

Ethical Issues in the Use of Stored Samples

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A Note about Terminology

“(blood) samples”



“tissues”



“specimens”



“human biological materials”

A Note about Terminology

“(blood) samples”



“tissues”



“specimens”



“human biological materials”

samples  *genotypic and phenotypic data*

SHOTS FIRED
0

TOTAL SCORE
0

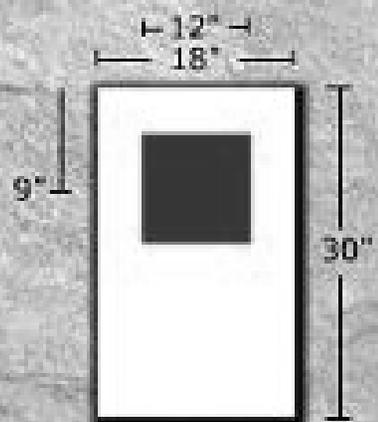
STAGE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Score

- RANGE CARD Yards Meters
- CONDITIONS
- INSTRUCTIONS
- BULLET DATA
- EQUATIONS

Copyright 2003, Karin Christensen



STAGE RESULTS

Range meters

yards

Wind mph

@ o'clock

CALCULATOR

ON OFF

HELP

| | | |
|---------------------|--------|---------|
| elevation | clicks | minutes |
| | 0 | 0 |
| bullet impact left | 0 | 0 |
| bullet impact right | 0 | 0 |

Fine adjust

10x

20x

FIRE

Where are stored samples?

n>282 million in U.S., 20 mil new cases per year

NBAC, 1999

- Individual laboratories
- Multi-center trials
- Pathology departments
- Newborn screening programs
- “Biobanks”
- Military DNA collections
- Forensic collections



Definition of Human Subject

- (f) A living individual from whom an investigator . . . conducting research obtains:
 - (1) data through intervention or interaction with the individual

45 CFR 46.102

Definition of Human Subject

- (f) A living individual from whom an investigator . . . conducting research obtains:
 - (1) data through intervention or interaction with the individual
 - (2) identifiable private information

What is *not* research with human subjects?

Collection and study of:

- Samples from deceased individuals
- Samples taken for diagnostic purposes only
- Specimens or data that are available from commercial or public repositories or registries
- Established cell lines that are publicly available to qualified scientific investigators...

From OHSR Information Sheet #14

Ethical Issues in the Use of Stored Samples

- Research design
 - Collection of new samples vs. use of existing samples
 - Plans for linking samples to medical records, identifiable information
 - Use/disclosure of research results
- Informed consent
 - Adequate disclosure
 - Prospective
 - Existing, stored samples

Case 1

HCV “Look-Back” Study

- Problem
 - Need for research on long-term outcomes for young, healthy persons with hepatitis C infection
- Potential Solutions
 - Prospective studies
 - Retrospective cohort study using stored samples

L Seeff *et al.*, 2000, *Ann. Int. Med.*

HCV Study Procedures

- Serum specimens (n=8568) collected between 1948-1954 from military recruits for group A strep and acute rheumatic fever
 - Tested for presence of HCV antibodies
 - Names and military service numbers matched to SS#s + demographics
 - Morbidity and mortality data collected from VA and HCFA records

HCV Findings

- Historical significance
 - HCV in US prior to 1968
- Healthy HCV+ individuals may be at less risk for progressive liver disease than was previously thought
 - 2/17 (12%) HCV+ and 205/8551 (2%) HCV-individuals had developed liver disease

HCV Study: Questions

- When should subjects be asked to “re-consent” prior to new research on samples?
 - Military vs. other contexts
- When is it appropriate to inform individuals regarding + results?
 - Potential benefits vs. risks to subjects
 - Additional scientific knowledge to be gained
 - 7/10 HCV+ individuals still living were recontacted

Case 2

BRCA1/2 and Tamoxifen

- BCPT (n>13,000)→ tamoxifen significantly reduced incidence of invasive breast cancer in high-risk women
 - Conducted 1992-1998, before BRCA1/2 cloned
 - Study did not show *who* would benefit most
- Investigators wanted to go back to DNA samples to test for BRCA1/2 mutations

Fisher *et al.* 1998, *J Natl Cancer Inst*, MC King *et al.*, 2001, *JAMA*

BRCA1/2 Testing: Consent

- Women had not given explicit consent for BRCA1/2 genetic testing
 - General consent for future genetic research
- Subjects were informed about the new study
 - Given opportunity to “opt out” and withdraw DNA sample
- Samples were “anonymized”
 - No genetic results given

Scaling Up: Biobanks



“Traditional” Research with Samples vs. Biobanks

- Individual researcher/team
- One set of defined studies
- Future uses not anticipated
- One study/one consent
- Broker/intermediary supplies samples
- Many studies possible
- Future uses anticipated
- More general (“blanket”) consent?

