



AACI 1959 == TO == 2021

THE HISTORY OF
THE ASSOCIATION
OF AMERICAN
CANCER INSTITUTES



By
**Donald L. Trump, MD
& Eric T. Rosenthal**

The History of the Association of American Cancer Institutes



www.aaci-cancer.org

©2021 Association of American Cancer Institutes

The Beginning

In November 1959 the editorial office at The University of Texas MD Anderson Hospital and Tumor Institute in Houston, Texas, issued the following press release on behalf of a newly-announced organization, the Association of Cancer Institute Directors (ACID):

The directors of cancer research institutes in America have formed an organization, The Association of Cancer Institute Directors, for the purpose of exchanging information among the various institutes. The organizational meeting was held at Roswell Park Memorial Institute in Buffalo, New York.

The organization is composed of the senior scientific executives of those institutions and autonomous divisions and departments, whose principal activities are concerned with the study of malignant disease and the treatment of cancer patients. Officers elected at the first meeting, held September 22, 1959, at Memorial Center for Cancer and Allied Diseases in New York, include President, Dr. George Moore, director, Roswell Park Memorial Institute; Vice President, Dr. Sidney Farber, director of The Children's Cancer Research Foundation, Boston; and secretary-treasurer, Dr. R. Lee Clark, Jr., director and surgeon-in-chief, The University of Texas MD Anderson Hospital and Tumor Institute, Houston.

“The directors of cancer research institutes in America have formed an organization, the Association of Cancer Institute Directors, for the purpose of exchanging information among the various institutes.”

ACID has been designed to support investigations of the causes, nature, treatment, and prevention of malignant diseases; to encourage the exchange of ideas, information, personnel, and special facilities between groups with predominant interest in cancer; to foster educational opportunities in the biomedical sciences; to provide guidance to private and civil organizations concerning cancer research, education, and the care of cancer patients; and to expedite the dissemination of information by the meeting together of the scientific executive officers of cancer institutes.

Members of the association include representatives of the National Cancer Institute, Bethesda; Sloan Kettering Institute for Cancer Research, New York; Memorial Center for Cancer and Allied Diseases, New York; Roswell Park Memorial Institute, Buffalo; The University of Texas MD Anderson Hospital and Tumor Institute, Houston; Philadelphia Institute of Cancer Research; Pondville Hospital, Boston; Detroit Institute of Cancer Research; and Children's Cancer Research Foundation, Boston.

The association will in the future consider members from among the scientific directors of cancer institutes of foreign countries.

Over the next several decades this organization evolved into what is today the Association of American Cancer Institutes (AACI), the only group representing academic cancer research centers in the United States and Canada.

To mark the 50th anniversary of the National Cancer Act of 1971, AACI's leadership enlisted the services of Dr. Donald L. "Skip" Trump, and journalist Eric T. Rosenthal, coauthors of *Centers of the Cancer Universe: A Half-Century of Progress Against Cancer* (Rowman & Littlefield, 2021), to research and write a history of AACI that examines its origins, growth, development, and accomplishments. With assistance from AACI staff, the following includes a summary of information gathered from available sources, particularly AACI's archives and interviews of many of those who served as presidents, board members, leaders, and members of the association.

The press release of November 1959 announcing the formation of ACID was preceded by at least two years of conversations among the prime movers in the formation of this predecessor of AACI: Dr. R. Lee Clark, MD Anderson Cancer Center;¹ Dr. George E. Moore, Roswell Park Memorial Institute;² and Dr. William L. Simpson, The Detroit Cancer Research Institute (DCRI).³

Portions of these conversations are recorded in the AACI archives in the form of letters exchanged by these men. It is impossible to determine who originally proposed the idea of an organization, but in the first letter in the archives, Simpson wrote to Moore noting, in allusion to a May 28, 1958, communication from Moore suggesting a meeting of institute directors, that such an organization is "...a notion I've had for several years." Simpson wrote that he had discussed this idea with "...Heller, Putney, Talbot, and Clark."⁴ Each of these individuals had expressed "...concern about lack of communication between directors and administrators..." of cancer institutes.⁵ Simpson recommended that an organization should also include the institute's chief business officer, concluding, "You may be ensured of my enthusiasm and cooperation." Simpson had been recruited to the position of scientific director of the DCRI in 1947, the same year a policy of the American Cancer Society (ACS) prohibited local ACS chapters from having direct oversight of medical clinics or science laboratories and owning property. This policy led to the formation of the Michigan Cancer Foundation, a non-profit corporation to which the deeds and leases of the ACS's Southeastern Michigan division were assigned. In 1966, the DCRI, the Yates Cancer Detection Clinic, and the Michigan Cancer Registry merged with the Michigan Cancer Foundation with Michael Brennan serving as president and medical director and Simpson as the executive vice president.⁶

Moore must have written to Clark at about the same time he wrote to Simpson regarding the idea of an organization of institute directors, since in a letter from Clark to Moore dated August 12, 1958, Clark apologized for his delayed response as "...I was gone the month of July..."⁷ In response to Moore's proposed meeting of "Cancer Institute and Hospitals Directors," Clark noted that he was "...in complete accord..." and suggested they meet "... at the Park Sheraton in New York City at the ACS meeting.... I will reserve a suite on 10/22." Clark also suggested inviting the director of the Ellis Fischel Cancer Hospital⁸—opened in Columbia, Missouri by the state of Missouri on April 26, 1940—which was the first such facility west of the Mississippi River. Clark, however, could not recall who was Ellis Fischel's director.

Clark also suggested that Dr. J. Elliott Scarborough from Emory be invited. Scarborough^{9,10} was the first director of the Winship Clinic (1937), second director of the Emory Clinic (1956), and president of the James Ewing Society (1956-1957), the predecessor of the Society of Surgical Oncology.¹¹



Dr. R. Lee Clark, Jr.



Dr. George E. Moore



Dr. William L. Simpson

“[A] biannual meeting of cancer institute directors should ... serve as a forum for all members to present a summary of cancer projects as well as the demographics of patients treated by major surgery and irradiation ...”

Moore responded promptly.¹² Included in his response were a “summary” proposed agenda and invitation to be sent to a suggested list of invitees, beginning:

“Dear Sirs,

About a year ago, Lee Clark and I began a series of serious discussions concerning the advisability of having an annual meeting of the directors of cancer research institutes in the United States. Subsequently, informal contacts with various directors would indicate that such a meeting would be welcomed...”

Cocktails and discussion over dinner were planned for this October meeting with details to be fleshed out as planning for the ACS meeting was formalized. Moore noted that “...[o]nly ten men have been invited to attend this initial meeting primarily to see whether such a venture is worth continuing.”

The planning meeting did occur; minutes were appended to a letter from Moore to Clark on November 7, 1958.¹³ The meeting was convened at 5:00 pm in the Biltmore (rather than the Park Sheraton).

