Research Integrity Principles

The Singapore Statement: 4 Principles

- **Honesty**
  In all aspects of research

- **Accountability**
  In the conduct of research

- **Professional courtesy and fairness**
  in working with others

- **Good Stewardship**
  of research on behalf of others
Overview

• Research Integrity Principles
  – Singapore Statement

• UNSW application of framework
  – National Codes and Statements
  – UNSW Research Code of Conduct
UNSW Application

Australia Code for the Responsible Conduct of Research

UNSW Code of Conduct

UNSW Research Code of Conduct
UNSW Application

The Australian Code for the Responsible Conduct of Research

PART A General Principles

PART A Management of Research Data & Primary Materials

PART A Supervision of Research Trainees

PART A Publication & Dissemination of Research Findings

UNSW Corresponding Procedure

UNSW Research Code of Conduct

Procedure for Handling Research Materials and Data

Higher Degree Research Supervision Policy

Procedure for Authorship & for Resolving Disputes Between Authors
Ethical Principles
What is human subjects’ ethics about?

Ethics has three broad principles:

– respect for people
– beneficence
– justice
Respect for Human Subjects:

Research subjects treated as autonomous agents
Gaining informed consent
Exactly how far this should extend?
Consent process contains three elements:
  • full information
  • comprehension or understanding
  • voluntary participation

This means among other things
  – not forcing an unexpected experience or choice on the subject
  – ensuring privacy of the data collected
  – not deceiving participants
Benificence and Non-Maleficence

Doing no harm, only doing good

Used to protect protection of people with diminished autonomy

- patients
- children
- people in prison etc
Justice

offering access to the results
respecting subject’s time and resources
Why do we have ethics committees in universities and research institutes?

History of abuse of people’s rights as research subjects
- US - Tuskegee Experiment
- Nazi medical experiments (Nuremberg code 1947)
  - established that voluntary consent to research is essential
  - the degree of risk should balance the benefits gained
  - subjects should be free to withdraw at any time
  - study should be scientifically valid
  - experiment should be terminated if it is likely to result
  - in injury, disability or death of the subjects
Tuskugee Experiment

• Tuskagee syphilis study conducted by the US Dept. Of Public Health from 1932 to 1972.
• Subjects - large number of black males, poor and uneducated, with syphilis
• Received sham treatment without their knowledge (they believed they were receiving treatment),
• Started out with good intentions – before penicillin, treatment painful and not very effective
• After war, purpose changed – to *study the course of the advanced stages of the disease*.
• There was now penicillin available so no one needed to die from syphilis, BUT at least 40 died from a treatable condition.
Major developments in ethics

• Nuremberg Code (1947): "the voluntary consent of the human subject is absolutely essential"

• Declaration of Helsinki (1964): “research protocols should be reviewed by an independent committee prior to initiation"

http://www.wma.net/en/20activities/10ethics/10helsinki/
Why we need Human Subjects Ethics Committees

- Beecher (1966) reviewed mainstream medical literature and exposed many examples of unethical research on humans.
- **Consent:** In only 2 of 50 cases was consent mentioned.
- **Known effective treatment withheld:** >20 preventable deaths in several studies.
- **Induction of disease in healthy patients.**

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**SPECIAL ARTICLE**

**ETHICS AND CLINICAL RESEARCH**

Henry K. Beecher, M.D.

Boston

HUMAN experimentation since World War II has created some difficult problems with the increasing employment of patients as experimental subjects when it must be apparent that they would not have been available if they had been truly aware of the uses that would be made of them. Evidence is at hand that many of the patients in the examples to follow never had the risk satisfactorily explained to them, and it seems obvious that further hundreds have not known that they were the subjects of an experiment although grave consequences have been suffered as a direct result of experiments described here. There is a belief prevalent in some sophisticated circles that attention to these matters would "bog down progress." But, according to Pope Pius XII, "... science is not the highest value to which all other orders of values should be subordinated."

I am aware that these are troubling charges. They have grown out of troubling practices. They can be documented, as I propose to do, by examples from leading medical schools, university hospitals, private hospitals, governmental military departments (the Army, the Navy and the Air Force), governmental institutes (the National Institutes of Health), Veterans Administration hospitals and industry. The basis for the charges is broad.

