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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 17 December 2018 |
| **Meeting venue:** | Room GN.2, Ground Floor, Ministry of Health, Freyberg Building, 133 Molesworth Street, Wellington |

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| **Time** | **Item of business** |
| 12:00 | Welcome |
|  | General business:  Confirmation of minutes of meeting of 27 November 2018  Noting section of agenda |
| 12:30 | New applications (see over for details) |
|  | i 18/CEN/242  ii 18/CEN/244  iii 18/CEN/261  iv 18/CEN/245  v 18/CEN/246  vi 18/CEN/248  vii 18/CEN/249  viii 18/CEN/250  ix 18/CEN/251  x 18/CEN/254  xi 18/CEN/256  xii 18/CEN/255 |
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|  | Review of approved studies (see over for details) |
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| 5:30 | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mrs Helen Walker | Lay (consumer/community perspectives) | 01/07/2015 | 01/07/2018 | 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 Dean Quinn | Non-lay (intervention studies) | 27/10/2015 | 27/10/2018 | Apologies |
| Dr Cordelia Thomas | Lay (the law) | 20/05/2017 | 20/05/2020 | Present |
| Dr Nicola Swain | Non-lay (observational studies) | 27/10/2015 | 27/10/2018 | Present |
| Dr Peter Gallagher | Non-lay (health/disability service provision) | 30/07/2015 | 30/07/2018 | Present |
| Dr Nora Lynch | Non-lay (health.disability service provision) | 24/07/2015 | 24/07/2018 | Present |

## Welcome

The Chair opened the meeting at 12:00 and welcomed Committee members, noting that apologies had been received from Dr Dean Quinn

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Dr Nicola Swain and Dr Nora Lynch confirmed their eligibility, and were co-opted by the Chair as members 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 27 November 2018 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **18/CEN/242** |  |
|  | Title: | Safety, pharmacokinetics and efficacy of GS-4224 in chronic hepatitis B |  |
|  | Principal Investigator: | Prof Edward Gane |  |
|  | Sponsor: | Gilead Sciences Pty Limited, , Sr. CTMA |  |
|  | Clock Start Date: | 03 December 2018 |  |

Prof. Edward Gane and Olivia Thane were present via 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

1. This is a phase 1 study to evaluate the safety and tolerability of GS-4224, used in the treatment of chronic hepatitis B by resetting the body’s immune response. This study will be conducted in two parts: one part (Part A) will involve healthy volunteers, the other (Part B) will involve subjects with CHB.

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 why cohort 2 will commence multiple dosing in the next dose level before the previous multiple dosing in cohort 1 has been completed. The researchers clarified that there will be a delay before moving from one cohort to the next. The Committee observed that dosing for the next cohort was able to start on day 15 of a 20 day dosing period of the previous cohort, as set out in the protocol. The researchers confirmed that the study is scheduled to wait until the previous cohort has finished dosing and to leave several days to assess the data and conduct a safety review.
2. The Committee queried whether the researchers were comfortable with the sponsor’s representatives being involved in data safety monitoring for this study. The researchers responded that they were very happy with the study team.
3. The Committee noted that a cohort in part B of the study, infected with hepatitis B, will be unsuppressed and not on a reverse transcriptase inhibitor. The Committee asked why this was the case. The researchers stated that these would be people who either did not qualify for treatment or are yet to start treatment; no treatment is being withheld in the course of this study.
4. The Committee asked the researchers if they saw any risk in starting participants on a PD1 inhibitor before using a reverse transcriptase. The researchers responded that the PD1 inhibitor resets the immune response which will control the virus faster than the reverse transcriptase. The researchers noted the risk of flares was unknown but that this is something they will be monitoring for.
5. The Committee commented that there was a heavy focus in the study on holter-monitoring for QT abnormalities, and asked why this was the case. The researchers responded that this was routine practice for first-in-human trials.
6. The Committee asked whether the researchers were worried about the number of blood draws involved in this study, particularly in healthy participants who may lose intravenous access. The researchers answered that healthy inpatient volunteers would have a venous cannula placed to prevent recurrent blood draws.
7. The Committee queried whether patient initials would be sent to the sponsor with either their samples or their data. The researchers confirmed that patient initials would not be sent with data and that samples will not be coded with identifiers.
8. The Committee requested clarification that samples will only be taken for future unspecified research relating to the optional leukapheresis sub-study. The researchers stated that the leukapheresis form is to be withdrawn, and there will only be optional future research as indicated on the appropriate informed consent form.

