HRCDC
Health Research Consent Declaration Committee

Date: 23rd September 2020
Location: Videoconference

Minutes of the Meeting

HRCDC Attendance

Name
Brigid McManus
Evelyn Mahon
Alyson Bailey
Kevin Clarke
Claire Collins
Sheelah Connolly
John Ferguson
Zubair Kabir
Dan Rea
Emily Vereker (Secretariat)
Jonny Barrett (Secretariat)
Genevieve Osanife (Secretariat)

Quorum for Decisions ☒YES

New Amendments - For Consideration

Applicant	Ref No.	Title
Alistair Nichol	19-004-AF2/AMD3/COV	Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia (REMAP-CAP)

New Applications - For Consideration

Applicant	Ref No.	Title
John Laffey	20-026-AF1/COV	Charter Trial - Can Nebulised HepArin Reduce acuTE lung injury in patients with SARS-CoV-2 Requiring Mechanical Ventilation in Ireland (CHARTER-Irl)
Fiachra Cooke	20-021-AF1/COV	ReCaP: Rectal cancer Management During the COVID-19 Pandemic

Meeting Items

1. **Opening**
   The Chair opened the meeting and welcomed the members.

2. **Apologies**
   Aideen Hartney, Simon Furney, Kathy Brickell, Malcolm Kell, Barry O'Sullivan

3. **Disclosure of Interest**
   There were no disclosures of interest for this meeting.

4. **Minutes of the last meeting**

Draft minutes of the 4th September 2020 meeting were circulated in advance of the meeting and were approved by the HRCDC.

5. Amendment

Reference ID:	19-004-AF2/AMD3/COV
Lead Applicant:	Alistair Nichol
Lead Data Controller:	St. Vincent's University Hospital, University Medical Centre Utrecht, Monash University
Title:	Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community- Acquired Pneumonia (REMAP-CAP)
Research Objective:	See minutes of 25th July 2019
Purpose of Amendment:	The Applicant requests an amendment to the existing consent declaration for the following reasons: • The addition of two domains to the existing REMAP-CAP study, in response to COVID19. The two further domains are the use of Vitamin C as a treatment and use of a Therapeutic Anticoagulation. • The addition of Monash University as a Data Controller.
HRCDC comments:	The Chair requested each member to indicate whether the request for the amendment should be approved. Based on the information provided it was the consensus of the HRCDC that the amendment to the consent declaration could be made: • The HRCDC was of the view that further information could have been provided by the Applicant to fully clarify why Monash University is now a joint data controller of the study. It was acknowledged that Monash University has previously been noted as a data processor in the study. The HRCDC noted that it is up to the parties involved in the study to determine the relevant roles and responsibilities. • The HRCDC emphasised that it is important for the appropriate legal arrangements to be in place between the joint data controllers of the study. • It was noted that research ethics approval provided for some of the research sites included either the Vitamin C or Therapeutic Anticoagulation domain, but not both. • In light of the number of amendments that have been made to the consent declaration for the REMAP-CAP study, the HRCDC discussed the expanding scope of the study over time. It was discussed that the nature of the REMAP-CAP study was adaptive in that it allowed for a continuous update of optimal treatment for community-acquired pneumonia, including for COVID19. The HRCDC discussed that it would be necessary for any subsequent amendment request to be accompanied by a synopsis of the research, data processing activities undertaken to date, the number of participants recruited for each domain and data flow. This would assist with understanding the totality of the study, • With regards public and patient involvement, the HRCDC commended the Applicant's reference to the establishment of an Irish Critical Care Clinical Trials Network Public and Patient Involvement Group.

