|  |  |
| --- | --- |
| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 26 February 2019 |
| **Meeting venue:** | Room GC.3, Ground Floor, Ministry of Health, 133 Molesworth Street, Wellington |

|  |  |
| --- | --- |
| **Time** | **Item of business** |
| 12:00 pm | Welcome |
| 12:05 pm | Confirmation of minutes of meeting of 22 January 2019 |
| 12:30 pm | New applications (see over for details) |
|  | i 19/CEN/22  ii 19/CEN/10  iii 19/CEN/11  iv 19/CEN/12  v 19/CEN/13  vi 19/CEN/15  vii 19/CEN/16  viii 19/CEN/17  ix 19/CEN/18  x 19/CEN/19  xi 19/CEN/20  xii 19/CEN/21 |
|  |  |
| 5:30 pm | General business:  Noting section of agenda |
| 5:45 pm | Meeting ends |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | Present |
| Dr Cordelia Thomas | Lay (the law) | 20/05/2017 | 20/05/2020 | Present |
| Dr Peter Gallagher | Non-lay (health/disability service provision) | 30/07/2015 | 30/07/2018 | Present |
| Ms Helen Davidson | Lay (ethics / moral reasoning) | 06/12/2018 | 06/12/2021 | Present |

## Welcome

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

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 22 January 2019 were confirmed.

## New applications

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Ethics ref:** | **19/CEN/22** |  |
|  | Title: | NZ Spleen registry SpleeNZ |  |
|  | Principal Investigator: | Dr Emma Best |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 29 September 2018 |  |

Dr Emma Best 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

1. The study seeks to establish a spleen disease registry to assist with healthcare management and provide an aggregated anonymised dataset for future research.

Summary of resolved ethical issues

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

1. The Committee noted the application stated only limited doctors would have access to the registry data. The Committee queried who would be doing the administrative work as presumably they would have access. The Researcher stated the next phase after the establishment of the registry would be to hire a nurse specialist to manage the data. The Committee was satisfied with this arrangement as the PISC mentions a nurse.
2. The Committee queried the specific information to be held on the registry and whether a patient’s entire medical history or GP records would be on the database. The Researcher stated it would not and only information offered by the participant would be included. The Researcher explained this would likely be their immunostatus, the cause of their splenectomy or non-functioning spleen and other relevant information.
3. The Researcher stated it was difficult obtaining relevant information for a registry from the HDEC website. The Committee agreed that a separate page advising researchers on registries would be helpful for the future.

Summary of outstanding ethical issues

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

1. The Committee noted the letter from the researcher discussing the previous declined application and the changes made. The Committee stated it was not satisfied that all the concerns had been addressed.
2. The Committee advised the consent pop-up should say it is for persons less than 16 years who are not competent to consent on their own behalf. The Committee acknowledged some teenagers younger than 16 may be able to consent for themselves.
3. The Committee requested an appropriate assent for children who cannot consent for themselves.
4. The Committee advised there would need to be a re-consent process for any participants turning 16 whose parents consented on their behalf.
5. The Committee queried how the registry would be kept up to date if participants changed addresses. The Researcher stated it would be individually maintained so the responsibility would be on the participant to update their records. The Committee suggested the inclusion of a statement advising participants of this.
6. The Researcher suggested a pop-up box with the assent statement. The Committee responded that it would also require an information page explaining their rights (e.g. they do not need to participate if they do not want to, may withdraw at any time etc).
7. The Researcher stated because it was an electronic system with no written signature box they were unsure what the requirements were for digital consent.
8. The Committee queried how the registry would know if participants were deceased so they do not inappropriately contact their family. The Researcher acknowledged this was a risk. The Researcher suggested adding consent information sharing with GP records. The Committee requested this be added to the PISC.
9. The Committee queried how long participant information was intended to be on the registry. The Committee asked whether it would be kept beyond the death of a participant. The Researcher stated the registry was intended to be a personal service to the participant and so there would be no need to keep it after death. The Committee requested a statement explaining this is added.
10. The Committee noted the intention of the registry to allow future documentation / audit of the burden on the healthcare system of absent / non-functioning spleens. The Committee requested this should be clearly stated on the PISC. The Researcher agreed to revise and state the intended use of the anonymised data.
11. The Committee noted only named lead co-investigators would be able to access and manage the registry. The Committee queried what would happen if an investigator left, retired or died suddenly. The Researcher stated the registry’s fate and future management would be determined by its funding. The Researcher stated the long-term intention is for the Ministry of Health to take over management as this was the standard overseas. The Committee suggested the Researcher could establish a governance process to appoint someone else in the role without having to submit an HDEC amendment for approval. The Committee stated this would not need to name a successor, just the process. The Committee advised any future change this way could simply be submitted as an amendment for HDEC acknowledgement.
12. The Committee stated when answering question P.4.1 for future applications it is helpful to include statistics on the prevalence in Māori. The Researcher acknowledged this and stated based on their experience they estimated Māori had higher rates of traumatic splenectomiesand lower rates of congenital conditions, though it was difficult to state for certain.
13. The Committee queried whether potentially vulnerable participants would be included and noted that the application had identified children as potential participants. The Researcher confirmed other potentially vulnerable people would be captured in the registry.
14. The Committee queried the consent process for vulnerable people. The Researcher stated it would need to be managed through their legal guardian or carer. The Committee advised that proxy consent was not applicable in New Zealand and this could only occur with a welfare guardian or enduring power of attorney. The Committee advised that this would not be permissible with a research project but as it is a registry there are options for this. The Committee noted they were unable to provide legal advice and suggested the Researcher seek an opinion from a legal professional.

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

1. The Committee requested the inclusion of Māori health support contact details.
2. The Committee requested the inclusion of advocacy contact details (Freephone: 0800 555 050; email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz))
3. The Committee requested the addition of information to advise participants how to withdraw if they want their information out of the registry.
4. The Committee noted inconsistency in how people are referred (i.e. with no spleen at all; elsewhere with a non-functioning spleen) and requested revision to use a single term.
5. The Committee considered the statement “best possible data protection” too rash as the Researcher could not guarantee this. The Committee suggested a revision of less definitive language.
6. The Committee requested clarification on the consent to be contacted to be involved in future research. The Committee requested more information to suggest what the future research may be about / involve.
7. The Committee requested that if the registry will collate data in an anonymised form that this is clearly explained.

