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| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 12 May 2020 |
| **Meeting venue:** | Zoom Video Conference |

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| **Time** | **Item of business** |
| 11:45am | Welcome |
|  | Confirmation of minutes of meeting of 14 April 2020 |
| 12:00pm | New applications (see over for details) |
|  | i 20/STH/58  ii 20/STH/59  iii 20/STH/63  iv 20/STH/62  v 20/STH/60  vi 20/STH/65  vii 20/STH/67  viii 20/STH/69  ix 20/STH/70 |
| 3:45pm | Substantial amendments (see over for details) |
|  | x MEC/05/10/130/AM23 |
| 4:30pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Dr Sarah Gunningham | Lay (other) | 05/07/2019 | 05/07/2022 | Present |
| Dr Devonie Waaka | Non-lay (intervention studies) | 18/07/2016 | 18/07/2019 | Present |
| Assc Prof Mira Harrison-Woolrych | Non-lay (intervention studies) | 28/06/2019 | 28/06/2020 | Present |
| Ms Rochelle Style | Lay (ethical/moral reasoning) |  |  | Present |
| Dr Paul Chin | Non-lay (intervention studies) | 27/10/2018 | 27/10/2021 | Present |
| Professor Jean Hay-Smith | Non-lay (health/disability service provision) | 31/10/2018 | 31/10/2021 | Present |
| Mr Dominic Fitchett | Lay (the law) | 05/07/2019 | 05/07/2022 | Present |
| Dr Pauline Boyles | Lay (consumer/community perspectives) | 05/07/2019 | 05/07/2022 | Apologies |

## Welcome

The Chair opened the meeting at 11:45am and welcomed Committee members, noting that apologies had been received from Dr Pauline Boyles.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the Standard Operating Procedures. Ms Rochelle Style confirmed her eligibility and was co-opted by the Chair as a member 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 14 April 2020 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **20/STH/67** |  |
|  | Title: | BO41843 - A study to compare GDC-9545 plus palbociclib versus letrozole plus palbociclib in people with estrogen receptor-positive, HER2-negative breast cancer (BO41843) |  |
|  | Principal Investigator: | Dr Soizick Mesnage |  |
|  | Sponsor: | Roche Products (New Zealand) Limited |  |
|  | Clock Start Date: | 30 April 2020 |  |

Dr Sophie Goodger and Dr Soizick Mesnage were present by 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 proposed study is a phase III, randomized, double-blind, placebo-controlled, multicenter trial that will evaluate the efficacy and safety of GDC-9545 combined with palbociclib compared with letrozole combined with palbociclib in patients with ER-positive, HER2-negative locally advanced (recurrent or progressed) or metastatic breast cancer.
2. Eligible patients will be randomly assigned in a 1:1 ratio to either an experimental arm to receive GDC-9545 combined with palbociclib or a control arm to receive letrozole combined with palbociclib. To ensure blinding, patients in both arms will receive either GCD-9545 or letrozole-matched placebo. Patients will be stratified by site of disease, disease-free interval since the end of prior (neo)adjuvant therapy, menopausal status, and geographic region.
3. Patients may continue to receive study treatment until disease progression or unacceptable toxicity. An exception will be made for patients who have developed isolated brain metastases that are treatable with radiation, provided the patients have experienced a PR, CR, or stable disease for 24 weeks. These patients will be allowed to continue to receive study treatment until systemic progression of disease and/or further progression in the brain.

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 what the intent of the remaining parts of the Phase 1 trial is, and its relevance to the proposed study. The Researcher stated that it was to help establish a standard dose.
2. The Committee queried whether the proposed trial had received approval from SCOTT. The Researcher stated that the study was currently being reviewed by SCOTT.
3. The Committee queried what safety monitoring procedures were in place for responses to mood questionnaires. The Researcher stated that the site has triaging procedures in place that are not part of the study, but can be used by the study immediately as needed.
4. The Committee queried how potential participants are approached about the study. The Researcher stated that the study is discussed with them in clinic by their clinician, who will identify potential participants.

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 comment from the study Sponsor on whether the proposed trial has enough data from the previous parts of the study to commence.
2. Please ensure that potential conflicts of interest and undue influence are minimised during the consenting process, by having research personnel not involved in the patient’s clinical care available to follow up with potential participants.
3. Please provide a data management and governance plan, in accordance with Chapter 12 of the National Ethical Standards for Health and Disability Research Quality Improvement (2019). Please include information on data use and re-use, identifiability of data, where data is stored and for how long, who has access rights to the data, including for future research, participant access and correction rights, destruction of data and what linking may occur with datasets form within this study and other studies. Please also ensure that the information section of the PIS clearly communicates these issues to potential participants.

