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| **Committee:** | Northern B Health and Disability Ethics Committee |
| **Meeting date:** | 02 August 2016 |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Road East, Ellerslie, Auckland |

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| **Time** | **Item of business** |
| 12:00pm | Welcome |
| 12:05pm | Confirmation of minutes of meeting of 05 July 2016 |
| 12:30pm | New applications (see over for details) |
|  | i 16/NTB/132  ii 16/NTB/135  iii 16/NTB/126  iv 16/NTB/127  v 16/NTB/128  vi 16/NTB/129  vii 16/NTB/133  viii 16/NTB/124 |
| 4:30pm | General business:  Noting section |
| 5:00pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Mrs Maliaga Erick | Lay (consumer/community perspectives) | 01/07/2015 | 01/07/2018 | Present |
| Mrs Stephanie Pollard | Non-lay (intervention studies) | 01/07/2015 | 01/07/2018 | Apologies |
| Miss Tangihaere Macfarlane | Lay (consumer/community perspectives) | 19/05/2014 | 19/05/2017 | Present |
| Mrs Phyllis Huitema | Lay (consumer/community perspectives) | 19/05/2014 | 19/05/2017 | Present |
| Mrs Kate O'Connor | Lay (ethical/moral reasoning) | 14/12/2015 | 14/12/2018 | Present |
| Ms Shamim Chagani | Non-lay (health/disability service provision) | Co-opt NTA | Co-Opt NTA | Present |
| Dr Nora Lynch | Non-lay (health/disability service provision) | 24/07/2015 | 24/07/2018 | Present |
| Mrs Leesa Russell | Non-lay (intervention studies), Non-lay (observational studies) | 14/12/2015 | 14/12/2018 | Present |
| Mr John Hancock | Lay (the law) | 14/12/2015 | 14/12/2018 | Present |

## Welcome

The Chair opened the meeting at 12:00pm and welcomed Committee members, noting that apologies had been received from Mrs Stephanie Pollard.

The Chair noted that fewer than five appointed members of the Committee were present, and that it would be necessary to co-opt members of other HDECs in accordance with the SOPs. Ms Shamim Chagani 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 05 July 2016 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **16/NTB/132** |
|  | Title: | A study evaluating how GS-9674 is cleared by the body, in adults with normal and reduced liver function. |
|  | Principal Investigator: | Prof Edward Gane |
|  | Sponsor: | Gilead Sciences., Australia New Zealand |
|  | Clock Start Date: | 14 July 2016 |

Prof Edward Gane, Miss Sonya Duffy, and another co-investigator 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. This study investigates a study drug GS-9674 which is being developed as a potential new treatment for fatty liver disease caused by obesity.
2. Previously only very limited studies, in healthy participants, have been conducted on this specific study drug. This study is the first time the study drug has been trialled on participants with liver impairment.
3. The Committee noted that studies should not be terminated for commercial reasons, however the application form listed this as a possibility. Please ensure this is not stated in future applications.

Summary of ethical issues (resolved)

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

1. The Committee questioned the status of Maori consultation. The Researchers confirmed that it was in progress and going well.

Summary of ethical issues (outstanding)

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

1. The Committee noted their surprise that this study included participants with severe liver impairment. The Researcher assured the Committee that they will trial the drug in participants with minor impairment first to help confirm the safety of the study drug in participants with liver impairment.
2. The Committee raised concerns that a number of participants would be recruited in to each cohort at the same time, given the international nature of the study, and suggested that it is important to stagger the dosing within and between cohorts to ensure safety. The Researcher stated that they did not believe that multiple participants would be dosed at one time. The Committee stated their preference that this was formally documented in the study protocol to ensure that there is a gap between participant dosing to monitor for adverse reactions and to ensure safety in participants with minor liver impairment before moving on to participants with moderate and severe impairment.
3. The Committee noted that from the application and Participant Information Sheet it appeared that 400mls of blood would be taken from participants over 48hours. The Committee was concerned that this was excessive, especially considering that participants have liver impairment. Please confirm that this is suitable and safe.
4. The Committee noted that participants will be given a patient ID card, however, this was not provided. Please provide this for the Committee.

