NATIONAL OFFICE FOR RESEARCH ETHICS COMMITTEES

NREC-MD Meeting Minutes

19th February 2026

Attendance

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

Mr Damien Owens	Member	Attended
Prof Mahendra Varma	Member	Attended
Mr Peter Woulfe	Member	Apologies
Ms Simone Walsh	Member	Attended
Prof Colm O'Donnell	External Expert Reviewer. Consultant Neonatologist, National Maternity Hospital (NMH); Professor, School of Medicine, University College Dublin (UCD)	Attended
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	Mr Damien Owens: 25-NREC-MD-001-SM2 Mr Damien Owens stepped out of the meeting for the discussion of the application.

5. 26-NREC-MD-007	• Principal Investigator (Lead Institution): Prof Brian Walsh (CUH) • Sponsor: CergenX Ltd • Study title: Determining Grade of Neonatal Encephalopathy - Agreement between the modified Sarnat examination and automated AI assessment of Newborn Brain Function using Wave software • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that Sections F4 and F5 of the Application Form suggest that this is not a controlled-design study. However, as the study involves an element of randomisation, specifically regarding whether EEG or Sarnat assessment is performed first, and because clinicians and researchers are blinded to the results, clarify if the study instead be classified as a controlled design. 2. As this study involves the use of a CE marked EEG in combination with a non-CE marked algorithm, confirm that the CE marked EEG and the jumper cables are still being used in line with their intended purposes. Clarify if this has been discussed with the HPRA and if available, provide the outcome of the discussion. 3. The NREC-MD requests clarification on the procedures for obtaining the modified Sarnet score to ensure consistency and clarity of the procedure, specifically: - Who will perform the Sarnat examinations for all enrolled infants, including those referred from external hospitals? - At what time points within the first six hours of life will these assessments be performed? - For infants who have multiple examinations conducted by different clinicians (e.g., at the referring hospital, during transport, and at Cork University Maternity Hospital), which score will be used as the reference for comparison with the Wave recording; (e.g. the *worst* score within the first six hours? The score *closest in time* to the Wave recording?)? - Will all Sarnat assessments used for comparison be performed by accredited examiners? 4. The NREC-MD noted that the application states that participation does not introduce any additional clinical risk, however the Committee requests clarification on the potential risk of delays in initiating therapeutic hypothermia as a result of study procedures. While an acquisition time of 10 minutes is noted, specify the total time required for equipment setup and confirm how you will

	ensure that enrolment and data collection will not delay the initiation of clinically indicated therapy. This clarification is particularly important given that the study does not offer direct clinical benefit to participants. Any risks associated with this should be included in the participant information leaflet / informed consent form where appropriate. 5. The NREC-MD noted from Section J17 of the Application Form that incidental findings will be reported to the clinical team caring for the research participant. However, due to blinding, data collected during the study will not be visible to either the clinical team or to the researchers. Clarify how incidental findings will be visible. 6. The NREC-MD requests clarification if clinicians will have access to the un-analysed EEG results in real time, and if this is considered standard of care in the participating units. 7. The NREC-MD notes that a data monitoring committee will not be used in this study. The Committee requests clarification on whether a Medical Monitor will be in place to oversee the study and address any adverse events or medical issues related to the application of device, eg skin irritation. 8. The NREC-MD requests that the sponsor complete Section H25-H28 of the Application Form. 9. The NREC-MD noted that 70 participants will be recruited for this study. Given the number of infants who undergo cooling for this condition annually, comment on the feasibility of the proposed recruitment target. 10. The NREC-MD noted inconsistencies throughout the application form and protocol in relation to the eligibility for recruitment e.g. ≥ 36 weeks of gestation vs ≥ 37 weeks of gestation. Clarify this discrepancy and update the documentation accordingly. 11. The NREC-MD requests clarification as to who will consent participants to the study. Given the nature of the study, and the vulnerability of parents during this time, consent would need to be obtained by a skilled experienced member of the team which may therefore limit the number of team members available to do so. 12. The NREC-MD noted that recruitment and consenting may occur in the deliver room and that this may be distressing for parents especially if there has been an acute perinatal event. Clarify the expertise of the study team in recruitment in comparable situations and any measures put in place to minimise distress for the parents.