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

1. The PIS should be amended to include information (in lay-terms) on the outcomes of previous parts of this trial, including whether any parts are ongoing.
2. Please amend the PIS so that study procedures are detailed in the appropriate section (currently study procedures are contained in the risk section; they should be in the study assessments section with the assessment table, for ease of reference)
3. Please ensure that the study lay-title serves as the heading for the PIS.
4. Please amend the first page of the PIS to state in bold that this is the second trial of the study drug in humans.
5. Please amend the PIS to state approximately how many New Zealand participants are intended to be recruited for this study.
6. Please clarify in the PIS section on risks, that pre-menopausal women will temporarily become menopausal and whether they will require contraception during this time. Please also include what menopausal symptoms they may expect, with frequencies if possible. Please also clarify whether the inducement of temporary menopause is standard of care or is different from standard of care as a result of being in the proposed study.
7. Please use the section of HDEC PIS template on reproductive risks as a guide for the same section in the PIS for this study.
8. Please ensure that the contraception requirements in the PIS are moved to the risks section.
9. Please ensure that the section on data in the PIS states that data stored overseas may not have the same protections as data stored in New Zealand, and that the data safety monitoring committee does not have New Zealand representation.
10. Please ensure that the main PIS only pertains to mandatory study components.
11. If any genomic analysis is mandatory for the study, please amend the PIS to, define genomic research in lay-terms, and clearly describe why genomic analysis is necessary and what will be tested.
12. Please amend the PIS to include all relevant information about data use and management as noted above.

Decision

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

* The Committee requested comment from the study Sponsor on whether the proposed trial has enough data from the previous parts of the study to commence.
* Please ensure that potential conflicts of interest and undue influence are minimised during the consenting process, by having research personnel not involved in the patient’s clinical care available to follow up with potential participants.
* Please provide a data management and governance plan, in accordance with Chapter 12 of the National Ethical Standards for Health and Disability Research Quality Improvement (2019). Please include information on data use and re-use, identifiability of data, where data is stored and for how long, who has access rights to the data, including for future research, participant access and correction rights, destruction of data and what linking may occur with datasets form within this study and other studies. Please also ensure that the information section of the PIS clearly communicates these issues to potential participants.
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Sarah Gunningham and Dr Paul Chin.

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| **2** | **Ethics ref:** | **20/STH/59** |  |
|  | Title: | Feasibility study of a new IUD insertion device |  |
|  | Principal Investigator: | Associate Professor Michael Stitely |  |
|  | Sponsor: | University of Otago |  |
|  | Clock Start Date: | 30 April 2020 |  |

Associate Professor Michael Stitely was present by video conference for discussion of this application.

Potential conflicts of interest

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

Professor Jean Hay-Smith declared a potential conflict of interest and did not take part in the discussion of this application.

Summary of Study

1. Researchers plan to test a prototype intrauterine contraceptive device (IUD) inserter designed specifically for post-partum use. The device has been tested in a simulation setting and functions as intended. The device has not been tried in human subjects. The reason for the study is to test that the device functions as intended in actual use.
2. Ten women will be enrolled. They will consent to have an IUD inserted after normal childbirth. A standard IUD that is already in routine clinical use will be inserted, using the new inserter. The location of the IUD will be confirmed by ultrasound at the time of insertion, within 5-10 days of insertion, and at 42-56 days after insertion.
3. The clinician inserting the IUD (a member of the research team), and the women receiving the IUD will complete brief surveys regarding their experiences with the use of the device.

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 how many clinicians will be involved in the proposed study. The Researcher stated that only the research team will be performing insertions.
2. The Researchers queried why the study was utilising more than one type of IUD. The Researcher stated that the device is able to facilitate the insertion of more than one type of IUD and they would like to use this project to reflect that capability.
3. The Committee asked the Researcher to clarify the commercial interests of the study. The Researcher stated that the IP is owned by Otago University; the Researchers are the inventors of the trial device but not the manufacturers. The research project is funded by an Otago Innovation Proof of Concept Grant; additionally, the study PIS does refer to commercial insurance as a back-up if ACC compensation falls through, which is in congruence with Otago university policies. The Committee stated that, for this trial of the study device, they were satisfied that it was not being carried out principally for the benefit of the manufacturer/distributor, and therefore any compensation requirements would be covered by ACC.
4. The Committee queried what the next steps of the device development were, if the study is successful. The Research stated that the plan was to partner the device with an IUD as a drug application.
5. The Committee queried whether other exclusion criteria for the study was based on the medical history of potential participants. The Researcher stated that it would, but that this information would be elucidated during the screening process.
6. The Committee queried whether cervical tearing should be part of the exclusion criteria, as suggested by one of the independent peer reviewers. The Researcher stated that they wish to test the device in clinically relevant situations, and tearing does not contraindicate the insertion of the device. The Researcher also clarified that those with haemorrhaging as a result of a tear would be excluded.

Summary of outstanding ethical issues

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

1. Please amend the study stopping rules/pause in recruitment criteria to specifically include failure to deploy IUD correctly, and intrauterine perforation.
2. Please create a data management plan in accordance with Chapter 12 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019). Please ensure that this plan is reflected in information provided in the PIS regarding data collection, use, sharing and storage.

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

1. Please amend the PIS to include information on what participants should do if something goes wrong, or they want the IUD removed, after the study has ended.
2. Please amend the PIS to include the option for participants to receive a summary of study results, written in lay-language.
3. Please amend the PIS section on ‘end of study’, as it currently states that no treatment is available.
4. Please amend the section of the PIS on benefits and risks, to clarify that there may be no benefit to participation in the study, and to more clearly communicate the risks of perforation of the uterus, expulsion and use rates. Empirical evidence on risk of similar devices (or previous versions of this device if available) should be used to help communicate the risk of participation.
5. Please amend all participant-facing documentation to ensure that participants are referred to as participants rather than subjects.
6. Please insert a section early in the PIS that clarifies that the study is on the insertion device and not a new IUD.