I should like to affirm that American medicine is sound, and most progress in it soundly attained. There is, however, a reason for concern in certain areas, and I believe the type of activities to be mentioned will do great harm to medicine unless soon corrected. It will certainly be charged that any mention of these matters does a disservice to medicine, but not one so great, I believe, as a continuation of the practices to be cited.

Experimentation in man takes place in several areas: in self-experimentation; in patient volunteers and normal subjects; in therapy; and in the different areas of experimentation on a patient not for his benefit but for that, at least in theory, of patients in general. The present study is limited to this last category.

**REASONS FOR URGENCY OF STUDY**

Ethical errors are increasing not only in numbers but in variety — for example, in the recently added problems arising in transplantation of organs.

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*From the Anaesthesiology Laboratory of the Harvard Medical School at the Massachusetts General Hospital.

†Duke Professor of Research in Anaesthesia, Harvard Medical School.

‡At the Brook Lodge Conference on "Problems and Complexities of Clinical Research" I commented that "what seem to be breaches of ethical conduct in experimentation are by no means rare, but are almost one fears, universal." I thought it was obvious that I was by "universal" referring to the fact that examples could easily be found in all categories where research in man takes place to any significant extent. Judging by press comments, that was not obvious; hence, this note.
Why do we have ethics committees in universities and research institutes?

History of abuse of people’s rights as research subjects
– US – Tuskegee Experiment
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  • established that voluntary consent to research is essential
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  • in injury, disability or death of the subjects
The NHMRC National Statement on Ethical Conduct in Human Research


**Intended for use by:**
- any researcher conducting research with human participants;
- any member of an ethical review body reviewing that research;
- those involved in research governance; and
- potential research participants.

**Designed to:**
- help researchers and review bodies to consider ethical values and principles, and be satisfied that the research proposal addresses and reflects them.
- understand risk and benefit, and issues to do with consent
- Identify information that needs to be disclosed to participants.
- Discuss ethical considerations specific to research methods/fields
- Identify processes of research governance and ethical review
UNSW Application

National Statement on Ethical Conduct in Human Research:
1: Values & Principles of ethical conduct
2: Themes in research ethics: risk & benefit, consent
3: Ethical Considerations specific to research methods or fields
4: Ethical consideration specific to participants
5: Processes of research governance & ethical review

UNSW Policy
All human research projects at UNSW **MUST** be reviewed
What university ethics committees do?

• consider the ethical implications of all proposed research projects on humans and to determine whether or not they are acceptable on ethical grounds
• provide for surveillance of research projects until completion so that the Committee may be satisfied that they continue to conform with approved ethical standards
• maintain a record of all proposed research projects
How does it work at UNSW?

Application → Evaluation → Feedback → Monitoring

Support through the whole process
Human Research Ethics Committees (HRECs)

The objectives of the HRECs are to:

• Protect the rights and welfare of research participants and minimise the risk of harm arising from research studies involving humans.

• Facilitate ethical human research through efficient and effective review processes in accordance with the National Statement.

• Promote ethical standards of human research by education of the academic community
Human Research Ethics Advisory Panels (HREA)

HREA brief: disciplinary-based*; concerned with research which has minimal ethical impact.

Web address for the forms:
https://research.unsw.edu.au/human-ethics-forms-and-proformas

*From 2014 you can only go to the Panel/s in your Faculty
How do I decide which UNSW ethics committee to seek approval from?

In practice ask yourself this question:

• Is my research concerned with vulnerable people (those with intellectual disabilities, children, prisoners, people involved in illicit activities, people who cannot consent, Aboriginal and Torres Strait Islander peoples)? If so, then go to the HREC

• Does the research have the possibility of more than minimal discomfort (physical and psychological) – then go to the HREC

• Is it a clinical trial – then go to the HREC

• Is my research going to ask individuals about sensitive issues such as sex, drugs, physical abuse, death and dying? If so, go to the HREC

• Will my data collection continue for more than 2 years? If so, go to the HREC
What does ‘Low Ethical Impact’ mean?