HRCDC Decision:	The consensus of the HRCDC was that the conditional declaration could be amended as requested by the Applicant.
Amendment Duration:	The Amendment is made commencing 23rd September 2020 and shall be valid until 2021 and 15 years thereafter (until 31st August 2036), or upon confirmation that the data has been rendered anonymised or destroyed, or whichever occurs sooner (This timeline is in line with the duration of the consent declaration).
Conditions Attached:	**Condition 1.** It is a condition of this amendment that the appropriate joint data controller arrangement/agreement is in place between the joint data controllers of this study, St. Vincent's University Hospital, University Medical Centre Utrecht and the new joint data controller, Monash University. The appropriate agreement must be in place prior to any transfer of data to the new joint data controller, Monash University.
Further Requests:	The HRCDC has requested that any potential future amendment request made by the Applicant should be accompanied by a synopsis of the REMAP-CAP study and data processing activities undertaken to date. This synopsis should include information on the number of participants recruited to the study for the different domains as well as an overview of the data collection activities and overall data flow between the parties involved in the study. To understand the totality of the study, an overview of the study should be provided in order for the HRCDC to consider the overall current scope of the consent declaration as amended. *Note:* This request is specific for any future amendment request for the REMAP - CAP study and is not a condition attached to the Amendment, but nonetheless must be provided to the HRCDC if there is a future submission for an amendment.

6. New Applications

Reference ID:	20-021-AF1/COV
Lead Applicant:	Fiachra Cooke
Lead Data Controller:	University Hospital Waterford (Ire) & Countess of Chester Hospital (UK)
Title:	ReCaP: Rectal cancer Management During the COVID-19 Pandemic
Research Objective:	The ReCap study is a multicentre study being conducted by surgical researchers in the UK and Ireland. The study is being performed to assess the impact of changes in rectal cancer management during the COVID-19 pandemic on patient outcomes from rectal cancer. The study will be performed in two stages: Phase I - Audit: The first stage will involve collection of audit data regarding rectal cancer management from patients diagnosed with and treated for rectal cancer during the COVID19 pandemic. This data will be compared with standard pre-pandemic rectal cancer management using pre-pandemic guidelines and rectal cancer audit data collected prior to the pandemic. The survival data from these patients will be collected to complete the audit data collection at 5 years post-pandemic. Phase II - Research: The second stage of the study will involve inviting patients who were diagnosed or treated for rectal cancer during the COVID-19 pandemic to complete surveys assessing their experience of

	treatment and their quality of life after treatment. Surveys will be performed at 1 and 3 years post-pandemic.
Reason for Declaration:	A declaration is being sought for the following data processing activities: i) collecting, transferring, storing, pseudonymising multi-site audit data of participants for research purposes; ii) collecting survival data from medical records for the same participants at 3 and 5 years, post treatment; iii) linking the audit survival data with survival data collected by the National Cancer Registry of Ireland (NCRI); iv) review of the identifiable, multi-site audit data, for the purpose of inviting participants to Phase II (Research) of the study; v) survival data from the participant's medical records will be collected and cross-referenced with NCRI if explicit consent for the Phase II surveys cannot be obtained i.e. if participants do not respond to an invite to participate.
HRCDC Comments:	The HRCDC noted that ethics approval had been granted by the National Research Ethics Committee (NREC) for COVID19 for the study where the design, methodology and ethical aspects of the study, including consent protocols are considered. Only studies that have ethical approval, or provisional ethical approval, can be considered by the HRCDC to consider if the public interest outweighs the requirement for explicit consent. The Chair requested each HRCDC member to indicate whether a consent declaration should be made. After discussing the application, and based on the information provided by the Applicant, it was the consensus of the HRCDC that no Declaration should be made. **Rationale for no consent** • The HRCDC noted the reasons outlined as to why it is not feasible to obtain participant consent, including to prevent causing distress to the individual, lack of resources and data biasness. • The HRCDC discussed that whilst obtaining consent could introduce a risk of data bias, it also noted there are approaches that can be used to help mitigate against this risk. • The HRCDC also noted that approximately 130-150 participants will be included from a total of 11 Irish sites and that they are identified by the hospital's multi-disciplinary team. It was the view of the HRCDC that it should therefore be possible to seek participant consent from this relatively small number of participants at each site, particularly if they are still attending the hospital for treatment. • It was also discussed that individuals will be approached to seek consent for Phase II of the study and that HRCDC generally considers the presumption of causing potential distress as an insufficient reason for not seeking to obtain consent. Additionally, the lack of resources is also an insufficient reason not to obtain consent from individuals. • On balance, the HRCDC was of the view that the reasons put forward by the Applicant as to why consent cannot be obtained were insufficient. **Data Flow and Study Design**

