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| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 12 February 2021 |
| **Meeting venue:** | Via Zoom https://mohnz.zoom.us/j/8712831011 |

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| **Time** | **Item of business** |
| 9:00am | Welcome |
| 9:20am | Confirmation of minutes of meeting of 29 January 2021 |
| 9:30am | New applications (see over for details) |
| 9:30 – 9:55am  9:55 – 10:20  10:20 – 10:45  10:45 – 10:55  10:55 – 11:20  11:20 – 11:45 | i 21/STH/27    ii 21/STH/29  iii 21/STH/33  [10-minute break]  iv 21/STH/35  v 21/STH/37 |
| 11:45am | General business:  Noting section of agenda |
| 12:00pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Dr Devonie Waaka | Non-lay (intervention studies) | 18/07/2016 | 18/07/2019 | Present |
| Dr Cordelia Thomas | Lay (the law) | 20/05/2017 | 20/05/2020 | Present |
| Mrs Helen Walker | Lay (consumer/community perspectives) | 19/08/2020 | 19/08/2021 | Present |
| Ms Helen Davidson | Lay (ethical/moral reasoning) | 06/12/2018 | 06/12/2021 | Present |
| Ms Julie Jones | Non-lay (intervention studies) | 22/05/2020 | 22/05/2022 | Present |

## Welcome

The Chair opened the meeting at 9:00am and welcomed Committee members.

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 29 January 2021 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **21/STH/27** |
|  | Title: | MOR208C310. Tafasitamab plus lenalidomide in addition to R-CHOP versus R-CHOP in previously untreated, high-intermediate and high-risk patients with newly-diagnosed diffuse large B-cell lymphoma (DLBC |
|  | Coordinating Investigator: | Dr Richard Doocey |
|  | Sponsor: | Novotech (New Zealand) Pty Ltd |
|  | Clock Start Date: | 31 January 2021 |

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Jenny Larsen and April Josephsen (for Ethics Ready) were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This phase 3, multicentre, randomized, double-blind, placebo-controlled study is designed to investigate whether tafasitamab plus lenalidomide as add-on therapy to R-CHOP provides improved clinical benefit compared to R-CHOP in patients with newly-diagnosed high-intermediate and high-risk diffuse large B-cell lymphoma (DLBCL).
2. Approximately 880 patients will be randomized in a 1:1 ratio to the two treatment arms (440 participants per arm):
3. Experimental arm: tafasitamab plus lenalidomide in addition to R-CHOP; OR
4. Control arm: tafasitamab placebo plus lenalidomide placebo in addition to R-CHOP).
5. The Primary Objective is to compare the efficacy of tafasitamab plus lenalidomide in addition to R-CHOP versus tafasitamab placebo, lenalidomide placebo and R-CHOP.
6. It is planned that approximately 12 participants will be enrolled in this study in New Zealand.
7. This study will involve participants who are aged 18 to 80 years at time of signing of the main Participant Information Sheet/Consent Form.

Summary of resolved ethical issues

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

1. The Committee commended the research team for the well-prepared study.
2. For future submissions please provide a copy of the Coordinating investigator’s (CI) Curriculum Vitae (CV) that is current for at least a year from the date of your HDEC application.

Summary of outstanding ethical issues

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

1. The Committee noted that there were a lot of questionnaires and asked how the study planned to manage depression and/ anxiety in participants should the questionnaires reveal this.

The Ethics Ready Team advised that referrals would be made to counsellors if necessary.

The Ethics Ready Team would confirm what process the CI & his team have in place.

The Committee advised that participants need to know what steps will be in place to support them should the questionnaires reveal they have depression or anxiety. Please include this in the PIS.

1. Please review all participant facing documents for a clear definition of what a sponsor is and who they are. For example, funding, management and development of the study is done by the global sponsor, MorphoSys AG and Novotech is contracted to carry out the study in New Zealand on their behalf.
2. The Committee asked for the clinical trial registry number when it is available.
3. The Committee queried whether there will be any residual tissue following the study and if there is a process in place to return this tissue to the issuing Pathology lab.
4. The Committee reminded the Ethics Ready Team that formal Māori consultation is required.
5. The Committee noted that the GP letter talks about vaccinations not being permitted. Further information requested: Please provide specific information relating to the COVID 19 vaccination.
6. The Committee asked for clarification as to what role Ethics Ready has in the study.  
   The Ethics Ready Team explained that they are contracted by Novotech to work on the ethical aspects of the study.  
   The Committee stated that as Ethics Ready is contracted to Novotech to perform an official duty then they should be listed as the Contract Research Organisation (CRO).

