

26 July 2011

AlfredHealth

Mrs Cathy Clutton
Executive Director
Research Quality Branch
NHMRC
GPO Box 1421
CANBERRA ACT 2601

55 Commercial Road
PO Box 315 Prahran
Victoria 3181 Australia
Telephone 03 9076 2000
www.alfred.org.au

Dear Mrs Clutton

Re: Certification of institutional processes relating to the ethical review of multi-centre human research

Thank you for your letter of 21 June 2011 and attached assessment report, detailing the requirements to be addressed prior to Alfred Health being considered for certification as part of the HoMER scheme for multi-centre ethical review.

We attach our response to the report's recommendations for your consideration.

We look forward to hearing from you regarding the progress of Alfred Health's nomination for certification.

Yours sincerely

s 47F


Chair, Alfred Hospital Ethics Committee

s 47F


Director, Research Strategy
Alfred Health

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HoMER: Items to address – Alfred Health response

Assessment Criterion 6: Making and communicating decisions [5.2.22]				
Evidence and findings	Source	Time for implementation	Suggestions and comments	Alfred response
Decisions are generally reached by consensus however there have been occasions where a vote on the tabled research proposal was required. Formal documentation that supports this process was not evident (<i>National Statement 5.1.37(k)</i>). There was no evidence that communication with researchers explicitly links the reasons for the decision/s to the <i>National Statement</i>. <i>Non-conformance.</i>	Documentation provided in support of nomination and examined during the on-site visit. Interview with institutional staff and HREC Chair.	To be determined by institution- prior to consideration for certification	It is recommended that the institution consider documenting processes that reflect methods of decision making by the HREC.	The new Terms of Reference will clearly state that decisions are generally reached by consensus, with a vote being tabled in the rare event that consensus was not achieved (<i>see Attachment 1: Text regarding decision making</i>). It is planned that the updated Terms of Reference be refined and approved, as suggested in the Assessment Report, in the period before certification renewal.
			Correspondence templates should be revised to incorporate references to the <i>National Statement</i>.	5.2.22a) Where a project is approved, the Approval Certificate now states that the project "was considered by the Ethics Committee on «date», meets the requirements of the National Statement on Ethical Conduct in Human Research and was APPROVED on «date» (<i>see Attachment 2: Approval Certificate</i>)
			The recent practice of referring to relevant paragraphs of the <i>National Statement</i> in correspondence with researchers should be reinforced and maintained.	5.2.22b) Where amendments are requested, the current practice is to provide reasons in writing in most cases, and occasionally face-to-face or over the phone. Many of the suggested changes are administrative and references to the National Statement are not directly relevant. References to the National Statement are sometimes made where explanation is required, though Section 5.2.22 does not require this. (<i>see Attachment 3: Sample Letters to Researchers</i>) 5.2.22c) Proposals are rarely rejected. In recent times around 1-2 projects per year have been rejected. When this occurs, correspondence will contain specific reasons for rejection, clearly linked to relevant sections of the <i>National Statement</i> (<i>see Attachment 4: SOP Rejection of Proposals</i>)

Assessment Criterion 7: Documents and records [5.2.23 – 5.2.27]

Evidence and findings	Source	Time for implementation	Suggestions and comments	Alfred response
Members are provided with all documentation to be considered in research proposals prior to the meeting, including recommendations from consulted subcommittees and experts. Records of proposals are currently kept in electronic and paper based copies, with a gradual transition being made to a paperless process. HREC meeting minutes document how decisions were made however decisions do not link back relevant parts of the National Statement (NS 5.2.26). <i>Non-conformance.</i>	Documentation provided in support of nomination and examined during the on-site visit. Interview with institutional staff and HREC Chair.	To be determined by institution- prior to consideration for certification	It is recommended that HREC meeting minutes refer back to the relevant parts of the <i>National Statement</i> when documenting the decision making process.	Minutes now include reference to the <i>National Statement</i>. (see Attachment 5: HREC Meeting Minutes from June 2011)

Assessment Criterion 25. Institutional governance for ethical review process including appointment of HREC members

Members of the HREC have been appointed in accordance with institutional protocols and provided with statements of role and responsibilities.

Institution has policies and procedures in place that describe its governance arrangements for multi-centre ethical review process.

Institution has policy in place that describes approach to monitoring the ethical conduct of multi-centre research conducted on site.

Evidence and findings	Source	Time for implementation	Suggestions and comments	Alfred response
Upon review of the tabled documentation a number of the documents appeared disjointed and did not have a consistent flow to them. Approval processes, authorities and delegations were unclear. The HREC currently issues certificates of ethical approval for research proposals that are approved by the committee however this could be confused with an institution giving authorisation for a research proposal to commence at individual sites. <i>Non-conformance.</i>	Documentation provided in support of nomination and examined during the on-site visit. Interview with institutional staff and HREC Chair.	To be determined by institution- prior to consideration for certification	It is recommended that the institution consider formalising delegation authorities for the day to day functions of the HREC.	Evidence of formal delegation authorities attached (see Attachment 6: Delegation Authority)
			It is also recommended that the institution consider reviewing the certificates of ethical approval to minimise confusion between ethical review approval and site approval.	The Ethics Committee proposes to use letters detailing site approval, modelled on the ones currently in use at Alfred Health for projects reviewed under the Victorian Streamlined Ethical Review Process (see Attachment 7: Site Authorisation Letters)

List of attachments

Attachment 1: Text regarding decision making

Attachment 2: Approval Certificate

Attachment 3: Sample Letters to Researchers

Attachment 4: SOP Rejection of Proposals

Attachment 5: HREC Meeting Minutes from June 2011

Attachment 6: Delegation Authority

Attachment 7: Site Authorisation Letters

Text regarding decision making, included in draft Terms of Reference

[Adapted From Human Research Ethics in Victoria: Professional Development Second Report, Houston Thomson]

HREC decisions are informed by an exchange of views from those members who comprise the minimum membership, whether in full attendance or through the receipt and consideration of comments from some of those members who cannot be present. (NS 5.2.29-30).

Achieving such decisions requires that the Chair:

- actively engages all members;
- elicits their views; and
- communicates their responses to other members.

The HREC endeavours to reach decisions by general agreement or consensus, which need not involve unanimity (NS 5.1.31). Accordingly, the Chair will need to facilitate the expression of opinion from all members, identify points of agreement and of disagreement and judge when a sufficient degree of general agreement has been reached. On occasion, the Chair may decide to call for a vote in order to reach a decision.



ETHICS COMMITTEE CERTIFICATE OF APPROVAL

This is to certify that

Project No: «Project_number»

Project Title: «Project_name»

Principal Researcher: «Title» «Given_name» «Surname»

Protocol No: «Protocol_number» **dated:** «Protocol_date»

Participant Information and Consent Form version «Information_sheet» **dated:**

was considered by the Ethics Committee on «aDate2», meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* and was **APPROVED** on «aDate3»

It is the Principal Researcher's responsibility to ensure that all researchers associated with this project are aware of the conditions of approval and which documents have been approved.

The Principal Researcher is required to notify the Secretary of the Ethics Committee, via amendment or progress report, of

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any);
- Serious adverse effects on participants and the action taken to address those effects;
- Any other unforeseen events or unexpected developments that merit notification;
- The inability of the Principal Researcher to continue in that role, or any other change in research personnel involved in the project;
- Any expiry of the insurance coverage provided with respect to sponsored clinical trials and proof of re-insurance;
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.

Additionally, the Principal Researcher is required to submit

- A Progress Report on the anniversary of approval and on completion of the project (*forms to be provided*);

The Ethics Committee may conduct an audit at any time.

All research subject to the Alfred Hospital Ethics Committee review must be conducted in accordance with the *National Statement on Ethical Conduct in Human Research (2007)*.

The Alfred Hospital Ethics Committee is a properly constituted Human Research Ethics Committee in accordance with the *National Statement on Ethical Conduct in Human Research (2007)*.

The project can commence only once you have received written confirmation that the conditions listed below have all been met.

SPECIAL CONDITIONS

SIGNED: _____
Chair, Ethics Committee (or delegate)

Please quote Project No and Title in all correspondence

Sample Letters to Researchers

10 February 2011

s 47F
Burnet Institute
GPO Box 2284
MELBOURNE 3001

Sent 10-2-11

Dear s 47F

RE: Project No 32/11 XMRV in Australian Prostate Cancer

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 24 February 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

1. Could you clarify whether extra blood will be taken from the APPC BioResource donors specifically for this project, or whether the blood will simply be sourced from the tissue bank?
2. The project proposes to access 150 medical records and tissue samples from TissuPath without the knowledge of patients. The tissue was initially collected for a clinical purpose. The reasons provided is that it is not practical to contact each individual, and not obtaining consent will not impact on the study (1.27(h)). No identifying information will be reported.

Consideration has been given to the relevant matters in Chapter 2.3 of the National Statement, including paragraph 2.3.6, and The Alfred's Guideline for Good Practice. The reviewers' preliminary view is that the reasons provided are not sufficient to permit the HREC to grant a waiver from the usual requirement that consent from a participant in the research be requested.

In particular, there is limited evidence that it would be impracticable to obtain consent. 150 patients does not seem a large number of patients to contact. There may be other issues of practicality – such as that the specimens and records are quite old. Another reason may be that, given the nature of the condition the patients have suffered, there is a likelihood that a number of the patients have passed away, and seeking consent may cause distress. However, without further and more substantial justification, the reviewers would not support the giving of a waiver.

3. The application appears only to relate to the aspects of research involving TissuPath and the BioResource, and not the Red Cross. If this is not the case this should be clarified. In respect of the Red Cross application, it is noted that you do not plan to contact donors if the results of the research suggest a connection between XRMV and prostate cancer. Consistent with 3.4.6 of the National Statement, it is recommended that if information is produced relevant to a donor's health, an appropriate follow-up procedure should be prepared.
4. The Alfred Form 6 does not include information about the Monash and Alfred staff who are involved in the project – all researchers appear to have a connection. These and any other resources should be included in the form.

Please submit your responses to the points above by no later than **1pm on Wednesday, 16 February 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (ie. using 'track changes').
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.
- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel: **s 47F** or via email.

Yours sincerely

s 47F
s 47F, Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

10 February 2011

s 47F
Rehabilitation Unit
Caulfield Hospital
260 Kooyong Road
CAULFIELD 3162

Sent 10-2-11

s 47F

RE: Project No 33/11 International retrospective comparison of non-traumatic spinal cord injury rehabilitation outcomes

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 24 February 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

1. The project proposes to access medical records without the consent of the patients concerned. Reasons given for this are that the patient may have moved and the information is routine (1.27(g)). No identifying information will be reported.

Consideration has been given to the relevant matters in Chapter 2.3 of the National Statement, including paragraph 2.3.6, and The Alfred's Guideline for Good Practice. The preliminary view is that the reasons provided are not sufficient to permit the HREC to grant a waiver from the usual requirement that consent from a participant in the research be requested.

In particular, there is limited evidence that it would be impracticable to obtain consent, especially as the patients are all fairly recent, and given the severity of their medical condition many may have remained in contact with the hospital. In addition, it does not appear, on the basis of the information provided, that seeking to obtain consent would be likely to cause any distress.

Please note that if you decide not to pursue a 'consent waiver', the Committee will need to see and approve any recruitment materials, such as advertisements and flyers, letters, and a Participant Information and Consent Form.

