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| **Committee:** | Northern A Health and Disability Ethics Committee |
| **Meeting date:** | 14 June 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 10 May 2016 |
| 1:30pm | New applications (see over for details) |
|  | i 16/NTA/75  ii 16/NTA/76  iii 16/NTA/81  iv 16/NTA/82  v 16/NTA/83 |
| 3:35pm | Substantial amendments (see over for details) |
|  | i 13/NTA/130/AM04 |
| 4:00pm | General business:   * Noting section of agenda |
| 4:15pm | 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) | 13/05/2016 | 13/05/2019 | 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 | Apologies |
| Dr Kate Parker | Non-lay (observational studies) | 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 and Ms Shamim Chagani.

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 10 May 2016 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **16/NTA/75** |
|  | Title: | Adults coping with cancer mindfully. |
|  | Principal Investigator: | Mrs. Fernanda Fernandez Zimmermann |
|  | Sponsor: | University of Otago - Christchurch. |
|  | Clock Start Date: | 24 May 2016 |

Mrs Fernandez Zimmermann, Dr Beverley Burrell and Dr Jennifer Jordan 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 the Study

A research proposal regarding a mindfulness approach for people with Stage IV cancer.

Summary of ethical issues (resolved)

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

1. The committee sought clarification on how the researchers intend to recruit patients. Recruitment will be through the oncology nurse who will have access to the study exclusion/inclusion criteria. Patients identified will be offered brief information about the study and asked to contact the researcher for more information if they are interested in being in the study. Offered to opt in and then given forms. The researcher will consent participants to the study.
2. The committee queried whether the nurse screening for exclusions will exclude people on the basis of psychiatric disorders and all of the exclusion criteria. The researchers confirmed that the nurse will screen for those and that they have a nurse who is capable of doing this. She is a research nurse who works in the oncology department who has had study explained to her and has agreed to do this.
3. The committee asked the researchers to clarify that they are not collecting additional data in the mindfulness sessions. The researchers explained that they are recording sessions to give to the participants and they are not recording the participants themselves in the sessions. i.e. the programme will be pre-recorded. The committee noted that this is not currently clear and asked that this be made clear in the participant information sheet. The researchers confirmed that they are not collecting data/recording participants during the sessions.

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 noted that it is not clear on the flyer and poster that this study is research. It is marketed as a service. Please reword to make clear that people will be participating in research and not a mainstream service that all patients can access.
2. The committee noted that the information sheet states that participants will be empathetically assisted if they become uncomfortable during the sessions and asked the researchers what arrangements are in place for this. If participants are distressed Dr Jordan can meet with them and talk about referral options. If participants need prolonged assistance she can make a referral. The committee noted that this approach would be taken after the event and asked the researchers whether they could provide a list of free services that they can use at the time that they are consented to the study to help manage risk of acute psychiatric distress at the time. Please include Lifeline and a range of free numbers.
3. The committee noted that in the questionnaires some of the questions are not clear and it asked the researchers to look at the wording. For example, in the post questionnaire: “Can you tell me if have experienced any in being mindful or award of the present moment?” The committee requested that before the questionnaire goes out to people that the wording be made clearer.
4. The committee asked whether the questionnaires the researcher is using have been validated or whether they were developed in house. The committee noted that the pre and post questionnaires don’t look as though they are validated semi-structured questionnaires.
5. The committee asked whether there is a way of analysing the data from the questionnaires. The researchers explained that they are looking at thematic analysis and will follow several people. The committee noted that it could be quite difficult but if the researchers have a plan to analyse the data then the committee is satisfied.
6. In terms of how the questionnaires will be used the committee noted that appendix A submitted with the application talks about using baseline, week 7, and week 12 in the pre and post questionnaires and then other three questionnaires in week 7 and week 12. Please state this clearly in the participant information sheet so that people are clear about what will happen and when. Please make clear that the questionnaires will be done separately to the mindfulness sessions.
7. The committee noted that the MLQ and AA Q questionnaire instructions to the administrator look a little impersonal and asked that the researchers please remove these.
8. The committee noted that a detailed response from the Maori consultation group was provided and asked whether the researchers had taken up their recommendations. The researchers advised that they haven’t as of yet made further detailed plans but that they do have resource to call on and they are planning to do this.
9. The committee queried why there is a Maori and Non-Maori distinction in the PIS for study eligibility.

