National Research Ethics Committee

NREC-CT A Meeting

12th March 2025

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 Dawn Swan	Committee Member, NREC-CT A
Dr Darren Dahly	Committee Member, NREC-CT A
Mrs Erica Bennett	Committee Member, NREC-CT A
Ms Margaret Cooney	Committee Member, NREC-CT A
Dr Sean Lacey	Committee Member, NREC-CT A
Ms Mandy Daly	Committee Member, NREC-CT A
Dr Emily Vereker	Head of Office, National Office for RECs
Dr Jane Bryant	Programme Officer, National Office for RECs
Dr Laura Mackey	Programme Officer, National Office for RECs
Mr Ciaran Horan	Administrative Assistant, National Office for REC's
Ms Deirdre Ní Fhloinn	Project Officer, National Office for RECs
Ms Rachel McDermott	Administrative Assistant, National Office for REC's
Ms Chita Murray	Programme Manager, National Office for RECs
Dr Peadar Rooney*	Project Officer, National Office for RECs

Apologies: Dr Brian Bird, Dr Maeve Kelleher, Ms Muireann O'Briain, Prof. Aisling McMahon, Ms Dympna Devenney, Dr David Byrne

Quorum for decisions: Yes

Agenda

- Welcome & Apologies
- 2024-515526-89-00
- 2023-504231-41-01
- 2023-507684-19-00 SM-2
- 2023-509429-37-00 SM-3
- 2023-507353-15-00 SM-2
- 2022-500395-57-00 SM-7
- 2023-506327-29-00 SM-1
- 2022-502122-41-00 SM-4
- 2023-506399-28-00 SM-2
- 2022-502380-37-00 SM-2
- AOB

- The Chair welcomed the NREC-CT A.
  - The minutes from the previous NREC-CT A meeting on 5th February 2025 were approved.
  - The NREC Business Report was discussed and noted.

Applications

2024-515526-89-00

Institutions: University Hospital Limerick, Mater Misericordiae University Hospital, St. Vincent's University Hospital

Study title: A Randomized, Open-Label, Multicenter, Phase 2 Study Evaluating the Efficacy and Safety of Zilovertamab Vedotin (MK-2140) Plus R-CHP versus Polatuzumab Vedotin plus R-CHP in Treatment-naive Participants with GCB Subtype of Diffuse Large B Cell Lymphoma (DLBCL). (waveLINE-011)

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required RFI**

Part II Considerations

1. Subject information and informed consent form

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.
- The NREC-CT noted that page 17 of the Main PIS-ICF and Page 7 of the FBR PIS-ICF includes a witness signature line. The NREC-CT requests information be added explaining the context where a witness signature would be needed.
- The NREC-CT noted that reference to ECHO and MUGA first appears on page 5 of the Main PIS-ICF and requests that a reference to the page or section where the participant can find more information be added to page 5.
- The NREC-CT noted on page 8,9 and 10 of the Main PIS-ICF the phrase "sick to one's stomach". The NREC-CT appreciates the use of lay language; however, this phrase can have multiple interpretations and requests that this be rephrased.
- The NREC-CT noted on page 10 of the Main PIS-ICF the phrase "MK-2140 may lower the ability for people with sperm to make a baby". The NREC-CT appreciates the use of lay language. The NREC-CT requests that additional clarification that it is due to decreased male fertility be added to this sentence.
- The NREC-CT noted in the Greenphire PIS-ICF that the participant number code is on the signature page 5. The NREC-CT requests clarification for why Greenphire requires this participant code number. If Greenphire does not require

the participant number code, the NREC-CT requests that this is removed from the Greenphire PIS-ICF.

