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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 23 June 2015 |
| **Meeting venue:** | Freyberg Building, Ground Floor, Room G.04, 20 Aitken Street, Wellington |

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| **Time** | **Item of business** |
| 12.00pm | Welcome |
| 12.05pm | Confirmation of minutes of meeting of 26 May 2015 |
| 12.30pm | New applications (see over for details) |
|  | i 15/CEN/74  ii 15/CEN/73  iii 15/CEN/75  iv 15/CEN/76  v 15/CEN/77  vi 15/CEN/84  vii 15/CEN/82  viii 15/CEN/83 |
| 3.50pm | General business:   * Noting section of agenda |
| 4.00pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mrs Helen Walker | Lay (consumer/community perspectives) | 01/07/2012 | 01/07/2015 | Present |
| Mr Paul Barnett | Lay (the law) | 01/07/2012 | 01/07/2015 | Present |
| Mrs Gael Donoghue | Non-lay (health/disability service provision) | 01/07/2012 | 01/07/2015 | Present |
| Mrs Sandy Gill | Lay (consumer/community perspectives) | 01/07/2012 | 01/07/2015 | Present |
| Dr Patries Herst | Non-lay (intervention studies) | 01/07/2012 | 01/07/2015 | Apologies |
| Dr Dean Quinn | Non-lay (intervention studies) | 01/07/2012 | 01/07/2015 | Present |
| Dr Cordelia Thomas | Lay (ethical/moral reasoning) | 19/05/2014 | 19/05/2017 | Present |
| Kate O'Connor | Non-lay | Northern B Co-opt | Northern B Co-opt | Present |

## Welcome

The Chair opened the meeting at 12.00pm and welcomed Committee members, noting that apologies had been received from Dr Patries Herst.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the SOPs. Ms Kate O’Connor 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 2015 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **15/CEN/74** |
|  | Title: | Communication in NZ families affected by parental chronic pain |
|  | Principal Investigator: | Mrs Catherine Swift |
|  | Sponsor: | AUT |
|  | Clock Start Date: | 11 June 2015 |

Mrs Catherine Swift and Ms Margaret Jones 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.

Ms Kate O’Connor declared a potential conflict of interest, and the Committee decided to have Ms O’Connor remain present for the application.

Summary of ethical issues (resolved)

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

* The Committee asked for the age range of the children involved in the study. The researchers stated it was 0 to 18. The researchers explained that to participate in the study the children needed to be able to communicate in English and hold a basic conversation. It was expected that the youngest children would be 4 years old, with the slim possibility of a 3 year old.
* The Committee noted that research in vulnerable populations must be justified. Can this research be conducted in any less vulnerable populations? For example older children? The researchers responded that while the same study could be run with an older population it would not generate the data this study aims to create. This particular study specifically aims to capture the views of younger children which will be different from older children due to their age and development levels. Their perceptions on acts such as injections or perception of pain of a family member are of interest to this study.
* R.4.1 of the application states that there is no risk of unexpected clinical findings. The Committee explained that this is incorrect as there were questions asked of the family and children about self-harm behaviour. The Committee added that child abuse could be disclosed to researchers in the one on one interviews. These risks constitute unexpected clinical findings. For instance the disclosure of child abuse. How will these possibilities be handled? The researchers acknowledged the risk and added that it was particularly possible as these families may be under stress due to the chronic pain. The researchers explained if such issues were raised by a child we would put their safety first. At the beginning of the process it is general practice to have a meeting with the family. At this point we will raise the view that we are not here with the family in a clinical context and will not judge them, and invite them to speak with us honestly.
* The Committee asked about the processes in place to manage risks. The researchers stated in most cases they would raise issues of abuse with the parents, adding that they were conscious that it could be reported that it was the parents who were committing abuse, in which case the CI will talk the situation through with her supervisor. The researcher stressed that rushed action would be avoided. The Committee noted that in some cases urgent action may be required.
* The researcher explained that the family will be told at the beginning of the research that if issues or abuse was raised by participants there may be follow up action with other, external, parties.
* The researchers explained that they have worked in mental health and chronic pain contexts for some time so were used to risk assessment with regard to individuals – they stated they would draw on this experience in the proposed work with the participants. The researchers added there was information on risks in the PIS.
* The Committee commended the safety measures for protecting researchers.
* The Committee asked if there is a set level of chronic or on-going pain that is required to be eligible for this study. The researchers stated no – any kind of pain that is experienced for longer than 3 months is sufficient to be eligible. This definition of chronic pain is commonly used in practice. The Committee noted this was not a very explicit definition of chronic pain – many may have this definition though their experience might not impact a family very much. The researchers explained that a severity scale is not helpful when considering the impact of disability or impact on family. Even if there is a mild nuisance it might cause family impact. The Committee acknowledged this point.
* The Committee suggested some marker or eligibility criteria such as a self-identified impact on family.
* The researchers acknowledged that the length of time someone has had pain was an important factor in interpreting the information reported from participants.
* The researchers explained how family pain and disability is often very subjective, particularly what individuals take away from family members with pain.
* The researchers explained that they are looking for diversity among the cases – it was expected that some family may have short duration of chronic pain verses long duration.
* The Committee noted that Maori should be consulted. P.4.1 should be ticked yes. The Committee noted that Maori consultation did occur, but the application was filled out incorrectly.
* F.1.2 – please supply statistics when possible. In particular for other ethnicities or populations.
* The Committee noted that there are options for interview size: one on one, couple of people, or whole family / whanau. How are you going to make sure that young people are not necessarily coerced to talk in front of people that may take their pain or anger out on them? How will you make sure the format chosen is the one that they actually want? The researchers explained that in some situations it is expected that the child / children won’t speak.
* We plan to have a family meeting at the beginning where we set some ground rules and offer guidance on how to proceed. We also offer personal contact information for individual contact and private dialogue.
* The Committee asked how a private dialogue with the four year olds would work in practice. The researchers explained that it was expected that the 4 year olds would not participate very much. The Committee noted that this would reduce the data quality of the study. The researcher agreed and explained that they would seek assent every time they interacted with the younger children to ensure they wanted to participate.
* Please explain happens if a child did not provide assent – is the family excluded from the study? The researchers explained that the study requires both a family member with chronic pain and a child who is able to talk with the researchers – so it depends on how many children there are. If there was no other child and the child did not participate it may exclude the study, otherwise the child could be approached again at a later date.
* How will you deal with concepts such as whakama? The researchers explained that the study team has involved Maori and Pacific advisors from the initiation of the study, who will be available throughout the study too. They are both well qualified and experienced and are happy to provide support and advice about these issues and concepts. They will be welcome to attend the family meetings, particularly if the family identifies as Maori or Pacific Island. The researchers will seek their advice and support prior to meeting a family.
* The researchers added these advisors speak Maori and some Pacific Island languages.
* The Committee asked whether the researcher had the skills to identify shame, deception or whakama? The researchers explained that it was a difficult thing to identify, generally. They explained that building rapport was a fundamental part of the study. One way of doing this would be to start with easier, non-invasive, questions and building up to more complex and personal ones once relationships are established.

