National Research Ethics Committee

NREC-CT A Meeting

04 March 2026

Attendance

Name	Role
Prof. Alistair Nichol	Chairperson, NREC-CT A
Ms Caoimhe Gleeson	Deputy Chairperson, NREC-CT A
Prof. Gene Dempsey	Deputy Chairperson, NREC-CT A
Dr Maeve Kelleher	Committee Member, NREC-CT A
Dr Dawn Swan	Committee Member, NREC-CT A
Mrs Erica Bennett	Committee Member, NREC-CT A
Dr David Byrne	Committee Member, NREC-CT A
Dr Sean Lacey	Committee Member, NREC-CT A
Ms Muireann O'Briain	Committee Member, NREC-CT A
Ms Dympna Devenney	Committee Member, NREC-CT A
Ms Shaunagh Galgey	Committee Member, NREC-CT A
Ms Isobel Cunningham	Committee Member, NREC-CT A
Ms Caitriona Ryan	Committee Member, NREC-CT A
Ms Mary FitzGerald	Committee Member, NREC-CT A
*Dr Emma Heffernan	Project Officer, National Office for RECs
Dr Jane Bryant	Programme Officer, National Office for RECs
Ms Rachel McDermott	Project Administrator, National Office for RECs
Dr Susan Quinn	Programme Manager, National Office for RECs

*Drafted minutes

Apologies: Dr Brian Bird, Ms Margaret Cooney, Ms Mandy Daly, Ms Carol Anne O' Shea, Prof. Aisling McMahon

Quorum for decisions: Yes

Conflict of Interest: [EU CT]: [Name of member] declared a conflict of interest and did not participate in the meeting during review of this application.

Agenda

- Welcome & Apologies
- 2025-524040-35-00
- 2025-521563-13-01
- 2025-523576-23-00
- 2023-507684-19-00 SM-7
- 2025-522216-17-00 SM-3
- 2024-512749-18-00 SM-2
- AOB

- The Chair welcomed the NREC-CT A.
  - The minutes from the previous NREC-CT A meeting on 04 February 2026 approved.
  - The NREC Business Report was discussed and noted.

Applications

2025-523576-23-00

Institutions: St James's Hospital, Beaumont Hospital, Mater Private Hospital

Study title: ROSETTA Lung-201: A Randomized, Multicenter, Open-label Phase 3 study of Pumitamig Monotherapy Compared to Durvalumab in Participants with Unresectable Stage III NSCLC Without Progression After Platinum-based Concurrent Chemoradiation Therapy

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**
- Request for Further Information

- **Additional Information Required**

Part II Considerations

1. Compliance with use of biological samples

- The NREC-CT noted that the future use of data/samples is not described in line with regulations/best practice in section 4 of the S1_Compliance on the collection use and storage of biological samples_IE ("This research aims to better understand how investigational treatments function and develop methods for detecting, monitoring, and treating various human diseases. It has the potential to enhance the diagnosis and treatment of medical conditions in the future and contribute to improving the overall conduct of clinical studies."). The NREC-CT that this section is updated as required under the Health Research Regulations (Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018), in that future use should be confined to a specified disease, related diseases or drug under study in this trial. Please ensure that updates to the S1_Compliance on the collection use and storage of biological samples_IE document aligns with requested updates to the PISCF documents.

2. Financial arrangements

- Please update the P1_Compensation for Clinical Trial Participants_IE in line with any updates regarding reimbursement of out-of-pocket expenses for carers, should they be required to accompany participants to site visits.

3. Subject information and informed consent form

- The NREC-CT requested that a comma is inserted between the wording "…that has spread locally" and "cannot be completely removed by surgery…" in section 1.1 on pg. 5 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE so the purpose of the study is clear to participants.
- The NREC-CT noted that participants are advised that the in section 2.2 on pg. 6 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE that they will be contacted every 12 weeks for 7.5 years or until the end of the study. Please clarify for participants in the PISCF whether these visits will be in person or via a phone call.
- The NREC-CT requested that the following terms are explained to participants in the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE using plain English suitable for a lay audience:
    - Pg. 8 Randomization
    - Pg. 11 Adrenal gland
    - Pg. 14 Pancreas
    - Pg. 14 Pituitary Gland
    - Pg. 21 DNA
    - Pg. 21 RNA
- The NREC-CT noted that pg. 15 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE states that participants are to undergo additional scans "to those that you would have if you did not take part in the trial" and requested that participants are advised in the PISCF how frequently they will be required to undergo these extra scans.

