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| **Committee:** | Northern A Health and Disability Ethics Committee |
| **Meeting date:** | 10 May 2016 |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Rd East, Ellerslie, Auckland |

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| **Time** | **Item of business** |
| 1.00pm | Welcome |
| 1.05pm | Confirmation of minutes of meeting of 12 April 2016 |
|  | New applications (see over for details) |
| 1.30-1.55  1.55-2.20  2.20-2.45  2.45-3.10  3.10-3.35  3.35-4.00  4.00-4.25  4.25-4.50  4.50-5.15 | i 16/NTA/61  ii 16/NTA/55  iii 16/NTA/54  iv 16/NTA/56  v 16/NTA/57  vi 16/NTA/60  vii 16/NTA/58  viii 16/NTA/63  ix 16/NTA/64 |
| 5.15pm  5.30pm | General business:   * Noting section   Optional HDEC member training module |
| 6.00pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Dr Brian Fergus | Lay (consumer/community perspectives) | 11/11/2015 | 11/11/2018 | Present |
| Ms Susan Buckland | Lay (consumer/community perspectives) | 11/11/2015 | 11/11/2016 | Present |
| Dr Karen Bartholomew | Non-lay (intervention studies) | 01/07/2013 | 01/07/2016 | Present |
| Dr Christine Crooks | Non-lay (intervention studies) | 11/11/2015 | 11/11/2018 | Present |
| Ms Shamim Chagani | Non-lay (health/disability service provision) | 11/11/2015 | 11/11/2016 | Present |
| Dr Kate Parker | Lay (consumer/community perspectives) | 11/11/2015 | 11/11/2018 | Present |
| Dr Charis Brown | Non-lay (intervention studies) | 11/11/2015 | 11/11/2018 | Apologies |
| Ms Rosemary Abbott | Lay (the law) | 15/03/2016 | 15/03/2019 | Present |

## Welcome

The Chair opened the meeting at 1.00pm and welcomed Committee members, noting that apologies had been received from Dr Charis Brown.

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 12 April 2016 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **16/NTA/55** |
|  | Title: | The gene related factors that contribute to chronic pain following breast cancer surgery. |
|  | Principal Investigator: | Dr Daniel Chiang |
|  | Sponsor: |  |
|  | Clock Start Date: | 21 April 2016 |

Ms Nola Helsby and Dr Daniel Chiang 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.

Dr Christine Crooks declared a potential conflict of interest, and the Committee decided to remain in the room but not participate in the discussion or decision of the application.

Summary of Study

1. The study investigates genetic and epi-generic factors that are associated with persistent pain after breast cancer surgery.
2. This is a twin study. The other study has provisional approval with HDEC, and investigates prevalence of post-surgical pain in New Zealand and psychological, clinical and neurophysiological factors.

Summary of ethical issues (outstanding)

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

1. The Committee asked for more information on recruitment, and queried how potential participants are identified. The Researcher(s) stated all patients who get diagnosed with breast cancer go through a clinical pathway. Breast cancer nurses take patients through this pathway from diagnosis to treatment. The nurses have been informed about the study, and will tell patients about the study when they are diagnosed. The patients are given the Participant Information Sheet to read and take home. The researcher explained that they planned to call all of the patients to see who was interested in taking part. The Committee noted that it should be the researcher who is approached by participants, as this means patients opt in to the study and also means that researchers do not have identifiable patient information given to them without express consent. Please amend the protocol so participants contact you either via nurses or your information on the Participant Information Sheet.
2. The Committee queried what kind of method was used to determine psychological factors. The Researcher(s) explained that a questionnaire is administered pre operation and 6 months post operation. The Committee asked if there was a mitigation plan in place in the event of identification of any distress or extreme amounts of pain, or other medical issues (incidental findings). The Researcher(s) explained that the pain service (existing clinical management) has psychologists and psychiatrists who are able to assist participants, and we also may also refer to them to their GP.
3. The Committee queried whether more acute incidental findings could be identified, for example suicidal ideations. The Researcher(s) acknowledged that the questionnaires do ask about suicide, and in the event of identification of ideations we would send them to emergency departments for monitoring and support. The Committee requested that the safety plan and determination of immediacy of risk was added to the protocol, and that what would happen if this were to happen is clearly explained to participants in the Participant Information Sheet.
4. The Committee discussed the use of tissue in the study, noting that samples were stored for future analysis that was unable to be defined at the time of consent. The Committee determined that this would constitute future unspecified research, as while it was defined in an area of research, it was beyond the analyses involved in this study. Furthermore, it was confirmed by the researcher that it was optional. These factors result in it being appropriate for a separate Participant Information Sheet and consent form. Details of what information is required are included below.
5. The Committee also noted that tissue stored beyond the length of a study constituted bio-banking and should be stored in a tissue bank that has acceptable governance arrangements and storage protocols, as per chapter 13 of the HDEC Standard Operating Procedures. The Committee suggested that the researchers contact the Auckland University tissue bank and see whether they could store their tissue there.