2. The project seems to be both fairly long-term (2 years – from Mar 11 to Mar 13) and substantial – with 120 participants at Caulfield and 1000 across the project. The only dedicated funding (\$1000) is for the retrieval of medical records. The application notes at several places that no funds are currently available to assist with the project.
 - The time of the research assistant (s 47F) is not included, although a note to the application states the assistant is available for no direct cost. s 47F current role is at the Epworth Hospital and it is unclear if this is associated with s 47F unit. It is also unclear where the support of any other person who works with or supervises Ms Fedele is required for the commitment of her time to this project.
 - The time of the principal researcher (s 47F) is also not included. The Alfred specific Part 6 states that the s 47F will perform his role in non-sessional time. The project is also supported by the Head of Rehabilitation Services at Caulfield.

The Committee would be assisted by greater clarity on the overall arrangements for funding. If both s 47F and s 47F are working on the project for no remuneration and in their own time, perhaps that could be specifically stated. If not, the particular arrangements (including any costs to The Alfred or any other organisation) should be

clear. This will allow the HREC to be satisfied of the full commitment of the Department(s) and staff to the project when considering approval.

Please submit your responses to the points above by no later than **1pm on Wednesday, 16 February 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (ie. using 'track changes').
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.
- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel: **s 47F** or via email.

Yours sincerely

s 47F
s 47F, Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

1 March 2011

s 47F

Burnet Institute
GPO Box 2284
MELBOURNE 3001

Sent 1-3-11

Dear s 47F

Re: Project No 30/11 Review of clinical and health promotion services for sex workers in Western Australia, 2011

Your project was discussed at the recent Ethics Committee meeting and the points below need to be addressed to the Committee's satisfaction before your project can be approved. Please do not begin your project until you receive the Certificate of Approval.

1. The Committee still has some concerns relating to the possible inadvertent inclusion of 'minors'. Western Australia has legislation relating to child sex workers. If you became aware that a sex worker was under age, you may have a legal obligation to report this. It is recommended that you seek legal advice on your obligations. If there is a legal requirement to report, you will need to explain to the Committee how you will manage a situation where you become aware that a sex worker is a minor.
2. There are a number of corrections needed to both PICFs:
 - a) Please include s 47F phone number in contact details box s 47F)
 - b) The reference to the National Statement needs to be updated (it is now *National Statement on Ethical Conduct in Human Research* 2007)
 - c) The last 2 sentences* don't make sense in context of this project, where no identifying details will be collected, and should be removed.
["In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to access the information collected and stored by the researchers about you. Please contact one of the researchers named at the end of this document if you would like to access your information."]
 - d) The participant's right to withdraw should be mentioned in the 'Interview' PICF (you say in the NEAF at Section 6, Item 19, that this is included in the PICF; it is also required by the *National Statement 2.2.6*).
3. It is noted that an interpreter/cultural advisor may also be employed in the future. If so, this person should be added to the research team at that time via the 'change to research personnel' process.

Submission instructions:

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (ie. using 'track changes').
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.

Attachment 3

- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

A response to the above queries must be received by the Ethics Office within 3 months from the date of this letter. Responses not received within this time frame may result in the project being withdrawn from the HREC agenda and any further consideration, or the submission of a full new HREC application.

Thank you for submitting your research proposal to the Ethics Committee.

Should you have any queries, you may contact me on tel: **s 47F** or via email.

Yours sincerely

s 47F

for

The Alfred Hospital Ethics Committee

15 April 2011

s 47F

Alfred Psychiatry Research Centre
Alfred Hospital
Commercial Road
MELBOURNE 3004

Dear s 47F

RE: Project No 122/11 Gender differences in the experience of the environment of an acute psychiatric unit

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 28th April 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

3. The name of this project is a little confusing. The recruitment of participants does not appear to target equal numbers of male and female patients; this is not mentioned. Nor is the exploration of gender difference really developed in the proposal, or mentioned in the PICF. Instead, the focus appears to be on consumer experience generally. If a focus is to be on gender difference, this perhaps should be more specifically built into the research design. Alternatively, the project might be renamed.
4. While participants are not offered any payment of participation, they are eligible to go into a 'lucky dip' for a \$50 gift voucher. It is difficult to see this as anything other than an inducement to consent to participation. It would be preferable if either all participants be appropriately reimbursed for their time, or that the offer of a 'lucky dip' prize is reconsidered.
5. Paragraph 4.5.6 of the National Statement suggests that consent by a person with a mental illness to participate in research should be witnessed by a person who understands the research, is independent of the research team, and where possible knows the patient. The PICF does not include this safeguard; it is unclear if this issue has been considered by the researchers. Please comment.
6. Has the project been approved by the Head of Psychiatry; the second part of Module 1.39 does not appear to be completed?
7. We have been provided with a copy of what seems to be the flyer advising of the research project. It does not provide any contact details. In addition, a letter is mentioned as another participant recruitment method. It is not clear if this is the same as the flyer. Perhaps these recruitment approaches could be clarified.
8. Can you also please provide a brief CV for s 47F as the one we have on file is from 2007?

We are still waiting for some reviewers to complete their reviews over the weekend. We will forward any further requests for changes as soon as we receive them.

Please submit your responses to the points above by no later than **1pm on Wednesday, 20th April 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (using 'track changes' where possible). For changes to the NEAF, copy and paste the relevant section into a Word document and use 'track changes'.
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.
- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel **s 47F** or via email.

Yours sincerely

s 47F r
s 47F Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

13 May 2011

s 47F

Gastroenterology Department
Alfred Hospital
Commercial Road
MELBOURNE 3004

Dear s 47F

RE: Project No 153/11 A cross sectional study to determine the relationship between disease severity and patient quality of life, and to determine health care resource use in ulcerative colitis (SOLUTION UC).

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 26th May 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

Protocol:

1. The title uses the word 'cross sectional' as a way of describing the study. However for it to be truly cross-sectional you would be recruiting a representative sample of the UC population. Rather, you plan to recruit specific numbers of participants according to disease severity (remission, mild and moderate/severe disease) to satisfy power for statistical comparisons. Using a non representative sample may affect cost of health care estimates at the population level. Please clarify.
2. Page 5: You state that 'As the study requires patients with a spread of disease severity (remission, mild and moderate/severe disease), and a mix of both public and private patients, recruitment will be monitored and may be ceased when appropriate limits of a sub-group of patients are reached. For example, if recruitment to either of the categories of mild or moderate / severe reaches 60 patients, recruitment to those categories may be ceased. Similarly, if recruitment to the remission category reaches 100 patients, recruitment to that category may be ceased.' Please clarify the process of how the study co-ordinators at each site will be notified of adjustments to recruitment numbers for each category of disease severity.

NEAF

3. Participant description, Q4 Groups: From the protocol you are excluding patients who have had colectomy. Why is this?

Victorian Specific Module:

4. Section 3.1 e) parts 3-6 need to be fully completed.

Alfred Specific Form:

5. Section 3.3a): The National Statement on Ethical Conduct in Human Research 2007, Chapter 4.3, Section 4.3.9 states that where the researcher has a pre-existing relationship with potential participants, it may be appropriate for their consent to be sought by an independent person. Please consider an alternative to the planned recruitment / consent process as described in Section 3.3a).

CVs:

6. Please include a current CV for s 47F as requested.

PICF:

7. Please list all researchers involved on the front page: only s 47F (PI) and s (AI) are listed. How do s 47F fit in to the study? They are mentioned in the NEAF and Alfred Specific Form but not in PICF. Please clarify.
8. Section 7: 'If you decide to leave the project, the researchers would like to keep the personal and health information about you that has been collected. This is to help them

make sure that the results of the research can be measured properly.' Please state that the person can withdraw completely from the study including withdrawing data.

9. Section 12: The PICF suggests that the participants can call s 47F by telephone if they have any issues. Please state the association of this person with the study (see point 6 above).
10. Section 3: Please change: 'During the visit you will be asked to complete a questionnaire' to 'During the visit you will be asked to complete a series of questionnaires'.
11. Section 3: Please change: 'At some clinics you will be asked to complete the questionnaires directly onto a computer, however at all clinics you will have the option to use a paper questionnaires if you prefer' to 'At some clinics you will be asked to complete the questionnaires directly onto a computer, however at all clinics you will have the option to use paper questionnaires if you prefer'.
12. There is concern regarding the contract over release and publication of findings, considering this is a commercially sponsored study the Committee understands that they have a right to protect their intellectual property however this study does not seem to involve the protection of results due to a drug's efficacy. As this is more of a cost benefit analysis that could provide a wealth of knowledge to academics and/or the group of people affected by the condition it would seem that without reimbursement to the participant for the gathering of their data then one is obligated to the participant and the ulcerative community to ensure results will be published regardless of their outcome and/or participants should be reimbursed for the expertise on their condition that they have provided. This should be documented clearly in the PICF.
13. Participants are not being offered a plain language statement of results. Why is this? At the very least the participants should receive this. Overall the PICF doesn't explain the true nature of the study clear enough. It should be highlighted simply that this is a commercial group that will be collecting data in order to analyse the cost benefit of people with ulcerative colitis and to use this data for future drug application to the PBAC. From the PICF this information is not clear to the person reading it and may impact the participants' willingness to participate or not.

Please submit your responses to the points above by no later than **1pm on Wednesday, 18th May 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (using 'track changes' where possible). For changes to the NEAF, copy and paste the relevant section into a Word document and use 'track changes'.
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- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel: s 47F or via email.

Yours sincerely

s 47F
s 47F, Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

27 May 2011

s 47F

Gastroenterology Department
Alfred Hospital
Commercial Road
MELBOURNE 3004

Dear s 47F

Re: Project No 153/11 A cross sectional study to determine the relationship between disease severity and patient quality of life, and to determine health care resource use in ulcerative colitis (SOLUTION UC).

Your project was discussed at the recent Ethics Committee meeting and the point below needs to be addressed to the Committee's satisfaction before your project can be approved. Please do not begin your project until you receive the Certificate of Approval.

- Alfred Specific Form 3.3: The Committee recommends that someone other than the treating physician obtain consent from participants, so that participants are not recruited in situations where they are in some way dependent upon the person doing the recruiting [National Statement 2.2.9].

Submission instructions:

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (ie. using 'track changes').
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- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

A response to the above queries **MUST** be received by the Ethics Office within 3 months from the date of this letter. Failure to respond within this time frame will result in the project being withdrawn from the HREC agenda and any further consideration. If you require the project to be reviewed after this time, a full new HREC application will need to be submitted.

Thank you for submitting your research proposal to the Ethics Committee.

Should you have any queries, you may contact me on tel: s 47F or via email.

