

# Working Together to Find a Cure

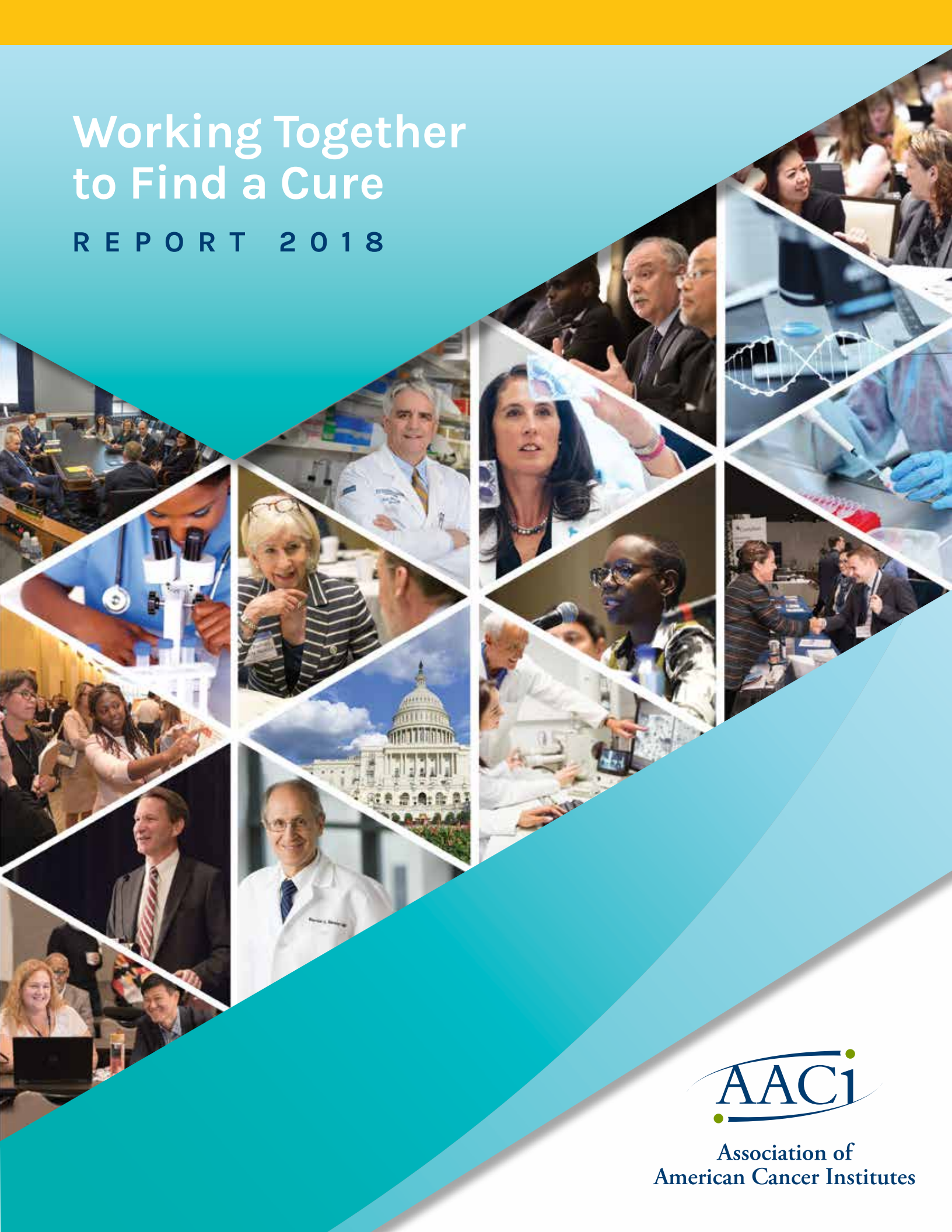
REPORT 2018

**AACi**  
Association of  
American Cancer Institutes

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**Report design:** Tara Taylor



# A MESSAGE FROM AACI



**Stanton L. Gerson, MD**

President, AACI  
Director, Case Comprehensive Cancer Center



**Barbara Duffy Stewart, MPH**

Executive Director, AACI

**I**t has been a year of transitions for AACI—a new president and executive director, fresh initiatives, a redesigned website and newsletter, and a bigger staff to better serve AACI's 98 cancer center members.

Roy A. Jensen, MD, director of The University of Kansas Cancer Center, stepped into AACI's board president role in October during the association's annual meeting in Chicago. Dr. Jensen's presidential initiative focuses on developing a comprehensive library of model legislation for cancer centers to adapt and use. We welcome Dr. Jensen to his new leadership role, and we look forward to working with him to support the centers' persistent progress toward a cancer-free world.

One of the most significant milestones in AACI's history happened in 2018 with the retirement of Barbara Duffy Stewart, MPH. During nearly two decades as the association's first executive director, Ms. Stewart was the catalyst behind AACI's marked expansion from 77 members in 2000 to the current 98 cancer centers, including two in Canada. Over the same period the annual meeting grew from 86 attendees to nearly 400. Similarly, AACI's Clinical Research Initiative (CRI)—which changed its name to Clinical Research Innovation in 2018—attracted more than 400 people to its annual meeting. (CRI has had a 92 percent increase in attendance since 2016 and abstract submissions have doubled.) Read more about Ms. Stewart's service to the cancer research community on page 15.

Ms. Stewart's successor, Jennifer W. Pegher, MA, has been with AACI for six years, heading its government relations activities. You can learn more about Ms. Pegher under "New Leadership," on page 20.

On the programming front, in response to overwhelming interest in chimeric antigen receptor T-cell (CAR T) therapy—by mid-2018 nearly half of AACI's members were approved to provide the therapies—

AACI launched its CAR T initiative, led by Joseph McGuirk, DO, of The University of Kansas Cancer Center.

Other program highlights in 2018 included the Physician Clinical Leadership Initiative (PCLI), which capped its sixth year with an annual meeting plenary session on physician burnout. PCLI also hosted four webinars and conducted a survey on protected time for clinical faculty academic activities and clinical research.

In addition to the PCLI survey, AACI collected member data in 2018 through a CRI benchmarking survey, while more than half of the membership participated in AACI's biannual compensation survey. At the annual meeting, AACI's outgoing president, Stanton L. Gerson, MD, director of Case Comprehensive Cancer Center, presented interim findings from data submitted by 69 centers in response to a survey for his presidential focus, AACI's Network Care Initiative.

To better spread the word among members and the cancer community about AACI's wide range of activities, we greatly expanded our use of social media, especially Twitter, and, in November, launched a significantly upgraded website. Among its features, the new website includes an interface with advocacy software that facilitates calls to action for quick response to legislative matters.

Responding to the additional workload that comes with a flourishing enterprise, AACI brought on new staff in 2018 in its communications, government relations, and events management departments. And as always, AACI's impact on the cancer research community would not be possible without the time and expertise that its members devote to the association's board and committees.

AACI extends its sincere appreciation to all who participate in its work. In the year ahead, the association will remain committed to developing programming that advances its members' common interests.

**TO BETTER SPREAD THE WORD  
AMONG MEMBERS AND THE CANCER  
COMMUNITY ABOUT AACI'S WIDE  
RANGE OF ACTIVITIES, WE GREATLY  
EXPANDED OUR USE OF SOCIAL MEDIA  
AND LAUNCHED A SIGNIFICANTLY  
UPGRADED WEBSITE.**



# ANNUAL MEETING



National Cancer Institute director, Dr. Norman Sharpless

This year's AACI/CCAF Annual Meeting featured a global perspective on cancer, with a panel discussion probing research, treatment, and partnerships in Kenya, Malawi, and Cuba. Closer to home, intense interest in CAR T implementation at cancer centers generated a series of informative presentations, and National Cancer Institute (NCI) Director Norman E. "Ned" Sharpless, MD, delivered his first report at an AACI gathering as he approached his one-year anniversary as head of the agency.

In the meeting's first panel discussion, four distinguished cancer center leaders shared their insights and predictions for how academic cancer centers will evolve over the next decade. The discussion was moderated by AACI President Stanton L. Gerson, MD, director of Case Comprehensive Cancer Center in Cleveland. He was joined by Candace S. Johnson, PhD, president and CEO of Roswell Park Comprehensive Cancer Center; Michael B. Kastan, MD, PhD, executive director of the Duke Cancer Institute, Duke University Medical Center; and Steven T. Rosen, MD, provost and chief scientific officer at City of Hope Comprehensive Cancer Center.

THE ANNUAL MEETING BROUGHT TOGETHER NEARLY 400 AACI CANCER CENTER DIRECTORS AND EXECUTIVE-LEVEL ADMINISTRATORS WITH LEADERS OF NATIONAL CANCER RESEARCH AND ADVOCACY GROUPS, INDUSTRY, AND GOVERNMENT HEALTH AGENCIES TO DEVELOP SOLUTIONS TO COMMON CHALLENGES AND TO SHARE BEST PRACTICES.



Dr. Patrick Loehrer, Sr. (second from right), director of the Indiana University Melvin & Bren Simon Cancer Center, answers a question during a panel discussion on cancer center partnerships in developing countries.

The AACI Annual Meeting Program Committee, chaired by Randall F. Holcombe, MD, MBA, director of the University of Hawai'i Cancer Center, University of Hawai'i at Mānoa assembled an outstanding array of speakers. Panel discussion topics included Big Data, external advisory boards, cancer health economics, comprehensive cancer patient support, and the tumor microenvironment.

Dr. Gerson also presented an update on AACI's Network Care Initiative, and incoming AACI President Roy A. Jensen, MD, director of The University of Kansas Cancer Center, introduced his presidential initiative, which aims to develop a comprehensive library of model legislation for cancer centers to adapt for their use.





Above left, Stanford Cancer Institute's Elizabeth Anderson; at right, Dr. Cheryl Willman, CEO and director, University of New Mexico Comprehensive Cancer Center

## MEETING SPOTLIGHT:

### Cancer is a Global Issue: Partnerships with the Developing World

*Moderator: Malcolm Moore, MD, president of BC Cancer in Vancouver, British Columbia*

A panel discussion looked at ways that cancer centers are forging partnerships with countries in the developing world, with a focus on Malawi, Kenya, and Cuba. Reviewing cancer incidence and mortality rates in low- and middle-income countries (LMIC), NCI Medical Officer Jack Welch, MD, PhD, noted that cancer mortality is 76 percent in LMIC, compared to 46 percent in high-income countries. He explained that LMIC often lack trained personnel and have limited access to pain medication; radiotherapy; chemotherapy; and timely, safe, and affordable surgery.

