# National Research Ethics Committee

## NREC-CT A Meeting

**25/10/2023**

### Attendance

| Name | Role |
|---|---|
| Prof. Mary Donnelly | Deputy Chairperson, NREC-CT A |
| Ms. Erica Bennett | Committee Member, NREC-CT A |
| Prof. Tina Hickey | Committee Member, NREC-CT A |
| Dr Dervla Kelly | Committee Member, NREC-CT A |
| Mr Gerard Daly | Committee Member, NREC-CT A |
| Ms Muireann O'Briain | Committee Member, NREC-CT A |
| Prof. Gene Dempsey | Committee Member, NREC-CT A |
| Prof. David Brayden | Committee Member, NREC-CT A |
| MS Susan Finnerty | Committee Member, NREC-CT A |
| Dr Katherine Benson | Committee Member, NREC-CT A |
| Dr Sean Lacey | Committee Member, NREC-CT A |
| Ms Evelyn O'Shea | Committee Member, NREC-CT A |
| Ms Aileen Sheehy | Project Manager, National Office for RECs |
| Ms Rachel McDermott | Project Administrator, 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:** Prof John Wells, Dr Heike Felzmann, Dr Geraldine Foley, Ms Ann Twomey, Dr Darren Dahly, Prof Alistair Nichol (Chair), Ms Dympna Deveney, Dr Dawn Swan, Prof. Austin Duffy, Mr Gerard Eastwood, Dr Geraldine Foley, Prof. Catherine Hayes

**Quorum for decisions:** Yes

## Agenda

- Welcome & Apologies
- 2022-502442-27-00
- 2022-502339-20-00
- 2022-502629-16-00
- 21-NREC-CT-104_Mod-3
- 22-NREC-CT-139_Mod-2
- 21-NREC-CT-004_Mod-2
- 22-NREC-CT-154_Mod-2
- 22-NREC-CT-136_Mod-5
- 22-NREC-CT-096_Mod-3
- 21-NREC-CT-188_Mod-4
- 22-NREC-CT-174_Mod-2
- 22-NREC-CT-007_Mod-5
- 22-NREC-CT-177_Mod-1
- 22-NREC-CT-157_Mod-3
- AOB

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- The Deputy Chair welcomed the NREC-CT A.
  - The minutes from the previous NREC-CT A meeting on 20 September were approved.
  - The NREC Business Report was discussed and noted.

## Applications

**2022-502442-27-00**

Principal Investigators & Institutions: Prof. Fidelma Dunne, University Hospital Galway; Prof Carel le Roux, St Vincent's University Hospital; Prof Seamus Sreenan, Connolly Hospital

Study title: A Phase 3, randomised, double-blind, parallel-group, event-driven, cardiovascular safety study with BI 456906 administered subcutaneously compared with placebo in participants with overweight or obesity with established cardiovascular disease (CVD) or chronic kidney disease, and/or at least two weight-related complications or risk factors for CVD

EudraCT: 2022-502442-27-00

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- The NREC-CT noted that participants data will be kept for 30 years and requested rationale is provided for this.
- The NREC-CT requested that participants are informed in the PISCF that their data will be destroyed after the maximum storage retention periods have been reached.
- The The NREC-CT noted that the study drug is not well described in the PISCF and requested that this is amended to include the following information in plain English suitable for a lay audience–
    - Details about the study drug itself
    - A description of how the drug works
    - Details about the tolerability of the drug
    - Details of previous trials that included the study drug.
    - Details about standard of care including rationale as to why the 5 drugs mentioned in the protocol are not part of standard of care.
    - Clearer information for participants so they are fully aware that the study drug involves self-administration of a subcutaneous injection.
- The NREC requested that the following terms are simplified into plain English, suitable for a lay audience, in the PISCF:
    - Pg 10 ‘drug class GLP1 receptor agonists’
    - Pg. 10 ‘compounds of the drug’
    - Pg. 16 ‘satiety’