Yours sincerely

s 47F

s 47F

for

The Alfred Hospital Ethics Committee

10 June 2011

s 47F

Occupational Therapy
Alfred Hospital
Commercial Road
MELBOURNE 3004

Dear s 47F

RE: Project No 206/11 Can splinting and early mobilization in the dart-throwers plane of motion improve functional outcomes and reduce postoperative complications in people after scapho-lunate ligament repairs? (Pilot Study)

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 26th May 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

Module 1:

1. Would it be relevant to consider dominance of hand? It could be possible that those with an injured dominant hand would score worse on the questionnaire than those with injured non-dominant hand. Given the small number of participants in the study you may like to consider restricting recruitment to dominants or non-dominants or ensure an even split in the study?
2. Section 1.6 (p3): It seems that the research is not a drug or device trial, however you indicate you will receive training from the creator of the dynamic splint (Lyn Miles, HAND INJURY CLINICS of Qld Pty Ltd). Is the splint a registered device? If it is the application (Module 1) may need to change accordingly and Module 2 would also require completion. Please clarify.
3. The main responsibility for the project lies with the PI as they are usually the most senior / experienced. However in this case the PI appears to be the more junior of the researchers. Please clarify.
4. There seems to be no evidence of endorsement from orthopaedic surgeons for this study despite recruitment for the study being highly dependent on them. This would strengthen the application. Please clarify any arrangements / agreements in this regard.
5. Section 1.19c): The National Statement on Ethical Conduct in Human Research 2007, Chapter 4.3, Section 4.3.9: Where the researcher has a pre-existing relationship with potential participants, it may be appropriate for their consent to be sought by an independent person. Please clarify whether researchers will be treating the participants as well as consenting them. If so please consider an alternative to the planned recruitment / consent process as described in Section 1.19a).
6. Section 1.19c) (ii): 'No pressure' is not a satisfactory answer to this question. It would be preferable to replace this with a couple of sentences related to above comments.
7. Section 1.20 c): Please clarify who will be consenting participants. Only qualified personnel associated with the study can do this.
8. Please ensure that all the points in Section 1.24 e) marked as 'yes' are included in the PICF. For example the PICF does not disclose all the information to be collected and does not satisfactorily disclose the steps taken to ensure confidentiality and secure storage of data.
9. Section 1.30e): Please clarify / ensure that study information will only be accessed by research staff, rather than hand therapy staff.
10. Please clarify if the questionnaire to be used in the study has been previously validated. If not please justify use.

Module 6:

11. For completeness Sections 4.1 and 4.2 should be marked as yes or no.
12. Please submit a declaration from Health Information Services if you will access the medical history after patient discharged.

Participant Information and Consent Form:

13. Section 1, line 1: "You will be given a copy of this Participant Information and Consent Form to keep." Please remove this as it is mentioned below (last line Section 1.)
14. Section 1: Please rephrase "Your contact details were obtained from the orthopaedic surgery list at this hospital, specifically for pain caused by problems with a ligament joining two or more small bones in your wrist." as it is unclear.
15. Section 2: Please clarify what this surgery is. "Previous experience has shown that recovery from this surgery can be a slow process..."
16. Section 2: Please clarify what this surgery is and rephrase sentence so you are more specific with the hypothesis (e.g. by comparing the effects of 2 types of splinting on recovery time...). "You are invited to participate in this research project because this type of surgery is done regularly at The Alfred, and we have an opportunity to add to the scientific knowledge about ways of improving recovery time."
17. Section 3: Please disclose what personal and health information will be obtained from the participants and when.
18. Section 4: You could consider removing this section as it implies sub-optimal care at present with the standard splint. Perhaps replace this paragraph with something that includes: 'There may be no clear benefit to you from your participation in this research. This is a pilot research project that may help us improve the type of splinting we use after surgery such as yours in the future.'
19. Section 5: Please disclose all potential risks to the participants so they are consistent with Section 1.22a) of Module 1.
20. Section 5: "We don't anticipate any risks, as you will be wearing a custom-made splint that allows either no movement or what is considered a safe, guided movement." Who considers it safe? Please clarify for the participant?
21. Section 5: Please rephrase "You may find your splint uncomfortable at first, but the hand therapist who will make sure you are as comfortable as possible."
22. Section 5: "Any counselling or support will be provided by staff who are not members of the research team." This comment is not necessary.
23. Section 6: "Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at a later stage." Please rephrase 'a later stage' to 'any time' and state that the person can withdraw completely from the study including withdrawing data.
24. Section 6: "Your decision whether to take part or not, or to take part and then withdraw, will not affect your relationship with the researchers or The Alfred Hospital." Please rephrase to ensure the patient knows it will not affect their care also.
25. Section 7: "A summary of our results will be sent out to all participants in a newsletter." Please clarify for participant whether this will be identified or de-identified information.
26. Section 8: "Your research information will be recorded on a data-sheet which will be stored in a locked cabinet for the duration of the research. A member of the research team will enter results into a password protected computer program. Records will be held for 7 years, and you can see your records at any time during the trial." Please rephrase to something like... 'data from the paper data sheets will be entered into a spreadsheet on a password protected computer for analysis.' Where will the computer be located and who will have access to it? Please ensure and state that patient identifiers will be removed from the records and replaced with a unique study identifier. Please clarify what will happen to the data after this?
27. Section 9: You direct participants to 'Please contact one of the researchers named at the end of this document if you would like to access your information' yet there are no researchers listed at the end of this document. Please rectify.
28. Section 12: Please supply the name, role and phone number of the principal researcher.

Please submit your responses to the points above by no later than **1pm on Wednesday, 15th June 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (using 'track changes' where possible). For changes to the NEAF, copy and paste the relevant section into a Word document and use 'track changes'.
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.
- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel: **s 47F** or via email.

Yours sincerely

s 47F
s 47F, Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

10 June 2011

s 47F

Department of Dermatology
Alfred Hospital
Commercial Road
MELBOURNE 3004

Dear s 47F

RE: Project No 211/11 Australian Psoriasis Registry Study (Alfred Hospital)

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 26th May 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

General queries

- A doctor/patient relationship has been identified. The National Statement on Ethical Conduct in Human Research 2007, Chapter 4.3, Section 4.3.9 states that where the researcher has a pre-existing relationship with potential participants, it may be appropriate for their consent to be sought by an independent person. There are a number of researchers participating in this study and it is unclear why this aspect can not be avoided. Please advise why a nurse/researcher can not be used who does not have a doctor/patient relationship with potential participants?
- No funding requirement has been clearly identified in the application, which presumably means 'in-kind' time will be allocated. This is an important study and it is unclear why funding has not been sought. A database takes time (money) to maintain. Please confirm that the 'in-kind' time has been agreed and lack of funding will not cause problems in the future.
- The information at the Alfred site will be collected in identifiable form in order that it can be regularly upgraded. It will then be de-identified to be transferred to the central database in SA. Please confirm that this understanding of data collection etc. is correct. Also, please advise if before transferring the de-identified information to SA it will be given a specific code so the de-identified information can be upgraded. What security is provided for the document connecting the code to the participant?

PICF:

- Clause 3, last line. "---- only for the purpose of the study." This may be misleading as the purpose is to use the de-identified information for future research into psoriasis, which can be argued is different from this study.
- Clause 7, 2nd line, last word. To what does the "combined" refer?

Please submit your responses to the points above by no later than **1pm on Wednesday, 15th June 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.

- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (using 'track changes' where possible). For changes to the NEAF, copy and paste the relevant section into a Word document and use 'track changes'.
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.
- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel: **s 47F** or via email.

Yours sincerely

s 47F
s 47F, Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

10 June 2011

s 47F

Baker IDI Heart and Diabetes Institute
75 Commercial Road
MELBOURNE 3004

Dear s 47F

RE: Project No 225/11 Comparison of pro-oxidant properties of blood during shock states

Following consideration of your ethics project application, I wish to advise that your proposal will be referred to the main Committee for final consideration on 26th May 2011.

Consideration at the meeting will be subject to the following amendments being made to your application.

Module 1

1. Please complete questions 1.28 and 1.29.
2. Section 1.14 b) (p.13 Number of patients): The study is short on stats especially around power requirements and doesn't explain the detail required for the sample sizes. Are you sure you will have enough participants to show differences between the groups. Please clarify.
3. Section 1.19 c) (i) and (ii): The National Statement on Ethical Conduct in Human Research 2007, Chapter 4.4.12 states: 'Where the researcher is also the treating health professional, it should be considered whether an independent person should make the initial approach and/or seek consent from potential participants or from others on their behalf. Please consider an alternative to the planned recruitment / consent for ICU participants to reduce the risk that the treating physician obtains consent.
4. Section 1.19 d) (i) and (ii): 20 healthy controls will also be recruited from Baker IDI Heart and Diabetes Research Institute. Colleagues will not be directly asked to participate in the project. Recruitment will be via the Baker IDI noticeboards and intranet. Who will take the blood samples and will these be venous or arterial? Additionally, the National Statement on Ethical Conduct in Human Research 2007, Chapter 4.3, Section 4.3.9 states: 'Where the researcher has a pre-existing relationship with potential participants, it may be appropriate for their consent to be sought by an independent person. Please consider an alternative to the planned recruitment / consent process as described for these participants.
5. Please confirm that you will only include those who can consent for themselves or whose Person Responsible has consented for them (either in person or by phone).

Module 3

6. Please reconcile 3.8 (a) and Module 1 regarding the use of unique identifiers.
7. Section 3.2: Source of Human Tissue Samples – please include details of healthy controls here.

PICF

8. Section 6 regarding risks is confusing, given that blood will be taken as part of routine care, and so these may happen anyway, not just as a result of extra blood being drawn. Please confine the risks to those involved with the research procedures.

PICF Continuing Consent

9. Section 3: This section could be made clearer to better describe what you are now requesting from participants, eg. 'Clinical data ~~will have been~~ was recorded on that

day. ~~and~~ We are now asking for your permission to also record the outcome of your hospital stay ~~will also be recorded~~. The data we would like to collect includes:'

10. Section 4: If the testing of blood has already happened it would be better to describe the procedures in the past tense.
11. Section 6: If the blood testing has already taken place is it possible to withdraw as described? Please accurately describe to the participant what has occurred and what is possible. You could say 'Participation is entirely voluntary. If you decide you do not want to be included in this study, please contact the Principal Investigator Dr Olivier Huet (contact number below). All data and blood samples will be destroyed and not used for this study' or similar. Alternatively you could ask their permission to keep data collected so far. Or describe that testing of blood has already taken place and the data has been de-identified etc. etc. If this is what has happened.

Study flyer for healthy volunteers

12. You could add removable contact tags to the bottom of the flyer for convenience.

Please submit your responses to the points above by no later than **1pm on Wednesday, 15th June 2011** to enable inclusion on the agenda for the main meeting. Please note that in order for the Ethics Office to meet committee mailing timelines, **this submission deadline cannot be extended.**

Please do not resubmit a full application, only your responses to the points made. Responses should be made in the following way:

- **Response cover letter:** In your written response, please repeat my questions above and follow each one with your answer (in another style, such as *italics*). The letter should be signed by the Principal Researcher.
- For changes to modules, protocols or project proposals please provide **only those pages** where further changes have been made, with the **changes marked up** (using 'track changes' where possible). For changes to the NEAF, copy and paste the relevant section into a Word document and use 'track changes'.
- For changes to the PICF, advertisements or other recruitment materials, please provide the full document in both **clean** and **marked up** form.
- Please **update version numbers and dates** of revised documents (where applicable) so that the correct version can be identified on the Certificate of Approval.
- Please provide **one hard copy** and **email** all revisions to research@alfred.org.au with the project number in the subject line.

I will advise you of the outcome of your project application following the meeting.

Should you have any queries, you may contact me on tel: **s 47F** or via email.

Yours sincerely

s 47F
s 47F, Alfred Research & Ethics Unit
on behalf of
The Alfred Hospital Ethics Committee

SOP: Rejection by the Alfred Hospital Ethics Committee of a Proposal Submitted for Ethical Review

From time to time the Alfred Hospital Ethics Committee may decide that a proposal submitted for review cannot be approved.

On such occasions, the Ethics Office should forward a letter to the Principal Investigator, on behalf of the Committee, detailing the specific reasons for the rejection including corresponding references to the relevant sections of the *National Statement on Ethical Conduct in Human Research 2007*. This is in accordance with Section 5.2.22c of the *National Statement*.



**Minutes of the Alfred Hospital Ethics Committee meeting held on
Thursday 23 June 2011 at 4.00pm in the Board Room, Ground Floor, East Block,
Alfred Hospital**

1. Members

s 47F

Secretariat

s 47F

2. Apologies

s 47F

3. Call for declarations of conflict of interest

Members were asked to declare any conflicts of interest. None were declared.

4. Minutes

The following points were noted:

1. The Minutes of the meeting held on the 26 May 2011 were accepted as a true record of proceedings.

5. Business

5.1 Delmont & Cabrini Mutual Acceptance

The following points were noted:

1. s 47F reported that in line with Chapter 5.3 of the *National Statement* which advocates the minimising the duplication of ethical review and is the basis for SERP and HoMER in which one Ethics Committee can review for other Institutions, Cabrini Health approached us about signing a Memorandum of Understanding (MoU) in regards to mutual acceptance of ethical review.
2. The MoU to be signed by Alfred Health, Cabrini Health and Monash University will allow the Alfred Hospital Ethics Committee to review applications involving the three Institutions and the other two will accept the ethics review and do their own governance review. The vice-versa will also apply.
3. s 47F reported that the Monash Alfred Psychiatry Research Centre (MAPrc) wished to collaborate with Delmont Hospital on a number of studies and had approached Alfred Health General Counsel, s 47F to draft a MoU between Alfred Health and Delmont Hospital.
4. The MoU would also cover ethical review. Our Committee would undertake the ethical review and Delmont would accept our review and do their own governance review.
5. The MoU has not been finalised.

5.2 SERP Expansion in to NSW & QLD

The following points were noted:

1. It was previously understood that the Alfred Hospital Ethics Committee did not have a choice in regards to its involvement in the SERP expansion to NSW QLD.
2. However, the co-ordinating Office indicated that the Committee can choose to participate or not in the SERP expansion. If it chooses to do so, it would be added to the MoU which has been signed by the Department of Health of each of the respective States.
3. The only condition is that the Committee needs to be NHMRC or HoMER-certified.
4. The Alfred Hospital Ethics Committee was in the process of being NHMRC-certified. There were some minor issues that needed to be resolved.

5. It was decided that the decision would be made once the Committee was NHMRC-certified.
6. s 47F expressed a concern that due to political reasons, researchers may go to another Ethics Committee to get ethics approval.
7. It was acknowledged that this may occur, however, each Institution needs to give governance authorisation before the study can commence at a Site.
8. Under SERP, the applications have to be booked via a Central Allocation System and the number of SERP projects to be reviewed is capped at five per month for each Committee.
9. Under HoMER, there is no plan for a central allocation system so it is up to the Sponsor or Coordinating Principal Investigator to book the application with the HREC to review the application.

5.3 HoMER Accreditation Update

1. The Committee noted that the process to become an accredited HREC for HoMER is underway.

5.4 DECRA Study Results: Multi-centre prospective randomised trial of early decompressive craniectomy in patients with severe traumatic brain injury

The following points were noted:

1. s 47F gave a presentation on the DECRA study.
2. There have 31 original papers in the NEJM and 7 have been from ANZICS. Of these 7, the Alfred has been the lead site for 6 studies. All of the ANZICS projects have been funded by the NHMRC.
3. ANZICS is a collaborative group and at the Alfred, principally involves the ICU. When acting as a lead site this involved taking the leading role in grant applications, ethics submissions, conducting pilots and blinding etc.
4. The DECRA study involved the neurosurgical and intensive care departments and helped breakdown some of the traditional professional barriers between these departments.
5. There were a number of key people involved in the study including s 47F and s 47F.
6. The results of the study were recently published in the NEJM April 11, 2011. There is an online publication that contains more graphs than the paper version.
7. Head injury is a great problem to the community and there are over 1000 severe TBI cases per year resulting in a total cost in Australia of around one billion dollars per year.
8. The study concept arose from the limited number of studies on bilateral decompression craniectomy. Overall they indicated that the surgery could be useful in the acute management of TBI. One study showed a 69% favourable outcome. Of the published studies, only one was a RCT. The study from the Royal Children's Hospital in Melbourne showed favourable outcomes however results could not be extrapolated to an adult population. All studies had a relatively short duration for measuring outcomes.
9. The surgical procedure involves removing a large portion of the skull, usually frontal, and storing the removed bone in either refrigerated conditions or in a pouch created in the abdomen. The dura is divided to allow for greater expansion of the brain.
10. DECRA involved a randomisation to either surgical management (bilateral decompression craniectomy) or conservative care. In 80% of cases the conservative management consisted of placing patients in a drug induced coma with barbiturates. The study inclusion and exclusion criteria contained some notable points such as inclusion of diffuse injury, age limits and no penetrating injuries.
11. Doctors could not be blinded to which group patients were allocated. However blinding was preserved by external centralised allocation to treatment group and by using assessors who were not involved in the care of the patients to measure outcomes by interview. Patients and patient families were advised not to divulge which treatment the patient had. Blinding in the study was thought to be successful.
12. The outcome measure was good/bad according to a split in GOSE scores with 1-4 being a bad outcome and 5-8 being good. The outcome measure was changed as the study progressed to a more sensitive measure that decreased the number of patients needed in the study.
13. The sites involved Canada and the US (who recruited no patients), New Zealand, several states in Australia and Saudi Arabia (top recruiters).
14. The study had great follow-up with no patients lost to follow-up and no patients withdrawing from the study.
15. When comparing the baseline measures of both treatment groups, there was a trend for increased severity in the surgical group.

16. Following treatment allocation, the surgical group had better brain pressure control. Short term outcomes also indicated that the surgical group had less time ventilated, less time in ICU and no real difference with time to discharge.
17. The surgical patients had a number of complications but these were fewer than the reported literature and indicated good surgical technique.
18. The long term outcomes of independence and non independence showed a favourable odds ratio to the alternative/conservative group. This was significant and remained significant after planned adjustment for covariates such as barbiturate use.
19. Both interventions had a similar number of deaths and most deaths were a result of the brain injury. There was no shift from patients dying to becoming vegetative.
20. There were no differences between sites.
21. The results suggest that research should occur for the paediatric population.
22. Whilst the surgical group had better short term outcomes, the conservative group had better longer term outcomes and this translates to better independence and reduction in costs by not performing the surgery.
23. There was a discussion on the possible impact of timing of withdrawal of treatment in cases where survival had become futile.
24. The researchers discussed the consent process. The study involved seeking consent from the NOK/person responsible. This was a difficult process as the family was usually stressed by the situation of having a family member with a head injury resulting from a traumatic event (often a motor vehicle accident). Information had to be presented on both what the surgical technique involved and what the study involved (ie that the patient had only a 50% chance of having the surgery anyway). The information and consent process took on average, longer than 45 minutes. Family were given the opportunity to read the information before deciding on participation.
25. Once consent had been obtained, patients were randomised and it was difficult to tell family members that the patient would not have surgery (especially as at that time the researchers anticipated that the surgery may have better outcomes).
26. Only 8% of families refused participation.
27. Now that the study is complete the researchers were asked about whether they had been requested to explain the findings particularly if the patient had been in the surgical arm and received a bad outcome. Only a couple of families have approached the researchers to seek further information. The results have been quite public and presented quite clearly. There has been the journal publication and several presentations. s 47F has given an interview. A standard letter summarising the findings has been distributed to sites to give to those interested in the results. The researchers are only providing more information when it is sought.
28. Of the people who have contacted the researchers following release of the findings, one expressed disappointment at their loved one being in the surgical arm and the other was satisfied with the outcome given the nature of the injury.
29. There were some different ethical and legal requirements with the different sites although most ethics submissions were similar. The exception was Saudi Arabia where women are not allowed to provide consent. Feedback from ethics committees was different at the different sites but not pose as much of a problem as the insurance arrangements for the US sites.
30. The consent process was somewhat taxing for the research coordinators who experienced some feelings of trepidation and dread at the thought of confronting families, however there was also a sense of satisfaction once the consent conversation was concluded.
31. Prior to the study, families would be informed and provide consent to surgery (a fairly quick process), although there would be some instances where surgery was urgent and consent would not be obtained.
32. The theory for why the surgical group did worse is that by allowing the brain to expand there may have been some degree of axonal stretching.
33. The researchers discussed whether when informing patients they presented the families with increased hope. It was thought that there was a difference between hope and providing false promises and that hope could not really have been provided when there was a 50% chance of being in either group.
34. s 47F was thanked for his presentation.

5.5 s 47F 2nd Report for CCHRE – “Identifying and developing best practice in human research ethics review”

The following points were noted:

1. Many of the processes and strategies recommended in s 47F report exist, or have an equivalent, in Alfred Health’s ethics committee and ethics administration.

2. s 47F report makes the point that “a deliberate strategy to develop a good working knowledge of the National Statement is considered necessary”. To this end, his report includes two review templates to assist ethics committee members in identifying and referring to the relevant sections of the National Statement when reviewing projects.
3. Various versions of these templates have been trialled by Ethics Committee members over the last two months. These versions include those originally proposed in the Report and those adapted by the Ethics Office to be more ‘streamlined’.
4. Some members found the templates unwieldy and/or time-consuming to complete. Others reported that they had reviewed their projects without the template first, and had then referred back to it to check whether they had overlooked any important issues. Newer members found that the template designed for less experienced HREC members was helpful in identifying what needed to be taken into consideration. The general view appeared to be that the templates were most useful and workable when used as a checklist or prompt, rather than as a ‘form’ to complete.
5. The Research Review Committee review template is still the preferred format for structuring written reviews.
6. The range of templates will be included on the first CD of each project cycle for members to adopt or adapt as they wish.
7. It is unclear from the Report whether the use of review templates will ultimately become mandatory. A concern was expressed that measures originally introduced to educate may come to be seen as ‘best practice’ and those who don’t adopt them will be seen as non-compliant.
8. s 47F suggested that a “good working knowledge of the National Statement” might also be promoted via a half hour tutorial before each monthly Ethics Committee meeting, in which a specific aspect of the National Statement is examined in depth. The feasibility of such ‘professional development’ for the Ethics Committee is being further explored.
9. The need to support decisions with reference to the National Statement was also stressed: this should be reflected in both the Minutes and in the letters to researchers. It was pointed out that referencing the National Statement is also a requirement for HoMER accreditation.

5.6 Approved project amendments (May-June)

The following points were noted:

1. The amendments approved May 2011 to June 2011 were endorsed.

5.6.1 Amendment to Project 77/09 Healthy Lifestyle intervention for cardiovascular disease risk reduction among people with psychotic disorders

Principal Researcher: s 47F

The following points were noted:

1. s 47F addressed the meeting.
2. It was decided to bring this amendment to the attention of the Committee in light of the recent discussion about changes to approved projects, and when these should be a new application/project rather than an amendment.
3. This amendment proposed four changes, three of which were acceptable and approved. The fourth change involved the introduction of a new component on suicide ideation. This did not fit with the original line of enquiry and was not in keeping with the original study s 47F was of the opinion that a new submission was required.
4. The researchers accepted the decision and agreed not to include this component, although they expressed their surprise as it had been accepted by other HRECs.

5.7 Approved low risk applications (May-June)

The following points were noted:

1. The Low Risk applications approved May 2011 to June 2011 were endorsed.

5.8 General Ethical Issues Sub-committee

The following points were noted:

1. A report was provided on the main topics covered at the May and June GEI S-C meetings, as the Notes of both meetings had not been available in time for this EC meeting.

May GEI S-C meeting

2. The main subject of discussion at the May GEI S-C meeting was the issue of payments to research participants.

3. The orthodoxy has been to see payments (outside of legitimate reimbursements for costs such as travel) as potentially encouraging participants to take risks. This is the view taken by the National Statement.
4. In reality, the Ethics Committee would not approve a project with an unacceptable level of risk to participants; therefore the 'risk' argument is not a particularly strong one.
5. There are other stronger arguments for limiting the level of payments, such as preserving a culture of altruism in research participation, maintaining a reasonably level playing field for researchers so that research unable to attract much funding is not too disadvantaged, and avoiding the perception that research participation can be a form of income (this might result in people not disclosing information that would make them ineligible to participate/earn, thereby undermining the validity of the research).
6. Participants are not paid 'to take risks'; payments are an acknowledgment of the participant's input – whether it be time, inconvenience, knowledge, experience, etc.
7. It is difficult to set specific levels because factors that need to be taken into account will vary from project to project, including the amount of funding. However, the average amount accepted by this Ethics Committee in recent times has been between \$15-30 per hour.
8. Payments significantly higher than this need to be justified by the researchers and assessed on a project-by-project basis by the Ethics Committee.
9. Raffles, 'lucky dips', prizes, etc, are to be discouraged. It is generally preferred that all participants receive the same.
10. The general 'policy' that advertisements for research participants do not specify dollar amounts, was supported by the GEI S-C.

June GEI S-C meeting

11. This was an abbreviated meeting at which only one subject was discussed – the State government's enquiry into the impact of the *Charter of Human Rights and Responsibilities Act* 2006.
12. The Charter includes a 'right' relating to medical research: that the full, free and informed consent of the participant is required. Not all research conducted at Alfred Health can comply with this (i.e. where participants lack the capacity to consent); nevertheless it is still important to undertake research into conditions affecting this type of participant. Other legislation, such as the *Guardianship and Administration Act* 1986, and the National Statement, regulates research where participant consent is not attainable. Therefore in practical terms the Charter makes little difference to the Ethics Committee's decision-making.
13. The Charter has to be complied with when other laws are made or amended; therefore the 'human right' to give full, free and informed consent to medical research participation needs to be taken into account in the current Victorian Law Reform Commission enquiry into the *Guardianship and Administration Act* (GAA). There is some concern that the need to comply with the Charter may complicate reforms to the medical research provisions in the GAA.
14. The impetus to make a submission on the Charter enquiry came out of the Guardianship enquiry.
15. The GEI S-C debated whether a submission to the Charter review should be made. It was agreed that a neutral comment about the applicability of the Charter would be drafted and forwarded to the Alfred Health legal counsel, s 47F. It was uncertain whether there would be a more general Alfred Health submission, to which this could be added. The decision about what to submit lies with the Alfred Health executive.
16. s 47F acknowledged the input of s 47F and s 47F who helped develop the submission.

5.9 Projects not requiring interview

5.9.1 Health & Social Sciences Group

s 47F

Apologies: s 47F (H&SS meeting only)

5.9.1.1 Business arising from previous minutes

There was no business arising.

5.9.1.2 Health & social sciences applications for approval

The Health and Social Sciences Group considered ten new applications for approval.

Project 149/11 Depression and young drivers: understanding the problem, reducing the risks

s 47F)

Primary reviewers **s 47F**

The following points were noted:

1. **s 47F** provided a summary of the application.
2. It was noted that only the participants' eyes/eye movements will be filmed. This is not likely to be identifiable.
3. **s 47F** and **s 47F** were both satisfied with the overall response to issues they had raised in their reviews.
4. The PICFs still need further amendment, to meet the requirement in the National Statement [2.2.2] that participation is based on sufficient information about the purpose, methods, demands and risks of the research:
 - a) Section 2 needs to be re-written in lay language for both PICFs.
 - b) Control PICF - Section 2 – comma and space needed between 'movements' and 'attention' in 2nd last line, p.1.
 - c) Both PICFs need to be more specific in Section 3 about what constitutes each session and its location. The 'optional' 3rd session for the group with depression needs to be more clearly explained, as in the researchers' response letter.
 - d) Both PICFs, Section 8: the brackets around "the personal and health information about you" should be removed.
5. The 'NEAF Changes' document included with the researchers' response does not show properly what has been changed or what the actual responses are for questions 3 & 9.
6. The project was approved subject to the above matters being satisfactorily addressed. Reverend Hope will check the PICF for lay comprehensibility.

Project 204/11 Risk of brain cancer from exposure to radiofrequency fields in childhood and adolescence, MOBI-KIDS Study (**s 47F**)

Primary reviewers: **s 47F**

The following points were noted:

1. Reverend Goodes provided a summary of the project.
2. The researchers have clarified the recruitment process for controls and this is satisfactory.
3. The researchers have also clarified that the project will not generate genetic information of significance to the control or case participants [National Statement 3.5].
4. **s 47F** was also satisfied that his concerns about the re-identifiability of personal information had been addressed [National Statement 3.2].
5. **s 47F** was also satisfied with the researchers' responses and had no further concerns.
6. No issues were raised by the members present.
7. The project meets the requirements of the National Statement and was approved.

Project 206/11 Can splinting and early mobilization in the dart-throwers plane of motion improve functional outcomes and reduce postoperative complications in people after scapho-lunate ligament repairs? (Pilot Study) **s 47F**

Primary reviewers: **s 47F**

The following points were noted:

1. The researchers need to provide written evidence of endorsement from the orthopaedic surgeons, either in the form of a letter/email or a signed declaration (Module 1.40).
2. Module 1.19c: While the recruiting therapist will have no prior relationship with the participant, the Committee prefers that one researcher recruits and consents the participant, while a different researcher treats the participant. It is important that the person recruiting and consenting is not also providing their clinical care in line with the National Statement [2.2.9, 4.3.9].
3. Module 1.19c: As above, it would be preferable if an investigator not directly involved in the participant's care, carry out the recruitment in line with the National Statement [2.2.9, 4.3.9].
4. PICF: Please provide a marked up version as the reviewers had difficulty identifying the changes.
5. Please provide a Declaration from Health Information Services for use of medical records.

Project 211/11 Australian Psoriasis Registry Study (Alfred Hospital) **s 47F**

s 47F)

Primary reviewers: **s 47F**

The following points were noted:

1. s 47F provided a summary of the project.
2. s 47F absentee comments regarding the doctor/patient relationship were noted [National Statement 2.2.9, 4.3.9].
3. s 47F pointed out that the application was unclear regarding whether or not they will include those with a cognitive impairment, eg. they have ticked 'Person Responsible' though this is not applicable if there is no medical procedure (Victorian Specific Module 2.1a.i); NEAF pg 14 says 'no' to cognitive impairment, but VSM 2.2 says 'yes' to intellectual impairment; NEAF Q19, pg16 says consent will be sought from all, then also states that some won't be able to consent.
4. It was agreed that the researchers should be made aware that if they intend to include participants who are unable to consent for themselves, you will need to request that the Committee waive the requirement for consent for that group [National Statement 2.3]. Under the Guardianship and Administration Act, next-of-kin are able to refuse participation on behalf of their relative, but are not able to consent to their involvement where no medical procedure is involved. The researchers could either exclude the small number of participants who are unable to consent (Option A) or request a waiver of consent for them (Option B):
 - a. Option A: VSM pg1, Q2 answer 'no'; Q2.1a answer 'no'; Section 3 stays as is.
 - b. Option B: VSM pg1, Q2 answer 'yes'; Q2.1a.ii tick 'Other' rather than 'Person Responsible' (NB: the heading for this question is 'consent' (confusingly), though NOK are not able to consent, only 'acknowledge' and refuse; Q2.1b delete text; Q3.1a tick 'yes' and don't fill out rest of question; Q3.2b answer 'yes' and insert text to state 'for those with cognitive impairment only'; Q3.3 answer 'yes' to as many as applicable and answer Q3.4, 3.5 or 3.6 as applicable.
5. The project can be approved subject to the researchers addressing the points above satisfactorily. The researchers' response will be forwarded to s 47F and s 47F for review.

Project 213/11 Neural Connectivity in Autism Spectrum Disorders (s 47F)

Primary reviewers: s 47F

The following points were noted:

1. s 47F provided a summary of the project.
2. The study involves participants between the ages of 14 – 45 years of age. Parental consent will be obtained for those under 18 years, in line with the National Statement [4.2.7].
3. Participants will undergo screening questionnaires and tests, an MRI and possibly an x-ray to check for metal before the MRI, TMS and EEG.
4. A number of clarifications and/or changes were requested by the reviewers. Most of these have been addressed to their satisfaction; however, two issues need further attention.
5. The researchers were asked whether parents and children would be able to access each others' completed questionnaires. The researchers have clarified that by law, parents can access their child's information until the age of 18 years on behalf of their child if the child is incapable of making the request. However, the question was not really about the legal situation regarding people's right to access their/their child's health information; it was more to do with the possible 'casual' request by one or both parties to have a look at the other's responses [National Statement 4.2.5]. How would the researchers manage this situation; for example, what would they tell participants about confidentiality, clinical applicability of research results, etc. The intention of the question was not for the PICFs to be altered. It was thought that the statement added to the child's PICF ("Your parent/guardian also has the right to access your information on your behalf until you are the age of 18.") was not necessary and may actually raise concerns rather than provide helpful information. The statement should be removed and additional clarification provided about how the situation would be managed.
6. The Medical Physicist's Report requires specific wording re the radiation risk to be included in the PICF. For participants under 18 years of age, the researchers will also seek parental consent. A PICF is provided for both the parent and child for these cases. It was thought that the recommended radiation risk wording was perhaps too complicated and 'wordy' for the child's PICF. This may be a scenario that the Medical Physicist hasn't encountered before. It was requested that her opinion be sought on whether - since the parent is actually the 'consenter' for under 18s - it would be acceptable for the researchers to come up with a simpler alternative for the child PICF which is acceptable to the Ethics Committee. This is in keeping with the requirement in the National Statement [4.2.6] that the developmental level of the young people be taken into account when explaining the research to them.
7. s 47F was unable to attend the H&SS Group meeting and conveyed via s 47F that he would inform the Ethics Office of any outstanding issues. [He later confirmed that the

researchers' responses to the matters raised were acceptable, that the project appeared satisfactory from an ethics perspective and in his opinion was fine to proceed.]

8. The project was approved subject to the above matters being satisfactorily addressed.
9. The outcome of the radiation risk wording issue will be reported at the next meeting.

Project 216/11 Defining the benefits of exercise training in Interstitial Lung Disease: a multi centre, randomised controlled trial s 47F)

Primary reviewers: s 47F

The following points were noted:

1. s 47F provided a summary of the project.
2. s 47F noted that if the methodology and outcomes of the previous project had been thought through more thoroughly, it might have been possible to have captured the data in that study rather than creating a new study with what seems to be an outcome in line with common sense. While the Committee agrees that this study does not pose a significant risk to participants and can be approved, it is hoped that the researchers will not approach them again in another 12 months to collect new data that conceivably could be collected in the current study.
3. The Committee agreed that the above comment should be passed on to the researcher.
4. The project meets the requirements of the National Statement and was approved.

Project 222/11 Patron Offending and Intoxication in Night Time Entertainment Districts (POINTED) (s 47F)

Primary reviewers: s 47F

The following points were noted:

1. s 47F provided a summary of the project.
2. This is a very well-credentialled group of researchers who have submitted a well-thought-through and high quality application.
3. The project uses technology well to unobtrusively collect data in very public situations.
4. Information about the study will be conveyed via a 'business card' and verbal consent obtained. One in ten participants will have a tongue swab which will be coded to correspond with their questionnaire. Information collected is de-identified to the extent that it would require the input of the participant him/herself to re-identify it. Statements 'promising' non-identifiability have been modified accordingly.
5. With 7000 participants in total nationally, it is likely that the volume of data will result in greater confidentiality for participants by decreasing the possibility of re-identification.
6. Messages regarding blood alcohol content and driving have been strengthened in response to the reviewers concerns (e.g. different requirements for different categories of driver). Patrons will be advised not to drive if they have been drinking at all.
7. There was some discussion about the methodology – e.g. how will the researchers relate alcohol consumption to an offence? Only past offending will be looked at; there is no subsequent follow-up. Both reviewers thought the research methodology seemed sound; s 47F added that this was an impressive research team that was very capable of getting their outcomes.
8. A question was raised about the admissibility of data obtained in this study as evidence in court. The real question is: what weight would be placed on such evidence. This is unknown; however the important thing is that participants are not given guarantees of absolute confidentiality.
9. Most issues raised in the reviews have been addressed to the reviewer's satisfaction.
10. However, the protocol ('Patron Interviews Procedures Manual') doesn't specifically consider participants' privacy when being interviewed in public entertainment precincts, although the researchers will receive training in strategies to maximise privacy and confidentiality. It was requested that interview manual specifically address this issue of privacy. This would help satisfy the requirement in the National Statement [1.7a&c] that the researchers minimise the risk of harm and discomfort to participants and consider the welfare of the participants in the research context.
11. s 47F and s 47F will review the researchers' response and decide whether this is satisfactory.
12. The project was approved subject to the 'Patron Interviews Procedures Manual' being amended as above.

Project 223/11 Managing increasing challenges in motorcycle safety: strengthening research evidence for effective policy and countermeasure development (s 47F)

Primary reviewers: s 47F

The following points were noted:

1. The researchers should be asked to confirm that parental consent will be sought for children and young people under 18 who are involved in an accident. They have a special vulnerability before the law both in terms of the accident and in terms of their legal status in terms of consent to participate in this project. As one needs to be 18 to ride a motorcycle, the fact that they are in an accident having ridden a motorcycle clearly places them in the vulnerable position. The amended PICF documenting parental consent as well as the individual participant consent is required for these under age participants, in line with the National Statement [4.2.7].
2. The PICF should be amended to clearly state that the information collected will only be used for other future research related to this project (or to vehicle accidents) or similar, as per the National Statement [2.2].
3. The researchers will need to apply the changes made to the rider PICF to the owner PICF as well, where applicable.
4. Module 1.30c: The PICF does mention merging or comparing data with overseas databases, so it is probably best to tick 'yes' for this question.
5. The researchers should submit Module 1 again to confirm that the changes suggested by the Ethics Office accurately reflect the proposed research activity.
6. The project was approved subject to the above matters being satisfactorily addressed. s 47F and s 47F will check that the researcher's response is satisfactory for approval.

Project 225/11 Comparison of pro-oxidant properties of blood during shock states (Olivier Huet)

Primary reviewers: s 47F

The following points were noted:

1. s 47F addressed the Committee regarding the project.
2. In the answer to Q4 in our previous letter the researchers have stated that "The blood will be collected by s 47F ...In order to avoid any conflict of interest the consent will be performed by an independent researcher not involved directly in the study." As per the National Statement, Section 4.3.9, the Committee prefers that consent be performed by a co-researcher (who understands the study) and who does not have any pre-existing relationship with participants, rather than an independent researcher not involved directly in the study.
3. The researchers mentioned that "We will only be using participants in the study who are able to consent themselves. In the event that the potential participant is unable to give consent due to their illness we will gain consent from their person responsible by telephone or in person. These two sentences contradict each other. Do they mean that in most cases participants will provide consent themselves and in the event that the potential participant is unable to give consent due to their illness they will gain consent from their person responsible by telephone or in person?"
4. The project was approved subject to the above matters being satisfactorily addressed. The response will be forwarded to s 47F for review.

Project 230/11 Establishment of a pilot bariatric surgery clinical quality registry (s 47F)

Primary reviewers: s 47F

The following points were noted:

1. s 47F addressed the Committee on the project.
2. s 47F absentee comments were noted; he did not share s 47F concerns and recommended approval.
3. s 47F requested the Committee's agreement to defer the project for one month to enable him to sort out with the researchers his outstanding issues relating to potential conflict of interest and the proposed opt out consent process [National Statement 5.4 & 2].
4. The researchers also need to address a number of outstanding administrative issues - primarily relating to inconsistencies between components of the application, missing or inadequate information, and matters relating to privacy/waiver of the requirement for consent.
5. The Committee agreed that it was appropriate to defer further consideration of the project until the next Ethics Committee meeting on 28th July 2011.
6. The Committee was advised that main agenda item for the next General Ethical Issues Subcommittee meeting was a discussion of clinical quality registries, including opt out consent processes for these kinds of registries. Members were reminded that all Ethics Committee members are welcome to attend GEI S-C meetings.

5.9.1.3 Other Business

It was noted that s 47F would be an apology for the July Ethics Committee meeting.

The H&SS Group meeting closed at 7.15pm.

5.9.2 Drugs & interventions group

Present: s 47F

Apologies: s 47F

5.9.2.1 Drugs & interventions applications for approval

Project 150/11 A pilot study of the impact of high dose vitamin D supplementation on non-alcoholic steatohepatitis s 47F

Primary reviewers: s 47F

Secondary Reviewers s 47F

The following points were noted:

1. A summary of the project was provided.
2. This is a pilot study of high dose vitamin D for NASH (a fatty liver condition).
3. 30 patients will be enrolled.
4. Outcomes are measured by changes to liver function tests and Fibroscan results.
5. It is thought that Vitamin D may have anti-inflammatory and anti-fibrotic properties, but there is a lack of evidence supporting this.
6. The risks in the study come from having two liver biopsies (one routine care and one additional to routine care).
7. Patients are given Vitamin D for 24 weeks at a dose starting at 25000IU.
8. The FDA released a warning on the risks of Vitamin D and bladder cancer and blood levels will be monitored.
9. The researchers were requested to provide information on the risks of high dose Vitamin D especially that of hypercalcemia in the PICF and they have added this.
10. New warnings emerged following the RRC meeting about the risks of toxicity and the researchers were requested to provide a response. They have not lowered the dose to be used (recommended no more than 4000IU/day) stating that the recommendation of a maximum dose is made in the context of long-term supplementation and this study is only for a period of 6 months. The other recommendation is that 25(OH)D should not be greater than 125nmol. The researcher have reduced the target 25(OH)D from 100-150nmol to 100-125nmol and will titrate the dose of Vitamin D to reach this. The response was deemed acceptable to the primary reviewers.
11. Calcium will be monitored every 6 weeks. It is not clear if this timeframe is acceptable.
12. The study is single centre.
13. The secondary reviewers had no further comments.
14. There are some administrative changes to make.
15. The project meets the requirements of the National Statement and can be approved.

Project 157/11 A Randomized Phase 4 Study Comparing Two Intravenous Temozolomide Regimens in Subjects with Relapsed, Refractory, Mantle Cell Lymphoma. (s 47F)

Primary reviewers: s 47F

Secondary Reviewers: s 47F

The following points were noted:

1. s 47F provided a summary of the trial.
2. This is a randomised, Phase IV study involving patients with a rare form of lymphoma. These patients have the poorest of prognoses among the various lymphomas.
3. The previous dose was quite toxic and the aim of this study is to see whether a lower dose is effective.
4. The study drug prevents the cell from dividing and depresses other growth factors the tumour requires to grow.
5. The primary reviewers were satisfied that all issues had been satisfactorily addressed.
6. The only issue associated with this trial was the one word responses given in the response letter. Therefore, the Committee requested that the response letter be resubmitted with complete responses in full sentences.
7. s 47F indicated that the changes he recommended to the PICF had been made.
8. The remaining issues were administrative.

9. The study was approved subject to the outstanding administrative issues being addressed.
10. The researchers need to forward the Section 4.9 of the VSM signed by both s 47F and s 47F.
11. The researchers are required to submit the RSO report from Eastern Health and if the report differs from that of Alfred Health, to also provide the VSM form from Eastern Health.
12. If the risk wording differs in the Eastern Health RSO report, a Site Master PICF will need to be created for Eastern Health which will incorporate this wording.
13. The Resource Centre Declaration from Radiology was not provided.
14. A budget and the CTRA had not been submitted.
15. Please forward the CTRA with the finalised budget.
16. Participant Information & Consent Form: Master and Alfredised required the following revisions:
 - a. The "Alfredised" Master is not a Site Master, just a Master completed with Alfred Health details. Therefore, please delete the wording on page 1, "Based on Master PICF....".
 - b. The international and local Sponsors have not been identified.
 - c. Section 8: Any optional testing should be the subject of a separate PICF. The genotyping PICF should also explain whether or not:
 - i. the information generated will have the capacity to provide information about an identifiable participant's future health or risk of having children with a genetic disorder, or information that may be relevant to the health of family members who are not a part of the study. If relatives are also to be approached, the researcher will need the consent of the research participant to do this, and should provide information concerning the method of approach to relatives.
 - ii. participants will be advised of project results and, if so, whether this will be grouped data or relate to individual participants and whether counselling will be provided;
 - iii. the research has the potential to detect/generate information of social significance, e.g. non-paternity or non-maternity information that may influence access to insurance/employment
 - d. Section 9: Please state that the data will be kept by the Institution for at least fifteen years upon completion of the trial.
 - e. Section 11: Please move the radiation risk wording to later on in the section, perhaps page 15.
 - f. Section 11, "Information on Other Risks": Please explain the terms "ACE inhibitors" in lay language and please include some of the trade names of the relevant drugs which may help participants determine whether they are in that category.
 - g. Page 11, "Information on Other Risks": Please explain why patients are cautioned to tell the study doctor about being vaccinated with a live vaccine and any potential side-effects that may occur.
 - h. Page 14: Please move the sub-heading, "Other study-related risks or discomforts" to a new paragraph.
 - i. Section 14: Please reinstate the name of the local Sponsor in the compensation wording. Furthermore, the last part of the compensation wording has been altered. Please use only the wording from the PICF template.
 - j. Section 14: Please insert Rowan's details in the contacts section. Please highlight this for the insertion of a local contact's details in the Master PICF.
 - k. Page 18, Consent Form: Please use only the statements in the Consent Form in the PICF template.
 - l. Page 19: For Complaints: Rowan's details should be listed in the Master PICF. Please also add, "If you would also like to speak to someone at [Name of Institution], please contact, Name: Position: Telephone: ".
17. Pregnant Partner Release of Information Form: Master and Alfredised required the following revisions:
 - a. Please create a Master template with highlighted sections for the other Sites.
 - b. Please identify the international and local Sponsor of the trial.
 - c. Page 1, Use and Disclosure: Please clarify whether the mother and child may be eligible for compensation. If so, please include the standard injury and compensation wording.