Decision

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

* Please amend the protocol taking into account the Committee’s suggestions.
* Please supply an information page for participants to read before consent with all the details requested above.
* Please provide an assent form for children unable to consent for themselves. (See <https://ethics.health.govt.nz/system/files/documents/pages/hdec-assent-form-instructions-and-checklist-may18.doc> for guidance).
* Please provide a governance plan with the process for appointing a new lead investigator.
* Please ensure that the consent provisions for participants under 16years lacking the capacity to give consent are consistent with New Zealand law.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **2** | **Ethics ref:** | **19/CEN/10** |  |
|  | Title: | Curds in the Way |  |
|  | Principal Investigator: | Dr Lara Kimble |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Lara Kimble 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

1. The study investigates the ‘normal’ appearances of abdominal ultrasound on asymptomatic babies to aid the future diagnosis of milk curd obstruction.

Summary of outstanding ethical issues

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

1. The Committee noted the intention to destroy images after six months. The Health Information Privacy Code 1994 requires identifiable health information to be retained for a minimum of ten years. Please revise this.

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

1. Please clarify how common milk curd obstruction is as “very rarely” is a relative term. A numerical value is preferred (e.g. 1 in 10,000 births or between 1 and 10 in 1,000,000 births etc).
2. Please include the HDEC contact details (Freephone: 0800 4 38442 (0800 4 Ethic); Email: [hdecs@moh.govt.nz](mailto:hdecs@moh.govt.nz)).
3. Please include advocacy contact details (Freephone: 0800 555 050; Email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz))
4. Please amend the statement regarding the deletion of images after six months to comply with the Health Information Privacy Code 1994.
5. The Committee suggested that on the first page of the PIS the second paragraph may be better placed as the first but acknowledged this was a subjective preference.

Decision

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

* Please amend the protocol and participant information sheet and consent form taking into account the Committee’s requests.

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | **Ethics ref:** | **19/CEN/11** |  |
|  | Title: | Eradication of H. pylori in Type 2 Diabetes patients |  |
|  | Principal Investigator: | Dr Stephen Inns |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Stephen Inns was present by teleconference and Miss Sam Sowerbutts 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

1. The study investigates whether participants with prediabetes or type 2 diabetes who test positive for Helicobacter pylori infection benefit from the eradication of the pathogen.
2. Future research investigates the genetic attributes and antibiotic resistance of Helicobacter pylori strains.

Summary of resolved ethical issues

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

1. The Committee complimented the Researcher(s) on a very well-prepared application.
2. The Committee queried the selection process and how potential participants would be identified. The Researcher(s) stated they were currently testing for *Helicobacter pylori* in patients with diabetes and ask whether they would be interested in participating in future research if the test is positive. The Researcher(s) stated they intend to work with GP practices and local iwi to bring the research to the Māori and Pacific Island communities. The Researcher(s) confirmed that participants would have to test positive for Helicobacter pylori to be eligible to participate.
3. The Committee queried whether the Researcher(s) anticipated there would be enough participants. The Researcher stated they did although recruitment may take approximately 6 – 8 months. The Researcher(s) stated recruitment material (such as flyers) could assist recruitment. The Committee advised that any recruitment material would have to go through HDEC review before use. The Researcher(s) agreed to submit the flyer as an amendment.
4. The Committee advised that if the Researcher(s) intends to recruit through the GP it is generally preferable for the recruitment letter to come from the GP rather than the Researcher(s) directly. The Committee stated it would like to review the letter before use. The Researcher(s) agreed to go through the GP’s practice manager and would supply the letter before use.
5. The Committee advised that health information is required by the Health Information Privacy Code 1994 to be stored for ten years and not five.
6. The Committee queried whether the samples would be retained for future unspecified research. The Researcher(s) stated they would but only if the participant gave consent.
7. The Committee queried the details of any future research and whether results would be provided to the participant. The Researcher(s) stated they were planning to biobank the stool sample only and were interested in the antibacterial resistance of *H. pylori* strains. The Researcher(s) elaborated that molecular probing can test for resistance and described this technique as a ‘game-changer’ for the management of resistant *H. pylori*.
8. The Committee queried whether the stool sample itself would be stored or whether the bacteria would be cultured and stored separately. The Researcher(s) confirmed the stool sample itself would be kept.
9. The Committee queried whether any genetic testing would occur or any other testing of relevance to the participant’s health. The Researcher(s) clarified that only microbial genetic testing would occur and confirmed only the *Helicobacter pylori* would be sequenced. The Researcher(s) stated there would be no need to inform participants about the results of these tests as they would be of little relevance to the participant and would not change participant outcomes. The Researcher explained that molecular techniques are changing so fast it can be difficult to ascertain hence the need for biobanking.
10. The Committee reasoned that as the future testing was looking at the genetic characteristics of the pathogen and not the participant the statement regarding contacting them about future research was unnecessary and could be removed from the FUR PIS/CF.
11. The Committee thanked the Researcher for answering the questions regarding Māori participants appropriately (specifically the statistics that were supplied). The Researcher stated they had sought formal Māori consultation and would provide the letter to the Committee.

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

1. The Committee requested the addition of a statement advising that this is a pilot study and not offering a definitive answer.
2. The Committee advised that outside of a specific medical context the word ‘stool’ may be misinterpreted and suggested simply stating ‘poo sample’ instead.
3. The Committee requested a full list of side effects is added to inform participants before their first visit.
4. The Committee requested a statement on whether the samples would be provided to any commercial companies.
5. The Committee requested an acknowledgement of different cultural views and acknowledgement of concerns about sending tissue overseas.
6. The Committee requested a statement that the donor may wish to discuss tissue donation with those close to them (e.g. iwi, hapū, family).
7. The Committee requested the removal of “yes / no” tick boxes unless it is for something that is truly optional (i.e. a participant could answer NO and still remain in the study).
8. The Committee requested the inclusion of Māori health support contact details on the consent form.

Decision

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

* Please supply an updated Participant Information Sheet and Consent form, taking into account the suggestions made by the Committee.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **4** | **Ethics ref:** | **19/CEN/12** |  |
|  | Title: | (duplicate) ICON 9 |  |
|  | Principal Investigator: | Dr Michelle Vaughan |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Matthew Strother 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

1. The study investigates the effectiveness, safety and tolerability of maintenance treatment with olaparib alone or olaparib plus cediranib in women with ovarian 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 whether the sponsor would see any participant’s identifiable information. The Researcher stated they would not though they may potentially receive aggregated data for a high level analysis. The Researcher confirmed they would not have access to individual level data.
2. The Committee queried whether additional samples would be taken for the future unspecified research. The Researcher stated they believed it would only be leftover samples and no additional samples would be taken.

The Committee advised that verbal withdrawal is permitted in New Zealand and participants are not required to complete a form to do so.

