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| **Committee:** | Northern B Health and Disability Ethics Committee |
| **Meeting date:** | 7 December 2021 |
| **Zoom details:** | <https://mohnz.zoom.us/j/96507589841> |

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| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
| 12.30-1.00pm | 2021 FULL 11230 | LONG-TERM SAFETY AND TOLERABILITY OF REN001 IN SUBJECTS WITH PRIMARY MITOCHONDRIAL MYOPATHY (PMM) | A/Prof Richard Roxburgh | Ms Susan Sherrard & Mr Barry Taylor |
| 1.00-1.30pm | 2021 EXP 11620 | How does Opioid Substitution Treatment work? | Mr Oliver Birch | Mrs Kate O’Connor & Mrs Lessa Russell |
| 1.30-2.00pm | 2021 EXP 11360 | Identification of the effects of methamphetamine using MRI scans | Associate Professor Miriam Scadeng | Mrs Kate O'Connor & Mr Barry Taylor |
| 2.00-2.30pm | 2021 FULL 11520 | MB05-A-01-21: A Study to Compare MB05, EU-Sourced Synagis®, and US-Sourced Synagis® in Healthy Participants | Doctor Leanne Barnett | Mrs Kate O’Connor & Mrs Leesa Russell |
|  |  | *Break* |  |  |
| 2.40-3.10pm | 2021 FULL 11721 | MK-1654-007: The Evaluation of Safety and Efficacy of MK-1654 in Infants and Children at Increased Risk for Severe RSV Disease | Dr Michael Meyer | Mrs Kate O'Connor & Mr Barry Taylor |
| 3.10-3.40pm | 2021 FULL 11445 | Comparison of two melatonin tablets under fasting conditions. | Dr Noelyn Hung | Ms Susan Sherrard & Mrs Leesa Russell |
|  | 2021 FULL 11772 | Comparison of two melatonin tablets under fed conditions | Dr Noelyn Hung | Ms Susan Sherrard & Mrs Leesa Russell |
|  | 2021 FULL 11779 | Comparison of two melatonin tablets under fasting conditions and at steady state. | Dr Noelyn Hung | Ms Susan Sherrard & Mrs Leesa Russell |
|  |  | *Break* |  |  |
| 3.40-4.10pm | 2021 FULL 11770 | Phase 1 study of safety and efficacy of INS018\_055 with placebo in healthy volunteers | Principal Investigator Dr Chris Wynne | Ms Sue Sherrard & Mr Barry Taylor |
| 4.10-4.40pm | 2021 FULL 11764 | STeroid versus PRP Injection For Frozen shoulder - STIFF Trial | Dr Jordan Davis | Mrs Kate O’Connor & Dr Patries Herst |
| 4.40-5.10pm | 2021 FULL 11797 | Duplicate Submission ANZFFR | Dr Roger Harris | Mrs Kate O'Connor & Dr Patries Herst |
| 5.10-5.40pm | 2021 FULL 11776 | Maternal Psoriasis and Infant Neurodevelopmental Outcomes (MaPINO) study | Dr Hannah Jones | Mrs Kate O'Connor & Dr Patries Herst |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Ms Kate O’Connor | Lay (Ethical and Moral Reasoning) | 13 August 2021 | 16 August 2024 | Present |
| Ms Susan Sherrard | Lay (Consumer/Community Perspective) | 19 March 2018 | 19 March 2022 | Present |
| Mrs Leesa Russell | Non-Lay (Intervention/Observational Studies) | 13 August 2021 | 16 August 2024 | Present |
| Dr Gabrielle Jenkin | Non-lay (intervention/observational studies) | 13 August 2021 | 16 August 2024 | Apologies |
| Mr Barry Taylor | Non-Lay (Intervention/Observational Studies) | 13 August 2021 | 16 August 2024 | Present |
| Ms Maxine Shortland | Lay (Consumer/Community Perspective) | 13 August 2021 | 16 August 2024 | Apologies |
| Dr Patries Herst | Non-lay (intervention studies) (co-opted) | 22/05/2020 | 22/05/2023 | Present |

## Welcome

The Chair opened the meeting at 12.00pm and welcomed Committee members, noting that apologies had been received from Ms Maxine Shortland and Dr Gabrielle Jenkin.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Dr Patries Herst 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 02 November 2021 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **2021 FULL 11230** |
|  | Title: | LONG-TERM SAFETY AND TOLERABILITY OF REN001 IN SUBJECTS WITH PRIMARY MITOCHONDRIAL MYOPATHY (PMM) |
|  | Principal Investigator: | Associate Professor Richard Roxburgh |
|  | Sponsor: | Reneo Pharma Ltd |
|  | Clock Start Date: | 24 November 2021 |

Dr Judith Walker, Associate Professor Richard Roxburgh and Kay Yeoman were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study aims to examine the long-term safety of REN001 in participants with PMM and how well the treatment is tolerated. The secondary aim is to assess the PMM symptoms of the participants receiving long-term treatment of RENO001. The Pharmacokinetic (PK) aim is to further characterise the PK profile of REN001 in participants receiving long term treatment. The Exploratory aim is to look at the effect of long-term treatment of REN001 on bone health.