	13. As a deferred consent model will be implemented for the first assessment in this study, the NREC-MD requests clarification if an application has been submitted to the HRCDC for this. 14. The NREC-MD noted mention of HSE guidance in the protocol, however the NREC-MD requests that due consideration and reference to MDR Article 68 is included in Section 6.11.4 of the protocol. 15. The NREC-MD noted that “If an infant requires a clinical EEG, prior to written informed consent being obtained, verbal permission to obtain the Wave recording at the same time as the clinical EEG will be sought”. Clarify how this will occur. 16. The NREC-MD acknowledges the value of the PPI involvement in developing the PIL/ICF and commends the sponsor for engaging with In4kids; however, the Committee requests that the language throughout the document be further simplified and made less technical. This includes shortening long or complex sentences and replacing specialist terms (e.g., “dysfunction,” “transient,” “algorithm”) with more accessible, plain-language alternatives. 17. The NREC-MD requests that the fact that this is a first in human study be included in the PIL/ICF for transparency. 18. The NREC-MD noted on page 5 of the ICF, the phrase ‘unlikely to directly benefit your baby’ is used. However, as no direct benefit to participants has been identified in the application, revise this to clearly state that ‘there will be no direct benefit to your baby’. 19. The NREC-MD requests that the PIL/ICF is updated to clarify for potential participants that participation in this study will not delay access to treatment for participants. 20. The NREC-MD requests that data protection terms such as coded data and pseudonymised data be consistent throughout the document and just one term used to avoid unnecessary confusion for potential participants. 21. The NREC-MD requests that the contact details for the PI of the study are included on page 1 of the document. 22. The NREC-MD noted that the items 5, 11 and 12 pertain to optional future use of data for research. The Committee request these items are presented separately from the current table in order to make it clear to participants that they are optional. Further, note that in line with regulations and best practice future use of samples/personal data must be clearly 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 confined to a specified disease, related diseases or devices 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 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-biologicalsamplesand-associated-data/ 23. The NREC-MD requests the line in the PIL/ICF "The General Data Protection Regulation (GDPR) allows us to process yours and your baby's data because the research is of substantial public interest" be rephrased as it implies that consent is not required and participants may feel undue pressure to participate. 24. The NREC-MD requests that the line in the ICF telling participants to contact the National Office for Research Ethics be removed as participants should contact the study team directly in relation to their queries. 25. The NREC-MD noted that funding appears to be in place for 18 months however the study will take 3 years to complete. Confirm that funding for the entire study is secured. 26. The NREC-MD notes a discrepancy between Section J4 of the Application Form, which states that data will not be transferred outside the EU, and Section J1, which indicates that data will be sent to Texas, USA. Clarify this inconsistency. In addition, if data will be transferred outside the EU, explain why identifiable data must be shared internationally and confirm that all required data-sharing agreements and contracts are in place to support this transfer. If data is to be transferred outside the EU, a specific consent line for this should be included in the ICF. 27. The NREC-MD noted from Section E8 of the Application form that the device backend will be hosted securely on the UCC Amazon Web Services. Clarify where these are based and confirm that all data protection measures are in place.
6. 26-NREC-MD-006	• Principal Investigator (Lead Institution): Dr Conor Fearon (Mater Hospital) • Sponsor: Head Diagnostics Ltd

