ACSR Executive Committee Meeting Minutes  
Wednesday, August 6, 2014

Present: Paige Bracci, Michael Ittmann, Mike McGrath, Lisa Rimsza, Sylvia Silver, Debra Garcia, Denise Guevarra

1. Action Items from 7/16 meeting minutes
   a. Aperio Imaging System – Update from Dr. Rimsza
      i. Option 1: Purchase of Aperio for scanning of ACSR TMAs, H&E, etc. with link to Aperio Cloud Storage for access via ACSR website. Investment in research model would cost upward of $100K.
      ii. Option 2: Utilize the Arizona Cancer Center’s Aperio System. Estimated $30K for a system upgrade for Windows 7 compatibility. In exchange, Dr. Rimsza could negotiate the move of the system to a Histology Core Lab under her direction.
      iii. Because the UofAZ Cancer Center is in the process of welcoming their new director, Options 1 and 2 have been tabled for consideration until a later date.
      iv. Option 3, In the interim, use of Aperio slide scanning services: ACSR may send slides to Aperio via mail. For a fee, Aperio will scan/convert slides to eSlides. Scanning service is coupled with image hosting. This will be the most cost efficient and convenient option for the moment. Quote for services was sent to Dr. McGrath.

2. Anal CA TMA project update
   a. Dr. Rimsza reported that 2 TMAs have been constructed using the majority of blocks forwarded to her.
      i. Invasive Anal CA TMA: 24 cases, 12 with adjacent normal, 3 normal liver for orientation
      ii. In situ anal CA: 11 cases, 8 with adjacent normal, 3 normal liver for orientation
      iii. Second TMA of large size biopsies under construction.
   b. On-call histologist to prepare slides.
   c. H&Es to be performed on slides from each TMA
   d. Dr. Charmi Patel, GI Pathologist, to score cores/indicate tumor presence in TMA maps.
   e. Slides to be sent to Aperio for scanning.
   f. Dr. Rimsza will also make cuts from the large biopsy TMA for DNA, and total RNA extraction.

   ACTION ITEM: CODCC to forward Production of Derivative Form for Anal CA TMA Blocks to Dr. Ittmann/BCM for completion.
   CODCC to forward compilation of PODs from each contributing site to UofAZ.

3. EAST Coast ACSR newsletter:
   ACTION ITEM: Dr. Silver to forward community newsletter to CODCC for dissemination to EC.
   ADDENDUM: CODCC received community newsletter from Dr. Silver 08/13/2014 (attached).

4. Approval meeting minutes from 7/16
   a. Dr. Silver motioned to approve.
   b. Second from Dr. Ittmann.
   c. No objections.
   d. Meeting minutes approved.
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5. Approval of Bylaws
   a. Dr. Silver asked if the EC agreed that the Bylaws and MOO be verbatim
   b. Dr. Ittmann expressed that the two documents should mirror each other to avoid
      conflict in interpretation.
   c. Approval of bylaws to be tabled until OC completes the review of the MOO.

ADDENDUM:
CODCC forwarded revised versions of the MOO and Bylaws to the EC for consideration on 8/6.
Requested that comments or revisions be forwarded on later than Friday, August 15\textsuperscript{th}. If no
comments received MOO and bylaws are to be considered approved.

6. LOI Update
   a. Yanik/Engles

ACTION ITEM:
Dr. McGrath to contact Drs. Yanik/Engles regarding status of TMA availability.
CODCC to send Drs. Yanik Engles MTA for Anal CA TMA.
   a. Christine King
      i. CODCC sent REDP score sheets to EC for consideration on 7/11
      ii. EC has requested that Dr. King address concerns raised by REDP
          regarding the amount of specimen requested.

ACTION ITEM:
Dr. McGrath to work with Dr. King to address REDP/EC comments and update EC on 8/20.
   b. Subhash Verma
      i. CODCC is waiting for submission of partially executed MTA.

ADDENDUM: Fully executed MTA returned to Dr. Verma’s institution on 8/11/2014.

2. OSU transfer of specimens- Update from Dr. Ittmann
   a. Tissues received, quality not yet assessed.
      i. At this time all specimens received have been HIV negative.
   b. Being mindful of resources, BCM will accept PBMCs which can be paired with
      matching tissues versus receiving random tubes of blood which may not be of
      particular usefulness.

ACTION ITEM:
Dr. Ittmann and Dr. Bracci to assess whether there are PBMC/tissue pairs for transfer to BCM.

3. Specimen Collection and Processing Protocols (Dr. Bracci)
   a. The CODCC would find it helpful to have collection and processing protocols on
      hand when entertaining questions from PIs inquiring about specimens. Not
      having protocols on hand limits the CODCC’s ability to identify appropriate
      specimens for PIs who are conducting research with newer technologies.
   b. Dr. Bracci would like clarification about which of the ACSR special collections are
      annotated with specimen collection/processing protocols.
   c. Dr. Bracci requested that specimen collection and processing protocols related to
      ACSR Special Collections be obtained and made accessible to the CODCC.
   d. Dr. Bracci would like for the EC to consider specimen collection and processing
      protocols be added to the minimum required data set for specimen acquisition.
ACTION ITEM:
RBRs to forward all protocols related to the collection and processing of specimens obtained through affiliates, subawards, collaborations to the CODCC.
EC to revisit minimum required data set for specimen acquisitions during October face-to-face meeting.