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

1. The Committee noted the language throughout the document was potentially alarming to participants, whereas the actual study was quite simple. The Committee suggested revisiting the Participant Information Sheet and simplifying the document so it clearly explained the main purpose of the study, what the researchers are looking at, why they are interested in these factors etc.
2. The Committee noted that the procedures section indicated that no additional procedures would be undertaken then talked about a painful stimuli test. Clearly there are many additional study procedures; these are currentlymissing from the PIS, for example collection of psychological history, blood tests, access to medical history, filling out questionnaires etc. Please add all procedures and explain when and where they happen. A table of procedures may be helpful.
3. Please make it clear that the patient will be contacted by study researchers in ICU (i.e. immediately after their operation) – currently just says “after your operation” which could be at any time.
4. Define HDEC (p8)
5. Spelling mistake p3 “genese”
6. Typo p4 2nd para line 2
7. Define “11 point NRS”
8. Add that the researcher is conducting this study for a PhD.
9. Please amend ACC statement to the following:

*If you were injured in this study, which is unlikely, you would be eligible* ***to apply*** *for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.  
  
If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.*

1. Please amend ‘national law’ to health information privacy code regulations (page 6).
2. Bold paragraph page 6 – remove it or clarify value of it.
3. The Committee stated that the statement “If you decide to withdraw from this project, please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to inform you if there are any health risks or special requirements linked to withdrawing.” Should either be clarified or removed, as this study is observational and should not have health risks related to withdrawing.
4. Please remove tick boxes from the consent form unless the statement is truly optional. I.e. yes/no to receiving lay study results.
5. Add information on follow up and referrals if risk or incidental findings are identified.
6. Please consider adding the following statement in relation to Maori and human tissue:

*You may hold beliefs about a sacred and shared value of all or any tissue samples removed. The cultural issues associated with sending your samples overseas and/or storing your tissue should be discussed with your family/whanau as appropriate. There are a range of views held by Maori around these issues; some iwi disagree with storage of samples citing whakapapa and advise their people to consult prior to participation in research where this occurs. However it is acknowledged that individuals have the right to choose.*

1. The Committee noted the statement on termination of study was vague – ‘a variety of reasons’. Please clarify for participants.
2. The Committee noted the Maori advisor details are incorrect. Please revise.
3. Below is guidance on seeking consent for future unspecified research:

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| **Future Unspecified Research (FUR) and Biobanking Information Requirements** |
| an indication of the type and nature of the research to be carried out and its implications for the donor, where possible, and an explanation of why the potential donor is being approached for their tissue and specifically what tissue is being sought. |
| known possible researchers or institutions that might use the tissue sample, if possible. |
| whether the donor’s sample is going to be, or is likely to be sent overseas, and where possible, to what country or countries. |
| acknowledgement that all future unspecified research in New Zealand will be subject to ethical review. However, when a tissue sample is sent overseas, unless it is sent in conjunction with a New Zealand research project, future research is likely to be considered by an overseas ethics committee without New Zealand representation. |
| whether the donor’s identity and details will remain linked with the sample or whether the sample will be de-linked. |
| a statement that if a donor consents to a tissue sample being unidentified or de-linked, they relinquish their right to withdraw consent in the future. |
| whether the donor may be contacted in the future regarding their tissue sample. Whether or not, and under what circumstances, information about the future unspecified research will be made available to the donor and/or (where relevant) their clinician. |
| acknowledgement that the donor will not own any intellectual  property that may arise from any future research. |
| whether there is provision to withdraw consent for the use of human tissue samples in the future. Where there is provision to withdraw consent, only tissue samples remaining at the time of a request to withdraw and any information held for future unspecified research may practically be withdrawn. Tissue samples or information used in research before the request to withdraw is received is unlikely to be able to be returned or  destroyed. |
| acknowledgement that the donor’s decision regarding the consent for use of their tissue sample for unspecified future research will in no way affect the quality of a donor’s current or future clinical care. |
| where and for how long a tissue sample will be stored, how it will be disposed of and whether there is a cultural protocol for its disposal. For example, information about the institution holding the tissue sample: its aims, research procedures and research governance. |
| whether or not tissue samples could be provided to other researchers and institutions, and whether or not such provision could include sending samples to other countries |
| whether or not collected samples will be provided to commercial biomedical companies or will be used in commercial research collaborations, if known. |
| what provisions will be made to ensure patient confidentiality. |
| that different cultural views may inform choice about donation of tissue; for example, for some Maori, human tissue contains genetic material that is considered to be collectively owned by whanau, hapu and iwi. |
| that cultural concerns may arise when tissue samples are sent overseas, including how tissue samples are stored and disposed of. Processes for monitoring and tracking what happens to samples may not be acceptable to donors. |
| that donors may want to discuss the issue of donation with those close to them, for example; family, whanau, hapu and iwi. |

Decision

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

* Please provide a separate Participant Information Sheet and Consent Form for the use of tissue for future unspecified research (*Guidelines for the Use of Human Tissue for Future Unspecified Research Purposes, para 2*).
* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide further information on the study design, *in particular* add incidental findings management plan. (*Ethical Guidelines for Intervention Studies para* 5.4)

This following information will be reviewed, and a final decision made on the application, by Dr Karen Bartholomew and Ms Susan Buckland.

