australasian biospecimen network association

TOGETHER APART:

REDEFINING THE NETWORK

18TH ANNUAL CONFERENCE

HYBRID EVENT

21 OCTOBER 2021

australasian biospecimen network association

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australasian biospecimen network association

AUSTRALASIAN BIOSPECIMEN NETWORK ASSOCIATION

ABNA is committed to providing an opportunity for individuals who have an interest in tissue banking and biorepositories to share information and experience.

ABNA supports and promotes best practice biobanking in Australasia.

ABNA AIMS

SUPPORT

Supporting new and emerging biobanks through protocol sharing and collegiate support.

BIOSPECIMEN ACCESS

Promoting biobanks throughout Australia and New Zealand to ensure high quality biospecimens are provided to support high quality research.

NETWORKING

Networking co-operatively and collaboratively with funding bodies and regulators to promote the interests of biobanking.
ABNA is an affiliated member of ISBER.

ABNA serves the biobanking community, research community and the general public and is managed by a committee structure elected by the membership.

GENERAL INFORMATION

Venue:
MS Teams Event/State Hubs

Meeting Date:
21 October, 2021

Conference Registration:
Conference registration is via the website: http://abna-2021-virtual.w.abna.currinda.com/register

Corporate Sponsors:
Sponsors are assigned to each of 5 hubs. Those states able to host in-person hubs will have sponsors on site.

ABNA Conference Dinner:
Conference hubs may be able to host a networking dinner depending on the current Covid-19 regulations for the hub location.

Full Conference Registration inclusions:
Virtual registration:
Access to all on-line presentations and question times via MS Teams.
Hub registration:
Access to all on-line presentations and question times which will be made available through the AV system at the hub location. Catering will be provided at each hub.

Conference Handbook:
The e-handbook can be downloaded from **HERE**.

Conference Recording:
This conference cannot be recorded as not all speakers have given consent for their content to be shared.

Conference Proceedings:
Slide decks will be available on the ABNA website in the week following the conclusion of the conference. Only slide decks from speakers who sign a release form or provide verbal consent will be made available.

Oral Presentations:
Please be aware of your allocated speaking time and do not exceed this. Reminders will be given by the session chair to assist with keeping the schedule running as listed in the conference program.

Poster Presentations:
There will be no poster presentations at this years meeting, selected abstracts have received rapid fire presentation slots in the program.

Venus:
See next page for a list of the venue hubs.

Social Media:
Please use #ABNA2021Virtual when posting on Instagram or Twitter.

#ABNA2021Virtual

Disclaimer:
The ABNA 2021 conference committee reserve the right to amend or alter any advertised details relating to dates, program and speakers if necessary, without notice, as a result of circumstances beyond our control. All attempts will be made to keep any changes to a minimum

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VENUE HUBS

SOUTH AUSTRALIA

Location
The University of Adelaide
Helen Mayo North Building
Adelaide Microscopy Meeting Room NG27
Hub Chair
Georget Reaiche
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NEW SOUTH WALES

Location
On-line only
Hub Chair
Cassandra Griffin
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HAMILTON SAMPLE MANAGEMENT FOR LIFE SCIENCE STORAGE

WESTERN AUSTRALIA

Location
Telethon Kids Institute
Perth Children's Hospital
Level 5 Seminar room
Nedlands, Perth
Hub Chair
Nina D'Vaz
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QUEENSLAND

Location
Institute for Molecular Biosciences
Queensland Biosciences Precinct
Seminar room 6.104
306 Carmody Road, St Lucia
Hub Chair
Leanne Wallace
Sponsor

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VICTORIA

Location
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Hub Chair
Helen Tsimiklis
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ANUSHA HETTIARATCHI
2020/2021 ABNA PRESIDENT

PRESIDENTS MESSAGE

Dear Conference Delegates,

On behalf of the Management and Conference Organising Committees, welcome to ABNA's first Hybrid Annual Conference. After a year without an annual event in 2020 we are pleased to see so many attendees at this event, either on-line or at the hub venues. We are hosting this meeting over multiple time zones with speakers or attendees not just from Australia and NZ but live presentations from the US and Japan.

As we have adapted to working a little differently as biobankers, we have had to redefine our networks and learn new networking skills along with new ways of working. Who would have guessed back in 2019 at the Cairns meeting when we crossed to the Philippines for just one presentation that 2 years later this would be the norm. As we move into a post-pandemic working environment we have a unique opportunity to bring with us all the new skills, which we may have learned out of necessity but can now appreciate their utility. Our 2021 presentations will reflect these aspects of the conference theme; Together Apart - Redefining the Network.

I would like to make special mention of the 2021 Conference Organising Committee and the ABNA Treasurers who this year, more than in previous years, had to work through the uncertainty and constantly evolving regulations and restrictions over different state hubs.

Thank you to our sponsors who came on board in a vastly reduced timeframe as we defined what exactly the sponsorship offering could be, and worked with us as hubs locations went from in-person events to completely virtual. Without your support ABNA would not be able to put on these events and we look forward to returning to a mostly in-person event in 2022 to allow a more traditional networking experience with our conference delegates.

I hope you enjoy this virtual event and take with you some new ideas and connections to grow your network and expand your biobanking ideas.

My term as ABNA President comes to an end at the conclusion of this conference. Thank you to both the Management and Conference Organising Committees who have been such great teams to work with these past 2 years and I wish the very best to the incoming committee and office bearers.

