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New Board Members
(term beginning October 2006)

Stanton L. Gerson, MD
Case Comprehensive Cancer Center
University Hospitals
Ireland Cancer Center
Cleveland, Ohio

Mark A. Israel, MD
Norris Cotton Cancer Center
Dartmouth Medical School
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire

John Mendelsohn, MD
University of Texas
M.D. Anderson Cancer Center
Houston, Texas
The Association of American Cancer Institutes is dedicated to promoting the common interests of the nation’s leading academic and free-standing cancer centers that are focused on the eradication of cancer through a comprehensive and multidisciplinary program of cancer research, treatment, patient care, prevention, education, and community outreach.
Message from the President

In 2006, as in years past, the Association of American Cancer Institutes has continued to grow both in size and stature. This year we welcomed four new cancer centers to our membership. Now comprising 88 of the nation’s leading academic cancer centers, AACI is the foremost advocate for these centers and the extraordinary work they do.

Individually, AACI member institutions are many things: patient oriented, research intensive, translationally adept, clinically superb, and locally powerful—to name just a few. Together, however, we are much more. Working together through AACI, we can promote our common interests by leveraging each institution’s individual strengths to create a stronger whole.

This year AACI leadership developed several strategic goals to help us represent the nation’s cancer centers and accomplish our shared objective of ultimately eradicating cancer. In the report that follows, you’ll read more about these goals and AACI’s plans for achieving them, as well as our progress to date.

The process of assessing AACI’s current position in the larger cancer community and of developing direction for the future has helped provide us with enhanced vigor and strength of purpose. I look forward to working with all of AACI’s constituencies over the year ahead, and toward the inevitable progress we’ll make in achieving our strategic objectives.

A main strategic goal set by AACI leadership is to increase the public’s and policy makers’ awareness of the cancer centers’ immense value in patient care, research, and education. Though the nation’s cancer centers are arguably the premier sites for optimal cancer treatment, many Americans are unaware of our centers. Similarly, our nation’s policymakers must be made aware of the many benefits cancer centers bring to their constituencies, including improved health and local economic impact. Increasing awareness will require a national focus, and AACI will capitalize on the size and strength of our national membership to lead this effort.

I would like to thank the AACI Board of Directors and all of our member institutions for their help in making 2006 so productive, and for their advice and counsel in directing AACI as we continue to grow and shape the association and its mission.

H. Shelton Earp III, MD
President, Association of American Cancer Institutes
UNC Lineberger Comprehensive Cancer Center
Chapel Hill, North Carolina
Message from the Executive Director

This year marked a strategic pause to reflect on AACTI’s incredible growth since establishing full time operations in 1999. In May, AACTI leadership convened a retreat of the Board of Directors to both evaluate our progress and plan for new initiatives that will leverage the already considerable influence of our cancer centers and best address the key challenges our members will face in the next 3 to 5 years.

Our discussions at the retreat resulted in a plan for moving forward, focused on three primary strategic goals:

- Promoting the widespread recognition of the cancer center network as the number-one advocate for patients and the public
- Stimulating and facilitating interaction among cancer centers to maximize intellectual, financial, and human resources
- Stimulating and facilitating the development of partnerships between cancer centers and local communities to improve the quality of care nationwide

Our primary strategy to promote the recognition of the centers is to ensure that the exceptional innovation, discovery, and patient care that distinguish AACTI centers is recognized and understood by the general public, as well as local, state, and federal policymakers. We are doing this by positioning the cancer centers as a unified network with a single voice and by tailoring our messages to emphasize the major contributions of AACTI centers in easing the burden of cancer on their communities.

To stimulate and facilitate greater interactions among the cancer centers, we will draw on our experience coordinating interactions of cancer centers’ informatics and imaging leaders. We will also develop additional opportunities to expand collaborations among common interest groups across the centers through leadership forums, workshops, and teleconferences.

