National Research Ethics Committee

NREC-CT Meeting

11th March 2026

Attendance

Name	Role
Dr Cliona McGovern	Chairperson, NREC-CT B
Dr John Hayden	Deputy Chairperson, NREC CT-B
Ms Serena Bennett	Committee Member, NREC-CT B
Dr Áine de Róiste	Committee Member, NREC-CT B
Dr Karina Halley	Committee Member, NREC-CT B
Mr Edward McDonald	Committee Member, NREC-CT B
Dr Ciaran Lee	Committee Member, NREC-CT B
Dr Andrew Lindsay	Committee Member, NREC-CT B
Dr Niall McGuinness	Committee Member, NREC-CT B
Ms Evelyn O'Shea	Committee Member, NREC-CT B
Dr Dawn Swan	Committee Member, NREC-CT A
Dr Eoin Noctor	Committee Member, NREC-CT B
Dr. Mary Ann Ryan	Committee Member, NREC-CT B
Dr. Elizabeth O'Donnell	Committee Member, NREC-CT B
Prof. John Wells	Committee Member, NREC-CT B
Dr Laura Mackey	Programme Officer, National Office for RECs
Ms Chita Murray	Programme Manager, National Office for RECs
Ms Deirdre Ní Fhloinn*	Project Officer, National Office for RECs
Ms Rachel McDermott	Project Administrator, National Office for RECs

*Drafted minutes

Apologies: Prof. Colm O'Donnell, Prof. Seamus O'Reilly, Ms. Jasmine Joseph, Ms. Ann Twomey

Quorum for decisions: Yes

Conflict of Interest: 2023-509780-25-00 SM-4: Dr. Mary Anne Ryan declared a conflict of interest and did not participate in the meeting during review of this application.

Agenda

- Welcome & Apologies
- 2025-523590-42-00
- 2024-520218-23-00
- 2023-510333-28-00 SM-7
- 2024-512753-24-00 SM-9
- 2024-517190-24-00 SM-10
- 2024-518365-10-00 SM-4
- 2023-509780-25-00 SM-4
- 2024-512222-28-00 SM-1
- AOB

- The Chair welcomed the NREC-CT B.
  - The minutes from the previous NREC-CT B meeting on 11th February 2026 were approved.
  - The NREC Business Report was discussed and noted.

Applications

2025-523590-42-00

Institutions: Mater Misericordiae University Hospital

Study title: A Phase 1a/1b, Multicenter, Open-label, Dose-escalation, and Dose-expansion Study to Evaluate the Safety, Pharmacokinetics, Pharmacodynamic, and Antitumor Activity of CR-001 in Adult Participants with Locally Advanced or Metastatic Solid Tumors

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Request for Further Information

- Additional Information Required

Part II Considerations

1. Recruitment arrangements

- The NREC-CT noted that the section regarding the recruitment of incapacitated adults is unclear as the documentation states that these participants may be enrolled but also suggests that this would be in breach of exclusion criteria number 17 as per the protocol (K1_Recruitment Arrangements Document, pg.3). The NREC-CT requested that the section is amended to provide clarification on the recruitment of incapacitated adults and that the signature section for a Legally Authorised Representative is removed from all relevant PISCF's, if applicable.
- The NREC-CT noted that participants who do not speak English will be considered for recruitment where 'local staff are able to converse in the native language of the participant' (K1_Recruitment Arrangements Document, pg.2). The NREC-CT requested that the K1_Recruitment Arrangements Document be amended to clarify that certified translators will be employed for participants who do not speak the national language, to ensure informed consent and that participant-facing documents will be translated by certified translators into the required language(s), as applicable.

2. Subject information and informed consent form

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.

