

156  
1b

EDS  
Sent by: Josephine Dufty

05/05/2009 10:19 AM

To Antony Kerslake/TGA/Health@TTRA

cc

bcc

Subject Fw: (no subject) [SEC=UNCLASSIFIED]

UNCLASSIFIED

Senior Pharmacist  
Experimental Drugs Section  
Therapeutic Goods Administration

ph +61 2 6232 8101

fax +61 2 6232 8112

----- Forwarded by Josephine Dufty/TGA/Health on 05/05/2009 10:18 AM -----



Adam Guastella  
<aguastella@m  
ed.usyd.edu.au  
>

To eds@tga.gov.au

cc

05/05/2009  
09:44 AM

Subject (no subject)

Hi Antony, here is the dose provided by our compounding chemist- please let me know if you need more information. Adam:

The material we have is quoted as being 524 IU per mg. The nasal spray is 60 IU per ml or  $60/524 = 0.1145$  mg per ml. So the solution is 114.5 mcg / ml oxytocin.

--

Dr. Adam Guastella  
Senior Clinical Research Fellow,  
Brain and Mind Research Institute,  
University of Sydney, 2050.

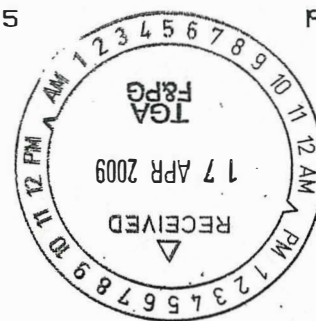
Phone: (+61 2) 9351 0539

E-mail: aguastella@med.usyd.edu.au



aguastella.vcf

UNCLASSIFIED



## Facsimile

Attention	
Organisation	TGA Office of Finance & Property Group
Fax Number	02 6232 8222
Subject	Clinical Trial Notification Fee
Date	17/04/2009
No Pages (including cover sheet)	11

## From:

Dr. Adam Guastella

Brain &amp; Mind Research Institute

Ph 02 9351 0539 Fax 02 9351 0652

14195

Please find attached credit card authorisation for  
Clinical Trial Notification Fee ~~card~~ (with form  
attached)

Hard copies of this form are in the mail

See attached  
22/04/09



The University of Sydney



brain&mind  
RESEARCH INSTITUTE

100 Mallett Street  
Camperdown NSW 2050  
Ph: 02 9351 0799  
Fax: 02 9351 0652

17<sup>th</sup> April, 2009

Financial Services Group  
Therapeutic Goods Administration  
PO Box 100  
Woden ACT 2606  
Australia

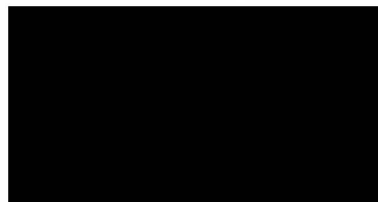
Please find enclosed a Clinical Trial Notification Form for notification of a clinical trial involving an oxytocin nasal spray, protocol number 11269.

*Title: A Randomised Controlled Trial of a Course of Oxytocin to Improve Social Cognition and Social Interaction in Youth with Autism Spectrum Disorders.*

The notification fee was paid via credit card by fax on the 17<sup>th</sup> of April.

If you have any further questions, please do not hesitate to contact me.

Kind Regards,

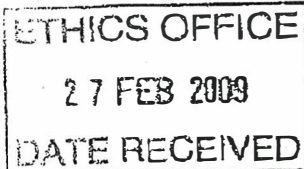


Dr. Adam Guastella  
Brain & Mind Research Institute  
The University of Sydney  
100 Mallett St  
Camperdown NSW 2050

B

11269

2008/8517



  
**Australian Government**  
Department of Health and Ageing  
Therapeutic Goods Administration

**CLINICAL TRIAL  
NOTIFICATION SCHEME**

## Notification of Intent to Supply Unapproved Therapeutic Goods under the Clinical Trial Notification (CTN) Scheme

### Therapeutic Goods Act 1989

To be used for:

- initial notifications of clinical trials involving medicines and/or medical devices under the Clinical Trial Notification (CTN) Scheme; or
- notification of one or more additional sites for a Clinical Trial previously reported under the Clinical Trial Notification (CTN) Scheme

**THIS IS THE FORM APPROVED BY THE SECRETARY OF THE DEPARTMENT OF HEALTH  
AND AGEING**

For detailed information about the CTN Scheme, please see the document *Access to Unapproved Therapeutic Goods - Clinical Trials in Australia* available from the "Unapproved Therapeutic Goods" web page on the TGA Internet site <[www.tga.gov.au](http://www.tga.gov.au)>.

