National Research Ethics Committee

NREC-CT Meeting

1st October 2025

Attendance

Name	Role
Prof Mary Donnelly	Chairperson, NREC-CT C
Prof John Faul	Deputy Chairperson, NREC-CT C
Dr Jean Saunders	Deputy Chairperson, NREC-CT C
Prof Patrick Forde	Committee Member, NREC-CT C
Dr Susan Finnerty	Committee Member, NREC-CT C
Ms Susan Kelly	Committee Member, NREC-CT C
Dr Deborah Wallace	Committee Member, NREC-CT C
Ms Paula Prendeville	Committee Member, NREC-CT C
Mr Gerry Eastwood	Committee Member, NREC-CT C
Mr Philip Berman	Committee Member, NREC-CT C
Prof Anne Mathews	Committee Member, NREC-CT C
Dr Laura Mackey	Programme Officer, National Office for RECs
Dr Emma Heffernan*	Project Officer, National Office for RECs

Apologies: Prof Andrew Smyth, Prof Fionnuala Breathnach, Dr Dervla Kelly, Dr Juan Trujillo, Dr Steve Meaney

Quorum for decisions: Yes

Agenda

- Welcome & Apologies
- 2025-522400-24-00
- 2025-521514-26-00
- 2023-509391-42-00 SM-2
- 2024-513958-29-00 SM-1
- 2023-505242-25-00 SM-5
- AOB

- The Chair welcomed the NREC-CT C.
  - The minutes from the previous NREC-CT C meeting on 3rd September 2025 were approved.
  - The NREC Business Report was discussed and noted.

Applications

2025-522400-24-00

Institutions: Cork University Hospital, Tallaght University Hospital

Study title: A Randomized, Open-label, Phase 2/3 trial of Izalontamab Brengitecan versus platinum-based chemotherapy for metastatic urothelial cancer in participants with disease progression on or after an immunotherapy-based treatment (IZABRIGHT-BLADDER01)

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 requested that the S1_Compliance with applicable rules for Biological Samples_IE_ENG document is updated to align with requested changes in the PISCF documents.
2. Financial arrangements
• The NREC-CT noted that pg. 20 of the L1_SIS and ICF Main_IE_ENG_unredacted states that “Greenphire will not collect or process your personal data unless you agree to use the service by signing a separate consent form” and requested clarification as to when the Greenphire PISCF will be submitted for review.
3. Recruitment arrangements
• The NREC-CT requested that section 4.1 of the K1_Recruitment arrangements_IE_ENG details how an impartial witness will be identified. • The NREC-CT noted that the length of time participants will be given to make a fully informed decision about participating in the research has not been detailed in section 1.6 of the K1_Recruitment arrangements_IE_ENG The Committee requested that this is amended and that participants should be advised in the PISCF that they can take the necessary time they need to make a fully informed decision to participate in the research. • The NREC-CT noted in section 2 of the K1_Recruitment arrangements_IE_ENG that participants lacking decision-making capacity will be excluded from the trial and that capacity will be assessed by the PI. The committee requested the following: o Justification for exclusion of participants lacking decision-making capacity o Detail as to how decision-making capacity will be assessed. o Detail as to whether an independent expert will also be involved in assessing decision-making capacity

- Detail of the supports in place for potential participants who are interested in participating in the trial, but whose capacity to consent is in question.