Summary of resolved ethical issues

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

1. The Committee clarified enrolment would be from feeder studies.
2. The Committee clarified that the insurance would be capped at three patients for the open label study. This would need to be amended with a new certificate when further patients are enrolled.

Summary of outstanding ethical issues

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

1. With regards to the “reference samples” in the (Data Management Plan) DTMP please remove note of this if there are no samples being stored in New Zealand.

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

Post STRIDE and REN001 PIS/CF:

1. Please add a statement regarding the access of medical records in the event of Adverse Event (AE) investigation purposes.
2. Please ensure that the documentation states that tissue will be deidentified before sending it off-site.
3. Please remove mention of the laboratory staff having access to identifiable samples as this is not the case.
4. Please add the address of the laboratory in Singapore.
5. Please specify if tissue is going to Australian personnel study monitors.
6. Please provide the address of the Brain Research Centre.
7. Please clarify data future research and if it is a choice please add a yes/no box.
8. Please clarify the reason for the overnight visit at 3 months.
9. Please specify the location of the eye examination if it is at a different location
10. Please specify the role of Eduter Health Care Limited.
11. Please add that there is no NZ representation on the overseas governance committees.
12. Please include the name and address of the laboratory where samples will be kept in the United Kingdom.
13. Please specify under what conditions and precisely what data will be sent though to GPs.
14. Please include tachycardia or like term under potential AE or side effects.
15. Please include mention of the CPK elevation tests that will be undertaken as noted in the protocol.
16. Please outline who will have access to the health information.
17. Please use a New Zealand number to call for withdrawal.
18. Please clarify what acceptable forms of contraception are.
19. Please clarify condom use.

24 Week PIS/CF:

1. Please clarify condom use.
2. Please include a statement informing the participants on the details and aims of the study prior to the table of procedures.
3. Please review for clarity and brevity the study design paragraph.
4. Please address the primary design question at the beginning of the study design paragraph.
5. Please create a separate section for “What my Participation Will Involve”.
6. Please explain acronyms in tables the first time they are used.
7. Please specify the city and country where the Singapore and United Kingdom laboratories are located.
8. Please move the study medication risks to the top of the risk section.
9. Please specify that the storage of data is in a locked cabinet or a secure server.

After Study Exit PIS/CF:

1. Please specify the reason for contacting in this case is different to the other PIS/CFs
2. The comments for the above PIS/CFs also apply to this document.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Susan Sherrard, Mr Barry Taylor and Mrs Leesa Russell.

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| **2** | **Ethics ref:** | **2021 EXP 11620** |
|  | Title: | How does Opioid Substitution Treatment work? |
|  | Principal Investigator: | Mr Oliver Birch |
|  | Sponsor: | The University of Auckland |
|  | Clock Start Date: | 24 November 2021 |

Dr Bruce Cohen, Dr Peter Adams and Oliver Birch were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study aims to clarify the socio-political values informing how ‘addiction’ is thought about and treated through Opioid Substitution Treatment (OST). This will be achieved by identifying informants within an OST setting, describing the activities of informants (through observation) and the ‘texts’ (guidelines and so on), while interviewing informants to consider how what they do is informed by how 'addiction' is conceptualised; Whilst also assessing the institutional interests that inform how opioid use is treated.

Summary of resolved ethical issues

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

1. The Committee clarified that the term “Passive consent” was in fact incorrect as the study is intending on doing unconsented research. (*National Ethical Standards* para 7.15)

