Appendix 3

Guidelines for Researchers: Ethics Submission Guidelines for the Hematology Cell Bank of BC and the Legacy Cell Bank of BC

HEMATOLOGY CELL BANK of BC and the LEGACY CELL BANK OF BC

Guidelines for Researchers Re: Ethics Submissions

This is a guideline for the Ethics submission of individual projects accessing samples from the Hematology Cell Bank of BC and the Legacy Cell Bank of BC

Principal Research Investigators of individual projects should also be familiar with: General Guidelines for Researchers

(A) A project summary must be reviewed by a Hematology Working Group prior to commencing the Ethics application for a project linked to the Hematology Cell Bank of BC or the Legacy Cell Bank of BC. The purpose of this review is to determine if the research described falls within the scope of research governed by the Hematology Cell Bank of BC, the scientific merits of the project and to determine the extent of the researcher's sample requirements.

(B) Project must fall within the following scope of research:

(1) Normal blood cell production
(2) Development of methods for ex vivo blood cell production (for use in transplant and/or transfusion)
(3) Methods of increasing blood production in the body
(4) Genetic modification of blood cells and leukemic blood cells
(5) Differences between normal blood cells and leukemic blood cells
(6) Genetic and cellular events which lead to disease in normal cells
(7) Which treatments/agents are superior with respect to efficacy & preservation of normal cells
(8) Hematopoietic Stem Cell Transplant
(9) Methods of improving transfusion support

(C) Specimens required must be collected during routine clinical procedures; amount of each specimen must be within the limits described in the *SOP Guidelines for Researchers*.

a. 5 – 10 ml of bone marrow material
b. 5 – 50 ml of blood
c. 3 – 5 ml of cells (stem, lymphocytes)
d. excess WBC product from leukapheresis

(C.1) Requests for specimens outside the routine clinical procedures must be made in writing to the Project Coordinator (See General Guidelines for Researchers)

(D) Project must be submitted for Ethical Review (and approved by the Ethics Board) prior to commencing the project. In order to submit a project for Ethical Review:

- Projects will be submitted electronically to the BCCA Research Ethics Review Board. (Do not submit projects linked to the Hematology Cell Bank of BC or the Legacy cell Bank of BC to the UBC CREB located at VGH) As of April 3, 2006 all submissions and department approval of applications submitted to the BCCA REB must use the new **Researcher Information Services (RISe)** system.

- See website: https://rise.ubc.ca/rise .You will need a CWL login name and password to login
    - Choose to create a new application for Human Ethics

(E) Filling out the application:

Part 1. Principal Investigator & Study Team

Section 1.1. Principal Investigator: add your name (Must be affiliated with the BCCA, BC Women's and Children's Hospital, Genome Sciences Centre, UBC or St. Paul's Hospital to be listed as PI)
Section 1.2. Primary contact: add the name of contact person who will receive all correspondence and have online access to read, amend and track the application.
Section 1.3. Co-Investigators: add any other co-investigators
Section 1.4. Additional Study Team Members: add Study Team Members: ***Hematology Cell Bank Coordinator, Nerkeza Andjelic, for access to the Hematology Cell Bank*** and ***Amanda Kotzer***, **(Terry Fox Lab – BCCA) for the Legacy Cell Bank of BC**. Add any other team members. (i.e. anyone you would like to have rise access to your study – Research Assistants, Post Doc Fellows etc)
Section 1.5. Additional Study Team Members – No Online Access: Add to this section all collaborating researchers who will not have online access (this may include researchers from outside BC or Canada and/or private industry collaboration – please list the research centre and contact person). Also, indicate completion of the TCPS2 (CORE) tutorial by entering: Yes (1.6.A and 1.6.B.) if applicable.
Section 1.7. Project Title: this will be the name of your project (which will be different than the name of the Hematology Cell Bank of BC project on the consent form)
Section 1.8. Project Nickname: Enter a nickname for this study

Part 2. Study Dates and Funding Information

Section 2.1. Enter the start and end dates for your project
Section 2.2. Enter your funding type. If you are using samples from the Hematology Cell Bank of BC or the Legacy Cell Bank of BC with no funding add: "no funding" here. If your project will have collaborating research reimbursement for samples shared enter in the **other section** "Funding for reimbursement of samples provided to the collaborating research centre (*Enter the Name* to cover the cost of collection, processing and shipping). This projects falls under the REB approved project **H04-61292 and H09-01779**, which has no funding.
Section 2.3. and 2.4. Complete if applicable by selecting the research funding application/award associated with the study from the list or by adding funding that is not listed in question 2.3.
Section 2.5. Complete if applicable by viewing a list of the Department of Health and Human Services, DHHS (US Federal Agencies).
Section 2.6. Conflict of Interest: Enter 'No'

