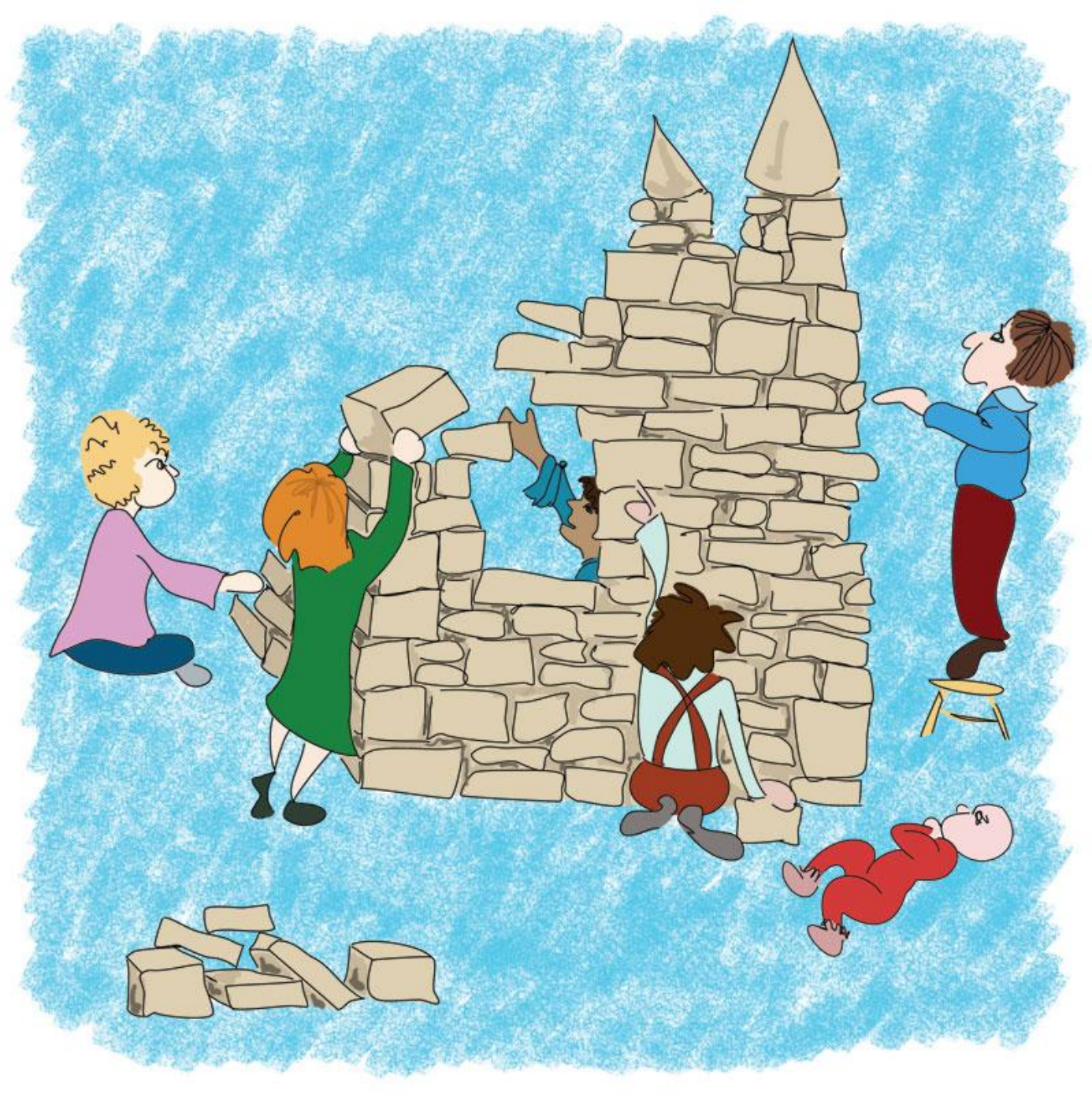
EGAN
Patients Network for Medical Research and Health



Patient Registries: Frequently Asked Questions

Foreword

A registry is an organised system in which uniform data are collected for a predefined purpose. Registries of patients and/or healthy volunteers are important for assessing the prevalence and development of diseases. They can not only be used to determine the relationship between different aspects of lifestyle health, but also to quickly identify patients that could participate in a clinical trial. Therefore, the use of patient registries in healthcare research is very important.

