Health and disability research

These screening questions will help determine whether HDEC review is required for your study. They are based on the rules contained in section three of the *Standard Operating Procedures for Health and Disability Ethics Committees*.

Don't hesitate to contact us if you'd like help answering these questions, or any others in the HDEC form.

A. Health and disability research

Does your study aim to improve health outcomes, or outcomes for disabled people?

- (•) Yes
- ( ) No

Human reproductive research

B. Will your study involve the creation or use of a human gamete, a human embryo or a hybrid embryo?

- ( ) Yes
- (•) No

Type of study

C. Is your study:

- (•) an intervention study?

In intervention studies, the investigator controls and studies the preventive, diagnostic or therapeutic intervention(s) provided to participants for the purpose of adding to knowledge of the health effects of the intervention(s). Many intervention studies are clinical trials.

- ( ) an observational study?

In observational studies the researcher has no control over study variables, and merely observes outcomes.

Main Criteria

D. Will your study involve **human participants** recruited in their capacity as:

- consumers of health or disability support services, or
- relatives and/or caregivers of consumers of health or disability support services, or
- volunteers in clinical trials (including bioequivalence and bioavailability studies)?

- (•) Yes
- ( ) No

E. Does your study involve the use, collection or storage of **human tissue** (as defined by section 7 of the Human Tissue Act 2008)?

Examples of human tissue include:

- *all or any part of a body*
- *whole human organs or parts of them*
- *human stem cells or other human cells*
- *human blood*
- *human bone marrow*
- *human hair, nails, and skin*
- *human mucus, sputum, or urine.*

◯ Yes
◉ No

G. Will your study involve the use or disclosure of **health information** (as defined by section 4(1) of the Health Information Privacy Code 1996)?

Health information is about identifiable individuals. It includes:

- *information about the health of an individual, including his or her medical history*
- *information about any disabilities that individual has, or has had*
- *information about any health services or disability services that are being provided, or have been provided, to that individual*
- *information in connection with the donation of any body part or any bodily substance of that individual*
- *information derived from the testing or examination of any body part, or any bodily substance of that individual*
- *information about the individual which is collected before or in the course of, and incidental to, the provision of any health service or disability service to that individual.*

◉ Yes
◯ No

H. *You don't need HDEC approval to use health information for research if:*

- *informed consent to this use has already been obtained*
  or
- *the health information won't be disclosed* to researchers in a form that would allow them to identify the individual(s) concerned, or to match the information with other datasets through a non-encrypted identifier (eg, an NHI number).*

Does one of these exceptions to the need to obtain HDEC approval apply to your study?

◯ Yes
◉ No

* See rule 11 of the Health Information Privacy Code 1996.

Exemptions

I. ***Exemption for low risk medical devices***

Does your study involve evaluating a low-risk (class I) medical device?

Low-risk (class I) medical devices are defined from page 77 of the Australian Therapeutic Goods Administration's Australian Regulatory Guidelines for Medical Devices.

◯ yes
◉ no

INCLUSIONS

HDEC REVIEW

O. Your study requires HDEC review

The question below will determine the review pathway appropriate to your study.

Does your study involve any of the following? (select all that apply)

- ☐ a new medicine
- ☑ an approved medicine being used for a new indication or through a new mode of administration
- ☐ a medical device that is or would be classified as a class IIb, class III, or active implantable medical device by the Therapeutic Goods Administration (TGA)
- ☐ a new surgical intervention
- ☐ one or more participants who will not have given informed consent to participate
- ☐ one or more participants who are vulnerable (that is, who have a restricted ability to make independent decisions about their participation)
- ☐ standard treatment being withheld from one or more participants
- ☐ the storage, preservation or use of human tissue without consent
- ☐ none

Full. *Your study will be reviewed by the **full review** pathway described at section 5 of the Standard Operating Procedures for Health and Disability Ethics Committees.*

a.1 Title and summary

a.1.1.

Short study title: Pilot Trial Proposal looking at the use of Cannabinoids for analgesia in chronic myocardial ischaemic chest pain

a.1.2.