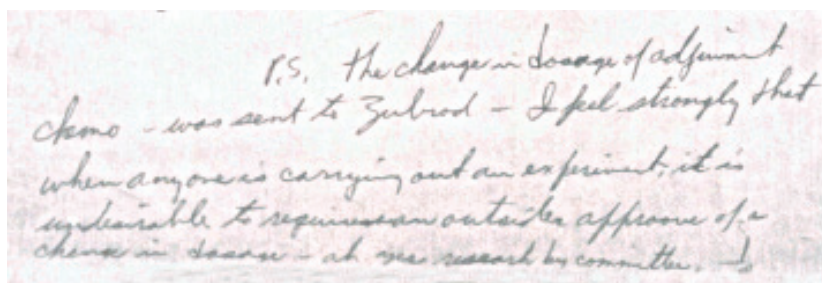
“Attending: Dr. Clark, general chairman, Texas; Dr. Daland, Massachusetts; Dr. Heller, National Cancer Institute (NCI), Bethesda; Dr. Moore, Buffalo; Dr. Rhoads, New York; Dr. Simpson, Detroit; and Dr. Talbot, Philadelphia.”¹⁴ The attendees concluded that “...a biannual meeting of Cancer Institute Directors should be mutually beneficial in order to exchange practical information...” on policies, serve as a forum for all members to present a summary of cancer projects, as well as the demographics of patients treated by major surgery and irradiation, with “relative number of cancer patients seen by other types of institutions,” and to maintain an ongoing list of trainees and staff “...who subsequently assumed responsible positions in medical science.” While enthusiasm seemed high for such an organization, no definite date for a second meeting was established.

AACI archives reveal letters written by several individuals regarding ongoing planning and deliberations for an organizational effort. Clark wrote to Dr. Ernest M. Daland, requesting \$12 for dinner and drinks from the 10/22 meeting to be reimbursed by MD Anderson.¹⁵ In this letter, Clark included a 17-item list of topics that might be covered at subsequent meetings and sought Daland’s opinion. It seems likely that Clark wrote a similar letter to Talbot about the same time, as Talbot seemed to respond to what might have been interpreted by Talbot (and others) as an expansive agenda outlined by Clark.¹⁶ Talbot noted that he believed “...we should begin with a careful analysis of one general problem before we move on the others... The suggestion made by C.P. Rhoads still seems to be the best one...” yet he doesn’t describe what Rhoads suggested.

Talbot also expressed very directly his view on another question Clark had raised. In the letter to Daland (and it seems likely in a similar letter to Talbot) Clark wondered whether inviting other members “...of our staffs such as the Chief of Professional Services, the Chief of Research, Business Managers, etc.” would be desirable. Talbot minced no words in expressing his view: “I feel rather strongly that it would be a mistake at this time to include other staff members... business administrators, chiefs of service, etc. If they have problems which they should like to discuss then it seems to me that there will be considerable advantage to their getting together on their own. Otherwise, I think it would simply dilute and confuse our meetings.”

The Evolution of Cancer Clinical Trials Research

While not directly germane to AACI's history, this handwritten note by Moore is an interesting vignette regarding the evolution of the principles and oversight of clinical research, from 1958 to 2021. The postscript appeared at the bottom of a letter that accompanied a draft of the minutes of the October 1958 meeting:

A photograph of a handwritten note on a piece of paper with a faint red grid pattern. The handwriting is in cursive and reads: "P.S. The change in dosage of adjuvant chemo - was sent to Zubrod - I feel strongly that when anyone is carrying out an experiment, it is undesirable to require an outsider approve of a change in dosage - ah yes research by committee. - G. Moore".

“P.S. the change in dosage of adjuvant chemo – was sent to Zubrod – I feel strongly that when anyone is carrying out an experiment, it is undesirable to require an outsider approve of a change in dosage – ah yes research by committee!”

While it cannot be determined with absolute certainty, this comment probably refers to a study begun in “...1957, under the auspices of the National Institutes of Health, Cancer Chemotherapy National Service Center...” in which “...representatives of 23 institutions...adopted a common protocol which was to determine the efficacy of administering chemotherapy in conjunction with ‘curative’ cancer surgery to decrease recurrence and extend survival of patients with cancer of the breast.”¹⁷ This was very likely the very first large randomized trial evaluating systemic therapy in the management of localized breast cancer.

The Cancer Chemotherapy National Service Center (CCNSC) was established in 1955 (in part at the behest of important activists such as Mary Lasker and Sidney Farber).¹⁸ There was considerable disagreement regarding the allocation of federal support by Congress to establish the CCNSC. The two sides of the debate reflected tensions frequently evident in establishing federal cancer programs and NCI-Designated Cancer Centers: federal support of targeted, NCI-directed cancer research, versus expenditure of that federal money for investigator-initiated research. Many, especially leaders in many of the nation’s most respected medical institutions, believed that federal investment should be focused on individual scientists rather than targeted to a specific problem, perhaps especially cancer. The CCNSC proved to be an important resource for the NCI and the community of cancer scientists. The CCNSC played a leadership role in NCI programs in drug discovery and laboratory and clinical drug development. The CCNSC was organized by its director Dr. Kenneth M. Endicott, (later NCI director, 1960-1969), into a series of panels responsible for each step of drug discovery and development. Dr. G. Gordon Zubrod, a Columbia University-trained pharmacologist and clinical scientist, was director of the clinical panel of the CCNSC; this panel played a substantial role in the establishment of the Eastern Solid Tumor Group, later to become the Eastern Cooperative Oncology Group.¹⁹

The adjuvant breast cancer trial referred to above was led by Dr. Bernard Fisher, and evaluated the safety and efficacy of postoperative thiotepa following mastectomy for breast cancer. George Moore was the co-chair of the executive committee for this trial, which enrolled more than 1,000 patients between 1957 and 1961. The initial dose of thiotepa chosen to be administered proved too toxic; on October 15, 1958, the dose was officially changed (one week after the above cited letter from Moore to Clark), and this placebo-controlled trial continued, employing a lower dose. It is highly likely that this was the change in dose of adjuvant therapy that Moore railed against. Moore reflected a view prevalent at the time, and which persisted in varying degrees for many years, that “outside” guidance, influence, or oversight on the conduct of research—even by the NCI, the trial sponsor—was not desired.



Pictured, L-R: Dr. Kathryn D. Hewett; Deborah Hirschy; Dr. James L.M. Ferrara; Dr. Frederick P. Li; Dr. Judy E. Garber, AACI's 2021 Distinguished Scientist awardee; and Dr. W. Bradford Patterson, who attended an informal meeting of cancer center directors in 1959 in Atlantic City. (Undated photo courtesy of Dana-Farber Cancer Institute.)

Clark later wrote to Simpson²⁰ thanking him for his visit to MD Anderson, noting that he had just spoken to Moore by phone and that Moore suggested a follow-up meeting—of what Clark referred to as the association of “Directors of Cancer Institutes and Hospitals”—be held in conjunction with the spring 1959 Atlantic City meetings.

Another informal meeting was held over breakfast on Sunday morning during the Atlantic City meetings. It was summarized in a letter²¹ from Simpson to Moore in which Simpson noted the attendees to be himself, Talbot, Eliel,²² Patterson,²³ and Zamecnik.²⁴ Dr. Harold P. Rusch, director of the McArdle Laboratories at the University of Wisconsin, had also been invited to the breakfast meeting but did not attend.

Simpson urged that another meeting be held in June, only a few weeks later. He also noted that others of importance were at the Atlantic City meeting but had not been able to be engaged in conversations about establishment of a formal organization: “...Farber,²⁵ Gellhorn,²⁶ Huseby,²⁷ Tom Hall,²⁸ Shields Warren,²⁹ and Howard Bierman...,”³⁰ concluding that they needed to form a “... a steering committee.”

Atlantic City Meetings

At the time that a small group of cancer center directors were considering forming what would become AACI, the “Atlantic City meetings,” as they were known, were the premier meetings for academic clinical and laboratory researchers.

