CM-Path
Cellular Molecular
Pathology Initiative

Tissue Access - Developing Guidelines

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NCRI
National Cancer
Research Institute

Partners in cancer research

Tissue Access

- Discussions started within WS2 (clinical trials)
- There are probably significant differences in policies around tissue release for research across the UK
- Guidance is probably quite fragmented
- Group of interested people from CM-Path brought together to work on this
  - Manuel Rodriguez-Justo
  - Susan Richman
  - Alex Freeman
  - Andy Hall
  - Jane Hair
  - Gareth Thomas
  - Philip Macklin

Tissue Access – initial teleconference

- What samples are we talking about – biobanked or diagnostic archive samples ?
- What guidance on tissue access is already out there?
- What is the practice across the UK ?
- What are reasonable costs ?

The Oxford Experience

- CV is HTA-DI for research license
- This HTA license covers >1 million samples
- Tissue access committee chaired by CV is once a fortnight
- Committee regulates access to samples within Oxford Radcliffe Biobank (ORB) and Cellular Pathology Diagnostic Archives
- ORB has a RTB REC approval under which research can be conducted
- Approx 300 research requests each year, most asking for tissue access

HTA and Diagnostic Archives, July 2015

- The HTA's position is that if a diagnostic archive releases tissue for research occasionally upon request, its status as a diagnostic archive is clear.
- However, if there is an expectation that tissue will be released on a regular basis, then it ceases to be a purely diagnostic archive, particularly where there are developed governance / decision-making structures and procedures for applying for tissue.
- Where a diagnostic archive functions as a resource for researchers as it invites applications for the release of samples, and / or in any way advertises the archive as a research resource, it is functioning as a RTB. It must therefore be encompassed within the HTA's licensing framework. This legal requirement stands, even where tissue released from the archive will only ever be used as part of a specific project approved by a NHS REC.

Guidance

- *Fitzgibbons PL. Are there barriers to the release of paraffin blocks for clinical research trials ? A College of American Pathologists Survey of 609 Laboratories. Arch Pathol Lab Med 2011; 135: 870-873.*
- Questionnaire sent to pathologists to obtain information on laboratory policies and procedures in complying with requests to submit paraffin blocks for research
- Response to the number of blocks submitted for patients enrolled in clinical trials declining (90% in 1990s to 80% today)
- There are no systematic barriers
- Pathologists do attempt to comply with such requests
- Most usually refuse to release the only diagnostic paraffin wax block so that materials are retained for future needs

Guidance – Fitzgibbons et al

- If blocks were not released, most would release sections
- Concerns about consent and reimbursement were not significant obstacles
- The study clearly showed that it was concerns about the integrity of the patient record – specifically tissue being exhausted, and/ or blocks not being returned that had a major impact on their release
- Pathologists comply not by sending what is requested, but by exercising judgement about what can be sent ‘case by case’
- The rate of block release could be improved by clearer mechanisms for return, disclosure of where stored and reimbursement
- Increasing reliance on image guided biopsy for primary diagnosis – this will become an increasing problem

RCPath. The retention and storage of pathological records and specimens (5th ed), April 2015

- ''potential tension'' between retention of archived 'surplus' diagnostic material for the patient's benefit and for other uses such as research, and this is highlighted by the increased personalisation of treatment.
- ''It is now no longer justifiable to make over-arching assumptions that archived tissue or nucleic acid samples after initial diagnosis have completed their direct benefit for the patient''.
- As we move to routine genetic testing, such requests may decline.
- Paraffin wax blocks should be stored for at least 30 years.

RCPath. The retention and storage of pathological records and specimens (5th ed), April 2015

- Hospital pathology laboratories should endeavour to support the decisions of patients who have given consent for their samples to be used for research purposes.
- However, they have a duty to maintain the patient's diagnostic record and consider the potential value for the patient of retaining samples to be available for future diagnostic tests.
- The definition of 'surplus' now requires assessing on a case by case basis

College of American Pathologists Policies

- **'Custodianship of human biospecimens and their derived products'**
- ''The responsibility to maintain diagnostic material also includes providing appropriate material for institutionally approved research *...as long as... diagnostic material remains available in the pathology file for future patient care needs''*
- **'Informed consent for donation of biospecimens'**
- ''At least one block of diagnostic tissue should be preserved for the minimum retention time of paraffin blocks and should not be used for research, education, QC or any other non-diagnostic activities''

CM-Path Tissue Access Survey

Background

CM-Path is a new National Cancer Research Insitutute (NCRI) initiative, which aims to achieve the change needed to support cellular molecular pathology in the UK. This survey seeks to evaluate practice in histopathology departments across the UK on release of diagnostic blocks for research. One questionnaire should be completed per department by the person most appropriate eg chair of research tissue access committee or head of department. All results will be confidential and anonymised. Thank you.

1. Hospital name:

2. Job title of person completing the questionnaire:

3. Details of your responsibility for release of diagnostic archive material for research:

- ◯ Tissue access committee (or equivalent) chair
- ◯ Clinical Head of Department
- ◯ Histopathology Department Manager
- ◯ Other (please specify)

4. Where are your diagnostic archives located?

Questionnaire – practice, barriers, costs

- On-site versus off site storage facilities – time/ costs
- Archives covered by an HTA licence ?
- Frequency of requests for tissue release
- Tissue access committee ?
- Release of blocks
  - Multiblock case
  - Single block case
    - Submit the block
    - Submit the block, but ask for it to be returned
    - Submit unstained sections
    - Use pathologist discretion
    - Decline
- Would your response to this be altered if there was a mechanism to easily retrieve blocks and you could rely on the tissue not being exhausted ?

Questionnaire

- Requests to send original diagnostic slides
- Is there a duty on pathologists and pathology departments to maintain diagnostic material for future testing ?
- Do you collect consent wishes from the NHS procedure forms ?
- Do you have a biobank consent form ?
- Charges:
  - Have costs been factored into the study ?
  - % of requests that originate from industry
  - Do you costs differ for industry ?
  - How is the infrastructure that supports tissue access funded – research or NHS ?

Questionnaire

- For clinical trials, do you ask to see the consent form before releasing tissue ?
- For research studies that are not related to a clinical trial would you require evidence of consent before releasing diagnostic archive material ?
- Any problems related to submission of materials for clinical trials ?

- Who should we send this to ?
  - ? One response per department by whom ?

Next steps

- Victims to pilot questionnaire (n=5?) Clare.Verrill@OUH.nhs.uk
- Comments on draft questionnaire
- Circulate questionnaire
- From results, try to develop guidelines around tissue access / release
- And guidance on costs (what are reasonable costs – can we produce guidance?)

Conclusion

- Tissue access for research from diagnostic archive materials requires a difficult balance to be struck
- Eg follow patients wishes to enter trial vs ensure tissue remains in the diagnostic archives for future testing
- We simply cannot predict what diagnostic testing will become available in the future
- Pathologists have an important role to play as guardians or custodians of the tissue

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Thank you

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Alex Freeman
Andy Hall
Jane Hair
Gareth Thomas
Philip Macklin

Karin Oien
Jessica Lee

Oxford OCHRE team incl Stephanie Jones

Partners in cancer research