
SOP for consenting Hepato-Pancreatico-Biliary (HBP) patients for bio-bank

Lead Organisation: iMATCH

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Division of Cancer Sciences
Standard Operating Procedure
(Version 1.0)
iMATCH: tissue collection from HPB patients
(Adapted from iMatch WP2.2)
Revision History

Number	Date	Reason for Change
1.0	18/1/22	

Prepared By:	Checked By:	Authorised by:
Signed: Dominique Jones	Signed:	Signed: Edmondson



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Print:	Print:	Print:
Date: 18/1/22	Date:	Date: 21/2/22
Date of next review: 27.6.25	R. Edmondson No changes to content	Signed: R. Edmondson



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Consenting HBP patients for bio-bank.

- Patients can be identified at the Liver mets MDT, which is held every Wednesday at 13.30 in the seminar room, second floor, Radiology MRI. This is off the main hospital corridor (ground floor) near the ED (there will be a sign for X-Ray). Go through the waiting room and follow the signs for the seminar room. The liver mets MDT co-ordinator is Ian Hartnell; hpb.mdt@mft.nhs.uk – email this address to request being added to the MDT mailing list for agendas and MDT summary.
- For the colorectal MDT, the co-ordinator is Craig Ferguson, Colorectal.mdt@mft.nhs.uk. The MDT is held on Fridays at 13.00 on the same place as above.
- Patients tend to cycle round a system of clinics, treatments and MDTs- MDT is frequently updated over the months of treatment, with liver resection recommended numerous times before it is carried out.
- Clinic appointments for identified patients can be found on Chameleon or Medisec.
- Clinic involves a consultation with a clinician, followed by consultation with CNS.
- Pre-op is usually arranged separately, reducing the time and information load on the patient. However the CNS feels research consent will be too much for patients on the day of clinic.
- Patients may also attend surgical school and for a CPET if clinically required.
- CNS is happy to give PIS in clinic and recommends patients be approached on the ward on day of surgery. She is aware Prime will not accommodate this should this start with colorectal liver mets patients and that patients will need to be approached in advance of admission.
- D/W Richard. For GCP consenting should be well in advance of surgery if possible. PIS to be given in first clinic, pre-op date will be arranged by the CNS and added to Chameleon. The surgery school date is also added to Chameleon, but this is optional and patients may DNA.
- If NACT is given then surgery will be conducted a minimum of four months after the final cycle.
- **If the patient needs to be seen on the ward-** Patients are admitted to the ward on the evening prior to surgery. They are placed on which ever ward has availability. The bed is allocated on the day of admission. The Surgical Bed Manager can be contacted to identify which ward the patient has been allocated. Chameleon will also have details once the patient is admitted. Bedman access can be obtained



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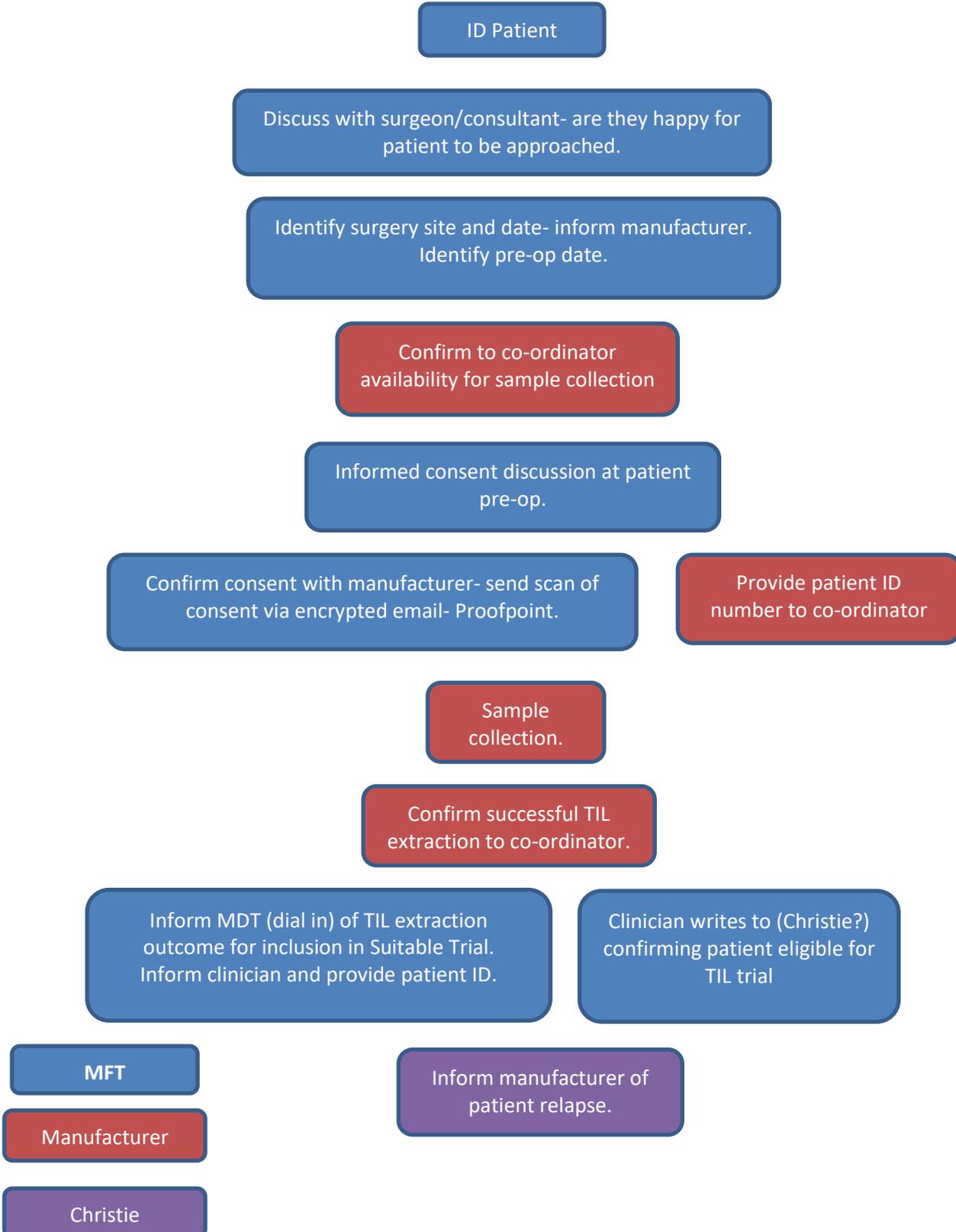
through the IT helpdesk (General IT request). Training on Bedman is provided via the e-learning portal.

