PATH Biobank: Re-consenting patients regarding genomic research

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Introduction
PATH is a biobank providing high-quality fresh-frozen breast cancer specimen to research groups. Being a patient-driven foundation, PATH operates according to high ethical standards. The need for a re-consent for genome wide association studies (GWAS) on biobank material is a subject of controversial discussion. The recent consent form template, provided by the German Group of Medical Ethical Committees, includes genomic research [1]. Yet, only 12/30 German biobanks mention genomic information in their consent forms [2]. Here, we present an overview over our biobank and our approach for obtaining consent to GWAS.

Procedures
Decentralized biorepository
PATH biomaterial is stored at 7 certified German breast cancer centers (Figure 1)
- Tumor tissue, ≥3 mm edge length
- Normal tumor adjacent tissue corresponding to the tumor, ≥3 mm edge length
- Blood serum, ≥1 ml volume
- All samples in fresh frozen-quality at minus 152 °C or in the gas phase of LN2

Centralized database
- Data storage using Oracle® software containing an in-house LIMS solution
- Standardized broad informed consent, ethical approval (University of Bonn)
- Collection of follow-up data, directly questioning the breast cancer patient

Re-contacting patients for GWAS-consent
A letter explaining GWAS was sent out to 31 PATH patients. The letter explained both the benefits and risks associated with GWAS and the patients were informed that their consent is optional. The patients were also invited to contact our project leader and physician about questions and concerns.

Results I: The PATH collective
The molecular subtypes were determined according to St. Gallen International Expert Consensus, using IHC grading as surrogate marker for Ki-67 expression [3,4]. Only primary breast cancer cases without neoadjuvant therapy were included in the analysis. The molecular subtype was available for 96% of all tumor samples. The distribution of the molecular subtypes (Figure 2) is comparable to published distributions [5]:

Molecular subtypes
Basal-like 9%, HER2-like 4%, Luminal A 65%, Luminal B (HER2-negative) 11%, Luminal B (HER2-positive) 7%.

Results II: Biobanking
Since 2004, 7219 breast cancer patients have given informed consent. A total of 6542 tumor samples are stored in the PATH biobank (Figure 3).

Results III: Re-consent to GWAS
In a pilot study, we have re-contacted 31 PATH patients with a letter explaining genome-wide association studies. The results are summarized in Figure 4. PATH will set out to ask all PATH specimen donors for their consent to GWAS. We will also try to increase the response rate by embedding a newsletter along with the consent request. A subset of PATH material will be available for GWAS after re-consent of the respective donors.

Conclusions
The PATH biobank, along with its detailed clinical and follow up information, is a valuable resource for breast cancer research. PATH will set out to ask all tissue donors for their consent to GWAS. We will also try to increase the response rate by embedding a newsletter along with the consent request. A subset of PATH material will be available for GWAS after re-consent of the respective donors.

Using PATH Biobank as a resource
Researchers from academic or industrial groups may apply for sample allocation. A sample request is reviewed by independent experts. PATH’s managing board decides on sample allocation. A material transfer agreement is signed, which also includes a reimbursement for the samples and logistics.

References