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| **Committee:** | Central Health and Disability Ethics Committee |
| **Meeting date:** | 26 April 2019 |
| **Meeting venue:** | Room GN.9, Ground Floor, Ministry of Health, 133 Molesworth Street, Wellington |

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| **Time** | **Item of business** |
| 12:00pm | Welcome |
|  | Confirmation of minutes of meeting of 26 March 2019. |
| 12:30 | New applications (see over for details) |
| 12:30-12:55  12:55-1:20  1:20-1:45  1:45-2:10  2:10-2:35  2:35-3:00  3:00-3:25  3:25-3:50 | i 19/CEN/72  ii 19/CEN/66  iii 19/CEN/68  iv 19/CEN/69  v 19/CEN/70  vi 19/CEN/71  vii 19/CEN/73  viii 19/CEN/76 |
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| 3:50pm | General business:  Noting section of agenda |
| 4:00pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mrs Helen Walker | Lay (consumer/community perspectives) | 01/07/2015 | 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 Peter Gallagher | Non-lay (health/disability service provision) | 30/07/2015 | 30/07/2018 | Apologies |
| Dr Nora Lynch | Non-lay (intervention studies) | 24/07/2015 | 19/03/2022 | Present |
| Ms Helen Davidson | Lay (ethical/moral reasoning) | 06/12/2018 | 06/12/2021 | Present |

## Welcome

The Chair opened the meeting at 12:00pm and welcomed Committee members, noting that apologies had been received from Dr Peter Gallagher and 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 Nora Lynch confirmed her eligibility, and was co-opted by the Chair as a member of the Committee for the duration of the meeting.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 26 March 2019 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **19/CEN/72** |  |
|  | Title: | Early PACT |  |
|  | Principal Investigator: | Dr Koa Whittingham |  |
|  | Sponsor: | The University of Queensland |  |
|  | Clock Start Date: | 26 March 2019 |  |

No member of the research team 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

The aim of this study is to demonstrate the efficacy of a preventative online early parenting support package: Early Parenting Acceptance and Commitment Therapy for families of infants with cerebral palsy.

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 evidence of scientific review for this study. The original peer review will suffice, but the Committee recommended that the Researchers have the HDEC peer review template completed. (*Ethical Guidelines for Intervention Studies* paragraph 5.11).
2. The Committee requested more information on the program (e.g. what the parents will be reading and doing, and what kind of teaching and coaching will occur), including examples (*Ethical Guidelines for Intervention Studies* paragraph 5.41).
3. The Committee noted that the questionnaire contained questions on depression, and stated that a safety plan was needed in case of negative responses to these questions from participants (*Ethical Guidelines for Intervention Studies* paragraph 5.4).

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

1. Please ensure that these documents are ‘New Zealand-ised’, as they currently contain many references for Australian readers.
2. Please include more information, taking into account the HDEC template. Missing information includes a comprehensive section on confidentiality and data usage (e.g. who has access to video recordings and how these will be stored and kept secure), a more detailed risk section, and an ACC statement.
3. Please remove the list of associate investigators, and embolden or make clear the New Zealand investigator.
4. Please remove the statement “we need your help”, and the exclamation after the phrase “Is there likely to be a benefit to other people in the future? Yes!” as these have the potential to introduce guilt.
5. Please add under “How will participation benefit me?’ that participation *may not* be beneficial.
6. Please proof-read the documents and fix typos, such as in the title of the PIS.
7. Please provide for parental proxy consent in the consent forms, e.g. “I consent for my child to be part of this 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 to the suggestions of the Committee (*Ethical Guidelines for Intervention Studies* paragraph 6.22).
* Please provide evidence of scientific peer review (*Ethical Guidelines for Intervention Studies* paragraph 5.11).
* Please develop a safety plan for psychological distress which may be caused by the questionnaire (*Ethical Guidelines for Intervention Studies* paragraph 5.4).
* Please provide more information on what the study will involve for participants (*Ethical Guidelines for Intervention Studies* paragraph 5.41).