Summary of outstanding ethical issues

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

1. The Committee noted the application stated it intended to send a combination of a participant’s date of birth, initials and study number to the sponsor and queried whether this was accurate. The Researcher stated he suspected it was an error and believed only the year of birth would be attached to the study code. The Committee noted a letter in response to the previous decline that again stated date of birth. The Researcher agreed this was ambiguous and would be unusual. The Researcher agreed to investigate this.
2. The Committee queried the concept of ‘extended research’. The Committee reasoned that extended research would seem to suggest a follow-up of the current study and suspected what the sponsor truly meant was future unspecified research. The Researcher stated he believed the team was trying to use slightly more restrictive language to narrow the scope. The Committee stated unspecified research includes all research that is unspecified at the time of consent (as opposed to specified research which will state the objectives and methods). The Committee requested a revision of the language and removal of the word ‘extended’ as it was concerned at the confusion this may cause. The Researcher agreed.
3. The Committee noted the participant questionnaires included questions on depression and mental health and provided options for indicating extreme anxiety and depression. The Committee queried the safety management plan for if a participant indicated extreme distress or suicidal ideation and noted the protocol did not include information regarding this. The Researcher stated the questionnaire was not a diagnostic tool but that the research nurse would report this to the lead investigator or site doctor who is seeing the participant. The Committee queried how long this process would take. The Researcher stated it would be done at the end of the appointment. The Committee queried whether the questionnaires would be done remotely by computer. The Researcher stated they were unsure but quality of life questionnaires are common in oncology trials. The Committee reiterated its concern that no safety management plan was in place for a participant indicating severe depression or suicidality.
4. The Researcher stated if the questionnaire was completed electronically they were uncertain how to manage this as there was no specific mechanism for flagging a quality of life indicator that there is a clinical concern. The Researcher stated they would enquire as to how this has been managed in previous trials. The Researcher stated it would not be difficult with paper forms as these would be assessed at the appointment but acknowledged as trials transition to electronic tablet devices and data is synced to a central server they are unsure when a human would review individual responses or if it would be automatically aggregated. The Researcher agreed to investigate and clarify these issues.
5. The Committee advised that if a research team is asking questions about mental health they need to have a way of dealing with the answers. The Committee queried the need to ask these questions if no one would be reviewing them individually. The Researcher stated that in maintenance therapy the goal is frequently prolongation of progression free survival as opposed to simple survival or death. The Researcher explained that these trials frequently put significant weight on the quality of life outcome and acknowledged that extending survival rates is not necessarily extending quality of life and so there is a need for research to prove that quality of life is not adversely affected.
6. The Committee queried why this information was being collected if the Researchers did not intend to use it for the participants. The Researcher stated it was protocol mandated for the trial and would be analysed as an aggregate result (e.g. if the combination of drugs increased length by six months that is an impressive clinical outcome but if the majority of participants become severely depressed that would indicate an adverse effect of the treatment). The Researcher stated the rationale for collecting the information was for this aggregate analysis and did not have an answer for responding to individual distress. The Committee requested the Researcher devise a safety plan to manage this event should it occur.
7. The Committee advised the Researcher that when considering how the study may benefit Māori to not explicitly state that Māori will be offered the same opportunity to participate as this is expected to be the case by default and does need to be explicitly stated.

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

1. The Committee requested a short laypersons’ title added to the header.
2. The Committee noted some of the footers appeared to contain errors and requested these be corrected (e.g. the main information sheet footer states ‘consent form withdrawal’). The Researcher confirmed this was an error.

Decision

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

* Please provide an updated protocol with evidence of a safety plan for the management of acute participant distress.
* Please provide an updated protocol confirming that potentially identifiable information will not be sent to the Sponsor.
* Please provide an updated Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Patries Herst and Ms Sandy Gill.

|  |  |  |  |
| --- | --- | --- | --- |
| **5** | **Ethics ref:** | **19/CEN/13** |  |
|  | Title: | Brief self-compassion intervention for adolescents with type 1 diabetes and disordered eating behaviour |  |
|  | Principal Investigator: | Dr Anna Serlachius |  |
|  | Sponsor: | The University of Auckland |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Anna Selachius 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

1. The study investigates the feasibility of a self-compassion intervention in adolescents with diabetes and whether it improves disordered eating behaviour and diabetes related stress.

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 whether the research was for a Master’s project. The Researcher confirmed it was and stated it was for a student they were supervising.
2. The Committee queried the screening process and whether a recruitment pool of approximately 50 would be large enough to find 20 eligible participants. The Researcher stated they believed it would, as disordered eating behaviour was distinct from a diagnosis of an eating disorder. The Committee accepted this.
3. The Committee queried the differences between the two groups. The Researcher explained 10 participants would go into the intervention group and 10 would go into the control or “wait” group who would receive the intervention at a later date.
4. The Committee noted references to “families” and queried their involvement. The Researcher clarified this was a mis-wording and they would only be involved for the consent process.
5. The Committee queried how the recruitment process would take place. The Researcher stated recruitment would be undertaken by the student who would initially send a letter to parents explaining the study before approaching them. The Researcher stated this was so parents knew the content of the study in advance and would not be alarmed when a questionnaire on disordered eating was given to their children.
6. The Committee queried who the letter was coming from. The Researcher stated it would be from herself. The Committee queried whether the researcher had any previous connection with the participants. The Researcher stated they have no clinical involvement with Starship and are only the lead investigator of the study. The Committee stated it would prefer the letter come from Starship or the clinician so the parents would not wonder how their contact info was acquired. The Researcher agreed this was a good suggestion.
7. The Committee queried the process of families opting-in for the consent process. The Researcher stated the letter was not intended as an opt-in but more of a “heads up” to give awareness of the study. The Researcher stated disordered eating is a sensitive subject and has had recruitment difficulties in the past and so wanted to publicise the study before recruitment takes place. The Researcher stated they will not ask participants to provide any information until after informed consent is obtained and are happy for parents to review the material beforehand.
8. The Committee stated the main issue was with how potential participants are being identified and approached in order to obtain consent. The Committee raised the scenario of the letter not being received and then the student making contact and was concerned at this “cold calling” approach. The Committee suggested it may be better to have an email contact and recruitment material at the clinic to give potential participants an opportunity to initiate contact.
9. The Researcher stated Starship did not have any data on disordered eating so the prevalence was not known. The Researcher stated the letter was clear that individuals were not being approached because of disordered eating but it was a screening process to identify potential participants.
10. The Committee maintained it was still preferable to have families initiate contact. The Researcher stated they already come into the clinic frequently and may be reluctant to do anything additional. The Committee stated convenience of recruitment does not justify breaching privacy and suggested the nurse could distribute a flyer to potential participants with contact information for the study.
11. The Committee explained respecting privacy was paramount as the health information was collected for treatment. The Committee explained that in the instance the access of identifiable health information for research a secondary use.
12. The Committee advised that participants who initiate contact themselves would likely have a higher probability of remaining in the study than any who were recruited by “cold calling”. The Researcher agreed that recruitment by flyers distributed by the nurse or clinical team at Starship would be a preferable approach.
13. The Committee noted the inclusion of safety information on the assent form and complimented the Researcher.
14. The Committee advised that it was not necessary to include a statement about parents accessing their child’s medical records as they have this right anyway.
15. The Committee noted the application stated all data would be destroyed after the study and queried the data retention policy. The Researcher stated this was an error and it should have stated information will be destroyed after ten years. The Researcher agreed to amend this.
16. The Committee queried whether participants aged 10 – 15 would receive a voucher as well. The Researcher confirmed they would and it would go to the participant directly and not their parents. The Committee requested this be added to the assent form.
17. The Committee reasoned that many of the questions are sensitive, particularly those regarding mental health and family support. The Committee queried whether parents accessing this information would influence the answers the participant would give. The Committee suggested that if the Researcher wants candid answers they should include a statement ensuring confidentiality. The Committee advised that this would also need to be included on the PISC.