Research without a significant risk of harm:

- Does not include vulnerable subject groups
- Does not involve sensitive topics

Examples:

1. Studies which do not involve an intervention that could involve a significant harm to participants (eg insertion of needles or emotional distress or cultural sensitivities)

2. Studies which do not involve subjects who are vulnerable. Studies involving subjects who have a reduced capacity for fully informed consent eg children, those in dependent relationships eg students and those with diminishing autonomy eg prisoners

3. Social science questionnaires on non-controversial, non-personal issues. Examples of suitable projects for application to the HREA panels are marketing research questionnaires and general surveys that only require basic demographic data. In all instances, respondents would not be identified.

For other examples please refer to the website guidelines:

http://research.unsw.edu.au/sites/all/files/related_files/regular_page_content/hr
ea_minimal_ethical_impact.pdf
What are the main ethical problems HREA Panels deal with & how to avoid them…

Project description
• The description should be a page (at least) and cover aims and objectives, methodology, outcomes. It must tell us **exactly** what you are going to do in the research

First approach to participants
• There must be a hands-off first approach – that is the researchers must make the first request to participate through a second party or though an advert or flyer

Storing data
• Data must be storied in a locked cabinet in a locked office or in a pass-worded computer. It must be kept for 7 years

Risk to participants
• You must be honest about this – always think of the worst possible outcome and allow for it
Big Changes Occurring: online risk assessment and online forms
The HREC form – What are we looking for?

SECTION 1: ADMINISTRATION
This section is obligatory

1.1 (a) Full project title

(b) Short name by which the project will be known

(c) Name of Chief Investigator

(d) Provide a brief summary of the project in lay language (approximately 100 words)

(e) Outline the scientific merits of this study (including potential contributions to the body of knowledge and methodological rigor) (approximately 100 words)

1.2 Indicate the institutional ethics committee that you consider to be the primary one for this project. (In general, if the Chief Investigator is a University employee, then the University should be considered to be the primary site. If the Chief Investigator or participants are from a health care service, then the Area Health Service ethics committee should be considered as the primary site.)

1.3 (a) Has this project already been submitted to any other HREC(s)?

(b) Will this project be submitted to any other HREC(s)?

If you answered YES to (a) or (b), give the name of the HREC(s), and indicate the status of the application at each (i.e., submitted, approved, deferred or rejected). Attach copies of the correspondence with each of the other HREC(s).

Please do not submit to more than one HREC concurrently.

This must not be a student

Should have simple statement about why the research is important

Need to check this
Make sure the Chief Investigator is a UNSW staff member and there is a UNSW address, email & phone number.
Make sure that they are from the list

Make sure there are agreement letters from other organisations or state & territory government bodies etc if this is a joint research project (should be attachments)

Make sure that there is an attachment with the funding arrangement
Funding/Contracting body 3: □ Approved □ Pending □ Refused

(d) If you have applied for a research grant through Grants Management Office for which this protocol will be relevant please provide the InfoEd reference number(s) that the Grants Management Office has allocated to your application (for eg: RGxxxxxx)

(e) Is the title of the project submitted for funding different from that listed under Q1.1(a)

If YES state it below.

(f) Will this study still be undertaken if funding is not successful?

□ N □ Y
### SECTION 2: NATURE OF RESEARCH
(refer to the National Statement on Ethical Conduct in Human Research, p. 23-45)

*This section is obligatory*

2.1 The nature of this project is most appropriately described as research involving:-
(more than one may apply):

- behavioural observation
- self-report questionnaire(s)
- interview(s)
- qualitative methodologies (e.g. focus groups)
- psychological experiments
- epidemiological studies
- data linkage studies
- psychiatric or clinical psychology studies
- human physiological investigation(s)
- biomechanical device(s)
- human tissue (see Section 11)
- human genetic analysis (see Section 11)
- a clinical trial of drug(s), device(s) or other interventions(s) (see Section 12)
- Other (please specify in the box below)
2.2 Name the category that best fits your research proposal:
(more than one may apply):