The committee requested the following changes to the participant information sheet and consent forms:

1. Please include your University letter head on the PIS/CF.
2. Page 1, ‘What is the purpose of this study?’: Please swap sentences. i.e. make the second sentence the first.
3. Please consider the use of a table or bulleted list of procedures (for example, in your protocol) to clarify these for participants.
4. Please review the use of personal pronouns in the consent form.
5. Please review the information sheet for typos and grammar.
6. Please state clearly in the information sheet and brochure that this study is for a PhD.
7. That this study involves *one on one* sessions needs to be made clear in both the information sheet and consent form.
8. Compensation provisions are mentioned in the consent form but not explained in the information sheet. Please explain them in the information sheet. You may wish to use the following clause from the HDEC participant information sheet pro forma: *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.*
9. Please include the option in the consent form that participants can withdraw from the study if they wish and also make this clear in the participant information sheet.
10. Please make clear in the information sheet that participants have the option to stop session in the event that they become distressed.
11. Please align the confidentiality provisions in the PIS and CF as one states anonymous and the other de-identified (state in lay language).
12. Consent Form: the committee noted the sentence *“After registration, I may be assigned to one of two groups. Should I be assigned to the second group, I am aware that my group will start after a five week interval.”*  This may refer to a previous study design. Please reword this sentence.
13. Please include the correct ethnicity question in your demographics sheet. The census question is used as stated in the Ministry of Health Ethnicity Data Protocols for the Health and Disability sector 2009 (http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector).
14. ****

Decision

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

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

This information will be reviewed, and a final decision made on the application, by Dr Kate Parker and Ms Susan Buckland

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| **2** | **Ethics ref:** | **16/NTA/76** |
|  | Title: | Prescription medicine use in pregnancy |
|  | Principal Investigator: | Dr Sarah Donald |
|  | Sponsor: |  |
|  | Clock Start Date: | 02 June 2016 |

Dr Sarah Donald and Dr Lianne Parkin were present by teleconference for discussion of this application.

Potential conflicts of interest

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

Dr Christine Crooks declared a potential conflict of interest, and the Committee decided that she could remain in the room but would not take part in the discussion or decision-making for this application.

Summary of the study

1. This is an observational study based on data that have already been collected by the Ministry of Health.
2. The study has three aims.
3. 1: describe use of prescription medicine during pregnancy in New Zealand women over the last decade. Internationally it is known use is increasing and the researchers want to get an idea of whether there is an increase.
4. 2: to investigate the types of patterns of use of SSRI/SNRI antidepressants in pregnancy and whether use is associated with negative impacts on the baby or the mother. International evidence is contradictory.
5. 3: investigate the safety of prescription medicines in pregnancy using national data collections.

Summary of ethical issues (resolved)

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

1. The committee noted that study one that involves linking and audit is straightforward. However, study 2 involves the use of a sub-set of identifiable data for research. The reason for this is that with the hospital discharge coding situation using ICD codes things aren’t perfect. In the past copies of discharge letters with names and addresses removed from the documents have been requested with NHIs retained in order to verify information for cases of rare outcomes (outcomes linked to SSRIs/SNRIs in the literature for example in this case one outcome of interest is heart defects in children). The researchers have not been able to identify people as they have no access to the NHI database, although NHI is considered partially-identifiable information in a health setting. In previous similar approaches to protect confidentiality when data is received from MoH is to keep NHIs separate and then send request to hospital then remove and put other study ID on that information, this study intend to use the same approach. Previous study looking at dose and outcome. Because not specific ICD codes to determine outcomes relevant for SSRIs/SNRIs then needed extra information to confirm to rare outcome.
2. If they want to show that there is a relationship between adverse event and drug then they need to be sure that it is done best to validate the diagnosis, otherwise they will get potentially misleading results. The purpose of having the NHIs is to ensure that the information provided to the researchers from different sources is linked to the correct individual.
3. The committee noted that when it is looking at approving an application for the use of identifiable information without consent it needs to have a justification to approve this. The committee asked the researchers what specific things they are looking for in terms of outcomes for mother and baby. The researchers advised that for the baby they are looking for confirmation of what is published in other papers about birth outcomes, e.g. heart defects. The researchers explained that some records may be coded to suggest heart defects but the discharge summary shows inaccurate coding. The researchers want to verify this and need results to access to do so. The researchers want to be sure that when they draw conclusions that they are robust. Regarding outcomes for mothers these will be around pregnancy, pre-term birth. There are suggestions that mothers are at increased risk of post-partum haemorrhage.
4. The committee asked what kind of number of records the researchers are looking at accessing. The researchers could not say definitively but stated a ball park number of less than 50 records for any DHB. E.g. Preterm birth if data is complete enough, then in that situation many women may end up having pre-term birth. But if that information is complete and recorded well in the maternity collection then they don’t need to request about that particular outcome.
5. The committee noted that the researchers are looking at small numbers of rare conditions and asked how they intend to protect the privacy of individuals and confidentiality of the data. The researchers noted that they have done other studies and case controlled for small numbers. When they publish they will not publish case histories of adverse outcomes, or identifiable characteristics. Instead they will present general characteristics and of comparison groups overall. The information will be presented as ratios and intervals. E.g. Number of babies exposed and number not exposed. With this approach even when information is about a small group people would not be able to deductively identify individuals.
6. The committee noted the Maori consultation process looks robust and noted the statement made at question p.4.3.1 on the application form that two of the investigators have met in person with the Associate Head of Department to ensure that Maori interests will be considered throughout the study and relevant findings disseminated in an appropriate manner. The committee asked whether further consultation was done to investigate how findings might be disseminated. As the researchers are closer to getting study findings they will consult again about what methods might be appropriate for dissemination. They are working in partnership to disseminate in the most appropriate way.
7. The committee queried the interpretation of ethnicity data in the various national collections. The researchers plan to compare the various datasets and provide commentary on the limitations of ethnicity data in the collections.

