

Introduction

Welcome to the March edition of the cancer newsletter for The 100,000 Genomes Project (100KGP) for Greater Manchester Genomic Medicine Centre (GMC). Since the last newsletter, the Genome Teams at collaborating Trusts (CFT, CMFT, USHM & SRFT) have been working hard to collect viable samples, recruit eligible patients and have also been investigating how to streamline processes to improve recruitment.

Sample collection pathway

The project is being supported through the MCRC Biobank and CMFT Biobank, where samples are initially collected under local Biobank consent. Once it is confirmed that the sample is eligible, a research nurse or Genome Recruiter will then approach the patient for full Genome Project consent post-surgery. This method has a number of advantages, including:

- 100KGP consent takes about an hour – this can be challenging pre-surgery, especially when patients may not have a confirmed diagnosis prior to their operation or may feel anxious about their procedure
- The project requires collection of frozen tissue with >40% tumour content which is only collected in 30-50% cases identified. Carrying out full 100KGP consent before surgery would mean that a lot of resource is used to consent patients who never end up going into the project.

However, using local Biobanks does mean that the transformational elements of the project are not being fully realised, which is a key deliverable of this initiative. It is still important to consider ways in which parts of the sample collection pathway can be embedded into routine practice so that collecting samples for genomic analysis becomes 'business as usual' once the project ends.

The consent process

As the consent process for this project can be complex, we would like to share a number of learning-points from the recruitment teams which may make it easier for both recruiting staff and patients;

- Using a **consent flip-chart** can facilitate the consent process and help patients to understand more clearly.
- Sending the **Patient Information Sheet through the post** and **speaking to the patient on the phone** prior to their post-surgery visit makes the patient more receptive to the idea of take part and aids the consent process.

Use of legacy collections

To increase local recruitment into the project, we are exploring the use of legacy collections stored in local Biobanks. We are piloting this with renal and lung cancer samples collected within the last 12 months and Genomics England have recently approved the use of a large cohort of legacy AML samples stored in the MCRC Biobank, which go back to 2009. Patients are invited back (to a hospital of their choice) to grant their informed consent to the project before legacy samples are utilised.

The role of pathology

Local pathology departments are vital to the success of this project to ensure specimens are processed according to the project requirements and samples collected are of the required quality. We particularly appreciate consideration of new ways of working, to help this project meet the recruitment targets, for example;

- **Facilitating 'out of hours' collections;** allowing samples to be refrigerated overnight then sampled the following morning
- **Employing controlled fixation techniques;** which will allow submission of samples from Trusts without on-site pathology