Dr. Arnold S. Relman, a noted Harvard internist and former editor of the *New England Journal of Medicine* (1977-1991), wrote a wistful recollection of the Atlantic City meetings in 2008.³¹

The Atlantic City or Federation meetings were “the annual meeting of the American Federation for Clinical Research, the American Society for Clinical Investigation, and the Association of American Physicians...” which “...could unite the whole of clinical investigation... The scientific excitement and the camaraderie of those meetings were unmatched. Atlantic City was where you measured your scientific success (or failure) against that of others in the field. It was where you discussed your research with your friends and your competitors and where academic careers were shaped — and much gossiped about. It was a time when you could personally know just about everyone in your field and when it was possible to gain a comprehensive overview of the current state of research in the whole field simply by attending the specialty sessions of this one meeting. Everyone who was anyone working in any area of clinical research simply had to be there.... It was a meeting that not only defined the current state of clinical investigation, but also told you whether and how your own work was contributing to progress in the field. It was also, in those innocent days, a meeting largely free of commercial influences; virtually none of the thousands of researchers in attendance had any personal financial interest in the fruits of their work.... Those annual pilgrimages to Mecca on the New Jersey shore held us all together in a way that has not since been duplicated.”³²

In the 1950s and 1960s clinical cancer research began to be presented at these meetings but given the limited number of researchers focusing on the study of cancer, the number of presentations on cancer research was small. Dr. John W. Yarbrow, who in 1970 was chief of medical oncology of what would become the Fox Chase Cancer Center, analyzed the number of presentations on cancer at these meetings and pointed out that cancer presentations were insufficiently represented in comparison to the mortality rates of cancer and other diseases. Yarbrow presented this analysis to Congress as one of several experts advocating for a greater national investment in cancer research in the debates leading to the National Cancer Act of 1971, arguing that insufficient federal investment in cancer research contributed to the underrepresentation of cancer presentations at “the Atlantic City meetings.”³³



First Official Meeting

SEPTEMBER 22, 1959



Dr. C. Chester Stock, third from right, attended the first official meeting of AACI's precursor, the Association of Cancer Institute Directors. Pictured (L-R): Dr. Fred Philips; Dr. John Biesele; Dr. H. Christine Reilly; Dr. Joseph Burchenal; Dr. Cornelius P. Rhoads; Dr. Stock; Dr. David A. Karnofsky; and Dr. George W. Woolley. Photographer: Ike Vern c. 1956. (Photo courtesy of Memorial Sloan Kettering Cancer Center.)

The next relevant document in the AACI archives is the Minutes of First Official Meeting of the Association of Cancer Institute Directors (ACID) on September 22, 1959.

Attendees included: Clark, Farber, Heller, Moore, Patterson, Randall,³⁴ Simpson, Stock,³⁵ and Talbot. The attendees approved the ACID constitution, noting that Memorial would have two members, one representing the hospital and the other the Sloan-Kettering Institute. The attendees unanimously elected the first officers of ACID: President – Dr. George E. Moore (Roswell Park), Vice President – Dr. Sidney Farber (Children's Cancer Research Institute, Boston), and Secretary-Treasurer – Dr. R. Lee Clark (MD Anderson). (See Appendix 1 for full list of AACI presidents).

Other agenda items included a presentation by Dr. H. T. Randall, reviewing the education program at Memorial Hospital and noting that the program budget was \$385,000, which supported 108 residents among several programs. Fifty percent of residency program graduates had university appointments following graduation and 91 percent passed their board exams on the first try. Randall and Clark also discussed the problem of gaining board approval for surgical residency training programs in cancer institutes. Attendees agreed that this was a topic deserving further conversation and policy development. Heller reviewed the challenges of funding stipends for trainees and the need for continued work to address this problem.

Attendees agreed that the second meeting of ACID would be held on January 14, 1960, and Heller invited the association to meet at the NCI. Tentative

agenda items included a review of the relationship of cancer investigators to congressional committees to be led by Farber; a summary of the immediate problems of the NCI in furthering cancer research and education in the United States; and consideration of potential new members of ACID. Noteworthy in the review of these early meetings is the fact that the director of the NCI was a founding and formal member.

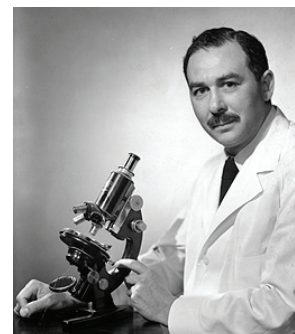
Validating this interpretation of the origins of ACID is a July 29, 1974, letter from B.J. Kolenda, in the Office of R. Lee Clark at MD Anderson to Dr. Edwin A. Mirand, at Roswell Park Memorial Institute.³⁶ Mirand served as secretary-treasurer of ACID/AACI from the early 1970s until 1999 (see below). The letter from Kolenda included items to be appended to the minutes of the July 25-27, 1974, meeting. In addition, this letter addressed two historical questions Mirand seems to have inquired about: first, Kolenda addressed concerns regarding missing minutes and documents from the early days of ACID. In addition, Kolenda noted:

“Included in the minutes is a batch of correspondence which precedes the first official meeting of the ACID, indicating that the idea was originally discussed by Dr. Lee Clark and Dr. George Moore, then conveyed to others, such as Dr. Rhoads (I was mistaken about his original involvement), Dr. Talbot, Dr. Heller, Dr. Farber, and Dr. Simpson. There were two preliminary meetings prior to the **first official meeting on September 22, 1959.**”

The association was launched. During the ensuing 60 years the topics discussed and proposed in the first and second meetings became important and pervasive themes of what would become AACI. This manuscript will attempt to capture selected highlights of the years following those first discussions among Moore, Clark, and Simpson – highlights that parallel the remarkable story of the advances in cancer research and care that have taken place. Facilitating this progress has been the development of 71 NCI-Designated Cancer Centers, and a number of strong, academically oriented cancer centers in the U.S. and abroad, whose collective interests are represented robustly by AACI.

Minutes of the next formal meeting (January 22, 1960) suggest that the first course of business for this new organization was to allow all interested individuals and members to express their views and predictions as to the future structures of cancer research institutes, the course of cancer research, and the role an organization such as ACID might play in that future:

- Dr. Sidney Farber (ACID vice president) was among the first to speak, noting that in several population centers, there should be a center to provide the finest care to cancer patients and that “...cancer centers can do much to make a professional effort rather than an amateur one of clinical research, performed with aid of supporting basic laboratories.”
- Several attendees described the accomplishments of their own centers with R. Lee Clark noting that MD Anderson was a “fine integration between clinical staff and those working in basic labs.” Clark also stressed the importance of good relations with the community and the need to raise awareness of cancer that would lead to “... increased reporting of cancer in a 250-mile radius.”



