The Royal Devon & Exeter Tissue Bank: Five Year Extension

Management Protocol Version **1.0 (09/02/16)**

Background

The RD&E Tissue Bank has been open since May 2011. It houses material collected under the auspices of this bank and samples transferred from the Exeter Surgical Tissue Bank. This document describes the management of samples held in this bank and the proposed operational detail for collection and distribution of samples from this bank from April 2016 to April 2021.

Royal Devon & Exeter Tissue Bank Management Summary

Scientist asks RD&ETB to build-up a collection of a particular tissue for research purposes.

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RD&ETB Steering Committee request the following documents before starting a collection:

- scientific justification of the proposed use of the tissues
- approval by a named clinician to identify patients and oversee collection
- approval by relevant pathologist to ensure that samples taken for research purposes do not compromise clinical care
- proposed pathway for patient identification and consent, including time given to make a decision to donate.

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Patients referred by Clinician to RD&ETB staff for informed consent and collection of relevant data on a sample-specific clinical reporting form. RD&ETB ensure samples are handled appropriately for research purposes and if no longer needed for clinical care samples are taken from clinical environment to the tissue bank where they are preserved for its proposed research use (this may include: formalin fixation, snap-freezing, freezing, refrigeration, extraction of macromolecules or other relevant techniques).

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Sample is given an anonymised code and stored in a specific trackable location. Data from the Clinical Reporting Form is transferred to a secure database and linked to the sample code. Personal identifiers are linked to the code, but kept separately from the clinical data and sample.

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Scientist requests a specific number of samples from the bank.

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Steering Committee consider the scientific credibility of the project, expertise of the scientist and statistical calculations used to justify the number of samples needed.

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If successful a material transfer agreement is signed. Samples are provided to the researcher. In some cases, where possible, anonymised duplicate samples may be provided to ensure that laboratory measures have sufficiently low inter-sample variability. Once data has been collected anonymised clinical data will be provided. If necessary RD&ETB may re-consult patient notes to provide other anonymised clinical information relevant to the samples.

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Researchers who have extracted macro-molecules that may be used for future studies should register this resource with the RD&ETB for future potential use. Any spare tissues should be returned to the RD&ETB.

Management Structure:
*Overall Responsibility**:***
Malcolm Crundwell MA MD FRCS(Urol)
Consultant Urologist
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Dr Gillian Clare Baker
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Steering Committee

Malcolm Crundwell – Consultant Urologist & Director of RD&ETB
Gillian Baker – HTA Designated Individual, RD&E
Prof Angela Shore – Vice Dean for Research, Peninsula Medical School
Prof Andrew Hattersley – Clinical Director of R&D, RD&E
Prof Sian Ellard – Consultant Molecular Geneticist, RD&E
Dr Jackie Whatmore – HTA Designated Individual, Peninsula Medical School
Dr Bev Shields – Statistician, Peninsula NIHR Clinical Research Facility
Rolling Membership of Lay Representatives

Quorum to approve collections = 1 clinician, 1 scientist, 1 lay member and 1 statistician
Quorum to approve use of samples = above plus R&D committee approval.

Nursing Management:
Dr Bridget Knight;
Research Midwife NIHR Exeter Clinical Research Facility
b.a.knight@ex.ac.uk
Responsible for managing and co-ordinating the Exeter Tissue Bank;

Day to day management of Tissue Bank:
A Research Practitioner will have responsibility for recruitment, data/ sample collection and storage, and the day to day management of the Exeter Tissue

Samples Eligible for Management through the ETB:
Any tissue or biological sample removed from the living during routine clinical care at the Royal Devon & Exeter Foundation Trust or collaborating NHS site with the consent of the treating clinician and informed consent of the donor. In some cases, informed consent will be taken after the clinical procedure has been undertaken, but always before the sample is removed from the clinical care environment to the tissue bank. For example, samples removed during emergency procedures that are in the pathology/biochemistry department awaiting incineration may be moved to the tissue bank following informed consent.

