Health and Disability Ethics Committees

Minutes

Committee:	Southern Health and Disability Ethics Committee
Meeting date:	19 March 2013
Meeting venue:	Heartland Hotel Cotswold

Time	**Item of business**
12.00	Welcome
	Confirmation of minutes of meeting of 19 February 2013
	New applications (see over for details) i 13/STH/17 ii 13/STH/18 iii 13/STH/22 iv 13/STH/23 v 13/STH/24
	General business: Noting section of agenda
2.49	Meeting ends

Member Name	Member Category	Appointed	Term Expires	Apologies?
Ms Raewyn Idoine	Lay (consumer/community perspectives)	01/07/2012	01/07/2015	Present
Mr Doug Bailey	Lay (the law)	01/07/2012	01/07/2015	Apologies
Mrs Angelika Frank-Alexander	Lay (consumer/community perspectives)	01/07/2012	01/07/2014	Present
Dr Sarah Gunningham	Non-lay (intervention studies)	01/07/2012	01/07/2015	Apologies
Ms Gwen Neave	Lay (consumer/community perspectives)	01/07/2012	01/07/2014	Present
Dr Nicola Swain	Non-lay (observational studies)	01/07/2012	01/07/2014	Apologies
Dr Martin Than	Non-lay (intervention studies)	01/07/2012	01/07/2014	Present
Dr Mathew Zacharias	Non-lay (health/disability service provision)	01/07/2012	01/07/2015	Present

Welcome

The Chair opened the meeting at 12.39pm and welcomed Committee members, noting that apologies had been received from Dr Sarah Gunningham, Dr Nicola Swain and Mr Doug Bailey.

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 19 February 2013 were confirmed.

New applications

1	**Ethics ref:**	**13/STH/17**
	Title:	A study comparing efficacy and safety of continuing vs. withdrawing Adaliumumab Therapy in subjects with Axial Spondyloarthritis
	Principal Investigator:	Dr Douglas White
	Sponsor:	AbbVie Ltd
	Clock Start Date:	08 March 2013

Dr White and Ms Denise Darlington were present by teleconference 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 ethical issues

The main ethical issues considered by the Committee were as follows.

- The committee outlined the study. It aims to evaluate the effectiveness and safety of continuing vs. withdrawing treatment with Adalimumab in maintaining remission in participants with non-radiographic Axial Spondyloarthritis. Treatment will include a 28 week open-label period, followed by a 40 week randomised, double-blind period, with the opportunity to receive at least 12 weeks of rescue therapy. The study will be carried out in 24 countries.
- The sponsor management have been involved in the protocol development and review. The sponsor has consulted with key opinion leaders in the field on nr-axSpa in the development of the protocol.
- The committee noted that the European Medications Authority (EMA) had reviewed the protocol in its entirety and asked whether the EMA had provided a robust peer review process. Ms Darlington confirmed the peer review process was robust.
- The committee asked whether any restrictions would be placed on publication of the study results. The committee noted that the study has been registered in a clinical trials registry approved by the World Health Organisation and asked if results were negative, whether the research team intended to publish them on the registry. Ms Darlington indicated that this should be the case. The committee asked the research team to confirm this.
- The committee sought clarification as to whether the investigator responsible for monitoring serious adverse events will be independent of the research team and the study sponsor. The investigator will be independent and will notify the research team who will in turn notify the sponsor of results.
- Governance of the data process was questioned and the committee asked whether a monitoring committee set up separate from the sponsor would disseminate data. Ms Darlington confirmed that given a lot of data would be available it would be disseminated. The committee then asked whether the monitoring committee would make recommendations on early termination of the

study if there was convincing evidence that some participants would be disadvantaged if they were to continue in the study. Ms Darlington thought that this would happen and said she would seek confirmation of this for the committee.
- The committee asked the research team to include emergency contact details on the study's Subject Information Card when they become available and to notify the committee once they have details.
- The committee discussed whether to request a separate consent form for future biomarker research and agreed it would not be a requirement for approval of this study.
- The committee commended the researchers on a very well-written application that was easy to read.

Participant Information Sheet and Consent Form

- Participants may not be sure if they will take live vaccines while taking part in the study. Please clearly state for participants that this is the case.
- Please provide emergency contact details for study participants
- A standard ACC disclaimer and warning regarding health insurance is needed. Please include the following in the information to be provided to participants:

  *If you were injured as a result of this study, which is unlikely, you **won't** be eligible for compensation from ACC. However, compensation would be available from the study's sponsor, [x], in line with industry guidelines. We can give you a copy of these guidelines if you wish. You would be able to take action through the courts if you disagreed with the amount of compensation required.*

  If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.
- PIease include information regarding centralised overseas testing of blood with the recognition that in NZ this is unacceptable to some people and the recommendation that this can be discussed with whanau and friends.
- Please change "allowed" rescue therapy to "offered" rescue therapy at the second to last paragraph on page three.
- In the last paragraph on page 13, please state that two forms of birth control are required for participants who are sexually active.