Summary of ethical issues (outstanding)

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

* Please explain how you will ensure exclusion criteria are identified – will you be consulting with participant’s GP or be accessing health information? The researchers explained they were primarily relying on self-reported information from participants. They explained that mental health exclusions would be supplemented by the verbal and visual cues observed by the researchers to help determine whether the family and or participants would be appropriate for participation.
* The Committee noted that what participants disclose cannot always be accurate and that it was important to use other means to determine eligibility. Participants might not report to the researcher or may not understand what is being asked of them and then result in inclusion even though they should be excluded.
* The Committee asked what age group the submitted assent form was for. The researchers stated 12 and under. They added that children have a varied literacy level.
* The Committee suggested there should be a range of assent forms, given the large age range in the study. Please view <http://ethics.health.govt.nz/guidance-materials/assent-guidance> for guidance on assent forms.
* The Committee requests a list of set questions for the interviews.

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

* F.2.1 – please add some basic inclusion and exclusion criteria from the application form.
* Add Maori support contact details.
* Please review for grammar and spelling.
* Add statement about participation being voluntary and explain that participants can withdraw at any time without consequence.

Decision

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

* Please provide an assent form for non-consenting participants to sign (*Ethical Guidelines for Observation Studies 6.21)*
* Questions for interviews - in the case of studies involving the administration of surveys or questionnaires, copies of the surveys or questionnaires (Standard Operating Procedures 42.4.6)

This following information will be reviewed, and a final decision made on the application, by Dr Dean Quinn and Ms Sandy Gill.

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| **2** | **Ethics ref:** | **15/CEN/73** |
|  | Title: | 0.9% Saline vs. Plasma-Lyte 148® in ED patients |
|  | Principal Investigator: | Dr Sumeet Reddy |
|  | Sponsor: | Medical Research Institute of New Zealand |
|  | Clock Start Date: | 11 June 2015 |

Dr Sumit Reddy (the Researcher) & Dr Tanya X were 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 Study

* The study will formally assess a change in clinical practice in the use of intravenous (IV) fluids in an emergency department setting.
* The change in practice is a standard practice alteration from 0.9% Saline to PlasmaLyte148 formula.
* Both fluids will be available in the emergency department setting.
* The clinician will at all times have final say on what treatment to give participants. Any treatment received will be in the best interest of the participant.
* Data will not be collected during the study. Instead, data will be assessed at the end of a selected period. A random allocation of patients will have their de-identified data compared with a historical sample. Outcomes and study end points will be assessed.
* The study is similar to an audit – the difference being that the emergency department staff will have education initiatives about the PlasmaLyte148 fluid and will be asked to use it as a default fluid unless there is a clinical reason not to.