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

1. Please add more information to the Participant Information Sheet about the study drug, including how many healthy people have taken it in previous studies, and that it has not yet been tested in participants with liver impairment.
2. Please adjust the title for the optional Participant Information Sheets.
3. Please make it clear in the Participant Information Sheet that tissue samples will be sent overseas, please also state where they will be going.
4. The Committee noted that the consent form provided is substantially shorter than the HDEC template and seems to be missing some important information. Please revise this to ensure all necessary information is included.
5. Please clarify in the Participant Information Sheet when blood will be taken and how much will be taken.
6. Please add to the Participant Information Sheet that participants are able to talk with family and friends before deciding to participate in the study.
7. Please make it clear in the Participant Information Sheet that participation in this study is not intended to treat participants’ liver impairment.
8. The Participant Information Sheet refers to cardiovascular issues at times, please revise to ensure that these forms are consistent with the proposed study.
9. Please name the Maori cultural support person in the Participant Information Sheet.

Decision

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

1. Please confirm, and adjust the protocol to reflect this, that participants will be dosed sequentially with sufficient monitoring between participants to ensure safety as much as possible.
2. Please respond to the outstanding ethical concerns detailed above.
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*).

This following information will be reviewed, and a final decision made on the application, by Dr Nora Lynch and Mrs Maliaga Erick.

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| **2** | **Ethics ref:** | **16/NTB/135** |
|  | Title: | iCST |
|  | Principal Investigator: | Dr Gary Cheung |
|  | Sponsor: | The University of Auckland |
|  | Clock Start Date: | 21 July 2016 |

Dr Gary Cheung 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. This is a pilot study on the effect of individual Cognitive Stimulation Therapy delivered by health professionals and trained volunteers on cognition and quality of life in people with mild to moderate dementia.
2. The Committee noted that there is a body of evidence suggesting that Cognitive Stimulation Therapy is beneficial.
3. The Committee commended the researcher’s application in terms of negotiating difficult issues, such as the inclusion of participants unable to provide their own informed consent.

Summary of ethical issues (resolved)

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

1. The Committee questioned who the trained volunteers would be. The Researcher explained that they are volunteers from Alzheimer’s Auckland. The Committee questioned the vetting process for volunteers. The Researcher explained that this is done by Alzheimer’s Auckland and they have a thorough process for this.
2. The Committee questioned whether the training for volunteers included cultural awareness training. The Researchers stated that this will be emphasised at the volunteer training day.
3. The Committee asked whether interpreters are available for participants in this study. The Researcher stated that they are not available and participants must be fluent in English.
4. The Committee stated that the session times for the study are quite long and could prove challenging for participants, they suggested that these may be able to be reduced. The Researcher stated that they could not reduce the session times as this is how long it takes to complete the study sessions.
5. The Committee questioned whether participants who withdraw from the study intervention would continue to be followed up throughout and after the study, with their consent, as their data is likely to be important for the study results. The Researcher confirmed that they hope to retain participants in the data collection part of the study even if they decide to withdraw from the study intervention.
6. This study includes some participants who are unable to provide informed consent to their participation in the study, due to having mild to moderate dementia. The Committee appreciated that the application included forms to ascertain the views of suitable persons, such as the participant’s family and/or friends, regarding whether the participant would want to be in the study if they were able to provide informed consent. The Committee noted their approval of having family and friends available to support participants in determining if they want to be involved in the study. The Committee stated that it was important that this form is not viewed as a proxy consent form as this is not acceptable for research in New Zealand.
7. Research involving participants who are not competent to consent is inconsistent with the Bill of Rights unless it is undertaken in accordance with Right 7 (4) of the of the Code of Health and Disability Services Consumers’ Rights. In addition to requirements regarding ascertaining the views of the consumer and other suitable persons (forms consistent with this aspect are currently included in this application), Right 7(4) of the Code requires that any health services provided without the informed consent of the consumer must be in the best interests of the consumer. This means that there must be some benefit, or potential benefit, to the participant beyond what they would receive if they were not participating in the research. The Committee were satisfied that the best interest test of Right 7(4) has been met by this study and that the researchers would ascertain the views of the participants (and their family and friends) when possible.

Summary of ethical issues (outstanding)

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

1. The Committee questioned how the researchers will ensure the research assistants, such as the trained volunteers, will be kept safe, considering that they will be going in to participants’ homes.
2. The Committee questioned how indications of depression, suicidality, or abuse that are made to Researchers will be handled. The Researcher indicated that Alzheimer’s Auckland has processes in place for this that they intend to utilize. The Committee requested that this was confirmed and detailed for the Committee.
3. The Committee raised concerns about the statistical analysis of the study results in relation to the number of study arms and primary outcomes. The Committee requested further information from a statistician regarding whether adjustments need to be made because of the presence of multiplicity.

Decision

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

1. Please provide information on how the safety of the trained volunteers will be managed.
2. Please explain how any reports of depression, suicidality, or abuse by participants will be managed.
3. Please provide evidence of favourable statistical review of the study protocol (*Ethical Guidelines for Intervention Studies* Appendix 1).