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 clarified that it would be necessary for the consenting process to be dynamic and require clarity around who will be consenting and or observed without consent.
2. Please clarify how the observation will be conducted (*National Ethical Standards* para 9.8).
3. Please clarify how people who do not provide consent will be aware of observation (i.e. social workers etc.). (*National Ethical Standards* para 7.16 & 7.18)
4. Please include information of consenting and the response of non-consenting individuals in the protocol. (*National Ethical Standards* para 7.16 & 7.18)
5. Please clarify the purpose of the study for the sake of people consenting to the study as well as the people not consenting. (*National Ethical Standards* para 7.16 & 7.18)
6. Please provide evidence of a plan to keep the investigator safe during observation in an area with potential for risk/harm. (*National Ethical Standards* para 8.3)
7. Please specify who exactly may be included in the study as participants. (*National Ethical Standards* para 7.16)
8. The Committee noted the answer to C.4. in the application form was patronising and requested the Researcher be mindful of this for any future applications. The Committee explained that the Treaty of Waitangi should not be cited as a health benefit and equal access to participate for Māori should not need to be stated as this is the default expectation. The Committee recommended including any statistics of the prevalence of the disease in Māori (or an explanation if unknown) when answering C.4. for any future applications. (*National Ethical Standards* para 3.1 & 3.10)
9. Please explain how you will value and conceptualize experiences that are unique and specific to Māori participants and present them in a way that is culturally safe. (*National Ethical Standards* para 3.3)
10. Please provide a detailed review of the reasoning as to why informed consent is not an option for this study as per *National Ethical Standards* para 7.15, 7.20 & 7.21.
11. The Committee suggests that exclusions may be necessary for the safety of the investigator that severely mentally unwell people be excluded. (*National Ethical Standards* para 8.4)
12. Please state that The University of Auckland is the sponsor of this research and have them sign off the Health and Disability Ethics Committee (HDEC) application.
13. Please include all relevant information the participants may require as well as more specific inclusion criteria on the advertisement.
14. Please use the [HDEC data management template (DMT)](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/data-only-management-template-oct2020.docx) as currently there are sections missing.

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

1. Please inform how the dynamic consenting process will be managed with regards to opting in and out of the study. *(National Ethical Standards* para 7.15)
2. Please include information as to how each consent environment will be managed. *(National Ethical Standards* para 7.15)
3. Please remove reference to locations of observation that are no longer intended (Community pharmacies etc.) *(National Ethical Standards* para 7.16)
4. Please clarify as to the involvement of the investigator in scenarios where it is a legal right of a patient to have remain confidential. (*National Ethical Standards* para 7.16)
5. Please include timeframes stated elsewhere.
6. Please remove mention of contacting GPs this is not appropriate given the nature of the study.
7. Please review and include risk assessment between the different groups who may be interviewed and write separate consent forms for each group.

**Decision**

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

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| **3** | **Ethics ref:** | **2021 EXP 11360** |
|  | Title: | Identification of the effects of methamphetamine using MRI scans |
|  | Principal Investigator: | Associate Professor Miriam Scadeng |
|  | Sponsor: | The University of Auckland |
|  | Clock Start Date: | 24 November 2021 |

Dr Eryn Kwon and Dr Patrick McHugh were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study aims to develop a novel and comprehensive imaging and data processing protocol to document meth induced changes in brain and heart structure and function and to determine to what degree abstinence from meth use allows recovery in these measures.

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 generation of a patent and were informed that there was no aim for an IP to be generated, however, the University of Auckland require this to be accounted for if there is something novel found or made in relation to the research.
2. The Committee clarified that there would be no direct recruitment targeted to individuals who were exposed to Methamphetamine *in utero.*

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 requests that the protocol details the process by which each recruitment process may occur, specifically addressing any inherent power imbalances (police or family violence referrals)
2. The Committee requests that the protocol be more detailed in terms of the analysis plan, consideration of stigma and return of results.
3. The Committee queried who would be communicating issues or results that show any potential significant results and if there would be risk management around potential mental health issues should they arise.
4. The Committee requests to be provided the screenshots of or manual for the cognitive testing.
5. The committee requires the Researchers specify the purpose and the way in which the testing will be used. Please include a statement outlining that the testing will compare cognitive testing alongside MRI scans in order to make observations on the effect of Methamphetamine use on cognition and brain structure and function.
6. Please be clear concerning the details of the psychological testing.
7. The committee require more information in relation to the cardiological testing, this needs to be detailed in the Participant Information Sheet/Consent Form (PIS/CF) and the protocol.
8. Please consider exclusion criteria and add them to the PIS/CF and the Protocol.
9. Please consider use of the terms “Control” and “Study” groups. The use of “Meth” in the naming convention of the tests makes the data more identifiable.
10. The Committee requests that there be some protocol around keeping participants in the study and getting to the testing sites.

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

1. Please include a detailed recruitment process.
2. Please consider including a detailed process for returning results to participants in a meaningful way and not just “a picture of the MRI” as per the participant’s Rights.
3. Please make clear that there is no benefit to the participant in taking part in the study.
4. Please make clear the number of times at which observation and testing will occur, not only the general timeframe.
5. Please review for clarity of expression and lay language.
6. Please consider writing a separate PIS/CF for the control participants.
7. Please only use the term “Participant” when referring to those taking part in the study. Mentions of “volunteers” need to be removed accordingly.
8. Please review the risk section and ensure that it lists incidental findings and are factual.
9. Please review and correct the ACC statement as per the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-sep20.doc).
10. Please include an information disclosure and risk statement.
11. Please amend the statement concerning anonymised data to be accurate to study intentions.
12. Please consider using the census categories for gender and ethnicity.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O‘Connor and Mr Barry Taylor.