- The NREC-CT requested that further clarification is provided to participants in the section “Risks to a baby” on pg. 16 / 17 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE, to inform them that they must use two methods of contraceptive or practice sexual abstinence.
- The NREC-CT noted that section 7.2 on pg. 18 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE states that “tests that you would get for the medical care of your disease, which may be covered by your health insurance” and requested that this text is updated in line with the Irish context.
- The NREC-CT noted that pg. 21 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE & pg. 3 of the L1_SIS and ICF_Future Research Consent Form_Non-Redacted_IE state that participants may undergo whole genome / whole exome sequencing and requested the following:
    - Genomic sequencing is confined to genes involved in the disease being treated or related diseases and /or genes involved in the metabolism of the medicines being used in the trial and this is elucidated in the PISCF.
    - Explicit consent, including outlining the risks entailed in such analysis being performed, is added to the PISCF.
    - The possible ownership of such data by private or commercial interests and that this elucidated in the PISCF.
    - The right to withdraw genetic data, and clear information on how to do so, must also be provided in the PISCF.
    - Clarification is provided in the PISCF on the mechanism for anonymisation, storage and security and transfer of genetic material and its associated data. For guidance, please see HSE National Policy for Consent in Health and Social Care Research (V2.1, 2025). Dublin: Health Service https://www2.healthservice.hse.ie/files/157/
- The NREC-CT noted section 10.2 on pg. 21 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE “If your study team cannot reach you, they may ask another person or hire a company to help find you or find information about your health. To do that, your study team will give the company some information about you, like your name and last address. Then the company may search the internet and other places for information about you.” Please clarify if such a company will be used in Ireland. If so, then please update the PISCF the following, regarding the use of the search company:
    - Please provide a more detailed account in the PISCF as to the type of assistance that will be provided by the company
    - Please clarify in the PISCF if the use of this this is optional or mandatory for participants.
    - Please provide the vendor details, such as name, and address (i.e. location) (if available) in the PISCF. If the vendor details are not currently available, the PISCF document should be amended to include these details when this information is available.
    - Please clarify in the PISCF what, if any, participants personal information will be disclosed should public databases and/or registers be used for searches.
    - Please provide information on how this data will be processed in line with GDPR.

    - Explicit consent for the use of the company conducting the search should be added to the Informed Consent section of the PISCF.
- The NREC-CT noted that the section 13, “Information Collection and Privacy” on pg. 22 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE does not provide sufficient information for participants regarding data protection. Please update the PISCF with the following information using plain English suitable for a lay audience:
    - Reference should be made to both the EU GDPR regulations, and the Data Protection Act 2018 (Section 36(2)) (Health Research) Regulations 2018), to reassure participants that their data is being processed in line with EU and Irish data protection law.
    - Participants should be advised that the legal basis for the processing of their personal data is public interest with explicit consent as an additional safeguard, as per the Health Research Regulations 2018.
- The NREC-CT noted that participants are to undertake a number quality of life questionnaires /other questionnaires (as detailed on pgs. 103-105 of the protocol), however, participants are not advised of this is the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE. Please provide participants with an overview of the quality-of-life questionnaires / other questionnaires they are required to undertake, as well as how often these assessments are required, so they are fully informed.
- The NREC-CT noted a missing word in the text “the seriousness of the you are being treated for” on pg. 24 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE and requested that this is corrected for clarity.
- The NREC-CT noted that pg. 26 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE, pg. 5 of the L1_SIS and ICF_Future Research Consent Form_Non-Redacted_IE & L1_SIS and ICF_Pregnant Partner Consent Form_Non-Redacted_IE & pg. 3 of the L1_SIS and ICF_Treatment Beyond Progression Consent Form_Non-Redacted_IE have used a bundled approach to consent in the Informed Consent Section of the PISCFs and requested that a layered approach to consent is used (in that each consent item is listed and a box for participants to provide their initials is included alongside each consent item) in line with HSE policy For guidance, please see HSE National Policy for Consent in Health and Social Care Research (V2.1, 2025). Dublin: Health Service https://www2.healthservice.hse.ie/files/157/
- The NREC-CT requested that a placeholder for the role / position of the person taking informed consent is added to the informed consent section of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE, the L1_SIS and ICF_Future Research Consent Form_Non-Redacted_IE & L1_SIS, ICF_Pregnant Partner Consent Form_Non-Redacted_IE & the L1_SIS and ICF_Treatment Beyond Progression Consent Form_Non-Redacted_IE documents.
- The NREC-CT noted that participants are advised on pg. 18 of the L1_SIS and ICF_Main Adults Consent Form_Non-Redacted_IE “you will be paid back for some or all costs…You may also be reimbursed for additional expenses associated with the study, like meals or lodging…”. Please provide a more definitive statement as to which expenses will be reimbursed in the PISCF document, so participants are reassured that they will not be left out of pocket as a result of trial participation.