Anusha Hettiaratchi

australasian biospecimen network association

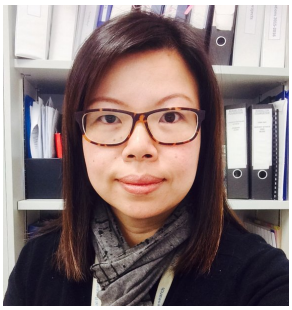
ORGANISING COMMITTEE

Nina D'Vaz

Chris Gorman

Cassandra Griffin
ABNA Vice President

Anusha Hettiaratchi
ABNA President



Jennie Hui

Georget Reaiche

Pamela Saunders

Valerie Jakrot
ABNA Treasurer

Catherine Kennedy
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Helen Tsimiklis
ABNA Treasurer

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PROGRAM OVERVIEW

THURSDAY 21 OCTOBER

Welcome to country

SESSION 1: SOUTH AUSTRALIAN HUB

Prof Alex Brown - Keynote Address
Simon Dillon - Australian Wine Research Institute/Australian Wine Microorganism Culture Collection
Jen Cheung - Rapid fire presentation

SESSION 2: NEW SOUTH WALES HUB

Dr Rose Upton - Building a sperm repository for fire-affected frogs in Australia; fighting fire with ice
Prof Craig Pennell - NEW1000 and the Early Origins of Health and Disease
Craig Willers - Rapid fire presentation

SESSION 3: WESTERN AUSTRALIAN HUB

Dr Rym Ben Othman - The STRICT framework applied to multi-sites clinical studies: Challenges and opportunities
A/Prof Mika Sakurai - Tohoku Medical Megabank Project - Reconstruction from the earthquake towards the realization of personalized healthcare
Jenette Creaney - Rapid fire presentation

SESSION 4: QEENSLAND HUB

Prof Jennifer Byrne - Update on the development of a national biobanking framework for Australia: why, what, when and how.
Simon Lake - Never Tear Us Apart: Australia & The International Biobanking Community
Dr Peter Cuneo - The Australian PlantBank – securing NSW plant diversity
Karena Pryce - Rapid fire presentation

SESSION 5: VICTORIAN HUB

A/Prof Daniel Catchpoole - Keeping Up with a World of Biobanking
Dr Megan Penno - An update on The Environmental Determinants of Islet Autoimmunity Study
Emily Galea - Rapid fire presentation

ABNA Annual General Meeting
Prize giving and closing

WELCOME TO COUNTRY

07:30 AWST/ 09:30 AEST/ 10:00 ACDT 10:30 AEDT/ 12:30 NZDT

ABNA are very pleased to have Uncle Mickey Kumatpi Marrutya O'Brien offer the Welcome to Country from Kaurna land within South Australia.

WHAT IS WELCOME TO COUNTRY?

Protocols for welcoming visitors to Country have been a part of Aboriginal and Torres Strait Islander cultures for thousands of years. Despite the absence of fences or visible borders, Aboriginal and Torres Strait Islander groups had clear boundaries separating their Country from that of other groups. Crossing into another group's Country required a request for permission to enter. When permission was granted the hosting group would welcome the visitors, offering them safe passage and protection of their spiritual being during the journey. While visitors were provided with a safe passage, they also had to respect the protocols and rules of the land owner group while on their Country.

Today, obviously much has changed, and these protocols have been adapted to contemporary circumstances. However, the essential elements of welcoming visitors and offering safe passage remain in place. A Welcome to Country occurs at the beginning of a formal event and can take many forms including singing, dancing, smoking ceremonies or a speech in traditional language then translated into English. A Welcome to Country is delivered by Traditional Owners, or Aboriginal and Torres Strait Islander people who have been given permission from Traditional Owners, to welcome visitors to their Country.

WHAT IS ACKNOWLEDGMENT OF COUNTRY?

An Acknowledgement of Country is an opportunity for anyone to show respect for Traditional Owners and the continuing connection of Aboriginal and Torres Strait Islander peoples to Country. It can be given by both non-Indigenous people and Aboriginal and Torres Strait Islander people.

Similar to a Welcome to Country, an Acknowledgement of Country is generally offered at the beginning of a meeting, speech or formal occasion.

WHY ARE WELCOMES TO COUNTRY AND ACKNOWLEDGMENTS OF COUNTRY IMPORTANT?

Aboriginal and Torres Strait Islander peoples have experienced a long history of exclusion from Australian history books, the Australian flag, the Australian anthem and for many years, Australian democracy. This history of dispossession and colonisation lies at the heart of the disparity between Aboriginal and Torres Strait Islander and non-Indigenous Australians today.

Including recognition of Aboriginal and Torres Strait Islander people in events, meetings and national symbols is one part of ending the exclusion that has been so damaging. Incorporating welcoming and acknowledgement protocols into official meetings and events recognises Aboriginal and Torres Strait Islander peoples as the First Australians and Traditional Custodians of land. It promotes an ongoing connection to place of Aboriginal and Torres Strait Islander Australians and shows respect for Traditional Owners.

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SESSION 1

08:00 AWST/ 10:00 AEST/ 10:30 ACDT
11:00 AEDT/ 13:00 NZDT

SOUTH AUSTRALIAN HUB
CHAIR: GEORGET REAICHE

KEYNOTE ADDRESS
PROF ALEX BROWN
Aboriginal Health Equity Theme Leader at SAHMRI, Professor of Medicine at the University of Adelaide.

SESSION 1 PRESENTATION 2
SIMON DILLON
Australian Wine Research Institute/Australian Wine Microorganism Culture Collection.
OUTLINE:
1. Introduction
   a. The Australian Wine Research Institute
   b. The Australian Wine Microorganism Culture Collection – Who, What, Where but more importantly…Why?
   c. What do winemakers want? – Day to day innovation
2. Project descriptions
   a. Bioprospecting – Who's in the house?
      i) wine environments
      ii) cider gum project
   b. Saccharomyces breeding program and Rosé yeast – research to applied science to product
   c. Shipwreck yeast – Biobankings' 5 minutes of fame

RAPID FIRE PRESENTATION
JEN G. CHEUNG
Program Manager, The Alfred Cancer Biobank, Department of Medical Oncology, Alfred Health, Melbourne, VIC, Australia.
TITLE: Founded on Collaboration, Operating with Resilience: The Alfred Cancer Biobank's Approaches To Stimulate Engagement In A Resource-Challenged Environment.

