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| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 15 July 2014 |
| **Meeting venue:** | New Zealand Blood Service, 87 Riccarton Road, Riccarton |

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| **Time** | **Item of business** |
| 12:00pm | Welcome |
| 12:05pm | Confirmation of minutes of meeting of 20 May 2014 |
| 12:30pm | New applications (see over for details) |
| 12:30-12:50  12:50-1:10  1:10-1:30  1:30-1:50  1:50-2:10 | i 14/STH/73  ii 14/STH/86  iii 14/STH/87  iv 14/STH/88  v 14/STH/90 |
| 2:10pm | General business:   * Noting section of agenda |
| 2:30pm | Meeting ends |

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| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Ms Raewyn Idoine | Lay (consumer/community perspectives) | 01/07/2012 | 01/07/2015 | Present |
| Mrs Angelika Frank-Alexander | Lay (consumer/community perspectives) | 01/07/2012 | 01/07/2015 | Apologies |
| Dr Sarah Gunningham | Non-lay (intervention studies) | 01/07/2012 | 01/07/2015 | Present |
| Ms Gwen Neave | Lay (consumer/community perspectives) | 01/07/2012 | 01/07/2014 | Apologies |
| Dr Nicola Swain | Non-lay (observational studies) | 01/07/2012 | 01/07/2015 | Apologies |
| Dr MARTIN THAN | Non-lay (intervention studies) | 01/07/2012 | 01/07/2015 | Apologies |
| Dr Mathew Zacharias | Non-lay (health/disability service provision) | 01/07/2012 | 01/07/2015 | Present |
| Dr Patries Herst | Non-lay (intervention studies) | 01/07/2012 | 01/07/2015 | Present |
| Dr Devonie Waaka | Non-lay (intervention studies) | 01/07/2013 | 01/07/2016 | Apologies |
| Ms Michele Stanton | Lay (expertise in the law) | 01/07/2012 | 01/07/2015 | Present |

## Welcome

The Chair opened the meeting at 12:00pm and welcomed Committee members, noting that apologies had been received from Mrs Angelika Frank-Alexander, Dr Devonie Waaka, Dr Martin Than and Mrs Gwen Neaves.

The Chair noted that fewer than five appointed members of the Committee were present, and that it would be necessary to co-opt members of other HDECs in accordance with the SOPs. Dr Patries Herst and Ms Michele Stanton confirmed their eligibility, and were co-opted by the Chair as members of the Committee for the duration of the meeting.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 20 May 2014 were confirmed.

## New applications

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| **1** | **Ethics ref:** | **14/STH/73** |
|  | Title: | SErial biomArker profiling in tRansCoronary ablation of septal Hypertrophy: the SEARCH study |
|  | Principal Investigator: | Dr John Lainchbury |
|  | Sponsor: |  |
|  | Clock Start Date: | 03 July 2014 |