**On completion please send this form to the Therapeutic Goods Administration:**

*Courier address*  
**Financial Services Group  
Therapeutic Goods Administration  
136 Narrabundah Lane  
Symonston ACT 2609  
Australia**

or

*Postal address*  
**Financial Services Group  
Therapeutic Goods Administration  
PO Box 100  
Woden ACT 2606  
Australia**

Cheques should be made payable to "Therapeutic Goods Administration"

RECEIVED TGA/FSG

ENT 14195

AM

17 APR 2009 P.M.  
S/D  
REC INV 074480  
\$ 260  
CODE PR7003 2954(0808)

**Commercial In Confidence**

Address: PO Box 100 Woden ACT 2606 Website: [www.tga.gov.au](http://www.tga.gov.au)  
Telephone: 02 6232 8444 Facsimile: 02 6232 8605 ABN 40 939 406 804

## Therapeutic Goods Administration

For use only

Total Fee Paid	\$	Receipt Number	
Client ID Code		TGAIN Number	

**SECTION 1. TO BE COMPLETED BY THE SPONSOR OF THE TRIAL**

**1.1 Notification Type** Complete this section for all notifications. Select one box only. If multiple sites are being notified, complete a 'Trial Site Details' page for each site.

Initial notification of a single CTN site (new trial) ☒ Subsequent notification of a single additional CTN site ☐Initial notification of multiple CTN sites (new trial) ☐ Subsequent notification of multiple additional CTN sites ☐

**1.2 Potential Use of Restricted Goods** Complete this section for all notifications of medicines only.

Does this trial involve the use of any medicine as an abortifacient or for "post-coital" or "emergency" contraception in women, or the use of a progesterone antagonist or a vaccine against human chorionic gonadotrophin for any purpose? Yes ☐ No ☒

**1.3 Sponsor of the trial** Complete this section for all notifications. In cases where a trial is sponsored by an individual, that person's name may also be the enterprise business name. Business details can be provided to TGA via the Client Details Form. If in doubt, contact the Experimental Drugs Section.

Sponsor name  
(Enterprise Business Name)

University of Sydney

Client ID Code (if known)

14195

**1.4 Trial details**Protocol Number **11269**  
(Complete for all notifications;  
maximum of 20 characters)If adding a site, Clinical Trial Number  
(assigned by TGA; see  
acknowledgment letter for  
previously notified sites.  
Leave blank if unsure)

**Title of study** Complete for all notifications. Maximum of 255 characters. Title should indicate the aim of the trial and give a broad description of the trial. Include, for example: phase, indication(s) being treated, main medicines and comparators, use of placebo-control, focus of the study, patient population and any other significant or novel aspects. "A Trial of X" is not adequate. Similar detail is required for device trials.

Title: A Randomized Controlled Trial of a course of Oxytocin to Improve Social Cognition and Social Interaction in Youth with Autism Spectrum Disorders.

**Trial Type** Complete for initial notification only of trials involving the use of medicines; tick relevant box(es) or otherwise describe.

Phase 1 ☐ Phase 2 ☒ Phase 3 ☐ Phase 4 ☐ Bioavailability/bioequivalence ☐Describe if  
necessary



## Therapeutic Goods Administration

For office use only

Total Fee Paid	\$	Receipt Number	
Client ID Code		TGAIN Number	

**SECTION 1. TO BE COMPLETED BY THE SPONSOR OF THE TRIAL**

**1.1 Notification Type** Complete this section for all notifications. Select one box only. If multiple sites are being notified, complete a 'Trial Site Details' page for each site.