A number of programs are already in place at AACTI to help stimulate partnerships between cancer centers and local communities. In 2007, we will continue working with center leaders to craft additional strategies to bring the benefits of cancer centers’ world-class science, technology, and evidence-based best practices to patients where they live.

The report that follows includes more information about AACTI’s progress toward these goals.

Finally, I would like to express my deepest thanks to AACTI’s members, and in particular, the members of AACTI’s Board and committees for their invaluable contributions at the retreat and for their continued support in pursuit of these strategic goals.

Barbara Duffy Stewart, MPH
Executive Director, Association of American Cancer Institutes
AACHI: A Unified Voice for the Nation’s Cancer Centers

As the association representing the nation’s premier academic and freestanding cancer institutes, AACI is committed to being the number-one advocate for these centers. This year, AACI has placed renewed emphasis on a key facet of AACI’s mission: to provide the nation’s cancer centers with a unified voice to influence policy and educate the nation on the importance of the cancer centers in improving health throughout the United States and across the world.

Maximizing Influence on Public Policy

Never before has it been more important for the nation’s cancer centers to take an active role in discussions of biomedical research funding in the United States. Our nation’s resources have, in recent years, been stretched to cover many real and emerging threats to the health and safety of all Americans. Meanwhile, the news media regularly report on advances in cancer care, prevention, and survival, and while still a devastating diagnosis, today many cancer survivors are living longer, healthier lives than ever before. It’s easy to become complacent and expect that breakthroughs and advances will continue until cancer as we know it today has become a thing of the past. That will not be the case, however, if funding for biomedical research continues to decline as it has in recent years.

To ensure that local, state, and federal leaders are aware of the importance of funding the research conducted at the cancer centers, AACI will continue to leverage the strength of the geographic reach of our member institutions and take positions on legislative issues, using cancer center economic impact data where necessary to illustrate to legislators the impact of the centers on local and national economies. AACI will also work with other national cancer advocacy organizations to coordinate unified nationwide messages.

Accomplishments

In 2006, AACI built upon its efforts to position our member cancer centers as a single political force to influence public policy and increase Congressional awareness of the cancer centers. AACI developed an online toolkit for our members to use when contacting their legislators. This toolkit includes talking points, a summary of the value of NIH/NCI funding, state-specific fact sheets, and data on the economic impact of cancer research and on survivorship and healthcare costs. In addition, the toolkit includes AACI testimony on behalf of federal funding for biomedical research and other issues, such as reauthorization of the National Institutes of Health, that are relevant to the cancer centers.
“If we want a future, we need to make investments now!”

Hon. John Edward Porter, on the importance of funding cancer research

AACI Co-sponsors “Cancer Research: Benefiting All Americans”

Day of Events on Capitol Hill

Cancer center leaders, AACI board members, patients, and researchers representing 29 institutions from 21 states gathered in Washington, D.C. on June 28, 2006 to educate members of Congress and their staffs about the need to seize current scientific opportunities to maximize progress against cancer. The day’s events included a breakfast briefing, luncheon, and reception co-sponsored by AACI, the American Association for Cancer Research (AACR) and Friends of Cancer Research (FOCR), in partnership with the House Cancer Caucus and Senate Cancer Coalition.

Attendees participated in more than 90 meetings on Capitol Hill during which they educated Congress about the remarkable advances being made in cancer research. AACI provided issue briefs, educational materials, and talking points to participants to help frame their conversations with lawmakers.

Sixty cancer leaders from across the country attended the breakfast briefing, which featured an address from the Honorable John Edward Porter, chair of Research!America and former Congressman from Illinois, who previously chaired the House Labor-HHS Appropriations Subcommittee. Mr. Porter offered insight on how best to craft messages about the promise of America’s biomedical research enterprise. He stressed that messages of progress and hope should be conveyed with clarity and passion and be organized around the themes of saving lives and healthcare costs, keeping America competitive, and creating economic stimulus.

