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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 28 April 2020 |
| **Meeting venue:** | Via Zoom |

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| **Time** | **Item of business** | |
| 12:00pm | | Welcome | |
| 12:15pm | | Confirmation of minutes of meeting of 24 March 2020 | |
| 12:30pm | | New applications (see over for details) | |
| 12:30 – 12:55pm  12:55 – 1:20pm  1:20 – 1:45pm  1:45 – 2:10pm  2:10 – 2:35pm  2:35 – 3:00pm  3:00 – 3:25pm  3:25 – 3:35pm  3:35 – 3:55pm  3:55 – 4:15  4:15 – 4:40  4:40 – 5:05  5:05 – 5:30 | | i 20/CEN/94  ii 20/CEN/64  iii 20/CEN/65  iv 20/CEN/68  v 20/CEN/85  vi 20/CEN/74  vii 20/CEN/73  10 minute break  viii 20/CEN/87  ix 20/CEN/88  x 20/CEN/89  xi 20/CEN/90  xii 20/CEN/92 | |
| 5:30pm | | Meeting ends | |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |  |
| Mrs Helen Walker | Lay (consumer/community perspectives) | 01/07/2018 | 01/07/2021 | Present |  |
| Mrs Sandy Gill | Lay (consumer/community perspectives) | 30/07/2015 | 30/07/2018 | Present |  |
| Dr Patries Herst | Non-lay (intervention studies) | 27/10/2015 | 27/10/2018 | Present |  |
| Dr Cordelia Thomas | Lay (the law) | 20/05/2017 | 20/05/2020 | Present |  |
| Dr Peter Gallagher | Non-lay (health/disability service provision) | 30/07/2015 | 30/07/2018 | Present |  |
| Ms Helen Davidson | Lay (ethical/moral reasoning) | 06/12/2018 | 06/12/2021 | Present |  |
| A/Prof Mira Harrison-Woolrych | Non-lay (intervention studies) |  |  | Present (Co-opted) |  |

## Welcome

The Chair opened the meeting at 12:00pm and welcomed Committee members.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. A/Prof Mira Harrison-Woolrych confirmed her eligibility, and was co-opted by the Chair as a member of the Committee for the duration of the meeting.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 26 May 2020 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **20/CEN/94** |  |
|  | Title: | KER-050\_A Phase 2, Open-Label, Ascending Dose Study of KER-050 for the Treatment of Anemia in Patients with Very Low, Low or Intermediate Risk Myelodysplastic Syndromes (MDS) |  |
|  | Principal Investigator: | Dr James Liang |  |
|  | Sponsor: | Keros Therapeutics Australia Pty Ltd |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr James Liang 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 Study

1. This is a phase 2, open-Label, ascending-dose study of KER-050, a new medicine for the treatment of anaemia in patients with very low, low or intermediate risk Myelodysplastic Syndromes (MDS). The study will involve 54 participants in 10 sites across NZ and Australia, and 15 participants in NZ. The study will run for 33 weeks (about 8 months).
2. The study is divided into 2 parts: part 1 (dose escalation) aims to find the highest, tolerated dose of the study drug that is safe. Part 2 (dose confirmation) aims to confirm that the highest, tolerated dose(s) found in Part 1 are safe.

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 key ethical issue is the exposure to a new medicine.
2. The Committee asked about the questionnaires. The Committee noted that some questions ask about participants’ mental health, and asked how soon afterwards that information would be collated, and how any incidental findings of concern would be managed. The Researcher answered that those questionnaires would be reviewed at the same time as screening, and that if there was any concern for participant’s mental health, they could be referred to in-house psychologists, and would be escalated through the usual clinical process for patients with signs of mental health issues/depression.

Summary of outstanding ethical issues

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

1. The Committee asked what the dominant cultural issues in the study are. The Researcher stated that the main issue would be the issue of Whakapapa relating to the use of biological samples and sending them overseas. The Committee asked for this to be highlighted in the PIS.

The Committee requested the following changes to the Participant Information Sheet and Consent Form. The changes listed apply to the main PIS/CF unless otherwise specified:

1. Please simplify the study title on all forms.
2. Please refer to the “study drug” rather than the technical name on all forms after the initial definition.
3. Please remove the statement “the sponsor may stop the study for commercial reasons”, as this is not legal in NZ.
4. Page 14: please amend to state that a participants’ data may be removed if the participant withdraws. Please remove the statements “…data collected after your withdrawal if any may be used” and on page 15 “if analysis is required for the study, the samples may be analysed before being destroyed”.
5. Please simplify the information on previous animal studies and remove if not relevant.
6. Please amend the information on methods of highly effective contraception, following the HDEC template on reproductive risks (<https://ethics.health.govt.nz/system/files/documents/pages/template-for-reproductive-risks-in-participant-information-sheets-sep17.docx>).
7. Please make the cultural statement for Māori participants more prominent by placing it in its own section.
8. Please amend the statement that “race and ethnicity are considered sensitive information under data protection law” as it does not reflect NZ law.
9. Please specify exactly what people will be reimbursed for and what will determine the quantity of reimbursement that they receive.
10. Please state that the summary of study results will be offered, rather than need to be requested.
11. Page 10 and 17 talk about future research on tissue samples for this study. Please clarify if it is optional or compulsory, and add a specific bullet point to the consent form.
12. Pregnancy consent form: it is not legally possible in New Zealand to consent on behalf of a baby until after it is born. Please add a consent box so that the mother may give proxy consent on behalf of the baby at that time
13. Pregnant participant/partner PIS and consent form: please add that data will be sent overseas.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.

