Obtaining Biorepository 'Front Door' Consent in the Pre-op Anesthesia Clinic to Benefit Patients, Protocols, and Pre-Op Staff
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Background: Our cancer center maintains a successful central biorepository and a “front door” consent mechanism for the collection of residual biospecimens to support it. While a consent rate of 100% at registration is neither possible nor desirable, optimization of resources, service to the research community, and patient education and comfort with the research process is. Our cancer center successfully integrated research administration staff in the Pre-op Anesthesia Clinic to accomplish these goals. A collaborative agreement was reached with Pre-op Administration to permit full time placement of a Research Program Coordinator in the clinical setting to obtain “front door” consent from unconsented patients. Salary, furniture, and supplies were provided by Research while Pre-op provided space and limited staff support. The primary concern expressed by Pre-op Administration was potential interruption of clinical function. Patient comfort and perception of Research Staff as part of the clinical team were the primary concerns of Research Administration.

Findings: Mechanisms evolved for relaying targeted patient arrival and departure information between groups. Consent typically occurred as patients waited for Pre-op appointments and in a private setting, where they could be quickly accessed for return to the clinic, even with consent in progress. Research staff allowed patients ample time to ask questions and discuss the protocol, consent process, or personal concerns. More than 8,200 patients were consented in Pre-op in six years. Daily metrics included patient number targeted, consented, declined, and approached, but not informed (with reason). Strong bonds developed between Research and Pre-op staff as each refined mechanisms for assisting patients and each other. Daily metrics were monitored and shared. Brainstorming sessions were held with Pre-op and Research staff together as needed for process improvement. Direct observation of the consent process took place periodically. Annual performance statistics were provided to Pre-op staff. Patients appreciated time spent outside of the waiting room, information regarding research participation, and the opportunity to tell a personal story or relay frustration to someone who could provide direction to appropriate assistance.

Utilization of investigators’ research staff was reduced and biospecimen collection was increased due this effort. A formal mechanism for obtaining research consent in a non-traditional setting can be established at any institution with stakeholder support. Future cancer center program plans include expansion of the “front door” consent to include non-residual biospecimens and consent in remote locations where this program will again be utilized.