NATIONAL OFFICE FOR RESEARCH ETHICS COMMITTEES

NREC-MD Meeting Minutes

18th September 2025

Attendance

Name	Role	Attendance/ Apologies
Prof. Barry O'Sullivan	Chair	Attended
Prof. Mary Sharp	Deputy Chair	Attended
Prof. Declan Patton	Deputy Chair	Attended
Dr Alyson Bailey	Member	Attended
Dr Caitriona Cahir	Member	Attended
Dr Daniel Coakley	Member	Apologies
Dr Mireille Crampe	Member	Attended
Dr Ruth Davis	Member	Attended
Prof Roisin Dwyer	Member	Attended
Dr Owen Doody	Member	Attended
Dr Frank Houghton	Member	Apologies
Dr James Gilroy	Member	Apologies
Prof Suzanne Guerin	Member	Attended
Ms Orla Lane	Member	Attended
Prof. Cara Martin	Member	Attended
Mr Billy McCann (PPI)	Member	Apologies
Dr Natalie McEvoy	Member	Apologies
Prof. Tom Melvin	Member	Attended
Prof. Therese Murphy	Member	Apologies
Dr Declan O'Callaghan	Member	Apologies
Dr Clare O'Connor	Member	Apologies
Prof Paul O'Connor	Member	Apologies
Dr Joanne O'Dwyer	Member	Attended
Mr Damien Owens	Member	Attended

Prof. Mahendra Varma	Member	Apologies
Mr Peter Woulfe	Member	Attended
Ms Simone Walsh	Member	Apologies
Dr Louise Houston	Project Officer, National Office for Research Ethics Committees	Attended
Dr Sarah McLoughlin	Programme Officer, National Office for Research Ethics Committees	Attended
Dr Lucia Prihodova	Programme Manager, National Office for Research Ethics Committees	Attended
Dr Emily Vereker	Head of Office, National Office for Research Ethics Committees	Apologies
Mr Ciaran Horan*	Administrative Assistant, National Office for Research Ethics Committees	Apologies

*Drafted minutes

Quorum for decisions: Yes

Agenda, discussion and decisions	
1. Welcome and apologies	The Chairperson welcomed the Committee, acknowledged apologies and opened the meeting.
2. Report on Committee business	Noted
3. Minutes of previous meeting	Adopted
4. Declarations of interest	None
5. 25-NREC-MD-021-R1	• Principal Investigator (Lead Institution): Prof Ronan Collins (Tallaght University Hospital) • Sponsor: The University of Nottingham, UK

	• Study title: Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial (PhEAST) • NREC-MD decision: Unfavourable NREC-MD Comments: 1. The NREC-MD remained concerned about the mandatory cognitive testing aspect of the study. While the Committee recognise that the data generated by the cognitive study will answer important questions about dementia, it is not sufficiently relevant to the medical device being evaluated. The Committee noted that within the context of this study, change to cognition presents a quite 'exploratory' endpoint and that the mechanism of action is not very clear as to how pharyngeal stimulation could help cognition. Furthermore, the application does not appraise the burden of this additional testing for participants. 2. In relation to the proposed consent by a treating physician, while legal, in this particular instance the Committee did not consider this process as justified or ethical, in particular due to the potential for discomfort from the intervention, the vulnerability of the participant cohort and the volume of data unrelated to the clinical investigation being collected. 3. Additionally, the Committee noted that there appears to be some confusion on the concept of legally designated representative and the next of kin in the response documentation and the process for consent by legally designated representative must be further considered. 4. Similarly, it remained unclear in which situations a speech and language therapist would lead on consent and the Committee noted that this approach may be appropriate only in certain circumstances, i.e. when speech is limited. 5. Finally, some of the participant information leaflets and templates were withdrawn during the request for further information. However, it was not clear from the response which templates were to be considered by the Committee as a part of the response and any implication on the participant recruitment and in particular, if the participant inclusion criteria were in any way affected by the withdrawal of templates. 6. Article 64 of MDR states that: 'the clinical investigation is essential with respect to incapacitated subjects and data of comparable validity cannot be obtained in clinical investigations on persons able to give informed consent', and that