Formal study title: Pilot Trial Proposal looking at the use of Cannabinoids for analgesia in chronic myocardial ischaemic chest pain, using Sativex Oromucosal Spray

a.1.3. A protocol must be uploaded in the "Documents" tab before submission to an HDEC.

If this protocol has a unique identifier, please enter this below.

Protocol number (if applicable): none

a.1.4. Please provide the dates on which you plan to commence and conclude your study in New Zealand

Planned commencement date: 01/07/2014
Planned conclusion date: 01/09/2014

a.1.5. Please provide a brief, plain English summary of your study.

[< 2000 characters]

Synopsis

Current management of the symptoms of Acute Myocardial Infarction (AMI) has not changed despite many advances in anti-platelet therapy and arterial catheterisation to treat its cause and effect. The use of Glyceryl Tri-nitrate (GTN) and Morphine have been the mainstays of symptom management for over a hundred years and yet no adducts to this therapy have been developed, and many patient have continued to experienced pain despite to diagnosis of AMI being made with the associated increase in myocardial damage from Noradrenaline release. 1

The discovery of CB1 and CB2 receptor, followed by the understanding of the Endocannabinoid system has lead to many new pharmacological opportunities for the use of cannabinoids in modern medicine. 2

Cannabinoids have been shown to be effective against chemical 3, mechanical martin 96 and thermal 3 pain stimuli. There antinociceptive effects exerted by a complex mechanism involving CNS Fox 01 spinal cord 4 and peripheral sensory nerves 5 consistent with anatomical location of CB1 receptors (brain, spinal dorsal horn, dorsal root ganglia and peripheral afferent neurons 6). Furthermore 'agonist-activated cannabinoid receptors, modulate nociceptive thresholds, inhibit release of pro-inflammatory molecules, and display synergistic effects with other systems that influence analgesia, especially the endogenous opioid system.' 7 This especially is a potentially important chacteristic as the administration of Cannabinoids would not only act as an analgesia indepentantly but also synigically with morphine reducing to total opiate dose required to achieve a painfree outcome.

There has been mixed results using Sativex as an analgesic in trials so far in one study it was shown to reduce neuropathic pain with traumatic nerve injuries or MS 8 and have significant benefit in opiate-resistant intractable pain due to cancer, 9 as well as significant dose-related improvement in rescue analgesia requirements in patients with post

a.1.6. Please provide a brief summary of the main ethical issues that you believe your study may raise.

[< 1200 characters]

I do not believe there to be any ethical issues.

a.2.1. Does your study aim to improve knowledge of:

- ○ diagnosis
- ○ early detection / screening
- ○ prevention
- ◉ treatment
  - ◉ medicines
  - ○ devices
  - ○ surgery
  - ○ radiotherapy
  - ○ other:
- ○ rehabilitation
- ○ lifestyle/behaviour
- ○ other:

a.2.1.1. Which of the following best describe your intervention study?

Blinding:	◉ open-label	○ single-blind	○ double-blind		
Arms:	◉ two-arm	○ multi-arm			
Design:	○ parallel	○ crossover	○ dose-ranging	○ cluster	◉ factorial
Control:	○ placebo-controlled	○ active-controlled	◉ uncontrolled		
Randomisation:	○ randomised	◉ non-randomised			
Aim:	○ superiority	◉ equivalence	○ non-inferiority		
	○ none of the above				

a.2.1.2. Which of the following best describe your study?

- ○ phase I
- ○ phase I/IIa
- ◉ phase II
- ○ phase IIb
- ○ phase III
- ○ phase IV
- ○ none of the above / not sure

a.2.2. Please select the ANZSRC field of research that best describes your study from the drop-down menus.

Level 1: 11 Medical and Health Sciences

Level 2: Cardiovascular Medicine and Haematology

Level 3: Cardiology (incl. Cardiovascular Diseases)

a.3 Investigators

Co-ordinating Investigator (CI)

The CI has overall responsibility for the conduct of the study, including adherence to established ethical standards.

In student research, the student him- or herself is the CI.

a.3.1. Are you the CI for this study?

- ◉ Yes
- ○ No

a.3.1.1. *The CI must authorise this application (through the "Authorisations" tab) before it can be submitted to an HDEC for review. You should request authorisation once you have completed all questions in the Online Form, or sign this form as the Co-ordinating Investigator in the Authorisations tab.*

Please provide the following information on the study's CI.