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| **2** | **Ethics ref:** | **16/NTA/54** |
|  | Title: | BLIS Tonsillitis Trial |
|  | Principal Investigator: | Dr Tony Walls |
|  | Sponsor: |  |
|  | Clock Start Date: | 28 April 2016 |

Dr Tony Walls was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The Researcher(s) clarified that the ethics application involved two studies. Due to funding, only one of the studies was being implemented – the tonsillitis trial, adding that the HDEC had the correct documentation (protocol etc.) to review the tonsillitis trial. The Committee noted this.
2. The Committee noted Participant Information Sheet would need changing as it currently referred to both trials.
3. The Researcher(s) explained that this is an interventional trial of probiotics with children who have recurrent tonsillitis, which commonly results in a tonsillectomy.
4. The Researcher(s) explained that the waiting list for a tonsillectomy was up to 3 months at the short end but could often be 5-6 months. This study recruits children who are on the waiting list for a tonsillectomy, and randomises them to intervention or placebo. The researcher advised standard of care is treatment with antibiotics which all children would receive. The intervention is the course of probiotics or placebo

Summary of ethical issues (resolved)

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

1. The Researcher(s) explained that if during the study a child developed sore throat they will be monitored closely, adding participation did not delay their surgery. When a child is off the waiting list and is scheduled for surgery they exit the trial.
2. The Researcher(s) explained that the other additional trial procedure is a one-month follow up visit.
3. The Researcher(s) provided details on the data safety monitoring board. They will be unblinded from randomisation. All other study personal are blinded.
4. The Researcher(s) explained pharmacist makes investigational product unblinded.
5. The Researcher(s) explained the product (probiotic). It is bacteria in a lozenge, not classified as a medicine, and can be bought over the counter. The company who makes the product is only providing product. They are not involved in the study design, do not have access to data and have no control over publications.
6. The Committee asked for prevalence data in Maori. The Researcher(s) stated prevalence is about 1.5x higher in Maori.
7. The Committee asked about the rationale for the sample size (80). The Researcher(s) explained that it related to how long they can follow the children before their sugary. For example, 80 would be required if most children received surgery in 3 months, however it is unlikely this will happen in which case less participants are required. The figure takes into account 12.5% dropout rate.
8. The Committee ask what the primary outcome measure was for the study. The Researcher(s) stated they hope some won’t need surgery as a result of the study intervention, but outcome measure is rate of recurrence of episodes of tonsillitis in each group during their wait for surgery. The inclusion criteria (to be accepted for surgery) requires 5 episodes within a year. A secondary outcomes is medication adherence.
9. The Committee asked for more information on the planned Maori consultation. The Researcher(s) explained the different locality processes involved at Otago and Wellington sites.

Summary of ethical issues (outstanding)

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

1. The Committee asked about the recruitment process, noting it was not detailed in the protocol. The Researcher(s) stated all children assessed for surgery (and their parents) will be offered the Participant Information Sheet by their treating clinician. The Researcher(s) sought the HDECs guidance on whether they should have participants contact them, or whether they could call the potential participants to see if they were interested in taking part. The Committee stated participants should opt in by contacting the researcher. The Committee requested this process was outlined in the protocol.
2. The Committee noted that the researcher should use this method of recruitment, but in the event of recruitment being slow, the Researchers could submit an amendment to contact the patients who have been given PIS/CF to follow up whether they would want to participate.

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

1. The Researcher(s) confirmed the age range of participants was school children to 18 year olds. The Committee note that some children below 16 can consent for themselves, and those 16 and over should consent for themselves. Guidance below:

**Rules:**  
  
At 16 a person can**consent** to participate. Even so – they may need a very well written information sheet in lay language to understand, and simple language should be used.   
Under 16 some may be competent to provide **consent**. Most will provide assent, with consent given by legal guardian.   
  
**Guidance:**  
  
When you have participants that are under 16 they need age appropriate written material to help them understand. The age groupings are somewhat irrelevant, as it is a person’s capacity that determines the level of information that should be given to them.  
  
Some children who are under 16 may be competent to provide their own consent.  
  
The best practice for a study involving children and adults would be to have:   
  
An adult (regular) participant information sheet. This is for anyone providing consent. This means it can be used by a participant who is 15 if it is determined that they can understand it.   
  
A shorter, simpler, participant information sheet. This is used for adolescents to provide assent. It would support a verbal discussion about the study. The age range could be 13-15.   
  
A very simple, pictorial, information sheet. This can be 1-2 pages. This is for young participants, for example 7-12.   
  
