Monitoring the Impact of a Prophylactic HPV Vaccine on HPV Types in Cervical and Other HPV-associated Cancers: Using Tissues from Central Cancer Registries

Proposed Pilot Study Approach

v. 01/13/09

Attachment 2

SOP 102: Tissue Samples Collection, Preparation, Shipping, and Reporting
For Hospitals/Labs Submitting Tissue Blocks to a Central Path Lab

v. 01/19/09
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1.0 Scope and Applicability
This standard operating procedure (SOP) describes the methods for tissue blocks shipping and reporting. It is intended for hospitals and path labs submitting tissue blocks to a central path lab in their state for the proposed HPV Typing pilot study.

2.0 Definition
2.1 Tissue Sample Request Form: It is a form prepared by the state cancer registry (CR). CR will generate a list of selected cases for the pilot study. The list will contain the subject identifiers (for the hospital/lab to retrieve specimen) and a CR generated random case ID. The random case ID will serve as the link to the case data records and the pilot study Specimen ID. The list (random ID and case identifier info) will be sent to the participating hospitals/labs for the request of tissue sample submission. (See Attachment A for example)

2.1 Tissue Block Submission Form: This is a form designed for the submission of tissue blocks from local hospitals/path labs to the central path lab. (See Attachment B for example)

3.0 Cautions
3.1 To ensure tissue sample and data quality, project staff should follow the SOP for sample collection, preparation, shipping, and reporting.

4.0 Responsibilities
4.1 Cancer registry (CR) is responsible for identifying potentially eligible cases and working with local hospitals/path labs to determine the availability of patient’s tissue samples.

4.2 Hospitals/path labs are responsible for retrieving and shipping the requested tissue blocks to the central path lab.

4.3 The central path lab is responsible for receiving and returning the tissue blocks to the hospitals and path labs. The central lab will make cuts from the tissue block and prepare tissue sample submission to CDC.

4.4 Battelle is responsible for coordinating and monitoring tissue sample collection, shipping, and providing technical assistance as needed.

5.0 Apparatus and Materials
5.1 Zip-lock Bags with pre-labeled CR ID on each bag*

5.2 Cool Packs*
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5.3 Shipping Box and shipping materials (including overnight express shipping bill)*
5.4 Tissue Sample Request Form**
5.5 Tissue Block Submission Form*
* Item will be provided by Battelle.
** Item will be provided by state cancer registry.

6.0 Procedure
6.1 Sample Collection Criteria:
6.1.1. Formalin-fixed paraffin embedded tissue from case of invasive cancer identified by registry.*
* In situ cancer tissue samples may also be collected depending on the agreement and availability.
6.1.2. Block selection based on (1) representative histology, (2) highest ratio of tumor to non-tumor tissue in block, (3) minimal necrosis, (4) best preservation, (5) sufficient residual tissue for an additional six 5-μm sections to be taken from block. Biopsy samples should be selected in preference to blocks from resections if criteria can be met.
6.2 Tissue Block Submission and Reporting:
6.2.1 Hospitals/path labs will retrieve the subject’s tissue sample and submit the tissue sample to the central path lab according to the SOP.
6.2.2 The tissue block will be shipped in the container provided by Battelle. Battelle will provide a zip-lock bag for each subject’s tissue sample. There will be a CR ID label on each zip-lock bag. The cancer registry will send you a Tissue Sample Request Form with a CR ID assigned to each subject. Please use the zip-lock bag with the correct CR ID Label for each subject. Put the tissue block sample box/cassette in the zip-lock bag. Use one zip-lock bag for one subject’s tissue sample.
6.2.3 Please record the subject’s CR ID (per Tissue Sample Request Form) on the Tissue Block Submission Form.
6.2.4 Please check the box (Yes or No) to indicate if the subject’s tissue sample is available. Although the cancer registry will attempt to ascertain tissue availability prior to generating the Tissue Sample Request Form and assigning CR ID, we anticipate that occasionally some subject’s tissue sample may not be available for various reasons. If not all samples are submitted (e.g., inadequate sample or cannot locate the sample), please record the CR ID and check No on the Tissue Block Submission Form.
6.2.5 Please check the box to indicate the site of the tissue sample. The Tissue Block Submission Form has the following tissue sites that the pilot study may be collecting.