- The NREC-CT noted that the future use of data / samples (including genetic research) is not described in line with regulations / best practice on page 3 of the Future Research PISCF (e.g. 'research will be in connection with patient care and public health, including the development of new drugs and treatments for diseases') or page 3 of S1_Compliance on the collection, use and storage of biological samples (e.g. 'additional analyses of blood-based cells, protein, RNA, or DNA, up to and including whole genome sequencing').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. 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 and Compliance of Biological Samples Form should also make it clear 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 page 2 of the Future Research PISCF and page 3 of S1_Compliance of Biological Samples 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 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 and Compliance of Biological Samples Form
  - Explicit consent, including outlining the risks (e.g. incidental findings, including possible germline mutations, and disclosure of such results) entailed in such analysis being performed, is added to the PISCF and Compliance of Biological Samples Form
  - The possible ownership of such data by private or commercial interests and that this elucidated in the PISCF
  - 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 noted that carers of participants have not been included for reimbursement of accommodation expenses in the Compensation Form (p1). The Committee requested that reimbursement of accommodation expenses is considered for carers of participants and, if included, that it is elucidated in the Compensation Form and PISCFs.
- The NREC-CT noted that not all cancer histologies may be enrolled on the study (Protocol, pg.61) but that this information is absent in the Main PISCF. The NREC-CT requested that the specific cancer histologies eligible for inclusion are specified in the Main PISCF.
- The NREC-CT noted that the risk of death is absent from the Main PISCF. The NREC-CT requested that the Main PISCF is updated to include the risk of death.
- The NREC-CT noted reference to nephrogenic systemic fibrosis related to the use of gadolinium in MRIs (Main PISCF pg.12). The NREC-CT requested that the frequency of occurrence of nephrogenic systemic fibrosis is included in the Main PISCF, if available.
- The NREC-CT noted that all costs related to standard of care will be charged to the participant or their insurance. (Main PISCF pg. 14) The Committee requested confirmation that all study costs associated with participation in the clinical trial will be paid by the Sponsor and the PISCF is updated to reflect that no costs to the participant or their insurance will be incurred, to ensure equity in access to clinical

trials across all socioeconomic groups. Furthermore, please ensure that all insurance policies which are required under national law in the Republic of Ireland will be in place.

- The NREC-CT noted that the Main PISCF has a consent section stipulating that coded data will be sent to health insurers (Main PISCF, pg.25). The NREC-CT requested that that this statement is removed from all relevant PISCF's to align with the Irish context.
- The NREC-CT noted that participants medical files may be reviewed remotely (Main PISCF, pg.22). The NREC-CT requested confirmation that this applies to the Irish context and requested the removal of this statement if not applicable.
- The NREC-CT noted that the teaspoon measurements of proposed blood samples convey the minimum amount of blood to be taken (6-7 teaspoons) but not the maximum (Main PISCF pg. 7). The NREC-CT requested that the maximum amount of blood to be taken from potential participants is provided in teaspoon measurement to ensure fully informed consent.
- The NREC-CT noted that inaccessible, unclear and/or insensitive language is used throughout all PISCF's. This includes but is not limited to those listed below. The NREC-CT requested that all PISCF's are reviewed and reworded to ensure informed consent in line with ICH-GCP and Article 29 of the Clinical Trials Regulation (CTR) which states that informed consent "be kept comprehensive, concise, clear, relevant, and understandable to a layperson".
    - the word 'termination' in relation to pregnancy on page 1 of the Pregnant Partner PISCF should be replaced with more sensitive terminology
    - the phrase 'genetic and biometric data: potentially in tumor, exploratory samples and blood tests' on page 19 of the Main PISCF should be further explained
    - the description of Standard of Care as 'a proper treatment for your cancer' on page 15 of the Main PISCF should be amended and/or replaced with 'a suitable treatment'
    - the phrase 'kidney insufficiency' on page 12 of the Main PISCF should be replaced with plain English suitable for a lay audience
- The NREC-CT noted duplication and repetition throughout all PISCF's, including but not limited to those listed below. The NREC-CT requested that all PISCF's are reviewed, removing all duplication and repetition, to ensure informed consent in line with ICH-GCP and Article 29 of the Clinical Trials Regulation (CTR) which states that informed consent "be kept comprehensive, concise, clear, relevant, and understandable to a layperson".
    - Duplication of an entire paragraph 'as with any medicine, some people taking the study drug….' (Optional Future Research and Optional Biopsy PISCF, pg.2)
    - Repetition relating to the backfill cohort and standard of care on page (Main PISCF, pg.16)
    - Repetition regarding the collection of data relating to race and ethnicity (Main PISC, pg.19)
    - Repetition regarding the transfer of personal information outside of the participants country/European Economic Area (EEA) (Main PISCF, pg. 22)
- The NREC-CT noted several typographical errors and deviations from the Irish context throughout all PISCF's, including but not limited to those listed below The NREC-CT requested that all PISCF's are reviewed, amending all typographical errors, to ensure informed consent in line with ICH-GCP and Article 29 of the

