



**Tissue Banks and Pathology Tools Developer Meeting Notes**  
20040429 meeting from 1100 – 1200 EST

**Attendees**

UPMC

- John Gilbertson
- Raneesh?

Washington Univ.-Siteman

- Mark Watson
- Rakesh Nagarajan

SAIC

- Sharon Settnek

Booz Allen Team

- Mark Adams
- Greg Eley
- Mike Keller

**Overall Goal**

To discuss the Project Plan and Use Case templates for this group. Additionally, discussion of what technology needs to be leveraged in order to achieve interoperability within caBIG.

**Minutes**

**I. Introduction**

Greg Eley provided introductions, took a role call and introduced the goal of the meeting. Discussion started with the goal of addressing issues relating to first priorities.

- Mark Watson – Number 1 priority is communication among centers. Parallel paths need to occur throughout the first year
- Mark Watson – Expressed concern about IRB and MTA issues that need to be resolved. May take over a year to work through those issues. Suggested white papers to discuss best practices for policies and terms of agreement for people who sign onto caBIG and share information on a given database.

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- Mark Adams – There are many legal issues to deal with however we do not want those issues to hold things up. We need to start thinking what is the shortest path to develop some sort of grid enablement that can be deployed in general terms.

## II. Project Plan

Greg Eley put forth the proposed project plan for the TBPT WS.

- John Gilbertson – Main concern with the plan is that without seeing the specific use case forms from other institutions makes it difficult to understand the scope
- John Gilbertson – Annotation and Inventory should be running in parallel. Envisions this as parallel projects. Additionally, want an Inventory System that works across all institutions as well as an Annotation System.
- Sharon Settnek – Suggested the development of a list of annotation in Phase 1
- Mark Watson – Pathology annotation is necessary for Phase 1. The system won't be useful if you can't query what type of tissue it is
- John Gilbertson – Inventory system has to be a module itself
- Sharon Settnek – Tissue banks system that contains a Inventory Module and an Annotation Module
- John Gilbertson – Raised the question of how consent and permission will be addressed with these systems.
- Sharon Settnek – The basic security module at NCICB can be used for permission and ownership. Consent is more of a patient tracking issue.
- John Gilbertson – Ownership is not so much a matter of security, but more of an accountability issue (i.e. if a researcher comes to the tissue bank for a certain tissue, then the researcher must prove that that tissue will be used appropriately)
- John Gilbertson and Mark Watson – both agreed that it is important to know what particular research projects are using what tissue from the bank

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- Greg Eley – An ideal scenario would be to have an inventory module that could be used by Cancer Centers with no current system and an annotation module that can be used by Cancer Centers with sophisticated pathology information systems – allowing both to link into the virtual bank
- Greg Eley – How much of IRB is associated with clinical trials management versus independent consent?
- John Gilbertson – Consent to bank tissue is considered a clinical trial in many ways. Tissue banks have many clients who are not involved in clinical trials. One module would be needed that can interact with both systems to manage consent.
- Sharon Settnek – Should a draft of a project plan be broken down to determine use case for 3 separate modules:
  - Inventory module
  - Annotation module
  - Consent module

### **III. Use Case Templates**

The next discussion point addressed by Greg was the use case template and the feasibility of getting high-level requirements out of use cases.

- Mark Watson – The use case template might be more useful if it is expressed in the form of a check list or survey
- Greg Eley – A prioritization matrix is also included. The issue may arise that the adopters won't know exactly what to put in it. Can the developers help out with this?
- Mark Watson - Yes, absolutely. Although it seems like a use case specific for TBPT is necessary
- Greg Eley – It was initially going to be just for TBPT, what is going to be generated is a generic template for all Workspaces and then TBPT WS can modify for their specific needs
- Mark Watson – Use cases should be built upon types of data that need to be exchanged rather than the actual data exchange

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- John Gilbertson – Agrees with this, however you have to have consistency with patient information. Different systems give different names, in tissue banks they don't think about data transfer, they think about what tissue came from what patient
- Mark Watson – There needs to be 2 parallel projects, a project to develop plug-ins for adopters who already have established systems and a project to develop systems for adopters to implement *de novo*
- Mark Watson – The project plan will have to be altered depending on resources provided by caBIG, i.e. money and FTEs
- Rakesh – We need to know the budget, the time to develop or the number of FTEs
- Mark Adams – We are currently working on the budget. We want people to get some ideas on paper of what they want to accomplish. Then once we see what everyone wants, we can then determine the budget, number of FTEs
- Sharon Settnek – Can the developers provide specific use cases?
- Yes, as well as the adopters who already have existing systems.
- Questions arose about the data analysis, quality control and auditing in the project plan.
- Sharon Settnek – Any transaction in the stem is audited. Someone must review the tissue to make sure the quality is there and to ensure that it maps back to the best practices for quality control. Data analysis is referring to the ability to query across different annotations and possibly systems, more long term.
- Mark Watson – The main use case missing is querying across sites

#### **IV. Integration of other technologies into caBIG**

Mark Adams asked the group's intentions in working with and incorporating technology from other systems such as SPIN

- John Gilbertson – SPIN itself is supposed to share data between institutions. Great tool for annotation in tissue banks. There are no licensing issues. SPIN would be many nodes on the caBIG infrastructure to get pathology annotation.
- Mark Adams – Review SPIN and determine what course of action needs to be followed to link this software architecture into caBIG can be another use case.

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- Two distinct opportunities are presented with SPIN:
  - Existing SPIN nodes can be adapted and plugged into caBIG
  - Take this adapted SPIN technology and deploy it to sites that do not have SPIN
- John Gilbertson – SPIN is also working on this right now. SPIN is a network and it is also software that takes the report and codes it
- Mark Adams - If SPIN nodes are linked to caBIG then as SPIN picks up more nodes then those nodes will also be linked to caBIG
- Mark Watson – SPIN would be a legacy system, mapping tool between SPIN format and caBIG format

The use case template will go out to developers today, they will review it and then it will be sent to the adopters.

#### **V. New Business**

- The TBPT WS expressed the need to interact with the Architecture WS in order to make sure the technologies are consistent with caBIG
- It was also suggested that we ask ISBER, NICCLS, EDRN and SPORES to have a representative give a demo to the WS of what they have done.

#### **VI. Action Items**

- Send use case template to Developers for review
- After review, distribute use case form to the entire WS (week of 5/3/04)
- After adopters have had approximately a week to work on use case, schedule next meeting
- Arrange interaction between the TBPT and Architecture WSs
- Discuss the possibility of demos from ISBER, NICCLS, EDRN, and SPORES

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