Initial notification of a single CTN site (new trial) ☒ Subsequent notification of a single additional CTN site ☐

Initial notification of multiple CTN sites (new trial) ☐ Subsequent notification of multiple additional CTN sites ☐

**1.2 Potential Use of Restricted Goods** Complete this section for all notifications of medicines only.

Does this trial involve the use of any medicine as an abortifacient or for "post-coital" or "emergency" contraception in women, or the use of a progesterone antagonist or a vaccine against human chorionic gonadotrophin for any purpose? Yes ☐ No ☒

**1.3 Sponsor of the trial** Complete this section for all notifications. In cases where a trial is sponsored by an individual, that person's name may also be the enterprise business name. Business details can be provided to TGA via the Client Details Form. If in doubt, contact the Experimental Drugs Section.

Sponsor name  
(Enterprise Business Name)

University of Sydney

Client ID Code (If known)

**1.4 Trial details**

Protocol Number **11269**  
(Complete for all notifications;  
maximum of 20 characters)

If adding a site, Clinical Trial Number  
(assigned by TGA; see  
acknowledgment letter for  
previously notified sites.  
Leave blank if unsure)

**Title of study** Complete for all notifications. Maximum of 255 characters. Title should indicate the aim of the trial and give a broad description of the trial. Include, for example: phase, indication(s) being treated, main medicines and comparators, use of placebo-control, focus of the study, patient population and any other significant or novel aspects. "A Trial of X" is not adequate. Similar detail is required for device trials.

Title: A Randomized Controlled Trial of a course of Oxytocin to improve Social Cognition and Social Interaction in Youth with Autism Spectrum Disorders.

**Trial Type** Complete for initial notification only of trials involving the use of medicines; tick relevant box(es) or otherwise describe.

Phase 1 ☐ Phase 2 ☒ Phase 3 ☐ Phase 4 ☐ Bioavailability/bioequivalence ☐

Describe if  
necessary

Therapeutic Goods Administration

**This trial**

Complete for initial notification only; tick only those boxes which are applicable. Note: For the purpose of this document, gene therapy includes related therapies that overlap with the traditional concept of gene therapy by virtue of the fact that they introduce DNA into somatic cells. For example, modifications to immunisation strategies in which DNA, rather than protein, is used to generate an immune response for the purposes of prevention or treatment of chronic viral infection or as part of cancer treatment, would be considered a related therapy.

involves the use of a medicine ☒

involves the use of a device ☐

is placebo controlled ☒

is comparator controlled ☐

is also being conducted in other countries ☐

involves gene therapy ☐

**Expected trial start date**  
(Complete for initial notification)  
02 / 03 / 09

**Expected trial completion date**  
(Complete for all notifications)  
02 03 / 12

**Medicine details**

Complete for all notifications of clinical trials involving medicines. Do not use for clinical trials involving the use of devices only. List the therapeutically active components in formulations being used in the trial. All medicines being trialed should be listed, including comparators. The form has space for four medicines. For more than four, attach details of additional medicines in the same format. For the Active Name, enter the active ingredient name using where possible, the Australian Approved Name (AAN). A list of such names (the Approved Terminology for Medicines) is available on the TGA Internet site <www.tga.gov.au> If no AAN, BAN or USAN has been assigned, a code name (see below) or chemical name must be given. For the Code Name, enter code name/s used currently or previously to identify the drug. For the Dosage Form, enter a primary descriptor for dosage form (eg. tablet, injection) and include a secondary descriptor (eg. sustained release, microsphere emulsion) where necessary, particularly if a new dosage form is the focus of the trial.

1	Active name	Oxytocin		
	Trade name	Syntocinon	Code name	
	Dosage form	Nasal spray	Strength	Biological origin
2	Active name			
	Trade name		Code name	
	Dosage form		Strength	Biological origin
3	Active name			
	Trade name		Code name	
	Dosage form		Strength	Biological origin
4	Active name			
	Trade name		Code name	
	Dosage form		Strength	Biological origin

### Therapeutic Goods Administration

#### Device details

*Complete for all notifications of clinical trials involving devices. Do not use for clinical trials involving the use of medicines only. Provide: name (trade name(s), if applicable); description of the device; details of design, composition, specification, mode of action and application; and method of use.*

[illegible]

