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| **Committee:** | Northern A Health and Disability Ethics Committee |
| **Meeting date:** | 20 November 2018 |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Rd East, Ellerslie, Auckland |

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| **Time** | **Item of business** |
| 12:00pm | Welcome |
| 12:05pm | Confirmation of minutes of meeting of 16 October 2018 |
| 12:10pm | General business:  Noting section of agenda |
| 12:30pm | New applications (see over for details) |
| 12:30pm | i 18/NTA/193  ii 18/NTA/191  iii 18/NTA/192  iv 18/NTA/195  v 18/NTA/194  vi 18/NTA/196  vii 18/NTA/197  viii 18/NTA/199  ix 18/NTA/200  x 18/NTA/201  xi 18/NTA/204 |
| 5:15pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |  |
| Dr Karen Bartholomew | Non-lay (intervention studies) | 13/05/2016 | 13/05/2019 | Apologies |  |
| Dr Christine Crooks | Non-lay (intervention studies) | 11/11/2015 | 11/11/2018 | Present |  |
| Mrs Kate O'Connor | Lay (ethical/moral reasoning) | 14/12/2015 | 14/12/2018 | Present |  |
| Miss Tangihaere Macfarlane | Lay (consumer/community perspectives) | 20/05/2017 | 20/05/2020 | Present |  |
| Dr Kate Parker | Non-lay (observational studies) | 11/11/2015 | 11/11/2018 | Present |  |
| Dr Catherine Jackson | Non-lay (health/disability service provision) | 11/11/2016 | 11/11/2019 | Present |  |
| Ms Toni Millar | Lay (consumer/community perspectives) | 11/11/2016 | 11/11/2019 | Present |  |
| Ms Rochelle Style | Lay (ethical/moral reasoning) | 14/06/2017 | 14/06/2020 | Present |  |

## Welcome

The Committee noted that Mrs Kate O’Connor would perform the role of chairperson until such time as a replacement is appointed to replace the former chair, Dr Brian Fergus.

The Chair opened the meeting at 12:00pm and welcomed Committee members, noting that apologies had been received from Dr Karen Bartholomew.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Miss Tangihaere Macfarlane confirmed their eligibility, and were co-opted by the Chair as members of the Committee for the duration of the meeting.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 16 October 2018 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **18/NTA/193** |
|  | Title: | Seafood safety |
|  | Principal Investigator: | Dr Pradip Gyawali |
|  | Sponsor: | Institute of Environmental Science and Research LT |
|  | Clock Start Date: | 08 November 2018 |

Dr Pradip Gyawali was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates the efficiency of post-harvest treatment (high pressure processing and relaying) for the removal/inactivation of noroviruses in shellfish.
2. Samples of norovirus will be isolated from human faecal samples that have tested positive for norovirus. The norovirus will then be isolated and used in testing the post-harvest treatment.

Summary of resolved ethical issues

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

1. The Committee queried the mention in the protocol that some norovirus samples would be collected from sewerage and asked how those samples would be collected? The Researcher explained there will be no collection of samples from sewerage.
2. The Committee queried how many samples will be used in the study. The researcher explained that the exact number will depend on the concentration of the samples. The exact number may range between 2 to 5 samples.
3. The Committee asked if this number is total or per genotype. The researcher explained that this will be per genotype so the total number of samples for the study could number as high as10.
4. The Committee suggested the Researchers use the resources available through the sponsor, the Environmental Science and Research (ESR) research office, to assist with completion of the outstanding matters relating to this application.

Summary of outstanding ethical issues

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

1. The Committee noted the peer review asked the Researcher to explain how study data will be analysed and the timeline for analysis. The Committee requested both of these matters be added to the protocol. (*Ethical Guidelines for Intervention Studies* *para 5.41 & Section 6*).
2. The Committee asked that the researcher detail the explicit process for deidentifying samples in the study protocol and improve data management generally. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
3. The Committee suggested the Researchers approach the Environmental Science and Research (ESR) research office to formally note that they are sponsor for the study.(*Ethical Guidelines for Intervention Studies* *para 4.21*).
4. The Committee queried the lack of justification for use of human tissue without consent. The Committee noted that the study cannot be performed without positive samples but that there needed to be due consideration given to the ethical aspects of using people’s samples without their consent. The Committee noted that criteria set out the HRC document *“Collection and use of human materials”* must be met. These are:
   1. There is no harm to the person or interests of the donor or the donor’s extended family; and
   2. The research will be of significant potential public benefit; and
   3. The research is not being conducted principally for commercial gain.

The Committee asked that the Researcher justify their use of samples against these criteria. (*Ethical Guidelines for Observational Studies* *para 2.5*).

1. The Committee discussed the cultural issues for Māori around the use of tissue. The Committee noted that Māori consultation is needed for the study. The Committee recommends referring to the Health Research Council’s publication *Te Ara Tika*. (*Ethical Guidelines for Intervention Studies* *para 1.7*).

Decision

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

* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* Please address the cultural issues associated with the study. (*Ethical Guidelines for Intervention Studies* *para 1.7*).
* Please have ESR research office authorise the project as the study sponsor. (*Ethical Guidelines for Intervention Studies* *para 4.21*).

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

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| **2** | **Ethics ref:** | **18/NTA/191** |  |
|  | Title: | HABITs: Evaluation of an app to support emotional wellbeing of adolescents. |  |
|  | Principal Investigator: | Dr Karolina Stasiak |  |
|  | Sponsor: | The University of Auckland |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Carolina Stasiak, Dr Sally Merry, Dr Leisha Duncan were present in person for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates the efficacy of the HABITs app in adolescents with mild to moderate depression and/or anxiety and to estimate acceptability and engagement in young people, regardless of symptoms.

