National Research Ethics Committee

NREC-CT Meeting

28 February 2024

Attendance

Name	Role
Prof Mary Donnelly	Chairperson, NREC-CT C
Prof John Faul	Deputy Chairperson, NREC-CT C
Dr Jean Saunders	Deputy Chairperson, NREC-CT C
Prof Austin Duffy	Committee Member, NREC-CT C
Prof Fionnuala Breathnach	Committee Member, NREC-CT C
Dr Susan Finnerty	Committee Member, NREC-CT C
Prof Andrew Smyth	Committee Member, NREC-CT C
Dr Steve Meaney	Committee Member, NREC-CT C
Dr Dervla Kelly	Committee Member, NREC-CT C
Ms Susan Kelly	Committee Member, NREC-CT C
Dr Deborah Wallace	Committee Member, NREC-CT C
Ms Paula Prendeville	Committee Member, NREC-CT C
Mr Philip Berman	Committee Member, NREC-CT C
Prof Anne Mathews	Committee Member, NREC-CT C
Ms Aileen Sheehy	Programme Manager, National Office for RECs
Dr Laura Mackey	Programme Officer, National Office for RECs
Dr Susan Quinn	Programme Manager, National Office for RECs
Dr Emma Heffernan*	Project Officer, National Office for RECs

Apologies: Mr Gerry Eastwood

Quorum for decisions: Yes

Agenda

- Welcome & Apologies
- 2023-505650-17-00
- 2022-503013-32-00
- 2023-505617-24-00
- 22-NREC-CT-160_Mod-4
- 22-NREC-CT-138_Mod-5
- 22-NREC-CT-139_Mod-3
- 22-NREC-CT-081_Mod-4
- 2022-501254-10-00 SM 23
- 2023-504179-26-00 SM 3
- 2022-501427-24-00 SM-6
- AOB

- The Chair welcomed the NREC-CT C.
  - The minutes from the previous NREC-CT C meeting on 24/01/2024 were approved.
  - The NREC Business Report was discussed and noted.

Applications

2023-505650-17-00

Institutions: CHI Crumlin

Study title: A Randomized, Double-blind, Placebo-controlled Clinical Study to Evaluate Mavacamten in Adolescents (age 12 years to < 18 years) with Symptomatic Obstructive Hypertrophic Cardiomyopathy

Dossiers Submitted: Part 1 & Part 2

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

Part I Considerations

- It was noted that there will be no interim analysis and clarification is requested as to what analysis will be carried out by the IDMC and what procedures/methodologies will be used to prevent alpha levels being compromised.

Part II Considerations

- **Compliance with national requirements on data protection**
- No Considerations
- **Compliance with use of biological samples**
- The NREC-CT requested that the maximum sample storage retention periods are aligned in the S1 Compliance on the collection use and storage of biological samples document and PISCF documents.
- **Financial arrangements**
- The NREC-CT requested that participants and / or parents / guardians of minors are reimbursed for all reasonable out of pocket expenses, including travel, meals / light refreshments, and accommodation (if required) and this is detailed on the P1_Compensation trial participants investigator funding and other arrangements document.
- **Proof of insurance**
- The NREC-CT noted that the insurance certificate expires on 31/12/2024 and requested confirmation that insurance is in place for the duration of the trial.
- **Recruitment arrangements**
- The NREC-CT noted the term ‘Scout HCM’ is used throughout the recruitment material and requested clarification as to the meaning of this term (it does not seem to appear on either the PISCF or Assent Documents).
- **Subject information and informed consent form**
- The NREC-CT noted that the Main PISCF addresses both potential participants and parents / guardians and requested that two separate PISCFs are provided for review, one for potential participants and one for parents / guardians of minors.
- The NREC-CT requested that the Informed Consent Sections of the PISCF documents include the explicit statement ‘I agree to take part in this trial’.
- The NREC-CT requested that the statement on pg. 1 of the Main PISCF states 'If you choose not to join...you will not lose any benefits' is reworded so participants and parents / guardians of minors are clear that if they do not take part in or withdraw from the trial, their standard of care treatment will not be impacted.

