Washington University School of Medicine's Gynecologic Oncology Biorepository

Open Specimen

OSCON22

Rachel Abbott September 19, 2022



Presentation Topics

- 1. Introduce our <u>Team</u>
- 2. Explain What We Do
- 3. Describe our Workflow
- 4. Share how our lab uses Open Specimen
 - Labeling, Barcoding, Tracking, Reports
- 5. Briefly review Next Steps to enhance our processes
- 6. Suggest ideas for <u>Improvement</u>



Gynecologic Oncology Biorepository Team



Mary M. Mullen, MD Assistant Professor Gynecologic Oncology



Rachel Abbott Senior Clinical Research Coordinator



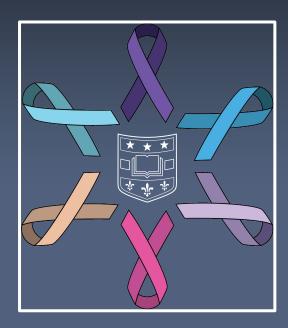
Olivia Graham
Clinical Research Technician



Jeimmy Rodriguez
Clinical Research Technician

GynOnc Biorepository Mission Statement

Our mission is to support clinical, translational and basic research focused on gynecologic malignancies through <u>collecting</u>, <u>storing</u> and <u>distributing biospecimens</u> for research purposes.

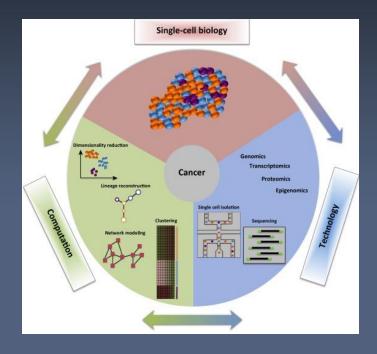


GynOnc Biorepository Services

Standard clinical specimen processing

Genomic Analysis
Traditional & Single-Cell Transcriptomic Analysis
Spatial Transcriptomic Analysis
Proteomic Analysis
Metabolomics Analysis
Primary Tumor Cell Generation
Serum Marker Analysis
Germline Genomic Analysis
Organoid Generation
Circulating Tumor DNA/RNA Analysis

- Barcoded tracking of specimens
- Immediate and long-term storage
- Distribution of specimens
- Correlated clinical data



GynOnc Biorepository Workflow



Candidate patients are identified on the GYNONC surgery schedule

Consent is obtained from the patient for approval to collect specimens

The patient is registered in REDCap which initiates a data push to Open Specimen (API)

Tissue, blood & ascites are collected in the OR & processed Specimens are entered into Open Specimen for labeling & tracking

Specimens are stored in the specified container and position



Specimen Collection Goals for 1 Surgery

- Tissue / Flash Frozen (FF)
 - · Primary tumor & 4 Mets
- 2. Tissue / Formalin-Fixed Paraffin-Embedded (FFPE)
 - · Primary tumor & 4 Mets
 - H&E slides
- 3. Tissue / Optimal Cutting Temperature Embedded (OCT)
 - Primary tumor & 4 Mets
 - H&E slides
- 4. Tissue / Organoids
 - Primary tumor & Mets
- Blood
- Serum
- Buffy Coat
- Plasma
- Cell-Free DNA
- 6. Ascites
 - Organoids
 - Primary Ovarian Cancer Cells (POVs)











Tracking Methods

- Framework for labeling & tracking
- Tools to create customizable queries <u>IMPERATIVE</u>
- Create targeted pull lists
- Bulk specimen distribution audit trail and automatic specimen quantity updates



