National Research Ethics Committee

NREC-CT Meeting

16th July 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
Dr Juan Trujillo	Committee Member, NREC-CT C
Dr Susan Finnerty	Committee Member, NREC-CT C
Prof Andrew Smyth	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
Ms Chita Murray	Programme Manager, National Office for RECs
Dr Jane Bryant	Programme Officer, National Office for RECs
Dr Emma Heffernan*	Project Officer, National Office for RECs
Dr Peadar Rooney	Project Officer, National Office for RECs

Apologies: Prof Fionnuala Breathnach, Prof Patrick Forde, Dr Deborah Wallace, Dr Dervla Kelly.

Quorum for decisions: Yes

Agenda

- Welcome & Apologies
- 2025-520488-42-00
- 2024-515147-32-01
- 2024-512753-24-00
- 2024-513077-48-00
- 2023-503661-28-00 SM-29
- 2023-505850-16-00 SM-4
- 2024-516137-13-00 SM-2
- 2022-502000-73-00 SM-21
- AOB

- The Chair welcomed the NREC-CT C.
  - The minutes from the previous NREC-CT C meeting on 11th June 2025 were approved.
  - The NREC Business Report was discussed and noted.

Applications

2025-520488-42-00

Institutions: University Hospital Galway, St Vincent's University Hospital, Connolly Hospital, Tallaght University Hospital, Our Lady of Lourdes Hospital, Cork University Hospital

Study title: A Phase 2b Randomized, Double-blind, Placebo-controlled, ParallelGroup Study to Assess Efficacy and Safety of Verekitug (UPB-101) in Participants with Moderate-to-Severe Chronic Obstructive Pulmonary Disease (COPD)

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 updates to the PISCFs are aligned in section 4 of the S1_IRL Compliance with use of Biological Sample English UPB-CP-06

2. **Recruitment arrangements**

- The NREC-CT noted that the K2_IRL Recruitment Poster English UPB-CP-06 Public, K2_IRL Recruitment Social Media English UPB-CP-06 Public & the K2_IRL Recruitment Brochure English UPB-CP-06 appear to be in draft format and requested that the final versions of these recruitment materials are submitted for review.
- The NREC-CT noted that section 1.8 of the K1_IRL Recruitment Procedure Description English UPB-CP-06 Public.PDF document notes the use of translators and requested confirmation that, should they be required, certified translators will be used to ensure accuracy of the information to be presented to participants.

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

- The NREC-CT noted that the use of the wording "Venture Study" in the recruitment material, is not reflected in the PISCF documents and requested that the wording "Venture Study" is also added to the PISCF documents for consistency.
- The NREC-CT requested that the process for withdrawal from the study is explained to participants in the section "WHAT WILL HAPPEN IF I DON'T WANT TO CARRY ON WITH THE STUDY?" on pg. 8 of the L1_IRL Model ICF Main English UPB-CP-06.
- 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. 2 of the L1_IRL Country ICF Research English UPB-CP-06 PISCF ("This future research may or may not be related to your current medical condition and/or the study treatment"). 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 otection Act 2018 (Section 36(2) (Health Research) Regulations 2018).

    - 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.
    - Updates to the L1_IRL Country ICF Research English UPB-CP-06 PISCF aligned in the S1_IRL Compliance with use of Biological Sample English UPB-CP-06 document.
- The NREC-CT noted confusing and conflicting statements regarding the anonymisation / pseudonymization of data and samples
    - For example, pg. 10 of the L1_IRL Model ICF Main English UPB-CP-06 and pg. 7 of the L1_IRL Country ICF Research English UPB-CP-06 states that "after the end of the study, the study Sponsor may decide to anonymise your personal data and samples to publish the study results, for further research or for academic purposes. Once this is completed, associating any samples collected or information with you will not be longer possible." The NREC-CT requested clarification as to how the preferences of each participant regarding participation in future research will be determined, if the data is anonymised after the end of the study (if participant data is anonymised at the point of publication of the results, then from that moment on the researcher would not have any way to know which sample/data belongs to which person).
    - Reference to the anonymisation of data after the study is complete also conflicts with a statement on. Pg. 2 the L1_IRL Country ICF Research English UPB-CP-06 where participants are advised that "…If you agree to the storage and use of your leftover samples for future research, any information that directly identifies you will be removed from the samples. Your samples will be labelled with a code that only study staff can link to you. Any information that can be traced back to you will be kept private to the extent required by law."