- The NREC-CT noted the reproductive risk section of the PISCF is not written in a patient friendly manner and requested that this section is revised to be more patient-friendly, clearer and simplified into plain language for a lay audience.
- The NREC-CT requested that transplant is listed as a therapeutic option considered for some patients (accepting that active listing for transplant is an exclusion criterion) on pg. 3, section 1.4 of the PISCF.
- The NREC-CT noted that the Assent Form is not written in an age-appropriate child friendly format, and requested that the Assent Form is thoroughly revised to be child friendly and age appropriate, suitable for minors aged 12-15. For Guidance please see: Enpr-EMA advice on Assent / Informed Consent Guidance for Paediatric Clinical Trials with Medicinal Products in Europe https://www.ema.europa.eu/system/files/documents/other/informed_consent_assent_content_recommendations_for_paediatric_clinical_trials_in_europe_en.pdf.
- The NREC-CT requested that the following terms are simplified using age-appropriate language in the Assent Form:
    - clinical trial
    - participation
    - structure and function of heart
    - stress test
    - diminished function
- The NREC-CT noted that the study schedule is potentially burdensome for participants in full time education and requested that consideration is given to address this potential burden and possible strategies to mitigate it, in the PISCFs / Assent Form. The NREC-CT requested additional information is provided on any additional supports in place to facilitate school-aged minors.
- The NREC-CT noted that pg. 2 of the Assent Form describes study visits occurring 'at least once per month' when the schedule indicates at least twice per month and requested that this is amended the Assent Form.
- The NREC-CT noted that section 2.3 of the Assent Form states that the screening period may take up to 5 weeks and may include several visits and requested that is revised to provide more specific detail as to the anticipated number of visits: e.g. Screening period will include X visits over a maximum of 5 weeks…
- The NREC-CT requested that the typo beginning ‘may cause harm to…’on pg. 2, section 3 of the Assent Form section is corrected.
- The NREC-CT noted that pg. 3 of Assent Form states that ‘If you are not happy with this study and want to talk with someone else (not the doctor or the people working with the doctor), you can contact the IRB/IEC by phone at or by email at: insert contact information, as applicable’ and requested that this sentence is removed from the Assent Form.
- The NREC-CT requested that maximum data / sample retention periods are clearly stated in all relevant sections of the PISCF and Assent documents and aligned in the S1 Compliance on the collection use and storage of biological samples document.
- The NREC-CT noted that pg. 9 of the PISCF states that if participants decide to withdraw from the study, their samples might not be destroyed until the end of the study and requested justification why samples are not withdrawn from the study along with consent.
- The NREC-CT noted that the Consent for Optional Future Research is seeking blanket consent for future / additional use of samples / data, for unspecified purposes, without further consent. This type of consent is not in line with best practice, the Declaration of Taipei 2016 and not in compliance with the Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018), where informed participant consent is a mandatory safeguard. The NREC-CT requested that future research is restricted to ‘specified health research, either in relation to a

particular area or more generally in that area or a related area of health research, or part thereof' and this is clearly stated in the main body and consent declaration sections of the PISCF.
    - The NREC-CT requested that the Consent for Optional Future Research PISCF is provided as a separate document to both PISCFs and Assent Forms.
    - The Committee also requested that any future use of samples is reviewed by an ethics committee and requested that this is captured in the Consent for Optional Future Research PISCF.
- The NREC-CT requested that an Assent Form for Optional Future Research PISCF is also provided for review.
- The NREC-CT noted that pg. 29 of the Consent for Optional Future Research section of the PISCF states that participants may undergo whole genome sequencing and requested the following:
    - Genomic sequencing is confined to genes involved in the disease being treated and /or genes involved in the metabolism of the medicines being used in the trial and this elucidated in the PISCF.
    - Explicit consent, including outlining the risks entailed in such analysis being performed, is added to the PISCF.
    - The possible ownership of such data by private or commercial interests and that this elucidated in the PISCF.
    - The right to withdraw genetic data, and clear information on how to do so, must also be provided in the PISCF.
    - Clarification is provided in the PISCF on the mechanism for anonymisation, storage and security and transfer of genetic material and its associated data. For guidance, please see HSE National Policy for Consent in Health and Social Care Research (V1.1, 2023) https://hseresearch.ie/wp-content/uploads/2023/02/HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-compressed.pdf
    - Removal of the reference to consent for genetic research in the informed consent section of the Main PISCF.
- The NREC-CT noted that the Main PISCF and Assent Form have used a bundled approach to consent in the Informed Consent Section of the PISCF / Assent Form and requested that a layered approach to consent is used (in that each consent item is listed and a box for participants to provide their initials is included alongside each consent item) in line with HSE policy Please see HSE National Policy for Consent in Health and Social Care Research (V1.1, 2023). Dublin: Health Service Executive https://hseresearch.ie/wp-content/uploads/2023/02/HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-compressed.pdf.
- The NREC-CT noted that pg. 17 of the Main PISCF states that participants 'will' be reimbursed for reasonable travel expenses, whereas pg. 7 of the K2 recruitment material- parent/ guardian guide states that participants 'may' be reimbursed for travel expenses and requested that both documents are aligned to state that participants 'will' be reimbursed for expenses.
- The NREC-CT also requested that participants and /or parents / guardians are also reimbursed for all reasonable out of pocket expenses (such as meals / light refreshments, overnight accommodation, if required) during site visits and this is captured in the PISCF and aligned in the K2 recruitment material- parent/ guardian guide and the P1_Compensation trial participants investigator funding and other arrangements documents.
- **Suitability of the clinical trial sites facilities**