Dr. Sidney Farber



Dr. John R. Heller



Dr. H.T. Randall



Dr. Timothy R. Talbot, Jr.
(Courtesy of Fox Chase
Cancer Center Archives)

- Moore chimed in that his institute, Roswell Park, was an ideal combination of laboratories and clinical facilities. He also opined that success for a cancer center would entail establishment of “separate corporations [that] might be attached to universities or medical schools with the head of the cancer center equivalent to a dean.” Moore stated flatly that cancer centers “cannot be successful as part of a medical school department.”
- Dr. Harold Rusch, from the University of Wisconsin (UW), McArdle Laboratory for Cancer Research noted that a small cancer center could be successful in conducting clinical and basic research as was done at McArdle and UW.
- Dr. Shields Warren, a Harvard professor of pathology and one of the first to study the effects of radiation exposure on human tissues, reviewed his experience with the Atomic Energy Commission laboratories and the advantages of not being governmental or civil service. He noted there was a great need for cancer centers and that they should be in teaching institutions.
- Reflecting a prevalent concern among many with interests in cancer, Dr. Weaver (his role and institution are unclear) noted that he “...would rather see a strengthening of our present system before undertaking a new activity such as cancer centers.” He expressed concern about a shortage of “really imaginative, well-trained, and thoroughly great minds” and that there was a need for more information on basic human biology. He noted major difficulties for clinical research:
 - Bringing the rigor, precision, and depth of sound laboratory research into clinical work
 - Special [cancer] hospitals might lead to exploitation of such facilities for private gain
 - Salaries must be enough to attract “really excellent men into clinical cancer research”
- Dr. Murray M. Copeland (surgeon and chairman of Georgetown University oncology department from 1947 to 1960; senior leader at MD Anderson 1960-1982), noted the importance of strengthening existing centers before adding new ones, and the necessity for cancer institutes to maintain community cooperation.
- Dr. Stanhope Baynes-Jones (a distinguished medical leader who had served as president of the New York Hospital-Cornell Medical School collaboration), emphasized that many patients would be needed to adequately conduct clinical trials and that it would be hard to do trials in early disease where advances may be greatest because of availability of “regular therapy.”
- Dr. Howard Skipper (one of the founders of what we now call translational cancer research and experimental therapeutics; longtime leader of the Southern Research Institute in Birmingham, Alabama), emphasized the difficulty in “...really integrating clinical and basic research.”

The comments that emerged from this early meeting of ACID foreshadow the growing pains that dedicated cancer institutes and cancer researchers faced for many years. It is also notable that the discussion at this meeting dealt more with the intricacies of establishing a cancer institute and conducting cancer research, rather than the challenges of developing an organization of cancer institute directors. It was not long, however, until the directors got down to the business of developing ACID.

From the start, ACID established a pattern of holding two meetings each year with hosting responsibility shared among the various directors. During the early years of ACID, one-third to one-half of each one-and-a-half-day meeting consisted of the host institution making a presentation about their research programs. At many meetings, the host director and his wife arranged an evening dinner at a local hotel or a suitable facility at the institute. Expenses for these meetings seemed to have been borne by the host institution with directors paying their travel expenses.

ACID Transitions to Become AACI

While some details are murky about the evolution of ACID to the Association of American Cancer Institutes (AACI), the first mention of a name change appears in the minutes of the September 13-14, 1961, meeting at the Institute for Cancer Research³⁷ (ICR) in Philadelphia.

Five directors were present for the opening session, with Dr. Kenneth M. Endicott³⁸ presiding as a stand-in for President Moore. Endicott presented the NCI budget for the next fiscal year and, following some discussion on the budget, scientific presentations by ICR scientists occupied the remainder of the afternoon. Dinner hosted by Dr. and Mrs. Talbot concluded the evening. On the second day, Clark, Copeland, and Farber had arrived; the first order of business was election of officers for 1962 (Clark, president; Endicott, vice president; and Simpson, secretary-treasurer). There followed a discussion of the purpose of ACID and it was agreed to limit to full membership institutions specifically “chartered and staffed by full time personnel for research, teaching, and patient care in the cancer field.” Associate membership was reserved for those “less qualified but interested in cancer.”

It was agreed that this was to be “... an association of Cancer Institutes with each Cancer Institute represented by the director or designate and by such other individuals as might be required for particular meetings.” It was then moved by Endicott and seconded by Farber to change the name to Association of American Cancer Institutes. No further fanfare or preceding discussion or detail; but the final action was deferred to the next meeting — and longer.

In a cover letter to President-elect Clark conveying the draft minutes of this September 1961 meeting, Simpson pointed out that if the name of ACID is changed, as discussed at the meeting, the organization would be eligible for better rates to charter a plane for association members to travel to Moscow for the VII International Cancer Congress in July 1963.³⁹ Arrangements needed to be completed more than six months before the flight.

In 1967, members of the Association of Cancer Institute Directors adopted a new name—the Association of American Cancer Institutes—to better reflect the organization's institutional focus.

Simpson opined that a “jet not likely possible, but DC7s undoubtedly [would be available].” Parenthetically, there was much discussion about travel to Moscow in meeting minutes before and after the September 1961 meeting. At the end of the day, no plane was chartered, and ACID did not sponsor or facilitate members’ travel to the meeting, though communications indicate that several members attended.

At the February 8-9, 1962, meeting of ACID at the “Memorial Cancer Center” the name change question came up again. Heller and Farber moved, and the majority approved the name change, but after further discussion the topic was tabled until “there was more unanimous support for name change.”

There are no data available pertaining to the arguments for and against the name change. The minutes of ensuing meetings are largely silent on this issue until the June 18-19, 1967, meeting held in Oklahoma City, hosted by Dr. Leonard P. Eliel, at the Oklahoma Medical Research Foundation. The minutes of any intervening meetings or discussion are missing but the June 19, 1967, minutes note that “...the Secretary distributed copies of the proposed changes in the bylaws to accomplish objectives outlined at the previous meeting. Following extensive discussion of the proposed changes the members adopted the new name, the Association of American Cancer Institutes, on a motion by Talbot duly seconded and carried.”

Thereafter, almost all references to the association used the name AACI. Appended to the May 26-27, 1968, minutes (late 1967/early 1968 minutes are missing) is a document entitled: “American Association of Cancer Institutes [sic], Membership” (see Appendix 3). This document lists the AACI member institutions in 1968 and primary as well as additional/alternate members. This is arguably the first membership list of AACI.

A Window on Cancer Research History

AACI Membership in the 1960s

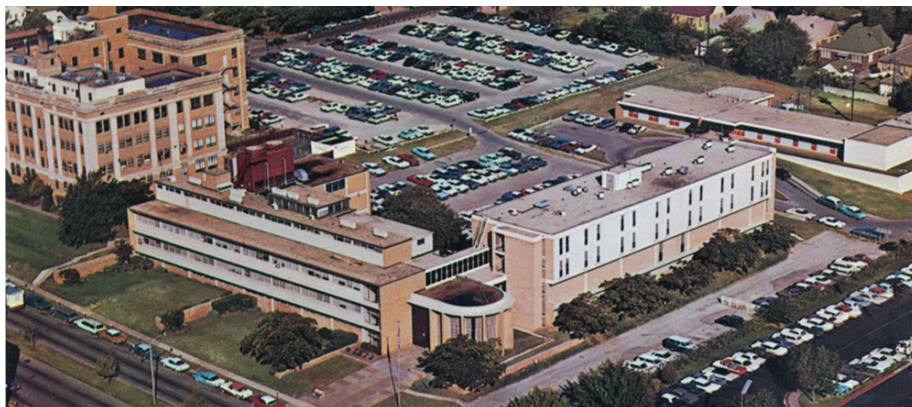
Reflection on AACI's 1968 membership list (Appendix 2) raises several interesting historical points regarding cancer institutes and the challenges of cancer research.

First, 22 institutions and leaders are listed as members of AACI in this document; however, in three instances subsequent mergers would later bring what are listed as separate members together (i.e., University Hospital [Curreri] and McArdle Laboratory for Cancer Research [Rusch]; Institute for Cancer Research, Philadelphia [Talbot] and American Oncologic Hospital, Philadelphia [Grotzinger]; and Michigan Cancer Foundation [Brennan] and Detroit Institute for Cancer Research [Simpson]). At this point it seems clear that it was important for AACI to establish independent membership and leadership positions for these six institutions.