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

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| **2** | **Ethics ref:** | **19/CEN/66** |  |
|  | Title: | Comparison of the blood levels of a combination tablet containing paracetamol/ibuprofen/doxylamine, a combination tablet containing paracetamol/codeine/doxylamine and a combination tablet containing 5 |  |
|  | Principal Investigator: | Dr Noelyn Hung |  |
|  | Sponsor: | Soul Pattinson (Manufacturing) Pty Ltd (SPM) |  |
|  | Clock Start Date: | 11 April 2019 |  |

Linda Folland 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

The objective of this study is to evaluate the bioequivalence by comparing the rate and extent of absorption of the test formulation, a 500 mg paracetamol/200 mg ibuprofen/5.1 mg doxylamine succinate immediate release tablet relative to that of the reference formulations, an immediate release Dolased tablet containing 500 mg paracetamol/10 mg codeine phosphate hemihydrate/5.1 mg doxylamine succinate and an immediate release Nuromol tablet containing 500 mg paracetamol/200 mg ibuprofen following oral administration of a single dose.

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 study’s recruitment process, and how participants will be screened if more people than the target population are interested. The Researchers responded that there is database of potential participants from which those who meet the inclusion criteria will be emailed. An active attempt will be made to recruit more than required, as numbers usually decline during the medical evaluation.
2. The Committee *suggests* providing participants food in the morning following their overnight stay, for example some fruit and refreshments.

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 that male and female participants are currently due to receive equal payment for this study. However, it was stated that females should receive payment for the additional 3 visits they are required to make to the laboratory for pregnancy tests, which the study calculations place at 45 dollars’ worth. (*Ethical Guidelines for Intervention Studies* paragraph 6.34).

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

1. Please check with the sponsor about the visual monitoring of the clinical site, such as whether there is active recording, and include this information in the PIS.
2. Please include more information on participants’ privacy rights. Page 12 needs information on data storage and identifiability of data. Participants’ rights to request and have their information corrected should be included too, in line with the Health Information Privacy Code. The HDEC template offers standard wording on all of the above.
3. Please add that the participant’s GP will be informed of study participation with their consent. This is currently in the consent form but not the PIS.
4. Regarding the drowsiness or dizziness that may follow from taking the study medication, please either advise participants not to drive and provide them with transport, or remove the statement entirely if participants will be able to drive.
5. Please amend to reflect that some blood samples will not be able to be returned, such as those destroyed by Southern Community Laboratories.

Decision

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

* Please amend the information and consent forms, taking into account the suggestions of the Committee (*Ethical Guidelines for Intervention Studies* paragraph 6.22).
* Please arrange for female participants to be paid an extra 45 dollars to cover the additional laboratory visits (*Ethical Guidelines for Intervention Studies* paragraph 6.34).

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| **3** | **Ethics ref:** | **19/CEN/68** |  |
|  | Title: | whataboutme? |  |
|  | Principal Investigator: | Dr Deborah McLeod |  |
|  | Sponsor: | Ministry of Social Development |  |
|  | Clock Start Date: | 11 April 2019 |  |

Dr Debbie Mcleod, Rachael Osbourne, and Lachlan Cartwright were present in person for discussion of this application.

Potential conflicts of interest

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

No potential conflicts of interest related to this application were declared by any member.

Summary of Study

This is a nationwide health and wellbeing survey of 14,000 young people aged 12-18 years. Youth will be sampled through secondary schools, kura kaupapa youth service providers, community organisations, and alternative education providers. This youth survey will inform policy, practice, programme development, implementation, and monitoring of trends.

Summary of resolved ethical issues

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

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 believes that an issue remains around un-consented participants below the age of 16, as an opt-out consent model does not constitute informed consent under the *Code of Health and Disability Services Consumers’ Rights* (the Code). The Committee understands that the Researchers will seek legal advice as to whether the Code applies to this study under the *Health and Disability Commissioner Act 1994*; specifically, whether this study meets the definition of a ‘health service’. (*Ethical Guidelines for Observational Studies* paragraph 1.9).
2. The Committee stated that *if legally* this study falls within the Code, then the Researchers must be satisfied that all participants under the age of 16 are Gillick competent. The same competency test must apply for all services covered by the Code, regardless of whether this is to receive treatment or report one’s own experience. The Committee explained that procedures must be put in place to ensure that all participants are capable of giving informed consent. (*Ethical Guidelines for Observation Studies* 6.10, and the *Code of Health and Disability Consumers’ Rights* Right 7(1)).
3. The Committee expressed concern over the datasets which will be returned to the schools due to their low cell size and sensitive nature, and subsequent risk to confidentiality. The Committee accepted the Researchers’ argument that this information will be of benefit to schools on an individual as well as national level, and approved of the cell size being increased to a minimum of 20 or 30. (*Ethical Guidelines for Observation Studies* paragraph 8.2).