Summary of outstanding ethical issues

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

1. Please add a statement detailing the entertainment and physical activities on offer for inpatients.
2. Please add that male participants will be required to wear a condom during sexual intercourse while participating in this study.
3. Please remove the statement that women will not be able to wear a bra during holter monitoring, if this is realised to be unnecessary.
4. Please replace the term ‘buccal tissue’ with layperson language such as ‘cheek swab’.
5. Please remove mention of stored tissue from the main patient information sheet.
6. Please replace the term ‘nursing’ with ‘breast-feeding’.
7. Please update the ACC statement to cohere with the HDEC template.
8. Please address grammar and spelling issues in the dosing brochure.
9. Please shorten the explanation of blood collection and remove mention of a catheter from the optional genomic research information sheet and consent form.
10. Please remove the statement that withdrawal must be in writing from the optional genomic research PISCF.
11. Please remove section on privacy data from optional genomic research PISCF as this is covered in the main PIS. A reference to the main form will suffice.
12. Please remove information which does not apply to the pregnant partner from the pregnant partner information sheet, such as the collection of data.
13. Please make alterations to the pregnant partner information sheet or provide a separate proxy consent form, addressing that consent to collect data on an unborn baby can only be given once the child has been born, and can be provided by any legal guardian.
14. Please remove ACC statement from pregnant partner information sheet.
15. Please remove the term ‘legally authorised representative’ from both the pregnant partner and genomic ISCF.
16. Please either remove the heading “Compensation for study-related injury” or ensure the content below reflects this title.
17. Please address grammar and spelling issues in the genomic research PISCF.
18. Please add a statement about potential allergic reactions to heparin to the optional leukapheresis study PISCF.
19. Please remove the ‘none’, ‘some’, and ‘all’ options from the optional leukapheresis study consent form.
20. Please add a cultural paragraph to the leukapheresis information sheet, indicating whether samples will be sent overseas.
21. Please add Maori and HDEC contact information to the pregnant partner information sheet.

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(*Ethical Guidelines for Intervention Studies para. 6.22*).

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

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| **2** | **Ethics ref:** | **18/CEN/244** |  |
|  | Title: | Study of R07191863 in Patients with Chronic Hepatitis B |  |
|  | Principal Investigator: | Prof. Edward Gane |  |
|  | Sponsor: | Covance NZ Ltd |  |
|  | Clock Start Date: | 03 December 2018 |  |

Prof. Edward Gane, Yung-Hsien Yang, and Chin Kuh were present via 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

1. This is a phase 1 study of R07191863, to determine its safety and tolerability in participants with chronic hepatitis B. Participants will currently be taking oral hepatitis B treatment and be virally suppressed. This study will be conducted in two parts. Part A will involve 5 cohorts of 6 people, each cohort receiving varying doses of R07191863 at varying frequencies. 1 participant in each cohort will receive a placebo. Part B will follow if required following the completion of part A.

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 why the study will not involve any single ascending doses, instead going straight to multiple doses. The researcher responded that there will be delays between each cohort, with any safety issues arising within two weeks of dosing; a longer gap will be given before there is any escalation in dosage.
2. The Committee queried whether participants will be responsible for informing their GP of their participation in the study. The researchers clarified that a letter will be sent to participants’ GPs upon their recruitment into the study.

Summary of outstanding ethical issues

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

1. The Committee requested justification of the small cohort populations and the dispersal of phase 1 studies over many different units (*Ethical Guidelines for Intervention Studies Appendix 1*).
2. The Committee requested exclusion criteria for people with auto-immune disease or a family history of auto-immune disease to be added to the study protocol (*Ethical Guidelines for Intervention Studies para. 5.41*).
3. The Committee asked for justification of why the stopping rules of the trial are accumulative across 3 cohorts which each receive a different dosage (*Ethical Guidelines for Intervention Studies para. 6.38*).

