

# UK Biobank Ethics and Governance Council Thirty-ninth Meeting

Meeting at Wellcome Trust  
215 Euston Road, London, NW1 2BE

Monday 2 June 2014 at 10.15am

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## Agenda

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1. **Apologies**
2. **Introductions**
3. **Minutes** of thirty-eighth meeting held on 10 March 2014
4. **Matters arising**
  - (i) Tracking of requests to UK Biobank
  - (ii) Subgroup reporting: Feedback
  - (iii) EGC access oversight role
  - (iv) Re-contact advice
5. **Closed discussion on topics to discuss under item 6**
6. **Update from UK Biobank** (Professor Rory Collins, Chief Executive Officer, UK Biobank)
  - (i) Report on access
  - (ii) Re-contact applications
  - (iii) Imaging
  - (iv) Receiving and incorporating research results into the resource
  - (v) Health outcome linkage and adjudication report
  - (vi) Participant and public involvement biannual report
  - (vii) IT and data security biannual report
  - (viii) Any other developments and outstanding recommendations from EGC38
7. **Closed discussion of matters arising under item 6**
8. **Funders 2014/2015 review**
9. **Vice Chair appointment**
10. **Communications activities**
11. **Report on meetings attended**
  - (i) UK Biobank Board of Directors meeting 14/03/14
  - (ii) Visit from members of Taiwan Biobank EGC 18/03/14
  - (iii) Meeting 'Longitudinal population studies: A targeted approach to ethics and regulation'  
31/03/14
12. **Any other business**
13. **Date of next meeting**
  - 8 September - visit to the imaging assessment centre and dinner
  - 9 September - EGC meeting, Manchester Macdonald, M1 2PG

**UK Biobank Ethics and Governance Council  
Thirty-ninth Meeting**

**2 June 2014  
Wellcome Trust, London**

Present: Professor Roger Brownsword (Chair), Professor Martin Richards, Mr Andrew Russell, Ms Tracey Phillips, Professor Nils Hoppe, Dr Roger Moore, Dr Sheelagh McGuinness, Professor Kate Hunt, Dr Jonathan Hewitt, Dr Susan Wallace (for items 1 – 9) and Mr David Walker (for items 7 – 13).

In attendance from EGC Secretariat: Ms Adrienne Hunt.

Observers: Dr Catherine Elliott and Dr Jon Fistein (Medical Research Council) for items 1 – 6.

Speakers: Professor Rory Collins (Principal Investigator and Chief Executive, UK Biobank) for item 6.

1. Apologies

Apologies were received from Professor Søren Holm, Mrs Margaret Shotter, Ms Katherine Littler and Mr Jonathan Sellors.

2. Introductions

The Chair welcomed three new members:

- Nils Hoppe, Professor of Life Sciences Regulation and Co-Director of the Centre for Ethics and Law in the Life Sciences at Hannover University
- David Walker, a writer specializing in public policy and management and a public affairs executive
- Susan E. Wallace, Lecturer of Population and Public Health Sciences in the Department of Health Sciences at Leicester University.

At this meeting the Council said farewell to Professor Martin Richards and Dr Roger Moore, who have served on the EGC for over 7 years. The Chair thanked Professor Richards and Dr Moore for the time and energy that they have dedicated to the EGC, and in particular thanked Professor Richards for having enthusiastically served as Vice Chair.

3. Minutes of thirty-eighth meeting held on 10 March 2014

The Council approved the circulated minutes (with one typographical correction).

#### 4. Matters arising

##### *Tracking of requests to UK Biobank*

Members noted the outstanding requests to UK Biobank.

##### *Subgroup reporting: Feedback*

The EGC Chair, Vice Chair and Secretary met with UK Biobank and funder colleagues on 21 March for the first in a series of meetings on feedback. The purpose of the meeting was to agree on a number of key questions, which will be discussed by a small working group comprising representatives of the EGC, funders and UK Biobank. Members noted the draft meeting minute and that the next meeting will take place on June 5.

The Wellcome Trust and Medical Research Council recently launched their framework on feedback of health related findings. Importantly, in Section C vi of the document, the following recommendation is made:

Where studies involve re-consenting participants, researchers should consider the nature of the original consent. However, the approach to feedback in the original consent cannot be relied upon as the sole argument underpinning either its continuance or the development of a new approach to feedback. For example, the fact a study has had a policy of not providing feedback under any circumstances in the past may not be sufficient to justify the continuation of this approach in the future.