The age ranges are a guide, they are not rules. The goal is to help participants understand and to determine if they can understand enough to provide consent, or if they are under 16, provide assent (willingness) and their legal guardian consents for them (after being given an ‘adult’ or full information sheet and consent form).

1. Add details on study procedures.
2. Please amend ACC statement to the following: *If you were injured in this study, which is unlikely, you would be eligible* ***to apply*** *for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.  
     
   If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.*
3. The Committee requested language around samples are revised, to make it clear that it is microbes from the swabs rather than any use of human tissue.
4. The Committee noted health information should be stored for 10 years following each participant turning 16.
5. Need to make clear that the treatment (probiotic) is being made available free of charge to participants

Decision

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

* Please provide age appropriate information sheets and assent forms for younger participants and amend the existing information sheets and assent/consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide further information on the study design in protocol, *in particular recruitment* (*Ethical Guidelines for Intervention Studies para* 5.4)

This following information will be reviewed, and a final decision made on the application, by Dr Christine Crooks and Ms Rosemary Abbott.

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| **3** | **Ethics ref:** | **16/NTA/56** |
|  | Title: | ADHD and eye tracking with chiropractic intervention |
|  | Principal Investigator: | Dr Kelly Jones |
|  | Sponsor: | AUT University |
|  | Clock Start Date: | 28 April 2016 |

Dr Kelly Jones and Dr Alice Cade were present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates whether eye-tracking movements improve after a chiropractic intervention in children with ADHD.

Summary of ethical issues (resolved)

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

1. The Committee queried the scientific rationale behind the study. The Researcher(s) stated the project is part of their Masters qualification, explaining that they are a practicing chiropractor and during their practice they observed anecdotal evidence that eye tracking improved after the intervention.
2. The Researcher(s) added that eye tracking is a significant issue for children with ADHD.
3. The Committee asked how the researchers planned to recruit. The Researcher(s) stated through their chiropractic treatment clinic. The Committee asked if this meant that children were already coming in for a chiropractic treatment, and it was just the measurement pre and post intervention that was related to the study. This would mean it was an observational study.
4. The Researcher(s) explained they wanted to also recruit children with ADHD who were not receiving chiropractic treatment. They stated their parents would be approached about chiropractic interventions perhaps through advertising at the chiropractic clinic or other healthcare clinic, and that potential participants may therefore be treatment naïve children. The Committee noted that this meant that the chiropractic intervention was therefore a study intervention.
5. The Researcher(s) explained that the changes are expected to be very short period of time, approximately 30min based on anecdotal observation, directly after chiropractic intervention. The Committee queried what the therapeutic use or reasoning was behind this and asked for more evidence for benefit, or a rationale behind why this would have a potential benefit.
6. The Committee asked whether this has clinical impact, noting the short window of improvement. The Researcher(s) stated there could be longer-term benefits in future but this is not a therapeutic trial, it is a feasibility study to see whether there is more to the anecdotal evidence.
7. The Committee asked if there are risks of chiropractic in children, compared with adults. The Researcher(s) stated no evidence in literature to support that view. The Researcher(s) noted some children could have mild adverse reaction (muscle soreness for a day), and that 30 years ago there were some reported adverse events but hard to know what that was from due to the age of the reports, but in summary there is no evidence to believe the risks were higher in children.
8. The Committee ask whether the ADHD was a parental diagnosis or is a medical diagnosis. The Researcher(s) confirmed the parents would need to provide a medical diagnosis.
9. The Committee asked whether children would have access to the best intervention standard after the study, noting the application stated they would. The Researcher(s) clarified they would not and that this was not a proven intervention or therapeutic for ADHD.

Summary of ethical issues (outstanding)

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

1. The Committee queried why children were being recruited, and asked if the intervention would work with adults who had ADHD. The Researcher(s) stated that they did most of their academic work researching children, explaining there wasn’t much evidence on adults. The Researcher(s) added they did their PhD in paediatric chiropractory.
2. The Committee stated they want an independent clinician on the monitoring committee.
3. The Committee requested a stronger justification for using a vulnerable population (children, as well as ADHD) where there was no evidence to support the view that this was a treatment or had a potential benefit for individuals.
4. The Committee stated they would accept recruiting participants who were not originally intending on having chiropractic interventions but it would need to be absolutely clear that it was a non-therapeutic intervention. This condition was also contingent on a good justification of why this patient population was necessary for the study.
5. The Committee asked what the evaluation questionnaire was for, and asked for a justification for it, noting that only procedures that were required for completion of the study should be mandatory.
6. The Committee queried how payment, costs and reimbursement were managed in this study. Specifically, would the children recruited into the trial, who were not already under chiropractic treatment be expected to pay for their visit? HDECs generally do not approve trials where the participant has to pay.