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 queried the supplied peer review and noted it was a confusing trail of emails. The Committee queried whether formal peer review had taken place. The Researcher stated there was a meeting at Starship hospital with the diabetes team where the study was presented. The Researcher elaborated that discussion with the team results in several changes to the protocol. The Researcher explained that there was no written evidence of the meeting other than the emails. The Committee stated an independent peer review was required and suggested the Researcher use the template available on the HDEC website (<https://ethics.health.govt.nz/system/files/documents/pages/HDEC-Peer-Review-Template.docx>).
2. The Committee noted the consent form for parents only includes information regarding the child. The Committee requested a consent for parents themselves, as they will be answering questions about themselves and will therefore be participants.
3. The Committee advised that the personal information used in this research would be considered a taonga by Māori participants and due to the sensitive nature of eating problems and diabetes whakamā could impact how the questionnaire is answered. The Committee suggested the Researcher become familiar with these concepts and take them into consideration for any future research projects.

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

1. The Committee noted the survey would only be as accurate as the participant answering it and if they answered untruthfully or inaccurately this may give a false positive or false negative result. The Committee requested the inclusion of a statement explaining this and advising that if the threshold for inclusion was not met this was due to the way the survey was answered rather than a definitive test to identify disordered eating.
2. The Committee requested the inclusion of a footer with the document title and version number at the bottom of each page.
3. The Committee requested a clarification of how allocation between the two groups will occur (i.e. explain how will a participant be randomised 50:50 between the intervention and control group).
4. The Committee requested the inclusion of a statement advising whether health records will be accessed before or after the intervention period.
5. The Committee requested the safety information on the assent form be included on both the parent form and the form for participants 16 year old and over.
6. The Committee noted errors from a previous template and requested a thorough revision.
7. The Committee suggested a different tone of language to the document (e.g. change “you get to attend” to “you are selected”).
8. The Committee requested a revision of the statement that no one will be angry should a participant refuse to take part. The Committee noted the Researcher could not guarantee the mood or response of parents so should not make this promise.
9. The Committee requested a revision of the statement that “we expect the intervention will improve” to “we anticipate” or “we hope” or something less authoritative as an improvement cannot be guaranteed.
10. The Committee suggested a statement in the parental consent form acknowledging that they have seen the survey and are aware of the sensitive questions asked.
11. The Committee suggested a different term other than ‘score’ for the survey results as this may imply there are correct or incorrect answers.
12. The Committee requested the inclusion of information on privacy rights and how the information will be used and stored.
13. The Committee noted the 16 year olds would receive more details regarding the study design and participation than the younger participants. The Committee requested the information be included on the assent form.

Decision

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

* Please supply evidence of independent peer review confirming the scientific validity of the study (See <https://ethics.health.govt.nz/system/files/documents/pages/HDEC-Peer-Review-Template.docx> for guidance).
* Please supply updated Participant Information Sheet and Consent Forms for participants and their parents, taking into account the suggestions made by the Committee.
* Please supply an updated assent form, taking into account suggestions made by the Committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Dean Quinn and Ms Sandy Gill.

|  |  |  |  |
| --- | --- | --- | --- |
| **6** | **Ethics ref:** | **19/CEN/15** |  |
|  | Title: | CV185-155 |  |
|  | Principal Investigator: | Dr Siobhan Cross |  |
|  | Sponsor: | Bristol-Myers Squibb |  |
|  | Clock Start Date: | 14 February 2019 |  |

Sara Parkin 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

1. The study investigates whether the drug apixaban will reduce the risk of the formation of blood clots in the veins during induction chemotherapy in children and adolescents with newly diagnosed acute lymphoblastic leukaemia or lymphoma.

Summary of resolved ethical issues

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

1. The Committee queried how the study differed from standard of care. The Researcher stated that standard of care was to monitor for blood clots and prophylaxis drugs were not usually given.
2. The Committee queried whether a submission had been made to SCOTT. The Researcher confirmed this was currently underway.
3. The Committee noted it was not particularly clear what involvement the control group would have. The Researcher clarified that drug induction was standard of care and confirmed the control group would not receive the study drug. The Researcher confirmed they would receive standard of care as normal and would have their data collected to compare with the intervention group. This needs to be made clear in the information sheet.
4. The Committee advised that participants who are 16 and 17 can consent for themselves and do not require their legal guardian to provide proxy consent. The Committee advised that some participants under 16 may also be able to consent for themselves if competent to do so.
5. The Committee queried whether children aged under 5 would be able to take the tablets. The Researcher confirmed this was what the protocol stated and agreed it may be difficult. The Committee noted this was an issue for the research team and wished them luck.
6. The Committee expressed concern at the wording regarding withdrawal and the inference that a participant would have to sign a document in order to do so. The Committee advised that in New Zealand verbal withdrawal is permitted and this includes the child saying no at any point. The Committee explained that the research team can complete a form as a record but the participant’s signature is not required.
7. The Committee advised that an additional consent form would be required for accessing any information about a child after birth. The Committee explained that after birth the child is a person and a separate consent process is required.

