Survey to assess the feasibility of establishing a gynecologic specimen bank for research

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1. Would you consider your practice to be primarily:

- ◯ academic (primary activity within medical school teaching hospital or research institute)
- ◯ private laboratory (not at hospital)
- ◯ private hospital (not affiliated with medical center or research institute)
- ◯ laboratory affiliated with managed health organization

2. What is the approximate annual surgical pathology

specimen volume at the laboratory where you practice (if multiple, give largest):

- ○ <10K
- ○ 10-25K
- ○ >25-50K
- ○ >50K

3. What proportion of these specimens are gynecologic?

- ○ <10%
- ○ 10-20%
- ○ >20-50%
- ○ >50-100%

4. Does your laboratory have a sub-specialty sign-out with a designated gynecologic section?

- ○ No
- ○ Yes

5. Does your laboratory receive risk-reducing surgery specimens from women at high-risk for gynecologic disease/cancer?

- ○ No
- ○ Yes

5a. If you answered yes above, estimate annual number?

Your answer

6. How are specimens for the following specific indications (a-d below) processed?

a. High-Grade Serous Cancer Stage I, II, IIIAi

	No	Yes, partial	Yes, total
SEE-Fim (Sectioning and Extensively Examining of the Fimbria)	○	○	○
submit fimbria	○	○	○
submit ovaries	○	○	○
endometrium (if uterus removed)	○	○	○

b. Risk-reducing salpingo-oophorectomy or salpingectomy

	No	Yes, partial	Yes, total
SEE-Fim (Sectioning and Extensively Examining of the Fimbria)	○	○	○
submit fimbria	○	○	○
submit ovaries	○	○	○
endometrium (if uterus removed)	○	○	○

c. Surgery for benign indications, first sections reveal equivocal or definite STIC (serous tubal intraepithelial carcinoma), epithelial atypia in ovary or clinically occult cancer

	No	Yes, partial	Yes, total

SEE-Fim (Sectioning and Extensively Examining of the Fimbria)	○	○	○
submit fimbria	○	○	○
submit ovaries	○	○	○
endometrium (if uterus removed)	○	○	○

d. Surgery for benign indications, first sections reviewed are negative

	No	Yes, partial	Yes, total
SEE-Fim (Sectioning and Extensively Examining of the Fimbria)	○	○	○
submit fimbria	○	○	○
submit ovaries	○	○	○
endometrium (if uterus removed)	○	○	○

7. Does your laboratory stain sections of fimbria for Ki67, p53 or other markers (check all that apply):

- [ ] On every specimen?
- [ ] On every risk-reducing salpingo-oophorectomy or salpingectomy specimen?
- [ ] On selected risk-reducing salpingo-oophorectomy or salpingectomy specimens based on H&E review?
- [ ] On early stage high-grade serous cancer?
- [ ] Markers not evaluated

8. Would your laboratory consider providing de-identified blocks and matched pathology reports to a national specimen bank organized by the National Cancer Institute (NCI) to provide access to researchers throughout the world? Possible specimens would include risk-reducing salpingo-oophorectomy or salpingectomy, early high-grade serous cancer (HGSC), serous tubal intraepithelial carcinoma (STIC), and a minor percentage (10%) of total benign tubes and ovaries.

- ○ No
- ○ Yes

9. Other comments/clarifications?

Your answer

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