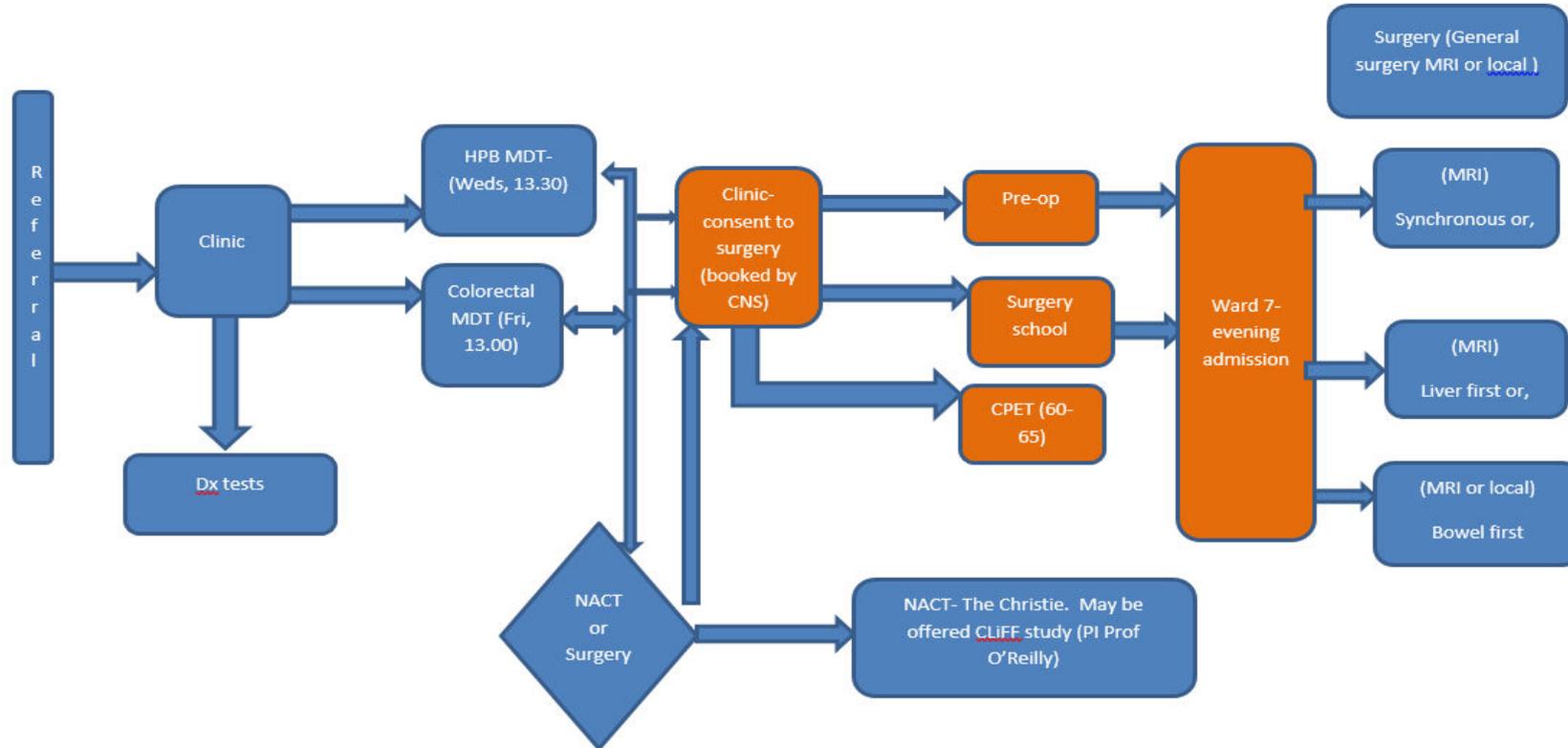
Who requests the bed on Bedman? How is the patient informed at short notice where to attend?



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Colorectal liver mets communication pathway.





Colorectal liver mets pathway, Manchester Royal Infirmary.