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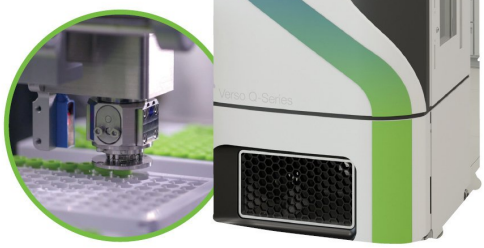

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SESSION 2

09:20 AWST/ 11:20 AEST/ 11:50 ACDT
12:20 AEDT/ 14:20 NZDT

NEW SOUTH WALES HUB
CHAIR: CASSANDRA GRIFFIN

SESSION 2 PRESENTATION 1

DR ROSE UPTON

Aquatic Germplasm and Genetic Resources Center, School of Renewable Natural Resources, Louisiana State University Agricultural Center, Baton Rouge, LA, The United States of America

TITLE: Building a sperm repository for fire-affected frogs in Australia; fighting fire with ice

OUTLINE:

Rose Upton (1,2), Natalie E. Calatayud (1,3), Rebecca G. Y. Seeto (1), Darcie Brett (1), Stephen Mahony (1), Simon Clulow (4), Rebecca Hobbs (3), Justine K. O'Brien (3), John Clulow (1), Michael J. Mahony (1)

1. *The Conservation Biology Research Group, School of Environmental and Life Sciences, The University of Newcastle, NSW, Australia.*
2. *Aquatic Germplasm and Genetic Resources Center, School of Renewable Natural Resources, Louisiana State University Agricultural Center, Baton Rouge, LA, The United States of America.*
3. *Taronga Institute of Science and Learning, Taronga Conservation Society Australia, Taronga Western Plains Zoo, NSW, Australia.*
4. *Centre for Conservation Ecology & Genomics, Institute for Applied Ecology, University of Canberra, ACT, Australia.*

The 2019/20 megafires affecting the east coast of Australia have exacerbated the ongoing biodiversity crisis, with an estimated 3 billion animals killed or displaced by the fires (51 million of which were frogs). With many frog species already threatened prior to the fires, innovative solutions are needed to increase the output of conservation actions already commonly used. Frozen sperm repositories have the potential to advance conservation efforts by preserving the genetic diversity of species, allowing correction of inbreeding depression caused by habitat disruptions such as fire. We aimed to mitigate future effects of the fires by collecting and storing sperm from several threatened species/populations in bushfire affected areas of Australia. We collected over 400 straws of sperm from more than 100 individuals across 10 species. Sperm collection and cryopreservation was conducted in the field, with frogs returned following sperm collection (Figure 1). The use of repositories to safeguard genetically important samples is a relatively new application within conservation, however it is hoped this example will spur more initiatives within conservation communities worldwide.

Figure 1. Bringing laboratory-based technologies to the Australian bush to cryopreserve sperm from endangered amphibians. (a) Sperm collection and cryopreservation in a temporary field-based lab; (b) Helioporous australiacus; (c) Litoria subglandulosa; (d) Mixophyes iteratus. Photo credits: (a) and (c) Samantha Wallace; (b) and (d) Rose Upton.

SESSION 2

NEW SOUTH WALES HUB
CHAIR: CASSANDRA GRIFFIN

SESSION 2 PRESENTATION 2

PROF CRAIG PENNELL

Chair Obstetrics and Gynaecology, Head of Discipline at the University of Newcastle, Senior Staff Specialist in Maternal Foetal Medicine, John Hunter Hospital

TITLE: NEW1000 and the Early Origins of Health and Disease

OUTLINE: Imagine if all women could have successful, healthy pregnancies delivering their babies at term. Imagine if you had the opportunity to help every child reach their full potential. Imagine if you could predict adult disease early in life and use precise interventions to put people on trajectories to health rather than disease. Imagine if precision medicine was no longer a concept but became reality in perinatal health care. We no longer need to imagine – we are building the resource to answer these questions and more – this resource is NEW1000.

Development of Newcastle1000 (or NEW1000) began in March 2018 when community members met with key stakeholders from the University of Newcastle (UON), Hunter Medical Research Institute (HMRI) and Hunter New England Local Health District (HNELHD) to discuss the need for a research program in the Hunter region to study the role of the first 1,000 days of life in the early origins of health and disease. This was followed by seven consumer group workshops including Aboriginal families in Newcastle and Tamworth, and families from culturally and linguistically diverse backgrounds. After three years of development, NEW1000 recruited its first families in March 2021. Over the next 10 years, the NEW1000 team intends to recruit 10,000 families with detailed, longitudinal, dense metadata and serial sample collection for meta-omics analyses to assess the genome, epigenome, transcriptome, fragmentome, microbiome, metabolome, proteome, and exposome. The first 1,000 days of a child's life, starting from conception, are crucial for shaping their life-long health, social development, and wellbeing, ultimately allowing them to reach their full potential. Due to the importance of the first 1,000 days of life, each family is reviewed 10 times in the first 1,000 days and then every three years for the coming decades. To our knowledge, NEW1000 will be one of the most comprehensively characterised family cohorts in the first 1,000 days of life in the world. NEW1000 will unite research groups, universities, organisations, institutions, and the community to achieve this goal and improve the health of our community for generations.

In this presentation, I will provide an overview of NEW1000 and how we have addressed the challenges of building this bioresource for the future.

RAPID FIRE PRESENTATION

CRAIG WILLERS

Institute of Bone and Joint Research, Kolling Institute, University of Sydney, NSW, Australia

TITLE: A Combined Biobank Laboratory Information and Patient Registry System for Prospective Multisite Chronic Diseases Research Using REDCap.

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SESSION 3

10:45 AWST/ 12:45 AEST/ 13:15 ACDT 13:45 AEDT/ 15:45 NZDT

WESTERN AUSTRALIAN HUB
CHAIR: NINA D'VAZ

SESSION 3 PRESENTATION 1

DR RYM BEN OTHMAN

TITLE: The STRICT framework applied to multi-site clinical studies: challenges and opportunities

OUTLINE: Healthcare research commonly involves studies with many sites, which can be spread across different countries or even continents. These investigations are often complex, have many moving parts, and are time-sensitive especially in pandemics as the world was facing with COVID-19. The success entails a lot of extensive pre-trial planning, standardization of procedures, education and training of personnel involved, good monitoring systems in place to identify problems at early stages and correct them fast, robust data collection techniques and proper documentation to ensure that all aspects of the study are traceable.

The presentation will attempt to highlight a framework, keys concepts of performing a multi-site clinical trial. The goal is to successfully implement studies in a uniform manner to ensure data veracity, high quality data and the ability to track the study and results effectively.