This following information will be reviewed, and a final decision made on the application, by Mrs Leesa Russell and Mr John Hancock.

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| **3** | **Ethics ref:** | **16/NTB/126** |
|  | Title: | REMOVAL-HD trial |
|  | Principal Investigator: | Dr Colin Hutchison |
|  | Sponsor: | The University of Queensland |
|  | Clock Start Date: | 15 July 2016 |

Ms Peta-Anne Paul-Brent 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. This study investigates a different haemodialysis filter for safety and efficacy. The primary objective of the study is to determine if regular haemodialysis using the Baxter Theranova mid cut-off (MCO) dialyser in a chronic haemodialysis population is safe and will not result in a significant loss of albumin.
2. This device has previously been used in two brief studies each lasting 2 weeks, to assess the safety of the device.

Summary of ethical issues (resolved)

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

1. The Committee noted that a written withdrawal of consent form has been provided, however, verbal withdrawal is binding in New Zealand and it must be clear to participants that they do not need to withdraw in writing.

Summary of ethical issues (outstanding)

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

1. The Committee requested further information about the peer review process for this study. The Researcher explained that as part of the funding approval process for this study it received peer review. The Committee questioned what was covered during this process and requested that either a record of this process, that explains what was considered by the peer reviewers, is provided, or the HDEC Peer Review template is completed by a suitably qualified and experienced person independent from the research team.
2. The Committee stated that the requirements for stopping the study for safety reasons indicated in the application form seemed excessively high, and only indicated that the study would be stopped temporarily. The Researcher explained that individual participants would be withdrawn from the study if their results were not acceptable. The Committee agreed that this is important, however, there needs to be suitable procedures in place to stop the study completely if participant safety is continually compromised. Please provide further justification for the suitability of the stopping rules to ensure participant safety.

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

1. The Committee noted that this study involves the option of storing tissue for future unspecified research, however, a separate Participant Information Sheet and Consent Form was not provided for this. Please provide this, the Committee noted that a template is available on the HDEC website.
2. The Committee requested the compensation wording is updated for accuracy, they suggested the following statement: *“If you were injured in this study, which is unlikely, you would be eligible* ***to apply*** *for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery. If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.”*
3. Please ensure that the Participant Information Sheet is adjusted to be suitable for New Zealand participants, such as replacing the reference to a HREC with HDEC.
4. Please include a Maori cultural support person in the Participant Information Sheet.
5. The Committee suggested considering the Participant Information Sheet against the HDEC template to ensure that all relevant information is included.
6. Please clarify in the Participant Information Sheet when referring to ‘your doctor’ if this means the participant’s GP or the study doctor, or some other doctor.

Decision

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

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 evidence of favourable independent peer review of the study protocol (*Ethical Guidelines for Intervention Studies* Appendix 1).
3. Please provide criteria for study termination. (*Ethical Guidelines for Intervention Studies* *para 6.64*).

This following information will be reviewed, and a final decision made on the application, by Miss Tangihaere Macfarlane and Mrs Leesa Russell.

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| **4** | **Ethics ref:** | **16/NTB/127** |
|  | Title: | Human genetic susceptibility to Legionella Infection |
|  | Principal Investigator: | Dr Sandy Slow |
|  | Sponsor: |  |
|  | Clock Start Date: | 15 July 2016 |

Dr Sandy Slow 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. This study will investigate if there is a link between genetic factors and susceptibility to Legionella longbeachae infection.
2. The Committee noted that this is an interesting study.

Summary of ethical issues (resolved)

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

1. One of the primary ethical concerns is the possibility of incidental findings, as the Researchers will be looking broadly at participants genes. The Researchers propose to address this by consulting a geneticist if any incidental findings are found to determine if they need to report these findings back to participants.
2. The Committee questioned how far back in records the Researchers are going. The Researcher explained that they are going back 10-15 years and will take special care to avoid any patients who are deceased.
3. The Committee stated that this study essentially involves cold calling participants by mail, based on their hospitalisation with Legionella. The Researcher confirmed that this is the case; as there are only approximately 50 cases a year and all are reported to the same clinical microbiologist they have a fairly good idea of who potential participants are already. The Committee stated their preference that potential participants are approached by their GP, and referred to the researchers if they are interested in participation in this study.
4. The Committee questioned if the tissue bank being used for tissue storage after the end of the study is HDEC registered. The Researcher confirmed that it is.
5. The Committee questioned whether any participants may still be sick. The Researcher stated that this was a possibility.
6. The Committee noted that the evidence of scientific peer review provided does not provide much detail about what was considered, however, it is acceptable in this case.
7. The Committee noted that the University is the sponsor of this study, please update this in the HDEC application.
8. The Committee questioned whether interpreters are available for this study. The Researchers stated that English speaking is an inclusion criteria as interpreters are not available.