Clinical Trials Regulation (CTR) which states that informed consent "be kept comprehensive, concise, clear, relevant, and understandable to a layperson".

- Use of the American English spelling for the word 'tumor' (use of English rather than American English throughout all PISCF's is recommended)
- The sentence 'may have to inform the public health agency in your county or state' (please amend to 'country' to align with the Irish context)
- On page 2 of the Main PISCF a sentence starts 'T study drug'
- On Page of the Main PISCF, under the 'Information' section, the first sentence is missing the word 'cancer/tumour'

3. Suitability of the clinical trial sites facilities

- The Site Suitability Assessment (SSA) submitted for the Mater Hospital states that exposure to ionising radiation at this site is not above what is required for standard of care (N1_Site suitability form_Mater Misericordiae University Hospital, pg.4) despite the documented schedule of CT scans every six weeks initially then every 12 weeks thereafter (Main PISCF pg.8) The NREC-CT requested clarification that the exposure to ionising radiation at this site is not above what is required for standard of care (SOC). In the event that exposure to ionising radiation is above what is required for SOC, the NREC-CT request that the SSA is updated with a justification for same and that the PISCF is updated to include the risk associated with the extra radiation exposure, (Main PISCF, pg. 12)

2024-520218-23-00

Institutions: Mater Misericordiae University Hospital

Study title: An Adaptive, 2-Part, Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of IKT-001 in Pulmonary Arterial Hypertension

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Request for Further Information

- Additional Information Required

Part II Considerations

4. Financial arrangements

The NREC-CT noted that the P1_Patient Compensation document refers to a monetary payment for participants, however this information is absent from the Main PISCF. Please confirm whether a monetary payment will be offered to participants (along with instruction on how this payment will be provided), aligning both the P1_Patient Compensation document and the Main PISCF accordingly.

5. Subject information and informed consent form

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.

- The NREC-CT noted that the IMP is to be taken with a glass of water, but that the associated measurement of water provided is in ounces rather than milliliters (Main PISCF, pg.6). The NREC-CT requested that the measurement of water is specified in milliliters to align with the Irish context and to help facilitate participant compliance with the instructions for IMP administration.
- The NREC-CT noted the absence of a GP Letter in the application submission. While not a mandatory document for application submission, the NREC-CT requested that a GP letter be submitted for review.
- The NREC-CT noted that close pharmacological monitoring of participants in the community health setting may be required due to the extensive list of concomitant medications whose disposition may be impacted by co-administration with the IMP (Protocol, pg. 35-37). The NREC-CT requested that a sentence be inserted in the Main PISCF encouraging participants to alert relevant health care professionals (including community pharmacists/ out of hours doctors) to the L2_Participant Card provided. Consideration could also be given to the addition of further detail to the Participant Card, including relevant contraindications and interactions, to enhance participant safety in the community health setting.
- The NREC-CT noted that all costs related to standard of care and adverse effects will be charged to the participant or their insurance (Main PISCF pg. 13) The Committee requested confirmation that all study costs associated with participation in the clinical trial will be paid by the Sponsor and the PISCF is updated to reflect that no costs to the participant or their insurance will be incurred, to ensure equity in access to clinical trials across all socioeconomic groups. Furthermore, please ensure that all insurance policies which are required under national law in the Republic of Ireland will be in place.
- The NREC-CT noted that the Main PISCF is lacking sufficient detail including those listed below. The Committee requested that the following details, which mostly appear to be available in the Protocol Lay Summary, be included in the Main PISCF to facilitate informed consent.
  - The rationale for the study (including the prevalence of GI side effects associated with Imatinib)
  - The objectives / primary end points of the study (including a clarification that the IMP is not curative)
  - The mechanism of action of the IMP (including the concept of a ‘prodrug’)