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| **4** | **Ethics ref:** | **2021 FULL 11520** |
|  | Title: | MB05-A-01-21: A Study to Compare MB05, EU-Sourced Synagis®, and US-Sourced Synagis® in Healthy Participants |
|  | Principal Investigator: | Dr Leanne Barnett |
|  | Sponsor: | mAbxience Research S.L. |
|  | Clock Start Date: | 24 November 2021 |

Dr Leanne Barnett and Courtney Rowse were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study This is a multicentre, randomised, double-blind, 3-arm parallel group study. Up to a total of 141 participants are planned to be enrolled and randomise to receive a single dose of MB05, EU-Synagis® or US-Synagis to establish the bioequivalence between the interventions, compare pharmacokinetics and assess safety and tolerability.

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 for future applications to specify year of birth is being used (F5 of application form) as opposed to stating partial date of birth (DOB).
2. The Committee was assured by the researchers that the study is sourcing their own supply of Synagis from the Sponsor and will not affect availability in New Zealand.

Summary of outstanding ethical issues

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

1. Please clarify that the reimbursement flexibility is to do with timing of payment and not payment amount.
2. Please state that a cannula will be added on Day 1.

**Decision**

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

* please address all outstanding ethical issues raised by the Committee
* please update the Participant Information Sheet and Consent Form, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

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| **5** | **Ethics ref:** | **2021 FULL 11721** |
|  | Title: | MK-1654-007: The Evaluation of Safety and Efficacy of MK-1654 in Infants and Children at Increased Risk for Severe RSV Disease |
|  | Principal Investigator: | Dr Michael Meyer |
|  | Sponsor: | Merck & Co., Inc. |
|  | Clock Start Date: | 25 November 2021 |

Dr Michael Meyer, Deepankar Arora, Palmera Alegre were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. A study to evaluate the safety and tolerability of MK-1654 compared to palivizumab in respiratory syncytial virus (RSV) season 1 as assessed by the proportion of participants experiencing adverse events.

Summary of resolved ethical issues

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

1. The Committee was assured by the researchers that the study is sourcing their own supply of Synagis and will not affect availability in New Zealand.
2. The Committee requested clarification around whether a participant will receive a placebo dose initially as this was not clear in the study documentation to the Committee. The researcher clarified that patients will be given the study intervention or standard-of-care comparator initially, then the placebo for the study intervention is given to maintain the blind after. No arm involves a participant receiving nothing.

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 inclusion of rectal temperatures and temperatures Fahrenheit is still in the protocol and eDiary. The researcher responded that a protocol clarification letter is currently with the Sponsor. The Committee requested the eDiary is amended and the protocol clarification letter for New Zealand context is provided.
2. The Committee queried if North American indigenous people’s priority access to season 2 could be extended to Māori and Pasifika in New Zealand due to incidence and inequities in these populations. The global protocol doesn’t require amendment but a New Zealand addendum would be appropriate.
3. The Committee noted that a patient being lost to follow-up could count as withdrawal and may not be appropriate to contact a proxy (such as other family member) to give third-hand accounts of the baby’s health. The Committee stated it may be more appropriate to get consent for accessing GP records if the study is concerned about safety follow-up. Further, the participants should have the option to withdraw their data from the study, and the period of data monitoring in follow-up should be defined with justification.
4. Data and tissue management plan needs to state you are collecting photographs, how they will be de-identified, and participants must be informed that photographs of their skin may be taken but their identity will be obscured.

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

1. Please outline what eligibility for season 2 looks like for New Zealand participants.
2. On page 2, please explain the approval status of palivizumab in New Zealand
3. Page 3 &4 says you won’t know what drug your child is on. Please clarify that this information is not told at the beginning but will be told later.
4. Please check if there are any updates after December 2020 for the previous uses of the drug and reference safety information.
5. Please include frequencies/ratios of potentially serious hyper-sensitivity side effects.
6. Compensation section in both PIS/CFs should not exclude injuries caused by palivizumab for coverage.
7. As this study is partially blinded, information about breaking the blind to get participant results is not applicable as its written on page 20. Please clarify that this information relates to the portion that is blinded but results can be provided after they are unblinded as part of the protocol as it would not result in removal from the study.
8. Please describe when the RSV season is.
9. On page 5, please mention that medical/GP records will be accessed and why.
10. Please soften the language around attempts to follow-up and amend to state that if they are unable to be contacted, the researchers will instead talk to the GP.
11. Clarify on page 20 that institutions will not receive identifiable data from the study.
12. Please provide clarification around timing and safety criteria for childhood vaccinations.
13. Please clarify that the buccal swab is a cheek swab when it is first referenced.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O’Connor and Mr Barry Taylor.