In some cases specific consent for extra research samples will be sought. These samples will only be taken at the time of routine clinical care and in volumes or quantities within the normal clinical range. For example if 1 – 8 biopsies are usually

taken, but in this instance only two are needed for diagnosis, the clinician may take an extra two for research. The decision to take extra blood samples or biopsies must be approved by the treating clinician and must not be any additional burden to the patient. For example extra blood may not be taken from patients suffering from anaemia.

Eligibility to Participate in the Research Tissue Bank

All patients may potentially donate samples. A single information sheet template has been created that can be used for patients of all ages, with all levels of cognition. This is supported by three different consent forms for adults with capacity, adults without capacity and children.

Following standard practice, an assessment of capacity will be undertaken by a trained clinician prior to referral to the Tissue Bank team. If a person is considered not to have capacity at the time of visit and they are suffering from a condition for which research is being conducted, (e.g. dementia, *C.diff*) a consultee will be sought to sign a consent form on behalf of the patient. The patient will be given a donor information sheet, consent form and withdrawal form to be used if they regain capacity to consent and would like to withdraw.

The Tissue Bank Steering Committee that approve all collections will be specifically asked to give approval for approaching patients without capacity or patients under the age of 16 on a collection-by-collection basis and will only allow these groups to be approached if the collection is to specifically support research that is of benefit to that group. For example if a researcher is looking at the epigenetics of dementia then they will be allowed to obtain samples from donors with dementia, with their consent or consent of a representative, if they lack capacity. If a researcher is working on cystic fibrosis, which is common in children, they will be allowed to obtain samples from children under 16 with their assent and consent from their parent.

The information sheet is adapted for each collection so that the information of exactly what is being asked and what it is likely to be used for is very clear. The specific wording used in the changeable part of the template will be approved by the tissue bank steering committee.

Patients undergoing elective operations to remove diseased tissue or patients undergoing diagnostic or treatment procedures**,** where there is likely to be an excess of tissue removed above that required for pathological examination, will be approached pre-procedurally by the research practitioner, who will discuss the project, provide written information, and invite the patient to participate.

Participant identification:
Potential recruits will be identified by Clinicians during routine clinical practice

Informed Consent:
Written informed consent will be obtained from each participant or their representative. The research practitioner or clinician will have primary responsibility for obtaining participant consent. Participants or their representative will be asked to sign a consent form, a copy of which will be given to them to keep. Consent forms will be kept in a study specific site file within at the RD&E NHS Foundation Trust or relevant collection centre. The consent will include enduring consent for future research projects and identify that samples and data will be stored anonymously. It will also specify that any future research projects will require approval from the RD&E Tissue Bank Scientific Steering Committee.

Tissue collection and storage:
It is anticipated that samples will be collected in a proactive manner to ensure timely use in identified developing projects. There will be an expectation that projects will have input from an appropriate clinician and pathologist whose responsibilities will include the identification of current routine practice and to identify the most appropriate method of interim storage to ensure clinical care and diagnosis is not compromised.

The collection and storage of biological samples will be the responsibility of the research practitioner. Those patients, from whom informed written consent has been obtained, will undergo surgery or diagnostic/treatment procedure as per usual clinical practice. Following clinical analysis any remaining portion of biological sample will be collected and stored following methods that best preserve the tissues for future use and may vary from tissue to tissue and over-time to reflect advances in scientific techniques.

There will be no time limit on these samples as they are considered a key resource, and it is anticipated that there will be continuing advances in the genetics of common diseases over the next decades.

All samples will be stored in line with the HTA (1) and MRC guidelines (2) on the handling and storage of human tissues.

Data storage:
All data in paper form will be kept in a locked study filing cabinet, located within the CRF at the RD&E NHS Foundation Trust. Where samples are collected outside of the RD&E site, the donor form and the consent form will be stored securely at the NHS site. The NHS site will scan these forms and delete names before sending to the RD&E. The data forms will be sent with samples to the RD&E for storage and distribution.