- The NREC-CT noted in the Greenphire PIS-ICF on page 2 “Once the verification process is complete, the third party does not retain any of your data, including the photograph of your government-issued identification.” The NREC-CT would like the PIS-ICF to clarify the language to be clearer in lay terminology that the data and scans of the photo ID will be deleted.
- The NREC-CT noted in the Greenphire PIS-ICF on page 3 “The information provided to Greenphire will be transferred to or accessed from the United States of America” The NREC-CT also requests clarification if the government identification data is shared outside of European borders. If the government identification data is shared outside of European borders, this should be made clear in the Greenphire PIS-ICF**.**
- The NREC-CT noted references to UK laws and legislation on page 2, page 3 and page 5. The NREC-CT requests that this section be revised to reference applicable Irish and/or European laws and legislation and remove references to UK laws and legislation.
- The NREC-CT noted that on page 10 of the Main PIS-ICF “If you are able to have a baby, you must use acceptable birth control.” The NREC-CT requests that acceptable birth control be briefly summarised or listed in this section of the Main PIS-ICF.
- The NREC-CT notes that the participant will be supplied with the package insert for R-CHP, the NREC-CT requests clarification on what supports will be in place for the participant to help understand the technical information in the package insert.
- The NREC-CT noted on age 11 of the Main PIS-ICF “additional cost associated with your participation in this trial, which may include things such as childcare and time off work for clinic visits.” The NREC-CT noted that in the compensation for trial participants, that “loss of earnings” is not covered. The NREC-CT requests clarification regarding the cost of time off work for clinic visits. If “loss of earnings” is covered, the NREC-CT requests the compensation for trial participants is updated. If “loss of earnings” is not covered, the NREC-CT requests that this section of the Main PIS-ICF be updated with language that clarifies what is covered and what is not covered.
- The NREC-CT noted on page 12 of the Main PIS-ICF “the trial team will look at publicly available sources (e.g., internet searches).” and “Your trial doctor may also search publicly available sources (e.g., www.RIP.ie) to see if your name is listed.” The NREC-CT requests clarification on how the sponsor will be certain the correct individual will be identified while also protecting the participants personal information. The NREC-CT requests that all databases that will be searched be provided to the committee. The NREC-CT requests that reference to www.rip.ie be removed from the main PIS-ICF. The NREC-CT requests clarification if this type of follow-up is optional or mandatory and that this is added as an explicit consent item in the ICF on page 16/17.
- The NREC-CT noted on page 2 of the FBR ICF “The purpose of FBR is to find out more about what causes the trial disease, DLBCL and the way that people respond to drugs and therapies.” The NREC-CT noted that the future use of data /

samples (including genetic research) is not described in line with regulations / best practice 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 disease, disease area 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 to consent to be contacted in the future about other research studies,
- 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 pg. 2 of the FBR ICF states 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 and /or genes involved in the metabolism of the medicines being used in the trial and this 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 (V2.0, 2024). Dublin: Health Service Executive https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-national-policy-for-consent-in-health-and-social-care-research/
- The NREC-CT requests that all trial PIS-ICFs be updated with a placeholder for the qualification/dated signature of the person performing the consent interview in line with the requirements of CTR article 29, 1.

2023-504231-41-01

Institutions: Tallaght University Hospital, Mater Misericordiae University Hospital, Cork University Hospital, St. Vincent's University Hospital, University Hospital Galway

Study title: A Randomized Open-Label Phase 2/3 Study of BT8009 as Monotherapy or in Combination in Participants with Locally Advanced or Metastatic Urothelial Cancer (Duravelo-2)

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required RFI**

Part II Considerations

1. Proof of insurance

- The NREC-CT noted that the insurance certificate is for a total of 15 patients. The NREC-CT noted on page 3 of the main PIS-ICF that 30 patients in each BT8009 treatment arm, no number stated for Gemcitabine treatment arm. The NREC-CT requests clarification on the total number of participants the study aims to be recruited into each study arm for each Cohort and for this information be added to the relevant sections of the Cohort 1 PIS-ICF and Cohort 2 PIS-ICF. The NREC-CT also requests that the insurance certificate is updated for the total amount of people being enrolled in Ireland.

2. Subject information and informed consent form

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.
- The NREC-CT noted in the GP letter an abbreviation that was not explained on first use. The NREC-CT is requesting that the abbreviation ADC on page 2 of the GP letter is revised.
- The NREC-CT noted on page 23 and 24 of the Cohort 1 PIS-ICF and page 20 and 21 of the Cohort PIS-ICF the revised optional consent boxes. The NREC-CT requests that the words “biological samples” and “Study data” be highlighted in the consent boxes. The NREC-CT requests that the biological sample consent box and Study data consent box be titled so they are easier to differentiate.
- The NREC-CT noted on page 11 of the Cohort 1 PIS-ICF and page 9 of the Cohort 2 PIS-ICF “They may be mild or very serious.” The NREC-CT requests that this be changed to “They may range from mild to very serious”.
- The NREC-CT noted that the pregnant partner follow up for the IMP is 6.5 months. The NREC-CT requests clarification on the reason for the short follow up and this specific length of time. The NREC-CT also requests clarification if the sponsor has considered a longer follow up time to understand if any developmental changes occur in the infant, rather than just up to 6 weeks following delivery.
- The NREC-CT requests that the numbers participating in Cohort 1 in Ireland be added to section 6 page 3 of the Cohort 1 PIS-ICF.