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

1. Please include sufficient information for participants to be aware of the kinds of questions they will be answering in the survey (for example, on self-harm, abuse, suicidal ideation), regardless of whether this study falls under the Code. The document should be explicit about the nature of the questions and use clear language, as this is necessary for the participants or their guardians (as the case may be) to give informed consent. The Committee recommends addressing the document to the participants (first-person language), and it may be appropriate to have two information sheets, one for the child and the other for the guardian.

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 of the Committee (*Ethical Guidelines for Observational Studies* paragraph 6.10).
* Please seek legal advice as to whether the Code applies to this study under the *Health and Disability Commissioner Act 1994*; specifically, whether this study meets the definition of a ‘health service’. (*Ethical Guidelines for Observational Studies paragraph 1.9*).
* If this study legally falls within the Code, please detail the procedures that will be put in place to ensure that all participants are capable of giving informed consent. (*Ethical Guidelines for Observation Studies* 6.10, and the *Code of Health and Disability Consumers’ Rights* Right 7(1)).
* Please ensure that the cell size of datasets returned to individual schools are increased to a minimum of 20 or 30. (Ethical Guidelines for Observation Studies paragraph 8.2).

After receipt of the information requested by the Committee, a final decision on the application will be made by the Central HDEC.

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| **4** | **Ethics ref:** | **19/CEN/69** |  |
|  | Title: | The ADESTE Study |  |
|  | Principal Investigator: | Professor Richard Troughton |  |
|  | Sponsor: | GLOBAL RESEARCH ON ACUTE CONDITIONS TEAM ITALY |  |
|  | Clock Start Date: | 11 April 2019 |  |

No member of the research team 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

The primary objective of this trial is to evaluate safety and tolerability of HAM8101 (Adrecizumab) in patients with acute heart failure. This trial will also investigate HAM8101’s preliminary efficacy, pharmacokinetics, and pharmacodynamics.

Summary of resolved ethical issues

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

1. The Committee advised that in future applications statistics should be used to validate claims such as those pointing to the high incidence of cardiovascular disease in Māori.

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 for clarification as to whether this is a randomised or allocated study. If allocated, the Committee queried how cases will be selected versus the controls. (*Ethical Guidelines for Intervention Studies* paragraph 5.41).
2. The Committee requested clarification of whether samples will be retained for future unspecified research, or whether references to future research are references to the pharmacokinetics sub-study. (*Ethical Guidelines for Intervention Studies* paragraph 5.41).
3. The Committee noted that the study will be asking after participants’ history of depression, but the protocol contains no safety plan for negative psychological reactions to this questioning (*Ethical Guidelines for Intervention Studies* paragraph 5.41).