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| **6** | **Ethics ref:** | **2021 FULL 11445** |
|  | Title: | Comparison of two melatonin tablets under fasting conditions. |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Neo Health (OTC) Pty Ltd |
|  | Clock Start Date: | 24 November 2021 |

Dr Noeyln Hung and Linda Folland were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. A study to evaluate the rate and extent of absorption of the test formulation 1x2 mg melatonin prolonged release tablet (Neo Health (OTC) Pty Ltd, Australia) relative to that of the reference formulation, 1 x 2 mg Circadin® prolonged release tablet (Aspen, Australia) in healthy male and female subjects under fasting conditions.

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 the Sponsor has not signed off on the final application form that was submitted to the HDEC
2. The Committee noted there is a proxy-inclusion criteria of requiring vaccine passports. There are things that can be done to achieve COVID-19 safety without impacting access to the study. The researchers reassured the Committee that all applicants so far have had vaccine passports. The Committee requested that it is outlined to participants what plans are for COVID-19 safety i.e., rapid testing, or if it’s an operational/location policy to have vaccine certificates/proof of negative test. Further, please state what will happen in the event of an outbreak and change of traffic light for COVID-19 levels. This can come as an amendment. The Committee commented that it is preferable that equitable access to research is preserved and recommended to contact ESR for site policy advice.
3. The Committee noted that the question about identifiable data in the application form should read Yes (G2).
4. The Committee noted to ensure that this study is registered with a Clinical Trials Registry before starting.

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

1. The Committee noted that the brand name of the reference product can be named.
2. Please state in the purpose section how long study periods are.
3. Provide assurance around amount of blood being taken and the risks associated.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Susan Sherrard and Mrs Leesa Russell.

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| **7** | **Ethics ref:** | **2021 FULL 11772** |
|  | Title: | Comparison of two melatonin tablets under fed conditions |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Neo Health (OTC) Pty Ltd |
|  | Clock Start Date: | 24 November 2021 |

Dr Noeyln Hung and Linda Folland were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. A study to evaluate the rate and extent of absorption of the test formulation 1x2 mg melatonin prolonged release tablet (Neo Health (OTC) Pty Ltd, Australia) relative to that of the reference formulation, 1 x 2 mg Circadin® prolonged release tablet (Aspen, Australia) in healthy male and female subjects under fed conditions.

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 the Sponsor has not signed off on the final application form that was submitted to the HDEC
2. The Committee noted there is a proxy-inclusion criteria of requiring vaccine passports. There are things that can be done to achieve COVID-19 safety without impacting access to the study. The researchers reassured the Committee that all applicants so far have had vaccine passports. The Committee requested that it is outlined to participants what plans are for COVID-19 safety i.e., rapid testing, or if it’s an operational/location policy to have vaccine certificates/proof of negative test. Further, please state what will happen in the event of an outbreak and change of traffic light for COVID-19 levels. This can come as an amendment. The Committee commented that it is preferable that equitable access to research is preserved and recommended to contact ESR for site policy advice.
3. The Committee noted that the question about identifiable data in the application form should read Yes (G2).
4. The Committee noted to ensure that this study is registered with a Clinical Trials Registry before starting.

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

1. The Committee noted that the brand name of the reference product can be named.
2. Please state in the purpose section how long study periods are.
3. Provide assurance around amount of blood being taken and the risks associated.
4. The Committee noted that the use of bacon will exclude vegans, vegetarians, Muslims and kosher Jewish people, and those with sulphite and nitrite allergies. Butter is mentioned but lactose intolerance is an exclusion criteria. Bacon is mentioned in advertising but this likely needs to be in PIS in the exclusions (i.e., if you are strict kosher you will not be able to participate rather than just bacon) etc. If no gluten-free option is available for the toast, this should also be made clear.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Susan Sherrard and Mrs Leesa Russell.

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| **8** | **Ethics ref:** | **2021 FULL 11779** |
|  | Title: | Comparison of two melatonin tablets under fasting conditions and at steady state. |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Neo Health (OTC) Pty Ltd |
|  | Clock Start Date: | 24 November 2021 |

Dr Noeyln Hung and Linda Folland were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. A study to evaluate the rate and extent of absorption of the test formulation 1x2 mg melatonin prolonged release tablet (Neo Health (OTC) Pty Ltd, Australia) relative to that of the reference formulation, 1 x 2 mg Circadin® prolonged release tablet (Aspen, Australia) in healthy male and female subjects under fasting conditions and at a steady state.