	'participation in the clinical investigation will produce a direct benefit to the incapacitated subject outweighing the risks and burdens involved.' The NREC-MD noted that the response to request for further information stated that participation in trials is 'usually associated with better outcomes' however did not find this statement as sufficient in the context of the Regulations. The Committee noted that no interim analysis is planned, so benefit is unknown from the participants enrolled so far and that the previous clinical study was described as 'neutral' due to the lower level of energy applied in the trial. While the Committee accepts that the purpose of this investigation is to determine the benefits of the device, given the particular considerations regarding vulnerability of the study participants and Article 64 regulations, the Committee noted that in the first instance it may be more appropriate to carry out clinical investigation with the device only on participants who have the capacity to consent for the study. 7. Finally, the Committee noted that there is no pre-defined statistical analysis plan, and that this is sometimes the case in clinical investigations. However, given the potential vulnerability of the study participants and the large volume of data collected, the Committee noted that the statistical analysis plan must be published pre-enrolment.
6. 25-NREC-MD-022	• Principal Investigator (Lead Institution): Dr Cliona Grant (St James's Hospital) • Sponsor: QIAGEN Manchester Limited • Study title: An interventional performance evaluation study for testing of DNA extracted from tumor tissue biopsy samples, using the therascreen® HPV Panel RGQ PCR Kit from Participants with Oropharyngeal Squamous Cell Carcinoma (OPSCC) in Bicara's Clinical Trial (Protocol No. BCA101X301) to generate data to demonstrate the performance of the Kit as a CDx. • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that in its current form the application documentation does not clearly lay out the clinical performance study (CPS) procedures. The Committee requests that applicants give due consideration on the information on the CPS as opposed to Clinical Trial of Investigational Medicinal Product (CTIMP) in their response

	to the request for further information and future ethics applications for similar studies. 2. The NREC-MD requests clarification of the numbers of participants that will be recruited and screened, and also the expected number of participants that will be enrolled following screening. **3.** Provide clarification on whether cancer recurrence is an inclusion criterion for the study and explain its relevance to the study, the screening and the numbers of participants. 4. The NREC-MD request further information on the relevance and use of PD-L1 positive status in the study. 5. The NREC-MD noted that there are inconstancies in references to the inclusion of participants from vulnerable populations, legally authorised representatives, and oral consent. Provide clarification on the inclusion of participants from vulnerable populations and the processes that support their inclusion. 6. The Committee noted that the application documentation specified that the CTIMP sponsor is responsible for recruitment of participants. However, as the performance study is a stand-alone study, the NREC-MD requests full information about the recruitment processes and materials. 7. Section G6 of the application form indicates that the participants will be given ample time. The NREC-MD requests that participants will be given at least 24 hours to consider the study before consent and that this is also stated in the PIL/ICF. 8. The NREC-MD noted that the analytical performance assessment of the therascreen® HPV Panel RGQ PCR Kit has not been conducted. Outline why is the therascreen® HPV Panel RGQ PCR Kit appropriate for this performance study on Oropharyngeal Squamous Cell Carcinoma (OPSCC) samples. 9. The NREC-MD noted that different false positive rates are provided in the documentation, with up to 10% of false positive rates for HPV 16. Provide full information about false positive rates of the device and the proposed strategies to mitigate the risks of false positive rates per each strain, with particular attention to be paid to the high false positive rates. 10. The performance study protocol states that a ‘sub-group efficacy analysis of the OPSCC population, enrolled on the basis of the Therascreen HPV panel’ and that the ‘performance of the therascreen panel will be assessed based on data from this sub group analysis’. The