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 expressed concern at the storage of deidentified samples by the Sponsor for fifteen years. The Committee queried whether this was a biobank for future unspecified research. The Researcher stated the Sponsor had claimed it was not a biobank but a sample bank. The Committee queried the difference. The Researcher agreed to seek clarification from the sponsor.
2. The Committee requested the simplification of medical language (e.g. please change hypertension to high blood pressure).
3. The Committee stated the application’s answer to p.4.1 was unsatisfactory. The Committee advised that it is helpful to include any statistics on the prevalence of the studied condition in Māori and whether the research would be of relevance to improving Māori health outcomes. The Committee advised that if these statistics were not known to simply state this. The Committee cautioned that citing the Treaty of Waitangi in this context was patronising and that explicitly stating that Māori have equal access to participate could cause offense as this should be the case by default. The Committee suggested the Researcher keep this in mind for future applications.
4. The Committee considered the form for under 7 year olds unsuitable for children that young as it was too wordy with no pictures. The Committee requested a revision to simple sentences and to include illustrations or cartoons.
5. The Committee expressed concern at a paragraph on page 12 discussing information sharing between the sponsor and a third party. The Committee stated no identifiable information should be shared with the sponsor and that this was not negotiable in a New Zealand context.
6. The Committee requested clarification regarding the use of information after withdrawal of consent. The Committee advised that if consent is withdrawn then no information obtained thereafter may be used. If the data has been de-identified and it is difficult to withdraw an individual from that dataset then this needs to be clearly explained on the PISC.

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

1. The Committee requested clarification of the statement regarding access to original medical records. The Committee requested a revision to specifically state what records will be accessed and for what purpose.
2. The Committee requested the removal of the phrase “avoids jumping to conclusions”.
3. The Committee requested the inclusion of a short ‘lay title’ at the beginning of the PISC.
4. The Committee suggested the inclusion of a table or diagram to illustrate the randomisation process and what happens during each group afterward.
5. The Committee requested the inclusion of a statement assuring participants that they could opt to not be “tracked down” by an agent of the sponsor.
6. The Committee suggested several paragraphs from page 8 could be removed such as discussion of contraceptive methods which are not applicable to the study.
7. The Committee noted the information about what happens to test samples. The Committee requested additional detail regarding where test samples are being sent, how long they will be stored for and how they will be disposed of. The Committee requested a statement acknowledging different cultural views and advising that if they are to be destroyed overseas then a karakia would not be possible.
8. The Committee requested the addition of an optional consent for future unspecified research.
9. The Committee requested a revision of the PISC for the pregnant partner of a participant. As currently worded it suggests that the pregnant partner is a participant in the research which is not the case.
10. The Committee requested the removal of the child’s name box as it is the participant giving consent.
11. The Committee requested “you and parents” to be amended to “you OR parents” when discussing withdrawal on the form for 11 – 15 year olds.

Decision

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

* Please provide an updated protocol and updated Participant Information Sheet and Consent Forms, taking into account the suggestions made by the Committee.
* Please provide an updated assent form suitable for younger children (see <https://ethics.health.govt.nz/system/files/documents/pages/hdec-assent-form-instructions-and-checklist-may18.doc> for guidance).
* Please supply an explanation of how a “samplebank” differs from a biobank and whether the samples will be used for future unspecified research.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **7** | **Ethics ref:** | **19/CEN/16** |  |
|  | Title: | AIM-BRAIN PROject |  |
|  | Principal Investigator: | Dr Andrew Dodgshun |  |
|  | Sponsor: | ANZCHOG |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Andrew Dodgshun and Sara Parkin 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

1. The study investigates a new diagnostic technique for paediatric central nervous system cancers using DNA methylation profiling and gene expression.
2. Currently this technique is only available for individuals in Australasia by participating in a study taking place in Germany. The intention is for a lab in Australia to perform the technique to allow wider access for diagnosis.

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 the relationship between this study and another related study. The Researcher explained the MNP2.0 study was open and currently recruiting and would send samples to a lab in Germany which has pioneered the technique and algorithm involved. The Researcher elaborated that AIM-BRAIN was set up as an Australasian successor with a lab in Australia building capability to run the tests independently of the German originator. The Researcher confirmed there would be an overlap period where if an individual consented to participate in both studies their samples would be analysed at both labs and compared to validate accuracy and quality. The Researcher confirmed this was optional and participants could choose to only participate in one.
2. The Committee queried the number of participants and the length of the study. The Researcher stated it would be 60 participants over a 9 year period. The Researcher clarified that the first four years would have direct participant involvement and the final five years would be for data analysis.
3. The Committee queried the physician signature on the box and whether this was always required. The Researcher confirmed it was.
4. The Committee queried a reference to sending participant information to Germany. The Researcher explained this would have been an oversight from adapting the template and would be corrected to Australia. The Researcher confirmed no information from AIM-BRAIN would be sent to Germany.
5. The Committee requested separate forms for optional unspecified research as some participants may not wish to undertake the genetic element. The Researcher stated any tissue use would almost certainly have a genetic component and they would not be interested in retaining a sample they could not do genetic research on. The Researcher requested the forms stay together as it is only genetic testing they wish to pursue. The Committee agreed this was reasonable.

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

1. The Committee requested a revision of the statement “you OR your family”. The Committee suggested this be changed to parents / guardians as the word family may wrongfully imply uncles, aunts, siblings or other similar relatives have a say.
2. The Committee requested the addition of a statement describing that samples will be sent overseas and an acknowledgement of different cultural views regarding this.
3. The Committee requested the contact details be shifted to the end of the document for easier reference.
4. The Committee requested the inclusion of advocacy contact details (Freephone: 0800 555 050; email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz))
5. The Committee requested the inclusion of contact details for Māori health support.
6. The Committee considered the statement that it is common to enrol children in oncology trials potentially emotive and requested its removal so parents will not feel undue pressure to participate.
7. The Committee noted the ACC statement was out of date and requested the Researcher use the wording on the current template available on the HDEC website at: <https://ethics.health.govt.nz/system/files/documents/pages/piscf-template-february-2019-v2.doc>
8. The Committee reasoned that discussion of the Australian ethics system was irrelevant to a New Zealand context and requested its removal.

Decision

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

* Please supply an updated Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Ethics ref:** | **19/CEN/17** |  |
|  | Title: | Virtual Reality (VR) and pediatric medical procedures. |  |
|  | Principal Investigator: | Dr. Michael Steele |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Michael Steele 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

1. The study investigates the feasibility of a tailored VR headset versus a standard VR headset in alleviating the distress of children undergoing painful procedures.