	• It was discussed that the information provided on the data flow and study design was unclear and inconsistent. • For example, for Phase I it was not clear whether the data on the management of participants diagnosed during the pandemic was to be compared with those diagnosed pre-pandemic or only compared with the pre-pandemic guidelines. It was further highlighted that the study's objectives made no reference to a comparison group. • It was also not clear when and if data collected from Phase I of the study, is transferred to the UK data controller. In addition, the timepoints for the collection of follow-up data were not clear with references made to 1, 3 and 5 years. • It was noted that the contact information of the Irish participants who provide consent, will be transferred to the UK data controller for the purpose of disseminating the Phase II survey, rather than the Irish Hospital sites doing so. The HRCDC queried whether the survey could be disseminated by the Irish parties involved, as a data protection safeguard, to avoid personally identifiable information from leaving the State unnecessarily. **Transparency** • The HRCDC was of the view that the proposed transparency measures to be implemented were inadequate. • Specifically, it was discussed that participants will not be made aware of this study for a number of months, until those who are diagnosed or treated for rectal cancer are asked to provide consent for the Phase II questionnaire. **Public and Patient Involvement (PPI)** • The HRCDC considers PPI in health research an important safeguarding element, where no explicit consent is being sought, to ensure a PPI perspective is reflected in the overall study. • The HRCDC acknowledged the Applicant's response regarding PPI, including the PPI group in the UK and references to an Irish patient representative. However, it was considered that further PPI should have been undertaken with Irish representatives specifically. **Public Interest** • The HRCDC acknowledged that the study is of public interest. • However, when weighing up the aforementioned points of discussion, in particular the rationale for why it was not possible to obtain consent, given the number of participants at each Irish site, the HRCDC was not of the opinion that public benefit and interest in the research study significantly outweighed the requirement to obtain the explicit consent. This view was further coupled with the view that personal data transferred to the UK was an avoidable data protection risk, transparency measures were insufficient, coupled with insufficient PPI. **Other**

	• It was queried whether Phase I of the study, described as an 'audit' by the Applicant, required a consent declaration as a clinical audit falls outside the remit of the Health Research Regulations. • The Applicant confirmed that the scope of the declaration included Phase I of the study. It was discussed that the term 'audit' appeared to be used to describe a chart review methodology and no direct reference was made to quality improvement which is a core component of a clinical audit.
HRCDC Decision:	The consensus of the HRCDC was that no Declaration should be made.
HRCDC Feedback:	The HRCDC discussed that although no declaration was made, this does not preclude the Applicant Data Controller from submitting a new application in the future for this study, where significant and material changes have been made to the application seeking a consent declaration. Where best endeavourers have been made to seek consent from participants and where no response was provided, a consent declaration may be applied for in this scenario. All of the points outlined above must be fully considered and addressed, including the HRCDC's views that it is feasible and appropriate to obtain participant consent, clarity and consistency of information on the data flow and study design, transparency methods and enhanced PPI. Any HRCDC decision would be made on the basis of the new application. This would be in line with Section 7 of the HRCDC Standard Operating Procedures.