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

1. The Committee advised that participants need to know what steps will be in place to support them should the questionnaires reveal they have depression or anxiety. Please include this in the PIS.
2. The Committee advised that the Pregnancy PISs would not be reviewed at this time. These can be submitted for HDEC review once a pregnancy occurs.

The Committee indicated that there should be separate PISs for the:

1. pregnancy and
2. following the birth.

Please note, consent on behalf of a child can be made by their parent/guardian.

1. Please correct the HDEC & independent Health and Disability Advocacy email addresses. They should be:
2. Email: [hdecs@health.govt.nz](mailto:hdecs@health.govt.nz)
3. Email: [advocacy@advocacy.org.nz](mailto:advocacy@advocacy.org.nz)

Website: https://www.advocacy.org.nz/

1. The Consent form should include the option for participants to receive the study results should they want them.
2. Please include a lay title.
3. The Consent form mentions a patient card. This patient card has not been explained in the PIS. Please remember whatever is mentioned in the consent form should also be covered in the PIS.
4. Please review the Data section as there are bits that are repeated, and it is difficult to follow

There needs to be an explanation of what “identifiable information” and “coded information” is. Please be clear at the start of each paragraph whether you are talking about coded or identifiable information.

Please include the risks of:

1. sending data overseas
2. privacy and confidentiality breach.
3. The Committee noted the statement allowing labs to release biological samples from the study even after the event of death and questioned what this meant.

The Ethics Ready Team advised that this section is meant to refer to follow up information or survival information, not samples.

The Committee asked that the statement be corrected.

1. The Committee noted contradicting advice on the ability to request the destruction of tissue. One statement says participants can ask for their samples to be destroyed while the other says samples already collected will continue to be analysed even after participants withdraw. Please correct this so it is clear which will be done.
2. Genomic PIS:
3. Please include the potential risks of a confidentiality breach, and whether this potentially extends to blood relatives.
4. It is unclear if tissue and data use is restricted to genomic research related to the study or may also be used for unspecified genomic research.
5. Future Unspecified Research PIS is written differently to the Genomic PIS and misses sections included in other PISCFs (for example the Genomic PIS) that should be included.

It is unclear if future unspecified tissue and data use is restricted to the research of the disease being studied or if they will also be used for other trials? Please state whether any future research consented to in the FUR form may include Genomic research.

1. The optional tumour tissue biopsy section does not say why the biopsy is being done. This makes it hard for participants to weigh benefits of having another biopsy, given that the biopsy has risk. Let participants know if this optional biopsy will benefit them or if it is purely a research-based biopsy.

Decision

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

* Please address all outstanding ethical issues, providing the information requested by the Committee.
* Please update the Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Dr Cordelia Thomas & Ms Julie Jones.

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| **2.** | **Ethics ref:** | **21/STH/35** |
|  | Title: | Comparison of acitretin capsules under fasting conditions. |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Alembic Pharmaceuticals Ltd |
|  | Clock Start Date: | 31 January 2021 |

Dr Noelyn Hung and Mrs Linda Follett were present via videoconference for discussion of this application.

Please note, the Committee found similar issues for studies 21/STH/35 & 21/STH/37 so the

requests and decision made for both are identical.

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 bioequivalence study being conducted to compare the rate of absorption and pharmacokinetics of investigational and approved acitretin capsules, when taken orally under fasting conditions.
2. The duration of the study is approximately 17 weeks.
3. During each treatment period, participants will receive either a single dose of 1 x 25 mg acitretin capsule or a single dose of 1 x 25 mg SORIATANE® capsule. Participants will receive each formulation twice under fasting conditions.

Summary of resolved ethical issues

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

1. The Committee commended the Researchers for a well-presented study and found the information easy to follow.
2. The Committee queried the study design compared to the US Food and Drug Administration (FDA) guidance. Why are there four periods that is, two doses of each formulation and the cross over when the FDA guidance refers to a single dose and the cross over?

The Researcher explained that the study has already been conducted in India where it carried out two, two way cross over studies. Its fasting study failed so they asked FDA for a four-way study which was approved.

The Committee questioned if the failure was due to too much inter participant variation with the single dose cross over.

The Researchers confirmed this to be so.