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 the arms of the trial. The Researcher confirmed one arm will have ‘basic VR’ and the other ‘tailored VR’ and there was no control group without either. The Committee queried whether the use of VR was the common gold standard. The Researcher stated it was not but is an innovative way of assisting children through painful procedures and is becoming more common in the United States. The Committee reasoned that as the standard practice in New Zealand was not to use VR it would be advisable to have a control group without VR to compare for a randomised controlled clinical trial.
2. The Committee queried what “painful procedures” the Researcher was intending to use the VR headset with. The Researcher stated most likely venepuncture but potentially other procedures if recommended by the paediatric department.
3. The Committee queried the difference between the standard and tailored VR. The Researcher replied that the standard VR would consist of a couple of common programs the child could choose from. The Researcher explained they were working with a software designer to create an algorithm for use with the tailored VR that would include a preference tree to deliver a more personalised VR experience to ideally capture the child’s interest and attention during the procedure.
4. The Committee queried how old the children would be. The Researcher responded that they would likely be 4 years and above, based on the use of VR for an MRI.
5. The Committee queried whether the children would have any exposure to VR before the procedure. The Researcher confirmed they would test the headset first to determine whether any motion sickness or similar adverse experiences was present. The Committee requested this information be added to the PISC.
6. The Committee queried the physical aspects of the VR headset. The Researcher explained that it was similar to standard headsets. The Committee queried whether the child would move with the headset on and what effect his may have on a delicate procedure such as an MRI. The Researcher stated the software designer was taking this into account and ideally the VR would be immersive but not encouraging of movement.
7. The Committee queried the process of approaching parents. The Committee reasoned that families would likely be stressed or anxious and queried the burden of suddenly being approached by the Researcher in the waiting room. The Committee queried whether the bookings department at the hospital could contact them beforehand. The Researcher stated they believed that could have been potentially coercive but if the Committee approves then it is a good idea. The Committee requested the Researcher supply any letter to be sent for review before use.

Summary of outstanding ethical issues

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

1. The Committee noted the participant information sheet and consent form (PISC) was lacking significant information and suggested the Researcher adapt the template available on the HDEC website.
2. The Committee queried why the Researcher chose not to undertake Māori consultation on the study. The Researcher responded that because the child’s ethnicity was not a relevant factor they did not believe it was warranted. The Committee explained that any research that may involve Māori participants is required to undergo formal consultation. The Researcher agreed and stated this could be done through the University.
3. The Committee advised that the research does have potential cultural issues for Māori. The Committee explained that knowledge and personal data is a taonga (a treasure) and the head (which the VR headset would attach to) is tapu (sacred). The Committee recommended the Researcher keep these concepts in mind for future applications.
4. The Committee queried why the trial was not registered with a number. The Researcher stated they believed it was not applicable for this study. The Committee explained that a randomised controlled study has to be registered somewhere such as an Australasian registry otherwise it cannot be published. The Researcher stated there may be a terminology issue as from a US context it referred only to the methodology of the study and agreed to investigate. The Committee suggested the Researcher could compare the two VR units in a cohort study before committing to a full randomised control trial.
5. The Committee requested independent peer review from outside of the UC School of Health Sciences. The Committee recommended the use of the peer review template available at <https://ethics.health.govt.nz/system/files/documents/pages/HDEC-Peer-Review-Template.docx>

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

1. The Committee suggested that older children may want more information and recommended the Researcher split the assent form into multiple groups (e.g. under 7, 7 – 10, 10 – 15).
2. The Committee suggested the Researcher include more information about the preference tree and type of VR content the children would be accessing and viewing. The Committee advised that parents would likely appreciate being reassured that their child would not be seeing any inappropriate or violent content.
3. The Committee noted some inconsistency in the language of the parents’ information sheet and consent form (e.g. using the pronoun “I” when it should read “my child”) The Committee requested a careful revision.
4. The Committee requested the inclusion of a footer with the document title and version.
5. The Committee requested clarification of the statement that “Some kids who use VR units can feel funny” as this does not convey much information. The Committee advised that if this means motion sickness to please state it in order to fully inform participants during the consent process.

Decision

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

* 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* paragraph4.7).
* Please supply a Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* paragraph6.22).
* Please provide evidence of favourable independent peer review of the study protocol (*Ethical Guidelines for Intervention* Studies Appendix 1).

|  |  |  |  |
| --- | --- | --- | --- |
| **9** | **Ethics ref:** | **19/CEN/18** |  |
|  | Title: | Experiences and Outcomes of Patients Participating in a Complex Decision Pathway |  |
|  | Principal Investigator: | Dr Heidi Omundsen |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Heidi Omundsen 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

1. The study investigates patient outcomes and wellbeing for patients referred to a complex decision pathway.

Summary of resolved ethical issues

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

1. The Committee requested the Researcher define what a “complex decision pathway” was for participants. The Researcher stated any participants would already be in the pathway and would have received a letter as well as having it explained by their surgeon. The Committee requested inclusion of a statement reminding participants that they have previously been provided information about the pathway along with details of who to contact if they wish for more information.
2. The Committee queried whether the Researcher was proposing to enrol participants who cannot consent for themselves. The Researcher stated they were not and confirmed only participants competent to give informed consent would be included.

Summary of outstanding ethical issues

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

1. The Committee noted the participant information sheet and consent form (PISC) was lacking significant information and suggested the Researcher adapt the template available on the HDEC website.
2. The Committee queried whether participants would receive a summary of the research results. The Researcher stated this has not been planned. The Committee stated it is usually offered as standard practice. The Researcher queried whether this was requested at the beginning or end of the study. The Committee advised it is courteous to make the offer at recruitment and suggested participants could indicate an answer on the PISC.
3. The Committee noted the answer to p.4.1 in the application was insufficient. The Committee explained it expects statistics on the prevalence in Māori and relevance of the research to Māori. The Committee suggested knowing whether the pathway was meeting the needs of Māori would be helpful. The Researcher stated one of the objectives of the research was to establish whether it was meeting peoples’ needs.
4. The Committee noted the six month follow-up and quality of life questionnaire and that it included questions regarding mental health. The Committee raised the scenario of a participant indicating that their quality of life was poor and they were depressed. The Researcher stated it was not a diagnostic tool and was not validated for depression. The Committee queried the safety plan if a participant indicated severe distress or suicidal ideation. The Researcher stated the questionnaire is commonly used and advised they would consult with a research nurse on the process for this.
5. The Committee requested a mechanism for contacting the participant’s GP and noted this could be covered by using the PISC template available on the HDEC website.
6. The Committee advised the Researcher that personal data is a taonga and the potential for whakamā may impact how participants respond. The Committee suggested the Researcher undertake Māori consultation to discuss these concepts.

Decision

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

* Please supply a Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* paragraph6.22).