Decision

This application was *approved* by consensus.

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| **3** | **Ethics ref:** | **16/NTA/81** |
|  | Title: | Assessing the safety of co-administering medication and blood components |
|  | Principal Investigator: | Dr Nicole Chien |
|  | Sponsor: | New Zealand Blood Service |
|  | Clock Start Date: | 02 June 2016 |

No member of the research team was present for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. A proposal from the NZ Blood Service seeking to use donated blood which has expired without consent (n=6), as well as fresh sample from donors (consent being sought n=6).
2. Investigating whether red blood cells are stable when co-administered with drugs. A range of range drugs are being investigated. Using the blood to ascertain whether some drugs co-administered with intravenous solutions undergo some chemical reaction.

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 agreed that the researchers need to provide a scientific basis for doing this study. It is fine to do an in vitro test but will it inform practice. The idea for the study came from a request from the helicopter emergency service where they were finding there was not enough IV access to administer both blood component and medications. The committee was concerned that the researchers want to use some consented samples and some unconsented, some samples are expired and other samples are from people who are not eligible to donate. The committee queried how translatable this would be outside of the lab.
2. The committee noted that based on the information provided the researchers have not been clear about the study methodology. This study appears to be an In vitro basic science question. The committee did not hold any safety concern for the study volunteers but were unclear about how the researchers intend to use the results for future patients in an emergency setting. If the study is attempting to answer a basic science question then that is fine but the researchers need to be clear that this will be achieved.
3. The committee would like to know more background about why it is important to do this research, what outcome is expected and how the researchers intend to use the results. The committee noted that the peer reviewer of the study has expressed the need to clarify the hypothesis and the aim of the study and asked whether the researcher did this.
4. The committee is not prepared to approve the use of unconsented blood samples for the purpose of this study. The researchers have not provided a justifiable reason for using expired blood samples, nor why they cannot contact the donors to seek consent.
5. As this is a pilot study the committee could see no justification why the researchers wish to store indefinitely as outlined in the PISCF. The committee cannot approve storage indefinitely. There was also no justification for standard donor testing including for viruses as per usual NZ blood service practice as this is unnecessary to answer the research question.
6. The committee would like the researchers to provide a justification for the sample volume of blood (600mls) they wish to collect and use.
7. The committee noted that the researchers had stated that this is an intervention study. The committee thought that it is an observational rather than intervention study as the researchers will not have control over the study conditions and will only collect data on the samples.
8. The committee queried the purpose of consent for re-contact in the PISCF.
9. The committee noted that the cultural questions were not well answered at questions p.4.1, p.4.2, and p.4.3.
10. At question p.4.1, which asks researchers to describe whether and how the study may benefit Maori, the answer should include any known incidence and prevalence (statistics) of the disorder under study in Maori. Some disorders are particularly important for Maori health, while others are relatively rare in Maori and may have less of an impact. If the impact of treatment or prevalence of disease is low or the same as other populations please state this clearly to the committee. If relevant, please include information on how researchers will ensure that Maori benefit at least equally (and actually how they can disproportionately benefit if they are disproportionately represented). For example, what extra measures are in place to ensure Maori are represented (iwi consultation) as well as interpretation of results and presentation of findings back to those consulted.
11. At question p.4.2, which asks researchers to identify the main cultural issues that may arise for Maori and how they will be managed, the committee noted that the study contains potential cultural issues. If the study involves the use of tissue: the body is considered tapu by Maori and indigenous people generally. Researchers involved in health or medical research that involves the body, or any part of the body, such as blood must do so in a respectful manner. The response should discuss potential issues relating to tissue, in particular collective ownership of tissue or consideration of whakapapa. The researchers should also consider returning specimens where possible and or appropriate.
12. The Committee queried the lack of a Māori tissue statement in the Participant Information Sheet. The committee recommended the following statement: *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 Māori 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.”*
13. At question p.4.3.2.1 that asks researchers to explain why the researcher does not consider that formal consultation with Maori is required. The committee noted that adequate justification has not been provided here. Please explain why you do not think that consultation with Maori is needed for this study. There is guidance on the level of consultation required from the HRC Guidelines for Research Involving Maori and Te Ara Tika. Please refer to these documents if possible.

