

Gynecologic Cancer InterGroup  
Translational Research Brainstorming  
October 2016  
Lisbon



## Potential Roadblocks

- Ethical
- Legal
- Logistic, operational and quality
- Professional and collaborative
- Financial

# Ethical and approvals

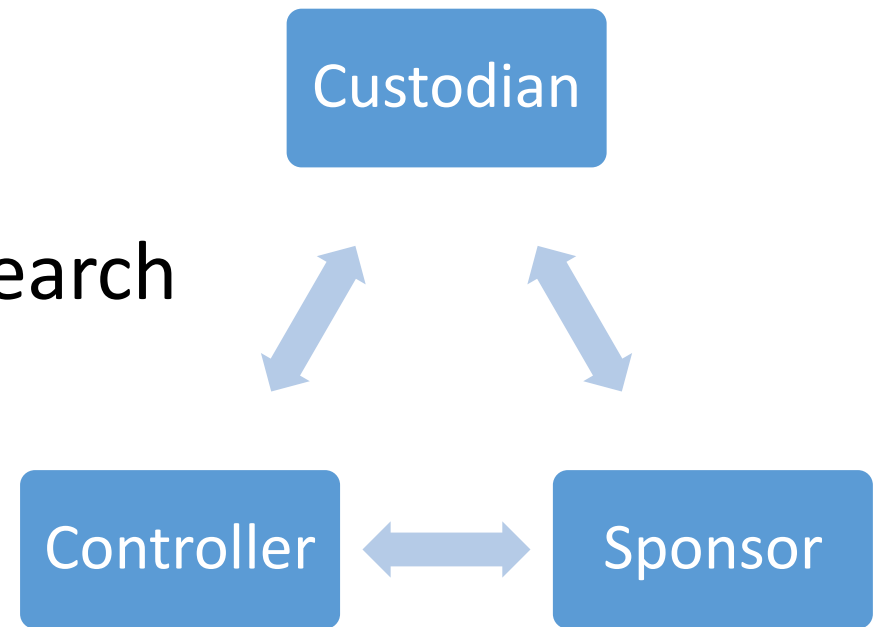


- **Patient consent**
  - Specific & explicit
  - Extent of consent
  - Potential exemptions from consent
- **Ethical approval of research**
  - What is the “place of research” in international setting
  - Approval of specific research versus larger scoped approval
- **Other approvals**
  - Health authorities
  - Tissue authorities
  - Data protection authorities



# Legal

- Owner
- Custodian
- Controller
- Sponsor of clinical research
  - Chain of custody



# Logistical

- Paraffin block in an envelope by regular post: does it work in an international setting?



- What about packaging, labeling & transport?
  - Specialised transporters
  - Temperature control
  - Infectious diseases tests documentation
  - Traceability & tracking
  - Frequency of shipping

# Professional and collaborative



- Collaboration
- Co-operation – e.g. site won't give out sample
- Competition



“It is amazing how much we can accomplish when it doesn't matter who gets the credit.”

# Financial



- Costs of taking samples
- Costs of transport
- Costs of storing samples and/or data
- Cost of management and governance

# GYNECOLOGIC CANCER INTERGROUP

An Organization of International Cooperative  
Groups for Clinical Trials in Gynecologic Cancers





SOLUTIONS

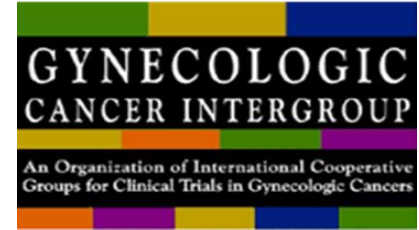




# Ethics and consent

- One-time consent – broad yet not unlimited
- Tiered consent
- Article 32 of Declaration of Helsinki – potential exemption from consent
- Ethically defensible plan
- ‘Challenge decisions you don’t agree with!’
- Patient power

# Logistics



## Two models for sample storage (and analysis)

### **Virtual biobanking**

- Tissue remains in original site
- All testing carried out locally
- Requires robust assay protocols
- Easy from a regulatory perspective
- Useful for validation studies
- Not practical for rarer tumour types, small trials

### **Physical biobanking**

- Tissue moved to a single/regional centre
- Testing carried out in a single laboratory
- Assay standardisation guaranteed
- Data does not need to move with tissue (and probably shouldn't)
- More difficult from regulatory perspective
- May generate unease regarding ownership/collaboration
- More expensive

# Logistics and professional



## Solutions 1 – MTAs and SLAs

**MTA version 1.0 Dec 2014**  
Agreement for material transfer  
from **PROVIDER (Site)** to **SPONSOR**

### MATERIAL TRANSFER AGREEMENT

*[for interventional studies where site contracts are put in place anyhow, terms and conditions of a MTA shall be integrated in the main contract no separate MTA shall be made; parts in red italic or highlighted in yellow need adaptation to each specific case; other sections may need to be altered to fit specific national legislation]*

#### BETWEEN

«**INSTITUTION\_NAME**», with registered offices at «**STREET\_NUM**»,  
«**CODE\_POSTAL**» «**CITY**» «**POSTZIP**», «**COUNTRY**», represented by name of  
representative

(hereafter called the "PROVIDER"),

#### AND

«**INSTITUTION / ORGANISATION\_NAME**», with registered offices at  
«**STREET\_NUM**», «**CODE\_POSTAL**» «**CITY**» «**POSTZIP**», «**COUNTRY**»,  
represented by name of representative

(hereafter called the "SPONSOR")

**MTSA version 1.0 May 2015**  
Agreement between **SPONSOR** and  
**LABORATORY** for material handling  
(analyses, archiving)

### MATERIAL TRANSFER & SERVICE AGREEMENT

*[for interventional studies where site contracts are put in place anyhow, terms and conditions of a MTA shall be integrated in the main contract no separate MTA shall be made; parts in red italic or highlighted in yellow need adaptation to each specific case; other sections may need to be altered to fit specific national legislation]*

#### BETWEEN

«**INSTITUTION\_NAME**», with registered offices at «**STREET\_NUM**»,  
«**CODE\_POSTAL**» «**CITY**» «**POSTZIP**», «**COUNTRY**», represented by name of  
representative

(hereafter called the "LABORATORY"),

#### AND

«**INSTITUTION / ORGANISATION\_NAME**», with registered offices at  
«**STREET\_NUM**», «**CODE\_POSTAL**» «**CITY**» «**POSTZIP**», «**COUNTRY**»,  
represented by name of representative

(hereafter called the "SPONSOR")

# Logistics and professional

## Solutions 2 – project-specific consortium development

- constitution based on recruitment to primary trial
  - Data sharing mechanism
  - Authorship policy
  - Regular 6 monthly face to face meetings
- formulation of research questions
- pilot tissue and data sets
  - 7 publications to date
  - 2 more in preparation
- establishing pathology/sample pipelines
  - Standardisation of protocols
  - Suitable for further trials eg STATEC





# Financial

- Realistic sample size and estimated benefit
- Batching of transport
- National/regional centres
- Preferred vendors
- Real time vs retrospective
- Country-specific costings
- Publically available data
- Real-time reporting and tracking
- Patient organisations and fundraising