**UK Biobank Ethics and Governance Council**
**Seventh Meeting**

Meeting at MRC Headquarters
20 Park Crescent London W1B 1AL

Monday 13 March 2006 at 10.30am

## Agenda

1. **Apologies**

2. **Minutes** of sixth meeting held on 29 November 2005

3. **Matters arising**
(i) Public report of public meeting held on 28 November 2005
(ii) Public report of sixth meeting held on 29 November 2005
(iii) Vision paper
(iv) EGC consultancy fees: Ideas for expenditure

4. **Chairman's introduction**

5. **The Public Population Project in Genomics (P3G) - reflections on UK Biobank and the EGC**
(Professor Bartha Maria Knoppers, Canada Research Chair in Law and Medicine, University of Montréal and Director, P3G)

6. **Report on meetings attended**

7. **Report from UK Biobank** (Professor Rory Collins, Chief Executive, UK Biobank)
(i) Update on project timetable and deadlines
(ii) Identification and approach of potential participants- PIAG outcome
(iii) Discussion: Revision of the EGF
- feasibility of the opt-out consent model
- feedback policy (with particular reference to incidental findings at enrolment and exceptional findings at baseline)
- capacity to consent briefing paper
- communications strategy

(iv) EGC comment on integrated pilot materials
(v) Integrated pilot update: Initial response to invitations

8. **UK Biobank scientific study design: Implications for Ethics and Governance**
(Professor Chris Wild)

9. **Any other business**

10. **Date of next meetings**
12 June 2006 - Wellcome Trust, London
25 September 2006 - London (tbc)
4 December 2006 - London (tbc)

**UK Biobank Ethics and Governance Council**
**Seventh Meeting**

**13 March 2006**
**Medical Research Council, London**

**Summary of Meeting**

## Matters arising

*EGC consultancy fees: Ideas for expenditure*

The EGC budget contains funds for commissioning consultation work. These funds could be applied to a broad range of work in order to build a theoretical and/or evidence base for the Council's advisory and monitoring functions (eg an academic paper to investigate certain aspects of a UK Biobank policy or a public consultation on a particular issue).

During this meeting the Council identified and discussed: candidate consultation topics; methods of consultation (eg. stakeholder meetings, focus groups, academic papers); a timetable for conducting the work.

**Action**: The Chair, Vice Chairs and Secretary will review the discussion and develop a consultation commission proposal for consideration at the next meeting.

## Chairman's introduction

*Chairman's resignation and retiring members*

Professor Campbell will shortly be taking up the position of Chen Su Lan Centennial Professorship in Medical Ethics in the National University of Singapore. As such Professor Campbell will step down from his Chairmanship of the EGC at the end of August 2006. Also, five Council members have two year appointments which terminate in November 2006. The Funders of the EGC, the Wellcome Trust and the Medical Research Council, are currently devising an appointments process for both the Chair and Council members.

**Action**: The Secretary will liaise with the Funders as the strategies for recruitment develop and inform members of progress in this regard.

*Media interest in UK Biobank*

There have been a number of articles in the UK press, some of which have questioned whether the scientific design of UK Biobank will allow the project to achieve its stated purpose.

The EGC has a responsibility to satisfy itself that appropriate mechanisms are in place to evaluate the science rather than to provide an evaluation of the science itself. The Chair noted that the Funders of UK Biobank have established

mechanisms by which the science is evaluated and validated. The draft protocol was submitted for expert review in 2002 and an Independent Review Panel is being convened to consider the main study protocol in July 2006. This Panel will provide advice and opinions to the Wellcome Trust and Medical Research Council regarding the scientific and ethical aspects of the project proposal. The EGC Chair will be present at this Panel meeting in July.

**The Public Population Project in Genomics - reflections on UK Biobank and the EGC**

Professor Bartha Maria Knoppers joined the Council for this item. Professor Knoppers is Canada Research Chair in Law and Medicine, University of Montréal, and Director of The Public Population Project in Genomics (P3G). P3G is a not-for-profit and non-commercial organization whose mission is to foster collaboration between researchers and projects in the field of population genomics.

Professor Knoppers outlined the work of P3G and presented a comparison of three population genomics projects, Cartagene, the Estonian genome project and UK Biobank with respect to three areas; ethics (consent and feedback of health information and research results), access and privacy and governance.

*Discussion*

Several questions were raised by the Council relating to the policies of the Cartagene project. This project, based in Quebec, Canada, aims to collect blood samples from approximately 50,000 individuals between the ages of 25 and 74.

- *How does the project capture different faith groups*?

  During the recruitment process people self identify and the only question relating to an individual's ethnic background asks where an individual's grandparents were born.

  Professor Knoppers was informed that the EGC has previously discussed the possibility that some groups, including faith groups, may have concerns about certain types of research use that could occur in the future. Professor Knoppers responded that procedural mechanisms should be put in place such that contentious uses of data and samples are not permitted. In the context of UK Biobank the EGC will advise on the use of the resource and advise on the participants' and public's interest. For the Cartagene project, the Institute for Populations, Ethics and Governance will ensure that the use of the data in the Cartagene databank will be in the public interest and will set the policy for the review of submission to use the Cartagene data and biobank and set conditions for such access.