Patients and healthy individuals will increasingly be asked for their participation by allowing the inclusion of their personal information in registries. These people might have questions regarding the registry as privacy protection or the use of their personal information in research. The following document aims to make it easier for individuals to participate in registries by answering the questions frequently posed by these individuals. The document, therefore, focuses on registries for clinical and scientific research.

The answers given to these questions are inevitably general. They may not apply in every detail to any particular registry. If there are any questions we suggest asking and discussing them with a representative before proceeding.

The current booklet is a result of the collaboration between the European Genetic Alliances Network (EGAN) and Roche. We hope that the following information contributes to the clarification of the aims and purposes of registries, in order to help promoting an informed engagement by patients and from healthy citizens.

We look forward to receiving any comments and suggestions for the improvement of this leaflet. Please send them to egan@egan.eu and we will endeavour to incorporate them in any future revision of this leaflet.

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1. What is a registry? What kind of information is stored in a registry?

A registry contains personal and medical information on healthy individuals or patients. The present document focuses on population-based registries. In these registries data on a predefined population of patients are being recorded. This population can, for instance, consist of all individuals that live in a certain region, patients with a specific disease or identical twins. These registries include a defined protocol and aim at facilitating research and therapy development. Patient treatment records, however, pursue further objectives, which will not be covered by this paper.
Information that might be stored in a registry could be among others:

- Personal characteristics of the patient: age, gender etc
- Disease history of the patient and current diagnosis (including, if relevant, the specific gene or chromosomal mutation that has contributed to the development of the disease)
- Treatments and medication given
- Clinical outcomes of treatment

Data can be registered by medical specialists, companies, patient organisations, or patients themselves. They usually consist of a limited set of required indicators (needed to achieve the primary aims of the registry) and a more comprehensive set of additional 'nice-to-know' indicators.

2. Which types of registries exist?

There exist different types of registries depending on the:

- Ownership/custodianship: academia, company, patient organisation
- Volunteer group/group of participants: population based (for instance all newborns, twins, or adults) or disease-based (including only those with a specific disease)
- Size: disease group (ranging from rare to common), region, state wide, or national

For instance, the Dutch Generation R registry is an example of a registry in a Dutch region, in which growth, health and the development of children from early conception until adolescence is monitored. A different example is the TREAT-NMD registry on neuromuscular disorders. TREAT-NMD is an EU-wide initiative in which patient organisations, academia and industry participate together to assess the feasibility of clinical trials, to facilitate their planning and to support the enrolment of patients in clinical trials. Using the collected information in the registry enables organisations to quickly find suitable patients for a particular trial.

3. What are registries used for?

Registries can be used to gain an overview of the patient population and its characteristics. This information can be used to more efficiently organise clinical trials. Especially in the case of rare diseases, registries have an important added value as they can be used to obtain insights into the incidence of a disease.