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

1. Make it clear that potential improvements to eye tracking only last 30 minutes, and that there is no evidence for therapeutic benefit for ADHD.
2. Please remove the bolded section of the following statement on page 3, as there is no obligation to take part. “**However, the greater the proportion of parents/guardians and children who do take part, the greater the ability to identify the potential health and educational impacts, if any.** If you let us know that you do not wish to take part in the study, we will make sure that you are not contacted by the study team again. “
3. Please remove any tickboxes on the consent form where the statement is not truly optional.
4. Please clarify for participants that information may be shared but that this is de-identified information if shared with external groups, individuals, agencies etc.
5. Review for typos.
6. Add in Participant Information Sheet that study is for the attainment of a masters qualification.
7. Make it very clear this is a non-therapeutic study.
8. Please note health information for children should be stored 10 years after they turn 16.
9. Please revise ethnicity collection protocols, guidance can be sought from the Ministry of Health website (The Ethnicity Data Protocols for the Health and Disability Sector 2004).
10. The Committee will require any advertising materials to be provided, and that these materials clearly indicate the non-therapeutic nature of the study.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide further information on the study design, *in particular* clarify payments and reimbursement (*Ethical Guidelines for Intervention Studies para* 5.4)
* Explain why this vulnerable patient group is being recruited, noting this study has no evidence to support potential benefit. Studies should not be performed with vulnerable groups if they can be adequately performed with other groups. Where a study with a vulnerable group is conducted, it should involve the least vulnerable people in that group (*Ethical Guidelines for Intervention Studies para* 5.30)
* Justify the benefit of the study generally as it is unethical to conduct interventions when there is no social benefit of research and where there is no prior evidence on adults. The potential risks of an intervention study must be proportional to the potential benefits. (*Ethical Guidelines for Intervention Studies para* 3.11)
* Address outstanding ethical issues in a cover letter.

This following information will be reviewed, and a final decision made on the application, by Dr Kate Parker and Dr Karen Bartholomew.

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| **4** | **Ethics ref:** | **16/NTA/57** |
|  | Title: | MM-398-07-02-03 |
|  | Principal Investigator: | Dr. Ben Lawrence |
|  | Sponsor: | Merrimack Pharmaceuticals Inc |
|  | Clock Start Date: | 28 April 2016 |

Dr Ben Lawrence and Ms Sarah Coates were present by teleconference for discussion of this application.

Potential conflicts of interest

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

Dr Kate Parker and Dr Christine Crooks declared a potential conflict of interest, and the Committee decided to not participate in the discussion or decision, but remain in the room.

Summary of Study

1. The study is an international multi-site randomised, open label, phase II comparative study.
2. The study aims to assess the efficacy of the study drug (nal-IRI-containing regimens) in participants having first-line metastatic pancreatic cancer compared to comparative treatment (nab­paclitaxel + gemcitabine).
3. The Researcher(s) explained that the comparative arm is an international standard of care, but it is not available in New Zealand.
4. The Researcher(s) explained the toxicity and efficacy of the various treatment options. The hope is that the study drug is effective but less toxic. Early phase II studies support this view.
5. The Committee noted only three participants in New Zealand.

Summary of ethical issues (outstanding)

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

1. The Committee talked about scans and x-rays that are study related. The Researcher(s) explained on balance it is the same as standard of care.

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

1. The Committee suggested adding a table to better display procedures and visits.
2. Make it clear on the consent form, as a statement, that they consent to archival tissue being used.
3. Consider adding the following statement in relation to Maori and human tissue:

*You may hold beliefs about a sacred and shared value of all or any tissue samples removed. The cultural issues associated with sending your samples overseas and/or storing your tissue should be discussed with your family/whanau as appropriate. There are a range of views held by Maori around these issues; some iwi disagree with storage of samples citing whakapapa and advise their people to consult prior to participation in research where this occurs. However it is acknowledged that individuals have the right to choose.*

Decision

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

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| **5** | **Ethics ref:** | **16/NTA/58** |
|  | Title: | A study of ARC-521 in healthy subjects and hepatitis B patients |
|  | Principal Investigator: | Prof Edward Gane |
|  | Sponsor: | Arrowhead Pharmaceuticals Inc |
|  | Clock Start Date: | 28 April 2016 |

Prof Edward Gane, Ms Olivia Thame and Ms Rebecca Hu were present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The application covers both phase I and phase Ib. Phase I is in healthy volunteers and phase Ib is in patients.
2. The Researcher(s) explained that this study drug aims to eradicate hepatitis B rather than only viral suppression.

Summary of ethical issues (resolved)

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

1. The Committee queried what happens to patients if the study was terminated due to slow recruitment. The Researcher(s) responded that participants would revert to standard therapies.

