RESEARCH LETTER

Moral Concerns and the Willingness to Donate to a Research Biobank

Research biobanks are increasing in number and importance, with great potential for advancing knowledge of human health, disease, and treatment. Recruitment of donors is vital to their success and relies largely on blanket consent, in which donors give one-time permission for any future research uses of their coded specimens. This approach to consent has been endorsed recently in proposed changes to federal regulations.2

Previous studies suggest that donors may have moral, religious, and cultural concerns about the use to which their specimens are put, which may affect their willingness to give blanket consent.3,4 These earlier studies, however, used convenience samples unrepresentative of the US population.

Methods | The institutional review boards at the University of Michigan and Michigan State University approved this study as exempt. Between June 18, 2014, and June 30, 2014, we used the GfK KnowledgePanel (a probability-based online panel of adults aged 18 years or older, designed to represent the civilian, noninstitutionalized US population) to field a survey examining associations between moral concerns and the willingness to donate to a biobank.

Respondents read an introductory description of a fictional biobank and then used a 6-point scale—from strongly agree to strongly disagree—to indicate their willingness to donate, first using blanket consent and then “even if” their samples might be used in each of 7 potential research scenarios presenting moral concerns. We then gave respondents short descriptions of the benefits and consequences of 5 methods of gaining consent and asked them to indicate which were the acceptable, best, and worst options.

All analyses were weighted to correct for the stratified sampling designs and other sources of survey errors including non-response and noncoverage. We used conditional logistic regression to compare willingness to consent with blanket consent vs other scenarios. Analyses were done using Stata version 13.1 (StataCorp); all tests were 2-sided, with a threshold of \( P = .05 \).

Results | After excluding 39 surveys with nonresponses to at least half of the substantive survey questions, our final analysis included 1599 participants, resulting in a response rate of 60.2% (1599 of 2654 participants). Respondents were older (51 years vs 45 years for nonrespondents), were more commonly white (82% vs 75%), and had higher levels of education and household income (eTable in the Supplement).

Table 1. Willingness to Give Blanket Consent at Baseline and for 7 Potential Research Scenarios Raising Moral Concerns

<table>
<thead>
<tr>
<th>Blanket Consent</th>
<th>Total</th>
<th>Agreed</th>
<th>% (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>At baseline: “I would donate tissue samples and medical information to the biobank, so that it can use them for any research study that it allows, without further consent from me.”</td>
<td>1593</td>
<td>1122</td>
<td>68.0 (65.5-70.5)</td>
<td>.05</td>
</tr>
<tr>
<td>Under research scenario: “I would donate tissue samples and medical information to the biobank, so that the biobank can use them for any research study that it allows, without further consent from me even if researchers might use donations to…”</td>
<td>1588</td>
<td>790</td>
<td>49.5 (46.9-52.1)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>...develop more safe and effective abortion methods.</td>
<td>1592</td>
<td>1066</td>
<td>64.2 (61.6-66.8)</td>
<td>.007</td>
</tr>
<tr>
<td>...develop kidney stem cells. They would then try to grow these cells in a pig embryo that would grow into an adult pig with human kidneys. The goal would be to grow kidneys or other organs that could be transplanted into people.</td>
<td>1591</td>
<td>912</td>
<td>55.2 (52.6-57.8)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>...develop patents and earn profits for commercial companies. Most new drugs used to treat or prevent disease come from commercial companies.</td>
<td>1591</td>
<td>1151</td>
<td>70.1 (67.6-72.6)</td>
<td>.17</td>
</tr>
<tr>
<td>...develop stem cells that have the donor’s genetic code. These could be kept alive for many years. Scientists might use these stem cells to create many different kinds of tissues and organs for use in medical research.</td>
<td>1590</td>
<td>918</td>
<td>56.6 (53.9-59.2)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>...create vaccines against new biological weapons. The government might need to develop biological weapons of its own when it does this research.</td>
<td>1591</td>
<td>1042</td>
<td>64.0 (61.5-66.6)</td>
<td>.005</td>
</tr>
<tr>
<td>...understand the evolution of different ethnic groups, and where they come from. What they learn might conflict with some religious or cultural beliefs.</td>
<td>1591</td>
<td>946</td>
<td>58.1 (55.5-60.7)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>...discover genes that make some people more violent. This could lead to ways to reduce violent behavior. But if these genes are found to be more common among some racial and ethnic groups, this might increase prejudice.</td>
<td>1592</td>
<td>1066</td>
<td>64.2 (61.6-66.8)</td>
<td>.007</td>
</tr>
</tbody>
</table>

* Excluded those who refused to respond to each question.
1 Selected 4, 5, or 6 on a 6-point scale (1 = strongly disagree and 6 = strongly agree).
2 Percentages accounted for poststratification weights.
3 From comparisons between willingness to consent under each scenario vs willingness to first give blanket consent, using conditional logistic regression with survey weights. Each conditional logistic regression model used paired binary willingness responses (under each scenario and under blanket consent) from each participant as the dependent variable, and the \( P \) value was from testing for the significance of the parameter estimate of the indicator for the scenario (vs blanket consent).
4 Descriptions of scenarios as presented to respondents.
Using blanket consent, 68.0% (95% CI, 65.5%-70.5%) were willing to donate. In all but 1 scenario, moral concerns were associated with a significant reduction in willingness to donate (Table 1).

When asked about different approaches to gaining consent, 43.6% (95% CI, 41.1%-46.0%) of respondents found the blanket consent method to be unacceptable, and 37.8% (95% CI, 35.3%-40.4%) said blanket consent was the worst among 5 policy options. Specific consent, in which donors are asked to consent to each study using their specimen, was considered the worst option by 45.0% (95% CI, 42.4%-47.6%) (Table 2).

### Discussion

As shown in previous studies, survey documented that members of the general population are willing to donate to biobank research. Most respondents were willing to donate using a blanket consent. However, willingness to donate waned when they were informed of possible uses of their specimens that raised moral concerns. As recruitment of donors becomes more widespread, such concerns may need to be addressed to moderate possible effects on donation rates.

Respondents’ preferences toward biobank consent options are also noteworthy. Specific consent, the option that gives donors the most control over potentially concerning uses, was the least preferred option. But blanket consent, the option currently in widespread use, was not far behind. This suggests that an adequate approach for dealing with donors’ moral concerns may lie between these 2 extremes.

Limitations include a response rate of 60%, with respondents and nonrespondents differing on some characteristics that may introduce bias. Because respondents may be more in favor of research, the association between moral concerns and decreased willingness to donate may be a conservative estimate. Also, respondents’ views were based on brief scenarios rather than on detailed understanding of the issues. Deliberative engagement with citizens may deepen understanding of public opinion regarding biobank policy.

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Heterogeneity in Meta-analysis of FDG-PET Studies to Diagnose Lung Cancer

To the Editor Dr Deppen and colleagues conducted a large meta-analysis that showed the limitations of lung cancer diagnosis using fludeoxyglucose F 18 combined with positron emission tomography (FDG-PET) in areas with endemic infectious lung disease. Although the sensitivity and specificity of FDG-PET diagnosis was heterogeneous across the included studies, thereby compromising interpretation of the pooled results, the relevance of presenting an F statistic to underscore and interpret the extent of the heterogeneity should be questioned.

The large reported F values may be an artifact of their chosen measure (proportions) and may not solely reflect important clinical or contextual sources of heterogeneity. The F statistic is perhaps the most popular method to assess the extent of statistical heterogeneity within meta-analyses, mostly due to its uncritical promotion within the Cochrane Collaboration. The study by Deppen et al demonstrates an overreliance on the F statistic and its interpretation that can sometimes be misleading. The value of the F statistic is not only a product of between-study variability, it is also influenced by the precision of study estimates, which, for proportions, is a function of sample size and the number of events of interest.

If the actual proportions in the individual studies and the between-study heterogeneity, typically denoted by τ², are kept constant, but sample sizes are increased, then the F will increase. A quick eyeball test for heterogeneity in the study by Deppen et al suggests larger heterogeneity for specificity rather than sensitivity (Figure 2 in the article); however, the F statistic (82% for specificity and 87% for sensitivity) suggests otherwise.

When the F statistic was first reported, Higgins et al suggested cutoffs to describe heterogeneity qualitatively (eg, >75% is high). Their benchmark was based on comparative measures (eg, odds ratios), and these behave differently than proportions. More specifically, given equal sample size, the variance of a proportion is smaller than the variance of an odds ratio; therefore, the F statistic will tend to be larger for proportions.

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Disclaimer: The ideas and opinions expressed by Dr S. Kim in this article are his own; they do not represent any position or policy of the National Institutes of Health, the Department of Health and Human Services, or the US government.

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COMMENT & RESPONSE

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