Part 4. Study Review Type

Section 4.1. Indicate which ethics board you are applying. All projects linked to the Hematology Cell Bank of BC and the Legacy Cell Bank of BC apply to the 'BC Cancer Agency Research Ethics Board – Clinical'

Section 4.2. Institutions and Sites for Study A. Enter all sites including VGH - follow the instructions to insert the letter "V" to find and add VCHRI/VCHA. (VGH hospital approval is necessary for some but not all research projects. If your project needs VGH hospital approval adding VCHRI ensures access by the hospital research institute to your ethics approval.)
Section 4.3. Pt. A. Proposal is linked to any other proposal: your proposal will be linked to the Hematology Cell Bank of BC and the Legacy Cell Bank of BC. Here is where you enter the Research Ethics Board number **H04-61292** and **H09-01779.** Add the following statement: **H04-61292 is the Hematology Cell Bank of BC Project (approved by the UBC BCCA REB) and H09-01779 is the Legacy Cell Bank of BC (approved by the UBC BCCA REB) which maintains oversight of specimens and related clinical data that will be used in this research project. H04-61292 and H09-01779** will be the numbers that you reference throughout the rest of this application
Pt. B. Describe the relationship: enter "The Hematology Cell Bank of BC collects specimens on an ongoing basis, often with researcher specificity in mind. The Hematology Cell Bank of BC consent allows for the collection of specimens at various intervals, including diagnosis, follow-up, relapse and at the end of treatment or treatment failure. These specimens are collected at the time a subject is to have a preplanned procedure for diagnostic purposes". Current copies of the consent form and withdrawal of consent are on file with the e REB.

The Legacy Cell Bank of BC is a collection of historically banked hematopoietic bio-specimens and related clinical data collected and stored by the Stem Cell Assay Lab available for researcher use."
Pt C. Enter "no"
Section 4.4. Minimal Risk: "minimal risk" therefore answer: "yes".
Section 4.5. Pt. A enter information if there has been an external peer review.
Pt. B. enter "Reviewed by scientists of the Hematology Working Group (a group of clinician and research participants who review scientific projects linked to the Hematology Cell Bank of BC H04-61292 and the Legacy Cell Bank of BC H09-01779".
Pt. C. If there has not been any independent scientific/methodological peer review enter "Formal peer review has not occurred since this is a Minimal Risk study".
Section 4.6. Pandemic Research: enter "no" or "N/A" .The harmonized process does not apply to tissue banks.
Section 4.7. Pt. A and **Pt. B** enter "no".
Section 4.8. Pt. A – Pt. E enter "No" if research does not require access to clinical charts.

Part 5. Summary of Study and Recruitment

Section 5.1. Pt. A and Pt. B Provide a summary of your project
Section 5.2. Inclusion Criteria: Enter information on the type of samples you will be requesting from the Hematology Cell Bank and the Legacy Cell Bank and how these samples are relevant to your project
Section 5.3. Exclusion Criteria: Enter information about the samples you will not use that may be relevant to your project. If appropriate enter 'N/A'
Section 5.4. Method of Recruitment: patients will be recruited in the Leukemia/BMT inpatient and outpatient units as indicated in project H04-61292 and the procedures will be the same. Recruitment is not applicable to the Legacy Cell Bank

Section 5.5. Normal or Control subjects: Enter how you may use 'normal' or non-malignant samples in your research project. If you will not use any 'normal' samples enter: 'N/A'
Section 5.6. Use of Existing Health Records; enter "N/A this project makes use of secondary specimens and related clinical data collected under project H04-61292 and H09-01779 and the procedures are the same
Section 5.7. Summary of Procedures: Enter a summary of the research procedures involved in your project, for example, the specific laboratory processes involved in the study of your work