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 the Sponsor has not signed off on the final application form that was submitted to the HDEC.
2. The Committee noted there is a proxy-inclusion criteria of requiring vaccine passports. There are things that can be done to achieve COVID-19 safety without impacting access to the study. The researchers reassured the Committee that all applicants so far have had vaccine passports. The Committee requested that it is outlined to participants what plans are for COVID-19 safety i.e., rapid testing, or if it’s an operational/location policy to have vaccine certificates/proof of negative test. Further, please state what will happen in the event of an outbreak and change of traffic light for COVID-19 levels. This can come as an amendment. The Committee commented that it is preferable that equitable access to research is preserved and recommended to contact ESR for site policy advice.
3. The Committee noted that the question about identifiable data in the application form should read Yes (G2).
4. The Committee noted to ensure that this study is registered with a Clinical Trials Registry before starting.
5. The protocol does not mention that the drug is also used in children and is inconsistent with other documents.

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

1. The Committee noted that the brand name of the reference product can be named (Circadin).
2. Please state in the purpose section how long study periods are.
3. Provide assurance around amount of blood being taken and the risks associated.
4. On page 2, paragraph stating can't eat for 10 hours. Please state that someone can drink water.
5. On page 2 please add the address of Neo Health
6. Please change 'Central" HDEC committee to Northern B
7. Oh page 3 please clarify that study timetable will be given after signing consent.
8. Please detail on page 5 the deletion of the photograph and relevant storage.
9. Please clarify taxi ride locations and who this is offered to
10. On page 9 please provide a comparison of blood amount for 388mls e.g., less than 420mls of donated sample.
11. Please clarify what reasonable costs are.
12. Please add address of Southern Community Labs
13. On page 15 there is no reference to karakia and whether this is available.
14. Consent form states risk if a partner becomes pregnant but PIS says there isn’t. Please amend for consistency.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Susan Sherrard and Mrs Leesa Russell.

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| **9** | **Ethics ref:** | **2021 FULL 11770** |
|  | Title: | Phase 1 study of safety and efficacy of INS018\_055 with placebo in healthy volunteers |
|  | Principal Investigator: | Dr Chris Wynne |
|  | Sponsor: | InSilico Medicine Hong Kong Limited |
|  | Clock Start Date: | TIME |

Dr Chris Wynne and Sharmin Bala were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This is a Phase 1, randomized, 2-part (Part A and B), double-blind, placebo-controlled single and multiple ascending doses study designed to assess the safety, tolerability, and PK of INS018\_055 when administered as oral doses to healthy subjects. Additionally, this study will investigate the impact of food on the PK of INS018\_055.

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 there is inconsistency across the Participant Information Sheet (PIS), advertisements and the application form for numbers in each group, and study visits.
2. The Committee noted the application form indicates that cohort 4 of Part 1 receives higher reimbursement than those in Part 2 despite having fewer inpatient nights. Please review and amend documents accordingly.
3. The Committee requested that participant-facing documentation is transparent as to what participants are being fed as some people may have reasons other than allergies for avoiding certain food (religion, etc.)

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

PIS Part A

1. Please make it clear how many extra days for the food-affect group in cohort 4 there are.
2. Please clarify that the reimbursement flexibility is to do with timing of payment and not payment amount.
3. Please review for simplification of language
4. On page 3 please add addresses of the laboratories.
5. Page 5 Please quantify the amount of blood taken on day 1. Detail is given on page 11 but bring that detail forward.
6. Please explain faecal occult sample the first time it appears
7. Page 7 with Cohort 4, please clarify how long after dose can someone eat.
8. Please provide a simplified definition of drug and alcohol abuse (i.e. in quantities)
9. Please provide assurance that you have medical professionals and equipment on standby after mentioning serious risks.
10. Please insert name of sponsor
11. Please explain PK blood testing when it first appears.

PIS Part B

1. “Cohort 6-10….” Needs to be clarified in lay language.
2. Please select one of these benefit statements to include and remove the extra: “We cannot guarantee or promise that you will receive any benefits from this research/this study is not designed to provide you with any therapeutic benefits.”
3. On page 10, commercial sponsor should be listed.