This recommendation accords with the EGC's own thinking on the issue, and with UK Biobank's approach to the development of the imaging feedback protocol.

##### *EGC access oversight role*

In the context of ongoing discussions about the EGC's access oversight role, the Council has formulated a three strand access oversight governance model comprising (i) alerting, (ii) reporting, and (iii) auditing. Having discussed the proposal with Professor Rory Collins, the EGC Chair will write a Memorandum of Understanding (MoU) that builds on the EGC's proposal, in the hope that this new model will be ready to adopt at the beginning of 2015.

Members of the EGC will visit the UK Biobank coordinating centre in September to review the access management system (AMS). This visit stems from UK Biobank's proposed protocol by which the EGC could review the materials available within the AMS. However, this visit will not constitute a formal audit by the EGC but an informal review and opportunity for members to discuss the access process with the Research Access Administration Manager, Mrs Lorraine Gillions, before moving over to the new oversight model.

### *Re-contact advice*

Under the terms of the Ethics and Governance Framework, the EGC is required to advise on applications that request re-contact with participants. Two applications have been escalated by UK Biobank that request re-contact in order to invite participants into a separate study. At the time of escalation, UK Biobank indicated that the applications would not be acceptable, because the proposal for re-contact would effectively provide participants with information about themselves about which they were previously unaware (relating to risk factor status). Such feedback runs contrary to UK Biobank's policy for 'no feedback' after the assessment centre visit. UK Biobank had, therefore, been discussing with the applicants and the EGC ways in which such re-contacts might be achieved without it constituting feedback.

As part of this process, the EGC has provided written advice to UK Biobank. This advice puts forward a number of general questions that the Council believes are relevant to the Access Sub-Committee's (ASC) consideration of this issue and the specific preliminary applications. The Council formally ratified this provisional advice, noting that it may have further comments once the main applications have been submitted.

At the EGC's March meeting, two additional re-contact applications were escalated, for information only. At that stage the EGC was advised that the two applicants were working together and considering merging the two applications and that UK Biobank was planning to evaluate the potential overlap of these studies with its own Healthy Minds Project. Members agreed to ask UK Biobank for an update on these applications.

#### 5. Closed discussion on topics to discuss under item 6

Members agreed on a number of matters to raise with Professor Collins.

#### 6. Update from UK Biobank (Professor Rory Collins, Chief Executive Officer, UK Biobank)

##### *Report on access*

As part of the upcoming review of the access procedures, UK Biobank will consider how to streamline the access process in order to deal with the anticipated rise in the number of applications (once the genotype and biomarker data are made available). For example, could there be a type of 'class approval' for certain straightforward, data only applications that do not require the attention of the ASC? Professor Collins re-iterated that UK Biobank will liaise with the EGC and funders on the review of the access process.

In the morning session, members reflected on the fact that a number of applicants have requested re-contact with participants in order to ask them for more information. This raises a question about how UK Biobank should deal with these 'enhancement' requests. Professor Collins addressed this issue by reporting that, as

part of the access process review, UK Biobank is considering which requests should and should not go through the access procedures. Arguably, requests for further data collections are not access applications but instead are analogous to how the resource was originally built. It will be for UK Biobank and its Steering Committee to decide which extra data should be collected, based on its potential to increase the scientific value of the resource. If a case can be made, it will be for UK Biobank to collect the data and a REC application will be made. In such cases, the proposal would be sent to the EGC for advice.

### *Re-contact applications*

There is a need for UK Biobank to develop and make clear its policy in relation to re-contact for the purpose of further (non-UK Biobank) studies. Professor Collins advised that UK Biobank is discussing the two recent re-contact applications, in addition to the broad policy issue (see item 4). The policy will be developed with input from the EGC and the funders.

In relation to re-contact more broadly, UK Biobank will further develop its re-contact procedures and is keeping a central log of all re-contacts. UK Biobank will derive reports from the central log as a means of monitoring to ensure that participants are not overburdened with too many and/or too frequent re-contact requests. The re-contact procedures and monitoring report will be shared with the EGC in due course.

### *Imaging*

The imaging pilot assessment centre has been running for one month, with approximately 100 participants having attended. Invitations have been sent to participants who live up to 15km from the assessment centre, resulting in a 40% positive response rate with 33% being both eligible and willing. A survey on the participant experience (in terms of the information materials and visit) has resulted in positive feedback.