Decision

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

* Please amend the study stopping rules/pause in recruitment criteria to specifically include failure to deploy IUD correctly, and intrauterine perforation.
* Please create a data management plan in accordance with Chapter 12 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019). Please ensure that this plan is reflected in information provided in the PIS regarding data collection, use, sharing and storage.
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Devonie Waaka and Mr Dominic Fitchett.

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| **3** | **Ethics ref:** | **20/STH/63** |  |
|  | Title: | Evaluation of Safety, Tolerability and Preliminary Efficacy of EHP-101 in Patients with Diffuse Cutaneous Systemic Sclerosis |  |
|  | Principal Investigator: | Mrs Marina Dzhelali |  |
|  | Sponsor: | IQVIA RDS Pty. Limited |  |
|  | Clock Start Date: | 16 April 2020 |  |

Marina Dzhelali and Ketna Parehk were present by video conference 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 main purpose of the study is to evaluate the safety and tolerability of selected doses and regimen of EHP-101 in participants with diffuse cutaneous systemic sclerosis (dcSSc) administered for up to 84 days orally.
2. Approximately 36 participants are planned to be randomised in this study at approximately 30 study centres in Australia, New Zealand, United States and potentially Canada.
3. There will be a total of 4 cohorts investigated in this study.
4. The study consists of a screening period,treatment period of 84 days (dosing, safety, tolerability, preliminary efficacy and PK assessments will be performed) and safety follow-up period. The final safety assessments will be performed 28 days (±4 days) after the End of Treatment (EOT) visit and will be considered the end of study, End of study visit (EOS).
5. The participants will be randomised to receive EHP-101 or placebo as oral solutions in a 2:1 ratio. The cohorts to be investigated include (9 participants in each):
   * Cohort 1: EHP-101 25 mg or placebo once daily (OD);
   * Cohort 2: EHP-101 25 mg or placebo twice daily (BID);
   * Cohort 3: EHP-101 50 mg or placebo OD;
   * Cohort 4: EHP-101 50 mg or placebo BID.
6. The first two lower doses from Cohorts 1 and 2 will start in parallel. Cohorts 3 and 4 will only commence after the last patient from Cohort 1 or 2 has completed 4 weeks of treatment and the safety findings together with available PK data have been reviewed by an independent Safety Review Committee (SRC). The SRC will be responsible for safeguarding the interests of the participants and will assess safety data throughout the study.
7. The total duration of study participation, including the screening period is up to 148 days (±7 days).

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 whether the proposed study has been approved by SCOTT. The Researcher stated that it has received SCOTT approval.
2. The Committee queried whether there was any New Zealand representation on the independent data safety monitoring committee, and what the notification process was if safety concerns were raised. The Researcher stated that there is no New Zealand representative, although there is an Australian one. The Researcher also stated that study teams would be emailed as soon as the committee had met, if any concerns were raised. The HDEC and SCOTT would also be notified in these instances.
3. The Committee queried who will make the initial approach to potential participants. The Researchers stated that most potential participants will be patients in the care of the CI. Potential participants will be approached by a doctor who is not involved in the study, if they express interest in participating then the CI will be notified about them.
4. The Committee queried the reimbursement policy for this study. The Researcher stated that there is small variation between sites, but the lead site offers $55 per visit. If biopsies are required then additional reimbursement will be provided to reflect the extra visits. As most participants are local, this reimbursement should cover travel and parking costs.

Summary of outstanding ethical issues

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

1. Please clarify who the Coordinating Investigator is for the proposed study.
2. Please provide justification for the inclusion of a placebo group in this study, as this information was missing from the application form.
3. The application form clearly states this is a therapeutic study. Please confirm that the study will not be stopped for commercial reasons in New Zealand, in accordance with current NEAC Guidelines.
4. Please clarify whether participants are able to take other medications while on this study, as the PIS and application form are not congruent on this point.
5. Please amend the data management plan to only include laboratories relevant to this specific trial.
6. Please provide more information on the participant ID card.
7. Please remove storage of data for ten years and replace with storing data for ten years after the youngest participant has turned 16 years old.

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

1. Please amend the PIS to clarify that increased monitoring from participating in the study does not necessarily result in therapeutic benefit. .
2. Please include greater detail in the “risks” section of the PIS, including possible symptoms of adverse effects, their frequencies and how any adverse effects will be managed.
3. Please review the PIS and remove repeated / re-stated sections (for example, “placebo” is defined multiple times).
4. Please amend page six of the PIS, in which it is stated that “eye examinations are useful in diagnosing eye conditions and ensure you do not develop eye conditions during treatment”. Please amend the latter part of this statement as monitoring does not equal prevention. It can be stated that monitoring will occur, but please clarify that monitoring by itself is not preventative.
5. Please amend page 8 of the PIS to clarify that informing the participant’s GP is mandatory for this type of study. Please include information as to why informing the participant’s GP is necessary and safe in this study.
6. Please build upon the statement on page 9 of the PIS on potential risks of pregnancy by adding a fulsome section on reproductive risks (a template section can be found in the HDEC template PIS).
7. Please amend the PIS to include the appropriate Māori tissue statement.
8. Please amend the section of the PIS on risks to clarify whether there is a risk of scarring or keloid from biopsies.
9. Please amend the PIS to clarify that withdrawal of consent and samples can be verbal and does not need to be written.
10. Please clarify whether study data can be withdrawn once it is entered into the study database, and amend the section of the PIS that stated that the participant’s pregnant partner receives study results and can withdraw their data as necessary.