**Decision**

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

* please address all outstanding ethical issues raised by the Committee
* please update the Participant Information Sheet and Consent Form, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

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| **10** | **Ethics ref:** | **2021 FULL 11764** |
|  | Title: | Steroid versus PRP Injection For Frozen shoulder – STIFF Trial |
|  | Principal Investigator: | Dr Jordan Davis |
|  | Sponsor: |  |
|  | Clock Start Date: | 24 November 2021 |

Dr Jordan Davis, Dr Catherine Bacon and Cathy Sorensen were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study is a randomised trial to compare platelet-rich plasma injection (PRPI) against corticosteroid injection (CSI) for treatment of frozen shoulder.

Summary of resolved ethical issues

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

1. The Committee noted the documentation was unclear and queried whether the study would be sending tissue to third parties. The researcher confirmed the study would not be sending tissue elsewhere and would only be used for tests within the study.

Summary of outstanding ethical issues

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

1. The Committee noted the petrol voucher reimbursement may not be appropriate for participants who live within the 20km zone or who do not drive to appointments. The Committee queried if the petrol voucher could be converted to a supermarket voucher or equivalent instead. The Researcher agreed this was an option but would need to confirm the budget available per participant.
2. The Committee queried if the second injection can be done blinded. The Researchers confirmed it could be. The Committee suggested a crossover design in which participants who do not respond receive the other intervention, though this is the Researcher’s decision. The Committee requested information about potential second injections be added to the PIS.
3. Please supply any invitation emails as these are considered advertisements and require HDEC approval prior to use.
4. The Committee noted the CI’s indemnity is due to expire, please supply the updated certificate.
5. Please register the study and obtain sponsor/locality authorisation at the end of the HDEC form. This will be unlocked for you upon receipt of this letter.
6. The Committee advised to consider the risks and benefits of including pregnant participants and to write it into the inclusion/exclusion criteria depending on the outcome.

Data management plan:

1. Please remove the template prompts (in coloured text) if these are not relevant to the study.

Section 2

1. Please remove the information on study structure and replace it with a statement explaining the study Sponsor will enlist the support of a named CRO to coordinate the study. The Committee advised the Sponsor is responsible for supervising any/all outsourced activities and the CRO is not needed on the table.

Section 3

1. Please revise the use of ‘tino pai’ as this means very good and may be a transcription error.

Section 9

1. The Committee noted the list of people who can see identifiable data is unclear. Please list who will have access to identifiable data and clarify when (e.g. if an entire laboratory only in the event of an adverse event.
2. The Committee advised that overseas clinicians do not need identifiable data so this should not be sent.
3. Please remove the CRO from the list.

Section 11

1. Please remove the information around tissue and Future Unspecified Research as this is not applicable.

Section 21

1. Please clarify what is happening with Medtech and differentiate between clinical and research data e.g. clinical data is obtained from Medtech and then stored separately as research data.

Section 22

1. Please clarify how a study code will be assigned to each participant (e.g. a random number generator or ascending sequence).
2. Please remove the lab information in section 22.1 if this is not relevant.

Section 23

1. Please insert information about the consultation process here.
2. Please state whether or not Future Unspecified Research will happen or not.

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

1. Please rephrase ‘You will be consented’ to ‘You will be asked to consent’.
2. Please break up the study design section into paragraphs
3. When discussing the repeat injection please insert a statement advising that if the participant’s clinician assesses they have a reduction in pain/discomfort a repeat injection can be done, rather than discussing unspecific benefits.
4. Please split the risks section into paragraphs. Please include an explanation on the small risk of laboratory error when returning blood products and the measures taken to avoid returning the wrong blood.
5. The Committee noted the colour contrast may be difficult for some to read and suggested changing it.
6. Page 8: Please remove the ‘free of charge’ reference when discussing study results. Please include a ‘yes/no’ tickbox on the consent form for participants to opt-in to receive a lay summary of results.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O’Connor and Dr Patries Herst.

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| **11** | **Ethics ref:** | **2021 FULL 11797** |
|  | Title: | Duplicate Submission ANZFFR |
|  | Principal Investigator: | Dr Roger Harris |
|  | Sponsor: |  |
|  | Clock Start Date: | 24 November 2021 |

Dr Roger Harris was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. A registry will be established to monitor fragile fractures outcomes against clinical standards and to provide data for future research opportunities.

Summary of resolved ethical issues

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

1. The Committee advised that the registry’s data access committee is sufficient to assess applications regarding requests to use de-identified Registry data, and these would not need HDEC approval unless otherwise in scope. The Committee explained that the release and use of deidentified data does not require HDEC approval.

Summary of outstanding ethical issues

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

1. The Committee requested the data access protocol be amended to make it clear that requests for deidentified data are approved by the governance group and not HDEC.
2. The Committee suggested writing into the data access protocol a provision that if any researchers are requesting data they will be expected to provide annual reports on their use of the data as well as a final report when the study is complete.
3. Please remove the statement about ACC receiving deidentified data if this is not the case.

