|  |  |
| --- | --- |
| **Committee:** | Southern Health and Disability Ethics Committee |
| **Meeting date:** | 19 April 2016 |
| **Meeting venue:** | Dunedin International Airport, Maungatua Room, 25 Miller Road, Momona, Dunedin |

|  |  |
| --- | --- |
| **Time** | **Item of business** |
| 12.00pm | Welcome |
| 12.05pm | Confirmation of minutes of meeting of 15 March 2016 |
|  | New applications (see over for details) |
|  | i 16/STH/33  ii 16/STH/35  iii 16/STH/38  iv 16/STH/45  v 16/STH/46 |
| 3.35pm | General business:   * Noting section of agenda * HDEC Training Module |
| 4.00pm | Meeting ends |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member Name** | **Member Category** | **Appointed** | **Term Expires** | **Apologies?** |
| Ms Raewyn Idoine | Lay (consumer/community perspectives) | 27/10/2015 | 27/10/2018 | Present |
| Mrs Angelika Frank-Alexander | Lay (consumer/community perspectives) | 27/10/2015 | 27/10/2018 | Apologies |
| Dr Sarah Gunningham | Non-lay (intervention studies) | 27/10/2015 | 27/10/2018 | Apologies |
| Dr Nicola Swain | Non-lay (observational studies) | 27/10/2015 | 27/10/2018 | Present T/C |
| Dr Mathew Zacharias | Non-lay (health/disability service provision) | 27/10/2015 | 27/10/2018 | Present |
| Mrs Kate O'Connor | Lay (ethics) | 14/12/2015 | 14/12/2018 | Present |
| Assc Prof Mira Harrison-Woolrych | Non-lay (intervention studies) | 27/10/2015 | 27/10/2018 | Present |
| Dr Fiona McCrimmon | Lay (the law) | 27/10/2015 | 27/10/2018 | Apologies |
| Mrs Phyllis Huitema | Lay (consumer/community perspectives) | 19/5/2014 | 19/5/2017 | Present |
| Dr Devonie Eglinton | Non-lay (intervention studies) | 1 July 2013 | 1 July 2016 | Present T/C |

## Welcome

The Chair opened the meeting at 12.05pm and welcomed Committee members, noting that apologies had been received from Dr Fiona McCrimmon, Dr Sarah Gunningham and Mrs Angelika Frank-Alexander.

The Chair noted that it would be necessary to co-opt members of other HDECs in accordance with the SOPs. Ms Kate O’Connor and Mrs Phyllis Huitema confirmed their eligibility, and were co-opted by the Chair as members of the Committee for the duration of the meeting.

The Chair noted that the meeting was quorate.

The Committee noted and agreed the agenda for the meeting.

## Confirmation of previous minutes

The minutes of the meeting of 15 March 2016 were confirmed.

## New applications

|  |  |  |
| --- | --- | --- |
| **1** | **Ethics ref:** | **16/STH/33** |
|  | Title: | PONTIAC II |
|  | Principal Investigator: | Professor Mark Richards |
|  | Sponsor: | Medical University of Vienna |
|  | Clock Start Date: | 07 April 2016 |

Professor Mark Richards was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This is an international study of 2,400 patients in five countries (300 patients in Christchurch).
2. The study involves low risk and high-risk diabetics without previous heart disease.
3. Participants will be randomised to standard diabetic care or extra cardiac medications given long term and at high dose.
4. The Committee noted that tissue samples go overseas.
5. The Committee asked why the researchers were involved with this research project. The Researcher(s) explained their group had been involved in the other research projects with the global investigators (Vienna). The subject matter of the research is also important to the researchers.
6. The Researcher(s) explained that we know that those diagnosed with diabetes have higher cardiac risks, but we also know that many are not treated based on this risk, and we are unsure whether the risks are there for those with lower marker levels.
7. PONTIAC I (prior study) showed that there is a threshold with marker levels where there is a sharp increase in cardiac events. The Researcher(s) explained the risk was 8 fold higher in those above the threshold. This study aims to generate further evidence on the markers and correlating risk, and show the effect of intervening with treatment for the lower marker levels.