Part 6. Subject Information and Consent Process

Section 6.1. How much time will a subject be asked to dedicate to the project beyond that needed for normal care?: enter "N/A This project makes secondary use of cells collected under project H04-61292 and project H09-01779 and the procedures will be the same"
Section 6.2. N/A "This study makes use of secondary cells collected under project H04-61292 and project H09-01779 and the procedures will be the same.
Section 6.3. Enter: "This project makes use of secondary cells collected under project H04-61292 and project H08-01779 and the risks will be the same
Section 6.4. Enter "None"
Section 6.5. Enter "None"
Section 6.6. Who will explain the consent: Physicians in the Leukemia/BMT Program or their delegates will consent patients prior to diagnostic or therapeutic procedures that are performed, a researcher will not participate in consenting patients. Samples used from the Legacy Cell Bank of BC have been provided a 'waiver of consent' by the BCCA REB.
Section 6.7. Complete if applicable; Otherwise for **Pt. A.** and **Pt.B.** enter: "N/A"
Section 6.8. How long after receiving the consent form will the subject have to decide whether to participate on not: Enter "The subject will have the time allotted as outlined in the Hematology Cell Bank of BC Protocol and the procedures are the same, a researcher will not participate in consenting patients". N/A to the Legacy Cell Bank of BC
Section 6.9. Enter: "Yes for samples collected under project H04-61292". Enter N/A to the Legacy Cell Bank of BC
Section 6.10. Enter: "N/A"
Section 6.11. For H04-61292 project enter: "Provisions are planned for subjects who cannot read the consent form (e.g., a blind subject or a subject that is not fluent in English) as outlined in the Hematology Cell Bank of BC Protocol, and the procedures are the same.
For project H09-01779 enter "N/A"
Section 6.12. Enter: "N/A"

Part 7. Number of Subjects and Drugs

Section 7.1. Is this a multi-centre study (involves centers outside of those applied for under this approval) Complete this section if applicable.
Section 7.2. How many subjects. Complete this section if applicable
Sections 7.3, 7.4, 7.5, 7.6,7.8, 7.9. Enter: "N/A"
Sections 7.8. Enter: 'No"
Sections 7.9. Enter: "N/A"

Section 7.10. Does this research fall within the categories of pluripotent stem cell research that need to be submitted to the CIHR Stem Cell Oversight Committee. Complete this section if applicable
Section 7.11. Registration for Publication of Clinical Trials. Enter: "N/A"
Section 7.12. Is there a requirement for this research to comply with US regulations for research ethics? Enter: The Hematology Cell Bank of BC and the Legacy Cell Bank of BC adhere to international standards for bio-specimen banking. No direct US adherence is required. **Pt. A.** Enter: "No"

Part 8. Data Monitoring

Section 8.1. 8.2, 8.3, Enter: "N/A"
Section 8.4. Please enter the following statement: Every effort will be made to safe guard the identity of subjects. A unique code is assigned to each specimen collected and stored. Access to related clinical data that may or may not identify an individual will be closely protected under the oversight of the Hematology Cell Bank of BC. Only a researcher who has IRB approval for their project linked to the Hematology Cell Bank of BC (H04-61292) will have access to identifiable subject clinical data. All clinical data that has identifiable subject information will be de-identified by the researcher conducting this study when removed from the Health Record's department or data base systems. Only a subject study code will be used to reference this data. The researcher will not in any way share information that will identify a subject, nor will any information that will identify a subject be published or entered into a researcher's data base system. All data accumulated by a researcher will be stored in a de-identified form. A researcher will maintain this de-identified information until its destruction.
Clinical data stored by the Legacy Cell Bank of BC will follow the procedures outlined by the Stem Cell Assay Laboratory for access to clinical data. All clinical data that has identifiable subject information will be de-identified by the Stem Cell Assay Laboratory Manager, the Legacy Cell Bank of BC coordinator or Chair and SCA laboratory personnel specially qualified to de-identify clinical data. Only a subject study code will be used to identify this data.
Pt. B. Enter:" Yes". Although, identifying information is removed from all stored specimens, clinical outcome information from identifiable subjects can be retrieved for the researchers on request through the Legacy Cell Bank of BC privacy guardians. This will ensure protection of patient identity but permit correlation with clinical outcome, an essential part of this type of research.
Section 8.5. Pt. A. Please add this statement: Only the researchers conducting the research described in this application will have access to identifiable data, which will be stored as de-identified data, using only a subject study code. No data will be stored by the researcher where a link to the identifiable data is possible. The researcher's study or laboratory personnel and collaborating research center personnel will not have access to identifiable data unless specified in this application.
Pt. B. The Hematology Cell Bank of BC coordinator will store information that may link data to an identifiable subject. This information will be stored in the Hematology Cell Bank locked and alarmed office. The Stem Cell Assay Laboratory manager may have access to identifiable subject data, all subject data hard copy files are kept in a locked and secured records room with access restricted to the SCA lab manager. Any linkable information stored in data sets by the SCA lab or the Hematology Cell Bank of BC will have password protection and audit capabilities.

For the Legacy Cell Bank of BC: All subject identifiers have been removed by a qualified laboratory technologist at the Stem Cell Assay lab in the Terry Fox Lab and a de-identified Legacy Cell Bank of BC numerical identifier has been attached to the specimen. Access to the database linking subject identity to a specimen is password restricted. These secure computer files are maintained and backed up within the BCCRC or BCCA firewalls.

Pt. C. For the Legacy Cell Bank of BC Only SCA Lab personnel specially qualified to handle confidential subject information will have access to password protected data systems. All access to the locked TFL records department is strictly controlled by the SCA Lab Manager or her designate. No data that may identify an individual will be released to a researcher.

Pt. D. Complete this section if applicable

Section 8.6. Regarding Data: Please add this statement: The dataset will remain stored as de-identified data. When this project is completed the researcher will submit a completion notice to the REB describing the planned disposition of the data.

Pt. B. Please add this statement: All samples are expected to be used up for the research as described. If for some reason there is any sample remaining upon completion of the study, it will be destroyed. Samples will only be used for the specific purpose described.

Section 8.7 Will Data be sent outside the institution: **Pt. A.:** Enter 'Yes' if this project involves collaborative research with additional centres. **Pt. B.** Please add this statement: Information about individual specimens will be sent to collaborating researchers outside this research centre but always with subject identifiable information removed. This is necessary for collaborative studies with other research groups.

Section 8.8 Regarding Data: If you are sharing data with another research centre please enter the details as requested. Only de-identified data may be shared with a collaborating research centre. If no data is to be shared, enter:"no".

Section 8.9 Complete this section if applicable.

Part 9. Documentation

Section 9.1. Protocol: Individual projects are required to submit a protocol. The protocol must outline the following criteria:

1) **Objectives:** State the objectives of the study. Some examples are:
   a. to characterize a patient population selected by disease, stage, clinical finding or other characteristic
   b. to estimate the median, mean and standard deviation of a predictor or outcome measure
   c. to estimate the median event-free, progression-free or overall survival in a patient group
   d. to characterize the toxicity of an intervention, determining likelihood of occurrence, possible severity
   e. to determine the convenience and time requirements of an intervention
2) **Eligibility:** Indicate the inclusion and exclusion criteria for subjects to be studied.
3) **Confidentiality:** Please refer to section 8.4 for guidelines outlining confidentiality. If you have additional guidelines or will not be using identifiable subject clinical data please specify this in your protocol. (It is suggested to leave the option for the use of identifiable data open).

3) **Relevance:** Describe the relevance of the study. What will be learned from the study that will be of usefulness to patient management or a follow-up/main study?
4) **Sample size:** State the sample size of the study and explain how the sample size was determined.
5) **Data Collection:** Describe specifically what will be measured or what information will be collected in the study.
6) **Analysis:** Describe the statistical analysis to be used in the study indicating the specific statistical techniques that will be used. Be sure the following questions are answered.
    a. How and why was the number of subjects (sample size) or the number of samples chosen?
    b. Which specific criteria or observations will be used to do the core analysis?
    c. With what specific endpoints or outcomes will these criteria or observations be correlated? Be sure these end-points will be available at the time of the planned analysis.
    d. What statistical tests will be employed in the core analysis on which the success or failure of the project will rest? For simple retrospective reviews of clinical experience the statistical tests may only be descriptive but, if so, this should be stated.
    e. How will the significance of correlations be decided? How will validity of the correlations be assessed? State specific p values or correlation statistics if applicable.
    f. What specific criteria will be used to determine if this is a successful research project? These criteria should be clearly identified.
7) **Use of Information:** State how the information from the study will be used; for example, to determine whether to go ahead with a follow-up/main study and/or to assist with the design of the follow-up/main study.

Pt. B and C. Leave blank – not applicable
Section 9.2. Consent forms: it is not necessary to add the consent forms, please refer, enter: "Current H04-61292 approved consent forms on file with the REB"
Section 9.3, 94, 9.5, 9.6, 9.7. Leave blank or complete if applicable.
Section 9.8. Leave blank or complete if applicable

Part 10. Fee for Service

Pt. A. select "Fee N/A as per above criteria"

Part 11. Hospital Information

Section 11.1 Indicate "no" if you have not already received hospital approval; if "yes" please add the VCHRI/VCHA hospital approval number.
Section 11.2 A. B. Complete these sections. Add Dr. Raewyn Broady if you do not have a medical affiliation with VGH or an alternate VGH affiliated co-investigator. **C**. Add 'yes' if you have a UBC appointment.
Section 11.3 Select Vancouver Acute

Note: If you require further assistance. Contact **the HCB Coordinator, Nerkeza Andjelic, at 604 875-4111, ext 69517; email:** hemcellbank@bccancer.bc.ca, **or Amanda Kotzer at 604 675-8142;** akotzer@bccrc.ca .

(F) Once the application is complete click the submit button and select the correct Department to sign off on the RISe application. If you are a researcher with the TFL and are submitting to Dr. Keith Humphries you choose from the drop down departmental menu *"BCCA/Terry Fox Lab (BCCA)"*. If you are a researcher affiliated with the Leukemia/BMT Program at VGH choose "BCCA/Hematology & Stem Cell Transplant (BCCA)"

(G) It is the responsibility of the investigator to submit approved projects for annual reviews and to submit amendments of projects to the BCCA REB. For assistance contact the HCB Coordinator, Nerkeza Andjelic, at 604 875-4111, ext 69517 or email: hemcellbank@bccancer.bc.ca **or Amanda Kotzer at 604 675-8142 or email:** akotzer@bccrc.ca .

If you need additional information go to the BCCA website for Research Ethics Board at http://www.bccancer.bc.ca/our-research/ethics-oversight/research-ethics-board

(H) VCHRI Approval is required for all Hematology Cell Bank of BC linked projects that need access to hospital health records at VCHA (including BMTServe database and PACS). **Hospital approval is NOT required for Hematology Cell Bank of BC linked projects that only require access to the clinical data held at the Stem Cell Assay.**

The VCHRI Research Application Forms are located on the VCHRI website at http://www.vchri.ca/forms

- Apply for the *VCHRI affiliated investigator status (one time only)*
- Complete the *VCH Operational Research Review Application*
- Complete the *Confidentiality Undertaking for Research Projects*
- Complete the *VCH Data Application Form*

If research you are conducting does NOT involve patient identifiers or Personal Information as defined under the BC *Freedom of Information and Protection of Privacy Act* (FIPPA), then you do NOT have to complete the VCH Data Application Form.

If you require VCHRI Application Form:

Sections 1-13. Provide necessary information

Section 14. VCH-Vancouver (Vancouver Acute) box should be checked. Complete the section "VCH database (e.g. PACS, ORMIS, PCIS), Other database: indicate BMT Serve and enter "Yes". The only signature required in this section is of the Hematology Cell Bank PI. However, if you require access to hard copy medical charts VGH Health Records Manager needs to sign in section 14.

Section 15.and 16.: Complete applicable sections.

Section 17.
Pt a, b, c, d ,e. Complete if applicable
Pt f. Enter "yes" and add BMT Serve as database you require access to
Pt g. Enter "N/A"

Section 18. Enter "Section 18 Not Applicable".

Section 19. Enter "N/A"

Section 20. Pt a, b, c, d ,e. Enter "No"

Attachment A. Does not apply for this applications

As of March 21, 2016 Research Confidentiality Undertaking (if applicable) needs to be signed and submitted once every two years. The confidentiality forms are no longer linked to a research project but to the researcher's profile . Therefore, there is no need to include Research Ethics Board or REB number on the form.

Note: If you require further assistance. Contact **the HCB Coordinator, Nerkeza Andjelic, at 604 875- 4111, ext 69517**; **email:** hemcellbank@bccancer.bc.ca, **or Amanda Kotzer at 604 675-8142; email:** akotzer@bccrc.ca .

(I) Annual Renewal: for all ethics documentation is the responsibility of the researcher. A copy of the certificate of approval must be kept on file by the researcher and a copy kept with the Project Coordinator of the Hematology Cell Bank of BC and or the Legacy Cell Bank of BC. Ensuring both Nerkeza Andjelic and Amanda Kotzer are added to the RISe application will provide access to confirm a current REB approval certificate is in place. REB approval must be demonstrated before a researcher may have access to samples from the Hematology Cell Bank of BC or the Legacy Cell Bank of BC.

The following need annual renewal:

- BCCA REB certificate
- VCHRI approval certificate