

# Request Guidelines

Please note: failure to adhere to these guidelines may result in the rejection of future specimen and data requests

## **Specimen Type**

All projects requesting tissue should use formalin-fixed, paraffin-embedded (fixed) tissue or provide a strong scientific justification explaining why fixed tissue isn't adequate for the project.

Frozen tissue, specimens with complete accompanying clinical data, or otherwise rare or precious specimens will be distributed on a very limited basis to studies with proven assays and strong preliminary findings to avoid depletion of Prostate SPORE resources.

## **Pilot Projects**

Pilot projects are required to provide an abstract only on the specimen-data request form. Requests will be limited to 20 specimens. Pilot project PIs will be required to provide annual written reports of results, presentations and publications to the Prostate SPORE.

## **Full Projects**

Full projects will need to provide a 2-4 page summary of the planned research as indicated on the request form. There is no limit on the number of specimens that can be requested, but project PIs should provide a rigorous scientific and statistical justification for the requested number. Full project PIs will be required to provide quarterly written reports of results, presentations, and publications to the Prostate SPORE.

## **Acknowledgement**

All publications or presentations resulting from use of SPORE specimens or data should include the following acknowledgement:

"Specimens and/or data for this project were provided by the NU-UC-NUH SPORE in Prostate Cancer. For additional information or to request SPORE specimens/data, please contact Chung Lee, PhD, SPORE Director, [c-lee7@northwestern.edu](mailto:lee7@northwestern.edu)"

## **Pathology Core Facility**

The Prostate SPORE Specimen Bank is maintained by the RHLCCC Pathology Core Facility. The Pathology Core has been established to provide biological specimens for use in research. Tissue are snap frozen or RNAlater preserved to facilitate RNA molecule and protein analyses or as specified. Special vacutainers for blood collection are also used for RNA and DNA. Verified pathologic diagnosis shall be provided for each specimen. For additional information, please contact Adekunle Raji, Core Manager.

## **IRB Approval/Exemption**

An IRB exemption or approval must be obtained prior to release of de-identified specimens, and a copy of your letter of approval/exemption should be faxed or emailed to Michelle Pattison.

*For investigators at Northwestern University requesting de-identified specimens:*

Please contact Adekunle Raji for a letter of support that will be sent to OPRS. OPRS will determine whether your project needs IRB full board review or an expedited review by a single board member for exemption.

*For requests that include PHI (protected health information):*

Your request must be submitted and reviewed by CPSRMC or a similar group.

*For investigators at outside institutions:*

Please consult with your institution's IRB to obtain approval or exemption.

Please contact Adekunle Raji for additional guidance regarding the IRB approval/exemption process

## **Contact Information**

For SPORE-related inquiries or questions regarding the request process:

Michelle Pattison

[m-pattison@northwestern.edu](mailto:m-pattison@northwestern.edu)

773-727-6056

fax: 270-479-0888

For questions regarding the Pathology Core Facility or IRB approval:  
Adekunle Raji  
[a-raji@northwestern.edu](mailto:a-raji@northwestern.edu)  
312-908-9595

## **Clinical Data Fields**

(note that not all fields are available on all subjects)

### **Demographics**

Race/Ethnicity, Occupation, Age, Marital Status, Diagnosis, #Sons, #Daughters

### **History**

Height (Feet/Inches), Weight (Pounds), Smoker, Pack Years, Smoking Quit Date, Alcohol

### **Family History**

Family history of CaP (immediate or extended), relative's age of diagnosis, family history of other cancer, family history of other disease

### **Diagnosis**

DRE (Digital Rectal Exam)

Date,  
Weight  
Result,

TRUS (Trans-Rectal UltraSound)

Date  
Weight  
Result

First Cancerous Biopsy

Date  
Result  
Total Cores  
# Positive Cores  
% Positive Cores  
Gleason (#+#)  
Tertiary Gleason #  
Tumor %  
Perineural Invasion

Rebiopsy

If done, same fields as First Cancerous Biopsy above

Previous non-cancerous biopsies

Date  
Result

Bone Scan

Date  
Result

CT/MRI

Date  
Result

Clinical Stage

Pre-op Potency

Potency Medication or Device  
Rating

### **Treatment**

Surgery

Date  
Age @ surgery  
Surgery Type  
Nerve Sparing  
Surgery Results  
Pathological Stage  
Prostate Weight

Extra-Capsular Extension (Positive/Negative)  
Margins (Positive/Negative)  
Seminal Vesicle (Positive/Negative)  
Lymph Nodes (Positive/Negative)  
Vascular/Lymphatic Invasion (Positive/Negative)  
Perineural Invasion (Positive/Negative)  
Gleason Score (#+#)  
Tertiary Gleason Score  
% Prostate with Tumor

Other Treatment

Chemotherapy

Radiation

Start Date

End Date

Type (adjuvant or primary treatment)

Dose

Hormonal Therapy

Start Date

End Date

Dose

Type (intermittent, continuous, orchiectomy, adjuvant)

Drug

Frequency

Complications

**Comorbidity and Medications**

Diabetes

Heart Disease

Hypertension

Psychiatric Condition

Other Cancer

**Prostate-Specific Antigen (PSA) Values**

Values

Dates

**Follow-up**

Weight

Date

Value

Recurrence Status

Type (local, distant, PSA elevation)

Time between treatment and recurrence

Follow-up visit or Questionnaire

Date

Interval since treatment

Post-op Potency

Urinary Pads

Worn as precaution or for wetness