Second, some primary members designated alternates or additional members. In each case designated alternate members were physician leaders in their institute. Cancer institutes and AACI were not yet ready to recognize the administrative leadership of each institute.

Third, a comparison of the 1968 membership list with the list of founding members illustrates the transient nature of cancer institutes in this time frame. Pondville, though a charter member of ACID in 1959, was not a member in 1968. The Oklahoma Medical Research Foundation was an early member of AACI, but it would take more than 50 years for the University of Oklahoma to gain NCI designation as a cancer center. The University of Oklahoma example emphasizes how difficult it was for some institutions to maintain focus on a robust cancer research program.

At the above noted June 18-19, 1967, ACID meeting, Dr. Eliel, head of the cancer research effort and vice president and director of research at the Oklahoma Medical Research Foundation, asked Dr. Joe White, dean of the faculty at the University of Oklahoma (UO) to discuss the plans for development of a medical campus. White outlined ambitious building plans, noting that he intended to invest \$200,000,000 in the project – more than \$1.6 billion in 2021 dollars. That investment evidently did not sufficiently encompass development of a cancer program, or other challenges arose to account for the prolonged period it took to establish a nationally recognized cancer research program. Other members of AACI in 1968 also found it challenging to achieve NCI designation as recognized cancer research institutes: Cancer Research Center, Columbia Missouri; Cancer Research Center, New England Deaconess Hospital; Fels Research Institute, Temple University.



Oklahoma Medical Research Foundation in 1974
(courtesy of Metropolitan Library System of Oklahoma County).

Fourth, Pauline H. Stephan is listed as an alternate or additional member of AACI. Review of ACID minutes indicates that **Stephan was the first woman to attend an ACID/AACI meeting.** She was introduced to the association in November 1965 as a colleague of Endicott's, who would continue to provide important liaison between NCI and other ACID members. She continued in this role well into the 1970s.

Fifth, the position of Dr. Michael Shimkin, who was the alternate for Dr. Sidney Weinhouse of the Fels Institute, was listed as editor, *Cancer Research*. Shimkin, a noted cancer scientist, was editor of *Cancer Research* from 1964 to 1969 and cover editor for the journal from 1969 into the late 1980s; for the purposes of AACI membership listing one might have thought that his role as associate director of the Fels Institute would have been of primary concern.⁴⁰

Finally, two alternate members listed in the 1968 AACI membership roster went on to make indelible marks as scientists

and leaders in cancer research: Dr. Baruch S. Blumberg, associate director of the Philadelphia ICR in 1968 and 1976 Nobel prize recipient for his work in characterizing hepatitis B viral infection; and Dr. John E. Ultmann, director of clinical oncology at the Argonne Cancer Research Hospital in Chicago, former director of the University of Chicago Cancer Research Center, and one of the pioneers in the development of effective multidisciplinary therapies for malignant lymphomas.⁴¹

the

NIH

Record

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

July 9, 1969
Vol. XXI, No. 14

NATIONAL INSTITUTES OF HEALTH

5 NIH Employees Receive 1969 Training Awards for Academic Year of Study

By Judy Roberts
Information Trainee

Five administrators at the National Institutes of Health have been named winners of 1969 training awards—four received Career Education Awards and one received the Educational Program in Systematic Analysis Award.

The four CEA winners are William M. Koenig, Bureau of Health Professions Education and Manpower Training; Pauline H. Stephan, National Cancer Institute; William D. Vincent, Division of Computer Research and Technology, and Paul G. Waugaman, National Institute of Neurological Diseases and Stroke.

The EPSA winner is Joseph A. Brackett, Division of Research Grants.


13 Universities Participate

Both training programs give midcareer federal and state public officials an academic year of study. Eight universities participate in the CEA program and five in EPSA.

CEA was started by the National Institute of Public Affairs, in 1962, under a grant from the Ford Foundation. After this year the Civil Service Commission will be responsible for administering the program.

The purpose of CEA is to give potential high-level executives a chance to broaden their perspective and better understand the role of government in society.

Most of the universities offer a



Miss Stephan, NCI

Stanford University, University of Southern California, University of Virginia, and University of Washington.

EPSA is similar to CEA but was set up to train public officials in systematic analysis techniques and their application to public programs.

EPSA is administered by the Civil Service Commission in cooperation with the Bureau of the Budget and NIPA.

Typical study programs include

(See ACADEMIC, Page 6)

Several items occupied the agendas of ensuing meetings and the Association continued to refer to itself as either the American ACI or the Association of ACI at least as late as the August 1972 meeting in Houston. Recurring agenda items included discussions of ways to enhance retrieval of scientific literature and whether AACI could contribute to a broad solution to this challenge for its member institutions. Recall that this was an era when searching the scientific literature usually involved opening one of the regularly updated, heavy bound volumes of *The Index Medicus/Cumulated Index Medicus*, published originally by the National Library of Medicine under the leadership of Dr. John Shaw Billings. In 1927, the American Medical Association took over publication, merging its *Cumulative Index Medicus* with the NLM's *Index Medicus*. Searching the scientific literature in the 1970s was an arduous undertaking — both physically and temporally.

Other topics on AACI agendas at this time included regular reviews of the status of NCI and NIH research and education/training funding. These discussions were quite well-informed as the director of the NCI was a regularly attending member of AACI in these years. It is not clear from AACI records when the NCI director ceased to be a regular member. While this access to NCI leadership must have been quite useful, AACI and its members were careful to minimize the appearance of directly seeking to influence legislative or executive decisions regarding emphasis and funding. There was concern regarding the appearance of conflicts of interest and political alliances. Even during the period of intense discussion leading to the passage of the National Cancer Act AACI was quiet, leaving letter-writing and testimony primarily to individual institute directors and organizations such as the American Cancer Society and the Citizen's Committee for the Conquest of Cancer.^{42, 42}

The development of enhanced international collaborations and communications was a frequent topic explored at AACI meetings. In fact, the May 1970 AACI meeting was held in conjunction with the X International Cancer Congress in Houston; more than 90 foreign leaders in cancer were invited to attend the AACI meeting and 41 responded that they would attend. Exact attendance numbers and identities of attendees are unclear in the AACI archives.