	• Study title: Evaluation of Ocular Microtremor in Parkinson's Disease • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that participants with Parkinson's disease may experience cognitive decline or develop dementia over time, which could result in a loss of capacity during the study's 2-year duration. The Committee requests clarification on how the study team will assess and monitor participants' capacity to consent throughout the trial, and how any loss of capacity to do so will be managed. Specifically, the NREC-MD requests clarification on: a) What procedures are in place for reassessing capacity and obtaining re-consent when appropriate. b) What steps will be taken if a participant loses capacity after initially consenting? Note that if it is envisaged that a legally designated representative will be involved, a consent declaration must be obtained from the Health Research Consent Declaration Committee (HRCDC) in advance of commencing the research. c) What happens with the data of participants who lose capacity over the course of the study. Include details in the protocol and/or application form to demonstrate how these issues will be managed ethically and operationally. Where appropriate, update the participant information leaflet / informed consent form (PIL/ICF) with the above information. 2. The NREC-MD noted that participants will be asked to provide written consent to participate in this study. Clarify if there are any procedures in place for Parkinsons disease patients who, due to physical restriction, may not be able to provide written consent. 3. While the NREC-MD noted that the lead PI for this study is suitably experienced and qualified, the CV does not detail previous experience in leading clinical investigations or similar studies. Clarify if the PI have previously held a lead role in any other clinical investigation and if appropriate, provide an updated CV. 4. The NREC-MD noted that Section H3 of the NREC-MC application form states that identification of participants will not involve access to identifiable information. Given that participants will be contacted in relation to the study in advance of their clinical appointment clarify this discrepancy. 5. The NREC-MD noted that some recruitment materials were not included in the submission and must be provided for review eg:

	- a copy of the letter that will accompany the PIL/ICF posted to prospective participants ahead of their appointment for Committee review. - copy of the recruitment poster used for recruiting healthy volunteers for review. - Any other recruitment posters or flyers. 6. The NREC-MD noted in Section H1 of the Application Form that the recruitment poster may be circulated online. Confirm where and how this will be done. 7. The NREC-MD requests a clearer timeline for contacting the participant, i.e. from sending and receiving the letter, to phone call with the research nurse, to attending clinic. 8. The NREC-MD requests clarification as to who will approach participants upon attendance at clinic. Will only participants who contact the research nurse in advance be approached, or will all identified potential participants be approached? In line with best practice there should be separation between clinical and research activities to minimise any confusion and perceived coercion. 9. As participants will be contacted about the study repeatedly via various means, e.g. post, phone, in person, clarify what measures will be put in place to avoid any perception of pressure to participate. 10. The NREC-MD requests clarification as to why healthy participants will only be recruited from the Mater Hospital community and Parkinsons Ireland. 11. The NREC-MD noted that participants who are not fluent in English are not eligible to participate in the study. The Committee request a due consideration is given to whether participation could be expanded to such participants. 12. The NREC-MD requests that all PILs are revised to improve accessibility and minimise jargon. The Committee noted that it may be beneficial to engage with a relevant PPI group to assist with the review. 13. Additionally, the NREC-MD noted that the PIL for healthy volunteers repeatedly refers to clinical visits and must be revised to be specific to the cohort. 14. The NREC-MD requests that a specific consent line is included in the ICF to contact the participants GP. 15. The NREC-MD noted in Section M1 of the Application Form that no payments will be made to participants because this is standard of care. However, elsewhere in the documentation and

	in the PIL/ICF, it is stated that this “study differs from your usual care at this clinic” and it does not take into consideration the healthy volunteer cohort. The Committee requests that a due consideration is given to the demands of screening and participation in terms of convenience for the participants and that participants are compensated for any reasonable expenses e.g. additional parking costs or refreshments. 16. The NREC noted that a salary has been included in the study budget and requested clarification regarding whom this salary is intended for. 17. The NREC-MD noted that Section J6 of the Application Form states that data will be retained for 7 years. However, the PIL/ICF (p6) states that data will be retained for 10 years. Clarify and correct the documentation as required.
7. 26-NREC-MD-003	• Principal Investigator (Lead Institution): Dr Lynda McSorley (St Vincents Hospital) • Sponsor: Ventana Medical Systems, Inc. (Roche Tissue Diagnostics [RTD]) • Study title: Diagnostic Protocol for Evaluating the Clinical Performance of VENTANA FOLR1 (FOLR1-2.1) IUO Assay in Determining FOLR1 Status in Tumor Specimens from Platinum-Resistant Ovarian Cancer Patients in AstraZeneca Phase 3 Study D8991C00001 • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that the study termination criteria are only partially described and requests clarification as to what the study termination criteria are. 2. The NREC-MD noted that the primary and secondary endpoints of this study predominantly relate to the overall clinical trial rather than specifically to the device (e.g., progression-free survival and overall survival rates). While the Committee acknowledges that certain endpoints—such as staining acceptability and tissue morphology—pertain to the performance study, it requests clarification on whether there are additional endpoints that directly assess the device’s efficacy or performance. 3. The NREC-MD noted the risks associated with false positive/negative results. Clarify whether there is a process in place for repeat testing of borderline samples. 4. The NREC-MD noted that the study budget refers to retesting of samples. Clarify if additional biopsies will be required for this or if sampling will be done on existing samples.