- Clinical trials phase 0
  [ ] No [ ] Yes

- Clinical Trials Phase I
  [ ] No [ ] Yes

- Clinical Trials Phase II
  [ ] No [ ] Yes

- Clinical Trials Phase III
  [ ] No [ ] Yes

- Clinical Trials Phase IV
  [ ] No [ ] Yes

- Population health and/or public health
  [ ] No [ ] Yes

- Clinical interventional research other than clinical trials
  [ ] No [ ] Yes

- Mental health research
  [ ] No [ ] Yes

- Qualitative health research
  [ ] No [ ] Yes

- Justice health research
  [ ] No [ ] Yes

- Other (please specify in the box below)
  [ ] No [ ] Yes

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*Proceed to Section 3.*
If under 16 need to flag to see how they will address concerns about autonomy

Need to have working with children check approval numbers

If yes to any of these groups need to flag re autonomy

Look at the sections in the National Statement for guidance
Vulnerable groups

- intellectually impaired
- under the Guardianship Act 1987 (as amended)?
- Aboriginals or Torres Strait Islanders?
- women who are pregnant?
- human fetuses?
- people in dependent or unequal relationships? (for e.g. wards of the state, prisoners, refugees, or in a teacher-student, doctor-patient, employer-employee or any other dependent relationship with the researchers or their associates)
- people highly dependent on medical care who may be unable to give consent?
- people who may be involved in illegal activities?
- people in other countries?
- Children
- members of the armed services
- mentally ill
3.3 (a) What is the sample size for the study? Comment on how this sample size will allow the aims of the study to be achieved.

(b) How will the participants be recruited?

3.4 (a) Does recruitment involve a direct personal approach from the researchers to the potential participants?

If you answered YES, explain how the real, or perceived, coercion from researchers for potential participants to enrol has been addressed.

(b) Does recruitment involve the circulation/publication of an advertisement, circular, letter, etc?

If you answered YES, provide a copy and indicate where and how often it will be published.

3.5 Will participants receive any reimbursement of out-of-pocket expenses, or financial or other “rewards” as a result of participation?

If you answered YES, what is the amount or nature of the reward and the justification for this?
3.6 Is the research targeting any particular ethnic or community group?

If you answered YES, which group is being targeted?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

If you answered YES, is there an investigator who is a member of the Particular ethnic or community group?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

If you answered YES to 3.6, has this project been planned in consultation with a representative of this group?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

If you answered YES, who have you consulted and how do they represent this group?

If you answered NO, give reasons why you have not consulted.

| Proceed to Section 4. |

*The above section is about ensuring cultural sensitivity and community buy-in.*
Section 4 is where secondary data is being used

Need to be clear about:
• the form in which the data will be stored (identifiable, re-identifiable, non-identifiable);
• the purposes for which the data will be used and/or disclosed;
• if subjects are giving specific, extended or unspecified consent for future research
• if researchers want consent to be waived

Need to take every precaution to prevent the data becoming available for uses to which participants did not consent.
4.3 Will the health information that is identifiable or potentially identifiable with respect to individuals be collected, used or disclosed without the consent of the individual(s) concerned?  

- The size of the population involved in the research.
- The proportion of subjects who are likely to have moved or died since the health information was originally collected.
- The risk of introducing bias into the research, affecting the generalisability and validity of the results.
- The risk of creating additional threats to privacy by having to link information in order to locate and contact subjects to seek their consent of the results.
- The risk of inflicting psychological, social or other harm by contacting subjects with particular conditions in certain circumstances.
- The difficulty of contacting individuals directly when there is no existing or continuing relationship between the organisation and the individuals.
- The difficulty of contacting individuals indirectly through public means, such as advertisement and notices.
- Other

Please provide details

4.4 Was this research the primary purpose of collecting the health information?  

The HRIP Act applies where the use or disclosure of the health information (eg. for research) is not directly related to the original purpose for which the information was collected (eg. health care).

If you answered YES, you do not need to complete any further questions in Section 4. Go to Section 5

If you answered NO, please provide details

4.5 Would the subjects have expected the researchers to use or disclose their health information for the purposes of this project?