New Trusts joining the effort

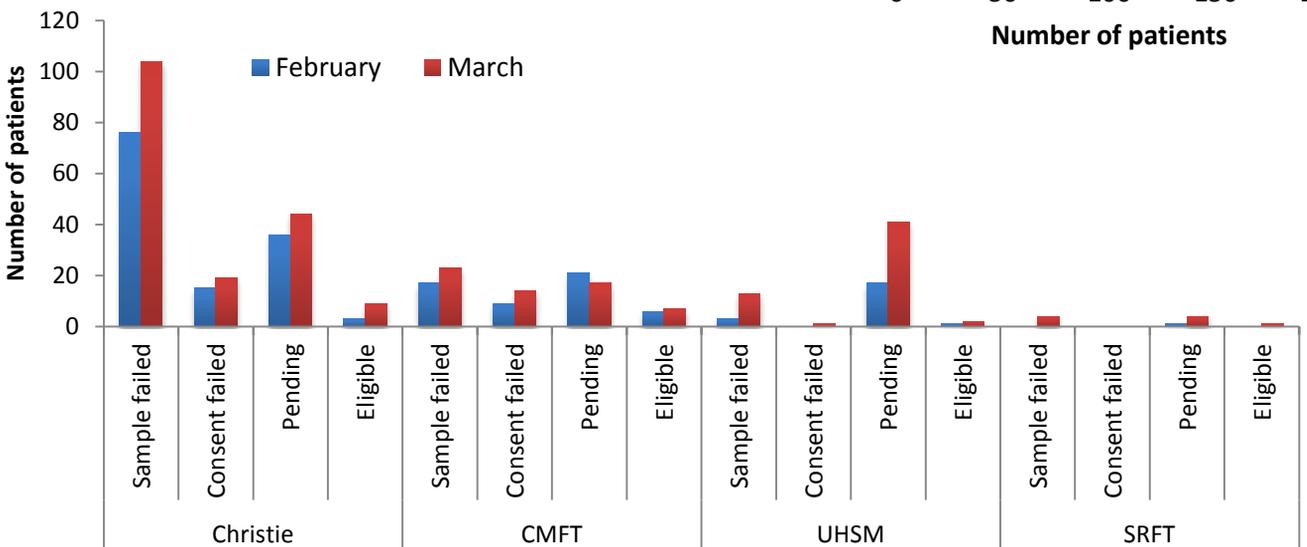
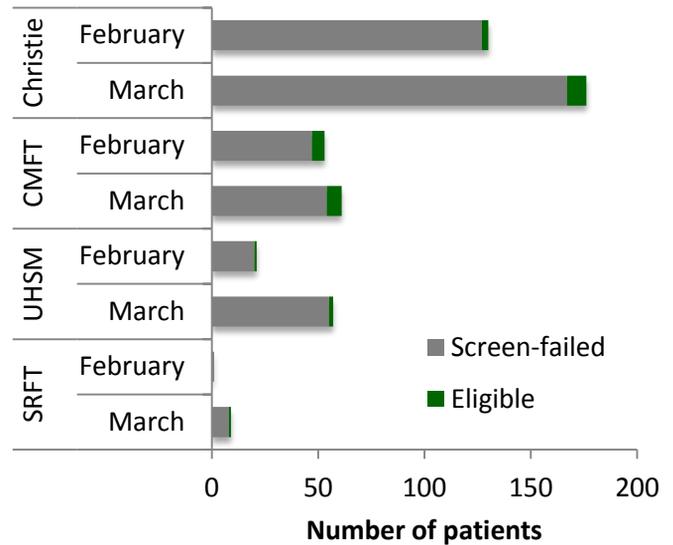
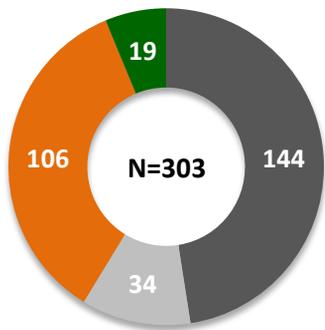
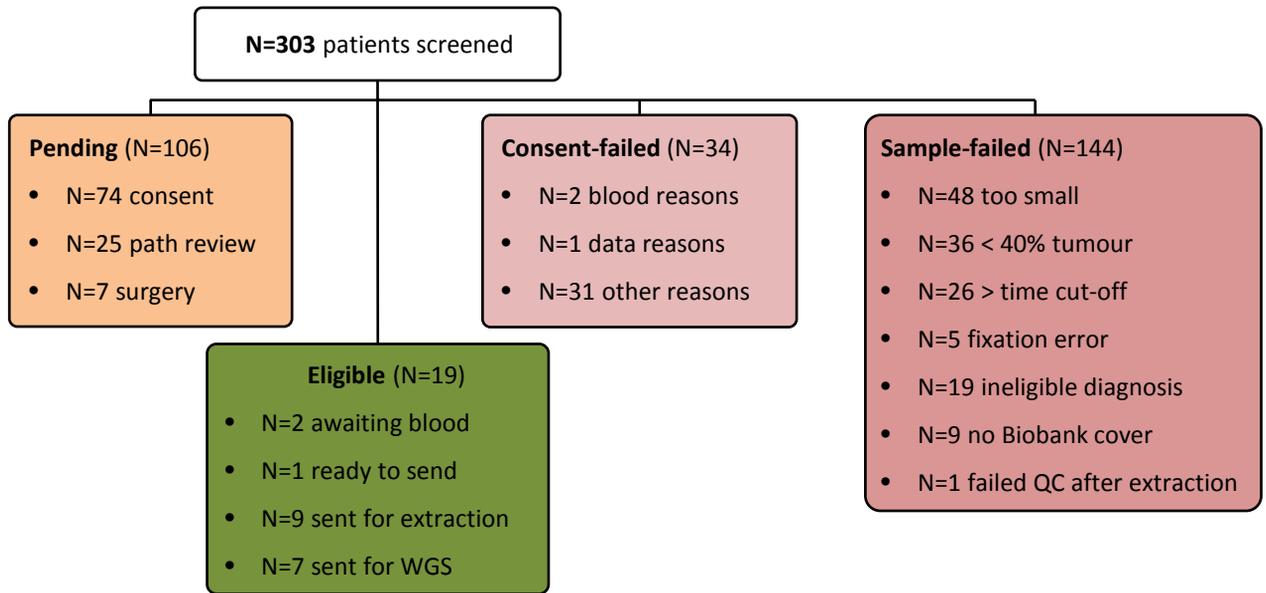
It is expected that Stockport NHS Foundation Trust and Tameside Hospital NHS Foundation Trust will be on-board by June 2017. As the MCRC Biobank does not cover sample collection at these Trusts, we are exploring alternative sample collection options. Although this does introduce some operational challenges, it is an excellent opportunity to embed the sample collection pathway into routine service and progress the NHS transformational aims of the project.