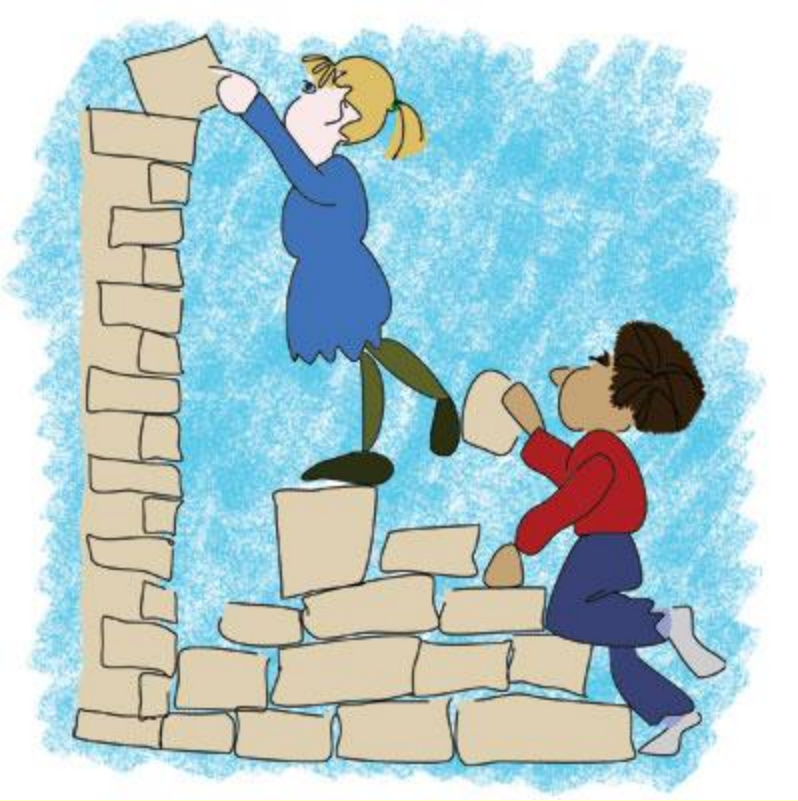
When information on patients included in a registry is updated regularly over time, additional opportunities for research are enabled:

- Generation of new knowledge on the natural course of a disease
- Identification of prognostic factors: how to predict the course of the disease?
- Determine the appropriate time for therapeutic intervention
- Evaluate the long term effects of treatments (desired as well as negative side effects)

Before data are being collected, it is often difficult to provide information on the specific objectives of research that have been achieved using the registry. Registries need to have flexible structures that can be adjusted over time. Especially when a new treatment has been developed registries need to be adaptive.

4. How big is a registry?

The number of participants that a registry needs depends on the research questions that scientists seek to answer. All medical research results depend on an appropriate statistical analysis. To come up to conclusions that are reliable and not accidental it is always necessary to examine a significant number of cases in each patient group (for instance when groups of patients with different forms of a disease are examined). Generally, the more complex a research question is, the bigger the number of participants needs to be. Usually, the sizes of a study range from less than 100 participants to several thousands. Registries on rare diseases cannot be large, but are most useful if they cover a high proportion of patients affected by the respective condition.



5. Is a patient registry equivalent to a biobank?

No, a patient registry is not equivalent to a biobank, but they can be complementary as they contain information that is mutually helpful in carrying out research. A patient registry can contain data and information on patients, patient populations, patient groups and sub-groups, as well as general health care information, mortality and hereditary data. It does not, however, involve any body material whereas a biobank will contain similar data, but also human tissue samples, and/or a variety of body fluids. Information between a patient registry and a biobank can usually only be shared with a patient's consent and when subject to the limitations imposed by appropriate ethical review.

6. Why are registries important for patients?

Registries can provide insights from which patients may directly benefit. For instance, disease-specific registries can be used to generate new knowledge on the natural course of a disease. This can be informative for patients as they will be better able to anticipate on the future progression of their disease. Moreover, registries can increase the effectiveness of clinical trials and facilitate the participation of patients in such trials.

7. When is it worth joining a registry?

Since the answer to this question is a very personal one, each person has to make his/her own decision. No one can make the choice for them. The decision should be well-considered and potential participants should ask any questions that have an impact on their decision prior to an agreement. Particularly, a consultation with their personal physician might be helpful in resolving any anxieties concerning participation.

8. How can I join a registry?

Registries are often set up to include a specific type of patient with a specific disease. When an appropriate registry is available, participation occurs on a voluntary basis and usually with the intervention of a physician or patient organisation. Prior to joining a registry a patient needs to be adequately informed about the registry, for instance about privacy protection measures and the goals of the registry. Subsequently, he or she needs to give his or her consent to the storage and use of data for research.