Decision

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

- Please confirm that no restrictions will be placed by the sponsor on the publication of negative findings. (*Ethical Guidelines for Intervention Studies,* para 7.16-)
- Please amend the information to be provided to participants, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies*, para 6.22).

This following information will be reviewed, and a final decision made on the application, by the secretariat.

2	**Ethics ref:**	**13/STH/18**
	Title:	116428 (Zoster-039)
	Principal Investigator:	Dr Andrew Butler
	Sponsor:	GlaxoSmithKline Australia
	Clock Start Date:	08 March 2013

Helen McDermott was present in person 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 ethical issues

The main ethical issues considered by the Committee were as follows.

- The committee outlined this study. It is a clinical trial of new vaccine and the aim is to evaluate how well the new vaccine works to protect against shingles. The population is adults over 18 years of age with haematologic malignancies who will receive, are receiving or have recently received immunosuppressive cancer therapy. The study will include 24 countries. 502 participants will be recruited including 30 participants from New Zealand. The data will be analysed overseas.
- The committee was satisfied that all available treatment will continue and was satisfied that participants in the study will be well-monitored.
- The committee noted that currently there is no effective vaccine for Herpes Zoster registered safe for use in immunocompromised patients. The committee asked the researcher whether she knew of any other vaccines used in patients with immunocompromising treatments. Ms McDermott noted that other vaccines for Herpes Zoster use live viruses, whereas this vaccine uses dead virus particles, thereby making this vaccine suitable for patients who are immunocompromised.
- The study has been peer reviewed by GSK experts in clinical research, haematology, infectious diseases and medical and clinical trials safety and statistical analysis.
- The study has also been peer reviewed by similar experts in PAREXEL (a clinical research organisation with a focus in pharmaceutical research consulting). The committee queried how PAREXEL were enrolled and how much involvement they had in the peer review. Ms McDermott noted that PAREXEL is a consultancy and it is presumed they would have carried out peer review. The committee raised the importance of ensuring an independent review process has been carried out. The committee asked the research team to submit evidence of peer review.
- The importance of lay language in the PIS/CF was emphasised as such language helps enable participants to make an informed decision. Ms McDermott advised that she is often provided with information and it can sometimes be difficult to alter that information. The committee acknowledged this and congratulated the team on making an effort to personalise it.

Participant Information Sheet and Consent Form

- The instructions for the diary cards can be difficult to understand and may overly complicate things for participants. The committee asked that the instructions either not be included or re-written. Ms McDermott advised that it was intended that researchers would go through the instructions with participants but that she would also check whether the instructions could be re-written.

- The information regarding treatment groups in Section 2 is confusing. A better explanation is given in section 3 and the committee suggested that the information be included in Section 3 only. Ms McDermott advised that the research team could remove it from section 2.
- Confidentiality agreement on page 8. Will the information be kept private or shared with doctors, family and friends? Ms McDermott confirmed that the information would be shared with family and doctors but not beyond as it is commercially sensitive and belongs to GSK.
- The committee noted the importance of clearly stating that men involved in the study should take some responsibility to protect women against pregnancy. Please add the following pregnancy clause to the Participant Information Sheet and Consent Form:
  I understand that there may be risks associated with the treatment in the event of myself or my partner becoming pregnant. I undertake to inform my partner of the risks and to take responsibility for the prevention of pregnancy.
- Section 10. The fact that the vaccine has previously been tested in humans should also be stated as well as the fact that this is the first study in immunocompromised patients.
- A statement that participants may not be able to claim ACC if the injury is related to a drug trial and that their participation in a drug trial may negate any health insurance is needed. Please include the following disclaimer in the information to be provided to participants:

  *If you were injured as a result of this study, which is unlikely, you **won't** be eligible for compensation from ACC. However, compensation would be available from the study's sponsor, [x], in line with industry guidelines. We can give you a copy of these guidelines if you wish. You would be able to take action through the courts if you disagreed with the amount of compensation required.*

  If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover.

- Please clearly state that participants will be able to discuss the treatment with their friends and whanau should they choose to.
- The information on "optional tests on your samples" should provide greater information on how long the samples will be stored and how they should be used.
- Two forms of birth control are required for participants who are sexually active and this should be clearly stated.

Decision

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

- Please amend the information to be provided to participants, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies,* para 6.22).
- Please submit evidence of independent peer review for this study (*Ethical Guidelines for Intervention Studies,* para 5.11).

This following information will be reviewed, and a final decision made on the application, by the secretariat.

