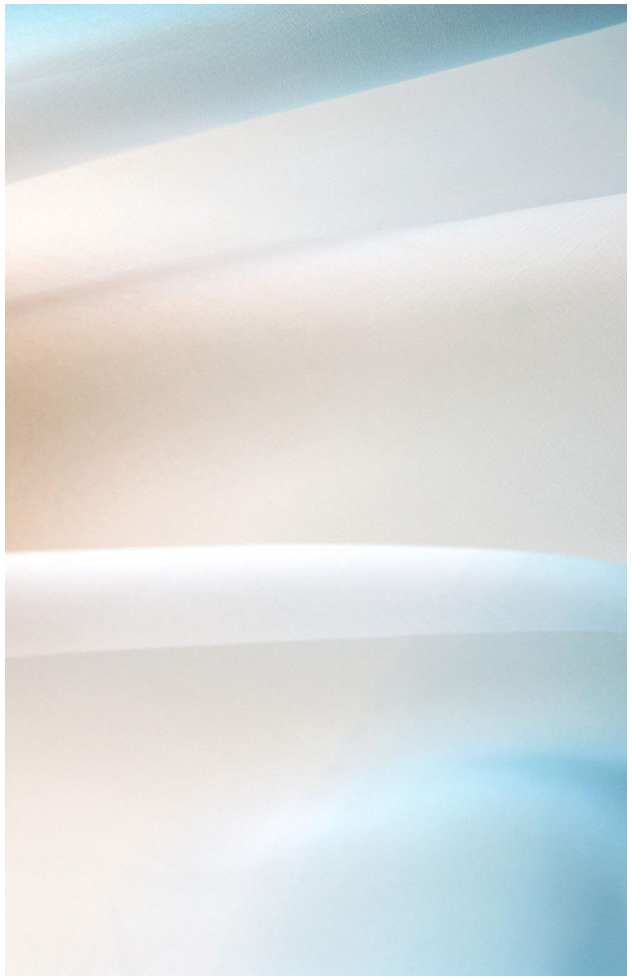

“THE CHANGING ETHICS OF INFORMED CONSENT AND BIOSPECIMENS IN CLINICAL RESEARCH”

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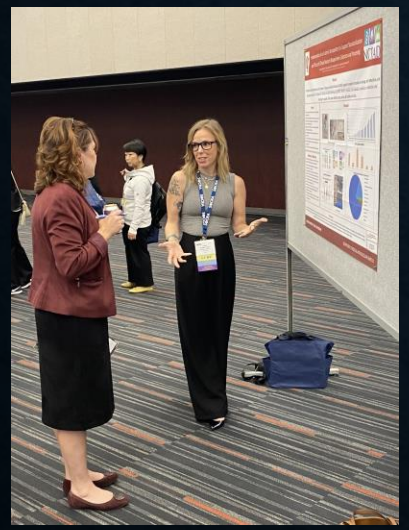
INTRODUCTION:

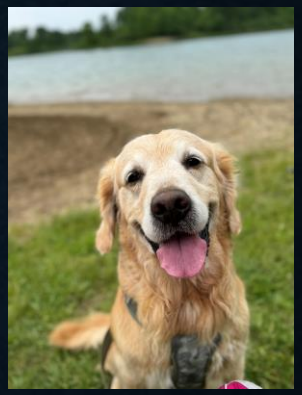
INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Medical and Molecular Genetics



Casey presents her research poster at the 2023 SOCRA conference

Casey and family



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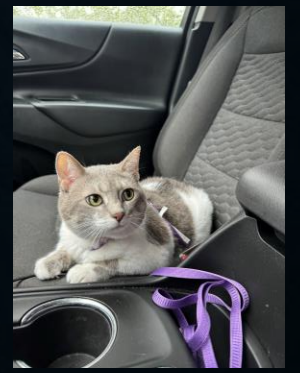

