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| **Committee:** | Northern A Health and Disability Ethics Committee |
| **Meeting date:** | 21 September 2021 |
| **Meeting venue:** | <https://mohnz.zoom.us/j/7894526927>  Meeting ID: 789 452 6927 |
| **Time** | Item of business |
| **1.00pm** | Welcome |
|  | Confirmation of minutes of meeting of 17 August 2021 |
| **1.20pm** | New applications (see over for details) |
| **1.20-1.45pm**  **1.45-2.10pm**  **2.10-2.35pm**  **2.35-3.00pm**  **3.00-3.20pm**  **3.20-3.45pm**  **3.45-4.10pm**  **4.10-4.35pm**  **4.35-5.00pm**  **5.00-5.20pm**  **5.20-5.45pm**  **5.45-6.10pm**  **6.10-6.35pm**  **6.35-7.00pm** | 21/NTA/161 Sotera / Catherine  21/NTA/162 Karen / Jonathan  21/NTA/163 Kate / Leonie  21/NTA/164 Jade / Catherine  Break  21/NTA/165 Sotera / Jonathan  21/NTA/166 Karen / Leonie  21/NTA/167 Jade / Catherine  21/NTA/168 Kate / Jonathan  Break  21/NTA/159 Sotera / Leonie  21/NTA/169 Jade / Catherine  21/NTA/170 Karen / Jonathan  20/NTA/160 Kate / Leonie |
| **7.00pm** | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Dr Karen Bartholomew | Non-lay (intervention studies) | 18/07/2016 | 18/07/2019 | Present |
| Dr Kate Parker | Non-lay (observational studies) | 11/02/2020 | 11/02/2023 | Present |
| Ms Catherine Garvey | Lay (the law) | 19/03/2019 | 19/03/2022 | Present |
| Dr Sotera Catapang | Non-lay (observational studies) | 11/02/2020 | 11/02/2023 | Present |
| Mr Jonathan Darby | Lay (law/ethical reasoning) | 13/08/2021 | 13/08/2024 | Present |
| Dr Leonie Walker | Lay (ethical/moral reasoning) | 13/08/2021 | 13/08/2024 | Present |
| Ms Jade Scott | Non-lay (intervention studies) | 15/08/2021 | 15/08/2024 | Present |

## Welcome

The Chair opened the meeting at 1pm and welcomed Committee members, noting that no apologies had been received.

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 17 August 2021 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **21/NTA/161** |
|  | Title: | KVD824-201 |
|  | Principal Investigator: | Dr Anthony Jordan |
|  | Sponsor: | PPD |
|  | Clock Start Date: | 19 August 2021 |

Davina McAllister was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This study is a randomized, double-blind, placebo-controlled, phase 2 trial to evaluate the efficacy and safety of three dose levels of KVD824, an oral plasma kallikrein inhibitor, for long-term prophylactic treatment of hereditary angioedema (HAE) Type I or II in adults. Participants will be randomly allocated to receive one of four treatment arms. The Treatment Period is 12 weeks in duration.

Summary of resolved ethical issues

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

1. The Committee noted that there will be risks for participants required to stop taking preventative medicines for the washout period and queried how the safety of participants will be managed. The researcher clarified that the study doctors have existing relationships with the participants as they manage their care and therefore will be monitored closely.
2. The Committee queried if participants would have access to medicines in the event of an attack at home. The researcher confirmed that while participants will be off their daily prophylaxis medication, they will have access to on-demand therapies (e.g. BERINERT) to treat attacks which will be supplied to them along with the study drug.

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 how recruitment will be managed during COVID-19 alert level restrictions. The researcher responded that the aim is to begin recruitment in mid to late October. She advised that they could begin enrolment in level 3 with the screening (non-blood test) phase, however this will be patient driven depending on their comfort levels for travelling during alert levels. The Committee requested the researcher work through the recruitment processes for level 3 and 4 and update the protocol and participant information sheet and consent forms (PIS/CF) accordingly.
2. The Committee queried how blinding will be effective as participants may understand the dosing requirements (knowing the mg content/tablet), and whether as a result there could be a possibility of bias. The researcher advised that she does not believe there will be any risk of bias in the assessment as participants will not know which, of the one-tablet, three-tablet or six-tablet dosage is effective. This is because attacks present differently for participants and they therefore receive variable levels of treatment depending on their requirements. Please ensure this is clear in the Protocol.
3. The Committee queried how a withdrawn participant will be replaced and which group they will be placed in. The researcher will confirm this with the sponsor and update the protocol accordingly.
4. The Committee queried how the treatment of a potential overdose will be managed in terms of discontinuing the study treatment and re-continuation of the treatment. The researcher will clarify how overdoses will be managed and update the protocol.
5. The Committee advised that if relying on Medicine New Zealand’s guidelines, the sponsor must be a member of Medicine New Zealand and abide by these guidelines. Please confirm this to the Committee or amend the compensation statement in the PIS/CF accordingly.
6. The Committee queried why participants are being asked not to post or discuss the study on social media. The researcher advised she will clarify this with the sponsor and remove it from the PIS/CF if it is not necessary.
7. The Committee requested the researcher only upload documents that are relevant for the HDEC in making its decision and not include all the sponsor’s promotional documentation (e.g. thank you cards, birthday cards, etc.) as these documents will not be approved as part of the study documentation and overburdens the HDEC reviewers.
8. The Committee informed the researcher that in New Zealand a therapeutic study cannot be stopped simply for reasons of commercial interest. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.37).* Please remove this statement from the PIS/CF.
9. The Committee noted that the PIS/CF states this is a first-in-human study, however, there appears to have been a previous study. Please clarify this and amend the PIS/CF accordingly.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) in addition to those mentioned above:

1. Please explain what a placebo is using lay language as the existing statement (no drug) suggests they will not be taking any medication.
2. Please identify the specific locations overseas where data will be sent (i.e. the US, UK and Singapore) and explicitly states where identifiable data is stored and who has access to it.
3. Please specify the tests to be performed in the three overseas laboratories.
4. Please make it clearer to participants how the information is transmitted to the study site from the third-party providers and that the identifiable data third parties receive is limited and only used for study purposes.
5. The e-Diary systems’ solution provider, Signant, is listed as a recipient of identifiable information. Please specify what data is to be provided, how they will use it, and reassure them that no identifiable data from the e-diary is retained by a third party or sent to sponsor.
6. Please state how long samples will be retained on page 10.
7. Please replace ‘race’ with ‘ethnicity’ on page 8 and remove the statement ‘if allowed by local law’ as this is unrelated to the New Zealand context.
8. Please state what participants are to do with the e-diary device when the study ends (e.g. keep it or return it).
9. The consent form asks for GP notification, please explain this in the body of the information sheet.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Sotera Catapang and Ms Catherine Garvey.