- The NREC-CT noted that carers are not reimbursed for out-of-pocket expenses and requested that this is reconsidered, as there are multiple site visits over the course of the trial and participants may require a carer to accompany them to site visits. Please clarify this in the PISCF.
- The NREC-CT noted that the future use of data/samples (including genetic research) is not described in line with regulations/best practice on Pg. 3 of the L1_SIS and ICF_Future Research Consent Form_Non-Redacted_IE. The NREC-CT requested that future use of samples/personal data is sufficiently explained to participants in the PISCF documents so as to constitute broad informed consent, as required under the Health Research Regulations (Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018). Furthermore,
    - It should be confined to a specified disease, related diseases or drug under study in this trial.

The PISCF should also make it clear to participants that subsequent research ethics review will be sought for specific research once clearly defined. For further guidance, please see: NREC guidance on use of biological samples and associated data - https://www.nrecoffice.ie/guidance-on-use-of-biological-samples-and-associated-data/

- The NREC-CT noted that the L1_SIS and ICF_Pregnant Partner Consent Form_Non-Redacted_IE does not state the length of time data will be collected from the mother and baby. Please clarify in the PISCF how long data will be collected from the mother and baby, following the birth.
- The NREC-CT noted that the reimbursement documents from Mural Heath are excessively long / voluminous and will potentially deter participants from claiming reimbursement for out-of-pocket expenses. The NREC-CT requested that these documents are revised to be more patient friendly in that they are simplified, condensed, and their contents, including relevant data protection information, relate only to participants in Ireland.
- Standard Consideration:
- Where applicable, the Sponsor is requested to submit any Part 2 documentation requiring revision following the outcome of the Part 1 Assessment. Should an additional Request for Information (RFI) be required, please contact the National Office at clinicaltrials@nrec.ie. The request should include a concise summary of the Part 1 consideration(s) that necessitated the update to the Part 2 documentation.
- All documentation submitted in response to a Request for Information (RFI) must be provided in a format that is both accessible and searchable, such as Microsoft Word or original (non-scanned) PDF files. Please note that scanned documents, including those processed using Optical Character Recognition (OCR), are not acceptable, as they cannot be optimised for compatibility with assistive technologies.

2025-524040-35-00

Institutions: Regional Hospital Mullingar, Connolly Hospital, Our Lady of Lourdes Hospital

Study title: A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of GB-0895 Adjunctive Therapy in Adults and Adolescents with Severe Uncontrolled Asthma

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**
- Request for Further Information

- **Additional Information Required**

Part II Considerations

1. **Compliance with use of biological samples**

- The NREC-CT noted that section 4 of the S1_GB-0895-302_Use-of-Biological-Samples-Declaration_IRL states that future / secondary research will not be undertaken which conflicts with statements in the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic. Please update section 4, so it aligns with requested updates to the PISCF / Assent Forms.

2. **Recruitment arrangements**

- Please provide clarification if minors are being recruited to the trial in Ireland, as a paediatric respiratory consultant has not been listed in the application.