Commented [DN1]: This one had the NO Validation consideration but not including here as wasn’t discussed at meeting or raised by NREC

Study title: EORTC 2022-MG: Adjuvant tebentafusp (IMCgp100) versus observation in HLA-A*02:01 positive patients following definitive treatment of high-risk uveal melanoma: an EORTC randomized phase III study (ATOM Trial)

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Favourable

2024-512753-24-00 SM-9

Institutions: Mater Misericordiae University Hospital, University Hospital Galway, Cork University Hospital, St James's Hospital

Study title: HOVON 173 AML: Ivosidenib and Azacitidine With or Without Venetoclax in Adult Patients With Newly Diagnosed IDH1-Mutated AML or MDS/AML Considered Ineligible for Intensive Chemotherapy

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Favourable

2024-517190-24-00 SM-10

Institutions: Mater Misericordiae University Hospital, St James's Hospital, Cork University Hospital, University Hospital Galway

Study title: CATALINA-2: A Phase 2 Study Evaluating the Efficacy and Safety of TORL-1-23 in Women With Advanced Platinum-Resistant Epithelial Ovarian Cancer (Including Primary Peritoneal and Fallopian Tube Cancers) Expressing Claudin 6 (CLDN6)

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Request for Further Information

- Additional Information Required

Part II Considerations raised

6. Subject information and informed consent form

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.
- The NREC-CT noted the newly inserted sentence “your doctor should give you medicines to help with vomiting…” in the Main PISCF (pg.11). The NREC-CT requested that the word ‘should’ is replaced with the words “will” or “might” to ensure clarity for the potential participant.
- The NREC-CT noted the section title ‘Possible Risks of Anti-Emetics’ in the Main PISCF (pg.14). The NREC-CT requested that the word ‘anti-emetics’ is replaced, or that an explanation in plain English suitable for a lay audience is also provided.

2024-518365-10-00 SM-4

Institutions: Mater Misericordiae University Hospital, Beaumont Hospital, St James’s Hospital, Tallaght University Hospital

Study title: A Phase III, Randomized, Open-Label Study Evaluating The Efficacy And Safety Of Divarasib And Pembrolizumab Versus Pembrolizumab And Pemetrexed And Carboplatin Or Cisplatin In Patients With Previously Untreated, Kras G12c-Mutated, Advanced Or Metastatic Non-Squamous Non-Small Cell Lung Cancer

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Favourable

2023-509780-25-00 SM-4

Institutions: Cork University Hospital

Study title: Does the Use of Higher Versus Lower Oxygen Concentration Improve Neurodevelopmental Outcomes at 18-24 Months in Very Low Birthweight Infants: The HiLo-Trial?

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Favourable

2024-512222-28-00 SM-1

Institutions: Children's Health Ireland

Study title: SIOP Ependymoma Program II: An International Clinical Program for the diagnosis and treatment of children, adolescents and young adults with ependymoma

Dossiers Submitted: Part I & II

- NREC-CT Decision:

Favourable

- AOB:
  - None