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| **2** | **Ethics ref:** | **21/NTA/162** |
|  | Title: | Recombinant human alkaline phosphatase SA-AKI survival trial (REVIVAL) |
|  | Principal Investigator: | Professor Paul Young |
|  | Sponsor: | AM Pharma |
|  | Clock Start Date: | 19 August 2021 |

Paul Young was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. REVIVAL is a clinical trial of an investigational drug called Recombinant Human Alkaline Phosphatase. This study is designed to find out if recombinant human alkaline phosphatase (recAP) is safe and effective in reducing the mortality of patients with sepsis-associated acute kidney injury, as well as the severity of sepsis-associated acute kidney injury.

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 researcher to summarise the rationale for the best interests argument under *Right 7(4) of the Code of Health and Disability Services Consumers’ Rights* for enrolling participants without informed consent. The researcher stated that the benefits of ICU follow-up clinics for patients are well established but due to resource constraints, such clinics are not resourced in New Zealand hospitals. Follow up clinics for critically ill patients identify issues arising from the underlying sepsis disorder that may require additional clinical management (such as post-traumatic stress disorder and muscle weakness) and that may otherwise go undetected. He added that he is not anticipating any negative consequences of participation as data on the agent indicates it is safe and well tolerated and that the collateral benefits for the participant are genuine. The Committee were comfortable with the best interests rationale and process for determining best interests as described by the researcher and detailed in the documentation.
2. The Committee noted the blanket disposal of human tissue (i.e. blood samples) and queried if consideration for Māori participants’ cultural values has been given (e.g. that they may wish the option of having the tissue returned to them). The researcher advised that the blood specimens going to local laboratories will be handled in the same way as any other patient’s sample and that they do not have any control over what happens with the samples sent to the overseas laboratories.
3. The Committee noted investigators are blinded to the study treatment whilst also clinically responsible for the participants care and queried how this will not present a risk to participants. The researcher clarified that safety procedures are in place to immediately unblind participant treatments should an emergency arise.

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 informed the researcher that in New Zealand a therapeutic study cannot be stopped simply for reasons of commercial interest. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.37).* Please remove this statement from the PIS/CF on page 2.
2. The Committee requested confirmation on the participant numbers for the study(s) and that the PIS/CF is updated accordingly.
3. The Committee requested confirmation on the study numbers for the overall study (i.e. if it is 1400 plus the two nested studies, or 1600 total). The researcher will clarify with the sponsor and update the Committee and PIS/CF accordingly.
4. The Committee requested the data management plan is expanded to include information on tissue management. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 14.17).* For guidance, please see the [Data and Tissue Management Plan template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/hdec-data-tissue-management-template-oct2020.docx) available on the [HDEC website](https://ethics.health.govt.nz/guides-templates-and-forms/).
5. The Committee requested more information about the use of the third-party providers; in particular, what they are being used for, who they are, and how they will collect, store, protect, transfer and use identifiable information. (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.8 – 12.10, 12.15).*

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) in addition to those mentioned above:

1. The information sheet is clear that views of whānau and friends for enrolment of the participant are being assessed but the consent form is incorrect. Please remove this consent form from the Whānau PIS/CF and replace it with a simple statement confirming that the individual would or would not have chosen to take part in the study.
2. Please provide some more detail on what the follow up assessments will involve.
3. Please ensure consistency with participant numbers (e.g. up to 1400 or 1600).
4. Please state the number planned for enrolment in New Zealand.
5. Please provide more information about the overseas laboratories (e.g. Singapore), and the storage and use of the urine and/or blood samples.
6. Please replace Americanised terms with New Zealand terms (e.g. racial background should be ethnicity).

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Karen Bartholomew and Mr Jonathan Darby.

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| **3** | **Ethics ref:** | **21/NTA/163** |
|  | Title: | Digital buddy for preparation of IV insertion |
|  | Principal Investigator: | Dr Jo Hegarty |
|  | Sponsor: | Te Toka Tumai (Auckland District Health Board) |
|  | Clock Start Date: | 19 August 2021 |

Trish Wood was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This observational feasibility study is an innovation project to determine the usability of a digital buddy in supporting tamariki and mātua prior to insertion of an IV line when a play specialist is not available. Insertion of IV lines is potentially distressing for tamariki and mātua (parents) and during daytime hours a play specialist provides preparation and support, however, play specialists are not available out of hours.

Summary of resolved ethical issues

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

1. The Committed advised that the peer review must be independent from the study and noted the peer reviewer stated he was part of the study. The researcher clarified that the peer reviewer has not been involved in the study design and will not consent participants however, he will remind staff to identify eligible participants who want to engage with the digital buddy.
2. The Committee queried the timing of the consenting process and whether participants and parents will have sufficient time to consider their involvement. The researcher advised that potential participants will be introduced to the study at the point the anaesthetic is applied to the skin in preparation for the IV. The anaesthetic takes 45 minutes to work so the participant and families will have time to digest the information and ask any questions of the nurses.
3. The Committee queried what reassurance and support from parents the program may offer children during the procedure. The researcher clarified that the digital buddy is for use in preparing the child for the IV insertion and is not used during the procedure. However, she added that the program does engage family members who would be watching the program with the child.