Decision

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

* Please clarify who the Coordinating Investigator is for the proposed study.
* Please provide justification for the inclusion of a placebo group in this study, as this information was missing from the application form.
* The application form clearly states this is a therapeutic study. Please confirm that the study will not be stopped for commercial reasons in New Zealand, in accordance with current NEAC Guidelines.
* Please clarify whether participants are able to take other medications while on this study, as the PIS and application form are not congruent on this point.
* Please amend the data management plan to only include laboratories relevant to this specific trial.
* Please provide more information on the participant ID card.
* Please remove storage of data for ten years and replace with storing data for ten years after the youngest participant has turned 16 years old.
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above)

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Sarah Gunningham and Dr Devonie Waaka.

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| **4** | **Ethics ref:** | **20/STH/60** |  |
|  | Title: | AK120-101: Assessment of single doses of the investigational drug AK120, in healthy adults. |  |
|  | Principal Investigator: | Dr Christopher Wynne |  |
|  | Sponsor: | Novotech (New Zealand) Limited |  |
|  | Clock Start Date: | 30 April 2020 |  |

Dr Christopher Wynne was present by video conference for discussion of this application.

Potential conflicts of interest

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

Dr Devonie Waaka declared a potential conflict of interest and did not participate in the discussion of this application.

Summary of Study

1. AK120 is being developed for the treatment of atopic dermatitis and related diseases such as asthma.
2. This is the first study of AK120 in humans. The trial aims to:
   * Assess how safe and well-tolerated single doses of AK120 are
   * Measure levels of AK120 in the blood over time, following a single dose (pharmacokinetics)
   * Measure the body's response to a single dose of AK120 (pharmacodynamics)
   * Measure the body's immune response to a single dose of AK120 (immunogenicity).
3. Approximately 40 healthy adults will be enrolled into 5 planned dose groups. Every participant will receive a single dose of AK120 or matching placebo, given as one or two injections under the skin on the abdomen.
4. Blood samples to measure study drug levels and the body's response to the drug will be collected at specific time points during the study, safety will be monitored, and any changes in health will be recorded.
5. The results will be used to decide which dose range will be used in further trials of AK120.

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 whether one participant can be in more than one study group. The Researcher stated that this would not happen.
2. The Committee queried whether potential participants would be tested for COVID-19. The Researcher responded that this would not happen due to the unavailability of a rapid test. In addition, the target interleukins in this study are not related to viral response, so participation would not affect safety with regards to viruses. Standard safety procedures in accordance with government COVID-19 guidelines will also be adhered to.
3. The Committee queried whether there is a risk of developing antibodies to the study drug. The Researcher stated that this is not uncommon, but the antibody response is unlikely to be significant or interfere with the drug action.
4. Please ensure that the data governance and management plan reflects the content of the PIS.
5. Please complete the section on anonymous data in the data management plan.
6. The Committee queried whether pregnant partners are technically participants. The Researcher stated that the consent obtained from pregnant partners is only to authorise access to the relevant health information and they are not considered to be participants in the main 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. Please confirm that the study insurance certificate includes New Zealand sites and is specific to this trial.

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

1. Please amend the PIS to include the placebo group:study group randomisation ratio.
2. Please amend the PIS table of procedures to reconcile the terms “continuous telemetry” and “cardio monitoring” for participants. If the intended meanings differ, please provide lay-friendly definitions/alternative wording for participants
3. Please provide clarification in the Pregnancy PIS as to whether the woman’s entire obstetric history will be accessed, and if so, demonstrate how this is relevant to the study and please limit access to that data.

Decision

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

* Please confirm that the study insurance certificate includes New Zealand sites and is specific to this trial.
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

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| **5** | **Ethics ref:** | **20/STH/62** |  |
|  | Title: | JBT101-RIS-001: A study comparing how fast the trial drug lenabasum is processed and cleared from the body, in adults with varying levels of kidney function. |  |
|  | Principal Investigator: | Dr Richard Robson |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 16 April 2020 |  |

Dr Richard Robson was present by video conference for discussion of this application.

Potential conflicts of interest

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

Dr Devonie Waaka declared a potential conflict of interest and did not participate in the discussion of this application.