Attachment 5

- d. Page 1, Type of Information: Please provide an estimate of whether the duration of information collection may be weeks, months or years.
- e. Page 1, Type of Information: Please specify how the information will be collected, eg will the information be obtained from the partner's doctor/obstetrician? Will it be collected in a identifiable or coded manner? If coded, who will code the information?
- f. Confidentiality: Please also state, "In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to access the information collected and stored by the researchers about you. You also have the right to request that any information with which you disagree be corrected. Please contact one of the researchers named at the end of this document if you would like to access your information."
- g. Page 2: Please complete for the Alfredised PICF and highlight for the Master PICF.
- h. Page 3: Please use only the statements found in the Consent Form in the PICF template. The other statement should be in the body of the PICF. It is acceptable to make some revisions which are appropriate for this PICF, for example, reference to a monitoring activity rather than a clinical trial.

Project 161/11 Double-Blind Randomised Investigation of Tibolone and Escitalopram in Perimenopausal Depression (s 47F)

Primary reviewers: s 47F

Secondary reviewers: s 47F

The following points were noted:

1. This project has changed significantly since it was first submitted for review.
2. It was to be a larger RCT with a pilot study. The researchers have now submitted the pilot only for consideration.
3. The pilot is a RCT of Tibolone and Escitalopram taken for 12 weeks.
4. The rationale is that there are many forms of depression and some of these have been well studied including the use of Tibolone for post menopausal depression. However there is limited research on peri-menopausal depression and it would seem to be less responsive to standard SSRI treatment (ie Escitalopram).
5. Tibolone is a synthetic steroid and acts on oestrogen and progesterone and has effects on circulating endorphins and symptoms like flushing. It is currently used in the treatment of osteoporosis. Tibolone is available on the PBS.
6. The researchers will conduct the pilot to see if Tibolone has some effect in this population. 10 patients will be randomised to either Tibolone or Escitalopram.
7. Response to treatment will be measured by questionnaires. It is anticipated that the results from the pilot will be used to provide more accurate data for likely effect in a larger RCT that is needed to look at efficacy of Tibolone in this population.
8. The researchers were asked to add more information on the risks of thromboembolic events and they have done this [National Statement 3.3.16b].
9. There was some concern about the small sample size and ability to derive meaningful results. In response to this the researchers have increased the sample size to 30 (15 in each group) [National Statement 3.3.3c].
10. The use of pilot studies was explained to the lay Committee members (provides information that is used to improve the certainty of the sample size in larger studies).
11. The population are women with depression who meet the hormonal levels required to be classed as perimenopausal.
12. There are some administrative changes required so that the project documentation matches that of the researcher's responses for rationale and sample size as there has not been sufficient time to do this. Response on sample size only received yesterday.
13. The project can approved pending the completion of the administrative changes.

Project 195/11 Study of the Anti-EphA3 Monoclonal Antibody KB004 in Subjects with EphA3 Expressing Hematologic Malignancies. (s 47F)

Primary reviewers: s 47F

Secondary Reviewers: s 47F

The following points were noted:

1. s 47F presented a summary of the trial.
2. These patients have no other treatment options.
3. It was unclear at the time of the Research Review Committee review whether this was a first time in human (FTIH) study and whether an Alfred Health patient could potentially be the first patient to be administered the study drug, thus triggering the implementation our FTIH protocol.

4. The researchers have confirmed that the study is also being undertaken in two sites in the USA (Florida and Houston) and that three patients had already received the drug.
5. The study is looking at whether the study drug, which is a monoclonal antibody, is safe, what the maximum tolerated dose is and some efficacy. There is a dose escalation phase and a dose expansion phase.
6. There is some data in monkeys to suggest that the drug is not toxic.
7. The study will be conducted in a safe environment.
8. § 47F added that there is very limited expression of the antigen which the antibody binds to in the body. It is prominent in the foetus. It is hoped to be a specific target but there may be an effect on other tissues if they express the target molecule.
9. § 47F was happy with the application.
10. The remaining issues were administrative.
11. The study was approved subject to the administrative issues being addressed.
12. The CTRA has not included the insurance certificate as Schedule 4, as requested in the CTRA checklist.
13. Participant Information & Consent Form required the following revision:
 - a. Page 6, Risks Related to Pregnancy: It is accepted that the likelihood of a partner of a participant becoming pregnant is small. However, the section does state that in the event of pregnancy, health data will be collected. Therefore, please provide the PICF for a Pregnant Partner or delete the statement [National Statement 3.3.16b].

Project 207/11 The effect of moxonidine on blood pressure and regression of early target organ damage in young subjects with abdominal obesity and hypertension: a randomised, double blind, active comparator clinical trial. § 47F)

Primary reviewers: § 47F

Secondary Reviewers: § 47F

The following points were noted:

1. A summary of the project was provided.
2. The project has two studies. The first study will compare sympathetic nervous system activity in obese young adults with and without hypertension and compare these findings to a group of healthy young adults.
3. The second study will involve obese hypertensive adults being randomised to Moxonidine or Irbersarten
4. Participants in these studies have a range of tests including psychometric tests, blood vessel functioning, echocardiograms, ambulatory blood pressure monitoring, microneurography, bloods and oral glucose tests.
5. There was some concern at the RRC meeting as to whether 6 months would be long enough to detect changes in renal, cardiac and endothelial function [National Statement 3.3.3]. The other concern was whether study 2 would occur if study 1 was negative. The researchers provided an interesting response indicating preliminary data supported the time frame and that it was highly unlikely that study 1 would be negative.
6. Other concerns addressed by the researchers included:
7. - The use of a research assistant to obtain consent. This was deemed acceptable as the Principal Investigator is taking responsibility for the assistant. Her qualifications and experience are stated in Module 1 [National Statement 3.3.5c].
- Whether appropriate counselling would be provided to those participants in the obese and hypertensive group who may or may not go on to study 2. The response about relevant and ongoing medical counselling was accepted.
8. One issue raised was whether participants may already be under care for their hypertension. The PICF includes wording about the GP being contacted about research participation.
9. There are some administrative changes required.
10. The project meets the requirements of the National Statement and can be approved.

Project 210/11 Multicentre, Prospective, Randomised, 2-arm Study to Assess the Impact of Ferric Carboxymaltose on Exercise Capacity in Chronic Heart Failure Patients with Iron Deficiency (EFFECT-HF) FER-CARS-04 § 47F)

Primary reviewers: § 47F

Secondary Reviewers: § 47F

The following points were noted:

1. § 47F was not present during the discussion of this trial.
2. § 47F presented a summary of the trial.

3. This is a straight forward study looking at iron infusions in heart failure patients who are iron deficient. However, not everyone who is iron deficient will be anaemic.
4. Patients will be randomised to iron infusion or not but all patients will receive standard of care.
5. The Research Review Committee raised a couple of issues.
6. One of the issues was whether there was already enough evidence to state that the treatment is beneficial. However, the researchers argued that there is room for more studies as there is not level A evidence.
7. The other issue was whether changes in peak VO₂ levels was adequate and reproducible and this was thought to be the case.
8. s 47F added that this iron infusion was thought to cause less anaphylaxis and less morbidity than blood transfusions.
9. The other aim of the study was to provide evidence for guidelines in heart failure patients.
10. It was noted that patients would be stratified according to their haemoglobin levels.
11. s 47F and s 47F were happy with the application.
12. The application was approved subject to administrative issues being resolved.
13. The insurance certificate has been sent to the VMIA for review.
14. NEAF, Declarations: The signature of s 47F was to be provided.
15. The Resource Centre Declaration from the Lung Function Laboratory has not been forwarded.
16. Participant Information & Consent Form required the following revisions:
 - a. Page 2: Please explain in lay language why this is a CTN application and therefore, the use of the drug as contemplated in this study is considered experimental [National Statement 3.3.15].
 - b. Please forward the Pregnant Partner PICF for review.

Project 214/11 A Phase 3 Open-label Safety Study of Cobicistat-containing Highly Active Antiretroviral Regimens in HIV-1 Infected Patients with Mild to Moderate Renal Impairment

(s 47F)

Primary reviewers s 47F

Secondary Reviewers s 47F

The following points were noted:

1. s 47F provided a summary of the study.
2. In HIV treatment, it is common practice to use a much lower dose of drugs and add a small dose of a booster drug. This concept is called pharmacoenhancement.
3. Gilead found that if a small dose of the booster, ritonavir was introduced that it increased the resistance to the anti-HIV drugs.
4. The advantage of the booster used in this study, cobicistat, is that it has no anti-HIV activity.
5. However, in earlier studies involving cobicistat, renal impairment was noted.
6. The Sponsor argued that the drug induced an artificial elevation of serum creatinine and did not impair renal function.
7. This study is used to test whether the cobicistat is safe to use in patients with renal impairment.
8. The PICF is pretty good and the trivial questions asked from the RRC meeting were addressed.
9. s 47F declared a minor conflict of interest in that she is on the Gilead Advisory Board.
10. In response to the query as to why Gilead weren't following up on whether the drug caused nephrotoxicity, Dr Cherry responded that the studies were done in healthy volunteers.
11. It was noted that there was adequate monitoring of renal function in this study.
12. The study was approved subject to a couple of administrative matters.
13. The researchers need to forward the budget and CTRA once finalised.

Project 215/11 Pharmacokinetic Study of the Modern Chinese Medicine "Dantonic®" (T89) in a Western Population

(s 47F)

Primary reviewers s 47F

Secondary Reviewers s 47F

The following points were noted:

1. A summary of the project was provided.
2. This is a pharmacokinetic study looking at the constituents of the Dantonic Pill.
3. The pill has been used widely in the Chinese population but there is a lack of information on the PK in the Caucasian population.
4. The Dantonic Pill is used in China for treatment of angina and may have anti-clotting properties.
5. 24 healthy volunteers will be recruited and divided into four groups of six.
6. The Pill poses minimal safety risks but the trial design is not optimal for investigating pharmacokinetics, in accordance with the National Statement [3.3.3].

7. There were a number of administrative and consent related issues arising from the RRC meeting.
8. The researchers were asked about the trial design and lack of placebo/control group. The response was poor [National Statement 3.3.3 & 3.3.10b].
9. The pill has been given an IND by the FDA but it is not registered in Australia or the US. It is registered by the Chinese authority.
10. The trial has been registered on a clinical trials registry.
11. There was some concern about a possible lack of merit [National Statement 1.1] and unlikely development of the drug, but the study was thought to be harmless enough to approve [National Statement 1.8].
12. There are some administrative changes required.

Project 217/11 Pharmacokinetic study comparing the fixed combination tablet (gliclazide MR 60 mg/metformin XR 500 mg) to the free combination of gliclazide MR 60 mg tablet plus metformin XR 500 mg tablet and to an oral solution of gliclazide 60 mg, as a single oral administration in healthy male volunteers. An open-label, randomised (three-period), two-way crossover study.
(s 47F)

Primary reviewers: s 47F

Secondary Reviewers: s 47F

The following points were noted:

1. This is a study of two approved anti-diabetic drugs that are being combined into a one tablet as a new formulation.
2. The fixed combination will be compared to the free combination. There is a third arm to the study which involves taking gliclazide separately. The reason for this was not clear and the researchers were asked to provide more information on the inclusion of this. The researchers provided a response about calculating the in vivo release of gliclazide from the tablets to be used to evaluate any potential differences between the absorption rate profiles obtained after administration of the free combination and the fixed combination. No further information is required.
3. There were some changes requested to the PICF, complying with Section 2.2 of the National Statement. These have been made.
4. There were some changes requested to the pregnant partner PICF as this lacked detail on what information will be collected and when.
5. The budget is more than adequate to cover the costs.
6. A query was raised about the utility of combining drugs into a single tablet when the free combinations allow for manipulation of the individual drugs. Compliance and marketing were suggested as reasons for combining the drugs.
7. There is a risk of hypoglycaemia with the study but participants are having a glucose infusion and will be well monitored. Patients are discharged after three days for a washout period but will have a blood glucose check prior to discharge.
8. There are some administrative changes.
9. The project meets the requirements of the National Statement and can be approved.