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

1. Please add a cultural paragraph (as per the HDEC template) and Māori contact numbers to the PIS for the control group. Please note that the HDC does not provide Māori advice.
2. Please clarify whether samples are being sent overseas, as there is tension with pages 48-49 of the protocol and the main PIS. Make clear in the PIS accordingly.
3. Please amend to state that the study has been reviewed by the Central HDEC, not Southern.
4. The sub-study pharmacokinetics PIS requires more information about what is involved for participants, and is missing a Māori cultural statement and contact information. It is strongly advised that the Researchers follow the HDEC template.
5. Please include information on whether this is a randomised or allocated study. If allocated, explain how cases and controls will be allocated.
6. Please fix the typo on page 2, which currently reads “information consent form”.
7. Please reflect on the language in the PISs, as it does not currently read easily, and there are a number of problems with syntax throughout. A re-write is necessary, as is proof-reading. Again, it is strongly advised that the HDEC template is followed.
8. Please add information on approximately how much blood will be taken and how often samples will be collected.
9. Please add information on where research data will be stored and how for long.
10. Please confirm that the phone number for the CI is a direct dial, not a switchboard number.
11. Please include more information on the use of this drug to date. For example, that it has been used in animal studies and two phase 1 human trials in healthy participants. Be clear that any claims based on its earlier application to sepsis are in relation to these animal studies (as the human participants were not in septic shock). Please also be clear that this is the first time the study drug has been used in people with heart failure. On the whole, make it clear to the participant how investigational this study is.
12. Please amend page 3 of the PIS, as day 60 has been left off the list of days of telephone contact.
13. Please remove the term ‘moreover’ from the benefits section on page 4.
14. Please reflect on the sentence under less common side-effects (occurred only in one people: should be “person”): “Or any other symptom you may feel.” This implies anything the participant experiences.
15. Please remove the current compensation statement, and replace it with the HDEC ACC wording.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions of the Committee (*Ethical Guidelines for Intervention Studies* paragraph 6.22).
* Please clarify whether this is a randomised or allocated study. If allocated, the Committee queries how cases will be selected versus the controls. (*Ethical Guidelines for Intervention Studies* paragraph 5.41).
* Please clarify whether samples will be retained for future unspecified research, or whether references to future research are references to the pharmacokinetics sub-study. (*Ethical Guidelines for Intervention Studies* paragraph 5.41).
* Please add to the protocol a safety plan for negative psychological reactions to questions around depression (*Ethical Guidelines for Intervention Studies* paragraph 5.41).

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| **5** | **Ethics ref:** | **19/CEN/70** |  |
|  | Title: | AVT02-GL-102: A study comparing two methods of administering the trial drug AVT02, in healthy adults. |  |
|  | Principal Investigator: | Dr Chris Wynne |  |
|  | Sponsor: | IQVIA RDS |  |
|  | Clock Start Date: | 11 April 2019 |  |

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

This study aims to compare the pharmacokinetics of a 40 mg subcutaneous dose of AVT02 administered either manually via prefilled syringe or via an auto-injector in healthy adult subjects.

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 Researcher thought that healthy volunteers on a single dose of a monoclonal antibody, who are at a theoretical risk of an allergic reaction when receiving a future dose should they develop a need for the medication, should be informed of this risk. The Researcher responded that neither neutralising antibodies nor an increased risk of anaphylaxis have been seen in previous studies. It was believed that the risk is too minor to be included in the PIS.

Summary of outstanding ethical issues

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

1. Please re-write the pregnant partner document so that it reads as a ‘pregnant partner or pregnant participant information sheet’. Some minor changes, such as “If you or your partner become pregnant…” and “You or your partner received a dose of…”, would allow it to apply to both.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions of the Committee(*Ethical Guidelines for Intervention Studies* paragraph 6.22).

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| **6** | **Ethics ref:** | **19/CEN/71** |  |
|  | Title: | Binimetinib and Encorafenib for treatment of melanoma with a BRAF-V600-mutation in adolescents. |  |
|  | Principal Investigator: | Dr Catherine Barrow |  |
|  | Sponsor: | Array BioPharma Inc. |  |
|  | Clock Start Date: | 11 April 2019 |  |

Dr Catherine Barrow 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

This study will characterize the pharmacokinetics of binimetinib, its active metabolite (AR00426032), encorafenib and its metabolite (LHY746) in adolescent patients with unresectable or metastatic BRAF V600-mutant melanoma. The safety and tolerability of the binimetinib/encorafenib treatment combination will also be assessed.

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 study sponsor was limiting participation to one participant. The Researcher clarified that this was the number that was selected by the research team.
2. The Committee commended the Researchers for thoroughly preparing their consent documents.
3. The Committee noted that many potential child participants in New Zealand would qualify for pembrolizumab, and asked the Researcher for a comparison between this treatment and the study drug in children with this gene mutation. The Researchers answered that pembrolizumab may be the first choice of treatment unless the participant is deteriorating rapidly, or did not wish to have repeat infusions. In which case, the study treatment would be preferable as they are fast-acting and orally administered. However, the choice would be given to participants.
4. The Committee suggested that the Researchers seek advice from people working in the paediatric area on how best to manage the need for contraception in participants under the age of 16.
5. The Committee requested that a contact number be provided for compensation issues, other than simply an email address. The Researchers advised that this was already standard practice.