4. Database Update
   a. Dr. Rimsza reported that UofAZ successfully completed their data transfer into the ACSR Oracle database during the first week of August.
   b. Dr. Itmmann reported that BCM is working with CITS to complete their data transfer into the Oracle database. It is estimated that the transfer will be completed the week of August 11.

5. ACSR Young Investigator Pilot Award Project (Dr. Bracci/Ms. Garcia)
   a. Applications due August 1.
   b. CODCC invited 8 investigators to submit full applications based on the ACSR’s ability to provide specimens to support the proposed studies.
   c. 8 applications were received: 6 complete reviewable submissions, 1 submission did not follow guidelines; 1 incomplete submission.
   d. The following accepted invitations to serve on the review panel:
      - Amy Chadburn
      - Dirk Dittmer
      - Otoniel Martinez-Maza
      - Timothy Schacker
      - Ma Somsouk
      - Lydia Zablotska
      - OHAM will serve as observers
   b. Reviews are due on 8/22. Panel discussion via teleconference scheduled on 8/25. Scores, reviews, recommendations from the review panel to be forwarded to EC for review and approval by 8/29.

6. Next teleconference: Wednesday, August 20: 11am Pacific, 1pm Central, 2pm Eastern.
As of September 1998, specimens from over 2400 cases are on deposit in the D.C. AIDS Malignancy Bank (DCAMB). Our primary goal of collecting specimens from AIDS-related malignancies has been pursued consistently from the Bank’s origin in 1994. The National Cancer Institute (NCI) has refunded the D.C. consortium for four more years. In this next period, our Bank has changed somewhat and grown substantially. Besides George Washington University, the DCAMB now includes: Fairfax Hospital, Georgetown University, Johns Hopkins University, Children’s National Medical Center, Howard University Hospital, Kaiser Permanente of Virginia, The Armed Forces Institute of Pathology, and the University of Miami.

Even though it has been in existence for a relatively short time, the NCI National AIDS Malignancy Bank (AMB), comprised of the consortiums of George Washington University, Ohio State University, State University of New York at Brooklyn, University of California at Los Angeles, and University of California at San Francisco, has provided crucial specimens to worthy researchers during a revolutionary time when the concepts of infection, immunity, and cancer merge, such as in Kaposi’s sarcoma and B-cell lymphoma. The blurring of boundaries has led the Bank to broaden its effort to ensure an adequate inventory that includes infectious and reactive lymphoid processes, and a full range of benign and malignant tumors. Whenever possible, normal areas of specimens are being collected for comparison.

The HIV epidemic in the United States has evolved from an illness of predominantly homosexual males to one that disproportionately involves minority women. It is recognized that a number of gynecologic illnesses have their presentation and courses modified by HIV infection. The Bank tries to anticipate changes in the AIDS epidemic and gather relevant specimens for the present and future. Therefore, the AMB has broadened its efforts to accrue neoplastic and non-neoplastic gynecologic specimens, by interacting collaboratively with ongoing clinical studies of HIV disease in women. These include the Gynecologic Oncology Group (GOG), a national cooperative cancer group of gynecologic malignancies with protocols of HIV-infected cervical carcinoma patients, and the Women’s Interagency HIV Study (WIHS), a multi-center study following HIV positive women to learn about the gynecological manifestations and natural history of HIV-disease in women.

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The era of highly-active anti-retroviral therapy (HAART) has changed the face of the AIDS epidemic in the developed world and is having a positive impact on the development and prevalence of virtually all "AIDS-related diagnoses". However, what is too early to be known, and what the scientific community and the Bank must prepare for, is the impact of HAART on HIV/AIDS-related malignancies. The effect of prolonged moderate immunodeficiency, incomplete or failed response to HAART, and perhaps even HAART itself, is unknown. Consequently, the AMB is working to ensure adequate representation of specimens from treated and untreated patients.

Continued on p. 2 (HAART)
Although it is everyone’s hope that HAART will convert HIV-disease into a chronic condition, that people die with and not from, there are already signs of concern. HAART does not purge the body of all HIV-infected cells, and when effective therapy ceases, for any reason, there is a rapid re-emergence of viremia and fall in CD4 cells. Thus, a critical concern is where these infected cells are “hanging out”, and whether we can, or need to, completely clear out these reservoirs. Development of new drugs and combinations are needed for those who are already failing to adequately respond and to counteract the development of drug resistance that is already being seen. We must always remember that HAART will likely have little impact on HIV-disease for the vast majority who are infected and are in danger of infection. As vaccine trials hopefully begin in the not too distant future, the Bank will face new challenges. **Research on AIDS-related malignancies is still critical and needs your support.**

Accordingly, in order to carry out its mission, the Bank must be relevant, imaginative, and even visionary, closely monitoring research developments and changes in the HIV epidemic and anticipating where research is needed. Therefore, the Bank has been building an all-inclusive tissue and fluid inventory. We appreciate all who have assisted us in the past four years, and encourage your continued help.