Ellen Murray, minority staff director for the Senate Labor-HHS Appropriations Subcommittee, commended the cancer community for its work on behalf of patients with cancer and pledged the continued support of Senate Labor-HHS Subcommittee Ranking Member, Senator Tom Harkin (IA).

ON JUNE 28...
...60 cancer leaders
...Representing 29 institutions
...And 21 states
...Held over 90 meetings on Capitol Hill

Dr. Jeff Allen and Dr. Ellen Sigal, Friends of Cancer Research; Ms. Jennifer Carrison and Dr. Michael Caligiuri, The Ohio State University Comprehensive Cancer Center; Rep. Deborah Pryce; Dr. Robert Young, Fox Chase Cancer Center; Ms. Barbara Duffy Stewart, AACI executive director; and Dr. H. Shelton Earp III, AACI president.
Cultivating Relationships Among Centers

AACI member institutions are not individual silos of cancer research; they must work together to achieve their goals. Today’s funding climate mandates that the centers find creative ways to address institutional barriers to collaboration and sharing of resources. AACI’s role is to facilitate these interactions and assist in cultivating relationships.

To make these interactions possible among the cancer centers, AACI will draw on our recent experience of supporting centers’ informatics and imaging leaders.

In 2006, participants in the AACI Informatics Initiative continued to collaborate on developing clinical trials management tools. The Technology Task Force further improved the prototype clinical trials search engine, while the initiative leaders also turned their attention to a new product to address adverse event reporting challenges facing the clinical research teams at all cancer centers. AACI staff will continue supporting this initiative in 2007 with a focus on increasing participation among informatics leaders at our member centers and working with NCI’s Cancer Biomedical Informatics Grid (caBIG).

AACI will also develop additional opportunities to expand collaborations among common interest groups across the centers. For instance, AACI already partners with the Cancer Center Administrators Forum at our annual meeting to provide programming for cancer center administrators in addition to clinical and scientific leaders. In addition, this year at our annual meeting, AACI hosted a special networking session for center clinical research coordinators. These coordinators plan to continue working together on common activities and issues after this session.

In order to develop a plan for sharing physical and human resources and for establishing multi-center collaborations, AACI will convene a committee of center leaders who will be encouraged to think “outside of the box” to arrive at ideas that will help break down institutional barriers to collaboration. AACI will take a leadership role in implementing these ideas so that cancer centers will be able to reap the benefits.

AACI also will distribute a benchmarking survey to its member institutions in 2007. This survey will seek information on our members’ funding, research priorities, clinical trials information, and other data. The report will provide a measure of comparison for the centers and help them assess opportunities for collaboration and partnership.
Imaging Response Assessment Teams

Promoting the Role of Imaging in Clinical Trials

AACI is the communications coordinating center for the national network of Imaging Response Assessment Teams (IRATs), imaging experts and oncologic investigators at eight NCI-designated comprehensive cancer centers developing clinical trials opportunities in imaging. The IRATs are advancing the role of imaging in the assessment of response to therapy and strengthening the involvement of radiologists and imaging experts in the early stages of protocol development.

A 2-day workshop in March provided the opportunity for grantees to learn about other IRAT models and strategies. Workshop participants included IRAT grantees, industry representatives, and officials from NCI’s Cancer Centers and Cancer Imaging programs. The workshop included an open session designed to introduce imaging investigators outside this national network to the IRAT concept.

Monthly teleconferences have allowed members to review the progress in several key areas: integration of the IRAT into the institutional planning process; implementation of the IRAT as a shared resource; enhancement of imaging engagement in phase I, II, and III clinical trials; communication of the IRAT goals and objectives to appropriate investigators and staff; and data-sharing. The IRATs are advancing the role of imaging in the assessment of response to therapy and strengthening the involvement of radiologists and imaging experts in the early stages of protocol development.

