

National Research Ethics Committee

NREC-CT Meeting

5th November 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
Prof Fionnuala Breathnach	Committee Member, NREC-CT C
Dr Susan Finnerty	Committee Member, NREC-CT C
Dr Steve Meaney	Committee Member, NREC-CT C
Ms Susan Kelly	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 Juan Trujillo	Committee Member, NREC-CT C
Dr Karina Halley	Committee Member, NREC-CT B
Ms Chita Murray	Programme Manager, National Office for RECs
Dr Laura Mackey	Programme Officer, National Office for RECs
Dr Susan Quinn	Programme Manager, National Office for RECs
Dr Emma Heffernan*	Project Officer, National Office for RECs

Apologies: Dervla Kelly, Andrew Smyth, Debbie Wallace

Quorum for decisions: Yes

Agenda

- Welcome & Apologies
- 2024-516728-32-00
- 2022-501238-52-00 SM-29
- 2023-504198-19-00 SM-13
- 2025-521040-37-00 SM-1
- 2022-501374-19-00 SM-6
- 2023-503280-42-00 SM-3
- 2024-518154-16-00 SM-9
- 2024-513087-26-00 SM-17
- 2025-521278-32-00 SM-1
- AOB

- The Chair welcomed the NREC-CT C.
 - The minutes from the previous NREC-CT C meeting on 1st October 2025 were approved.
 - The NREC Business Report was discussed and noted.

Applications

2024-516728-32-00

Institutions: Cork University Hospital

Study title: A Randomized, Double-Blind, Placebo-Controlled Phase 2/3 Study of BLU-263 in Indolent Systemic Mastocytosis

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required**

Part II Considerations

1. Proof of insurance

- The NREC-CT noted that the insurance certificate expires on 30 April 2026 and requested confirmation that insurance is in place for the duration of the trial.

2. Subject information and informed consent form

- The NREC-CT noted that Part K of the study does not include a placebo arm, yet the term 'placebo' is used repeatedly in the L1_BLU-263-1201_Main-Part-K-ICF_IRL_ENG_NotPublic, which may be confusing to participants. The NREC-CT requested that participants are made aware that other parts of the trial may involve the use of a placebo, but the trial that they are participating in (Part K) does not involve use of a placebo and that all other superfluous references to the use of a placebo are removed from the PISCF.
- The NREC-CT noted the large burden of questionnaires that participants are required to complete and requested that participants are advised of this in the PISCFs, so they are aware of the potential time commitment.
- The NREC-CT noted that the language used on pg. 12 & 13 of the L1_BLU-263-1201_Main-Part-K-ICF_IRL_ENG_NotPublic.PDF, pg. 13 & 14 of the L1_BLU-263-1201_Main-Part-S-ICF_IRL_ENG_NotPublic & pg. 16 & 17 of the L1_BLU-263-1201_Main-Parts-2-and-3-ICF_IRL_ENG_NotPublic.PDF may be perceived as excessively strict. The Committee requested that the language is modified to be more participant-friendly. For example, participants on pg. 12 of the L1_BLU-263-1201_Main-Part-K-ICF_IRL_ENG_NotPublic.PDF are advised that they are expected to "Take the study drug as told" - the NREC suggested that more appropriate and participant-friendly language would advise participants to "take the study drug as recommended by your study doctor".
- The NREC-CT noted that participants are not permitted to discuss the study on social media and requested the following:
 - Justification for this stipulation
 - Details as to how use of social media will be monitored during the trial.

- Details of the guidance provided to participants regarding their use of social media
 - Details as to the specific information that participants are not permitted to discuss on social media should be explained in the PISCF
 - Details as to the potential implications for participants should they discuss the trial on social media should be explained in the PISCF documents.
- The NREC-CT noted that participants are to undergo a bone marrow biopsy and bone marrow aspirate and requested that it is clarified in the PISCF documents whether these tests are part of standard of care treatment or are being collected for research purposes only i.e. (pg. 8 of the L1_BLU-263-1201_Main-Part-K-ICF_IRL_ENG_NotPublic, L1_BLU-263-1201_Main-Part-S-ICF_IRL_ENG_NotPublic & pg. 10 pf the L1_BLU-263-1201_Main-Parts-2-and-3-ICF_IRL_ENG_NotPublic)
- The NREC-CT noted that participants are to undergo mandatory genetic testing (pgs. 25 & 29 of the L1_BLU-263-1201_Main-Part-K-ICF_IRL_ENG_NotPublic; pgs. 29 & 33 of the L1_BLU-263-1201_Main-Parts-2-and-3-ICF_IRL_ENG_NotPublic & pgs. 25 & 30 of the L1_BLU-263-1201_Main-Part-S-ICF_IRL_ENG_NotPublic) and that “results from this genetic testing may be shared with me or my relatives if deemed necessary by my study doctor”. The NREC-CT requested the following:
 - Clarification in the PISCF documents as to the circumstances under which the information will be shared with participants’ relatives.
 - Clarification in the PISCF as to whether explicit consent will be requested from participants before their data is shared with their relatives.

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.

2022-501238-52-00 SM-29

Institutions: Children's Health Ireland

Study title: A Phase 2/3 Randomized, Placebo-Controlled, Double-blind, Clinical Study to Evaluate the Efficacy, Safety, and Pharmacokinetics of Vericiguat in Pediatric Participants with Heart Failure due to Systemic Left Ventricular Systolic Dysfunction (VALOR)

Dossiers Submitted: Part II

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

Part II Considerations raised

1. Recruitment arrangements

- The NREC-CT noted that the application included a recruitment video script aimed at parents and requested justification as to why, in the interests of inclusion, that a recruitment video was not also prepared for children.

2. Subject information and informed consent form

Standard Consideration:

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2023-504198-19-00 SM-13

Institutions: Beaumont Hospital

Study title: A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Evaluate the Safety and Efficacy of Fazirsiran in the Treatment of Alpha-1 Antitrypsin Deficiency-Associated Liver Disease With METAVIR Stage F1 Fibrosis

Dossiers Submitted: Part I & II

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

2025-521040-37-00 SM-1

Institutions: Cork University Hospital, University Hospital Waterford

Study title: Diagnostic HER2DX-guided treatment For Patients with early-stage HER2-positive breast cancer

Dossiers Submitted: Part II

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

2022-501374-19-00 SM-6

Institutions: St James's Hospital

Study title: A Multicenter, Open-label, Phase 2 Basket Study to Evaluate the Safety and Efficacy of MK-2140 as a Monotherapy and in Combination in Participants with Aggressive and Indolent B-cell Malignancies (waveLINE-006)

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 pg. 146 of the D1_Protocol_2022-501374-19_TC_SM06_not pub.PDF has been updated to include the addition of ctDNA analysis as a new biomarker with section 8.9 noting an expansion of the use of material to all 'Leftover samples listed in Section 8.8', but this has not been updated in the L1_ICF_FBR consent_IRL_EN_TC_SM06_not pub.PDF. The committee requested that should this inclusion apply to participants in Ireland, then the L1_ICF_FBR consent_IRL_EN_TC_SM06_not pub.PDF should be updated to align with the protocol. This should be explained to participants using plain English suitable for a lay audience.

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.
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2023-503280-42-00 SM-3

Institutions: Tallaght University Hospital

Study title: A Phase 3, Open-label, Randomized, Noninferiority Trial of the Subcutaneous Formulation of Nivolumab Versus Intravenous Nivolumab in Participants With Advanced or Metastatic Clear Cell Renal Cell Carcinoma Who Had Received Prior Systemic Therapy

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 pg. 331 of the E1_IB BMS936558 track change has been updated to include adrenal insufficiency, including secondary adrenocortical insufficiency, as a potential SAR but this has not been updated in the L1_SIS and ICF_Main_TC. The committee requested that the relevant section of the L1_SIS and ICF_Main_TC is updated to reflect this addition to the IB, using plain English suitable for a lay audience.

