National Research Ethics Committee

NREC-CT Meeting

24 January 2024

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 Austin Duffy	Committee Member, NREC-CT C
Prof Fionnuala Breathnach	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
Dr Dervla Kelly	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
Ms Aileen Sheehy	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

*Drafted minutes

Apologies: None

Quorum for decisions: Yes

Agenda

- Welcome & Apologies
- 2023-507240-37-00
- 2023-504198-19-00
- 2023-508381-16-00
- 2022-500332-11-00 SM 7
- 22-NREC-CT-082_Mod-4
- 2022-501453-36-00 SM 2
- 2023-505268-12-00 SM 1
- 2022-500699-76-00 SM 9
- 22-NREC-CT-016_Mod-4
- 22-NREC-CT-112_Mod-4
- 2023-505167-36-00 SM 1
- AOB

- The Chair welcomed the NREC-CT C.
  - The NREC Business Report was discussed and noted.

Applications

2023-507240-37-00

Institutions: University Hospital Galway, Regional Hospital Mullingar, St Vincent's University Hospital, Connolly Hospital, Our Lady Of Lourdes Hospital, Beaumont Hospital

Study title: KAN-101-03: A Phase 2a Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Tolerability of KAN-101 In Participants With Celiac Disease

  - NREC-CT Decision:
- Request for more information
  - Additional Information Required

Part I Considerations

- Please clarify discrepancies in the protocol regarding sample / data storage. (pg. 75, states 15 years; pg. 91 states that samples for genetic analysis will not be stored beyond completion of the study).
- Justification for planned interim analysis is unclear as pg. 69 of the protocol states that 'Regardless of the results from the IA, the study will continue without any changes until the planned number of participants have been enrolled and all

participants will complete all protocol-specified procedures'. Please provide clarification as to why the IA is being undertaken if the trial will continue as described above.

Part II Considerations

- **Compliance with national requirements on data protection**
- No Considerations
- **Compliance with use of biological samples**
- The NREC-CT requested that the Compliance with Member State applicable rules for the collection, storage and future use of human biological samples form is updated to align with requested changes in the PISCF regarding future use of samples / data and genetic research.
- **Financial arrangements**
- No Considerations
- **Proof of insurance**
- The NREC-CT noted that the insurance certificate is out of date and requested confirmation that insurance is in place for the duration of the trial.
- **Recruitment arrangements**
- The NREC-CT requested that the recruitment material such as study alerts, recruitment letters and study brochures include a description of the potential side effects of the gluten challenge.
- **Subject information and informed consent form**
- As this is a population group who will have a strong understanding of their condition, the NREC-CT considered that the presentation of information in the PISCF was not consistent throughout. This included in both tone and assumed knowledge of participants. For example, in one section the meaning of CD is explained - given the participants' medical history and reasons for seeking enrolment in the study they are likely aware of some of these aspects. The NREC-CT requested the PISCF is revised to ensure consistency throughout the document. They recommend that taking into account the perspective and knowledge base of the participants would be of value in improving the overall presentation of information in the document.
- The NREC-CT noted that pg. 3 described the placebo as 'The placebo looks like the study drug but does not contain KAN-101' and requested that the term 'placebo' is defined using plain English suitable for a lay audience.
- The NREC requested the term 'OGD (Oesophagogastroduodenoscopy)' is used throughout the PISCF in place of 'EGD (Esophagogastroduodenoscopy)', as it is more appropriate for an Irish audience.
- The NREC-CT noted that participants are not advised of the potential risks associated with undergoing an OGD procedure (such as bleeding, sore throat, perforation, sedation-related risks etc.) and requested that the PISCF is amended to include the potential risks of undergoing an OGD.
- The NREC-CT requested that it is explained to participants on pg. 8 of the PISCF that the OGD includes taking endoscopic biopsies. This should be explained using lay terminology.
- The NREC-CT noted that pg. 8 of the PISCF gluten challenge is referred to by its full name and at other times by its initials and requested that gluten challenge is written using its full title in this section of the PISCF.
- The NREC-CT requested that 'GFD' is written out in full on Pg. 8 of the PISCF.
- The NREC-CT noted that Pg. 4 of the PISCF states that 'side effects were mild to moderate in severity and usually resolved within hours of onset' requested that

participants are fully informed of the potential side effects of a 14-day gluten challenge, including their potential duration, considering that the side effects of the gluten challenge may last as long as, or beyond, the 14-day challenge.