SITES WITHIN THE IRAT NETWORK

- Arizona Cancer Center, University of Arizona College of Medicine
- Holden Comprehensive Cancer Center, University of Iowa
- Memorial Sloan–Kettering Cancer Center
- The Ohio State University Comprehensive Cancer Center—James Cancer Hospital & Solove Research Institute
- Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University
- The Siteman Cancer Center of Barnes Jewish Hospital at Washington University School of Medicine
- UC Davis Cancer Center, The University of California at Davis
- University of Pittsburgh Cancer Institute
New AACI Board member John Mendelsohn, M.D., chaired an NCI working group on the cancer centers that produced the report, Accelerating Successes Against Cancer: Recommendations from the NCI-designated Cancer Center Directors. Several directors of other AACI member centers contributed to the report as well. This report provided recommendations to NCI in the areas of cancer prevention, early detection, treatment, and survivorship, as well as for collaboration and dissemination among the cancer centers. Cancer centers must collaborate with each other and other stakeholders. AACI will take a leadership role in implementing these recommendations. Highlights of the report are below.

**Prevention**  
*David Alberts, MD, Chair*  
The recommendations of the National Cancer Policy Board on cancer prevention and early detection should be implemented. Other strategies include acting on risk factors that reflect lifestyle, intervention by health care providers, and chemoprevention clinical trials.

**Early detection**  
*Stanton Gerson, MD, Chair*  
Cancer centers should partner with government agencies and health care providers to expand clinical use of validated screening methods. Other partnerships with advocacy groups, insurance companies, state public health departments, health care providers, and other cancer centers should be explored as well.

**Treatment**  
*Martin Abeloff, MD, Chair*  
The recommendations of the Clinical Trials Working Group should be activated to improve NCI’s capacity to lead in coordinating and supporting innovative clinical research; place top priority on training, recruiting, and supporting clinical investigators in academia and clinical practice; reduce redundancy in clinical research; and enhance collaboration across the spectrum of clinical research between government agencies, industry, and cancer centers.

**Survivorship**  
*William Dalton, PhD, MD, Chair*  
Cancer centers should collaborate with NCI Office of Cancer Survivorship, ASCO, and others to develop clinical practice guidelines. Cancer centers also should broaden already established educational and support programs; develop new service delivery models; and take a lead in developing a clinical research strategy focused on understanding, detecting, avoiding, and treating late complications of cancer.

**Collaborations**  
*Leland Hartwell, PhD, Chair*  
Cancer centers should form a consortium of academic medical centers for large scale chemoprevention trials, to expedite research on biomarkers, to facilitate collaboration in therapeutics between industry and academia, and to develop and implement standardized databases for survivorship research.

**Dissemination**  
*Ronald Herberman, MD, Chair*  
Centers should develop and fund effective infrastructure and web-based technology to link cancer center expertise with community hospitals, clinical oncologists, and primary care physicians in regional networks.
Cultivating Relationships with Communities

Cancer centers throughout the United States conduct some of the most important biomedical research in the world. It is because of the dedicated work of the researchers and clinicians at the cancer centers that cancer is continually becoming a “survivable” diagnosis. However, a continuing challenge is ensuring that advances in cancer care pioneered at the centers are utilized by the people in the surrounding communities.

To bring the wealth of resources available at our member centers to the individuals in the communities, AACI is committed to stimulating partnerships among the centers and their constituents. Through partnerships with outside agencies, such as state departments of health and community organizations, AACI will develop programs to enhance cancer centers’ interactions with their communities. We will work with center directors and identify strategies to bring about community partnerships.

As the grantees of NCI’s Overcoming Barriers to Early Phase Clinical Trials (OBCT) program completed the pilot phase of their studies, AACI continued to serve as a coordinating center and brought key stakeholders together for a final workshop in December 2006. Grantees and partners discussed prospects for continued support and the potential for sharing developed models. AACI remains dedicated to helping all cancer centers address obstacles to clinical trials access and will continue to partner with NCI, the Foundation for the NIH, Friends of Cancer Research, and industry to ensure that successful tools are disseminated to our members.