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 advised that a feasibility study requires outcomes that can be measured and would then feed into the future randomised controlled trial phase of the study. It considered 500 participants as too ambitious given the researchers estimated recruitment rate of 10 participants per week. The Committee recommended the researcher consider what measure would be sufficient to evaluate the feasibility of the technology. The Committee suggested using a time period, such as 4-6 months, instead of a target recruitment number. Please discuss with the research team and update the Committee.
2. The Committee requested the scripts for the program are uploaded to for HDEC review to ensure they are applicable and relevant to the audience. The researcher responded that the program uses an algorithm and therefore there is no single script, however she will upload a ‘whimsical conversation’ for review. The Committee requested more detail is provided in the protocol that outlines the digital intervention itself and how it works (i.e. the underlying architecture and video interfacing) as well as uploading screenshots to assist this understanding.
3. The Committee noted that the application states that no identifiable data is being collected, however contrary to that, the participant information sheet and consent form (PIS/CF) asks for name and date of birth, and references accessing medical records. The researcher clarified that the program does not interface with any other systems. Please either remove these references from the PIS/CF or state clearly what identifying information will be collected and how it will be used. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.12).*
4. The Committee advised that all researchers conducting health research in New Zealand must collect good-quality ethnicity data. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.20)*. Please ensure ethnicity data is collected at the local (New Zealand) sites and amend the protocol to reflect this.
5. The Committee advised that if a nurse or doctor is providing an assessment of the digital buddy, they become study participants and will need to be consented. Please provide a brief PIS/CF outlining the study and what is required of them.
6. The Committee requested a separate PIS/CF for parents/guardians that provides more detailed information than the child PIS/CF, such as confirming that no data is being collected and that the child will not be filmed, etc. Again, if the parents/guardians are being asked to provide an assessment, they too become participants and will need information on what is required from them.
7. The Committee noted the researcher is using the same PIS/CF for all ages (7–11-year-olds) and queried if some of the wording may be too advanced for a 7-year-old. The researcher advised that they have been cognisant of ensuring the language is understandable for children and due to the nature of the situation, there will be a nurse available to consent the participants and explain the PIS/CF. The Committee suggested simplifying the PIS/CF further given that there will be a separate PIS/CF developed for the parents.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) in addition to those mentioned above:

1. Please ensure the contacts at the end of the form are correct as the advocacy email address is out of date.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Leonie Walker and Dr Kate Parker.

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| **4** | **Ethics ref:** | **21/NTA/164** |
|  | Title: | PUMAS Study |
|  | Principal Investigator: | Dr Sean Coffey |
|  | Sponsor: | University of Otago |
|  | Clock Start Date: | 19 August 2021 |

Dean Coffey and Peter McCleod were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This study aims to analyse the efficacy of medications to reduce the workload on the heart, starting when aortic stenosis (AS) is in a mild to moderate stage in participants. We will examine the progression of AS and changes in the heart muscle over time, to see if reducing the workload on the heart will slow the development and progression of problems related to AS, before and after aortic valve replacement. It will also investigate if there is an optimal type of medication, or combination of medications, to use.

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 clarification that the application for review includes the vanguard study of the initial 200 participants as well as the intended full 10-year study. The Committee advised that as there are several unknowns for the following phases of the full study, there will likely be changes to the protocol and participant information to follow, which will need to be submitted to HDEC for review via the post-approval pathway as these amendments occur.
2. The Committee noted the researcher’s confirmation that the one sub-study commencing with the main study is the observational registry study. Further, the three other sub-studies mentioned in the protocol but not the PIS/CFs have been parked and may be commenced later if funding becomes available.
3. The Committee queried if the registry will be solely used for this study or if there is an intention to share registry data more widely. The researcher confirmed that their intention is to anonymise the data and share it more widely on publicly available websites for use in general health.
4. The Committee noted that the risks discussed in the PIS/CF are for each individual medication and queried if there are any known or potential risks from using the medications in combination. The researcher clarified that these medications are frequently used in combination and does not compound or increase the risks for patients.

Summary of outstanding ethical issues

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

1. There was some discussion on whether the sharing of archival data for the registry should be optional or mandatory. The Committee clarified that sharing study specific data for the purpose of the trial (e.g. release of publication) is different from submitting information to a publicly available registry (as per the archival data process). It added that making the provision of archival data for the registry mandatory as well as for trial purposes is acceptable. This is provided the researchers make this very clear in the protocol and to participants by distinguishing between the trial and registry elements and explaining what the information will be used for and why it is important to collect it (i.e. how it benefits trial outcomes or how it benefits society in terms of public health objectives). *(National Ethical Standards for Health and Disability Research and Quality Improvement, section 12, particularly paras 12-40 – 12.43).*
2. The Committee advised that the data section of the PIS/CF is confusing as the mandatory and optional elements are mixed up. It recommended the mandatory elements are more clearly separated out from the optional elements. This will make it easier for participants to understand what they are signing up for in the study and what is optional. For example, there are two separate requests for data linking. The Committee requested the following changes to the PIS/CFs:
   * Please address the mandatory data elements (for purposes of the study) first; addressing the retention time, the follow up on Ministry of Health data set, as well as what ACC data is being collected, why and for how long.
   * Please then address the optional data being collected as it is currently too broad. Please ensure the data being collected is relevant and justified. It is stated that this data will be de-identified then anonymised for general research use. Please clarify the extent of the data linking that is intended, for how long, and at what point this data would be anonymised.
   * Please state that data cannot be withdrawn once it has been anonymised or shared with other researchers in de-identified form.
3. The Committee noted the protocol references the optional analysis of tissue obtained from Heart Otago from participants who underwent Aortic Valve Replacement and queried if this is truly separate from this study, and how the consent process will work. The researcher clarified that this optional tissue analysis is not being done as part of this study but through a separate study, that has been ethically approved, and which has a separate consent process. The Committee requested the PIS/CF for this tissue analysis is provided to the Committee for review.
4. The Committee noted that the questionnaires ask about anxiety and depression and advises that researchers have a duty to arrange support for participants should their answers indicate they are at risk of mental health issues. Support may involve referring participants to a suitable health professional or specialist. Please explain how quickly the questionnaire results will be reviewed and what actions will be taken if a participant states they are extremely anxious or depressed. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 11.48).*
5. The Committee requests the supply of a data management plan for the life cycle of the study to ensure the safety and integrity of participant data. This may either be incorporated into the protocol or a separate plan, but it must be study-specific and comply with *National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a.* For guidance, please see the [Data Management Plan template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/data-only-management-template-oct2020.docx) available on the [HDEC website](https://ethics.health.govt.nz/guides-templates-and-forms/). Please ensure the template is modified to appropriately reflect the data management requirements of this study.
   * Please include more information on data linking that complies with *National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.31 – 12.39.*
6. The Committee requested the following discrepancies between the protocol and the PIS/CF are corrected:
   * Page 47/49 of protocol states participants are to record blood pressure every two months for the first two years then 6 to 12 monthly thereafter whereas page 57 shows blood pressure is measured every two weeks until week 12 and then six monthly for two years.
   * The PIS/CF mentions a blood sample is taken at week 0 of study whereas page 57 of the protocol states a blood test will also be collected at month 24.

