

## GYN ONC BIOBANK COST RECOVERY POLICY

The Gynaecological Oncology Biobank at Westmead cost recovery scheme is designed to recoup the labour costs involved in the preparation and supply of samples and clinical data, in order to fulfil the requirements of a project request. As a member of the Australasian Biospecimen Network we are encouraged to implement a cost recovery policy to help make biobanking sustainable.

The cost of biobank samples and data may be included as a Direct Research Cost in a NHMRC grant application (see Appendix 1).

The scheme is divided into two costing components: Bio-specimen Processing and Clinical Follow-Up data. Each component is briefly outlined below:

### COMPONENT 1: Bio-Specimen Processing

Activities subjected to cost recovery are as follows:

- Acquisition from storage and aliquoting of samples;
- Sectioning of frozen tissue and paraffin-embedded blocks;
- Needle Macrodissection of fresh frozen tissue;
- Laser Capture Microdissection (LCM);
- DNA extractions;
- RNA extractions;
- Administrative costs associated with project requests

As the labour time involved in sample processing and data extractions varies between projects, it will be negotiated with the applicant on a project-by-project basis. The applicant is required to pay shipping costs associated with distribution of samples.

Current Prices as follows:

<b>Description</b>	<b>Cost / sample (Australian Dollars)</b>
Project management fee	\$200 minimum. Covers 3 hours. Charged \$70/hr subsequent time
RNA extracted from tissue	\$5 <500 ng \$20 500 ng - 1 µg
DNA extracted from tissue or blood	\$5 <1 µg \$20 1-2 µg \$40 >2 – 5 µg \$80 > 5 µg by negotiation > 10 µg
Slide - FFPE	\$5
Slide - TMA 4µm section (1 mm core array)	\$100
Slide- fresh frozen tissue mounted on a PALM slide to microdissect	quote on application (includes cost of each PALM slide plus time taken to microdissect)

Slide- fresh frozen tissue	\$10
digital slide image	\$5 per slide x20 magnification scanned on a Hamamatsu Nanozoomer. Supplied with digital image on media provided or GynBiobank can provide disc/external hard drive at cost.

## COMPONENT 2: Clinical Follow-Up Data

Extensive clinical information is collected on patients consented to the Gyn Onc Biobank. As the data are derived from medical records there may be some data that are not readily available for specific cases. Not all clinical follow-up information is required for all research projects and some datasets are more straightforward to extract and interpret than others. The following are examples of data-sets that can either be supplied or will be able to be supplied in the future for project request:

- *Level 1 (Basic Dataset)*
  - Patient age at diagnosis;
  - Primary site;
  - FIGO stage/sub-stage;
  - Morphology (Serous, endometrioid, clear cell etc);
  - Grade (Silverberg grading system);
  - Residual disease (nil, <1 cm, >1 cm < 2cm, > 2cm);
  - Type of primary treatment
    - Surgery (eg Primary, Interval, surgical staging)
    - drug type Platinum/Taxane (Y/N)
    - neo-adjuvant (Y/N);
  - Relapsed (Y/N);
  - Time to relapse after diagnosis in months (or last follow-up);
  - Dead or alive;
  - Time to death after diagnosis in months (or last follow-up).
  
- *Level 2 (Intermediate Dataset)*
  - Data on previous / concurrent malignancies and previous treatment;
  - Details of primary chemotherapy (cycles, dose, route etc);
  - Time to relapse from end of primary treatment in months (or last follow-up);
  - Time to death from end of primary treatment in months (or last follow-up);
  - Details of residual disease (extensive miliary disease);
  - CA125 levels / assays;
  - Participation in a Clinical Trial;
  - Basis for determining response;
  - Cause of death (Disease, treatment related, other, unknown)
  
- *Level 3 (Advanced Dataset – **available on a limited number of cases**)*
  - Details on subsequent treatment (following relapse);
  - Best response to primary and subsequent treatment;
  - Data on genetic testing (eg BRCA1/2 mutation status);
  - Details on tumour mutation (eg TP53 mutation status)

### **Minimum Charge for Data**

As some clinical follow-up data requests are minimal, we have implemented a minimum charge for data of \$200. This charge is for requests of already existing cleaned and annotated data-sets. Any data set that exceeds the 3.5 hourly mark in compiling will be recovered at a rate of \$70 per hour.

## Appendix 1

### **Direct Research Costs (DRC) – Inclusion of Costs of Samples from Biobanks**

Applicable to currently open schemes and other schemes as they open subsequently.

NHMRC is notifying applicants to currently open schemes (including Projects) that if they are intending to utilise biobank samples or services for their research projects they can provide full details, both in terms of type, quantity and cost of samples or services, in their application budgets as a Direct Research Cost. This should be based on the current fees charged by the biobank they intend to use for their samples or services. A justification will ensure that the grant review panel can properly assess budget claims made in this area.

This alert has been issued as part of the development of a national bio-banking strategy under the National Health Research Enabling Capabilities (NHREC) Scheme.

Should you require further information, please contact the Research Help Centre.

Regards,

Research Help Centre

National Health & Medical Research Council

p : 1800 500 983 (within Australia) or +61 2 6217 9451 (international callers)

e : [help@nhmrc.gov.au](mailto:help@nhmrc.gov.au) | w : [www.nhmrc.gov.au/help](http://www.nhmrc.gov.au/help)