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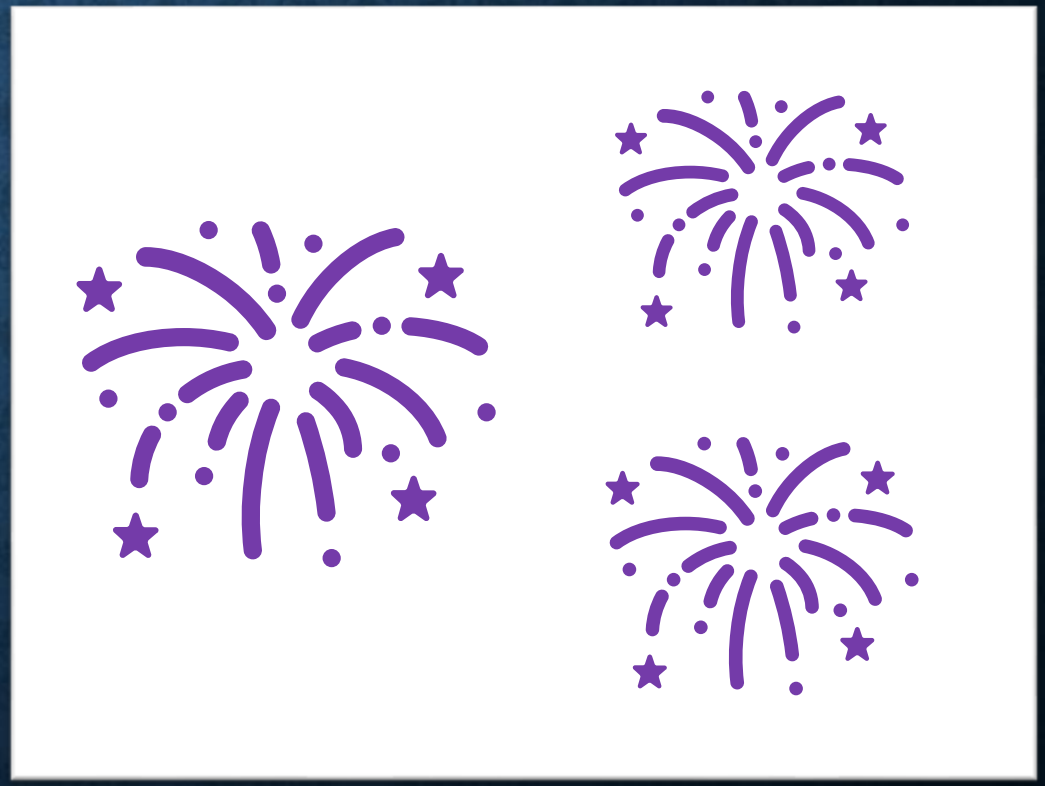
DISCLOSURES

- Nothing to disclose

WHAT ARE WE GOING TO TALK ABOUT?

- Informed Consent and how it is used in clinical research
- Common Rule revision
- Understanding the ethics of informed consent and biospecimens in clinical research



WHAT WE'RE NOT GOING TO TALK ABOUT:

- The exceptions to the rules
- Exemptions and waivers
- Changes to the Common Rule that do not impact the use/collection/storage of biospecimens

WHAT IS INFORMED CONSENT AND HOW IS IT USED IN CLINICAL RESEARCH?

INFORMED CONSENT

- Consists of three elements:

1. Disclosing information to potential participants
2. Ascertaining that they understand the information
3. Ensuring that their agreement to take part is voluntary

- A primary focus of informed consent is to allow competent individuals to decide for themselves whether to participate in research.

PROTECTION OF HUMAN SUBJECTS

- In 1974 the Department of Health, Education, and Welfare published regulations for the protection of human subjects.
- In the early 1980s, the Department of Health and Human Services (HHS) revised these regulations

THE COMMON RULE

- Federal Regulation 45 CFR 46 “Protection of Human Subjects”, referred to as the 'Common Rule', is **an anchor regulatory text on which investigators and IRBs rely and must comply to protect human subjects in research**.

WHY?

- To promote uniformity, understanding, and compliance with human subject protections

- To create a uniform body of regulations across federal departments and agencies (subpart A of 45 Code of Federal Regulations [CFR] part 46)

- These regulations were last amended in 2005 and have remained unchanged until the issuance of the final rule in 2019.

COMMON RULE UPDATES

PATH TO REVISING THE COMMON RULE (2011 – 2018)