From Malawi, Dan Namarika, MBBS, FCP(SA), secretary for health with the Ministry of Health in Malawi, discussed the development of a national cancer center, which will centralize the screening, prevention, early diagnosis, treatment, and palliative care services that currently exist at health centers throughout the country, with the addition of radiotherapy and nuclear medicine. In addition, Satish Gopal, MD, MPH, cancer program director of UNC Project-Malawi at UNC Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, highlighted research opportunities for understanding cancers in the context of HIV and the biological and causative factors for cancers that occur with unusually high frequency in Malawi.

Patrick Loehrer, Sr., MD, director of Indiana University Melvin & Bren Simon Cancer Center, presented a case study of AMPATH (Academic Model Providing Access to Healthcare), a public health partnership originally implemented by Indiana University to address HIV/AIDS prevention and treatment in Kenya. AMPATH-Oncology focuses on clinical care, research, and education, with an emphasis on empowering Kenyan physicians to lead and sustain the program.

Kelvin Lee, MD, Jacobs Family Chair of Immunology at Roswell Park Comprehensive Cancer Center, described a collaboration between Roswell Park and Cuba's Centro de Inmunología Molecular (CIM) on the development of the CIMAvax-EGF® immunotherapy vaccine for lung cancer. CIMAvax-EGF® is currently in clinical trials at Roswell Park.



### CHAMPION FOR CURES Richard and Susan Rogel

In grateful recognition of Richard and Susan Rogel's transformative \$150 million gift to the University of Michigan Cancer Center, now named for the couple, AACI presented its 2018 Champion of Cures award to the philanthropists during the annual meeting luncheon. AACI established the award to recognize individuals who demonstrate significant leadership in supporting efforts to cure cancer and in inspiring others to do the same.

Following a viewing of a video about the Rogels' landmark support of cancer research, Rogel Cancer Center Director Eric Fearon, MD, PhD, (pictured above right with the Rogels) outlined the couple's history of giving and the impact that their gift will have on the center.

"Their generosity and vision—and the partnerships they are inspiring—will enable us to make larger and potentially higher risk and higher payoff investments in research and facilitate collaborations across disciplines," Dr. Fearon said. "We are launching major efforts in cancer immunology and increasing our use of Big Data to improve care and drive informed cancer policy for local, national, and global populations."

In accepting AACI's award, Richard Rogel said that he and his wife "are inspired by AACI's focus on creating a platform that brings cancer centers and organizations together. We appreciate your efforts to facilitate the dissemination of best practices and to educate policymakers about the important role cancer centers play in advancing cancer discovery." Mr. Rogel noted that the couple is so optimistic about the potential for progress in cancer research that they put a clause in their gift agreement that will guide the use of their funds after cancer is cured.





## DISTINGUISHED SCIENTIST

### Charles M. Perou, PhD

Charles M. Perou, PhD, received the 2018 AACI Distinguished Scientist Award in recognition of his research accomplishments in the field of precision medicine and his groundbreaking work in the characterization of the diversity of human tumors.

Dr. Perou, a pioneer in breast cancer research and precision medicine, delivered a talk focused on sequencing studies for gene expression analysis, specifically, on research results showing the value of sequencing-based approaches in breast and lung cancers.

The May Goldman Shaw Distinguished Professor of Molecular Oncology at UNC Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, Dr. Perou is also the faculty director of UNC Lineberger's Bioinformatics Group, co-director of its Breast Cancer Research Program, and a professor in its Genetics and Pathology & Laboratory Medicine departments.

## ANNUAL MEETING

Approaching cancer care from a high-tech angle, a panel moderated by Moffitt Cancer Center Director Thomas A. Sellers, MD, convened commercial and academic players in the Big Data arena with an eye toward enhancing dialogue and developing stronger linkages that could lead to expanded information-sharing and improved patient care.

The annual meeting brought together nearly 400 attendees, including AACI cancer center directors and executive-level administrators, and leaders of national cancer research and advocacy

groups, industry, and government health agencies, to develop solutions to common challenges and to share best practices.

AACI Executive Director Barbara Duffy Stewart, MPH, acknowledged program and activity support this past year from numerous industry supporters: Amgen, Astellas, AstraZeneca, Bristol-Myers Squibb, Cejka Executive Search, Complion, Flatiron, Florence, Forte, Foundation Medicine, Genentech, Genomic Health, Gilead, Huron Consulting Group, Janssen Research & Development, Lilly, Merck, Novartis, Pfizer, Takeda Oncology, and Velos.



Cancer center colleagues network between sessions at the AACI/CCAF annual meeting in Chicago. The meeting drew nearly 400 participants.



Rick Arlow, CEO-President of Complion, a workflow and document management software firm, greets a meeting attendee.



Florence's Ryan Jones (L) chats with Shree Kalluri, of Forte Research Systems, Inc.

## CAR T INITIATIVE

In recent years, immunotherapy has come to be considered the “fifth pillar” of cancer care, alongside surgery, chemotherapy, radiation, and targeted therapy. Chimeric antigen receptor T-cell (CAR T) therapy is a form of cellular immunotherapy, which harnesses a patient’s immune system to fight cancer. In 2017, the Food and Drug Administration approved Kymriah™ and YESCARTA™ CAR T-cell therapies for the treatment of certain relapsed or refractory leukemias and lymphomas.

This revolutionary approach to cancer care gained further attention in 2018 when James Allison, PhD, an immunologist at MD Anderson Cancer Center and recipient of AACI’s 2016 Distinguished Scientist Award, received the Nobel Prize in Physiology or Medicine for advancing the study of checkpoint inhibitors.

By mid-2018, nearly half of AACI’s 98 member cancer centers were approved to provide CAR T therapies. Responding to the fast pace of adoption, AACI launched a national initiative to establish best practices for the use of the therapies.

Heading the effort is Joseph McGuirk, DO, division director of the Hematologic Malignancies and Cellular Therapeutics Program at The University of Kansas Cancer Center.

Throughout 2018, Dr. McGuirk and other subject matter experts led discussions on common challenges and weighed in with the Centers for Medicare & Medicaid Services regarding recommendations for reimbursement.

“CAR T-cell therapies signal a new era for cancer treatment, and AACI’s member centers throughout the United States want to ensure they are able to effectively treat every patient who qualifies for this therapy,” said Dr. McGuirk.

The initiative facilitates collaboration between experts at AACI’s member centers through webinars, listserv discussions, conference calls, and meetings. Additionally, topic-specific working groups on clinical best practice, clinical research, and administrative barriers have been formed to facilitate discussion on the challenges of administering these therapies as well as to develop and disseminate best practices and solutions.



Dr. Elizabeth Budde talks about City of Hope’s CAR T program at the AACI/CCAF annual meeting in Chicago.

### CAR T WORKING GROUPS

#### Clinical Best Practice

**Co-chair, David Porter, MD**  
Abramson Cancer Center of the University of Pennsylvania

**Co-chair, Miguel-Angel Perales, MD**  
Memorial Sloan Kettering Cancer Center

#### Clinical Research

**Chair, Frederick L. Locke, MD**  
Moffitt Cancer Center

#### Administrative Barriers

**Co-chair, Richard Bondi**  
UPMC Hillman Cancer Center

**Co-chair, Clint L. Divine, MBA, MSM**  
The University of Kansas Cancer Center

### Best Practices in Cell Therapy/CAR T

*Moderator: Joseph McGuirk, DO, director of the Hematologic Malignancies and Cellular Therapeutics Program at The University of Kansas Cancer Center, and chair of AACI’s CAR T Initiative*

Elizabeth Budde, MD, PhD, chair of the CAR T Clinical Research Integrated Steering Committee at City of Hope National Medical Center, presented a “roadmap” of City of Hope’s CAR T program, including details about the CAR T patient referral process, insurance and finance review, CAR T patient care management, and quality and regulatory program management.

From Children’s Hospital of Philadelphia, Stephan Grupp, MD, PhD, reviewed the rapidly-evolving CAR T landscape, touching on commercialization efforts, the FDA approval process for CAR T cell therapy, and the ELIANA clinical trial, a global study (25 sites in 11 countries) evaluating the safety and efficacy of tisagenlecleucel in pediatric and young adult patients with relapsed or refractory B-cell acute lymphoblastic leukemia.

Richard P. Bondi, vice president of finance and CFO for UPMC Hillman Cancer Center in Pittsburgh, detailed UPMC’s CAR T implementation, focusing on its weekly immunotherapy steering group. Mr. Bondi covered an array of sample steering group agenda items such as business development and outreach, media relations, contracting/payer relations, revenue cycle and finance, government relations, trade market associations strategy, and new product updates.

### MEETING SPOTLIGHT:

# CLINICAL RESEARCH INNOVATION



Above, Sylvester Comprehensive Cancer Center's Simonnette Thompson presents her work to colleagues at the CRI annual meeting.

**"INNOVATION INVOLVES SOME COMBINATION OF PROBLEM/OPPORTUNITY IDENTIFICATION, THE INTRODUCTION, ADOPTION, OR MODIFICATION OF NEW IDEAS GERMANE TO ORGANIZATIONAL NEEDS, THE PROMOTION OF THESE IDEAS, AND THE PRACTICAL IMPLEMENTATION OF THESE IDEAS."**

—Hughes, D. J.; Lee, A.; Tian, A. W.; Newman, A.; Legood, A. (2018). *Leadership, creativity, and innovation: A critical review and practical recommendations. The Leadership Quarterly*. 29 (5): 549–569.]

## FROM "INITIATIVE" TO "INNOVATION"

Entering its eleventh year, AACI's Clinical Research Initiative (CRI) has been renamed **Clinical Research Innovation** to mark its popularity and success.

In 2018, AACI sought recommendations from its members and board of directors for renaming CRI. Since CRI is a familiar acronym at AACI cancer centers, the CRI steering committee agreed to maintain the acronym as a recognized brand.



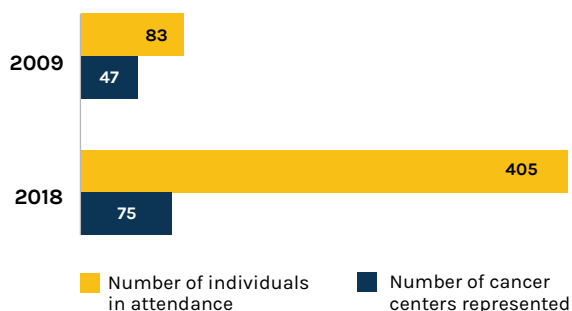
The name-change decision was rooted in a desire to reflect the program's longevity: with over a decade of consistent growth, CRI has expanded beyond an "initiative." Participation in CRI has grown since 2009: 83 individuals from 47 cancer centers attended the first CRI meeting with 405 attendees from 75 AACI cancer centers participating in the most recent annual meeting.

## TENTH ANNUAL MEETING

CRI convened its 10th annual meeting in July in Chicago. The 2018 meeting covered two full days and was attended by clinical research office leaders, medical directors, cancer center administrators, and representatives from the National Cancer Institute (NCI) and industry.