SESSION 3 PRESENTATION 2

A/PROF MIKA SAKURAI

TITLE: Tohoku Medical Megabank Project - Reconstruction from the earthquake towards the realisation of personalised healthcare

OUTLINE: The Tohoku Medical Megabank (TMM) Project was launched for the reconstruction from the Great East Japan Earthquake (GEJE) together with the establishment of next-generation medical systems. For these purposes, we have been conducting two prospective genome cohort studies, the TMM Community-Based Cohort Study (TMM CommCohort Study; 80K participants) and the TMM Birth and Three-Generation Cohort Study (TMM BirThree Cohort Study; 70K participants). In addition, we established 'integrated biobank' consisting of biospecimens, health information, and analytical data obtained in our own analytical facilities. The strategies for genome analyses in TMM are to develop ethnic-specific SNP arrays, Japonica Array, based on a Japanese genome reference panel and to obtain genotype data for all participants subsequently. We have almost completed the genotyping and started the association studies in collaboration with others. In order to provide personalized healthcare for the TMM cohort participants and others, we will continue to establish solid research infrastructures and promote risk analyses of multifactorial diseases.

RAPID FIRE PRESENTATION

JENETTE CREANEY

National Centre for Asbestos Related Diseases / Sir Charles Gairdner Hospital / Institute for Respiratory Health, Nedlands, WA, Australia

TITLE: National Centre for Asbestos Disease - Biobank

SESSION 4

11:50 AWST/ 13:50 AEST/ 13:20 ACDT
14:50 AEDT/ 16:50 NZDT

QUEENSLAND HUB
CHAIR: LEANNE WALLACE

SESSION 4 PRESENTATION 1

PROF JENNIFER BYRNE
Director of Biobanking, NSW Health Pathology
TITLE: Update on the development of a national biobanking framework for Australia: why, what, when and how.
OUTLINE: The need for a national approach to biobanking has been discussed for many years in Australia, arguably since the formation of the ABNA in 2001. I will briefly summarise the outcomes from the 2016 National Research Infrastructure Roadmap, as these relate to national biobanking, and provide an update of the biobanking discussions that have taken place during the development of the 2021 National Research Infrastructure Roadmap. I will describe how biobankers can continue to contribute to national biobanking discussions, through for example, responding to the anticipated exposure draft of the 2021 Roadmap.

SESSION 4 PRESENTATION 2

SIMON LAKE
Accreditation Specialist, National Association of Testing Authorities, Australia
TITLE: Never Tear Us Apart: Australia & The International Biobanking Community
OUTLINE: In this quickfire presentation, Simon Lake will explore how the Australian roll-out of ISO 20387 (General Requirements for Biobanking) will ensure that, despite our ongoing physical isolation from the rest of the world, we are more closely aligned with current international best biobanking practices than ever before.

SESSION 4 PRESENTATION 3

DR PETER CUNEO
Manager Seedbank & Restoration Research, Australian PlantBank
TITLE: The Australian PlantBank – securing NSW plant diversity
OUTLINE: The Australian PlantBank located at the Australian Botanic Garden Mount Annan, is a global leader in wild native seed conservation and research. This talk will explore the role of PlantBank and the approach to seed collections and research, with a focus on NSW species. The conservation work and partnerships will be described, including the NSW threatened species seed program.

RAPID FIRE PRESENTATION

KARENA PRYCE
Garvan Institute of Medical Research, Darlinghurst, NSW, Australia
TITLE: Using Matrix Gemini to manage the GWCCG Biobank

SESSION 5

13:00 AWST/ 15:00 AEST/ 15:30 ACDT
16:00 AEDT/ 18:00 NZDT

VICTORIAN HUB
CHAIR: HELEN TSIMIKLIS

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SESSION 5 PRESENTATION 1
A/PROF DANIEL CATCHPOOLE
Head, Tumour Bank, The Children's Hospital, Westmead
TITLE: Keeping Up with a World of Biobanking
OUTLINE: A brief summary of matters that are impacting biobanking around the world

SESSION 5 PRESENTATION 2
DR MEGAN PENNO
National Project Manager for the Environmental Determinants of Islet Autoimmunity (ENDIA) study, Research Fellow at the University of Adelaide, Australia.
TITLE: An update on The Environmental Determinants of Islet Autoimmunity Study
OUTLINE: The national Environmental Determinants of Islet Autoimmunity (ENDIA) study is prospectively following children at increased genetic risk of developing type 1 diabetes from pregnancy. Recruitment of 1500 mother-infant dyads was completed in late 2019. Although the cohort is still under active follow-up with a median child age of 4 years, the ENDIA team have already published novel data comparing the virome and microbiome of pregnant women with and without type 1 diabetes. Sufficient numbers of children in the ENDIA cohort are now demonstrating progression towards type 1 diabetes to commence exploratory studies using different 'omics platform technologies comparing progressors with non-progressors. These shall be introduced.

RAPID FIRE PRESENTATION
EMILY GALEA
Alfred Health, Melbourne, VIC, Australia
TITLE: Alfred Brain Tumour Bio-databank (ABTB)

ABNA AGM

PRIZE GIVING & CLOSE

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2021 KEYNOTE SPEAKER

ALEX BROWN

Professor Alex Brown (BMed, MPH, PhD, FRACP (hon.), FCSANZ, FAAHMS) is the Aboriginal Health Equity Theme Leader at SAHMRI, and Professor of Medicine at the University of Adelaide.

Alex is an internationally leading Aboriginal clinician/researcher who has worked his entire career in Aboriginal health in the provision of public health services, infectious diseases and chronic disease care, health care policy and research. He has established three highly regarded research groups over the last 15 years, and currently leads a large research group (50% of whom identify as Aboriginal and/or Torres Strait islander Australians). Much of his work has been at the difficult interface of geographical isolation, complex cultural context, severe socioeconomic disadvantage, inequitable access to and receipt of care and profound health disparities.

His transdisciplinary program of research focuses on documenting the burden and contributors to health inequality in Indigenous Australians, with a primary focus on cardiovascular disease (CVD), diabetes and cancer. Since commencing at SAHMRI 8 years ago, he has overseen the establishment of an integrated centre of excellence in Indigenous chronic disease and public health research. He leads projects in CVD epidemiology and policy; the social, clinical, and biological correlates of diabetes and its complications; intervention trials; documenting cancer inequalities and how best to overcome them; innovative mixed-methods primary care research; and evaluations of health care models, systems and programs.

SPEAKERS

2021 INVITED SPEAKERS

RYM BEN-OTHMAN

Rym Ben-Othman is a researcher passionate about the impact of research in health and specifically on those who need it the most: the youngest and the poorest. Rym had a PhD in Cellular and molecular biology focused on host immune system and metabolism in the context of infectious disease.

