HRCDC
Health Research Consent Declaration Committee

Time: **9:00am – 11:00am**
Date: **Wednesday, 15th April 2020**
Location: **Videoconference meeting**

Minutes of the Meeting

HRCDC Attendance

Name
Brigid McManus
Evelyn Mahon
Alyson Bailey
Kathy Brickell
Kevin Clarke
Sheelah Connolly
John Ferguson
Simon Furney
Aideen Hartney
Zubair Kabir
Barry O' Sullivan
Dan Rea
Emily Vereker (Secretariat)
Jonny Barrett (Secretariat)

Quorum for Decisions
☒YES

Observers

Jennifer Ralph James, Head, Office of the National Research Ethics Committee
Aileen Sheehy, Programme Manager, Office of the National Research Ethics Committee (NREC)

New Applications considered at this meeting:

Applicant	Ref No.	Title
Ger Curley	20-006-AF1/COV	A randomized double-blind placebo-controlled trial of intravenous plasma-purified alpha-1 antitrypsin for severe COVID-19 illness
Ignacio Martin-Loeches	20-007-AF1/COV	INTEGRATOMICS: Integration of data analytics in critically ill patients with COVID-19 infection

Meeting Items

1. Opening

The Chair opened the meeting and welcomed the members. The Chair introduced Jennifer Ralph James, Head of the Office for NREC, and Aileen Sheehy, Programme Manager with the NREC, who were present to observe the meeting of the HRCDC. The HRCDC were

provided with an overview of the role of the NREC and the integrated NREC-HRCDC application process for priority COVID-19 related research.

2. Apologies

Claire Collins, Malcolm Kell

3. Disclosure of Interest

There were no disclosures of interest recorded for this meeting.

4. New Applications

Reference ID:	20-006-AF1/COV
Lead Applicant:	Gerard Curley
Lead Data Controller:	The Royal College of Surgeons in Ireland
Title:	A randomized double-blind placebo-controlled trial of intravenous plasma-purified alpha-1 antitrypsin for severe COVID-19 illness
Research Objective:	Alpha 1 anti-trypsin (AAT) is a naturally-occurring protein in the human body. It is extremely safe, and it is already used as a therapy for patients with an illness called alpha-1 antitrypsin deficiency (AATD), among others. One of the main beneficial functions of AAT is to decrease inflammation. This is important in the context of COVID-19 as one of the key features of the disease is increased inflammation. This increase in inflammation can lead to lung damage, multi-organ failure, and, in severe cases, death. A substantial portion of patients that die from COVID-19 do so from Acute Respiratory Distress Syndrome (ARDS). ARDS is essentially lung failure due to increased inflammation in the lung, decreased oxygen and a build-up of fluid in the lung. Another key feature of ARDS is increased production of neutrophil elastase (NE), an enzyme that is destructive to lung tissue. AAT is known to bind and inactivate NE. This study will examine whether administering intravenous (IV) AAT to patients with COVID-19 and ARDS in the ICU can help to reduce the inflammatory and aid recovery.
Reason for Declaration	A declaration is sought to process the personal data of participants who, due to their condition, do not have decision-making capacity to provide consent. A deferred consent model will be implemented and next-of-kin (family) assent obtained. The scope of the consent declaration is for the following data processing activities; • The collection and processing of data from the medical records for this clinical trial • The storage (only) of personal data for future research, and • For the following data processing activities that are outlined the study information leaflet: (i) the analysis of the blood samples linked to personal data; (ii) from the follow-up clinic visits, the collection and processing of personal data (obtained via questionnaires and/or diaries) and the storage and analysis of newly collected blood samples that are linked to personal data
HRCDC Comments:	The Chair introduced the research study. Jonny Barrett (JB) provided an overview of the study and noted some important points of

