

**NCCTG Policy for Storage and Use of Biospecimens at the NCCTG Research Base,
Mayo Clinic, Rochester, Minnesota**

The information provided in this document outlines the storage and use policies regarding biospecimens obtained from patients enrolled in clinical trials coordinated by NCCTG, and/or for which biospecimens will be stored at the NCCTG Research Base.

Please note, this information is only applicable to trials that specifically state that biospecimens will be stored at the NCCTG Research Base. If there are questions regarding where samples will be stored for a particular trial, the NCCTG Protocol Development Coordinator for that trial should be contacted.

NCCTG BIOSPECIMEN REPOSITORY

NCCTG has two main types of biospecimens:

- 1) paraffin-embedded tissue including tissue blocks, slides and tissue microarrays, and
- 2) non-paraffin-embedded tissues including blood products (e.g., whole blood, plasma, serum, DNA, etc.), urine, saliva, buccal mucosa cells, and frozen tumor tissue

The NCCTG Pathology Committee is responsible for the administrative oversight of the NCCTG Research Base repositories.

STORAGE OF NCCTG BIOSPECIMENS

All specimens are stored at Mayo Clinic in Rochester, MN. Appropriate laboratory protocols and equipment for preservation of the biological materials will be utilized. Continuous monitoring of temperature and appropriate alarm systems are employed on all storage refrigerators and low-temperature storage units. Materials are stored in clearly designated locations and access to biological material storage areas is restricted to authorized personnel only. All laboratory personnel with access to these materials are required to sign a Confidentiality Agreement and to complete the Mayo Training Program for Protecting Human Subjects (MTP-PHS). Mayo Clinic policy requires that all personnel engaged in human subject research update their MTP-PHS training every two years.

Additionally, direct patient identifiers (e.g., name, address, SSN) are not stored with the NCCTG biospecimens; therefore, samples cannot be directly linked to a specific individual. Biospecimens cannot be accessed without express written (including electronic) permission of NCCTG (e.g., minute excerpt from NCCTG Concept Review and Prioritization Committee meeting approving biospecimen use). Samples will be retained in the NCCTG Biospecimen Repositories indefinitely unless the patient withdraws consent for storage and use of their specimens for translational research (see “Informed Consent” section below).

Paraffin-embedded tissue blocks and slides are stored at room temperature in secured storage. Approximately 2,000 slides and 1,000 tissue blocks are received and stored annually for the purposes of correlative research projects. The slides and blocks are catalogued and stored by protocol number, patient/participant study identification number, and block accession number.

All other specimens, including blood and blood products/derivatives (e.g., plasma, serum or DNA), urine, saliva, buccal cells, frozen tumor tissue are stored in -70°C freezers with restricted access. Approximately 5,000 non-solid tissue biospecimens are received and stored annually for the purposes of correlative research projects. These specimens are stored by study number and are stored with a code that does not include any patient/participant identifiers. The code can be linked to the patient/participant study ID number through a password-protected study database.

USE OF NCCTG BIOSPECIMENS

Administrative Issues

Translational research concepts may be submitted by investigators from any institution. Proposals are reviewed by the NCCTG Concept Review and Prioritization Committee, either as a component of the clinical trial proposed or as a proposal separate from a clinical trial. The concept must be approved by the principal investigator(s) of the associated clinical trial(s) or the appropriate surrogate, as well as the disease committee chair and the NCCTG statistician assigned to the disease committee and concept submitted. Since only concepts designed to investigate associations between laboratory and clinical outcomes are appropriate for use of the NCCTG Biospecimen Resources, the clinical trial(s) principal investigator(s) or appropriate surrogate and NCCTG statistician will be expected to participate in concept and protocol development, data analysis, and reporting of results.

Specimens are available to collaborating scientists after receipt of a fully executed protocol, including IRB approval. All investigators must provide a statement outlining potential financial conflict of interest as outlined in the NCCTG Conflict of Interest Policy. Review of conflict of interest will be the same for non-NCCTG as for NCCTG investigators.

Approval from other oversight committees, such as the NCCTG Administrative Committee, NCCTG Scientific Coordinators Committee, or specific Intergroup Tissue Banking Committees, may also be required. The request may also be submitted to the National Cancer Institute (NCI), if required, for approval from the Cooperative Group Banking Committee (GBC).

Collectively, these groups will be responsible for directing the collection, processing, shipping, storage, and tracking of biospecimens at the Research Base. In addition, these groups are responsible for governing proposal reviews for specimen utilization, distribution of specimens to collaborating investigators, compliance with regulatory policies regarding utilization of human specimens for research purposes, and development of new methods of biospecimen analyses.