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| **2** | **Ethics ref:** | **20/CEN/64** |  |
|  | Title: | COG AAML18P1 |  |
|  | Principal Investigator: | Dr Andrew Dodgshun |  |
|  | Sponsor: | Children's Oncology Group |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr Andrew Dodgshun and Mrs Meredith Woodhouse 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 Study

1. This study aims to evaluate the long-term effects of moving children, adolescents and young adults with Chronic Myeloid Leukaemia off TKI inhibitors. This is based on previous studies that have shown that adult patients could be moved off the treatment without remission. This would have significant benefit as children currently remain on TKI inhibitors with significant side effects for life. If participants relapse, then they will be put back on TKIs and will receive follow up until remission for 10 years. Patient reported outcomes and neurocognitive outcomes will be measured to investigate the late effects on TKIs and the effects after stopping TKIs.
2. Participants 16 and over consent for themselves. Those under 16 need parental consent, and give assent where possible. The study will involve 4 patients in Christchurch; worldwide 110.
3. FUR: blood samples will be collected for PCR testing for residual disease, stored in a tissue bank of COG Biopathology Center in the United States.

Summary of resolved ethical issues

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

1. The Committee enquired as to why participants were asked to consent twice for FUR. The Researchers explained that there is a generic FUR form for all research, and an additional form for this specific study, both of which participants should consent to.
2. The Committee queried if there were statistics on this disease for Māori. The Researchers stated that at the moment the number of patients were too small to infer anything.
3. The Committee noted that the questionnaires had the potential to identify mental health concerns, however acknowledged that the children in this study will be monitored very closely such that any mental health issues are likely to be picked up on.
4. The Committee asked if the participants’ initials need to be included in the study participant code. The Researchers clarified that for COG studies the code is also used for SOC, and would be unsafe if there wasn’t sufficient information to identify individuals when necessary for making treatment decisions
5. The Committee asked if, in the event that a participant is put back onto the SOC treatment, they would be asked to re-consent with the original consent form. This was confirmed by the Researchers.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The Committee asked why the PIS for 7-10 and 11-15 year olds are identical. The Researchers explained that there is only a minor wording difference.   
   The Committee asked that both PISs be amended, adding more detail to the PIS for 11-15 year olds and simplifying the information for the 7-10 year olds.
2. The Committee suggested adding diagrams/pictures to the 7-10 year old PIS to make it more reader-friendly. The Researchers commented that as the children are very ill, the parents or a researcher will typically read through the PIS with the child. However, the research does also involve children who are not severely ill, and it was agreed that the PIS should be made more reader-friendly.
3. For all PISs, under “what are my rights” please add the right to access and correct health information (refer to the HDEC template for standard wording).
4. Page 4: please amend to state that the participant will fill out their own questionnaire from the age of 16.
5. Page 6: please remove the statement that the participant may benefit from being in the research due to it reducing costs of treatment, as this is not relevant in NZ.
6. PIS/assent form for 11-15: please state that samples are being sent overseas, and add a clause to the assent form.
7. FUR PIS/CF: both PIS and CF need to state that tissue will be sent overseas.
8. Assent 11-5: please add the cultural considerations paragraph.
9. All consent forms need a tick-box to request to receive the study results.
10. Main PIS: please add information on the side effects of stopping the medication, and especially of long-term effects.
11. Main PIS “what about my privacy” section: please explain how you will protect participant’s identity (using a unique identifier etc).
12. Main PIS please include information about the side-effects or risks of long-term use of TK1 inhibitors.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Patries Herst and Mrs Helen Walker

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| **3** | **Ethics ref:** | **20/CEN/65** |  |
|  | Title: | FAMILY GROUP EDUCATION INTERVENTION STUDY FOR MOOD DISORDERS |  |
|  | Principal Investigator: | Dr Maree Inder |  |
|  | Sponsor: | University of Otago, Christchurch |  |
|  | Clock Start Date: | 13 March 2020 |  |

Dr Maree Inder 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 Study

1. This is a pilot study of a group intervention to support family members/carers of people with mood disorders (e.g. bipolar) with less emphasis on medical models.
2. The study is motivated by previous clinical experience indicating the benefit of family-based education for mental health outcomes.
3. It builds on a currently running study treating people with mood disorders, which involves treating participants with SOC therapies and a novel therapy. The present goal is to test a novel family-based therapy as an extension of that, in the hope of producing more holistic benefits which will in turn benefit the individual with a mood disorder.
4. The primary endpoint is any perceived improvement for the carers themselves, and the individuals with mood disorders will not be the primary participants in this study, although data about them will be collected from their carers/family.