The overriding purpose of the pilot phase of the imaging assessment is to demonstrate feasibility for the main phase of the imaging assessments in 100,000 participants. This includes the feasibility and acceptability of the protocol for providing feedback to participants, in particular feedback of potentially serious incidental findings (i.e. those indicating the possibility of conditions which, if confirmed, carry a real prospect of significantly threatening life span, or of having a substantial impact on major body functions or quality of life).

Potentially serious incidental findings will be fed back when they are observed initially by radiographers during the imaging visit and subsequently confirmed by radiologists (or other appropriate specialists). In order to evaluate this reporting process, images from the first 1,000 participants will be systematically read by a radiologist. This review will allow UK Biobank to assess whether potentially serious findings are being missed by the radiographers (false negatives) and when findings flagged by the radiographers for radiology reporting are not judged to be potentially serious (false positives). So far, scans of around 50 participants have received full radiological review, with 6 potentially serious incidental findings having been

identified. The findings were mostly in the abdominal MRI, and a couple for the cardiac MRI.

An important element of the imaging pilot is the social science research on attitudes to receiving feedback. Three tenders have been shortlisted and interviews will be held shortly. EGC member, Professor Kate Hunt was part of the selection process and will sit on the interview panel. Professor Collins confirmed that the results of the social science research will be made public.

The Chair asked if the EGC could have sight of the legal advice received by UK Biobank in relation to the duties of care to participants (in the context of the imaging pilot). Professor Collins will raise this with the UK Biobank Company Secretary.<sup>1</sup>

#### *Receiving and incorporating research results into the resource*

As a condition of access, researchers must return any derived data-fields or other results to UK Biobank for incorporation into the resource for use by others. The first large tranche of data will be returned shortly, from the UK BiLEVE project. The genotype data associated with this project are first being sent to the Wellcome Trust Centre for Human Genetics (WTCHG), where quality control checks will be performed. Ultimately these data will be stored for UK Biobank at the Clinical Trial Service Unit (CTSU). Discussions are ongoing regarding how to make these data available to other researchers. In time, UK Biobank might build an environment in which researchers can analyse the genotype data remotely; this is a complex task and will take time to develop.

#### *Health outcome linkage and adjudication report*

Members received a comprehensive update on data linkage and adjudication. Registered death and cancer data from England, Wales and Scotland continue to be received from data providers quarterly. These data are then processed, checked and uploaded into the UK Biobank database for display and release to registered researchers via the online Data Showcase.

The Data Showcase currently includes information on hospital admission episodes for English Hospital Episode Statistics (HES) from 2006-2010, but not on hospital admissions occurring in Scotland and Wales, or occurring in England prior to 2006. The processing, checking and incorporation into the UK Biobank database of hospital admissions data from English HES from 1996 to 2010/2011, Scottish Morbidity Record from 1981 to 2012, and Welsh Patient Episode Data for Wales from 1998 to 2012 has now been completed, and data from these sources will be available in the next Data Showcase update within the next few weeks.

Regarding linkage to primary care records, coded data up to 2012 have been received for almost half of the participants in Wales and in Scotland while UK Biobank is investigating mechanisms by which it might gain access to primary care

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<sup>1</sup> Post meeting note: The UK Biobank Company Secretary, Mr Jonathan Sellors, subsequently agreed to meet with the EGC Chair to discuss the legal advice.

data from England. Initial processing and checking of primary care data received to date will commence in 2014.

The report also provided an update on the work of the nine expert subgroups on outcome adjudication which cover cancer, diabetes, stroke, cardiac outcomes, mental health outcomes, neurodegenerative outcomes, musculoskeletal outcomes, ocular outcomes and respiratory outcomes.

#### *Participant and public involvement biannual report*

The biannual report on communications gave an update on correspondence from participants, withdrawals and the newsletter. The report also described how a dedicated imaging website has been developed, containing a number of videos explaining the various elements of the visit.

Members noted that UK Biobank plans to review its website in order to ensure that the site plays a central role in ensuring the resource is exploited to its full potential and that it works as smoothly as possible. In addition to creating searchable online databases, UK Biobank will – for the first time – start to use twitter and facebook.

The EGC agreed that, not least for the sake of its new members, it would be useful to have sight of UK Biobank's Communications Strategy.

UK Biobank will hold a Frontiers meeting in June, the purpose of which is to encourage the use of the resource. Over 300 people have registered for the event, which EGC members are welcome to attend.