(Please see <https://ethics.health.govt.nz/system/files/documents/pages/piscf-template-february-2019-v2.doc> for guidance)

* Please submit an updated protocol with a safety monitoring plan to ensure the safety of participants and to manage a participant expressing distress (*Ethical Guidelines for Intervention Studies* paragraph6.38).

|  |  |  |  |
| --- | --- | --- | --- |
| **10** | **Ethics ref:** | **19/CEN/19** |  |
|  | Title: | TALAPRO-2 |  |
|  | Principal Investigator: | Dr Peter Fong |  |
|  | Sponsor: | Pfizer |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Peter Fong and Pallavi Wyawahare 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

1. The study investigates whether the addition of talazoparib to enzalutamide provides additional benefit when compared to enzalutamide with placebo in patients with metastatic Castration Resistant Prostate Cancer (CRPC)

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 whether any participants would receive placebo treatment. The Researcher stated they would not and all participants would receive the drug. The Researcher stated there was a 50/50 chance to be randomised into receiving an additional drug that is not funded in New Zealand.
2. The Committee queried whether participants would continue to have access to the drug after the trial. The Researcher confirmed they would. The Committee requested this be included on the PISC.
3. The Committee queried whether the unique study code would contain the participant initials or year of birth. The Committee noted the application stated study number and initials and on the following page stated study number and year of birth. The Researcher stated for samples that will go to the sponsor only the study code and year of birth will be used. The Researcher confirmed the full date of birth would not be sent.
4. The Committee queried future unspecified research and how privacy will be protected. The Committee noted a statement advising that every effort will be made to maintain a participant’s privacy. The Committee queried how the sponsor could potentially identify de-identified information. The Researcher stated they take all responsibility to send everything to the sponsor de-identified however it is possible that datasets can be linked which could render the information potentially identifiable.
5. The Researcher stated it was important when doing future unspecified genetic research to be able to potentially link the de-identified sample back to the participant as should the testing uncover a mutation or condition with familial implications there is a responsibility on the clinician to communicate this back to the participant and refer them to local genetic services.
6. The Committee queried what sort of information about the child the Researcher would be interested in in the unlikely scenario of a participant’s partner becoming pregnant. The Researcher stated most participants would be unlikely to be able to naturally father a child but they have included this provision just in case. The Researcher explained that even in the low probability of pregnancy as the medication is genotoxic they would not expect the foetus to survive. However, if it did then it would be useful to understand the genotoxicity and any effect it may have on the child as the genotoxicity has not been studied in humans. The Researcher elaborated that some harmful genetic conditions may not be present at birth and may not manifest until the child is older. The Committee advised that once the pregnant partner has given birth the child is a person and a separate consent process is required.
7. The Committee queried the inclusion of the father and grandfather in the consent process for the pregnant partner. The Researcher stated they suspected this was applicable to the United States as the trial would be taking place in 180 countries. The Committee advised that in New Zealand only the pregnant woman could consent for herself and then after birth a parent or guardian could consent for the infant.
8. The Committee queried a mention of stool samples in the consent form. The Researcher stated this was an error and confirmed no stool samples were required for the study.
9. The Committee advised the Researcher that if a participant withdraws consent any specimens may not be used as consent has been withdrawn. The Researcher stated once the DNA has been extracted that cannot be reversed or unlearned but confirmed any remaining samples would not be used.

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 queried where samples may be sent for future unspecified research. The Researcher stated the tumour sample would go to Boston, Massachusetts. The Committee noted the information sheet for the optional future unspecified research would need to state where the samples would go. The Researcher explained that due to developing technologies in different locations it is difficult to predict where they may go. The Committee advised it is important to state this on the information sheet as there are cultural considerations for sending tissue overseas.

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

1. The Committee requested the addition of a heading to the PISC with the logo of the institution and lay title.
2. The Committee suggested the inclusion of a flow-diagram or table to demonstrate what happens at each visit. The Researcher stated as this was a multicentre international trial the sponsor may not allow this but would make enquiries.
3. The Committee requested the statement on page 8 “someone else uses drug” be amended to “takes drug”
4. The Committee requested the Researcher add an additional consent request for optional future unspecified research.
5. The Committee requested the inclusion of contact information on the optional future unspecified research form.

Decision

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

* Please supply an updated protocol and participant information sheets and consent forms, taking into account the suggestions made by the Committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Patries Herst and Ms Sandy Gill.

|  |  |  |  |
| --- | --- | --- | --- |
| **11** | **Ethics ref:** | **19/CEN/20** |  |
|  | Title: | CST101/CST107-CLIN-001: A study measuring the effects of salbutamol on brain glucose and blood flow. |  |
|  | Principal Investigator: | Dr Chris Wynne |  |
|  | Sponsor: | CuraSen Therapeutics Inc |  |
|  | Clock Start Date: | 14 February 2019 |  |

Dr Chris Wynne 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

1. The study investigates whether salbutamol is an effective treatment for degenerative brain diseases.
2. The study investigates whether nadolol can reduce salbutamol’s side effects of increased heart rate.

Summary of resolved ethical issues

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

1. The Committee complimented the Researcher on a well prepared application.
2. The Committee reminded the Researcher of cultural issues for Māori participants and advised the Researcher to be aware of any whakamā for participants and their families.
3. The Committee queried why groups 1 – 3 would include only males. The Researcher stated if a female participant were pregnant then exposure to a PET scan would be most unfortunate and so in the interests of safety these groups would be restricted to males.
4. The Committee noted an inconsistency in remuneration. The application stated group 3 would receive $2,100 whereas the Participant Information Sheet stated they would receive $2,800. The Researcher confirmed the amount was $2,800 due to increased radiation exposure from additional PET scans.
5. The Committee noted that the consent form for groups 1-3 mentioned harm to a pregnant partner but there was no previous information regarding this. The Committee requested the inclusion of details on the Participant Information Sheet.

Decision

This application was *approved* by consensus.

|  |  |  |  |
| --- | --- | --- | --- |
| **12** | **Ethics ref:** | **19/CEN/21** |  |
|  | Title: | KETAMINE THERAPY FOR INTERNALIZING DISORDERS: IS THERE A SINGLE MECHANISM? |  |
|  | Principal Investigator: | Professor Paul Glue |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 14 February 2019 |  |

Paul Glue and Shabah Shadli 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

1. The study investigates ketamine as an effective treatment for a variety of internalizing disorders and whether an electroencephalogram can reveal a biomarker in the brain for its efficacy.