Summary of resolved ethical issues

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

1. The Committee asked if the patient with mood disorders will be involved, or just their whanau/partner. The Researcher clarified that the patient will not be involved.

Summary of outstanding ethical issues

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

1. The Committee asked about the questionnaire being used. The Researcher clarified that it is a validated questionnaire, but will be re-formatted for the study. The Committee asked for it to be amended to address both female and male participants. The Committee further stated that, as the questionnaire is asking questions about the patient, the patient’s consent will need to be sought.
2. The Committee noted that in answering the application question P.4.2, the main cultural issues for Māori participants were answered only in vague terms, and asked for more specific answers. The Researcher acknowledged that the research team did not have Māori representation and so may not be able to make the study suitable for Māori. The Researcher suggested that if several Māori caregivers/whanau were recruited into the study, they might create a separate focus group that is more appropriate for Māori.  
   The Committee stated that key cultural issues were face-to-face communication, the need to seek the patient’s consent for the use of their data while also considering the interest of the whanau as a whole, and whakamā. These and any other relevant issues should be highlighted in the PIS. The Committee suggested that the Researcher talk with their Māori advisor to better identify and understand these issues.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Please refer to the HDEC template: there are several standard elements missing, such as the ACC paragraph and page numbers.
2. The PIS outlines that some questions will be asked before the participant joins the focus group. Please explain what types of questions will be asked.
3. Please make explicit that the focus group will be educational.
4. Please explain that full confidentiality will be impossible regarding information shared in the focus group.
5. The potential benefits described in PIS are a bit too optimistic, as it is not yet known whether the intervention will be beneficial or not. Please adjust this wording to be more neutral.
6. Please state that if the family member/caregiver chooses not to take part it will not affect the treatment provided to the patient.
7. Please clarify where data will be stored for and for how long.
8. Please state clearly that, in the event that the participant withdraws from the study, that their data collected up to that point will continue to be used.
9. Please add to both the PIS/consent form that data may be accessed for auditing purposes.

Decision

This application was *declined* by consensus, as the Committee did not consider that the study would meet the following ethical standards:

* The Standards state that Researchers should maximise the degree to which their study can contribute to Māori health outcomes, and also that research design must demonstrate cultural rigour. In order to achieve these standards, the Committee requires the Researcher to consider the cultural issues relevant to Māori in this study, and how it may be designed so as to maximise the benefits for Māori (*National Ethics Standards* para *3.1 & 3.3*)
* Applications for HDEC review must include copies of the surveys or questionnaires that will be administered. While copies were provided, the final and adapted version of the questionnaire should be provided for review. (*Standard Operating Procedures for HECs*, para *42.4.6*)
* The Standards state that the starting point for the use of secondary health information should always be informed consent. As the interviews in this study will involve accessing secondary health information about a patient, the Committee required that consent be sought from the patient for the use of that information (*National Ethics Standards* para *7.46*).

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| **4** | **Ethics ref:** | **20/CEN/68** |  |
|  | Title: | (duplicate) Klippel-Trenaunay Syndrome (KTS) Study |  |
|  | Principal Investigator: | Dr Swee Tan |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr Swee Tan 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 Study

1. This is an observational study of the demographics, possible causation and anatomical features of NZ patients with Klippel-Trenaunay Syndrome (KTS). KTS is very rare (1 in 62,000 people) - this study aims to include the majority of patients with KTS in NZ. This study will only be conducted in New Zealand, with 53 participants identified from an established vascular anomalies registry and referred to the Centre for the Study & Treatment of Vascular Birthmarks, at the Plastic Maxillofacial & Burns Unit at the Hutt Hospital. Participants will be asked to complete a questionnaire, have a blood test and an MRI scan (if they have not already had one). The study will also focus on identifying potential complications of KTS (including venous thromboembolism and possible association with persistent embryonal vein) via the survey.
2. Patients will fill in questionnaire on demographics, disease symptoms and management, and QoL Hospital data will be accessed such as MRI scans. Patients will be asked to have an optional genetics assessment as well as to provide optional sample for a blood bank for FUR.

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, in response to the HDEC’s previous reasons for declining the application, peer review, evidence of Māori consultation, assent forms for younger participants and a safety plan for managing issues that may arise from filling out the quality of life questionnaire had been supplied.
2. The Committee noted that the key ethical issues in the study are the vulnerability of young participants. This would be addressed by assessing young participants’ capacity to consent, and asking them to do so if deemed competent, and otherwise seeking their assent and the consent of the parents/guardians.
3. For future reference, the Committee stated that issues which may arise for Māori in this study (and should have been noted at question P.4.2) are whakamā, and the collection of blood and information.