The Committee requested the following changes to the Participant Information Sheet and Consent Forms (PIS/CF) in addition to those mentioned above:

1. Please provide more information, in a lay friendly way, in the 'What happens to my information section' that aligns to the information in your data management plan. Please ensure issues such as data protection, data-linking, identifiable data vs de-identified vs anonymised data, retention period, and future uses of data are addressed. For guidance, please see the [HDEC’s PIS/CF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc).

Intervention study PIS/CF

1. The Committee advised that the protocol is clear about the standard of care group, but it is not clear in the participant information sheet and consent form (PIS/CF) what it would mean for the participant to be randomised to the standard of care group. Please explain this early in the PIS/CF. Please add the number of participants that will be recruited for the study.
2. The Committee noted that the end points are clear in protocol but not in PIS/CF. Please provide more clarity on the reason for conducting this longitudinal study and why it is important for you to collect this kind of information.
3. It is not clear in the figure on page 3 what 1, 2 ,3, 4 are. Please label these as Study Groups, for example.
4. Please add risks for the screening blood test to the risk section (e.g. bruising, etc.)
5. Please state who the participant should inform if they want to withdraw.
6. Please add the duration of intervention e.g. participants will receive the intervention until they no longer receive any benefit.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Jade Scott and Ms Catherine Garvey.

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| **5** | **Ethics ref:** | **21/NTA/165** |
|  | Title: | A study comparing R-192 and R-107 in healthy volunteers. |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Douglas Pharmaceuticals Ltd |
|  | Clock Start Date: | 26 August 2021 |

Linda Folland was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This is a study investigating the relative bioavailability and pharmacokinetics of R-192 versus R-107 in healthy volunteers under fasting conditions. R-192 contains norketamine and R-107 contains ketamine have been as a treatment for treatment-resistant depression (TRD). 14 healthy volunteers to take part in this New Zealand study.

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 if a 7-day washout period is sufficient to eliminate previous drug totally to ensure it does not interfere with the second drug. The researcher advised that the 7-day washout is commonly used by the sponsor and is sufficient time.
2. The Committee queried if study data will be sent overseas. The researcher responded that study data will be packaged up and sent to the FDA in the US.
3. The Committee noted the researcher’s confirmation that they will not be undertaking COVID-19 testing on participants.
4. The Committee noted that the questionnaires consist of questions pertaining to mental health which may lead to possible risk/s and queried why they are being used for healthy participants. The researcher advised that they have used these questionnaires before with healthy participants and said she believed it was due to the potential side effects that the drugs may present.
5. The Committee noted there is urine testing and queried how a positive drug test that may require disclosure to a third-party would be dealt with. The researcher advised that a positive drug test is uncommon, and they would usually follow up with the participant to find out why this has occurred and do not inform their GP as this is not usually necessary.
6. The Committee noted that people with drug problems is an exclusion criterion and queried how the study team, besides drug testing, will be sure they are not enrolling anyone with drug addiction issues. The researcher advised that they provide several opportunities for potential participants to disclose any issues (e.g. when they see the study doctor or when the inclusion/exclusion criteria is discussed with them).

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 advised that the randomisation process is not explained well in the protocol and asked for clarification. The researcher clarified that participants will be randomised to one of two groups of seven and each group will receive both formulations at different times. Please update the protocol.
2. The Committee advised that researchers have a duty to arrange support for participants should their questionnaire answers or test results indicate they are at risk of mental health issues. Support may involve referring participants to a suitable health professional or specialist. Please explain how quickly the questionnaire results will be reviewed and what actions will be taken if a participant indicates they are at risk. *(National Ethical Standards for Health and Disability Research and Quality Improvement, particularly para 11.48).*
3. The Committee requested the advertising material (i.e. poster) is provided to HDEC for review prior to being used. This can be submitted with the updated application documentation or as an amendment to the application via the post-approval pathway.

Decision

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

* Please address all outstanding ethical issues, providing the information requested by the Committee.
* Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

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| **6** | **Ethics ref:** | **21/NTA/166** |
|  | Title: | A Phase 3 Study Comparing Pirtobrutinib (LOXO-305) to Bendamustine plus Rituximab in Untreated Patients with CLL/SLL |
|  | Principal Investigator: | Dr Peter Ganly |
|  | Sponsor: | IQVIA |
|  | Clock Start Date: | 26 August 2021 |

No investigators were present for the discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This study will compare the efficacy and safety of Pirtobrutinib (LOXO-305) administered as a continuous monotherapy versus Bendamustine plus Rituximab in untreated participants with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (BRUIN-CLL-313. A phase 3, open-label, randomised study with approximately 250 participants.