- Cervix
- In situ- Cervix (*Note: only from Michigan)
- Anal
- Penile
- Vaginal
- Vulvar
- H&N HPV (Head and Neck – HPV associated sites)

6.2.6 Please provide diagnosis remarks and submission remarks if applicable. **If you are submitting H&N sample, please specify the actual site in remarks.** Please record the date and time of shipping the samples, print, and sign the Tissue Block Submission Form.*

* Use the top (1st) signature block. The lower (2nd) signature block is for the central path lab use when they return the tissue block.

6.2.7 Make a copy of the Tissue Block Submission Form for your own file and send the original with the tissue sample(s) to the central path lab.

6.2.8 Sending Shipping Records to Battelle: Please fax a copy of the Tissue Block Submission Form to Battelle (919-544-0830, Attention: Natalie Madero).

6.2.9 Prepare the cool packs. Depending on the number of samples to be shipped, appropriate shipping box and cool packs will be provided by the study. Study staff should put the cool packs in a refrigerator as soon as you receive the supplies (Note: Do not put the cool packs in the freezer). The cool pack will ensure that the temperature in the shipping container does not exceed room temperature (68-78°F) during shipping.

6.2.10 Put the cool packs in the insulated shipping container and then put some shipping materials (paper towels or bubble wrap) on top of the cool packs.

6.2.11 Put the tissue sample zip-lock bag(s) on top of the shipping materials and then cover the zip-lock bag(s) with more shipping materials. Fill the empty space inside the shipping box with shipping materials.

6.2.12 Put the original Tissue Block Submission Form on top of the shipping materials. Seal the shipping container and the outer shipping box, using clear packing tape.*

* Note: We plan to recycle/reuse the shipping boxes. Using clear packing tape will prolong the life of the shipping boxes.
6.2.13 Use the FedEx airbill provided by Battelle. Complete the sender’s information. Remove the sender’s copy from the FedEx airbill for your file. Put the FedEx Bill in the mailing pouch. Remove the back of the mailing pouch and attach it on the top of the shipping box. Drop the shipping box at a FedEx station or your facility’s pickup center.

6.2.14 Shipping Containers: Battelle will provide the appropriate size of shipping container based on the number of tissue samples to be shipped by the hospital/path lab. For example, for 1-4 patient samples, there is a “mini-mailer” (small box). This should be prepared differently than the larger shipping boxes (see mini-mailer procedures below). The larger boxes (medium, large, and extra large) contain foam inner boxes and cardboard outer boxes. The medium box should hold about 5-13 patient samples and 2 cool packs; the large box should hold from about 14-28 samples and 4 cool packs; the extra large box should hold from 29 to about 56 samples with 6 cool packs.

**Mini-Mailer Procedures:** (1) place the cool pack in the bottom of the foam box; (2) place the specimens in their zip-lock bags on top of the cool pack; (3) put the cover on the box (do not use tape on this box); (4) put the foam box in the paperboard sleeve that came with it; (5) once the foam box is in the outer sleeve, place it in the large plastic FedEx Clinical Pak bag; (6) place the Tissue Block Submission Form in the FedEx bag; (7) place the FedEx airbill on the bag.

6.3 **Shipments should be made on Monday through Wednesday** to ensure that the shipment will arrive during a regular work day. Avoid shipping samples that may arrive on a Federal holiday. If you are not sure, please contact the central path lab’s coordinator (Name: ____________________). Please e-mail the central path lab coordinator and cc Battelle Team (Natalie Madero: MaderoN@battelle.org) on the shipping day to give them a heads up and to ensure that someone will be there to receive the samples.

6.4 Study Supplies: The study will provide the following supplies: cool packs, 1 labeled ziplock bag per patient, shipping box, shipping materials (including overnight express shipping bill), and Tissue Block Submission Form.

6.5 Central Path Lab Returning the Tissue Blocks: Once the tissue sample is processed and submitted to CDC, the central path lab will return the tissue block to its original hospital/path lab.