- The NREC-CT noted that cardiovascular events are not mentioned in the PISCF and considering that these are the primary endpoint requested that this information is added to the PISCF.
- The NREC-CT noted that pg. 9 of the PISCF states that certain foods should be avoided and requested that participants are given information as to what foods will need to be avoided, so they are fully informed.
- The NREC-CT noted that pg. 12 of the PISCF states that male participants do not need to use birth control, whereas female participants are required to use birth control during the trial and for 28 days after the last dose of trial.and requested clarification as to why male participants are not required to use birth control.
- The NREC-CT requested that participants are advised on pg. 14 of the PISCF that if they wish to withdraw from the trial, they are not obliged to give a reason for withdrawal.
- The NREC-CT noted that the designated support person detailed in the protocol is not mentioned in the PISCF. The NREC-CT requested that this is amended so participants are reassured that this support is available.
- The NREC-CT requested that participants be asked to consent to their designated person (if they are using one) having access to their data in the PISCF.
- The NREC-CT noted that pg. 16 of the PISCF states that 'other non-genetic biomarker testing may be done. At this time, it is not known what testing will be done.' and requested confirmation as to whether samples are to undergo future research. If this is the case, then the NREC-CT requested that this is described in line with national regulations and best practice. The Committee requested that future use of samples is sufficiently explained 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,
    - consent for future use of samples should be provided on a separate PISCF.
    - it should be made clear that this is optional, and
    - 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 is provided in a separate consent form.
    - The PISCF should also make it clear to participants that subsequent research ethics review will be sought for specific research once clearly defined. For further guidance, please see: 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 the consent items on pg. 34 of the PISCF are bundled and requested that a tiered / unbundled approach to consent is used in the PISCF, in that each consent item is listed and a box for participants to provide their initials is included alongside each consent item. Please see: HSE National Policy for Consent in Health and Social Care Research (V1.1, 2023) for further guidance: 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 the designated person PIL does not contain a declaration of consent section and requested that this is added in line with legislation and best practice.
- The NREC-CT noted that pg. 137 of the protocol states that participants maybe be asked to complete an optional questionnaire on their clinical trial experience and requested clarification as to whether this questionnaire will be used in Ireland.
- The NREC-CT noted that there is conflicting information regarding the title of the trial in the PISCF (A study to test the effect of BI 456906 on cardiovascular safety in people with overweight or obesity) and recruitment documents including the patient poster and patient flyer (The SYNCHRONIZE-CVOT Trial) and requested that these documents are aligned with the same title, so as not to cause confusion to participants.
- The NREC-CT requested that an accessible pdf version of the patient flyer and patient poster are provided for review.
- The NREC-CT noted that participants will be consented via eConsent and requested confirmation that participants will be able to use traditional paper consent should they be unable or unwilling to use eConsent.
- The NREC-CT noted that participants will receive counselling from a dietitian (or suitably qualified person) and requested confirmation that the resources are in place in all 3 sites to provide this service to participants.

**2022-502339-20-00**

Principal Investigators & Institutions: Prof. Brennan Sinead, St. Luke's Radiation Oncology Network - St. Luke's Hospital Rathgar; Dr Jpseph Martin, University Hospital Galway

Study title: Radiotherapy plus xevinapant or placebo in older patients with locally advanced head and neck squamous cell carcinoma: a randomized phase II study - RAVINA

EudraCT: 2022-502339-20-00

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- The The NREC-CT noted that participants will not be compensated for expenses and requested that to ensure access to trials across all socioeconomic groups that participants are reimbursed for out-of-pocket expenses including travel and meal / refreshments and this is detailed in the P1_Compensation trial participants, investigator, funding and other arrangements document.