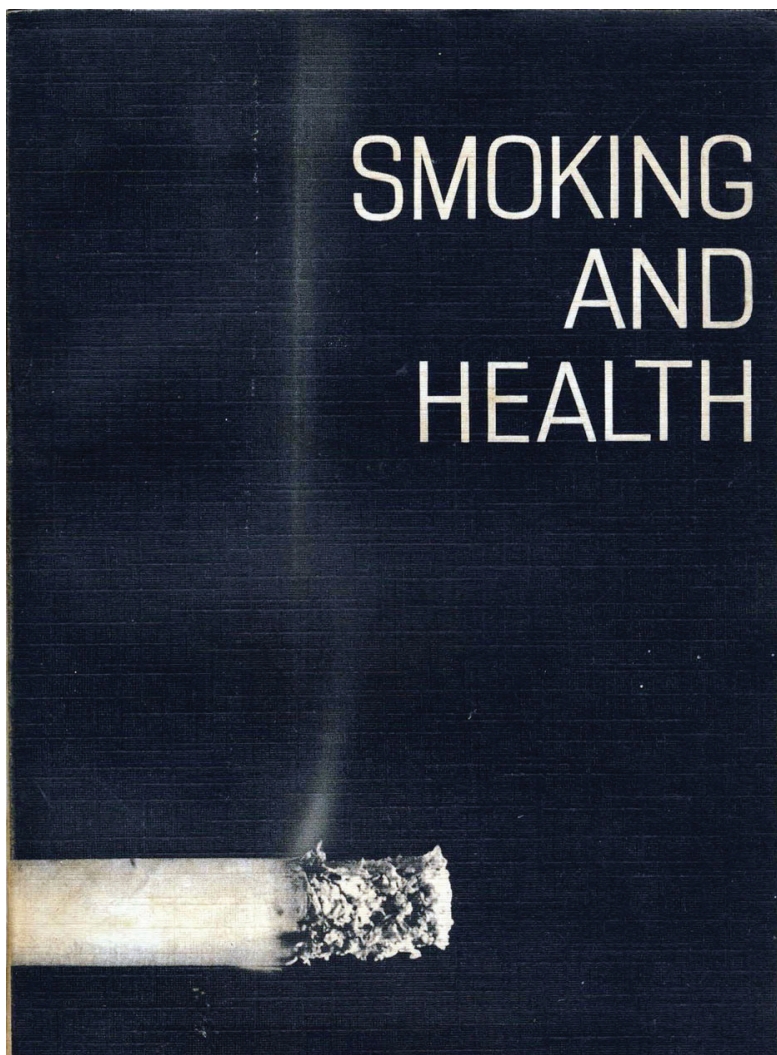
AACI continued efforts to increase the number of participating institutes, with discussions at many meetings centering around potential new members and their qualifications. It appears that a common approach to adding new members was to invite a candidate director to attend a meeting and present the status of his program; such invitations seem to have been directed to institutes with evident functioning programs. Following such attendance there was usually a motion at the next meeting to invite said institute to join ACID/AACI.

The development of enhanced international collaborations and communications was a frequent topic at AACI meetings in the 1970s.

Taking a Stand on Tobacco

Three important topics were on the agenda of the May 14-15, 1962, ACID meeting held in Boston: use of animals in cancer research; oversight of the use of human subjects in cancer clinical research; and the growing evidence of the role of tobacco use in the rising problem of lung cancer.

After discussion the membership endorsed "... the statements published by the Animal Care Committee of the National Research Council on rules for the humane treatment of experimental animals. It was also recommended that institutes adopt a similar basic policy, and that it be affirmed to the President and Secretary of the association in writing."



"Next was considered the problem of conditions for the use of human subjects and Clinical Investigation. Copies of the MD Anderson policy were distributed, and Dr. Wade agreed to supply the Memorial Sloan Kettering policy and a subcommittee consisting of Patterson, Zubrod, and Simpson was appointed to review the problem and bring forward a report for the next meeting."

"After lunch, [and] further discussion regarding joint activities by members. Dr. Moore proposed that association members should take a position with respect to the use of tobacco and its effect on the production of lung cancer, and on health generally...it was proposed that the association express concern that efforts in education and research needed to be formed, focused on the problem of tobacco control, and that a resolution be sent in the form of a letter to Dr. Harold Neal, senior vice president in charge of medical affairs of the ACS and also to the Surgeon General."

AACI and the National Cancer Act



Attendees at the June 1971 meeting, held at the McArdle Laboratory for Cancer Research at the University of Wisconsin. (See Appendix 3 for photo identification)

Undoubtedly the most involved undertaking of the early years of ACID/AACI was the association's response to the passage of the National Cancer Act (NCA).

AACI members testified during hearings before Congress as the bill was being crafted. Dr. Farber, expended considerable energy in garnering public and congressional support for an enhanced effort against cancer, though he did so primarily as the director of the Children's Cancer Research Foundation in Boston and leader of the Citizen's Committee for the Conquest of Cancer, in partnership with Mary Lasker. Richard A. Rettig recounts a detailed legislative history of NCA and notes that the AACI "...was only able to persuade the directors of three smaller institutes to testify on behalf of S.1828" [the Senate version of the bill which became the NCA] – Pinkel (St. Jude), Spratt (Ellis Fischel State Cancer Hospital, Columbia, Missouri), and Yarbrow (Institute for Cancer Research/American Oncologic Hospital).⁴⁴

Following President Richard M. Nixon's signing of the NCA on December 23, 1971, the NCI and the cancer community turned considerable attention to its implementation. AACI archives are limited from this period, but records depict some tension between AACI and NIH leadership. This is reflected in minutes of the December 1971 meeting of AACI when Dr. Carl Baker, director of the NIH, and Dr. R. Lee Clark disagreed about how the NIH would receive input from the cancer institutes and how that input would be incorporated into the emerging National Cancer Plan (NCP). This tension was commented upon by Dr. Harold Rusch, director of the McArdle Laboratory for Cancer Research in Madison, Wisconsin, in his memoir on the development of the cancer institutes in Madison.⁴⁵ Rusch noted that AACI leadership was quite concerned that NIH was gaining input for formulation of the NCP disproportionately from leaders of academic medical centers, as compared to leaders of cancer institutes. This would have been particularly concerning to AACI leaders, especially those such as Clark, Grace, Simpson, Talbot, and Farber, because the leaders of the "mainstream" medical research community were not uniformly supportive of the development of

AACI leadership was quite concerned that NIH was gaining input for formulation of the National Cancer Plan disproportionately from leaders of academic medical centers, as compared to leaders of cancer institutes.

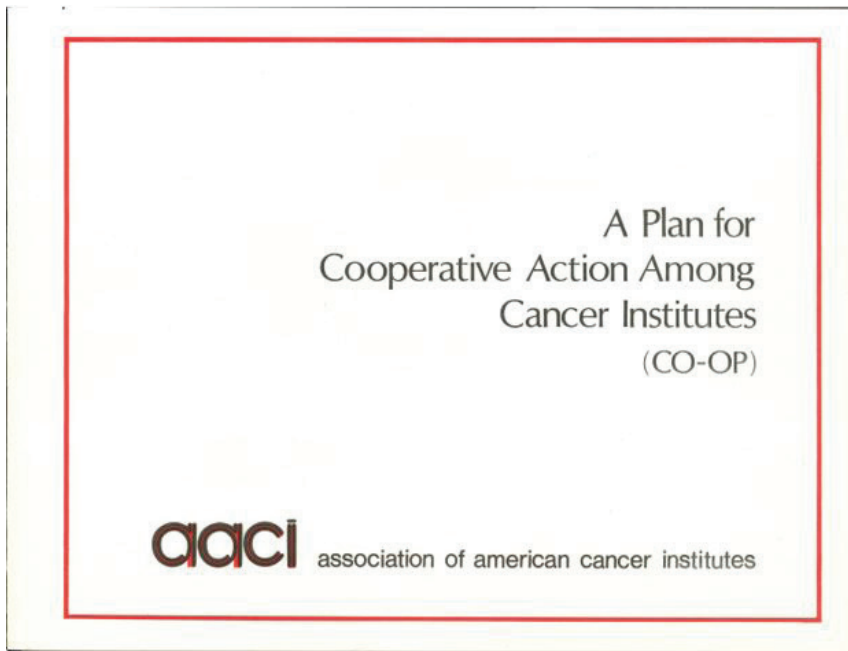


President Richard M. Nixon signs the National Cancer Act on December 23, 1971

cancer institutes or a marked enhancement of financial support targeted to one disease, perhaps especially cancer. Many academic leaders felt that the time was not right for a large investment in cancer. These “mainstream” leaders had been influential in expanding an earlier attempt to focus on cancer research to include heart disease and stroke (Presidential Commission on Heart Disease, Cancer and Stroke of 1965) and to place the leadership for the development of the regional programs mandated in the subsequent legislation in the hands of medical school leadership and the American Medical Association. Only 8 percent of funding in that program went to cancer.⁴⁶ AACI was right to be concerned. And, in fact, the Heart Disease, Cancer and Stroke initiative accomplished very little.