6.5.1 The central path lab will use the original shipping box and Tissue Block Submission Form for returning the remaining tissue block to its hospital/path lab.

6.5.2 The tissue block will be shipped in its original container and zip-lock bag. There will be a CR ID label on each zip-lock bag. Please use the zip-lock bag with the correct CR ID Label for each subject.

6.5.3 Please record any returning remarks if applicable; record the date and time of shipping the samples, print, and sign the Tissue Block Submission Form. Make a copy of the Tissue Block Submission Form for your own file and send the original with the tissue sample(s) to the hospital/path lab.
6.5.4 Follow the steps described in 6.2.8 – 6.2.11 to complete packing and shipping. The central lab will be responsible for the shipping cost of returning the tissue blocks. Shipments should be made on Monday through Wednesday to ensure that the shipment will arrive during a regular work day. Avoid shipping samples that may arrive on a Federal holiday. Please e-mail the hospital/path lab coordinator and cc Battelle Team (Natalie Madero: MaderoN@battelle.org) on the shipping day to give them a heads up and to ensure that someone will be there to receive the samples.

**7.0 Records**

7.1 The key of the initial data linkage is the CR ID and specimen ID. The linkage of tissue specimen and subject data is maintained locally by the hospitals/path labs and the cancer registries (CRs). The central path lab, Battelle, and CDC will not have access to any personal identifier information. CRs will not have access to the HPV typing results until Battelle releases the final database. This approach will ensure data anonymity and subject’s confidentiality.

7.2 Tissue Sample Request Form: The originals will be maintained by the CRs and hospitals/path labs.

7.3 Tissue Block Submission Form: The original will be maintained by the hospitals/path labs and a copy will be maintained by the central path lab.

7.4 All project records/documents should be maintained for 3 years after the project closeout date unless a separate procedure is specified. Project documents containing any identifier information should be shredded or destroyed after the 3-year project closeout anniversary date.

**8.0 Quality Control and Quality Assurance**

8.1 To ensure tissue sample/data quality, Battelle will monitor the tissue sample collection process and contact CRs for any collection/shipping issues. CRs will follow up with the hospitals/path labs to resolve problems/issues.

8.2 An electronic tracking system will be developed to facilitate the tissue submission and monitoring process.
### CDC Cancer/HPV Surveillance System Tissue Sample Request Form/List

<table>
<thead>
<tr>
<th>No.</th>
<th>Patient's Full Name</th>
<th>Patient's DOB</th>
<th>Patient ID</th>
<th>Cancer Site</th>
<th>CR ID (CR generated unique ID)</th>
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Requested By (Cancer Registry):

Requested Date:

Version Date: 05/22/08

Confidential Document
# CDC Cancer/HPV Surveillance System Tissue Block Submission Form

<table>
<thead>
<tr>
<th>Facility Contact Information:</th>
<th>Facility ID: Request ID:</th>
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<table>
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<tr>
<th>CR ID</th>
<th>Please Print/Write Clearly</th>
<th>Diagnosis Remarks (by hospital/path lab)</th>
<th>Submission Remarks (by hospital/path lab)</th>
<th>Returning Remarks (by central path lab)</th>
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**Is Tissue Available?**
- YES
- NO

**Tissue Site:**
- Cervix
- In situ Cervix
- Anal
- Penile
- Vaginal
- Vulvar
- H&N HPV

*If submitting H&N, please specify site in Remarks.*

**Is Tissue Available?**
- YES
- NO

**Tissue Site:**
- Cervix
- In situ Cervix
- Anal
- Penile
- Vaginal
- Vulvar
- H&N HPV

*If submitting H&N, please specify site.*

**Is Tissue Available?**
- YES
- NO

**Tissue Site:**
- Cervix
- In situ Cervix
- Anal
- Penile
- Vaginal
- Vulvar
- H&N HPV

*If submitting H&N, please specify site.*

**Relinquished by Facility: (Print Name)**

**Signature:**

**Date:**

**Time:**

**Relinquished by Central State Study Path Lab: (Print Name)**

**Signature:**

**Date:**

**Time:**