Project 218/11 A Phase I Study To Investigate The Relative Bioavailability of OZ439 Formulations In Healthy Volunteers s 47F

Primary reviewers: s 47F

Secondary Reviewers: s 47F

The following points were noted:

1. This is a study of an anti-malarial agent, OZ439. OZ439 is a potent inhibitor of both chloroquine resistant and sensitive forms of *P. falciparum*. The drug can be used prophylactically and as a treatment.
2. The drug is being developed by Medicines for Malaria Venture who are a not for profit organisation specifically targeting management of malaria.
3. OZ439 is designed to achieve a potential single dose cure with a high prophylactic potential, longer half-life, higher oral bioavailability, and metabolically more stable.
4. The drug has undergone extensive testing and appears safe and effective in both curing and preventing malaria.
5. Doses of up to 1600mg have been given to humans before.
6. Reported adverse effects are primarily gastrointestinal (diarrhoea, nausea and gastrointestinal hypermotility).

Attachment 5

7. There was some concern about potentially inhibit hERG and cause bradycardia but invivo studies have not demonstrated any QTc changes or cardiovascular effects [National Statement 3.3.8].
8. The study will compare a suspension formulation against a prototype. Little information is provided on the prototype.
9. There are four treatment periods and participants are randomly allocated to the order in which they receive all four treatments. The suspension will be given as a single dose in fasting and fed states and the prototype will only be given as a single dose in fasted state.
10. The study is only being conducted at Nucleus Network as a single site.
11. The study will collect pharmacokinetic information.
12. There are some administrative changes required and pharmacy dispensing arrangements that need to be clarified.
13. The project meets the requirements of the National Statement and can be approved.

Project 220/11 Multicenter, Open-Label, Early Access Program of Telaprevir in Combination With Peginterferon Alfa and Ribavirin in Genotype 1 Chronic Hepatitis C Subjects With Severe Fibrosis and Compensated Cirrhosis. VX-950HEP3002 (s 47F)

Primary reviewers: s 47F

Secondary Reviewers: s 47F

The following points were noted:

1. s 47F presented a summary of the trial.
2. This is essentially an early access program.
3. Telaprevir is a Hepatitis C protease inhibitor which dramatically improves the response rate.
4. The study has selected a group of Hep C patients, those with Genotype 1, who have a poor prognosis. These patients would normally have to wait twelve months to get access to Telaprevir but this study gives them early access to the drug and is in essence a compassionate use program.
5. The main side-effect is a skin reaction but the benefits of the drug far outweigh the risk of an allergic skin reaction.
6. s 47F was happy with the application.
7. The issues s 47F had highlighted in the PICF had been addressed.
8. The study was approved subject to addressing the administrative issues.
9. The researchers need to list the full legal names of the Institutions in paragraph 1 of the HREC Review Only indemnity. For example, "Monash Medical Centre" should be "Southern Health".
10. The CTRAs have not been provided.
11. Master Participant Information & Consent Form required the following revisions:
 - a. Please revise American spelling to English.
 - b. Page 1: Please highlight the local Project Number.
 - c. Page 1: The HREC number and local reference Project Number are not listed on the St. Vincent's Site Master PICF.
 - d. Page 2, 3rd last para: Please highlight the number of participants at the Site.
 - e. Page 13: Please provide a PICF for the Pregnant Partner. This should be a brief document stating what health information will be collected, from whom it will be collected, in what form (identifiable, coded etc) and for how long the data will be collected.
 - f. Page 15: Please revise to "at least 15 years upon...".
 - g. Page 17: Please also make provision for a local contact, "If you would also like to speak to someone at [insert name of Institution], please contact: Name: Position: Telephone: ". Please also include this section in the St. Vincent's Site Master PICF.

Project 221/11 Vitamin D status in cardiac surgery patients and effects on clinical ICU outcomes. (s 47F)

Primary reviewers: s 47F

Secondary Reviewers: s 47F

The following points were noted:

1. This is a study funded by Blackmores.
2. It is a pilot study and involves a 100 patients undergoing elective cardiac surgery.
3. The study will measure prevalence of Vitamin D deficiency in this group.
4. Those with a deficiency will then be prescribed Vitamin D supplementation.
5. ICU Apache scores and CRP will be measured.
6. Vitamin D supplementation will be given for 6 weeks.

7. There was a request to remove a sentence from the PICF. The researchers have removed this, complying with Section 2.2 of the National Statement.
8. The study is low risk and is adequately funded.
9. Patients are extubated fairly quickly so swallowing the Vitamin D should not be an issue.
10. There will be a change to Vitamin D assay in the hospital and this may result in an amendment to the project.
11. The project meets the requirements of the National Statement and can be approved.

5.9.2.2 Other business

Project 37/11 Air Verses Oxygen In myocarDial infarction study (AVOID Study) (s 47F)

Primary reviewers: s 47F

Secondary reviewers: s 47F

The following points were noted:

1. This study was initially considered at the February meeting.
2. The researchers wished to seek consent from the Person Responsible. However, because this was thought to be distressing for both the relatives and the paramedics, the Committee asked the researchers to consider enrolling participants under procedural authorisation [National Statement 4.4.1, 4.4.6 & 4.4.11a].
3. The researchers took the suggestion on board and have revised the application to include procedural authorisation.
4. However, since there is a possibility that some participants may die before being able to sign the continuing consent form or the researchers are able to seek consent from the Person Responsible, the Committee considered and approved a waiver for the requirement for consent [National Statement 4.4.13].
5. s 47F was the Privacy Spokesperson for this application.

6. Next meeting

28 July 2011

Attachment 6 - Delegation Authority

AlfredHealth

29 June 2011

55 Commercial Road
PO Box 315 Prahran
Victoria 3181 Australia
Telephone 03 9376 2000
www.alfred.org.au

s 47F
C/- Alfred Health
55 Commercial Road
Melbourne Victoria 3004

Office of the Chief Executive

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Dear s 47F

Signing authority on behalf of the Ethics Committee

I hereby delegate signing authority for the following documents to Ms Rowan Frew, Secretary, Ethics Committee, Alfred Health:

- approval certificates for Ethics Committee approved projects
- authorisation to commence a project at Alfred Health (following Ethics Committee approval)
- approval certificates for low risk projects
- letters of exemption from ethical review
- documentation for the Therapeutics Goods Administration (TGA)
- approval certificates for post-approval amendments
- approval of advertisements, flyers and other similar post-approval documentation
- acknowledgement of post-approval monitoring documentation.

Yours sincerely

s 47F

Chief Executive

Sample Site Specific Assessment & Authorisation Letters



s 47F

s 47F

Alfred Hospital
Malignant Haematology and Stem Cell Transplantation
Alfred Hospital
Commerical Road
Melbourne , VIC 3004

01 March 2011

s 47F

Study title: A Randomised Phase III Study of Elacytarabine vs. Investigator's Choice in Patients with Late Stage Acute Myeloid Leukaemia

HREC Reference Number: HREC/10/PMCC/21

SSA Reference Number: SSA/11/Alfred/16

Protocol number: [insert where applicable]

Protocol version:

Thank you for submitting a Site Specific Assessment Form for authorisation of the above project at Alfred Health. I can confirm that the Form was received on 01 March 2011.

The Research Governance Officer will make an assessment of the suitability of the project for Alfred Health.

Please note you cannot commence this project at this site until you have approval from the reviewing HREC and receive authorisation from the Chief Executive or their delegate.

Yours sincerely

s 47F

s 47F

Alfred Health

E-mail: [Email]

Copy: s 47F



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Alfred Health

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s 47F
Alfred Hospital
Malignant Haematology and Stem Cell Transplantation
Alfred Hospital
Commerical Road
Melbourne , VIC 3004

02 March 2011

s 47F

Study title: A Randomised Phase III Study of Elacytarabine vs. Investigator's Choice in Patients with Late Stage Acute Myeloid Leukaemia

HREC Reference Number: HREC/10/PMCC/21 (Local Reference: Project Number: 62/11)
SSA Reference Number: SSA/11/Alfred/16
Protocol number: CLAVELA (CP4055-306)
Protocol version: Version 3 dated: 09-Jun-2010

Thank you for submitting a Site Specific Assessment Form for authorisation of the above project at Alfred Health. I can confirm that the submission was received on 01 March 2011.

I am pleased to inform you that authorisation has been granted for this project to be conducted.

Approved documents

Documents authorised were:

Document	Version	Date
Protocol: CLAVELA (CP4055-306)	3	09 June 2010
Investigator's Brochure: Elacytarabine (CP-4055) for Infusion	10	15 June 2010
Master Participant Information & Consent Form: Alfred Health	2.0	18 January 2011

If you have any matters that arise regarding conduct of the research at this site, please ensure you contact the Research Governance Officer.

Alfred Health wishes you and your colleagues every success in your research.

Yours sincerely

s 47F

s 47F

Alfred Health

E-mail: s 47F

Copy: s 47F



s 47F

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Alfred Health
Alfred Health
Medical Oncology Unit
Commercial Road
Melbourne
VIC 3004

27 May 2011

s 47F

Study title: An open-label, multicenter expanded access study of
R05185426 in patients with metastatic melanoma.

HREC Reference Number: HREC/11/PMCC/6

SSA Reference Number: SSA/11/Alfred/40

Protocol number: [insert where applicable]

Protocol version: 1

Thank you for submitting a Site Specific Assessment Form for authorisation of the above project at Alfred Hospital . I can confirm that the Form was received on 27 May 2011.

The Research Governance Officer will make an assessment of the suitability of the project for Alfred Hospital .

Please note you cannot commence this project at this site until you have approval from the reviewing HREC and receive authorisation from the Chief Executive or their delegate.

Yours sincerely

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Alfred Health
Medical Oncology Unit
Commercial Road
Melbourne
VIC 3004

30 May 2011

s 47F

Study title: An open-label, multicenter expanded access study of R05185426 in patients with metastatic melanoma.

HREC Reference Number: HREC/11/PMCC/6 (Local Reference: Project 97/11)

SSA Reference Number: SSA/11/Alfred/40

Protocol number: MO25515

Protocol version: 1 dated: 15 November 2010

Thank you for submitting a Site Specific Assessment Form for authorisation of the above project at Alfred Hospital. I can confirm that the submission was received on 27 May 2011.

I am pleased to inform you that authorisation has been granted for this project to be conducted.

Approved documents

Documents reviewed and approved were:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Protocol: MO25515	1	15 November 2010
Master Participant Information & Consent Form: Alfred Health	2	28 April 2011
Pregnant Partner Data Release Form	1	22 March 2011

If you have any matters that arise regarding conduct of the research at this site, please ensure you contact the Research Governance Officer.

Attachment 7

Alfred Health wishes you and your colleagues every success in your research.

Yours sincerely

s 47F

s 47F

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