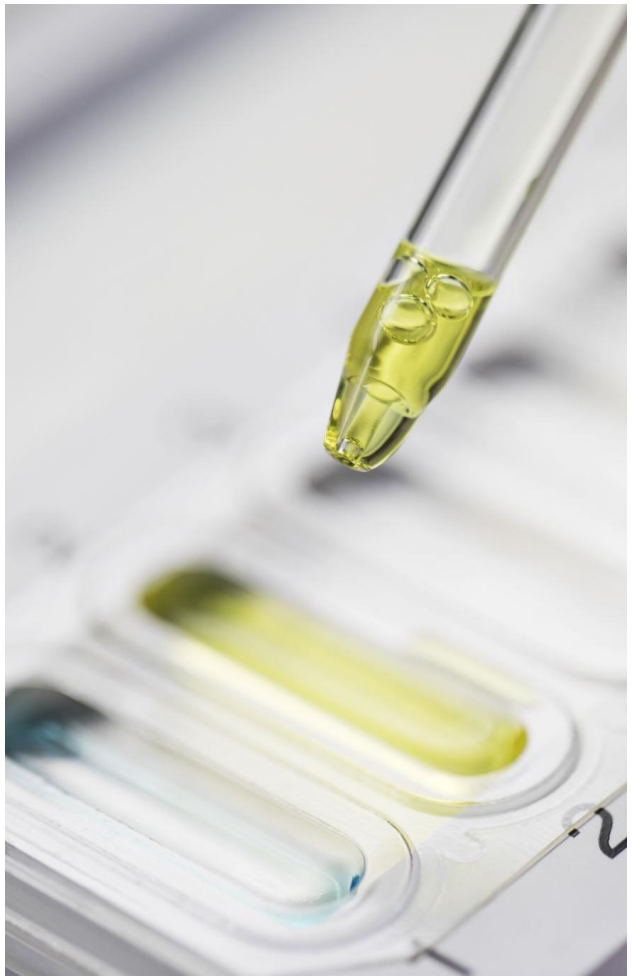
- These revisions are an effort to modernize, simplify, and enhance the current system of oversight.

SUMMARY OF MAJOR CHANGES IN THE FINAL RULE

- Improving the informed consent document and process to increase subject understanding
- Requiring that consent forms for certain federally funded clinical trials be posted on a publicly available federal website
- Requiring single Institutional Review Board (sIRB) review for cooperative research for some studies

SUMMARY OF MAJOR CHANGES IN THE FINAL RULE

- Allowing the use of broad consent for future research for secondary studies on stored identifiable data or identifiable biospecimens
- Eliminating continuing review for certain minimal risk research
- Establishing new exempt categories of research based on level of risk posed to subjects
- Adopting the definition of “clinical trial” that includes behavioral health-related outcomes



HOW IS BIOSPECIMEN COLLECTION ADDRESSED IN INFORMED CONSENT?

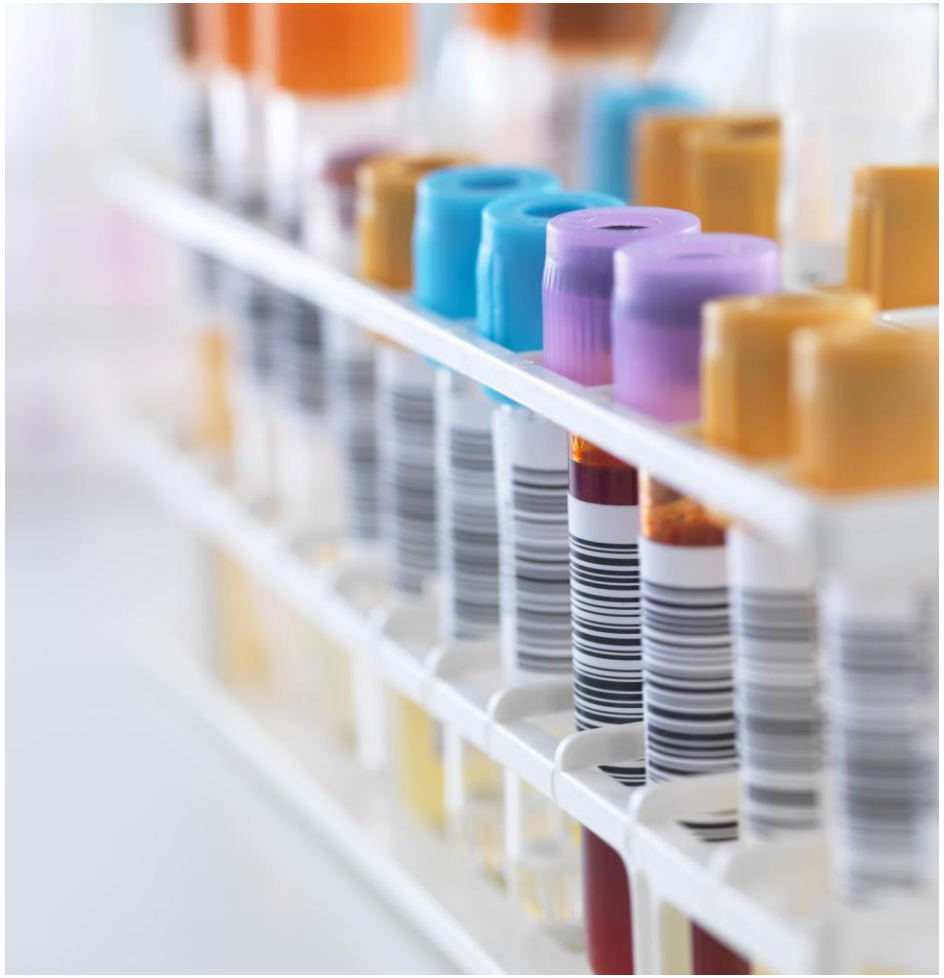
46.116 (b) & (c)