Summary of resolved ethical issues

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

1. The Committee noted that this project is a sub-project of the wider HABITs study. The wider project is funded by the National Science Challenge to create a series of tools to supplement existing clinical services to provide services to people and their families. This specific project looks at adolescent mental health.
2. The Committee noted the study app has been co-designed in conjunction with young people and Māori and that after feasibility studies the Researchers are now ready to do a full trial of the app’s efficacy.
3. The Committee asked why the Researchers are not seeking parental consent for the 13-16 year age group. The Researchers explained that they are trying to mimic the real world in that participants in that age group would not likely seek parental consent to use the service once it is rolled out fully.
4. The Researchers explained that during the co-design process young people had indicated they would likely not participate if asked for parental consent to participate.
5. The Researchers noted that they had struggled to get parental consent during their previous studies, especially from people in high-risk home environments.
6. The Committee noted there is an information sheet for parents but no consent form. The Researchers explained that there is a condition for under 13s where there must be parental consent to participate.
7. The Committee noted that young people are able to provide informed consent for research participation where they are judged competent enough to understand what is being asked of them. The Committee noted that young people will be familiar with using smartphones and the study app and documents have been developed in conjunction with young people to be as accessible and understandable as possible.
8. On this basis the Committee was satisfied that the Researchers had justified waiver of parental consent for the 13-16 age group.
9. The Committee asked if participants who are receiving counselling services through their school will have to stop. The Researchers stated that to be eligible a person must be having issues but not be actively engaged in ongoing counselling. The Committee noted that participants can begin counselling after entering the study however.
10. The Committee queried how recruitment will work. The Researchers explained that they will be using school online portals but the first point of entry will be a referral from school nurses, counsellors and clinicians who are aware of the young person’s issues.
11. The Committee noted that Researchers had consulted with young people about recruitment and determined that the best way would be to provide a discrete card to potential participants so they are called out of class discretely.
12. The Committee queried if this study is only with Māori and Pacific Islander participants? The Researcher explained they are not targeting particular groups but rather high-inequity participants.
13. The Committee asked if the school based intervention will be nationwide. The Researchers explained that only the school based intervention will be in Auckland. The rest of the project will be done through one-stop shops outside of Auckland.
14. The Committee asked if the app will be available post study. The Researchers stated that it would be, and the use will be free.
15. The Committee asked how the quiz works. The Researchers explained that the participants consent into the wider use of the app and then will only be invited to the trial if they have mild to moderate symptoms. The Committee asked what will happen out of hours if someone rates highly on a symptom scale. The Researchers explained that they will activate their urgent protocol which will provide information on where to get urgent help. The Committee discussed the fact that the Researchers are not providing 24/7 coverage so that if a participant scores highly over the weekend then the urgent protocol won’t be put into effect until Monday morning. The researchers explained that if a participant scores highly, help numbers are provided to the participant but the Researchers are unable to provide any assistance to them in the middle of the night. They explained that, in the real world, clinical psychologists are not available 24/7.
16. The Committee noted that participants will have already been pre-screened and so this will reduce risks of participants with severe symptoms being recruited.
17. The Researchers explained that their participants will be those with moderate risk of depression, not at risk of self-harm, or have other symptoms. The Researchers explained that 75% of those in this group receive no help.
18. The Committee asked how the peer referral process would work for the study. The Researchers explained that the students will tell their peers to talk to their school counsellor.
19. The Researchers explained that if scores on the screening questionnaire fall between mild to moderate then they will be randomised by computer to one of the arms in the study.
20. The Committee asked if participants will be told what their score means? The Researchers explained that they will not unless the scores indicate a high risk.
21. The Committee noted that Google firebase will be used and asked if Google will get any information from the study? The Researchers stated that Google will collect usage data via the app store but will not be provided any other information.
22. The researchers confirmed that there is no current intention to use any of the data associated with this study to link with data in the IDI and that any such research would form a separate ethics application.

Summary of outstanding ethical issues

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

1. The Committee noted that participants will have the option to read the study, view a video that explains the study processes, and complete a quiz about their understanding of the study. The Committee noted that none of these documents had been provided to the Committee and asked for them to be provided for review. The Committee also requested to see the final versions of all of the consent and PIS documentation for the young people which was still in the co-design stages when the Committee considered the application. The Committee must see all final versions of all documentation before it can approve the research. (*Ethical Guidelines for Intervention Studies* *paras 6.14 - 15*).
2. The Committee asked what participants in the control arm will get in lieu of the app. The Researchers explained that they will be referred to a website with guidance on healthy living, and sleep hygiene (ICON). The Committee asked to see all documentation relevant to the control arm of the study that a link to the website be provided. (*Ethical Guidelines for Intervention Studies section 6*).
3. The Researchers explained that usage data will actually be kept separately from the other data sets. The Committee stated that they will need to see greater detail about data security and privacy, particularly as it relates to the use of Google Firebase which the protocol states will include identifers such as names. Greater detail is also required in the protocol about the people who will have access to study data and how de-identification of data will be undertaken and assignment of study numbers. (*Ethical Guidelines for Intervention Studies para 6.22*).
4. The Committee stated that a prize draw as a koha is not appropriate and recommended a gift voucher of some form. (*Ethical Guidelines for Intervention Studies para 6.34*)
5. Please amend the protocol so that a participant’s study data will be destroyed ten years after they turn 16. That is, a participant’s data must be held for ten years after a participant reaches the age of 16. *(Health (Retention of Health Information) Regulations 1996) &* (*Ethical Guidelines for Intervention Studies para 5.41*)

The Committee requested the following changes to the Participant Information Sheet and Consent Form, or other consent material:

1. Please make the collection of passive data, including usage stats, in the information sheets/documentation etc.
2. Please add Māori cultural support service contact details to all information documents.
3. Please review and amend all documentation to make it very clear that that there are two studies: a randomised controlled trial (RCT) which means participants will be randomised to receive the study app or another standard intervention and a second study which is an open trial. Currently, none of the documentation makes it clear that there are two studies and that for the RCT, the young person may not receive the study app. Information which is relevant to the open trial must also be included in the documentation.
4. Please review and amend all documentation to explain when passive data collection will occur and why e.g. usage statistics when in a Wi-Fi zone. Currently, the passive data collection is only referred to in the poster. Parents, participants and schools should be informed of the passive data collection and relevant information about it.
5. Explain to parents/guardians that their young person will be excluded if they are receiving or have received cognitive behavioural therapy in the past three months.
6. Clarify what will happen to participant’s data if they withdraw: Will it be kept or destroyed? These matters should be included in the protocol.
7. Explain to participants who will see their data e.g. “No one but the school counsellor will be able to see your data.”
8. Review and amend documentation to ensure consistency in the information about whether parental consent will be sought. For example, in the PIS for schools, they are told that the researchers intend to seek waiver of parental consent but in the parent PIS it says:  *If you would rather your child did not take part in the study, please let them know. We won’t mind your decision.* This is confusing. Consider two different PISs for the different school age-ranges.
9. Please review and amend all documentation and the study title, to make it clear that the study is to research the effectiveness of the app – not just to evaluate the app.

Decision

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

* Please amend the information and consent material, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* Please provide the quiz that checks if participants understand sufficiently to provide consent. (*Ethical Guidelines for Intervention Studies* *paras 6.14 - 15*).
* Please create a more culturally appropriate form of koha for the study. (*Ethical Guidelines for Intervention Studies para 6.34*)
* Please provide a link to the website that control arm participants will receive so the Committee can see the information. (*Ethical Guidelines for Intervention Studies section 6*)

This following information will be reviewed, and a final decision made on the application, by Mrs Toni Millar and Dr Christine Crooks.

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| **3** | **Ethics ref:** | **18/NTA/192** |  |
|  | Title: | Keratoconus in Down syndrome (KinD 21) |  |
|  | Principal Investigator: | Professor Dipika Patel |  |
|  | Sponsor: | University of Auckland |  |
|  | Clock Start Date: | 08 November 2018 |  |

Miss Joyce Mathan and Dr Akilesh Gokul were present in person for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. There are three studies in this research: study 1: an observational study of the corneal characteristics in people with Down Syndrome and to monitor those with keratoconus three monthly over 12 months; study 2: a retrospective review of records of patients with Down Syndrome to determine the prevalence and management of keratoconus in people with Down Syndrome; and study 3: optimizing corneal cross-linking protocols for the needs of those with Down Syndrome. Corneal cross-linking is standard treatment for keratoconus.

Summary of resolved ethical issues

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

1. The Committee asked how the Researchers will determine if participants are competent to consent for themselves. The Researchers noted that people with Down Syndrome vary widely in terms of competence. The Researchers explained that they will have parental consent and verbal assent from participants where possible.
2. The Researchers explained that age does not correlate with cognitive ability in the participant population and so creating age-stratified information sheets and assent forms would not facilitate informed consent.
3. The Committee noted that, while the usual age at which a young person may consent is 16, guardianship generally ends when a child turns 18. This means that after the age of 18, it is not possible for a parent to consent on behalf of a child unless, for example, the parent is a welfare guardian (and the powers of welfare guardians are limited by legislation which prohibits them from consenting to a person’s taking part in any medical experiment other than one to be conducted for the purpose of saving that person’s life or of preventing serious damage to that person’s health). This means that, for the people with Down Syndrome who are over 18, they can only be included in the research if they have the capacity to provide fully informed consent for themselves (or if the research is not considered to be a ‘medical experiment’ and a welfare guardian consents on their behalf).
4. The Researchers explained that participants at the Special Olympics provided informed consent for screening for keratoconus and so on this basis believe that there will be participants over 18 who can provide informed consent. The Committee noted the Researchers will be using notes from people from the Down Syndrome Association and so the participants will be under 20.