The meeting's theme was "Leveraging Change to Advance Cures for Cancer Patients." With more than 10 years of management and consulting experience in a variety of mid-sized, Fortune 500 companies, along with academic experience in program design and innovation, Kimberly S. Scott, PhD, of Northwestern University, delivered a talk on the guiding principles of change. Her presentation was informed by insights from research and cutting-edge practice in facilitating organizational change.

CRI ANNUAL MEETING ATTENDANCE GROWTH



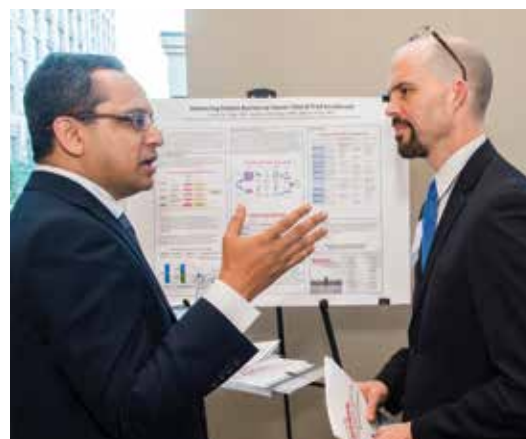


The annual meeting is designed to improve the clinical research process; understand the global impact of conducting clinical research in the United States, Canada, and abroad; discuss trends in clinical trials safety and compliance; and recommend policies to promote staff retention at the cancer centers. To help achieve these goals, the meeting offers many opportunities to share ideas including panel discussions, breakout sessions led by peers, and poster presentations.

One meeting session examined lessons learned by experienced investigators for developing and managing an investigator

initiated trial requiring Investigator New Drug (IND) application. The presentation listed common errors made by investigators. Another presentation laid out five guidelines for successful IND management.

A session on integrating clinical research into clinical care suggested best practices that can ease the burden of conducting cancer clinical research studies. It also discussed trial recruitment procedures, completing trial management tasks during patient visits, documenting trials care in the electronic medical record, and managing safety while providing timely appointments.



*Bhanu Pappu (L), of UPMC Hillman Cancer Center, and Mark Fleury of the American Cancer Society Cancer Action Network, discuss a poster during the poster session at the CRI annual meeting.*



*Clockwise from upper left: Cancer center colleagues network at the CRI annual meeting.*



*(L-R) Justin Osborne, Emily Werff, Benjamin Quast, and Trisha Wise-Draper, of the University of Cincinnati Cancer Institute, display their first place abstract.*

*(L-R) Jeffrey Thompson and David Streeter of The University of Kansas Cancer Center.*



# CLINICAL RESEARCH INNOVATION

Breakout sessions at the meeting covered four areas of interest: NCI's National Clinical Trials Network; Disaster Preparation at Clinical Trials Offices; Operationalizing Clinical Trials at Satellite Locations; and Anticipating Financial and Therapeutic Toxicities for Patients in Complex Clinical Trials.

Abstract submissions for the 2018 CRI annual meeting totaled 68, more than twice as many as the previous year. Thirty AACI cancer centers made submissions, with many abstracts reflecting collaborations between AACI cancer centers and industry partners as well as AACI sustaining members. Three winning abstracts, as selected by the steering committee, were produced by authors representing the University of Cincinnati Cancer Institute; Rutgers Cancer Institute of New Jersey; and Sylvester Comprehensive Cancer Center, University of Miami Health System.

## ABSTRACT WINNERS

### FIRST PLACE:

#### **Building a Strong Foundation: How Leveraging Cross Collaboration Can Improve Standardization and Adoption of an eRegulatory Solution**

Trisha Wise-Draper, MD, PhD<sup>1</sup>;  
Justin Osborne<sup>2</sup>; Benjamin Quast, MBA,  
CCRP<sup>1</sup>; Emily Werff<sup>1</sup>; Michael Hurley, MBA<sup>2</sup>

<sup>1</sup>University of Cincinnati Cancer Institute;  
<sup>2</sup>Complion

### SECOND PLACE:

#### **It Takes a Village - Onboarding Clinical Trials Staff at an NCI-Designated Comprehensive Cancer Center**

Ginnette Watkins-Keller, MSN, RN, OCN;  
Tracie K. Saunders, MS, RN, CCRC, OCN;  
Reneé Kurz, DNP, MSN, FNP-BC

Rutgers Cancer Institute of New Jersey

### THIRD PLACE:

#### **Framework for Strategic Performance Management in an Academic Cancer Center's Research Administration Finance Office**

Lauren Gjolaj, MBA, BSN, RN; Avantika  
Dang, MHA, CSSGB, PMP; Yunie Castillo,  
MPH; Jorge Contreras, MBA

Sylvester Comprehensive Cancer Center,  
University of Miami Health System

## MEETING SPOTLIGHT:

### **Lessons Learned for Writing and Running a Clinical Trial**

This CRI annual meeting session examined lessons learned by experienced investigators for developing and managing an investigator initiated trial requiring Investigator New Drug (IND) application. Topics included writing a good protocol; preparing a trial budget; obtaining regulatory review approvals (e.g., feasibility, scientific, and IRB approval); and finding enough time for competing clinical responsibilities and safety monitoring for enrolled patients.

In his presentation, Stephen Williamson, MD, of The University of Kansas Cancer Center, listed some common errors committed by those in his profession, including submitting a concept to a sponsor without internal review and a budget from a similar trial; conceiving a protocol with overestimated accrual and inadequate funding; failing to register a trial at [clinicaltrials.gov](http://clinicaltrials.gov), thus preventing publication of the trial; writing a protocol that keeps being returned for revisions by the scientific review committee and institutional review board; collecting too much data; and not securing funding for correlative studies.

When submitting a concept, Dr. Williamson urged that a confidentiality agreement be struck between the trial sponsor, the study coordinator, and the coordinator's institution. In addition, an accurate assessment should be made of potential accrual, the concept to work with new physician investigators should be vetted internally and modified accordingly, a mentor should be identified to work with new physician investigators, and clear endpoints and potential correlatives should be defined described in consultation with basic researchers.

UNC Lineberger Comprehensive Cancer Center's Kaitlin Morrison, PhD (pictured above), focused on developing and maintaining an IND application: a request for authorization from the FDA to administer an investigational drug or biological product to humans. Dr. Morrison laid out the following guidelines for successful IND management:

1. Involve regulatory agencies early in the process. This helps to determine if an IND is required and provides protocol guidance and better cost estimates.
2. Be strategic in responses to the FDA. Think about what the FDA is asking for, why they are asking for it, and your long-term plans. There are often ways to address the FDA's concerns beyond their suggested solutions.
3. Use systems to ensure proper maintenances.
4. Consider the pros and cons of electronic common technical documents (eCTD), including ease of review for the FDA, submission requirements, and the cost of making the shift.
5. Train—and re-train—investigators. There is never such a thing as too much training.



## EREGULATORY FILE MANAGEMENT WORKING GROUP ESTABLISHED

While most AACI cancer centers use a regulatory file system—either paper or an electronic system for controlling the flow of a clinical trial’s required regulatory information—many utilize non-standard file-naming conventions. To address challenges created by non-standard file names, CRI has established an eRegulatory file management working group.

The working group is composed of AACI leadership and members from AACI cancer centers. Its goals are to identify challenges associated with working with electronic file management systems, and to develop best practices leading to standardization of these platforms, facilitating their access by the clinical research management teams and trial sponsors.

## STRATEGIC PLAN

In 2017, AACI executive leaders and AACI CRI steering committee members met to reevaluate CRI and develop a five-year strategic plan. The plan’s implementation started in early 2018.

Its goals are to:

1. Increase AACI cancer center participation in CRI
2. Share cancer center clinical trial best practices through the collection and dissemination of benchmarking data
3. Integrate CRI into AACI programs and initiatives
4. Assist the centers in increasing patient engagement and enrollment into clinical trials
5. Develop outcomes to drive change and advance cancer center clinical research programs
6. Develop a training curriculum for new principal investigators and new clinical trials office (CTO) administrative directors

## NEW CRI LEADERSHIP

**Theresa Werner, MD**, of Huntsman Cancer Institute at the University of Utah, has been selected as chair-elect of AACI’s Clinical Research Initiative (CRI) Steering Committee.

Three new CRI steering committee members have also been elected:

**Collette Houston**

*Memorial Sloan Kettering Cancer Center*

**Tara Lin, MD**

*The University of Kansas Cancer Center*

**Melissa Nashawati, MPA**

*Mays Cancer Center, UT Health San Antonio*



Dr. Theresa Werner

## BENCHMARKING SURVEY

To address the second strategic plan goal, the CRI steering committee developed a survey to collect information from AACI cancer centers to benchmark their performance against other cancer centers. The survey focused on financial support that a cancer center’s Clinical Trial Office (CTO) receives by trial sponsor type, clinical trial volume and accrual activity for interventional therapeutic treatment clinical trials reported by trial sponsors, timelines for trial activation, and the number of full-time equivalents and clinical research roles supported by the cancer center’s CTO budget.

Seventy-eight out of 92 eligible centers (85%) completed the survey. Only centers with a CTO that were actively seeing patients were eligible. Next steps for the survey include conducting a formal statistical review, sending summary data reports to participating centers, and publishing in a peer-reviewed journal. The graph at right shows sources of support for the CTO. Seventy-three of the 78 responding centers answered this question; 55 of those 73 centers are eligible to receive Cancer Center Support Grant (CCSG) funds.

### GRAPH LEGEND:

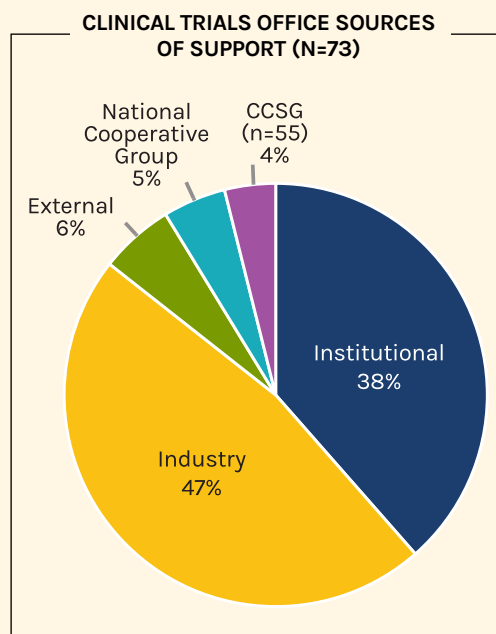
**Institutional:** school of medicine, central university, health system, IIT support, philanthropic, state appropriated funds

**Industry:** pharma or biotech

**External:** NIH Grants, U01, R01, SPORes, U10, PO1, CTEP

**National Cooperative Group:** NCI NCTN, NCORP

**CCSG:** grant awarded to NCI-Designated Cancer Centers



*Note: This data is preliminary, not verified, and does not represent all AACI member cancer centers.*



# NETWORK CARE INITIATIVE

The Network Care Initiative helps AACI's academic cancer centers paint an accurate picture of their impact on cancer care across the regions they serve.