- **Basic Elements (mandatory): (b)**

  Research, Purpose, Expected duration, procedures, risks/discomfort, benefits, alternatives, confidentiality, compensation for injury, contact information, voluntary, addresses future use of deidentified information/biospecimens

- **Additional elements (when applicable): (c)**

  Unforeseeable risks, potential termination of participation, costs, consequences of withdraw, significant new findings, number of subjects, sharing of commercial profits, return of clinically relevant research results, whole genome sequencing



ETHICAL CONSIDERATIONS OF INFORMED CONSENT MODELS FOR BIOSPECIMENS IN CLINICAL RESEARCH

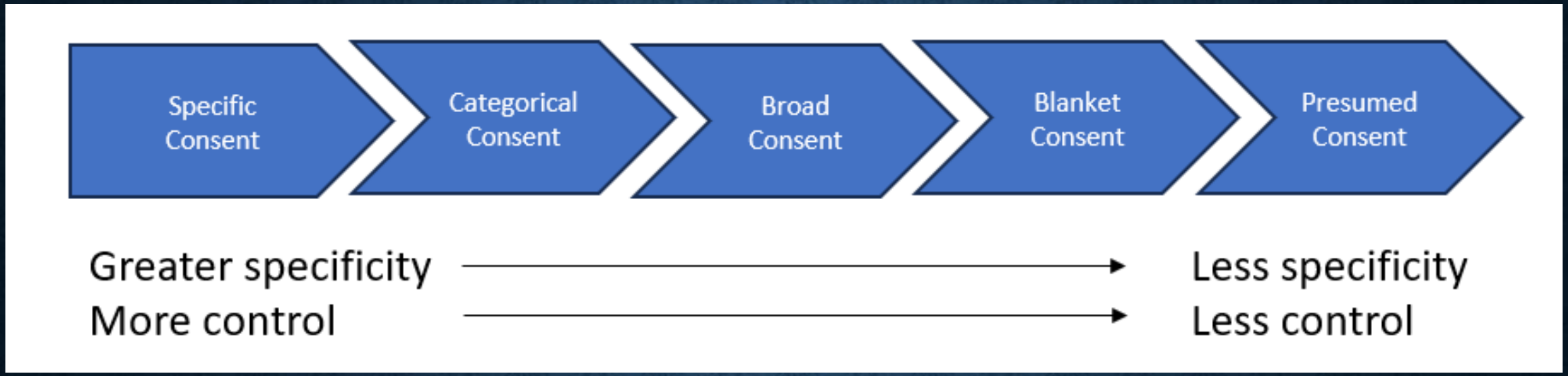
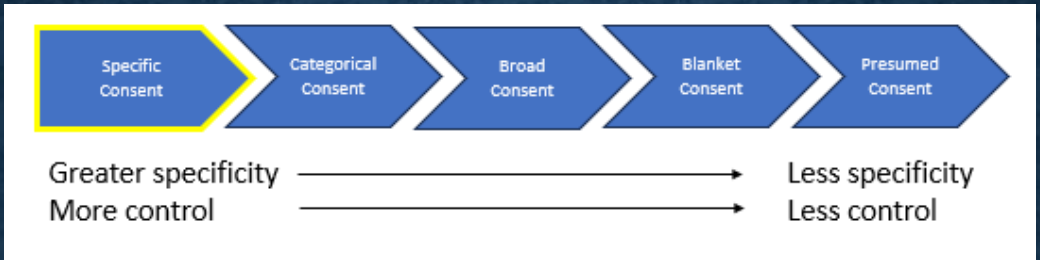


Figure 1: Five approaches to informed consent and their correlation with the flexibility in future use of the collected data or biospecimens

SPECIFIC CONSENT



- Prospective participants must be informed about the specific research study for which their biospecimens will be used.
- Participants must be informed of who will be participating in the research and who will have access to their data and biospecimens.
- If researchers want to use the data and biospecimens for future studies, this consent model requires the disclosure of the procedures for recontacting the participants, in the initial consent form.