Please provide details
4.6 Explain why the collection, use or disclosure of this information is in the public interest, and why the public interest in the project substantially outweighs the public interest in the protection of privacy.

Proceed to Section 5.
<table>
<thead>
<tr>
<th>Section 5: Collection of Data and Dissemination of Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section is obligatory</td>
</tr>
</tbody>
</table>

5.1 Will any part of the study involve recordings using audio tape, film/video, or other electronic medium?  
- If you answered **YES**, what is the medium and how it will be used?  

5.2 Does your research involve the secretive use of photographs, tape-recordings, or any other form of record-taking?  

5.3 (a) How will the results of the study be disseminated (e.g. via publication in journals and presentations in scientific meetings)?

5.3 (b) How will feedback be made available in a readily understood form to participants (e.g. via a newsletter)?

5.4 How will the confidentiality of the data, including the identity of participants, be ensured during collection and dissemination?

5.5 Is there any possibility that information of a personal nature could be revealed to persons not directly connected with this research?  
- If you answered **YES**, provide details.

More intrusive than without  
Can cause some subjects concern  
Deception is very problematic  
HREC likes to see that participants in particular have the ability to see the results  
Concern with privacy
5.6 (a) What is the proposed storage location of, and access to, materials collected during the study (including files, audiotapes, questionnaires, videotapes, photographs)?

(b) Specify how long materials collected during the study (including files, audiotapes, questionnaires, videotapes, photographs) will be retained after the study, and how they will ultimately be disposed of.

Please ensure that the period of data retention stated here is appropriate to the nature of the proposed study. If the project involves clinical trial(s), the data should be kept for a minimum of 15 years (please refer to [http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM239052.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM239052.pdf)). If the projects do not involve clinical trial(s), the data should be kept for a minimum of 7 years after which time the data may be disposed of. (Please also refer to National Statement on Ethical Conduct in Human Research, 3.3.11 and Australian Code for the Responsible Conduct of Research [http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/r39.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/r39.pdf) for further requirements).

Please ensure that the period of data retention stated here is appropriate to the nature of the proposed study. If the project involves clinical trial(s), the data should be kept for a minimum of 15 years. (Please refer to Guidance for Institutional Review Boards and Clinical Investigators.) If the projects do not involve clinical trial(s), the data should be kept for a minimum of 7 years after which time the data may be disposed of.

Otherwise keep for 7 years.

Proceed to Section 6.
**SECTION 6: RISKS AND BENEFITS**
(refer to the National Statement on Ethical Conduct in Human Research, p. 15)

*This section is obligatory*

6.1 (a) Could participation in the research adversely affect the participants?  
If you answered YES, complete 6.1 (b) and 6.1 (c). If you answered NO go to 6.2  
(b) Could the research induce or uncover psychological distress in participants?  
(c) Could the research cause any physical harm to the participants?  
(e.g. from physically invasive procedures or from drug administration, etc)  
If you answered YES to (b) or (c) describe the aspect(s) of the research and all the risks involved.  
Indicate the rate at which these risks are expected to occur. Indicate what facilities and trained personnel are available to deal with such psychological or physical problems.

6.2 Will the true purpose of the research be concealed from the participants?  
If you answered YES, outline the rationale and provide details for the concealment.  
Provide details of the debriefing. (If you do not intend to debrief, give reasons why not).  

6.3 Are you doing research on patients (i.e. subjects receiving health care)?  
If you answered YES, list the procedures/techniques which would not form part of routine clinical management.

6.4 Is this research expected to benefit the participants directly or indirectly?  
If you answered YES, provide details.

Expect researchers to take this seriously.

Need to have contact details of a registered helpline etc

Where the research does not aim to expose illegal activity, researchers should demonstrate that:

- participants will not be exposed to an increased risk of harm as a result of the deception;
- a subsequent full explanation of real aims and/or methods
- there is no reason for thinking that participants would not have consented if they had been aware of what the research involved.

Where research involving limited disclosure aims to expose illegal activity:  
- adverse effects on those whose illegal activity is exposed must be justified by the value of the exposure.
In most cases written consent should be obtained. Some exceptions are:

- When it is an online questionnaire
- When the research may be of health data or tissue
- Observations in public places
- Where people cannot write

Translation needed

Template provided
A person’s individual interests or responsibilities may influence the carrying out institutional role or professional obligations in research.