Contacts

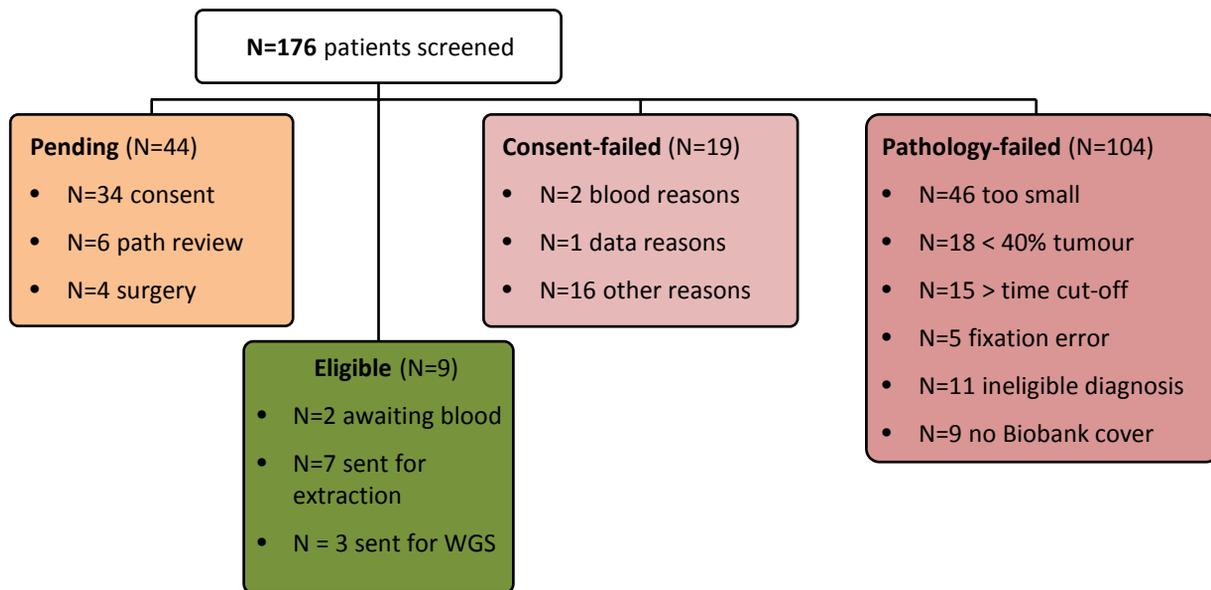
If you would like to find out more about the 100KGP or would like to get involved in any way, please contact:

- Professor Bill Newman William.Newman@cmft.nhs.uk
- Professor John Radford John.Radford@manchester.ac.uk
- Jane Rogan Jane.Rogan@christie.nhs.uk