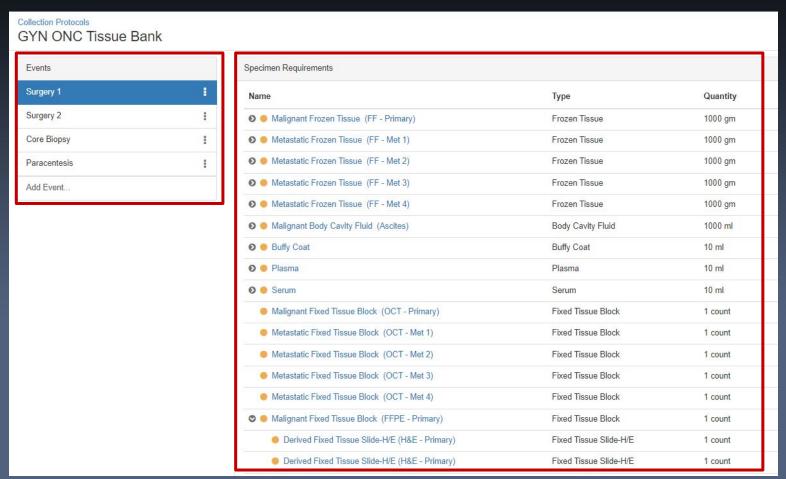
 Record a deep level of patient clinical data including medical history, pathology, chemotherapy, genetic mutations, and progression of disease

How our lab uses Open Specimen

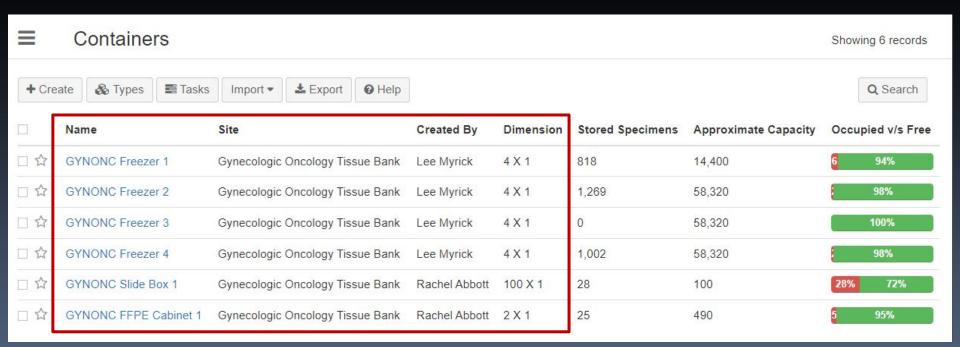


Two Initial Configuration Steps:

1) Collection Protocol



2) Establish Containers



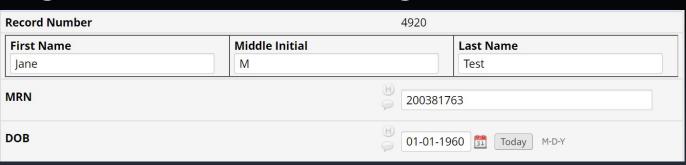






Patient Registration: API Integration

REDCap Patient Registration

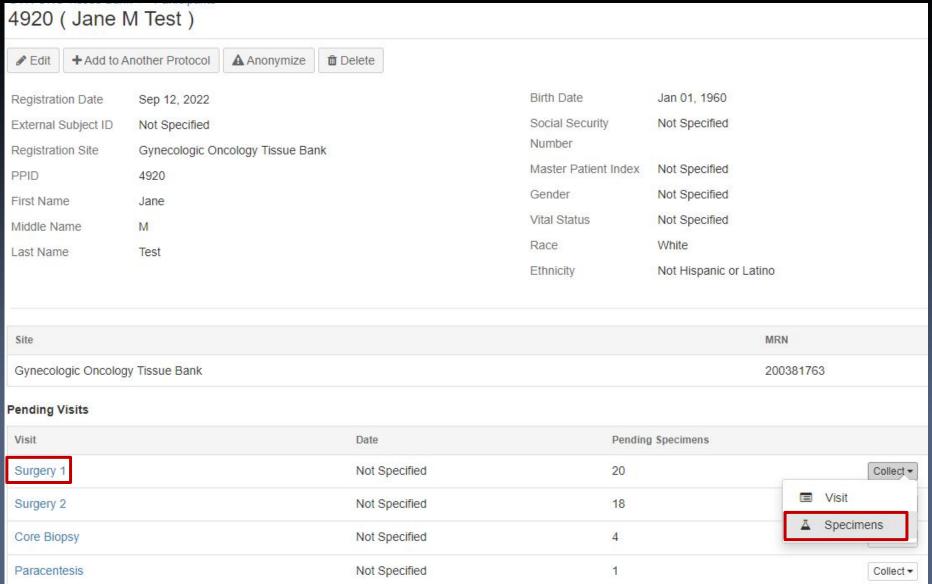


Open Specimen

Automatic Automa

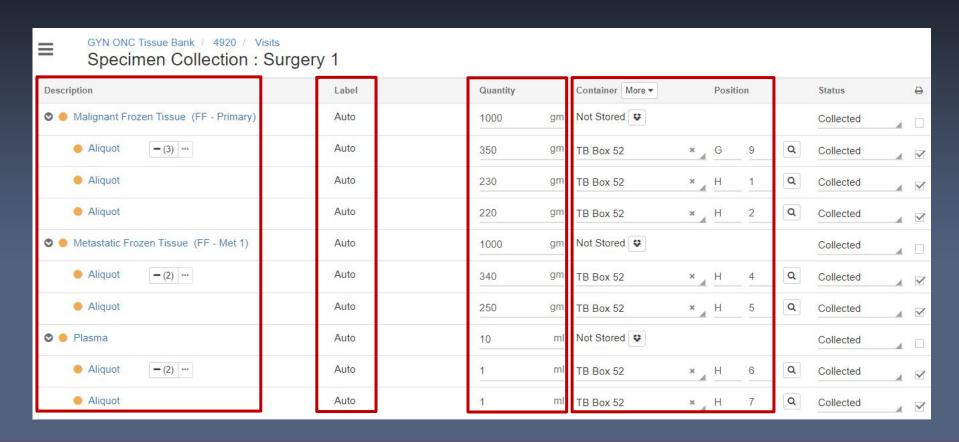


Specimen Registration



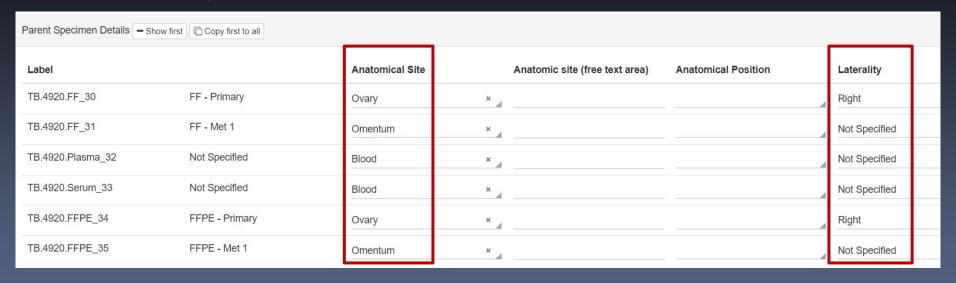
Specimen Registration

- Number of aliquots
- Specimen quantity (grams, mL, blocks)
- Container and location assignment
- Auto-generation of specimen label name according to CP specifications



Customizable "Nth Step"

- Additional step utilized to capture data pertinent to our lab's objectives and processes:
 - Anatomical site
 - Laterality



- Soon to be incorporated:
 - Cancer subtype
 - Stage
 - Grade
 - Ischemia time
 - Presence of hemolysis

Specimen Labels Printed

Description	Label	Location	
Malignant Frozen Tissue (FF - Primary)	TB.4920.FF_1	Not Stored	
Aliquot	TB.4920.FF_1a	TB Box 25 (A x 2)	
Aliquot	TB.4920.FF_1b	TB Box 25 (A x 3)	
Aliquot	TB.4920.FF_1c	TB Box 25 (A x 4)	
Metastatic Frozen Tissue (FF - Met 2)	TB.4920.FF_3	Not Stored	
Aliquot	TB.4920.FF_3a	TB Box 25 (A x 7)	
Aliquot	TB.4920.FF_3b	TB Box 25 (A x 8)	
Metastatic Frozen Tissue (FF - Met 3)	TB.4920.FF_4	Not Stored	
Aliquot	TB.4920.FF_4a	TB Box 25 (A x 9)	







Reports

All specimens have been labeled, barcoded and stored.