- The NREC-CT noted that Ireland as an additional member state is not listed in the financial statement and requested that the financial statement on the source of funding for the trial is also provided for Ireland.
- The NREC-CT noted that the maximum data and sample periods are not stated in the PISCF and requested that the maximum retention periods for data / sample storge is clearly stated in the PISCF.
- The NREC-CT also requested that that participants are informed that their data will be destroyed once the maximum data retention period is reached.
- The NREC-CT noted that pg. 13 of the PISCF only lists very common and common side effects and requested the rare serious side effects associated with the trial drug are also listed, so participants are fully informed.
- The NREC-CT noted that the side effects of radiotherapy were not well explained on pg. 14 of the PISCF and requested that participants are also advised of the potential head and neck side effects of radiotherapy, which may include - nausea & vomiting; hair loss in the treatment area; loss of appetite, hoarseness and voice change, jaw stiffness (trismus), osteoradionecrosis (permanent damage to jaw bone); risk of second malignancy (rare).
- The NREC-CT considered that 3 weeks for recovery from radiation may be an underestimation and requested that participants are advised on pg. 14 of the PISCF that it may take months to recover from the potential side effects of radiation.
- The NREC-CT requested that the statement 'these complications can lead to insufficient intake of fluids and food' on page 14 of the PISCF is amended to state that insufficient intake of fluids and food may cause weight loss and anorexia.
- The NREC-CT requested that the terms 'translational research' on pg. 20 of the PISCF is explained to participants.
- The NREC-CT requested that it is clearly stated on pg. 20 of the PISCF that participation in future genetic research is optional.
- The NREC-CT requested that "Consent for participation to biobanking of leftover material for further research" (PISCF, page 24) is amended and sufficiently explained so as to constitute broad informed consent, as required under the Health Research Regulations (Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018) in line with regulations and best practice. The Committee requested the following:
    - it should be made clear that this is optional, and
    - 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
    - The PISCF should also make it clear to participants that subsequent research ethics review will be sought for specific research once clearly defined. For further guidance, please see: 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 the consent items on pg. 22 of the PISCF are bundled and requested that a tiered / unbundled approach to consent is used in the PISCF, in that each consent item is listed and a box for participants to provide their initials is included alongside each consent item. Please see: HSE National Policy for Consent in Health and Social Care Research (V1.1, 2023) for further guidance: 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 participants will not be compensated for expenses and requested that to ensure access to trials across all socioeconomic groups that participants are reimbursed for out-of-pocket expenses including travel and meal / refreshments and this is elucidated in the PISCF.
    - The NREC-CT also requested that the process for claiming expenses in clearly explained in the PISCF.
- The NREC-CT noted that pg. 16 of the PISCF states "If you agree to participate to the research conducted by the EORTC, it will require using (processing) of your data to meet legitimate interest of the EORTC". The NREC-CT noted that 'explicit consent' is the basis for scientific research under Irish regulations and requested that this is clarified.

**2022-502629-16-00**

Principal Investigators & Institutions: N/A

Study title: A Phase 3 Randomized, Placebo-Controlled, Double-Blind, Multicenter Study to Evaluate the Efficacy and Safety of Nipocalimab in Pregnancies at Risk for Severe Hemolytic Disease of the Fetus and Newborn (HDFN).

EudraCT: 2022-502629-16-00

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- There is conflicting information in the Cover Letter regarding the Orphan Drug status of the trial – the table on pg. 2 states that Orphan Drug Designation has not been obtained, whereas pg. 4 states that the IMP obtained Orphan Drug Designation from the EMA. Please correct this information in the Cover Letter.
- Consideration should be given to adequate long-term physical and neurodevelopmental follow-up of the newborn, recommend a minimum of 24 months for these assessments to be performed.

**21-NREC-CT-104_Mod-3**

Principal Investigator: Dr Ciara McDonnell

Study title: ACcomplisH: A Phase 2, multicenter, double-blind, randomized, placebo controlled, dose escalation trial evaluating safety, efficacy, and pharmacokinetics of subcutaneous doses of TransCon CNP administered once weekly for 52 weeks in prepubertal children with achondroplasia followed by an Open-Label Extension Period.