Biobank Models

Simple

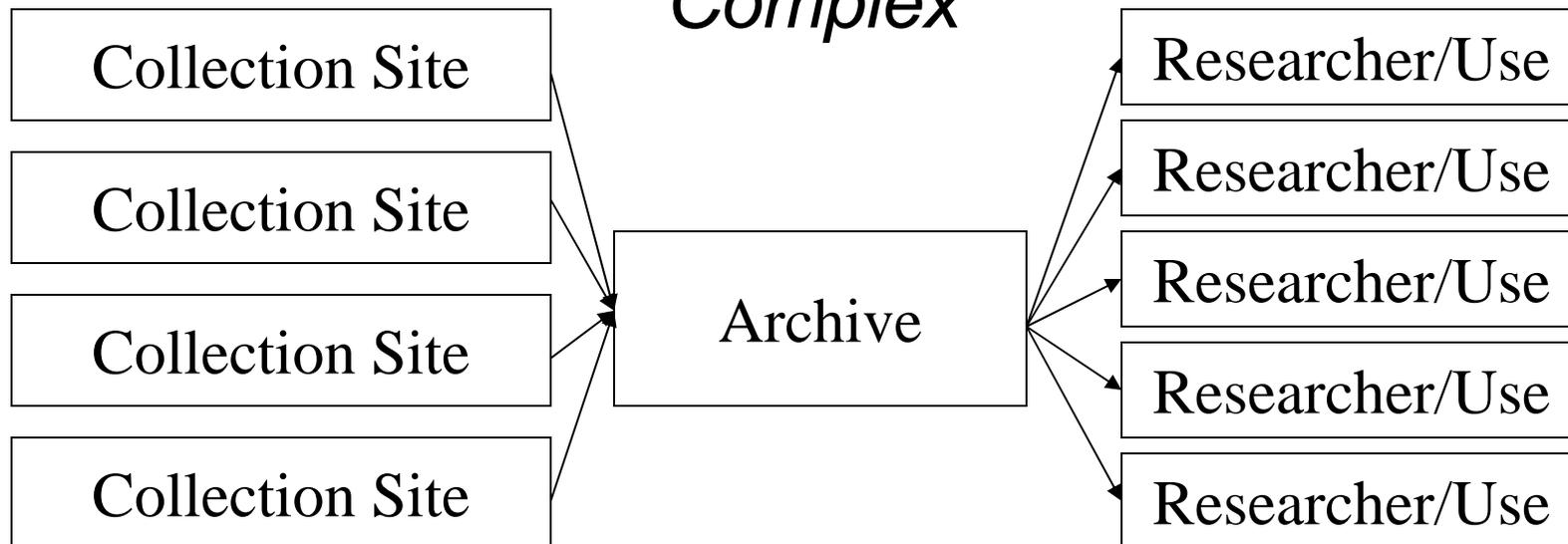


Biobank Models

Simple



Complex

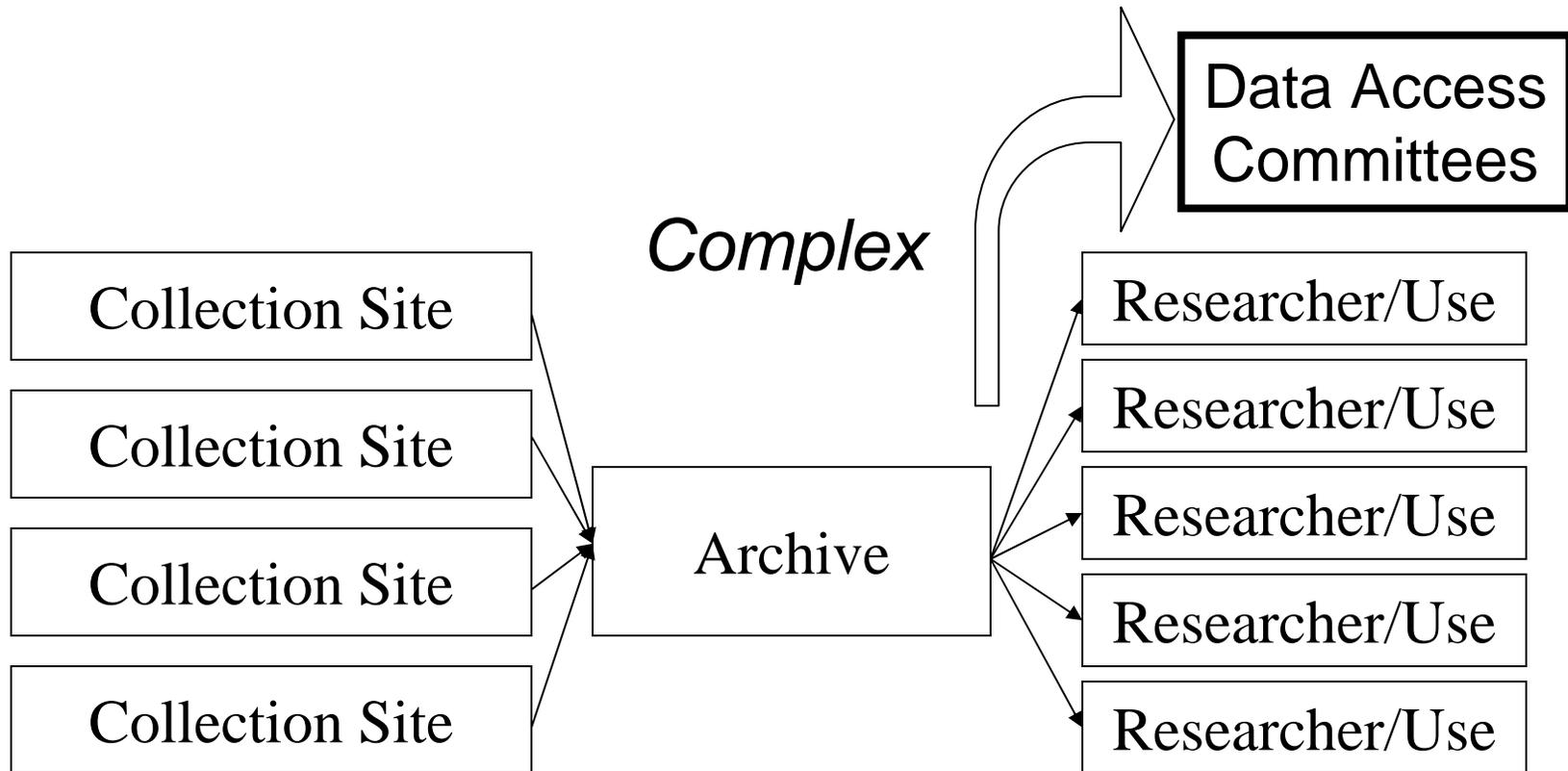


Biobank Models

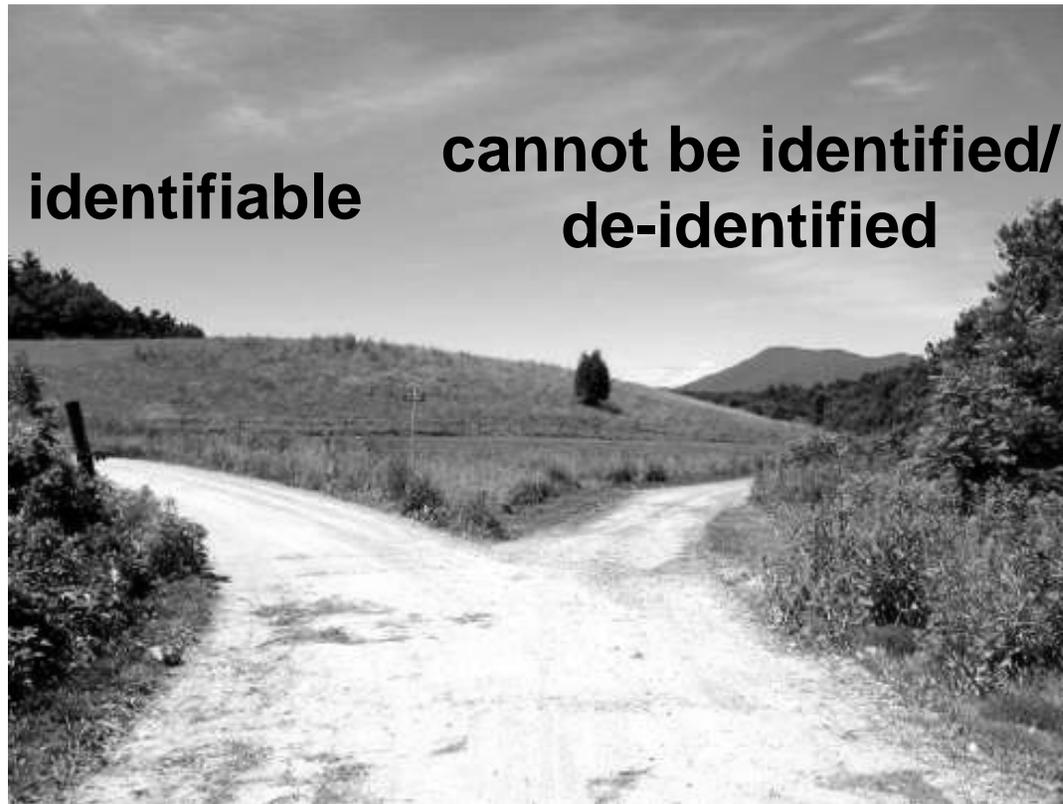
Simple



Complex



Classification of Samples



OHRP Interpretation:

not identifiable = not readily ascertainable

- “OHRP does not consider research involving only coded private information or specimens to involve human subjects . . . if the following conditions are both met:
 - (1) the private information or specimens were not collected specifically for the proposed research . . . and
 - (2) the investigators cannot readily ascertain the identity of the individual(s)”

OHRP Guidance, 8/10/04

But isn't the human genome uniquely identifiable??

Genome-Wide Association Studies (GWAS)

- Assessing up to a million single nucleotide polymorphisms (SNPs) per sample
- SNP pattern provides information unique to individuals
 - 30 to 80 SNPs to uniquely identify a single person (Lin et al. 2004)
 - Individual identification requires comparison to another sample