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

1. Please create a new section titled ‘How Do I Opt Out?’. Please include a statement instructing potential participants that they may tell the person who handed the form to them.
2. Please create an ‘opt out’ consent form to append to the PIS for if someone does not want to participate and wishes to formally record it.
3. Please insert a statement advising that ACC is supporting the service and funding the study.
4. Please amend the protocol so participants are reminded of their option to withdraw at contact times.
5. Please include information on the potential risk of accidental disclosure / data breach.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O’Connor and Dr Patries Herst.

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| **12** | **Ethics ref:** | **2021 FULL 11776** |
|  | Title: | Maternal Psoriasis and Infant Neurodevelopmental Outcomes (MaPINO) study |
|  | Principal Investigator: | Dr Hannah Jones |
|  | Sponsor: |  |
|  | Clock Start Date: | 24 November 2021 |

Dr Hannah Jones was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. The study will investigate a potential link between maternal psoriasis and neurodevelopmental disorders by collecting health information of mothers with and without psoriasis and comparing developmental outcomes.

Summary of outstanding ethical issues

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

1. The Committee advised that the study would need to be transparent to participants that it was investigating a link between maternal psoriasis and brain development of the child and the two year assessment will be to analyse the child’s functioning and whether it has been affected by different variables in the parents and their families. This is essential to obtain informed consent.
2. The Committee queried the necessity of collecting information from the father as this would not answer the primary question of whether maternal psoriasis can affect a baby’s development. The Researcher stated it was preferable to collect more variables than not enough. The Committee stated there is usually the expectation to not collect sensitive personal information unless it is necessary for the study. The Committee advised that if the study scope is going to widen beyond investigating maternal psoriasis then its objectives must be protocolised. Please update the protocol with sufficient detail to allow another research team to faithfully replicate the study as the Committee needs to review every aspect of it before it can grant approval.
3. The Committee advised that if information will be sought from the baby’s father then there will need to be an additional PISCF to inform them of the study and obtain their consent. The Committee noted the questionnaires contained personal questions about the father (and does not differentiate between the biological father of the child or the mother’s current partner as these may be different people) and so the father would need to provide informed consent for this information to be collected.
4. The Committee noted as the questionnaires involve sensitive information about medical and psychiatric history it would be preferable for mothers and fathers to be consented separately as there may be private family history they do not wish to disclose to one another.
5. The Committee noted NEAC Standard 9.8 specified what a protocol must contain and requested the Researcher ensure the protocol document complies with all requirements. Notably it must contain all study procedures, when they will be done, by whom, how, where etc. The Committee suggested a Gantt chart with timelines would be useful.
6. The Committee requested the inclusion of an analysis plan in the protocol to outline what the father’s data will be used for.
7. The Committee requested information added to the protocol to cover potential scenarios such as embryo donation, surrogacy and abusive relationships as there will need to instructions in the protocol on how to manage these.
8. The Committee requested a referral / safety plan to manage any adverse events or incidental findings (e.g. if a participant is found to be suffering from a physical/mental health condition).
9. The Committee requested the protocol detail the consultation process undertaken and how it has been incorporated into the study design.
10. The Committee requested the protocol contain detail on tissue / blood handling (including disposal), any sub-studies, any potential Future Unspecified Research with data/tissue.
11. The Committee noted the response to D8 in the application form and advised that babies do not have diminished capacity to consent, they are unable to and consent comes from the parent.
12. The Committee noted genetic tests may have implications for any current or future private insurance participants are eligible for. Please ensure the participant information sheet contains information warning of this. Please include a statement in the optional biomarker PIS advising that genetic conditions may need to be disclosed to insurers and will affect ‘prior conditions’.
13. The Committee requested the removal of the partner’s information from the mother’s survey as information about the father can be obtained from the father.
14. The Committee requested the removal of the parental information from the child health survey.

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

1. The Committee noted there were a lot of information sheets and suggested the extended FUR sheet and optional biomarker sheet could be combined into an optional sheet (with different consents) to reduce the total number of different PISCF. The Committee advised it would be appropriate to present participants with this sheet again when they are signing for the at-delivery baby blood.
2. Please split the main PIS into a mother’s sheet, a father’s sheet and a sheet for the baby.
3. Please remove the ‘yes/no’ boxes from the consent form unless it is for something truly optional (i.e. the participant can answer ‘NO’ and still participate in the study).

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Mrs Kate O’Connor and Dr Patries Herst. **General business**

1. The Committee agreed on a new start time of 11am for future meetings beginning in 2022.

**Review of Last Minutes**

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

The meeting closed at 7:00pm.