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

1. Please add Maori and HDEC contact numbers to the pregnant partner information sheet.
2. Please explain that data will be going overseas.
3. Please add to the section on female contraception that a barrier method should be used in conjunction with the existing contraceptive.
4. Please change the form entitled “Research Bio-sample Repository” to “Optional Consent for Future Unspecified Research”.
5. Please remove unnecessary repetition of information about privacy issues on page 3 of the future unspecified research form.
6. Please change the term ‘child’ in the pregnant partner information sheet and consent form to ‘unborn babe’ or similar phrase.
7. Please include a paragraph in the pregnant partner information sheet and consent form clarifying that consent for access to a child’s health information can only be given once the child has been born, and can be given by any legal guardian. Also clarify that information beyond the outcome of the pregnancy will be sought.
8. Please add consent clauses from the HDEC template that apply to data on pregnant women to the pregnant partner information sheet and consent form.
9. Please amend the bullet-point on page 19 of the main PIS which asks participants not to partake in any other research and, if female, not to become pregnant so that these are 2 separate bullet-points.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please justify the cohort sizes and the dispersal of phase 1 studies across different sites (*Ethical Guidelines for Intervention Studies Appendix 1*).
* Please add exclusion criteria for people with auto-immune disease or a family history of auto-immune disease to the study protocol (*Ethical Guidelines for Intervention Studies para. 5.41*).
* Please justify why the stopping rules blend 3 cohorts which each receive a different dosage (*Ethical Guidelines for Intervention Studies para. 6.38*).

This following information will be reviewed, and a final decision made on the application, by Mrs Sandy Gill and Dr Nora Lynch.

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| **3** | **Ethics ref:** | **18/CEN/261** |  |
|  | Title: | A research study to evaluate the efficacy and safety of the study drug named Lonafarnib administrated with Ritonavir,in patients Chronically Infected with Hepatitis Delta Virus Being |  |
|  | Principal Investigator: | Prof Edward Gane |  |
|  | Sponsor: | Eiger BioPharmaceuticals, Inc. |  |
|  | Clock Start Date: | 03 December 2018 |  |

Prof. Edward Gane and Dr Andrew Knox were present via 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

1. This is a phase 3 study into the efficacy and safety of Lonafarnib in combination with Ritonavir and with or without an interferon medicine PEG IFN-alfa-2a. This will be conducted in participants chronically infected with hepatitis D virus currently on anti-hepatitis B virus therapy.

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 why interferon has not been utilised as a treatment for this viral hepatitis. The researchers responded that in many parts of the world interferon it is a standard treatment, but in New Zealand it is not currently funded for treatment of delta virus.
2. The Committee queried whether patients in the placebo arm of the trial would be provided with treatment in the future. The researchers responded that the sponsor had indicated that this was very likely.

Summary of outstanding ethical issues

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

1. The Committee requested clarification of whether future unspecified research will be involved as part of the study (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

1. Please add that participants in the placebo arm will receive treatment at a later date.
2. Please amend the document so that it is less dense, with additional headings and white space, and also a table of events.
3. Please define ‘OTC’ as ‘over the counter’.
4. Please address the necessity of the sentence: “If you are not sexually active but become sexually active during the study, then you and your partner must use acceptable forms of birth control described above.”
5. Please either provide a separate information sheet and consent form for future unspecified research, or adjust the PIS so that the narrative which describes FUR and the FUR consent sits after the main body of information and consent.
6. Please add that limited genomic research will be involved in the study.
7. Please reword the safety statement so that participants are advised to contact the study team if they are feeling unwell.
8. Please adjust language so that the potential risks of a liver biopsy is made proportionate.
9. Please fix wording regarding reimbursement so that patients ‘will’ receive this rather than simply ‘may’ receive this.
10. Please change the short title to something simpler or colloquial.
11. Please change the statement “at least 12 weeks to 6 months” to simply 3 months in the partner pregnancy outcome form.
12. Please make alterations to the pregnant partner information sheet or provide a separate proxy consent form, addressing that consent to collect the data of an unborn baby can only be given once the child has been born, and can be provided by any legal guardian.
13. Please use the HDEC template for contraceptive advice and remove products such as spermicide which are not available in New Zealand.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please clarify whether future unspecified research will be involved as part of the study (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