### 1.5 Trial site details

Complete for all notifications. Submit a Trial Site Details page for each site at which the trial will be conducted. Enter the name and location of the site (eg. name and address of hospital, institution, clinic or practice). For large institutions, the address need not include specific department details unless essential to identify the location or unless the unit /body/practice operates as a separate entity within the campus. In some rare circumstances, it will be appropriate to notify a trial as a composite site trial. For example, a GP-based trial conducted by a general practice network may need to be notified as a composite site trial. The site details should indicate clearly that there are multiple sites involved and include the name, address and contact numbers for the principal investigator. **A list of all practices (sites) involved should be submitted as an attachment. The ethics committee and approving authority for such a trial must have appropriate authority for all sites. A sponsor intending to notify a composite site for the first time should contact the Experimental Drugs Section if they have any questions regarding the use of composite sites.**

Adam Guastella

29 4 09

29/4/09

Site expected start 02/03 09

Site University of Sydney

Site address | Brain & Mind Research Institute,

Building F, 94 Mallett St, Camperdown, NSW Post code 2050



**1.6 Sponsor certification**

Complete this section last for all notifications. In the Name field, print the name of the person signing the form on behalf of the company, organisation, institution, body or individual sponsoring the trial. (Do not enter a company or organisation name here - the entity name appears in Section 1.3) In the Position field, state the person's position within, or relationship to, the entity sponsoring the trial.

I, the undersigned, certify:

- all details contained in this form are true and accurate, and all required information and signatures have been included;
- the sponsor of the trial named in section 1.3 of this form is taking overall responsibility for the conduct of the trial;
- the sponsor of the trial has met or agrees to meet all Human Research Ethics Committee conditions of approval;
- the investigator(s) has/have training and experience relevant to the conduct of this trial;
- the participating institution has resources adequate for the proper conduct of the trial;
- the sponsor of the trial has received an undertaking from the investigator(s) to conduct the trial in accordance with the Guidelines for Good Clinical Practice, as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations, and the National Statement on Ethical Conduct in Research Involving Humans, as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- the sponsor of the trial agrees to report all serious and unexpected adverse reactions to the Therapeutic Goods Administration;
- the sponsor of the trial agrees to conduct the trial in accordance with the Guidelines for Good Clinical Practice as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations and the National Statement on Ethical Conduct in Research Involving Humans as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- the sponsor of the trial agrees to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002; and
- the sponsor of the trial accepts that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print)

PROFESSOR JILL TREWHELLA

Position

DEPUTY VICE-CHANCELLOR (RESEARCH)

Signature

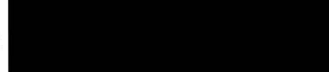


27,03,09

Phone



Fax



**SECTION 2. TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR**

*The principal investigator is the person responsible for the conduct of the clinical trial at a trial site. In the case of a trial being conducted by a team of individuals at the site, the principal investigator is the responsible leader of the team.*

**Principal investigator certification**

I, the undersigned:

- am the principal investigator at the site shown in section 1.5 of this form;
- agree to personally supervise the clinical trial at this site in accordance with the relevant current protocol(s) and will only make changes in a protocol after approval by the sponsor;
- have received and read the trial protocol and other relevant information;
- have met or agree to meet all Human Research Ethics Committee conditions of approval for this trial;
- acknowledge my obligations with respect to monitoring patient safety, record management and reporting requirements for adverse events;
- agree to ensure that all associates, colleagues and employees assisting in the conduct of the trial are informed of their obligations in meeting the above requirements;
- agree to promptly report to the Human Research Ethics Committee all unanticipated problems and will not make any changes to the trial without Human Research Ethics Committee and sponsor approval, except where necessary to eliminate apparent immediate hazards to subject safety;
- agree to conduct the clinical trial(s) in accordance with the Guidelines for Good Clinical Practice as described in regulation 12AB(2)(a) of the Therapeutic Goods Regulations and the National Statement on Ethical Conduct in Research Involving Humans as described in regulation 12AD(c) of the Therapeutic Goods Regulations or in regulation 7.3(2a) of the Therapeutic Goods (Medical Devices) Regulations 2002;
- agree to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002; and
- accept that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print)

Dr. Adam Guastella

Phone

Signature

Fax

26/02/09

### SECTION 3. TO BE COMPLETED BY THE HUMAN RESEARCH ETHICS COMMITTEE RESPONSIBLE FOR MONITORING THE TRIAL

This section must be completed by a Human Research Ethics Committee (HREC) that satisfies the following definition of an ethics committee, as set out in the Therapeutic Goods Act 1989, otherwise the notification is invalid :

A committee constituted and operating in accordance with guidelines issued by the National Health and Medical Research Council as in force from time to time and which has notified its existence to the Australian Health Ethics Committee.