3	**Ethics ref:**	**13/STH/22**
	Title:	Multi-electrode Radiofrequency Renal Denervation System Feasibility Study.
	Principal Investigator:	Dr Scott Harding
	Sponsor:	Medtronic Australasia Pty Ltd.
	Clock Start Date:	08 March 2013

No members of the research team were present 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 ethical issues

The main ethical issues considered by the Committee were as follows.

- The committee outlined the study. It is a feasibility study to evaluate the immediate procedural and long term safety of subjects with uncontrolled hypertension treated with renal denervation. The study will take place in two phases; 10 subjects in a single centre in phase one and 40 subjects in multi-centres in phase two. The study will also be conducted in Australia and has received ethics approval from the relevant Australian body.
- The peer review was conducted by Medtronic, world leaders in renal denervation. The committee was concerned that while Medtronic is a collection of experts and peer review was well-considered, they may be slightly biased. The committee requested evidence of the peer review as it was not clear whether it was independent.
- The committee was satisfied that there will be no restrictions placed on the reporting and dissemination of negative outcomes. The committee noted that the termination criteria could have been clearer in the application form.

Participant Information Sheet and Consent Form

- On page 6 at section 9 'What are the possible risks and disadvantages of taking part?' the committee noted that the risks were initially listed by likelihood but then went on to list every risk in no particular order. For example, the committee noted that a large catheter will be used and therefore it is likely that there will be a more than 5 in every 100 risk that bruising will occur.
- The committee agreed that the title "Less Common (less than 5 in every 100)" is misleading and is not required as a heading. The committee suggested that the researchers could list side-effects and give the likely percentage for each.
- It was not clear to the committee whether the treatment will be performed on one or both kidneys at the same time. Please include a clear statement about what will happen.
- On page 4, second paragraph. The committee requested that the word "Needlestick" be removed as 'stick' may not clearly convey the size of the device that will be inserted into a participant's artery. Please replace the word "needlestick" with "needle or catheter".
- Please clarify whether arteries other than the femoral artery in the groin will be used. If so, then this needs to be explicitly stated.

Decision

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

- Please amend the information to be provided to participants, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studie*s, para 6.22).
- Please submit evidence that independent peer review has been carried out for this study (*Ethical Guidelines for Intervention Studies,* para 5.11).

This following information will be reviewed, and a final decision made on the application, by the Chair.

4	**Ethics ref:**	**13/STH/23**
	Title:	FOXFIREGlobal
	Principal Investigator:	Prof Michael Findlay
	Sponsor:	Sirtex Technology Pty Ltd
	Clock Start Date:	08 March 2013

Prof Findlay and Ms Monica McKusker were present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

Mr Zacharias declared a potential conflict of interest. The committee did not require Mr Zacharias to leave the room during discussion of this application.

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

- The committee introduced the study, which aims to treat patients with liver mestastasis with either FoxFox +/(-)Bevacizumab with or without selective internal radiation therapy and noted it is a desperately needed study. Liver metastases are nearly impossible to treat and in this study participants will be given localised radiotherapy into the metastases, minimally affecting healthy liver tissue. This treatment may lengthen people's lives.
- The researchers have indicated at r.1.4 on the application form that an independent data safety monitoring committee will monitor serious adverse events but at the same time it was not clear to the committee whether in fact the monitoring would be done independently. Prof Findlay and Ms McKusker explained that the process will be through the company (collected and collated) and the information then provided to an independent person who will provide the research team with results.
- The committee asked for clarification on why Bevacizumab (monoclonal antibody) will not be added to the New Zealand arm of the trial. Prof Findlay and Ms Kusker noted that this was a pragmatic decision as Bevacizumab (monoclonal antibody) is not publicly funded in New Zealand.
- The committee noted that the study appears to have been reviewed by the sponsor company with input from medical experts who specialise in treating patients with colorectal adenocarcinoma. The committee would like to see further evidence of this.
- The committee noted that participants in this study will be highly vulnerable and may feel desperate.
- The committee noted that the study will also involve participants from Dunedin. The technology and expertise have previously been available in Auckland and this this study includes making treatment more geographically available for other patients.

Participant Information Sheet

- The committee requested two additions to the Participant Information Sheet; the inclusion of a statement advising men involved in the study of their responsibilities to protect women against pregnancy, and a compensation statement advising that ACC will not be available to patients.
  Please include the following statements in the information to be provided to participants:
  *If you were injured as a result of this study, which is unlikely, you **won't** be eligible for compensation from ACC. However, compensation would be available from the study's*

sponsor, [x], in line with industry guidelines. We can give you a copy of these guidelines if you wish. You would be able to take action through the courts if you disagreed with the amount of compensation required.

If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won't affect your cover,

and

I understand that there may be risks associated with the treatment in the event of myself or my partner becoming pregnant. I undertake to inform my partner of the risks and to take responsibility for the prevention of pregnancy.