Summary of ethical issues (resolved)

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

* The Committee noted that the application states this is an intervention study that does not seek informed consent of participants. The Researcher was asked to describe prior studies that he had been involved in that are non-consensual. The Researcher explained that this study was different from prior studies as its setting was emergency departments (ED) opposed to intensive care units (ICU). In ICU all participants are generally unconscious or critically unwell. In ED there is a large range of capacity for consent.
* The ICU study was called the SPLIT study of which the study the subject of the application was part. The ICU study commenced in April 2014 and completed at the end of 2014. Regarding consent processes, this study had an opt out consent that related to use of health information in the study. Furthermore this study was blinded with randomisation between two fluid treatments.
* Of 2300 participants about 16 opted out, or alternatively there was a 99.4% acceptance rate for the study. The main reasons for opting out were related to the desire for health data not to be included in the study. They did not take issue with the intervention or randomisation.
* The Researcher clarified that the experiences of patients and their reasons for opting out have driven the discussion around introducing the no opt out option that is suggested in this study.
* The Researchers stated that some participants could provide consent but even in these cases the researchers are asking the Committee not to have to seek consent.
* Advise whether any information will be available for patients and if so provide a copy to the committee.
* The Researcher was asked to explain the intention not to seek consent from those who can provide it. The Researcher explained that after much discussion about informed consent or opt out consent it was concluded that it was not technically possible to find a way to determine who would need the fluid and how to seek consent from them. 70% of people in ED setting will not require any fluid – having information about the study (such as posters) around the ED would confuse many people as they will not be involved in the study.
* Another consideration was to reduce the burden on the ED doctors and nurses – they do not have the resources to conduct informed consent processes in this emergency setting.
* The Researchers explained that the previous study was blinded and required individual patient data collection at patient bedside. This meant that identifiable health information was recorded. Conversely, this study is open label and only collects data from centralised databases – this means that data can be de-identified prior to being included in the study. This reduces the risk involved and supports the view that opt out consent is not required.
* The Researcher was asked to confirm that PlasmaLyte148 is standard of care. The Researcher confirmed that it was a standard of care treatment and was currently available in Wellington ED.
* An overview of the uses of each fluid was requested. The Researcher explained that some studies suggest 50/50 use. Geography and local preferences drive the difference, not science.
* The Committee asked if there is any evidence to suggest that one is better than the other. The Researcher confirmed that both basic science and clinical observation have suggested that there is a difference between these fluids. These differences relate to emerging evidence that the saline (more widely used fluid) may cause harm. Recent data raises the possibility that it might increase the likelihood of kidney damage in acutely unwell patients compared to fluids with lower concentrations of chloride such as PlasmaLyte148.
* The Committee asked whether there may be a clinical reason why one would be chosen over another. The Researcher confirmed this, referring to the sodium levels of a patient. In these cases the clinicians will determine what fluid is best for clinical care.
* The study design is that PlasmaLyte148 is a preferred fluid but there is no requirement to use it. The clinician will make a decision based on their experience.
* The Committee discussed the PH and acidity of each treatment. The Researcher confirmed that the clinicians will be taking these considerations into account in each case.
* The Committee asked about the lack of DSMC. The Researcher explained the idea was to collect all the data at the end of the study so there was no possibility to monitor as it went.
* Staff education was the primary tool used to change the default fluid.
* The Researcher confirmed that there is no direct benefit as the study aims to generate data to support superiority of plasma.
* The Researcher discussed the risks involved with both fluids. The issues relate to the levels of the participant – such risks are present in any kind of fluid treatment.
* What is the likely make up in terms of fluid used in the 12 month retrospective data? The Researcher explained it was expected to be about 90% that receive normal saline.
* The Committed noted that the application will be resubmitted to the DHB research office. It was initially submitted as an audit but will require amending.
* The Committee queried whether the manufacturer of the PlasmaLyte148 be the primary benefactor of the study. The Researcher explained that there are many different providers of these fluids. This particular manufacturer had an existing relationship with the hospital. The study was investigator initiated. The company doesn’t want to do any research with PlasmaLyte – the fluids are not particularly profitable. PlasmaLyte and saline are cost neutral – there will be no major benefit even if superiority is proven.
* The manufacturer will benefit but it is likely to be minor. Patients will benefit greatly if the study shows that PlasmaLyte148 has better outcomes. The Committee was satisfied with this explanation.
* The Researcher confirmed Maori consultation was on-going. All studies have on-going consultation as part of our internal processes. They will also liaise with whanau care services at Wellington Hospital.
* The Committee felt that it would be beneficial to have some kind of simple and short document that can be given to participants after participation explaining what has happened to avoid any misunderstandings. For instance a high level summary and an option to contact someone about the study. The Researcher explained it was difficult to implement – particularly in the ED setting – and did not want to impose this additional work on the ED doctors or nurses.
* The Committee noted that the difficulty of providing information isn’t reason alone not to give it. Though the Committee also recognised that sometimes information was not appropriate. The Committee asked if it was possible to give a one page with contact number, after the fluids have been given. The Researchers and Committee discussed whether it was possible to even identify those who have had the fluid at the time.
* Please send through any advice or updated documentation to HDEC for review.
* The Committee was satisfied that the study was a formal data review of a standard practice roll out of a new (but in current use) default IV fluid.

