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| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 13 September 2022 |
| **Zoom details:** | 965 0758 9841 |

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| **Time** | **Review Reference** | **Project Title** | **Coordinating Investigator** | **Lead Reviewers** |
| 10:30am-11:00am | 2022 FULL 12217 | Study of the effect of QUC398 on pain and cartilage preservation in patients with symptomatic knee osteoarthritis. | Dr Nigel Gilchrist | Mr Anthony Fallon & Ms Amy Henry |
| 11:00am-11:30am | 2022 FULL 12984 | AVT05-GL-P01: A Study to Compare AVT05 and Simponi® in Healthy Participants | Principal Investigator Chris Wynne | Mr Dominic Fitchett & Associate Prof Nicola Swain |
| 11:30pm-12:00pm | 2022 FULL 13207 | INVEX-CLIN-IIH-301: A Study to Determine the Efficacy and Safety of Presendin in Idiopathic Intracranial Hypertension | Prof. Helen Danesh-Meyer | Mrs Dianne Glenn & Dr Devonie Waaka |
| 12:00pm-12:30pm | 2022 FULL 11822 | A Phase 3 Study to Evaluate the Efficacy and Safety of Guselkumab Subcutaneous Induction Therapy in Participants with Moderately to Severely Active Crohn’s Disease (GRAVITI) | Dr David Rowbotham | Ms Neta Tomokino & Associate Prof Mira Harrison-Woolrych |
| 12:30pm-1:00pm |  | **Break (30 minutes)** |  |  |
| 1:00pm-1:30pm | 2022 FULL 13318 | BIO|CONCEPT.Amvia | Cardiologist Ian Crozier | Mr Anthony Fallon & Associate Prof Mira Harrison-Woolrych |
| 1:30pm-2:00pm | 2022 FULL 13345 | A phase II study of CST-2032 and CST-107 (Nadolol) on cognitive performance in Neurodegenerative Disorders | Prof Tim Anderson | Mr Dominic Fitchett & Associate Prof Nicola Swain |
| 2:00pm-2:30pm | 2022 FULL 13168 | LATA-CS102: An open label, comparative, sequential-dose, multi-centre study involving intracameral administration of a PA5108 Latanoprost FA SR Ocular Implant into | Prof Anthony Wells | Mrs Dianne Glenn & Ms Amy Henry |
| 2:30pm-3:00pm | 2022 FULL 13418 | Evaluation of pain among the patient treated with different available external splintage device for simple wrist fracture. | Dr Pranesh Kumar | Ms Neta Tomokino & Dr Devonie Waaka |
| 3:00pm- 3:10pm |  | **Break (10 minutes)** |  |  |
| 3:10pm-3:40pm | 2022 FULL 13249 | DNTH103-AU-001: A Study to Evaluate Single and Multiple doses of DNTH103 in Healthy Participants | Dr Mark Marshall | Mr Anthony Fallon & Dr Devonie Waaka |
| 3:40pm-4:10pm | 2022 FULL 13067 | Abortion services in Aotearoa New Zealand: The voices of wāhine on improving access. | Doctor Melanie Gibson | Ms Neta Tomokino & Ms Amy Henry |
| 4:10pm-4:40pm | 2022 FULL 13371 | ARORAGE-1002: A Study to Evaluate Single and Multiple Doses of ARO-RAGE Injection for Subcutaneous Administration in Healthy Participants | Dr Mark O'Carroll | Mrs Dianne Glenn & Associate Prof Mira Harrison-Woolrych |
| 4:40pm-5:10pm | 2022 FULL 13274 | A Study to Evaluate the Safety and Efficacy of MK-1942 as Adjunctive Therapy in Participants with Mild to Moderate Alzheimer’s Disease Dementia | Doctor Nigel Gilchrist | Mr Dominic Fitchett & Associate Prof Nicola Swain |

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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 |
| Assc Prof Mira Harrison-Woolrych | Non-lay Intervention/Observational studies) | 28/06/2019 | 28/06/2020 | Present |
| Mr Anthony Fallon | Lay (Consumer/Community perspectives) (Chair) | 13/08/2021 | 13/08/2024 | Present |
| Mr Dominic Fitchett | Lay (the Law) | 05/07/2019 | 05/07/2022 | Present |
| Ms Amy Henry | Non-lay (Observational studies) | 13/08/2021 | 13/08/2024 | Present |
| Ascc. Prof Nicola Swain | Non-lay Intervention/Observational studies) | 22/12/2021 | 22/12/2024 | Present |
| Ms Dianne Glenn | Lay (Consumer/Community perspectives) | 08/07/2022 | 08/07/2025 | Present |
| Ms Neta Tomokino | Lay (Consumer/Community perspectives) | 08/07/2022 | 08/07/2025 | Present |

## Welcome

The Chair opened the meeting at 10.00am 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 09 August 2022 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **2022 FULL 12217** |
|  | Title: | A randomized, two-arm, placebo-controlled, participant, investigator and sponsor-blinded, proof-of-concept study investigating the efficacy, safety and tolerability of QUC398 in patients with symptomatic knee osteoarthritis. |
|  | Principal Investigator: | Dr Nigel Gilchrist |
|  | Sponsor: | Novartis Pharmaceuticals Australia Pty Limited |
|  | Clock Start Date: | 01 September 2022 |

Dr Nigel Gilchrist, Deirdre Thompson and Nicola Martinovich 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 resolved ethical issues

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

1. The Committee noted parts of the application contradict each other regarding withdrawing consent of use of data and tissue. Some parts state that participant can withdraw consent for use of information and tissue without affecting their participation but that contradicts what is required for participation. This was clarified to be an error.
2. The Committee clarified that pain levels are being monitored closely by the research team.
3. The Committee clarified with the Researchers that advertisements will be used for recruitment. The Committee noted that advertisements being used need to be submitted to the Committee for review prior to use (as an amendment).

Summary of outstanding ethical issues

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

1. The Committee confirmed with the Researchers that study Investigators may also provide standard clinical care to potential participants. The Committee requested that someone independent of the potential participant’s clinical care speak to the potential participant during the recruitment process.
2. A separate digital device gait PISCF has been submitted which does not appear part of the main study. Please clarify who will be recruited for this, whether any personal or medical data will be collected from these participants, and whether data will be shared with the Sponsor.
3. The response to E6 in the application describes routine data monitoring, not measures in place to specifically detect and respond to emerging safety signals. Please clarify the process for formal review of events triggering stopping criteria (the protocol states this will result in a 'full safety review'), including the composition of the review team.
4. The Committee raised the following around the Data and Tissue Management Plan:
   1. Amend Section 8.45 to make it clear that tissue will be used for future research only in those participants who have provided optional additional consent.
   2. Amend Section 12 to reflect ongoing use of data and tissue in New Zealand - i.e. whether New Zealand laws permit this.
   3. Amend Section 12 to address withdrawal of optional genetic / future research samples.
5. The Committee noted that a pregnant participant/partner participant information sheet/consent form should only be submitted as an amendment in the event that a pregnancy occurs so it can be fit-for-purpose. As such, these have not approved for use with the current submission.

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

1. Please simplify language used in the participant information forms and provide lay descriptions the first time medical or technical terms are used.

Main PIS/CF

1. Review for consistency of font, line spacing and margins.
2. The contraception section should be simplified and better fit for the New Zealand context. The Committee referred the Researchers to the [HDEC template](https://ethics.health.govt.nz/assets/Uploads/HDEC/templates/participant-information-sheet-consent-form-template-reproductive-risks-v.3.0-july2022.docx) for use/guidance.
3. Please define acronyms the first time they are used.
4. When using Te Reo Māori, please use macrons consistently.
5. Please make it clear that participants don’t need to provide a receipt for reimbursements for travel costs.
6. Move the reference to Date of Birth from coded information to identifiable information (page 15).
7. Reduce reference to Optional Additional Research and genetic research to a single brief reference (page 9).
8. Remove optional DNA sampling from list of blood tests and table of events; this is described in the separate PIS/CF (pages 6 and 7)
9. It is suggested that individual blood test descriptions be replaced with 'blood tests' in the table of events for ease of reader review. Individual tests have already been described on the previous page (page 7)
10. Specify location (city and country) where samples are being sent overseas.

Genetic PIS/CF

1. Clarify whether New Zealand has laws that make it illegal for an employer or health insurance company to discriminate against an individual based on their genetic data. Delete statement if not applicable in New Zealand.
2. Review and delete statements regarding access to identifiable information that are not applicable to this genetic research substudy.
3. It is unclear why AI used by the Sponsor is referenced under identifiable information, as AI has not been referenced anywhere in the application. Please delete.
4. Include a Māori tissue statement.

MRI PIS/CF

1. Note the volunteer MRI is not discussed in any part of the application
2. Please ensure the participant is reimbursed for travel and any applicable parking expenses; the PIS/CF currently makes no mention of this.
3. Please provide more specific information about the MRI; for example whether the locality performing the scan retains a copy of the MRI (and whether this is identifiable); whether the MRI is reported at a local level or by the central imaging vendor; whether the results of the MRI will be made available to the participant; and the process in the event a clinically significant abnormality is detected.

Digital Device PIS/CF

1. Note the volunteer digital device component is not discussed in any part of the application
2. It is not appropriate that reimbursement for travel and parking expenses be dependent on subsequent Sponsor approval. Please ensure all participants are appropriately reimbursed.

**Decision**

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please update the data and tissue management plan *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a, 14.16&14.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Mr Anthony Fallon and Ms Amy Henry.

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| **2** | **Ethics ref:** | **2022 FULL 12984** |
|  | Title: | A randomized, double-blind, single-dose, parallel-group design, 3 arm study to investigate the pharmacokinetic similarity, safety,  tolerability, immunogenicity, and pharmacodynamics of subcutaneous AVT05, US licensed Simponi®, and EU approved Simponi® in healthy adult participants. |
|  | Principal Investigator: | Dr Chris Wynne |
|  | Sponsor: | IQVIA RDS Pty Limited |
|  | Clock Start Date: | 01 September 2022 |

Dr Chris Wynne, Julia O’Sullivan, Dr Alexandra Cole, Dr Rohit Kaitail, Dr Paul Hamilton, and Holly Thirwall 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 resolved ethical issues**

1. The Committee queried whether the New Zealand site would be targeting a target percentage of Japanese participants as referenced in the protocol. The Researchers confirmed they would not be actively targeting any ethnic group

Summary of outstanding ethical issues

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

1. Reimbursement for non-sentinels ($5,600 gross) differs from that specified in the ads and participant information sheet and the application ($5,800). Advertisements have the reimbursement around the wrong way. Please amend.
2. The Committee requested clarification around F.9.1 that states leftover samples will be used for future unspecified pharmacogenetic research, as the PISCFs state there is no genetic testing for the study.

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

Main

1. Please proofread for typographical and grammatical errors and remove empty bullet points.
2. On page 14, please remove the following reference as this is a study-specific component: “The Sponsor may not accept the compensation claim if…the injury was caused by Simponi”
3. Please add a title to the table on page 19.
4. Please replace the list of individual blood tests at each visit with 'blood samples' in second table, to reduce length and improve readability.
5. Please explain the term 'biomarkers' when first used (page 4)
6. Please explain what 'increased liver function tests' means; i.e. that it is a marker of possible liver cell damage (page 8)
7. Please delete repeated statements about keeping the PIS/CF (page 1 and page 14)
8. Delete repeated statements regarding risk of misuse of data (page 14 and page 16)
9. The drug being shown to work or not be effective are not study objectives. Please delete as reasons to stop the study (page 17)
10. Please include statement regarding the reimbursement amount if the study is stopped or the participant withdraws for medical reasons.

Future Unspecified Research (FUR) PIS/CF

1. Please clarify the following on page 3: “If you decide to no longer take part in the sub-study or are taken off the sub-study by your study doctor, future research samples will still be kept and may be used for future testing unless you ask for your samples to be destroyed.”
2. The response to F9.1 states that samples will be used for pharmacogenomic research, however there is no mention in the PIS/CF that any form of genetic research will be undertaken. Please make this very clear in Section 2 of the document, ensuring that genes, DNA and pharmacogenomics are explained in lay language. State also whether the person's whole genome may be analysed / recorded, and whether there is any risk of matching across commercial or law enforcement genetic databases. Reference that genetic research may be a particularly significant issue for Māori.
3. Please delete repeated statements regarding misuse of data.

Additional Sample PIS/CF

1. Please delete repeated statements regarding misuse of data.

**Decision**

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

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

After receipt of the information requested by the Committee, a final decision on the application will be made by Mr Dominic Fitchett and Associate Professor Nicola Swain.

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| **3** | **Ethics ref:** | **2022 FULL 13207** |
|  | Title: | A Phase III randomised, placebo-controlled, double-blind, multi-centre, clinical trial to determine the efficacy and safety of Presendin in idiopathic intracranial hypertension. |
|  | Principal Investigator: | Professor Helen Danesh-Meyer |
|  | Sponsor: | Invex Therapeutics, Ltd. |
|  | Clock Start Date: | 01 September 2022 |

Professor Helen Danesh-Meyer, Courtney Rowse, Hannah Kersten, Holly Thirlwall, and Meulasi Sandanayaka 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 resolved ethical issues

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

1. Extensive use of technical terms and unexplained acronyms is noted throughout the application form. This makes assessment by lay Committee members considerably more difficult; please bear in mind for future submissions.
2. The Committee confirmed there will be no group consents for this study.

Summary of outstanding ethical issues

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

1. The debilitating effects of IICH are described in detail in the application. The Committee and the Researchers discussed the ethics of providing no ongoing access of drug on trial completion, should participants experience significant therapeutic benefit on-study. After discussion, the Committee requested the Researchers and Sponsor explore ongoing access to the study drug with participants who are experiencing therapeutic benefit and require ongoing treatment at the end of the study. It was noted that it is the Committee’s strong preference that there is continued access to study drug for participants experiencing benefit and still requiring treatment (*National Ethical Standards for Health and Disability Research and Quality Improvement, para* 10.9, 10.15, & 10.17).
2. Section 13 of the Data and Tissue Management Plan (DTMP) and Question F8 of the application form provide conflicting statements regarding use of collected tissue in the event of withdrawal from the study. Please clarify what is intended and amend documentation accordingly. Please also clarify whether participants can request withdrawal of CSF tissue retained for future related research in Section 13.

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

1. Please replace 'efficacy' with 'effectiveness' in the lay title (page 1) and body of the PIS (page 2).
2. Please check that all technical/medical terms are explained in lay language.
3. Please explain why oral contraceptives should not be taken within an hour of study drug administration.
4. Please give the expected incidence of the side effects listed in the top half of page 7
5. Please consider listing the most invasive/higher risk procedures (i.e., lumbar puncture) at the top of the section on page 7/8.
6. Please ensure the UK-based lab listed in the DTMP is included in the PIS.

**Decision**

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

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

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

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| **4** | **Ethics ref:** | **2022 FULL 11822** |
|  | Title: | A Randomized, Double-blind, Placebo-controlled, Parallel-group, Multicenter Study to Evaluate the Efficacy and Safety of Guselkumab Subcutaneous Induction Therapy in Participants With Moderately to Severely Active Crohn's Disease |
|  | Principal Investigator: | Dr David Rowbotham |
|  | Sponsor: | Janssen Research & Development, LLC |
|  | Clock Start Date: | 01 September 2022 |

Dr David Rowbotham and Dee Yang 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 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 some recruiting physicians will also be researchers in the study, and undue influence should be avoided. Please ensure recruitment into the study is done by someone who isn’t their treating clinician, to minimise conflict of the role.
2. Please provide evidence of CI professional indemnity (current MPS Certificate of Membership or equivalent).
3. Please confirm that participants will have access to any individual screening / safety results held by the site.
4. Please amend documentation to reflect that General Practitioner (GP) notification of study participation and clinically significant abnormal results is a mandatory component of study participation.
5. The Committee stated more information around data management is required than what is available in the study documentation to satisfy the Committee that privacy and confidentiality is protected and that Standard 12.15a of the NEAC Standards 2019 is met. Use of the HDEC templates from the [HDEC website](https://ethics.health.govt.nz/guides-templates-and-forms/) is not mandatory but is encouraged to be adapted or used as a guide/starting point.
6. The Committee noted that a pregnant participant/partner participant information sheet/consent form should only be submitted as an amendment in the event that a pregnancy occurs so it can be fit-for-purpose. As such, these have not approved for use with the current submission.
7. The Committee requested that parking expenses be reimbursed in addition to petrol.

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

1. Please ensure a lay-friendly title is used as the main PISCF title.
2. Please replace efficacy with effectiveness in the PIS.
3. Please review for typographical errors throughout.
4. GP notification of study participation and clinically significant abnormal results should be a mandatory component of study participation. Please amend accordingly (page 18)
5. The Researcher confirmed there is travel reimbursements which the Committee were satisfied of. Please make it clear that this will be reimbursed and outline the kinds of reimbursement available.
6. Please delete the phrase “on request” for travel reimbursement; all participants should be reimbursed appropriately
7. All participants should be offered a lay summary of study results. Please amend accordingly (page 21).
8. As the Sponsor has confirmed availability of compassionate access to the study drug until it is funded for this treatment, please outline this in the PIS.
9. In the ADR list section, please consider removing ‘Rare’ as none have been reported, but fewer than 10,000 people have been exposed to the drug.
10. Please review contraception and reproductive risks sub-headings and ensure all methods listed are available in New Zealand.
11. Please amend “vitamins and herbs” to “vitamins and herbal products”.
12. Please consider a smaller footer with more separation from the main text for easier reading.
13. Please provide more detailed information about what will happen to mandatory tissue samples; currently there is just a generic statement more relevant to optional future research (page 10).
14. There is no mention of tissue being sent overseas until the consent form (other than as part of future research testing). Please make this clear in the body of the PIS and include locations (city and country) where tissue will be stored.
15. Please state that karakia is not available at time of tissue destruction.
16. Please include risks of colonoscopy, if sedation is available, if a support person can come along, etc.

**Decision**

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*
3. Please supply a more detailed data management plan to ensure the safety and integrity of participant data *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Neta Tomokino and Associate Professor Mira Harrison-Woolrych.

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| **5** | **Ethics ref:** | **2022 FULL 13318** |
|  | Title: | BIO|CONCEPT.Amvia Study - First in Human study for the Amvia/Solvia pacemaker family |
|  | Principal Investigator: | Dr Ian Crozier |
|  | Sponsor: | Biotronik Australia Pty Ltd |
|  | Clock Start Date: | 01 September 2022 |

Dr Ian Crozier was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of resolved ethical issues

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

1. The Committee was satisfied that potential participants will have a minimum period of 24 hours and up to a few weeks to consider their participation.
2. The Committee queried what the role of the Sponsor is if there are any issues beyond protocol-mandated follow-up. The Researcher responded that the Sponsor is obligated to notify the study clinicians of any complications or risk regardless as these remain in the participants. Further, the Committee was assured that if there were any concerns, the additional features being tested can be deactivated.

Summary of outstanding ethical issues

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

1. The Committee clarified that the novelty of this study is the software, which is available in other commercial devices but is now first being used in New Zealand by this company in a pacemaker. Given this information, the Committee stated that the First-In-Human warning in the participant information sheet is not required, and the clarification can instead be outlined to potential participants.
2. All researchers should collect good quality ethnicity data unless there is a particular justification for not doing so. Ethnicity data for New Zealand sites is provided to HDEC at the time of the final report; please collect at a site level if not required for the protocol.
3. B21 of the application form states investigators do not provide standard clinical care to potential participants, however the response to D9 suggests patients are identified / approached by the Investigator in the course of clinical duties. Clarify what is intended. If applicable, summarise processes to mitigate patients feeling under pressure to consent, given the doctor-patient relationship.
4. Please upload a current MPS Certificate of Membership of equivalent, as the Annual Practicing Certificate provided is not evidence of professional indemnity.
5. Please clarify what is in place in terms of a Data Safety Monitoring Committee.
6. The Committee requested the following changes to the Data Management Plan (DMP) (National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a):
   1. Participants should be able to request individual results as these are available to the Investigator to review (i.e., are not anonymous). Please amend documentation accordingly.
   2. Please explain what 'effective anonymisation' means in terms of deleting data on participant request - if data is not actually deleted, this should be clearly stated; and clarify whether 'legal exceptions to the deletion obligations' exist for this study (Section 12).

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

1. Please review for typographical and grammatical errors.
2. Please review for technical language and simplify where possible to ensure the document is lay-friendly.
3. Please take care not to overuse the sponsor’s name and logo. They can be referred to as “the Sponsor” after the first time they are mentioned; the logo is not required in the footer.
4. Please explain whether the data sent to Biotronik via ReportShare is identifiable, coded, or anonymous when it is first described (page 3).
5. Please explain what 'device interrogation' means the first time it is referenced (page 5).
6. Please explain how long each follow-up visit is expected to take (page 5)
7. Please explain whether the device can be removed or replaced if required, or whether investigational features can be turned off. (page 7).
8. Please state clearly that there may be no benefits to study participation and again clarify that the device is investigational (page 8).
9. Please provide all New Zealand participants with reimbursement for study-related travel and parking expenses; participants should not have to request this (page 8).
10. Please delete repetitive statements regarding data use and withdrawal; some issues are discussed three times. If terms such as pseudonymised and de-identified are used, these must be explained in lay language.
11. GP notification of study participation and significant abnormal results should be a mandatory component of study participation. Please delete the optional tickbox in the consent form.
12. Already collected data cannot be withdrawn as this is required for safety analysis; please remove optional tickbox from the consent form.
13. Please state that the pacemaker will remain in place once the study is completed and the routine follow-up will continue with their cardiologist.

**Decision**

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the data management plan, taking into account the feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a).*
3. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Mr Anthony Fallon and Associate Prof Mira Harrison-Woolrych.

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| **6** | **Ethics ref:** | **2022 FULL 13345** |
|  | Title: | A phase II study of CST-2032 and CST-107 (Nadolol) on cognitive performance in Neurodegenerative Disorders |
|  | Principal Investigator: | Professor Tim Anderson |
|  | Sponsor: | CuraSen Therapeutics, Inc |
|  | Clock Start Date: | 01 September 2022 |

Professor Tim Anderson and Laura Paermentier 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.

Dr Devonie Waaka declared a potential conflict of interest and the Committee decided to allow Dr Waaka to remain as part of the discussion.

Summary of resolved ethical issues

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

1. The Committee noted that there was no reimbursement offered for the participant partner. The Researchers stated that the partners tend to travel with the participants to study visits, so they would be sharing costs, and their time commitment at study visits is very low, often less than 15 minutes.

Summary of outstanding ethical issues

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

1. All researchers should collect good quality ethnicity data unless there is a particular justification for not doing so. Ethnicity data for New Zealand sites is provided to HDEC at the time of the final report; please collect at a site level if not required for the protocol.
2. Please clarify what data is kept by AiCure, and why facial recognition data will be kept for up to 2 years. There is also an open-ended clause for retention duration of “however long it takes to make improvements” which should be justified, or restricted if there is no justification. The Committee could not see any need for the third party to retain data outside of the what the protocol requires, or the need for retaining it for any and all uses for any foreseeable time in the future.
3. AI data is addressed under de-identified data in the Data Management Plan (DMP) which is clearly incorrect. Please instead discuss under identifiable data.

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

1. Please review for technical language throughout and amend document to be more lay-friendly such as the dosing compliance, defining acronyms when they first appear, etc.
2. Reimbursement numbers were slightly different in the application to the PIS/CF. Please clarify correct amount and amend as required.
3. Please explain in lay language what artificial intelligence is or does.
4. Facial recognition data is by its very nature identifiable. The use of personal phones (and hence phone numbers) provides a second level of identification. It is unclear why this is discussed in the de-identified study data section. Please make it very clear that the AiCure data collected is identifiable.
5. Please clarify that overseas personnel associated with AiCure, and site staff, can see and hear recordings in identifiable format.
6. There does not appear to be a time limit for the retention of AiCure data; 'no longer than required to make improvements' is the same as 'indefinitely'. Please provide a clearer statement regarding maximum data retention duration.
7. Please state whether collected AiCure data could be shared with or sold to other research or commercial entities, and whether there are any limits on use.

**Decision**

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please supply a more detailed data management plan to ensure the safety and integrity of participant data (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a).*
3. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Mr Dominic Fitchett and Associate Professor Nicola Swain.

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| **7** | **Ethics ref:** | **2022 FULL 13168** |
|  | Title: | LATA-CS102: An open label, comparative, sequential-dose, multi-centre study involving intracameral administration of a PA5108  Latanoprost FA SR Ocular Implant into the eyes of patients with mild-moderate glaucoma. |
|  | Principal Investigator: | Professor Anthony Wells |
|  | Sponsor: | PolyActiva Pty Ltd |
|  | Clock Start Date: | 01 September 2022 |

No one from the research team was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of 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 two groups separated by one-eye vs two-eye implants and there were no details as to who would be deciding who would be receiving which intervention. Please provide clarification.
2. The Committee noted that there was no single-dose participant information sheet (PIS) for one-eye intervention. Please provide this if there is to be one-eye single administration in New Zealand participants, as indicated in the study design.
3. All researchers should collect good quality ethnicity data unless there is a particular justification for not doing so. Ethnicity data for New Zealand sites is provided to HDEC at the time of the final report; please collect at a site level if not required for the protocol *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.20)*.
4. The Committee noted that the insurance did not specify the currency of the values. Please provide clarification if these amounts are in NZD, AUD or USD.
5. The Committee noted that while the withdrawal of IOP-lowering medication is adequately addressed in protocol, clarification is required about whether participants may be withdrawn from other prohibited concomitant medication to meet eligibility criteria. If this is a possibility, ensure this is undertaken only with the agreement of the participant's General Practitioner (GP) / specialist, and describe the process for ensuring withdrawal is undertaken safely (metoprolol withdrawal, for example, carries risk of withdrawal syndrome including ischaemic cardiac symptoms). Please note also that no systemic medications are listed in the protocol as exclusionary for study eligibility; this should be addressed.
6. The Committee noted that no evidence of medical indemnity had been provided for the Coordinating Investigator. Please provide a current MPS Certificate of Membership or equivalent.
7. The Committee noted the response to B17 in the application states that investigators will not also be providers of standard care to potential participants; the response to D4 states investigators will identify potential participants in the course of their clinical practice. Clarify what is intended, and describe steps taken to mitigate the patient feeling pressure to consent because of an existing clinical relationship. The Committee requested that the initial approach to patients regarding study participation is made by a member of the patient's clinical care team, i.e., they are not cold-called by a research coordinator.
8. The Committee requested clarification of the usual cost in private, or waiting time in public, of laser glaucoma treatment of the unaffected eye (offered to participants in the PIS). Please also explain why it is being offered, and discuss whether this offer will be made during the recruitment process.
9. The Committee noted that the use of “inequities” and “inequalities” were interchangeably used in the study documentation. These words mean very different things and should be reviewed for clarification on meaning.
10. The Committee requested the following changes to the Data and Tissue Management Plan (DTMP):
    1. Please list organisational data governance policies / Standard Operating Procedures that will be followed during the study (Section 2).
    2. New Zealand laboratories are referenced in several sections but elsewhere it is stated that no local laboratories will be used, and all samples will be sent to Australia. Please amend for consistency.
    3. The DTMP states data will not be used for future research, contrary to page 20 of the PIS. Please clarify what is intended and amend the DTMP or PISCF accordingly.

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

1. Please explain the term Aphakia in lay language.
2. Please include information regarding the risk of withholding glaucoma medication during the washout period risk, and the risks of withdrawing from prohibited concomitant medications if this is intended.
3. Please provide a simple lay title as the main heading for the PIS (page 1).
4. Please replace Australian references with New-Zealand specific information (page 2).
5. Please give overview of entire study (single dose cohorts etc).
6. Please give approximate duration for each study visit (page 4 onwards).
7. The on-study per-visit assessment list is 6 pages long. Please significantly shorten this by explaining required assessments / procedures once, then presenting the information in a table of assessments.
8. Please explain what the greater than or equal to symbols mean in lay language or remove specific pressure measures (page 5 onwards).
9. Please replace references to HREC with HDEC (page 13).
10. Please address reimbursement for parking and travel expenses; the Sponsor has a responsibility to cover these costs (page 13).
11. Please amend Māori cultural statement, which currently references genetic studies and sending tissue overseas (page 18).
12. Please delete 'decisions made in the commercial interests of the sponsor' from the list of reasons for stopping the study; this is not permitted for therapeutic trials in New Zealand (page 9).
13. Please delete repeated information regarding study results (pages 19 & 21).
14. Please delete repeated information regarding ownership rights and financial benefit (pages 21 & 23).
15. Please delete optional tickboxes for GP notification from the consent form; this is mandatory for participation.
16. Please delete clause regarding tissue being sent overseas from the consent form if not applicable.

**Decision**

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

1. Please address all outstanding ethical issues, providing the information requested by the Committee.
2. Please update the study protocol, taking into account the feedback provided by the Committee. (National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.7).
3. Please update the data and tissue management plan, taking into account the feedback provided by the Committee (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a, 14.16&14.17*).
4. Please update the participant information sheet and consent form, taking into account feedback provided by the Committee. *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17).*

After receipt of the information requested by the Committee, a final decision on the application will be made by Ms Dianne Glen and Ms Amy Henry.

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| **8** | **Ethics ref:** | **2022 FULL 13418** |
|  | Title: | Comparative evaluation of pain among the patient treated with different available external splintage device for simple wrist fracture during the first two week of splintage. |
|  | Principal Investigator: | Dr Pranesh Kumar |
|  | Sponsor: |  |
|  | Clock Start Date: | 01 September 2022 |

Dr Pranesh Kumar was present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of outstanding ethical issues

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

1. Contrary to the response to D8, all participants will not give informed consent; all are minors and some may be too young to provide study assent. After discussion, the Committee concluded that some older children could provide their own full consent but there needs to be two levels of assent forms for difference in comprehension. The Committee referred the Researcher to the [HDEC templates](https://ethics.health.govt.nz/guides-templates-and-forms/participant-information-sheet-templates/) for assent and strongly suggested these are adapted or used as a guide (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 6.20, 6.22, 6.25, 6.27).*
2. The Committee requested the following changes to the protocol (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 9.8*):
   1. Please note that the study title is grammatically incorrect; suggest amending.
   2. Please state how device allocation is determined (clinician preference; participant preference; randomisation). The Committee recommended starting the timepoint of the study later (after the device has been chosen rather than folding in the choice of the selection into the study procedures) so that this is truly observational.
   3. Provide processes for replacement of dropouts.
   4. Provide clarity regarding the daily timing of required pain assessments, as these should ideally be standardised. Please also provide specific advice regarding what is being assessed (average pain over past 24 hours, maximum pain over part 24 hours, pain at the time of the assessment).
   5. State whether concomitant use of or requirement for analgesics will be recorded, as this may significantly confound pain scores.
   6. State whether requirement for further assessment / intervention during the study period will be recorded.
   7. Provide further information on how pain assessments post Day 1 will be recorded and relayed to the study team.
   8. The PIS/CF states the researcher will collect information on pain, function and activity; function and activity are not described in the protocol. Please amend to state exactly what clinical data will be collected at each phone call.
3. Clarify whether members of the research team will be providing clinical treatment for the wrist injury; the answers provided are inconsistent. If a doctor-patient relationship exists, outline the steps taken to minimise perceived pressure on the patient to consent.
4. The Committee requested the following changes to the Data Management Plan (DMP) (*National Ethical Standards for Health and Disability Research and Quality Improvement, para 12.15a*):
   1. Contrary to the response in B17, data cannot be collected in anonymised form as it must be matched to participant and device. Standard practice would be to use participant ID numbers for study-generated data and retain a log linking ID numbers to identifiers.
   2. Contrary to the response in G1, pre-existing health information must be accessed in order to identify who at the clinic meets study enrolment criteria. Clarify who will be reviewing this information, and who will make the initial approach to potential participants.
   3. Review the DMP for consistency, particularly with regards Sections 10 & 10.1, and 7.5 & 10.2.
   4. If specific Pacific consultation is not planned, please delete reference to this from Section 9 of the DMP. Please note that Māori consultation will not address Pacific concerns; the two are not interchangeable.
5. Study Procedures under D19 of the application form state Wong Baker Faces Pain Scale to be used on a set number of days, however the participant information sheet (PIS) excludes Day 4. Please ensure the dates are referred to consistently across documentation.
6. Please review the use of the Wong Baker Faces Pain Scale in children aged 3 years, as the scale has only been validated for children aged 4 years and older.

The Committee requested the following changes to the Participant Information Sheet and Consent Form (PIS/CF) *(National Ethical Standards for Health and Disability Research and Quality Improvement, para 7.15 – 7.17)*:

1. As more than one PIS/assent form is required, please ensure all are labelled clearly, i.e., Parent/Guardian Information Sheet, Information Sheet for participants who can give their own consent, Assent for Older Children, Assent for Younger Children. This will aid the clinicians in determining which sheet is appropriate for each potential participant.
2. There is reference to "For illiterate participants". Please clarify how they report back pain scale results if they can’t read it. The Committee also suggested softening the language.
3. Please review for grammatical and typographical errors throughout.
4. Please include a footer with version and page numbers.
5. Please include a simple lay title for all information sheets.
6. The PIS/CF is written for 'you'; please reference 'your child' throughout rather than ‘you’ for the sheet used for parents.
7. The description of the three devices appears heavily weighted in favour of option 3, which may significantly bias device selection. If removing the component of device selection from the study design, information about the devices will not be required beyond just describing the three devices. The Committee suggested the following as an example: *There are three devices commonly used to treat this kind of broken wrist, they are [list them]. We don’t know if there is any difference in the pain people have after with these three different devices. This study is seeking to find out information about that.*
8. Please state approximately how long each phone call is expected to last, and whether the participant can advise of suitable times to call.
9. Please disclose the commercial interest in one of the study devices and describe in plain English how you will protect results against bias (in the Parent/Guardian one at least).
10. Please delete reference to study sponsor from the information section.