Summary of outstanding ethical issues

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The Committee stated that a main (adult) PIS is needed, assent PIS/CFs for 6-11 and 12-15 years old, a re-consent form for participants who turn 16, and separate FUR for each. This means that an additional 12-15 year old specific assent/consent form is still needed, as well as separate FUR forms (only one FUR was uploaded for participants of 12-15 years old). See <https://ethics.health.govt.nz/system/files/documents/pages/future-scientific-research-genetic-icf-assent-age-12-15.doc> for the 12-15 year old assent form template.
2. Please mention the blood and MRI tests in the information sheet and assent form for children.
3. Please explain in the PISs what kind of questions will be asked in the quality of life questionnaire.
4. The Committee asked for clarification on how issues that come up from the questionnaire will be managed, and the Researchers confirmed that any mental health concerns would be referred to GP. Please inform participants on this in each PIS.
5. The Committee asked how incidental findings from the MRI scans would be managed. The Researchers explained that many participants will have already had an MRI scan prior to the study, however for those participants who do have an MRI as part of their study, their regular clinicians could be contacted if there were any incidental findings. Please detail this referral process in the PIS.
6. Please add footers, page numbers, and the correct HDEC reference number. Please refer to the HDEC templates for details.
7. On the main PIS, please clarify at the beginning that the form refers to either the parents or the patient.
8. Please remove the statement “please note legal guardians cannot consent on behalf of adults…”
9. On the main PIS please remove the statement that they should seek permission from parents/guardians, as this is not required for those giving consent.
10. Please clarify that the blood being retained for future research is leftover blood samples.
11. Please soften the wording around potential benefits of the research, to reflect the fact that it is not known if the participants will benefit from the study.
12. Under “who pays for the study”, please remove the words “members of”.
13. To all information sheets, under “what are my rights”, please add the right to access and correct information.
14. Please correct the statement that identifiable health information will be accessed only by those entering it.
15. Please amend the statement that data will be confidential, stating instead that it will be kept in a coded but identifiable form.
16. Please clarify that data up to the point of analysis will be removed from the study/registry if a participant withdraws. Make this consistent across PIS and consent forms.
17. Please add a paragraph outlining cultural issues that may arise for participants (the Committee recommends the wording used in the HDEC template).
18. P.4.2: “we do not anticipate cultural bearers for Māori participation”. Note that collecting blood and information is a cultural issue, as well as whakamā.
19. All PIS documents: please make the term for the registry consistent.
20. Please make sure that all information in the consent forms is also outlined in the PIS. In particular: that information about abnormal results will be shared with GP, and the quantity of the blood sample.
21. In the risks section, please add the risks involved in the referral to a geneticist.

Decision

This application was *declined* by consensus, as the Committee did not consider that the study would meet the following ethical standards:

* Researchers must communicate relevant information in a form, language and manner that enables participants to understand the information provided. In order to meet this standard, a separate information/assent form is needed for children aged 7-11 and those aged 12-15, as well as FUR forms that are appropriate for each participant group. (*National Ethics Standards* para *7.16*)
* The Standards state that participants must receive the information that a reasonable consumer would need to give informed consent prior to their decision to participate in research. Please amend the participant information sheet and consent forms, taking into account the issues raised above by the Committee (*National Ethics Standards* para *7.15*).

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| **5** | **Ethics ref:** | **20/CEN/85** |  |
|  | Title: | (duplicate) Dietary sodium and potassium intakes in children |  |
|  | Principal Investigator: | Dr Helen Eyles |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr Helen Eyles 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 Study

1. This is a cross-sectional survey of dietary sodium and potassium intake in NZ children aged 8-11 years. The ratio of sodium to potassium should be 1:1, but as many diets contain too much Na, children do not consume enough K; this leads to high blood pressure (BP) and increases the risk of heart disease.
2. The study will involve 300 children in NZ. Two previous pilots in NZ were reported in 2019, involving 19 NZ children and 82 NZ children respectively; this would be the third and largest trial to date in NZ. A SONIC study was previously completed in in Australia in 666 Victorian children aged 4-12 years
3. This study aims to measure Na and K levels in the group of children aged 8 to 11 years. Children will be asked to collect 24 hour urine specimens and complete surveys while at school. Teachers, principals and Board of Trustees members will be asked to consent to the school pupils being in this study, which will be conducted in the school setting.
4. There is an additional optional pilot sub-study on fruit and vegetable intake using a vege-meter, which will test for a correlation with 24h urine potassium excretion results. This involves optional urine storage at the University of Auckland for iodine and fluoride testing, to be done in 2021.
5. Informed consent will be sought from schools, boards of trustees, teachers, parents and assent from children (in that order). The PIS for boards of trustees and principals is the same, with additional forms for teachers, parents and children. There is an additional optional consent for the pilot vege-meter study that will be used *if* agreed to by the principal. Principals and teachers will be asked to complete an online questionnaire, so are also being consented as participants.

Summary of resolved ethical issues

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

1. The Committee asked if principals and board of trustee members are being consented as legal entities, or as participants. The Researchers explained that they are legally being consented so that parents, students and teachers can be contacted, but they will also be completing a questionnaire so will also be consenting as participants.
2. The Committee questioned how children will collect urine and give it to teachers. The Researchers explained that children can either collect urine on the weekend or at school. If done at school, it will be done at a particular allocated bathroom.