In addition, AACI’s Board has approved a plan to work with C-Change, a national network of the nation’s key cancer leaders from government, business, and nonprofit sectors, whose mission is to leverage the combined expertise and resources of its members to eliminate cancer as a public health problem at the earliest possible time.

C-Change is seeking to help states fund and implement their state comprehensive cancer control (CCC) and tobacco plans. This initiative proposes funding state CCC and tobacco control plans, whenever possible, with an increase in state tobacco revenue. In 2004, this initiative was launched in Connecticut and continues to expand to additional states.

AAcI will participate in this initiative to ensure that cancer centers, and specifically cancer center directors, play a leading role in state cancer plans. While state cancer plans were initially developed through agreements between CDC and state health departments, cancer center directors may be better positioned to lead efforts to convince states to fund CCC plans. Through our involvement, AACI hopes to contribute to the goals of the initiative:

- Unite cancer and tobacco control forces
- Write the state tobacco control priorities into each state’s cancer plan
- Increase state tobacco taxes whenever possible
- Work to ensure a significant portion of state tobacco revenues are used to combat tobacco-related disease and cancer
- Fully fund state CCC plans
- Create state cancer plan budgets to help do so

“We can substantially reduce deaths from cancer just by broadening the application of knowledge we have today.”

NCI Cancer Centers Directors Working Group
Once again in 2006, AACI’s annual meeting—which provides its membership with a forum to discuss common issues of interest to the cancer centers—was held concurrent with the Cancer Center Administrators (CCAF) fall meeting, bringing together not only center directors and scientific and clinical experts, but also center administrators.

More than 275 attendees participated in scientific sessions, as well as sessions on center administration and clinical research. Eddie Reed, M.D., director of the Division of Cancer Prevention and Control, CDC, discussed the cancer centers’ role in promoting effective cancer prevention and control practices.

Scientific sessions, featuring presentations from world-renowned experts included:

- Molecular imaging of cancer progression and cancer gene therapy
- Real-time molecular imaging of signal transduction in vivo
- Image guidance for refining biological therapies for cancer
- Exploring genomic medicine using integrative biology
- MicroRNA genes and human cancer
- Genomic information and cancer

AACI Hosts NCI Session for Cancer Center Directors

At the annual meeting, AACI hosted a special session for cancer center directors with leaders from NCI, including Director Dr. John E. Niederhuber and Drs. James Doroshow, Ernest Hawk, and Linda Weiss of NCI. In addition, Dr. John Mendelsohn presented the recommendations of the Cancer Centers Directors Working Group, and discussed AACI’s potential role in facilitating their implementation.

Dr. Max Wicha led discussion on NCI cancer center peer review and CCSG funding: challenges in tight budget times.
**Capitol Hill from an Insider’s Perspective**

AACI Vice President Edward Benz, Jr., M.D., chaired a panel featuring staff from Congressional offices sharing policy-oriented strategies. Panelists discussed issues that affect cancer centers, including NIH appropriations, NIH reauthorization, embryonic stem cell research funding and FDA drug safety.

**Center Directors’ Session with NCI**

AACI invited representatives of the National Cancer Institute to the meeting in Chicago to address NCI-designated cancer center directors and directors from other AACI member institutions. This session included presentations from NCI staff on key initiatives, as well as a dialogue to facilitate understanding of issues from the perspective of the centers as well as that of NCI—a dialogue that is particularly welcome in this time of flat federal funding for biomedical research.

**AACI Honors**

**2006 AACI Distinguished Service Award**

AACI’s inaugural award for distinguished service recognized Margaret Foti, Ph.D., M.D. (h.c.), for her outstanding contributions to the progress of cancer research at the nation’s cancer centers and her commitment to fostering the exchange of knowledge and new ideas among scientists dedicated to cancer research.