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| **4** | **Ethics ref:** | **18/CEN/245** |  |
|  | Title: | M16-852 |  |
|  | Principal Investigator: | Dr Vicki Quincey |  |
|  | Sponsor: | AbbVie Pty Ltd |  |
|  | Clock Start Date: | 03 December 2018 |  |

Dr Vicki Quincey and Dr Denise Darlington were present via 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

1. This study aims to evaluate the efficacy and safety of upadacitinib in combination with a corticosteroid taper regimen in participants with Giant Cell Arteritis. This study will involve two parts: period 1 and period 2. Period 1 will last 52 weeks and involve 3 groups of participants. Two groups will be provided with different does of upadacitinib, and the other a placebo. Period 2 will also last 52 weeks and include participants who show no signs or symptoms of GCA 16 weeks prior to the end of period 1.

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 whether the researchers will be able to access which group, placebo or upadacitinib, participant were in. The researchers stated that unblinding would be possible. The Committee then stated that it was not accurate to call this a blinded study, and asked if the researchers would be providing participation cards with contact details for use in an emergency. The researchers confirmed they would be providing such cards, and that participants will be made aware that the study can be unblinded for safety reasons.
2. The Committee observed that it is possible participants may have been subject to only a week of corticosteroids prior to recruitment, which is not standard care. The researcher clarified that there is discretion over the rate of corticosteroid tapering which would protect the participant from having their dosage lowered too quickly.
3. The Committee noted that new cases of GCA might miss out on the use of adjuvant immunosuppressives which are standard of care, particularly if they have conditions such as diabetes or osteoporosis. The researchers responded that patients are not automatically enrolled into the trial and therefore not automatically denied standard of care, and resolved to make clear that recruitment into the study will involve precluding participants from using these immunosuppressives.

Summary of outstanding ethical issues

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

1. Please provide a simple lay-title.
2. Please amend the ACC statement so that it uses the HDEC template.
3. Please replace the term ‘investigational product’ with layperson language, such as ‘trial drug’ or ‘medication’.
4. Please use an alternative to ‘spontaneous abortion’ in the pregnant partner authorisation for data release form.
5. Please make alterations to the pregnant partner authorisation for data release form, addressing that consent to collect the data of an unborn baby can only be given once the child has been born, and can be provided by any legal guardian.
6. Please make clear that entry into the study will prevent participants from using certain adjuvant immunosuppressives, which are considered standard care.
7. Please remove the section on adverse effects of prednisone as it is a standard of care treatment and used outside of the study.
8. Please change percentages in the risk and randomisation ratios into absolute numbers.
9. Please add cultural contact numbers and information on data going overseas to the pregnant partner 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 (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

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| **5** | **Ethics ref:** | **18/CEN/246** |  |
|  | Title: | ATLAS: Safety study of Pirfenidone Solution for Inhalation in Patients with Idiopathic Pulmonary Fibrosis |  |
|  | Principal Investigator: | Dr Margaret Wilsher |  |
|  | Sponsor: | INC Research New Zealand Limited |  |
|  | Clock Start Date: | 03 December 2018 |  |

No researchers were present for discussion of this application.

Potential conflicts of interest

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

Dr Nora Lynch identified a potential conflict of interest, the Committee voted to allow Dr Lynch to remain present for the discussion and take part as they felt the conflict was not substantial enough to exclude her from the discussion.

Summary of Study

1. This is a phase 1b study of the safety and tolerability of aerosol pirfenidone in patients with idiopathic pulmonary fibrosis. There are two treatment groups, each receiving different doses of AP01.

Summary of outstanding ethical issues

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

1. The Committee requested clarification on any additional analyses which may be requested, as mentioned in the PIS (*Ethical Guidelines for Intervention Studies para. 6.22*).
2. The Committee asked clarification of how patients will be approached about participation in the study, whether there is an adequate separation of clinician of researcher, and if medical records will be reviewed without patients’ consent (*Ethical Guidelines for Intervention Studies para. 6.3*).
3. The Committee requested that the researcher produce peer review of the scientific validity of the study, or otherwise clarify whether review is pending from SCOTT.