- SNPs vary among ethnic groups
 - Determination of ethnicity of participant is possible
 - Risk of “group harm”

Latest on Identifiability

as of 8/25/08

- Detection of a single person's SNP profile in a mixture of 1,000 or more individual DNA samples.
- Led to change in GWAS policy
 - Removal of aggregate statistics files of individual GWAS studies from the public portion of databases
 - » Homer, Szelling, Redman et al. PLoS Genet. 2008 August; 4(8): e1000167.

Risks of Using Identifiable Samples: *Disclosure*

- To third parties (“erroneous or malicious,” Lowrance and Collins, *Science*, 2007)
 - Embarrassment
 - Legal or financial ramifications
 - Stigmatization
 - Discrimination
- To patients/subjects
 - Privacy intrusion from undesired contact
 - Harm from disclosure of results (anxiety)

Research Design Measures to Reduce These Risks

- Maximize confidentiality protections
 - Anonymization/coding/encryption
 - The “least necessary” or “least identifiable” dataset
 - Use of intermediary to hold link between code and identifiers (e.g., “honest broker”, “charitable trust” models)
 - Obtaining maximal legal and practical protections
 - Data placed on computers not linked to the Internet
 - Certificates of Confidentiality
 - GINA 2008?

Research Design Measures to Reduce These Risks, cont'd

- Develop approach for re-contacting subjects
 - Clinical relevance or value
 - Adequate counseling

Informed Consent for Research on Stored Samples

- If/when?
 - For prospective collection
 - Maybe for existing samples, depending on:
 - Identifiability
 - Adequacy of prior consent
 - Setting in which collected (research vs. clinical)
- How?
 - Extent of detail
 - Frequency
 - 1 time vs. every time
 - Childhood -> adulthood

Informed Consent Guidance

- “Research conducted with *unidentified samples* is not human subjects research and is not regulated by the Common Rule.”
- “Research using *coded or identified samples* requires the consent of the source, unless the criteria for a consent waiver have been satisfied.”