All other study data will be kept on a password protected study database, on an NHS network drive accessible only to the Tissue Bank management team. The keys of the freezer and the filing cabinets will be the responsibility of the research nurse/practitioner.

Tissue Donor Privacy and Confidentiality
All participants will be given a unique ID number on recruitment. Samples will then be labelled with participant ID, date of sample, and type of sample. Only the Principal Investigator (PI), the research practitioner, or personnel authorised by the PI, will have direct access to the tissue storage facilities and samples. Samples will be obtained and labelled by the research practitioner, who will then place the sample in numbered racks, and place them in the appropriate designated Tissue Bank storage site. The exact location, including box, row, and shelf number will be recorded. This information will be entered into a sample storage location file saved on a password protected study specific database.

All records pertaining to the identity of participants in the Tissue Bank will be maintained as private and confidential. Personal identifying information will only be released with the express written permission of the tissue donor or by the approval of the RD&ETB Steering Committee.

Access to Samples and Donor Information

Tissue Sample Request

All requests for samples, both existing and proposed, from both internal and external researchers must initially be made in writing to the RD&ETB Steering Committee.

Review and Approval of Sample Requests

Submitted protocols will be reviewed by the scientific steering committee, and where possible researchers will be requested to attend to answer questions pertaining to their proposed project. There will be an expectation that each project team will include a named clinician and pathologist who will have responsibility for ensuring that issues around current clinical practice and diagnosis are addressed to ensure clinical care is not compromised. Tissue will only be released following detailed review by the steering committee.

Use of Tissue Bank Samples

It would be anticipated that the proposed research would be involved with molecular and cellular factors involved in the initiation and progression of common diseases. This would include research into understanding the mechanisms of common diseases.

There may be a monetary charge for samples that require to be transferred off site frozen, by designated courier service. Where there is spare sample material left, it will be the responsibility of the researcher to return the samples, with the RD&E Tissue Bank ID only, in this approved manner.

All tissue samples will be supplied with Tissue bank ID number only. The recipient investigator will be unable to trace data or samples back to the research participant. Where researchers require further data on subjects, this may be requested via the RD&ETB Scientific Steering Committee, and where appropriate provided under study ID only.

Where information is obtained that may be relevant to an individuals clinical care this will be discussed by the project specific Clinician and the RD&ETB Steering Committee.

Data Available With Samples

Participant information recorded includes age, sex, ethnicity, date sample taken. Other specific fields with be agreed with the steering committee. This information will be available to researchers as needed, and supplied with RD&E Tissue Bank ID number only.

Restrictions on Sample Usage at the Investigative Site

The intended use for the Tissue Bank samples is to facilitate research projects. The Tissue Bank will remind all investigators receiving Tissue Bank samples of their ethical and regulatory responsibilities concerning the use of such samples by providing them the following statement:

The recipient of this biological sample acknowledges that the conditions for use of this research material are governed by the UK statutory regulatory bodies. The recipient agrees to comply fully with all such conditions and to report promptly to the R&D Directorate of the RD&E NHS Foundation Trust, and the appropriate department of their sponsoring body, any proposed changes in the research project and any unanticipated problems involving risks to subjects or others. The recipient

remains subject to National Research Governance Guidelines, local regulations and institutional policies that provide additional protections for human subjects. This research material may only be used for the purposes identified by the research protocol which has been approved by the RD&ETB Scientific Steering Committee. Any tissue not used in the approved project will be returned to the ETB.

Changes to the RD&E Tissue Bank Proposed from 2016-2021

In response to feedback from our Patient and Public Involvement Group the RD&E Tissue Bank proposes to develop optional clauses in the consent process with regard to incidental findings. Participants will be able to opt in or out of having clinical information feedback to their referring clinician and they can change their mind at any point. Participants can also choose to have information that affects them directly treated differently from data that might be relevant to their blood relatives. See Consent Forms and PIS for more information. All participants will also be given the opportunity to comment on all uses of samples via an anonymous online portal. Donors may also elect to become a member of the formal steering committee.