  The Committee requested that all statements related to the anonymisation / pseudonymization of data and samples across the PISCF documents are revised for clarity and are in alignment. It should be clear to participants whether their data will be anonymised or pseudonymised (with both terms explained using plain English suitable for a lay audience). If data is to be pseudonymised then then this needs to be described to participants in the PISCFs in line with regulations and best practice, 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). For the processing of anonymised data, this should be listed as an explicit consent item in the informed consent section of the PISCF documents.
- 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.

2024-515147-32-01

Institutions: Tallaght Adult Mental Health Service, Wellcome HRB Clinical Research Facility

Study title: POSITRON - Psilocybin with psychological support for cocaine: a randomised controlled pilot feasibility trial of psilocybin with psychological support for cocaine use disorder

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

- Request for Further Information

- **Additional Information Required**

Part I Considerations (RFI) for addition to CTIS

- Please provide detail in the protocol as to what samples will be taken for genetic / genomic analysis / future research. It is noted that consent for genome research and future research is required in the consent form. This should also include:
    - Details as to when samples will be taken should be included in the schedule of activities.
    - Details of biobanking
    - Details as to data protection/data processing, samples storage/retention and sample destruction.
- Please clarify if psychological support is part of the treatment/intervention. If so please provide a description in the protocol of how the impact of the psychological support will be assessed in participants.
- Please provide a definition of “psychological support” in the protocol. This should include a description of how psychological support will be provided to participants during the trial and how this support will be recorded.
- Please provide a definition of “therapist” in the protocol. This should include details of the minimum required qualifications, experience and skills of those providing psychological support/therapy to participants in the trial. This should include details of any specialist training required by “therapists” to manage participants taking psychedelics.
- Please provide detail in the protocol how each participant will be risk-assessed in terms of potential side effects.
- Please provide detail in the protocol as to the safeguards in place to manage side effects. This should include the following:
    - Detail as to how potential psychotic episodes will be managed and by whom, including the potential requirement to restrain a participant
    - Detail as to how suicidal ideation will be managed and by whom.

- Please provide both the 'Therapist manual' and 'POSITRON TRIAL - THERAPY MANUAL' mentioned in the protocol for review.

Part II Considerations

1. Compliance with national requirements on data protection

- The NREC-CT noted multiple notes by the DPO on the DPIA and requested clarification as to whether suggestions made by the DPO will be implemented

2. Compliance with use of biological samples

- The NREC-CT requested that section 3 & 4 of the S1_Compliance on the collection use and storage of biological samples document is updated to align with requested changes to the PISCF.

3. Financial arrangements

- The NREC-CT requested that the P1_Compensation trial participants document is updated to align with requested changes to the PISCF.

4. Recruitment arrangements

- The NREC-CT requested that the recruitment poster noted in section 1.2 of the K1_Recruitment arrangements document is submitted for committee review.

5. Subject information and informed consent form

- The NREC-CT noted that the L1_ICF v1_0 14-May-2025 and the L1_SIS v1_0 14-May-2025 are presented as two separate documents and requested that they are integrated into one single document. Please also add the EU CT number to the updated PISCF document.
- The NREC-CT noted that pg. 3 of the L1_SIS v1_0 14-May-2025 states that participants cannot start or stop psychotherapy during the trial and requested it is clarified whether participants already undergoing psychotherapy before the start of the trial should continue with psychotherapy.
- Please provide justification for the collection of ethnicity data on pg. 12 of the L1_SIS v1_0 14-May-2025.
- The NREC-CT noted the L1_SIS v1_0 14-May-2025 is presented using an overly academic narrative and does not provide the required clear and accessible information for participants to make a fully informed decision about participating in the trial. The Committee requested that the PISCF document is thoroughly 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 a more comprehensive consent process is recommended for psilocybin compared with other psychiatric treatments, due to the drug's potential to induce shifts in personality and values, associated mental health risks, and possible use of therapeutic touch (Smith WR, Sisti D. Ethics and ego dissolution: The case of psilocybin. *J Med Ethics.* 2021 Dec; 47(12):807–14). The NREC-CT requested confirmation if a more comprehensive approach to consent has been considered by the sponsor, and a justification provided if not.
- The NREC-CT requested that the statement "I understand that this drug could alter my perception" is listed as an explicit consent item in the ICF section of the PISCF.