**Decision**

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

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| **9** | **Ethics ref:** | **2022 FULL 13249** |
|  | Title: | A Phase 1, Placebo-Controlled, Single/Multiple Ascending Dose Study of DNTH103 Safety, Tolerability, Pharmacokinetics and  Pharmacodynamics, Following Intravenous and Subcutaneous Administration in Healthy Volunteers |
|  | Principal Investigator: | Dr Mark Marshall |
|  | Sponsor: | Dianthus Therapeutics, Inc. |
|  | Clock Start Date: | 01 September 2022 |

Dr Mark Marshall, Julia O’Sullivan and Holly Thirwall 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 resolved ethical issues

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

1. The Committee clarified with the Researchers that there is no vaccination delivery built into the study and will only be recruiting from those who have already had them through their unit’s separate vaccination schedule programme.
2. The Committee queried whether there is any limit to extended follow-up duration. The Researcher replied that there isn’t and would be at the discretion of the Investigator, as the ongoing potential risk is infection.
3. The Researchers confirmed that the participant information sheet will be updated should early cohorts indicate multiple follow-up visits are likely to be required in most participants.
4. The Researchers clarified that in lieu of including symptoms and signs of serious infection in the PISCF, all participants are provided with a separate document outlining these. The Researchers confirmed that the document has previously been approved by an HDEC Committee.

Summary of outstanding ethical issues

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

Main PIS/CFS:

1. Please review and replace medical terms (e.g., 'respiratory', 'autoantibody', 'biological markers' and 'WOCBP') with lay terms.
2. Please reference the separate document regarding signs and symptoms that could signal serious infection (e.g. meningitis) and inform participants of steps to take should symptoms or signs of infection develop.
3. It is suggested that individual blood tests be combined and labelled under 'blood tests' in SOA table, as tests are already noted individually in earlier table.

Optional PIS/CF:

1. Please delete repeated information about risk of privacy breach / data harm.

**Decision**

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

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

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| **10** | **Ethics ref:** | **2022 FULL 13067** |
|  | Title: | Abortion services in Aotearoa New Zealand: The voices of wāhine on improving access. |
|  | Principal Investigator: | Dr Melanie Gibson |
|  | Sponsor: | Victoria University of Wellington |
|  | Clock Start Date: | 01 September 2022 |

Dr Melanie Gibson, Dr Tania Slater, Professor Beverly Laughton, Ngaire Sparkes, and Emma MacFarlane 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 resolved ethical issues

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

1. The Committee noted that there were no assent forms included in the application for younger persons. The Researcher clarified that all individuals would have capacity to provide informed consent. There would be support for decision making where needed as counsellors would be involved in a case-by-case manner.
2. The Committee clarified with the Researchers that the recruitment would primarily be through the clinics. This would be restricted due to opportunity for interference from non-genuine consumers. The Committee also clarified that there would be separate recruiters in the clinics to ensure separation between recruitment and clinical treatment.
3. The Committee noted that the answer to E4 in the application stated that there would be no reporting of abnormal results of clinical significance. The researcher clarified that as the study was looking into experience of participants. There will be no clinical parameters assessed for reporting.
4. The Researchers clarified that the interview training would include a safety brief for ensuring that any issues raised or concerns that arise are dealt with. Any concerns of abuse etc would be raised by the interviewing staff and addressed accordingly.
5. The Committee clarified the support was available to Whānau due to the potential Whakamā inherent in the process.
6. The Committee queried if it was a requirement for participants under the age of 16 to have a support person or social worker present. The Researchers clarified that it would be a requirement for both parts of the study.
7. The Committee noted that the Māori and Pasifika data will be separate from the other data.
8. The Committee noted that there would be the opportunity for Māori and Pasifika participants to be included in the non-Māori and Pasifika part of the study on request.
9. The Committee clarified that focus groups may be held in place of interviews for those that wish to participate in a group setting.
10. The Committee clarified that everyone who completes the survey would be given the opportunity to be contacted for an interview.

Summary of outstanding ethical issues

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

1. The Committee clarified the age range would be from 14-25 years. Please ensure this is consistent across all study documentation.
2. The Committee noted that REDCAP would be preferable for the survey due to the sensitivity of the information.
3. The Committee noted that the best way for participants to be provided with the name of their interviewer would be to disclose the name of the interviewer in the recruiting phone call.
4. The Committee requested that the safety plan for Researchers be provided for review. This can be submitted via an amendment prior to home interviews commencing.
5. The Committee clarified that there would be no data from support people collected without consenting, and this will be done separately. Please provide a copy of a consent form that may be used in the event a support person becomes a participant. This can be submitted via an amendment.
6. The Committee noted that data must be kept for 10 years after the youngest participant turns 16. Please amend this in study documents.
7. The Committee queried if there was a outline of questions that may be asked and asked that these be provided for review as an amendment to the study.

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

PIS/CF Survey:

1. Please delete statements regarding access to and withdrawal of data (not possible for an anonymous survey). State that if a participant stops the survey partway through, any already completed answers will be included in the study.
2. Please soften statements of benefit (use 'may' instead of 'will' to describe potential benefits).

PIS/CFs interviews:

1. Please include a brief outline or indication of the types of questions that will be asked in the interview for participants to consider so that they can decide if they are comfortable with this prior to being interviewed.
2. Please address processes for managing significant disclosures, including obligations to report (e.g. unprompted disclosures of risk to self or others, abuse)
3. Please soften statements of benefit (use 'may' instead of 'will' to describe potential benefits).
4. Please provide a statement informing participants of the option to receive Māori cultural support rather than including it in the form to protect the contact from harassment.
5. Please describe the term ‘inequities’ and related terms to be more lay friendly and replace these across the PIS.
6. Please address the risk of privacy breach.
7. Please address if the data collected may be used for future research. If there is the potential for data-sharing overseas this must be noted.
8. Please ensure that the consent form and information sheet are aligned in what will occur should the participant decide to withdraw from the study.
9. Please note that the statement referring to the ability of HDECs or regulatory auditors having access to identifiable information should also be included in the PIS, not only the CF.