How AACI exerted its authority and gained increased responsibility and involvement in developing the NCP and enhancing establishment of cancer institutes is not clear from histories of this era or the AACI archives; but AACI certainly did gain influence.

In January 1972, the first of three large AACI meetings brought together leaders from the scientific and clinical community to develop an approach to markedly expand cancer research, clinical care, and education. More than 500 individuals participated in these meetings, which consisted not only of three gatherings of all participants but also numerous other smaller committee meetings. Details of many of these meetings are available in the AACI archives, primarily among the personal papers of Dr. Albert H. Owens, at Johns Hopkins, and Dr. Mirand, from Roswell Park.



These meetings focused on developing a report titled *Comprehensive Plan for the Development of Cooperative Action and Common Practices Among Cancer Institutes*, dealing with what became 12 topics felt to be critical in the expansion of cancer research and education:

1. Accounting, Finance, Budgeting and Administrative Practices
2. Data Processing Requirements
3. Nomenclature, Classification, Staging and End Results Reporting
4. Medical Records and Registry Systems
5. Epidemiology, Biostatistics and Information Systems
6. Organization
7. Cancer Literature and Retrieval Systems
8. Patient Management and Planning Techniques
9. Research Management and Planning
10. Clinical Research (includes cooperative studies and clinical trials)
11. Medical Education, Curricula and Cooperative Programs
12. Cancer Control

Unfortunately, space here is limited and details of these intriguing discussions are fragmentary.

AACI efforts clearly had impact and must have influenced the development of the NCP. In the early 1970s, AACI received almost \$1 million in grant support from the NCI to further develop and communicate to other centers Tasks 1, 2, and 3 (items 1, 2, and 3 above). In March 1975, Clark and colleagues presented their "12 Task" plan to the National Cancer Advisory Board.⁴⁷

The plan appeared to be well-received, according to an account in *The Cancer Letter*, with one member suggesting it might provide a template for evaluating cancer institutes and programs. Clark commented that this was certainly not the intent, but such an application might be possible.

By 1976, presumably near the end of the initial NCI funding for these efforts, the AACI prepared a very extensive and, by modern standards, very professional, proposal titled *A Plan for Cooperative Action Among Cancer Institutes*. This document is dated January 2, 1976 and lists AACI officers (Clark, Owens, and Mirand) as well as seven board members (Edmund J. Beattie, MD [Memorial Sloan Kettering]; G. Denman Hammond, MD [University of Southern California]; Murray M. Copeland, MD [MD Anderson]; William W. Shingleton, MD [Duke]; John S. Spratt, MD [Ellis Fischell State Cancer Hospital, Columbia, MO]; Timothy R. Talbot, MD, [Fox Chase Cancer Center, Philadelphia]; and John E. Ultmann, MD [University of Chicago]).

The plan embodied what might arguably be the first formal AACI logo evident in the archives. A brief history of AACI is presented and 40 member institutions are noted, including members from Puerto Rico, France, and several United States community cancer centers. In this document AACI proposes to establish a national headquarters and to serve as a primary contractor of the NCI to provide leadership, experience, and organizational support for current and developing cancer centers. In addition to the 12 proposed areas of focus noted above, four new tasks were proposed: cooperation with the Union for International Cancer Control (UICC); Latin American cancer centers; the Association of Community Cancer Centers; and the American Cancer Society.

There is no information on the follow-up to this proposal and it is not evident that the proposed contract was awarded. Nonetheless, AACI had clearly established its bona fides as an important organization for cancer research-oriented programs and that influence would grow over the ensuing years.



Dr. Ronald H. Herberman
and AACI Executive Director
Barbara Duffy Stewart

A Permanent Office and Staff

Many other important topics were addressed by AACI in subsequent years' meetings and the influence of AACI continued to grow (see references to AACI activities in *The Cancer Letter's* [Cancer History Project](#).)

Due to the limitations of space and availability of source information (e.g., meeting minutes and correspondence), this history will continue with the meeting of October, 9-10, 1997,⁴⁸ held at the University of North Carolina (UNC) Lineberger Comprehensive Cancer Center where Dr. Joseph S. Pagano, AACI president and director of the Lineberger Center, led a discussion of future planning for the AACI. Among the motivations for AACI turning to considerations for the future was the announced intention of long-serving AACI secretary-treasurer, Dr. Mirand, to step down from this position following 30 years of service. Questions raised included: "What infrastructure does AACI need to continue? What kind of relationship do we want with AACR [and] ASCO? What do we want to accomplish?"

Dr. Paul Bunn, director of the University of Colorado Cancer Center, said that AACI "should have a permanent office with an executive director preferably located in Washington, DC." It was decided to form a committee to explore alternatives to settle the issue of AACI's future infrastructure. Members included Pagano and Mirand as well as Dr. Max S. Wicha (director, University of Michigan Cancer Center and AACI president 1997-1999), Dr. Ronald H. Herberman (director, University of Pittsburgh Cancer Institute; AACI president 1999-2001).



President George H. W. Bush, Barbara Bush, and Barbara Duffy Stewart. As part of their cancer advocacy, the Bushes were honorary co-chairs of C-Change, a national cancer coalition of government, business, and nonprofit leaders. C-Change was an AACI sustaining member.

Bunn and Pagano also moved that the president and chair of the board should have two-year terms, and the motion was unanimously passed, establishing the two-year term convention that went into effect with Wicha's presidency the following year.

The October 6, 1998, meeting was held at Roswell Park Cancer Institute.⁴⁹ Wicha stated four areas for discussion during the annual meeting in September 1998: NCI funding initiative; dialogue with advocacy groups; strengthening the AACI Annual Meeting; and increasing public awareness of AACI. To implement some of these initiatives, and in light of Mirand's desire to step down, he hired Suzanne Mahler as executive director to assist in some of these initiatives. Mahler had a background in health education and was a cancer survivor. Wicha also set up four committees to assist in implementing these initiatives. Mahler said that much of her work that year involved "The March" held in Washington, DC, in September,⁵⁰ and that "her efforts were to increase visibility with other cancer groups."

As was often the case in preceding years, the topic of funding by the NCI for cancer centers and the NCI guidelines for achieving designation as an NCI center were also discussed. Hoping that there might be a favorable revision of the guidelines, Dr. Robert C. Young (president of Fox Chase Cancer Center), felt that Wicha should contact Dr. Philip A. Sharp, (a distinguished scientist from the Massachusetts Institute of Technology, 1993 Nobel prize winner, and chairman of the National Cancer Advisory Board Cancer Center Committee), to review cancer center guidelines. Pagano said he had spoken to Sharp about revising the cancer center guidelines and the process of review and comprehensiveness. It was the consensus of the Board of Directors that Wicha "should get to" Sharp to stress greater need for support and how important centers benefit the NCI initiatives in the NCP.

AACI's first Executive Director, Barbara Duffy Stewart, successfully implemented initiatives focused on AACI becoming more engaged in public issues affecting centers and their patients.