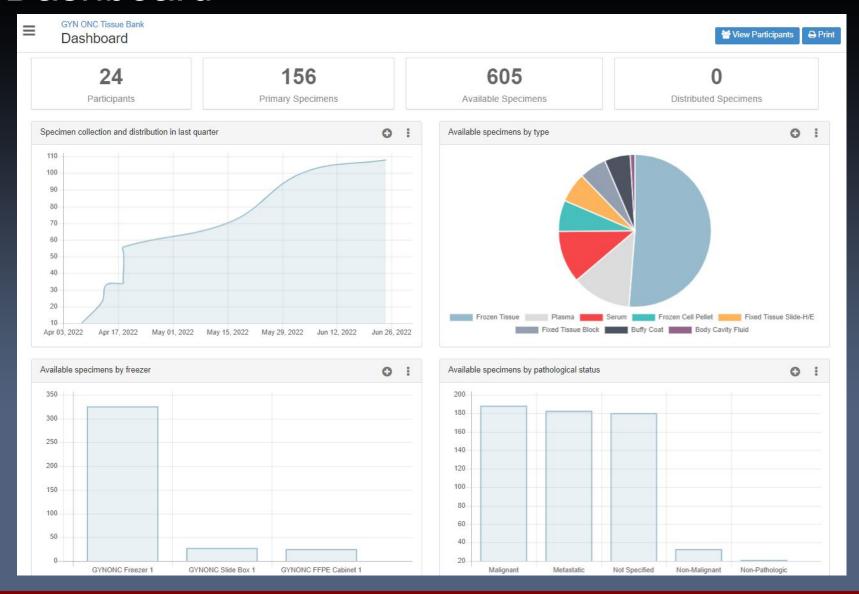
Queries!!!

- 1) How many serum specimens are available from OVCA patients with high-grade serous cancer?
- 2) How many FFPE samples are available from EMCA patients? Do these have matched FF tissue?
- 3) What was the average ischemia time for all FF tissue samples from the last 6 months?
- 4) How many OVCA specimens did we collect last year? What were the cancer subtypes?

Reports: How to work with the Data

ID	Collection Date	Clinical Diagnosis	Cancer Subtype	Specimen Label	Specimen Name	Specimen Type	Anatomic Site	Quantity	Units	Location	Row	Col
4920	7/8/2022	OVCA	Serous	TB.4920.FF_1a	FF - Primary	Malignant	Ovary	350	mg	TB Box 25	Α	1
4920	7/8/2022	OVCA	Serous	TB.4920.FF_1b	FF - Primary	Malignant	Ovary	255	mg	TB Box 25	Α	2
4920	7/8/2022	OVCA	Serous	TB.4920.FF_2a	FF - Met 1	Metastatic	Omentum	320	mg	TB Box 25	А	3
4920	7/8/2022	OVCA	Serous	TB.4920.FF_2b	FF - Met 1	Metastatic	Omentum	180	mg	TB Box 25	Α	4
4925	7/18/22	OVCA	Clear Cell	TB.4925.FF_1a	FF - Primary	Malignant	Ovary	360	mg	TB Box 25	С	5
4925	7/18/22	OVCA	Clear Cell	TB.4925.FF_1b	FF - Primary	Malignant	Ovary	287	mg	TB Box 25	С	6
4925	7/18/22	OVCA	Clear Cell	TB.4925.Se_5a	Blood	Blood	Blood	1	mL	TB Box 25	С	7
4925	7/18/22	OVCA	Clear Cell	TB.4925.FFPE_4	FFPE - Met 1	Metastatic	Peritoneum	1	count	FFPE Drawer 1	L 20	1
4925	7/18/22	OVCA	Clear Cell	TB.4925.HE_4a	H&E - Met 1	Metastatic	Peritoneum	1	count	H&E Box 5	55	1
5001	8/12/22	OVCA	Endometrioid	TB.5001.FF_1a	FF – Primary	Malignant	Ovary	Partic	23	В	2	
5001	8/12/22	OVCA	Endometrioid	TB.5001.FF_1b	FF - Primary	Malignant	Ovary	Wisits		23	В	3
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Dashboard





- To establish a Workflow for specimen distribution
- Incorporate more clinical data within Open Specimen
- Become more savvy with Query capabilities as the options are limitless!

Suggestions for Improvement

- Automatic data pull from Epic to Open Specimen
- An "undo" or back button
- More descriptive error messages
- Upload consent form / Upload scanned image (H&E slide)
- API integration from Traditional REDCap to Open Specimen in order to map clinical data on a specimen-level

THANK YOU!

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