Dr. Foti is chief executive officer of the American Association for Cancer Research. Under her dedicated leadership, AACR has become the largest scientific organization in the world focused on every aspect of high-quality, innovative cancer research and has accelerated progress in the prevention, diagnosis, and treatment of cancer through high-quality scientific and educational programs and funding of innovative meritorious research grants. During her tenure, AACR membership has grown to more than 24,000 scientists in over 60 countries.

**2006 AACI Public Service Award**

The AACI award for public service recognized the Honorable John Edward Porter for his tireless and ongoing commitment to medicine and biomedical research that resulted in programs and funding that have dramatically improved the health and lives of millions of Americans.

During his 21 years in the U.S. House of Representatives on behalf of the people of Illinois, Mr. Porter served as chair of the Subcommittee on Labor, Health and Human Services, and Education, which had oversight responsibility for nearly all federal health agencies. Because of his leadership efforts in the Congress and his support for the doubling of the National Institutes of Health budget, clinicians, scientists, and educators at cancer research centers have the resources to develop programs that ease the burden of cancer in their communities.

Mr. Porter serves as vice chair of the Foundation for the NIH and board chair of Research!America, the nation’s largest not-for-profit public education and advocacy alliance to make health research a higher national priority.

Left: AACI President Dr. H. Shelton Earp and Dr. Margaret Foti, recipient of the 2006 AACI Distinguished Service Award. Right: The Honorable John Edward Porter, recipient of the 2006 AACI Public Service Award.
New Members and Leadership

Welcome New AACI Member Institutions

In 2006, AACI welcomed four new member centers:

- The Nevada Cancer Institute in Las Vegas is a private, not-for-profit institution, designated as the official cancer institute of Nevada. Nicholas J. Vogelzang, M.D., directs the institute. NVCI faculty are adjunct to the University of Nevada School of Medicine; University of Nevada, Reno; and University of Nevada, Las Vegas.

- The Harold C. Simmons Comprehensive Cancer Center (SCCC) is a matrix cancer center that integrates the cancer research, teaching and clinical programs at the University of Texas Southwestern Medical Center in Dallas. James K.V. Willson, M.D., directs the center.

- The SimmonsCooper Cancer Institute of Southern Illinois University Medical School located in Springfield, Ill., is directed by K. Thomas Robbins, M.D. SimmonsCooper focuses the SIU Medical School’s efforts in cancer research, physician and public education, and treatment for patients from across central and southern Illinois.

- Tufts-NEMC Cancer Center in Boston was formed via a partnership of Tufts-New England Medical Center and Tufts University School of Medicine. Philip N. Tsichlis, M.D., directs the center.
AACI Welcomes New Board Members

In 2006 AACI elected 3 new members to its 12-member Board of Directors:

Stanton L. Gerson, MD

Dr. Gerson is director of the Case Comprehensive Cancer Center, a consortium center representing the institutions affiliated with Case Western Reserve University. Dr. Gerson has provided extensive service to the NIH peer review process, serving as ad hoc reviewer and on numerous study sections and subcommittees. He chaired the Early Detection Subcommittee for the NCI Cancer Center Directors Working Group. Dr. Gerson serves on the External Advisory Committees for the Fox Chase Cancer Center, the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, and the Holden Comprehensive Cancer Center, University of Iowa.

Mark A. Israel, MD

Trained as a pediatric oncologist, Dr. Israel is now the director of the Norris Cotton Cancer Center at Dartmouth-Hitchcock Medical Center. His ground-breaking research on how tumor cells develop helped pave the way for innovative therapeutic approaches to combat and cure brain tumors and other childhood cancers. His discovery in 1985 of links between tumor differentiation agents affecting cellular oncogenes set the stage for successful therapy to treat neuroblastoma in infants and in young children. Dr. Israel was a member of the NCI Board of Scientific Counselors, and serves on the scientific advisory boards of several foundations and cancer centers and on editorial boards including those of Cancer Research and Neuro-Oncology.