Summary of ethical issues (outstanding)

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

1. The Committee queried whether it was safe to move from healthy volunteers to patients who were on existing medications – will the study drug have potential drug interactions? The Researcher(s) stated these treatments don’t have liver or renal clearance issues, and there is no evidence that they will affect other treatments. The Committee requested that the researchers provide more detailed rationale as to why patients and volunteers are in the same protocol.
2. The researchers stated that liver and kidney damage was seen in preclinical studies of ARC521, but that clinical studies of ARC520 had shown no evidence of liver or kidney damage in humans. The Committee requested that the researchers clarify that the same liver / kidney damage that was seen in ARC521 was also seen in ARC520 preclinical studies, otherwise their reassurance that no damage was seen in patients with ARC520 doesn’t give any reassurance that the preclinical findings for ARC521 will not be relevant to humans.
3. The Committee ask about the tissue collection, and what was meant by use of ‘leftover tissue’. The Researcher(s) explained that it referred to tissue that was not used up, clarifying that no additional samples needed to be taken for future research. The committee noted that the application states all blood tests will be stored already for 10 years as part of the PK/regulatory requirements. If so, there would not be leftover material, The Committee requested that this be clarified and reflected in the Participant Information Sheet.
4. The Committee noted the future unspecified research information about research on hepatitis B. Please explain why the researchers also plan to collect tissue for future unspecified use related to hepatitis B from healthy volunteers.
5. The Committee ask why patients receive less compensation than healthy volunteers. The Researcher(s) explained that the healthy volunteers undergo more overnight stays. The Committee accepted this response, but requested information on the rationale behind payments.

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

1. Please review the Participant Information Sheet and make sure healthy volunteer Participant Information Sheet only contains relevant information, i.e. currently states if withdrawal regular healthcare resumes, but they are healthy volunteers (page 11).
2. Specifically they indicate in the volunteer PIS “sometimes we don’t know which treatment is best”, and “regular healthcare will continue” – not relevant for a placebo controlled trial
3. Please review Participant Information Sheet for duplication.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide further information on the study design, *in particular* explain why tissue is taken for future unspecified research from healthy volunteers. (*Ethical Guidelines for Intervention Studies para* 5.4)

This following information will be reviewed, and a final decision made on the application, by Dr Kate Parker and Ms Shamim Chagani.

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| **6** | **Ethics ref:** | **16/NTA/60** |
|  | Title: | Randomized Sitagliptin Withdrawal Study |
|  | Principal Investigator: | Dr John Baker |
|  | Sponsor: | Merck Sharp & Dohme |
|  | Clock Start Date: | 28 April 2016 |

Dr John Baker and Ms Catherine Howie were present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates Sitagliptin (study drug) and whether it can be continued to be prescribed when patients begin insulin treatment, or whether it should be withdrawn. Study drug is approved for use in New Zealand, but is unfunded. The Researcher(s) added the study drug was commonly used overseas.
2. The Committee ask if participants will receive continued access post study. The Researcher(s) confirmed they would not, and would revert to local standard of care. No, will go back to own standard local care.

Summary of ethical issues (resolved)

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

1. The Committee queried the rationale behind the study. The Researcher(s) explained that the study drug is a standard of care for diabetes, and is regarded as a second line treatment after Metformin. The researcher explained Sitagliptin is not currently funded by Pharma. When blood glucose control deteriorates participants move to Stigaglipin. If there is continued deterioration patients will move to insulin. This study will explore whether it is effective to continue study drug during the transition to insulin or to withdraw it.
2. The Researcher(s) confirmed patients are insulin naïve.
3. The Researcher(s) noted the difficulty of finding enough patients who meet criteria who are also on the correct drugs.
4. The Committee queried if there was any disadvantage to patients on placebo. The Researcher(s) stated there is clinical equipoise between continuing or stopping the study drug, so no known disadvantage.
5. The Committee query the adverse events, in particular the risk of death. The Researcher(s) note this drug well tolerated and evidence based, particularly compared to metformin which a 30-50% reported side effect rate. The Researcher(s) stated there are very uncommon risks that we want to inform patients of, for informed consent. The Researcher(s) added we have studied this drug before here at our site, had no problems with this agent, and were very comfortable using the agent.
6. The Committee asked for information on data safety monitoring. The Researcher(s) stated there is no formal or independent monitoring, as this is a standard of care drug, but the sponsor had monitoring in place. The Committee accepted this due to the risks involved in the study.
7. The sponsor stated that SCOTT was not required. Sponsors normally prepare applications for SCOTT approval.
8. Evidence that SCOTT had been contacted to confirm SCOTT review not needed was not provided The Committee requested the following changes to the Participant Information Sheet and Consent Form:
9. The Committee noted the study visits were confusing, and may be incomplete. The Researcher(s) explained the study procedures. The Committee asked that a brief overview of what is involved for visits 5-9 is added, preferably via a table of procedures.
10. The Committee noted future unspecified research is not clearly optional. Make this clear, and ensure all requirements for future unspecified research are covered. Please see the Ministry of Health Guidelines for Consent for Future Unspecified Research.
11. Please explain local laws for HIV reporting.
12. Remove end date for de-identified data use.
13. Please remove remaining Americanisms.

Decision

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

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

This following information will be reviewed, and a final decision made on the application, by Dr Christine Crooks and Ms Rosemary Abbott.