- The NREC-CT requested that it is clarified for participants in L1_SIS v1_0 14-May-2025 whether psychological support is part of the intervention (it is not clear whether psychological support is part of the treatment).
- The NREC-CT noted that participants are to receive psychological support and requested confirmation that this will be provided by a suitability qualified psychologist/ psychotherapist / therapist who has a demonstrated level of knowledge, skills, competencies, experiences and clinical expertise in promoting a psychologically safe environment for participants who will be accessing this trial. Professionals delivering psilocybin therapy require a specialised level of training in psychedelic-assisted psychotherapy, beyond standard clinical qualifications. If therapists do not have specialised training, the NREC-CT requested confirmation that the appropriate safeguards are in place to ensure the safety of participants during this trial, for example, that the therapists providing psychological support access supervision from professionals with specific expertise in this area.
- The NREC-CT noted that participants are to receive psychological support during the trial. Please provide additional detail on the following in the L1_SIS v1_0 14-May-2025, so participants are fully informed:
    - Define and explain “psychological support”. It should be clear to participants what psychological support they can expect to receive during the trial.
    - Explain to participants who will deliver this psychological support (details as to the qualifications of the person providing support should be included i.e., a psychologist, psychotherapist etc). It is not clear in the PISCF who will be providing the psychological support to participants during the trial. It would be expected that to ensure the safety of participants that therapists are suitably qualified therapists / psychologists/ psychotherapists. Participants should also be informed of any specialist training / experience in psychedelic-assisted therapy undertaken by those providing psychological support.
    - Define the term “therapist”
    - Clarification as to how the impact of psychological support will be assessed in participants
    - Clarification as to how psychological support provided to participants will be recorded / documented.
    - Details as to how information gathered during the psychological support sessions will be stored / retained. This should include detail of the data protection / data processing, data storage/retention and data destruction measures in place.
    - Detail as to the amount and frequency of psychological support to be delivered should be provided in the schedule of activities.
- The NREC-CT requested that participants are given a more detailed account of what could occur during the psilocybin sessions. This should include assurances regarding the suitability of therapists.
- The NREC-CT noted the use of physical touch on pg. 8 of the L1_SIS v1_0 14-May-2025 and requested the following is explained in the PISCF:
    - A more detailed explanation of what physical touch may entail
    - The safeguards in place should participants become hyper-aroused.

- The NREC-CT requested confirmation that those administering physical touch as described on pg. 8 of the L1_SIS v1_0 14-May-2025 have undergone adequate training in providing this type of support to participants.
- The NREC-CT noted that the volume of questionnaires administered to participants during the study may be quite burdensome and requested that participants are advised of this in L1_SIS v1_0 14-May-2025.
- Please provide clarification in the main body of the Main PISCF as to what samples will be taken for genetic / genomic analysis / future research. This should also include:
    - Details as to when samples will be taken should be included in the schedule of activities.
    - Details of biobanking
    - Details as to data protection/data processing, samples storage/retention and sample destruction
- The NREC-CT noted conflicting statements in the Part 2 documents regarding management of samples / data during the trial (for example: pg. 11 of the L1_SIS v1_0 14-May-2025 states that routine samples will be destroyed after use, pg. 2 of the L1_ICF v1_0 14-May-2025 states that data will be stored for future use, pg. 3 of the S1_Compliance on the collection use and storage of biological samples document states samples will not be stored after analysis and the DPIA refers to use of a biobank). The NREC-CT requested that these documents are aligned regarding how samples / data will be managed including the data protection / data processing, samples storage/retention and sample destruction measures in place.
- The NREC-CT noted that pg. 4 of the L1_SIS v1_0 14-May-2025 states that blood samples will be taken during the trial and requested it is made clear to participants when these samples are to be taken, as it could be interpreted that these samples will be taken during the psilocybin sessions.
- 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. 2 of the L1_ICF v1_0 14-May-2025 (“I agree that personal data collected for this trial can be used in future research studies on cardiovascular disease and obesity …”). 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 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/

- The NREC-CT noted that pg. 2 of the L1_SIS v1_0 14-May-2025 states that participants will undergo genomic analysis ("I consent to provide a blood sample (cells, serum and plasma) for genomic analysis in this trial") and requested the following:
    - Clarification as to the type of genomic analysis being undertaken. This should be explained to participants in the PISCF and aligned in the S1_Compliance on the collection use and storage of biological samples document. If genomic sequencing is being undertaken, then the following applies:
    - 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 noted that pgs. 7 and 8 of the L1_SIS v1_0 14-May-2025 details the potential side effects associated with psilocybin and requested participants are informed how long potential side effects are expected to last. Participants should also be informed if there is a risk that side effects maybe be ongoing.
- The NREC-CT noted that participants must be escorted home by a friend and relative and requested that these relatives / friends are reimbursed for out of pocket expenses, so they are not at a financial disadvantage. This should be detailed on pg. 10 of the PISCF.
- The NREC-CT requested that the information regarding the data protection measures in place for the management of participant's data and samples is not well described in the PISCF and requested that this is revised so participants are fully informed regarding the data protection / data processing, samples storage /retention and sample destruction measures in place. Please also amend the following:
    - Pg 11 of the L1_SIS v1_0 14-May-2025 (in the section on withdrawal from the trial) states that "Blood and urine samples for routine analysis are destroyed after testing" which may be confusing to participants, as it is not clear whether this statement applies only to participants who do not wish to continue participating in the trial.

- pg. 12 of the L1_SIS v1_0 14-May-2025 states that “Your personal information may be collected”, please amend this statement to “your personal information will be collected”.
- participants should be given a more detailed account of how and when their data will be destroyed on pg. 12 of the L1_SIS v1_0 14-May-2025.
- Participants should be informed who will have access to their data.
- It should be made clear to participants whether their data will be anonymised or pseudonymised and a rationale provided for the approach taken. The terms anonymised and pseudonymised should be explained to participants using plain English suitable for a lay audience.
- Details of where samples will be stored and for how long should be included.
- The ICF section of the PISCF should also include relevant explicit consent items so participants are clear what they are consenting to when they agree to participate in the trial.

- The NREC-CT noted that the legal basis for the processing of data is stated as “for scientific research purposes and the public interest” on pg. 13 of the PISCF and requested that is amended to add explicit consent as an additional safeguard.
- 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.

6. Suitability of the clinical trial sites facilities

- The NREC-CT requested that further detail is provided in section 3 of the Site Suitability Assessment documents for St James’s Hospital:
  - Details as to the minimum qualifications, experience and skills required of those providing psychological support (“therapists”).
  - Details as to the minimum level of expertise / supervision of therapists in managing participants taking psychedelics should be provided.
- The NREC-CT requested further detail of the safety procedures in place for managing potential side effects of the IMP is detailed in the Site Suitability Assessment documents for St James’s Hospital, including the following:
  - mental health nursing support at the trial site during IMP administration and in the management of side effects.
  - the availability of a psychiatrist during IMP administration and in the management of side effects.
  - Detail as to how suicidal ideation will be managed, including the support pathways in place
  - Detail as to how a psychotic episode will be managed including the potential need to restrain a participant.