1. The Committee questioned the insurance amount and observed it was not site specific.

The Researchers pointed out that the insurance cover is US $5 million for each study and that each study was covered by a separate certificate of which the study title was noted at the bottom of the certificate.

1. The Committee queried if the New Zealand site is the only one in the world to conduct the study.

The Researchers confirmed this was correct.

1. The Committee were appreciative of the section covering the rights of participants to withdraw their information (page 16 of the Participant Information Sheet).

Summary of outstanding ethical issues

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

1. Please explain the acronym PK in lay language the first time it is used in the document.
2. Please avoid double negatives in statements for example, “Can’t take part if you do not agree to not donate blood”. Instead the line, “You cannot donate blood” could be used. Make it clear why participants cannot donate blood as this is an important safety issue for acitretin.
3. Be clear that participants will know which capsules they receive (i.e., the study will not be blinded).
4. In the risk section where it reads “1/10 < 100”, please explain this in words rather than symbols.
5. There seems to be a missing heading on page 13 as the section explaining,” what happens after the study after I change my mind”, is combined with the section of “what happens to my sample information”.
6. For the Consent form:
7. Please specifically state that data from the study will de-identified before it is sent overseas to the study’s US regulatory authority.
8. Please include a statement agreeing to the use of contraception. This ensures what is mentioned in the PIS aligns with the Consent form.

Decision

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

* Please address all outstanding ethical issues raised by the Committee.

Please update the Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

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| **3.** | **Ethics ref:** | **21/STH/37** |
|  | Title: | Comparison of acitretin capsules under fed conditions. |
|  | Principal Investigator: | Dr Noelyn Hung |
|  | Sponsor: | Alembic Pharmaceuticals Ltd |
|  | Clock Start Date: | 31 January 2021 |

Dr Noelyn Hung and Mrs Linda Follet were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This is a bioequivalence study being conducted to compare the rate of absorption and pharmacokinetics of investigational and approved acitretin capsules, when taken orally with food.
2. The duration of the study is approximately 9 weeks.
3. During each treatment period, participants will receive a single dose of 1 x 25 mg acitretin capsule or a single dose of 1 x 25 mg SORIATANE® capsule following the consumption of a high-fat, high-calorie breakfast.

Summary of resolved ethical issues

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

1. The Committee commended the Researchers for a well-presented study and found the information easy to follow.
2. The Committee queried the study design compared to the US Food and Drug Administration (FDA) guidance. Why are there four periods that is, two doses of each formulation and the cross over when the FDA guidance refers to a single dose and the cross over?

The Researcher explained that the study has already been conducted in India where it carried out two, two way cross over studies. Its fasting study failed so they asked FDA for a four-way study which was approved.

1. The Committee questioned if the failure was due to too much inter participant variation with the single dose cross over.

The Researchers confirmed this to be so.

1. The Committee questioned the insurance amount and observed it was not site specific.

The Researchers pointed out that the insurance cover is US $5 million for each study and that each study was covered by a separate certificate of which the study title was noted at the bottom of the certificate.

1. The Committee queried if the New Zealand site is the only one in the world to conduct the study.

The Researchers confirmed this to be correct.

1. The Committee were appreciative of the section covering the rights of participants to withdraw their information (page 16 of the Participant Information Sheet).

Summary of outstanding ethical issues

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

1. Please explain the acronym PK in lay language the first time it is used
2. Please avoid double negatives in statements for example, “Can’t take part if you do not agree to not donate blood”. Instead the line, “You cannot donate blood” could be used. Make it clear why participants cannot donate blood as this is an important safety issue for acitretin.
3. Be clear that participants will know which capsules they will get (i.e., the study will not be blinded).
4. In the risk section where it reads “1/10 < 100”, please explain this in words rather than symbols.
5. There seems to be a missing heading on page 13 as the section explaining,” what happens after the study after I change my mind”, is combined with the section of “what happens to my sample information”.
6. For the Consent form:
7. Please specifically state that data from the study will de-identified before it is sent overseas to the study’s US regulatory authority.
8. Please include a statement agreeing to the use of contraception. This ensures what is mentioned in the PIS aligns with the Consent form.

Decision

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

* Please address all outstanding ethical issues raised by the Committee.

Please update the Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

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| **4.** | **Ethics ref:** | **21/STH/33** |
|  | Title: | Advanced hybrid closed loop/artificial pancreas for youth with type 1 diabetes using conventional injection therapy and high-risk glycaemic control. |
|  | Coordinating Investigator: | A/Prof Benjamin J Wheeler |
|  | Sponsor: | University of Otago |
|  | Clock Start Date: | 31 January 2021 |

Associate Professor Benjamin Wheeler was present via videoconference for discussion of this application.