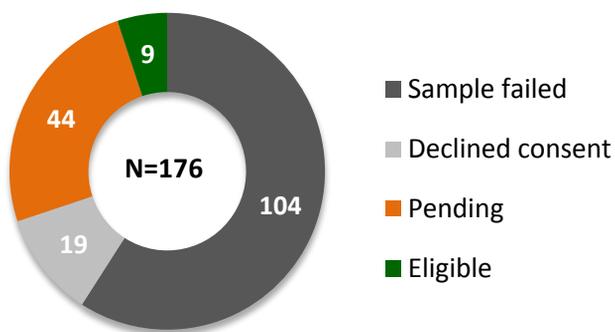
Manchester screening summary



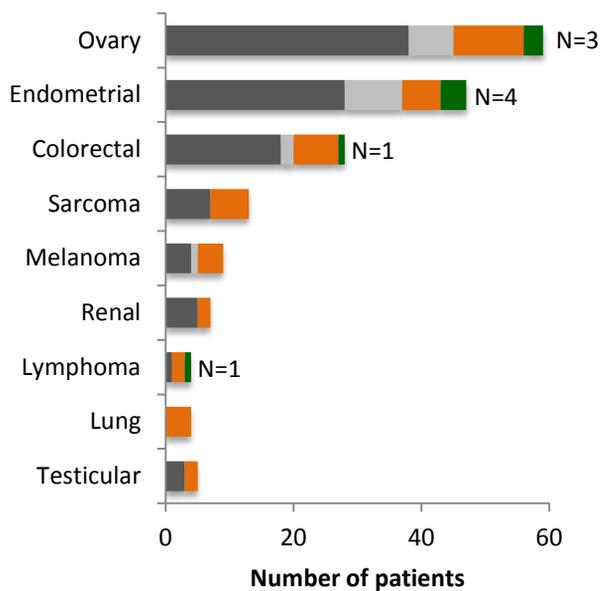
The Christie NHS Foundation Trust screening summary



The Christie activity summary

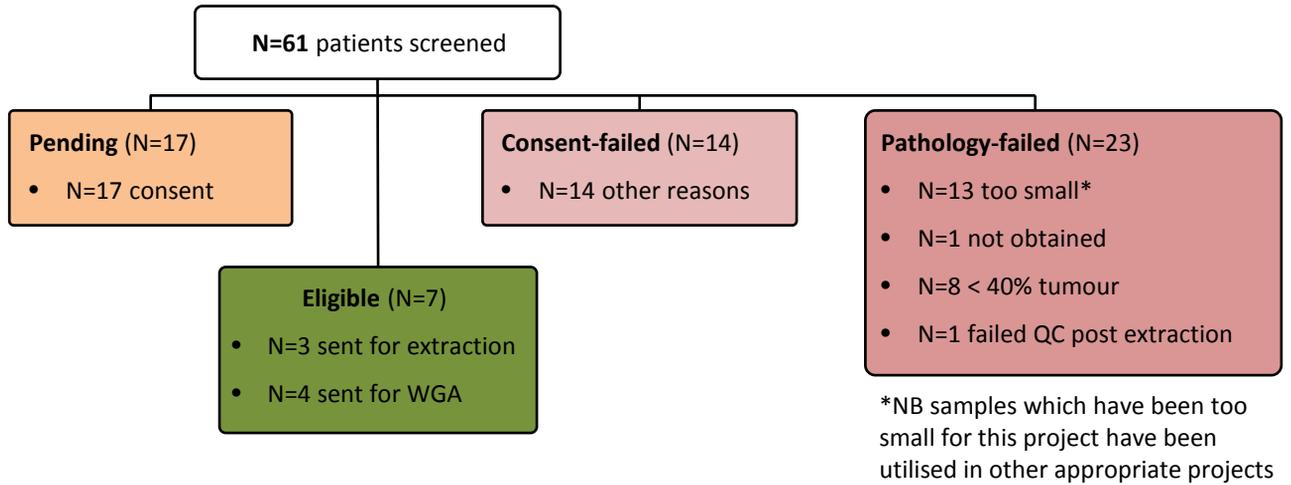


The Christie disease-specific data

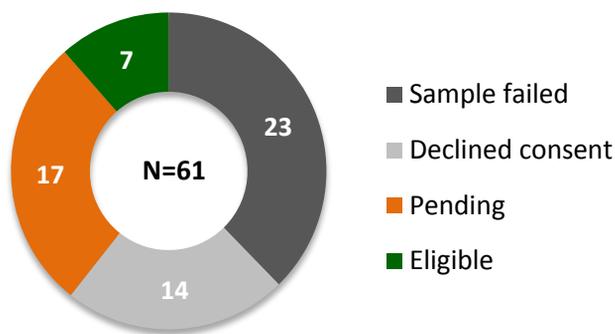


NB lung cancer patients seen at the Christie are legacy cases who had their surgery at UHSM

