

EXPOSURE DRAFT

ETHICS CHECKLIST FOR GENE/DISEASE SPECIFIC DATABASE CURATORS AND SUBMITTERS

Notice

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1 **Contents**

2 **Foreword**4

3 This Document4

4 **Important Notice**5

5 **Introduction**6

6 **1 Scope**.....6

7 **2 Checklist**.....6

8 2.1 Checklist in brief.....8

9 **3 Bibliography**8

10 **Appendix 1**9

11

1 **Foreword**

2 The Human Variome Project is an international consortium of researchers, policy makers and healthcare
3 professionals committed to the free and open collection, curation, interpretation and sharing of genomic
4 knowledge.

5 The Human Variome Project Consortium envisions a world where the availability of and access to genetic
6 variation information is not an impediment to diagnosis and treatment; where the burden of genetic
7 disease on the human population is significantly decreased; and where the sharing of genetic variation
8 information is standard clinical practice.

9 To facilitate worldwide and interoperable sharing of genomic knowledge, the Human Variome Project
10 Consortium produces Standards and Guidelines. HVP Standards are those systems, procedures and
11 technologies that the Human Variome Project Consortium has determined shall be used by the
12 community. These carry more weight than the less prescriptive HVP Guidelines, which cover those
13 systems, procedures and technologies that the Human Variome Project Consortium has determined would
14 be beneficial for the community to adopt.

15 HVP Standards and Guidelines are central to supporting the work of the Human Variome Project
16 Consortium and cover a wide range of fields and disciplines, from ethics to nomenclature, data transfer
17 protocols to collection protocols for clinical data. They can be thought of as both technical manuals and
18 scientific documents, and while the impact of HVP Standards and Guidelines differ, they are both
19 generated in a similar fashion.

20 HVP Standards and Guidelines make the collection, curation and sharing of information more efficient
21 and reliable by establishing consistent protocols that can be universally understood. They facilitate
22 interconnection of and interoperability between different systems.

23 HVP Standards and Guidelines represent a consensus of the Human Variome Project Consortium, each
24 member of which has had the opportunity to participate in the development and review of each standard
25 and guideline. In addition, as every effort is made to include all interests in the activity, HVP Standards
26 and Guidelines can be considered to be representative of all interests concerned within the scope of each
27 Standard or Guideline.

28 The Human Variome Project defines consensus as significant agreement between all affected parties
29 covered by the scope of the standard or guideline. Consensus requires that all views and objections be
30 considered, and that a concerted effort be made toward their resolution.

31 More information on the Human Variome Project is available at the Project's website
32 (<http://www.humanvariomeproject.org/>). Procedures for the development of HVP Standards and
33 Guidelines can be found in *PD06-2011: Standards Development Process*, available at
34 <http://short.variome.org/PD06-2011>.

35 **This Document**

36 This document has been prepared the HVP Working Group: WG08: Ethics Checklist for Gene/Disease
37 Specific Database Curators and Submitters. The Gene/Disease Specific Database Advisory Council acted
38 as Sponsoring Council.

39 An Exposure Draft of this Document was released to the Human Variome Project Consortium on 2016-
40 07-08.

1 **Important Notice**

2 HVP Standards and Guidelines are not intended to replace or substitute for any applicable legislation or
3 regulation in any jurisdiction, or any institutional policy or funding agreement that a genetic variation
4 information resource is operating under. Implementers of HVP Standards and Guidelines are responsible
5 for determining and complying with all appropriate ethical and cultural protection practices and all
6 applicable laws, regulations, policies and agreements.

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1 Introduction

2 Some of the guidelines published by Povey et al. (2010) are considered impractical by many LSDB
3 curators. At the HVP meeting in Paris (May 2014) it was agreed that practical rather than philosophical
4 guidelines are needed for curators.

5 The Gene/Disease Database Advisory Council sponsored the formation of HVP WG08 which was
6 charged with drawing up “A checklist of actions and processes related to the ethical management of data
7 in a genetic variation database that curators of gene/disease specific databases should consider when
8 establishing and curating their database”. A survey of curators showed that each point in the Povey et al.
9 (2010) guidelines had been implemented by some curators. However, some of the points were considered
10 unnecessary or not applicable and therefore not implemented by most curators that responded to the
11 survey.