Summary of outstanding ethical issues

The Committee requested the following changes to the Participant Information Sheet and Consent Forms:

1. The Committee asked about withdrawals. Please make clear in the PIS documents for parents and children that if the teacher, school or board of trustees withdraws their consent, then they will be withdrawn from the study too.
2. Please add the right to access and correction of information.
3. Add to the parent PIS that children will also be asked to assent.
4. Parent PIS: please add a description of how the child will be briefed and that assent will be sought from the child.
5. Please add further information about urine samples that will be used for future research. Where will they be stored, what security and confidentiality arrangements are in place?
6. PIS: please add a section for what if something goes wrong to explain the compensation provisions mentioned on the consent form.
7. Please add contact details for the health and disability advocacy service at the end of the each PIS.
8. Each PIS: Please state that samples will be analysed in Dunedin.
9. Each PIS: Please add a section describing the cultural considerations around the collection and storage of samples. You may wish to refer to the HDEC template (<https://ethics.health.govt.nz/system/files/documents/pages/piscf-template-feb-2020-270220.doc>).
10. Parent/caregiver consent form: please remove the statement “I agree that the school can take part”.
11. Please copy the statement in the Principal PIS, about the school being surveyed, across to The Parent PIS.
12. Teachers PIS: please add greater detail around what will be required of teachers in the consent process.
13. Please upload the child-friendly video.
14. Child assent form: please check the information around future sugar testing and ensure that it is consistent with the study protocol.
15. Each PIS: please state that you will be assigning participants a unique study number.
16. Each PIS: please state that participant information will be retained for up to 10 years.
17. Each PIS: please add a cultural statement relating to the use of urine samples, ACC information, and Maori contact details (please refer to the HDEC template for guidance).

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Helen Davidson and Dr Peter Gallagher.

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| **6** | **Ethics ref:** | **20/CEN/74** |  |
|  | Title: | MACH: Methoxyflurane analgesia for conscious hysteroscopy |  |
|  | Principal Investigator: | Dr Emily Twidale |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr Emily Twidale 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 Study

1. The study is a prospective interventional, double-blind, placebo-controlled randomised trial of methoxyflurane analgesia for conscious hysteroscopy. The study will be conducted in NZ only with 90 women undergoing conscious hysteroscopy for various gynaecological conditions. A previous pilot study of 30 women showed encouraging results.
2. The primary endpoint is the level of discomfort/pain during the procedure. Women will complete pain and anxiety questionnaires before, immediately after and 15 minutes after the procedure. Blinded clinicians will also complete a questionnaire. The justification for the study is a 2017 Cochrane review which concluded that there was insufficient evidence for any one type of analgesia for this procedure.

Summary of resolved ethical issues

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

1. The Researcher clarified that 90 participants will be recruited.
2. The Committee asked how women will be invited onto the study. The Researcher explained that participants will be contacted via email, and then invited to consent by their gynaecologists when they come into the clinic.
3. The Committee asked what the current SOC, and if patients are offered analgesia. The Researcher explained that participants do not at first receive analgesia, however if a subsequent operative removal is required, then a cervical block is used with (lignocaine) but the benefit of that is minimal. As such, those participants who are randomised to placebo will not be missing out. Furthermore, treatment can be stopped immediately if the participant objects.

Summary of outstanding ethical issues

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

1. The Committee asked about the procedures in place for data safety monitoring. The Researcher stated that they are yet to clarify who would conduct the initial review. The Committee asked for this to be clarified and stated that a mix of independent members and members from the research team would be acceptable.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The Committee suggested that the Researcher refer to the HDEC template to identify required sections. In particular the following sections are needed: risks/benefits (including possible side effects of the medication), who is funding the study, compensation/insurance, and how participants are randomised into the study.
2. Please ensure the PIS contains sufficient information about the study processes to adequately inform the participants.
3. Please state that withdrawal does not need to be in writing.
4. The Questionnaire has a pain scale from 0-10, please correct this in the PIS.
5. The Questionnaire:
   * Please ensure the questionnaire uses NZ census ethnicity categories.
   * Please add a third ‘unsure’ option to the answers.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions made by the committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Sandy Gill and A/Prof Mira Harrison-Woolrych.

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| **7** | **Ethics ref:** | **20/CEN/73** |  |
|  | Title: | Interbleed |  |
|  | Principal Investigator: | Dr Matt Wheeler |  |
|  | Sponsor: | The Population Health Research Institute |  |
|  | Clock Start Date: | 31 March 2020 |  |

Dr Matt Wheeler and Dr Jackie Bosch 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 Study

1. One of the side effects associated with antithrombotic medications for heart conditions is that patients may experience some type of bleeding during the course of their treatment. This study will explore the risk factors for bleeding and what types of outcomes occur after bleeding. The study takes the form of a case-control study, involving the comparison of a person with a GI bleed to a control participant who has not been hospitalised for a bleed within the last year. Both case and control patients will have been diagnosed with a heart condition, and are matched according to age. Questionnaires and physical measurements, along with details regarding the clinical presentation will be obtained. Both groups will be reviewed (either physically or over the phone) at 3 months and 12 months for measurement of cardiovascular and functional outcomes, bleeding events and antithrombotic medication use.