The committee requested the following changes to the participant information sheet and consent forms:

1. The committee would like to see the following explained more clearly in the participant information sheet: why the study is being done, where the test is being done, how long the samples and information will be stored, who has access to it, whether any results will be returned to participants, and whether the researchers intend to do anything else with the samples.

Decision

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

Investigators should develop clear study questions that identify the participant population, the intervention and the main outcome of interest. Normally the outcome(s) to be studied should be clinically significant. *(Ethical Guidelines for Intervention Studies, para 5.2)*

Any potential cultural and ethical issues pertaining to Maori must be addressed through appropriate engagement with Maori, which may include discussions with appropriate representatives of specific whanau, hapu and iwi as determined by the scope and practice of the study. *(Ethical Guidelines for Intervention Studies, para 4.9)*

The committee is not prepared to approve the use of unconsented blood samples for the purpose of this study. The researchers have not provided a justifiable reason for using expired blood samples, nor why they cannot contact the donors to seek consent.

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| **4** | **Ethics ref:** | **16/NTA/82** |
|  | Title: | ZYN2-CL-03: STAR 1 |
|  | Principal Investigator: | Dr Ian Rosemergy |
|  | Sponsor: | Zynerba Pharmaceuticals, Inc |
|  | Clock Start Date: | 02 June 2016 |

Dr Ian Rosemergy 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 the study

1. This is a phase I trial of a topical gel to provide controlled twice daily cannabidiol delivery in patients with epilepsy and partial onset seizures that are not well controlled on current treatment. The study drug will be provided as an add-on therapy to existing treatment.

Summary of ethical issues (resolved)

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

1. This is topical application which has a good safety profile. The topical preparation has been trialled to look for local irritation and showed skin dryness. There were no comments on intoxication or other deleterious side effects.
2. C-SSRS questionnaire: The researcher explained that they are using as part of regular assessment. It is for the purpose of this study and not an FDA requirement. People conscious of the association of cannabis and mental health issues. Most of the issues in this regard are around THC that makes people ‘high’. That will be reviewed as part of this study. The researchers will do screening of suicidality initially and then at various times throughout the study. When this compound is taken orally then there is conversion of inactive CBD into THC. This is not expected in this case as the mode of administration (topical) bypasses the stomach.
3. The committee queried the incidence of this condition throughout NZ. The researcher stated that it is about 1% throughout NZ across all population groups. Most commonly seen in neurology out clinics, ubiquitous between male and female and those with the condition may have had a brain insult at some stage. Can be refractory to treatment.
4. The committee noted that the study will take place at 4 sites in NZ both private and public, and the number of patients recruited will not be high. The researcher advised that the main stay of patients are through clinics and they anticipate most will be recruited through public hospital inpatient clinics that they attend for normal monitoring of the condition. Patients will be asked at that point. The committee asked the researchers how they intend to mitigate the risk of coercion. Reply: Other colleagues are aware of the trial and patients will be made aware of the option that they may be suitable for another trial and that don’t have to participate. No decision will be made at that time. Patients will be invited back to go for an initial screening. A nurse once-removed will talk to patients and they can contact the nurse if they have any questions they’d like to ask about being on the trial.
5. The committee noted that the researchers intend a two week taper at weeks 13 and 14 and asked whether there will be monitoring to see if this triggers any increase in epilepsy. The researcher explained that tapering is common and elimination of the study drug is quick. Weekly or fortnightly taper is standard and they have no concerns about this. The committee noted that the researchers do not have a data monitoring committee and queried the researcher about the rationale for this. The committee requested that the researcher make patients aware if they taper/change dose then there is a chance they can have a seizure change and that they should contact the researchers should this happen. Noting of the daily seizure diary as an extra safety measure.
6. The committee had a question about follow up at end of study. It noted that there will be tapering of the dose followed by one final check. The committee asked when the researchers will next see the participants. The researcher explained that participants are patients known to the researchers and will be followed up through normal out-patient channels. This is variable due to patient needs and they follow up at a time that suits the patient. The committee noted that often in drug trials there is standard follow up for safety. The researcher advised that they can follow up after a month through a research nurse.
7. The researchers confirmed that consultation with the local Maori research groups is yet to take place.