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

Potential conflicts of interest

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

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

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

* The Committee acknowledged that this is a worthwhile study but discussed three main ethical issues that need to be addressed before it will approve this study: a poorly written participant information sheet and consent form, the absence of appropriate independent peer review and potential monetary gain for sending tissue samples overseas. The Committee noted that it may need to consider declining the application given its concerns and the fact that no member of the research team was in attendance to talk to the Committee.
* The Committee discussed whether to decline on the basis that the researchers have not met the requirements for scientific peer review: i.e. independent review that addresses the following points: the relative merit of the research, the design and methods, the feasibility of the research and the presentation of the application. The Dunedin peer review letter submitted with the application is scant and doesn’t indicate what has been covered in the peer review. The Committee needs to see what has been addressed in the peer review so that it can make an informed decision about whether the scientific merits of the study have been considered in a robust way.
* Tissue being sent to people overseas in exchange for research funding for staff. The Committee noted that it would not be concerned about the researchers reclaiming the cost for preparation of any tissue to be sent overseas but that it could not approve if the money would be used for profit as monetary gain for the samples is unacceptable. The Committee would like clarification from the researchers about what they will receive the funding for.
* The Committee noted that this is a worthwhile project. The Committee understands that the researchers will take blood samples during a standard procedure to see whether they can identify prognostic biomarkers but noted that this was not readily apparent from reading the participant information sheet. The Committee agreed that a complete re-write of the participant information sheet and consent form is needed that includes the following issues:
* The Committee noted that the title of the study could be confusing and misleading for participants and requested that the researchers use the word biomarkers instead of hormones in the title and in the text as most members of the public have a different understanding of what hormones are and therefore using the word hormones could be misleading. The Committee also requested that the researchers give a simple explanation of what a biomarker is and then consistently use the word biomarker only to avoid confusion.
* The Committee suggested that the researchers present the information given in the application form in question b.1.3 on page 11 Page 11 b1.3 in layperson’s terms at the start of the information sheet.
* Please make clear to participants the difference between the procedure they are having done anyway and what this study involves. For example, on page 2 it should be made clear that in this study participant’s only need to give some blood samples as they are coming in for a septal ablation. All reference to the septal ablation itself and its risks should be removed as septal ablation itself is not part of the study. Under the heading ‘What will participation in the study involve?’ you could include the answer given at r.8.1 of the application form in lay language.
* You might like to adjust the language given in b.1.1 of the application form to provide an explanation of what you are intending to do with the samples.
* Please clarify whether participants in this study will require a longer stay in hospital. The participant information sheet states that it won’t but the answer given at p.1.1 on page 19 of the application form states that a longer stay will be required.
* Page 2, under the heading ‘what will my participation in the study involve?’ Please remove the first paragraph on what does my participant involve. Please rewrite this section in layperson’s terms and be clear about from where the study samples are to be obtained and how (how many vascular points you will use). The answer given at r.1.5 on page 14 of the application form mentions the coronary sinus and peripheral line.
* Page 2, please remove the word “other” from the sentence “We hope to enter about 50 other patients” as this implies that they have already agreed.
* Page 3, under the heading ‘What if something goes wrong?’ Please replace the information with the following clause: *“If you were injured in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.*
* *If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.”*
* Page 3; please include a separate heading ‘What will happen to my samples?’ before paragraph 2. The Committee noted that researchers can’t trade in samples for money in New Zealand. Please remove the paragraph about receiving funds for research and advise participants that they will have the option of consenting to the use of their samples for future research in a separate participant information sheet.
* Please state that any samples and information held will be stored for 10 years.
* The Committee requested the following changes to the optional participant information sheet and consent form:
  + The Committee noted that it is good that cultural issues have been acknowledged but that there is also a need to acknowledge that some people may not be allowed to hand samples on and to state this and offer them time to talk to iwi and or a kaumatua to discuss this.
  + Please remove numbers 18, 19, 20 on page 8.
  + Please be clearer about when consent is sought for future research. Is consent being sought now or will consent be sought at some later date? (Current main PIS page 3, paragraph 3).
* The Committee requested the following changes to the consent form
  + Please remove the yes/no boxes. Only include this option when a yes/no question is asked.
  + Please revise and use lay language for some of the points.
* The Committee noted the following points on the application form and asked that the researchers be aware of them for future reference as the form cannot be changed once it has been submitted:
  + The planned commencement date listed at question a.1.4 is June 2014.
  + There is a potential conflict of interest in that the people giving the health care are also recruiting participants to the study. Please describe how this will be managed.
  + p.1.7 on page 20 advises that participants will be informed of any relevant findings by newsletter. The Committee questioned whether participants should be advised of this in the participant information sheet and consent form. The Committee noted that this question relates to changes that occur during the trial.
* The Committee recommended that the researchers read the application form next to the participant information sheet and consent form to make sure there is consistency between what is stated in the application form and the information given to participants.
* The Committee would like the Health and Disability Ethics Committees secretariat to consider writing a letter to all researchers reminding them of their obligations around the use of tissue and to ensure that samples are destroyed by a certain date and to consider sending such a letter on a yearly basis.

Decision

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

* Please explain for the Committee the nature of the contract and conditions imposed for receipt of sponsorship funds you may receive for the samples from medical test manufacturers.
* Please submit a copy of scientific peer review that informs the committee of the reviewer/s comments on the following aspects: the relative merit of the research, the design and methods and the feasibility of the research.
* Please rewrite the participant information sheet and consent form taking into account the suggestions made by the Committee.

This information will be reviewed, and a final decision made on the application, by the Chair, Dr Patries Herst and Dr Sarah Gunningham.

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| **2** | **Ethics ref:** | **14/STH/86** |
|  | Title: | Comparison of mobile vs fixed bearing total ankle replacement |
|  | Principal Investigator: | Mr Matthew Tomlinson |
|  | Sponsor: |  |
|  | Clock Start Date: | 03 July 2014 |