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| **7** | **Ethics ref:** | **16/NTA/61** |
|  | Title: | Deprescribing anticholinergic and sedative medicines in residential aged care facilities |
|  | Principal Investigator: | Nagham Nagham Ailabouni |
|  | Sponsor: | University of Otago |
|  | Clock Start Date: | 28 April 2016 |

Ms Nagham Ailabouni was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The Researcher(s) explained that this is a feasibility study that involves de-prescribing medicines from the elderly. The study involves pre and post evaluations (drug burden risk, quality of life), once medicines are withdrawn. The primary medicines that will be withdrawn are anticholinergic and sedative medicines that are most commonly prescribed, often inappropriately, to older people.
2. The Researcher(s) explained that patients are often prescribed these drugs for a long period of time, resulting in increased cardiovascular risk and general risk.
3. The Committee commended the Participant Information Sheet and peer review.

Summary of ethical issues (resolved)

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

1. The Committee queried how many people in the study can consent form themselves, and what is the process for those who can’t? The Researcher(s) stated there are roughly 200 beds across our residential facilities. There will be about 50 patients who can consent on their own. About 100 patients will be enrolled in their best interest, with a remaining 10-15 that receive palliative care or extreme dementia – who will be excluded from study. The Researcher(s) explained they will assess ability to understand and consent using the inteRAI cognitive performance scale. The Researcher(s) explained this measure will be administered by nurses, and provides an objective measure. The Researcher(s) were satisfied that this is a robust measure of ability to consent.
2. The Researcher(s) explained that for those who are deemed competent the researchers will go through the Participant Information Sheet, with our clinical charge manager. The researchers will outline the study and leave the forms with the potential participants, so that they can contact their family or relatives to discuss participation.
3. For non-consenting participants, we will send a letter and declaration form to EOPA. If EPOA agrees then this view is summarised on a form that is sent out in a form on the GP. This meets the condition of right 7(4) to seek the views of someone who has can inform researchers about the individual’s interests. The Researcher(s) understood that the EPOA was not providing consent for the adult, rather it was just to ascertain their views.
4. The Researcher(s) explained for EPOA who do not respond, further contact methods will take place. If continued failure to respond, but participation were determined to be in best interest by GP, then the GP would enrol.
5. The Committee and Researchers discussed how the GP would play a role in determining whether participation is in best interest, as they will know each individual well, including their medical history.
6. The Committee noted the best interest’s determination is supported by previous research demonstrating significant individual patient benefit in de-prescribing drugs. The Researcher(s) confirmed this was correct.
7. The Committee discussed the safety monitoring arrangements. The Committee queried why there was not a clinician (geriatrician, psychiatrist or GP) on the research team, and asked if each participant’s GP would be able to provide adequate external monitoring for safety. The Researcher(s) cited Professor Mangin on the team who had clinical (GP) expertise. The Researcher(s) further stated the de-prescribing protocol they are following protects safety due to the well documented possible adverse drug effects from removing drugs.
8. The Committee asked about the extent of GP consultation for this study. The Researcher(s) stated that an earlier study / project conducted interviews with GPs which focused on GP views of prescribing in this setting. During these interviews the GPs were informed about the potential study (that is now before HDEC). The Researcher(s) have talked to those they had already spoken with for the interviews, but once HDEC approval received, the researchers will consult more widely with other GPS. In the event that a GP states they are not interested, we would exclude all residents under their care.

Summary of ethical issues (outstanding)

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

1. The Committee queried if there is any plan to monitor and manage participants who might have behavioural issues after withdrawing medications, and who might be re-prescribed the medications just withdrawn. The Researcher(s) stated if patient behaviour was controlled on these medicines but after withdrawal of medicines their behaviour can’t be changed with non-pharmacological methods, the researchers would re-prescribe the medicine, adding that when the medicines are actually needed will be assessed on a case by case basis. The Committee requested that this is outlined in Participant Information Sheet – what will happen if behaviour deteriorates. Please also amend protocol to reflect the process and assessment involved.

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

1. Please amend ACC statement to the following: *If you were injured in this study, which is unlikely, you would be eligible* ***to apply*** *for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.  
     
   If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.*
2. Please make it clear that health information recorded for the study up to withdrawal point will remain in the study.
3. The Committee noted participants have more rights to their health information than to correct or delete. Please remove the limitations on their rights, or word it as ‘for example’.

Decision

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

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| **8** | **Ethics ref:** | **16/NTA/63** |
|  | Title: | Behavioural Balloon Dilatation in UES Dysfunction |
|  | Principal Investigator: | Ms Seh Ling Kwong |
|  | Sponsor: | University of Canterbury, The Rose Centre for Stro |
|  | Clock Start Date: | 28 April 2016 |

Ms Seh Ling Kwong was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates a Behavioural Balloon Dilatation intervention (a device + exercise regime intervention) to support throat function, to improve swallowing outcomes.
2. The Researcher(s) confirmed there is no requirement for anaesthesia and that these interventions were widely viewed as exercises rather than medical interventions.