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 that the travel and accommodation for travelling participants, who are 16 or over, be paid by the study for themselves and an accompanying person, as is the case with those participants under 16. (*Ethical Guidelines for Intervention Studies* paragraph 4.5).
2. The Committee asked that a local number is included on the emergency contact cards for this study (*Ethical Guidelines for Intervention Studies* paragraph 5.4).

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

1. Please amend page 7 of the parent/guardian PIS, to simply state that participants have the right to access their information, removing the phrase “to the extent that there is no conflict with the purposes of this study”. This occurs on page 19 of the main PIS as well. Please check all these forms for this.
2. Please convert the units of measurement in the reimbursement form from miles to kilometres.
3. Please amend the confidentiality and samples sections on both the pre-screening and main assent forms, as they are currently the same length as the parental documents and too long for children. For example, two general sentences could be included, along with a statement that further information has been given to the parents.
4. Please amend pages 11-14 on the main PIS for those 16 or above, so that risks and side-effects are expressed as absolute numbers; for example, “one person in five will…” Research has shown that people understand this better than percentages.
5. Please fix pages 15-16 (contraception section) of the main PIS, as condoms and diaphragms have incorrectly been labelled highly effective forms of contraception.
6. Please move the table of events to the end of the PIS, rather than following the consent forms.
7. Please add that PK testing will be performed through a lure, not through multiple venal punctures.
8. Please amend page 11 of the pregnancy and breast feeding section of the 12-15 year old assent form, as it is not a legal requirement to inform parents of a pregnancy. Rather, a conversation will simply be had with the child.
9. Please fix the typo on page 2 line 6 of the future unspecified research document for participants 16-17 years of age. The sentence “child’s leftover blood” should read “*your* leftover blood…”
10. Please amend page 9 of the pre-screening assent form for participants 12-15 years of age – the phrase “physical and emotional disagreement” should be made simpler. Please also amend page 8 – the sentence on the sixth bullet point should state “I consent” not “assent”.
11. Please amend the 12-15 year old assent form for optional future consent, as on pages 5-6 the checkboxes are repeated.
12. Please amend the pregnancy release of information form, as under the heading ‘How long will my baby and I be in this research?’ it states “Up until the birth of the child”. Please check for these contradictions. At the end of this document, on the consent form, please change the sentence “if the individual is a minor…” to “if the individual is under the age of 16…”
13. Please amend the 12-15 pre-screening form, so that it states that an independent ethics committee checks the study for ethical aspects, not necessarily ensuring that it is as safe as possible.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* paragraph 6.22).
* Please ensure that the travel and accommodation for travelling participants, who are 16 or over, be paid by the study for themselves and an accompanying person, as is the case with those participants under 16. (*Ethical Guidelines for Intervention Studies* paragraph 4.5).
* Please ensure that a local number is included on the emergency contact cards for this study (*Ethical Guidelines for Intervention* Studies paragraph 5.4).

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Helen Davidson and Dr Nora Lynch.

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| **7** | **Ethics ref:** | **19/CEN/73** |  |
|  | Title: | ROLLOVER STUDY |  |
|  | Principal Investigator: | Dr David Orr |  |
|  | Sponsor: | Allergan Australia Pty Ltd |  |
|  | Clock Start Date: | 11 April 2019 |  |

Dr David Orr and Sarah Coates 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

This study aims to provide open-label treatment with cenicriviroc to subjects who have previously participated in CVC studies. It will also assess the long-term safety of continued treatment with CVC for subjects who have previously participated in CVC studies.

Summary of resolved ethical issues

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

1. The Committee acknowledged that a new patient information and consent form with tracked changes is to be submitted, and that some of the PISCF requested amendments below have already been addressed. The new form should however take into enact those points not accounted for.