Summary of ethical issues (outstanding)

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

* The Committee noted the research team was seeking legal advice. Please submit this through to HDEC once received.

Decision

This application was *approved* by consensus

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| **3** | **Ethics ref:** | **15/CEN/75** |
|  | Title: | The ProBrain Study |
|  | Principal Investigator: | Professor Edwin Mitchell |
|  | Sponsor: | Fonterra Co-operative Group Ltd |
|  | Clock Start Date: | 11 June 2015 |

Professor Edwin Mitchell was 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 Study

* The study involves examining children who were part of a prior study that investigated the effect of probiotics and antibiotics on young children and pregnant mothers. In particular the prior study identified that use of antibiotics in the first year of life result in higher risks of attention deficit disorder, depression, behavioural problems and lower IQ scores.
* The examinations involve cognitive development and behavioural tests and a skin prick test.

Summary of ethical issues (resolved)

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

* The Committee asked how the human tissue (faeces) fitted into the application before the committee. In particular, what kind of consent was given for these samples when they were collected and what process would be followed to re-use the samples. Dr Mitchell explained that in this component of the study we will not be collecting any new faeces samples. These samples are stored in a bio-bank from one of the prior studies. What we propose to do is if we identify a signal, some kind of beneficial effect from the probiotics, we will try to analyse some of the faecal samples to view the gut microbiota. We would compare between the high and low IQ groups.
* Dr Mitchell added that these tests (on the faeces) are about 1000 dollars per test. As a result such testing is rare. If we were to conduct these tests it would be dependent on funding as well as findings from this study. We would go back to the family and seek permission to conduct further tests on the stored tissue. The consent was given for research based on eczema and allergies, so we would have to re-approach them to test on IQ.
* Dr Mitchell stated this study would be for 12 months, involve seeing the family, do neurocognitive outcomes, take blood prick tests and then review data. Then, if there is no effect on neurocognitive outcomes we will abandon this line of research. If there was a signal we would like to examine the faeces.
* The Committee suggested removing the re-testing from this study as it would likely require another ethics application and should be separate if it will not occur within this particular study.
* Dr Mitchell confirmed the peer review is independent.

Summary of ethical issues (outstanding)

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

* The Committee noted that children will be 11. Currently the protocol suggests that a parent consents for the child to have skin prick. Please allow the option for an 11 year old to be able to consent for this for themselves. Furthermore an assent form it should explain what exactly would occur, including the skin prick test. Similarly – happy to be weighed, things like that. Including this information reflects respect for the child.

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

* F.2.1 – exclusion inclusion: please add the basic and important ones such as needing to participate in prior studies and exclusion if can’t make it to Auckland.
* Pg.6 CF for mother – add– …could identify you. (or my child).
* Add info on confidentiality for children PIS.

Decision

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

* Please provide an assent form for non-consenting participants to sign (*Ethical Guidelines for Observation Studies 6.21)*
* Allow option for younger participants to consent for their own participation (*Ethical Guidelines for Observation Studies 6.21)*
* Amend protocol clearly outlining that within this study no analyses of tissue would be used. You can submit an amendment to HDEC if you do receive some indicators that would suggest testing the faeces would be worthwhile.

This following information will be reviewed, and a final decision made on the application, by Mrs Gael Donoghue and Dr Cordelia Thomas.