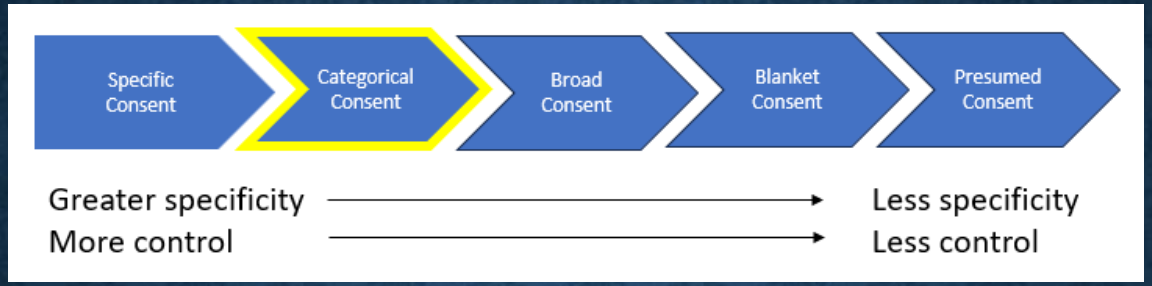
Ethical and Regulatory Considerations - Biorepositories - NCBI Bookshelf (nih.gov)

THINGS TO CONSIDER: SPECIFIC CONSENT

- Specific Consent = Gold Standard
- Impractical for large patient registries and biorepositories!
- Obtaining specific consent can be administratively difficult, time consuming, and costly for each study in which data and biospecimens may be used.
- Participants may be lost to follow up or decline to participate in future research when they are recontacted.

Ethical and Regulatory Considerations - Biorepositories - NCBI Bookshelf (nih.gov)

CATEGORICAL CONSENT



- Menu of options to choose from, how their data and biospecimens will be used in the future
- Takes place during the initial consent to data and/or biospecimen collection and research.
- Allows participants to exercise some autonomy with how their data and biospecimens will be used in the future.

Ethical and Regulatory Considerations - Biorepositories - NCBI Bookshelf (nih.gov)

THINGS TO CONSIDER: CATEGORICAL CONSENT

- Critics argue it is not “informed consent” because participants do not know the specific purposes or risks associated with future studies to which they are agreeing to participate.
- “the more general the consent is, the less informed it becomes”
- To operate effectively, systems are required to detect and honor participants’ choices, this can be costly and administratively burdensome.

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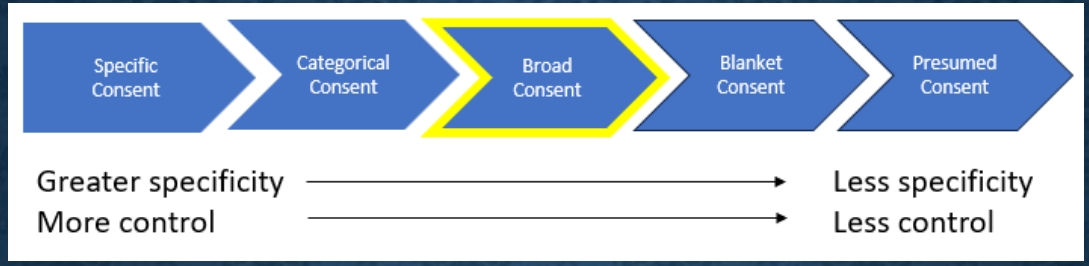
BROAD CONSENT



- Individuals prospectively consent to the future use of their data and biospecimens for a broad and unspecified range of biomedical research.
- Empirical data suggests that while most people want to control whether their data and biospecimens are used in future research, most people are willing to broadly consent to research on any medical condition, without recontact for each specific study.