Without a clear roadmap, managing cancer center networks is a challenging and complex task that involves providing care to a large patient catchment area and collaborating with other centers and community sites. Other challenges include working with varied employment network models, using new referral patterns, providing access to clinical trials, incorporating carepaths, and monitoring quality care. Led by AACI President Stanton L. Gerson, MD, the initiative's goal is to improve access to high quality specialty care across a broader geographic region and a larger population.

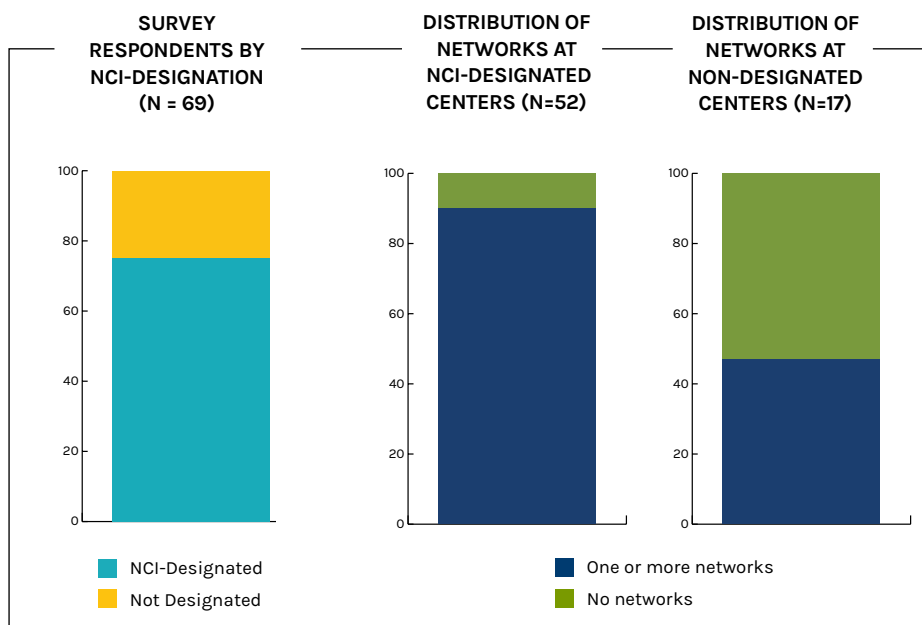
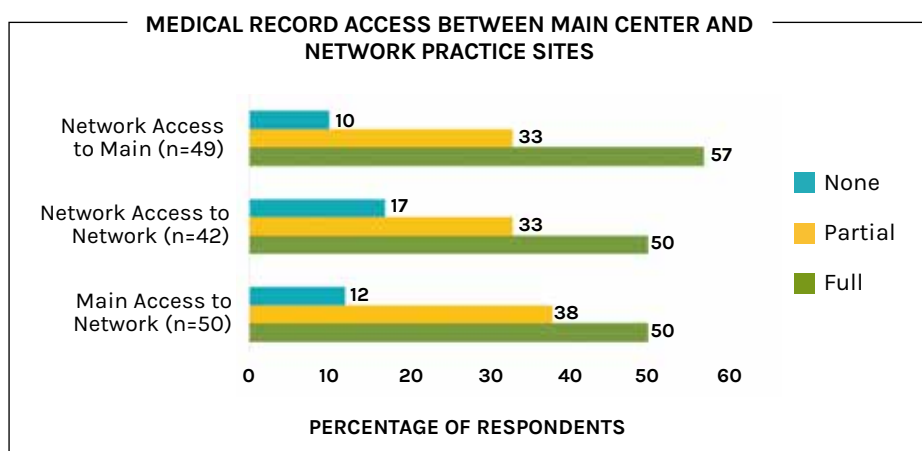
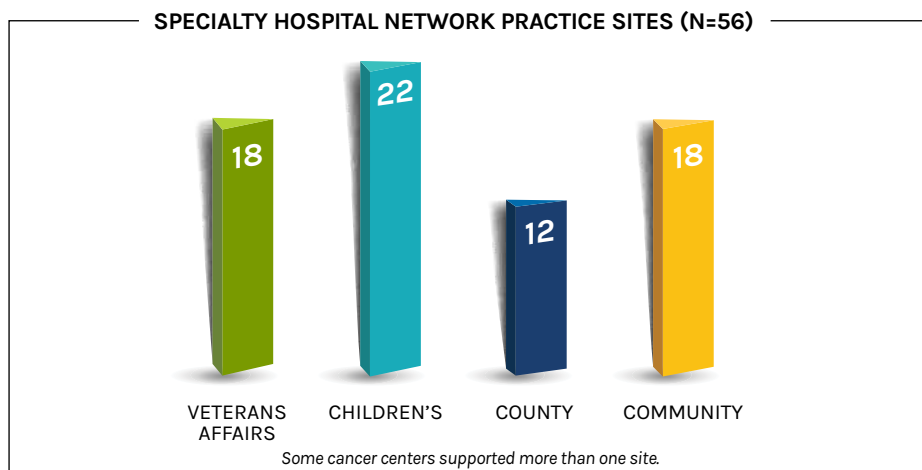
## NETWORK CARE INITIATIVE SURVEY

In mid-2017 AACI launched a survey to gather information from AACI member cancer centers on the nature of the relationships between main cancer centers and their network sites. The survey focused on three areas of network care:

- Improving the conduct of clinical trials at network practice sites
- Implementing and using carepaths to provide quality care and reduce drug costs
- Determining approaches to quality assessments at the main cancer center vs. network practice sites and reporting across platforms of quality measures

The survey drew responses from 69 AACI member centers. Dr. Gerson reported on early findings at the 2018 AACI/ CCAF Annual Meeting in Chicago. The next phase of the project, set to begin in early 2019, aims to use the survey data to develop and disseminate best practices for providing care at network sites. The initiative will also partner with AACI's Clinical Research Innovation and Physician Clinical Leadership Initiative to further explore topics of interest to survey respondents.

## NETWORK CARE INITIATIVE SURVEY Selected Preliminary Data



# PHYSICIAN CLINICAL LEADERSHIP INITIATIVE

**A**ACI's Physician Clinical Leadership Initiative (PCLI) pursues a variety of objectives, including developing better methods to disseminate information across cancer centers, identifying and addressing oncology care model barriers, and measuring quality.

Physician burnout was the focus of the 6th annual PCLI meeting at the 2018 AACI/CCAF Annual Meeting. Presentations were provided by Fay J. Hlubocky, PhD, MA, The University of Chicago Medicine Comprehensive Cancer Center; Daniel McFarland, DO, Memorial Sloan Kettering Cancer Center; and Ronald M. Epstein, MD, Wilmot Cancer Institute, University of Rochester Medical Center.

## PCLI WELCOMES NEW STEERING COMMITTEE MEMBERS

Four new members joined AACI's PCLI steering committee in 2018:

**Andrew Chapman, DO, FACP**  
Sidney Kimmel Cancer Center at Jefferson Health

**David Gaffney, MD**  
Huntsman Cancer Institute, University of Utah

**Richard Goldberg, MD, FACP, FASCO**  
WVU Cancer Institute

**Charles Ryan, MD**  
Masonic Cancer Center, University of Minnesota

PCLI thanks the following outgoing steering committee members for their time and commitment in guiding the initiative and planning the annual PCLI meeting: Mohammed Milhem, MD, Holden Comprehensive Cancer Center, University of Iowa; Martha Mims, MD, PhD, Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine; Nathan Levitan, MD, Case Comprehensive Cancer Center.

## 2018 PCLI WEBINARS

### Clinical Pathways and Cancer Care Delivery

**David Jackman, MD**  
**Craig Bunnell, MD, MPH, MBA**  
Dana-Farber Cancer Institute  
Harvard Medical School

### Multidisciplinary Cancer Care

**Brandon G. Smaglo, MD**  
**Martha Mims, MD, PhD**  
Dan L Duncan Comprehensive Cancer Center at  
Baylor College of Medicine

### Challenges and Opportunities of Outreach Clinics

**Sam Lubner, MD, FACP**  
**Dan Mulkerin, MD**  
University of Wisconsin Carbone Cancer Center

### Minority Recruitment to Clinical Trials

**Ruben A. Mesa, MD, FACP**  
Mays Cancer Center  
UT Health San Antonio



L-R, Drs. Fay Hlubocky, Daniel McFarland and Ronald Epstein discuss physician burnout.

Visit [aaci-cancer.org/webinars](http://aaci-cancer.org/webinars) to view past webinars and our 2019 schedule.



## PUBLIC POLICY AND ADVOCACY

In 2018, AACI sustained its commitment to advocating for stable, predictable funding for the National Institutes of Health (NIH) and National Cancer Institute (NCI) through a range of activities.

### 2018 Legislative Priorities

- Federal funding for the NIH and NCI
- Oral chemotherapy parity
- Coverage for routine costs associated with clinical trials

### KEEPING CANCER CENTERS UP-TO-DATE

AACI continued hosting monthly cancer center update calls throughout 2018, inviting government relations representatives from AACI cancer centers to share important state issues, including oral chemotherapy parity, Tobacco 21, and indoor tanning legislation. As part of the calls, AACI staff shares updates regarding NIH and NCI appropriations and other federal issues impacting the cancer centers.

In March, 27 cancer center government relations professionals attended AACI's Government Relations Forum at The University of Kansas (KU) Cancer Center in Kansas City, KS. The group was joined by Chelsea Cheney, representing Senator Pat Roberts (R-KS); Molly Haase, representing Representative Kevin Yoder (R-KS); and Alex Richard, representing Senator Jerry Moran (R-KS). The staff highlighted the importance of cancer research to their members and their successful relationship with KU Cancer Center.

Dr. Roy A. Jensen, KU Cancer Center director, presented his proposed presidential initiative for his 2018-2020 presidential term: a library of model legislation for AACI members to adapt and use.

Throughout 2018, AACI pursued opportunities for advocacy and engagement, both with the cancer centers and legislators. The association began using a web-based tool to facilitate communication with members of Congress, and AACI's state fact sheets highlight key cancer statistics at the click of a button.

### APPROPRIATIONS

Congress delivered a \$3 billion increase for the NIH in March, raising its budget 8.3 percent to \$37 billion. The NCI received \$5.9 billion, including \$300 million in funding for the Biden Cancer Moonshot Initiative, a key component of the 21st Century Cures Act, and an initial investment of \$15 million was provided for the FDA's Oncology Center of Excellence.