Potential conflicts of interest

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

Dr Devonie Waaka declared a potential conflict of interest which the Committee decided was not significant and allowed Dr Waaka to remain and participate in the discussion of the application.

Summary of Study

1. Long-term health complications and increased mortality due to suboptimal glycaemic control are great concerns for patients with type 1 diabetes (T1D).
2. Unfortunately, less than a third of patients meet glycaemic control targets recommended to prevent long-term complications.
3. While T1D affects all ethnicities and ages, Māori and youth (13 – 25 years of age) have a disproportionally higher risk of poor health outcomes and may gain most from advanced technologies.
4. It was demonstrated that isCGM (continuous glucose monitoring) led to improved diabetes treatment satisfaction and more frequent glucose testing. However, this was not accompanied by healthier glycaemic control.
5. A 3-month crossover trial performed by the PIs has shown that overall time in the healthy glucose target range favoured AHCL over the best technology currently available in New Zealand, with greatest improvements found in youth with high-risk glycaemic control.
6. This study will explore the ability of the AHCL system to improve glucose levels and reduce disease burden in youth struggling with the maintenance of healthy glycaemic control.
7. This is a single arm longitudinal study which will enrol 20 participants, aged 13 – 20 years.
8. Baseline data will be collected from eligible subjects.
9. Subjects will receive training in use of the Minimed™ AHCL insulin pump and CGM.
10. After baseline assessments of blinded CGM for 14 days and a run-in period of 14 days to allow subjects to familiarize with the system, all subjects will then enter into a 12-month period of using the insulin pump in its trial settings.

Summary of resolved ethical issues

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

1. The Committee commended the Coordinating Investigator (CI) on a well written application and noted that the Participant Information Sheets were in general, fit for purpose.
2. The Committee asked if the study is being done on behalf of the device manufacturer.

The CI replied the study is initiated & led by the study investigators and funded by the New Zealand Lottery Board. The device manufacturer is providing the study device, free of charge. The device would not be able to be accessed otherwise as it is expensive.

The CI explained that the device manufacturer has no control over the study design, conduct or communications.

1. The Committee noted that 13-20 year olds are included in the study and wondered if the younger participants would be competent & able to consent on their own behalf given they have dealt with TD1 for an extended period but acknowledged that it is good that parents/guardians are included.
2. The Committee noted that numerous interviews would be conducted and asked what was hoped to be achieved from these.

The CI anticipated that the results of these interviews would give them a better idea of what is working well and what could be improved for the study.

1. The Committee noted that at the end of research, the pump is removed. Are there any safety issues or risks when this happens?

The CI explained that the individuals targeted for the study are usually too unhealthy to qualify for government funded pumps at start of study but at the end, will be healthy enough to be eligible for government assistance for the best available funded technology which they believe may not be as good as this system. The CI acknowledged that this a challenge when using equipment not registered in NZ.

1. The Committee questioned what would happen if some participants did not improve or were still unstable at the end of study.

The CI assured there would be no additional risk from the study and that participants would go back to their baseline risk before they entered the study. By being in the study participant background risks should remain unmodified or ideally, improved.

1. The Committee asked if following the end of the study, could participants continue to use the device under compassionate grounds?

The CI advised that there are no arrangements for ongoing compassionate use, but they may look into an extension observation phase trial. For participants to continue to access the device they will need to be on some sort of research trial.

The CI then stated that there is a funded form of closed looped technology that is available and in a years’ time it will be mainstream so there will be a funded less superior option for study participants once the study is finished.

1. The Committee questioned the form the study data will be in when it is received by Medtronic (supplier of the device).

The CI advised that the results would be aggregated, and all the glucose data would be de-identified and available to Medtronic via its “Cloud” platform.

The CI assured that no participant information will be sent to Medtronic and that it will only receive moment by moment glucose data and nothing else.

1. The Committee questioned if Medtronic could use results of this study for regulatory submissions.

The CI confirmed the device has already received regulatory approval in Europe.

1. The Committee asked if the European approved study had commercial cover.

The CI explained that it did but that this study is completely the idea of the New Zealand research team and that they approached the company for the device. Medtronic supports the study idea and are happy for the device to be used in a new way.

Summary of outstanding ethical issues

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

1. Further information requested: The Committee could not find the Interview Schedule and asked for a copy to be provided or at least indicate where it can be found amongst the supplied documentation.

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

1. Please provide an explanation of what will happen when the device is removed and what options will be available to participant following this.
2. The Committee found the Consent form for adults on behalf of young people was incorrectly referring to “I” when it should be referring to “my child”/” on behalf of my child”.

The Law requires this document to be signed by a parent/guardian and not a caregiver.

1. The Committee asked that the assent forms better match the reading ability of the adolescents it targets. As it is currently the assent form is like an adult information sheet and a simpler assent form should also be developed.

The Committee suggested adolescents be given the choice to select the assent form they prefer. To make the assent forms easier to read, its sentences and device description should be short and simple.

Decision

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

* Please address all outstanding ethical issues, providing the information requested by the Committee.
* Please update the Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

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

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| **5.** | **Ethics ref:** | **21/STH/29** |
|  | Title: | A Phase 3 Trial of LOXO-305 versus Investigator Choice of BTK inhibitor in Previously Treated Mantle Cell Lymphoma |
|  | Principal Investigator: | Dr Rajeev Rajagopal |
|  | Sponsor: | IQVIA RDS PTY LTD. |
|  | Clock Start Date: | 31 January 2021 |

Dr Rajagopal, Jen Kherani and Anna Tomalak were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This is a Phase 3, global, multicentre randomized open label study comparing LOXO-305 as continuous monotherapy (Arm A) with investigator’s choice of BTK inhibitor monotherapy (Arm B) in participants with previously treated mantle cell lymphoma.
2. Participants will be randomly assigned in a 1:1 ratio to:
3. Arm A: LOXO-305 (200 mg QD PO)
4. Arm B: investigator’s choice of one of three BTK inhibitors (note – only Ibrutinib is available in New Zealand):
5. Study treatment will be given continuously until progression of disease, unacceptable toxicity, withdrawal of consent, death, or initiation of a new anticancer treatment. No crossover between arms will be permitted.
6. Participants who continue to clinically benefit from treatment (as determined by investigator) may continue to receive treatment if approved by sponsor.

Summary of resolved ethical issues

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

1. The Committee asked if only the one drug is available in New Zealand (NZ).

The Researchers stated that none of the drugs are available in NZ and the study will only use Ibrutinib.

1. The Committee questioned if participants benefitted from this study, whether they would continue to receive treatment.

The Researchers confirmed that they would, and that continued treatment would be based on the arm that they had been assigned to as there is no crossover phase.

1. The Committee questioned what the process will be to recruit participants.

The Researchers advised that their patients usually have a first line of chemotherapy treatment then are monitored regularly for relapse. Study participants will be recruited from these relapsing patients. The Researchers will also recruit from neighbouring hospitals and will have doctors from those hospitals introduce the study to patients before they are referred to the research team.

1. The Researchers stated that as the disorder is very rare, they estimate participant numbers to be low and hoped to recruit at least three.

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 Curriculum Vitae (CV) that are current to within one year of current date.
2. The Committee noted the study is collecting information on depression & anxiety. How quickly will questionnaires be reviewed and what will be done if participants are found to have either of these?

The Researchers stated that they review patients monthly and then less frequently as treatment progresses. If found, they will refer the affected participant (s) to psychologist or appropriate services.

(Action requested: see point 21)

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

PIS Addendum

1. Please remove from PIS addendum the information on the additional drugs that are not being used in NZ.
2. Page 3 of the Addendum wrongly states that HDEC reviews all research involving humans. This is incorrect as some research projects are reviewed by Institutional Ethics Committees.
3. The Committee noted the PIS addendum’s consent section has statements that have not been covered in the information section. The information in the consent section should always match the information covered in the information section. New information should not be introduced in the consent section.

Future Unspecified Research (FUR) PIS

1. Please ensure that tick boxes in the Consent forms are only used against statements that are truly option (i.e., if a participant ticks “No”, they can still take part in the study).
2. Please be clear about what is for this research (which is mandatory) and what is for the optional FUR (which is optional). As it is currently there does not seem to be a distinction. For example, page 1, “Whether or not you take part in this future research is your choice. If you don’t want to take part, you don’t have to give a reason, and it won’t affect the care you receive. However, you will not be able to participate in the main study if you decide not to take part in the future research.”
3. Please review for repetitive texts, some paragraphs are repeated in entirety in different sections of this document.
4. The statement “All future research using participant data will be approved by HDEC” is inaccurate due to the likely low number of NZ participants. FUR is more likely to be approved by an overseas ethics committee which will most probably not have NZ representation. Please correct this statement.
5. Please include risks of
6. sending data & tissue overseas
7. confidentiality and privacy breach
8. re-identification which could occur with genomics research (e.g. risk of identification via familial matches with commercial databases).

