NATIONAL OFFICE FOR RESEARCH ETHICS COMMITTEES

National Research Ethics Committee

NREC-MD Meeting Minutes

12 December 2024

Attendance

Name	Role
Prof. Barry O'Sullivan	Chair, NREC-MD
Prof. Mary Sharp	Deputy Chair, NREC-MD
Prof. Declan Patton	Deputy Chair, NREC-MD
Dr Daniel Coakley	Member, NREC-MD
Dr Ruth Davis	Member, NREC-MD
Dr Owen Doody	Member, NREC-MD
Dr Frank Houghton	Member, NREC-MD
Dr James Gilroy	Member, NREC-MD
Ms Orla Lane	Member, NREC-MD
Prof. Cara Martin	Member, NREC-MD
Mr Billy McCann	Member, NREC-MD
Dr Sarah McLoughlin	Member, NREC-MD
Prof. Tom Melvin	Member, NREC-MD
Dr Paul O'Connor	Member, NREC-MD
Dr Joanne O'Dwyer	Member, NREC-MD
Mr Damien Owens	Member, NREC-MD
Dr Susan O'Connor	Expert Reviewer
Louise Houston*	Project Officer, National Office for Research Ethics Committees

Sarah McLoughlin	Programme Officer, National Office for Research Ethics Committees
Lucia Prihodova	Programme Manager, National Office for Research Ethics Committees
Ciaran Horan*	Administrative Assistant, National Office for Research Ethics Committees

*Drafted minutes

Apologies: Dr Caitriona Cahir, Dr Mirielle Crampe, Dr Gloria Kirwan, Prof. Thérèse Murphy, Dr Declan O'Callaghan, Dr Clare O'Connor, Prof. Mahendra Varma, Mr Peter Wolfe, Ms Simone Walsh

Quorum for decisions: Yes

Agenda

- Welcome (Chairperson)
- Report on Committee business
- Minutes of previous meeting
- Declarations of interest
- 24-NREC-MD-021-R1
- 24-NREC-MD-032
- 24-NREC-MD-033
- 24-NREC-MD-034
- 24-NREC-MD-035
- 23-NREC-MD-006-SM2
- 23-NREC-MD-037-SM1
- AOB

- The Chairperson welcomed the Committee, acknowledged apologies sent by applicable members and opened the meeting.
- NREC Committee Business Report: The Committee noted the report.
- Minutes of the previous meeting (21 November 2024) were approved.
- Matters arising from the previous meeting: none
- Declarations of interest: Prof Tom Melvin (24-NREC-MD-033) left the meeting for the discussion.

Applications

24-NREC-MD-021-R1

- Principal Investigator: Prof Karen Cadoo
- Study title: Diagnostic (Dx) Protocol Title: Diagnostic Protocol for Use of VENTANA FOLR1 (FOLR1-2.1) CDx Assay in Sutro Biopharma Study STRO-002-GM3
- Lead Institution: St James's Hospital
- NREC-MD decision:
  - *Favourable with conditions*
- Associated conditions:
  - The Committee noted that the main Participant Information Leaflet/ Informed Consent Form (PIL/ICF) was submitted alongside the request for further information. However, it is the pre-screening PIL/ICF that the Committee had intended the sponsor to update. With this in mind, the following items, requested in the original request for further information, should be applied to the pre-screening PIL/ICF:
  - The NREC-MD requests that the PIL/ICF clearly state that the in vitro diagnostic device is investigational.
  - The NREC-MD notes that the possibility of false positive and false negatives is highlighted in the PIL and requests that the likelihood of false negatives and false positives is also stated.
  - The risk of limited use of biopsy material for any future medical investigations to be stated in the PIL/ICF.
  - The proposed sharing of personal health information across and outside EU and with multiple stakeholders, and the risks involved, is to be clearly described in the PIL/ICF. In line with the Data Protection Act 2018 (Health Research Regulations) a separate consent item for release of data outside of EU must be included in the ICF. Note that this item was not addressed in your original response.
  - The text in prescreening PIL/ ICF related to Q19 in the first NREC-MD decision letter is updated accordingly.