- The NREC-CT requested that an accessible and searchable copy (original pdf) of the Site Suitability Assessment is provided for CHI Crumlin. This does not need to be signed as a signed copy has already been submitted.

- **Suitability of the investigator**
- No Considerations

- **Other considerations**
- The NREC-CT requested that all documentation provided in response to RFI is presented in an accessible and searchable format (original PDF).
- The NREC-CT noted that the Cover Letter states that 'the study population does not consist of subjects not able to give informed consent' and requested this is clarified considering this trial includes minors who can only provide assent, rather than consent.

2022-503013-32-00

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

Study title: A Window-of-Opportunity trial of giredestrant +/- triptorelin vs. anastrozole + triptorelin in premenopausal patients with ER-positive/HER2-negative early breast cancer

Dossiers Submitted: Part 2

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

Part II Considerations

- **Compliance with national requirements on data protection**
- The NREC requires submission of the NREC-CT National Statement of Data Compliance template or a study specific DPIA. Further information can be found on our website, including the National Statement of Data Compliance template www.nrecoffice.ie/submit-under-the-clinical-trial-regulation.
- The NREC-CT requested that a statement of compliance with GDPR is submitted for NREC review (this does not need to be submitted if the NREC-CT National Statement of Data Compliance form is being submitted, but does require submission if a DPIA only is being submitted).

- **Compliance with use of biological samples**
- The NREC-CT noted that the Compliance with Member State applicable rules for the collection, storage and future use of human biological samples document states that samples will be stored ‘Until they are depleted, or the patient withdraws consent’ and requested that this is amended to state the maximum length of time samples will be sorted for, in line with the PISCF.

- **Financial arrangements**
- The NREC-CT noted that a statement confirming the source of funding for the study was not submitted with the application and requested this is provided for committee review.
- The NREC- CT noted that a Compensation for Trial Participants form was not submitted and requested that this document is submitted for committee review. Please submit this document on either the EMA or NREC template. The NREC template can be found here: https://www.nrecoffice.ie/submit-under-the-clinical-trial-regulation/.