NBAC (1999)

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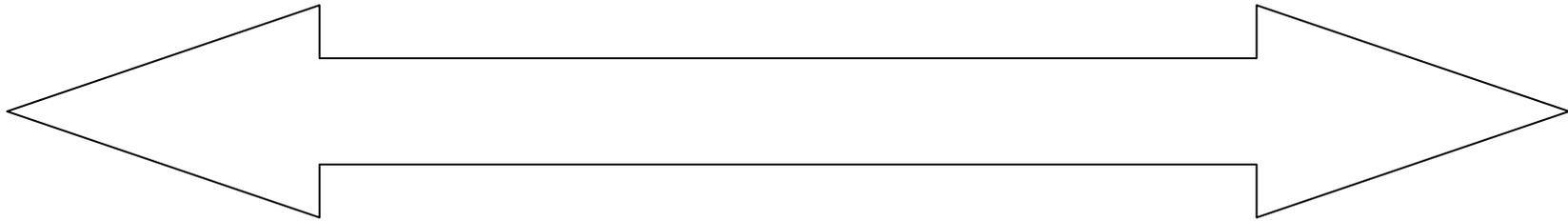
NBAC (1999)

Waiver of Informed Consent for Use of Stored Samples (see 45 CFR 46.116)

- Protocol must pose minimal risk
 - Determination of whether it might be desirable to communicate directly with patients
 - If yes, then > minimal risk, and consent should be obtained
- Cannot adversely affect rights and welfare
- Impracticability of obtaining consent
 - From some or all participants

Informed Consent

- What information is necessary to disclose for informed consent to be “valid”?



Any genetic research

Specific disease

Particular gene

Explicit methodology

Individual investigator

Distinct time

Unspecified Consent Forms

“I consent to the donation of my tissues for research and education. If you wish to decline donation, indicate with your initials here_____.”

CAP consensus statement (1999)

Explicit Consent

Recommendation 9:

. . . to provide potential subjects with a sufficient number of options to help them understand clearly the nature of the decision they are about to make.

NBAC Report (1999)

Explicit Consent

Possible Options (“Menu Approach”)

- Only unidentified or unlinked use
- Use in one study only, no further contact
- Use in one study, with possible further contact
- Use in any related study, with possible further contact
- Use in any kind of study

NBAC Report (1999)

A Role for Empirical Data?

- Consent form content
- Subject attitudes and informational needs
- Subject consent “behaviors”

Subject Attitudes: Need for Informed Consent

Proportion of patients who feel it is “important to know about” genetic research with tissue samples (n=1193)

| | Anonymous | Identifiable |
|--------------------|-----------|--------------|
| Clinically-derived | 72% | 81% |

Hull et al (2008) *AJOB*
Arch Intern Med

Subject Attitudes: Willingness to Give Blood to Genetics Researcher

| | |
|--------------------|-----|
| Very Willing | 58% |
| Moderately Willing | 26% |
| Somewhat Hesitant | 11% |
| Very Hesitant | 1% |
| Unwilling | 3% |

(n=1193)

Sobolski *et al.*, submitted



Scope of Consent: Future Use of Stored Samples

(n=1193)

Okay to study different diseases 79%

Willing to sign one-time release 73%

Okay for different researchers
to use sample to study original disease 61%

Sharp, Wilfond, Hull, *in process*

Subject Behaviors: The NHANES Experience

- National survey that collects specimens from representative sample of US population
- Of people surveyed in 1999-2000, 84-85% consented to collection of DNA specimen
 - Females and black participants least likely to consent (73-84%, depending on year)

McQuillan *et al.*, 2003, *Genet Med*

Unresolved Issues Regarding Biobanks

- Acceptability of “blanket” consent approaches (one time vs. every time)
- Provision of results
 - Individual rights vs. harms of invalidated results
- Enrollment of minors
 - Risks
 - Permission/assent and (re)consent
- Ownership/commercial aspects
 - Profit/benefit sharing
 - Custodianship
- Evolving definitions of “identifiable”

New Paradigm Needed?

- Old paradigms may no longer preserve public trust
 - Burden on consent procedures
 - Reliance on open access
 - Group harms possible
- New model of “stewardship”
 - Responsible use of resources
 - In service to common good
 - Accountability to uphold commitments

Fryer-Edwards (2008) as presented at ASBH