CONCEPT REVIEW CRITERIA

NCCTG Concept Review Guidelines

Overview: The purpose of preparing a concept for an NCCTG trial is to provide a sufficiently detailed scientific rationale and statistical plan so that the merits of the proposed study can be judged. The following questions will be addressed as the concept is being considered:

1. Is the question clinically and scientifically important (does it meet a critical need or fill a gap in the science)?
2. Is the scientific rationale strong?
3. Is the proposal innovative?
4. Is the proposal methodologically sound?
5. Is the proposed study feasible?

Specific components to be included:

1. A sufficiently detailed biological and clinical rationale, including appropriate references, that demonstrate the scientific merit of the proposal.
2. A sufficiently detailed statistical plan to address the primary endpoint and major secondary endpoints.
3. A planned trajectory for future studies if the proposal itself cannot be expected to provide definitive results.

Prospective Tissue Collection

All concepts for cancer treatment clinical trials, including concepts requesting tissue specimen collection for specific hypothesis-driven studies or for tissue banking, are reviewed by the NCCTG Concept Review and Prioritization Committee.

Multidisciplinary input facilitates collaboration among the programs. Only those concepts deemed to be excellent or outstanding are approved for full protocol development and implementation. Concepts that have received externally peer-reviewed funding or are being submitted for such funding are given highest priority. Concepts that generate preliminary data for future external funding are given next highest priority. NCCTG agrees to abide by decisions of the Group Banking Committee and disease-specific subcommittees regarding prioritization of biospecimen utilization for studies conducted by multiple groups.

OTHER PERTINENT INFORMATION REGARDING NCCTG BIOSPECIMENS

Tracking Database

All biological materials that are collected, processed, stored/banked, and distributed shall be managed via a tracking database. The originating institution will be notified if paraffin blocks are depleted at any time.

NCCTG Assurance of Compliance with Human Subjects Regulations

For all biospecimens, the Mayo Clinic Institutional Review Board (IRB) is the IRB of record for NCCTG research base/operations office and reviews all human subject research conducted at Mayo Clinic Jacksonville (MCJ), Mayo Clinic Rochester (MCR), or Mayo Clinic Arizona (MCA) and research conducted at other facilities under the direction of MCJ, MCR, or MCA staff. A guarantee that all human subject research conducted by Mayo personnel will be

reviewed by the IRB has been given to the US Department of Health and Human Services (HHS) in a Federal Wide Assurance (FWA00005001).

Institutions participating in NCCTG research are required to have similar approvals and protections in place.

Since IRB approval is required to store samples, and IRB approval requires compliance with HIPAA regulations as of April 13, 2003, all samples will be stored in compliance with HIPAA and other confidentiality regulations (e.g. Minnesota Authorization for use of medical records in research). NCCTG does not currently have a Certificate of Confidentiality.

Informed Consent

For NCCTG studies collecting biospecimens, the consent forms contain the following three statements:

- I permit my *blood/tissue* sample to be stored and used for future research about cancer.
- I permit my *blood/tissue* sample to be stored and used in future research to learn about, prevent, or treat other health problems.
- I permit NCCTG to give my *blood/tissue* sample to outside researchers.

The patient is asked to check “Yes” or “No” for each of these statements, as well as initial and date each question. The specific patient consent responses are recorded by the enrolling site on the Eligibility Checklist and NCCTG documents responses in a research database at the time of entry to the trial. Each site is required to maintain the signed consent form in their source documentation. For the purposes of verifying patient consent, NCCTG may collect copies of signed patient consent forms. If this collection is done, the consent forms will be stored in a controlled environment that allows access to authorized persons only. Before specimens are released to investigators, NCCTG verifies appropriate patient consent in the research database.

If NCCTG is notified that a patient withdraws consent for use of her/his biospecimens for current research, that patient’s samples will be destroyed or returned to the originating institution, as applicable.

If NCCTG is notified that a patient withdraws consent or refuses to allow storage for future research, that patient’s samples will be used as intended in the study, and upon study completion, any remaining samples will be destroyed or returned to the originating institution, as applicable.

Financial Issues

There will be no commercial dealing involving human biospecimens.

NCCTG may require payment from investigators requesting biospecimens to recover costs incurred by the NCCTG Research Base Biospecimen Repositories. Examples of such costs include the costs for the retrieval, processing, storage, and distribution of biological materials to the requestor.

Patients will not be paid and can not be billed for storage and/or use of their biospecimens.