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 the researcher only upload documents that are relevant for the HDEC in making its decision and not include all the sponsor’s promotional documentation. These documents will not be approved as part of the study documentation and overburdens the HDEC reviewers.
2. The Committee stated that it is unclear in the protocol and participant information sheets (PIS/CF) what (and why) tissue samples are being collected for the study (and mandatory) and what is being collected for future unspecified research and/or optional. Please clarify and provide a rationale for collection in the protocol. Please also ensure that the Main PIS/CF only contains study specific information and that all optional elements, such as future research, are moved to a separate PIS/CF (i.e. the Future Unspecified Research PIS/CF). This will help participants more easily understand exactly what their participation in the study involves and what is outside the study and optional. For example:
   1. The optional additional bone marrow aspirate and biopsy (at disease progression) needs its own separate PIS/CF (or moved to future unspecified research PIS/CF if appropriate) and should be removed from the Main PIS/CF.
   2. The optional saliva sample has no explanation as to why it is being collected. If it is for future unspecified research, please move information about it from the Main PIS/CF to the Future Unspecified Research PIS/CF.
3. The Committee noted that the study recruits treatment naïve Chronic Lymphocytic Leukemia patients and therefore decisions about participating in the trial will be within a reasonably short time frame following diagnosis, and at a time when patients are likely to be shocked and vulnerable to suggestion. Given this, please advise how researchers are planning to manage the consenting process for these participants to ensure they have enough time to discuss the study with family and fully understand the risks and requirements of study involvement. *(National Ethical Standards for Health and Disability Research and Quality Improvement, paras 7.4 and 8.4).*
4. The Committee requested more information about the use of the third-party providers (e.g. vendors providing Covid specific services). In particular, who they are, what they are being used for, and how they will collect, store, transfer, protect, and use participants’ identifiable information. (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.8 – 12.10, 12.15).* Please update the data section of the protocol and PIS/CFs accordingly.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) in addition to those mentioned above:

1. The Committee stated that the PIS/CFs are not participant-friendly and contain jargon. Please revise the technical and medical language used and describe them in a way that a lay person would understand (e.g. IGHP).

Main PIS/CF

1. Please reformat the procedure table on pages 7 – 13 to make it easier for participants to follow and reduce the length of the document.
2. Please revise the data section on page 28 to remove duplicated information and make it lay-friendly and easier to understand for participants.
3. A sponsor should not have direct access to participants’ identifiable data. Please remove the statement authorising the sponsor access to the participants identifiable information through a secure portal.
4. Please amend the error on page 29 by replacing the following statement, “and/or your full date of birth” with “and/or your year of birth”. This will make it consistent with the earlier statement on the same page and ensures that identifiers are removed from participant information.
5. Please remove the following bullet point on page 27, ‘Insurance companies or other organisations may need the information to pay your medical bills or other costs of your participation in the study’. Any medical costs should be covered by the sponsor.

Future Unspecified Research PIS/CF

1. The Future Unspecified Research PIS/CF does not have an adequate description of what genetic and DNA testing is. Please add.
2. Please be clearer if the samples will be de-identified prior to being supplied for future unspecified research and if so, remove references to accessing health records.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Karen Bartholomew and Dr Leonie Walker.

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| **7** | **Ethics ref:** | **21/NTA/167** |  |
|  | Title: | Flu Lab - Community Respiratory Virus Surveillance in Pre-school Children |  |
|  | Principal Investigator: | A/P Catherine Byrnes |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 27 August 2021 |  |

Catherine Byrnes, Alana Ainsworth, Adrien Trenholme, Karen McBride-Henry, and Moana Research reps were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This study expands on the current hospital-based surveillance of pre-school children for respiratory viruses particularly influenza. It is a prospective sentinel surveillance of respiratory viruses in pre-school children (0-5 years) in the community at early childhood education (ECE) centres.
2. Nasal swab samples will be collected from children who have acute respiratory symptoms. A swab will also be collected from children who are asymptomatic (at enrolment into study). The nasal swabs will be tested for a panel of respiratory viruses. Information will be collected about the child’s symptoms, days missed from ECE, attendance to health services, immunisation status and any recent travel or contact with border workers. This will be collected through parent questionnaires and review of clinical medical records.
3. Expanding surveillance to ECE centres will support the understanding of the influenza and respiratory disease burden for children in a community setting, thus providing a more complete picture of the overall disease burden. In addition, in-depth face to face interviews with whānau/families of pre-school children will provide an additional source of information on the impact of influenza and respiratory viral disease within the study communities.
4. There will be 30 children included in this qualitative component of which 15 will come from the ECE cohort of children and 15 from children admitted to hospital. The focus will be to explore the impact of respiratory disease in children.

Summary of outstanding ethical issues

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

1. Please update the protocol to describe the recruitment process and what steps will be taken to ensure a lack of coercion.
2. Update the protocol to be clear what the role and responsibility of the ECE Service is.
3. The Committee noted that there is a big variation in the amount of compensation offered, ranging from $10 to $100, noting that $100 could be seen as an inducement to participate. Please justify to the Committee that this amount will not result in coercion, and that there is equivalence across the different settings.
4. The Committee requested more information is added to the protocol about parents doing swabbing and how to avoid coercion in this context.
5. The Committee requested the research team consider the potential issue of stigma and shaming of parents for sending their symptomatic children to an ECE Centre, and how they might mitigate this.
6. The Committee noted that identifiable health information is being collected (e.g. name and date of birth). Please ensure that proper steps are taken to de-identify the data, as per chapter 12 of the *National Ethical Standards for Health and Disability Research and Quality Improvement*.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please provide a PIS/CF for ECE Centres. This should include an explanation of the study, the information that the ECE centre is expected to provide, how that is gathered, the role of the ECE staff in identifying children who could be swabbed (once consented) and contacting parents for oral consent.
2. For each PIS, mention how many participants you plan to recruit.