Issues to consider:
- Should the information be disclosed to research participants;
- Should a person other than the researcher make the initial approach to participants;
- Should the information be disclosed in any report of the research;
- Should the research be conducted by another researcher; or
- At the last resort, should the research not be conducted.
Here we are looking for a reasonably full description of the project. This should include:

- Background
- Hypothesis or aims
- Design
- Methodology, including:
  - Participants and sites
  - Sample and sample size calculations
  - Analysis of data
SECTION 10: FIELD-BASED RESEARCH (i.e., CONDUCTED OFF CAMPUS OR OUTSIDE A HEALTH SERVICE) INCLUDING RESEARCH CONDUCTED OUTSIDE AUSTRALIA
(refer to the National Statement on Ethical Conduct in Human Research, p.73-75)

10.1 Does this section apply to your research?

☐ N  ☐ Y

If NO, Go to Section 11

10.2 Have you obtained formal permission from relevant authorities for entry to the area to carry out research (e.g., national or local government bodies, organisations of local communities)?

☐ Y  ☐ N

If you answered YES, name the relevant authorities and attach the relevant correspondence.

If you answered NO, give reasons.

10.3 If research is proposed among members of specific organisations, have you sought approval from those organisations (e.g., church groups, national associations, etc)?

☐ Y  ☐ N

If you answered YES, name the relevant authorities and attach the relevant correspondence or letter of support.

If you answered NO, give reasons.

10.4 Does the research involve individuals or groups of people who are not formally organised (e.g., people living in a village or town, etc)?

☐ N  ☐ Y

If you answered YES, indicate the context of the research. How will you obtain access to participants? Indicate any ethical issues that you can foresee in this approach.
10.5 Will your research necessarily involve the acquisition of objects of valuable cultural property (e.g., carvings, paintings, etc)?

If you answered YES, give details of arrangements with owners of the property with regard to access to/acquisition of these items, where appropriate.

10.6 Will your research necessarily involve any activities that are likely to be seen by research participants and/or members of their local communities as in conflict with local practices and customs (e.g. regarding religious or ritual participation)?

Proceed to Section 11.
Make sure all signatures are on the form

Make sure the Dean or Head of School has signed
Ethical issues relating to research & journalism…

• In general, journalists have far greater freedoms than researchers.

• However, the aims and tasks of both professions are in line with accepted values in our society-especially those of inquiry and the benefits of an open society.

• However, the benefits of an open society are not necessarily compatible with strict adherence to the principles of individual autonomy and of doing no harm. Infringements of these two principles by journalism may be ethical costs in an open society.
The ‘journalism is not research’ mindset is common...

- Richards (2010) describes the relationship between ethics committees and journalism researchers as “uneasy bedfellows”.
- Requiring journalists to work slowly in sync with the cycle of HREC meetings and to get signed consent from every interviewee, and to empower them to withdraw their comments at any time, can be seen as a form of censorship.
- Journalism academics must work with their HREC as their work is considered a part of, and not distinct from, their universities’ research contribution.
- The National Statement requires that all research proposals involving human participants be reviewed and approved by a HREC for all research involving humans.
The ‘journalism is not research’ mindset is common…continued…

- This means that all research conducted by journalism academics, that involves human subjects regardless of where the results are published must go through HREC.
- HRECs continue to make a positive contribution to the research process. They play a key role in protecting the basic rights and safety of research participants from more obvious forms of abuse.
- Indisputable fact that no one has an automatic right to conduct research on other humans.
- Implicit contract with the public that permits universities to engage in such activity, and the freedom to continue is “in large part, the product of individual and social goodwill and depends on us acting in ways that are not harmful and are just” (Israel & Hay, 2006, p. 3).
- The wider community needs to be able to trust those carrying out research at UNSW
- Those conducting research need to be accountable to the wider community.
- HREC helps address this need, and in doing so assist in maintaining a level of trust from those outside the research community.
Questions?

Contact:

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Human Research Ethics Committee
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