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| **4** | **Ethics ref:** | **15/CEN/76** |
|  | Title: | The psychosocial interactions of AYA cancer survivors and the impact on their development |
|  | Principal Investigator: | Miss Nicole Cameron |
|  | Sponsor: |  |
|  | Clock Start Date: | 11 June 2015 |

Miss Nicole Cameron was 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 (resolved)

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

* Miss Cameron clarified Canteen is endorsing research but not funding or sponsoring.
* Miss Cameron confirmed that participants are recruited via Canteen. The Committee asked if this be only source of recruitment. Miss Cameron stated most likely, adding they hoped that Canteen will be sufficient for this research. The Committee asked if there is any potential bias as the Canteen provides support services which mean the whole sample will have been receiving support throughout their cancer experience. This recruitment limitation may mean you miss out on those who are survivors but not part of Canteen. Miss Cameron noted that this was true but they could identify when they joined Canteen which would give us a range on how long they had been involved. Some may have a supportive environment the whole way through their cancer experience, some may not. The Committee clarified it was raising recruitment bias involved but did not have a problem with recruiting via Canteen.
* Miss Cameron confirmed the GP will not be notified of study participation.
* The Committee noted that the decision not to inform the GP had a safety side effect as participants may have adverse responses to involvement in the study.
* It would also be useful to talk to GPs as it helps screen for exclusion criteria. The Committee noted that significant mental health issues are exclusion criteria. GPs may be able to supply information on whether or not a participant is eligible to participate. Miss Cameron explained they were using self-report systems and were hoping participants would be honest with them about their mental health. They are also screening with Canteen who will help identify appropriate potential participants.
* The Committee asked for clarification around Canteen giving details to researchers for first contact. The Committee suggested having Canteen give the PIS/CF to potential participants and then having the participants contacting the researchers. Miss Cameron explained she did mean what the Committee had outlined and had misspoke.
* P.4.3 – do you need to consult with Maori – unless you are excluding Maori then you do need to have consultation, which you have done. For future research please read the questions carefully.
* The Committee noted that with cancer and young people – mental health issues will be involved due to the hard time the participants have experienced, for Maori brought up traditionally you may identify whakama – you should seek advice on how to ensure safety of your research and the person you are interviewing.
* F.1.2 – this question is about other nationalities such as Pacific Island, Asian etc. Please include statistics or prevalence information in future applications.
* Committee noted it would be useful to look at cultural norms to ensure 1) you understand how you understand participant responses and 2) to keep both your participants and yourself safe.
* Pg.17 of application. The Committee noted that the statement about education levels is an assumption that would be unwise to make - especially when participants have been sick and may not have been able to attend education services.
* Please note that health data derived from the study must be stored for a minimum of 10 years according to the [Health (Retention of Health Information) Regulations 1996](http://legislation.govt.nz/regulation/public/1996/0343/latest/DLM225650.html). Please amend the PIS to reflect this.
* Please comment on how the length of time to be considered a survivor was made. Miss Cameron explained they spent long time on what time frame was best for the study. The Committee accepted the explanation.

Summary of ethical issues (outstanding)

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

* P.1.1 – the committee noted that the types of questions that will be asked are only broadly covered in the PIS. The Committee requested the actual questions that will be used – even if semi structured.
* Miss Cameron explained that the questions are not yet finalised but will be informed by research in the subject area. The interviews will be flexible as we will follow on from participants reported experiences. The Committee accepted this but requested that prior to study approval the questions need to be submitted for review.
* The Committee asked about the peer review, noting that this peer review would not apply to the questions as they were not formally established. Miss Cameron explained that they are happy to have the formal questions peer reviewed prior to submission to ethics. The Committee stated this would be appropriate.
* The Committee asked what process was in place should someone become distressed over the course of the interviews. Miss Cameron acknowledged this possibility and the need to manage that. A GP would be one person among a variety of options to access support for them – we would consider contacting GPs in these cases.
* Please check with post grad office as the local process with university might be that the HoD is the sponsor. If so please update HDEC via email.

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

* Please include information on duration and location of interviews.
* Include HDEC and Maori support contact details
* Please add info on confidentiality and in particular as part of the thesis write up.
* Be specific about what participants could be contacted about in future – make it clear that it would be research by the CI not just any future research.
* Please review the template PIS at <http://ethics.health.govt.nz/home> for guidance on what kind of information to include.
* F.2.1 – add mental health exclusion criteria.

Decision

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

* Questions for interviews - in the case of studies involving the administration of surveys or questionnaires, copies of the surveys or questionnaires (Standard Operating Procedures 42.4.6)
* Address outstanding ethical issues.
* Please amend the information sheet and consent form, and assent forms, taking into account the suggestions made by the Committee (*Ethical Guidelines for Observation Studies* *para 6.11*).

This following information will be reviewed, and a final decision made on the application, by Dr Dean Quinn and Mrs Helen Walker.

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| **5** | **Ethics ref:** | **15/CEN/77** |
|  | Title: | UNIFI |
|  | Principal Investigator: | Prof Richard Gearry |
|  | Sponsor: | Parexel International Pty Ltd |
|  | Clock Start Date: | 11 June 2015 |

Prof Richard Gearry was not 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 Study

* The study is an intervention, phase III study that is looking at effectiveness of ustikinumab in moderate to severe ulcerative colitis, induction, maintenance if clinical effect and possible long term follow up.