- **Proof of insurance**
- No Considerations

- **Recruitment arrangements**
- The NREC-CT requested that any recruitment material used for advertising on hospital websites, outside of what is presented in clinical trials.gov (https://clinicaltrials.gov/) or the EU Clinical Trials (https://euclinicaltrials.eu) websites, is presented for NREC review.
- The NREC-CT noted that pg.2 section 1.5 of the of the Recruitment and Informed consent procedure document states that 'The informed consent process for the trial itself will be conducted only by the investigator, co-investigator or an adequately trained delegate' and requested that is amended in line with Irish legislation. The NREC-CT requests additional information as to who from the site team(s) in Ireland will be conducting the informed consent procedure.
- **Subject information and informed consent form**
- The NREC-CT requested that the Main ICF pg. 1 is amended to include the EU trial number.
- The NREC-CT requested that participants are informed about the availability of the clinical trial results (that the summary of the results of the clinical trial and a summary presented in terms understandable to a layperson will be made available in the EU database).
- The NREC-CT requested that the Consent declaration section of the Main PISCF includes the explicit statement 'I agree to take part in this trial'.
- The NREC-CT noted that participants are provided with a separate annex to the Main PISCF which describes the possible side effects of of giredestrant, triptorelin and anastrozole and requested that the information provided in this annex is integrated into the body of the Main PISCF, and not presented as a separate document / annex.
- The NREC-CT noted that the potential hepatic side effects of giredestrant are not well explained to participants and requested that the impact that elevated liver enzymes may have on liver function, including possible liver damage, is explained to participants in the Main PISCF.
- The NREC-CT noted that pg. 6 of the PISCF states that participating in the trial may result in a delay to planned surgery by about 2 weeks and requested that the potential implications (if any) of this are clearly explained to participants in the PISCF**.**
- The NREC-CT noted that pg. 10 of the PISCF refers to historic samples no longer being available for further testing and requested that the implications of the loss of their historic biopsy sample to further testing (or lack thereof) is explained to the participant in the PISCF.
- The NREC-CT requested that the potential side effects of MRI and Ultrasound are added to pg. 12 section 6.1 of the PISCF.
- The NREC-CT requested that participants are provided with advice in the PISCF regarding prohibited medications when taking the IMP.
- The NREC-CT requested that the term 'cancer samples' is not used in the PISCF as it is imprecise and instead is replaced with 'tissue sample'.
- The NREC-CT noted that the Patient informed consent for future use of (genetic) data and cancer and blood samples PIS (part 5) is not presented in line with regulations. The NREC-CT requested the following:
    - That it is made clear to participants that taking part in future research is optional.
    - That consent for future use of samples is provided on a separate PISCF, which contains both a participant information section and a consent declaration section. Future use of samples must be sufficiently explained in the PISCF to constitute broad informed consent, as required under the

Health Research Regulations (Data Protection Act 2018 (Section 36(2) (Health Research) Regulations 2018).
    - Participants should be informed in the PISCF that future research ethics review will be sought for specific research once clearly defined.
    - Detailed information regarding future research contained in the Main PISCF should be removed and added to an Optional Future Use PISCF.
- The NREC-CT noted that pg. 10 of the main PISCF states that participants may undergo whole exome sequencing and requested the following:
    - Genomic sequencing is confined to genes involved in the disease being treated and /or genes involved in the metabolism of the medicines being used in the trial and this elucidated in the PISCF.
    - Explicit consent, including outlining the risks entailed in such analysis being performed, is added to the PISCF.
    - The possible ownership of such data by private or commercial interests and that this elucidated in the PISCF.
    - The right to withdraw genetic data, and clear information on how to do so, must also be provided in the PISCF.
    - Clarification is provided in the PISCF on the mechanism for anonymisation, storage and security and transfer of genetic material and its associated data. For guidance, please see HSE National Policy for Consent in Health and Social Care Research (V1.1, 2023) https://hseresearch.ie/wp-content/uploads/2023/02/HSE-National-Policy-for-Consent-in-Health-and-Social-Care-Research-compressed.pdf
- The NREC-CT noted that the Main PISCF document has used a bundled approach to consent in the consent declaration section of the PISCF and requested that a layered approach to consent is used (in that each consent item is listed and a box for participants to provide their initials is included alongside each consent item) in line with HSE policy Please see HSE National Policy for Consent in Health and Social Care Research (V1.1, 2023). Dublin: Health Service Executive 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 noted that participants can opt out of receiving incidental findings by informing their doctor (pg. 13 PISCF) and requested that explicit consent is sought for this in the consent declaration on pg. 17 of the PISCF.
- The NREC-CT noted that pg. 10 of the PISCF states that samples will be sent to the research laboratory and requested that specific details such as name and locations of the research laboratory are stated in the PISCF.
- The NREC-CT noted that pg. 14 of the PISCF states that data will be shared with 'specialists' and requested that it is clarified in the PISCF, so participants are fully informed as to with whom their data will be shared.
- The NREC-CT requested that the maximum data and sample storage retention periods are clearly stated on pg. 14 of the PISCF and aligned across all relevant documentation.
- The NREC-CT noted that pg. 11 of the PISCF states 'To do the research, ETOP IBCSG Partners Foundation or the research laboratory may also ask other national or international researchers for help' and requested that is clarified in the PISCF as what help will be requested from other national or international researchers, and whether this means that participant data / samples will be shared with these researchers.
- The NREC-CT noted that pg. 2 of the Withdrawal PISCF states that 'I allow the study team to provide further information regarding my health….' and requested that this statement is clarified as to what health information will be provided by the study team, should the participant agree to this.