In May, AACI submitted written testimony to the Senate and House LHHS-Appropriations Subcommittees, asking that they recognize the NIH as a critical national priority by providing the Fiscal Year 2019, Senate-approved budget of \$39.1 billion in funding in the FY 2019 Labor-HHS-Education Appropriations bill and to fund the NIH at a level at least \$2 billion above the FY 2018-enacted level.

### 340B DRUG PRICING PROGRAM

Since the Centers for Medicare & Medicaid Services (CMS) reimbursement cuts to the 340B drug pricing program went into effect January 1, AACI has been advocating to protect the program.



*For 11 years, the Association of American Cancer Institutes and the American Association for Cancer Research have shared stories on Capitol Hill about the many ways that cancer research saves lives and transforms patient care. In 2018, 74 advocates representing 31 cancer centers across the U.S. convened to thank Congress for making cancer research funding a priority.*



CMS slashed what Medicare pays 340B hospitals for many oncology infusions and other physician-administered drugs, reducing reimbursement rates by nearly 30 percent. In June, AACI initiated a survey to learn the impact of the reimbursement cuts to the 340B Drug Pricing Program on its member centers. Throughout the summer, AACI engaged with 340B Health, a membership organization of more than 1,300 public and private nonprofit hospitals and health systems in the federal 340B drug pricing program. On September 14, AACI hosted a webinar for 81 attendees on reimbursement cuts to the program. Panelists included Cheryl L. Willman, MD, CEO and director of the University of New Mexico Comprehensive Cancer Center; Sandra F. Durley, PharmD, senior associate director of ambulatory care pharmacy services, University of Illinois College of Pharmacy; and Jeff Davis, senior advisor and of counsel with Baker Donelson.

AACI and 340B Health collaborated on placing op-eds, including an editorial authored by Dr. Willman that appeared in the *Washington Examiner* in October.

#### The Impact of 340B Reimbursement Cuts on AACI Cancer Centers

- Of 18 AACI cancer centers that responded to an AACI survey, 17 are 340B-eligible
- Among eligible cancer centers, the impact of cuts in the first quarter of 2018 was in the millions of dollars
- Patient populations most harmed by the cuts included racial and ethnic minorities, low-income individuals, and medically underinsured or uninsured individuals
- In response to the cuts, AACI cancer centers have needed to lay off staff, slow or suspend faculty recruitment, and reduce programming — including education, training, community engagement, and support services

## PRESIDENTIAL INITIATIVE: A Legislation Library for AACI Members

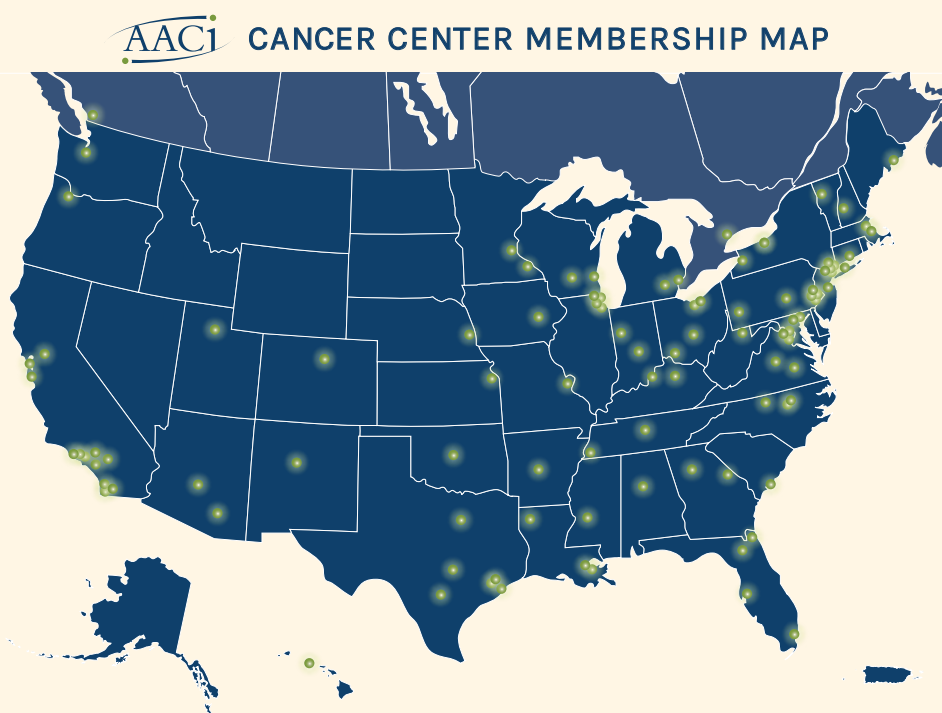
Dr. Roy A. Jensen began his term as AACI president in October. For his upcoming presidential initiative, Dr. Jensen will spearhead the development of a comprehensive, cancer-specific, state-based library of model legislation.

Inspired by successful efforts at KU Cancer Center and the work of national cancer advocacy organizations, Dr. Jensen will launch a web-based hub of model policies to address issues ranging from HPV vaccination to state-level funding for cancer research.

Dr. Jensen hopes to offer a dynamic, online library—the product of many hours of research and data collection. The database will serve as a “one-stop shop” for information that AACI’s members can use to educate legislators on the issues vital to decreasing cancer incidence and mortality in their catchment area.

Through partnerships with other national cancer advocacy organizations, AACI will collect robust data to support policy statements on key issues, providing members with sound proposals with the potential to stimulate real change.

“Our goal is to promulgate sound cancer policy and legislation across all 50 states and Canada.”



## CAPITOL HILL DAY



U.S. Rep. Tom Cole (L) meets with Dr. Robert Mannel, director of the Stephenson Cancer Center, University of Oklahoma.

**SURVIVORS, PATIENT ADVOCATES,  
CANCER RESEARCHERS, PHYSICIANS,  
AND CANCER CENTER DIRECTORS—  
REPRESENTING 31 CANCER CENTERS  
ACROSS THE U.S.—PARTICIPATED IN  
125 MEETINGS WITH LAWMAKERS AND  
STAFF AT HILL DAY.**

**I**n April, 74 cancer research advocates from 21 states and the District of Columbia convened on Capitol Hill to thank Congress for making cancer research funding a priority.

Representatives from AACI and the American Association for Cancer Research (AACR) visited federal legislators to express their gratitude for a bipartisan spending package for FY 2018 that prioritized funding for the NIH, the NCI, and the Food and Drug Administration (FDA).

Before visiting legislators, Hill Day participants heard remarks from U.S. Representative Tom Cole (R-OK), who chairs the House Appropriations Subcommittee on Labor, HHS, Education, and Related Agencies, which oversees NIH funding.

During the briefing, Rep. Cole said that he and his Senate counterpart, Senator Roy Blunt (R-MS), are striving to increase the NIH budget each year by the rate of biomedical inflation, plus a healthy percentage of real growth, to ensure robust, sustained, and predictable funding increases for the agency. Thanks to their efforts, the NIH budget has grown by 23 percent over the past three years.

*Meeting with congressional staff: Above, AACI President Dr. Stanton L. Gerson, center, joined by Heidi Gartland, at right, of Case Comprehensive Cancer Center.*

*Below (L-R), Drs. Melissa Troester, UNC Lineberger Comprehensive Cancer Center, and Steven Patierno, of Duke Cancer Institute.*

According to AACI Executive Director Barbara Duffy Stewart, MPH, their continued support “is vital for continued success for cancer research and the delivery of care.”

Survivors, patient advocates, cancer researchers, physicians, and cancer center directors—representing 31 cancer centers across the U.S.—participated in 125 meetings with lawmakers and staff at Hill Day.

Mary Gillam, a pancreatic cancer survivor who received treatment at the UNC Lineberger Comprehensive Cancer Center, also addressed attendees with her own powerful story.

For 11 years, AACI and AACR—two of the largest organizations in the field—have shared stories on Capitol Hill that underscore how cancer research is saving lives and transforming patient care. Their representatives requested that Congress provide at least \$39.3 billion for the NIH in FY 2019, and \$20 million for the FDA Oncology Center of Excellence. “We need to maintain this momentum,” said Ms. Stewart.





# EXECUTIVE DIRECTOR TRANSITION



After nearly two decades of leadership and service as founding executive director of AACI, Barbara Duffy Stewart, MPH, retired in October.

Ms. Stewart was influential in advancing the mission of the nation's academic cancer centers and in moving the cancer center agenda forward in Washington, DC, primarily through annual AACI visits to Capitol Hill for cancer center directors, researchers, physician-scientists, cancer survivors, and other advocates. She helped Congress see the value of investing in biomedical research in general, and cancer research in particular.



Her noteworthy career in cancer research advocacy began at the Pittsburgh Cancer Institute (now known as UPMC Hillman Cancer Center). As director of communications and public affairs, Ms. Stewart was among a small group, including center director Ronald B. Herberman, MD, who launched the institute in 1985.



AACI began in 1958 as an informal gathering of cancer center directors. In 1999, during a rapid expansion of the NCI budget and increased patient advocacy for cancer research, AACI's board of directors hired Ms. Stewart as the organization's first executive director.

Beyond building a staff and instituting sound governance practices, Ms. Stewart guided AACI through a period of significant growth.



As AACI executive director, Barbara Duffy Stewart met and worked with many of the nation's top cancer researchers, political figures, and government officials. Among them were, top to bottom: Dr. Ronald Herberman, founder of the University of Pittsburgh Cancer Institute and AACI president when Ms. Stewart became executive director; President George H.W. Bush and Barbara Bush; U.S. Sen. Orrin Hatch, the longest-serving Republican senator in history; and Sec. of Health and Human Services Kathleen Sebelius, who served under President Barack Obama.

Membership expanded from 78 cancer centers in 1999 to 98 today—including two in Canada—with annual meeting attendance increasing by 60 percent since 2011. AACI is the only professional association that focuses exclusively on academic cancer centers.

The association's programming has thrived in recent years, allowing academic cancer centers to collaborate and share best practices. For example, the AACI Clinical Research Initiative—now Clinical Research Innovation—hosted its 10th annual meeting in Chicago in 2018. Other areas of recent AACI activity include a focus on cancer center networks, physician clinical leadership, and supporting CAR T-cell therapy.

## PUBLIC SERVICE AWARD Barbara Duffy Stewart



Ms. Stewart received the 2018 AACI Public Service award on September 30 during the AACI/CCAF Annual Meeting in Chicago.

"Barbara has led AACI with exceptional skill and grace," AACI President Stanton L. Gerson, MD, said in presenting the award. "We have all benefited from her wisdom and commitment to our collective mission, and her strong, steady hand in guiding our organization. She understands the art of scientific politics and has elevated AACI to its rightful place as the premier organization representing North America's academic cancer centers."