The committee requested the following changes to the participant information sheet and consent forms:

1. The committee complimented the researchers on a well written information sheet.
2. Page 1, section 2, ‘What is purpose of this research?’ please place the 3rd paragraph at beginning as it expresses clearly what the purpose of the study is.
3. The committee queried whether there is a more considerate, friendly way of asking people to give “true and complete answers’ as it assumes that people are going to be devious. Suggested wording was: throughout the trial you will need to answer questions.
4. Please specify two doses in the PIS.
5. Page 11, section 14, Could this research project be stopped unexpectedly?: Please remove the statement “Decisions made in the commercial interests of the sponsor” as stopping a trial due to the commercial interests of the sponsor is not allowed in New Zealand.
6. Page 9, section 10 refers to samples being stored at a laboratory and then destroyed after testing and page 12 section 18 states that samples may be provided to the sponsor who may benefit financially from the samples or from knowledge gained from analysis of the samples. The researcher confirmed that samples won’t go to the sponsor and that any samples being held will be for the reason of there being any issue with transport only. The samples are not being held for future unspecified research. Any holding is just an extra safety measure on their part. The committee asked the researchers to revisit and reword the statement about consent for blood samples being sent overseas in the consent form.

Decision

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

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| **5** | **Ethics ref:** | **16/NTA/83** |
|  | Title: | The DESappear Study |
|  | Principal Investigator: | Dr Andrew Holden |
|  | Sponsor: | Elixir Medical Corporation |
|  | Clock Start Date: | 02 June 2016 |

Ms Donna Katae and Dr Andrew Holden were present in person for discussion of this application.

Potential conflicts of interest

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

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

Summary of the study

1. This study is trialling a new formulation of drug and new bio absorbable scaffold in patients with peripheral arterial disease (PAD). The drug, Sirolimus, has been used in scaffolds prior to this and it is an immune suppressant. This is a first in human trial using a new scaffold.
2. This study will also be done at 12 centres in Europe and New Zealand will be the first site in the world to trial this scaffold. The committee asked whether the sponsor will make the scaffold commercially available. The researcher advised that if the sponsor can get the CE mark then it would be approved for use in NZ subject to Pharmac approval.
3. The researcher explained that this procedure will be done in the peripheries (femoral artery), and that current devices have still not been optimised (in the long term the arteries re-narrow and the patient returns for another procedure). The researchers are taking a cautious approach. 60 patients will be recruited worldwide including 10 in NZ. The researchers stated that the device is well worked up from a safety point of view for use in humans, and that they have experience in using it in coronary vessels where it has performed well.

Summary of ethical issues (resolved)

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

1. The committee asked how long a scaffold normally lasts. The researchers explained that it dissolves between 1-2 years and the hope is that the vessel repairs itself during that time. If it hasn’t then the patient has an ultrasound or MRI and another treatment plan is made for angioplasty or stent.
2. The committee complimented the researchers on the peer review document submitted with this application.