	5. The NREC-MD noted that several Principal Investigator GCP certificates expired in 2025. The Committee requests a confirmation that all PIs complete GCP training will be completed prior to study initiation. 6. The NREC-MD requests that participants will be given at least 24 hours to consider the study before consent. If this cannot be included in the PIL/ICF then it should be implemented in the recruitment procedures or protocols as standard practice. 7. The NREC-MD requests clarification as to who will initially approach potential participants about the study. In line with best practice there should be separation between clinical and research activities to minimise any confusion and perceived coercion, and participants should be approached about the study by a member of the study team or a suitability qualified individual designated by the PI. 8. The NREC-MD requests clarification as to if/when participants or their treating physicians can expect to be informed of the FOLR1 results and commence, or not, the clinical trial. 9. The NREC-MD noted that PIL/ICF as it is currently written is not fit for purpose and must be substantially revised. The Committee noted that there is a PIL/ICF template available at the study site (link here) which could be used to understand the general requirements of PIL/ICFs in Ireland. In particular, the Committee noted that the PIL/ICF for pre-screening, provided for reference only, was presented better than the performance study PIL/ICF for review. The below points are a non-exhaustive list of issues the Committee raised: - The language used throughout is overly technical and in its current form it is not accessible to a layperson. - The document does not contain a description of the device, it's purpose of the condition for which patients are being treated e.g. patients with epithelial ovarian cancer (EOC) who have high or low FOLR1 expression, who may benefit from AZD5335. - The document does not clearly outline that even if you consent to participate in the study, you may not be eligible for the clinical trial. - The required time for participation should relate directly to the time requirement of the participant, not the study itself. - It should be made clear that the collection of an additional new tumour biopsy sample is related directly to the study, and not standard of care. The risks associated with this should also be included. Moreover, the Committee requests that this

	biopsy is framed as “optional” without implying undue pressure on potential participants. It should be clear to participants that without adequate existing tissue for samples, a participant may decline an additional biopsy and that this does not affect their access to standard of care treatment. The Committee also requests clarification as to who will conduct the additional biopsy and where this will occur. - The risks associated with the study, particularly those relating to false positive and false negative results are not adequately described. - The ICF consent lines must be unbundled. - Data protection and management information must be revised to fully inform participants. - If samples are to be transferred to the AstraZeneca biobank, participants must be informed about this in the PIL/ICD and their consent must be sought in a separate consent line, highlighting this is optional. - The legal basis for data processing should be elaborated and within the body of the PIL/ICF – not a footnote as it is currently written. - Anonymisation of data, and what this entails should be clearly explained and a separate consent line to anonymise data should be included. - Transfer of data to countries outside of the EU and the data protection implications associated with this should be clearly explained. - The sentence “you may be entitled to certain rights regarding your personal data” should be rephrased to make it clear that to the participants what are their rights, - The NREC-MD will never request personal data relating to participants. - The PIL/ICF as it is currently written implies that additional testing and future research may be carried out on participant data. If future research is to be carried out, then this should be outlined clearly in the documentation and a specific consent line for this should be included in the ICF. Note that In line with regulations/best practice future use of samples/personal data must be clearly 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 confined to a specified disease, related diseases or devices 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 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-biological-samplesand-associated-data/