She then switched her research interest towards infant vaccination, interventions in early life and implementing multi-omics cohort studies in low resources setting. She was involved in managing multi-sites projects, standardizing processes, and implementing clinical studies across different continents.

Rym co-founded “The Accelerator” a research service platform” with Professor Tobias Kollmann within Telethon Kids Institute in Perth with a mission to accelerate access to high throughput, cutting edge analytical pipelines and technologies to increase research outcomes, maximise progress, translation and impact of research findings.

JENNIFER BYRNE

Professor Jennifer Byrne is Director of Biobanking with NSW Health Pathology and conjoint Professor of Molecular Oncology in the Faculty of Medicine and Health at the University of Sydney.

Having spent much of her scientific career analysing childhood and adult cancers at a molecular level, Professor Byrne’s current research interests include improving the operations of human tissue banks, and the detection and analysis of biomedical research papers that describe wrongly identified nucleotide sequence reagents.

2021 INVITED SPEAKERS

DANIEL CATCHPOOLE

A/Prof Catchpoole was appointed Head of the Tumour Bank at The Children's Hospital at Westmead in 2001, where he has established a tissue-based research program within the Children's Cancer Research Unit of The Kids Research Institute. A/Prof Catchpoole brings with him extensive real-world experience in the operations, governance and regulatory requirements around which biobank driven research must be practiced. He has experience in the micro-management of teams of biobankers and research professionals as well as the strategic management of valuable biobanking infrastructure within a public hospital.

He has built a strong record for professional networking, bringing diverse professionals from across the nation into collaborations with singular themes. This includes being a founding member and first President of The Australasian Biospecimens Network Association. His leadership in these and other areas has been recognized across the translational research disciplines and has contributed to a number of committees at local, state and national levels. In 2019, he was elected by his international peers to the position of President of the International Society for Biological and Environmental Repositories (ISBER).

A/Prof Catchpoole is expert in building the necessary frameworks essential for active translational research activity in cancer specifically involving tumour biospecimens. This includes experience of basic research into cell and molecular biology, knowledge of clinical pathways through medical institutions including the pathology departments practices, everyday management of biobanks and linkage to required clinical data, the generation of complex genomic and biomedical dataset by high-throughput technologies (eg microarray and next generation sequencing) and the high-end computational analysis of complex multi-dimensional data to draw out actionable knowledge which has clinical relevance. Throughout, he has full awareness of the ethical, regulatory and societal standards expected when using human tissue in research. Hence, he brings broad expertise that builds biobanking services and infrastructure that cover the full continuum of tissue handling expertise necessary for sustainable and meaningful biomedical research.

2021 INVITED SPEAKERS

SIMON DILLON

Simon Dillon has been involved in agriculture and food production for 35 years with roles in research, extension, production, and management.

A research scientist in different fields, but for the last 20 years primarily a microbiologist in beverage fermentation (wine, vinegar and recently beer, cider and non-alcoholic beverages). His current role is the management of the largest microbial fermentation culture collection in the southern hemisphere, with some yeast dating back to the late 1930's. His team provides researchers and production companies with access to greater than six thousand yeast and bacterial strains predominantly from winemaking environments.

In 2015 the AWMCC was crucial in the isolation and characterisation of 3 species of yeast from a 220-year-old beer bottle that was retrieved from a ship that ran aground in 1797 and led to the development of a commercial beer product 3 years later.

PETER CUNEO

Peter Cuneo is the manager of Seedbank & Restoration Research at the Australian PlantBank, Australian Botanic Garden Mount Annan where he is program leader for the seedbank, including the statewide threatened species seed program.

Peter's main research interest is restoration ecology; including threatened plant translocations, management of invasive species and restoration techniques for grassy woodland ecosystems.

2021 INVITED SPEAKERS

SIMON LAKE

Simon Lake is an Accreditation Specialist working for NATA (National Association of Testing Authorities), who have recently commenced offering accreditation in Australia against ISO 20387 (General Requirements for Biobanking).

With a background in analytical chemistry and over 20 years of experience working in Biotechnology, from Big Pharma to smaller CROs working at the interface of pre-clinical / clinical trials,

Simon was chosen by NATA to assist in the roll-out of this new, internationally recognised biobanking standard.

CRAIG PENNELL

Professor Craig Pennell is the Chair in Obstetrics and Gynaecology and Head of Discipline at the University of Newcastle, and Senior Staff Specialist in Maternal Fetal Medicine (John Hunter Hospital). In addition to his subspecialty training in maternal fetal medicine, he has a PhD in fetal physiology and completed postdoctoral training in molecular genetics in Toronto.

Professor Pennell has managed high risk pregnancies as a subspecialist for over 15 years in Canada, Perth, and now Newcastle and his clinical work focuses on preterm birth prevention and pregnancy care after stillbirth. In addition to research, teaching and clinical medicine, he is the Foundation Scientific Director of the Newcastle 1000 Family Study (NEW1000) and Chair of the National Scientific Advisory Group of Red Nose.

Professor Pennell's research is best categorised as personalised medicine in perinatal health and the developmental origins of health and disease. His research is focussed on the use of genetics and genomics to predict and prevent preterm birth and non-communicable diseases across the lifespan.

Over his research career, he has published more 250 papers, been cited over 16000 times and been awarded more than $29M in competitive research grants.

2021 INVITED SPEAKERS

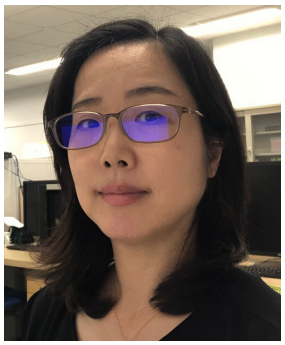
MEGAN PENNO

Dr Megan Penno is the National Project Manager for the Environmental Determinants of Islet Autoimmunity (ENDIA) study and Research Fellow at the University of Adelaide, Australia.

ENDIA is the first study in the world to explore how environmental exposures from pregnancy through early life may contribute to, or protect against, the development of childhood type 1 diabetes. Megan was appointed to manage ENDIA at the project's inception in 2012 and has played a central role in establishing and expanding the cohort, which completed recruitment of 1500 mother-baby pairs in December 2019.

Drawing on her experience in 'omics research, Megan was the first author of the published ENDIA protocol in 2013, and has developed the sample and data collection strategies that will underpin all future investigations involving ENDIA participants.