Standard Consideration:

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2024-518154-16-00 SM-9

Institutions: Tallaght University Hospital, Beaumont Hospital, St Vincent's University Hospital, University Hospital Limerick, Mater Private Hospital, University Hospital Galway, Cork University Hospital

Study title: RASolve 301: Phase 3 Multicenter, Open Label, Randomized Study of RMC-6236 versus Docetaxel in Patients with Previously Treated Locally Advanced or Metastatic RAS(MUT) NSCLC

Dossiers Submitted: Part I & II

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

- **Additional Information Required**

Part II Considerations raised

3. Subject information and informed consent form

- The NREC-CT requested that justification is provided on pg. 23 of the L1_RMC-6236-301_Main ICF_Ireland_TC (risks for women) for the changes to contraceptive advice (i.e. changes to timelines) after the last dose of study treatment.
- The NREC-CT requested that justification is provided on pg. 24 of the L1_RMC-6236-301_Main ICF_Ireland_TC (risks for men) for the changes to contraceptive advice (i.e. changes to timelines) after the last dose of study treatment.
- The NREC-CT noted that participants may undergo an additional tumour biopsy after disease progression on pgs. 5 & 36 of the L1_RMC-6236-301_Main ICF_Ireland_TC and requested the following:
 - Please clarify in the L1_RMC-6236-301_Main ICF_Ireland_TC as to whether this additional tumour biopsy is part of clinical care or for research purposes alone.
 - Please provide clarification in the L1_RMC-6236-301_Main ICF_Ireland_TC whether the results of this biopsy are to be included in the study results.
 - Please provide clarification in the L1_RMC-6236-301_Main ICF_Ireland_TC if this additional biopsy is optional or mandatory.
 - Please provide an option for explicit consent for this, as applicable, in the ICF section of the L1_RMC-6236-301_Main ICF_Ireland_TC.
- The NREC-CT request that the spelling of biopsy ("bispies") on pg. 36 of the L1_RMC-6236-301_Main ICF_Ireland_TC is corrected.
- The NREC-CT noted that pg. 17 of the L1_RMC-6236-301_Main ICF_Ireland_TC states that participants are to undergo genomic testing. If participants are to undergo whole genome / whole exome sequencing then the following is requested to be updated in the PISCF:
 - 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 (V2.1, 2025). Dublin: Health Service <https://www2.healthservice.hse.ie/files/157/>

Standard Consideration:

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2024-513087-26-00 SM-17

Institutions: Beaumont Hospital, University Hospital Galway, St James's Hospital

Study title: A Randomized, Double-blind, Multiregional Phase 3 Study of Ivonescimab Combined with Chemotherapy Versus Pembrolizumab Combined with Chemotherapy for the First-line Treatment of Metastatic Non-small Cell Lung Cancer (HARMONI-3)

Dossiers Submitted: Part I & II

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

2025-521278-32-00 SM-1

Institutions: Our Lady of Lourdes Hospital, Connolly Hospital, Letterkenny University Hospital, Tallaght University Hospital

Study title: A Phase 2 Randomized, Double-blind, Placebo-Controlled Study of the Safety and Efficacy of MTX-463 in Participants with Idiopathic Pulmonary Fibrosis (IPF)

Dossiers Submitted: Part 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 statement on pg. 9 of the protocol "Participants newly diagnosed with IPF who, in the judgment of the treating physician, are considered in need of standard of care treatment should not defer standard of care treatment" is not reflected in the L1 mtx-463-I201 IE_Main ICF_Tracked. The NREC-CT requested that the risk language on pgs. 9 and 12 of the L1 mtx-463-I201 IE_Main ICF_Tracked is updated to align with this statement in the protocol.
- The NREC-CT noted that pg. 2 of the L1 mtx-463-I201 IE_Main ICF_Tracked states "There are currently two treatments for IPF that slow worsening of the disease. Due to their side effects, such as vomiting and diarrhoea, new treatments are desperately needed". This statement may be misleading to participants as it implies that new treatments are required primarily because of the side effects associated with current standard-of-care therapies, however an additional need is that new treatments are required as existing therapies are not curative." The NREC-CT requested that the PISCF is revised to reflect the curative potential of the IMP as opposed to the non-curative limitations of current standard of care treatments.

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.
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- **AOB:**

- None