12 The checklist provided below includes information gained from the analysis of the curators’ survey and
13 from scenarios presented to the working group. Some of the ‘practical’ guidelines in Povey et al. (2010)
14 have been retained and information previously published in other articles have also been included.

15 1 Scope

16 The purpose of this document is to provide practical steps that should enable LSDB curators collect and
17 share data, whilst at the same time operating within acceptable ethical standards.

18 Implementation of the checklist will depend upon what is suited to the content of a database.

19 2 Checklist

- 20 1. Define the **purpose of your database**
 - 21 a. Include the scope and type of information in database.
- 22 2. Define the database **policy governing data collection** (example in Vihinen et al, 2012;
23 Appendix 1).
 - 24 a. Provide lay information for patients wishing to submit their data. The acceptable format
25 is at the discretion of the curator.
- 26 3. **Attribution:** To encourage the submission of unpublished data and as some recognition for their
27 contribution, offer submitters co-authorship on publications (authored by the curators) that make
28 use of data from submitters.
- 29 4. Establish an **Oversight Committee (OC)**. This is essential where unpublished data is accepted
30 into databases, but is not necessary where data in the database is exclusively from publications.
31 It should be noted that an Oversight Committee differs from Ethics Committees (e.g.
32 Institutional Review Boards (IRBs), Independent Ethics Committees (IECs) and Research Ethics
33 Committees (RECs)) that are charged with ensuring high standards in the ethical conduct of
34 research involving human subjects.
 - 35 a. Purpose of OC
 - 36 i. To consider any matter relating to sharing of unpublished data submitted to the
37 database, in line with local regulations/requirements and recommendations in
38 the field.
 - 39 b. Guidance on composition of OC
 - 40 i. People independent of the database, but knowledgeable about the condition,
41 e.g. clinicians, researchers, and lay persons from patient groups.
 - 42 ii. The OC should not include curators.
- 43 5. **Data collection**
 - 44 a. **Consented data**

- 1 i. Inform submitters of their responsibility to ensure that submitted data is
 2 consented and that only de-identified (coded) patient IDs are submitted. De-
 3 identified IDs allow submitters to respond to queries from the curator or to
 4 update new information about a particular case.
 5 ii. Note that completely anonymising patient IDs makes it virtually impossible to
 6 update valuable information that subsequently becomes available, either by the
 7 submitter or curator.
- 8 b. **Unpublished data:** Submissions from diagnostic labs (health service labs and
 9 commercial sources), clinics/clinicians and sometimes from patients will mostly be
 10 unpublished.
 11 i. Ensure de-identified IDs are submitted.
- 12 6. **Curation of unpublished data**
- 13 a. **Unpublished data:** Received as a query or submitted for inclusion in the database. This
 14 data may come from a clinician, genetic counsellor, diagnostic labs or a patient.
 15 i. If the data is from a query, inform the enquirer that the variant will be included
 16 in the database.
 17 ii. Assign a de-identified code to each entry, if there is none already.
 18 iii. Keep sensitive personal data non-public.
 19 iv. In linking entries to details of the submitter, curators should implement what
 20 their local regulation permits.
- 21 b. **Publicly viewable data (from submitted unpublished data)**
 22 i. Summarise publicly viewable data to ensure clarity on family relationships.
 23 ii. Curate submitted data to ensure personal details do not identify individuals.
 24 iii. Phenotype information is important for clinical diagnosis. Where this is
 25 available and efforts have gone into protecting the identity of the individual,
 26 clinical details should be displayed.
- 27 c. **Non-public data**
 28 i. This section of the database is reserved for confidential information that
 29 curators will need to refer to.
- 30 7. **Permitting the use of non-public data for scientific/clinical purposes**
- 31 a. **Request from clinician or diagnostic lab:** Curators may receive requests to share non-
 32 public information from bona fide clinicians/diagnostic labs who need the information
 33 for patient care/diagnostic report.
 34 i. Forward request to the submitter.
- 35 b. **Request from researcher**
 36 i. Forward request to the submitter.
- 37 8. **Request to keep submitted data non-public:** Some submitters request that data be kept non-
 38 public until they are published.
 39 a. Make the submitter aware that publishing the variant in the database does not result in
 40 the rejection of a subsequent manuscript that mentions the data.
 41 b. Note that searches, e.g. in LOVD, returns a message which indicates a variant at that
 42 nucleotide position is in the database, but the nucleotide information is not given. There
 43 is also a suggestion to contact the curator.
 44 c. The following options may be adopted:
 45 i. Enter data but make the entire entry ‘non-public’. Note point 8b above; or
 46 ii. Enter data but make variant public and associated information ‘non-public’.
 47 This option should be discussed with the submitter.
 48 d. Any request received should be forwarded to the submitter.
- 49 9. **Request for submitter’s details:** Some LSDBs do not link submitter details to unpublished
 50 data.
 51 a. Any request for submitter details should be forwarded to the submitter allowing them to
 52 respond directly with the requester.
- 53 10. **Giving your opinion:** As a curator you will be considered as an ‘expert’ and will be asked your
 54 opinion on the consequences of an identified variant or other aspects of the disease.
 55 a. If you have a team (clinical and scientific) that is qualified and knowledgeable about the
 56 disease, an opinion on the potential consequence of a variant may be given, especially
 57 when you (as the curator) have assigned “concluded pathogenicity” to variants listed in
 58 your database.