Summary of outstanding ethical issues

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

1. If this study is only for AURORA participants, please remove mention of CENTAUR.
2. Please ensure that the documents are in New Zealand language. For example, they currently contain colloquialisms such as “yard work”.
3. Please amend the section on page 5 regarding genetic testing, so that it is clear that this will only be done with consent.
4. Please amend the discontinuation visit paragraphs to state that participants “will be asked” rather than “will be required” to attend these visits. The visits are only to occur with consent.
5. Please include a Māori cultural statement for blood samples being sent overseas. A cultural statement should also be included in the optional future unspecified research PISCF.
6. Please remove the statement that it is an HDEC requirement that trials are publically registered. If also not a legal requirement, remove this reference as well.
7. Please proof-read for typos.
8. Please rewrite the pregnant partner PISCF, as there are currently references to both unborn and future children and consent to the collection of information on both. Please provide a separate box or consent form for consent to the child’s health information once born. This rewrite should also take into account that *participants* may be pregnant as well, i.e. a pregnant partner/participant PIS.
9. Please amend page 2 to state that the hospital will be remunerated for the study, not the study doctor directly.
10. Please amend page 17 of the main PIS so that only the year of birth will be sent to the sponsor, not the date of birth.
11. Please refer to ‘maternity carer’ rather than gynaecologists for those giving birth-related care.

Decision

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

* Please amend the patient information and consent forms, taking into account the suggestions of the Committee (*Ethical Guidelines for Intervention Studies* paragraph 6.22).

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

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| **8** | **Ethics ref:** | **19/CEN/76** |  |
|  | Title: | EM3 Study: Microbiota of New Zealand Homes |  |
|  | Principal Investigator: | Professor Julian Crane |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 11 April 2019 |  |

Professor Julian Crane was present in person, and Caroline Shorter 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

This study seeks to characterise the microbiota (moulds, bacteria and microbial metabolites) found in homes and explore the association between dust trichothecene mycotoxins and their associations with respiratory health. Additionally, it will assess the health, particularly respiratory health, of occupants of clearly defined dwellings with raised mycological levels and active leaking, compared to those dwellings without raised mycology or leaks.

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 the Researchers whether they thought it easy to reach their target population, given that finding sufficiently unhealthy homes is likely to have practical repercussions for participants. The Researchers responded that they have a number of different ways of finding these homes through the various agencies responsible for leaky homes, and in fact believe that finding this population will be easier than finding the control group. People who have leaky homes will be interested in both having a survey of their home and the health aspects of the study. The Researchers do not want to approach people simply because they have a health problem, as this would produce a bias. The study was also said to be nationwide, which gives a larger pool of prospective participants.
2. The Committee asked if blood samples would be taken from only one member of each household. The Researchers confirmed this.
3. The Committee advised that in future applications the Researchers should take into account whakama (shame or embarrassment) in studies such as this, and include this in an answer to question p.4.2 of the ethics application form.
4. The Committee raised the issue of the potential disruption a study such as this could have on the lives of participants, especially in the control group. For example, being informed that there is a potential moisture issue could result in eviction for tenants and anxiety for homeowners. Further, the findings of this study will be disclosable and may affect the value of these homes. The Researchers conceded that this posed a difficulty. It was noted that this is not a problem with the ‘cases’ as these largely involve people who have sought help from agencies prior to this study, and it is unlikely that many households will come directly to the Researchers. For the controls however, it was stated that the surveys will be confidential and it is unlikely that the research team will be forced to give up this information – the argument being that the study survey is not a definitive survey of the property. The Committee pointed out that some of the prospective controls will not make it into the study, as the level of mould would instead qualify the household as a case. These people may be left with information they would have to disclose if asked (and for insurance purposes). The Researchers reiterated that they don’t expect mould findings to affect sale prices as the study will not involve a definitive leaky building check. As the study is about microbiota rather than leakiness there is enough ambiguity not to be judged by a real estate agent based on any findings. The definition of becoming a case study is strict, and the parameters will not be met in the average mouldy home.
5. The Committee commented that the Swedish questionnaires contained questions which do not seem relevant to respiratory problems, and therefore to this study, and asked how it had been validated. The Researchers responded that the questionnaire had been received from Massey University, and that as the study is looking at neurotoxicity questions of motor function may indeed be relevant. This was said to be a standard questionnaire, and ensures that all bases are covered. It was further explained that there are neurotoxic elements to the micro toxins on study, though the Researchers agreed that it was a broad set of questions. The Researchers Finnish collaborators had also recommended this be used. The Committee queried again whether the study was really powered to the questionnaire. The Researchers conceded that this was probably not the case. The Committee *suggested* that the Researchers reflect on this, and perhaps focus more specifically on the respiratory elements, as some participants may find a questionnaire of this size, and questionable relevance, difficult.
6. The Committee queried whether the research team had addressed the concerns of the peer reviewers, who thought that the nitrous-oxide test was not suitable for inflammation in people who were not asthmatic and questioned whether there was sufficient power in the study. The Researchers responded that these had been addressed, that the study will have the sufficient power to look at the respiratory aspects, and that the literature supports the use of the nitrous-oxide test.