3. **Subject information and informed consent form**

- The NREC-CT noted that pg. 3 of the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic does not make it clear to participants that they will receive either the placebo or GB-0895 and requested that this is made clear to participants, such that they are fully informed.
- The NREC-CT requested that participants are informed in both the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic and the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic that they will receive optimised standard of care irrespective of whether they are taking the placebo or GB-0895.
- The NREC-CT noted that pg.3 of the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic states “check if you are pregnant” and requested that the rationale for this is explained to participants. For guidance on age-appropriate advice for paediatric participants, please see: https://www.ejprarediseases.org/wp-content/uploads/2021/10/EnprEMA_informed-consent-guidance-for-paediatric-clinical-trials_2021.pdf.
- The NREC-CT noted that participants are not advised in the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic of the requirement to avoid caffeine (such as coffee, cola drinks, energy drinks, chocolate) for 6 hours before visits when lung tests and ECGs will be done and queried the rationale for this exclusion. Please update the Assent Form to include this information, using age-appropriate language.
- The NREC-CT noted that participants are advised on pg. 4 of the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic and pg. 5 of the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic that they cannot post or discuss the

study on social media and requested that it is explained to participants, using age - appropriate language, why they cannot post or discuss the study on social media.

- The NREC-CT noted that pg. 6 of the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic and pg. 7 of the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic uses word “secret” to describe how participants data will be kept safe, which may have negative connotations for children, and requested that the word “private” is used instead.
- The NREC-CT noted that both pg. 10 of the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic and pg. 11 of the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic includes text to refer to the impartial witness as potentially being utilised when the participant’s reading ability may be impaired “by the disease or isn’t knowledgeable or proficient enough in the assent language”, which is not appropriate, as this is not considered to be the role of the impartial witness. Please amend this statement across all submitted PISCF /Assent Forms.
- The NREC-CT noted that p. 4 of the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic contains text referring to current asthma medication use (“During the study, you can take the medication that you were already taking for your asthma before the start of the study, after talking about it with the study doctor. If you need additional treatment to manage symptoms of your asthma, the study doctor may give you additional medication (called “rescue medication”)”) and that is has not been replicated in the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic. Please update the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic to include this information, using age-appropriate language.
- The NREC-CT noted that the risk sections in the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic and the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic do not align with the risk section in the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic (including the risk of death) and requested that the risk sections in assent forms is updated to align with the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic, using age-appropriate language. For guidance, please refer to https://www.ejprarediseases.org/wp-content/uploads/2021/10/EnprEMA_informed-consent-guidance-for-paediatric-clinical-trials_2021.pdf.
- The NREC-CT that minors are advised on pg. 9 of the L1_GB-0895-302_Assent-12-13_ICF_IRL_ENG_NotPublic that “if you turn age 14-15 during the study, you should consent again using the information sheet and consent form for 14–15-year-olds” and requested clarification as to the rationale for reconsent at this age.
- The NREC-CT noted that pg. 3 of the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic states the ethics committee makes sure that the study “… fair for all people who take part in it and will watch over the study while you are in it” and requested that this is removed, as this is not the role of the ethics committee.
- The NREC-CT noted that pg. 8 of the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic states that “Approximately 275 mL or around 15 tablespoon(s) will be collected during the study” and requested that this is revised to include the word “whole” i.e. “Approximately 275 mL or around 15 tablespoon(s) will be collected during the whole study”. This should also be

updated on pg. 7 of the L1_GB-0895-302_Assent-14-15_ICF_IRL_ENG_NotPublic.