- The NREC-CT requests that the number of participants in Cohort 2 in Ireland (if known) be added to section 6 page 2 of the Cohort 2 PIS-ICF.
- The NREC-CT noted that on page 3 of the Cohort 2 PIS-ICF "The selected (optimal) arm of the two BT8009 doses will be used for all subsequent participants." And the subsequent text "After the optimal BT8009 dose is selected, you will have a 1 in 2 chance (50%) of receiving the study medication, meaning that for every 2 participants who take part in the study, 1 will receive the study medication, BT8009." The NREC-CT is requesting that this section be revised for a clearer explanation of the percentage chance of a participant receiving the study medication.
- The NREC-CT noted on page 10 of the Main Cohort 1 PIS-ICF and on page 9 of the Main Cohort 2 PIS-ICF, "Your study data will be used for other current or future research involving the same study medication(s), the same or related therapeutic area, or for other relevant health research that is within the scope of the current study plan." 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 made optional.
  - it should be confined to a *disease, disease area 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 to consent to be contacted in the future about other research studies,
  - optional future research is made into a separate and explicit consent item in the Informed Consent section of the Main PISCF, 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 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/

2023-507684-19-00 SM-2

Institutions: Tallaght University Hospital, St. Vincent's University Hospital, Mater Misericordiae University Hospital, Mater Private Hospital, Cork 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 RFI**

Part II Considerations

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

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.

2. **Suitability of the clinical trial sites facilities**

- The NREC-CT requests clarification on where the TAR210 insertion & removal, gemcitaine/MMC instillation, cystoscopies, TURBT, urography, ultrasounds will be performed at the The Mater Misericordiae University Hospital site. The NREC-CT requests that the locations of those procedures be described in the site suitability form for The Mater Misericordiae University Hospital.

3. **Suitability of the investigator**

- The NREC-CT noted that the The Mater Misericordiae University Hospital Site suitability form describes Dr Richard O'Dwyer "and more recently PI on several clinical trials over the ast number of years " and also noted on Dr Richard O'Dwyer's Investigator CV that they are only listed as Sub Investigator. The NREC-CT requests that the site suitability form and CV be aligned.

2023-509429-37-00 SM-3

Institutions: University College Cork, Beaumont Hospital, St Vincent's University Hospital, University Hospital Limerick

Study title: A Phase III, Open-label, Randomised, Multicentre Study of Ceralasertib Plus Durvalumab Versus Docetaxel in Patients With Advanced or Metastatic Non-Small Cell Lung Cancer Without Actionable Genomic Alterations, and Whose Disease Has Progressed On or After Prior Anti-PD-(L)1 Therapy and Platinum-based Chemotherapy: LATIFY

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required RFI**

Part II Considerations raised

1. Subject information and informed consent form

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.
- The NREC-CT noted on page 18 of the PIS-ICF, "Your name or contact details may be shared with service providers, in order to collect information on your survival status ("vital status information")." The NREC-CT requests clarification on the identity of the service providers and if the sharing of the participants' personal information with the service provider is optional or mandatory. The NREC-CT requests clarification on how the sponsor will be certain the correct individual will be identified while also protecting the participants personal information. NREC-CT requests that the sharing of their personal information is added as a specific consent item in the PIS-ICF, that the participant will sign/initial beside. The NREC-CT requests that the service providers with access to the participants' personal information be identified to NREC and/or in the PIS-ICF.
- The NREC-CT noted on page 7 of the main PIS-ICF "As of 13 June 2024, 2599 participants had received Ceralasertib". The NREC-CT also noted on page 50 of the protocol "676 patients that have been treated with ceralasertib in combination with durvalumab". The NREC-CT requests clarification if there is a discrepancy between this numbers and that these documents be aligned, if so.
- The NREC-CT noted on page 15 of the Main PIS-ICF "We do not know if taking part will help your condition, but we hope that it will." The NREC-CT requests that this be revised to ensure that the patient is informed that there is "no guarantee" of improvement or benefit from participating in this trial.