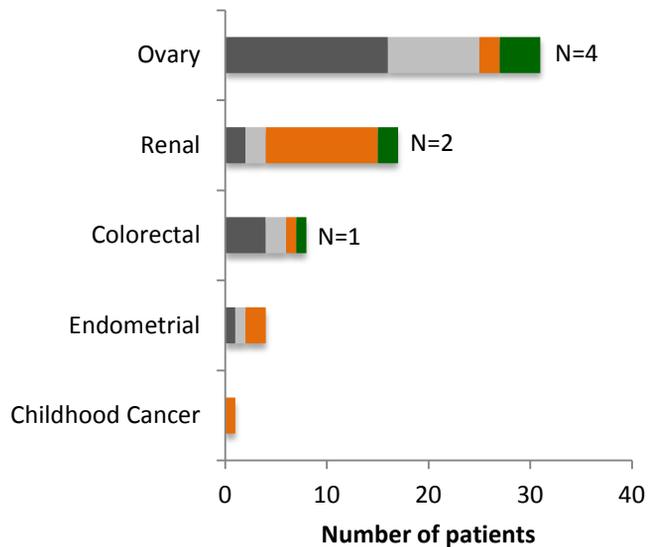
Central Manchester University Hospitals screening summary



CMFT activity summary

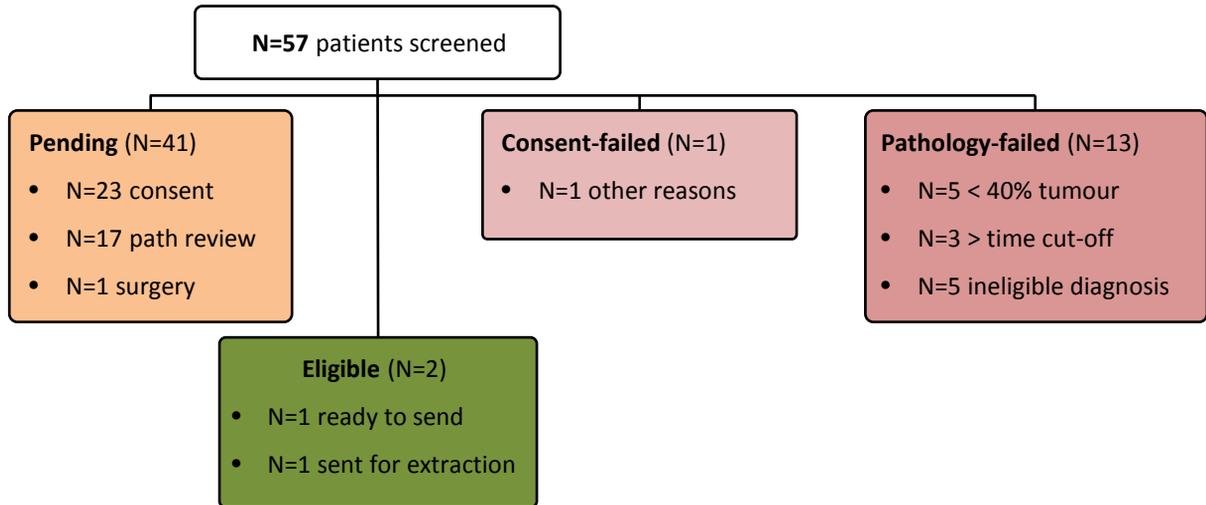


CMFT disease-specific data

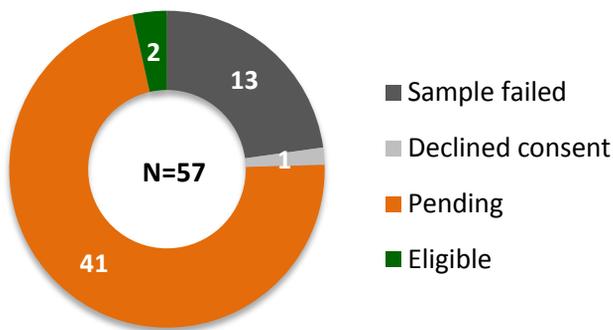


NB this is the first time a patient with **childhood cancer** as been recruited to this study at CMFT