Summary of ethical issues (resolved)

The main ethical issues considered by the Committee and addressed by the application.

* The study uses a placebo. The Committee discussed the use of placebo and agreed that it was justified because participants were able to continue to take usual treatments.
* Please confirm that participants are still eligible for long term follow up on active drug.
* The Committee noted the optional genomic sub-study.
* The Committee confirmed SCOTT was pending.
* The Committee noted the sponsor is the manufacturer and that the insurance was appropriate.
* The Committee noted that R.2.4 states that long term data storage will be de-identified. This is not correct as the New Zealand CI will have a code file. This means data is potentially identifiable.

Summary of ethical issues (outstanding)

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

* The Committee queried when the participants were unblinded – was this at induction or maintenance? Only participants in response go into maintenance part, at which point there is a chance they would get a placebo even when in response to study drug at induction. Please clarify.
* The Committee noted that R.1.6 stated that the sponsor has the right to close the study site/ terminate the study at any time for any reason at its discretion. The committee stated that the National Ethics Advisory Committee guidelines state that a study cannot be terminated for purely commercial reasons and requests that the sponsor acknowledges this.
* Please provide an update on Maori consultation processes.
* Participant Brochure: In the "what will study participants be asked to do" it talks about cancer treatments and chemotherapy. The Committee noted this is not a cancer study. Please review for copy paste errors.
* Please clarify how "can remain in study, as long as study medication is of benefit" relates to placebo arm.
* The Committee noted that generally the PIS was very complicated and suggested using a flow chart to help participants navigate the trial design and arms.
* R.6.1 – confidential though GP will be informed. Please make GP informing clear.
* F.2.1 – assumes most exclusion is known by GP. However some may not be able to be known by the GP and as such may need to be in the PIS.
* P.4.4 – please clarify what methods you are incorporating.
* F.1.2 – please add statistics for health inequalities in future applications. Send them in a cover letter to the Committee if you have some for this study.
* R.1.13.2 – what is the name of the radiologist?
* The Committee requested clarification as the protocol states that no effective treatment must be stopped – is this not contradictory? What kinds of treatments must be stopped?
* The Committee noted the varied use of child or unborn child. The Committee noted that an unborn child can’t have health information – please explain that it refers to the child once born. Review for consistency.

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

* Please remove the reference to US law on page 1 of the Main and Pregnant partner PIS.
* The Committee noted that in New Zealand does not have legal requirements to report HIV. Please remove (pg.6).
* Please make it clear to participants that the flu shot is not a live vaccine and therefore does not preclude study participation.
* pg. 21 - what happens to samples - make it clear that samples are going overseas – this information is in the "retention for future use" section, but should be in the main PIS too.
* F.2.2 – please ensure important inclusion and exclusion criteria are included (PIS).
* Add confidentiality clauses in all PIS.
* Pg.5 Central HDEC pregnancy PIS.

Decision

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

* Please provide criteria for study termination. (*Ethical Guidelines for Intervention Studies* *para 6.64*).
* Please address how the study may benefit Māori and how cultural issues that may arise for Māori participants in the study will be managed (*Ethical Guidelines for Intervention Studies* *para 4.7*).
* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide further information on the study design, in particular how the placebo arm works in relation to the study stages (*Ethical Guidelines for Intervention Studies para* 5.4)

This following information will be reviewed, and a final decision made on the application, by Ms Kate O’Connor and Ms Cordelia Thomas.

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| **6** | **Ethics ref:** | **15/CEN/84** **(CLOSED)** |
|  | Title: | MK 3475062 Phase III Trial of Pembrolizumab (MK3475),pembrolizumab+FP/XP vs. Placebo+FP/XP in BiomarkerSelect, Advanced Gastric or GEJ Adenocarcinoma |
|  | Principal Investigator: | Dr Sanjeev Deva |
|  | Sponsor: | Merck Sharp & Dohme (New Zealand) Limited |
|  | Clock Start Date: | 18 June 2015 |

Dr Mike Findlay and a sponsor representative 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.

Decision

This application was *approved with non-standard conditions* by consensus.

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| **7** | **Ethics ref:** | **15/CEN/82** |
|  | Title: | ENZAMET |
|  | Principal Investigator: | Dr Peter Fong |
|  | Sponsor: | The University of Sydney |
|  | Clock Start Date: | 11 June 2015 |

Dr Peter Fong and Dr Christine Crooks 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 Study

* This study compares the effectiveness of enzalutamide (study drug) versus the currently available antiandrogen drugs, when used on a background of treatment with surgical removal of the testicles, to treat patients with metastatic prostate cancer.
* The study drug has shown promise for treating patients who have a more advanced disease.
* Medsafe have very recently approved the drug for use in prostate cancer.
* All participants in study receive some treatment – there is no placebo arm.