2023-506327-29-00 SM-1

Institutions: Cork University Hospital, St James's Hospital, Tallaght University Hospital

Study title: A Phase 3 Randomized Double-blind Study of Adjuvant Pembrolizumab With or Without V940 in Participants With Resectable Stage II to IIIB (N2) NSCLC not Achieving pCR After Receiving Neoadjuvant Pembrolizumab With Platinum-based Doublet Chemotherapy (INTerpath-009)

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required RFI**

Part II Considerations

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

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.
- The NREC-CT noted on page 8 and page 9 of the Main PIS-ICF that the amount of blood samples for the Neoadjuvant group has been raised from 264ml to 342ml and from 79ml to 298mls. The NREC-CT would like clarification on why there is a need to increase blood samples volume by such a large amount for this particular group.
- The NREC-CT noted in the Greenphire PIS-ICF on page 2 “Once the verification process is complete, the third party does not retain any of your data, including the photograph of your government-issued identification.” The NREC-CT would like the PIS-ICF to clarify in lay terminology that the data will be deleted. The NREC-CT also requests clarification if the government identification data is shared outside of European borders. If the government identification data is shared outside of European borders, this information should be made clear in the Greenphire PIS-ICF.

2022-502122-41-00 SM-4

Institutions: Beaumont Hospital, Adelaide and Meath Hospital

Study title: An Open-label, Randomized Phase 3 Study to Evaluate Efficacy and Safety of Pembrolizumab (MK-3475) in Combination with Belzutifan (MK-6482) and Lenvatinib (MK-7902), or MK-1308A in Combination with Lenvatinib, versus Pembrolizumab and Lenvatinib, as First-line Treatment in Participants with Advanced Clear Cell Renal Cell Carcinoma (ccRCC)

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Favourable

2023-506399-28-00 SM-2

Institutions: St. Vincent’s University Hospital

Study title: A Multicenter, Randomized, Double-Blind, Placebo- Controlled 52-Week Maintenance and an Open-Label Extension Study of the Efficacy and Safety of Risankizumab in Subjects with Crohn's Disease

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required RFI**

Part II Considerations

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

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.
- The NREC-CT noted on page 5 of the PIS-ICF that the revised text appears not to have been finalised, as follows:
  - "How to diagnose, monitor, and treat <<insert the disease or condition being studied>> (and related conditions).
  - Why and how some patients with <<insert the disease or condition being studied>> respond to the study product(s) or products of the same or similar class; and/or

  The NREC-CT requests that the text inside the brackets (<< >>) be finalised for review.
- The NREC-CT noted on page 25 of PIS-ICF: "AbbVie will only receive Coded Data and will not be able to directly identify you" and the subsequent revised text "AbbVie may use your Personal Data, including your Coded Data based on your consent". The NREC-CT requests clarification whether AbbVie will receive personal data. The NREC-CT requests that these sentences be revised so that they are in alignment.

2022-502380-37-00 SM-2

Institutions: Institute of Eye Surgery Limited, Royal Victoria Eye and Ear Hospital

Study title: A Phase 3b Study to Evaluate the Duration of Effect of Bimatoprost SR in Participants with Open-Angle Glaucoma or Ocular Hypertension

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required RFI**

Part II Considerations raised

1. Subject information and informed consent form

- If applicable, the Sponsor is requested to submit any Part 2 documentation that require updates as a result of the Part 1 Assessment. Please include detail of the Part 1 consideration that triggered the update to the Part 2 documentation.
- The National Office requests that all documentation provided in response to RFI is presented in an accessible and searchable format (Word or original PDF). We are unable to accept scanned documents (including documents modified using Optical Character Recognition) as these documents cannot be optimised for use with assistive software.
- The NREC-CT noted on 29 of the PIS-ICF the removal of the text “I have been informed about the nature and purpose of this clinical trial. I have also been informed about the product and the procedures involved in this clinical trial. The benefits and risks have been explained to me.” The NREC-CT requests clarification on the reason for this being removed from the consent form.
- The NREC-CT noted on page 30 of the PIS-ICF the addition of “I have read the above pregnancy consent and acknowledge this is not applicable” The NREC-CT found this unclear and requests that additional clarification be added, that a participant be requested to tick either one or the other consent form statements below.
    - “If I become pregnant during the study, I will no longer receive the study drug. I understand that the study doctor and staff will collect information about my pregnancy as described.
    - “I have read the above pregnancy consent and acknowledge this is not applicable.”

- AOB:
    - XXX
    - XXX