The committee requested the following changes to the participant information sheet and consent forms:

1. Please make clear to participants that they will have an extra angiogram as part of this study as they may not know how invasive an angiogram is.
2. There is an imaging part to this study using OCT, which will look at diameter, stenosis and positioning. Please explain what OCT is in the information sheet.
3. Page 5: The risks of angiogram are not mentioned here, they are spelled out separately. The researcher explained that the angiogram is the initial procedure explained by doctor and the 6 month angiogram will be the same as the initial procedure.
4. Page 7, under the heading ‘Compensation’: the committee noted that this section is wordy and explained that they do not want any information included that would limit what is in the RMI guidelines. The committee requested that the current wording in this section be replaced with the information stated in the HDEC PIS/CF pro forma, which is on the HDEC website: *If you were injured as a result of treatment given as part of this study, which is unlikely, you* ***won’t*** *be eligible for compensation from ACC. However, compensation would be available from the study’s sponsor, [x], in line with industry guidelines. We can give you a copy of these guidelines if you wish. You would be able to take action through the courts if you disagreed with the amount of compensation provided.*

*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. The committee noted that the consent form (page 10), has the statement: “I consent to my angiogram and Ultrasound being sent to the USA for analysis.” However the information sheet does not state that this will happen. Please include this in the information sheet.

Decision

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

## Substantial amendments

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| **1** | **Ethics ref:** | **13/NTA/130/AM04** |
|  | Title: | NZ Cerebral Palsy Register |
|  | Principal Investigator: | Prof N.Susan Stott |
|  | Sponsor: | Danah Cadman |
|  | Clock Start Date: | 26 May 2016 |

Prof Stott, Dr Anna Mackey and Dr Nicola Wilson were present in person for discussion of this amendment.

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 the amendment

1. The NZ Cerebral Palsy registry project has current ethics approval based on prior informed consent. The researchers are requesting an amendment to the consent process for this registry: from the currently approved fully informed opt in consent process to an informed opt out process. The researchers argue that an opt out process will assist them to achieve the aims of the registry, which are to improve service planning for the management of cerebral palsy in New Zealand, improve their understanding of cerebral palsy and identify and address any potential regional or ethical inequalities. In addition, the researchers think that an opt out consent process will assist the NZ Cerebral Palsy Register staff with data ascertainment for this clinical register and will continue to reduce the time burden placed on other health professionals across New Zealand.
2. The risk is that the registry in its present form may be providing a biased sample on which it is difficult to draw valid conclusions.

The main ethical issues considered by the Committee that need addressing by the researchers