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

1. If information is to be sent overseas please make this clear.
2. Please add a consent form for access to the child’s health information once it has been born, which can be completed by any legal guardian, or otherwise amend the pregnant partner information sheet and consent form to reflect this.
3. Please move the contents of the reimbursement section under cultural information to the section titled “What will be done with my samples?”
4. Please detail whether any samples will be sent overseas.
5. Please modify the reimbursement section to suit the study site.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please clarify what additional analyses will be requested in the course of the study (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please clarify the recruitment process for this study (*Ethical Guidelines for Intervention Studies para. 6.3).*
* Please produce peer review of the scientific validity of the study, or otherwise clarify whether review is pending from SCOTT (*Ethical Guidelines for Intervention Studies Appendix 1*).

This following information will be reviewed, and a final decision made on the application, by Mrs Sandy Gill and Dr Nicola Swain.

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| **6** | **Ethics ref:** | **18/CEN/248** |  |
|  | Title: | BN40423: A Clinical Study To Evaluate Intrathecally Administered RO7234292 In Patients With Huntington's Disease. |  |
|  | Principal Investigator: | A/Prof Richard Roxburgh |  |
|  | Sponsor: | Roche Products (New Zealand) Limited |  |
|  | Clock Start Date: | 03 December 2018 |  |

A/Prof. Richard Roxburgh and Kay Yeoman were present via 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

1. This study investigates treatment which aims to slow the progression of Huntington’s disease. The study drug will be administered intrathecally, and participants will visit on a monthly basis over the two year period.

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 whether the researchers thought there were ethical issues raised in giving participants in the placebo group 25 lumber punctures over the course of two years. The researchers responded that participants are aware of this and are motivated by the prospect of access to the drug in the future. The Committee offered two mitigating strategies, firstly to alter the randomisation ratios so that fewer participants receive placebo, and secondly to use historical data as placebo controls. The researchers responded to the first by stating that this is a large international trial of Huntington’s disease where altering the placebo arm is unlikely to have any great effect and that the treatment itself may actually be harmful to participants, and to the second by stating that previous trials indicate that there will be substantial benefit to the trial from using a contemporaneous placebo control. The Committee accepted this, but asked that it was stated in the PIS that those in the placebo arm would receive treatment following the conclusion of the study.
2. The Committee queried whether people unable to find a study companion were still able to participate in this research. The researchers stated that this was an important aspect of the study and that all participants to their knowledge have a study companion.
3. The Committee asked the researcher what constituted standard treatment for Huntington’s disease. The researcher answered that nothing changes the course of the disease, and treatment is merely symptomatic.
4. The Committee queried whether participants will have the capacity to use smartphone watch devices. The researcher responded that the inclusion criteria required participants be able to do this.
5. The Committee queried whether Maori were excluded from participation in this study. The researcher responded that they were not. The Committee asked why Maori consultation was not considered necessary for this study. The researcher confirmed this was an oversight, and that contact had been made with a representative of whanau in northern New Zealand who were interested in taking part in research, and at least one of whom will be included.
6. The Committee asked if scientific review had been received from SCOTT. The researcher confirmed that this is pending.

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 the researcher to comment on the purpose of the consent form for processing personal data, and why this could not be included in the patient information sheet and consent form (*Ethical Guidelines for Intervention Studies para. 6.22*).
2. The Committee requested to see the email invitation for the study’s public meeting (*Ethical Guidelines for Intervention Studies para. 6.2*).