#### *IT and data security biannual report*

Members discussed the biannual report on IT and data security and requested that future reports include (i) a schematic of data flows between the various organisations that process and/or store UK Biobank data and (ii) a tabular presentation to show where UK Biobank is up to in relation to ISO accreditation status, penetrance testing etc.

At a previous meeting the EGC was advised that the imaging eligibility check-list will be performed and stored on paper at the Participant Resource Centre (including the participant's name and associated UK Biobank Participant ID). At that time the EGC asked if the pilot check-list could be set up electronically (allowing files to be password protected). Professor Collins had taken this suggestion back to the team and will do so again.

Members asked whether UK Biobank is currently using (or envisages any future use of) cloud computing, beyond its current use in the genotyping work. Professor Collins advised that data are currently stored at CTSU behind firewalls. However, there will be an issue in future around the scale of data held by UK Biobank and how this will be managed. This might require the future use of cloud computing.

### *Any other developments and outstanding recommendations from EGC38*

UK Biobank is working on a new funding application that proposes to measure infectious disease biomarkers across the whole cohort (looking at both prior exposure and current infection). Such data could be used to test for associations between infection carriage and/or exposure and chronic disease. As with the current biomarker work, the aim of centralizing this work through UK Biobank is to democratize the availability of the data for all researchers.

Members asked if UK Biobank planned to collect new samples from all participants anytime in the future. Professor Collins advised that this is desirable but costly. Current plans include the collection of new samples through the periodic repeat assessments of 20,000 participants and during the imaging visit for 100,000 participants, if the main imaging study goes ahead.

UK Biobank has received a 2-year extension of funding (meaning its quinquennial review will now take place in 2017).

Membership of UK Biobank's International Scientific Advisory Board is currently being revised. A number of appointments have been confirmed, including that of Dr Giles Maskill who, as President of the Royal College of Radiologists, brings valuable imaging expertise.

#### 7. Closed discussion of matters arising under item 6

Members briefly discussed the imaging pilot, and updated the new members on how the feedback protocol developed over time. It was also noted that the social science research will look at the long term impact of receiving feedback but that these data will not be available within the timeframe of the pilot.

#### 8. Funders 2014/2015 review

A quinquennial review of the EGC will commence in September 2014, when the funders will advise on what evidence is required. A review panel will be convened to consider the evidence and make recommendations. A funding decision is expected in Spring 2015.

#### 9. Vice Chair appointment

EGC Vice Chair, Professor Richards, steps down from the Council in June. Having reviewed the expressions of interest, members agreed to recommend the joint appointment of Ms Tracey Phillips and Dr Jonathan Hewitt to Vice Chair (with effect from 1 July 2014).

## 10. Communications activities

The EGC Chair recently participated in a video interview with UK Biobank's Head of Communications, Mr Andrew Trehearne. The interview, which will be published on UK Biobank's website, includes discussion of the EGC's remit, membership and advice.

Registration for the EGC's 10-year anniversary conference will open soon.

## 11. Report on meetings attended

*UK Biobank Board of Directors meeting 14/03/14*

The EGC Vice Chair, Professor Martin Richards attended the March Board meeting.

*Visit from members of Taiwan Biobank EGC 18/03/14*

In March, the Chair, Vice Chair and Secretary received visitors from the Taiwan Biobank Ethics and Governance Council. The group discussed the respective remits and methods of working of their committees, with a view to learning from each other's experience.

*Meeting 'Longitudinal population studies: A targeted approach to ethics and regulation' 31/03/14*

The Secretary attended this one day meeting in Paris and learnt, amongst other things, about the French 'Constance' biobank and the ELSI aspects of the Biobanking and Biomolecular Resources Research Infrastructure (BBMRI).

## 12. Any other business

Two days before this meeting, a new re-contact application was escalated for advice. Noting that the application had, on the same day, begun adjudication, members agreed that it was too early for the EGC to provide comments. Treating this as an 'alert', once the scientific team has undertaken an initial review of the application, the EGC will request sight of the full application and provide comments.

## 13. Date of next meeting

8 September - visit to the imaging assessment centre and dinner

9 September - EGC meeting, Manchester Macdonald, M1 2PG

In closing the meeting, the Chair reiterated his warm thanks to Professor Richards and Dr Moore, who step down from the EGC this month. Their contribution has been significant and will be missed. The Council expressed its thanks and best wishes for all their future endeavours.