Summary of Study

1. Lenabasum is being developed for the treatment of chronic disorders characterised by abnormal immune system responses and tissue fibrosis (scarring).
2. The kidneys are responsible for clearing about 30% of lenabasum from the body, so there is a possibility that reduced kidney function could result in a build-up of lenabasum in the blood. The study team wants to confirm this by comparing levels of lenabasum in blood and urine following single doses, in adults with reduced kidney function and in adults whose kidneys are working normally.
3. In this study, every participant will receive a single 20 mg oral dose of lenabasum.
4. The study will be conducted in two parts:
   * In Part A, approximately 8 participants with severe kidney impairment (Group 1) will be compared with participants with normal (age-appropriate) kidney function, matched for age, sex and weight (Group 2).
   * Part B of the study will only proceed if Part A results demonstrate a significant difference in lenabasum clearance between Groups 1 and 2. Part B will enroll approximately 8 participants with moderate kidney impairment (Group 3) and, if needed based on Part A results, approximately 8 participants with mild renal impairment (Group 4). Additional participants with normal kidney function will be enrolled in Part B as required, to ensure adequate matching for Groups 3 and 4.
5. Lenabasum levels will be measured in blood and urine samples collected at specific times during the study, safety assessments will be performed, and any changes in health will be recorded.
6. The results will guide recommendations on lenabasum dosing in individuals with reduced kidney function.

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 what would happen if a participant contracts COVID-19 once they have started the study. The Researcher stated that everyone is treated as a contact and isolated in accordance with the site Operating Procedures.

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

1. Please amend the PIs to clarify the definition of “drug abuse” under exclusion criteria, as some participants may not consider their recreational use as “abuse”. Please also explain why it is important to disclose drug use in terms of risk and receptor interactions.
2. Further to the above point, please amend the PIS to ensure that the drug screening at Day -1 of the study is clearly communicated to potential participants.
3. Please amend the section of the PIS on adverse reactions (pages 5-6); please simplify the language, remove unnecessary repetition, and clarify the percentage chance of each adverse reaction happening.
4. Please simplify the language used in the second paragraph of page one of the PIS.

Decision

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

* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

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| **6** | **Ethics ref:** | **20/STH/65** |  |
|  | Title: | Biolen-PC |  |
|  | Principal Investigator: | Dr Mark Fraundorfer |  |
|  | Sponsor: | Alessa Therapeutics |  |
|  | Clock Start Date: | 30 April 2020 |  |

Peggy McLaughlan and Dr Mark Fraundorfer was present by video conference 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 proposed research is a prospective, multi-centre, single arm, safety and feasibility study at up to 5 sites.
2. The objective of this study is to assess the safety and patient tolerance of Biolen (investigation product) after implantation into the prostate for participants with prostate cancer and to evaluate the effect of Biolen on the reduction of prostate tumour size in 20 participants over a 4-month period.
3. Participant visits include screening & implant and follow up visits on Day 1, Week 1, Week 4, Week 8 and Week 12 post implant, prostatectomy and a further follow up visit 2- 4 weeks after removal of the prostate.

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 whether SCOTT has approved the proposed study. The Researchers stated that the study has been submitted to SCOTT for review.
2. The Committee queried why the study drug was not being administered orally. The Researcher stated that the plan to deliver the drug directly to the prostate is to localise the effect, as there are systemic side-effects to androgen treatments. The Researcher noted that not all men will need the radical treatment, and that the goal of the research is to find a relatively benign treatment that also halts the proliferation of potentially cancerous cells.
3. The Committee queried at what point the device is implanted. The Researcher stated that implantation occurs prior to prostatectomy, but after the participant has found out that a prostatectomy is necessary. During this time period, potential participants will be approached by the Research team.
4. The Committee queried whether there was risk of implant migration. The Researcher stated that there was no evidence from animal studies to support this, or with migration of other prostate implants.
5. The Committee queried how any potential undue influence as a result of existing doctor/patient relationships will be managed. The Researcher stated that most potential participants will come from a DHB waitlist and will have already consulted with a clinician who is not part of the study, demonstrating that the standard care of the potential participant is separate from the study. A research nurse would then make the initial approach to the potential participant, followed by a conversation with the CI if the potential participant expressed interest in participation.

Summary of outstanding ethical issues

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

1. Please provide evidence of consultation with Māori.
2. Please amend the study documentation to reflect the fact that therapeutic trials cannot be terminated or have results suppressed for commercial reasons in New Zealand.
3. Please confirm that the study insurance certificate includes New Zealand sites and is specific to this trial.
4. Please submit the SCOTT review documents to HDEC, once they are available.
5. Please submit a data management plan in accordance with Chapter 12, National Ethical Standards for Health and Disability Research and Quality Improvement (2019)
6. Please submit a fulsome tissue management plan in accordance with Chapter 14, National Ethical Standards for Health and Disability Research and Quality Improvement (2019)

