

**CURRENT GUIDELINES FOR BANKING OF BRAIN TUMOR TISSUE
(5-24-10)**

1. Neuropathology (NP) is notified by the OR for frozen or banking of a case.

2. NP evaluates the tissue

A) confirms the presence of tumor tissue

B) confirms that there enough for diagnosis

C) attempts to get enough tissue for permanent sections so that there is **1 sq cm of tumor** in a cassette

3. MINTZ BANKING

A) Dr. Mintz will send specimens down separately from all the rest of the tissues in containers labelled "MINTZ BANKING TUMOR" or "MINTZ BANKING NORMAL"

B) Use the pre-labelled BTB cryotubes in the Brain Tumor Banking kit located in the frozen room. Mintz specimens will be given a BTB# just like all other banked cases, but the pre-labelled cryotubes from the banking kit in the frozen section room need to be additionally labeled as either "**Mintz-tumor**" or "**Mintz normal**". Each Mintz specimen should be banked into 2 cryotubes (2 tubes for the tumor and 2 tubes for the “normal”) No blood is being collected.

C) At Shadyside the tissue bankers or PA will send these materials over to Presby as they do all other banked cases (they have a protocol for this).

D) if there is sufficient tissue, these cases should be banked in the normal fashion as well, using the same BTB#. Since nearly all of these will be gliomas, a purple top tube of blood for the MAP lab will be needed.

4. If additional “EXCESS” tissues are available:

a) bank tissue for the **NP Brain Tumor Bank**

1) alert tissue bankers (412-565-1984)

2) they will fix part of the sample in pink pre-labeled BTB cassettes

3) and freeze at least 3 cryovials (or more) labeled with BTB#

b) release of remaining “excess” tissues for **tissue culture**:

ACCORDING TO THE IRB, this tissue can be released without an IRB protocol if it is:

a) without patient identifiers (anonymous), or

b) assigned a BTB# (i.e., a linkage code) which should be the same as that used for the general banking – this linkage code allows the Honest Broker for the Brain Tumor Bank to give the final diagnosis and other non-protected information to the investigator who is culturing the cells.

If this procedure is followed there is NO requirement for a separate IRB protocol for tissue culture.

1) if it is NOT banked in the regular bank, assign the excess tissues that are being taken away by the investigator a BTB# by using the next sequential pre-labeled BTB kit (call into OR and speak directly to investigator who is taking the tissue for culture).

2) estimate amount of tissue used for culture (from surgeon)

ALL TISSUES RELEASED FOR RESEACH MUST HAVE PATHOLOGY APPROVAL

There is no need to document in the Pathology report the disposition of “excess” tissues since by definition they are “waste”. You can add “**material is bulk frozen**” if you like.

OTHER BANKING PROTOCOLS

Dr. Hamilton is supposed to be alerted PRIOR to surgery for all other UPCI banking protocols

Currently the only Neuro-onc protocols requiring our awareness are

1) regular banking

2) Okada tissue culture

3) Mintz material (see above)

4) with RESECTIONS try to have one paraffin block with at least 1 cm-squared of tumor

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page me anytime with any questions 412-565-8940

SUMMARY

NOTE:

1. Label all items with BTB# as this is the “link” that allows us to send the material to other places

2. Banking supplies are on shelf to the right of the NP grossing hood on 6th floor

3. Please circle protocols requested for the above patient and return sheet to Dr. Hamilton

I. GENERAL TUMOR BANKING (no consent needed = “excess” tissues) IRB APPROVED

confirm diagnostic tumor tissue at intraop and deliver fresh tissues to Path gross room
alert tissue bankers (412-565-1984)

they will fix part of the sample in pink pre-labeled BTB cassettes
and freeze at least 3 cryovials (or more) labeled with BTB#
measure tissue weight in each vial and record on banking sheet