2024-512753-24-00

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

Study title: 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:**

  Request for Further Information

- **Additional Information Required**

Part II Considerations
1. Compliance with use of biological samples
• The NREC-CT requested that section 4 of the S1_IE_HO173 biological samples document is updated to align with requested changes to the PISCF documents.
2. Financial arrangements
• The NREC-CT requested that the P1_IE_HO173 payment compensation is updated to align with requested changes in the PISCF documents.
3. Subject information and informed consent form
• The NREC-CT requested that it is made clear to participants on pg. 1 of the L1_IE_HO173_Biobank ICF_Not for publication & pg. 32 of the L1_IE_HO173_Main ICF_Not for publication PISCFs that the use of their samples/personal data for biobanking / future research is optional. Section 10 on pg. 5 the L1_IE_HO173_Biobank ICF_Not for publication 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 statement "The Health and Youth Care Inspectorate (IGJ) may inspect your data without your consent" on pg. 5 of the L1_IE_HO173_Pregnancy ICF_Not for publication PISCF is amended / removed as appropriate, as "The Health and Youth Care Inspectorate (IGJ)" is not relevant to the Irish context.
• The NREC-CT noted that pg. 9 of the L1_IE_HO173_Pregnancy ICF_Not for publication PISCF includes two different titles for the study ("HOVON 173 AML: A study to investigate the effect of adding revumenib to treatment with venetoclax + azacitidine in patients with acute myeloid leukemia (AML) with a specific gene abnormality who have not previously been treated and who are not eligible for intensive chemotherapy" and "Ivosidenib and Azacitidine With or Without Venetoclax in Adult Patients With Newly Diagnosed IDH1-Mutated AML or MDS/AML Considered Ineligible for Intensive Chemotherapy (EVOLVE-1)") which

may be confusing for participants. The Committee requested that the same title is used for the study across all PISCFs.

- The NREC-CT noted that the L1_IE_HO173_Main ICF_Not for publication, L1_IE_HO173_Biobank ICF_Not for publication, L1_IE_HO173_Pregnancy ICF_Not for publication PISCFs have used a bundled approach to consent in the Informed Consent Section of the PISCF 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
- To ensure equitable access to clinical trials across all socio-economic groups the NREC-CT requested that participants are reimbursed for all reasonable out-of-pocket expenses for study specific visits that fall outside standard of care treatment. This should be explained to participants in the L1_IE_HO173_Main ICF_Not for publication PISCF. The process for claiming reimbursement should also be explained to participants in the PISCF.
- 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.

2024-513077-48-00

Institutions: Beaumont Hospital, Cork University Hospital

Study title: A Phase 3, open-label, randomized 2 arm study comparing the clinical efficacy and safety of niraparib with temozolomide in adult participants with newly-diagnosed, MGMT unmethylated glioblastoma

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 section 4 of the S1_Statement on biological sample handling_IRL_san document is updated to align with requested changes to the PISCF documents

2. 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. 23 of the L1_SIS and ICF_Main_IRL ("If you agree to the use of your coded samples and data for further research that is NOT related to this study, this will be used by the Sponsor and others, for example universities or other companies, to study other diseases and treatments develop new research methods and tests"). 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 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 requested that future use of samples/personal data is sufficiently explained to participants in the section "What is the purpose of future scientific research?" on pg. 4 of the L1_SIS and ICF_FSR_san 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), in that it should be confined to a specified disease, related diseases or drug under study in this trial.
- The NREC-CT noted that the future use of data/samples is not described in line with regulations/best practice on pg. 8 of the L1_SIS and ICF_PP. The NREC-CT requested that future use of samples/personal data is sufficiently explained to participants in the main body of the L1_SIS and ICF_PP PISCF document 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 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 this document, 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/

- 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.

2023-503661-28-00 SM-29

Institutions: St James's Hospital, South Infirmary Victoria University Hospital, University Hospital Waterford, University Hospital Galway, St. Vincent's University Hospital

Study title: A Phase 3, Randomised, Placebo-Controlled, Double-Blind Study to Evaluate Efficacy and Safety of Upadacitinib in Adult and Adolescent Subjects with Moderate to Severe Hidradenitis Suppurativa Who Have Failed Anti-TNF 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 participants are advised on pg. 17 of the L1_M23-698 IE ICF Main Adult_TC_MS and pg. 18 of the L1_M23-698 IE ICF Main Parental_TC_MS PISCFs that "if required per local regulations, either 2 highly effective methods, or an additional effective method of contraception should be used…". The NREC-CT requested that the term "local regulations" is explained to participants and parents in the relevant PISCFs, as it is not clear what "local regulations" refers to.
- The NREC-CT noted that the use of medical terminology, specifically the wording "a premenarchal female participant reaches Tanner 3 and/or menarche" on pg. 18 of the L1_M23-698 IE ICF Main Adult_TC_MS.PDF and the L1_M23-698 IE ICF Main Parental_TC_MS PISCFs may not be accessible to participants / parents / guardians and requested that this is rephrased using plain English suitable for a lay audience.