4. Subject information and informed consent form

- The NREC-CT noted that the PISCF, particularly the summary section of the L1_SIS and ICF Main_IE_ENG_unredacted is not well written in that it appears translated directly from another language and requested that this document is revised for clarity and accessibility. It is suggested that the PISCF would benefit from review by a fluent English speaker.
- The NREC-CT noted that the cover letter states that participants in Ireland will not be recruited to Phase 3 of the trial ("Please note that it is not planned for the EU to take part in the Phase 3 of the study") which conflicts with pg. 10 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF which states "You will be enrolled in either the Phase 2 or the Phase 3 study". The NREC-CT requested that it is clarified in the PISCF as to whether participants in Ireland will be enrolled into Phase 3 of the trial. If participants in Ireland will not be enrolled into Phase 3 of the trial, the NREC-CT requested the following:
  - that participants are made aware in the PISCF that a Phase 3 trial is planned, but participants in Ireland will not be taking part in the Phase 3 trial.
  - that all other references to the Phase 3 trial should be removed from participants facing materials, including the PISCFs, as this information is not required for consent into the Phase 2 trial and is potentially misleading for participants.
- The NREC-CT requested that the wording "RP3D" should be explained to participants using plain English suitable for a lay audience in the schematic on pg. 3 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF.
- The NREC-CT noted that the potential benefits of trial participation are overstated on pg. 3 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF ("it could be beneficial if you have already tried many other treatments without success, especially for a type of cancer that has spread and has not responded well to other treatments") and is incongruous with the statement in the Informed Consent section on pg. 29 of the PISCF ("I understand that being part of the study may not directly benefit me, but it could help develop treatments for other patients in the future"). The NREC-CT requested that a more realistic account of the potential benefits of study participation is presented to participants in the main body of the PISCF, in line with the statement in the Informed Consent section on pg. 29 of the PISCF ("I understand that being part of the study may not directly benefit me, but it could help develop treatments for other patients in the future").
- The NREC-CT noted that the statement "'We' in this context means the site and the company running (or 'sponsoring') the study" on pg. 4 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF lacks clarity and requested that the word 'site' is explained to participants and that the sponsor is named directly, so participants are fully informed.
- The NREC-CT noted that pg. 4 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF noted that the statement "The Sponsor will only use information they need for the study. The site will let very few people know your name or contact details,

and only if they really need to for this study" is vague and requested that this statement is revised for clarity and precision.

- The NREC-CT noted that pg. 4 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF states that "Everyone involved in this study will keep your data safe and secure" and requested that participants are advised that their data will be protected in adherence with the relevant EU / Irish regulations and these regulations should be listed.
- The NREC-CT noted that pg. 4 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF noted that the statement "At the end of the study we will save coded data. We will every effort to make sure no-one can work out who you are from the reports we write" is not sufficient to reassure participants that their data will be protected. Participants should be advised of the data protection measures in place to protect their data, as "every effort" is insufficient.
- The NREC-CT requested that the word "comparator" is explained to participants in section 1.1 "What is the purpose of the study" on pg. 6 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF using plain English suitable for a lay audience. The NREC-CT requested that the name of, or class of, drug being used as the comparator should also be explained to participants.
- The NREC-CT noted that pg. 9 of the Main_IE_ENG_unredacted PISCF states that participants may be required to undergo brain imaging, if needed "to check for any issues". The NREC-CT requested that a further explanation is provided to participants so they are clear as to why brain imaging may be required.
- The NREC-CT noted that the use of terms "comparison treatment" – "comparator" / "SoC" are used interchangeably in the L1_SIS and ICF Main_IE_ENG_unredacted PISCF which may be confusing for participants. The committee requested that these terms are aligned for clarity.
- The NREC-CT noted that section 4.1 "What are the risks of joining this study"? on pg. 12 of the PISCF is poorly written and does not provide the required clear and accessible information for participants to make a fully informed decision about participating in the trial, in line with ICH-GCP. The Committee requested that the risk section is revised to ensure that trial participants are provided with sufficient information to make a fully informed decision about participating in the trial, in line with ICH-GCP. This information should be presented in a clear and concise manner, using plain English suitable for a lay audience.
- The NREC-CT noted that pg. 16 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF that the test advising participants about the risks of undergoing an ECG includes an unnecessary level of detail (e.g. that the sticky pad may cause itching) and requested that this is revised to remove superfluous detail that runs the risk of diluting critically important information.
- The NREC-CT noted that the withdrawal section on pg. 21 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF is too vague in its description of what will happen should a participant decide to withdraw from the study ("Your study doctor or another person or company hired by the Sponsor may continue to collect information on your health status where the law allows. This information helps to understand how safe or effective the study drug is and to tell government agencies about what happened to people in the study"). The committee requested that it is

clarified for participants who exactly will continue to collect their data, what data will be collected and what it will be used for.