There are also several worldwide initiatives that patients can voluntarily join without the intervention of a physician or patient organisation. Such initiatives should be transparent about their procedures in regard to subscribing, in order to ensure that patients are aware of what they are signing up to.

9. Can someone find out if he/she is eligible to join a registry?

Generally, a person will be asked directly by his/her healthcare provider or patient organisation for participating in a registry. If someone wishes to proactively volunteer, then the internet is the best source of information on registries operating in his/her local area. Examples of websites of some registries are given at the end of this brochure. Disease specific patient organisations are also excellent sources of information about registries.

10. Can the participant withdraw from a registry after having joined it?

The right to withdraw, the derived implications and limitations (for instance, with regard to use of data prior to withdrawal) should be fully explained when a patient or healthy volunteer decides to participate in a registry.

Participants can withdraw from a registry at any time, as long as anonymisation has not taken place. Information that is stored in the registry and can be ascribed to the participant will then be destroyed. Research for which the information has already been used cannot be modified. The information of a participant that has withdrawn will remain part of this research.

11. Are there any negative implications for a person deciding not to join?

A cancellation of participation after having joined the registry on a voluntary basis will have no influence on the healthcare that a patient receives in the present as well as in the future.

12. Can children be included in registries?

Specific consent procedures apply when including information on children in a registry. The regulations on this issue may differ for different countries, and must be transparently communicated before inclusion. Depending on the age of the patient, his or her parents or legal guardian may need to consent to the inclusion of information in the registry. In the case of rare disorders, including children in registries will often be necessary for the research.

13. Do patient organisations play a role in registries?

As registries can provide insights that can be to the benefit of patients, patient organisations are generally interested in contributing to registries. Patient organisations can be initiators of registries as they have insight and contact with the patient population in the respective region or country where they operate. They can also support existing registries by arranging their long term financial stability, through grant applications, by making financial contributions and by doing lobby work. Patient organisations frequently communicate the results of their research using registries.

14. How long are registries set up to run for?

Registries on patient data should be set up for a longer period of time yet adaptive to reap the potential benefits. Therefore, they should be considered as infrastructures rather than projects. While most registries serve as an indefinite storage space for data there are some registries that store data for a limited period of time. Information on this issue should be available to all participants. Unless an anonymisation has taken place patients always have the right to withdraw their data from the registry regardless of the life time of a registry.

15. Are registries expensive?

The costs of registries vary widely according to the amount of data that needs to be registered and the number of participants. The costs of registries include setting up and maintaining the infrastructure. Health care practitioners differ in their willingness to enter data into registries and in their compensation. This compensation consists of a fee that often needs to be given for their efforts to ensure the storage of sufficient data.

16. Are there any limits to the research that can be done?

Registries are often set up for a specific research goal. The data that is being gathered or compiled helps to achieve that goal. The goals of a registry can also be more broadly defined. In general, a balance is sought between broad and narrow consent. While a more narrow consent restricts research opportunities, a broad consent reduces a patient's controls over the use of their information. Not all possible future uses of information can be specified beforehand. The nature of the consent provided defines the research that may be performed. Registries often have an oversight committee that is responsible for approving requests for information for a specific research. Patient representatives may also play a role in such a committee.

17. Can a participant object to a particular type of research?

Sometimes participants have the opportunity to object to the use of their information for specific types of research during the informed consent procedure. However, such constraints are often considered to lead to a high level of bureaucracy and administration without the certainty to record them. In such cases, objection to specific types of research will be interpreted as a general objection to participating in the registry.