- The NREC-CT requested that the wording on pg. 18 of the PISCF be amended to state that NREC will only have access to non-identifiable data, and not participant's personal data.
- The NREC-CT that pg. 13 states that participants will not be reimbursed and requested that in order to ensure access to clinical trials across all socioeconomic groups that all participants are reimbursed for reasonable out-of-pocket expenses, including travel and meals / light refreshments and that this is stated in the PISCF.
    - The NREC-CT also requested that process for claiming expenses is clearly stated in the PISCF.
- **Suitability of the clinical trial sites facilities**
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the Site Suitability Assessment (SSA) Form for Cork University Hospital is provided for committee review. This does not need to be signed as a signed copy was already submitted.
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the SSA for University Hospital Galway is provided for committee review. This does not need to be signed as a signed copy was already submitted.
- The NREC-CT requires the submission of the Site Suitability Assessment Form signed by a delegated authority. The study PI signature is not permitted on the SSA. Please submit the signed St James's Hospital SSA by the appropriate delegated authority.
- The NREC-CT requires the submission of the Site Suitability Assessment Form signed by a delegated authority. The study PI signature is not permitted on the SSA. Please submit the signed University Hospital Galway SSA by the appropriate delegated authority.
- **Suitability of the investigator**
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the CV for [redacted] is provided for committee review. This does not need to be signed.
- The NREC-CT noted that [redacted] professional registration expired in June 2023 and requested that an up-to-date CV stating current professional registration details is provided.
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the GCP Certificate for [redacted] is provided for committee review.
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the DOI for [redacted] is provided for committee review. This does not need to be signed.
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the CV for [redacted] is provided for committee review. This does not need to be signed.
- The NREC-CT requested that an accessible and searchable copy (original pdf) of the DOI for [redacted] is provided for committee review. This does not need to be signed.

2023-505617-24-00

Institutions: N/A

Study title: A Randomized Phase 2 Study of Ocular Toxicity Evaluation and Mitigation During Treatment with Mirvetuximab Soravtansine in Patients with Recurrent Ovarian Cancer with High Folate Receptor-Alpha Expression

Dossiers Submitted: Part 1

- **NREC-CT Decision:**

- Request for more information

- **Additional Information**

Part I Considerations

- Please provide detail as to how the type-2 error rate will be adjusted for final analyses if the study is not stopped for futility

22-NREC-CT-160_Mod-4

Study title: Efficacy and safety of cagrilintide s.c. 2.4 mg in combination with semaglutide s.c. 2.4 mg (CagriSema s.c. 2.4 mg/2.4 mg) once-weekly in participants with overweight or obesity and type 2 diabetes

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

Further Information Requested

- The NREC-CT noted that pg. 9 of the Future Research PISCF states that samples will be stored for 15 years (amended from 25 years), while the Main PISCF (pg. 16) states that information will be kept for a minimum of 25 years and requested that it is clarified in the PISCF how long data will be stored for. The NREC-CT requested rationale for the discrepancy in the retention periods between the 2 documents. Maximum data retention periods must be clearly stated in both PISCFs.
- To note, amendments to the Procotol Version 7.0, Protocol Attachment I Version 4.0 and Investigator's Brochure NN9838 Cagrilintde Edition 10 version 1.0 were submitted as non-substantial amendments for notification. For this reason, the NREC-CT has not reviewed these documents and any substantial modification approvals do not extend to these documents.