Summary of outstanding ethical issues

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

1. Please provide the information sheet(s) for participants with Down Syndrome. Please also produce a 1 page document to help explain the project to young people who cannot provide consent. (*Ethical Guidelines for Intervention Studies* section *6*).
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*).
3. The Committee stated that there needs to be more work done around inclusion criteria and suggested that the Researchers may initially wish to consider only including under 18s. The Committee also recommended referring to the National Screening Unit’s website to understand what variables the Researchers will need to measure in order to get a screening program funded. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
4. In relation to the second study, the Committee noted that it can only approve access to identifiable health information without consent for research in certain circumstances. The Ethical Guidelines for Observational Studies states at Paragraph 6.43:
   1. *Access to identified or potentially identifiable data for research without the consent of the people the data identifies or makes potentially identifiable may be justifiable when:*
      1. *the procedures required to obtain consent are likely to cause unnecessary anxiety for those whose consent would be sought; or the requirement for consent would prejudice the scientific value of the study; or it is impossible in practice to obtain consent due to the quantity or age of the records; and*
      2. *there would be no disadvantage to the participants or their relatives or to any collectives involved; and*
      3. *the public interest in the study outweighs the public interest in privacy.*

To approve a study involving access to health information without consent the Committee must be satisfied that these requirements are met by the study concerned.

1. The Committee had concerns about the second and third studies in the protocol being approved without waiting for the results of study one, this study, to inform their design. The Committee requested studies two and three be removed from the protocol and be made separate applications or amendments as appropriate. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
2. Please detail the process for assessing suitability to consent for participants over 18 in the protocol. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
3. Please explain how the cultural issues associated with the study will be managed. These include whakamā to participants & their whānau, and tapu of the head. (*Ethical Guidelines for Intervention Studies section 4*)
4. Please detail in the plans for how data will be managed, analysed, and stored. Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)

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

1. Please better explain what the intervention is in the information sheet.
2. Please remove references to needing to dilate a participant’s eyes.
3. Please explain that keratoconus is treatable
4. Please include that this study is being done as part of a PHD.
5. Please include the HDEC template ACC wording in the full information sheets. This can be found on the HDEC website.
6. Please state that participants have a right to access and correct records.
7. Remove from the consent form yes/no tickboxes for items that are not optional.
8. Please explain in the PIS any likely clinically significant abnormal findings (for example, those mentioned in para r.4.1.1 of the application form) and how they will be managed (eg, by informing a participant’s GP). Issues should not be mentioned in the consent form for the first time –they must be explained in the PIS.
9. The PIS makes it clear that individual results can be obtained (and explained) as well as a summary of the study findings but the consent form only mentions the study summary – please also provide the option for participants to request individual results if they so wish.
10. Please explain that health records will be held for ten years for adults and for ten years after participants turn 16 for minors.
11. Include that participants can stop at any time.
12. The poster does not say what the research is about – it simply states that treatment for keratoconus is available. Please correct by explaining what the research is about.

Decision

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

* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* 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*).
* Please address the Māori cultural issues associated with the study. *(Ethical Guidelines for Intervention Studies section 4)*
* Please justify the non-consensual use of data in study 2. (*Ethical Guidelines for Intervention Studies* *para 6.43*)

This following information will be reviewed, and a final decision made on the application, by Mrs Rochelle Style and Dr Christine Crooks

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| **4** | **Ethics ref:** | **18/NTA/195** |  |
|  | Title: | CA045-001 |  |
|  | Principal Investigator: | Dr Catherine Barrow |  |
|  | Sponsor: | Bristol Myers Squibb |  |
|  | Clock Start Date: | 08 November 2018 |  |

Ms Susan Milmo and Ms Maureen Blakemore 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 is a phase 3, randomized, open-label study of NKTR-214 combined with nivolumab versus nivolumab in participants with previously untreated unresectable or metastatic melanoma.

Summary of outstanding ethical issues

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

1. Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
2. Please use a study number only, not initials, for de-identification of all study data and samples going overseas. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
3. Please justify the study sponsor having access to identifiable study data. (*Ethical Guidelines for Intervention Studies* *para 6.43*)
4. Please amend the protocol so that a participant’s study data will be destroyed after ten years, if participants are under 16 then this time period begins after they turn 16. That is, a participant’s data must be held for ten years after a participant reaches the age of 16. *(Health (Retention of Health Information) Regulations 1996) &* (*Ethical Guidelines for Intervention Studies para 5.41*)
5. The Committee noted that it will not be possible to restrict participant’s rights to access and correct their information as this right is afforded under the Health Information Privacy Code.
6. Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
7. Please detail a plan for managing suicidal ideation and behaviour in the protocol. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
8. Please create a parental consent form for researchers to access the health information and perform any other procedures for children born during the study. If the children will be followed up until after they are 16 then they will need to be reconsented at this age. *Guidelines for Intervention Studies* *section 6*)
9. The Committee stated that mandatory use of samples in the event that a participant withdraws from the study is unacceptable. The Committee stated this must be removed from the protocol. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
10. Please provide an insurance certificate that clearly indicates that this protocol is insured. (*Ethical Guidelines for Intervention Studies section 8*)