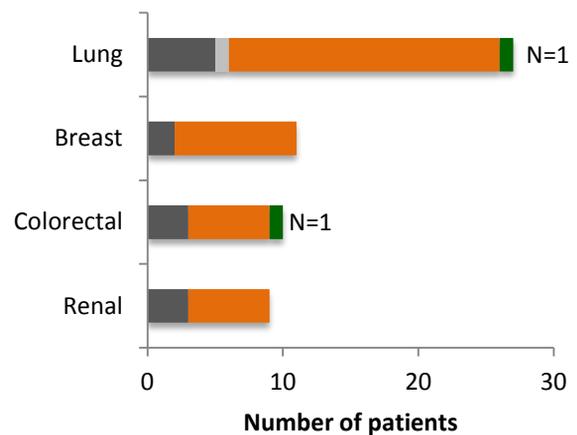
University Hospital South Manchester screening summary



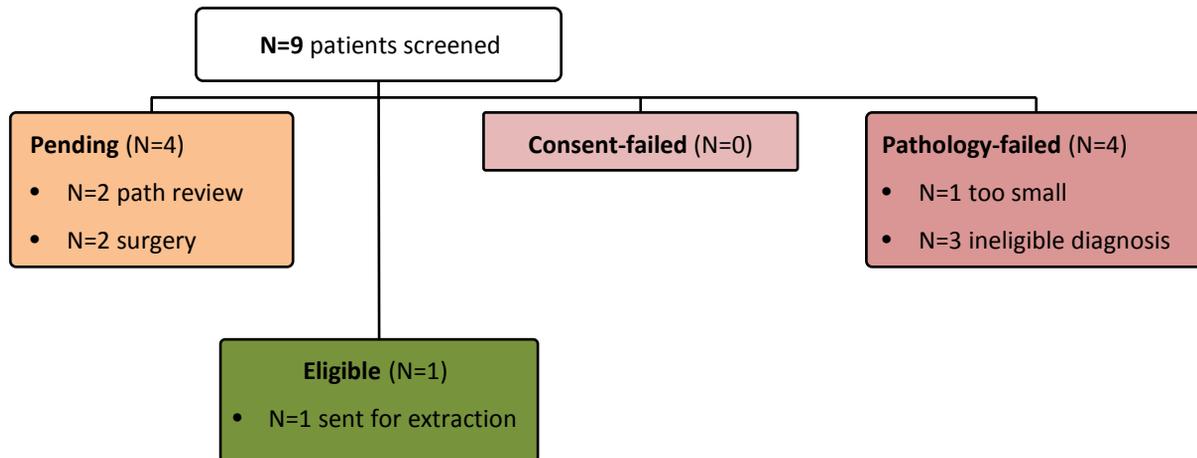
UHSM activity summary



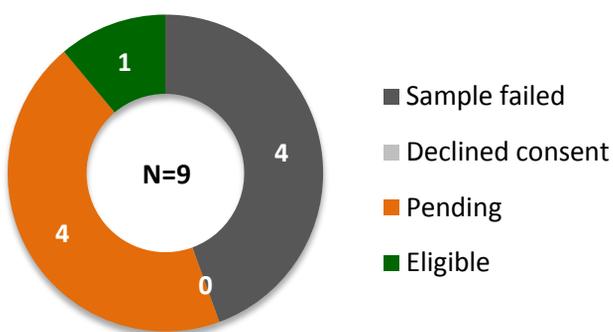
UHSM disease-specific data



Salford Royal Foundation Trust



SRFT activity summary



SRFT disease-specific data