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

1. Please amend the PIS to ensure that participants are aware that implantation occurs prior to prostatectomy, but after the participant has found out that a prostatectomy is necessary. is clearly communicated to potential participants.
2. Please amend the PIS to more clearly state that participation in the proposed study may affect the timing of the potential participant’s planned prostatectomy.
3. Please amend the PIS to include information on other treatments for prostate cancer, more background information about the study product, and what is new in the proposed study, compared with previous studies.
4. Please amend the PIS to include cultural statements for Māori, including incidence rates of prostate cancer in Māori. Please also ensure cultural considerations surrounding the use of health information and tissue are communicated in the PIS. Please use the HDEC template PIS as a guide for these points.
5. Please amend the PIS to state in bold on the front page that the proposed study is effectively a first-in-human trial, including information on what aspects of the proposed study make it a first-in-human study.
6. Please amend the section of the PIS on risks to include whether there is any difference in risks between different delivery methods of the study drug.
7. Please ensure that the section of the PIS on risks contains all risks described in the Investigator’s Brochure.
8. Please ensure that the section of the PIS on risks contains information on possible risks in relation to which there is no current evidence in humans, e.g. device migration.
9. Please amend the PIS to include more information of potential side-effects, e.g. severity, frequencies (if known).
10. Please amend the first page of the PIS to include a short, lay-friendly study title.
11. Please amend the PIS to include communication that participation in the study will involve answering questionnaires that contain questions about sexual function.
12. Please amend the PIS to include a clear, lay-friendly table of study visits.
13. Please amend page 4 of the PIS to define genomic testing and research purposes in lay-language, including whether this is whole genome analysis, and how the analysis pertains to the study.
14. Please amend page 4 of the PIS to ensure that informing the participant’s GP is a mandatory part of participation in the study.
15. Please amend the section of the PIS on tissue samples to clarify that prostate tissue is to be returned to the pathology laboratory and if not how long it will be retained for, rather than stating that it is treated normally.
16. Please amend the section of the PIS on tissue samples to explain what genomic testing is.
17. Tissue sample section needs to include specifics of the laboratory to which samples will be sent.
18. Please ensure tissue management plan complies with Chapter 14 of the NEAC standards
19. Please clarify in the PIS that condoms should be used by participants as there is a risk of bicalutamide transmission through semen.
20. Please amend the confidentiality statement in the PIS to ensure that justification for accessing de-identified and coded data is present, including whether this is used for Future Unspecified Research (FUR).
21. Please amend the PIS to include more information about data use which is consistent with the data management plan and which complies with Chapter 12 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019).
22. Please replace the compensation statement in the PIS with the compensation statement found in the HDEC template PIS.

Decision

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

* Please provide evidence of consultation with Māori.
* Please amend the study documentation to reflect the fact that therapeutic trials cannot be terminated or have results suppressed for commercial reasons in New Zealand.
* Please confirm that the study insurance certificate includes New Zealand sites and is specific to this trial.
* Please submit the SCOTT review documents to HDEC, once they are available.
* Please submit a data management plan in accordance with Chapter 12, National Ethical Standards for Health and Disability Research and Quality Improvement (2019)
* Please submit a fulsome tissue management plan in accordance with Chapter 14, National Ethical Standards for Health and Disability Research and Quality Improvement (2019).
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Rochelle Style and A/Prof Mira Harrison-Woolrych.

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| **7** | **Ethics ref:** | **20/STH/58** |  |
|  | Title: | Down's dementia |  |
|  | Principal Investigator: | Prof. Tim Anderson |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 09 April 2020 |  |

Dr Toni Pitcher was present by video conference 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. Adults (>40 years) with Down's syndrome are at a heightened risk of developing an amyloid-associated dementia that is the same as Alzheimer's disease. They also frequently accumulate amyloid protein in the blood vessels of the brain, which increases the chance of brain bleeds and can increase the severity of cognitive impairment.
2. The proposed study aims to establish proof of concept that adults from the Down's community are willing to engage with research related to dementia. Additionally, we will be assessing brain imaging methods to quantify the extent to which micro bleeds have occurred within the brain.
3. The study will assess participants' cognitive abilities, obtain brain imaging (both magnetic resonance imaging; MRI and positron emission tomography; PET), and collect blood samples. MRI imaging will allow for measurement of structural brain changes associated with amyloid pathology and importantly the extent to which brain bleeds have occurred. PET imaging will establish the amount of beta-amyloid accumulation in the brain.
4. These together with the measurement of genetic markers of dementia and quantities of dementia-associated proteins in the peripheral blood will allow us to investigate potential markers of disease process that may in the future be used in clinical trials of disease-modifying agents targeted at amyloid-associated dementia.

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 purpose of the guardian/support person’s presence if the capacity of the participant is assumed. The Researcher stated that long visits are part of participation, so the presence of a support person may help make these visits more tolerable.
2. The Committee queried whether the PIS had been tested with any people with Down’s Syndrome. The Researcher stated that it had not, but had been reviewed by an expert in the field.

Summary of outstanding ethical issues

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

1. Please explain how any potential conflicts of interest are to be managed and minimised, including any risk of undue influence on potential participants.
2. Please amend the protocol to provide a detailed description of whether participants will be aware of their dementia diagnosis, and if not, how it will be communicated to them in a way that minimised distress.
3. Please separate blood sampling and genetic testing from the main study and amend to extra optional consent for blood sampling and genetic analysis, pending funding.
4. Please include information in the protocol on who will assess competence.
5. Please provide scientific peer review from a New Zealand-based expert who is independent from this study.

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

1. Please amend the PIS to discuss the implications of the support person, and what would happen if there is disagreement on continued participation between the support person and the participant.
2. Please remove biomarker collection from the main PISCF and present as a separate optional PISCF.
3. Please ensure that non-lay terms (e.g. genes and DNA) are clearly explained in simple, lay friendly language in the PISCF and optional biomarker PISCF.
4. Please ensure that the optional biomarker PIS clearly states how long samples are kept for, who has access to them, and how tissue and data can be withdrawn from the study.