# COMMUNICATIONS

Continuing the theme of transitions in 2018, AACI turned the page online, so to speak, launching a redesigned website in November. The revamped internet presence enhances communication between AACI and its 98 cancer center members and facilitates networking and the sharing of best practices within the cancer research and advocacy community.

Key features of the new website include:

- Enhanced government relations capabilities, including an advocacy tool that facilitates calls to action for quick response to legislative matters
- A fresh look for AACI leadership and committee pages with bios for key leadership and the board of directors
- Modern website infrastructure that makes the AACI website smartphone-friendly and allows for real-time updates

AACI's member newsletter, *AACI Update*, will continue to be housed on the new website along with *AACI Commentary*, the association's editorial series, and recent press releases. Publications will now be emailed to readers via ConstantContact and, like the website, have been redesigned with a fresh, new look.

In the public policy sphere, the website includes state fact sheets offering a snapshot of cancer statistics—from the economic impact of biomedical research to cancer incidence and mortality rates—for each state with at least one AACI cancer center.

In addition, as the focus of AACI President-elect Dr. Roy A. Jensen's presidential initiative, 2019 will see the initial compiling of a dynamic, online library of model legislative policies. The projected database will serve as a "one-stop shop" for information that AACI members can use to educate legislators on issues vital to decreasing cancer incidence and mortality in their catchment area.



## SOCIAL MEDIA ENHANCEMENT

In May, AACI welcomed a new communications staff member who was tasked with administering AACI's social media accounts, including a Twitter handle for AACI's president, and analyzing their engagement and growth. AACI has profiles on Twitter, Facebook, and LinkedIn, and, thanks to Dr. Jensen's media team at The University of Kansas Cancer Center, AACI made its first foray into internet video streaming during the 2018 AACI/CCAF Annual Meeting.



In other communications activities, AACI delivered a presentation at the annual meeting of the National Cancer Institute's (NCI) Public Affairs & Marketing Network, hosted by the Fred Hutchinson Cancer Research Center in Seattle, in March. AACI joined a panel with NCI, the American Association for Cancer Research and the American Society of Clinical Oncology.

The session informed cancer center communications professionals about ways to collaborate with the organizations to help spread the news about work at their centers. They were also encouraged to let AACI know when they have stories about patients published in their local media or when legislators are visiting their centers. Such tips can help AACI recruit patients to join the association at its annual day on Capitol Hill to advocate for federal funding.

## 2018 AACI COMMENTARIES

### Answering the Call for Collaboration to Expand Discoveries and Address Disparities

— Stanton L. Gerson, MD

### A Legislation Library to Benefit AACI Cancer Centers

— Roy A. Jensen, MD

### A Revolution in Cancer Care: AACI's New Initiative Will Establish Best Practices in CAR T Therapy

— Joseph McGuirk, DO

### What's Love Got to Do with It? Providing Access to Equitable Health Care for LGBTQI Patients in the Nation's Capital

— Mandi Pratt-Chapman, MA

### Perspectives from the New NCI Director

— Norman E. Sharpless, MD

### CMS Reimbursement Cuts to Cancer Centers Threaten Access to Lifesaving Cancer Treatments for Underserved Patients

— Cheryl L. Willman, MD



View AACI Commentaries at [aaci-cancer.org/commentary](http://aaci-cancer.org/commentary).

## NEW MEMBER

AACI welcomed a new member in 2018, The **LIVESTRONG** Cancer Institutes at the Dell Medical School (DMS) at the University of Texas at Austin. S. Gail Eckhardt, MD, is director. The **LIVESTRONG** Cancer Institutes was created in 2014 with a \$50 million pledge from the **LIVESTRONG** Foundation.

The mission of the **LIVESTRONG** Cancer Institutes is to radically improve people's cancer experience and quality of life; revolutionize how cancer is treated; and reinvent the way cancer patients are cared for.

The work of the Institutes builds on the knowledge gained from **LIVESTRONG**'s almost 20 years of unique work with cancer patients and survivors.

**LIVESTRONG**'s survivor summits, survey data, community outreach, support programs, and direct navigation services are informing the innovative design of the DMS cancer clinics to meet the needs, preferences, and values of patients and their families, and to create a new model of cancer care for the country.

The **LIVESTRONG** Cancer Institutes has an unparalleled opportunity—as part of the DMS, launched in 2016—to design a novel clinical cancer care framework, locally in partnership with community cancer care providers. It takes lessons learned in DMS clinics and adapts the best practices so that they can be disseminated and replicated through publications, presentations, and new business models.



Dr. S. Gail Eckhardt, director, **LIVESTRONG** Cancer Institutes



## CORPORATE ROUNDTABLE

### A SEAT AT THE TABLE FOR INDUSTRY REPRESENTATIVES

The AACI Corporate Roundtable facilitates open discussion around important issues between industry representatives and leaders of the nation's foremost cancer research centers.

Through the roundtable, participating partners can enhance their profile with cancer center leadership, become familiar with cancer center priorities and goals, and maximize opportunities for meaningful scientific exchange.

Similarly, cancer centers benefit through direct interaction with industry decision makers, becoming familiar with their priorities and goals and opening doors to support for both new and ongoing AACI programs and initiatives. Most importantly, there is value for patients: working together, cancer centers and industry can

leverage their mutual strengths to speed the development of promising therapies.

The AACI Corporate Roundtable met twice in 2018—in July at the Clinical Research Innovation (CRI) meeting and in September at the AACI/CCAF annual meeting. AACI extends its gratitude for the commitment and support of these 2018 corporate members: Amgen, Astellas, Bristol-Myers Squibb, Genentech, Janssen Oncology, Lilly, Merck, and, Takeda Oncology.



## SUSTAINING MEMBERS

### BRINGING THE CANCER CENTER COMMUNITY TOGETHER

Sustaining membership in AACI is open to nonprofit organizations that represent and support the educational and professional development of clinical oncology health professionals and researchers. These like-minded cancer organizations are dedicated to clinical and basic research with a strong focus on cancer, or are dedicated to public education related to cancer.

Sustaining members are invited to participate in AACI-sponsored meetings, workshops, forums, and webinars. They also have the opportunity to meet annually with AACI leadership.

Other benefits of sustaining membership include:

- Participation in AACI's CRI, including its webinars, and an invitation to attend the CRI annual meeting at the member rate
- Opportunities to host one webinar per year on a topic of mutual interest to AACI's membership
- Exhibit opportunities at a special discounted rate at the AACI CRI meeting and the AACI/CCAF annual meeting

AACI thanks its 2018 sustaining members: the American Association for Cancer Research (AACR), the American Cancer Society, the American Society of Clinical Oncology (ASCO), and the Society for Immunotherapy of Cancer (SITC).

**AACR** American Association  
for Cancer Research  
FINDING CURES TOGETHER™



Society for Immunotherapy of Cancer



# SUPPORTERS

**A**ACI cancer centers share a common goal with AACI supporters: to provide quality cancer care to patients and access to promising cancer therapies.

Each year, the AACI/CCAF annual meeting and the annual meeting of AACI's Clinical Research Innovation (CRI) provide prime opportunities for supporters to interact with AACI members and representatives from other cancer research-related organizations. For example, exhibitors can promote their products and services to meeting attendees, including cancer center directors, executive administrators, and clinical leaders. The meetings also serve as a platform for sharing best practices as well as simply getting to know business colleagues better.

AACI received support in 2018 for its events, programs, and other activities from Astellas, Astra Zeneca, Cejka Executive Search, Complion, Flatiron, Florence, Forte, Foundation Medicine, GenomicHealth, Huron Consulting Group, Lilly, Merck, Novartis, Pfizer, and Velos.

The 2018 AACI/CCAF Annual Meeting featured 14 exhibitors: Complion, Florence, Forte, GuideStar Research, Huron, M2Gen, Merck, OncLive, Patient Resource, PFS Clinical, Society for Immunotherapy of Cancer, Takeda Oncology, TransCelerate BioPharma Inc., and Velos.

Exhibitors at the 2018 CRI annual meeting totaled 11: Aerotek, ASCO Research Community Forum, Complion, Essex Management, Florence, Forte, GuideStar Research, Huron, Mint Medical, PFS Clinical, and Velos.

AACI appreciates these companies' vital assistance with fulfilling the association's mission to reduce the burden of cancer by enhancing the impact of leading academic cancer centers.



Clockwise from the top (L-R): John McIlwain (Velos) and AACI President-elect Dr. Roy A. Jensen; Chad Erikson (GuideStar Research), at right, talks with a meeting attendee; Aditya Jayaram (Mint Medical) and Angie Allred (Huron); Kayleigh Wallace (Florence) greets a cancer research colleague.

## NEW LEADERSHIP

### A NEW PRESIDENT AND EXECUTIVE DIRECTOR

**D**r. Roy A. Jensen is the new president of the Association of American Cancer Institutes. He began his two-year term at the close of the AACI/CCAF annual meeting in Chicago.

In 2004, Dr. Jensen was appointed the director of The University of Kansas (KU) Cancer Center, the William R. Jewell, M.D. Distinguished Kansas Masonic Professor, the director of the Kansas Masonic Cancer Research Institute, professor of pathology and laboratory medicine, and professor of anatomy and cell biology at the University of Kansas Medical Center. Under his leadership, KU Cancer Center earned designation as a National Cancer Institute cancer center in 2012.

A member of AACI's board of directors since October 2013, Dr. Jensen chaired the association's 2013 annual meeting program committee. With more than 150 scientific publications, Dr. Jensen has lectured widely on the clinical and molecular aspects of breast cancer pathology.

His research focuses on understanding the function of BRCA1 and BRCA2 and their role in breast and ovarian neoplasia, and on the characterization of premalignant breast disease, both at the morphologic and molecular levels.

Jennifer W. Pegher, MA, is AACI's second executive director in its 19-year history. She succeeds its founding executive director, Barbara Duffy Stewart, who retired in 2018. Ms. Pegher has been with AACI for six years, most recently serving as the association's deputy director. Previously, she managed AACI's government relations efforts. She holds a master's degree in government from the Johns Hopkins University and has deep experience in Washington, DC, having worked for former Congressman Philip S. English of Pennsylvania and the National Association of Federally-Insured Credit Unions (formerly the National Association of Federal Credit Unions). Before joining AACI, Ms. Pegher served as executive director of the Western Pennsylvania Chapter of the National Hemophilia Foundation.

"I'm honored to follow in the footsteps of my mentor, Barbara Duffy Stewart, to continue engaging our cancer centers, legislators, and cancer advocates through our programs and initiatives," Ms. Pegher said.