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 stated that it is not possible to have one person consent on another adult’s behalf in New Zealand. The Researchers stated that they are worried that there will be a subset who might decline or who are unable to consent, which will jeopardize the scientific validity of the study. If data is not collected from those who die from the bleed, the sample will be biased because it will not include the worst cases.

The Committee stated that data could be collected from deceased patients if the study is ethically approved; those patients who are invited on to the study but decline to consent must be excluded; and those who are alive but unable to consent can have the data collected but will need to consent to its inclusion in the study after regaining consciousness. Those adults who are unable to provide consent due to cognitive disability could not be included in the study.   
The Researchers stated that this approach would capture a sufficient number of patients to achieve the endpoints of the study. Therefore, a waiver of consent is not needed. With this new design, new participant information sheets and consent forms are needed.

1. The Committee noted that some questions in the questionnaire could raise mental health concerns for some participants. To address this, a safety plan is needed for how those participants will be referred as appropriate. This should be described in the protocol and outlined in the PIS. Please also add New Zealand as a country of residence in the questionnaire.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The Committee suggested that the Researcher refer to the HDEC template to identify required sections, such as an ACC statement, the right to access health data, and data being sent overseas.
2. Please clarify that Hamilton is in Canada, not New Zealand.

Decision

This application was *declined* by consensus, as the Committee did not consider that the study would meet the following ethical standards:

* The Standards state that, where participants are capable of providing consent, Researchers must seek and obtain the informed consent of individual participants before those participants begin to be involved in research (*National Ethics Standards* para *7.1*).
* Where a participant does not have the capacity to provide informed consent, researchers must give that participant the opportunity to give or decline informed consent to continued participation in the research when they regain that capacity (*National Ethics Standards* para 7.63).



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| **8** | **Ethics ref:** | **20/CEN/87** |  |
|  | Title: | A study of ARO-ENaC in Normal Healthy Volunteers and Patients with Cystic Fibrosis |  |
|  | Principal Investigator: | Dr John Kolbe |  |
|  | Sponsor: | Novotech Pty Ltd |  |
|  | Clock Start Date: | 16 April 2020 |  |

This application was able to be approved without discussion with the research team. The Committee commended the Researchers for a well put-together 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 Study

1. This is a Phase 1/2a first in human dose-escalating study to evaluate the safety, tolerability and pharmacokinetics of ARO-ENaC in healthy volunteers and patients with cystic fibrosis. 32 participants will be recruited in NZ (Auckland Clinical Studies) and 54 worldwide. The study design is a double blinded RCT of active drug vs placebo (1:2 ratio), administered as inhaled nebuliser. 2 sentinel participants (1 active drug, 1 placebo) will receive the drug first, with further participants enrolled following a safety review. The study will enrol a total of 4 cohorts (comprised of 6 subjects each) randomized to receive ARO-ENaC or placebo (4 active: 2 PBO) in a double blinded fashion:
   * Cohorts 1-4: 4 active: 2 PBO NHVs per cohort, adult healthy volunteers
   * Cohorts 2b, 3b: up to 6 (randomized 4 active: 2 PBO) CF adult patients per cohort
   * Cohort 4b: up to 12 (randomized 9 active: 3 PBO) CF adult patients with baseline ppFEV1 of > 70%.

Summary of outstanding ethical issues

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

1. On the radio advertising: please amend “looking for healthy males” to “males and females”.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The age stated on the survey is different from the age of the study participants – please amend as appropriate.
2. Please remove the statement on page 2 that “all health research is reviewed by HDECs” as this is incorrect.
3. Please review the PIS and consent forms for consistency.
   * The consent form for optional future research states that consent for blood and urine is being sought, whereas the PIS mentions only blood.
   * The pregnancy PIS references the partner and participant, whereas the consent form only references the partner.
4. Please remove the reference to a ‘legally acceptable representative’ in the pregnancy PIS.
5. The amount that may be reimbursed is different between healthy and unhealthy participants. Please make this equal so that it is fair.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.
* Please amend the radio advertisement as suggested by the committee.

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| **9** | **Ethics ref:** | **20/CEN/88** |
|  | Title: | Physical activity study in Bronchiectasis |
|  | Principal Investigator: | Mrs Laura Rensford |
|  | Sponsor: |  |
|  | Clock Start Date: | 16 April 2020 |

Mrs Laura Rensford 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 Study

1. The aim of this study is to investigate how physically active children with bronchiectasis are compared to healthy matched controls. Ninety children (30 bronchiectasis/60 controls) aged 7 to 12 years will be recruited from Kidz First and Starship hospitals. Their legal guardian will be given an information pack to take home, and rung after a week to discuss further, and if they are interested an appointment is to provide more information.
2. Those children will be matched with healthy controls, who will be recruited from two or three local schools in the Counties Region. Control children are told about the study in class, and interested kids take an information pack home to read with their parents and bring back signed assent/consent forms. There is an opportunity to attend a prearranged meeting to discuss the study further.