Reference ID:	20-026-AF1/COV
Lead Applicant:	John Laffey
Lead Data Controller:	National University of Ireland, Galway (NUIG)
Title:	Charter Trial - Can Nebulised HepArin Reduce acuTE lung injury in patients with SARS-CoV-2 Requiring Mechanical Ventilation in Ireland (CHARTER-Irl)
Research Objective:	The aim of this research is to study the effect of administration of a drug called unfractionated heparin, via a nebuliser device. The research will evaluate the effect of this drug on the severity of lung injury and the inflammation in patients requiring invasive mechanical ventilation in the intensive care unit for SARS-CoV-2 lung disease. As this is the first study of nebulised heparin in COVID19 lung disease the research will assess the safety of this treatment as a co-primary outcome. Heparin will be administered via a device called a nebuliser, which converts the liquid medication into tiny droplets which are deposited directly in the lungs via the ventilator. Patients selected for inclusion in the study will already be requiring respiratory support (i.e. invasive ventilation) through a breathing tube in their throat, and have high oxygen requirements, and a diagnosis (clinical and awaiting laboratory confirmation or laboratory confirmed) of COVID19. The study will assess blood samples for markers of inflammation and any unwanted side effects, or harm caused by the drug, along with some clinical outcomes.
Reason for Declaration:	A declaration is requested for the processing of personal data (collecting, transferring, storing, pseudonymising and analysing) of study participants who lack decision-making capacity specifically for the

	purpose of undertaking this clinical trial. A protocol of deferred patient consent and proxy assent will be implemented for these participants.
HRCDC Comments:	The HRCDC noted that ethics approval had been granted by the National Research Ethics Committee (NREC) for COVID-19 for the study where the design, methodology and ethical aspects of the study, including consent protocols are considered. Only studies that have ethical approval, or provisional ethical approval, can be considered by the HRCDC to consider if the public interest outweighs the requirement for explicit consent. The Secretariat highlighted that both the provisional and full NREC approval letters have been provided. The Chair requested each HRCDC member to indicate whether a consent declaration should be made. After discussing the application, and based on the information provided by the Applicant, it was the consensus of the HRCDC that a conditional declaration should be made. **Public Interest** • The HRCDC was of the view that the study was of strong public interest. **Study Information Leaflet and Assent/Consent Forms** • The Applicant provided the study information and assent/consent forms for Galway University Hospital. It was queried if there are separate study information leaflets and assent/consent forms for the Beaumont Hospital site. • It was commented that the script that will be used to obtain telephone assent was relatively long and may be difficult to follow for individuals providing assent, who are listening to the information being read out. The HRCDC considered that it may be beneficial to revise the information being verbalised such that it can be easily understood whilst being sufficiently informative about the study. • In line with the provisional approval letter from the NREC, it was the consensus that a copy of the study information leaflet and assent form should be sent to the proxy who is providing telephone assent on behalf of the participant and should be sent prior to obtaining telephone assent. • Furthermore, the HRCDC commented that for the purpose of record keeping, that a signed copy of the assent form should be returned to the study team. • It was noted that the study information leaflet and assent/consent forms provide options for the future use of the data that has been collected. These options included references to future research involving potential commercial companies. • The HRCDC commented that the Applicant should ensure that the information and options provided for the future use of data/samples should be consistent and clear for participants. • The HRCDC also discussed the letter that will be sent to the participant's General Practitioner to inform them of the study and to request follow-up data at 28 & 60-days recovery. It was considered