**Roy A. Jensen, MD**  
The University of Kansas Cancer Center



**Jennifer W. Pegher, MA**  
Executive Director, AACI

### NEW LEADERS ON NEW MEDIA

Immediately following the annual meeting, a media team from KU Cancer Center recorded an installment of its "Bench to Bedside" video series, featuring Dr. Roy A. Jensen, AACI's new president, and Jennifer W. Pegher, AACI's new executive director. Their conversation, streamed on Facebook, focused on AACI's history, mission, and accomplishments, with a look to the future.





## NEW BOARD MEMBERS

**A**ACI congratulates Karen E. Knudsen, PhD, on her election as vice president/president-elect of AACI's board of directors. Her two-year term started during the AACI/CCAF annual meeting in Chicago.

AACI members have also selected Drs. Randall F. Holcombe, Thomas P. Loughran, Jr., and Leonidas Platanias to serve three-year terms on AACI's board of directors. In addition, Dr. Benjamin G. Neel has been appointed to fill the remainder of Dr. Knudsen's term as a regular board member.

**Dr. Karen E. Knudsen** is the third director of Sidney Kimmel Cancer Center at Jefferson Health in Philadelphia, a National Cancer Institute (NCI)-Designated Cancer Center since 1995. Her translational research centers on prostate cancer and has contributed to new mechanisms for treatment of advanced disease. Dr. Knudsen has been a member of AACI's board of directors since 2016 and was program chair of the association's 2017 annual meeting. She also serves on review, advisory, and elected panels for the Department of Defense, the American Society of Clinical Oncology, the American Association for Cancer Research, and the National Institutes of Health.



**Dr. Karen E. Knudsen**  
Sidney Kimmel Cancer Center at  
Jefferson Health

**Dr. Holcombe** has been director of the University of Hawai'i Cancer Center since 2016. Dr. Holcombe led the center through major milestones including NCI re-designation and Cancer Center Support Grant (CCSG) renewal in 2017 and 2018, respectively. He was program chair for the 2018 AACI/CCAF Annual Meeting and has served as a member of AACI's Clinical Research Innovation Steering Committee and chaired AACI's Physicians Clinical Leadership Initiative.

**Dr. Loughran** is the director of the UVA Cancer Center in Charlottesville, Virginia. Under his leadership, the center's NCI CCSG was renewed in 2017. Dr. Loughran previously served as the founding director of the Penn State Hershey Cancer Institute (2003 – 2013) and as program leader of hematologic malignancies at the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida.



**Dr. Randall F. Holcombe**  
University of Hawai'i Cancer Center  
University of Hawai'i at Mānoa

**Dr. Platanias** leads The Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago, an NCI-Designated Comprehensive Cancer Center. Since becoming director in 2014, Dr. Platanias has overseen a 50 percent increase in NCI funding for the center and the recruitment of more than 100 new faculty. Prior to his appointment as director, Dr. Platanias served as Lurie Cancer Center's first deputy director from 2002 to 2013.

**Dr. Neel** is director of the Laura and Isaac Perlmutter Cancer Center and professor of medicine at NYU Langone Health in New York City. His research interests include cell signaling in cancer and developmental disease and the biology of breast and ovarian cancers. Dr. Neel is the co-founder of Northern Biologics, a company focusing on antibody therapeutics for cancer and fibrosis.



**Dr. Thomas P. Loughran**  
University of Virginia Cancer Center



**Dr. Leonidas Platanias**  
The Robert H. Lurie Comprehensive Cancer Center  
of Northwestern University



**Dr. Benjamin G. Neel**  
Laura and Isaac Perlmutter Cancer Center  
NYU Langone



## Annual Meeting Program Committee

The Annual Meeting Program Committee develops the agenda for the important yearly meeting of the association's membership.

**Chair: Randall F. Holcombe, MD, MBA**  
University of Hawai'i Cancer Center  
University of Hawai'i at Mānoa

**Michael J. Bertram, PhD, MBA**  
O'Neal Comprehensive Cancer Center at the  
University of Alabama at Birmingham

**Peter Connor, MS**  
University of Wisconsin Carbone Cancer Center

**B. Mark Evers, MD**  
UK Markey Cancer Center

**Seanne Falconer, MBA, FACHE**  
Masonic Cancer Center  
University of Minnesota

**Stanton L. Gerson, MD**  
Case Comprehensive Cancer Center

**Roy A. Jensen, MD**  
The University of Kansas Cancer Center

**Candace S. Johnson, PhD**  
Roswell Park Comprehensive Cancer Center

**Karen E. Knudsen, PhD**  
Sidney Kimmel Cancer Center at Jefferson Health

**Carrie Lee, MD, MPH**  
UNC Lineberger Comprehensive Cancer Center  
University of North Carolina at Chapel Hill

**Malcolm Moore, MD**  
BC Cancer

**Timothy L. Ratliff, PhD**  
Purdue University Center for Cancer Research

**Thomas A. Sellers, PhD, MPH**  
Moffitt Cancer Center

**Barbara Duffy Stewart, MPH**  
Association of American Cancer Institutes

## CAR T Initiative Steering Committee

The CAR T Initiative Steering Committee helps guide and implement CAR T-cell therapy programs at AACI member centers across North America.

**Chair: Joseph McGuirk, DO**  
The University of Kansas Cancer Center

**Richard P. Bondi**  
UPMC Hillman Cancer Center

**Lihua Elizabeth Budde, MD, PhD**  
City of Hope Comprehensive Cancer Center

**Matthew H. Carabasi, MD**  
Sidney Kimmel Cancer Center at Jefferson Health

**Clint L. Divine, MBA, MSM**  
The University of Kansas Cancer Center

**Helen Heslop, MD**  
Dan L Duncan Comprehensive Cancer Center at  
Baylor College of Medicine

**Frederick L. Locke, MD**  
Moffitt Cancer Center

**Kunle Odunsi, MD, PhD**  
Roswell Park Comprehensive Cancer Center

**Sheila Ouverson, MPA**  
Holden Comprehensive Cancer Center  
University of Iowa

**Miguel-Angel Perales, MD**  
Memorial Sloan Kettering Cancer Center

**David L. Porter, MD**  
Abramson Cancer Center of the  
University of Pennsylvania

**Sam Sharf, RN, BSN, NE-BC, CHTC**  
UNC Lineberger Comprehensive Cancer Center  
University of North Carolina at Chapel Hill

**Joseph Uberti, MD, PhD**  
Barbara Ann Karmanos Cancer Institute  
Wayne State University

## Clinical Research Innovation (CRI) Steering Committee

The CRI Steering Committee develops and facilitates the sharing of best practices that promote the efficient operation of cancer center clinical research facilities.

**Chair: Carrie Lee, MD, MPH**  
UNC Lineberger Comprehensive Cancer Center  
University of North Carolina at Chapel Hill

**Tricia Adrales Bentz, MHA, CCRP**  
Hollings Cancer Center  
Medical University of South Carolina

**Theresa Cummings, RN, MS**  
University of Maryland Marlene and Stewart  
Greenebaum Comprehensive Cancer Center

**Stefan C. Grant, MD, JD**  
Wake Forest Baptist  
Comprehensive Cancer Center

**Janie Hofacker, RN, BSN, MS**  
Association of American Cancer Institutes

**Ashley Baker Lee, CCRP**  
City of Hope Comprehensive Cancer Center

**Jessica Moehle, CCRP**  
Huntsman Cancer Institute  
University of Utah

**Kristie Moffett, MHA**  
Moffitt Cancer Center

**Helen Peck, RN, MA, OCN, CCRP**  
Sylvester Comprehensive Cancer Center  
University of Miami Health System

**Barbara Duffy Stewart, MPH**  
Association of American Cancer Institutes

**Stephen Williamson, MD**  
The University of Kansas Cancer Center

**Alex Zafirovski, MBA**  
The Robert H. Lurie Comprehensive Cancer Center  
of Northwestern University

## Finance and Investment Committee

The Finance and Investment Committee oversees the development and implementation of all policies related to AACI's finances and expenditures. It reviews investment performance and advises on AACI's asset portfolio. In addition, this committee makes fiscal-related recommendations to the AACI Board of Directors and arranges for the audit of the association's financial records.

**Chair: Jeff A. Walker, MBA**  
City of Hope National Medical Center

**Julian Bell, MHA, CPA**  
The Ohio State University  
Comprehensive Cancer Center  
James Cancer Hospital  
& Solove Research Institute

**John A. Kolosky**  
Moffitt Cancer Center

**Ray Lynch, MBA, CPA**  
Fox Chase Cancer Center, Temple Health

**Gregory A. McDonald, CPA**  
Roswell Park Comprehensive Cancer Center

### Government Relations Forum Steering Committee

The AACI Government Relations Forum Steering Committee monitors public policy actions that have an impact on cancer centers.

**Chair: Anne L. Levine**  
Dana-Farber Cancer Institute  
Harvard Medical School

**Ashlee Bright, MPA**  
Huntsman Cancer Institute  
University of Utah

**Robert R. Clark, MS, FACHE**  
Comprehensive Cancer Center  
St. Jude Children's Research Hospital

**John DeMuro**  
Moffitt Cancer Center

**Ross A. Frommer, JD**  
Herbert Irving Comprehensive Cancer Center  
Columbia University Medical Center

**Heidi L. Gartland, MHA, FACHE**  
Case Comprehensive Cancer Center

**Orly Isaacson**  
Memorial Sloan Kettering Cancer Center

**Mark Kochevar, MBA**  
University of Colorado Cancer Center

**Kathryn A. Kuhn**  
Medical College of Wisconsin Cancer Center

**Jennifer Evans Stacey, Esq.**  
The Wistar Institute

### Network Care Initiative Steering Committee

The Network Care Initiative Steering Committee works to develop a standardized "roadmap" for managing cancer center networks.

**Chair: Stanton L. Gerson, MD**  
Case Comprehensive Cancer Center

**Louis B. Harrison, MD, FASTRO**  
Moffitt Cancer Center

**Randall F. Holcombe, MD, MBA**  
University of Hawai'i Cancer Center  
University of Hawai'i at Mānoa

**Laura Hutchins, MD**  
UAMS Winthrop P. Rockefeller Cancer Institute

**Patrick J. Loehrer, Sr., MD**  
Indiana University  
Melvin & Bren Simon Cancer Center

**Daniel T. Mulkerin, MD**  
University of Wisconsin Carbone Cancer Center

**Thomas Purcell, MD, PhD, MBA**  
University of Colorado Cancer Center

**Lois Teston, MD**  
Case Comprehensive Cancer Center

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

**Louis M. Weiner, MD**  
Georgetown Lombardi  
Comprehensive Cancer Center

### Nominating Committee

The Nominating Committee meets each year and is charged with identifying individuals among the member institutions who are best qualified to serve on the AACI Board of Directors.

