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

- Would you consider your practice to be primarily:
 - academic (primary activity within medical school teaching hospital or research institute)
 - private laboratory (not at the hospital)
 - private hospital (not affiliated with a medical center or research institute)
 - laboratory affiliated with managed health organization
- 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
- What proportion of these specimens are gynecologic?
 - <10%
 - 10-20%
 - >20-50%
 - >50-100%
- Does your laboratory have a subspecialty sign-out with a designated gynecologic section?
 - No
 - Yes
- Does your laboratory receive risk-reducing surgery specimens from women at high-risk for gynecologic disease/cancer? If so, estimate annual number?
 - No
 - Yes (annual number: ____)

How are specimens for the following specific indications processed?

Clinical Indication	SEE-Fim (Sectioning and Extensively Examining of the Fimbria)	Submit fimbria	Submit ovaries	Endometrium
High-Grade Serous Cancer Stage I, II, IIIAi	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)
Risk-reducing salpingo-oophorectomy or salpingectomy	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)
Surgery for benign	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No

indications, first sections reveal equivocal or definite STIC (serous tubal intraepithelial carcinoma), epithelial atypia in ovary or clinically occult cancer	<input type="radio"/> Yes	<input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)
Surgery for benign indications, first sections reviewed are negative	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)	<input type="radio"/> No <input type="radio"/> Yes (total) <input type="radio"/> Yes (partial)

- 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

- 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

- Other comments/clarifications?