- The NREC-CT noted that section 10.2 of pg. 22 of the L1_SIS and ICF Main_IE_ENG_unredacted states that “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”. The committee requested that the following information is provided to participants in the PISCF:
    - Details as to the name and geographical location of the vendor
    - Confirmation that safeguards are in place and in compliance with all applicable regulations and legislation
    - Details as to how the PI will be involved in the process.
    - Details of how consent will be obtained from the potential participant for the use of their data
    - Confirmation that the Sponsor will have oversight of the 3rd party company’s activities.
- The NREC-CT noted that section 11.2 ‘Will this study include biomarker testing? Will there be genetic testing?’ on pg. 23 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF uses overly technical language and requested that this section is simplified into plain English suitable for a lay audience.
- The NREC-CT noted that section 12.1 on pg. 23 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF states that “Samples collected during the study may be stored for up to 15 years after study ends. If the government requires it, your samples may be stored for longer than 15 years”. The committee requested that this statement reflects the specific circumstances that the Irish government would require samples to be stored for longer than 15 years.
- The NREC-CT noted that pg. 23 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF states that “Researchers will label all samples with a special code that does not include your name or any other information about you. This makes it very hard to find out that a sample is yours”. The committee requested that it is made clear to participants whether their data will be anonymised or pseudonymised and requested the following:
    - clarification in the PISCF as to whether participants’ data is to be anonymised or pseudonymised
    - an explanation is included in the PISCF of the terms ‘anonymised’ and ‘pseudonymised, as applicable, using plain English suitable for a lay audience.
    - if data is to be anonymised, then an an explicit consent item regarding the processing of anonymised data should be added to the informed consent section on pg. 29 of the PISCF.
    - If data is to be pseudonymised then then this needs to be described to participants in the using plain English suitable for a lay audience
- The NREC-CT noted that section 5.2 of the L1_SIS and ICF Pregnant Partner_IE_ENG_unredacted states that the study team will collect “test results” from the pregnant partner and their baby, which is not sufficient for informed consent. The Committee requested that pregnant partners are advised which test results will be collected from them and their baby, so they are fully informed.

- The NREC-CT noted that the L1_SIS and ICF Main_IE_ENG_unredacted L1_SIS and ICF Dose Switch_IE_ENG_unredacted, L1_SIS and ICF Optional Future Research_IE_ENG_unredacted and the L1_SIS and ICF Pregnant Partner_IE_ENG_unredacted PISCF 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 Please see HSE National Policy for Consent in Health and Social Care Research (V2, 2024). Dublin: Health Service Executive https://assets.hse.ie/media/documents/ncr/20250107_HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-V2.0.pdf
- The NREC-CT requested that future use of samples/personal data is sufficiently explained to participants in the L1_SIS and ICF Optional Future Research_IE_ENG_unredacted PISCF 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), specifically that reference to "your disease" in section 1.2 on pg. 2 is replaced with "urothelial cancer" so it is clearer for participants.

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. 23 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF and pg.4 of the L1_SIS and ICF Optional Future Research_IE_ENG_unredacted PISCF states that "Bristol-Myers Squibb (BMS) is paying for optional future research" which may be confusing for participants. The Committee requested that this statement is rephrased, so it is clear that participants are not being paid to take part in future research.
- The NREC-CT noted that pg. 23 of the L1_SIS and ICF Main_IE_ENG_unredacted PISCF and pg.4 of the L1_SIS and ICF Optional Future Research_IE_ENG_unredacted PISCF 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/

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.