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 how those with bronchiectasis would be screened for. The Researcher explained that they would first be identified from the clinical records. A research nurse would introduce the study to potential participants, and if they are interested, the nurse would present them with an information pack to take home and read before consenting. An information evening will also be available for those who want to hear more about the study.
2. The Committee queried how schools will be approached. The Researcher explained that they will approach schools where they know that there are pockets of bronchiectasis children. The original contacts would be with the CENCO (?) teachers, through which they will be able to contact the principal and the board of trustees for approval.  
   The Committee asked to see an information sheet for the principal and/or board of trustees.
3. Application question p.3.2.2.1 indicated that assent was not being sought from the children. The Researcher confirmed that assent would be sought.
4. The Committee noted that application question p.4.3 indicated that Māori consultation was not required, however the Researcher confirmed that consultation had been sought.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Please make sure that all points in the consent form are previously mentioned in the PIS.
2. The Committee asked for clarification if the PIS was for all children involved in the study, or for a specific age group. The Researcher confirmed that the PIS is intended of all children aged 7-12 years old.
3. PIS for parents: ‘Healthy’ group may be stigmatising for those children with bronchiectasis. Please use “children with”/“without bronchiectasis” instead.
4. Please add to the PIS that participants have the right to request correction of their personal information.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.

Note to the researcher: to clarify a confusion at the meeting, it is confirmed that non-standard conditions *do not* need to be uploaded to the Online Forms portal, but it is helpful to include them along with any minor (non-substantial) amendments in the annual progress report. The CI and Sponsor are responsible for ensuring that non-standard conditions are met before the study commences.

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| **10** | **Ethics ref:** | **20/CEN/89** |  |
|  | Title: | A Pilot study assessing QST testing on PENS therapy |  |
|  | Principal Investigator: | Dr Saad Anis |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr Saad Anis 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 Study

1. This is a pilot study evaluating Quantitative Sensory Testing as a predictive test for response to Percutaneous Electrical Nerve Stimulation (PENS) for neuropathic pain 15 NZ patients in Tauranga Questions regarding statistical analysis have been addressed in response to peer review.

Summary of resolved ethical issues

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

1. For future reference, the Committee noted that the following questions in the application form were answered incorrectly:
   * p.4.2. should have stated that gathering health information is an issue for Māori participants, as Māori information is taonga
   * p.4.3 formal Maori consultation is required *unless* Maori are excluded, which they are not in this study.

Summary of outstanding ethical issues

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The Committee suggested that the Researcher refer to the HDEC template to identify required sections.
2. Please add a footer with the version number and date.
3. Please add page numbers.
4. Please state that ethical aspects of the study have been approved by the Central Health and Disability Ethics Committee.
5. ‘What does it involve’ should be ‘What does my participation in the study involve’.
6. Some proofreading for accurate wording is needed, e.g. “you will be seen at one month” should be: “we will ask you to come in for further assessment one month after the treatment”.
7. Please refer to the new HDEC template and amend the ACC claim paragraph accordingly.
8. Risks and benefits: please add the benefits of participating.
9. Who pays for the study: is not answered: it is Algotech; is there other funding as well?
10. Please explain where data will be stored and who has access. Include auditors from regulatory bodies.
11. Please add the Māori and independent advice contacts.
12. Please explain in greater detail what the “simple tests” are that will be carried out to assess the type and severity of pain, and what QST testing involves for the participant (will it hurt?). It may be helpful to add a diagram to explain the different tests.
13. The protocol says that subsequent to the PENs therapy, post-intervention QST readings will be taken - please include this in the PIS
14. Please add the right for participants to access and correct their information.
15. Please explain how information will be kept confidential (will it be unidentifiable?) and how information will be secured.
16. Please explain if data collected to the point of withdrawal will still be used if the participant withdraws, and if they will be required to attend an early termination visit.
17. The protocol mentions "bloods if required" at screening visit – please include in the PIS.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.

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

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| **11** | **Ethics ref:** | **20/CEN/90** |  |
|  | Title: | PROMIS II\_A clinical study of inhaled CMS by i-Neb in patients with NCFB |  |
|  | Principal Investigator: | Dr Dean Quinn |  |
|  | Sponsor: | Syneos Health New Zealand Limited |  |
|  | Clock Start Date: | 16 April 2020 |  |

This application was able to be approved without discussion with the research team. The Committee commended the Researchers for a well put-together 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 Study

1. This is a companion study to PROMIS I.
2. This is a therapeutic study for patients with non-cystic fibrosis bronchiectasis, on patients with chronic P aeruginosa infection. The study will compare inhalation with colistemethate sodium (CMS) with placebo using an i-Neb nebuliser. Treatment or placebo will be administered twice a day over 12 months. All patients remain on standard care. The primary outcome is the number of infection exacerbations (inflammation).
3. CMS is an antibiotic against pseudomonas infections, and has been shown to be well tolerated.
4. The study will involve 420 participants worldwide and 15 in NZ. The duration of total involvement is 13.5 months (including a 30 day screening period), and involves 7 clinic visits, 2 follow up phone calls, several blood, urine and sputum samples, lung function tests, and QoL questionnaires.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. The following wording should be amended: “some of these questions may make you feel uncomfortable or embarrassed, it is important that you answer them completely and truthfully”. Please make clear that the participant does not need to answer them.
2. Page 15: the second and fourth paragraph involve repetition, please remove one of the two.
3. Page 18: please state that not all human research is reviewed by HDECs.
4. Pregnant partner consent form:
   * please add a consent clause for data to be sent overseas.
   * Please change “must be followed up”, to “should be followed up”.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.