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

1. As presented information on the optional aspects of the study is scattered throughout the main information sheet. Please consolidate the optional information and consent into separate information sheet. For example that pharmacokinetics are optional but the screening biopsy is mandatory.
2. The Committee recommended a table of study procedures that clearly breaks down what processes are standard care, what are optional and what are mandatory.
3. Explain clearly that genetic or genomic testing is not mandatory.
4. In the main study information sheet better explain the purpose of the study.
5. Please explain the rationale for collecting faeces in the optional information sheet.
6. The Committee suggested a single consent form for the optional aspects of the project with yes/no tickboxes for each aspect e.g. pharmacokinetics.
7. Please discuss the risk of re-identification when using genetic samples due to it being unique.
8. Please remove references to HIV or explain why this is relevant.
9. Please explain that the screening biopsy will be processed overseas and that this can be returned on request but will otherwise be destroyed.
10. Please simplify the side effects section e.g. explain that there may be abnormal liver function.
11. Please explain how allergic reactions will be managed.
12. Please use the HDECs reproductive risks template which can be found on the HDECs website.
13. Please consolidate the list of groups that will have access to study data and explain that the project may be audited by regulatory authorities.
14. Please amend the data retention period to be in line with New Zealand law.
15. Please explain that participants have the right to access their information at any time but doing so my result in them being removed from the study as they will be unblinded.
16. Please remove the consent clause that the sponsor may access participant’s records.
17. Please explain where optional samples will be sent and what will happen to them post analysis.
18. Please include a risks and benefits section in the optional information sheet for each optional aspect of the study.
19. Please explain what information is going overseas with optional samples and clearly explain which countries the samples and data will be sent to.
20. The Committee noted that mothers cannot consent for their unborn child’s participation in a study and that the mother’s consent for participation covers any unborn child’s by default. Please explain this in the information sheet.
21. Please better explain the scope of research that optional samples may be used for. Will they only be used for melanoma research or will they also be used for other studies. In addition, the consent form for optional studies must include separate and specific sections for the optional research, particularly the scope of the future unspecified research
22. Please use the latest HDEC ACC statement which can be found on the HDECs website.
23. Please create a simplified table of procedures in the young person information sheet.
24. Please add Māori cultural support service details to all information sheets.
25. In the main study information sheet add in consent to accessing and use of archival tissue for this research (this is explained on page 4 of the PIS)
26. In the main study information sheet add in India as one of the countries the data and samples will be sent to (refer page 24 main PIS)
27. In the main study information sheet add in that identifiable health information may also be transferred out of NZ and overseas to sponsor etc.
28. In the main study information sheet amend for consistency the statement that data is optionally to be used after withdrawal – the main PIS (page 25) says the data will be used after withdrawal.
29. In the main study information sheet add in use of samples even upon withdrawal – (page 25 of the main PIS)
30. Please review the information sheet for 12 – 15 years olds for simplicity. It is too complicated in its’ current state. The Committee suggested consulting young people in this age group to help identify what
31. Please state what costs, e.g. costs of reasonable travel expenses, will be reimbursed.
32. Please add a lay title to all information sheets.
33. Please make sure the documentation is New Zealand specific – for example, do not refer to ‘your country’ in relation to HIV.
34. In the consent form for optional biopsy testing please set out the parameters of the consented research (as described page 1 of the PIS)
35. In the Optional Biopsy sheet please explain whether individual results are obtainable.
36. In the Optional Biopsy sheet please explain the de-identification steps and risks of re-identification
37. In the Optional Biopsy sheet please explain what steps are being taken to protect participant’s privacy & security.
38. In the Optional Biopsy sheet please include contact phone numbers
39. In the Optional Biopsy sheet please explain what withdrawal rights are participants have for their sample and data.
40. In the pregnancy PIS and consent forms please explain what financial help the sponsor will provide, if any.
41. In the information sheet for 12-15 year olds please re-write the pregnancy information to be in line with the information included in the HDEC template rom the HDEC website.
42. In the information sheet for 12-15 year olds please include a section about confidentiality/privacy and explain what will happen to their data.
43. In the information sheet for 12-15 year olds please ensure children are advised of their rights to withdraw, and that they can re-consent when they turn 16.
44. In the information sheet for continued treatment despite disease progression please explain what circumstances will lead to the continued treatment stopping.
45. In the information sheet for continued treatment despite disease progression please justify the statement that the sponsor may not be able to destroy a sample if it has gone to another researcher overseas.
46. Please add the correct HDC advocacy service email.

Decision

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

* The information sheet and consent forms required significant re-work. (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* The study protocol requires significant amendments in line with the committee’s suggestions. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* Access to medical records by the sponsor needs to be justified. (*Ethical Guidelines for Intervention Studies* *para 6.43*)
* A parental consent form for new-born children’s participation must be created alongside removing all information about collecting new born children’s information from existing information sheets. (*Ethical Guidelines for Intervention Studies* *para 6)*
* Please provide an insurance certificate that clearly indicates that this protocol is insured. (*Ethical Guidelines for Intervention Studies section 8*)

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| **5** | **Ethics ref:** | **18/NTA/194** |  |
|  | Title: | Nasal High Flow via a Single, Sealed Nostril in Patients |  |
|  | Principal Investigator: | Dr Anthony Williams |  |
|  | Sponsor: | Fisher and Paykel Healthcare Ltd |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Anthony Williams was 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.

Ms Rochelle Style had earlier declared that she has a potential interest in Fisher and Paykel Healthcare Limited as a potential beneficiary of a Trust which holds shares in that company.

The Chair determined that Ms Style could remain and participate in the review of this application.

Summary of Study

1. The proposed project is designed to investigate the efficacy of delivering Nasal High Flow (NHF) therapy via a single, sealed nostril in patients with acute respiratory failure.

Summary of resolved ethical issues

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

1. The Committee asked if participants will be able to give informed consent for participation given they are in acute respiratory failure. The Researcher explained that potential participants must be able to consent for the initial approach and then also written consent.
2. The Committee asked who makes the decision to approach a patient. The Researchers stated that they will but are able to make the decision of suitability to consent based on their clinical expertise.
3. The Committee asked why Fisher & Paykel personnel must be present when the device is fitted as this means Fisher & Paykel will know who is participating. The Researchers explained that they are medical engineers and will assist with the device and must have signed an agreement for confidentiality. This is due to the technical nature of the device and the need to train up clinical staff in its use. The PIS makes it clear that representatives of the sponsor will be present which allows a potential participant the opportunity to decline to participate in the research if they are uncomfortable about having non-medical staff present during the research.
4. The Committee asked why the Researchers are not collecting ethnicity. The Researchers explained that there will be very low numbers of participants and these will be based on convenience sample and so no meaningful conclusions would be able to be drawn.

Summary of outstanding ethical issues

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

1. Please include in the protocol details of Data management plans including how participant privacy and confidentiality will be protected (e.g., through de-identification and how that will occur such as use of unique study numbers), how access to identifiable data will be managed and restricted, how long participants’ data will be retained and how storage of participants’ data will be managed including physical and electronic measures, having regard to participants’ rights to correct their data and possibly to withdraw data and procedures for destroying participants’ data *(Ethical Guidelines for Intervention Studies para 6.50).*

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

1. Add a brief explanation of the study rationale as participants may like to know how they are contributing.
2. The Committee’s lay members found the information sheet was quite complex and asked if the language could be simplified. In particular please explain the potential benefits in simple terms and that there may not be any benefit from participating.
3. The Committee suggested a diagram as a potential way of understanding how the interface works.
4. Please explain that if participants do not like the device then they can switch back to a standard interface.
5. Please add the sponsor’s name and address into the PIS
6. Please add a yes/no tickbox for participants to state if they are interested in receiving a summary of the study findings.
7. Please explain that participants will not be able to keep using the device after the study.
8. Please include the new compensation template
9. The statement “ If at any time you decide that you do not want your data to be used, then all data related to you obtained from this study will be destroyed “ *is not consistent with* the statement in the consent form:  “If I decide to withdraw from the study, I agree that the information collected about me up to the point when I withdraw may continue to be processed”  Please amend for consistency
10. The app (r.2.1) suggests that data may go to the FDA in American and the EU.  Participants should be advised of this in the PIS.
11. Please include information in the PIS about issues relating to the tapu of the head.
12. Please add the correct HDC advocacy service email.

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 Mrs Toni Millar and Dr Kate Parker.

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| **6** | **Ethics ref:** | **18/NTA/196** |  |
|  | Title: | Airway oxygen concentration with high flow nasal oxygen |  |
|  | Principal Investigator: | Dr Nick Abbott |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Nick Abbott 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 oxygen concentration within the airway in patients undergoing airway surgery in the larynx and trachea using THRIVE (transnasal humidified rapid insufflatory ventilatory exchange).