2025-521514-26-00

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

Study title: A Phase 3, Randomized, Open-label, Multicenter Study to Evaluate the Efficacy and Safety of Sacituzumab Tirumotecan (MK-2870) in Combination With Pembrolizumab With or Without Bevacizumab Compared With Standard of Care as Firstline Maintenance Treatment for Participants With Persistent, Recurrent, or Newly Diagnosed Metastatic Cervical Cancer With PD-L1 CPS Greater Than or Equal to 1 (TroFuse-036/GOG-3123/ENGOT-cx22)

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_Compliance with use of biological samples_IRL_EN_IN_not pub states that samples will not be stored for future / secondary research, which conflicts with statements in the PISCF. The NREC-CT requested that section 4 is updated to align with updates to the PISCF regarding future use of samples.
2. Proof of insurance
• The NREC-CT noted that the insurance certificate expires on 29 July 2026 and requested confirmation that insurance is in place for the duration of the trial.
3. Recruitment arrangements
• The NREC-CT requested justification for the exclusion of participants lacking decision-making capacity from the trial.

4. Subject information and informed consent form

- The NREC-CT noted that pg. 11 of the L1_ICF_Main consent_IRL_EN_IN_for pub PISCF 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 is 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 noted that the future use of data/samples (including genetic research) is not described in line with regulations / best practice on pg. 11 of the L1_ICF_Main consent_IRL_EN_IN_for pub PISCF ("Your samples may be used for genetic and biomarker testing. This research can help in discovering ways that trial drugs work, how the body responds to or resists them, and how they affect human health") & pg. 11 of the L1_ICF_Main consent_IRL_EN_IN_for pub PISCF, pgs. 3 of the L1_ICF_Optional_additional treatment_IRL_EN_IN_for pub & L1_ICF_Optional_subsequent treatment_IRL_EN_IN_for pub PISCFs ("Your samples may be used to improve and develop tests to support clinical trials"). 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 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 should be provided to enable participants 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, 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/

- The NREC-CT noted that participants are advised on pg. 23 of the Main PISCF that "Your coded information will be stored for at least 35 years" and requested justification for the length of the retention period. Please also confirm in the PISCF who will be responsible for destruction of coded data at the end of the retention period. Participants should also be informed the maximum length of time their data will be stored.
- The NREC-CT noted that the statement “I understand that relevant sections of my medical records may be looked at remotely by the Sponsor and those working for it, if required. I give permission for these individuals to review my medical records removed from outside the trial site” on pg. 26 of the L1_ICF_Main consent_IRL_EN_IN_for pub PISCF is not sufficiently robust to reassure participants that their data will be safeguarded. The committee requested that it is made clear to participants in the PISCF that their data will be protected in compliance with the relevant EU / Irish regulations and these regulations should be listed.
- 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.

2023-509391-42-00 SM-2

Institutions: St Vincent’s University Hospital, Tallaght University Hospital, Beaumont Hospital, University Hospital Galway

Study title: A Randomized, Double-blind, Phase 3b Study to Evaluate the Short- and Long-term Efficacy and Safety of Dual Targeted Therapy With Intravenous Vedolizumab and Oral Upadacitinib Compared With Intravenous Vedolizumab and Oral Placebo for Induction Followed by Intravenous Vedolizumab Monotherapy for Maintenance in the Treatment of Adults With Moderately to Severely Active Crohn’s Disease

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 the future use of data/samples is not described in line with regulations/best practice on pg. 2 of the L1_SIS-ICF_Optional Future Research_TC_NFP PISCF ("This future research may be about: the diseases, conditions or drugs that may or may not be included in this study. The efficacy, design and methods of future studies"). 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,

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/

- 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.

2024-513958-29-00 SM-1

Institutions: St James's Hospital, University Hospital Galway, Griffin Daly Medical Centre, Turloughmore Medical Centre

Study title: Semaglutide for people with obesity and resistant hypertension (SUPPORT): a pilot, randomized, parallel-group, integrated, multicentre clinical trial

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Favourable

2023-505242-25-00 SM-5

Institutions: Mater Misericordiae University Hospital, Cork University Hospital, University Hospital Galway

Study title: Phase 2 Dose-Ranging And Interception Study Of Linvoseltamab In Patients With High-Risk Monoclonal Gammopathy Of Undetermined Significance Or Non-High-Risk Smoldering Multiple Myeloma

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Favourable

- AOB:

N/A