Two years, fifteen hundred consents and counting. Integrating the HSA Biobank within routine clinical practice within the SESLHD.

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Background

High quality, clinically annotated biospecimens are recognised as an important enabler of translational cancer research. Processes for tumour banking and patient consent for use in research are typically labour-intensive.

Aim

1. To develop simple, patient-friendly consent materials.
2. To establish systems for routine allocation of tumour tissue for biobanking.
3. To create a seamless transfer of SEALS Anatomical Pathology (AP) reports to the HSA Biobank database for consented cases.
4. To embed processes for consent within routine clinical pathways.
5. To maximise the translational potential of the biobank with linked, administrative health datasets for use in future research.

Methods

- Consultation was conducted with research ethics, consumers and all levels of hospital staff to develop an official South Eastern Sydney Local Health District (SESLHD) patient consent form and simple information brochure.
- A dedicated Technician was appointed at SEALS AP to work with staff to allocate tumour specimens for biobanking where appropriate, and dispatch accordingly for consented cases.
- A project was undertaken between the Translational Cancer Research Network (TCRN), SEALS Pathology and UNSW IT to develop a biorepository module for pathology report delivery via HL7 message for consented cases, along with ‘NSW Health grade’ IT infrastructure.
- A series of pilot studies were conducted to assess uptake of routine patient consent by surgical teams.
- Approval was sought to obtain Medicare and Pharmaceutical Benefits Scheme data for consented patients.
- MBS/PBS data has been obtained for the first 560 cases and has resulted in the award of a further two Cancer Institute NSW grants to 1) examine the utility of these linked data sources to enhance biobanks as a resource and 2) conduct a series of audits investigating clinical practice with respect to prescription of anti-emetics and unnecessary use of PET scans.

Results

- Over 1500 patients have provided consent to the HSA Biobank.
- Consent rates have varied over time.

Results continued

- Paraffin-embedded and fresh tissue is routinely collected for a range of tumour types (see Fig 2).
- Copies of pathology reports are delivered via HL7 messaging into the database for consented cases.

Next steps

- Incorporating the HSA Biobank consent within the Recommendation for Admission booklet.
- Electronic recording and tracking of consents.
- Expanding the biobank to include the TCRN regional partners at Border Medical Oncology.
- Enhancing promotion for research use and subsequent dissemination of translational cancer research results.

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