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 the four separate Participant Information Sheet and Consent Forms (PISC) for four clinical presentations. The Researcher stated the study was looking at a factor common to all internalising disorders (a blanket term given to people with internal distress – anxiety, depression, OCD and PTSD are all clustered within).
2. The Researcher stated their hypothesis that ketamine works equally quickly and effectively for all these disorders, not just depression. The Researcher elaborated that they anticipated a signal in the right frontal area of the brain will be detected on electroencephalogram in all these conditions and correlate with an improvement in mood state and symptoms. The Researcher stated they believed this EEG signal is a functional marker or mechanism of the effect.
3. The Committee queried the number of participants to take part in the study. The Researcher stated there would be 60 participants over three years. The Committee queried whether they would be equally divided between the internalising disorders. The Researcher confirmed they would, with 12 for depression, 12 for anxiety, 12 for phobias, 12 for PTSD and 12 for OCD.
4. The Committee queried whether there were any differences in between the different PISCs. The Researcher explained because an individual with depression would likely have different symptoms to OCD they made the decision to split the PISC into different sheets to specialise the sheet for the participant with the specific disorder.
5. The Committee queried the use of the phrase “off-label” and wondered whether it would be understood by laypersons. The Researcher stated after a previous investigation by the Health and Disability Commissioner they always stated it was off-label for reasons of transparency as this use was not approved by Medsafe. The Researcher explained that the succeeding sentence put the phrase into context. The Researcher said the psychiatrist-patient relationship would allow a full explanation of the meaning of “off label”.
6. The Committee noted participants would be unable to drive after receiving the ketamine dose. The Committee queried whether the Researcher would pay for taxi fares home. The Researcher confirmed they would. The Committee requested this information be added to the PISC.
7. The Committee queried whether testing for drugs of abuse / dependency would be necessary prior to the study. The Researcher confirmed this would occur. The Committee requested information regarding this be included in the PISC.
8. The Committee queried a potential conflict of interest with Douglas Pharmaceuticals. The Researcher stated all formulations for use in the study are injectable and sourced from the local hospital pharmacy and are the Medsafe approved formulation. The Researcher stated they are working on a tablet formulation with Douglas Pharmaceutical that will soon be used in a trial for depression. The Researcher stated the novelty for this was the dosing method and not the indication. The Committee was satisfied there was no conflict of interest for the current study.
9. The Committee queried whether all participants would be competent to give informed consent. The Researcher confirmed they would and would not consider the inclusion of anyone who could not give fully informed consent.
10. The Committee queried whether any participants would be under compulsory treatment orders. The Researcher stated they would not. The Researcher confirmed the participants would be receiving care voluntarily.
11. The Committee queried the process after the research period ends. The Committee queried what would happen if participants found their symptoms worsening after the research concluded. The Researcher stated they intend to have follow-up appointments and has an arrangement with local psychiatrists and GPs in Dunedin to help participants transition back to their care. The Researcher stated in some cases the participants may get continued access to ketamine if appropriate, although this would also depend on their primary practitioner. The Committee requested this information be included on the PISC for anyone concerned about what happens after the trial and if their symptoms return / worsen.
12. The Committee queried the probability of ketamine improving symptoms. The Researcher stated based on the published literature and their own experience treating patients they estimated about 80% of participants with refractory symptoms may show an improvement. The Researcher stated they are uncertain why 20% are resistant but 80% showing improvement seems to be a common finding.
13. The Committee noted the extensive questionnaires. The Committee queried how soon the data would be collated and how soon after completion by the participant would the Researcher access it. The Researcher stated these would be performed during the appointments with frequent follow-ups scheduled to produce a timescale of when symptoms begin to return. The Researcher stated ‘mood scores’ would be calculated during the appointment and that no complicated analysis would be required. The Researcher confirmed the information could be shared immediately with participants. The Committee requested the inclusion of an explanation of this process in the PISC.
14. The Committee queried whether any severe distress or suicidal ideation would be easily detected in these tests. The Researcher confirmed it would.
15. The Committee queried the safety plan for if a participant expressed suicidal ideation. The Researcher stated they and the psychiatric research nurse would be present for the duration of all the testing and would manage it the same way they would normally manage an acutely suicidal patient. The Researcher stated they would initially talk and try to find ways to reduce the emotional state or worsening of anxiety. The Researcher stated if further observation was necessary clinical rooms are available and if things were particularly dire they have access to hospital beds. The Researcher stated that previous experience has shown suicidality ratings tend to improve and has not yet observed a worsening of symptoms. The Researcher confirmed they work with acutely suicidal patients every day. The Committee was satisfied the Researcher has the expertise to manage the situation should a worsening of symptoms occur.
16. The Committee reminded the Researcher that the head is tapu and advised the Researcher be aware of whakamā as some participants may feel they should not be having their symptoms.
17. The Committee queried what information participants would be given regarding the relapse or worsening of symptoms. The Researcher stated if a participant has an improvement then usually around 3 – 7 days the original symptoms will begin to return. The Researcher clarified they likely will not be worse than before but gradually return to before the treatment. The Researcher stated participants will all have this explained to them.
18. The Committee queried data security. The Researcher stated it would be stored in a password protected excel spreadsheet on the University server. The Researcher stated if further security was required they could liaise with the IT department. The Committee stated this was not necessary and were simply ensuring it would not be kept on a personal laptop at the Researcher’s home.

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

1. The Committee requested the addition of “with your consent” on page 2 when discussing referrals.
2. The Committee expressed concern that the description of the dosing schedule could be potentially confusing. The Committee suggested a flow-chart diagram to illustrate the process.
3. The Committee requested time values expressed as digits to be changed to plain English (e.g. 0.5 hours becomes 30 minutes) to aid understanding.
4. The Committee requested a statement advising the total volume of blood to be taken during the study (e.g. 200 mL) and where it will be sent. The Researcher confirmed all assays will be performed locally. The Committee requested this information is added so people are aware as there are cultural issues with sending tissue overseas.
5. The Committee requested the addition of a statement in the PISC advising that participants must not drive or operate heavy machinery after the dosing.
6. The Committee requested inclusion of the ACC statement on the current template available on the HDEC website at: <https://ethics.health.govt.nz/system/files/documents/pages/piscf-template-february-2019-v2.doc>
7. The Committee noted the mention of “feeling woozy” as a side effect and requested this be elaborated to estimate how long the “woozy” feeling may last and to instruct the participant not to drive during this time.
8. The Committee requested the inclusion of additional information regarding data security and participants’ rights to access and correct information about them.
9. The Committee requested additional PISCs for participants and their partners in case of pregnancy. The Committee advised that an additional consent process would be required to follow the child after birth. The Committee suggested the templates available on the HDEC website. The Researcher agreed.

Decision

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

* Please supply an updated protocol and updated participant information sheets and consent forms, taking into account the suggestions made by the Committee.

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

## 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:** | 26 March 2019, 12:00 PM |
| **Meeting venue:** | **TBC,** Ground Floor, Ministry of Health, 133 Molesworth Street, Wellington, 6011 |

The following members tendered apologies for this meeting.

* Dr Peter Gallagher

1. **Problem with Last Minutes**

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

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

The meeting closed at 5:45 pm.