- **NREC-CT Decision:**

- Favourable with conditions

- **Additional Conditions Applied**

- The The NREC-CT noted that the document "ACcomplisH parental data transfer sheet v1" requests participants refer to information sheets for details regarding data protection (pg. 2). The NREC-CT requested that this information is added to both PISCFs for ease of access.
- The NREC-CT recommended amendments are made to the following documents:
- "AComplish Global Parent PIS OLE V2":
    - Page 7: Request the phrase adverse event review is written in lay language.
    - Page 18. Request to add contact details for Irish data protection office.
- ACcomplisH parental data transfer sheet v1:
    - Request include a very brief lay description for anthropometric data e.g., weight and height measurements and medical history data.

**22-NREC-CT-139_Mod-2**

Principal Investigator: Dr Justin Kinsella

Study title: A Phase II/III Multicenter Randomized, Double-Blind, Placebo-Controlled Platform Trial of Potential Disease Modifying Therapies Utilizing Biomarker, Cognitive, and Clinical Endpoints in Dominantly Inherited Alzheimer's Disease

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required:**

- The The NREC-CT requested that amendments are made to the Main PISCF:
    - Pg. 10: Clarification as to whether home visits happen in Ireland. If not, please remove reference to these.
    - Pg. 11: States that Safety MRIs will be done at the DIAN-TU site- please clarify whether these MRI scans will be carried out in the UK or Irish site.
    - Pg.12: Please explain the term 'cognitive run in period' in plain English suitable for a lay audience.

    - Pg. 35: ‘Healthcare Products Regulatory Agency’ - Please correct to ‘Healthcare Products Regulatory Authority’.

- Patient Trial ID Card states, ‘with either placebo or the active study drug…given in combination with active Lecanumab’ and requested that considering participants may not be receiving Lecanumab depending on clinical presentation and length of time in trial that the wording on the card is amended to reflect this.
    - The NREC-CT requested that the Physician contact details are added to the smaller version of the Patient Trial ID Card (Document no 33)
    - The NREC-CT requested the following in relation to the Phone Script:
    - Clarification as to who will be approaching potential participants with the phone script.
    - Requested that the phrase ‘Are you interested in receiving a copy of the study consent?’ is amended to state ‘Are you interested in receiving an information leaflet with more information and the consent form for the study?’
    - Requested that a sentence is added to explain that if they were interested in participating, consent will be taken upon visiting the UK facilities and meeting Dr Mummery and team.
    - Requested that the medical terminology in the first section under the heading ‘May I tell you more about the study? If NO, conversation stops after thanking the person for their time. If YES, continue….’ is simplified into plain English suitable for a lay audience.
    - The role of the study partner in the trial is explained to the participant.
- The NREC-CT requested clarification regarding the process in place for obtaining consent in the UK, from potential participants without capacity to consent, including the following:
    - Clarification as to who decides if a legal representative is required and when is this decided.
    - Clarification as to whether the legal representative, in addition to study partner and potential study participant travel to the UK for consenting. If so, this should be included in PISCF.
- The NREC-CT requested that the statement in section 4 of the Optional Future Research PISCF ‘The same provisions for privacy and confidentiality outlined in the main study document, also pertain to…’ is removed and the provisions in place for privacy and confidentiality are explained to the participant in this document.
- The NREC-CT requested that section 4 of Optional Future Research PISCF includes local contact details for the sponsor and the Irish Data Protection Commission.
- The NREC-CT noted that the Study Partner PISCF does not include an information section and requested clarification as to how the study partners will be informed about the trial and their role and responsibilities during the trial.
- The NREC-CT requested that that typo ‘explanation’ is corrected on no 4, Pg.1 of the Study Partner PISCF

- The NREC-CT requested that participants are asked to consent to their study partner having access to their data in the PISCF.
- The NREC-CT noted the insurance is in place at the Irish site until 31 December and requested confirmation that this will be extended to cover the entire duration of the trial.
- Please confirm that adequate insurance is in place at the UK site for the duration of the trial.