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

1. Please add that participants in the placebo arm will receive free access to the trial drug at the conclusion of the study.
2. Please fix page 2 so that reference is made to the New Zealand Health and Disability Ethics Committees.
3. Please delete reference to the “legally authorised representative” on page 8, as, for example, those with power of attorney cannot provide proxy consent for an individual’s participation in this study.
4. Please expand on the statement “Radiculitis may lead to observable symptoms”, as this is currently too vague.
5. Please provide a separate consent form for any future unspecified research.
6. Please make alterations to the pregnant partner information sheet, addressing that consent to collect the data of an unborn baby can only be given once the child has been born, and can be provided by any guardian. Otherwise, please provide a separate form for consenting the child.
7. Please add to the PIS, optional sub-study form, and pregnant partner form the cultural section from the HDEC template.
8. Please add to the pregnant partner and study companion consent forms information on data being sent overseas.
9. Please clarify with participants that they consent to data-linkage across multiple Huntington’s disease studies.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please comment on the purpose and necessity of the consent form for processing personal data (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please provide the email invitation for the study’s public meeting (*Ethical Guidelines for Intervention Studies para. 6.2*).

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

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| **7** | **Ethics ref:** | **18/CEN/249** |  |
|  | Title: | A study comparing Soliris® and the trial drug ISU305, in healthy men. |  |
|  | Principal Investigator: | Dr Chris Wynne |  |
|  | Sponsor: | ISU Abxis |  |
|  | Clock Start Date: | 03 December 2018 |  |

Dr Chris Wynne was present via 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

1. This is a biosimilar study of Soliris and an investigational drug ISU305, used in the treatment of paroxysmal nocturnal haemoglobinuria, or PNH, and other disorders. The study will compare ISU305’s similarity to Soliris in terms of its safety and side effects, its levels in the blood over time, its effects on the body, and the body’s immune response to the drug.

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 for confirmation that consent to access a child’s health information will not be sought until after the child has been born. The researcher confirmed this was their intent.
2. The Committee queried why only men would be included in the study population. The researcher responded that female participants are at risk of becoming pregnant which would compromise the study, and that their exclusion does not affect the study’s scientific validity. The Committee commented that PNH occurs equally in males and females, and asked the researcher to justify not testing on the target population. The researcher answered that the efficacy of ICU305 will be tested in the appropriate population, but for this pharmacokinetics study, where best effort is made to remove risk, it is reasonable to test on males only. The Committee asked whether a PK study could produce different results between men and women. The researcher responded that it could, but that any difference would not be significant. The Committee questioned whether the effect of ICU305 on the foetus was greater than that of the usual treatment drug. The researcher was unsure, but clarified that they would advise any woman becoming pregnant on this drug not to continue with the pregnancy.

Summary of outstanding ethical issues

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

1. The Committee requested clarification that only the year of birth of participants will be sent to the study sponsor, not the date of birth (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

1. Please make clear the potential risks involved in the taking of amoxicillin.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please clarify that only the year of birth of participants will be sent to the study sponsor (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

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| **8** | **Ethics ref:** | **18/CEN/250** |  |
|  | Title: | (duplicate) START |  |
|  | Principal Investigator: | Dr Nikki Moreland |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 03 December 2018 |  |

Dr Nikki Moreland and Dr Julie Bennett were present via 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

1. This study uses new methods to test the immune response in blood samples from both people with acute rheumatic fever and healthy volunteers, to find unique biomarker signatures that reliably identify ARF.

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 participants are mainly of Maori and Pacifica ethnic backgrounds, and queried whether those of European descent were being excluded from the study. The researchers responded that this was not the case; that Maori and Pacifica simply make up most cases of rheumatic fever.

Summary of outstanding ethical issues

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

1. Please amend the wording of both age group documents for cases to make it clear that there will be two venous arm punctures, not one.
2. Please ensure the section on genetics is separated from the rest of the information in the PISCF, or otherwise provide a separate PISCF for optional genetic testing. The future unspecified research template can be adjusted for this purpose, or else contact the Secretariat for formatting 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 (*Ethical Guidelines for Intervention Studies para. 6.22*).

This following information will be reviewed, and a final decision made on the application, by Mrs Sandy Gill and Dr Patries Herst.

|  |  |  |  |
| --- | --- | --- | --- |
| **9** | **Ethics ref:** | **18/CEN/251** |  |
|  | Title: | CONNECT-FX OLE 017 |  |
|  | Principal Investigator: | Dr. Andrew Marshall |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 03 December 2018 |  |

No researcher was 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

1. This study investigates the safety, tolerability, and efficacy of ZYN002 administered as a transdermal gel formulation, in patients aged 3 to 18 years, in the treatment of symptoms of Fragile X Syndrome.