- The NREC-CT noted that the side effects associated with ingestion of gluten listed on pg. 15 of the PISCF include headache, dizziness, fatigue/lethargy and skin rash, whereas they have been omitted from the side effects listed on pg. 4 of the PISCF and requested that these side effects are also added to the list of side effects on pg. 4 of the PISCF.
- The NREC-CT requested the estimated length of time it will take participants to complete the symptom diary each day is stated in the PISCF.
- The NREC-CT requested that participants are advised on pg. 14 of the PISCF whether they are permitted to take medications should they experience trial related side effects.
    - If participants are permitted to take medication to manage side effects, please provide a list of permitted medications in the PISCF.
    - If participants are required to contact their study team before they take any medications to manage side effects, please state this in the PISCF.
- The NREC-CT requested that Pg. 8 under 'study procedures' briefly summarises in text format specifically how much blood is required for each sample.
- The NREC-CT requested that the following technical terms / phrases used in the PISCF are explained using plain English suitable for a lay audience:
    - Pg. 3 'EDG with biopsy'
    - Pg. 5 'biomarker response'
    - Pg. 6 'genotyping'
    - Pg. 6. CeD serology'
    - Pg. 7 'IV infusion'
    - Pg. 9 to 13 'PK blood collection'
    - Pg. 10 ADA and biomarker collection
    - Pg. 14: 'no clinically relevant change in safety measurements observed.'
    - Pg. 16 'Human reproductive safety data'
- The NREC-CT noted that there are discrepancies in the protocol (pg. 75, states 15 years; pg. 91 states that samples for genetic analysis will not be stored beyond completion of the study), the Compliance with Member State applicable rules for the collection, storage and future use of human biological samples from (pg. 4, states 15 years), the main PISCF (states up to 25 years), the Pregnant Partner PISCF (pg. 4 states 25 years), and the Optional Future Research PISCF (pg. 3, states 15 years) regarding the maximum length of time data / samples will be stored for and requested that the maximum length of time data / samples will be stored for is clearly stated and aligned across all documents.
- The NREC-CT noted that pg. 37 of the PISCF states that participants may undergo whole genome 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 (V1.1, 2023) https://hseresearch.ie/wp-

content/uploads/2023/02/HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-compressed.pdf

- The NREC-CT noted that pg. 23 of the PISCF states that 'certain of your individual study results may be given to you or your doctor in accordance with applicable law' and requested clarification is provided as to which results will be given to participants.
- The NREC-CT noted that pg. 14 of the PISCF section titled - 'End of Study Procedures' states that 'Depending on how much of the study was completed will decide on whether an EGD is completed' and considered this statement potentially confusing for participants. The NREC-CT requested that the end of study procedure is clearly defined and explained to participants in the PISCF.
- The NREC-CT noted that pg. 37 of the PISCF states that when using the ediary participants personal data such as personal health information, location, call logs, text message history, web browsing history, or social media use may be collected and shared with the researchers or people outside of the study. The Committee requested that this personal data is not collected and shared with the researchers or people outside of the study and this is reflected in the PISCF.
- The NREC-CT requested that reference to future research on pg. 29 of the PISCF states that this research is optional, and reference should also be made to the separate Optional Future Research PISCF.
- The NREC-CT requested the contact details for the Irish Data Commissioner are provided on pg. 30 of the main PISCF.
- The NREC-CT noted that pg. 1 of the Pregnant Partner PISCF states that participants take part in 'a safety-monitoring activity regarding your pregnancy' and requested the following is clarified in the document:
    - Please clarify what information / data will be collected.
    - The NREC-CT requested that it is stated also stated who is providing this information / data i.e. it is the pregnant partner themselves, or their GP / healthcare provider?
- The NREC-CT requested that the section 'type of information requested' on pg. 2 of the Pregnant Partner PISCF clearly states the maximum length of time of follow-up on health of a child after birth.
- The NREC-CT requested that the term 'embryonic foetal development study' on pg. 2 of the Pregnant Partner PISCF is described using plain English suitable for a lay audience – suggest 'during pregnancy'.
- The NREC-CT requested that the word 'transfers' on pg.2 of the Pregnant Partner PISCF is replaced with 'Sharing of my health data'.
- The NREC-CT requested that an explicit statement stating that the participant consents to the collection of data about them and their pregnancy is added to the consent declaration section on pg. 5 of the Pregnant Partner PISCF - suggest 'I agree to the collection of data about me and my pregnancy'.
- The NREC-CT requested the contact details for the Irish Data Commissioner are provided on pg. 4 of the Pregnant Partner PISCF.
- The NREC-CT noted that pg. 27 of the PISCF refers to both audio and video recordings and requested that if either video or audio recordings are to be taken of the participants, then this needs a full explanation in the main body of the PISCF and is listed in the declaration of consent section of the PISCF. This should also include data protection measures related to the use, access and storage of these recordings. If participants are not to undergo either audio or video recording during the study, then reference to these should be removed from the PISCF.
- The NREC-CT requested that the GP letter lists the potential side effects of the study drug and the gluten challenges.
- The NREC-CT requested that the GP letter includes a statement to inform them that the trial drug will not be available to participants once the trial has ended.