Nasal Swab PIS

1. Include more detail, including the data collected/identifiers that will be collected with the swabs; the limit to one swab in a two-week period; link to interviews (where the parent also participants in that).
2. Include what data will be collected at the baseline swab (e.g. demographics, hours of week the child usually attends).
3. Include in the PIS that for each swab subsequent to the baseline swab, you will be collecting data about whether a parent works at the border.
4. Clarify that you will be using NHI to access information about what medications participants are on.
5. Include a consent clause for potentially linking the swab results to the parental interviews.

ECE Centre Interview PIS

1. Clarify that it is only for the parent of someone who has had an illness in the centre.
2. Clarify that children who leave the ECE Centre will be withdrawn from the study.
3. Please clarify whether participants can request for swabs to be returned or if they are destroyed upon analysis.
4. Include information about how ECE Centre staff are involved in the study and that they are collecting data as well.

Hospital Interview PIS

1. Clarify the link with nasal swabs for this part of the study.
2. Remove the error about storing the hospital interview data at the ECE centre (as this data does not require this double-handling).

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(**National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Catherine Garvey and Ms Jade Scott.

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| **8** | **Ethics ref:** | **21/NTA/168** |  |
|  | Title: | A Variable Length Efficacy and Safety Study to Assess an Inhaled, Fixed-dose,Triple-combination of Budesonide/Glycopyrronium/Formoterol Fumarate in Adult and Adolescent Participants with Inadequately Controlled Asthma (KALOS) |  |
|  | Principal Investigator: | Dr Dean Quinn |  |
|  | Sponsor: | AstraZeneca Pty Ltd |  |
|  | Clock Start Date: | 26 August 2021 |  |

Dr Dean Quinn and Bec Cargill (sponsor rep) were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. Inhaled corticosteroids are the cornerstone of asthma therapy. The addition of a LABA (long acting beta agonist) is required if asthma symptoms persist despite regular ICS therapy. However even treatment with medium to high dose ICS/LABA some adolescent and adult patients’ asthma remains inadequately controlled. The GINA (Global Initiative for Asthma) guidelines (2020) recommend a step up of treatment, with the addition of a LAMA (long acting muscarinic antagonists) as an appropriate option for this patient group.
2. This trial is designed to understand the safety and benefit of the addition of Glycopyrronium (a LAMA) at two different doses to ICS/LABA (triple therapy) in comparison to two the same ICS/LABA and an active comparator of Symbicort (ICS/LABA). Over the approximately year long study, participants will enrol into the trial and have regular study visits as well as continuing to monitor their asthma control. There are also optional sub-studies, future research will be available in NZ but a pharmacokinetic (blood drug levels), a holter monitor (cardiac safety) sub study will not be available in NZ.

Summary of resolved ethical issues

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

1. The researcher clarified that they will not be doing blood tests to test whether someone smokes or does drugs.
2. The Committee noted that the requirement for participants to not smoke or vape for six months prior to the study and during the study is quite onerous and queried whether options for assistance would be provided. The researcher responded that smokers identified in the screening process would be referred to their GP or other services for assistance in quitting smoking, in order to become eligible to participate in the study.
3. The Committee queried whether the combination of drugs will be available after the study if participants are finding benefit. The researcher responded that the combination is currently available but not in the study formulation. This is funded for COPD. This particular IP may be available in NZ in the future but not at the end of this study.

Summary of outstanding ethical issues

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

1. Please check that what happens to data from the E-Diary is adequately covered in the data management plan, e.g. how it is collected, whether it is identifiable and what happens to it. (*Chapter 12, National Ethical Standards for Health and Disability Research and Quality Improvement,* in particular paras 12.14-12.15).
2. Please inform the Committee the compensation amount for participation in this study.
3. Please clarify whether male participants must refrain from donating sperm whilst on the study.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please explain in lay language that the formulation and Symbicort are vey similar.
2. Remove typos.
3. Inform the participants that they will have to return the tablets at the end of the study.
4. Clarify which tests are home visits versus study visits.
5. Remove discussion of future unspecified research (FUR) from the main PIS.
6. Please reconsider the statement about vaccines to make it less strongly worded.
7. Include in the PIS that the GP will be informed of participation in this study.
8. Please provide a table of when the questionnaires need to be completed.
9. Include a statement about assisting smokers to quit smoking in order to become eligible to participate in the study.
10. Amend the reference to NTA.

FUR PISCF

1. Clarify whether tissue will be stored for 15 or 25 years.
2. Please take out reference to genetic research, covered in a separate PIS.

Genetic PIS

1. Clarify where samples are going to be stored.
2. Make clear that this is a wide-ranging study, not just for asthma.
3. Please clarify that participants can request access to their data and their gene sequence.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Kate Parker and Mr Jonathan Darby.

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| **9** | **Ethics ref:** | **21/NTA/159** |  |
|  | Title: | Responsibilising Opioid Users: OST as ‘Biopower'? |  |
|  | Principal Investigator: | Mr Oliver Birch |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 09 September 2021 |  |

Oliver Birch was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This project may highlight how an Opioid Substitution Treatment (OST) service’s operations inform and reproduce narratives of ‘opioid addiction’. Given the key role of OST services in managing ‘addiction’ in New Zealand (NZ), exploring daily functions (and the motivations behind these) can aid our understanding of how ‘addiction’ is conceived within wider discourses. This research wishes to assess the day-to-day activities undertaken within an OST service, to see how the service works. It will involve assessing various actors (service users, staff, community pharmacists, and so on) to analyse their roles and responsibilities, plus how they perceive addiction.

Summary of resolved ethical issues

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

1. The Committee clarified that the researcher does not have a role within the service at Pitman House.
2. The Committee queried how the researcher will protect participant confidentiality when reporting the results of his study, for example, if staff hold views that are different than the mission statement of the service they work for. The researcher responded that he will not be identifying individuals, except for the sort of role they hold within the institution.