Summary of outstanding ethical issues

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

1. The Committee requested clarification of what will happen when either the parent/guardian or child withdraws from the study. For example, will both then have to withdraw? (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

1. Please amend the pregnant partner consent form to address that the mother can consent to own health information being used while pregnant, but further consent is required from a guardian once the child is born.
2. Please amend the phrase on page 5 “take care in all activities” to have more specificity.
3. Please add, following the warning on page 5 about potential changes in mood, advice on what participants should do if this occurs.
4. Please amend the statement on withdrawing consent, possibly encouraging participants to speak with researchers, as they will not be able to provide consent in the first instance and therefore cannot withdraw it.
5. Please add Maori and HDEC contact numbers.
6. Please amend document to address both parent/guardian and child as participant. For example, on page 12 the phrase “If I change my mind…” needs to be changed to “If either myself or my child…”
7. Please provide, as an addition to the statement on participants being able to withdraw from the study, a statement that participants will also need to reconsent to their continued involvement in the study if they become able to give informed consent, and also add the requisite form.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please clarify what will happen in this study when either the parent/guardian or child withdraws from the study, in terms of the participation of the remaining party (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

|  |  |  |  |
| --- | --- | --- | --- |
| **10** | **Ethics ref:** | **18/CEN/254** |  |
|  | Title: | AB154CSP0001: Safety and Tolerability of AB154 Given Alone or in Combination in People with Advanced Cancer |  |
|  | Principal Investigator: | Dr Sanjeev Deva |  |
|  | Sponsor: | Arcus Biosciences |  |
|  | Clock Start Date: | 03 December 2018 |  |

Dr Sanjeev Deva and Joanne Lim were present via 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

1. This study aims to investigate the safety, tolerability, and efficacy of both AB154 alone and AB154 in conjunction with AB122 in patients with advanced cancer.

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 why one of the exclusion factors was having a prior malignancy in the past year, when all participants will have malignancies. The researchers clarified that this related to an additional primary malignancy.
2. The Committee queried what travel reimbursement will be given to participants. The researchers responded that petrol vouchers would be provided, and the cost of flights and any necessary accommodation would be covered as well. Additionally, extended visits to the unit would include lunch and afternoon tea for participants.
3. The Committee commented that a qualitative measure such as a questionnaire could be included to assess participant quality of life. The researchers responded that this is not generally done in phase 1 studies, but this is common in later phase studies.

Summary of outstanding ethical issues

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

1. Please add a statement at the front of the document that interpreters will be made available to the participant if required.
2. Please make clear that this is a first-in-human study at the very start of the PIS.
3. Please add that the drug has been trialled in monkeys at higher doses with no toxic effects.
4. Please remove the last paragraph on page two which mentions life-threatening effects in other studies.
5. Please include a table of the different visits required by participants and which procedures will be done at each.
6. Please amend the pregnant partner information, clarifying that permission can be withdrawn or revoked, and removing the statement “permission will not stop automatically”. Also fix this section to reflect that this revocation does not have to be in writing.
7. Please amend the pregnant partner information sheet, explaining that the mother can consent to her own health information and the outcome of the pregnancy, but access to the information of a child cannot be consented to prior to its birth, and can be provided by any guardian. Provide a separate consent form to be signed after the birth of the child which explains what is being consented to.
8. Please add a statement on page 4 that participants will be notified of HIV and Hepatitis infection following testing.
9. Please clarify that women will be asked for blood sample to test for pregnancy.
10. Please change the heading on page 1, indicating that this is a patient information sheet not an informed consent form.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).

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

|  |  |  |  |
| --- | --- | --- | --- |
| **11** | **Ethics ref:** | **18/CEN/256** |  |
|  | Title: | Volatile compounds in different milks used in Neonatal Intensive Care |  |
|  | Principal Investigator: | Professor Frank H Bloomfield |  |
|  | Sponsor: | University of Auckland |  |
|  | Clock Start Date: | 03 December 2018 |  |

No researcher was 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

1. The study investigates how volatile compounds responsible for smell in milk vary amongst different milks given to preterm babies. The odorants in preterm breast milk, preterm fortified breast milk, donor breast milk, and infant formula will all be analysed.