24-NREC-MD-032

- Principal Investigator: Prof Niamh Nowlan
- Study title: Fetal Movement Device Clinical Investigation: Evaluation of a novel wearable fetal movement monitor over the third trimester.
- Lead institution: National Maternity Hospital Dublin
- NREC-MD decision:
  - *Request for further information*
- Further information requested:

- The NREC-MD note that a detailed description of the device is provided in the Clinical Investigation Protocol, however the Committee request a detailed summary on how this device differs from the device used in the previous study FeMo1.
- Describe the pathway of care for participants if the WHO-5 survey results indicate a deterioration in wellbeing.
- Describe if any additional procedures / resources are in place to account for participants who may have suffered a previous miscarriage and thus have heightened anxiety around movement tracking.
- Describe the memento provided to participants of their baby's movement pattern.
- The Committee note the information provided on inclusion criteria / gestational age however noted that the criteria provided only minimal information on the prospective participants and therefore request a description of how pregnant participants will be selected from those interested.
- The phrase "by joining out research study, you will be helping us make our device better" should be removed from recruitment materials or replaced as this is a hypothesis only.
- Confirm if participants can take part in this study if they took part in the previous study.
- Page 2 of the PIL/ICF states that the participant must be 'fluent in English', which differs from the Clinical Investigation Protocol (page 9) which states that "a level of English high enough for informed consent and study participation" is required. Clarify this discrepancy and update the documentation accordingly.
- The NREC-MD request that the PIL/ICF are updated to even more clearly state that the device is not a live monitor for foetal movements and if the participant has any concerns around movement they should contact their care team urgently. An appropriate contact for office hours / outside of office hours should be included in the PIL/ICF.
- Page 1 of the PIL/ICF describing the data controller and processor is confusing and should be simplified.
- The phrase "your data is a gift to UCD" is removed.
- Confirm that a research nurse/midwife or other appropriately trained personnel will provide guidance on the warnings listed in the PIL/ICF and ensure that participants adequately understand them.
- The NREC-MD note that the word 'pseudonymised' is used on page 6 of the PIL/ICF but not adequately described to participants until page 7 and request it is explained upon first mention of the word on page 6.
- Update the PIL/ICF to include information on the risks associated with battery pack failure, leakage, burn, fire etc.
- Update the PIL/ICF to state the amount given in the all4one voucher.
- The PIL/ICF includes statements which do not fully comply with applicable data protection legislation. The NREC-MD requests an update to the ICF, per the requirements of the Data Protection Act 2018 (Section 36(2) (Health Research)

Regulations 2018), such that i) consent for future use of data be 'unbundled' (i.e. separate and optional) from the other consent items, ii) consent can only be obtained where future research is defined, such that participants are fully informed, and/or iii) when the future research is currently undefined, that an option is provided to enable participants to consent to be contacted with regard to future research. The NREC-MD advises the applicant that subsequent research ethics review must be sought for specific research once clearly defined.

- Confirm that all study-related expenses will be reimbursed.
- Clarify whether the all4one voucher will also be offered to participants who withdraw from the study.
- Confirm that insurance will be updated following expiry in February 2025.
- Clarification on the budget for a research midwife.
- Describe what happens to participants data should they withdraw from the study and update the PIL/ICF accordingly.

24-NREC-MD-033

- Principal Investigator: Prof Damian Kenny (CHI)
- Study title: Abbott Structural Heart Device Registry
- Lead institution: Children's Hospital Ireland, Crumlin
- NREC-MD decision:
  - *Favourable with conditions*
- Associated conditions:
  - Participants and their parents/ guardians have minimum 24hrs to consider their participation in the study.
  - The CHI logo is added to all PILs/ICFs and consider whether it is appropriate for sponsor logo to be included.
  - All reference to costs of the procedure being covered by the participant's health insurance are deleted from the PIL/ICF.
  - The PIL/Assent Form for participants aged 12-15 years is further revised for accessibility for that age group.
  - All PIL/ICFs are reviewed for accessibility, eg expert terms are explained immediately after used. Eg when using the term "key-coded", please include the appropriate term as per GDPR in the explanation.
  - Explicit consent for data to be transferred outside the EU is sought.
  - Explicit consent of the third party to be contacted in the instance of the participant being unreachable.
  - Clarify if the use of personal data for a retrospective chart review study (that will not be disclosed to a third party unless the data is anonymised) is a separate study.

- In the PIL and 16-17 years old assent form, Page 3, the section on 'If you do not want to take part in this registry, what other options are available to you?', include a sentence explaining that failure to participate will not affect care received.
- In the adult and 16-17 year old PIL/ICFs, explain how risks to loss of confidentiality will be mitigated.
- Clarify the identities of the data controller and the data processor(s).
- Clearly outline which staff will input data into the registry study.
- All feedback from the site DPO is implemented prior to the study proceeding.
- Any future use of the data collected in the study outside the purpose of the current study will require consent from participants and approval by an ethics committee.
- The insurance policy is renewed for the duration of the study.