	performance of the HPV panel will be considered demonstrated if the efficacy endpoints for the OPSCC sub-group are achieved and there will be no separate analysis of the IVD performance. Given that the efficacy endpoints are dependent on the efficacy of the interventional MP of the clinical trial, the NREC-MD requests further information as to how the performance study will assess the performance of the device. 11. The NREC-MD noted that a fresh tissue biopsy may be required in the instances where the existing samples are not sufficient, however there is a lack of information in the application documentation about the processes, procedures and risks of the biopsy. Provide full information on the processes, procedures and risks of a fresh tissue biopsy and include information about the site suitability for carrying out these procedures. 12. The application documentation states that the GP/consultant will not be informed about the participant's involvement of the study. Given that there is a possibility of a fresh tissue biopsy being conducted, the Committee requests justification for not informing the GP/consultant. 13. Section F16 of the application form lists being in contact with the therascreen HPV panel as a risk for the participant. The NREC-MD requests clarification on whether the participant would be in contact with the panel itself. 14. The NREC-MD noted that the application form did not list the risk to the participant of the potential loss of a possibly irreplaceable sample that may be important for future diagnostic testing. If applicable, the Committee request that information about this risk, mitigating factors is included in the application form and the PIL/ICF. 15. In Section F10 of the application form, the withdrawal process description indicates that a request for destruction of the sample will equate withdrawing from the study. Clarify the withdrawal process and the sample destruction process and any overlap between the two. 16. The NREC-MD noted a lack of clarity in the information regarding the handling, transfer, storage and retention locations of all the biological samples, including the positive/unenrolled samples. Clarify all aspects of the journey the biological samples will take as part of the study and after study completion. 17. The NREC-MD noted that, while viral DNA will be tested as part of the study, the application documentation does not state that human DNA that will also be extracted from the

	biological samples. Section M of the application form states that there is no generation of genetic data. Provide clarification on any storage, use, retention or analysis of the human DNA and human genetic data from the biological samples. 18. Provide information about the location and use of any leftover or excess samples after the conclusion of the study, including any positive or unenrolled samples. Note that NREC-MD requests that only the required size of samples is sent from the study site to the sponsor any unused samples are returned to the site. Hence, clarify if any remaining samples will be returned to the participant's hospital and provide justification if not. 19. Section L8 (g) of the application form relates to future use of biological material however the answer relates to use of data. Provie information about future use of biological material. 20. The NREC-MD requests information on the need for taking up to 6 samples/curls when 1-2 samples/curls would usually be sufficient for testing of this nature. 21. Clarify the role of the CPS and CTIMP sponsor in the processing of samples for the purpose of the CPS. The application documentation indicate that the leftover samples will be transferred to Bicara after completion of performance study testing, however it was not clear for what purpose, given that Bicara will not be carrying out the performance study testing and application form section L9(a) states that the human biological material will not be collected specifically for the purposes of depositing into a biobank. Provide information explaining why Bicara, as the CTIMP sponsor, will retain the leftover biological samples if it will not be depositing them in a biobank and what will happen to the samples. 22. NREC-MD request participants are reimbursed for all reasonable study related expenses, such as travel expenses in line with the EUREC statement on compensation of research participants, especially for participants who undergo a fresh tissue biopsy as part of the study. 23. Confirm that study insurance as per the State Indemnity Guidance (SIG) 10-03: Indemnity and Insurance Arrangements for Clinical Trials Health Research Between Delegated State Authority Healthcare Enterprises and Academic Institutions will be in place for the duration of the study. 24. The NREC-MD noted that no confirmation of insurance for this trial was provided. Note that adequate insurance must be