Ethical and Regulatory Considerations - Biorepositories - NCBI Bookshelf (nih.gov)

THINGS TO CONSIDER: BROAD CONSENT

- Final Rule does not require institutions adopt broad consent
- Revised Common Rule offers investigators the option of obtaining broad consent for future, unspecified research use of identifiable private information and identifiable specimens
- “any consent to future research projects that are not clearly described, is by definition invalid because it is not informed”

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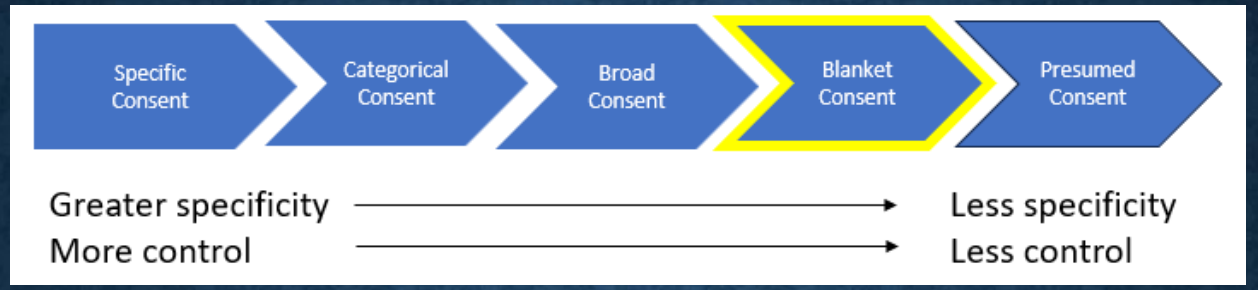
BLANKET CONSENT



- Involves asking individuals to prospectively consent to *all* future research with their data and biospecimens, without any restrictions.
- Respects participants' autonomy without impeding socially beneficial research
- Public preference, as suggested by surveys, is a "yes or no" approach to consent.

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THINGS TO CONSIDER: BLANKET CONSENT

- Participants are asked to consent to future research with almost no information about, and no control over, how and by whom their data and biospecimens will be used.
- “Non-welfare” harms
- Overconsumption

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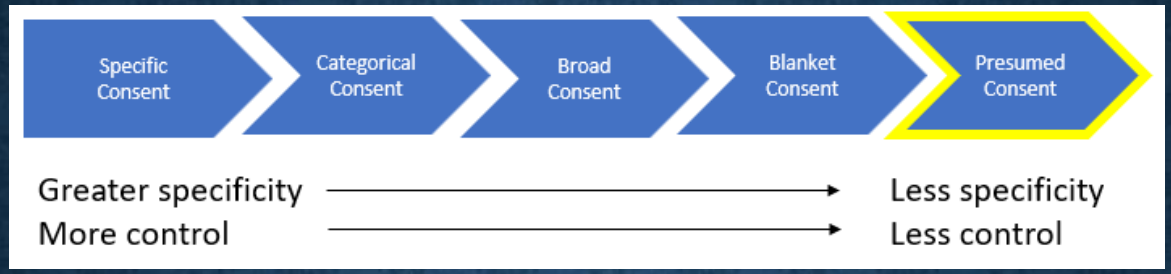
PRESUMED CONSENT



- Researchers assume that all participants who consent to the collection and storage of their data and biospecimens also consent to the future research use of that material unless they proactively opt out.
- Sometimes referred to as “opt-out consent”
- Shifts the informed consent presumption from one in which individuals are included in research only if they consent, to one in which they are included in research unless they refuse

Ethical and Regulatory Considerations - Biorepositories - NCBI Bookshelf (nih.gov)

THINGS TO CONSIDER: PRESUMED CONSENT

- Combats the financial and time burden associated with obtaining informed consent for each research use
- Increases research participation by changing the default from exclusion to inclusion
- Critics argue this does not satisfy the requirements for informed consent.
- Concerns raised about the administrative difficulty.

Ethical and Regulatory Considerations - Biorepositories - NCBI Bookshelf (nih.gov)

RISK/BENEFITS CHANGING

- The risks and benefits to study participants are changing!
- Repositories are growing
- Less resources needed, less repeat collections, new technologies
- Risks of information disclosure

FINAL THOUGHTS

- “As best practices continue to evolve and as requirements for informed consent are clarified, it is likely that interest in linking biorepositories and patient registries will grow, particularly as the concept of personalized medicine increases in importance.”

- Study participants are entrusting us with a piece of themselves to advance science and help future generations, a lot of the times without receiving any benefit themselves from their participation. How can the research community ensure that trust isn’t broken while also trying to keep up with the demand for data and biospecimens?

Conclusions - Biorepositories - NCBI Bookshelf (nih.gov)

CONTACT INFORMATION

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