24-NREC-MD-034

- Principal Investigator: Prof Robert Bowe
- Study title: Development and evaluation of a patient-reported experience measure (PREM) in implant dentistry: an exploratory study
- Lead institution: Bowe Dental Clinic
- NREC-MD decision:
  - *Favourable with conditions*
- Associated conditions:
  - The NREC-MD noted that the PI manages number of different dental clinics. Confirm which sites will be included in this study and provide the site suitability forms as appropriate.
  - The NREC-MD noted that no study specific insurance was provided for the study. The Committee request that using the State Indemnity Guidance (SIG) 10-03: Indemnity and Insurance Arrangements for Clinical Trials Health Research Between Delegated State Authority Healthcare Enterprises and Academic Institutions the applicant carries out an assessment whether study specific policy, eg data protection policy is required. If deemed relevant this insurance must be in place prior to study start. A copy of this insurance should be provided to the National Office for Research Ethics Committees for record. If not the PI must provide a justification for this approach.
  - As per the application documentation, the National Principal Investigator to complete Good Clinical Practice training prior to the study.

24-NREC-MD-035

- Principal Investigator: Prof. Faisal Sharif (University Hospital Galway)
- Study title: A Pivotal, Prospective, Multicenter, 2:1 Randomized, Double Blind, Controlled, Study Comparing the THerapeutic IntravasculaR Ultrasound (TIVUS™)

REnal Denervation System vs. Sham for the Adjunctive Treatment of Hypertension (The THRIVE Study)

- Lead institution: University Hospital Galway
- NREC-MD decision:
  - *Unfavourable*
- NREC-MD Comments:
  - The Committee carefully reviewed the additional information provided in this application pack and extensively discussed the importance of evidence produced by methodologically robust trials, such as randomised controlled trials involving shams and the benefits of such trials to the wider society, vs the risks asked of participants in such trials.
  - The NREC-MD noted that the site and PI are extensively experienced in performing renal denervation (RDN) procedures and have been involved in a number of previous sham-controlled studies with other devices.
  - However, in the opinion of the Committee, the additional information provided in this submission did not mitigate the ethical challenge of the current proposal.
  - The NREC-MD noted that the sham arm of this study was included at the request of the FDA based on lack of access to CE-marked RDN devices on the US market to form a comparator arm. The NREC-MD opinion is that this is not sufficient justification to include the current sham arm in this study in Ireland.
  - The NREC-MD recognise the practical difficulties in the conduct of an active control arm study however noted that it does not mitigate the ethical considerations and concerns involved in the current study.
  - The NREC-MD noted all consenting participants will undergo renal arteriography as a part of eligibility screening to ensure their renal anatomy is suitable for RDN. Consequently, those who are excluded or randomised to a sham procedure will be exposed to the risks related to the invasive procedure with no recognised therapeutic benefits.
  - The Committee noted that participants in the sham arm will be offered crossover after 6 months, however, was not assured that this alone provides sufficient benefit that outweighs the risks.
  - The NREC-MD further noted that changes to the protocol could reduce risk for participants in the sham arm, for example:
    - Further reducing the invasiveness of the sham procedure.
    - Active comparator arm using CE marked RDN device.
    - Using historical data from sham controls in previous studies.
    - In relation to stopping anti-hypertensive medication, increased monitoring of blood pressure could reduce the risks associated with high blood pressure.
  - Additionally, the Committee noted a number of points that would require further clarification, should a revised study by resubmitted to the NREC-MD:

- The wording used in the social media campaign/ screening website “receiving innovative treatment to lower blood pressure” would need to be revised as the device is currently investigational and the statement is misleading.
- The DPIA does not appear to cover the online screening activity and would need to be addressed to ensure compliance with GDPR.
- In the Participant information leaflet, when outlining approach to incidental findings (page 19), it notes that the patient / insurer will bear the costs. This should be amended for patients who are ‘public’ as they should not have to bear any costs for necessary investigations.
- Confirmation that the insurance policy will cover the entire duration of the study.
- We ask that you notify the Sponsor of the outcome of the review.

- AOB: None

- The Chairperson thanked the Committee for their commitment and work in 2024, wished all happy Christmas and closed the meeting.