Dr Tom Inglis was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

* This study will compare two different ankle joint replacement bearing systems – fixed and mobile. Mr Inglis explained that mobile bearings are the current preference in Europe and fixed bearings are mostly used in America. In New Zealand we mostly use the mobile bearing. There is no literature that looks at a direct comparison between the two.
* The Committee asked why the mobile bearing is mostly used in New Zealand and Mr Inglis explained that it is simply because it was the first introduced in New Zealand in the late 1990s.
* The Committee noted that this is a worthwhile study and also congratulated the researchers on the quality of the peer review that was submitted with the application.
* The Committee sought clarification on how long the follow up period with patients would be. In the initial study patients will be followed up over a year with a questionnaire (Oxford Score). The researchers will produce results based on that and then continue yearly with questionnaires up to five years when they will produce another paper. The Committee asked that the researchers clearly state that there will be two end points in the participant information sheet, one year and five years and also that participants will have the option of just being followed up for one year.
* The Committee noted that the researchers had indicated in their application that they do not have any formal data safety monitoring arrangements. Mr Inglis explained that any adverse events will be followed up by the co-ordinating investigator in house and the Committee was satisfied with this arrangement.
* The Committee requested the following changes to the participant information sheet:
  + Please raise the title higher and bold so that it is distinct from the main text.
  + Please revise and simplify the first sentence on page two. For example: ‘We are going to try out two different types of ankle joint to see which is most effective’.
  + Please state how participants will be randomised to the study.
  + Please include the name of a contact person who is independent of the hospital and can answer any questions participants may have.
  + Please revise the wording in inclusion/exclusion criteria on page four and rewrite in lay language. Please remove the word “all” people from the first sentence as this implies that an eligible person should participate.
  + Please include information on how people will be recruited, who is doing the research and make clear that a single surgical team will be doing the procedures.
  + Under the heading ‘What are the possible risks?’ please make the risks around surgery that they will have clear. I.e.: all standard care apart from the device itself. All surgery risks will be consented separately as part of standard care.
  + Under the heading ‘Duration’ on page four please state that an ankle replacement will be done as part of standard treatment and that the duration of this study will be for up to five years.
  + On page six, please include the words him/her in the first sentence about the letter to participants’ GPs.
  + Under the heading ‘Statement of approval’ please include that the Southern Health and Disability Ethics Committee has approved the study.
* The Committee requested the following changes to the consent form:
  + Please remove reference to ‘side effects or questions about the medication used in this study’ from the second to last bullet point on page seven.
  + Please remove the interpreter box from and include a statement that asks whether they would like an interpreter with a yes/no option.
* The Committee asked whether some of the terms on the Oxford Scale questionnaire could be restated with words more accessible for a New Zealand audience. For example, ‘block’ is not standardised and would be meaningless to New Zealand participants.

Decision

This application was *approved* by consensus with non-standard approval conditions:

* Please amend the participant information sheet, taking into account the suggestions made by the Committee.

This information will be reviewed by the secretariat.

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| **3** | **Ethics ref:** | **14/STH/87** |
|  | Title: | Dasatinib versus Imatinib for Chronic Phase Chronic Myeloid Leukemia (CA 180399) |
|  | Principal Investigator: | Dr Stephen Gibbons |
|  | Sponsor: | Bristol-Myers Squibb Australia |
|  | Clock Start Date: | 03 July 2014 |

Ms Claire Arandjus was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

* Ms Claire Arandjus who works with the CRO attended the meeting on behalf of the research team who were not free to attend.
* This study will aim to determine whether switching to Dasatinib treatment will improve response in patients with Myeloid Leukemia who haven’t shown an initial response (within three months), to Imatinib treatment.
* The Committee noted a big issue is that a copy of the study’s scientific peer review has not been submitted with the application. Ms Arandjus explained that the sponsor hasn’t sought external peer review but that the study is up and running in other countries and peer review would have been covered before approval. Ms Arandjus will provide a copy of the peer review once obtained.
* The Committee queried why an application will be made to SCOTT given that Dasatinib is approved for use in New Zealand. Ms Arandjus explained that this was because the dose that they wish to use is new and therefore needs to go through a SCOTT review process.
* The Committee noted information given about the dosage of Imatinib on page two of the participant information sheet, in particular that it may be too low to be of benefit or too high and cause side effects. The Committee queried how the researchers will justify the dosage and Ms Arandjus explained that the dosage will be decided on optimal care by the physician rather than by randomisation.
* The Committee requested the following changes to the participant information sheet and consent form:
  + The Committee noted the length of the study title and requested that the document be headed by a shorter lay title above the lengthier version. The Committee appreciated that the population in this study is a small and well educated group but requested this change in the interests of providing lay language for participants.
  + Please revise the format of the document so that the information appears less dense. For example, you might consider a bigger font and more use of white space.
  + Please include that women of child bearing age use two methods of birth control along with the following clause:
    - *I understand that there may be risks associated with the treatment in the event of myself or my partner becoming pregnant. I undertake to inform my partner of the risks and to take responsibility for the prevention of pregnancy.*
  + Please delete that the ethics committee has given a “favourable opinion” and state that it has approved the study.
  + On page 14, bullet point seven: please state that the researchers can also record this by phone.
  + On page 11 under ‘Insurance/Compensation, please state upfront that it cannot be said with any certainty exactly what type of amount of compensation participants may receive if a physical injury is suffered.

