BACKGROUND
The Comprehensive Needs Assessment Biospecimen Facility Survey (CNAT) was implemented February to March 2011. From it, an Implementation Plan will be developed in Summer 2011 which utilizes CNAT identified information (strengths and weaknesses) to structure growth activities for the region, establishes short and long term objectives, identifies areas for future funding, and outlines a five-year plan for collaborative research and support.

The primary purpose of the CNAT is to acquire information relating to current practices, resources and needs of each participating GMaP institution; especially as it relates to capacity building to conduct cancer health disparities research. Also of primary interest is collaborative potential amongst the regions for conducting CRHD research.

The CNAT consisted of a Principal Investigator Survey and a Pathology/Biospecimen Facility Survey. This presentation focuses on preliminary findings from Biospecimen Survey.

METHODS
The CNAT consisted of a mixed methods approach utilizing four instruments: A Principal Investigator Survey and PI Interview, and a Pathology/Biospecimen Facility Survey. The surveys were conducted online during the months of March/April 2011. Interviews will be conducted July-September.

The CNAT was developed by a 12-person Evaluation Committee of researchers from across the region.

The Biospecimen Facility Survey covered the following five areas:
• Overall coordination of facility & Specimen Inventory
• Working with Minority/Medically Underserved Populations
• Participation in NCI Cooperative Programs
• Network Analysis of GMaP Network
• Other Information from Biospecimen Facility

The survey consists of 14 distinct questions across the areas identified above. Many of these questions included sub-questions intended to capture details across the areas above.

These questions were focused on capturing details from the institutions’ core facilities rather than individual biobanks. As part of this, the survey asked institutions to report on specimens that were available for research.

SAMPLE
The Pathology/Biospecimen Facility Survey was completed online by 10 biospecimen facility administrators (N=10). Note: Some institutions did not respond to some questions so the N will vary across some questions.

The survey was only completed by partner institutions that collect and bank minority biospecimens.

Type of programs held by institutions: 2 PNRP, 2 CNP, 2 U54, 3 CHE, 1 P20

Type of institutions: 4 Cancer Centers, 6 Matrix (Academic and Hospital)

RESULTS
Preliminary Findings

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•Preliminary findings consistently reported disparities in biospecimen collection among minority populations.
•Eight out of ten facilities reported the types of cancer and racial and ethnic groups from whom they collected specimens.
•Seven sites reported having collected specimen from 116,417 White patients vs. 12,952 Non-White (minority) patients and 1,848 Hispanic patients.
•Tissue (diseased and healthy) was most commonly collected and bodily fluids were least commonly collected.
•40% of the biospecimen facilities have collaborated on biospecimen education efforts and 60% have collaborated on projects that collect specimens for the study of health disparities.
•100% of these facilities use electronic annotation systems for biospecimen collection. However, there is a wide range of data systems/platforms used across the institutions which raise issues of compatibility.
•Moving forward, all facilities expressed interest in specimen collaboration.

IMPLICATIONS
There is a need to focus on minority biospecimen collection efforts and address the gaps in how race and ethnicity and subtypes of biospecimens are collected across our institutions.

NEXT STEPS
•Region Five GMaP/BMaP has received a third year of funding. GMaP/bMaP will focus on strengthening a collaborative relationship with biospecimen facilities and other key stakeholders in biospecimens the collection field.
•Two pilot projects will be implemented: 1) a regional biospecimen database and 2) Cancer 102 education and training on research participation and biospecimen donation/consent forms and genetics across our institutions.
•We are exploring ways to share instruments and methodologies used to collect race and ethnicity and develop strategies to standardize patient information collected.

The CNAT is graciously funded by the National Cancer Institute’s Center to Reduce Cancer Health Disparities. The BMaP initiative is led by an ARRA supplement (Grant #1COCA002285-05-S4).

Adapted from: Science Signaling. 2010;7:ra17. doi:10.1126/scisignal.2000564

Figure 1

Biospecimen Facility Survey

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