	in place prior to study commencement as per the State Claims Agency guidance. 25. The application form section K refers to backup copies of data. Provide information on where these copies will be located, the frequency of backup and any other relevant information. 26. Section K6 of the application form indicates how data alteration will be tracked but does not give information on data access. Provide information about data access. 27. The Clinical Study Monitoring Plan indicates that personal data including patient sex and surrogate Date of Birth will be transferred to the testing laboratory. Justify why these data will be sent to the testing laboratory and explain what does the 'surrogate date of birth' refer to in the context of this CPS. 28. The application documentation refers to 'worksheets' in relation to data. Explain what these worksheets are and what their functions are in the performance study. 29. Clarify what data will be transferred to Bicara from the performance study. 30. The NREC-MD noted that some of the information relevant to the performance study is in the PIL/ICF for the clinical trial and vice versa. In order to facilitate informed consent these documents should include all information relevant to respective study – ie participants should receive all required information about the performance study from the performance study PIL/ICF. 31. Given that a fresh tissue biopsy may be required, include comprehensive information in the PIL/ICF about the possibility of a fresh tissue biopsy, the procedures that may be involved, the risks of a fresh biopsy and likelihood of those risks, as well as a separate consent line in the ICF for the collection and processing of biological samples. 32. The NREC-MD requests that the PIL/ICF clearly informs participants of the expected rate of screen failure and the likelihood of participation. 33. The NREC-MD request that the PIL is revised to include information about the process a participant would take to withdraw their consent. 34. The NREC-MD requests that all instances where return of samples to the participant's hospital site are possible are clearly outlined in the PIL. 35. Section G3 of the application form refers to a 'Full-Informed Consent Form or Pre-Screening Informed consent form'.

	Clarify the purpose of these documents and at what stage of the CPS/ CTIMP recruitment would they be presented to the participants. 36. Likewise, the NREC-MD noted reference to a pharmaceutical ICF. Provide clarification on the use of this document and why it is separate from the main ICF. 37. In line with Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018, the consent form needs to be revised to facilitate unbundled consent for each individual item, including optional items such as future research. 38. The NREC-MD noted that the future use of data/samples is not described in line with regulations/best practice in the participant information leaflet and request that future use of samples/personal data is sufficiently explained to participants in the PIL/ICF 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 Form so it is distinct from the main consent to participate in the research, • The PIL/ICF should also make it clear to participants that subsequent research ethics review will be sought for specific research once clearly defined. For further guidance, see: NREC guidance on use of biological samples and associated data - https://www.nrecoffice.ie/guidance-on-use-of-biologicalsamples-and-associated-data/ - In line with Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018, the consent form needs to be revised to facilitate unbundled consent for each individual item, including optional items such as future research. 39. Information in the PIL relating to the participant's doctor being informed is not consistent with information in the application

	form which indicates that the GP will not be informed. Clarify this point and update the PIL/ICF accordingly. Submit a GP letter for review by NREC-MD. 40. The NREC-MD noted that the language in some areas of the PIL/ICF where it refers to the participant's involvement in the study is not appropriate, can be patronising and implies a power imbalance between the study team and the participant that may unduly influence the participant's behaviour, such as 'I understand that I need to cooperate and follow the study doctor's and performance Study staff's instructions regarding the performance study'. The Committee requests that any such language is reworded. 41. The NREC-MD requests rephrasing of the sentence in PIL paragraph 8 'however all patients will receive the benefit of the standard of care treatment', as participants in different arms of the clinical trial may receive different care or treatments. 42. The NREC-MD requests rephrasing of the sentence in the PIL paragraph 12 'If you are injured indirectly due to the result of the therascreen', as the word 'indirectly' is confusing in this context. 43. The NREC-MD requests that the PIL is updated to include explanations of the use of PD-L1 status results in the study.
7. 25-NREC-MD-023	• Principal Investigator (Lead Institution): Prof Robert Byrne (Mater Private Hospital) • Sponsor: Boston Scientific International S.A • Study title: AGENT Drug-Coated Balloon for STent AvoidANCE in PCI for De Novo Coronary Artery Disease • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that the study device is approved for commercial use in Ireland. Clarify • If the study device is currently considered standard of care and routinely used in the study site. • What other treatment is considered the standard of care in the study site and will be available for the control group.