- **Suitability of the clinical trial sites facilities**
- No Considerations
- **Suitability of the investigator**
- No Considerations

2023-504198-19-00

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

- NREC-CT Decision:

- Request for more information

- Additional Information Required

Part I Considerations

- Page 81 of the protocol states that samples may be used for undefined future research and requested that future research is restricted to research of Liver Disease only in line with broad consent under the Health Research Regulations 2018.

Part II Considerations

- **Compliance with national requirements on data protection**
- The NREC-CT noted that there is a discrepancy in the anticipated number of participants to be enrolled in the trial stated in the DPIA (2 participants) and the Site Suitability Assessment for Beaumont Hospital (1 participant) and requested that the anticipated number of participants expected to enrol in the trial in Ireland is clarified and aligned across relevant documents.
- **Compliance with use of biological samples**
- No Considerations
- **Financial arrangements**
- The NREC-CT requested that a statement confirming the source of funding for the trial is provided for committee review.
- **Proof of insurance**
- The NREC-CT noted that the period of insurance expires on 15/06/24 and requested confirmation that insurance is in place for the duration of the study.
- **Recruitment arrangements**
- No Considerations
- **Subject information and informed consent form**
- The NREC-CT noted that participants may be required to undergo a liver biopsy at screening, and at week 106. The Committee requested that this requirement features more prominently (i.e. is moved up to a higher position) in the ‘what procedures are involved’ section on pg. 4 and in the treatment and follow up period’ section on pg. 6 of the PISCF.

- The NREC-CT noted that the Main PISCF and the Optional DNA PISCF are seeking blanket consent for future / additional use of samples / data, for unspecified purposes, without further consent. This type of consent is not in line with best practice, the Declaration of Taipei 2016 and not in compliance with the Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018), where informed participant consent is a mandatory safeguard. The NREC-CT requested that future research is restricted to research in the area of Liver Disease, and this is clearly stated in the main body and consent declaration sections of the PISCFs. The Committee also requests that any future use of biological samples is reviewed by an ethics committee and requested that this is captured in the PISCFs.
- The NREC-CT noted that monetary values were included on pg. 21 of the PISCF and requested that the exact values are omitted, so as not to constitute any inducement for participation.
- The NREC-CT requested that the EU clinical trial number is added to all the PISCF documents.
- **Suitability of the clinical trial sites facilities**
- No Considerations
- **Suitability of the investigator**
- The NREC-CT requested that more detail is provided in the 'relevant clinical trial / study experience' section of the CV for [redacted]
- The NREC-CT requested that an up-to-date ICH-GCP certificate is provided for [redacted].