Decision

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

* Incomplete research protocol (Standards 9.7 & 9.8, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019)
* More information is needed with regards to the informed consent process, in terms of competence to provide consent, information presented in the Participant Information Sheet, and the management of potential undue influence and perceived conflicts of interest (Chapter 7, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019)
* Inadequate peer review (Standards 9.25 – 9.32, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019)
* Incomplete information on use of tissue for future unspecified research (Standard 7.58, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019)
* Inadequate management and governance plan for the storage of human tissue (Chapter 14, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019)

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| **8** | **Ethics ref:** | **20/STH/69** |  |
|  | Title: | Echo Short Axis Stack |  |
|  | Principal Investigator: | Dr Sean Coffey |  |
|  | Sponsor: | University of Otago |  |
|  | Clock Start Date: | 30 April 2020 |  |

Dr Sean Coffey was present by video conference 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. Transthoracic echocardiography (TTE) is the most widely used method for cardiac imaging in New Zealand and worldwide, and its advantages such as portability, cost, and patient acceptance mean that it is unlikely to lose this position in the near future. Cardiac magnetic resonance (CMR) provides gold standard assessment of cardiac structure and function, in particular through the generation of a short axis (SAX) stack.
2. There is relatively limited access to CMR as the scans are lengthy, expensive and require specialist equipment and personnel. This study aims to develop a machine learning pipeline (MLP) using paired CMR and TTE image data to produce a SAX stack from routinely acquired TTE images.
3. Initial MLP development will be performed using retrospective paired TTE and CMR image datasets. Model refinement will require the prospective recruitment of study participants who have had a clinically indicated TTE but not a CMR.
4. Study participants will be invited to undergo a research CMR. The utilisation of a prospective cohort allows for paired imaging datasets with a shorter timeframe between acquisition to reduce the impact of disease progression on image data.

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 whether data from the retrospective cohort would be consented for, and whether it will be identifiable. The Researcher stated that data from this cohort would be from cases that are approximately 2-3 years old, and seeking consent would likely bias the study. Some data will be accessed in identifiable form, but will be de-identified when it is entered into the university system. Based on the justification offered by the Researcher, the Committee granted a waiver of consent for the retrospective cohort of this study.
2. The Committee queried whether data made available for educative purposes would risk identifiability of unconsented participants. The Researcher stated that this part of the study would only involve data from consented participants.
3. The Committee queried how potential participants are identified. The Researcher stated that identification is based on echocardiography that falls into a range in which there are abnormalities that do not warrant a clinical MRI.
4. The Committee queried who is recruiting for the study, The Researcher stated that they are one of eight clinicians involved in initial approaches. To manage potential undue influence upon potential participants, research staff with no existing relationship with the potential participants will go through the consenting process.
5. The Committee queried what was to be expected from the questionnaires administered in this study. The Researcher stated that they often reveal significant anxiety among patients, and there is a mental health triage procedure already in place for these instances.
6. The Committee queried what would be done about any incidental findings. The researcher stated that consent to be told about incidental findings would be a mandatory part of consenting to participate in the study. With that in mind, less than 2% rate of incidental findings is expected.

Summary of outstanding ethical issues

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

1. Please amend the data management and governance plan to reflect the requirements laid out by Chapter 12 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019).

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

1. Please amend the PIS to include a breakdown by ethnicity of underlying conditions, including those that are overrepresented among Māori.
2. Please amend the study title on the front page of the PIS to a shortened, lay-friendly study title.
3. Please amend the PIS to include section advising potential participants to discuss the study with others prior to consent (see HDEC template PIS).
4. Please ensure there is information on the data management and governance plan in the data section of the PIS, including information on data use, ownership rights and data sharing, withdrawal of data and storage of data.

Decision

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

* Please amend the data management and governance plan to reflect the requirements laid out by Chapter 12 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019).
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Sarah Gunningham and Prof Jean Hay-Smith.

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| **9** | **Ethics ref:** | **20/STH/70** |  |
|  | Title: | C3671008: A study assessing the safety and effectiveness of an investigational Respiratory Syncytial Virus (RSV) vaccine, in infants born to women vaccinated during pregnancy. |  |
|  | Principal Investigator: | Dr Joanna (Jo) Gullam |  |
|  | Sponsor: | Pfizer Australia and New Zealand |  |
|  | Clock Start Date: | 30 April 2020 |  |

Dr Kerry Orlowski was present by video conference for discussion of this application.

Potential conflicts of interest

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

Dr Devonie Waaka declared a potential conflict of interest and did not participate in the discussion of this application.

Summary of Study

1. Respiratory syncytial virus (RSV) is a common, highly contagious virus that causes infections of the lungs and respiratory tract. In most adults and older, healthy children, RSV symptoms are mild. It can, however, cause severe infection in some people, especially premature babies, older adults and infants.
2. This study assesses the investigational RSV vaccine RSVpreF, administered to healthy pregnant women. The study aims to see whether RSVpreF vaccination is effective in protecting infants from RSV, and to see how safe and well-tolerated the vaccine is in pregnant women and their infants.
3. Healthy pregnant women will be randomised 1:1 to receive a single injection of RSVpreF vaccine or placebo.
4. Study vaccine administration will be timed such that participants' infants are likely to be exposed to RSV in the first 6 months of life.
5. Safety, tolerability and immune response will be assessed in participating mothers. Infants will have safety assessments, and antibodies transferred from mother to infant will be measured. Infants will be monitored for signs of acute respiratory illness for approximately 12 - 24 months from birth (depending on when they are enrolled into the study).