Summary of ethical issues (resolved)

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

1. The only evidence of peer review is by the ethics committee of the University of Vienna - who are also funding the study. Is this external/independent? The Researcher(s) stated it was not independent but they were the worldwide experts. The Committee accepted that in this case it was acceptable but noted for future applications it would be beneficial to also provide an independent peer review using the HDEC template.
2. The Committee queried whether the data safety monitoring committee (DSMC) would monitor the arms to make sure both remain balanced in terms of the benefit and risk ratio. The Researcher(s) confirmed that the DSMC would monitor to ensure study arms remained in equipoise.
3. The Committee queried when the participants would be informed that they are in the ‘risky zone’ of the marker test. The Researcher(s) explained that disclosure would occur after the study ended. The study design would be explained to the participant during informed consent which includes the aims of the study and when they would inform participants of the results. The Researcher(s) stated the marker is not currently supported enough by evidence to warrant telling the participant about a higher level, it would cause undue anxiety as it is not necessarily clinically relevant.
4. The Committee asked the researchers to consider what they would do in the event of a participant at the end of the study asking ‘why did you not tell me about high levels / risk earlier?’ The Researcher(s) stated they can’t be sure that the higher level is a risk, but there is evidence to support this. The study aims to generate more evidence to be sure about the effectiveness of the treatment. If the study drug / intervention proved beneficial they would assure the participants that they were trying to get a treatment option available for them. The Committee accepted this response.

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

1. The Committee noted neither the application nor the Participant Information Sheet adequately describes the possible side effects of either group of medicines. Please elaborate on side effects. The Committee requested information is added on the medicines on page 2 of the Participant Information Sheet. Please Specify the names of the medicines to be used in this study, early on in the PIS.
2. The Committee noted the Participant Information Sheet was well written with a good lay title but needs more about risks of the medicines to be given (even if they are approved in New Zealand and widely used).
3. The Committee asked whether it was correct to state ‘if you agree’ to give a blood sample, noting that testing had to occur for participation. The Researcher(s) explained that there is no need to either have a low or high marker level to participate, but later on we will need to conduct a blood test to get this measurement. The Committee requested that the researcher removes ‘if you agree’, as it currently suggests that the blood test is optional, which it is not.
4. Review the pregnancy statement; does this need to be in there? The Researcher(s) stated there is a theoretical risk. The Committee noted this and accepted it remains in the PIS.
5. Amend ‘excellent’ to ‘established’ (with regards to safety profile of medicines ).

Decision

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

|  |  |  |
| --- | --- | --- |
| **2** | **Ethics ref:** | **16/STH/35** |
|  | Title: | Stress, Pain and Irritable Bowel Syndrome. |
|  | Principal Investigator: | Miss Katrina Simpson |
|  | Sponsor: | University of Auckland |
|  | Clock Start Date: | 07 April 2016 |

Miss Katrina Simpson and Mr Malcom Johnson were present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This study aims to investigate the effects of psychological stress on the pain associated with IBS, using subjective and objective measurements.
2. The study protocol states this will contribute to the existing literature by elucidating the pathophysiology of IBS in relation to its psychosomatic nature.
3. The study will recruit adult IBS patients from gastroenterology outpatients and matched controls from flyers advertising the study. Approximately 80 patients (in New Zealand only) will be included.

Summary of ethical issues (resolved)

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

1. The main ethical issue for this study is how unpleasant and stressful the stimuli will be for participants. All of the methods to be used (small electric shocks, ice pack on arm and giving a short speech) appear to have been used in previous research and seem to be accepted and tested methods of evaluating stress in such studies. The risks are clearly explained in the protocol, application form and in the participant information sheet and the participants may interrupt all the stimuli if needed.