	information to the HRCDC. It was highlighted that the scope of the declaration covers those who lack-decision making capacity until such time they regain capacity and can provide explicit consent. The Chair requested each HRCDC member to indicate whether a consent declaration should be made. After discussing the application in detail, and based on the information provided by the Applicant, it was the consensus of the HRCDC that a consent declaration could be made: **Public Interest** • The HRCDC was of the view that the study had a strong public interest with the aim of testing a potential treatment that could positively benefit patients with COVID-19. **Deferred consent and assent protocol** • The HRCDC noted that a deferred consent model, involving next-of-kin assent, will be implemented for this study. • In addition, the HRCDC discussed the Applicant's response that next-of-kin assent can be obtained by phone or videoconference facility should it not be possible to obtain assent in person. • The HRCDC was of the view that the deferred consent and assent protocol outlined in the application form provides an appropriate data protection safeguard which could be strengthened by seeking next-of-kin assent as soon as it is possible and appropriate to do so, including by phone or videoconference. **Study Information Leaflets & Consent/Assent Forms** • The HRCDC discussed the study information leaflets and the consent/assent forms that will be used. • It was noted that participants could benefit from additional and clear information on what is meant by a blind randomised placebo-controlled trial. In addition, the HRCDC was of the view that a participant's next-of-kin should fully understand why there are three separate treatment groups to which their relative may be randomly assigned as part of this trial. • The HRCDC discussed that the study information leaflets, and consent/assent forms, contain several different options as to how personal data and samples may by stored and/or used for future research. The HRCDC was of the view that the information leaflets and consent/assent forms should be amended to ensure that participants, and/or their next-of-kin, can more clearly indicate their preferences regarding the storage and future use of their personal data and samples. • The HRCDC also noted a section within the participant information leaflet that informs the participant that their family member has selected their own preferences regarding future contact and the use of data in future research. The HRCDC was of the view that it would be appropriate to amend this statement in the information leaflet as it could unintentionally influence the decision of the participant not to amend to indicate their own will and preference.

	• The HRCDC noted the reference to data subject rights in the study information leaflets. The HRCDC discussed that this section should be aligned with the rights that are outlined within the General Data Protection Regulations (GDPR), including any derogations from these rights where relevant. In particular the HRCDC were of the view that further clarity should be provided to the participant/next-of-kin where it states that requests to enact such rights may not be possible if it would make it impossible or very difficult to do the study. • In addition, the HRCDC discussed whether it is consistent with GDPR that next-of-kin have the right to access the personal data of their relative as outlined in the information leaflet. It was agreed that the Applicant should confirm whether this is correct and to amend the information leaflets as appropriate. • On the destruction of personal data, the HRCDC was also of the view that the information leaflets should inform the participant, and/or next-of-kin, that destruction will occur by witness shredding as is outlined in the HRCDC application form. • Moreover, it was noted that the study information leaflets inaccurately describe the role of the HRCDC and that this should also be amended. **Public and Patient Involvement (PPI)** • The HRCDC noted and acknowledged the Applicant's experience with public and patient engagement in the general area of Intensive Care related research • The HRCDC was of the view that the level of PPI in this specific study could be enhanced for the benefit of the study and ensuring an increase in the wider knowledge and understanding about this study within the public. Specific reference was made to PPI groups including *ICUSteps* and the soon to be established PPI group within the Clinical Trials Network. **Data Minimisation** • In line with the principle of data minimisation the HRCDC discussed whether the study could further minimise the personal data that is to be collected and processed within this study. For example, whether both age and date of birth are required for collection.
HRCDC Declaration Decision:	The consensus of the HRCDC was that a Conditional Consent Declaration should be made.
Duration of Declaration:	The Declaration is made commencing 15th April, 2020 and shall be valid until consent can be obtained from the participant or 10 years after the study concludes in August 2020, or upon confirmation that the data has been rendered anonymised or destroyed, or whichever occurs sooner.
Conditions Attached:	The following specific condition has been attached to the Declaration as follows: **Condition:** The HRCDC has requested that a process is implemented whereby next-of-kin assent for data processing is obtained as soon as possible; specifically, consideration should be given to obtaining next-