You may wish to word this as follows: *If you were injured as a result of treatment given as part of this study, which is unlikely, you* ***won’t*** *be eligible for compensation from ACC. However, compensation would be available from the study’s sponsor, [x], in line with industry guidelines. We can give you a copy of these guidelines if you wish. You would be able to take action through the courts if you disagreed with the amount of compensation provided.*

*If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.*

The most important thing for participants to know is that they are not covered by ACC and not covered in the circumstances that you have listed on page 11.

* + Please state how long patient data and information will be kept for on page 13.

Decision

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

* Please submit a copy of scientific peer review that informs the Committee of the reviewer/s comments on the following aspects: the relative merit of the research, the design and methods and the feasibility of the research.
* Please provide confirmation that an application has been submitted to Medsafe for SCOTT review.
* Please amend the participant information sheet and consent form taking into account the suggestions made by the Committee.

This information will be reviewed, and a final decision made on the application by the Chair and Dr Sarah Gunningham.

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| **4** | **Ethics ref:** | **14/STH/88** |
|  | Title: | Thiamine pre-CABG to improve stem cell function |
|  | Principal Investigator: | Dr Michael Williams |
|  | Sponsor: |  |
|  | Clock Start Date: | 02 July 2014 |

Dr Rajesh Katare was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

* This application is stated to build on the framework of a previously approved application (LRS/12/01/002) in which the right atrial and left ventricular tissue samples were taken from diabetic patients having coronary artery bypass surgery at Dunedin Hospital. This study will use the same framework to obtain tissue from the left side of the heart but will add an interventional aspect of randomisation to receiving thiamine or placebo.
* Dr Katare explained that this study is double-blinded and participants will receive four capsules of either thiamine or placebo for 3-5 days before they have their procedure. The tissue samples will be taken during the bypass surgery procedure and no further biopsies will be taken as part of this study. The researchers intend to isolate the stem cells to see whether thiamine improves stem cell function.
* The Committee asked why the researchers will use a derivative of thiamine rather than natural thiamine and Dr Katare advised that natural thiamine was safe in humans and the derivative, previously used in animals was not.
* The Committee noted the difference in treatment period of either three or five days and asked whether this will have an effect on the results. Dr Katare advised that no effect was shown in past studies and based on this it is proposed that the result will be the same.
* Dr Katare clarified for the Committee that an Auckland company will blind the thiamine capsules so the clinician administering the treatment will not know which ones are thiamine and which is placebo. The National Health Laboratory will test for concentrations and provide quality assurance and the researchers will buy the treatment from the National Health Laboratory. Randomisation will be done by a person who will use computer generated numbers and the researchers will not know any further information. The Committee noted that it would have liked to have seen this information stated in the participant information sheet.
* The Committee noted that the scientific peer reviewers of this study had given comments which the researchers had responded to and asked to see a copy of the peer reviewer’s comments.
* The Committee asked the researchers to contact Medsafe to ask whether they need to submit an application for review by SCOTT given that they will be using thiamine for a different purpose. Dr Katare said he would do so.
* The Committee queried whether the tissue taken will be stored in a tissue bank. Dr Katare thought that the issues surrounding the taking and storing of tissue were addressed in the previously approved application (LRS/12/01/002). The HDEC team will provide a copy of the previous application to the Committee so that it can check what aspects were reviewed and already approved.
* The Committee viewed the LRS/12/01/002 application following the meeting and noted that there was no mention or consent for the future use of tissue and the application form stated that tissue would be disposed on completion of the study. For this study, the Committee requested that the researchers submit a separate optional participant information sheet and consent form for future unspecified research that includes information about whether there is provision to withdraw consent for the use of the samples in the future and if there is, that only tissue samples remaining at the time of the request along with any information may be practically withdrawn. Tissue samples or information used before a request to withdraw is unlikely to be able to be returned or destroyed.

It should also note that cultural concerns may arise when tissue samples are sent overseas, including how tissue samples are stored and disposed of and that donors may want to discuss the issue of donation with those close to them, for example; family, whanau, iwi.