  Professor Knoppers commented that public meetings can be held in order to ascertain the public's view on the project and on participation. Town meetings are being planned for the Cartagene project in the first three regions that have been selected for recruitment, in order to establish what people think about

the proposal. Ultimately, if an individual remains concerned about certain future use of the resource they may chose to decline the invitation to participate.

- *Why was the policy of no feedback, beyond enrolment, adopted?*

  Cartagene's policy on the provision of health information permits consenting participants to receive information determined during the enrolment visit only (eg height, weight, waist, hips, body fat, blood pressure, oral acidity, cholesterol, blood sugar, evaluation of heart and blood vessels). Professor Knoppers commented that Cartagene, as with most population-based projects, does not have the scientific goal to give feedback to participants. Indeed, in the initial stages of Cartagene there will be no information to feedback. Ultimately the information generated as part of the project will be at the level of the health care system, not at the level of the individual.

- *Do family members/carers have the right to withdraw relatives from the project in a situation where the participant has lost their capacity?*

  Under the current policy a family member would not be permitted to withdraw an individual from participation in Cartagene if the participant had previously given valid consent. In this circumstance the individual's data would continue to be processed. However, the individual would not be re-contacted by the project team.

- Cartagene intends to produce annual reports of the projects activites for the participants and the broader public. In the short-term, as the project becomes established, there will be little data to report and so information regarding activities that are occurring elsewhere may be reported.

Professor Knoppers also addressed questions relating to P3G. P3G collects information regarding the operational aspects of biobanks but does not collect the research data contained within these banks. For example, P3G gathers information relating to protocols for the handling and storage of biological samples through to information relating to consent forms.

One member commented that science can be competitive and questioned to what extent greater harmonisation and co-operation is possible. Professor Knoppers stated that P3G does not intend to dampen scientific competition but exists to provide a resource for scientists to use. There are indeed a number of tools that can be put into place and shared by the research community.

P3G has compiled a list of regulation relevant to this field of research including legislation, guidelines and policies. In the future the activities of P3G may be expanded further if funding is secured in summer 2006. For example, a European Secretariat may be established.

## Report on meetings attended

Professor Campbell and Sir Alan Langlands, Chair of the Board of Directors, recently met to discuss the first draft of the EGC Memorandum of Understanding (MoU). This document, developed by the Wellcome Trust and the Medical Research Council, is intended to be a formal document that provides the foundation required for the Council to meet the objectives outlined in the Vision paper (primarily regarding the EGC's access to information).

## Report from UK Biobank

*Identification and approach of potential participants- PIAG outcome*

At its last meeting the Council considered UK Biobank's request to the Patient Information Advisory Group (PIAG) concerning the proposed method of identifying potential participants during the integrated pilot.

Professor Collins reported that following correspondence with PIAG and a full discussion with officials in the Department of Health it had been agreed that the original proposal from UK Biobank for the identification and invitation of potential participants could be used in the Integrated Pilot Study.

*Revision of the Ethics and Governance Framework (EGF): Discussion*

The Funders of UK Biobank developed the EGF with advice from the Interim Advisory Group. Ownership of the EGF has since passed to UK Biobank, along with responsibility for revising the document (with advice from the Ethics and Governance Council).

The Council has previously addressed a number of policies and principles in the EGF resulting in requests to UK Biobank for further information or clarification. The following topics were discussed with Professor Collins with a view to satisfying these requests and revising the document accordingly.

***Feasibility of the opt-out consent model***

Members raised two main points for consideration: Firstly, certain groups may not participate in UK Biobank if it presents an 'all or nothing' approach to consent. Secondly, if a particular area of research becomes contentious to 'the public' generally, UK Biobank may suffer from mass withdrawal from the project. Providing an option of selective opt-out may encourage participation from those individuals who are unwilling to sign-up to the 'all or nothing' approach and may prevent mass withdrawal from the project should an area become particularly contentious.

Professor Collins confirmed that it is technically possible to provide a system of opt-out. However, this does not address the problem associated with the opt-out consent model, as discussed at previous Council meetings: Future research uses of the resource cannot be specified at enrolment. Without this information how can participants determine, at enrolment, which types of research they wished to opt-out of in the future?

The Council decided not to recommend further investigation of the opt-out option at this stage given that:

- UK Biobank intends to be responsive to participants' interests in the long term regarding how the resource should be used;
- the need for a policy change can be revisited in future if it transpires that certain groups are/are not being recruited in light of the current protocol (assessing reasons for non-participation could be a useful indicator of whether the lack of opt-out option is a reason for non-participation);
- the EGC has a role in advising on the public interest with respect to use of the resource in the long term.

***Policy on the feedback of health information***

Professor Collins confirmed that the current UK Biobank policy permits feedback of certain physical measurements taken at the assessment centre only (ie there is no provision for feedback of incidental findings at enrolment or exceptional findings at baseline, as described in the EGF). The Council endorsed this policy as it is consistent with the current EGF position and the reasoning which underlies this position (including the fact that UK Biobank is an epidemiological, not clinical, setting).