	Title:	Forename/Initials:	Surname:
	Dr	Adrian	Owen
Mailing Address:	26 Wallis St		
Suburb/Town:	Raglan		
Postcode:	3225		
Country:	New Zealand		
Organisation:			
Department*:			
Position:			
E-mail:	adrianowen@live.com		
Phone (BH):	021803229		
Phone (AH)*:			
Mobile*:			
Fax:			

Other Investigator(s)

Other than the Co-ordinating Investigator, Investigators at all localities in a multi-centre intervention study must be listed as Investigators. Supervisors of student research must also be listed as Investigators.

You may list any other Investigators at your discretion.

a.3.2. Will any co-investigators be involved in conducting your study?

- ○ Yes
- ◉ No

a.4 Primary contact person

a.4.1. Are you the primary contact person for this study?

- ◉ Yes
- ○ No

	Title:	Forename/Initials:	Surname:
	Dr	Adrian	Owen
Mailing Address:	26 Wallis St		
Suburb/Town:	Raglan		
Postcode:	3225		
Country:	New Zealand		
Organisation:			
Department*:			
Position:			
E-mail:	adrianowen@live.com		
Phone (BH):	021803229		
Phone (AH)*:			
Mobile*:			

Fax:

a.5 Sponsor

The sponsor has overall responsibility for the initiation, management, and financing arrangements of a study.

a.5.1. Which of the following best describe the sponsor(s) of your study?

- ☐ pharmaceutical company
- ☐ medical device company
- ☐ academic institution
- ☐ collaborative research group
- ☐ district health board (DHB)
- ☐ other government agency
- ☐ non-governmental organisation (NGO)
- ☐ other

- ☑ no sponsor

Third party performing sponsor's duties or functions in New Zealand

a.6 Localities and participants

New Zealand

It is a standard condition of HDEC approval that locality authorisation be obtained (through the "Authorisations" tab) ***before a study commences at a locality****. This authorisation confirms that the locality has addressed research governance issues that may arise as a result of the study.*

However, locality authorisation ***does not*** *have to be obtained prior to submission of your application to an HDEC.*

Other organisations involved in studies may prefer or require that their involvement in studies be recorded as an authorisation. You should check with these organisations before proceeding with your study.

Contact details for DHB research offices are available here

a.6.1. At which type(s) of locality do you intend to conduct your study?

- ☑ district health board
- ☐ tertiary education institution
- ☐ primary health care centre
- ☐ private organisation
- ☐ other - please specify:

a.6.2. Approximately how many participants do you intend to recruit in New Zealand?

10

Other countries

a.6.3. Will your study also involve participants recruited in countries other than New Zealand?

- ○ Yes
- ◉ No

a.7 Prior review

a.7.1. Is this application related to one or more previous applications for HDEC review?

- ○ Yes
- ◉ No

a.7.2. Has an application for this study (or a substantially similar study) previously been declined approval by an HDEC in New Zealand?

- ○ Yes
- ◉ No

a.7.3. Has an application for this study (or a substantially similar study) previously been declined approval by an overseas ethics committee?

- ○ Yes
- ◉ No

a.8 Clinical trials of new medicines

You can apply for HDEC approval and regulatory approval(s) in any order. The PI and study sponsor are responsible for ensuring that all necessary regulatory approvals have been obtained before the study commences.

a.8.1. Is your intervention study a clinical trial of a new medicine (as defined by the Medicines Act 1981)?

- ○ Yes
- ◉ No

a.9 Open/closed meeting

HDECs are public administrative bodies, and their meetings are open to the public. Your study may be reviewed in a closed meeting only if grounds may exist to withhold information about it under the Official Information Act 1982.

a.9.1. Do you want your application to be considered in a closed meeting?

- ○ Yes
- ◉ No

a.10 HDEC review preference

a.10.1. Please indicate your review preference.

- (●) I request that this application be reviewed **as soon as possible**.
  I understand that this may mean that this application is not reviewed by the HDEC nearest to the CI
- ( ) I request that this application be reviewed by the HDEC that meets **nearest to the CI.**

b.1 Research should be based around a clear study question that can produce benefits.

b.1.1. Briefly and in plain English, what is the principal study question (hypothesis) that your study will test?
You can refer to page numbers of your study's protocol for further detail if you need to.

