Author’s response to reviews

Title: Biobanking in Israel 2016-17; expressed perceptions versus real life enrollment

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Thank you very much for your letter of August 9, 2017 and for the attached reviewers' and editor's comments. In general we have found these comments most useful and have addressed them fully in the revised manuscript, as follows:

Editor Comments:

The reviews for these papers have come back as 'major revisions' and 'minor essential revisions.' However, both reviewers seem to be on the same page regarding the article. The first reviewers comments are more discursive whilst the second more prescriptive. Thus, whilst the is listed as 'major revisions' I do not think too much is required in order for you to responding to their points effectively. I look forward to receiving your revised paper in due course.
BMC Medical Ethics operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Ciara Staunton (Reviewer 1): This is an important and interesting study that reflects on improvements that can be made to the informed consent form. Sharing such experiences is important as biobanks are developed across the world. However there are a number of issues that must be addressed.

In the background, an explanation of what is meant by successful and adversarial relationships would be good. As part of this study reflects on efforts to improve the consent form to benefit recruitment, some literature on this in the background to set the scene would be beneficial.

As suggested, we have added an explanation for the examples of "successful" and "adversarial" relationships.

In the methodology section, was any software used to code and analysis the data? If so, this must be explained.

Thank you. No software was used in the qualitative analysis but rather techniques detailed and referenced in the methods section.

In the recruitment of the real-life patients, was the consent process conducted in the waiting area? If so, how was their confidentiality protected?

The consent process was conducted in the waiting area. However, the recruiters secured a quite area to produce an intimate discussion with no other people witnessing. Moreover, if the candidate volunteered any personal-medical information that was not asked for, the recruiters were instructed to refrain from such discussions.
Regarding the recruitment of the focus group, how was their contact details obtained?

This was done after Ethics approval by random selection from a list of Maccabi insured persons who had had a laboratory test in the previous 2 years, according to the selection criteria (age, SES).

Did many who were approached decline?

An estimated 25% of those approached had declined.

How was the consent process conducted?

After an oral consent at the time of the telephone contact, individuals were asked to sign a written informed consent.

Was it one-on-one where they had the opportunity to ask questions or as a group? Yes, one on one.

These details have been added to the Methods section.

On page 8, line 41 it is stated that to "assess the acquaintance", however in the background where the objectives are set out it is referred to as "knowledge". Did the study seek to assess understanding, knowledge or experiences with a biobank? In this context "acquaintance" is vague. Consistency in the aim of the study is required.

Thank you. The sentence has been revised to be consistent with the objectives.

On page 13, ln 42 there are no references to the other studies. 

A reference has been added.
At the top of page 13 the study states that the improved consent form has increased recruitment. Yet could this not be due to the presence of someone to answer any questions? How do we know that the changes are caused by either the improved form or the recruiter?

This point is well taken, and the text has been revised to clarify that the combination of both aspects has probably led to the improved recruitment.

In the discussion there is a repetition on why improvements to recruitment were made on page 13 and 14. This should be restructured. It's important to reflect on both the improved form and the recruiter. More literature on this and how it links with this study would strengthen the article.

Thank you. This repetition has been eliminated, while stressing that both improved consent plus the ability to ask questions and get clarifications, led to improved recruitment rates.

The purpose of the FGD was to improve the consent form, yet there is only a discussion of the problems with the consent form. Although the two forms are in the appendix, it would be preferable if there is some discussion on the changes made. Were changes proposed by the FGD or did they simply critique?

Furthermore how did an exploration of the three terms feed into the improved consent form? Did the FGD propose alternative wording? An in-depth discussion of the development of the improved documents would be of value to others seeking to replicate the process.

The FGD offered mostly critique, which was brought back and discussed by our team, leading to changes in the consent form. The exploration of the 3 terms allowed the researchers to comprehend what lay people are likely to know, or not, and, in this way, what is missing and should be stressed. As suggested, a discussion has been added to address these points.

The structure of the paper requires improvement. When discussing the results, it is better to have the quotes as a separate line and not in brackets. As the participants in the focus groups have been grouped according to age and SES, it would be good to have some information at the end of each quote as to what FG the quote came from.
As suggested the quotes have been changed not to include brackets. Unfortunately we are not allowed to identify age and SES groups due to the small size of the groups and the need to keep confidentiality.

More quotes on how participants explained the 3 phrases should be inserted.

Done.

A review and restructuring of the discussion section would ensure there is no repetition and allow the authors to offer more in-depth discussion.

Done

The section on 'real life recruitment' at pg 12 should be moved to the methodology section.

Please note that the methodology of "real life recruitment" is presented on pages 7-8. On page 12 we present the results of the Real Life, and we believe that this should stay in the results section.

There is no formal heading for the conclusion in the main text of the paper. The declarations should go at the end of the paper. The authors should refer to BMC submission guidelines and ensure that all relevant headings are included and in the correct order.

Done.

There are a number of typographical errors throughout and a careful reading is necessary. Furthermore certain phrases such as "had been approved ethically" and "increasing knowledge came more enthusiasm to join" should be rewritten. All references should be in brackets and at the end of the sentence.

Done
Karen Meir (Reviewer 2):

This is an excellent idea and long overdue in Israel. Some comments for the authors:

1. If available, please provide more detailed information regarding the focus group participants: age, gender, education/income level, whether the focus group members had any previous experience as participants in medical research of any kind.

   This information has been added.

2. It is worth restating in the results section, that during the "real life" phase, potential donors were approached with the improved consent form.

   Added as suggested.

3. During the "real life" phase of the project, how long did recruiters sit with potential donors? The "real life recruitment" section (page 12) states that on average it took 5-15 minutes to address all queries, however it is not clear how long the entire consent process took, on average.

   Added as suggested.

4. The updated consent form (appendix 2) states that "When medical data will be needed for research, it will be de-identified to assure anonymity". Similar statements reappear in the donor information leaflet (page 27, line 16; page 30, lines 15,16). De-identification by coding is strictly speaking not a form of anonymization. True anonymization definitively removes the link between the sample and the donor such that even Maccabi/'Tipa' staff will not be able to link the samples to the donors, and therefore donors could never be re-contacted for any reason. These statements should be further revised.

   Thank you for this point. For the sake of research the biobank is always kept anonymous. However, the Biobank's de-identification process needs to keep the option open for the team to
re contact patients in cases where the analysis of their sample reveals an actionable genetic finding (e.g. Huntington disease). This is clearly mentioned on Page 23 line 12 and page 31 line 31.

5. The donor information leaflet discusses (page 25) Israel's requirement of a Helsinki approval for all projects utilizing material and data stored in "Tipa". An additional line at the end of this paragraph (top of page 26) should make clear that "Tipa" itself will have had to receive a Helsinki approval in order to function. To further "relax" donors, I would suggest the following wording (end of line 3): "In the same fashion, the "Tipa" biorepository was also required to receive ethical approval from the Ministry of Health's high committee on human subjects research, to store and distribute your de-identified samples and data in future ethically approved research studies".

Thank you. We have added this information.

6. The Withdrawal section of the donor information leaflet (page 34) mentions "Midgam". I would suggest removing these lines - they may confuse potential donors. Midgam is a disease-based biorepository network, conceptually different from the epidemiological biobank the authors are proposing.

Agree. This has been removed.

Minor comments/editing:

1. Page 8, line 19/20: typographical error in the last word, which should read 'signing', and not 'siNGing'.

2. Page 9, lines 45/46: add a comma between the words "stealing" and "misuse".

3. Page 10, line 22: end the sentence with a period.
4. Page 10, line 48: retranslate from Hebrew: "You never know where can it get" (incorrect English syntax) to "you never know where it can end up".

5. Page 10, line 58, first word: "others", not "other".

6. Page 11, line 19, "participants" (ie. add "s").

7. Page 13, line 52, replace "a larger" with "an expanded".

8. Page 15, line 41, last word typographical error: "rational", correct to "rationale".


11. Page 32, line 26 should read "representative of "Tipa", who is a personnel member trained in the communication of…"

12. Tipa is written in some places with a capital T and in others with a small t. I would keep it capital throughout. It's a (very good) name.

All typos have been corrected.

We wish to thank the reviewers for outstanding help in improving the quality of our presentation.