Megan is now leading her own research project within the ENDIA study aimed at identifying changes in the plasma proteins of mothers during pregnancy, and in babies during early life, that may indicate a child is at increased risk of developing type 1 diabetes – even before the destructive autoimmune process has commenced. This work is funded by JDRF Australia, the Leona M. and Harry B. Hemsley Charitable Trust, and Diabetes South Australia.



MIKA SAKURAI

Mika Sakurai is Associate Professor in Tohoku Medical Megabank Organization (ToMMo), Tohoku University, Japan.

She joined ToMMo in 2013 and manages microarray-based genotyping facility and education and training section under the ToMMo's missions to conduct genome cohort studies and develop a biobank. She received a PhD. in molecular biology from the University of Tokyo and worked there as a Research Associate prior to joining ToMMo.

2021 INVITED SPEAKERS

ROSE UPTON

Rose Upton completed her Bachelor of Science (Honours I) majoring in Biological Sciences at The University of Newcastle in 2016. She has been working with the Conservation Biology Research Group at the University of Newcastle since 2014 where she completed her PhD titled, “Development of sperm cryopreservation and assisted reproductive technologies for the conservation of threatened Australian tree frogs” in 2020.

Amphibians are experiencing unprecedented declines worldwide, with recent studies estimating 40-50% of amphibians are at risk of extinction. Within Australia, 46 species (approximately 20% of all Australian frogs) are either extinct or threatened with extinction. Rose’s work has had an emphasis on the conservation of the endangered green and golden bell frog, Litoria aurea, though she has worked with many Australian amphibian species. Rose was recently involved in a project funded by the federal department of Agriculture, Water, and Environment (DAWE) aiming to collect and store cryopreserved sperm from several amphibian species effected by the 2019/20 bushfires.

Rose has recently moved to Baton Rouge, Louisiana in the United States to begin her postdoctoral research at the Aquatic Germplasm and Genetic Resources Center at Louisiana State University Agricultural Center. Her research aims to develop germplasm repository capabilities for the aquatic biomedical models Xenopus laevis and Ambystoma mexicanum.

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RAPID FIRE PRESENTATIONS

ABSTRACT ID: South Australian Hub

Founded on Collaboration, Operating with Resilience: The Alfred Cancer Biobank's Approaches To Stimulate Engagement In A Resource-Challenged Environment

Jen G. Cheung (1, 2, 3) , Miles C. Andrews (1, 2) , Pacman Szeto (1, 2) , Irene Havryluk-Davies (4) , Andrea Cooper (4) , Mark J. Shackleton (1, 2)

1. *Department of Medical Oncology, Alfred Health, Melbourne, VIC, Australia*
2. *Central Clinical School, Monash University, Melbourne, VIC, Australia*
3. *School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia*
4. *Patient Experience & Consumer Participation Program (PECPP), Alfred Health, Melbourne, VIC, Australia*

The Alfred Cancer Biobank (ACB) is a collaborative platform. To achieve this, our biobanking program is linked to collaboration opportunities with patients, consumers, clinicians, biobanking staff and researchers. Here we describe the foundation principles through which we stimulate collaboration and local uptake in a resource-challenged environment during the coronavirus pandemic.

Principle 1. Patient-centred research. Recognising that patient-participants are not just biospecimen donors, but active participants in research and in their health care, we have implemented a three-tiered approach - 'inform-involve-empower' - to attract support for biobanking and related research projects at our institute, engaging patient communities at individual and organisational levels. We have also developed pipelines to integrate data derived from biospecimen-driven and clinical research studies, enabled by informed consent where appropriate.

Principle 2. Inventory development by project-driven biospecimen collections. Working with a small team in a resource-challenged environment, the costs associated with biobanking must be rationalised by high utilisation rates. In this light, we have adopted a project-driven approach, collecting biospecimens 'just-in-time', to minimise inventory holdings. As less time is required for expanding and managing a smaller, focused, project-specific inventory, biobanking staff are able to develop complementary skills such as patient-derived xenograft establishment, sequencing library preparation and bioinformatics analysis – ultimately enabling staff members to collaborate with researchers and contribute to publications directly and in various ways.

However, with minimal inventory holding, our approach has been sensitive to disruptions to biospecimen collection, such as those caused by the COVID-19 pandemic. Partnering with consumers, clinicians and other health services, the ACB has implemented multiple strategies to mitigate these disruptions.

ABSTRACTS

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RAPID FIRE PRESENTATIONS

ABSTRACT ID: New South Wales Hub

A Combined Biobank Laboratory Information and Patient Registry System for Prospective Multisite Chronic Diseases Research Using REDCap

Craig Willers (1), Tom Lynch(1), Vibhasha Chand (2), Mohammad Islam (3), Marissa Lassere (4), Lyn March (1)

1. *Institute of Bone and Joint Research, Kolling Institute, University of Sydney, NSW, Australia*
2. *Public Health and Preventive Medicine, Monash University, VIC, Australia*
3. *Information and Communications Technology, University of Sydney, NSW, Australia*
4. *School of Public Health and Community Medicine, University of New South Wales, NSW, Australia*

Comprehensive informatic solutions are essential to realising precision medicine for rheumatic and other chronic diseases through the big data revolution. As such, the Australian Arthritis and Autoimmune Biobank Collaborative (A3BC) sought to establish a low-cost, nation-scale data management system capable of managing complex multi-site, longitudinal biobank-registry requirements.

We assessed several international commercial and non-profit solutions using standardised requirement criteria and interviews. Compliance scoring was prioritised to meeting our project-critical requirements. Consumer / end-user co-design was integral to refining our system requirements for optimised adoption. Customisation of the selected software solution was performed to optimise field auto-population between participant timepoints and forms, using external modules that do not impact core code. Institutional and independent testing was used to ensure data security.

We selected the widely used research web application, Research Electronic Data Capture (REDCap), which is “free” for non-profit REDCap Consortium members, highly configurable and customisable to a variety of biobank and registry needs and can be developed/ maintained by biobank users with modest IT skill, time and cost. We created a secure, comprehensive participant-centric biobank-registry database that includes best practice data security measures (incl login for multi-site access using academic and government user credentials), permission-to-contact and dynamic itemised e-consent, a complete chain of custody from consent to biospecimen/data collection to publication, complex longitudinal patient-reported surveys, a fully integrated biobanking workflow, disease-specific case report forms, integration of record-level extracted/ linked participant data, significant form auto-population for streamlined data capture, and native dashboards for operational visualisations. The system has capacity to enrol participants with a range of diagnoses and healthy or at-risk controls (e.g. first degree relatives).