Summary of resolved ethical issues

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

1. The Committee noted that this study is best described as an observational study.
2. The Committee noted that the Researchers will be collecting ethnicity data and that Māori consultation would be undertaken.
3. The Committee asked about the risks of prolonging surgery time up to a max of 10 mins, because of the study, for a 30 to 40 minute procedure. The Committee asked if there is a risk from the extra anaesthesia. The Researchers noted that up to 10 minutes is a significant increase in time for such a short procedure but this kind of an increase of time for anaesthesia is not generally a significant risk to participants. The Researchers explained that the surgical time for these procedures varies quite often and so a ten minute increase is not unreasonable within the context of care.
4. The Committee asked about the extra tube for measuring oxygen and if it presents a potential fire risk as a source of ignition. The Researchers explained that it would be a fuel for fire but will not be introduced to the airway when the surgeons are using laser and so there will not be an ignition source.
5. The Committee asked if there is any danger to vocal cords from the extra tube. The Researchers explained that the surgeons will be performing surgery on the vocal cords and so there is no additional risk as this is the area of surgery.
6. The Committee noted that study data will be held at the district health board and that the database for study data is not located offshore.
7. The Committee asked if this study is a pilot or feasibility study. The Researchers explained that this is not a pilot study: THRIVE has been used since 2015 but it is poorly understood how long it takes for the oxygen concentration at the relevant site to equilibrate when FiO2 of High Flow Nasal Oxygen (HFNO) devices is changed and there is an absence of studies evaluating it. This study aims to evaluate the change in oxygen concentration in the airway when oxygen is delivered by HFNO and is reduced from 100% to 30%. The research seeks to improve practitioner understanding and patient safety by providing evidence of the rate and extent of the change in oxygen concentrations at the surgical site when FiO2 is reduced during HFNO use.
8. The Committee asked whether a patient’s care will be affected if s/he decides not to participate in the study. The Researchers explained that they have a backup technique to ensure participants receive anaesthesia and surgery goes ahead. Both the process being studied (THRIVE) and the backup are standard care.
9. The Researchers stated that Fisher & Paykel Health may provide an analyser device for use in the study. The Committee stated that this will need to be an amendment that is approved after the main application has been approved.

Summary of outstanding ethical issues

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

1. The Committee stated that the study protocol needs data management plans including how plans including how participant privacy and confidentiality will be protected (e.g., through de-identification and how that will occur such as use of unique study numbers), how access to identifiable data will be managed and restricted, how long participants’ data will be retained and how storage of participants’ data will be managed including physical and electronic measures, having regard to participants’ rights to correct their data and possibly to withdraw data and procedures for destroying participants’ data
2. . Please amend the study protocol to include this. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
3. The Committee was not happy with the study being introduced on the day of surgery as this is not enough time to fully consider participation. Please provide information sheet and consent form at the time of booking. (*Ethical Guidelines for Intervention Studies* *para 5.41 & Section 6*)
4. Maori consultation is to be undertaken and ethnicity data collected.

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

1. Please add that results from the study will be published.
2. Please explain what types of future research the data will be used for and what form it will be used in. e.g. if it will be identifiable or not. The current form is too broad and needs to balance between specific consent and broad consent.
3. Please provide more information about potential benefits to knowledge from the study in the information sheet.
4. Please explain in the PIS that you will be accessing patient’s medical records (this is covered in the consent form but issues should not appear for the first time in the consent form).
5. Please use the current HDEC-approved ACC statement from the HDECs website. Participants will be eligible for ACC.
6. Please add Māori support contact details to the end of the information sheet.
7. Please add that participants have the right to access and correct their data.
8. Please explain what will happen to participant’s data if they withdraw – this is covered in the consent form but must be addressed in the PIS
9. Please add a yes/no box for receiving a lay summary of the study in the consent form and explain in the PIS, and also whether individual results are obtainable (both in the PIS and the consent form).
10. Please state clearly if participant’s GPs will be informed of their participation and results.

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*)
* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)

Ms Rochelle Style and Dr Christine Crooks.

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| **7** | **Ethics ref:** | **18/NTA/197** |  |
|  | Title: | Novel urinary biomarkers in IBD |  |
|  | Principal Investigator: | Dr Akhilesh Swaminathan |  |
|  | Sponsor: | University of Otago, Christchurch |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Akilesh Swaminathan was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates whether elevated levels of methionine sulfoxide in urine and plasma of patients with inflammatory bowel disease correlates with inflammation occurring in the gut.

Summary of resolved ethical issues

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

1. The Committee queried which part of the study is for a masters degree. The Researcher explained that the recruiting of participants and comparing novel biomarkers against colonoscopoy results.

Summary of outstanding ethical issues

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

1. The Committee asked that the Researcher add someone with expertise in sexual dysfunction to the research team. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
2. The Committee stated that the Research must provide suitable information sheets and assent forms. This includes an information sheet and consent form for parents of participants unable to provide informed consent, an information sheet and consent form for participants able to provide their own informed consent (this includes all participants aged 16 years or older and may include some younger participants if they are deemed competent), an information sheet and assent form for children, and a very simple information sheet and assent form for young children that should very simply explain their participation in the study. If young people will be approached for Future Unspecified Research then separate information and assent forms will be required. Guidance on assent can be found at <http://ethics.health.govt.nz/guidance-materials/assent-guidance>. (*Ethical Guidelines for Intervention Studies section 6 & appendix 2*)
3. 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*).
4. Please make sure that the study questionnaires only use study ID numbers and not names. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
5. Please ensure only study personnel associated with expertise in sexual dysfunction see the results of study questionnaires about this. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
6. Please provide more detail in protocol on the following processes:
   * data storage & de-identification or anonymisation,
   * electronic and physical security and protection of study data
   * recruitment processes,
   * data analysis plan,
   * who will have access to data at what points of the study and how this will be restricted and monitored,
   * risk management plans such as those who disclose suicidal ideation (e.g., in answer to the question in the PHQ 9).

(*Ethical Guidelines for Intervention Studies* *para 5.41*).

1. The Committee noted that Māori will be resistant to storing faecal samples in their fridge and this may present an issue for recruitment and participation. Please address how this may be managed. (*Ethical Guidelines for Intervention Studies* *para 5.41*).

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

1. Please explain what parts of the project are for a Masters degree in the information sheets.
2. The Committee recommends using the HDEC templates as a guide for designing the information sheet and consent form.
3. 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.”*
4. Please list the questionnaires in the information sheet and include that the questionnaires will ask potentially distressing questions.
5. Please include the following information in the Future Unspecified Research information sheet and consent form:
   * If you can withdraw and how
   * How long can participants wait to withdraw
   * Where will samples be going and how they will be stored. i.e. The Christchurch Tissue Bank
   * What types of research may they be used for. I.e. will they only be for IBD research or will they be used for any kind of research whatsoever.
6. Remove the tickbox in the consent form about audit as this is not optional.
7. Please use the HDEC ACC wording for ACC-covered studies. This can be found on the HDEC website.
8. Explain the process for sending samples to the lab by mail or courier.
9. Please add a project specific cultural statement & cultural support contact.
10. Please make sure no new information is introduced in the consent form. It must have already been introduced in the information sheet. E.g. risk of distress should be in risks sections, particularly for the PIS for sexual dysfunction – the risk section needs to be improved. This PIS must also include advice that the researchers will access and review medical records in order to gather further information (this appears in the consent form but not in the PIS. Issues should not appear for the first time in the consent form.
11. Please remove references in the consent form to datasets being released to the public, this is unacceptable.
12. Please advise participants how long it will take to complete study questionnaires e.g. “Approximately 15 minutes”
13. Include what will happen in the event of incidental findings and if individual results will be sent to participant’s GPs. These matters appear in the consent form but they are not covered in the PIS. .
14. Use lay terminology for the following statement: “A blood sample will be collected at the time of your procedure after routine insertion of an intravenous leur”
15. Please explain the rules around continued use of data if a participant withdraws and ensure consistency between consent forms and information sheets.
16. Delete the sentence: If you are an employee of the Canterbury District Health Board or an employee or student with the University of Otago, this will not affect your employment or your academic progress.
17. Please explain participants have the right to access and correct their information at any time.
18. Please add into the consent form the option for participants to receive a lay summary of study results. This is covered in the information sheet, but not the consent form.
19. In the PIS for the biomarker study, please explain that it is not possible for samples collected to be returned to participants at the end of the study or at their request (the protocol says it is not possible)

Decision

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

* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* Please provide suitable information sheets and assent forms for under 16s including separate forms for future unspecified research. (*Ethical Guidelines for Intervention Studies section 6 & appendix 2*)

This following information will be reviewed, and a final decision made on the application, by Mrs Kate O’Connor and Dr Kate Parker.