	appropriate that participants and/or their proxy should be asked to provide consent/assent for this specific activity. **Participants who do not regain capacity** • Where a participant lacks-decision making capacity for a prolonged period of time the HRCDC discussed that it would be appropriate to reaffirm proxy assent at an appropriate point in time as the study progresses. • It was further discussed that, as part of the annual review, it would be useful for the HRCDC to understand the proportion of participants who do not regain decision-making capacity and whose personal data are therefore the subject of this declaration. **Withdrawal from the Study** • It was discussed that the process for withdrawing from the study should be more clearly outlined to the participant and their proxy. This includes further information with regards to what point participants or their proxy can withdraw from the study and clear options for what will happen to the data that has already been collected. • It should also be clear to the proxy that, after providing telephone asset, they can withdraw their relative and their data from the study if they so wish. • The HRCDC also noted the response in the data protection impact assessment (DPIA) that if a participant wishes to exercise their right to data erasure, a response will be provided within one month. It was the view of the HRCDC that the study should aim to respond to such requests within a much shorter timeframe, and as soon as possible. **Public and Patient Involvement (PPI)** • It was commented that the Applicant should enhance the level of PPI that will be undertaken for this study. It was noted that the DPIA references further actions to be taken with regards consulting public and patient representatives. **Data Flow** • The HRCDC was unclear who from the research team will be collecting the 28 and 60-day follow-up data from the healthcare records and, where necessary, from other healthcare providers such as the participant's GP.
HRCDC Decision:	The consensus of the HRCDC was that a Conditional Consent Declaration should be made.
Duration of Declaration:	The Declaration is made commencing 23rd September 2020 and shall be valid until 31st September 2021, and for 15 years thereafter (until 31st September 2036) or upon confirmation that the data has been irrevocably rendered anonymised or destroyed, or whichever occurs sooner.
Conditions Attached:	**Condition 1.** In line with the provisional approval from the National Research Ethics Committee for COVID-19, where telephone assent is obtained from the participant's proxy, a copy of the study information leaflet and assent form must be sent to the proxy, and preferably before seeking telephone assent. Once telephone assent has been obtained,

	a signed copy of the assent form should also be returned to the study team as a record of the assent obtained. When obtaining proxy telephone assent, the Applicant should ensure there is clear information provided to the proxy such that they can subsequently request that the research participant and their data can be withdrawn from the study if they so wished. (*Please see Recommendation 4*). **Condition 2**. The HRCDC requests that the research team ensure they seek explicit consent/assent from the participants and/or the proxy to contact the participant's GP and request follow-up data at 28 and 60-days recovery. **Condition 3.** The HRCDC considers public and patient involvement (PPI) in health research an important safeguarding element. It is a condition of the declaration that 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 should be considered. If there are constraints using normal means to engage with PPI representatives and advocacy groups in light of the ongoing coronavirus situation, the Applicant is advised to engage by alternative means such as email and videoconference as appropriate. The Applicant should also be aware of the recent statement made by the Irish Platform for Patient Organisations, Science and Industry (IPPOSI), setting out the importance of understanding the patient perspective during the COVID19 pandemic. The Applicant is requested to report on efforts to enhance PPI as part of the Annual Review.
HRCDC Recommendations:	**Recommendation 1.** As an additional data protection safeguard, where a participant continues to lack decision-making capacity for a prolonged period of time and where the proxy assent remains in place, the Applicant should seek confirmation from the individual who provided assent, that they wish for the study participant's personal data to continue to be processed as part of this research study. Confirmation should be obtained at an appropriate stage of the study that does not cause undue distress or harm to the individuals concerned. **Recommendation 2.** The Applicant is requested to carefully review and amend the study information leaflets and the consent and assent forms to ensure clarity and consistency of information are provided with regards the use of data/samples in future research, including future research involving commercial companies. The Applicant should ensure that the consent obtained for the future use of data is compliant with data protection legislation. **Recommendation 3.** The HRCDC recommends reviewing and revising the information being verbalised via the telephone assent script to ensure that it is easily understood by the individual providing proxy assent, whilst being sufficiently informative about the study. As part of this process, the Applicant should consider testing the telephone script with public and patient representatives.

	Recommendation 4. The Applicant is requested to ensure that information on the process for withdrawing from the study, and options for what will happen the data already collected, are clearly outlined in the study documents provided to the participant and their proxy. It should be also be clear at what point data can or cannot be withdrawn from the study, & what happens to data if they withdraw. The HRCDC also recommends that the timeframe for responding to requests to erase data should be reduced from the current 1-month deadline, if possible.

7. Any other Business

- The HRCDC was informed that the Public Notice Campaign for the Brain Tumour Study being carried out by Beaumont Hospital and Genuity Science (formerly Genomics Medicine Ireland) has been extended until 31st December 2020. (Reference ID: 19-006-AF3 "Contribution of Whole Genome Sequencing to Brain Tumour Biology").
- HRCDC members were reminded of the dates and times for the remaining HRCDC meetings of 2020.