Introductory questions:

Who are we?
DCBC is the Dana-Farber/CSIR Biopsy Collections initiative that is tasked with collecting samples from BWH CSIR on behalf of our colleagues at DFCI. DCBC is a subset of the larger Center for Cancer Precision Medicine.

What do we do?
It is a service in which the DCBC pathology technician team will collect all research biopsies that occur in CSIR (this includes biopsies that are clinical plus research). This initiative is free to disease centers, and disease centers cannot opt out. This initiative is referred to as the DCBC.

How can you contact us, and when?
Once a patient is scheduled for a research biopsy, submit a CSIR REDCap form for each research protocol that is to receive tissue from the patient. In addition to the CSIR REDCap forms, create and send a calendar invite, using the template outline in the SoP, to DFCI_Bx_CollectionsOPS@dfci.harvard.edu. The general phone number for DCBC is 617-582-9353. For any questions, call Miraj Patel at 617-582-8811, or email at Miraj_Patel@dfci.harvard.edu.

How are we different from CCPM collaborative projects?

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<thead>
<tr>
<th>DCBC Includes:</th>
<th>DCBC does not include the following services:</th>
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<tbody>
<tr>
<td>• Sample collection in CSIR</td>
<td>• Collection of biopsies outside of CSIR</td>
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<td>• Allocation of tissue according to tissue priority list provided by study team</td>
<td>• Project management support</td>
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<td>• Hand-off of all tissue to study CRC</td>
<td>• Protocol development support</td>
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<td>• MTA/DUA creation</td>
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<td>• Chargeback OncoPanel</td>
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<td>• Archival/OSH tissue requests</td>
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Questions about pre-collection process:

What will happen if a patient is rescheduled for a future procedure (not same day or next day)?
We are able to accommodate any sample where we have an up-to-date CSIR REDCap form, calendar invite, and kits/media for the protocols. If a patient is rescheduled to an earlier or later day, please update the calendar invite ASAP. We will update the existing CSIR REDCap form with the new information. DCBC will be able to collect the sample accordingly.

What if the patient’s procedure is scheduled or rescheduled to the same day or next day?
DCBC cannot guarantee collections when any of the three requirements are not settled by 5:00 pm the day before the procedure. If a patient’s procedure is scheduled, or rescheduled, to a procedure time < 24 hours in the future, we ask that the CRC reaches out to us by phone immediately to notify us of the procedure. DCBC will work with you to create a collection plan and will communicate the changes to CSIR. However, we cannot guarantee that we will be able to accommodate the case in our schedule. If our schedule does not allow us to complete the collection, we ask that you take the steps necessary to attend the biopsy yourself.

Can we drop off multiple kits for a study upfront?
Unfortunately, we cannot accommodate many kits at once. We do not have the storage space nor will the tubes or media have the appropriate labels with patient information dictated in the SOP. Kits must be dropped off up to 48 hours in advance of the scheduled collection.

Where should media be dropped off?
DCBC will accept all biopsy collection kits, including media, in our office in Dana 933. If any media requires refrigeration, the DCBC team will store it temporarily in a refrigerator on Dana 15 until the day of the procedure.

When can I drop off the biopsy collection kits?
DCBC will be available from 3pm – 4pm daily to accept kits in Dana 933. If a CRC is unable to drop off the kit during this window, please reach out to us via the DCBC email address to schedule a time to drop off the kit.

What should I do if my patient is consented to a CCPM collaborative project and a non-CCPM collaborative study?
The CRCs should send the standard DCBC calendar invite to the DCBC email address. Please note next to the CCPM collaborative study protocol number that this is a CCPM study. The CRC for the CCPM collaborative study should also send their CCPM project manager the CCPM email, letting us know the case is scheduled but that the patient is co-consented to another trial. The CCPM project managers and path techs will organize collection and allocation of tissue according to the DCBC calendar invite.