Summary of ethical issues (outstanding)

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

1. The applicant is commended for using the HDEC template for peer review. This has been completed by an Associate Professor of Psychology from the same department as the researchers, who states she has no involvement in the study. However it is rather brief and raises no issues concerning study design nor any comment on the size of the study. The Committee requested more information with regards to the power of the study and on the methodology.
2. P.3.1 and R.4.1 – The Committee explained that unless there was a very good reason, it was unethical to give direct access to identifiable health information to the researchers.. This is because using health information to identify potential participants is a ‘secondary use’ of health information. The Committee noted that there was a process for accessing health information without consent, and noted the Secretariat would provide further guidance on the conditions for release. The Committee noted no such case had been made in this application.
3. The Committee felt that in this circumstance it would not be necessary for the researcher to have direct access to identifiable health records at ADHB. Instead, clinicians should provide information to eligible patients (prospectively and retrospectively) about the study on behalf of the researchers, who could then be contacted by those interested. This would avoid any disclosure of identifiable health information to the researchers without authorisation.

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

1. The applicant has used the HDEC template and the PIS is well organised, clear, succinct and to the point.
2. The Committee commended the lay language title.
3. The Committee noted in places, the PIS is a little repetitive and suggestive ("you will probably find..." etc) but overall it is acceptable.
4. The Committee suggested separating out the explanation of the two stages of the study into two paragraphs - it would be visually ore appealing and easier to read.
5. The committee suggested that the researchers break up the ‘what will study involve’ section in order to improve readability.

Decision

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

* Please provide further and more detailed evidence of favourable independent peer review of the study protocol (*Ethical Guidelines for Intervention Studies* Appendix 1).
* Please amend the information sheet and consent form, taking into account the suggestions made by the Committee (*Ethical Guidelines for Intervention Studies* *para 6.22*).
* Provide further information on the recruitment process (*Ethical Guidelines for Intervention Studies para 6.2)*

This following information will be reviewed, and a final decision made on the application, by Dr Nicola Swain and Ms Raewyn Idoine.

|  |  |  |
| --- | --- | --- |
| **3** | **Ethics ref:** | **16/STH/38** |
|  | Title: | BO30185 - Dose Finding Study of Subcutaneous Pertuzumab. |
|  | Principal Investigator: | Dr Chris Wynne |
|  | Sponsor: | Roche Products (New Zealand) Limited |
|  | Clock Start Date: | 07 April 2016 |

Dr Chris Wynne 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.

Dr Devonie Waaka declared a potential conflict of interest, and the Committee decided to have Dr Waaka remain present for discussion of the application but was not involved in the decision.

Summary of Study

1. Phase I study of two drugs used to treat breast cancer.
2. The study will include 88 participants in New Zealand only.
3. The study will be conducted in two phases as follows:
4. In a dose-finding study, 48 men will receive single dose of Perjeta (new medicine) with or without herceptin.
5. 40 women with early breast cancer will receive the dose of Perjeta, either as a separate dose to herceptin (2 injections) or as a mixed dose.

Summary of ethical issues (resolved)

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

1. This study has been designed and reviewed by Roche employees only to date, but will go to the SCOTT in due course.
2. The Committee noted (A.1.6) is excellently completed.
3. The Committee queried if information sent outside of New Zealand is traceable. The Researcher(s) stated that it is coded information. The Researcher(s) confirmed the local New Zealand site holds the link and therefore confidentially is maintained.
4. The applicant states the main issue is healthy participants (the 48 men) receiving a new medicine (Perjeta) for no benefit and some potential risks. The investigators have identified this and the potential risks (adverse drug reactions to a new medicine) are clearly described in the Participant Information Sheet.
5. The Committee asked the researchers to explain why the dose finding part of this study is to be conducted in men only. Because of the reproductive risks? If this is the case, the dose finding study could be done in post-menopausal women (population most likely to be treated if new drug gains approval). The Committee noted the PK and PD may be different in women and thus the dose required may be different to men. The Researcher(s) stated exposure to these drugs creates antibodies; this could reduce effectiveness of treatment in future for those women who might require treatment later in life. The Committee accepted the argument.

