Research ethics committees

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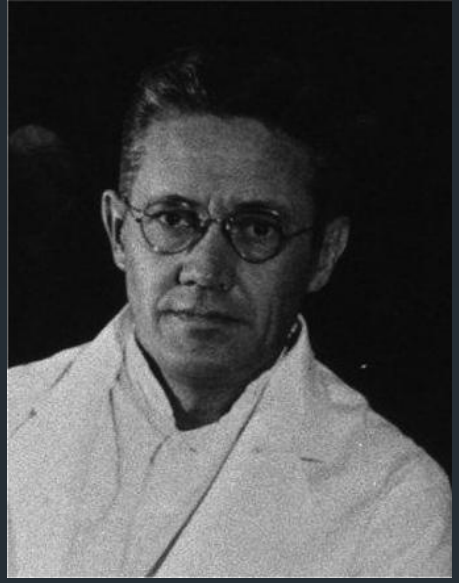
- What is a research ethics committee
- What are their roles and functions
- Who are the members
- How do they work



"Taking into account the sound and increasing emphasis of recent years that experimentation in man must precede general application of new procedures in therapy, plus the great sums of money available, there is reason to fear that these requirements and these resources may be greater than the supply of responsible investigators."

Henry K Beecher. N Engl J Med 1966;274(24):1354-60.

“A far more dependable safeguard than consent is a truly *responsible* investigator.”

“[..] it has become apparent that thoughtlessness and carelessness, not a wilful disregard of the patient’s rights, account for most of the cases [of unethical research] encountered.”

Henry K Beecher. N Engl J Med 1966;274(24):1354-60.

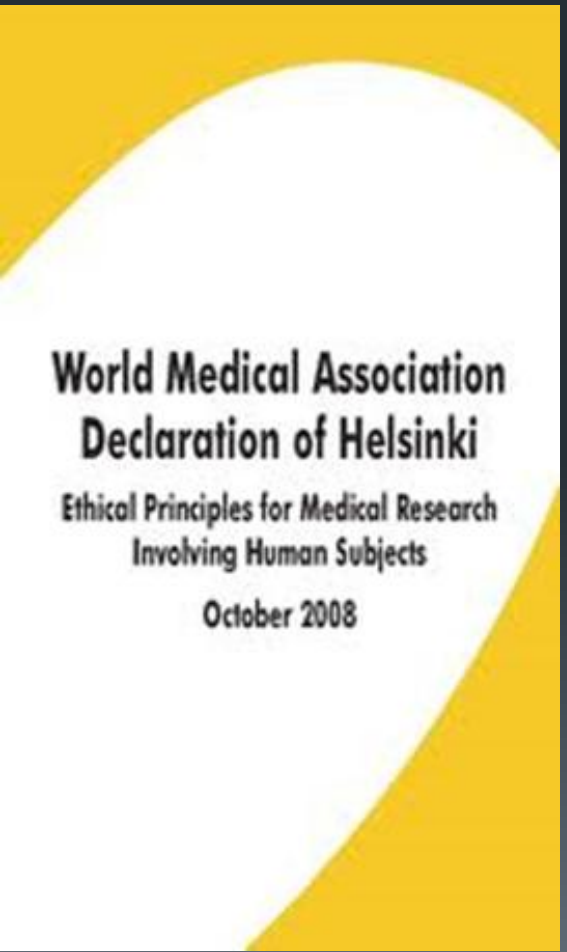
What is a research ethics committee (REC, IRB)?

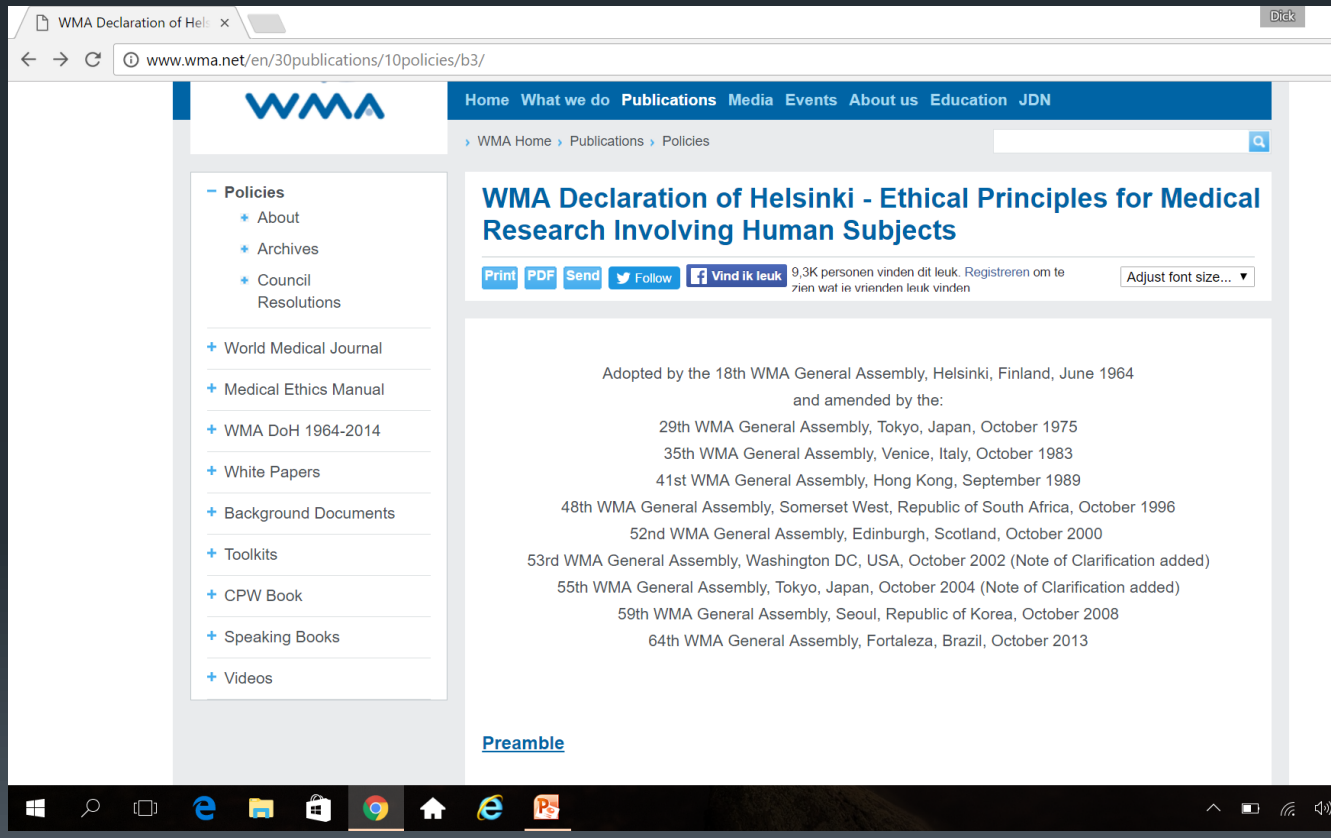
- Committee assessing the ethical and legal acceptability of medical research with human subjects, including research on identifiable material and data
- Basic ethical duty of REC's is to promote and ensure respect for human subject and protect their health