[< 2000 characters]

Do Cannabinoids help to decrease intractable, ischaemic myocardial pain?

b.1.2. Please briefly describe the scientific basis for your study (including, where appropriate, brief discussion of previous research).
You can refer to page numbers of your study's protocol for further detail if you need to.

[< 2000 characters]

Please see page one of studies protocol.

b.1.3. Please briefly explain how your study will contribute to new knowledge and improve health outcomes.

[< 2000 characters]

If successful this study would allow for the addition of a new class of drug to treat ischaemic chest pain.

Direct benefits for participants: therapeutic and non-therapeutic studies

b.1.4. *Therapeutic studies are studies that examine interventions or procedures that hold the prospect of direct diagnostic, therapeutic or preventative benefit for individual participants.*

Is your intervention study a therapeutic study?

(●) Yes ( ) No

b.1.4.1. Please briefly describe the direct diagnostic, therapeutic or preventative benefits that your intervention study may have for participants.

[< 600 characters]

Reduced pain caused by myocardial ischaemia. It may also reduce the damage to the myocardium caused by the ischaemia.

b.2 Research should be well-designed, so that it can answer the study question.

b.2.1. Please briefly describe and justify the design of your study.

[< 1200 characters]

In this initial trial the treatment group will be patients admitted to Waikato Hospital Emergency Department or Cardiology department, whom are known to suffer intractable coronary disease, who present with chest pain, typical of their angina pectoris. They will score their pain from 1-10 on a Numeric Rating Scale (NRS) and be given a single spray dose of Sativex up to every 4 hours for a max of 5 days their NRS pain score will then be recorded one hour after receiving to dose. After n=10, the results will be correlated and discussed with GW Pharma, the structure and dosing schedual will be reviewed and changes made ass appropriate.

The patients will have an electrocardiogram (ECG) taken on entry into the trial, as well as a Troponin T to assess for possible acute infarct/ischaemia. They will also be asked to complete an indemnity form and given an information pamphlet on Sativex.

If the results are promising the aim would be to widen the scope of the trial to include patients presenting with acute myocardial ischaemic pain.

b.2.2. Please indicate whether peer review of the scientific and statistical quality of your study has been obtained from one or more of the following.

- ☐ the Standing Committee on Therapeutic Trials (SCOTT)
- ☐ the study's funder (e.g. the Health Research Council)
- ☐ the study's sponsor
- ☐ experts within the research team
- ☑ senior colleague(s) in the field
- ☐ other
- ☐ no review

b.2.2.2. *Evidence of favourable peer review for this study must be uploaded in the "Documents" tab before submission to an HDEC.*

Please briefly describe the peer review process that has been carried out for your study.

[< 1200 characters]

Full discussion and review of availible literature on the subject between myself and the Heads of Research of both the Emergency Department and Cardiology departments of Waikato Hospital.

b.3 Research should be conducted by an appropriate Principal Investigator, to ensure that the study protocol is respected and followed.

b.3.1. *A CV for the study's Co-ordinating Investigator must be uploaded in the "Documents" tab before submission to an HDEC.*

Please briefly summarise the Co-ordinating Investigator's qualifications and experience relating to conducting studies of this nature.

[< 1200 characters]

MBChB(Shef), DTM&H.
First trial involving medications, previous research involed retrospective reviews.

b.4 Where possible, research should generate material that is useful for future research.

Reporting and dissemination of results

b.4.1. How do you intend to report or disseminate the results of your study?

- [x] article(s) in peer-reviewed scientific journals
- [ ] internal reports
- [x] conference presentations
- [ ] publication on website
- [ ] other publications
- [ ] submission to regulatory authorities (e.g. Medsafe, TGA, FDA, EMA)
- [ ] other
- [ ] no plans to report or disseminate results

b.4.2. Will any restrictions be placed (for example, by your study's sponsor or funder) on the publication of the results of your study?

○ Yes ◉ No

Future research using data generated in your study

b.4.4.

Might data generated in your study be made available for use in future research?