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 whether it is possible for antibodies to cross the placenta. The Researcher stated that this would happen, with the idea being that the baby has some immunity as soon as they are born.
2. The Committee queried how the babies will be followed up. The Researcher stated that mothers will be contacted weekly, either by phone, text message, or face-to-face.
3. The Committee queried whether there is a Phase IIb study happening at the moment, in relation to the proposed study. The Researcher stated that this is correct but until Alert Level 2 it is on hold.
4. Please provide clarification as to whether the study insurance covers 100 individuals, or 100 mother-baby pairs.

Summary of outstanding ethical issues

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

1. Please ensure that if someone else becomes guardian of one of the babies, that they will receive the full original PIS.
2. Please amend sample storage to 5 years after study completion, as mandatory samples are only stored for re-analysis purposes.

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

1. Please ensure that the PIS clearly communicates what is expected of new mothers in terms of obligations to weekly catch-ups with the research team, and that steps are taken to ensure they do not feel bad about trying to meet these obligations.
2. Please include any available data on reactions and safety from the Phase IIb study in the PIS for the proposed study.
3. Please amend the section of the PIS that pertains to testing for HIV and Hepatitis B; this can be reduced to explaining that they are standard of care during pregnancy.
4. Please amend the section of the PIS on risks, adding more information on adverse reactions especially in newborns, with frequencies with which they occur, if data is available.
5. Please amend footers in the PIS so that they are clear and easily distinguishable from the main body of text.

Decision

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

* Please ensure that if someone else becomes guardian of one of the babies, that they will receive the full original PIS.
* Please amend sample storage to 5 years after study completion, as mandatory samples are only stored for re-analysis purposes.
* Please amend the Participant Information Sheets and Consent Forms, taking into account feedback provided by the Committee (above).

After receipt of the information requested by the Committee, a final decision on the application will be made by A/Prof Mira Harrison-Woolrych and Mr Dominic Fitchett.

## Substantial amendments

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| **10** | **Ethics ref:** | **MEC/05/10/130/AM23** |  |
|  | Title: | Genetics of gout in New Zealand |  |
|  | Principal Investigator: | Dr Tony Merriman |  |
|  | Sponsor: |  |  |
|  | Clock Start Date: | 20 April 2020 |  |

Dr Tony Merriman was present by video conference for discussion of this amendment.

Potential conflicts of interest

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

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

Summary of resolved ethical issues

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

1. The Committee queried what this amendment is seeking. The Researcher stated that the amendment is for sending samples overseas for analysis, which participants have already consented to.
2. The Committee queried why the PIS is being updated if participants are not signing it. The Researcher stated that the new version of the PIS is for any new recruitment into the study.
3. The Researcher noted that the original PIS stated samples would not be exported or sent overseas, however an amendment was made to differentiate between exporting and sending for collaborative research. Samples consented prior to this amendment can be excluded from those sent overseas.
4. The Committee queried whether samples from sub-studies would also be included in this amendment. The Researcher stated that this would not be that case and that only samples from the main study (with appropriate consents) would be included.

Summary of outstanding ethical issues

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

1. The Committee stated that consent obtained prior to the amendment differentiating between exporting samples and sending samples overseas for collaboration should not be included in the proposed group of samples that would be sent overseas as a result of this amendment.
2. Please provide all versions of the PIS/CF that have been signed by participants, so that the Committee can understand what participants have consented to, and how the terms of that consent have changed over time.
3. Please provide a summary of that current status of all sub-studies and the main study, including how many participants have provided consent for which versions of the PIS. Please include information on any plans to consolidate the sub-studies.
4. Please obtain Māori review of this amendment and ensure that cultural rigour is upheld in accordance with Chapter 3 of the National Ethical Standards for Health and Disability Research and Quality Improvement (2019).
5. Please provide more information on the biobank described in this amendment, and whether it is specific to gout or is a more general biobank.

Decision

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

* More information on the informed consent process is required (Chapter 7, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019).
* Inadequate evidence of practice of appropriate cultural rigor and consultation with different cultural populations \*Chapter 3, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019).
* Inadequate information provided on biobanking as described in the application (Chapters 14 & 15, National Ethical Standards for Health and Disability Research and Quality Improvement, 2019).

## Review of approved studies

## General business

1. The Committee noted the content of the “ noting section” of the agenda.
2. [add details of each item of general business discussed]
3. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

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| --- | --- |
| **Meeting date:** | 09 June 2020, 11:45 AM |
| **Meeting venue:** | Sudima Hotel, Christchurch Airport, 550 Memorial Drive, Christchurch |

The following members tendered apologies for this meeting.

* [names of members]

1. **Problem with Last Minutes**

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

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

The meeting closed at [time].