**21-NREC-CT-004_Mod-2**

Principal Investigator: Prof. Gerard O'Sullivan

Study title: DEXTERITY-AFP: Perivenous Dexamethasone Therapy: Examining Reduction of Inflammation after Thrombus Removal to Yield Benefit in Acute Femoropopliteal DVT (CIP0217)

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- The The NREC-CT noted the Substantial Modification form states that a) reconsent will not be required, b) the participant information leaflet is not for NREC review. The NREC-CT requested clarification regarding how participants will be informed about the 10-day blood draw, and pregnancy advice.
- The NREC-CT requested that the consent for the blood draw is amended to include a statement that the participant understand that consent to attend the blood draw includes use of the samples, as stated above (page 4).

**22-NREC-CT-154_Mod-2**

Principal Investigator: Prof Sean Gaine

Study title: A Phase 2b/3, Randomized, Double-Blind, Placebo-Controlled, 24- Week Dose Ranging and Confirmatory Study to Evaluate the Safety and Efficacy of AV-101 in Patients with Pulmonary Arterial Hypertension (PAH)

- **NREC-CT Decision:**

- Favourable

**22-NREC-CT-136_Mod-5**

Principal Investigator: Dr Carmel Mary Waldron

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

- **NREC-CT Decision:**

- Favourable

**22-NREC-CT-096_Mod-3**

Principal Investigator: Prof Peter Conlon

Study title: A multicenter, randomized, double-blind, parallel group, placebo-controlled study to assess the efficacy, safety, tolerability, pharmacokinetics and pharmacodynamics profile of BI 764198 administered orally once daily for 12 weeks in patients with focal segmental glomerulosclerosis.

- **NREC-CT Decision:**

- Favourable

**21-NREC-CT-188_Mod-4**

Principal Investigator: Prof Sean Kennelly

Study title: Protocol title: Evoke+- A randomised double-blind placebo-controlled clinical trial investigating the effect and safety of oral semaglutide in subjects with early Alz-heimer's disease.

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- The The NREC-CT noted that pg. 14 of the PISCF states that participants 'will be offered an item' and requested that this phrase is reworded so participants may be given some understanding of the type of item they might be offered.
- The NREC-CT requested clarification regarding whether the study partner is present during the consent process.
- The NREC-CT requested confirmation as to whether the study partner OR a carer is present during the frequent home delivery of trial drugs.
- The NREC-CT requested clarification regarding how updates to the text on pg. 11 & 12 of the main PISCF regarding drug risks and adverse reactions information will be communicated to the study partner.

**22-NREC-CT-174_Mod-2**

Principal Investigator: Prof Patrick Thornton

Study title: A Phase 2 Study to Evaluate the Efficacy and Safety of MK-1026 in Participants with Hematologic Malignancies

- **NREC-CT Decision:**

- Favourable with conditions

- **Additional Conditional Applied**

- Main PISCF: The NREC-CT request that text is added to the PISCF informing participants about the use of the Greenphire ClinCard system for repayments.
- Main PISCF (page 9/10): The NREC-CT note that the side effect "Diarrhoea" has been added as a side effect under 'common', but also remains under 'serious'. If this is a duplication, the error should be corrected.
- Main PISCF (page 11, Heading 14): To highlight important information in the amended text under the heading *Are there any risks to pregnancy'* NREC-CT request that a sentence is added immediately after: '…may cause harm to an unborn child', inserting text to the effect that "For that reason it is critically important for both female and male participants to use contraception throughout the study."
- Drug Diary instructions: The NREC-CT request that the instructions for both US and China are removed for Irish participants.