Summary of outstanding ethical issues

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

1. Please use lay language in your documentation to make it clear what exactly your study involves.
2. The Committee queried how the service that the researcher is planning to work in operates, including whether it is an inpatient or outpatient setting and how and at what point he would be hoping to consent participants to the study. The researcher responded that he is looking at outpatients. Management will distribute the PIS within staff first and then to the service users, a few weeks before he will visit the centre to make his initial observations. Please clarify in the protocol and PIS. Please also clarify how participants outside of the service such as community pharmacists will be recruited.
3. The researcher noted that he will observe for a few weeks, in the waiting rooms and staff meeting rooms. The Committee requested that the researcher clarifies he will not be doing any covert recording under any circumstances. The Committee also requested that the researcher clarify the practicalities of his research. For example, if he is in the waiting room and some have consented and others have not, will he always identify himself? Please clarify in the protocol and PIS.
4. The Committee noted that the service users at this clinic are vulnerable and may feel a sense of coercion to participate in the study. Please address in your protocol how you will mitigate this risk of coercion.
5. Please specify in the protocol which documentation you are planning to use and review (e.g. institutional SOPs, patient notes, etc.)
6. Please revise the protocol based on the requirements laid out in the *National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7-9.*8. Please specify inclusion criteria, including number of participants. Consider separating out the four components of methods. Methodological description needs to be provided.
7. The Committee noted the possible risk of bias in the data collection using observation due to participants being aware that they are being observed and using interview due to vulnerability of the service users. The researcher responded that acknowledging researcher bias is a common feature of institutional ethnography methodology. The Committee requested that he discuss ways of mitigating this bias with his supervisor, in order to ensure a reliable result.
8. The Committee noted that if the researcher is trying to link specific observations to specific people’s interviews, that is very different to general observations of a service, and clear consent must be obtained for this.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) as per *National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17*:

1. Please clarify in the PIS who will be receiving the koha.
2. Rewrite the PIS to make it easier to understand, using more lay language. Please refer to the HDEC PIS [template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) on the HDEC website for guidance.
3. Provide a PISCF for service staff and for extra local settings. Staff and service user information sheets need to be separated.
4. Please provide a lay title which clarifies the study title in lay terms.
5. Please provide specificity about recording, e.g. where and how stored and when and how disposed of, and specifically whether audio or video recording of observations and interviews will be made. Please consider who will have access to any recordings.

Decision

This application was *declined* by consensus, as the Committee did not consider that the study would meet the ethical standards referenced above. The Committee encouraged to re-apply to NTA, for the sake of continuity, and strongly encouraged the supervisor to attend.

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| **10** | **Ethics ref:** | **21/NTA/169** |  |
|  | Title: | Micronutrients and emotion dysregulation and irritability in children between 5 and 10 years of age |  |
|  | Principal Investigator: | Miss Nurina Maria Katta |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 26 August 2021 |  |
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Julia Rucklidge and Nurina Katta were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The proposed study will investigate the effects of micronutrients delivered via direct-to-mouth technology given in much lower doses than used previously in other research (below the Recommended Dietary Allowance) and studied using a two-arm withdrawal design, where 40 participants will be randomized to start the nutrients right away or have the start delayed by one month (essentially serving as a waitlist control).
2. There will be five study phases in total. In each phase the nutrient intervention will either be reinstated or withdrawn, and participation for each participant will last about 6-7 months.
3. Every two weeks, parents will answer various questionnaires assessing their participating child’s emotion dysregulation, irritability, hyperactivity/impulsivity, inattention, sleep, side effects, and diet. Once a month, the researcher will meet in person with both the parent and the child to collect data on emotional dysregulation, mood, sleep, and social behaviour. The parent and child will answer some questions jointly.
4. The questionnaires will also be emailed to another adult who is close to the child (grandparents, aunts/uncles, or teachers) at the beginning and at the end of the study. In addition, parents will fill out a self-assessment measure assessing symptoms of depression, anxiety, and stress every four weeks.
5. The current proposed study will be the first independent explorative study to investigate the safety, acceptability, feasibility and effectiveness of the powdered micronutrients (Lightning Stiks) in the treatment of 40 5-to-10-year-old children with clinically significant symptoms of emotional dysregulation and irritability.

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 participants will be recruited and the researcher responded that they will be self-identifying themselves.
2. The Committee clarified with the researcher that there is no commercial involvement in this study in terms of funding or study design.

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 timing of the screening questionnaire to determine eligibility and required that consent is obtained before getting participants to fill out this questionnaire.
2. The Committee noted that the advertisement refers to the formulation having a proven benefit, and requested that the researcher rephrase this so that the advertisement does not overstate the benefits of this formulation.
3. Please include a sample size justification in the protocol.
4. Include appendix A and appendix B.
5. Include a schedule of events.
6. Please provide more information about data management, with particular regard to future use of data and commercial use of data (which have been referred to in the PIS). Please refer to the HDEC [data management plan template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/data-only-management-template-oct2020.docx) on the HDEC website for guidance.
7. Please provide a plan for if any safety issues arise out of the questionnaires.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

Caregivers PIS

1. Please refer to legal guardian instead of caregiver.
2. Build in the screening period, so it is clear that this occurs after informed consent has been obtained.
3. Reconsider the koha / reimbursement for the time and travel, as $10 for per visit for travel is very low.
4. Please provide a space for the caregiver to nominate the significant adult who will be invited to participate.

Main PIS

1. Ensure that access to records is only for the child’s information. Please clarify what information this will include.
2. Please ensure the ingredient list is included in order to check for allergies.

Child PIS

1. Please simplify, consider using pictures and a tickbox for consent.
2. Please do not overstate the benefits of micronutrients.
3. Please correct the typo – ‘fustrated’.

Significant Adult PIS

1. Please clarify how this person was identified.
2. Please limit the information in this PIS to be relevant to their role, e.g. they are not doing any assessments.
3. Ensure they know whatever they say about the child might be shared.
4. Please clarify that they will be providing consent online rather than in person.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Catherine Garvey and Ms Jade Scott.