- The NREC-CT noted that a PISCF to continue treatment has been submitted, and requested clarification as to why a parental consent to continue treatment PISCF and an assent form for adolescents were not also submitted, so adolescents would also have the option of continuing treatment.
- The NREC-CT noted that the list of consent statements pgs. 28/29 of the L1_M23-698 IE ICF Main Adult_TC_MS and the L1_M23-698 IE ICF Main Parental_TC_MS PISCFs are not well presented and potentially confusing for participants. The Committee requested the following:
    - The statement (item no. 7) asking participants / parents/ guardians to consent to take part in the study and in the optional research should be split into two separate standalone statements.
    - The statement (item no. 8) referring to becoming pregnant during the study and the subsequent sentence asking participants /parents/ guardians to acknowledge that they have read the above pregnancy consent and to state whether it is applicable is confusing / convoluted and should be rephrased so it is clear what participants/ parents/ guardians are consenting to.
    - Reference to the optional components of the study should be grouped together, so it is clear to participants / parents / guardians, which are the optional components of the study, and which are mandatory for participation i.e. use of coded data for future research, optional samples for biomarker research etc.
- The NREC-CT noted that optional elements of the trial such as continued use of coded data and optional research have not been included in the list of consent items on pg. 20 of the L1_M23-698_Assent_V5_TC_MS.PDF and requested that this is amended.
- The NREC-CT noted that reference to the “legal representative” has been replaced by “witness” in the ICF section of the PISCF on pg. 28 of the L1_M23-698 IE ICF Main Parental_TC_MS and requested justification for this.
- The NREC-CT noted that the term “legal representative” in the signature section of the has been replaced by “witness” and requested that this is amended as a witness cannot give consent for someone else to take part in research.
- 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.

2023-505850-16-00 SM-4

Institutions: St James’s Hospital

Study title: A Phase 3 Randomized Study Comparing Bortezomib, Lenalidomide and Dexamethasone (VRd) followed by Ciltacabtagene Autoleucel, a Chimeric Antigen

Receptor T cell (CAR-T) Therapy Directed Against BCMA versus Bortezomib, Lenalidomide, and Dexamethasone (VRd) followed by Lenalidomide and Dexamethasone (Rd) Therapy in Participants with Newly Diagnosed Multiple Myeloma for Whom Hematopoietic Stem Cell Transplant is Not Planned as Initial 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 requested that the following text on pg.45 of the document 'TC_L1_SIS and ICF Main_IE_eng_2023-505850-16-00' is amended to make it clear to participants that the use of samples for future research is optional:
  - "I agree to the use of my cheek swab, blood and bone marrow, and samples collected during the study for future research as described in section "Samples Collected for Scientific Research", in addition to the testing required for this study described in section "Samples Collected for Scientific Research". I understand that samples stored for future use will only be used for research purposes and will not be used for commercial purposes"
- 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.

2024-516137-13-00 SM-2

Institutions: St Vincent's University Hospital, Tallaght University Hospital, Beaumont Hospital, Mater Private Hospital, University Hospital Waterford, Mater Misericordiae University Hospital, University Hospital Galway

Study title: Randomised phase 3 trial of enzalutamide in first line androgen deprivation therapy for metastatic prostate cancer: ENZAMET

Dossiers Submitted: Part I & II

- **NREC-CT Decision:**

Favourable

2022-502000-73-00 SM-21

Institutions: Beaumont Hospital

Study title: A Randomized, Double-blind, Placebo-Controlled, Multicenter Phase 3 Study to Evaluate the Safety, Tolerability, and Efficacy of XEN1101 as Adjunctive Therapy in Focal-Onset Seizures (X-TOLE2)

Dossiers Submitted: Part II

- **NREC-CT Decision:**

  Favourable

- AOB:
  - N/A