John Mendelsohn, MD

Dr. Mendelsohn combines experience in clinical and laboratory research with administrative expertise as president of The University of Texas M. D. Anderson Cancer Center. Under his direction, M. D. Anderson has several times been named the top cancer hospital in the nation by U.S. News & World Report. Dr. Mendelsohn has been at the forefront in understanding how growth factors regulate the proliferation of cancer cells by activating receptors on the surface of the cells. He developed the monoclonal antibody, Erbitux, which blocks the activity of the receptor for epidermal growth factor. Dr. Mendelsohn has been a member of the editorial boards of numerous other leading scientific journals and served as the founding editor of Clinical Cancer Research.
2006 Committees

Annual Meeting
Develops the agenda for the important yearly meeting of the Association’s membership

Chair: Michael A. Caligiuri, MD
The Ohio State University
Comprehensive Cancer Center – James Cancer Hospital & Solove Research Institute

H. Shelton Earp III, MD
Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Judith C. Gasson, PhD
Jonsson Comprehensive Cancer Center, UCLA

Beverly Ginsburg, MBA
Dana-Farber Cancer Institute
Harvard Medical School

Steven T. Rosen, MD
The Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

Ralph W. deVere White, MD
UC Davis Cancer Center
The University of California, Davis Medical Center

Cheryl Willman, MD
University of New Mexico Cancer Research and Treatment Center

Robert C. Young, MD
Fox Chase Cancer Center

By-Laws
Receives suggested changes to the Association’s by-laws from the membership and recommends changes it deems necessary and desirable

Chair: George J. Weiner, MD
Holden Comprehensive Cancer Center
University of Iowa

Raymond N. DuBois, MD, PhD
Vanderbilt-Ingram Cancer Center

Gordon D. Ginder, MD
Massey Cancer Center
Virginia Commonwealth University
Medical College of Virginia Campus

Communications
Recommends strategies that contribute to an overall public relations plan aimed at educating the public, policymakers, and patients and their families about the strengths and resources of cancer centers

Clare Collins
University of Pittsburgh Cancer Institute and UPMC Cancer Centers

Karen Carter Mallet
Fox Chase Cancer Center

Nancy Stringer
Rebecca and John Moores UCSD Cancer Center
University of California at San Diego

Arlinda Warren
The Alvin J. Siteman Cancer Center of Barnes-Jewish Hospital at Washington University School of Medicine
Finance and Investment
Oversees the development and implementation of all policies related to AACI’s finances and expenditures
Reviews investment performance and advises on AACI’s asset portfolio
Makes fiscal related recommendations to the AACI Board of Directors and arranges for the audit of the Association’s financial records
Chair: Randall C. Main
Fred Hutchinson Cancer Research Center
Beverly Ginsburg, MBA
Dana-Farber Cancer Institute
Harvard Medical School
William N. Hait, MD, PhD
The Cancer Institute of New Jersey
Robert Wood Johnson Medical School
Nicolas C. Porter
H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida
Robert Powell, MEd
Sylvester Comprehensive Cancer Center
University of Miami School of Medicine
Jeff A. Walker, MBA
The Ohio State University Comprehensive Cancer Center – James Cancer Hospital & Solove Research Institute

Nominating
Identifies individuals among the member institutions who are best qualified to serve on the AACI Board of Directors
Chair: William N. Hait, MD, PhD
The Cancer Institute of New Jersey
Robert Wood Johnson Medical School
Steven J. Burakoff, MD
NYU Cancer Institute
Harold L. Moses, MD
Vanderbilt-Ingram Cancer Center

