15, 14.16&14.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Andrea Forde, Ms Jade Scott and Mr Jonathan Darby.

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| **5**   | **Ethics ref:**   | **2024 FULL 18702** |
|   | Title:  | OPTIMA: Optimal Personalised Treatment of early breast cancer using Multi-parameter Analysis (A multi-site partially blinded randomised international clinical trial with a non-inferiority endpoint and adaptive design) |
|   | Principal Investigator:  | Dr Marion Kuper-Hommel |
|   | Sponsor:  | University College London; Breast Cancer Trials ANZ |
|   | Clock Start Date:  | 07 March 2024 |

Ms Jenni Scarlet and Ms Hina Pokaia 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 stated it was satisfied this is an investigator-initiated study and participants would be eligible to apply for ACC in the event of injury.

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 Australian recruitment material supplied would be inappropriate for a New Zealand context and requested it is not used as it discusses things not relevant to a New Zealand participant. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.12).*
2. The Committee queried mandatory consent for future data linkage that involved identified health information being sent overseas. The Committee noted this affects sovereignty of New Zealand data and future unspecified research and linkage of identified data should not be mandatory. The Researcher stated a previous trial had obtained consent for future data use via the Breast Cancer Foundation National Register. The Committee requested this is included as an optional consent in the main information sheet. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.16).*
3. The Committee queried why the optional future research of leftover samples form required mandatory completion. The Committee requested this is optional and participants who do not complete the form may be documented as not giving consent.
4. The Committee noted the governance in the Data and Tissue Management Plan (DTMP) was weak as it only referred to local management policies. The Committee requested all relevant policies and procedures are included. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15, 14.16&14.17).*
5. The Committee requested references to participants under 16 in the DTMP are removed.
6. The Committee requested a reference to “your data” in the DTMP is removed.
7. The Committee requested “Medical Office of Health” is corrected to “Medical Officer of Health” in the DTMP.
8. The Committee noted the information sheet stated consent forms would be sent to the coordinating centre in Australia and queried if this is normal practice. The Researcher clarified it is uploaded to a patient management system that can be accessed via remote monitoring. The Committee noted this presented the same issue of having identified information in the cloud outside of New Zealand. The Committee queried whether it would be possible to allow remote access without storing identifiers in the cloud. The Researcher agreed to investigate. The Committee suggested an alternative could be to redact any identifiers before the form is uploaded.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17)*:

1. Please state the ethical aspects were approved by the HDEC and not the study itself.
2. Please replace the diagram in the PIS with the colourful flowchart in the protocol.
3. Please remove the reference to flipping a coin when discussing randomisation as this may be considered insensitive.
4. Please remove the ‘yes / no’ tickbox for regarding the GP as this should be a mandatory component of study participation.

**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 Kate O’Connor and Dr Andrea Forde.

**General business**

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

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| **Meeting date:** | 16 April 2024 |
| **Zoom details:** | https://mohnz.zoom.us/j/96507589841 |

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 3:25pm with a karakia.