**Chair: Howard Bailey, MD**  
University of Wisconsin Carbone Cancer Center

**Stephen D. Nimer, MD**  
Sylvester Comprehensive Cancer Center  
University of Miami Health System

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

### Physician Clinical Leadership Initiative (PCLI) Steering Committee

The PCLI Steering Committee oversees the initiative to promote the efficient operation of cancer center clinical programs.

**Chair: Randall Holcombe, MD, MBA**  
University of Hawai'i Cancer Center  
University of Hawai'i at Mānoa

**Carolyn Britten, MD, FRCPS**  
Hollings Cancer Center  
Medical University of South Carolina

**Craig Bunnell, MD, MPH, MBA**  
Dana-Farber Cancer Institute  
Harvard Medical School

**Ruben A. Mesa, MD**  
Mays Cancer Center  
UT Health San Antonio

**Mohammed Milhem, MD**  
Holden Comprehensive Cancer Center  
University of Iowa

**Martha Mims, MD, PhD**  
Dan L Duncan Comprehensive Cancer Center at  
Baylor College of Medicine

**Edith P. Mitchell, MD, FACP**  
Sidney Kimmel Cancer Center at  
Jefferson Health

**Daniel T. Mulkerin, MD**  
University of Wisconsin Carbone Cancer Center

**Claire Verschraegen, MD, MS, FACP**  
The Ohio State University  
Comprehensive Cancer Center  
James Cancer Hospital &  
Solove Research Institute

**Srinivasan Vijayakumar, MD**  
University of Mississippi  
Medical Center Cancer Institute

## UNITED STATES

### ALABAMA

**O'Neal Comprehensive Cancer Center at the University of Alabama at Birmingham**  
Birmingham, Alabama

### ARIZONA

**Mayo Clinic Cancer Center, Arizona**  
Scottsdale, Arizona

**The University of Arizona Cancer Center**  
Tucson, Arizona

### ARKANSAS

**UAMS Winthrop P. Rockefeller Cancer Institute**  
Little Rock, Arkansas

### CALIFORNIA

**City of Hope Comprehensive Cancer Center**  
Duarte, California

**Loma Linda University Cancer Center**  
Loma Linda, California

**Salk Institute Cancer Center**  
La Jolla, California

**Samuel Oschin Comprehensive Cancer Institute**  
**Cedars-Sinai Medical Center**  
Los Angeles, California

**Sanford Burnham Prebys Medical Discovery Institute**  
La Jolla, California

**Stanford Cancer Institute**  
Palo Alto, California

**UC Davis Comprehensive Cancer Center**  
Sacramento, California

**UC San Diego Moores Cancer Center**  
La Jolla, California

**UCI Chao Family Comprehensive Cancer Center**  
Orange, California

**UCLA Jonsson Comprehensive Cancer Center**  
Los Angeles, California

**UCSF Helen Diller Family Comprehensive Cancer Center**  
San Francisco, California

**USC Norris Comprehensive Cancer Center**  
Los Angeles, California

### COLORADO

**University of Colorado Cancer Center**  
Aurora, Colorado

### CONNECTICUT

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

### DISTRICT OF COLUMBIA

**Georgetown Lombardi Comprehensive Cancer Center**  
Washington, District of Columbia

**GW Cancer Center**  
Washington, District of Columbia

### FLORIDA

**Mayo Clinic Cancer Center, Florida**  
Jacksonville, Florida

**Moffitt Cancer Center**  
Tampa, Florida

**Sylvester Comprehensive Cancer Center**  
**University of Miami Health System**  
Miami, Florida

**University of Florida Health Cancer Center**  
Gainesville, Florida

### GEORGIA

**Georgia Cancer Center**  
**Augusta University**  
Augusta, Georgia

**Winship Cancer Institute of Emory University**  
Atlanta, Georgia

### HAWAII

**University of Hawai'i Cancer Center**  
**University of Hawai'i at Mānoa**  
Honolulu, Hawai'i

### ILLINOIS

**Cardinal Bernardin Cancer Center**  
**Loyola University Medical Center**  
Maywood, Illinois

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

**The University of Chicago Medicine Comprehensive Cancer Center**  
Chicago, Illinois

**University of Illinois Cancer Center**  
Chicago, Illinois

### INDIANA

**Indiana University**  
**Melvin & Bren Simon Cancer Center**  
Indianapolis, Indiana

**Purdue University Center for Cancer Research**  
West Lafayette, Indiana

### IOWA

**Holden Comprehensive Cancer Center**  
**University of Iowa**  
Iowa City, Iowa

### KANSAS

**The University of Kansas Cancer Center**  
Kansas City, Kansas

### KENTUCKY

**UK Markey Cancer Center**  
Lexington, Kentucky

**UofL Brown Cancer Center**  
Louisville, Kentucky

### LOUISIANA

**Feist-Weiller Cancer Center**  
**LSU Health Shreveport**  
Shreveport, Louisiana

**Louisiana Cancer Research Consortium of New Orleans**  
**Stanley S. Scott Cancer Center**  
New Orleans, Louisiana  
**Tulane Cancer Center**  
New Orleans, Louisiana

### MAINE

**The Jackson Laboratory Cancer Center**  
Bar Harbor, Maine

### MARYLAND

**Murtha Cancer Center at Walter Reed Bethesda**  
Bethesda, Maryland

**Sidney Kimmel Comprehensive Cancer Center**  
**Johns Hopkins University**  
Baltimore, Maryland

**University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center**  
Baltimore, Maryland

### MASSACHUSETTS

**Boston University Cancer Center**  
Boston, Massachusetts

**Dana-Farber Cancer Institute**  
**Harvard Medical School**  
Boston, Massachusetts

### MICHIGAN

**Barbara Ann Karmanos Cancer Institute**  
**Wayne State University**  
Detroit, Michigan

**University of Michigan**  
**Rogel Cancer Center**  
Ann Arbor, Michigan

### MINNESOTA

**Masonic Cancer Center**  
**University of Minnesota**  
Minneapolis, Minnesota

**Mayo Clinic Cancer Center**  
Rochester, Minnesota



## MISSISSIPPI

University of Mississippi  
Medical Center Cancer Institute  
Jackson, Mississippi

## MISSOURI

Siteman Cancer Center  
St. Louis, Missouri

## NEBRASKA

Fred and Pamela Buffett Cancer Center  
Omaha, Nebraska

## NEW HAMPSHIRE

Dartmouth-Hitchcock Norris Cotton  
Cancer Center  
Lebanon, New Hampshire

## NEW JERSEY

Rutgers Cancer Institute of New Jersey  
New Brunswick, New Jersey

## NEW MEXICO

University of New Mexico  
Comprehensive Cancer Center  
Albuquerque, New Mexico

## NEW YORK

Albert Einstein Cancer Center  
Albert Einstein College of Medicine  
Bronx, New York

Herbert Irving  
Comprehensive Cancer Center  
Columbia University Medical Center  
New York, New York

Laura and Isaac Perlmutter  
Cancer Center, NYU Langone  
New York, New York

Memorial Sloan Kettering Cancer Center  
New York, New York

Roswell Park  
Comprehensive Cancer Center  
Buffalo, New York

Stony Brook University Cancer Center  
Stony Brook, New York

The Tisch Cancer Institute at the  
Mount Sinai Health System  
New York, New York

Upstate Cancer Center  
SUNY Upstate Medical University  
Syracuse, New York

Wilmot Cancer Institute  
University of Rochester Medical Center  
Rochester, New York

## NORTH CAROLINA

Duke Cancer Institute  
Duke University Medical Center  
Durham, North Carolina

UNC Lineberger Comprehensive Cancer Center  
University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina

Wake Forest Baptist  
Comprehensive Cancer Center  
Winston-Salem, North Carolina

## OHIO

Case Comprehensive Cancer Center  
Cleveland, Ohio

The Cleveland Clinic Cancer Center  
Cleveland, Ohio

The Ohio State University  
Comprehensive Cancer Center  
James Cancer Hospital & Solove  
Research Institute  
Columbus, Ohio

University of Cincinnati Cancer Institute  
Cincinnati, Ohio

## OKLAHOMA

Stephenson Cancer Center  
University of Oklahoma  
Oklahoma City, Oklahoma

## OREGON

OHSU Knight Cancer Institute  
Portland, Oregon

## PENNSYLVANIA

Abramson Cancer Center of the  
University of Pennsylvania  
Philadelphia, Pennsylvania

Fox Chase Cancer Center  
Temple Health  
Philadelphia, Pennsylvania

Penn State Cancer Institute  
Hershey, Pennsylvania

Sidney Kimmel Cancer Center at  
Jefferson Health  
Philadelphia, Pennsylvania

The Wistar Institute  
Philadelphia, Pennsylvania

UPMC Hillman Cancer Center  
Pittsburgh, Pennsylvania

## SOUTH CAROLINA

Hollings Cancer Center  
Medical University of South Carolina  
Charleston, South Carolina

## TENNESSEE

Comprehensive Cancer Center  
St. Jude Children's Research Hospital  
Memphis, Tennessee

Vanderbilt-Ingram Cancer Center  
Nashville, Tennessee

## TEXAS

Dan L Duncan Comprehensive Cancer Center at  
Baylor College of Medicine  
Houston, Texas

LIVESTRONG Cancer Institutes at  
University of Texas Austin  
Dell Medical School  
Austin, Texas

Mays Cancer Center, UT Health San Antonio  
San Antonio, Texas

Simmons Comprehensive Cancer Center  
UT Southwestern Medical Center  
Dallas, Texas

University of Texas  
MD Anderson Cancer Center  
Houston, Texas

University of Texas  
Medical Branch Cancer Center  
Galveston, Texas

## UTAH

Huntsman Cancer Institute  
University of Utah  
Salt Lake City, Utah

## VERMONT

The University of Vermont Cancer Center  
Burlington, Vermont

## VIRGINIA

University of Virginia Cancer Center  
Charlottesville, Virginia

VCU Massey Cancer Center  
Richmond, Virginia

## WASHINGTON

Fred Hutchinson Cancer Research Center  
Seattle, Washington

## WEST VIRGINIA

WVU Cancer Institute  
Morgantown, West Virginia

## WISCONSIN

Medical College of Wisconsin Cancer Center  
Milwaukee, Wisconsin

University of Wisconsin  
Carbone Cancer Center  
Madison, Wisconsin

## CANADA

### BRITISH COLUMBIA

BC Cancer  
Vancouver, British Columbia

### ONTARIO

Princess Margaret Cancer Centre  
University Health Network  
Toronto, Ontario



Association of  
American Cancer Institutes

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Medical Arts Building, Suite 503  
Pittsburgh, PA 15213

**412-647-6111**  
**[www.aaci-cancer.org](http://www.aaci-cancer.org)**