	2. The NREC-MD noted that some participants will be recruited to a pharmacokinetic sub-study in the US. Clarify if this is limited to participants from site in the US. 3. The NREC-MD noted that Section H1 of the Application Form states that some applicants will not have decision making capacity. However, the rest of Section H has not been completed, and the inclusion criteria does not identify the inclusion of any vulnerable populations. Moreover, the Committee noted that reference to the use of a Legal Guardian is mentioned throughout the study documentation. Clarify this discrepancy and update the documentation accordingly. If it is envisaged that any participants will be lacking capacity, outline how the study meets the requirements of Article 64 of the Medical Device Regulations (EU 2017/745) and provide a copy of relevant consent and assent forms. 4. The NREC-MD requests a clarification on the purpose and proposed use of the document “AGENT DCB STANCE TRIAL – Taking Part in Clinical trials”. 5. The NREC-MD noted that a translated Participant Information Leaflet / Informed Consent Form (PIL/ICF) will be provided for non-English speakers. Provide further details on the measures that will be implemented to support non-English speaking participants, specifically regarding how verbal explanations of study-related queries will be handled and how clinical care will be managed for these individuals. 6. The NREC-MD noted in Section F16 of the Application Form that “The possible risks related to the procedure may be explained to the participant by the doctor and in writing before the procedure”. Confirm that all possible risks will be explained to the participant. 7. Update Section P1 of the Application Form to include the medicinal product paclitaxel. 8. The NREC-MD requests clarification on who will first approach potential participants and how will it be ensured that there is a separation of clinical vs study related procedures. 9. The NREC-MD requests that the following sentence be revised: “The study sponsor, study team, and researchers are asking you to be in a medical device research study…” to instead invite participants to take part in the study, rather than imply they are being asked to do so.

	10. The NREC-MD noted the following sentence on p7 of the PIL/ICF, “Also, by signing this informed consent form, you agree to be contacted and/or to have your original medical records and public records accessed to confirm your health status, even after you are no longer in the study”. Following withdrawal from the study, participant medical records should not be accessed. The NREC-MD requests that this is revised accordingly. 11. The NREC-MD requests that the information provided in Section F3 of the Application Form, in relation to the study aims, is included in the PIL/ICF. 12. The NREC-MD noted that the PIL/ICF states that “The sponsor has no plans to make payment to you for additional treatment resulting only because of injuries from your participation in the study. No payment is offered by the sponsor or Mater Private Hospital Dublin for lost wages, expenses, compensation for pain and suffering discomfort or disability”. However, the NREC-MD noted that public liability insurance for the sponsor and insurance for the site has been provided. Clarify this discrepancy and update the PIL/ICF accordingly. 13. The NREC-MD noted in the PIL/ICF that the following consent line has been included: “I agree to the use of my anonymised data for future research”. Note that anonymisation of data and the use of this should be described in the body of the PIL and a specific consent line for anonymisation of data only should be included in the ICF. 14. The NREC-MD noted that the risks explained in the PIL relate to the percutaneous coronary intervention (PCI) not to the use of this particular drug or other study related procedures, eg the risk of an allergic reaction and request all relevant risks are included in the PIL. 15. The NREC-MD noted from the Clinical Study Agreement that satellite sites may be used in this study. Clarify whether satellite sites will be used for the Mater Hospital and if yes, provide Site Suitability Forms for them. 16. Confirm that all site staff are trained / will be trained in relevant data protection laws. 17. The NREC-MD noted that the Data Protection Impact Assessment is yet to be completed, and request is conducted prior to the study start. 18. The NREC-MD requests clarification as to whether data will be transferred outside of the EEA. If so, this information must be included in the PIL/ICF and a specific