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

1. This is a very long PIS (Roche template) but clearly laid out and well organised and written in appropriate lay language. Short lay title. Clearly states there are no benefits and describe possible ADRs with frequencies. Reproductive risks well described.
2. Please remove the requirement for written withdrawal (pregnancy authorisation sheet). The Committee noted the participants can withdraw verbally.
3. The Committee requested that the ACC statement is changed to the HDEC template example, and requests that this is used for all future Roche applications.
4. Participant Information Sheet missing information - 3 ‘months’.

Decision

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

|  |  |  |
| --- | --- | --- |
| **4** | **Ethics ref:** | **16/STH/45** |
|  | Title: | "A Study of Duvelisib in Combination With Rituximab and Bendamustine vs Placebo in Combination With Rituximab and Bendamustine in Subjects With Previously-Treated Indolent Non-Hodgkin Lymphoma (BRAVUR |
|  | Principal Investigator: | Dr Peter Ganly |
|  | Sponsor: | Infinity Pharmaceuticals, Inc |
|  | Clock Start Date: | 07 April 2016 |

Dr Peter Ganly was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. This is an international multi-centre (industry sponsored) phase III RCT of two chemotherapy regimes for previously treated indolent non-Hodgkins lymphoma (iNHL).
2. 600 patients will be included worldwide: 400 to receive the new medicine (duvelesib) in combination with two other agents (DBR) and 200 to receive placebo and the two other agents (PBR).
3. Six participants in New Zealand.
4. Whilst the study is well designed and the participant information sheet is excellent, the application itself is not well completed - for example, the main risks have not been prioritized in section r.1.1.
5. The study will be reviewed by the European Medicines Agency (EMA) who provide a high standard of scientific review for such clinical trials.
6. Study will be reviewed by SCOTT.
7. Duvelesib is a new experimental medicine (not yet approved by Medsafe) and therefore has largely unknown risks, although about 120 patients have received single therapy duvelesib in clinical trials.

Summary of ethical issues (resolved)

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

1. The main risks are adverse drug reactions and that there is a possibly no benefit from treatment with the new combination.
2. Additional consent is being sought for pharmacogenomic studies and tumour tissue biopsy collection. Samples will be sent and stored overseas.
3. The PIS states that identifiable patient information may be provided to Medsafe or ethics committees. The Committee requested this is removed, as Medsafe and the HDEC should not receive any identifiable information.
4. A.1.5 – excellent lay language summary of the study.

Summary of ethical issues (outstanding)

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

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

1. Please remove the statement that the ethics committees or Medsafe would have access to Identifiable information. This is incorrect – no identifiable information should be sent to either group. Please contact the Secretariat for clarification. Page 21 – 22.
2. Although the Participant Information Sheet is long, it is very well explained in lay terms. In particular there is excellent explanation of clinical terms, including adverse drug reactions. Good use of tables. Reproductive risks are well covered. However, the Participant Information Sheet needs a lay title, or at least a shorter one. Therefore please amend title.
3. Please add ‘You may hold beliefs about a sacred and shared value of all or any tissue samples removed. The cultural issues associated with sending your samples overseas and/or storing your tissue should be discussed with your family/whanau as appropriate. There are a range of views held by Maori around these issues; some iwi disagree with storage of samples citing whakapapa and advise their people to consult prior to participation in research where this occurs. However it is acknowledged that individuals have the right to choose.’
4. Please remove the tick boxes that are not truly optional on the consent form.