18. How is the privacy of registry participants protected?

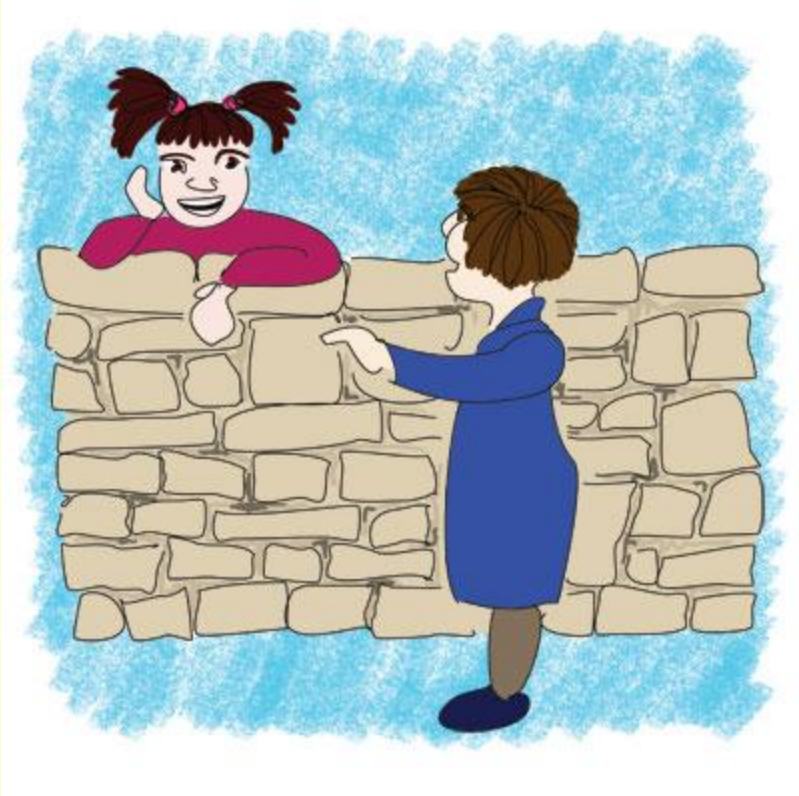
Data contained in registries are usually treated confidentially. Usually, data stored in a patient registry are coded. The key to unravelling the code is kept separately mostly by a trusted third party or by the person who has collected the data. Information on the protection of privacy should be given to potential participants prior to their decision to participate. Full anonymisation of data kept in registries is not considered to be favourable as this impedes quality control.

19. Who will have access to data which is stored in patient registries?

Arrangements in regard to access to data differ for different registries. As part of the informed consent procedure that takes place prior to the inclusion of a patient in a registry, the patient should be informed about who will have access to the data and under what conditions. Such organisations may include academia, industry, health care professionals etc. It is likely that a registry charges a fee for access to data. Registries should be transparent in regard to their fee structure and sufficiently inform patients about this issue. Researchers that need data in order to address a specific research question often have to apply for access. Usually, registries have a committee that decides on applications for data access. Such a committee checks among others whether the objective of the research is in accordance with the objective of the registry or not.

20. Do participants have access to their personal information stored in a registry?

Usually participants themselves obtain access to their data that are stored in a registry or they can request copies of their data stored. The specific regulations should be clearly communicated and part of the informed consent procedure.



21. Who owns the data in a registry?

The answer to this question depends on the country in which the registry is located. For instance, in the Netherlands data cannot be owned according to the Dutch law. However, the organisation or person that manages the database is held accountable for appropriate use of the information. This organisation or person should act as a custodian rather than an owner. Data sharing and an effective use of available data should be pursued.

22. Do healthcare companies have registries?

Healthcare companies can also maintain registries. In fact, they need registries in order to do post-marketing surveillance studies. To run a registry, healthcare companies have to comply with the same standards regarding privacy and control of patients in terms of data stored in a registry as public sector organisations.

23. Can healthcare companies obtain data from public sector registries?

The answer to this question depends on the specific provisions of the registry. Whether or not registry data are available for industry can differ for each registry. In general, a good part of research for new therapies or drugs is done by the industry. Providing access to data for industry may therefore be beneficial for research and patients. A registry can also be the result of a collaboration between a healthcare company and a public sector organisation.