- The NREC-CT noted that participants / parents / guardians are advised on pg. 22 of the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic that "the Irish law requires that you report side effects that you experience even after you leave the study" and requested that this is amended in line with Irish legislation, as participants / parents / guardians in Ireland are not under a legal obligation to report side effects.
- The NREC-CT noted that pg. 19 & 20 of the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic states that "Other representatives of the Sponsor" may receive or review your health records at the study site and requested clarification as to the entities that will have access to participant's data. Participants / parents / guardians should also be reassured that only those required to access their data will be able to access it.
- The NREC-CT noted that it is not clear in the PISCF / Assent Forms whether future / secondary research is being undertaken, for example pg. 20 of the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic states "The Sponsor and people who work with the Sponsor may use the results of this study to understand the disease better, to review the safety or effectiveness of the study drug, or for other research purposes" & pg. 24 states "Study data, including my coded health data, may be used and shared for legitimate study and scientific purposes." If future / secondary use of samples/personal data is not being undertaken, then this should be made clear in the PISCF/ Assent Forms. If future / secondary use future / secondary use of samples/personal data is being undertaken, this should be sufficiently explained to participants / parents/ guardians in the PISCF & Assent documents so as to constitute broad informed consent, as required under the Health Research Regulations (Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018). Furthermore,
    - it should be made optional
    - it should be confined to a specified disease, related diseases or drug under study in this trial. Consent can only be obtained where future use of samples and data is defined such that participants are fully informed,
    - and/or that an option is provided to enable participants / parents / guardians to consent to be contacted in the future about other research studies,
    - optional future research should be made into a separate and explicit consent item in the Informed Consent section of the Main PISCF / Assent Forms with separate participant information section and signatures section, so it is distinct from the main consent to participate in the research
    - The PISCF should also make it clear to participants / parents/ guardians that subsequent research ethics review will be sought for specific research once clearly defined. For further guidance, please see: NREC guidance on use of biological samples and associated data - https://www.nrecoffice.ie/guidance-on-use-of-biological-samples-and-associated-data/
- The NREC-CT noted that pg. 21 of the L1_GB-0895-302_Main-Adult-or-Parental_ICF_IRL_ENG_NotPublic states that "personal data may be transferred

to other countries, outside your country, such as the US" and requested that participants / parents / guardians are advised in the PISCF of the security measures in place to protect their data.

Standard Consideration:

1. Where applicable, the Sponsor is requested to submit any Part 2 documentation requiring revision following the outcome of the Part 1 Assessment. Should an additional Request for Information (RFI) be required, please contact the National Office at clinicaltrials@nrec.ie. The request should include a concise summary of the Part 1 consideration(s) that necessitated the update to the Part 2 documentation.
2. All documentation submitted in response to a Request for Information (RFI) must be provided in a format that is both accessible and searchable, such as Microsoft Word or original (non-scanned) PDF files. Please note that scanned documents, including those processed using Optical Character Recognition (OCR), are not acceptable, as they cannot be optimised for compatibility with assistive technologies.

4. Suitability of the investigator

- The NREC-CT noted that it is not clear from the application if the trial is being run with oversight or in collaboration with a paediatric respiratory consultant. Please provide clarification.

2025-521563-13-01

Institutions: Technological University Dublin

Study title: Safety and efficacy of T10430 eye drops in controlling paediatric myopia progression

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**
- Request for Further Information

- **Additional Information Required**

Part II Considerations

1. Subject information and informed consent form

- The NREC-CT noted that the GP letter uses the word "vehicle" to describe the placebo and requested that the word "placebo" is used instead.
- The NREC-CT noted that the Dr to Parent letter uses overly technical language and requested that this letter is revised to be more patient friendly using plain English suitable for a lay audience. Please also address the following:
    - Use lay terminology throughout with relevant medical terminology in brackets.

    - Explain the wording “investigational medication” using lay terminology in the first paragraph of the letter.
    - The word “placebo” should be explained using lay terminology as the term “active ingredients” may not be understood by participants.
    - Please use the lay term for “myopia” throughout the document
- The NREC-CT noted that pg. 1 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF uses the word “myopia” and requested that this is replaced with lay terminology (i.e. short sightedness) throughout the PISCF.
- The NREC-CT noted that pg. 3 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF states “…Phase 2 studies usually happen after the study drug has been tested for safety in humans…” and requested that this is revised to include the wording “Phase 1” after the wording “the study drug has been tested for safety in humans”.
- The NREC-CT noted that pg. 3 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF states that there were few side effects with adults receiving a higher concentration of the active ingredient Whilst this is the case, this does not imply that the risk is less in younger children receiving a lower concentration. Please update the language around potential side effects in adults to reflect that the risk is unknown for the population being studied.
- The NREC-CT noted pg. 5 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF states that “You and/or your child will be asked to complete a daily paper diary. This daily paper diary is used to keep track of when and how the study eye drops are administered”. Please clarify to parents / guardians in the PISCF whether they should also record in the diary when a dose is missed. This should align with instructions on pg. 10, under the heading “Complete daily paper diary (every day while taking the study eye drops)”.
- The NREC-CT noted pg. 7 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF states that “You or your current /previous partner (your child’s biological mother/father) may also be asked to give information on if you or he/she have been diagnosed with myopia and the severity” is simplified to state “…your Childs biological mother/father may also be asked to give information on…”.
- The NREC-CT noted that pg. 9 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF lists various eye exams that children are required to undergo and requested that it is explained in the PISCF whether each assessment is likely to cause discomfort / or pain.
- The NREC-CT noted that pg. 9 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF states “…If your child does not respond well to cycloplegics, your child will receive atropine eye drops to be taken 3 days prior to your child’s study visit. If this is the case, the study doctor will discuss this with you in greater detail...”, which assumes that parents / guardians will know if their child is not responding well to cycloplegics. Please clarify this.
- The NREC-CT noted that pg. 12 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF uses overly technical language to describe the placebo (“…that contains no active ingredients”). As the term “active ingredients” may not be understood by participants, please describe the word “placebo” using