	consent line should be added to the ICF for this. If applicable, the NREC-MD also requests confirmation that standard clauses and arrangements are in place to ensure that this transfer of data is in line with GDPR. 19. The NREC-MD noted that the proposed data retention period of the study data is 75 years and request justification for such long retention period. 20. The NREC-MD noted that study data may be anonymised. Clarify the process of anonymisation and ensure that information on anonymisation is included in the PIL/ICF and a specific consent line should be added to the ICF for this.
8. 25-NREC-MD-014-SM1	• Principal Investigator (Lead Institution): Dr. Patricia O'Connor (St. James Hospital Dublin) • Sponsor: Roche Diagnostics GmbH • Study title: Measurement of Samples with Tina-quant Lp(a) RxDx to Identify Participants with Elevated Lipoprotein(a) for Prevention of First Major Cardiovascular Events • NREC-MD decision: Favourable with conditions • Associated conditions: 1. The NREC-MD noted that the following text has been duplicated in Section E of the Participant Information Leaflet / Informed Consent Form and the duplication should be removed; “which may not provide a comparable level of data protection as in the EU or EEA. In particular, due to the access rights of authorities and the potential lack of possibility to enforce your data rights, it may not be possible for these countries to comply with the EU standard. If you do not consent to the transfer of your personal data to countries outside the EU or EEA, you will not be able to participate in the study”.
9. 22-NREC-MD-003-SM6	• Principal Investigator (Lead Institution): Dr Faisal Sharif (Galway University Hospital) • Sponsor: Medtronic • Study title: Global SYMPLICITY Registry (GSR) Denervation Findings in Real World (DEFINE) is referred to as the GSR DEFINE study, Including Irish Country Addendum (IMPROVE) • NREC-MD decision: Request for further information

	• Further information requested: 1. The NREC-MD requests clear justification for the data collection requirements listed in Section F of the Clinical Investigation Plan and clarification for how these relate to the study addendum objective to evaluate the durability of the renal denervation procedure. 2. The NREC-MD requests clarification regarding the anticipated number of participants in Ireland who are • eligible to take part in the addendum and, • may require remote consent. 3. The NREC-MD requests clarification on exactly how the remote consenting process will be carried out. • Confirm how participants will be contacted following large study-gaps, include relevant safeguards in place to avoid undue pressure on participants. • Clarify whether consent will be reaffirmed, where feasible, during the participant's next in-person site visit. 4. The NREC-MD requests clarification on whether participants will be informed of the aggregate results of the study. 5. The NREC-MD requests confirmation that all relevant GDPR safeguards will be in place for international data transfers and storage of data.
10. 23-NREC-MD-028-SM1	• Principal Investigator (Lead Institution): Prof. Joseph Butler (Mater Misericordiae University Hospital) • Sponsor: UCD • Study title: Clinical and Radiologic Outcomes Associated with the use of Symphony OCT System for the treatment of Acute and Chronic Instabilities of the Craniocervical Junction, the Cervical Spine and the Upper Thoracic Spine (SYMPHONY) • NREC-MD decision: Favourable
11. 23-NREC-MD-023-SM3	• Principal Investigator (Lead Institution): Dr Dearbhaile Collins (Cork University Hospital) • Sponsor: Karyopharm Therapeutics Europe GmbH • Study title: Clinical Performance Study Plan for FoundationOne CDX (F1CDX) used as a Clinical Trial Assay (CTA) in the Clinical Trial XPORT-EC-042 for Kayropharm Therapeutics Inc

	• NREC-MD decision: Favourable
12. 25-NREC-MD-011-SM2	• Principal Investigator (Lead Institution): Prof Christina Fleming (UHL) • Sponsor: Qufora • Study title: A randomized clinical investigation to assess efficacy of low volume Transanal Irrigation by Qufora® Irrisedo Minigo versus conservative treatment for Low Anterior Resection Patients • NREC-MD decision: Favourable with conditions • Associated conditions: 1. Prof Neary to complete GCP training, as per ISO 14155:2011/ ISO 20916:2019 prior to participant recruitment at the site.
13. AOB	• A recently published article “Recommended methodologies for clinical investigations of high-risk medical devices—Conclusions from the European Union CORE–MD Project” was brought to Committee attention. • The Chairperson thanked the Committee and closed the meeting.