**Decision**

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

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

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| **11** | **Ethics ref:** | **2022 FULL 13371** |
|  | Title: | A PHASE 1 STUDY EVALUATING THE EFFECTS OF ARO-RAGE INJECTION FOR SUBCUTANEOUS ADMINISTRATION IN HEALTHY SUBJECTS |
|  | Principal Investigator: | Dr Mark O’Carroll |
|  | Sponsor: | Arrowhead Pharmaceuticals, Inc. |
|  | Clock Start Date: | 01 September 2022 |

Dr Mark O’Carroll, Holly Thirwall, and Courtney Rowse were present via videoconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of resolved ethical issues

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

1. The Committee asked for comment on the progress of the inhaled ARO-RAGE study, in particular time to recovery of RAGE levels post-dose if any data available. The Researcher stated data is not yet available on that but nothing of concern has been observed as yet.

Summary of outstanding ethical issues

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

1. The Committee noted the following about the Data and Tissue Management Plan (DTMP):
   1. Please amend Section 8.4 which currently includes references to 'you'.
   2. Please address withdrawal of tissue retained for Future Unspecified Research (FUR) in Section 12, as that can be withdrawn at the request of participants.
2. The Committee requested the ‘grab your friends’ line in the advertisement to be removed.

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

Main PIS/CFs:

1. Please explain bronchoscopy fully prior to the table - it is an invasive procedure often requiring sedation (currently buried in table of assessments in tiny font, with further detail regarding the procedure much later in the document under risks). The duration of the bronchoscopy visit should be noted. Also note that bronchoscopies are referenced repeatedly (and unnecessarily) on page 2 but not explained until later in the document.
2. Please consider consolidating blood sampling into one row in second table of assessments.

Future Unspecified Research (FUR) PIS/CF:

1. Please review for repetition and amend accordingly (ownership rights, privacy breach, return of results, data as a taonga etc.)
2. Please state whether there is any risk of genetic data being matched with data on other genetic databases.

**Decision**

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

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

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| **12** | **Ethics ref:** | **2022 FULL 13274** |
|  | Title: | A Phase 2a/2b Randomized, Placebo-Controlled Clinical Study to Evaluate the Safety and Efficacy of MK-1942 as Adjunctive Therapy in Participants with Mild to Moderate Alzheimer’s Disease (AD) Dementia. |
|  | Principal Investigator: | Dr Nigel Gilchrist |
|  | Sponsor: | Merck Sharp & Dohme (New Zealand) Pty Ltd |
|  | Clock Start Date: | 01 September 2022 |

Dr Nigel Gilchrist and Deirdre Thompson 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 resolved ethical issues

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

1. The Committee noted the request by the Sponsor for a closed meeting, stating that there would be no disclosure of details of the investigative product as part of the discussion of the ethical issues, and queried whether the Researchers were happy to proceed with an open discussion. The Researchers confirmed they were happy to proceed with an open discussion.
2. The Committee queried why there was no reimbursement for trial partners even if they are compulsory participants. The Researchers clarified that the payment given to the main participant will be reimbursement for both.

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 advertisements are submitted for approval as an amendment before use.
2. The Committee requested the following changes to the Data and Tissue Management Plan (DTMP):
   1. Remove square brackets throughout.
   2. Make it clear in Section 8.4 which future uses of tissue are mandatory and which are optional.
3. The Committee recommended that the Researchers recruit only people who can give informed consent, as EPOAs cannot provide proxy consent for this kind of study.
4. F4 states the study does not involve mandatory genetic analysis; the PIS/CF states genetic samples are required. The protocol states genetic research is exploratory, may include GWA, is not limited to the requirements of the protocol (includes related diseases), and will be undertaken 'where local regulations allow'. Clarify in the study documentation what is intended and also whether participants can limit genetic research to analysis of CYP2C19/APOE4 as the only mandatory tests. The Committee requested that exploratory tests are made optional. If this cannot be done, please provide a justification for mandatory exploratory genetic research and submit as an amendment. Mandatory exploratory genetic samples should not be collected until the amendment has been reviewed by HDEC.

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

1. Please include a simple lay title as the main study title of all PISCFs.
2. Please review all PISCFs for technical terms and simplify where possible.
3. Please update page numbers (states 22 pages, but form is 23 pages long).
4. The Committee queried the use of links to privacy policies in the information sheets given they will be paper copies. Please amend with instructions or provide information about this separately.
5. Please amend to clarify that only new cases of HBV and HCV are notifiable, and that TB is also a notifiable disease.
6. Please state that genetic testing may include analysing the person's entire genetic code (depending on response to Point 6 above).
7. Please clarify whether there is any risk of matching genetic data across other databases (commercial, law enforcement) - this applies to Future Unspecified Research PIS/CF as well as the Main PIS.
8. Please quantify the radiation risks of a CT scan; the current text provides no useful information for potential participants.
9. Please give an indication of the most frequent adverse events (dizziness, postural dizziness, headache, and nausea), with frequencies.

**Decision**

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

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

## General business

1. The Chair reminded the Committee of the date and time of its next scheduled meeting:

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| **Meeting date:** | 11 October 2022 |
| **Zoom details:** | To be determined |

The following members tendered apologies for this meeting.

* Associate Professor Nicola Swain
* Associate Professor Mira Harrison-Woolrych

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.

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

The meeting closed at 5.00pm