	of-kin assent by telephone or similar means where it is not possible to obtain assent in person
HRCDC Recommendations:	**Recommendation 1:** The Applicant is requested to consider implementing further data minimisation measures. Specifically, this includes whether both age and date of birth are required for collection. **Recommendation 2:** The HRCDC acknowledges the Applicant's experience with public and patient engagement, such as when disseminating research findings. The HRCDC further recommends that the level of public and patient involvement (PPI) in the development of this study is enhanced to ensure knowledge in context and experience can be gained through direct engagement with the public and patients. Engagement with representative groups such as ICUsteps and the soon to be established PPI group within the Clinical Trials Network should be considered. The Applicant is requested to report on efforts to enhance PPI as part of the Annual Review. **Recommendation 3:** With regards to the study information leaflet and consent forms consideration should be given to the following amendments for the benefit of the study and to ensure clarity for participants and/or their next-of-kin: i) Additional and clear information should be outlined on what is a blind randomised placebo control trial and, specifically why there are three separate treatment groups to which their relative may be randomly assigned. ii) The HRCDC note that the study information leaflets, and the consent/assent forms contain several different references to the storage and the use of personal data and samples for future research that may cause confusion for the next-of-kin or the participant. For example, multiple different options for the storage and future use of personal data and samples are provided in the assent and consent forms. The study information leaflet and assent form should be amended so that the participant and/or their next-of-kin understand and can clearly indicate their preference for how personal data and samples may be stored for and used in future research. iii) In the section 'Consent to Future Studies' the participant information leaflet states that '*Your family member has put forward their preferences for both future contact and storage and future uses of the data…*'. As the participant may feel pressurised not to change the preferences made by their next-of-kin, this statement in the information leaflet should be amended as appropriate. iv) The participants data protection rights outlined in the study information leaflets should be clearly aligned with the General Data Protection Regulations (GDPR), including any derogations from data protection rights. Specifically, the HRCDC recommend that: - further clarity is provided to the participant and/or next-of-kin where it is stated that rights cannot be exercised '*unless your request would make it impossible or make it very difficult to do the study*'. These statements in the Data Protection section maybe

	confusing. Eg Point 10 states that incorrect data may not be corrected upon request. - in the next-of-kin information leaflet, that the applicant confirms whether it is correct that family members have the right to access the personal data of their relative. v) The study information leaflets should also inform the participant and/or their next of kin that the destruction of the personal data will also include witness shredding as described in the HRCDC application form. vi) As outlined by the Secretariat in its letter dated April 9th 2020, the information leaflets should be amended to clarify the role and remit of the HRCDC.

Reference ID:	20-007-AF1/COV
Lead Applicant:	Ignacio Martin-Loeches
Lead Data Controller:	St. James' Hospital, Dublin
Title:	INTEGRATOMICS: Integration of data analytics in critically ill patients with COVID-19 infection
Research Objective	The project will analyse data relating to medical support of COVID-19 patients in the Intensive Care Unit (ICU) to look for 'patterns' or correlations between treatments and responses during critical care support. The data to be analysed will come from electronic records that are generated in the hospital whilst monitoring patients continuously. Researchers will look for relationships between 'medical support' such as drugs that have been administered and the patient responses measured by parameters such as blood pressure, pulse, breathing, biochemistry (blood and urine). St James's Hospital ICU will work with an academic research centre called CeADAR, that specialises in data analysis and Artificial Intelligence (AI). Large, de-identified, datasets on patient monitoring outputs will be sent to CeADAR for analysis and modelling. Computer algorithms will be used to interrogate the data and to look for relationships within the data that a clinician can interpret. It is hoped that by presenting this data as correlations to a clinician, information will be available in a format that can help them to use it more effectively to help support decisions about supporting patients in the ICU. Ultimately, this may lead to optimised treatment plans, improved patient care and cost savings.
Reason for Declaration	The Applicant is seeking a consent declaration to review patient electronic medical records, collect data and subsequently pseudonymise data for the purpose of transferring to the data processor for interrogation using AI software.
HRCDC Comments:	The Chair introduced the research study. Emily Vereker (EV) provided an overview of the application and highlighted correspondence between the Applicant and the Secretariat in addition to important points of information. It was noted that there were inconsistencies in the information provided to both the Research Ethics Committee (REC) and the HRCDC. Following queries from the Secretariat regarding the information, the Applicant submitted a revised application to the REC. Any decision