22-NREC-CT-138_Mod-5

Study title: A Phase 3 Open-Label, Randomized Study of pirtobrutinib (LOXO-305) versus Investigator's Choice of Idelalisib plus Rituximab or Bendamustine plus Rituximab in BTK Inhibitor Pretreated Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (BRUIN CLL-321)

- **NREC-CT Decision:**

- Favourable

22-NREC-CT-139_Mod-3

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 Decision:**

- Request for more information

- **Additional Information Required**

Further Information Requested

- The NREC-CT noted the addition of additional risks associated with brain bleeds on Pg. 24 of the ICF Ireland and found that the information provided to participants to be too limited. The NREC-CT requested that this risk is further elucidated to ensure that the potential magnitude of the risks are clearly communicated to participants.
- The NREC-CT noted the additional consent statement around audio recordings on Pg. 39 of the ICF Ireland. The Committee requested that additional information around the data protection procedures related to audio information is included in the PIL. A clear and specific data retention period should also be captured in the PIL.
- Although not part of the substantial amendment, the NREC-CT raised concerns over the use of questionnaires that touch on suicidal ideations. The Committee requested that further information is included in the ICF Ireland around the safeguards in place to support and protect participants who declare suicidal ideations through completion of the study questionnaires.
- Although not part of the substantial information, the NREC-CT considered that the information provided to participants related to the burden of accessing study procedures in another jurisdiction and the safeguards in place to support and protect participants was limited. The NREC-CT requested that the ICF Ireland is amended to explicitly describe any potential risks and burdens placed on the participant related to air travel or long-distance travel. They also requested that any steps in place to mitigate against these risks and burdens are also included.

22-NREC-CT-081_Mod-4

Study title: A RANDOMIZED PHASE 3 DOUBLE-BLINDED STUDY COMPARING THE EFFICACY AND SAFETY OF NIRAPARIB TO PLACEBO IN PARTICIPANTS WITH EITHER HER2-NEGATIVE BRCA-MUTATED OR TRIPLE-NEGATIVE BREAST CANCER WITH MOLECULAR DISEASE BASED ON PRESENCE OF CIRCULATING TUMOR DNA AFTER DEFINITIVE THERAPY (ZEST)

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

Further Information Requested

- The NREC-CT wished to pass on their compliments around the presentation of substantial modification in the PIL. They found the table at the start of the document very easy to follow and simplified the assessment process for them.
- The NREC-CT queried the rationale for the continuation of participants who are on the placebo arm of the trial to receive scans as part of the PACT and requested justification for this process.
- The NREC-CT requested further information as to how long participants will receive the study treatment as part of the PACT. They recommended that this information be also captured in the PIL.

2022-501254-10-00 SM 23

Study title: A Multicenter, Open-label, Phase 3 Study to Evaluate the Long-term Safety and Efficacy in Participants who are Currently on Treatment or in Follow-up in Studies That Include Pembrolizumab

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

Part II Considerations

- **Subject information and informed consent form**
- The NREC-CT noted that Pg. 4 / 5 of the ICF Main Consent document states 'You may receive pembrolizumab for a maximum of 2 years of therapy if this is your first course of pembrolizumab, or for 1 year or longer of therapy if this is your second course'. The Committee requested further rationale for the inclusion of therapy timelines, both for first and seconds courses of the IMP.

2023-504179-26-00 SM 3

Study title: COmparison of Bleeding Risk between Rivaroxaban and Apixaban for the treatment of acute venous thromboembolism-COBRRA Trial

- **NREC-CT Decision:**

- Favourable

2022-501427-24-00 SM-6

Study title: A Multi-Part, Randomized, Double-Blind, Placebo-Controlled Phase 2 Clinical Study of the Safety and Efficacy of CGT9486 in Subjects with Nonadvanced Systemic Mastocytosis

- **NREC-CT Decision:**

- Request for more information

- **Additional Information Required**

Part II Considerations

- **Subject information and informed consent form**
- The NREC-CT noted that in the study protocol 6.15.4 (Pg. 102) the use of samples for optional future research will be limited to *'…to understand NonAdvSM and/or the study medication pending subject consent (optional)'.* This is in line with broad consent under the Health Research Regulations 2018. In line with the Study Protocol and the Health Research Regulations 2018, the Committee requests that optional consent for future use (Pg. 33 of SIS and ICF Main ICF) is limited to future research related to NonAdvSM and/ or the study medication.

- AOB: