Public Response to Request For a DNA Sample for Research

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GeneLibrary Ireland

- An all- Ireland control collection of blood and associated data from 10,000 participants
- 2 jurisdictions, co-funded by R&D
 Office Belfast and the Health
 Research Board, Dublin
- Initiated by Molecular Medicine Ireland, Queens University Belfast and Ulster University
- Genomic, proteomic, metabolomic aspects of the common disease burden in Ireland
- Designed to harmonise internationally



Gauging public willingness to take part in DNA research

Survey public opinion

Perceptions of Biomedical Research in Ireland Telephone Survey 2000 people *

- A well informed public (less than 10% reported they had never heard of any of the listed forms of genetic research)
- Confidence in the ability of *individual* doctors and nurses (82%) and researchers (70%), to evaluate the risks and benefits of medical research
- Least confidence in researchers in pharmaceutical companies (26%)
- Quite positive about genetic research (70%), ('new genetic developments will result in cures for many diseases')
- Some reservations regarding the ethics of genetic research (42%) ('it was tampering with nature')
- only 10% felt that researchers were motivated by selfish reasons such as money or fame
- 52% of those who had previously taken part in medical research agreed they would take part again
- Of those that would donate a sample, 89% preferred a linked data model over an unlinked model

*Cousins et al(2005) Public perceptions of biomedical research: A survey of the general population in Ireland

Background to the Survey

General breakdown in trust of authorities

• Health

- Organ Retention Scandal
- Contaminated Blood Products

• Other

- Property
- Politicians
- Priests
- Police

Testing Public Willingness

- A well-disposed public, despite public distrust
- Would they be forthcoming?
- Would they undergo, when it was put to them, a procedure involving some effort on their part?
- Would they, for instance, undertake a self-administered buccal swab at home?
- An inexpensive undertaking but involving a degree of commitment from the public participants

Buccal Swab Card

	a je stali i se		
	PERSONAL DETAILS (please tick where applicable)		
	AGE 18-30 31-45 46-60		
MOUTH	61-75		
SWAB	GENDER		
TEST			
IESI	Primary Secondary Third Level		
CARD			
"Transfer 4 mouth swab samples to the special			
paper inside this card"	Office Use Only		
REFER TO INSTRUCTIONS ON BACK			





Instructions Cartoon*



* functional illiteracy: unable to read prescription instructions on medicine (~20% population)

Requesting a DNA Sample Focus Group: shaping the publicity literature

Group Number*	Age	Sex	Profile
1	18-24	M/F	B, C1, C2
2	25-45	M/F	B, C1, C2
3	46-55	M/F	B, C1, C2
4	55+	M/F	B, C1, C2

*number in each group 10-12

Ideal Hierarchy of Explanatory Messages for Participants

- 1. How participants are selected
- 2. What the collection will be used for
- 3. Not involved in embryonic stem cell research or cloning
- 4. What is required to take part
- 5. Assurance of anonymity and confidentiality
- 6. Trust in organisers (who is funding the study?)
- 7. Longterm benefits to society

Anonymised National Buccal Swab Collection

- Buccal swab packs

- Invitation letter
- Buccal swab Pack
- Brochure/instructions
- Freepost Return Envelope
- Distributed by post by ESRI Random Sampling Unit
- Returned anonymously by participant to Trinity Biobank
- Repeat mail-out three weeks later

Geographical Response Proportional to Population (r = .76)



Age Group Response

Age group (years)	Population (1000)	Response (15.9%)	% Response	Response/ population
18-30	846	175	14.6	0.54
31-45	961	397	33.2	1.08
46-6 0	730	347	29.0	1.25
61-75	424	199	16.6	1.22
76-	184	78	6.5	1.12

Gender Response

Gender	Female	Male	Total
N	655	516	1171 (15.6%)
%	55.9	44.1	

Educational-attainment Group Response

Educational Attainment	Population (1000)	Response (15.6%)	% Response	Response /population
Primary	458.1	163	13.97	0.84
Secondary	1577.7	458	39.20	0.68
Tertiary	713.9	546	46.78	1.80

Utility of Collected DNA

Alpha-1 Antitrypsin Deficiency: genotype frequency in the Irish Population (Carroll, T et al 2008)

- Alpha-1 antitrypsin deficiency is caused by mutations within the AAT gene
- AATD is the only known genetic risk factor for the development of Chronic Obstructive Pulmonary Disease
- AATD may be twice as prevalent as previously estimated, with one of the highest incidences in Europe



- -1,000 normal controls screened from TCD Buccal Swab Collection
- 46 MZ, 98 MS, 2 SZ, and 1 SS individual identified

-Yielded high gene frequencies for S (0.053) and Z (0.022)

Buccal Swab Collection

- Response rate 16.9%.(1267/7500)
- DNA quality suitable for molecular studies
- Uniform geographic response distribution
- Fewer males than females responded.
- The age group 18-30y responded the least, the greatest response being in the 46-60y age group.
- The least responsive educational group were those who attained secondary level education.

Buccal Swab Collection

- Though it did not involve a blood sample or the effort of attending an assessment centre, it did require the arduous task of reading the material, carrying out the test alone, and posting the sample back.
- With better funding, a greater uptake would have been achieved?
- A guide to targeting select populations for future, more comprehensive collections of biological material and associated data