Summary of outstanding ethical issues

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

1. Please provide a separate information sheet and consent form for any future unspecified research, including what samples are to be taken from participants.
2. Please disclose that this study is being undertaken as a part of PHD research.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).

This following information will be reviewed, and a final decision made on the application, by Mrs Sandy Gill and Dr Peter Gallagher.

|  |  |  |  |
| --- | --- | --- | --- |
| **12** | **Ethics ref:** | **18/CEN/255** |  |
|  | Title: | A study of the trial drug BTX 1204 in patients with Moderate Atopic Dermatitis |  |
|  | Principal Investigator: | CTA at PSL |  |
|  | Sponsor: | Pharmaceutical Solutions Ltd |  |
|  | Clock Start Date: | 03 December 2018 |  |

No researcher was 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

1. The study investigates the safety, tolerability, and efficacy of BTX 1204, an experimental topical treatment for atopic dermatitis. Participants will be between 12 and 70 years of age and suffering from moderate atopic dermatitis.

Summary of outstanding ethical issues

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

1. The Committee requested justification for the inclusion of children in this study, commenting that the first study of BTX 1204 should be done exclusively in adults (*Ethical Guidelines for Intervention Studies para. 5.5*).
2. The Committee noted that issues arise from the contraceptive section of the 12-15 assent form. Specifically, it is not likely that a child in this age group will be honest with their parents about their sexual activity (*Ethical Guidelines for Intervention Studies para. 6.22*).
3. The Committee requested an explanation of why participants on the placebo control are not receiving an active control, such as the best currently available treatment (*Ethical Guidelines for Intervention Studies para. 5.14*).
4. The Committee requested evidence of the expiry date of the sponsor’s insurance (*Ethical Guidelines for Intervention Studies para. 8.5*).
5. The Committee requested clarification of why participants have the potential to develop sore or stinging eyes (*Ethical Guidelines for Intervention Studies para 4.12*).
6. The Committee queried why there is no provision for dose tapering at the end of the study (*Ethical Guidelines for Intervention Studies para. 5.4*).

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

1. Please provide a re-consent form for participants turning 16 during the course of the study.
2. Please change the term ‘vehicle’ to placebo.
3. Please amend the statement on page 9 on operating machinery or driving when drowsy to “If you become drowsy do not drive.”
4. Please amend the reproductive risks section on page 9 so that it refers to ‘applying’ the study drug, not “taking” it.
5. Please amend the reproductive risks for men section so that it uses the HDEC template.
6. Please fix spelling and grammar issues on page 12.
7. Please place contact details at the end of the document.
8. Please amend the phrase “minor child” to simply “child”, IF children are to remain in the study.
9. Please add information on data being sent overseas.
10. Please make clear the total maximum dosage of the topical treatment in relation to the total skin surface area of the participant.

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 (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please provide scientific justification for the inclusion of children in this study, or else remove them from participation (*Ethical Guidelines for Intervention Studies para. 5.5*).
* Please address issues noted to arise when asking children about their sexual activity (*Ethical Guidelines for Intervention Studies para. 6.22*).
* Please explain the use of a placebo control rather than the best available treatment (*Ethical Guidelines for Intervention Studies para. 5.14*).
* Please provide evidence of the expiry date of the sponsor’s insurance (*Ethical Guidelines for Intervention Studies para. 8.5).*
* Please clarify why participants have the potential to develop sore or stinging eyes (*Ethical Guidelines for Intervention Studies para 4.12).*
* Please explain why there is no provision for tapering at the end of the study (*Ethical Guidelines for Intervention Studies para. 5.4*).

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

## General business

1. The Committee noted the content of the “noting section” of the agenda.
2. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

|  |  |
| --- | --- |
| **Meeting date:** | Tuesday, 22 January 2019 |
| **Meeting venue:** | Ministry of Health, 133 Molesworth Street, Wellington |

The following members tendered apologies for this meeting.

* Dr Dean Quinn

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.

1. **Matters Arising**
2. **Other business**
3. **Other business for information**
4. **Any other business**

The meeting closed at 5pm.