10. The NREC-MD noted from Section K7 of the Application Form that samples will be held in an AstraZeneca biobank. The Committees requests a strong justification for this and requests further information on the use of these samples.
11. The NREC-MD noted from Section J5 of the Application Form that “personal data will be transferred to several data experts to be verified and for results to be calculated”. Clarify the process for transferring data, identify the experts are and clarify their location.
12. The NREC-MD noted a discrepancy between Section K5 of the Application Form, which states that two biopsies may be taken, and Section K4, which indicates that only one biopsy will be performed. Clarify this inconsistency. Additionally, in situations where an archival biopsy is not available, the Committee requests that only one biopsy be conducted. If a second biopsy is deemed necessary, a strong justification must be provided for the Committee’s review.
13. The NREC-MD requests clarification as to whether any incidental findings could arise from the testing performed and how these will be communicated to the participants and their treating physicians.
14. The NREC-MD noted in Section K13 of the Application Form that samples may be transferred to locations both within and outside the EU, and that long-term storage will be managed by AstraZeneca in facilities located either within or outside the EU. Confirm whether this applies to samples collected from participants in Ireland. If so, specify the exact non-EU locations to which samples will be transferred and confirm that the appropriate data-transfer agreements and required contractual clauses are in place.

	15. The NREC-MD noted from Section K14 of the Application Form that coded study data and samples maintained by Ventana will be retained for 25 years, however Section K21 states that samples will be destroyed. Clarify this discrepancy. 16. The NREC-MD noted from the PIL/ICF that "Ventana reserves the right to retain ownership of tested samples". While personal data may be retained up to the point that consent is withdrawn, the Committee request that participants are given the option to have their samples returned at the same time as withdrawal and that this process is clearly outlined in the PIL/ICF. If ownership is to be retained, provide a strong justification for this and clarify for how long and for what purpose the samples will be kept. 17. The NREC-MD noted that document 22q (page 8) states that the sponsor may share coded data, rather than anonymised data, for publication in scientific journals. The NREC-MD requests that only anonymised data is shared and if this is not possible, a strong justification must be provided. 18. The NREC-MD requests confirmation that suitable site-specific data protection contact details (including the local Data Protection Officer and sponsor contact) will be included in all participant materials prior to use, and that a Data Protection Impact Assessment for the study has been or will be completed. 19. The NREC-MD noted that no study site indemnity documents were provided with the submission and request clarification on what site indemnity arrangements are in place for the performance study.
8. 26-NREC-MD-004	• Principal Investigator (Lead Institution): Prof Grainne O'Kane (St Vincents Hospital) • Sponsor: Bristol-Myers Squibb Company • Study title: Clinical Performance Study Plan for FoundationOne®CDx Used as a Clinical Trial Assay in Clinical Trial CA2400030 • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that some tests appear in documents such as the study budget and document 22a, but are not described in the performance study participant information leaflet / informed consent form (PIL/ICF). - The NREC-MD requests clarification on which tests are being conducted as part of the performance study and which tests are being conducted as part of the clinical trial aspect of this study.

	- The NREC-MD also requests confirmation that all relevant tests associated with the performance study are included in the PIL/ICF. 2. The NREC-MD noted from application form and site suitability form that tissue samples will be tested in Foundation Medicine in Boston, however page 6 of the pre-screening ICF implies that samples may be tested in Germany. Clarify this discrepancy. 3. The NREC-MD requests a clarification on the location of a site used to analyse the sampled while Foundation Medicine, Inc. is relocating premises and that all locations are stated in all relevant documents. 4. The NREC-MD requests clarification on what happens to participant samples if they withdraw from the study. 5. The NREC-MD noted that the site suitability form suggests 5 participants will be recruited in Ireland for this study, however the protocol implies that 23 participants will be recruited. Clarify this discrepancy. 6. The NREC-MD requests that participants will be given at least 24 hours to consider the study before consent. If this cannot be included in the PIL/ICF then it should be implemented in the recruitment procedures or protocols as standard practice. 7. The NREC-MD noted that is not clear when consent for each consent form will be sought and what order the documents are presented to the participant and requests clarification over when each of the consent forms are presented to and signed by participants. 8. The NREC-MD requests that the performance study (PS) PIL/ICF is revised for accessibility. The Committee also ask that you consider merging the PS PIL/ICF with the Pre-screening ICF to streamline the information provided to the participants. 9. The NREC-MD requests that the PIL/ICF is updated to provide a clear explanation of what the F1CDx device is, the purpose of the device, and what the MTAP mutation is and the it means for participants. This information should be provided in non-technical laypersons terms. 10. As tissue samples for the performance study may be taken from either archived material or a fresh biopsy, the NREC-MD requests that the PIL/ICF more clearly explains this possibility. In particular, participants must be informed that a new biopsy may be required if suitable archived tissue is not available and the risks associated with this. The PIL/ICF should also outline who will be performing this and where it will occur.

	11. The NREC-MD requests that the PIL/ICF is updated to include the risks associated with delayed results, false positive and false negatives results. The NREC-MD noted that these are included in the pre-screening PIL/ICF but as they relate to the IVD, they should be included in the performance study PIL/ICF. 12. The NREC-MD requests that the PIL/ICF be updated to provide information about the process for dealing with incidental findings and include a description of this process. 13. The NREC-MD noted that the PIL/ICF (p7) states that participants “may” have rights to access their personal data. The NREC-MD requests that this is updated to inform participants that they do have rights, and reference potential exceptions to these. 14. As participants may be reimbursed for travel expenses, this should be outlined in the PIL/ICF. 15. The NREC-MD requests that in line with the Data Protection Act 2018 (Section 36(2) (Health. Research) Regulations 2018 consent form is revised to provide unbundled consent, i.e. separate boxes are included for all consent statements in the ICF. 16. The NREC-MD noted that the study budget provides payments for a range of blood tests, imaging and biopsies. Clarify if this applies to the performance study or both the performance study and clinical trial. 17. The NREC-MD noted that no study specific insurance or site indemnity documents were provided with the submission and request clarification on what policies are in place for the performance study. 18. The NREC-MD noted from the Section K10 of the Application Form that no future research will be carried out and data will be destroyed. However, Section K12 and K20 indicate that samples will be retained by the sponsor for future research. Clarify this discrepancy. 19. The NREC-MD noted from Section K of the Application Form that samples will be stored in a “The residual samples may be kept for future research at a Sponsor designated storage facility”. Provide additional information on this storage facility, including accreditation and location. 20. The NREC-MD noted that there is a separate future research PIL/ICF for future research from samples collected during the PS. The Committee request a copy of the PIL/ICF is provided for review.

	Note that in line with regulations/best practice future use of samples/personal data must be clearly 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 confined to a specified disease, related diseases or devices 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, - and a specific consent line for this should be included in the ICF. 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-biological-samplesand-associated-data/ 21. The NREC-MD noted that Genetic data is considered personal data and request the provisions for protection of information generated by the genetic data are addressed in data protection section of the NREC-MD Application Form.
9. 26-NREC-MD-005	• Principal Investigator (Lead Institution): Prof Gabor Szeplaki (Mater Private Hospital) • Sponsor: Semmelweis University, Budapest, Hungary • Study title: SVTAG - Impact of catheter stability on the outcomes with very high-power short duration ablation • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted that this is an observational study with no additional procedures to standard of care. However, in Section 12 of the Protocol, page 6, the NREC-MD also note the following “there is no additional intervention that is different from the everyday routine, except for the 20-minute waiting period after the PVI”. Clarify if this 20-minute period is considered current standard of care. If not, include this information in the participant information leaflet / informed consent form (PIL/ICF). 2. The NREC-MD has noted that this study involves the use of radiation (e.g., fluoroscopy as part of standard care). Complete

	Section L of the Application Form; this section must be completed even when radiation exposure is within the standard of care. 3. The NREC-MD noted from the application form that 10-40 participants will be recruited for this study. However, the site suitability form states that 5 participants will be recruited. Clarify this discrepancy. 4. While the NREC-MD noted from Section H2 of the Application Form that participants will be recruited from the investigator's general patient population, the NREC-MD requests more information on how selection and recruitment will take place. 5. The NREC-MD requests that participants are allowed minimum 24 hours to consider their participation in the study and that this is reflected in the participant facing documentation. 6. The NREC-MD noted in Section H8 of the Application form that participants will be required to speak the national language. However, it also says assistance will be provided to those who do not speak English as their first language on a case by case basis. Clarify if all participants will be fluent English speakers. In the event that the study seeks to enrol a participant who requires a translated PIL/ICF, translations must be completed by a certified translation provider, and the translation certificates submitted to the NREC-MD as a non-substantial modification in advance of the distribution of translated documents. 7. The NREC-MD requests that the PIL/ICF is updated to include all risks associated with data protection and data privacy associated with this study. 8. The NREC-MD requests that the PIL/ICF be updated to clearly inform participants what will happen to any data already collected from them if they choose to withdraw from the study e.g. that data collected prior to withdrawal may still be used in the study analysis. 9. The NREC-MD requests the PIL/ICF is updated to include information pertaining to the data retention period and planned destruction of any data. 10. The NREC-MD requests confirmation that adequate insurance as per the State Claims Agency guideline of minimum €6.5mil will be in place for the duration of the study. A copy of the insurance policy to be provided to the National Office once activated. Furthermore, a clear description of this cover to be included in the participant information leaflet / informed consent form. 11. The NREC-MD noted from Section J7 of the Application Form that "A third party will be contracted to archive pseudonymised

	study documents in a secured location for a period of 15 years". Clarify who the third party is, and what location they are based.
10. 26-NREC-MD-008	• Principal Investigator (Lead Institution): Prof Donal Brennan (Mater Misericordiae University Hospital) • Sponsor: Ventana Medical Systems, Inc • Study title: Diagnostic Protocol for Retrospectively Evaluating the Clinical Performance of the VENTANA TROP2 (EPR20043) RxDx Assay in Determining TROP2 Biomarker Status in Endometrial Carcinoma Specimens from Merck Sharp & Dohme LLC Phase 3 Study MK-2870-005 • NREC-MD decision: Favourable with conditions • Associated conditions: 1. The NREC-MD noted that the proof of study insurance provided will expire before the end of the study. The NREC-MD requests confirmation that adequate insurance as per the State Claims Agency guideline of minimum €6.5mil will be in place for the duration of the study. A copy of the insurance policy to be provided to the National Office once activated. Furthermore, a clear description of this cover to be included in the participant information leaflet / informed consent form. 2. The NREC-MD requests a confirmation that appropriate site indemnity cover is in place for activities related to this study as per the State Claims Agency guideline. 3. The NREC-MD requests a copy of a performance study specific budget with details of study finance for the duration of the performance study be provided. Although the NREC-MD has issued a favourable opinion for this application, be aware that the Committee considered the original consent provided to participants to be overly broad. While this was accepted in this instance due to the low-risk nature of the study; note that in line with regulations/best practice future use of samples/personal data must be clearly 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 confined to a specified disease, related diseases or devices 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, - and consent for any future research is unbundled from the consent for the main study.
11. 25-NREC-MD-031-R1	• Principal Investigator (Lead Institution): Dr Sinead Cuffe (St James's Hospital) • Sponsor: Ventana Medical Systems, Inc • Study title: Diagnostic Protocol for Evaluating the Clinical Performance of the VENTANA TROP2 (EPR20043) RxDx Assay in Determining TROP2 Biomarker Status in Non-Small Cell Lung Carcinoma tissue specimens for Merck Sharp & Dohme LLC's Phase 3 Study MK2870-023 • NREC-MD decision: Favourable with conditions • Associated conditions: 1. At the next revision of the participant information leaflet/ informed consent form (PIL/ICF) for the related MK-2870-023 trial, the provisions for future research must be revised as follows: The use of samples/personal data must be clearly 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 confined to a specified disease, related diseases or devices 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 - and consent for any future research is unbundled from the consent for the main study. 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-biological-samplesand-associated-data/