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| **8** | **Ethics ref:** | **18/NTA/201** |  |
|  | Title: | N-finity REFUNCTION Study |  |
|  | Principal Investigator: | Dr Stephen Merrilees |  |
|  | Sponsor: | Sano V Pte Ltd |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Stephen Merrilees and Mrs Helen Knight 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 conflict of interest on this application. The Chair determined that she could remain but not participate in the discussion.

Summary of Study

1. The study is a first in human evaluation of the N-finity venous flow modification system for erectile dysfunction.

Summary of resolved ethical issues

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

1. The Committee queried why the study is being done in New Zealand and if the device is safe. The Researchers explained that they have worked with the device manufacturers on previous occasions and have established a good working relationship with them. The researchers also explained that, in addition to the pre-clinical testing on rabbits, they worked with device in a swine model (one pig).
2. The Committee expressed concern about the limited nature, extent and duration of the pre-clinical testing and, in particular, about the limited time frame over which it was undertaken particularly in terms of assessing device migration issues. The Researchers explained they will be visually deploying the device in the study patients and, although it is possible for the device to migrate, it was highly unlikely.
3. The Committee asked where the device may migrate too. The Researchers explained that it could migrate to the soft tissue at the base of the penis and may be able to be felt.
4. The Researchers explained it is very unlikely to migrate intravascularly and end up in the lungs. But given the size of the device there would be very little effects in the event that this happens
5. The Committee asked if the device will be removable. The Researcher explained that it is possible but may lead to lots of scarring.
6. The Committee asked why the device is classed as high risk. The Researchers explained that the device has never been used in humans before and the device’s classification sits between medium and high risk and so they chose high to err on the side of caution.
7. .
8. The Committee noted the pre-clinical findings of reduction blood flow were not statistically significant and observed, against that background, that the benefits and risks of this research needed to be carefully considered.
9. The Committee noted that the participants in this research may be vulnerable because other treatments for erectile dysfunction have not proven successful for them.
10. The Researchers confirmed that appropriate training in inserting the device would be undertaken.
11. The Researchers confirmed that Dr White would receive remuneration for his time in screening potential participants and that the amount of reimbursement was based on hourly rates but it was expected that the screening would take about 20 minutes.

Summary of outstanding ethical issues

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

* The Committee stated that they must be assured that participants will be covered the sponsor insurance as long as the device is implanted. This means they must be covered for potential post-study complications as well. (*Ethical Guidelines for Intervention Studies section 8*)
* Please discuss with MEDSAFE how adverse events associated with the device can be reported to MEDSAFE. This will ensure there is an independent body involved with adverse reporting and not just in-house reporting of adverse events. (*Ethical Guidelines for Intervention Studies 6.58 – 6.62*)

1. The Committee suggested a smaller sample size for the study until the safety and efficacy of the device is known. (*Ethical Guidelines for Intervention Studies 5.41)*
2. The Committee requested a copy of the FMEA report referred to in the Investigator’s Brochure for its review. It would also like details of the swine pre-clinical testing.
3. The Committee asked whether ethical approval had been sought and obtained from the Auckland DHB. The Researchers replied they are waiting for a decision. The committee asked for a copy of the Auckland DHB’s ethical decision on the use of the device. (*Ethical Guidelines for Intervention Studies paras 5.18 – 5.21)*

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

1. Please amend explain that the device can be removed but that the removal surgery will be more difficult and carry more risks such as scarring and that it would be similar to ligation and explain what that means.
2. Please seek patient consent to have the device developers attend the implantation surgery.
3. Remove references to family members agreeing to their relative’s participation as patients must provide their own full informed consent for research.
4. Please explain the allergy risk with contrast & explain what the rate is and how allergies are managed.
5. Please explain what issues may lead to the device not being deployed.
6. Include bleeding & bruising as a risk
7. Please use lay explanations of terms such as necrosis
8. Please include that medical records held at Auckland hospital will be accessed
9. Include sponsor name and location of sponsor e.g. Sanofi, [country]
10. Please use the full HDEC template statement for commercially sponsored intervention studies. This can be found on the HDECs website.
11. Please explain that participant’s GPs will be reimbursed for their time in referring them or providing any other assistance e.g. records transfer
12. Please explain participants will have to take blood thinners in the information sheet and include the risks of this.
13. Please include a picture or diagram of the device.
14. Explain that the device fits outside of the vein but will pierce the vein and how.
15. Please fully and clearly explain the current level of evidence for the device i.e. very limited and small animal studies in 12 rabbits and one swine for a maximum period of three months and include the finding that the reduction in blood flow in animals was not statistically significant.
16. Explain if removal of the device may cause any difference to the ability to achieve an erection
17. Please explain what reasonable travel expenses will be reimbursed, if any.
18. Please state where overseas study data will be sent, if this will be identifiable, and explain that overseas jurisdictions may have different privacy laws that New Zealand.
19. Given the difficulties in removing the device, please review and amend statements in the documentation such as (1) Your *study doctor may decide to stop your participation in the study if it is necessary for your safety;* and (2) *If during the study we learn of new medical information that might make you change your mind about taking part in the study, we will tell you about the medical information.*
20. Please explain what happens to data if a participant withdraws from the study
21. Please explain whether a participant’s usual doctor will be advised of study participation
22. Please address Intellectual property rights in the information sheet so participants understand whether they have any such rights.

Decision

This application was *provisionally approved* by with Mrs Kate O’Connor, Dr Kate Parker, Miss Tangihaere MacFarlane, Ms Toni Millar, Dr Catherine Jackson, and Mrs Christine Crooks for and Ms Rochelle Style abstaining, subject to the following information being received:

* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* 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*).
* Please confirm the adverse event reporting requirements for the study. (*Ethical Guidelines for Intervention Studies 6.58 – 6.62*)
* Please consider reducing the sample size but not so much as to jeopardise the power of the study. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* Please provide the further information on safety data requested by the Committee *(Ethical Guidelines for Intervention Studies para 6.50).*

1. Please provide the information gained from pre-swine clinical testing and the outcome of ADHB review. (*Ethical Guidelines for Intervention Studies paras 5.18 – 5.21)*

This following information will be reviewed, and a final decision made on the application, by full committee.

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| **9** | **Ethics ref:** | **18/NTA/204** |  |
|  | Title: | (duplicate) Robots for independence |  |
|  | Principal Investigator: | Professor Ngaire Kerse |  |
|  | Sponsor: | Health Research Council |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Kathy Pery was present in person for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates if providing a robot equipped with physical and cognitive programmes, daily medication and schedule reminders, in the homes of people with mild dementia helps improve those participant’s independence compared against participant’s using computer tablets that have the same programmes.