Public Issues
Monitors public policy actions that have an impact on cancer centers
Chair: Jennifer K. Carlson
The Ohio State University Comprehensive Cancer Center – James Cancer Hospital & Solove Research Institute
William S. Dalton, PhD, MD
H. Lee Moffitt Cancer Center and Research Institute
Ira S. Goodman
Rebecca and John Moores UCSD Cancer Center
University of California at San Diego
Robert A. Hiatt, MD, PhD
UCSF Comprehensive Cancer Center and Cancer Research Institute
University of California San Francisco
Mark A. Israel, MD
Norris Cotton Cancer Center
Dartmouth Medical School
Dartmouth-Hitchcock Medical Center
Kristen L. Pugh, MPA
City of Hope National Medical Center and Beckman Research Institute
Derek Raghavan, MD, PhD
Cleveland Clinic Taussig Cancer Center
The Cleveland Clinic Foundation
Claire Turney
University of Texas M.D. Anderson Cancer Center
George J. Weiner, MD
Holden Comprehensive Cancer Center
University of Iowa
Christine M. Wilson, MA
Fox Chase Cancer Center
Joseph F. Woelkers
University of Florida Shands Cancer Center
### AACI Membership

#### ALABAMA
Lurleen Wallace Comprehensive Cancer Center  
University of Alabama at Birmingham  
Birmingham, Alabama

#### ARIZONA
Arizona Cancer Center  
The University of Arizona  
College of Medicine  
Tucson, Arizona

#### ARKANSAS
Arkansas Cancer Research Center  
University of Arkansas for Medical Sciences  
Little Rock, Arkansas

#### CALIFORNIA
The Burnham Institute  
La Jolla, California

City of Hope National Medical Center and Beckman Research Institute  
Duarte, California

John Wayne Cancer Institute  
Santa Monica, California

Jonsson Comprehensive Cancer Center, UCLA  
Los Angeles, California

Rebecca and John Moores UCSD Cancer Center  
University of California at San Diego  
La Jolla, California

Stanford University Cancer Research Center  
Stanford, California

UC Davis Cancer Center  
University of California, Davis Medical Center  
Sacramento, California

UCI Chao Family Comprehensive Cancer Center  
University of California at Irvine  
Orange, California

UCSF Comprehensive Cancer Center and Cancer Research Institute  
University of California San Francisco  
San Francisco, California

USC/Norris Comprehensive Cancer Center  
University of Southern California  
Los Angeles, California

#### COLORADO
University of Colorado Cancer Center  
University of Colorado Health Sciences Center  
Denver, Colorado

#### CONNECTICUT
The Carole and Ray Neag Comprehensive Cancer Center  
Forestvill, Connecticut

Yale Cancer Center  
Yale University School of Medicine  
New Haven, Connecticut

#### DISTRICT OF COLUMBIA
The George Washington University Cancer Institute  
Washington, DC

Howard University Cancer Center  
Washington, DC

Lombardi Cancer Center at Georgetown University  
Washington, DC

United States Military Institute Uniformed Services University of the Health Sciences  
Washington, DC

#### FLORIDA
H. Lee Moffitt Cancer Center and Research Institute  
Tampa, Florida

#### GEORGIA
Winship Cancer Institute of Emory University  
Atlanta, Georgia

#### HAWAII
Cancer Research Center of Hawaii  
University of Hawaii at Manoa  
Honolulu, Hawaii

#### ILLINOIS
Cardinal Bernardin Cancer Center of Loyola University Chicago  
Maywood, Illinois

The Robert H. Lurie Comprehensive Cancer Center of Northwestern University  
Chicago, Illinois

SimmonsCooper Cancer Institute at Southern Illinois University  
Springfield, Illinois

University of Chicago Cancer Research Center  
Chicago, Illinois

University of Illinois at Chicago Cancer Center  
Chicago, Illinois

#### INDIANA
Indiana University Cancer Center  
Indianapolis, Indiana

#### IOWA
Holden Comprehensive Cancer Center  
University of Iowa  
Iowa City, Iowa

#### MASSACHUSETTS
Tufts-NEMC Cancer Center  
Boston, Massachusetts
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