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| **12** | **Ethics ref:** | **20/CEN/92** |  |
|  | Title: | Effect of MDMA and matched sound therapy on Tinnitus |  |
|  | Principal Investigator: | Professor Dirk De Ridder |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 16 April 2020 |  |

Professor Paul Glue, Prof Dirk De Ridder and Dr Divya Adhia 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 Study

1. The study Proof of concept study of MDMA plus sound therapy for patients with tinnitus 3 way cross over study with psychoactive placebo group 30 participants in NZ only

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 legal issue of using a prohibited psychoactive substance in a research study. Section 14 of the misuse of drugs act allows for licenses to be issued for use in a study. The Researchers explained that Otago University has a license to hold controlled drugs for clinical purposes. The MDMA will be sought from MAPS (the Multidisciplinary Association for Psychedelic Studies) in the United States who provide a certificate that it has been manufactured according to good practice. The MDMA needs to pass all the regulatory checks before it can be imported into New Zealand.
2. The Committee asked if the Researchers had sought SCOTT approval. The Researchers stated that once the certificate of manufacture has been obtained, they will send that along with the other documentation to SCOTT for review.

The Committee requests evidence of the certificate for the MDMA.

1. The Committee asked how potential participants will be identified. The Researchers explained that while a couple of patients are known, most participants will be sought through advertising.
2. The Committee asked why Ritalin is being used for the control arm rather than a placebo. The Researchers stated that a plain placebo would un-blind the participant, as they would be aware of the lack of psychoactive effects. Secondly, the dosage used for Ritalin has been shown to be safe while having a euphoric affect. The committee suggests that the researchers note those individuals that have previously taken Ritalin (due to ADHD) or MDMA, in order to conduct a sub-cohort analysis at a later stage.
3. The Committee asked if the researchers expect patients to become less anxious/depressed through taking the MDMA, which they confirmed. They explained that it is hoped that the MDMA will ‘uncouple’ the anxiety/stress from the tinnitus.

Summary of outstanding ethical issues

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

1. The Committee asked about how the Researchers decided on the 125mg dose. The Researchers explained that this dosage has been shown to have a beneficial effect on PTSD symptoms, and it is also thought that this dosage may be efficacious for treating tinnitus. This is because the distress caused by tinnitus is thought to function in a similar way to post-traumatic stress. Furthermore, there is a large amount of clinical experience with this dosage which has shown it to have only minor safety concerns.
2. The Committee asked if those with experience taking MDMA would need to be excluded as well. The Researchers clarified that while a significant portion of the population has tinnitus, it is a small minority who have severe tinnitus such that they require treatment, who are predominantly older, and for this reason it is not expected that many of participants would be familiar with the effects of MDMA.   
   The Committee stated that experience with MDMA could nonetheless cause bias and that it should be asked so that those individuals can be excluded. Please add this to the PIS.
3. The Committee asked how fast the data from the questionnaires will be collated, by who, and what will happen if a high degree of depression or anxiety is identified.  
   The Researchers explained that the level of tinnitus that they are looking at has a high co-morbidity with depression and anxiety. The results will be analysed on a daily basis, and if they show that participants have anxiety or depression, their GPs will be informed and if needed they will be referred to a specialist. They also explained that investigators on the team have a background in psychiatry. The Committee asked for greater detail on these processes to be added to the study protocol.

The Committee requested the following changes to the Participant Information Sheet and Consent Form:

1. Please add greater information on the potential side-effects and risks of the medication.
2. Please add previous usage of Ritalin or MDMA to the exclusion criteria in the PIS.
3. Please state clearly and in bold that this study involves a class B controlled substance.
4. Please note the risk of stigma due to involvement in the study.
5. Please add information about how electronic data will be stored securely.
6. Advertisements: the Committee asked how participants will be recruited. The Researchers explained that they have some patients who they already have contact with, but it will then be advertised at clinics. The Committee suggested that the advertisements should highlight that they are recruiting tinnitus patients, rather than it being a study on MDMA/ecstasy.

Decision

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

* Please update the protocol, adding detail on the safety processes relating to the study questionnaires.
* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee.
* Please upload the manufacturing certificate.

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Sandy Gill, Dr Peter Gallagher and Dr Cordelia Thomas.

## 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:

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| **Meeting date:** | 26 May 2020 |
| **Meeting venue:** | TBD |

1. **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 5:30pm.