HREC certification should not be given until all conditions of approval of the protocol by that HREC have been met. Wherever possible, the certification should be completed by the Chair or Deputy Chair of the Human Research Ethics Committee. Guidelines for the approval of clinical trials by HRECs are located at 'National Statement on Ethical Conduct in Human Research, NHMRC, 2007' and in the TGA publication 'HRECs and the Therapeutic Goods Legislation'.

For trials of gene therapy and related therapies, the proposal must be approved by all relevant bodies as per the NHMRC Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies.

HREC name **THE UNIVERSITY OF SYDNEY HUMAN RESEARCH ETHICS COMMITTEE**

HREC address **LEVEL 6, JANE FOSS RUSSELL BUILDING - G02**  
**CAMPBELLDOWN NSW** Postcode **2006**

Protocol Number approved by HREC

Does the trial for which approval is being given involve the use of gene therapy or a related therapy? (See NHMRC Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies)

Yes ☐ No ☒

If the trial involves gene therapy or a related therapy, has the Gene and Related Therapies Research Advisory Panel (GTRAP) agreed that the trial can be conducted under the CTN Scheme?

Yes ☐ No ☐

#### Human Research Ethics Committee Certification

I, the undersigned, certify:

- I am a member of the above-named Human Research Ethics Committee;
- the above-named Human Research Ethics Committee is a properly constituted ethics committee and operates in accordance with the guidelines issued by the National Health and Medical Research Council and has notified its existence to the Australian Health Ethics Committee;
- the above-named Human Research Ethics Committee, having regard to the guidance provided by the *National Statement on Ethical Conduct in Research Involving Humans* and, where applicable, the *Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies*, has approved the clinical trial protocol identified above and has assumed responsibility for monitoring the conduct of the trial; and
- the above-named Human Research Ethics Committee agrees to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002.

Name (Print)

**David Cook**

Position

**CHAIR**

Signature

**16 13 109**

Phone

Fax

## SECTION 4. TO BE COMPLETED BY THE AUTHORITY APPROVING THE CONDUCT OF THE TRIAL

Complete for all notifications. In cases where the Human Research Ethics Committee or Approving Authority for more than one site is the same, it is still necessary to submit a Trial Site Details Page for **each** site. The bodies approving the conduct of the trial at each site need to be declared individually. This requirement also still applies in cases where, for example, an Area Health Service or Hospitals Group may encompass several different institutions.

The Approving Authority must appoint a person to be responsible for giving approval on its behalf. The terms of approval for the conduct of the trial must be consistent with the Human Research Ethics Committee's (HREC) recommendations and these terms must be no less restrictive than the HREC advice.

Approving  
Authority  
name

THE UNIVERSITY OF SYDNEY

Address

LEVEL 6, JANE FOSS RUSSELL BUILDING - G02

CAMPERDOWN NSW

Postcode 2006

### Approving Authority Certification

I, the undersigned

- am authorised to represent the body, organisation or institution at which the above mentioned clinical trial will be conducted and, having regard to the advice and approval of the trial protocol by the Human Research Ethics Committee responsible for monitoring the trial at this site, give approval for this trial to proceed;
- undertake that the use of the drug will comply with all relevant Commonwealth and State or Territory legislation; and
- undertake to comply with requests by an authorised officer, whether made before or after the start of a clinical trial, to give information about the conduct of the clinical trial and allow an authorised officer (regulation 2A of the Therapeutic Goods Regulations or regulation 10.1 of the Therapeutic Goods (Medical Devices) Regulations 2002) to do the things mentioned in regulation 12AC and regulation 12AB of the Therapeutic Goods Regulations or in regulation 7.4 of the Therapeutic Goods (Medical Devices) Regulations 2002.

Name (Print)

PROFESSOR JILL TREWHELLA

Position

DEPUTY VICE-CHANCELLOR (RESEARCH)

Signature

Phone

Fax