We recommend the reusable, economical, flexible and sustainable model we have developed in REDCap for prospective chronic disease biobanks or biobank-registry projects supporting research into improved disease prediction, targeted treatments and prevention strategies.

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RAPID FIRE PRESENTATIONS

ABSTRACT ID: Western Australian Hub

National Centre for Asbestos Disease - Biobank

Jenette Creaney (1,2,3), Y C Gary Lee (1,2,3), Anna Nowak (1,2) , Ebony Rouse (1), Jamie Linthorne (1,3) , Tina Firth (1,3) , Bruce Robinson (1,2)

1. *National Centre for Asbestos Related Diseases, Nedlands, WA, Australia*
2. *Sir Charles Gairdner Hospital, Nedlands, WA, Australia*
3. *Institute for Respiratory Health, Nedlands, WA, Australia*

The National Centre for Asbestos Related Disease (NCARD) biobank aims to collect and provide donated patient samples to facilitate research to further improve diagnosis and treatment of asbestos related disease as well expedite the development of early intervention strategies to reduce the burden of disease. The bank has collected samples from more than 1,000 mesothelioma patients, including blood, urine, tumour tissue and effusions. Importantly, the bank has also focussed on collecting samples from appropriate control populations, such as those at risk of mesothelioma, those with asbestos exposure but no mesothelioma and those where mesothelioma is part of the differential diagnosis pathway. In the process the bank has collected samples from individuals with a range of different benign and other malignant conditions.

All donors provide written, informed consent for collection of samples and clinical information to be collected for use in future non-specified research projects. Samples are processed using standardised protocols based on Australasian Biospecimen Network-Oncology guidelines. Requests to access samples for use in ethically approved research projects are reviewed by the NCARD Biobank Management Committee.

The tissue bank has contributed resources towards >100 research projects and publications, including those of The Cancer Genome Atlas (TCGA) and the National Institute of Health, Early Detection Research Network as well as our own research projects. Genetic material has been contributed to international and national efforts to perform molecular characterisation of malignant mesothelioma. Serum samples from the biobank underpinned the development and commercialisation of the mesothelin biomarker, the only approved biomarker for mesothelioma. Pleural effusion analysis have led to review of their clinical management and utility. Cell lines have been generated that support a range of projects exploring mesothelioma biology and drug sensitivity. Samples from the NCARD biobank are available, upon application and approval, for the wider research community to facilitate diverse research outcomes.

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RAPID FIRE PRESENTATIONS

ABSTRACT ID: Queensland Hub

Using Matrix Gemini to manage the GWCCG Biobank

Karena Pryce (1)

1. *Garvan Institute of Medical Research, Darlinghurst, NSW, Australia*

Matrix Gemini from Autoscribe Informatics is a complete Laboratory Information Management Software (LIMS) that allows management from simple to complex Biobanks. In our center, The Garvan-Weizmann Centre for Cellular Genomics (GWCCG) we have a highly complex Biobank. It is constituted of different types of biological samples (e.g. patient tissue samples, blood, cell lines, etc.) belonging to different projects, research streams and research groups. The customisable features and layouts of Matrix Gemini made this LIMS ideal for all the complex requirements and features that the GWCCG Biobank needed. These included separate registrations forms for Cancer and Stem Cell streams, calculations for progression free disease, security levels for different projects under the streams and the user-friendly interface.

Finding a LIMS that was able to meet our complex requirements was a reasonably quick process. However, once we landed on the system, the design and implementation process was a very lengthy process mainly due to the COVID pandemic. It took us between 6 to 7 months. Through months of consultation meetings we were able to implement the Matrix Gemini LIMS. We are now capable of managing all our current projects, accommodating any up-and-coming projects, whether they are large or small and being able to add new research streams/groups to the system.

Our final goal is to become a facility service where we will be able to collaborate with other internal and external researchers. On one hand, they will be able to request and use our stored specimens for their own research projects and on the other hand, researchers will also be able store their samples.

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RAPID FIRE PRESENTATIONS

ABSTRACT ID: Victorian Hub

Alfred Brain Tumour Bio-databank (ABTB)

Emily EG Galea (1), Catriona CM McLean (1), Loretta LP Piccenna (1), Mastura MM Monif (1), Law ML Meng (1), Terence TO O'Brien (1), Mark MS Shackleton (1), Sasha SS Senthi (1), Martin MH Hunn (1), Todaro MT Marian (1)

1. *Alfred Health, Melbourne, VIC, Australia*

The Alfred Brain Tumour Bio-databank (ABTB) commenced in 2019 through a partnership between Monash University's Department of Neuroscience and the Alfred Brain Program. It is a stored collection of samples and data from patients with a brain tumour.

The ABTB biobanking procedure is based upon the Canadian Tissue Repository Network (1) and the New South Wales (NSW) Health Pathology (2) standards. Any patient with a brain tumour undergoing surgery through the Alfred are eligible. Once informed consent is obtained, participants provide a blood sample and tumour tissue is taken at the time of operation. After examination by a pathologist, a portion of the tissue is retained for the biobank. The sample is snap frozen within 20 minutes of resection, and in studies where tissue is needed for culturing, tissue is kept fresh.

Samples are stored in biorepository freezers in PC2 accredited laboratories in the Department of Neuroscience. Clinical data is collected from medical records obtained through Alfred Health Information Services. All cases are allocated a code and clinical and biospecimen information are entered into a secure REDCap platform (3).

The ABTB Access Policy outlines the process researchers must follow who want access to samples and/or data.

The ABTB has recruited 178 patients; 62 high grade glioma, 20 low grade glioma, 35 cerebral metastasis, 31 meningioma, 20 pituitary adenoma, 6 schwannoma, 2 hemangioblastoma and 2 pseudoprogression with residual tumour. The ABTB team aims to work collaboratively with researchers. We are an active Consortium Member of Brain Cancer Biobanking Australia. Three research projects currently use the ABTB.

The ABTB is a collection of high-quality biospecimens and clinical information from 178 patients with a brain tumour. Two years into commencement, the ABTB is enabling research to study the molecular and genetic features underlying brain tumour development and its response to treatment.