What should I do if there is no fresh research tissue allocation for this biopsy? i.e. additional cores indicated to be sent to pathology for fixation and generation of slides for research
CRCs will still need to enter a RedCap for these instances. This lets CSIR know that the patient has been consented for research purposes, and additional cores are needed, but that DCBC will not be present to collect fresh tissue for allocation. The RedCap should indicate how many cores are requested total, and that all cores are to be sent to pathology in formalin.
Questions about collections process:

**What happens when my sample is delayed?**
We will page you if the biopsy is delayed more than 90 minutes. Details of that plan are in our SOP.

**What happens if the patient has questions prior to biopsy procedure?**
CSIR will call the contact associated with the RedCap, i.e. DCBC. If DCBC were to receive a call, an immediate page will be sent to the corresponding primary CRC and then secondary CRC, if needed. We will also send an email notifying of an urgent situation since patient care is of our utmost concern and we want them to be comfortable during their procedure.

**How will you collect when the biopsy includes a non-treatment protocol and a clinical trial protocol?**
We will allocate samples as outlined in the calendar invite that you sent us. We will hand all collected tissue to the coordinator contact that is designated in the invite. Further distribution of the tissue to research laboratories is the responsibility of the study coordinator. It is important to remember that CSIR REDCap forms for each protocol must be submitted. These forms can be consolidated in one entry or submitted separately based on the preference of the coordinators involved.

**How will communication be handled when a biopsy includes a patient consented to multiple protocols with multiple coordinators to deliver specimens?**
Because the DCBC techs will be away from our workstations and carrying tissue, we do not have the ability to coordinate multiple pick-up events. We have asked that you identify one CRC in the invite, the Designated Primary CRC, who we can contact directly with schedule updates and tissue availability notifications. This CRC must relay that information to the other primary CRC’s and let them know when tissue is ready for pick-up. All CRC’s must adhere to the tissue pick-up timeline outlined in the SOP.

**Example of communication:**
- CSIR will page DCBC techs when patient is entering the CT room.
- The DCBC tech will page the Designated Primary CRC in the calendar invite.
- The Designated Primary CRC will page any other Primary CRC’s listed in the invite to notify them. Once the tissue is collected and allocated by the DCBC tech, they will page the Designated Primary CRC to notify them of tissue availability.
- The Designated Primary CRC will then page the other Primary CRC’s to notify them that the tissue is ready.
- Everyone will meet at Lab Control on Amory 2 for tissue pick-up within 30 minutes of the initial page. The CRC’s are responsible for transferring the samples to the necessary facilities from there.
Questions about post-collection process:

**What happens if the tissue cannot be picked up right away?**
Our schedule includes a 30-minute window from the time of the initial page from the DCBC tech to meet the research coordinator immediately after the biopsy at the designated location on Amory 2. If contact is made between the DCBC pathology technician and the study coordinator, but the coordinator is unavailable in this window, it is the coordinator’s responsibility to work out an alternate plan with the pathology technician based on the technician’s availability to avoid disrupting other scheduled collections. After an hour without a hand-off occurring, the DCBC tech will proceed to escalate the notifications through the disease center leadership as outlined in the SOP.

**What happens after the tissue has been picked up?**
Once the tissue has been handed-off to each study coordinator, they must distribute the tissue to downstream labs. They must ensure that all PHI is removed from appropriate samples and they are correctly labelled per the protocol. The DCBC technician will respond to the calendar invite with a list of the tissue collected and any details from the collection that are relevant to the study team. This response will be sent within 24 hours of the tissue collection. This response will not include any photographs of the tissue received from the radiologist.

**What happens if the tissue is of poor quality?**
The DCBC pathology technicians are trained to evaluate tissue quality (hemorrhagic, fibrotic, necrotic) and do our best to ensure allocations that are first, directed towards patient care with the guidance of the Radiologists, and then allocated for trial and/or research purposes. Our technicians may note details such as this in the response to the study team.