○ Yes ◉ No

b.4.6. ***Intervention studies must be registered prior to commencement.***
Has your intervention study already been registered in a clinical trials registryapproved by the World Health Organisation?

○ yes
◉ no

b.4.7. You can obtain HDEC approval prior to registration, as long as you have obtianed a Universal Trial Number (UTN) for your study.

UTN: 366438

r.1 Risk of physical harm to participants

r.1.1. Briefly and in plain English, please describe:

- the procedures to be undertaken by participants in your study, and
- any risks associated with these procedures that potential participants may reasonably wish to be informed of.

Do not *describe procedures that will be undertaken as part of normal clinical care regardless of participation in your study, or the risks of such procedures.*

[< 2500 characters]

Patients will self administer a bucomucosal spray under their tongue. The most common side effects are

discomfort at the site of administration. Application site type reactions consisted of mainly mild to moderate stinging at the time of application. Common application site reactions include application site pain, oral pain and discomfort, dysgeusia, mouth ulceration and glossodynia.

Mild or moderate dizziness is commonly reported. Psychiatric symptoms such as anxiety, illusions, changes in mood, and paranoid ideas have been reported during treatment with Sativex. These are likely to be the result of transient CNS effects and are generally mild to moderate in severity and well tolerated. They can be expected to remit on reduction or interruption of Sativex medication.

Alterations in pulse rate and blood pressure have been observed following initial dose introduction so caution during initial dose titration is essential. Fainting episodes have been observed with use of Sativex. Use of Sativex is not recommended in patients with serious cardiovascular disease. However, following dosing in healthy volunteers with Sativex up to 18 sprays twice daily, there were no clinically relevant changes in QTc, PR or QRS interval duration, heart rate, or blood pressure.

Disorientation (or confusion), hallucinations and delusional beliefs or transient psychotic reactions have also been reported and in a few cases a causal association between Sativex administration.

Although no effect has been seen on fertility, independent research in animals found that cannabinoids affected spermatogenesis. Female patients of child-bearing potential and male patients with a partner of childbearing potential will be asked to ensure that reliable contraceptive precautions are maintained for the duration of therapy and for three months after discontinuation of therapy.

r.1.2. Will you seek consent from participants to inform health practitioners with responsibility for their health care that they are taking part in your study?

(•) Yes ( ) No

r.1.3. Will your study involve withholding standard treatment from participants?

( ) Yes (•) No

Arrangements for monitoring serious adverse events

r.1.4. How will serious adverse events occurring in your study be monitored?

- [ ] independent data safety monitoring committee
- [ ] internal data safety monitoring committee
- [x] other data safety monitoring arrangements
- [ ] no formal data safety monitoring arrangements

r.1.5. Please briefly explain *either*:

- the monitoring arrangements in place for your study, and explain why they are appropriate (including reference to your study's protocol where appropriate), or
- why you do not consider formal monitoring arrangements to be necessary for your study.

[< 1200 characters]

As this is a pilot trial and the initial patient number will be small, all patient will be under the direct care of the primary researcher, Dr Adrian Owen. All patients will be given a clear summary of possible side effects and what to do if these occur. The initial dosing will occur under direct medical supervision when the most number of incidents are likely to occur.

r.1.6. Please briefly outline the criteria (if any) for terminating your intervention study, including reference to your study's protocol where appropriate.

[< 600 characters]

Use of the bucomucosal spray will be terminated if any adverse cardiovascular effects are observed, namely reflex tachycardia's or ECG changes. Also if the patient suffers anxiety, illusions, changes in mood, and paranoid ideas intervention will be stopped.
If at anytime the patient is unhappy with treatment they can leave the trial immediately and continue to be treated with the current medical treatment.

Compensation for injury to participants

r.1.7. Will any participants seek or be given treatment by or at the direction of a registered health professional (as defined in the Accident Compensation Act 2001) as part of your intervention study?

◉ Yes ○ No

r.1.7.1. Will any of these participants have given written consent to participate?

◉ Yes ○ No

r.1.7.1.1. Does your intervention study involve trialing a medicine or item?

◉ Yes ○ No

r.1.7.1.2. Having regard to the following questions, will your study be carried out principally for the benefit of the manufacturer or distributor of the medicine or item being trialed?