24. Can insurance companies or the police gain access to data on individuals included in a registry?

Information stored in a registry is kept strictly confidential. The information is stored either anonymously or coded and can therefore not be disclosed accidentally as all information that could lead to identification of the individual has been removed. If the data are coded, a key is needed in order to re-identify the participants. This implies that in Europe and the US, data privacy regulations as well as other legislation prohibit the transfer of medical information to others, such as insurance companies. The police can only access information stored in a registry if a court order is issued.

25. Will participating in a registry give a participant any direct benefits such as medicinal care or a financial reward?

The donation of information to a registry is normally voluntary and undertaken for altruistic rather than monetary motives, namely to help bring research forward and improve healthcare. Generally, doctors and patients will be reimbursed for any expenses - such as travel expenses - but there will not be any direct benefits for patients in terms of treatment. However, since research serves to generate new knowledge, the ultimate aim is to improve healthcare.

26. Will participants be informed about the results of research conducted on registries?

Each registry follows its own arrangement regarding the communication of results to participants. However, for reasons of data protection and confidentiality, data are anonymised or coded when they are used for research. It is therefore not possible for a researcher to communicate directly with a patient. Important results on the effectiveness of (new) treatments or prevalence of a disease will often be available through the relevant patient organisation. General information may also be published by the registry itself, for instance on its website. Potential participants of a registry should be informed about the possibilities to access the results of research.

Research working with registries is not likely to lead to important incidental results that require urgent medical attention of the patient. However, test results which generate the information that will be included in a registry may be relevant for the patient. When these tests are not part of the patient's routine treatment (and their results will not be automatically communicated to the patient), the registry's policies must be transparent on what kind of information is returned to the patient, why and how.

27. How is the provision of further information organised?

Once a person has agreed to provide information for a registry it is possible that this person will not receive any further news. Some registries provide newsletters and other general updates to participants to keep them informed about progress. General findings of a study may also be reported in the media. Each registry has its own policy for communicating further information.

28. What happens if patients want to join a clinical trial but do not agree with providing any information for further research to a registry?

Participating in a clinical trial implies that a researcher needs to register certain information during the course of the trial. Therefore, the information needs to be stored for considerable time afterwards. However, this information can only be used for this specific trial. When giving his/her consent for a clinical trial, a person may also be given the opportunity to agree separately to provide information to a registry that can be used for other research in the future. In the vast majority of cases, a person's decision not to use the registry for further research has no impact upon his/her participation in the current clinical trial.

29. What happens when a registry closes down?

Normally, in the event that a registry needs to close down, all information it contains will be deleted. As soon as the objective that had led to the establishment of the registry is no longer considered relevant, or the costs of maintaining the registry in practice exceed its benefits, it can occur that a registry closes down. When the registry is transferred to another organisation, the new organisation must make sure to comply with the original consent given by the participants.

Resources for Guidelines, Regulations and Policy Issues

Directive 95/46/EC on the protection of individuals with regard to the processing of personal data and on the free movement of such data

Directive 96/9/EC on the legal protection of databases

Report of the EPPOSI workshop on patients' registries for rare disorders 18-19 March 2009

TREAT-NMD registry information: www.treat-nmd.eu

Cystic Fibrosis Registry: www.cff.org/

Patients like me: www.patientslikeme.com

Gliklich RE, Dreyer NA, eds. Registries for Evaluating Patient Outcomes: A User's Guide. (Prepared by Outcome DEcIDE Center [Outcome Sciences, Inc. dba Outcome] under Contract No. HHSA29020050035I TO1.) AHRQ Publication No. 07-EHC001-1. Rockville, MD: Agency for Healthcare Research and Quality. April 2007
http://www.effectivehealthcare.ahrq.gov/repFiles/PatOutcomes.pdf

illustration: Rebecca J Kent www.rebeccajkent.com