BIOBANKING WORKSHOP (March 12, 2013):

DISCUSSION HIGHLIGHTS

Discussion Issues:
- How best to link resources and current projects’ needs?
- Management/capacity/cost issues are all involved

- Consolidation/sharing of core facilities, equipment, and services is efficient and cost-effective
  - Ongoing, steady use of equipment and expertise is needed to maintain them!
  - Shipping consolidation is a big issue, because the permit only lasts a month, and shipping is expensive
  - Kampala and Kisumu could serve as hubs

- What core support for facilities is available?
  - Consider fee-for-service (versus for-profit or free)
  - Larger lab resources can manage in-house processing, and many smaller labs outsource the work (e.g., courier service to Tororo)

- QA/QC at various sites is widely variable, both in degree and over time
  - Best to run many controls, as sample can have contamination as well as degradation
  - This is often a managerial issue, as evidenced by the storage of pathology samples at room temperature
  - A system needs to be introduced and enforced, but this is not perceived as priority

- Existing cohorts are a valuable source of samples
  - Should be publicized!
  - NCI concern about underutilized repositories
  - Consider advertising old samples for interest and identify appropriate recipients
  - What are the triage criteria for saving samples long-term?

- IRB challenges/suggestions
  - Collect the approval forms currently in use and create a template to be used while launching a new study (one for each country); ensuring that it contains language for transitioning to long-term/ indefinite storage of samples (Phil Rosenthal model).

- Labeling for storage is a huge issue
  - FrezzerLux is cited as a good commercial product for sample management, but in general, all labs create their own system, so no possibility to transition samples into a new system without re-labeling
• Equipment
  o Broken equipment is a major issue, as the repairs can take months, and often relies on out-country expertise.
  o A barrier to effective implementation of e-med and distance diagnosis, as maintaining the scopes is problematic at best

Suggested Action Items:

• Proposal to develop a website to provide a platform for a linked meta-database and build on the two handouts distributed:
  (a) Level 1: Inventory of institutional resources in Sub-Saharan Africa that support research and training – linked to –
  (b) Level 2: Description/details of completed and current projects (for each institution), including cohorts, biospecimens collected, etc.
     ➢ Add and complete data for institutions that may be missing, include new field for “UCSF contact person”
     ➢ Circulate broadly among UCSF faculty and investigators with request to populate data
     ➢ What additional data do researchers want to see? (e.g., equipment capacity, QA/QC)

• Create site that lists existing cohorts and links to past and current projects

• Create site to prospectively declare new studies, so that protocols can be written and submitted, rather than adding IRB addendum

• Suggestion for new CFAR East Africa Regional Director to conduct cost analysis of in-house versus outsourcing

• Training of East African partner institution labs in sample collection and storage by CFAR Specimen Core (Yvonne De Souza)
**TM wish list:**

- A UCSF license for sample storage software, and a unified UCSF approach to sample labeling. Components of label, as well as collection fields on the software to be determined by a committee on campus (use the CTSI funds to do that!) then allow faculty to download the software from UCSF ITS. Ask the sjrogens people to help troubleshoot real-time data sharing for sample sequence. Remember this is for low resource settings, so no dependence on those fancy label printers!

- A cost analysis of samples by location - make it simple. Choose a few tangible samples, and ask some realistic questions about sample prep ability and cost at some of the larger labs. For example: Blood - can it be fractionated on site? Can they separate and store PBMC’s? What are the N2 costs per storage cell in their facility? Do they have a cost/service document? (most of the labs aren’t core-fee/service, but the lab manager will have an idea of costs because they have to order stuff, and they will know what hurts to order- either reagents, disposables, or shipping.

- Shipping consolidation should happen from the Africa side. When ONE UCSF (or UCB or Stanford) researcher is ready to ship, ALL the researchers should be notified (2 weeks prior) this would save THOUSANDS, even if it only happened once.

- Maintenance of equipment should also be consolidated (including relevant maintenance agreements/contracts!). When a tech goes to Uganda to repair something, they should conduct a service call on the other equipment in the same city. In SF the vendor who sold the equipment has a list of every piece, and who bought it. At least if a tech is coming out for repairs, the lab managers in the same city should be notified.

- Look at GPAS global anesthesia and surgery - they conduct these types of assessments through their NGO.

- An aggregate list of all the cohorts is possibly easier and more important than a list of the lab facilities and their function.