- *Who is initiating the study?*
- *Who is designing and planning the research questions that the study will ask?*
- *Will the PI or other investigators receive remuneration from the manufacturer or distributor?*
- *Is the manufacturer or distributor putting any unreasonable restrictions or delays on the timely publication of the results of the study?*
- *Is the manufacturer or distributor providing any funding and/or materials for the study?*

○ **yes**, my study will be carried out principally for the benefit of the manufacturer or distributor of the medicine or item in question

◉ **no**, my study will **not** be carried out principally for the benefit of the manufacturer or distributor of the medicine or item in question

r.1.8. Please briefly explain your answer(s) to questions r.1.7 above.

[< 1200 characters]

Who is initiating the study?
I initiated the study.
Who is designing and planning the research questions that the study will ask?
I designed the study. GW Pharma have requested that the results from the initial 10 patients be discussed with them before continuing with the study.
Will the PI or other investigators receive remuneration from the manufacturer or distributor?
There will be no remuneration for this study.
Is the manufacturer or distributor putting any unreasonable restrictions or delays on the timely publication of the results of the study?
There will be no restrictions on my publication of the study. This is principally being done as part of my advance clinical training.
Is the manufacturer or distributor providing any funding and/or materials for the study?
GW Pharma are providing the medicines at no cost.

Subject to an HDEC being satisfied with your answer(s) above, participants injured as a result of treatment given as

part of your intervention study will be eligible for publicly funded no-fault compensation through ACC.

Ionising radiation not needed for normal clinical management

r.1.13. Will your study involve the administration of ionising radiation that is not needed for participants' normal clinical management?

○ Yes ◉ No

r.2 Risk of breach of privacy and confidentiality

Before the study

r.2.1. Will your study involve reviewing or screening health information, for example in order to identify potential participants?

The term "health information" is defined in the Health Information Privacy Code

◉ Yes ○ No

r.2.1.1. Please briefly explain how you will ensure the confidentiality of this health information before the study.

[< 600 characters]

Patients will be attending the emergency department, on arrival if they meet the inclusion criteria they will be asked if they would like to enter the trial. If they consent, their medical records will be reviewed.

During the study

r.2.2. During your study, who will have access to health information used in your study?

[< 600 characters]

Myself and the other medical staff whom treat the patient during their hospital stay.

r.2.3. Please briefly explain how you will ensure the confidentiality of this health information during the study.

[< 600 characters]

Health information will remain confidential under the current confidentially principals of the hospital.

r.2.3.1. Will your study involve the use of surveys or questionnaires?

○ Yes ◉ No

After the study

r.2.4. Which of the following best describes the form in which data generated in your study will be stored after the study has finished?

○ identified

◉ potentially identifiable

○ partially de-identified

- ◯ de-identified
- ◯ anonymous
- ◯ other – describe:

r.2.4.1. Please briefly explain your answer above.

[< 600 characters]

Date will be stored under the patients NHI number.

r.2.5. *The Health (Retention of Health Information) Regulations 1996 require that **some** health information be retained for a period of ten years.*

For how long will health information generated in your study be stored?
[< 600 characters]

Up to ten years.

Publication of results

r.2.6. Will the results of your study be published in a form that identifies (or could reasonably be expected to identify) individual participants?

◯ Yes ◉ No

r.3 Risks associated with the use of human tissue

r.4 Risk of unexpected clinically significant findings

r.4.1. Might any aspect of your study produce findings that may be both unexpected and clinically significant for participants, donors of existing stored human tissue, or their families?

◯ Yes ◉ No

r.5 Risk of potential conflict of interest

Funding and remuneration

r.5.1. Please briefly describe the main source(s) of funding for your study.

[< 600 characters]

Materials are being provided by GW Pharma free of charge. No other funding is required at this stage.

r.5.2. Does the Co-ordinating Investigator, any Co-Investigator, or any direct member of their families have any commercial interest in the intervention(s) to be studied, or any financial relationship to the study sponsor or funder(s), that may inappropriately influence his or her conduct in the study?