Why research ethics?

- Research is an ethical obligation
- But… scandals: Tuskegee, research with prisoners etc.
- Basic issue: patients are vulnerable
  - Sick
  - Cannot make the difference between care or science
  - Dependency and pressure / seduction
- Conflict of duties >> ethics

The basis of the work of RECs





WMA Helsinki Declaration 2013

http://www.wma.net/e/policy/b3.htm

- *"…considerations related to the well-being of the human subject should take precedence over the interests of science and society"*
- Equipoise: there should be a real and relevant lack of knowledge
- Patients treated according to Good Clinical Practice (GCP)
- Scientifically valid study
- Genuine choice for patients to participate or not
  - Informed consent
  - Free, no pressure
  - No disadvantages for those who refuse
- Active control preferred to placebo
- Freedom of publication

WMA Helsinki Declaration 2013

http://www.wma.net/e/policy/b3.htm

"16. Every medical research project involving human subjects should be preceded by careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the subject or to others.

19. Medical research is only justified if there is a reasonable likelihood that the populations in which the research is carried out stand to benefit from the results of the research."

Legal background (NL)

- 1999: Law on clinical research with humans (Wet Medisch-wetenschappelijk Onderzoek met mensen (WMO)):
  - research in which persons are subjected to procedures or are required to follow rules of behaviour
  - Mandatory review by a legally registered REC
- Central committee, CCMO

Roles and functions of RECs

- First and foremost: assessing and improving ethical quality of research on the basis of protocols
- Preventing ethically substandard research from being carried out
- Educating researchers by giving them feed back
- Some RECs also monitor the ethical conduct of research – but most RECs don’t

Who are the members?

- The Dutch example:
  - Medical specialists
  - Ethicists
  - Jurists
  - Methodologists
  - Patient representatives
- AMC: about 15 people at each meeting

How do they work

- Large amount of (electronic) paperwork to be (partially) studied prior to meetings (up to 10000 pages)
- Each protocol assigned to two physician-members for specific preparation
- Discussion according to fixed set of questions

Questions the REC has to review

- Does problem justify a study in patients?
- Can valid results be expected (methodology)?
- Does benefit for participants or others
- outweigh burden/risks?
- Are participants informed and do they have a genuine choice?
- Are side-effects carefully monitored?
- Free publication?
- Privacy guaranteed?

Antithrombotic treatment in advanced cancer

- Patients with brain metastases
- Higher risk for DVT
- Subcutaneous fraxiparin useful?
- Placebo-controlled 1 year trial
- Outcome: incidence of DVT
  - ultrasound
- Multi-center, international
- Total 500 patients

Some examples

RCT in patients with Alzheimer's

- 6-months RCT of new drug (ACT-blocker) for Alzheimer's
- ACT-blocker compared with placebo
- Outcome: memory decline
- Risks and burden seem negligible
- Outpatients with varying severity
  - Both competent and incompetent patients

Trial of GPS-tracking of Alzheimer patients

- Mr A, 63 yrs old
- Alzheimer's disease
- Lives at home with his wife
- Takes walks in the woods, but gets lost
- Will GPS-tracking work?
- Trial: GPS-tracking versus normal care
- Primary outcome: frequency of getting lost
- Secondary outcome: quality of lfie
- 100 patients with and 100 without GPS
- Duration: 6 months

DNA-test in scientific research

- Randomised controlled trial
- New treatment for ulcerous colitis
- Blood draw for DNA
- Stored in DNA-bank, coded link to personal identity
- Should patients be informed of future treatment possibilities?
- May anonimised data be sold?