Reproductive Risk PISCF

1. The Committee found the Reproductive risk and contraceptive advice (RRCA) PIS talks about a clinical safety group but does not explain who they are or how to contact them.

The Committee suspects that the RRCA may have been taken out of the main PIS as there is no pregnancy and breastfeeding section in the main PIS, despite references to the section in the main document.

1. Reproductive risks PIS refers to early termination procedures. A lay reader may interpret this as an abortion. Please rephrase this.

**Pregnancy PISCFs**

**Please be advised, the Pregnancy PISs will not be approved in this review. They should be submitted for HDEC review only once a pregnancy occurs.**

Main PIS/CF

1. Please ensure the process of dealing with participants who are found to have depression or anxiety during the course of the interviews is explained.
2. Please correct the HDEC email address. It should be [hdecs@health.govt.nz](mailto:hdecs@health.govt.nz)
3. Please note, a study cannot be stopped for commercial interests. It can only be cancelled for safety or drug related issues. Please clarify on page 23 of the PIS the grounds for when the study will be cancelled or suspended.
4. Please include the following cultural statement:

“*You may hold beliefs about a sacred and shared value of any tissue samples removed. The cultural issues associated with sending your samples overseas and/or storing your tissue should be discussed with your family/whanau as appropriate. There are a range of views held by Māori around these issues; some iwi disagree with storage of samples citing whakapapa and advise their people to consult prior to participation in research where this occurs. However, it is acknowledged that individuals have the right to choose.”*

1. Main PIS page13, says participants are not allowed live vaccinations within 28 days of dosing. Please explain whether this includes the COVID 19 vaccination.
2. On the bottom of page 21 and onto page 22, please change the statement so it begins with “With your consent your coded study information and samples may also be used for additional…….”. Indicate that there is a separate consent form for this.
3. On page 22, the statement “Your permission to collect, use & share your information has no expiration date” is not an appropriate statement to make and should be removed. The section following this is sufficient as it states how information will be used at different points in the study including when the study ends and what the follow up information will be.
4. Please ensure a short/lay title is used as the title for the document.
5. On page 1 under the purpose of study, the word “drugs” is missing.
6. Please note, race and ethnicity are not sensitive and personal information in New Zealand so the statement on page 21 is not legally correct. Please remove it.
7. Please amend the statement on compensation on page 20. Compensation to the equivalent of ACC, should be provided for any harm/injury caused as a result of being on the study, including those caused by the comparator drug.
8. Please ensure that any residual archived tissue is returned to the issuing laboratory once study assessments have been completed.
9. The PIS is very long. A lot of information has been repeated in various sections for example, randomisation, mandatory notifiable disease reporting, chance of being put in each group, data access, withdrawal of tissue. Please delete repeated information. This will help reduce the burden of reading and assimilation for participants.
10. The risks section needs to group related risks together. As it is, the various risks are hard to distinguish (e.g., ophthalmologic risk and reproductive risk are discussed in the same paragraph).
11. If the reproductive risks are to be noted in a different information sheet, then be clear about this with participants. Currently it states that this risk is in the same document.

(**When actioning this please consider the advice under point 20 of this letter**).

1. The data section is confusing. It is not clear when discussing access and use in different paragraphs if the data referred to is coded or is identifiable. ‘Personal information’ is not an adequate description; please amend.
2. Please amend the data section to include the risks of:
3. sending data overseas
4. confidentiality and privacy breach.
5. The Committee noted that if only the one drug is being used in NZ, the others should not be referred to throughout the Participant Information Sheet (PIS). The PIS could note that although all the drugs are available internationally, only one drug will be used for the NZ study; thereafter references should be to ibrutinib only.

Decision

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

* Please address all outstanding ethical issues, providing the information requested by the Committee.
* Please update the Participant Information Sheet and Consent Form, taking into account the suggestions made by the Committee.

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Helen Davidson and Ms Julie Jones.

## General business

1. **Review of Last Minutes**

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

The meeting closed at 12:10pm