◯ Yes ◉ No

r.5.3. Will the Co-ordinating Investigator or any Co-Investigator be remunerated for their involvement in the study in a way that may inappropriately influence his or her conduct in the study (for instance, bonuses for favourable results or high recruitment rates)?

◯ Yes ◉ No

Health or disability support service providers

r.5.4. Will the Co-ordinating Investigator or any Co-Investigator also be the usual health or disability support service provider for one or more participants in your study?

◯ Yes ◉ No

r.5.5. Will the usual health or disability service provider for one or more participants in your study receive any remuneration (or any other valuable consideration) for referring potential participants to the research team in your study?

◯ Yes ◉ No

Other potential conflicts of interest

r.5.6. Please briefly describe any other potential conflicts of interest that may arise for researchers in your study, and describe how they will be minimised and managed.

[< 600 characters]

I don't envisage any conflict of interest in this study.

r.6 Risk of stigmatisation

r.6.1. Please briefly indicate whether the results of your study may risk stigmatising individuals or population groups, and if so, how this risk will be minimised and managed.

[< 600 characters]

The results will not stigmatise any individuals or populations.

r.7 Risks to researchers and third parties

r.7.1. Please briefly indicate whether your study may pose any significant risks to researchers and/or third parties, and briefly explain how such risks will be minimised and managed.

[< 600 characters]

There will be no significant risks

r.8 Summary: the risks of research should be proportional to its expected benefits.

r.8.1. Please briefly explain why you consider the risks of your study to be proportional to its expected benefits.

[< 1200 characters]

Patients with intractable ischaemic chest pain can be considered as having need of palliative care, that is there is no 'cure' for their pain, and as such the need to find a safe, effective analgesic treatment for them would improve their quality of life immeasurably.

Participants should consent to their participation in research.

p.1.1. Briefly and in plain English, please describe what taking part in your study will involve for participants.

[< 1200 characters]

Patients who are admitted in to the study will be asked to score their pain from 1-10 on a Numeric Rating Scale (NRS) and be given a single spray dose of Sativex up to every 4 hours for a max of 5 days their NRS pain score will then be recorded one hour after receiving each dose. After n=10, the results will be correlated and discussed with GW Pharma, the structure and dosing schedule will be reviewed and changes made as appropriate.

p.1.2. Will **all** participants in your study give their informed consent to participate?

- (•) yes, all participants will give informed consent
- ( ) no, one or more participants will not give informed consent

p.1.9. Will informed consent be recorded in writing?

(•) Yes ( ) No

Consent should be informed by adequate understanding of relevant information.

p.2.1. Briefly explain the process by which potential participants in your study will be provided with information on the study, have the opportunity to ask questions, and asked to give their informed consent.

[< 1200 characters]

They will be handed a patient information sheet as well as given verbal counseling. They will then be asked to consent.

p.2.2. A **generic** version of the participant information sheet and consent form (PIS/CF) that you will provide to potential participants must be uploaded in the "Documents" tab before submission to an HDEC. You don't need to submit information sheets specific to each study locality.
A suggested pro forma for your PIS/CF can be found here.

p.2.3. How have you checked that the participant information sheet is appropriate for your study population?

[< 600 characters]

Liason with Maori health services.

p.2.4. How many words does your participant information sheet contain?

1002

p.2.5. What is the Flesch Reading Ease Score for your participant infornation sheet?
You can use Microsoft Word to calculate this score.
While there are no hard and fast rules for the readability of information sheets, a score of 65 or above usually indicates that a document is written in plain English.

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Withholding or concealing information from participants

p.2.6. Does your study involve deliberately withholding or concealing information from participants?
Blinding procedures in randomised controlled trials are not normally considered to involve withholding or concealing information from participants.

○ Yes ◉ No

Information that becomes available during the study and that may be relevant to continued participation

p.2.7. How will you ensure that participants receive information that becomes available during the study and that may be relevant to their continued participation?

[< 1200 characters]

I will contact them directly by phone.

Information about the results of the study

p.2.8. Will you inform participants of the results of your study?

◉ Yes ○ No

p.2.9. Please *either* explain how you will inform participants or explain why you do not intend to do so.

[< 600 characters]

I will write a letter informing them of my findings.