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**THREE NEW CENTERS ADDED TO THE DCAMB CONSORTIUM**

Welcome to the **Armed Forces Institute of Pathology, Johns Hopkins University, and Kaiser Permanente of the Mid-Atlantic Area** who with continuing members, Children’s National Medical Center, Howard University Hospital, Inova Fairfax Hospital, The George Washington University Medical Center, Georgetown University Medical Center, and The University of Miami School of Medicine constitute the DC AIDS Malignancy Bank (DCAMB).

**The Armed Forces Institute of Pathology (AFIP)** is composed of 23 departments specializing in the pathology of all organ systems, infectious and parasitic disease pathology, AIDS pathology, veterinary pathology, environmental pathology, legal medicine and radiology. AFIP receives over 45,000 surgical pathology and autopsy consultation requests annually from pathologists throughout the world. The Division of AIDS Pathology provides diagnostic consultations on difficult and unusual cases. **Michael Lewin-Smith, M.B., B.S.,** pathologist, will spearhead their efforts. All specimens from the AFIP will be treated as anonymous with no identifiers, other than sex, age and diagnosis.

**Johns Hopkins University** (JHU) has long been a leader in care and research in HIV disease, with extensive experience in banking specimens from this patient population. The addition of JHU will bring into our consortium a large reservoir of retrospective and prospective resources from one of the most distinguished HIV/AIDS research institutions in the United States and extend our inventory to another epicenter in this epidemic. **Richard Ambinder, M.D.,** a member of the Johns Hopkins Oncology Center is the site PI, who will be assisted by **Frederic Askin, M.D.,** a JHU pathologist.

**Kaiser Permanente of the Mid-Atlantic Area** is a health maintenance organization that refers many HIV-positive patients to hospitals in the Northern Virginia area for surgery. Its own pathology department reads all biopsies and follows their surgical patients. **Margaret Brown, M.D.,** a pathologist, will represent them.

The goal of the DC AMB continues to be the growth and maintenance of a comprehensive, user-friendly bank of tissue and biological fluid specimens from individuals demonstrating HIV-related malignancies and control specimens. We will work together during the next four years to gather, process, and catalog specimens and controls which will be made available to qualified investigators.
The following internet addresses may be accessed for information on various HIV/AIDS-related topics:

- **http://www.gen.emory.edu/medweb/medweb.aids.html**: is an alphabetical listing of many topics of interest to persons with and without related research.
- **came@afip.osd.mil**: lists workshops and classes sponsored by the Center for Advanced Medical Education at the Armed Forces Institute of Pathology.
- **http://www.sph.uth.tmc.edu/www/utsph/jmeyer/info.htm**: really focuses on education and prevention of the spread of HIV.
- **http://www.natip.org**: divides into 4 categories the clinical manifestations of HIV/AIDS (e.g. weight loss), the possible opportunistic diseases that may be encountered (e.g. Kaposi’s sarcoma or CMV), therapeutics (e.g. AZT or PCP), and miscellaneous topics which are designed to answer questions a patient may have (e.g. antibody testing, viral load testing, etc.).
- **http://www.crtpath.org/aric/**: provides an information center for patients in search of resources. It consists of a library (includes indices of articles on common topics and an index of actual medical images), a hotline, additional services provided by non-profit groups, and other links.
- **http://www.aidsinfobbs.org/periodicals/gmhcissues/57**: provides in-depth information about Non-Hodgkin’s lymphoma, fungal infections, and TB. It includes a handy glossary of HIV-related terms and their meanings.
- **http://www.healthcg.com/hiv**: contains updated information on numerous areas of HIV research.
- **http://www.ama-assn.org/home.htm**: is the home page for the American Medical Association. It includes an HIV/AIDS information center.
- **http://www.noah.cuny.edu/aids/aids.html**: is an exhaustive information list written in lay language about HIV and AIDS. It includes: basic definitions and a glossary; modes of transmission; opportunistic infections; current and experimental treatments; health management; prevention; and statistics.
- **http://www.healthanswers.com/database/ami/converted/000594.html**: thoroughly defines and describes AIDS in lay language. It provides information about a) AIDS-related symptoms; b) treatment; c) expectations (prognosis); d) complications; and e) advice for dealing with your health-care provider.
- **http://www.internets.com/saids.htm**: provides news resources as well as various databases which may be searched for the results of AIDS-related research.
- **http://www.gen.emory.edu/medweb/medweb.aids.html**: is an alphabetical listing of many topics of interest to persons with and without HIV/AIDS. It provides in-depth definitions and explanations.
**Selected References**