	made by the HRCDC would be conditional upon receipt of REC approval for the study. The Chair requested each HRCDC member to indicate whether a consent declaration should be made. After discussing the application in detail, and based on the information provided by the Applicant, it was the consensus of the HRCDC that no Consent Declaration should be made based on the following interlinked grounds: **Transparency** • The HRCDC was of the view that insufficient transparency measures were to be implemented and, as a result, participants would not be informed about this specific study or how their personal data is to be processed. • The HRCDC discussed that the privacy notices provided by the applicant were generic hospital privacy notices and not specific to this study. These notices were not easily accessible to participants and maybe difficult for some individuals to read. In addition, the HRCDC noted that one of the notices inaccurately states that consent would be sought when the hospital wishes to conduct research, which is in contradiction to how this research study is being conducted. • The HRCDC also noted the Applicant's response that the participants would not be able to withdraw their personal data from the study at any point. • The HRCDC commented that although the withdraw of personal data may cause inconvenience to the researcher, it is an important data protection right that should be upheld in line with GDPR. **Rationale for no consent** • The HRCDC noted the applicant's response that obtaining explicit consent could result in a bias database for analysis. However, the HRCDC considered that not attempting to obtain participant consent or next-of-kin assent as a safeguard, because of the risk of data biasness, is an insufficient reason in itself. • In addition, considering the quantity of personal data that will be collected on a daily basis and its use through machine learning, the HRCDC was also of the view that it would be appropriate and feasible to attempt to obtain participant consent from the 50 participants it aims to enrol for this ICU based study, or implement a next-of-kin assent model coupled with deferred consent where the participant has a lack of decision making capacity. **Public Interest** • The HRCDC noted that the study did have a degree of public interest by helping to develop an Artificial Intelligence (AI) programme that has the potential to support clinical decision-making within the Intensive Care Unit (ICU). • The HRCDC did not see evidence from the information provided of a clear defined research question being addressed even though a significant amount of personal data is being collected. • The HRCDC discussed while the outputs of the study which may positively influence clinical treatment and management of current

	COVID-19 patients, the use and impact of the results is unlikely to be seen in the short to medium term. • It was also discussed that the study involves enrolling a small number of COVID-19 patients from just one ICU at a single hospital site; the HRCDC was not convinced that this cohort size is sufficient to produce results that can provide meaningful scientific impact in the near and longer-term, or if the output of the AI modelling would be immediately used or relied upon by treating healthcare practitioners of COVID-19 patients. **Summary:** When weighing up the aforementioned points of discussion, the HRCDC was not convinced that the overall scientific impact of the study was of significant public benefit and interest, such that it significantly outweighed the data protection rights of participants and mitigated the requirement to obtain explicit consent. This view was coupled with the view that there was insufficient data protection safeguards as required under the Health Research Regulations. The HRCDC discussed that any decision not to make a declaration made by, does not preclude an Applicant Data Controller from submitting another application, so long as that application is sufficiently different with material changes having been made to it, following from the previous application. This would be in line with Section 7 of the HRCDC Standard Operating Procedures. Should a re-submission of a materially different application be made, the HRCDC must be re-assured that the Research Ethics Committee have approved the study based on a robust application that reflects that outlined in the new HRCDC application. Any re-submission of a substantially amended study should highlight if the study has been successfully funded through a rigorous scientific review process.
HRCDC Declaration Decision:	The consensus of the HRCDC was that No Consent Declaration should be made

5. Any other Business

a. The Secretariat asked the HRCDC whether they wished to use written feedback forms for COVID-19 related applications that was introduced recently for remote teleconferencing meetings. The consensus of the HRCDC was that, although useful, it was not necessary to complete and forward written feedback to the Secretariat for circulation in advance of COVID-19 HRCDC meetings, given the short turnaround time. The process for getting all members views for remote meetings was working well.

b. The HRCDC was asked if an earlier start time should be considered for the non-COVID HRCDC meetings, given that the HRCDC was not currently travelling for these meeting. The HRCDC was of the view that the meetings could start earlier at 9:30am.