Summary of ethical issues (outstanding)

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

1. The Committee noted that the current recruitment strategy appears to not involve any face to face contact with researchers for participants, but due to the potential ramifications of participation (incidental genetic findings) the Committee feel that it would be more suitable to have participants meet a member of the research team in person to complete the consent process. The Researcher agreed to amend the recruitment process to include meeting participants in person to obtain consent and discuss the study.
2. The Committee questioned whether the Researchers had spoken to a geneticist yet. The Researcher clarified that they had not, but had connections to one. The Committee requested that the process on handling incidental findings is formalised. Please provide more information about this pathway, including who the geneticist is that they will discuss findings with.

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

1. Please ensure it is clear in the Participant Information Sheet that the invitation letter will be followed up with a phone call.
2. Please provide a separate Participant Information Sheet and Consent Form for tissue storage beyond the end of the study. The Committee referenced the HDEC template and suggest this is used when developing this form.
3. Please consider rephrasing the Participant Information Sheet as it is not sensitively worded where it states “If any errors occur in these kinds of genes, the proteins that are made may not work properly”. The Committee did not feel this was suitably sensitive towards participants and may make them feel that there is something wrong with them and their body does not work properly, which is not the intention.
4. Please give an indication in the Participant Information Sheet of within what timeframe participants could expect to hear of any incidental findings.
5. Please provide more information on what kind of research may be conducted on participant’s DNA in the future. This information should be included in the Future Unspecified Research Participant Information Sheet and should provide as much detail as possible.
6. Please remove the yes/no tick boxes from consent forms, these should only be included for statements that are truly optional (meaning that a participant could select ‘no’ and still be involved in the study).
7. Please do not collect ethnicity data on the Consent Form, this should be collected separately.
8. Please provide the appropriate contact details in the Participant Information Sheet, including Maori cultural support and the HDEC contact details.
9. The Committee requested the compensation wording is updated for accuracy, they suggested the following statement: *“If you were injured in this study, which is unlikely, you would be eligible* ***to apply*** *for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery. If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.”*
10. Please state in the invitation letter that participation will involve blood being sent overseas.
11. Please remove the statements in the Participant Information Sheet about considering the direct benefits to participants, their whanau, and Maori in general as these may be considered coercive.

Decision

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

1. Please amend the information sheets and consent forms, taking into account the suggestions made by the committee *(Ethical Guidelines for Observational Studies para 6.10)*
2. Please respond to the outstanding ethical concerns detailed above.

This following information will be reviewed, and a final decision made on the application, by Dr Nora Lynch and Mrs Phyllis Huitema.

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| **5** | **Ethics ref:** | **16/NTB/128** |
|  | Title: | Superficial infection rate between proud and buried K-wire fixation for distal humerus supracondylar fracture. |
|  | Principal Investigator: | Dr Chuan Kong Koh |
|  | Sponsor: |  |
|  | Clock Start Date: | 15 July 2016 |

Dr Chuan Kong Koh 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. This study investigates the superficial infection rate between proud and buried K-wire fixation for distal humerus supracondylar fracture.
2. If the K-wire is buried another surgical procedure with general anaesthetic is required to remove it, however, if it is left proud it can be removed as an outpatient procedure. The justification for burying the K-wire is to reduce infection rates, however, it is believed that leaving the K-wire proud may not seriously increase the infection risk.

Summary of ethical issues (resolved)

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

1. The Committee appreciated that this study was backed up by audit data that suggests there is no difference in infection risk between procedures.
2. The Committee questioned whether the care of the wound required was different for participants with proud or buried K-wires, the Researcher explained that the participants arm would be in a cast and they would not notice a difference.

Summary of ethical issues (outstanding)

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

1. A study protocol is a required documents for studies submitted for HDEC approval, however, one was not provided in this case. The Committee noted that a number of their questions may have been answered by a high quality study protocol.
2. The stopping rules for the study should be determined in advance of study initiation, please provide these to the committee, they should be included in the protocol.
3. Please clarify the data storage arrangements for this study, such as whether they will be stored in a password protected hospital server and if they will be stored in an identifiable format.
4. The application form suggests that future research may be conducted on data from this study, please confirm whether this is the case.
5. The Committee questioned whether an interpreter would be available as many participants may have English as a second language. Please confirm if this will be possible.
6. This study involves participants under the age of 16, the application form suggested that most participants would be under 10 years old. The Committee explained that when possible child participants should assent to their participation in a research project, with their parents providing informed consent. Generally this includes participants aged 7 years and over providing at least some level of assent.
7. The Committee noted that the application form indicated that participants would be recruited by the on call registrar, however, this study is running over 3 years and the registrars are on 6 monthly rotations so this person will change frequently. The Committee expressed their preference that recruitment be conducted by someone who will be more consistent over the study period as it would be difficult to ensure all registrars are fully informed of the study and able to answer all questions.
8. The Committee questioned why the peer review suggests this is a controversial study, please provide more information about this.
9. Please confirm the Maori Cultural Consultation process for this study.

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

1. The Committee requested that more information is included in the Participant Information Sheet about how infection risk can be minimised.
2. Please include Maori Cultural Support contact details in the Participant Information Sheet.
3. Please remove the tick boxes for statements in the Consent Form that are not truly optional, meaning that a participant could select ‘no’ and still participate in the study.
4. Please ensure that all health information is stored for a minimum period of 10 years after the participant turns 16, this must be reflected in the Participant Information Sheet (Health (Retention of Health Information) Regulations 1996).
5. Participants should be offered a letter explaining the study results, this option should be included in the consent form.
6. Please revise the Participant Information Sheet to remove all typographical errors.
7. Please replace ‘you’ with ‘your child’ in the Participant Information Sheet as consent is being obtained from participants parents.
8. Please provide 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. Guidance on assent can be found at <http://ethics.health.govt.nz/guidance-materials/assent-guidance>. The Committee noted that the need for both of these forms will depend on the age of participants, which is currently unknown as a protocol detailing this was not provided. A very simple form (with pictures) should generally be provided for participants aged 7-10 years and a more comprehensive, but still age appropriate, information sheet should be provided for participants 11-15 years. Any participants aged 16 or older must provide their own informed consent.
9. Please include more information in the Participant Information Sheet for parents about the risks and benefits of the study and the coding and storage of information.
10. Please provide a contact to a senior orthopaedic colleague on the Participant Information Sheet for parents.
11. Please explain terms like ‘randomised’ and ‘gold standard’ in the Participant Information Sheet.
12. Please provide the Maori Language pamphlets.
13. Please remove assumptive language from the Participant Information Sheet, i.e. ‘when you are advised of your participation in the study’ assumes that participation is not voluntary.
14. Please revise the Participant Information Sheet to remove information and formatting retained from the template that is not suitable for the final document.
15. Please explain in the Participant Information Sheet what ‘K-wire’ is an abbreviation of.
16. Please remove references to pending peer-review from the Participant Information Sheet.
17. Some of the statements in the Consent Form refer to issues not explained in the Participant Information Sheet, i.e. it does not say what information is collected in the information side, yet the participant has to consent and agree they understand.

Decision

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

1. The information sheet and consent forms provided are not suitable to facilitate informed consent and assent (Ethical Guidelines for Intervention Studies para 6.22).
2. Suitable information sheets and assent forms were not provided. This includes an information sheet and consent form for parents of participants unable to provide informed consent (who are aged under 16 years old), 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. Guidance on assent can be found at <http://ethics.health.govt.nz/guidance-materials/assent-guidance>.
3. Please provide criteria for study termination (*Ethical Guidelines for Intervention Studies* *para 6.64*).
4. The Guidelines for Researchers on Health Research Involving Māori state that as a general rule, consultation should take place if Māori are to be involved as participants in a project or the project relates to a health issue of importance to Māori. No information on the Maori cultural consultation process for this study was provided.

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| **6** | **Ethics ref:** | **16/NTB/129** |
|  | Title: | Open-label, randomised trial to evaluate the efficacy and safety of MOR00208 with bendamustine (BEN) versus rituximab (RTX) with BEN in adult patients with R-R DLBCL |
|  | Principal Investigator: | Dr Samar Issa |
|  | Sponsor: | MorphoSys AG |
|  | Clock Start Date: | 15 July 2016 |

Dr Samar Issa and some co-investigators 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. This phase II-III randomised study aims to evaluate the efficacy and safety of MOR00208 with Bendamustine; compared to Rituximab with Bendamustine (an accepted treatment), in patients who have relapsed from, or are not responding to, treatment for diffuse large B-cell lymphoma.
2. The study treatment may offer hope to people who have no other treatment options.

Summary of ethical issues (resolved)

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

1. The Committee stated that as this study treatment may offer hope to patients without other treatment hopes that these participants should be considered particularly vulnerable.
2. The Committee questioned the status of SCOTT approval for this study. The Researcher explained that it was soon to be submitted.
3. The Committee questioned the status of Maori cultural consultation. The Researcher stated that it has been completed. The Committee requested a copy of this is provided.
4. The Committee questioned whether the bone marrow biopsies would happen more regularly for study participants. The Researcher explained that they would only be done as standard of care.
5. The Committee questioned whether interpreters would be available for participants. The Researcher confirmed that they would be available and participant’s family and friends would also be encouraged to attend.

Summary of ethical issues (outstanding)

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

1. Please fix the table in the Participant Information Sheet to accurately reflect the frequency of bone marrow biopsies and to clarify that these are not done more frequently due to study participation.
2. Please state the availability of interpreters in the Participant Information Sheet.
3. Please clarify in the Participant Information Sheet when referring to a ‘doctor’ if this is the participant’s GP, study doctor, or another doctor.
4. Please state in the Participant Information Sheet that participants will be reimbursed for any study related travel expenses.
5. Please rephrase the Participant Information Sheet to ensure it is clear that this is research, not an offer of hope to participants. It must be clear in the Participant Information Sheet that participants may not experience a benefit.
6. The Committee questioned the statement in the Participant Information Sheet regarding the study sponsor stopping the study. The Committee suggests that this is replaced with information on what happens when the study ends, such as whether the study treatment will be available to participants. Please also include information on the reasons the study may be stopped, such as for safety concerns.
7. Please explain technical terms in the Participant Information Sheet, such as pharmacogenomics, the Committee suggests this could be replaced with ‘drug-gene interaction’.
8. Please include Maori cultural support contact details in the Participant Information Sheet.

Decision

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

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).

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

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| **7** | **Ethics ref:** | **16/NTB/133** |
|  | Title: | LTI01-1001; Phase 1 LTI­01 study in CPE/Empyema patients |
|  | Principal Investigator: | Professor John Kolbe |
|  | Sponsor: | Clinical Network Services Ltd |
|  | Clock Start Date: | 21 July 2016 |

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

Potential conflicts of interest

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

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

Summary of Study

1. The primary object of this study is to evaluate the side effects (safety and tolerability) of escalating doses of the study drug which is introduced into the pleural space of empyema and synpneumonic patients with incomplete drainage through a standard pleural tube. This is the first time LTI-­01 will be given to humans.
2. Participants in this study will be unwell when recruited and standard care will have failed.
3. The Committee noted their approval of staggered recruitment and dosing to help ensure participant safety.

Summary of ethical issues (resolved)

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

1. The Committee noted that participants in this study will not be reimbursed for their time or inconvenience in this study, although it may involve a longer stay in hospital. However, this is clear in the Participant Information Sheet and seems acceptable.

Summary of ethical issues (outstanding)

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

1. The Committee noted that the application stated that tissue would not be sent overseas, however, the Committee understands that tissue will be sent to the USA. Please clarify this for the Committee.
2. The Committee questioned how data from the study will be stored.
3. The Committee requested further information on the rates of the condition being studied in Maori and other ethnicities.
4. Please clarify the Maori cultural consultation process for this study.

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

1. Please revise the Participant Information Sheet for improved clarity, including consistent uses of terms (e.g. the terms ‘study’ and ‘research’ are used interchangeably throughout the Participant Information Sheet, please stick with one term for each concept).
2. Please revise the Participant Information Sheet to remove all typographical errors and remove changes between 2nd and 3rd person, the Committee suggested that 2nd person language should be used throughout.
3. Please be clear in the Participant Information Sheet when referring to the participants ‘local doctor’ you mean their GP.
4. The Participant Information Sheet states that participants will be billed through the usual processes, however, some participants will be covered by the public health system, please ensure it is clear that if this is the case they will not need to pay.
5. Please revise the Future Unspecified Research Participant Information Sheet to remove typographical errors and wording inconsistencies.
6. Please state that participants will be asked to attend 3 and 12 month follow up visits.
7. Please be clear in the Future Unspecified Research Participant Information Sheet that tissue samples will be sent overseas and will be unable to be returned or disposed with Karakia, currently this form states ‘may not’ but it should state ‘will not’.
8. Please state in the Future Unspecified Research Participant Information Sheet that tissue sent overseas will not be subject to New Zealand ethics approval when used for research.
9. Please simplify the Participant Information Sheet, such as by including a diagram in the Participant Information Sheet to explain the study procedures.

Decision

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

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 respond to the outstanding ethical concerns detailed above.

This following information will be reviewed, and a final decision made on the application, by Mrs Leesa Russell and Mrs Kate O'Connor.

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| **8** | **Ethics ref:** | **16/NTB/124** |
|  | Title: | HCV reactivity Northland |
|  | Principal Investigator: | Dr Arlo Upton |
|  | Sponsor: |  |
|  | Clock Start Date: | 21 July 2016 |

Dr Arlo Upton 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. This is a sero-prevalence study of anti-HCV antibody reactivity among adults having blood tests at Northland Pathology Laboratory.
2. Sero-prevalence studies are a form of public health surveillance and have a long tradition of being done on anonymous tissue samples and the results being used to guide public funding and resource allocation. A previously study in Dunedin found higher rates than expected and this study will investigate whether similar levels can be expected in a different area, especially given the varied ethnic make-up of Northland.
3. This application includes an opt-out process where patients will be informed by a poster of the study and then able to indicate when they have blood taken if they do not wish for it to be used in this study.
4. This is a resubmission of a previously declined application.

Summary of ethical issues (resolved)

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

1. The Committee noted that recently a new treatment for HCV has been funded, they questioned whether this made a difference for the study. The Researcher stated that Northland is a socioeconomically disadvantaged area and funding is important for treatments to be accessible to patients in this area. The Committee stated that returning results to participants is more important when an effective and tolerable treatment is available.

Summary of ethical issues (outstanding)

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

1. The Committee noted that the justifications provided for not obtaining consent are practicality and bias, the Committee appreciated that this resubmission included an opt-out provision due to the concerns raised with the previous application not informing participants or obtaining consent. The Researcher stated that although some bias may be introduced by an opt-out process they believe that this would be less than if they were required to obtain written informed consent from all participants.
2. The Committee stated their concerns regarding results not being returned to participants as a positive result could be clinically significant. The Researcher explained that when the samples are tested for this study they will be fully de-identified so they will be unable to return results to participants as they cannot identify who the samples belong to. The Committee stated that the samples are identifiable when accessed by the researcher and identifying information could be retained when testing to allow results to be returned to participants. The Researcher agreed this was possible but reiterated that the intention was to reduce the privacy risks involved with using samples without consent by removing identifiers before conducting the testing. The Committee stated that they would like a formally documented process for de-identifying samples for this study.
3. The Committee stated that they needed to be convinced that the justifications for not obtaining consent are sufficient to warrant the use of tissue without consent.
4. In terms of the impracticality of obtaining consent the Committee noted that all participants will be visiting their GP to have routine blood tests and suggested that this is an avenue that could be used to obtain informed consent.
5. The Committee stated that the practicality of obtaining consent is closely linked to sample size for the study. They noted that the previous application for this study had 2000 participants, and the resubmission of this application includes 4000 participants. The Committee stated that it is important that the sample size for a study is justified and does not enrol more participants than necessary to obtain statistically sound results. The Committee requested further justification for the sample size included in this study as it is important not only for the scientific integrity of the study, but also to back up an argument that it is impractical to obtain consent as if more participants are required then the burden of obtaining consent is increased. The Researcher stated that they have not yet formally consulted a statistician for this study and based their participant numbers on the number of participants they could reasonably expect to include based on their time and funding constraints. The Researcher also explained that an increased sample size would help to provide more information on variables such as ethnicity and location in the results. The Committee requested that a formal statistical analysis is performed by an independent biostatistician to confirm and justify the proposed number of participants.
6. The Committee questioned how many sites would be collecting blood that could be used for this study. The Researcher estimated 15-20 sites. The Committee suggested that a research assistant could be employed to visit each of these sites and obtain consent from participants, or inform the staff at the sites of the study to allow them to obtain informed consent. The Researcher explained that they do not have the funding available to pay for this. The Committee suggested that the Researchers could approach Abbvie (who are partially funding the study) to pay for this. The Researcher stated that although they possibly could do this, that doing this in the time frame available to complete the study is impractical.
7. In relation to the bias justification for not obtaining consent, the Committee questioned whether the Researcher was aware of any literature on the frequency of patients not agreeing to participate in this kind of research. The Researcher stated that they were not aware of any data on this. The Committee stated that they felt unable to accept a bias argument without any justification. The Researcher stated that because the aim of this study was to investigate prevalence of a condition they needed as close to complete of a data set as possible to ensure that the results are representative.
8. The Committee explained that not only do they need to consider the justifications for not obtaining consent, they also need to be assured of the public good that is expected from the study. The Researcher detailed how the results of this study would help direct and justify public funding and targeting or screening and treatment, providing a benefit to this population group.
9. The Committee stated that a positive HCV antibody result may have serious clinically significant implications for patients and would allow them to get treatment for a condition that may be impacting their health and they don’t currently know they have. The Researcher explained that a positive result does not confirm that a participant has HCV, a further test is needed to confirm the result. The Committee stated that it is still an important piece of information that should be provided to patients.
10. The Committee referenced the HDC Code of Rights, Right 6 The Right to be Fully Informed, that states *“1) Every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including…. d) Notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval; and …. f) The results of tests”.* However, the Committee noted that participants would not expect to receive the results of a HCV test as although they may know the study is being conducted, by the posters on display when they have blood taken for routine testing, these posters will clearly state that the results of the test will not be reported back to individual patients. Because of this, the Committee understands that the results of the HCV test is not “…*information that a reasonable consumer, in that consumer's circumstances, would expect to receive…”* and thus does not need to be provided to participants.
11. The Committee stated that the above assumption rested on the assumption that participants would have seen the posters about the study. The Committee explained that it is important that participants know of the study and their ability to opt-out and suggest that someone at each site collecting blood should direct each patient to the poster. Further, the Committee requested that a pamphlet is developed that can be handed to participants by a receptionist (and placed on tables) that briefly explains the study and how to opt-out.
12. The Committee questioned whether participants would need to have another blood draw and another HCV test if they wanted to know the results of the HCV test. The Researcher stated that as these blood samples would be retained for 7 days the participant’s GP could contact the lab and request this additional test within this time frame without participants needing to have another blood draw. The Committee asked if patients could contact the lab directly to request this. The Researcher stated that although this was not usual practice that it could be possible. The Committee requested that this is added to the poster and pamphlets that will be used to inform patients of the study. The Researcher confirmed that they could do this.
13. The Committee reiterated that although it is possible to conduct studies on tissue without informed consent, there must be very strong justification for this both in terms of a reason consent cannot be obtained and that the results of the study will provide a public benefit.
14. The Committee agreed that there was public benefit expected from this study as it would provide information on the rates of HCV in this population group and allow funding to be appropriately targeted.
15. Please provide more information on the reasons behind timeframe restrictions on conducting this study that were mentioned in the meeting, this is an important consideration when determining the practicality of obtaining informed consent.
16. The Committee understood that if the participant numbers required for statistical validity are as high as the Researcher indicated in their application, the timeframe restricted by DHB funding requirements, and the resource availability to the study limited then the practicality argument may be met for justifying not obtaining consent.
17. The Committee was uncertain whether the potential for bias in the study results was adequately justified, but appreciated that for a prevalence study it is important to have as complete of a data set as possible.
18. The Committee stated that it is important that the Northland community is informed of the study as eventually the results will be publically reported and it is important that the fact the study has been done does not come as a surprise to the community at this stage. The Committee requested that advertising is done to inform the community, such as in local newspapers, on the radio, and on community noticeboards. This will help to ensure that participants understand that they will not receive the results unless they, or their GP, specifically request this from the lab.
19. The Committee stated that the modified process agreed on in this study, involving multiple ways to inform the community and participants of the study, their ability to receive results if they request them, and the option to opt-out of the study, significantly reduces the risks involved with the study.