Summary of ethical issues (resolved)

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

* R.1.2 – states ‘yes’ for withholding standard treatment. Please explain. The researchers clarified that there is no witholding of standard treatment. Everyone gets treatment irrespective of what arm they are in.
* The study was initiated by academic investigators and is a collaboration between NHMRC clinical trial centre in Sydney.
* The study drug is being provided free of charge by the manufacturer Astellas Pharma Australia.
* The Committee asked for further information about the relationship between the drug company and the study. The researchers explained that the collaborative group went to the company and asked for the experimental drug for free. The researcher acknowledged that from an ethics committee perspective it does look uncertain as to who is sponsoring the study – however we are confident that University of Sydney and the collaboration group is retaining ownership of all study data.
* The Committee asked who will benefit if the study drug is going to prove effective. The researchers stated the patients. The Committee asked if the drug company has any influence on the study. The researchers said they have no influence on the outome of the trial, adding that the study may show that it is not beneficial in any way.
* The researchers explained how working with a drug company was required to facilitate the study.
* The Committee commended use of charts on pg.4 of PIS.
* Section 14 ‘at the end of the study’. The Committee quiered if this kind of drug needed on-going access if it was shown to be beneficial? The researchers stated it was. The Committee requested that it was made very clear that the study drug will be available after the study if there is a benefit.
* P.4.2 please note there are cultural issues involved in this study, such as whakama. Please consult or do some research prior to answering this questions in future.
* The Committee queried if there was a consent form for pregnant partners in the event of unplanned pregnancy. Researchers stated that 2 forms of contraception is required if participants are sexually active, adding that the participants are very unwell.
* The researchers confirmed that the potential participants will take away the study documentation to read at home. The Committee noted that the PIS/CF is very dense and complicated. The researchers explained that it is discussed with the patient, multiple times. When they take it home they have a framework of what is involved. We have not experienced any problems with this method. We will go over the PIS again once they return to sign. The Committee appreciated the thorough explanation of the consent process.
* F.1.2 – this question relates to other ethnicities – in future please include statistics in this section to describe prevelance or explain that there are none.
* The Committee queried if the researchers plan to use archived tumor samples? The researchers confirmed they were. The Committee asked about the consent for these samples. The researchers stated these stored samples are clinical samples and will not be used unless specific consent is given. The researchers confirmed that lab samples are not used unless consent is given.

Summary of ethical issues (outstanding)

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

* The PIS states the study may be terminated for commercial reasons of the manufactuer, please explain. The researchers explained that the company provides the drug so therefore if the company were to go bankrupt they would have to terminate the study. The trial sponsor will not be able to continue the conduct of the trial.
* The Committee noted that paragraph 6.65 of the NEAC guidelines clearly states that studies cannot be terminated for reasons of commercial interest. Please remove the statement on termination from the PIS.
* The Committee requested that the information on the optional study and future unspecified research be removed from the core PIS. This information must be separate it must include all requirements from the Ministry of Health Future Unspecified Research Guidelines. In particualar, remove pg.9 and 10 of current PIS.

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

* Please add number 1 and 7 of pg.27 of application inclusion exclusion criteria in the PIS.
* Please add statement that not agreeing to participate in sub study does not proclude partcipation in the primary study.
* Researcher confirmed GP will be informed. Please add explicit consent in the form of a bullet point on the consent form stating participant agrees to GP informed

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 (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Please provide a separate Participant Information Sheet and Consent Form for the use of tissue for future unspecified research (*Guidelines for the Use of Human Tissue for Future Unspecified Research Purposes, para 2*).

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

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| **8** | **Ethics ref:** | **15/CEN/83** |
|  | Title: | Maia |
|  | Principal Investigator: | Dr Andrew Butler |
|  | Sponsor: | PAREXEL International Pty Ltd |
|  | Clock Start Date: | 11 June 2015 |

Ms Helen McDermott was 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 (resolved)

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

* The Committee noted that while it was worthwhile giving the participants a participant card but explained that it would be better to add information on patient alerts, if possible.
* R.3.11 – are tissue samples disposed? Ms McDermott stated no. The Committee requested that this is made clear in future applications as there are options listed other than disposal.
* P.4.1 – in future applications please include statistics and if there are no relevant statistics then explain this to the Committee.
* F.1.2 – impact on other populations and statistics would also be relevant here.

