

Virtual Tissue Repository Pilot Study Update

Eric Stewart, CRGC Research Associate

Since 2015, CRGC has been participating in the SEER-Linked Virtual Tissue Repository (VTR) Pilot Study, with contributions from both the CRGC Data Collection Unit (DCU) and Research Unit. We have recently completed the initial pilot study and are preparing to continue this work with additional funding from SEER. The VTR pilot study was started to test the feasibility of systematically collecting biospecimens for research, with the participating registries acting as "honest brokers" by providing deidentified tissue to researchers for genomic testing. The idea behind using registries is that we already have an established infrastructure that collects and maintains patient identifiers, as well as good working relationships with regional hospitals and pathology labs. The genomic component of the study focused on patients with abnormal survival, which comprised long-term pancreatic cancer survivors (> 5 years after diagnosis) and breast cancer patients with localized disease who died within 24 months of diagnosis.

Many long hours went into making this pilot successful, including huge efforts towards collecting pathology reports, medical records and requesting tissue samples to be included in the study. The DCU staff were able to collect and provide to NCI 147 pathology reports from CRGC hospitals and pathology labs and were instrumental in providing detailed clinical information including treatment for 41 of the subjects for whom we ascertained that tissue was available. Tissue was requested for those that met study criteria, and of the 113 pathology labs contacted we were able to secure 4 tissue samples to be included in the pilot study. The preliminary results from SEER indicate that the tissue we collected will be viable for doing a wide array of genomic tests, including genetic sequencing and methylation studies.

Many thanks to all that participated thus far! The work for the pilot will continue with an additional 7 tissue samples identified by NCI. Thank you, Dr. Rosemary Cress, for securing this funding and leading the project as principal investigator. A special thank you to Stephanie Phipps, CTR, Raley Do, CTR and Maritza Zuniga, CTR for their astounding effort in identifying the patient sample, redacting hundreds of path reports, and providing detailed clinical annotation for the study. Finally, thank you to Mayra Sandoval for her role in reaching out to pathology labs and identifying tissue samples. It was a true team effort, and we are hopeful to continue this meaningful work moving forward!