Decision

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

1. Please provide a pamphlet to be given to all patients whose blood could be used in the study. This pamphlet should explain the reasoning behind the study, the risk factors for HCV, that the results will not be reported back to participants or their GPs unless they specifically request this, and how to opt out of the study. The information on how to request the results of your HCV test should also be included in the poster. (*Ethical Guidelines of Observational Studies* para *4.2* and *HDC Code of Rights* Right 6*)*
2. Please provide evidence of independent statistical review for this study, specifically relating to the appropriateness of the sample size. The Committee stated that as practicality is one of the primary justifications for the use of tissue without consent, and practicality is directly linked to sample size, the Committee cannot determine the weight behind practicality arguments without further justification of the sample size. (*Ethical Guidelines of Observational Studies* Appendix)
3. Please clarify how the results of the study will be reported back to the community, and please provide the advertising that will be used to inform the community of the study being conducted. (*Ethical Guidelines of Observational Studies* para 10.1-10.9)
4. Please also respond to the Committee’s outstanding ethical concerns detailed above.

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

## 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:** | 06 September 2016, 12:00 PM |
| **Meeting venue:** | Novotel Ellerslie, 72-112 Greenlane Road East, Ellerslie, Auckland |

The following members tendered apologies for this meeting.

* Mrs Phyllis Huitema and Mrs Kate O’Connor.

1. **Problem with Last Minutes**

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

The meeting closed at 5:00pm