Summary of resolved ethical issues

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

1. The Committee noted that the robot has already been tested in older people.
2. The Researcher stated that participants will have mild impairment and so will be able to provide informed consent. The eligibility testing will be strict to ensure patients understand the project and can provide informed consent.
3. The Committee asked what will happen if participants are upset about not getting the robot. The Researcher explained that all participants will have an option to have the robot as controls will get it for a time after the study.
4. The Committee asked if patients will know they have a diagnosis of mild dementia prior to screening. The Researcher explained that they will be recruiting from a dementia day centre so all will know.
5. The Committee asked if the robot can move or go upstairs. The Researcher explained not as this may present a tripping hazard.
6. The Committee noted that they could not approve the Māori information sheet as it is still being designed.
7. The Committee asked if the Researcher had considered the cultural issues around a robot with shoes on the table. The Researcher explained they will not be doing this and will be guided following an upcoming co-design session.
8. The Committee noted that only the Auckland parts of the project can be approved prior to the co-design being finalised and the later part will need to be submitted by an amendment.

Summary of outstanding ethical issues

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

1. Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
2. Please provide a standardised protocol for home visits. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
3. The Committee noted that participants may get attached to the robot and this may need managing. Please include some processes around this in the protocol. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
4. The Committee stated that the study should be considered a commercially sponsored intervention study and therefore participants will not be eligible for compensation from ACC. The Committee stated that they will need to be provided with evidence of ACC-equivalent insurance from the sponsor and evidence of professional indemnity for the coordinating investigator. (*Ethical Guidelines for Intervention Studies section 8)*
5. Please do not use NHI on questionnaires as this is unnecessary. Instead use study number. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
6. Please fully outline the data storage and protection processes in the study protocol. (*Ethical Guidelines for Intervention Studies* *para 5.41*).
7. Please provide the Committee with the details of the planned interventions, both robotic and by tablet. *(Ethical Guidelines for Intervention Studies para 5.41).*
8. Please provide the Committee with more details about the web based coordination process, Robogen, and the logs,especially about access to any data collected.  The use of the logs may need to be referred to in the PISs.  *(Ethical Guidelines for Intervention Studies paras 5.41 & 6.21)*
9. Please improve data management plans including how participant’s privacy and confidentiality will be protected (e.g., allocation of study numbers with key codes kept separately), specific details of who can access the data and how access will be restricted and monitored, physical and electronic security of study data, retention periods, destruction methods etc. Details about all of these matters must also be provided in relation to how Maori data will be treated. *(Ethical Guidelines for Intervention Studies para 6.50).*
10. The protocol says: *At the conclusion of the trial a questionnaire assessing the satisfaction with the…* - the section in the protocol hasn’t been completed – nor has the questionnaire been loaded onto the portal.  Please provide these to the Committee for review. *(Ethical Guidelines for Intervention Studies paras 5.41)*

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

1. Please include a picture of the robot in the information sheet.
2. Explain that participants need to have internet access for the robot to work and that the internet and power will be funded for the duration of the study.
3. Remove references to comparison to a paper diary from study documents.
4. Please develop an information sheet and consent form for caregivers’ participation.
5. Include a statement about CST’s benefits for caregivers.
6. Please explain how the robot will collect data in the information sheet. E.g. not by camera.
7. Please include that if the robot is damaged then participants will not be liable.
8. Explain that participants will get no intellectual property rights from the study
9. Please use the HDEC template compensation wording for commercially sponsored intervention studies. This can be found on the HDECs website.
10. Please correct the advocacy email.
11. Please explain to participants the types of questions they will be asked in the surveys and that they will undergo a cognitive assessment.
12. Please clarify whether data will continue to be used upon withdrawal – it is mentioned in the consent form but not in the PIS – matters should not appear for the first time in the consent form
13. Please also explain in the risks section of the PIS that some participants may become attached to the robots.
14. Please provide the Committee with the SF 124 for non-Maori and the kaupapa Maori QOL questionnaire for Maori.  The Committee asked for clarification in all documentation regarding the involvement of caregivers in the research.

Decision

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

* Please amend the study protocol taking into account the suggestions made by the Committee and provide the requested documentation. (*Ethical Guidelines for Intervention Studies* *para 5.41*)
* 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*).
* Please provide evidence of ACC-equivalent compensation. (*Ethical Guidelines for Intervention Studies section 8*).

This following information will be reviewed, and a final decision made on the application, by after receipt of the information requested by the Committee a final decision will be made on the application by Miss Tangihaere MacFarlane and Dr Christine Crooks.

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| **10** | **Ethics ref:** | **18/NTA/199** |  |
|  | Title: | A deep learning platform for GP referral triage |  |
|  | Principal Investigator: | Dr Edmond Yiwen Zhang |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Zhang, and Ms Reece Robinson, and Erma Tolland were present in person for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study investigates the development of a deep learning tool to assist clinicians with e-referral triaging by reducing time taken to review the referrals.

Summary of resolved ethical issues

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

1. The Committee noted that the research sponsor, Precision Driven Health (PDH), is a public-private partnership between Orion Health, the University of Auckland, Waitemata DHB and Canterbury DHB with funding from the Ministry of Business Innovation and Employment (MBIE). The Committee discussed with the Researchers the need to undertake public consultation to determine whether there is a social licence in New Zealand for research involving the unconsented secondary use of identifiable health data by researchers who include researchers from a commercial company. The Researchers noted that they had not undertaken any public consultation about the research.
2. The Committee referred the Researchers to the work done by the Data Futures Partnership which provided guidelines for New Zealand organisations “A Path to Social Licence. Guidelines for Trusted Data Use” <https://trusteddata.co.nz/wp-content/uploads/2017/08/Summary-Guidelines.pdf> . The Committee also noted the Principles for safe and effective use of data and analytics prepared by the Chief Government Data Steward and the Privacy Commissioner <https://www.privacy.org.nz/assets/Uploads/Principles-for-the-safe-and-effective-use-of-data-and-analytics-guidance3.pdf>
3. The Committee also discussed with the Researchers different methods of mitigating any risks of any data harm (e.g., breach of privacy and confidentiality through the identifiability of the data) by mechanisms such as de-identification and noted the researchers point that de-identification tools may not be 100% accurate.
4. The Committee discussed the need to justify a waiver of consent in accordance with the three criteria in guideline 6.43 of NEAC’s Observational Guidelines. The Researchers noted in their application that tt would be impossible in practice to obtain consent of every individual due to the quantity of the information required for the research (between 9,000 and 14,000 health records). The Researchers also stated that the length of the waiting lists is causing deaths and that the use of a machine learning tool could speed up the triaging of the e-referral process. The researchers noted that triaging GP referrals is a time-consuming task for doctors in New Zealand. It is common for doctors to spend more than 10 hours per week on triaging electronic referrals to various risk categories or direct to investigation tests. Presently, there are over 200 un-triaged referrals at Waitemata DHB. The Researchers also noted that the UK’s NHS has adopted a tool to speed-up triaging referrals.
5. The Researchers explained that identifiable data used in the research would remain within Waitemata DHB network and would only accessible to DHB staff and for non-DHB staff, only to those who signed confidentiality agreements. The Waitemata DHB Privacy and Security Group has reviewed and approved the research and a specific compute environment will be installed on Waitemata DHB premises for the research.
6. The Researcher explained that they have employed a medical student who can assist with de-identifying any data before it is sent to Orion.
7. The Committee noted the consultation and collaborative process undertaken with Maori through working with researchers from the Wai Research Unit and that Maori research review and approval has been obtained from Waitemata DHB. The Committee noted the researchers’ awareness of the need to identify any potential bias against Maori in the training data sets.
8. The Committee noted that the Researchers will need to consider other potential biases resulting from the data sets such as gender and age. Consideration will also need to be given to how any bias can be countered algorithmically.
9. The Committee noted the Researchers awareness of machine learning (ML) issues beyond bias, including data quality validation, accuracy and reliability, as well as the need for continuous monitoring and explanability/interpretability. The Committee noted that work is being done by PDH on some of these issues but it not yet complete - for example: (1) work which focuses on monitoring and checking model degradation causing concept drift and (2) integrating into this research the outputs of PDH’s project on Interpretable Machine Learning for Healthcare. However, no details of these projects can be provided to the Committee because it has not been finished.
10. The Committee suggested that a staged-approach be taken to this research whereby the Researchers return to seek ethical approval after each stage has been completed. In that regard, the Committee noted the researchers’ intention to provide quarterly reports to the Committee.