Summary of ethical issues (outstanding)

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

* A.1.6 - The Committee queried how the blood transfusion might confound blood typing. Does this phenomenon persist while they are receiving the medication or is it something that is transient? Ms McDermott will follow up.
* Is genetic component intrinsic to main study? Please clarify for the Committee.
* The Committee requests that the future unspecified research is removed from the core PIS and made into an optional, separate PIS. Please send the Committee this new PIS. Please note that the below are requirements that must be in an optional future unspecified research PIS.

|  |
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| **Future Unspecified Research (FUR) and Biobanking**  **\*note these are requirements for FUR** |
| an indication of the type and nature of the research to be carried out and its implications for the donor, where possible, and an explanation of why the potential donor is being approached for their tissue and specifically what tissue is being sought. |
| known possible researchers or institutions that might use the tissue sample, if possible. |
| whether the donor’s sample is going to be, or is likely to be sent overseas, and where possible, to what country or countries. |
| acknowledgement that all future unspecified research in New Zealand will be subject to ethical review. However, when a tissue sample is sent overseas, unless it is sent in conjunction with a New Zealand research project, future research is likely to be considered by an overseas ethics committee without New Zealand representation. |
| whether the donor’s identity and details will remain linked with the sample or whether the sample will be de-linked. |
| a statement that if a donor consents to a tissue sample being unidentified or de-linked, they relinquish their right to withdraw consent in the future. |
| whether the donor may be contacted in the future regarding their tissue sample. Whether or not, and under what circumstances, information about the future unspecified research will be made available to the donor and/or (where relevant) their clinician. |
| acknowledgement that the donor will not own any intellectual  property that may arise from any future research. |
| whether there is provision to withdraw consent for the use of human tissue samples in the future. Where there is provision to withdraw consent, only tissue samples remaining at the time of a request to withdraw and any information held for future unspecified research may practically be withdrawn. Tissue samples or information used in research before the request to withdraw is received is unlikely to be able to be returned or  destroyed. |
| acknowledgement that the donor’s decision regarding the consent for use of their tissue sample for unspecified future research will in no way affect the quality of a donor’s current or future clinical care. |
| where and for how long a tissue sample will be stored, how it will be disposed of and whether there is a cultural protocol for its disposal. For example, information about the institution holding the tissue sample: its aims, research procedures and research governance. |
| whether or not tissue samples could be provided to other researchers and institutions, and whether or not such provision could include sending samples to other countries |
| whether or not collected samples will be provided to commercial biomedical companies or will be used in commercial research collaborations, if known. |
| what provisions will be made to ensure patient confidentiality. |
| that different cultural views may inform choice about donation of tissue; for example, for some Maori, human tissue contains genetic material that is considered to be collectively owned by whanau, hapu and iwi. |
| that cultural concerns may arise when tissue samples are sent overseas, including how tissue samples are stored and disposed of. Processes for monitoring and tracking what happens to samples may not be acceptable to donors. |
| that donors may want to discuss the issue of donation with those close to them, for example; family, whanau, hapu and iwi. |
| **Note:** FUR must be listed as OPTIONAL and must be **distinct** from the main study – this can either be a separate PIS (if there is substantial information that warrants it) or it can be a separate consent area on the consent form (if the additional tests are optional but not that different from the primary study).  **HDEC has a preference for separate PIS/CF for optional sub studies, FUR or bio banking as the information required is often different to the main study.**  For more information see the Guidelines for Future Unspecified Research <http://www.health.govt.nz/publication/guidelines-use-human-tissue-future-unspecified-research-purposes-0> |

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

* Explicitly state drug is not approved for use in New Zealand.
* Please amend ‘screening phase must be within 21 days of taking study drug’ to “….prior to taking the drug”pg.3 under **screening**
* Carry a wallet card with you all the times. Pg. 8 - Amend to at all times.
* F.2.1 – add basic inclusion and exclusion criteria for participants.
* Add confidentiality clause explain data privacy arrangements for participants
* Add statement that explains that participation in future unspecified research is not required to participate on main study.
* Pg.8 under What do I have to do? Please list positives and then negatives – it can be confusing to mix the two.

Decision

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

* Please provide a separate Participant Information Sheet and Consent Form for the use of tissue for future unspecified research (*Guidelines for the Use of Human Tissue for Future Unspecified Research Purposes, para 2*).
* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Clarify genetic component of main study.

This following information will be reviewed, and a final decision made on the application, by Dr Dean Quinn and Mrs Helen Walker.

## General business

1. The Committee noted the content of the “noting section” of the agenda.
2. Add ‘you are eligible to apply’ to ACC statement in template PIS.
3. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

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| --- | --- |
| **Meeting date:** | 28 July 2015, 08:00 AM |
| **Meeting venue:** | Freyberg Building, Ground Floor, Room G.04, 20 Aitken Street, Wellington , 6011 |

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 4.00pm