WOMEN'S INTERAGENCY HIV STUDY

SECTION 34: LIVER BIOPSY ASCERTAINMENT PROTOCOL

A. OBJECTIVES

- To collect pathology reports and tissue specimens from liver biopsies performed on WIHS women as part of routine patient care or as part of a research study. Pathology reports and tissue specimens from both retrospectively (visits 1 through 23) and prospectively (visits 24+) reported liver biopsies will be obtained.
- To review and confirm liver diagnoses using data obtained from pathology reports and tissue obtained from WIHS participants.

NOTE: Review of liver biopsy tissue samples has been discontinued.

B. PARTICIPANT ELIGIBILITY AND ENROLLMENT

All WIHS participants (HIV-infected and HIV-uninfected) who have had a liver biopsy are eligible to participate. All participants who meet the eligibility criteria will be asked to sign a release form, permitting access to the pathology report and biopsy material from the institution where the biopsy was performed.

C. ASCERTAINMENT TRIGGERS

This protocol is activated with the occurrence of any of the following:

1. PARTICIPANT SELF-REPORT

   At each visit, participants are administered the WIHS *Follow-up Health History Questionnaire* (F22HX), which asks if the participant has had a liver biopsy since her last study visit. Outcome ascertainment will be triggered when a participant reports having undergone a liver biopsy.

2. REPORT THROUGH PASSIVE SURVEILLANCE

   Reports of ascertainable events from participants, care providers, friends and families, or other sources that are not part of the standard WIHS visit protocol, or that are obtained through systematic review of participants, are considered passive surveillance reports. This also includes reports of events found upon review of participant medical or hospital records that were not self-reported. For example, if during the abstraction of a self-reported event, the abstractionist discovers a liver biopsy that the participant did not report, this biopsy should be abstracted in addition to the reported event originally abstracted.

D. CREATION OF ASCERTAINMENT TRACKING CHECKLIST

The first step in the ascertainment of an event is the completion of an *Ascertainment Tracking Checklist* (ATC) by the interviewer. Each liver biopsy reported by a participant should be recorded on the *ATC*; it will then become a separate record within the "abstract event database" upon data entry of the *ATC*.

Liver biopsies self-reported as occurring prior to visit 24 have had *ATC* records created and entered by WDMAC into the abstract event database in Apollo. Biopsies occurring during or after visit 24 will have an *ATC* record generated automatically, as described below.

When a participant reports having had a liver biopsy since her previous study visit, Apollo will automatically generate an *ATC* record with the appropriate disease code (610) and a unique Event Tracking Number (ETN).

The *Apollo Ascertainment Tracking Checklist* (ATC) *Report* originates from the abstract event database, and should be periodically printed by the site's data manager when a participant dies or when self-reported events need to be ascertained.

ATC forms generated as part of the Liver Biopsy Ascertainment Protocol will:

a. inform staff when liver biopsies have been self-reported, and when and where the biopsy was performed;

b. assign a unique Event Tracking Number (ETN) to each self-reported liver biopsy;

c. provide the means to track if the pathology report and tissue sample were obtained and the level of effort exerted to obtain them;

d. track within Apollo which forms were completed and submitted.

E. OBTAINING PATHOLOGY REPORTS AND TISSUE SAMPLES

In order for the Liver Biopsy Ascertainment Protocol to be standardized and uniform across WIHS sites, all staff should follow the same guidelines for requesting pathology reports and tissue specimens.

After ascertaining that the participant has undergone a biopsy, the interviewer will ask the participant for permission to collect a copy of the pathology report and a portion of the material for review. The interviewer will then collect information indicating the details (the date of the biopsy and the institution/clinic where the biopsy occurred) on the *ATC* form and obtain consent for review of the participant's medical records and tissue.

If the participant refuses permission for review, the interviewer will write *"refused review"* on the *ATC* form, and no further action will be taken.

F. REVIEW OF PATHOLOGY REPORTS

Request a copy of the pathology report for each reported biopsy. After receipt, pathology reports should be prepared as follows:

- Delete or mark out any identifying information on the report.
- Write the WIHSID, visit number and Event Tracking Number (ETN) on the report.

Site staff should mail or fax a copy of each pathology report to Christine Alden at WDMAC.

Christine Alden
JHSPH, Department of Epidemiology
111 Market Place, Suite 906
Baltimore, MD 21202

Phone: 410-223-1658
Fax: 410-223-1666

Please, do not send tissue samples to WDMAC; they will be returned.

If a participant made multiple reports for one biopsy (e.g., reported the same liver biopsy at visits 3, 4 and 5), only one pathology report need be sent to WDMAC; however, please record all associated ETNs on that pathology report to make it clear that no other pathology reports should be expected for the associated ETNs. If multiple ETNs apply to one pathology report, please report this in the ATC record as *"event ascertained elsewhere"* for ascertainment disposition.

Ms. Alden will photocopy the pathology reports before forwarding to Marion Peters at UCSF. Dr. Peters will review the pathology reports and complete the *Liver Biopsy Abstraction Form* (QCLB). Completed *QCLB* forms will be returned to Ms. Alden, who will distribute them to the originating site for data entry.

If a pathology report cannot be obtained, record the reason why it was not obtained in question A9 (medical record release) or question A11 (ascertainment disposition) of the *Apollo Ascertainment Tracking Checklist* (ATC) *Report*. This would include records that could not be obtained due to lack of a signed medical record release form (A9), those which could not be found for the date or event being abstracted, those which the hospital would not release, etc. (A11).

G. REVIEW OF TISSUE SAMPLES

NOTE: Review of liver biopsy tissue samples has been discontinued.

In addition to review of pathology reports, central pathology review will be performed on tissue specimens for all liver biopsies confirmed by medical record abstraction.

Site staff will send the participant's signed consent form with a request to the institution where the biopsy was taken, and request the following:

1. 1 H+E (hemotoxylin and eosin) stained slide, AND
2. 1 trichrome stained slide.

Ideally, WIHS would like to keep the slides; however, if requested, we will return the slides to the originating institution.

After the request, site staff should follow-up with the institution in question to assure that the material is sent to the requesting WIHS site. Once slides have been received, site staff will label all slides with (1) WIHSID, (2) visit number, and (3) Event Tracking Number.

After labeling, ship slides for central review to:

Patricia Latham, M.D.
George Washington University Medical Center
Department of Pathology (Ross Hall 502)
2300 I Street, NW
Washington, DC 20037

Phone: 202-994-5057

Please, do not send pathology reports to Patricia Latham; they will not be reviewed.

Dr. Latham will review the slides and fill out the *Liver Biopsy Abstraction Form* (QCLB), outlining the results of the central review. Completed *QCLB* forms will be returned to Ms. Alden, who will distribute them to the originating site for data entry.

H. SUPPLIES AND MATERIALS

The additional supplies and materials (as noted below) will be required:

CLERICAL SUPPLIES

- Consent form
- *Ascertainment Tracking Checklist* (ATC)
- *Liver Biopsy Abstraction Form* (QCLB)
- Specimen labels (that will stick to slides) with WIHSID, visit number, and Event Tracking Number
- Small slide shipping box
- Shipping label