References: 1. Canadian Tissue Repository Network. National Standards. CTRNet. https://www.ctrnet.ca/en/resources/national-standards/ 2. New South Wales (NSW) Health Pathology. Biobanking. https://nsw.biobanking.org/ 3. PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42 (2):377-81.

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DELEGATES

FIRST NAME	LAST NAME	ORGANISATION
Albert	Chetcuti	UNSW Biorepository
Alex	Brown	SAHMRI/University of Adelaide
Alice	Rykers	University of Auckland
Amanda	Mitchell	Scientifix
Angela	Mountain	Victorian Cancer Biobank
Angus	Forgan	AWRI
Angus	Netting	University of Adelaide
Anusha	Hettiaratchi	University of NSW
Aysen	Yuksel	Childrens Hospital at Westmead
Bailee	Renouf	Telethon Kids Institute
Belinda	Hales	Telethon Kids Institute
Bev	Muhlhausler	CSIRO
Camille	Schneider	Eastern Health
Candace	Carter	NSW Health Pathology
Carl	Martinez	Melanoma Institute Australia
Carmel	Quinn	UNSW Sydney
Caroline	Bull	CSIRO
Cassandra	Griffin	Hunter Cancer Biobank
Catherine	Kennedy	Westmead Hospital, WIMR, The University of Sydney
Chris	Gorman	Telethon Kids Institute
Claire	Davies	ANZGOG
Colette	Blyth	University of Adelaide/Divseek Australasia
Courtney	Kidd	Telethon Kids Institute
Craig	Pennell	Universty of Newcastle
Craig	Willers	Australian Arthritis and Autoimmune Biobank Collaborative
Daniel	Catchpoole	The Sydney Children's Hospital Network
David	Poynter	Macquarie University
Dongwei	Wang	The Westmead Institute for Medical Research
Duncan	Villanueva	Cancer Council Victoria
Ebony	Rouse	National Centre for Asbestos Related Disease
Elena	Fernandez	Murdoch Children's Research Institute
Elisa	Cachia	Macquarie University
Emily	Galea	Alfred Health
Gavin	Higgins	Victorian Cancer Biobank
Gayathri	Perera	Melanoma Institute Australia
Georget	Reaiche-Miller	The University of Adelaide
Gregory	Walters	QuickSTAT: Global Life Science Logistics
Haiyan	Lin	University of Sydney
Heather	Machin	University of Melbourne
Helen	Morrin	University of Otago Christchurch
Helen	Tsimiklis	Monash University

DELEGATES

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DELEGATES

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James	Sundhold	Bio-Tools
Jamie	Linthorne	National Centre for Asbestos Related Disease
Jen G.	Cheung	Alfred Health
Jenette	Creaney	National Centre for Asbestos Related Diseases
Jenna	Bowen	Hunter Cancer Biobank – University of Newcastle
Jennie	Hui	Busselton Population Medical Research Institute
Jennifer	Byrne	NSW Health Pathology
Jodie	Poole	Autoscribe Informatics
Johanna	Schagen	Wesley Medical Research
John	Clulow	University of Newcastle
Judith	Heads	The Westmead Institute for Medical Research
Karena	Pryce	Garvan Institute of Medical Research
Kate	Harrison	Central Adelaide Local Health Network (CALHN)
Katherine	Woods	National Serology Reference Lab
Kathleen	Phillips	NSWHSB
Kristy	Barnes-Cullen	Melanoma Research Victoria - Peter Mac
Laila	Alkhouri	Melanoma Institute Australia
Lara	Bereza-Malcolm	The University of Sydney/Kolling Institute
Leanne	Wallace	The University of Queensland
Li	Zhou	The Children Hospital at Westmead
Louise	Ludlow	Murdoch Children's Research Institute
Lylee	Ye	Melanoma Institute Australia
Lyn	March	Royal North Shore Hospital
Lynne	Cobiac	CSIRO
Mahin	Moghaddami	Royal Adelaide Hospital
Marita	Cross	University of Sydney
Megan	Clarke	Hunter Cancer Biobank – University of Newcastle
Megan	Ellis	Cancer Collaborative Biobank
Megan	Penno	University of Adelaide
Meilang	Xue	University of Sydney
Mellissa	Maybury	University of Queensland
Michael	Epis	University of WA
Michelle	Groves	SAHMRI
Mika	Sakurai	ToMMo
Miles	Beaman	PathWest
Minda	Amin	Telethon Kids Institute
Natasha	Pyne	SAHMRI
Nikki	Schultz	Telethon Kids Institute
Nina	D'Vaz	Telethon Kids Institute
Nola	Mammatt	PATHWEST
Pacman	Szeto	Alfred Health/Monash University
Pamela	Saunders	Pamela Saunders Consulting
Peter	Cuneo	Botanic Gardens
Prabin	Gyawali	NSW Health Pathology

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DELEGATES

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Rebecca	Ormsby	Flinders University
Rebecca	Velickovic	Melanoma Institute Australia
Rick	Filonzi	Bio-Strategy
Rose	Upton	University of Newcastle
Rym	Ben-Othman	Telethon Kids Institute
Sabrina	Binkowski	Telethon Kids Institute
Sam	Chami	Thermo Fisher
Samantha	Yates	Eppendorf
Samuel	Eiszele	The University of Queensland
Samuel	Ishola	Macquarie University
Sarah	Furlong	Macquarie University
Sarah	Herold	Telethon Kids Institute
Sarah	Miller	WA Health
Shirley	Wee	Griffith University
Shivangi	Wani	IMB
Simon	Dillon	AWMCC
Simon	Lake	NATA
Sonia	Mailer	Peter MacCallum Cancer Centre
Sophia	Degner	South Australian Health & Medical Research Institute
Susan	D'Silva	Macquarie University
Susan	Hume	Eastern Health
Susan	Preston	The University of Melbourne
Tiana	McLaren	The University of Queensland
Tina	Firth	National Centre for Asbestos Related Disease
Tom	Lynch	Institute of Bone & Joint Research, Kolling Institute, Uni of Sydney
Travis	Nurse	Melanoma Institute Australia
Valerie	Jakrot	Melanoma Institute Australia
Vivien	Vasic	Monash University
Wayne	Ng	Cancer Council Victoria

THANK YOU FOR ATTENDING ABNA'S 18TH ANNUAL CONFERENCE

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