12. 24-NREC-MD-020-SM3-R1	• Principal Investigator (Lead Institution): Prof Ronan Cahill (Mater Private) • Sponsor: UCD • Study title: CLASSICA: Validating AI in Classifying Cancer in Real-Time Surgery • NREC-MD decision: Favourable with conditions • Associated conditions: 1. The NREC-MD noted that, rather than fully anonymising the data, the site intends to retain the key that allows participant re-identification. The Committee requests that any any re-identification of data be conducted solely for the purposes of longitudinal analyses. If participant data is to be re-identified for any other purpose, this will be a subject to NREC-MD review.
13. 25-NREC-MD-030-R2	• Principal Investigator (Lead Institution): Dr Mark Hensey (SJH) • Sponsor: Aarhus University Hospital • Study title: Randomized comparison of Evolut FX versus Sapien 3 Ultra Resilia. The Compare-TAVI 2 trial • NREC-MD decision: Favourable with conditions • Associated conditions: 1. The NREC-MD requests that the section on future use in the PIL/ICF is revised to align with the ICF. In particular the sentence “but by agreeing to participate in this study, you are consenting to the use of your data collected during this study in future research” should be removed as consent for future research must be separate to study consent.
14. 23-NREC-MD-002-SM6-R1	• Principal Investigator (Lead Institution): Prof Gabor Szeplaki (Mater Private Hospital) • Sponsor: Johnson & Johnson MedTech • Study title: An observational post-marketing study for evaluation of ongoing safety and effectiveness of catheter mapping and ablation using commercially approved BWI medical devices for the treatment of patients with cardiac arrhythmias • NREC-MD decision: Favourable
15. 25-NREC-MD-001-SM2	• Principal Investigator (Lead Institution): Dr Darren Mylotte (Galway University Hospital) • Sponsor: Medtronic • Study title: Prevail Global

	• NREC-MD decision: Favourable
16. 24-NREC-MD-030-SM2	• Principal Investigator (Lead Institution): Prof Stewart Walsh (University Hospital Galway) • Sponsor: RCSI • Study title: Randomised Controlled Trial comparing partial calcanectomy plus local application antibiotic impregnated bone graft substitute for calcaneal osteomyelitis vs partial calcanectomy alone (The ACHILLS Trial) • NREC-MD decision: Favourable
17. 23-NREC-MD-022-SM3	• Principal Investigator (Lead Institution): Prof. Bryan Hennessy (Beaumont Hospital) • Sponsor: Cancer Trials Ireland • Study title: Single arm phase 2 trial of neoadjuvant trastuzumab deruxtecan (T-DXd) with response-directed definitive therapy in early stage HER2-positive breast cancer: a standard chemotherapy-sparing approach to curative-intent treatment – SHAMROCK study • NREC-MD decision: Request for further information • Further information requested: 1. The NREC-MD noted from the protocol that only imaging results will be used for treatment decisions by clinicians and the core needle biopsy RDI score will not be used. However, the NREC-MD also noted that the core needs biopsies are mandatory in the clinical trials and extra specimens are requested for this. Given that the biopsies are not used for treatment decisions, provide a strong justification for the increase in number of biopsies. The NREC-MD noted that a significantly more specimen will be taken for the determination of the RDI score, ie in addition to core needle biopsy at day 14 of cycle 2 of TdxD for DRA analysis, a second tumour biopsy 14 to 21 days after starting chemotherapy if chemotherapy is required. The NREC-MD noted from the protocol that two separate specimens will be taken at each biopsy collection timepoints, meaning four biopsies overall will be taken. This and associated risks associated have not been clearly outlined in the participant information leaflet / informed consent form (PIL/ICF). Update PIL/ICF to reflect these major changes. 2. The NREC-MD noted from Section E2 of the Application Form that the modification is not likely to have an impact on the risk benefit score. However, given the increased number of biopsies and samples taken, and that the extra specimens will no longer

	be taken into consideration for the treatment of patients within the clinical trial, the Committee are of the opinion that risk/benefit profile for the study has been changed. This should be corrected throughout the documentation. 3. The NREC-MD requests that participants be allowed to withdraw their samples from the study at the same time as they withdraw from the study. If this is not possible, provide a justification. 4. The NREC-MD requests that the section outlining genetic testing in the PIL/ICF is reworded as it is currently misleading, as DNA and RNA are genetic material. 5. The NREC-MD noted that the informed consent form asks for explicit consent for the transfer of personal data outside the EU and asks the participant to agree to all associated risks but does not reference any protections such as standard contractual clauses and requests this is revised. 6. The NREC-MD requests a copy of the future use consent form for review for this performance study. 7. Provide a business/work specific email for the lead investigator in this study.
18. AOB	The NREC-MD were informed of an upcoming application that will be submitted under the COMBINE EU Programme Project 1 ‘All-In-One Assessment’ Pilot.