Summary of outstanding ethical issues

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

1. The Committee stated that it should be made clear in the protocol who is paying for the property survey, and who is paying the participants’ koha and how much this will be (*Ethical Guidelines for Observation Studies* paragraph 5.11).
2. The Committee asked that wording on the 14-15 year-old questionnaire be age-appropriate. For example, terms such as ‘palpitations’ and ‘oppression in the chest’ may be too complicated. The Researchers should also remove question 12 of the questionnaires, as people are not required to give a reason for choosing not to participate. Participants should also be given the option not to answer questions on bedroom occupancy and crowding. (*Ethical Guidelines for Observational Studies* paragraph 6.10).
3. The Committee asked that information on the home sensors, which detect moisture and temperature, be included in the protocol – this should include how the data will be used (*Ethical Guidelines for Observational Studies* paragraph 5.11).
4. The Committee believed that there were outstanding issues around the notifiability of mould and moisture testing, and was happy for the Researchers to seek legal advice on this (*Ethical Guidelines for Observational Studies* paragraph 1.9).

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

1. Please add a Māori cultural statement.
2. Please add an ACC statement, which can be drawn from the HDEC template.
3. Please add Māori cultural contact numbers. If queries are technical, calls can then be forwarded to Professor Crane.
4. Please ensure that wording for 14-15 year-olds is age-appropriate. For example, terms such as ‘palpitations’ and ‘oppression in the chest’ may be too complicated.
5. Please add that if there are responses from participants suggesting depression, the research team will contact the individual’s GP with their consent.
6. Please provide a picture of what is involved with the lung test.
7. Please ensure that there is information on any IDI linkage.
8. Please include information on the home sensors, and how the data will be used.

Decision

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

* Please make clear in the protocol who is paying for the property survey, and who is paying the participants’ koha and how much this will be (*Ethical Guidelines for Observation Studies* paragraph 5.11).
* Please ensure that wording on the 14-15 year-old questionnaire is age-appropriate. For example, terms such as ‘palpitations’ and ‘oppression in the chest’ may be too complicated. Please also remove question 12 of the questionnaires, as people are not required to give a reason for choosing not to participate. Participants should also be given the option not to answer questions on bedroom occupancy and crowding. (*Ethical Guidelines for Observational Studies* paragraph 6.10).
* Please ensure that information on the home sensors, which detect moisture and temperature, is included in the protocol – this should include how the data will be used (*Ethical Guidelines for Observational Studies* paragraph 5.11).
* Please seek legal advice around the notifiability of mould and moisture testing. (*Ethical Guidelines for Observational Studies* paragraph 1.9).
* Please amend information sheet and consent forms, taking into account the suggestions of the Committee (*Ethical Guidelines for Observational Studies* paragraph 6.10).

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Sandy Gill and Dr Nora Lynch

## 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:** | 28 May 2019 |
| **Meeting venue:** | Freyberg Building, 133 Molesworth Street, Ministry of Health, Wellington. |

1. **Problem with Last Minutes**

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

The meeting closed at 4:00pm.