Decision

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

|  |  |  |
| --- | --- | --- |
| **5** | **Ethics ref:** | **16/STH/46** |
|  | Title: | A study to see how long JNJ-63623872 in combination with oseltamivir stays in the body and acts on the disease in adult and elderly subjects, hospitalized with influenza A. |
|  | Principal Investigator: | Dr Catherina Chang |
|  | Sponsor: | Quintiles Pty Limited |
|  | Clock Start Date: | 07 April 2016 |

Dr Catherina Chang was present by teleconference for discussion of this application.

Potential conflicts of interest

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

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

Summary of Study

1. An international multi-centre trial of about 90 patients in several countries, but only 3 in New Zealand. 2:1 randomisation of new drug plus Oseltamivir versus placebo plus Oseltamivir.
2. Oseltamivir (one of the study drugs) is already licensed for influenza but not in hospitalised patients.
3. The study has ethics approval in 10 other countries.

Summary of ethical issues (resolved)

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

1. The Committee noted that treatment is for 7 days only. How soon after onset of symptoms (or after hospitalisation) will medication be started? This should be standardised in order to combine results from different centres.
2. The Committee discussed whether the time taken to screen and get informed consent would prevent timely treatment, noting the effectiveness of the drugs may rely on rapid administration. The Committee also noted that there must be consistency across the sites as variance on time to treat might impact the study results. The Researcher(s) stated study treatment must be within 24-48 hours of admission and that this was feasible during normal working hours, but perhaps may be a problem during weekends etc., However there is no risk of non-treatment due to study involvement as one of the medications (Oseltamavir) will be delivered regardless of study participation. .
3. The Committee noted the study had excellent protection of privacy of participants.
4. The Committee noted that participants are potentially vulnerable. The Committee requests that there are plans to mitigate any vulnerable participants from being recruited, for which participation would be inappropriate. The Researcher(s) stated they assess each patient individually and make sure they only approach those who would be able to participate.
5. The Committee noted there was collection of samples for optional genetic testing. Was this future unspecified use of tissue or was it limited to genetic testing? The Committee noted it was only approving the optional genetic testing at this stage, and if there was other stored samples for more general future unspecified research the applicant should contact the HDEC and submit an amendment after approval.
6. Please ensure the DHB provides locality approval.

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

1. Participant Information Sheet was quite long (19 pages) and detailed and a bit confusing in places. It needs some reformatting and editing and also a lay title.
2. Please add the following statement “You may hold beliefs about a sacred and shared value of all or any tissue samples removed. The cultural issues associated with sending your samples overseas and/or storing your tissue should be discussed with your family/whanau as appropriate. There are a range of views held by Maori around these issues; some iwi disagree with storage of samples citing whakapapa and advise their people to consult prior to participation in research where this occurs. However it is acknowledged that individuals have the right to choose.”
3. Remove mention of the legal representative – all participants should consent for themselves. Those who can’t provide their own consent should be excluded from study participation.
4. The Committee noted that study should not be halted or stopped for commercial reasons. Please remove this from Participant Information Sheet.
5. No sense of voluntariness.
6. Please amend ACE to ACC (page 15).
7. The Committee noted the Participant Information Sheet was messy in parts and should be reviewed and re-edited if possible.
8. The Committee requested that sub- titles break up the Participant Information Sheet.

Decision

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

## General business

1. The Committee noted the content of the “noting section” of the agenda.
2. The Committee discussed the letter ‘HDEC Query about PTSD web recruitment 2016’ from Martin Kennedy.
3. The Committee requested the secretariat add the Maori tissue statement to Maori standard check.
4. The Chair reminded the Committee of the date and time of its next scheduled meeting, namely:

|  |  |
| --- | --- |
| **Meeting date:** | 17 May 2016, 12:00 PM |
| **Meeting venue:** | Sudima Hotel, Christchurch Airport, 550 Memorial Drive, Christchurch |

1. **Problem with Last Minutes**

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

The meeting closed at 3.45pm