Consent should be voluntary.

p.3.1. *Generic copies of any advertising that you intend to use to encourage potential participants to take part in your study must be uploaded in the "Documents" tab before submission to an HDEC.*
Please explain how potential participants will be identified and approached in a way that ensures they can give informed consent free from undue influence.

[< 1200 characters]

Discussion on arrival to Emergency Department or in Cardiology Clinic

Potentially vulnerable people

p.3.2. Will your study involve potentially vulnerable people – that is, people who may have a restricted ability to make independent decisions about their participation?

○ Yes ◉ No

Inducements

p.3.3. Will participants receive any payments, reimbursement of expenses or any other benefits or incentives for taking part in your study?

○ Yes ◉ No

P.4 Population groups, particularly Māori, should be consulted in the design and conduct of research that is of relevance to them.

Consultation with Māori

p.4.1. Please describe whether and how your study may benefit Māori.

[< 1200 characters]

This could benefit people of all races.

p.4.2. Please identify the main cultural issues that may arise for Māori who may participate in your study, and explain how these issues will be managed.

If Māori will be excluded from participating, please state this. You will be asked to explain your inclusion/exclusion criteria in the next section of the Form.

[< 1200 characters]

I do not anticipate any issues but if any do a rise the maori cultural representatives will assist me.

p.4.3. According to the Health Research Council's Guidelines for Researchers on Health Research Involving Māori, is formal consultation with Māori required for your study?

(●) Yes ( ) No

p.4.3.1. Please either describe your study's consultation process, or explain why you do not consider that formal consultation with Māori is required.

[< 1200 characters]

The study will be signed off by the Te Puna Oranga (Maori Health Service) for Waikato DHB prior to starting.

p.4.4. Does your study involve kaupapa Māori research methodologies?

( ) Yes (●) No

Consultation with other relevant population groups

p.4.5. Will any other population groups be specifically targeted for recruitment into your study?

( ) Yes (●) No

Collection of ethnicity status

p.4.6. Will participants' ethnicity status be collected as part of your study?

( ) Yes (●) No

Community intervention studies

p.4.7. Is your study a community intervention study?

( ) Yes (●) No

f.1 Where possible, research should reduce health inequalities.

f.1.1. Might your intervention study contribute to reducing inequalities in health outcomes between different populations, and particularly between Māori, Pacific peoples and other New Zealanders?

◯ Yes ◉ No

f.1.2. Please explain your answer above.

[< 1200 characters]

N/A

f.2 Participants and non-participants should be treated fairly compared to each other

Inclusion and exclusion criteria

f.2.1. Please briefly describe the inclusion and exclusion criteria for your study.
You can refer to page numbers of your study's protocol where further detail is required.

[< 2000 characters]

In this initial trial the treatment group will be patients admitted to Waikato Hospital Emergency Department or Cardiology department, who are known to suffer from intractable coronary disease.

f.2.2. Please explain how these inclusion and exclusion criteria ensure that the risks and benefits of your study are distributed fairly.

[< 1200 characters]

N/A

Placebo-controlled Studies

f.2.3. Does your study involve the use of placebo?

◯ Yes ◉ No

Impact on health and disability support service provision

f.2.4. Might your study adversely impact on the provision of health and disability services?

◯ Yes ◉ No

Best intervention standard

f.2.5. *An intervention study meets the best intervention standard if the intervention(s) in the study are tested against the best proven intervention(s) available outside the study.*
Please explain how your study meets the "best intervention standard".

[< 600 characters]

Patients will have already used the best proven interventions available, namely GTN and morphine, this trial is to see if a oromucosal spray of cannabinoids could be used as an adjuct to this therapy.

f.3 Different groups of participants should be treated fairly compared to each other

Post-study access for participants to best-proven intervention

f.3.1. Will all participants have continued access to the best-proven intervention after the end of your intervention study?

(•) Yes ( ) No

Equipoise Standard

f.3.2. *An intervention study meets the equipoise standard if the evidence is 'equally poised' as to the overall balance of risks and benefits of each of the interventions offered in the study, so that it cannot be determined in advance which of the groups in a proposed study will be better off.*

Please briefly explain how your intervention study meets the equipoise standard.

[< 600 characters]

N/A