- The committee requested that details for an emergency contact are needed on patient card and advised the researcher that this could be submitted to the committee as a minor amendment.

Decision

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

- Please amend the information to be provided to participants, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies,* para 6.22).

This following information will be reviewed, and a final decision made on the application, by the secretariat.

5	**Ethics ref:**	**13/STH/24**
	Title:	Opioid Withdrawal Study
	Principal Investigator:	Prof Paul Glue
	Sponsor:	DemeRx Inc
	Clock Start Date:	08 March 2013

Prof Paul Glue and Ms Michelle Lockhart were present by teleconference for discussion of this application.

Potential conflicts of interest

The Chair asked members to declare any potential conflicts of interest related to this application.

Mathew Zacharias declared a potential conflict of interest. The Committee did not require him to leave the room during discussion of this application.

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

- Prof Glue declared potential conflicts of interest with the following members of the Southern HDEC; Dr Nicola Swain, Dr Martin Than and Dr Mathew Zacharias noting that they had however, not conducted research together. Dr Swain was not present at the meeting and the committee was satisfied that the degree of the working relationship held between Prof Glue, Dr Than and Dr Zacharias would not bias discussion or the committee's decision. The committee did not require Dr Zacharias or Dr Than to leave the room.
- The committee outlined the study. It is a pilot study to test the instruments and procedures to be used in a subsequent phase I/II study of the safety and tolerability of Noribogaine in opioid-dependent participants who are seeking to discontinue their methadone treatment. In particular, this study will evaluate the ability of various assessment scales to detect the signs and symptoms of opioid withdrawal in the study population.
- The committee noted that this study should produce benefits as withdrawal symptoms will be well documented and methadone will be re started prior to participant discharge from the clinical site.
- The committee asked whether there is any risk that patients will have problems readjusting to methadone after receiving morphine doses and whether two days follow up time was sufficient. Prof Glue explained that the situation seen in regular clinical practice was that an individual who missed a daily dose of morphine could pick it up at a pharmacy the next day. 24 hour withdrawal symptoms can be compared to a bad case of 'flu and are not life threatening. Prof Glue explained that this study aims to get objective evidence of withdrawal using an approved scale. The researchers will use the scale to look for 'mild' evidence and give participants an appropriate amount of opioid to manage symptoms.
- Prof Glue gave details about an intended protocol revision that arose after peer review of the study by Sharon Walsh who works for the Drug Research Institute in Baltimore. Ms Walsh was concerned that a three day period for a switch from Methadone to Noribogaine was not long enough. Researchers may not be able to accurately detect withdrawal during this time, which is a key end point in assessing effectiveness of the treatment.

- The committee asked who had originally peer reviewed the study and Prof Glue advised that internationally recognised experts including Frank Vocci who is President and Senior Research Scientist at the Friends Research Institute in Baltimore had given peer review. The committee requested evidence of updated peer review from Frank Vocci.
- The committee asked whether the researchers would seek further peer review of the study if the three day period is increased. Prof Glue advised that Sharon Walsh is the most experienced person and has peer reviewed the study.
- The committee noted that participants will be paid 13 dollars per hour and questioned whether that payment was appropriate in this situation. Prof. Glue advised that they had considered payment to individuals in this trial with no direct clinical benefit to be the equivalent of a study with healthy volunteers. The committee was satisfied with this but noted that the researchers are dealing with a vulnerable group of people for whom money may be an issue. Alternative payments were discussed including petrol or grocery vouchers and periodic dispersement of funds over 4 or 6 week increments. Prof. Glue and Ms Lockhart agreed to re assess how participants would be paid for their time including if there is a change from three days in the duration of time with morphine and submit any changes as an amendment to the study protocol.

Participant Information Sheet and Consent Form

- The committee sought clarification on whether pregnancy tests would be carried out on day -5 and day -4. Ms Lockhart advised that a urine test would be carried out on day -5 and a blood test would be carried out on day -4.
- The committee noted that 'day 1, bullet point 4' stated that ECG would start an hour before methadone use. The committee sought clarification on this point as it understood the intention was to omit morphine on day 1 and not reintroduce methadone until day 2. Prof Glue noted that the statement at bullet point 4 may have been an error and the research team would correct it.

Decision

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

- Please amend the information to be provided to participants, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies,* para 6.22).

This following information will be reviewed, and a final decision made on the application, by the secretariat.

The committee also looks forward to receiving the amended study protocol when it becomes available.

General business

1. The Committee noted the content of the “noting section” of the agenda.

2. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

Meeting date:	16 April 2013, 11:00 AM
Meeting venue:	Hunter Centre, Room 120, Cnr Great King & Frederick St, Dunedin

   The following members tendered apologies for this meeting.

   Mrs Angelika Frank-Alexander

3. **Problem with Last Minutes**

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

The meeting closed at 2.49pm.