Summary of ethical issues (resolved)

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

1. The Committee queried what the standard of care is for these patients, in New Zealand. The Researcher(s) stated there are not many standards of care available for this specific problem, adding there was a head lifting movement that could help the secondary muscles involved.
2. The Committee asked about medical options. The Researcher(s) stated surgery was an option.
3. The Committee queried if patients participate in this study are they delaying their surgery? The Researcher(s) confirmed it did. The Committee asked whether this was a risk for participants. The Researcher(s) stated no evidence about harm from postponing surgery, adding that there was no literature to support the view that the severity worsens.
4. The Researcher(s) explained that the patient group will typically be those referred by clinicians, including surgeons, for speech and language behavioural therapy, adding that the referring clinician will discuss study with potential participants and the informed consent process occurs with researchers.
5. The Researcher(s) confirmed the treatment does not carry any specific risks after delivered, and participants can leave directly after treatment is completed. The risks peri-procedure (bleeding, vomiting) have been noted.

Summary of ethical issues (outstanding)

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

1. The Committee explained why having a clinician involved would be important, in particular for on-site monitoring for adverse events and for ongoing safety assessments, for example to determine when a participant should be withdrawn and instead have surgery.
2. This is a pilot study to inform larger study. Please provide an overview of on-site safety monitoring, and ensure a clinician is available to monitor the procedure.
3. Please confirm that only participants who can provide consent will be recruited.
4. Please explain what constitutes ‘long term follow up’, a three month follow up period is noted in the Protocol.

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

1. The Committee suggest making Participant Information Sheet friendlier. Invited to participate, rather than ‘being recruited’, and remove ‘where the experiment is completed’.
2. Please remove the yes/no options in the consent form (unless the statement is truly optional).
3. Provide examples of Asian countries.
4. Make it clear that study related x-rays are risks if these are additional to usual care.
5. The Committee noted that under risks on page 4 it currently implies that you can terminate participation only if the discomfort becomes unbearable. Please reword to state that participants can terminate at any time, for any reason, with no disadvantage to them including during the procedures.

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide details of the onsite monitoring plan *(Ethical Guidelines for Intervention Studies para 6.50).*
* *Confirm that only participants who can provide informed consent will be recruited.*

This following information will be reviewed, and a final decision made on the application, by Dr Christine Crooks and Ms Susan Buckland.

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| **9** | **Ethics ref:** | **16/NTA/64** |
|  | Title: | Targeting Functional Recovery in Mood Disorders |
|  | Principal Investigator: | Professor Richard Porter |
|  | Sponsor: |  |
|  | Clock Start Date: | 29 April 2016 |

Professor Richard Porter and Samantha Groves were present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of ethical issues (resolved)

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

1. The Researcher(s) confirmed the questionnaire (MINI) is both standardised and validated.
2. The Committee asked what would happen if someone in the healthy control screened positive for a mental health issue during the administration of questionnaires. The Researcher(s) stated they would offer to write to the person’s GP.
3. The Committee queried what would occur in the event of an acute incidental finding, such as suicidal ideation. The Researcher(s) stated we would contact a psychiatrist who would help with crisis resolution. The Committee requested this was added to protocol, noting the importance of well documented safety mechanisms.
4. The Committee queried why healthy volunteers are reimbursed but patients are not. The Researcher(s) stated patients get extensive therapy provided at no cost, and get compensation for parking. Healthy volunteers are paid for their time.
5. The Committee asked at what point the researchers would stop treatment and refer patients to other care options. The Researcher(s) noted that if participants can’t be treated adequately in study they will be referred and withdrawn.
6. The Researcher described the monitoring arrangements for the study.

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

1. The Committee queried if the researchers would measure inflammatory markers from healthy volunteers. The Researcher(s) confirmed they would. The Committee noted this needs to be added for Participant Information Sheet for the control arm.
2. The Committee noted the patient Participant Information Sheet needed more information on what happens with tissue, for example:

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| --- |
| * outline participants access to their tissue during the study |
| * what happens to tissue if a participant withdraws? |
| * is tissue going overseas? Is the location included? |
| * what tests are conducted on the tissue? |
| * who will have access to tissue? |
| * how long the tissue will be stored? |
| * how will tissue be disposed? |
| * how will unexpected results or findings be communicated / managed? |
| * are cultural considerations relating to use of tissue outlined? |
| * explain concepts like genetics if relevant |

1. Add names and titles of researchers.

Decision

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

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

This following information will be reviewed, and a final decision made on the application, by Ms Shamim Chagani and Ms Rosemary Abbott.

## General business

1. The Committee noted the content of the “noting section” of the agenda.

* The Committee asked for guidance on sample sizes for bioequivalence studies. The Secretariat stated they would check with SCOTT for expert advice.
* The Committee asked for the paper divider colour (in the agendas) to change.

1. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

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| --- | --- |
| **Meeting date:** | 14 June 2016, 01:00 PM |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Rd East, Ellerslie, Auckland |

1. **Problem with Last Minutes**

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

The meeting closed at 5.45pm