2023-508381-16-00

Institutions: La Nua Day Hospital Mental Health Centre, Tallaght Adult Mental Health Service

Study title: A 52-Week, Open-Label Evaluation of the Long-term Efficacy and Safety of Single and Repeated Treatments with Methylone for the Treatment of PTSD IMPACT-EXT (Investigation of Methylone for Post-Traumatic Stress Disorder [PTSD])

- NREC-CT Decision:

- Request for more information

- Additional Information Required

Part I Considerations

- Pg. 36 section 8.4 of the protocol states that 'All dosing sessions and Central Rater assessments may be recorded for accuracy, research, and training purposes'. It is requested that the nature of this research to be undertaken is detailed in the protocol.
- Pg. 35 section 8.3 of the protocol states that 'videos will be reviewed to ensure the mentor is adhering to the mentor training and to facilitate training of future mentors' and requested clarification is provided in the protocol as to who will be reviewing these recordings.
- It is noted that the study drug can have psychoactive effects; Please provide detail in the protocol as to the procedure in place should a participant in the trial experience an acute psychotic episode in which their decision-making capacity may be compromised i.e. would this constitute a reason for discontinuation of therapy and/or withdrawal from the trial at the discretion of the PI?

- In the PIL, it states that participants 'will not be identifiable' in the video recordings. There is no detail in the protocol on how this will be achieved and information on the process for de-identifying participants in the video recordings should be included.

Part II Considerations

- **Compliance with national requirements on data protection**
- No Considerations
- **Compliance with use of biological samples**
- No Considerations
- **Financial arrangements**

No Considerations

- **Proof of insurance**

The NREC-CT noted a discrepancy between the insurance certificate (states total of 15 participants) and the Site Suitability Assessments (p. 2 states 10 participants at each site) regarding the anticipated number of participants to be enrolled in the trial and requested that this is clarified and aligned across relevant documents.

- **Recruitment arrangements**
- No Considerations
- **Subject information and informed consent form**
- The NREC-CT noted that monetary values were included on pg. 19 of the PISCF and requested that the exact values are omitted, so as not to constitute any inducement for participation.
- The NREC-CT noted that Pg. 36 section 8.4 of the protocol states that ‘all dosing sessions and Central Rater assessments may be recorded for accuracy, research, and training purposes’ whereas pg. 3 of the PISCF states ‘the dosing session may be recorded to ensure Mentors are adhering to their training and that you are safe’, with no mention of research. The NREC-CT requested that participants are fully informed in the PISCF as to the nature of the research to be carried out with their video recordings.
- The NREC-CT noted that pg. 35 section 8.3 of the protocol states that ‘videos will be reviewed to ensure the mentor is adhering to the mentor training and to facilitate training of future mentors’ whereas participants are informed on pg. 3 of the PISCF are informed that their ‘the dosing session may be recorded to ensure Mentors are adhering to their training and that you are safe’ with no mention that their videos may be used for future training purposes and requested that participants are informed of this in the PISCF.
- The NREC-CT noted that pg. 3 of the PISCF states that participants 'will not be identifiable' in the video recordings and requested detail is provided in the PISCF on the process for de-identifying participants in the video recordings.
- The NREC-CT noted that pg. 9 of the PISCF states video recordings of the dosing sessions will be anonymised and requested further information on how the recordings will be anonymised.
- The NREC-CT requested that the maximum length of time the video recordings will be stored for is clearly stated on pg. 9 of the PISCF.
- The NREC-CT requested that the video recordings are added to the data table on page 18 of the PISCF so participants are fully informed as to what will happen to their video recordings.