Three further points were noted with respect to the feedback of baseline measurement:

- the measurements may not be performed against external clinical standards;
- the tests may not be performed by nursing staff;
- the main use of UK Biobank is envisaged to be for nested case control studies in the future, rather than routine assaying shortly after sample collection.

Professor Collins also commented that a policy of providing more extensive feedback of health information may have negative consequences for an individual's insurance and employment status.

A systematic policy of no feedback of incidental findings at enrolment is indicative of the fact that UK Biobank is not a health check. However, difficulties may occur if the systematic policy conflicts with the recruiter's professional or moral duty. It was suggested that the Standard Operating Procedures should clearly state the UK Biobank policy in addition to a sentence stating that, if compelled by circumstance, an individual may chose to raise the incidental finding(s) with the participant.

***Capacity to consent***

The EGC has previously sent a briefing paper to UK Biobank outlining a number of key questions concerning an individual's capacity to consent to participation in UK Biobank. Given that recruitment is underway, the assessment of capacity during enrolment was identified as one of the most pressing issue raised in the briefing paper.

The integrated pilot aims to address the question of how capacity should be assessed. The pilot currently incorporates a subjective assessment of capacity only whereby a nurse stays with the potential participant throughout the first 10 minutes of

the assessment visit. In this time the nurse asks questions in an attempt to determine the individual's understanding of the study.

The Council agreed that using a nurse's intuition is one, often valid, means of judging capacity. It was suggested that an independent assessment method, for example using the results of the cognitive function tests, could be used to support the subjective assessment. It may also be useful for UK Biobank to investigate how other, similar studies, assess capacity.

The Council agreed to return to the broader questions outlined in the briefing paper on capacity to consent at a future meeting.

***Communications strategy***

During the previous discussion of consent models it was recognised that UK Biobank will need to develop effective methods of two-way communication with participants. This strategy will allow UK Biobank to be responsive to participants' interests in the long term and in turn encourage their continued participation in the project.

The integrated pilot participant information leaflet states that results of research conducted on the UK Biobank resource will be available to participants through the project's website. The Council agreed that this is a necessary, but not sufficient, method of communicating with participants.

The Council understands that information relating to the means of communication available to participants (text, email etc) is being collected as part of the integrated pilot and that a communication strategy will be developed accordingly. Recognising the need for budgetary consideration, the Council supports and recommends the development of a more comprehensive communications strategy.

*Integrated pilot update: Initial response to invitations*

Initial invitations to participate in the integrated pilot have been distributed, signed by Professor Collins and the head of the relevant Primary Care Trust (PCT). Potential participants are responding to the invitations by both mail and telephone. The comments received on the reply form and details of the telephone calls are being collected. Where concerns are raised these will be taken into consideration during the development of the main study protocol.

The Altrincham Assessment Centre is expected to receive the first potential participants on 13 March 2006. The first two weeks will start slowly, allowing recruiters to be trained in the various procedures (including the process of consent). In April, UK Biobank is hoping to achieve a turnover of 100 people per day with between 10-15 assessment centre staff. The maximum turnover target is 130 people per day.

The response rate to the integrated pilot will be key to determining how many people should be invited into the main study in order to achieve the desired number of participants. Costs of the main study invitation and recruitment process will then be budgeted for accordingly and the remaining funds then allocated with advice from the Board of Directors.

*Invitation to observe procedures at the integrated pilot assessment centre*

Council members have been invited to visit the Altrincham Assessment Centre to observe the process of recruitment.

**Action**: Members should inform the Secretary if they would like to visit the centre. The Secretary will liaise with Dr Tim Sprosen (Chief Scientific Officer, UK Biobank).

**UK Biobank scientific study design: Implications for Ethics and Governance**

Professor Chris Wild briefly introduced a paper which: summarises the scientific study design of the UK Biobank project; considers how UK Biobank differs from previous epidemiological studies together with any implications for ethics and governance; briefly describes other national or large regional biobanks around the world.

The Council found the paper a very helpful document and recommended that it could be published on the EGC website or included, in part, in the EGC annual report.

**Date of next meetings**

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|---|---|
| 12 June 2006 | - Wellcome Trust, London |
| 25 September 2006 | - London (tbc) |
| 4 December 2006 | - London (tbc) |

**Appendix A**

Present: Professor Alastair V. Campbell (Chair), Ms Jayam Dalal, Baroness Finlay, Ms Clara Mackay, Ms Sally Smith QC, Professor Chris Wild, Professor Roger Higgs, Professor Ian Hughes, Professor Sandy Thomas.

In attendance from EGC Secretariat: Ms Adrienne Hunt.

Observers: Dr Joan Box (morning only) and Dr Caroline Stone (agenda item 2-3 and 6-10), Medical Research Council. Dr Alan Doyle for the whole meeting and Ms Jo Sumner for item 7(iii) only, Wellcome Trust.

Speakers: Professor Bartha Maria Knoppers (Canada Research Chair in Law and Medicine, University of Montréal, and Director of Public Population Project in Genomics) for agenda item 5 only. Professor Rory Collins (Chief Executive and Principal Investigator, UK Biobank) for agenda item 7 only.