**22-NREC-CT-007_Mod-5**

Principal Investigator: Dr. Clodagh Keohane

Study title: A Phase 3, Double-Blind, Randomized Study to Compare the Efficacy and Safety of Luspatercept (ACE-536) Versus Placebo in Subjects with Myeloproliferative Neoplasm-Associated Myelofibrosis on Concomitant JAK2 Inhibitor Therapy and Who Require Red Blood Cell Transfusions

- **NREC-CT Decision:**

- Favourable

**22-NREC-CT-177_Mod-1**

Principal Investigator: Prof Jarushka Naidoo

Study title: A Phase II, Open-label, Multicentre, Randomised Study of Neoadjuvant and Adjuvant Treatment in Patients with Resectable, Early-stage (II to IIIB) Non-small Cell Lung Cancer (NeoCOAST-2)

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- The NREC-CT notes that amended text on p.6 of the PISCF regarding side effects related to the study treatment that could lead to a “delay in or the inability to receive potentially curative therapy (i.e., surgery).” is currently misplaced in the amended text under the heading: “What Are The Alternatives for Diagnosis or Treatment”. The NREC recommend moving this sentence to be the first item in the risks section that currently immediately succeeds the Alternatives section, i.e., under What Are The Possible Disadvantages And Risks Of Taking Part?
- The NREC-CT requested that the GP letter details which study arm the participant has been randomised to. In that way the G.P. will be alerted to the specific potential side effects.
- The NREC-CT noted that the text on pgs. 1 & 2 of the PISCF regarding the additional trial drugs is difficult to read with overly long sentences and requested that this text is simplified to plain English suitable for a lay audience.
- The NREC-CT noted that the text on P.7 of the PISCF under the heading ‘other events’ in the section on side effects of procedures, has text relating to side effects of Durvalumab and requested this text is moved to the relevant risk of study drugs section.
- The NREC-CT noted that pg.8 of the PISCF states ‘Additionally, patients also frequently reported fatigue, nausea and vomiting, and loss of appetite’ and requested that this information on these 4 side effects is also included in the appropriate levels of the side effects table on pg.9.
- The NREC-CT noted that pg.16 of the PISCF advises females not to get pregnant and that effective contraception must be used from the time of screening throughout the total duration of the study and for the following period after receiving the last dose of study interventions, whereas in the amended text males are advised not to donate to a bank sperm from the time of screening throughout the total duration of the study. The NREC-CT requested that males are also explicitly advised in this text to not cause a partner to become pregnant during the study and reminded that they must use acceptable contraception throughout. The NREC-CT recommends that the headings in this section are changed to clarify that both females and males are required to use contraception while participating in the trial.

**22-NREC-CT-157_Mod-3**

Principal Investigator: Dr John Kelly

Study title: A randomized, double-blind, placebo-controlled, Phase 2b trial with an open-label extension to determine the safety and efficacy of GH001 in patients with treatment-resistant depression.

- **NREC-CT comments:**

- The NREC-CT A agreed that additional information was required to inform its deliberations before a final ethics position could be returned.

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

- The NREC-CT noted that the GP letter does not mention that participants are required to stop taking their antidepressants for at least 2 weeks prior to taking trial medication (pg. 9 of the PISCF states that 'Your GP will be informed of any changes to your antidepressant medicines').
    - The NREC-CT requested that the GP letter includes this information.
    - The GP letter should also contain the information that the person they are referring may be in the Placebo group for the first part of the study, and therefore at risk of deteriorating for a stated period while receiving no intervention and required to come off their standard anti-depressant medication.
- The NREC-CT requested that the poster and flyer explain to participants that potential risks and side effects will be explained before consent is sought.
- The NREC-CT noted the provision of a new document "GP Referral Letter" and noted that GPs are now involved in referring their patients to the study and requested the following:
    - Justification for the introduction of this referral strategy
    - Strong rationale for the introduction of the €200 payment to GPs for referrals
    - Clarification on the consent process between the potential participant and their GP, including data protection and data sharing arrangements between the GP and the study team.
    - Clarification as to whether participants are informed that their GP has a financial incentive to make the referral.
    - That this approach to recruitment is described in the protocol
- The NREC-CT noted that the text on pg. 74 of the protocol states that participants 'Patients will be provided with a "patient card" at Screening which includes a 24-hour contact phone number where they can reach the clinical team during the whole course of the trial in case of questions, psychological difficulties, or medical problems' and requested that this information is also added to pg.13 of the PISCF so participants are aware that the contact details for the above supports is on their patient card.

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- AOB:
    - None