- The NREC-CT requested that participants are given advice in the PISCF as to whether it is safe to drive after taking the trial drug.
- The NREC-CT requested that the EU clinical trial number is added to both PICSF documents.
- **Suitability of the clinical trial sites facilities**
- No Considerations
- **Suitability of the investigator**
- No Considerations

2022-500332-11-00 SM 7

Institutions: Connolly Hospital, St Vincent's Hospital

Study title: A Phase II, randomised, placebo controlled, double-blind, parallel-group, efficacy and safety study of at least 48 weeks of oral BI 685509 treatment in adults with early progressive diffuse cutaneous systemic

- NREC-CT Decision:

- Favourable

22-NREC-CT-082_Mod-4

Study title: ATHENA (A Multicenter, Randomized, Double-Blind, Placebo Controlled Phase 3 Study in Ovarian Cancer Patients Evaluating Rucaparib and Nivolumab as Maintenance Treatment Following Response to Front-Line Platinum-Based Chemotherapy)

- NREC-CT Decision:

- Favourable

2022-501453-36-00 SM 2

Institutions: St James's Hospital, University Hospital Waterford, Beacon Hospital, MMUH, Mater Private Hospital

Study title: An international, multicenter, randomised, superiority phase III, open label, 2-arm study to investigate distant metastasis free survival with elacestrant compared with standard endocrine therapy patients with ctDNA+ ER+/HER2- early breast cancer

- NREC-CT Decision:

- Request for more information

- Additional Information Required

Part 2

- The NREC-CT requested that the sentence 'The link between my patient code and sample code will remain with EORTC and will exceptionally be shared with researchers for research purposes' is removed from the consent declaration section on pg. of the PISCF as it is too open ended.
- The NREC-CT noted that the new text on pg. 1, section 1.6 of the Recruitment and Informed consent procedure document states 'All patients must have the cognitive

ability to provide a legally effective informed consent for study participation. Therefore, for patients not qualified to give or incapable of giving consent, written consent cannot be obtained from the patient's legal representative' seems to be in conflict with the text in point 1.7 below, which details the involvement of legally designated representatives in assuring that potential participants (or their legally designated representative) have understood the information, and that consent is informed. The NREC-CT requested that this is clarified.

- The NREC-CT noted that the Cover Letter does not clearly state the reasons for submission of the substantial modification and that this is amended (i.e. it is not clear that the modification is as a result of a condition applied to Part 1 of the initial submission). The NREC-CT requested that a list of modifications made as part of the substantial modification is also provided.
- Although, not included as part of the substantial amendment, the NREC-CT noted that blanket consent is being obtained for the optional use of samples for future research. To reflect GDPR and the Health Research Regulations 2018, the NREC-CT requests that consent is amended to broad consent and limits the future use of samples to '*specified health research, either in relation to a particular area or more generally in that area or a related area of health research, or part thereof'.* The Committee also requests that any future use of biological samples is reviewed by an ethics committee and requests that this is captured in the PISCF.

2023-505268-12-00 SM 1

Institutions: La Nua Hospital Mental Health Centre, Sheaf House

Study title: A Phase III, multicentre, randomised, double-blind, controlled study to investigate the efficacy, safety, and tolerability of two initial administrations of COMP360 in participants with treatment-resistant depression

- NREC-CT Decision:

- Request for more information

- Additional Information Required

Part 1

No Considerations

Part 2

- The NREC-CT requests that the changes to the eligibility criteria are more clearly communicated to the participants in the PISCF.

2022-500699-76-00 SM 9

Institutions: Our Lady's Hospital Manorhamilton

Study title: A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Deucravacitinib in Participants with Active Systemic Lupus Erythematosus (SLE) (POETYK SLE-1)

- NREC-CT Decision:

- Request for more information

- Additional Information Required

Part 1

No Considerations

Part 2

- The NREC-CT requested that fully accessible cover letter is provided.
- The NREC-CT requested that the typos on pgs. 12 and 13 of the PISCF are corrected (pg. 12 '12ummarized12', pg.13 12ummarized')
- Although not part of the modification, the NREC-CT requested that the Open Label Extension PISCF and the Optional Future Research PISCF are aligned in relation to the use of the impartial witness.
- The NREC-CT noted that the reference to 'coded' data has been changed to 'anonymised' data on pg. 31 PISCF and requested that if data is going to be anonymised for future research, then the participant has to provide explicit consent for this in the consent declaration section of the PISCF, as under GDPR the act of anonymising data is considered processing data and processing of data requires the participants' consent.
- Although not part of the modification, the NREC-CT noted that the Optional Future Research PISCF are seeking blanket consent for future / additional use of samples / data, for unspecified purposes, without further consent. This type of consent is not in line with best practice, the Declaration of Taipei 2016 and not in compliance with the Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018), where informed participant consent is a mandatory safeguard. The NREC-CT requested that future research is restricted to '*specified health research, either in relation to a particular area or more generally in that area or a related area of health research, or part thereof*' and this is clearly stated in the main body and consent declaration sections of the PISCF. The Committee also requests that any future use of biological samples is reviewed by an ethics committee and requested that this is captured in the PISCF.
- Although not part of the modification, the NREC-CT requested that the maximum samples retention periods are aligned across the PISCF documents (the Main PISCF states samples will be stored for up to 20 years but the Optional Future research states up to 25 years)
- Although not part of the modification, the NREC-CT noted that pg. 40 of the Consent for Optional Future Research PISCF states that participants may undergo whole exome or genome 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 (V1.1, 2023) https://hseresearch.ie/wp-content/uploads/2023/02/HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-compressed.pdf

22-NREC-CT-016_Mod-4

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

- NREC-CT Decision:

- Request for more information
  - Additional Information Required

- The NREC-CT requested that the Main PISCF and the Optional Future Research PISCF are aligned in relation to the use of the impartial witness.
- The NREC-CT noted a discrepancy between the retention period of biological samples between the main PISCF and the Optional Future Research PISCF and requested that these are aligned.
- The NREC-CT requested further details around the process for reconsenting existing participants.
- On Pg. 13 of the Protocol, the NREC-CT thought the readability of the section could be improved by removing the reference to IV and SC and describing the study as a comparison between the 2 arms using nivolumab subcutaneously as opposed to intravenously.
-

22-NREC-CT-112_Mod-4

Study title: A PHASE III, RANDOMIZED, OPEN-LABEL, ACTIVE-CONTROLLED, MULTICENTER STUDY EVALUATING THE EFFICACY AND SAFETY OF CROVALIMAB VERSUS ECULIZUMAB IN PATIENTS WITH PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) CURRENTLY TREATED WITH COMPLEMENT INHIBITORS.

- NREC-CT Decision:

- Request for more information
  - Additional Information Required
    - Although not part of the modification, the NREC-CT noted that Consent for Optional Collection and/or Storage of Samples for the Research Biosamples Repository Research PISCF is seeking blanket consent for future / additional use

of samples / data, for unspecified purposes, without further consent. This type of consent is not in line with best practice, the Declaration of Taipei 2016 and not in compliance with the Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018), where informed participant consent is a mandatory safeguard. The NREC-CT requested that future research is restricted to '*specified health research, either in relation to a particular area or more generally in that area or a related area of health research, or part thereof*' and this is clearly stated in the main body and consent declaration sections of the PISCF. The Committee also requests that any future use of biological samples is reviewed by an ethics committee and requested that this is captured in the PISCF.

- Although not part of the modification, the NREC-CT noted that pg. 31 of the Consent for Optional Collection and/or Storage of Samples for the Research Biosamples Repository Research PISCF states that participants may undergo whole exome or genome 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 (V1.1, 2023) https://hseresearch.ie/wp-content/uploads/2023/02/HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-compressed.pdf

2023-505167-36-00 SM 1

Institutions: St Vincent's University Hospital, The Mater

Study title: An Open-Label, Multi-Centre, Randomised Study to Investigate Integrase Inhibitor Versus Boosted Protease Inhibitor Antiretroviral Therapy for Patients with Advanced HIV Disease -The Late Presenter Treatment Optimisation Study

- NREC-CT Decision:

- Request for more information

- Additional Information Required

Part 1

- Confirmation is requested as to who will act as the ‘reporter’ as described in Pg 36 of the Protocol, and if their details will remain confidential.
- It is noted that on Page 48 of the Protocol, data will be anonymised when there ‘is no longer a requirement for data subject identification’. This is considered too vague, and a defined time period should be specified when pseudonymised data will be anonymised.

Part 2

- No considerations raised.

- AOB: N/A