1. The barrier to recruitment of participants to the registry is time. The way that the process is currently structured is that two registry staff (0.6 FTE) have a conversation about the registry with the individual and their families and provide them with an information sheet and addressed, postage paid envelope to return the signed consent form. Participants can decline to join at that point. What the research staff are finding is that people express interest in being on the register but do not get around to signing and returning the signed form. The researchers clarified for the committee that they only contact people after clinicians who work with the patients inform them that they have talked about the registry with the patient and their family and they have indicated that they would like more information about the registry. The researchers then contact the patients/families and send out the information sheet and ask for written consent. It is the return of the written consent that they are finding challenging – over the past year 100 approved registrations have been received, which is representative of 5% of the estimated CP population in New Zealand.
2. They wait for a month before contacting the possible participants by telephone, finding that whereas people still express a willingness to participate, they still don’t return the forms.
3. At the first step patients and their families have the option to say no to their information being included in the registry and patients and their families can opt out at any time by informing the researchers.
4. The researchers explained the reasons for register are to know the number of people diagnosed with CP in New Zealand to have a representative clinical register. There is a broad range of CP across New Zealand. In other words, there is no homogenous group of CP patients across the DHBs and some people with CP have a greater disability than others.
5. A benefit of having an effective and representative register is that the researchers would be able to look at equity of care across the country in terms of resource and what’s provided and, do more surveillance work. The researchers have a cohort but not representative cohort otherwise they can’t advocate for resource where it is needed.
6. To date, no caregiver or person with CP has declined to participate and the concept of the register has been well received by people with CP, their families and health professionals. However, clinical registers need to obtain as complete an ascertainment of the population as possible to ensure that they are effective in their purpose. Ascertainment for the registry is reliant on the registry staff who recruit through schools and special units. It is not a problem for the staff to go to these places. The challenge lies in the logistics of the follow up on getting the signed consent forms.
7. With the opt-out proposed amendment researchers still have to inform people with CP and their families about the register. The researchers would keep doing that. In terms of the follow up if people do not opt out a month after receiving the information then the researchers could assume that they are happy to be on the register.
8. The committee reminded the researchers that informing participants is different to seeking case ascertainment where potential patients may not be informed of the register and their right to opt out.
9. The committee asked whether the researchers intend to put people in the register who haven’t had the opportunity to opt out. The researchers confirmed that they would not include these people.
10. The committee noted that in some cases it had agreed to researchers obtaining and documenting verbal consent when they could justify why they could not get written consent.
11. The committee asked the researchers to further explain what the register is used for, for example, will the information be used for any future unspecified research, for example matching identifiable individuals to other datasets? The researchers advised that the primary use is around service planning for the health and education systems. At the moment they ask people to sign for future unspecified research. To date everybody has ticked that box.
12. Could the researchers please clarify the question of whether and under what circumstances they would allow other researchers access to the database?
13. The researchers stated that it is possible that say in 10 years from now that this data base could be linked with another database. The committee asked how the researchers intend to protect the confidentially of these people as the information is identifiable. What governance structures are in place? Does the registry have a Data Access Committee or policy?
14. The researchers explained that they asked IT to look at how the data is being stored and it took over a year to get National Health IT approval. Only de-identified data is sent to the Australian registry. The local site has identifiable data however and a steering committee have oversight of the data. The researchers are currently in the process of developing policies around the protection of the data.
15. The committee explained that in the case of tissue when consenting people for future unspecified research with identifiable information that researchers need to satisfy the committee that people understand what it will be used for, where it will be held and who can use it and assure the committee that the correct protections are in place.
16. The committee asked whether the provision of de-identified data to Australia will stay the same. The researchers explained that each state in Australia has its own register containing de-identified data looking at the epidemiology of CP over time. No changes or modification to this structure have been made.
17. At a local level: if the information is intended to be used for service planning information in other DHBs then the information would need to be provided in identifiable form. The committee queried whether the local identifiable data set would be released to third parties in New Zealand for research projects. Reply: Data is not currently released to researchers in New Zealand.
18. The committee noted that the purpose of opt-out consent is that people need to know what they are opting out for. In the case of tissue banks the HDECs have a set of standard regulations to be assured that the structure is sound and sets out what information needs to be in the participant information sheet. This includes the set of protections for confidentiality and data access for the registry.
19. The committee noted its understanding that the rationale stated at the meeting for having the opt-out option is 1: time burden for clinicians and 2: the burden of participant/parent response (low response rate despite intention to participate). Although case ascertainment to prevent selection bias is the usual rationale given for opt out consent processes with registries this has not been proposed by the researchers. For example, bias that would mean misrepresentation of the data. In these cases participants are auto enrolled based on diagnosis and informed as part of usual care. This is not how it appears to be done here and the committee noted that the researchers would need to specify in their policies/operational guidelines. The researchers made the argument that bias can apply in this case as they do not currently have the numbers to get a representational population.
20. The committee would like to see outlined in the policy/guidelines an appropriate process for informing participants and ensuring they are able to opt out, and that the researchers are not intending this to apply to wider case ascertainment.
21. The committee queried that researchers are not aiming to contact families of patients who are deceased. The researchers commented that there is a void of information about patients out there, what the group looks like and what is happening to them. In Australia people are not included on the register until they are five years old as diagnosis is not often made at birth. The committee asked that the researchers please clarify at what age they want to include New Zealand children in their operational guidelines.

The committee requested the following changes to the participant information sheet and consent forms:

1. At the moment the data is DHB owned and not shared. The committee would like to see the information sheet explain to families that the reason for access to their information is to get information and share with local DHBs, not for sharing with other third parties. De-identified data is sent to Australia for inclusion on its registry.
2. Please inform people about how you are going to protect the confidentiality of their data and health information, specifically the governance and data access arrangements.
3. The committee would like to see re-consent forms for children to sign on reaching the age of 16.

Decision

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

* The committee would like to see a policy document outlining governance and operational guidelines covering all aspects of the process including consenting, data storage and management, privacy protections particularly around the data access. *(Ethical Guidelines for Observational Studies, paras 6.45 and 6.46)*
* This policy should cover processes around documented verbal consent. *(Ethical Guidelines for Observational Studies, paras 6.28)*
* The committee would also like to see that the information sheet advises people how the researchers are going to protect the data.

This following information will be reviewed, and a final decision made on the amendment, by the Chair, Dr Karen Bartholomew and Dr Christine Crooks.

## 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:

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| --- | --- |
| **Meeting date:** | 12 July 2016 |
| **Meeting venue:** | Northern A Health and Disability Ethics Committee |

Dr Kate Parker tendered apologies for this meeting.

The meeting closed at 4.05pm