- 1 b. If you do not have a team and you do not have in-depth knowledge about the disease,
2 refrain from giving any opinion.
- 3 **11. Sharing information with genome browsers:** This increases visibility for your database and
4 should be encouraged.

5 **2.1 Checklist in brief**

- 6 1. Define the purpose of your database.
7 2. Define the database policy governing data collection.
8 3. Offer attribution to submitters.
9 4. Establish an oversight committee.
10 5. Data collected should be consented and de-identified (responsibility of submitters).
11 6. Curate unpublished data to protect patient privacy whilst remaining useful.
12 7. Requests for non-public data should be forwarded to the submitter.
13 8. Requests to keep submitted data non-public can be honoured.
14 9. Requests for submitter's details should be forwarded to the submitter.
15 10. Giving your opinion may be considered if you have a team qualified and knowledgeable about the
16 disease.
17 11. Information can be shared with genome browsers.
18

19 **3 Bibliography**

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30 databases. *Hum. Mutat.* 33 (2), 298–305.
31

1 Appendix 1

- 2 Example of database policy from ORAI1base (Variation registry for Severe combined
3 immunodeficiency) at http://structure.bmc.lu.se/idbase/ORAI1base/?content=db_policy/IDbases

DATABASE POLICY

The ImmunoDeficiency Variation Databases (IDbases) and other variation databases maintained at the Protein Structure and Bioinformatics Group (PSB), Lund University, are maintained and provided as a public service for academic community.

Individuals submitting data to and using the variation databases managed by the PSB should be aware of the following:

1. 1. The PSB has a uniform policy of free and unrestricted access for academic community to all of the data records their databases contain. Scientists worldwide can access these records to plan experiments or publish any analysis or critique. Appropriate credit is given by citing the database. Instructions for citing are provided in each individual database.
2. 2. The databases are intellectual property of the PSB. Details are available for Copyright and Liability.
3. 3. Corrections of errors and update of the records by authors are welcome and erroneous records may be removed from the next database release.
4. 4. Submitters are advised that the information displayed on the Web sites maintained by the PSB is fully disclosed to the public. It is the responsibility of the submitters to ascertain that they have the right to submit the data. This applies also the appropriate consent from the patient and/or family.
5. 5. Beyond limited editorial control and some internal integrity checks, the quality and accuracy of the record are the responsibility of the submitting author, not of the database. The databases will work with submitters and users of the database to achieve the best quality resource possible.
6. 6. Data in the PSB mutation databases may be shared with central repositories according to published Human Genome Variation Society guidelines.
7. 7. The information provided on this site is designed to support, not replace, the relationship that exists between a patient/site visitor and his/her existing physician.
8. 8. We keep the confidentiality of the data relating to individual patients and visitors to the web site, including their identity. No data is collected that would allow identification of the patients for whom information is stored and distributed in the database. We do not share any information about database visitors with third parties. As database curators and owners we undertake to honour or exceed the legal requirements of medical/health information privacy that apply in Sweden.
9. 9. The database does not host any advertisements.

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