* The Committee requested the following changes to the participant information sheet and consent form:
  + Please consider rearranging some of the information and simplifying the wording. You may wish to refer to the HDEC PIS/CF template as a guide. The template is on our website: [www.ethics.health.govt.nz](http://www.ethics.health.govt.nz). The Committee also suggested that bigger margins more white space will help make the sheet easier for people to read.
  + Please move the question “If I need an interpreter can one be provided?” from page three to page one.
  + Please move the cultural statement from page three to page one.
  + Please include the following compensation clause: If you were injured in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.
  + If you have private health or life insurance, you may wish to check with your insurer that taking part in this study won’t affect your cover.”
  + Please explain what stem cells are in lay language.
* Consent form
  + Please link the consent for future unspecified research stated on page two to the previous approval that has been given for study LRS/12/01/001. Please reword the information about informing participant’s GPs about the study results and give participants the option of deciding whether they wish that their GP is informed.

Decision

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

* Please amend the participant information sheet and consent form taking into account the suggestions made by the Committee.
* Please provide a separate participant information sheet and consent form for future unspecified research that also includes the suggested information given by the Committee.

This information will be reviewed, and a final decision made on the application, by the Chair, Ms Michele Stanton and Dr Patries Herst.

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| **5** | **Ethics ref:** | **14/STH/90** |
|  | Title: | Prematurity and Gut Microbiome |
|  | Principal Investigator: | Prof. Wayne Cutfield |
|  | Sponsor: |  |
|  | Clock Start Date: | 03 July 2014 |

Prof Wayne Cutfield was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of ethical issues

The main ethical issues considered by the Committee were as follows.

* The researchers wish to look at the effect of gut bacteria in children born pre-term and how these bacteria affect their health in childhood in relation to their long term risks of developing diabetes and obesity. A study done 10 years ago looking at insulin resistance and tummy fat found that gut bacteria is important in terms of health – it is now clear that gut bacteria can contribute to health both positively and negatively.
* Children born pre-term may start life off without breast milk, take courses of antibiotics and are stressed.
* The researchers will assess two groups in this study: 50 born very pre term at less than 32 weeks gestation and 50 born at 38-40 weeks gestation. The study will be carried out in two phases – clinical assessments and gut microbiome composition with a view to correlating the two.
* The Committee acknowledged that the Liggins Institute is one of the important research organisations and queried whether the institute itself has a system for independent review. Prof Cutfield outlined the institute’s process and explained that they applied to a centre of research excellence. The centre has a funding round and funded three studies of which this is one. The centre uses four international referees who provide feedback to Gravida who then make recommendations to the board. The Committee was satisfied that the scientific peer review process was both robust and independent.
* It was acknowledged that Prof Cutfield is the Director of the Liggins institute. Prof Cutfield confirmed that he is not on the science board and has no involvement in funding.
* The Committee noted that the researchers intended to send a local anaesthetic cream with the participant information sheet to parents and recommended that they send the information sheet only in the first instance as this would prevent tubes of cream going out into the community that may not be used. The Committee suggested that the cream could be administered after consent as it doesn’t take long to react.
* The Committee requested the following changes to the participant information sheet and consent form:
  + The Committee requested that the researchers revisit some of the language in the participant information sheet and rewrite with the lay person in mind, for example, removing terms like “engaging” in this project; and also with a view to removing any repetitive information. For example, on page one under the heading ‘What is the Purpose of study?’ The researchers might consider just stating the study will look at gut bacteria in children who were born preterm.
  + Please replace “DXA” with “body composition machine” on page four.
  + Please remove the yes/no boxes on the consent form unless they relate to a question.
  + The Committee noted that the Children’s Commissioner’s Legal expert recently expressed that where possible researchers may wish to include a space for the child to sign the consent form. This is not legally binding but can mean that children can sign if they wish to.
  + Stool sample collection. The Committee noted that putting stool samples in the freezer will be culturally sensitive to some people. The Committee recommended that the researchers think of ways to address this and suggested that they may wish to consider giving a chiller box to parents of the participants.

Decision

This application was *approved* by consensus with the following non-standard conditions.

* Please amend the participant information sheet and consent form taking into account the suggestions made by the Committee.
* Please submit a copy of the scientific peer review document from Gravida.

This information will be reviewed by the secretariat.

## General business

1. The Committee noted the content of the “noting section” of the agenda.
2. The Committee raised the issue of the collection of ethnicity data. Ethnicity was stated on previous versions of the participant information sheet and consent form. This will be raised for discussion at the next Chairs’ meeting.
3. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

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| **Meeting date:** | 19 August 2014 |
| **Meeting venue:** | Sudima Hotel, 550 Memorial Avenue, Christchurch Airport |

The meeting closed at 2.45pm