plain English suitable for a lay audience. This wording should be updated throughout the PISCF, as relevant.

- The NREC-CT noted that the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF uses overly technical language and requested that the following terms are explained using plain English suitable for a lay audience, so parents / guardians are fully informed:
    - Pg. 5 natural fluorescence
    - Pg. 3 myopic macular degeneration
    - Pg. 10 the word “numbing” should be used in the main text with “anaesthetic” placed in brackets
    - Pg. 12 the wording “approved for treating urea cycle disorders in children including neonates” should be explained.
    - Pg. 12 The term “small spots of inflammation on the cornea” should be in the main text with the medical term “punctate keratitis” in brackets
    - Pg. 12 The term “redness of the eyes” should be in the main text, with the medical term “conjunctival hyperaemia” in brackets.
    - Pg.12 explain what an electrocardiogram is
    - Pg 14 the wording “damage to the central part of the retina” should be in the main text, with the medical term “myopic maculopathy” in brackets.
    - Use of the terms “by oral route” and “orally” should be replaced throughout with “by mouth”.
- The NREC-CT noted that the section “risks from study procedures” on pg. 13 of the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF does not sufficiently explain the potential risks associated with the eye assessments. Please update this section to provide a clear account of the potential risks associated with the eye assessments, so parents / guardians are fully informed.
- The NREC-CT noted that the L1_ SIS and ICF_Parental and Legal Guardian_Clean_San PISCF does not provide sufficient detail as to what will happen to the child’s personal data (i.e. will it be anonymised) should they withdraw from the study and requested that further detail is provided to parents/ guardians.
- The NREC-CT noted that the L1_TVTX-TVT058-301_IE_SIS and ICF_Minors Assent_eng Assent Form uses overly technical language with is not age-appropriate. Please update the Assent Forms in line with the “Assent / Informed Consent Guidance for Paediatric Clinical Trials with Medicinal Products in Europe” 2021, developed by Enpr-EMA’s Working Group on Ethics. Please see: https://www.ejprarediseases.org/wp-content/uploads/2021/10/EnprEMA_informed-consent-guidance-for-paediatric-clinical-trials_2021.pdf.
    - This should include development of two distinct Assent Forms, one for minors aged six to nine years, and a second for minors aged ten to eleven years.
    - This should include use of age-appropriate language in line with guidance, including the language regarding pregnancy.
- The NREC-CT noted the section “How is the study medication given?” on pg. 2 of the L1_ SIS and ICF_Assent 6 to 11 years_ Clean_San is potentially confusing for participants and requested that this section is simplified, in that it should advise

participants that there are four possibilities and they will get one of these, as opposed to saying you will “be put in 1 of 4 groups”.

- The NREC-CT noted the use of a bead collection which may be potentially hazardous for young children, and requested the following:
    - That it is made optional, depending on the preference of parents / guardians / participants
    - Confirmation that the beads comply with relevant safety Irish / EU safety regulations.
    - Appropriate safety warnings should be used.
- The NREC-CT noted that the PISCF / Assent Forms do not provide parents / guardians / participants with details of the standard of care treatment for myopia and requested that this is amended to include details of options available, so parents / guardians and participants are fully informed.
- The NREC-CT requested that additional information is provided outlining the options for continued access to the IMP for participants who appear to derive clinical benefit from the treatment.
- Standard Consideration:

3. Where applicable, the Sponsor is requested to submit any Part 2 documentation requiring revision following the outcome of the Part 1 Assessment. Should an additional Request for Information (RFI) be required, please contact the National Office at clinicaltrials@nrec.ie. The request should include a concise summary of the Part 1 consideration(s) that necessitated the update to the Part 2 documentation.
4. All documentation submitted in response to a Request for Information (RFI) must be provided in a format that is both accessible and searchable, such as Microsoft Word or original (non-scanned) PDF files. Please note that scanned documents, including those processed using Optical Character Recognition (OCR), are not acceptable, as they cannot be optimised for compatibility with assistive technologies.