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| **11** | **Ethics ref:** | **21/NTA/170** |  |
|  | Title: | Psilocybin-assisted therapy for depression |  |
|  | Principal Investigator: | Dr Cameron Lacey |  |
|  | Sponsor: | University of Otago |  |
|  | Clock Start Date: | 26 August 2021 |  |

Dr Cameron Lacey and Prof Marie Crowe were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The main purpose of this study is to assess the effect on depressive symptoms of psilocybin that is integrated into a standard psychotherapy for depression. This study will be an open study of 20 participants receiving psilocybin integrated with interpersonal social rhythms psychotherapy (IPSRT). This will allow investigation and refinement of the manual for the integration of psilocybin and the psychotherapy and whether the researchers can recruit sufficient people in the New Zealand context.

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 participants are withdrawn from medications in consultation with their prescribing doctor. The researcher confirmed this, noting that they will be taking referrals from the prescribing doctor and then, if enrolled into the study, will take over supervision of their care. At the end of the study a decision will be made regarding the need for ongoing care and where that should take place.
2. The Committee noted that they thought this population should be regarded as vulnerable.
3. The researcher confirmed that the suicidality questionnaires would either be done in session or immediately pre-session, rather than participants taking them home to do on their own.

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 data safety and management regarding the recordings of the sessions and the fidelity assessments. The researcher informed the Committee that this would involve audio recordings of all sessions. The fidelity assessments would not follow a standard objective measure. The Committee requested that the researcher provide more detail around this in the protocol and reflect this in the information sheet. In particular – what will happen to the audio recordings, who will be able to listen to them and read the transcripts. Refer to chapter 12 of the *National Ethical Standards for Health and Disability Research and Quality Improvement,* in particular paras 12.14-12.15) for guidance around data management and safety. Please ensure you meet these standards for all instances of data collection, storage and use.
2. The Committee confirmed with the researcher that there are plans in place to quickly respond to and manage alarming responses to suicidality assessments, particularly in the context of the withdrawal of anti-depressive medications. This will include an assessment of mood at the end of the study to indicate requirement for ongoing treatment. The Committee requested that the researcher include more detail of this safety oversight in the protocol and details of the duration of the follow up.

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

1. Please include missing information regarding study procedures, such as ECG tests, blood tests, urine tests, drug screening and pregnancy screening, and accessing medical records.
2. Please inform the participant that you will be recording the sessions and provide information about data safety and management.
3. Please include the table of sessions from the protocol.
4. Include the comment, in lay language, from the peer review that the study monitoring and safety appeared robust. This will help to provide reassurance around safety.
5. Soften the claims around the evidence base and possible advantages of taking part in the study.
6. Please remove the yes / no tick boxes for aspects of the study that are not truly optional.
7. Please include that they need to have someone to pick them up from the drug therapy sessions, as they will not be able to drive following these sessions.
8. The Committee queried the support of trained therapists throughout the study, and what form this would take. The researcher responded that this would entail a therapy session on a roughly weekly basis, as well as the supervision of two trained therapists during the 8-hour drug dosing sessions. On-call nurses will be available to take calls from participants out of session. Please add this to the PIS.
9. Please consider using an easier-to-read layout.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Karen Bartholomew and Mr Jonathan Darby.

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| **12** | **Ethics ref:** | **21/NTA/160** |  |
|  | Title: | SUMMIT MAX |  |
|  | Principal Investigator: | Dr Ben McGuinness |  |
|  | Sponsor: | Route 92 Medical |  |
|  | Clock Start Date: | 20 August 2021 |  |

Dr Ben McGuinness and Davina McAllister were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The purpose of this research study is to study the safety and effectiveness of the Route 92 Reperfusion System for the treatment stroke due to a blood clot in the brain. This trial looks at treatment of stroke with associated clot retrieval, as would normally be required.

Summary of resolved ethical issues

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

1. The researcher confirmed that no training is required for use of the Route 92 System in the New Zealand arm of this study, due to previous experience using this system.
2. The researcher confirmed there is no collection of tissue in this study.
3. The researcher confirmed that participants would not be enrolled into this study on the best interests justification, against an advanced directive not to do so. The researcher noted this would be dependent on the context of what specifically the advanced directive requests.
4. The researcher confirmed that no participants will be able to provide their own consent.

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 confirmed with the researcher that there were no SAEs related to the previous study. The researcher will submit this documentation to the Committee.
2. The Committee noted that the peer review was completed by someone involved in the previous study and requested an additional completely independent peer review (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.3*).
3. Please upload the insurance certificate. (*National Ethical Standards for Health and Disability Research and Quality Improvement, paras 17.1-17.6)*.
4. The Committee queried why the researcher has not updated the protocol to include the suggestion from the peer review to do an interim safety analysis. The researcher noted that they are doing ongoing safety monitoring but will raise this issue with the study team in the USA.
5. The researcher will clarify with the Committee whether or not participants will be able to know which arm of the study they are in.
6. The Committee discussed the best interests argument laid out in the PIS and agreed that they were happy with the justification provided but requested that the researchers include it in the protocol and remove the statement regarding the Committee approving the best interests justification. The participants are being involved because the *researcher* (not the HDEC) believes that it is in the participant’s best interests.
7. Please include in the protocol information a table of consent scenarios, including other situations not covered in the PIS, for example if someone dies or if they are still not consentable towards recovery and are unable to consent for continuation of data use.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF):

1. Please reword the consent form for ongoing participation to recognise that they have already been enrolled.
2. Please include a consent clause to ask for permission to share data with the GP.
3. Revise the insurance statement so that it does not refer to the Medicine NZ guidelines, as these are not applicable. Please refer to the HDEC [PIS/CF template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc) available on the HDEC website for guidance around wording.

Decision

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the study protocol, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Kate Parker and Dr Leonie Walker.

## Substantial amendments

## Review of approved studies

## 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:** | 19 October 2021 |
| **Meeting venue:** | Zoom |

1. **Review of Last Minutes**

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

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

The meeting closed at 7pm.