Summary of outstanding ethical issues

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

1. The Committee requires the researchers to engage in public consultation to ascertain whether there is a social licence for the type of research proposed by PDH. The Committee noted there are various ways in which this can be undertaken ranging from consumer panels to surveys. Please refer to the resources noted above which provide guidance on issues pertaining to social licence.

The Committee notes that participants have a right to know that their health information is being used in research. Right 6(1)(d) of the HDC Code of Rights states:

* 1. *Every consumer has the right to information that a reasonable consumer, in that consumer’s circumstances, would expect to receive, including … notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval.*

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1. The Committee noted the difficulty of removing all identifiers from the information but requested steps be taken to de-identify the data to mitigate risks relating to privacy and confidentiality. The Committee also requests the researchers more explicitly define the parameters of the data sought – e.g., type of documentation such a clinical notes, discharge summaries etc.
2. The researchers should also provide further details about how they will make sure Maori rights in relation to data are considered beyond the general statement that they will use the Tikanga guiding principles.
3. The Researchers should also address how they intend to detect bias against Maori and also other types of bias such as those based on gender and age. The researchers should also address how they intend to algorithmically counter any bias which is detected.
4. The Researchers should explain how they intend to address issues of missing data and other data quality issues. The researchers have acknowledged these potential issues but they have not provided any details about how they intend to address them.
5. The Committee would like to see the Researchers respond to the comments made by the peer reviewer (by refutation or adoption). For example, in relation to methods of de-identification, the implementation of the project, how historical e-referrals will be sampled and how missing data will be dealt with. The Committee also noted that the peer reviewer had not been provided with details of the ML algorithm which may impact on issues such as training time. The Committee requests the Researchers to consider disclosure of the ML algorithm.
6. The Committee stated the Researchers must explain how Māori rights and sovereignty over their data will be ensured and will need to produce evidence of favourable Māori cultural consultation on those issues. (*Ethical Guidelines for Observational Studies paras 4.3 – 4.6*)
7. The Committee noted that they can approve access to identifiable health information without consent for research in certain circumstances. The *Ethical Guidelines for Observational Studies* states at paragraph 6.43*:*
   1. *Access to identified or potentially identifiable data for research without the consent of the people the data identifies or makes potentially identifiable may be justifiable when:*
      1. *the procedures required to obtain consent are likely to cause unnecessary anxiety for those whose consent would be sought; or the requirement for consent would prejudice the scientific value of the study; or it is impossible in practice to obtain consent due to the quantity or age of the records; and*
      2. *there would be no disadvantage to the participants or their relatives or to any collectives involved; and*
      3. *the public interest in the study outweighs the public interest in privacy.*

To approve a study involving access to health information without consent the Committee must be satisfied that these requirements are met by the study concerned. Due to the outstanding issues discussed above the Committee does not feel these criteria have been met.

Decision

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

* The Committee had concerns over the secondary use of patient data without consent for commercial gain without evidence of a social license. (*Ethical Guidelines for Observational Studies paragraph 6.43)*
* The Committee had concerns over scientific issues associated with the study such as methods to address data quality including missing data, bias, validation (sampling) monitoring, explainability/interpretability and implementation (*Ethical Guidelines for Intervention Studies* Appendix 1)
* The Committee stated the Researchers must explain how Māori rights and sovereignty over their data will be ensured and will need to produce evidence of favourable Māori cultural consultation on this issue. (*Ethical Guidelines for Observational Studies paras 4.3 – 4.6*)

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| **11** | **Ethics ref:** | **18/NTA/200** |  |
|  | Title: | (duplicate) Smart Search |  |
|  | Principal Investigator: | Dr Edmond Yiwen Zhang |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 08 November 2018 |  |

Dr Zhang, and Ms Reece Robinson 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. The Committee noted that Ms Rochelle Style had provided advice to the Researchers about how to address the ethical issues that had led to their previous application being declined, that this is within the scope of her role as an HDEC member, and that therefore there is no conflict of interest.

Summary of Study

1. The study investigates developing a “smart” information retrieval system as a proof-of-concept that enables clinicians to search for specific clinical concepts from within electronic documents.

Summary of resolved ethical issues

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

1. The Committee noted that the researchers had responded to issues associated with the decline of their previous research application – for example, by using people’s records with consent to develop the tool and using an automatic de-identification software package.
2. The Committee noted that the project involves co-design with clinicians.
3. The Committee noted that the Researchers are trying to select patients who have a large number of notes as this will increase the value of the study.
4. The Committee noted that there are limitations by looking at notes and discharge summaries only but that this is the scope of the project.
5. The Committee noted the high value of the study.
6. Once the proof of concept research has been completed, the Committee notes that any further research will need to consider the accuracy of the tool, particularly in light of missing data.

Summary of outstanding ethical issues

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

1. Please provide the information sheet and consent form for clinicians contributing to the evaluation aspect of the study. The Committee noted that the document titled “head to head comparison” contains much of the information which would be needed to develop the clincian information sheet and consent form but the Researchers should also check the HDEC templates. (*Ethical Guidelines for Intervention Studies* *para 6.22*).
2. Please update the study protocol to include the following:
   * Explain confidentiality agreements are in place for non-DHB staff to access data.
   * How will patients in the ICU be assessed as being able to provide informed consent.
   * Please explain who will have access to study data and where.
   * Please add that study data must be retained for ten years and explain the storage plans.

*(Ethical Guidelines for Intervention Studies para 5.41).*

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

1. Please add the HDEC ACC compensation wording for ACC-covered studies. This can be found on the HDECs website.
2. Please list Precision Driven Health as the study sponsor.
3. Please explain that records will be de-identified before they are shared with others.
4. Please remove template prompts from the information sheets as these apply to the author, not patients.
5. Explain what de-identification means in the context of the study.
6. Explain very clearly what information will be used i.e. notes and discharge summaries but not medical imaging etc.
7. Explain that data will be stored securely, where it is stored, and who will have access.
8. Please explain that data from the study must be held for ten years.
9. Please add if participants can withdraw and if their records can be removed.
10. Please explain that participants have the right to access and correct their information at any time.
11. Please explain participants will gain no intellectual property rights from participation.
12. Please explain how any study data will be used in future research.

Decision

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

* Please amend the information sheet and consent forms, taking into account the suggestions made by the committee *(Ethical Guidelines for Observational Studies para 6.10)*
* Please provide information sheet and consent forms for clinicians, taking into account the suggestions made by the committee *(Ethical Guidelines for Observational Studies section 6)*
* Please amend the study protocol taking into account the suggestions made by the Committee. (*Ethical Guidelines for Intervention Studies* *para 5.41*)

This following information will be reviewed, and a final decision made on the application, by Mrs Kate O’Connor 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:** | 19 February 2019, 01:00 PM |
| **Meeting venue:** | Ministry of Health, Level 3,Rangitoto Room, Unisys Building, 650 Great South Road, Penrose, Auckland |

The following members tendered apologies for this meeting.

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.

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

The meeting closed at 5:15pm.