2. Suitability of the clinical trial sites facilities

- The NREC-CT requested details of the procedures in place for the clinical management of a participant should they experience any of the following:
    - significant side effects.
    - a severe reaction to the IMP.
    - anaphylaxis.

2023-507684-19-00 SM-7

Institutions: Mater Misericordiae University Hospital, Cork University Hospital, Mater Private Hospital, Tallaght University Hospital

Study title: Phase 3, Randomized Study Evaluating the Efficacy and Safety of TAR-210 Erdafitinib Intravesical Delivery System Versus Single Agent Intravesical Chemotherapy in Participants With Intermediate-risk Non-muscle Invasive Bladder Cancer (IR-NMIBC) and Susceptible FGFR Alterations

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**
- Request for Further Information

- **Additional Information Required**

Part II Considerations raised

4. Subject information and informed consent form

- The NREC-CT noted that participants may not be familiar with the term “crossover” in the context of clinical trials and requested that a definition of the term “crossover” is provided on pg. 2 of the L1_SIS and ICF Crossover Addendum_IE_eng_2023-507684-19 PISCF, so participants are fully informed.

Standard Consideration:

- Where applicable, the Sponsor is requested to submit any Part 2 documentation requiring revision following the outcome of the Part 1 Assessment. Should an additional Request for Information (RFI) be required, please contact the National Office at clinicaltrials@nrec.ie. The request should include a concise summary of the Part 1 consideration(s) that necessitated the update to the Part 2 documentation.
- All documentation submitted in response to a Request for Information (RFI) must be provided in a format that is both accessible and searchable, such as Microsoft Word or original (non-scanned) PDF files. Please note that scanned documents, including those processed using Optical Character Recognition (OCR), are not acceptable, as they cannot be optimised for compatibility with assistive technologies.

2025-522216-17-00 SM-3

Institutions: St James’s Hospital

Study title: A multi-part, adaptive, Phase 1, first time in human study in healthy participants and participants with atopic dermatitis (AD) to assess the safety, tolerability, pharmacokinetics (PK) of single ascending (SAD), multiple ascending doses (MAD) and selected dose of SYX-5219 (AD Participants)

Dossiers Submitted: Part II

- **NREC-CT Decision:**
- Favourable

2024-512749-18-00 SM-2

Institutions: Mater Misericordiae University Hospital, St James’s Hospital, University Hospital Limerick, University Hospital Waterford, University Hospital Galway, Beaumont Hospital, Mater Private Hospital

Study title: Isa-RVD Study: Phase II, Multi-centre, Single-Arm, Open-Label Study to evaluate the efficacy and safety of the combination regimen Isatuximab, Lenalidomide, Bortezomib, and Dexamethasone in Patients with Newly Diagnosed Multiple Myeloma

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**
- Request for Further Information

- **Additional Information Required**

Part II Considerations raised

1. **Subject information and informed consent form**

- The NREC-CT noted that paragraph 2 of the L1_ICF Addendum_IRL_English_Track changes document details updates to data sharing / data protection and requested that this paragraph signposts to participants that the document also includes updates to the schedule, contraception advice and side effects.

Standard Consideration:

- Where applicable, the Sponsor is requested to submit any Part 2 documentation requiring revision following the outcome of the Part 1 Assessment. Should an additional Request for Information (RFI) be required, please contact the National Office at clinicaltrials@nrec.ie. The request should include a concise summary of the Part 1 consideration(s) that necessitated the update to the Part 2 documentation.
- All documentation submitted in response to a Request for Information (RFI) must be provided in a format that is both accessible and searchable, such as Microsoft Word or original (non-scanned) PDF files. Please note that scanned documents, including those processed using Optical Character Recognition (OCR), are not acceptable, as they cannot be optimised for compatibility with assistive technologies.

- **AOB:**
  - None