Indicating the advances made by AACI in developing a strong government relations program, Dr. Harry D. Homes, vice president for governmental relations and special projects at The University of Texas MD Anderson Cancer Center, presented a report on AACI legislative activities. After noting areas in which conversations with federal legislative staff had taken place, Holmes noted that he felt AACI needed to find issues for which AACI has ownership to establish visibility with Congress. He noted efforts had been undertaken to find a "Washington lobbyist for AACI" and a firm had been recommended. Pagano strongly stated that any involvement with a lobbyist must have a proposal from them to the Board of Directors. Pagano "felt past relationships with lobbyists have been unsatisfactory and felt too much money could be wasted on them," noting "it was better for AACI to develop [a] close network with cancer centers and get them to be our advocates with Congress. We need to know what concerns cancer centers have in their own respective states."

There was discussion about a letter from the American Association for Cancer Research (AACR) proposing that AACR serve as the administrator of AACI, with an attached budget. One cancer center director said they "felt that an infrastructure with AACR would cause loss of identity for AACI." Dr. Jack C. Ruckdeschel (then CEO of Moffitt Cancer Center), recommended issuing a request for proposals (RFP) to support AACI's infrastructure. A committee was formed of Wicha, Herberman, Mirand, Ruckdeschel, and Mahler to develop the RFP to solicit bids.

Mirand gave the secretary-treasurer's report noting that AACI membership as of October 1, 1998 was 83 (77 regular members—comprehensive, special, coordinating centers—and six corresponding members). He reviewed the numerous changes in center leadership, new members, and applicants seeking AACI membership, and AACI's bottom line: "To date, October 2, 1998, our assets are as follows: checking account \$138,505.50, ...CD's - \$402,794.00 and ...additional CD \$60,474.62. Our total assets are \$601,774.12." Much had changed at AACI since the president wrote to members asking for them to reimburse MD Anderson for their meeting dinner charges.

In the minutes of the AACI Annual Meeting, September 28, 1999, held at the University of Michigan, AACI President Max Wicha's report presented his organizational goals for 1998-1999, including improving communications with NCI, facilitating communications between centers, building public policy awareness (lobbying firm Bass & Howes was hired despite Pagano's objections in 1998), promoting dialogue with advocacy groups (noting Suzanne Mahler's efforts), and enhancing the annual meeting.

Other agenda items included: results of the cost of the Clinical Trials Study;⁵¹ discussion of removing non-paying AACI members; incoming AACI President Herberman's plans to increase center participation, appoint new committees, and focus on legislative efforts; NCI Director Klausner's report; and a report from Dr. Richard L. Schilsky (then director of the University of Chicago Cancer Center) on clinical trial activities.

The next set of minutes appeared nine days later, summarizing the annual Board of Directors' meeting at Roswell Park.

Wicha announced that he had appointed Mahler as executive director, and reiterated his goals, and Mahler reported on The March (which had been held

a year earlier). Reports were also presented by NCI Director Klausner and Dr. Barbara Rimer. Schilsky discussed the objectives of the National Cancer Cooperative Group and explained the importance of creating a focus group.

In the AACI 2001 annual report, the association reported launching the Clinical Trials Initiative and the Informatics Initiative and that AACI President John Niederhuber would be inviting member institutions to participate in two more initiatives: to create a public-private partnership to increase resources available for the development of new imaging agents, and to help AACI centers enhance relationships with their parent institutions. AACI also noted that it had improved and redesigned its website.

Most significantly, the report announced that the board voted to establish AACI permanently in Pittsburgh and had asked Executive Director Barbara Duffy Stewart to increase her efforts from half-time to full-time effective October 1, 2001. In addition, the board voted to consolidate all the administrative and business affairs at AACI headquarters in Pittsburgh and approved a new two-year management contract with the University of Pittsburgh and a two-year budget for years 2002 and 2003.

AACI was incorporated in 1973, but had no staff until 1999, when the AACI board issued an RFP for a part-time executive director and permanent office.

Stewart's notable career in cancer research advocacy began at the Pittsburgh Cancer Institute (now known as UPMC Hillman Cancer Center). Serving as director of communications and public affairs for 16 years, she was among a small group, including center director Herberman, who launched the cancer institute in 1985.

Under Stewart's leadership, AACI executed a management contract with the University of Pittsburgh for staff and leased space, developed communications tools, established committees and initiatives, and organized an annual meeting and workshops for member centers. In 2001, following the board's first retreat, Stewart was appointed full-time executive director, and successfully implemented a number of initiatives focused on AACI becoming more engaged in public issues affecting centers and their patients; partnering and collaborating with major cancer organizations, especially AACR and American Society of Clinical Oncology (ASCO), on common issues; and strengthening the relationship with (and influencing the policy of) NCI.

AACI also announced it would use "a significant portion of its resources to represent AACI cancer centers' interests in Washington, and the executive director and Legislative Committee have begun planning the AACI's legislative agenda for the upcoming session. AACI will continue to support the successful completion this year of the NIH funding doubling plan by pursuing opportunities to meet with members of Congress and to testify before the appropriate committees to assure that cancer centers are heard on this issue. Also, since many AACI centers may be negatively affected by the Centers for Medicare & Medicaid Services' proposed revisions in outpatient prospective payment rates, AACI will continue to advocate a thorough review of the practice expenses associated with delivering these drugs, prior to the implementation of proposed rate changes. In addition, AACI will carry on its longstanding work in support of the Patients' Bill of Rights provisions calling for third-party payment of routine costs of clinical trials."

In 2001, the board voted to consolidate all administrative and business affairs at AACI headquarters in Pittsburgh and approved a new two-year management contract with the University of Pittsburgh.

The Public Relations Committee contributed to a new AACI brochure that would be used to introduce AACI to public officials, public and private funding organizations, pharmaceutical companies, and potential member institutions, as well as provide information about cancer-related issues.

In 2006 the AACI Board of Directors convened a retreat in Washington, DC, and released its *Leveraging the Influence of Cancer Centers* report.

The purpose of the retreat was to help AACI leaders identify key strategic priorities and plan programs and initiatives for AACI that would address the challenges and take advantage of the opportunities its members would encounter in the next three to five years. Dr. Simone, president of Simone Consulting, Dunwoody, GA, was invited to facilitate the discussion.

In a brief presentation, Stewart reviewed the mission, history, and goals of AACI, as well as the association's progress since the board's first retreat in 2001.

In preparation for the retreat, Stewart, Simone, and AACI President Dr. H. Shelton "Shelley" Earp developed the following questions:

- How will cancer centers be different in five years?
- What non-traditional (or alternative) funding strategies will allow the cancer centers to fulfill their missions and continue to flourish over the next five years?
- What strategies would maximize the cancer centers' influence on legislation and NIH/NCI funding priorities?

AACI also announced the following goals:

- Widespread recognition of the cancer center network as the number one advocate for patients and the public
- Stimulate interactions among cancer centers to maximize the use of intellectual, financial, and human resources
- Stimulate partnerships between the cancer centers and local communities to improve the quality of cancer care nationwide

Once AACI identified anticipated challenges and opportunities, and agreed on its three major strategic goals, the afternoon discussion focused on AACI's future operational, staffing, and resource needs.

Noting that its then-current organizational structure included a full-time executive director and three additional full-time staff (director of policy and programs, manager of external relations and development, and office administrator), AACI announced that recruitment was underway for a senior director for programs and development, a position approved in the 2006 budget. It was also agreed that additional staff was required to expand programming and implement the new services proposed by the board. AACI planned to open a sixth full-time position at the University of Pittsburgh, which could be filled quickly when needed. Increasing the use of consultants and in-kind support from member institutions, e.g., an Informatics Technology Task Force, was also said to help to support additional activities.

AACI noted that it had a management contract for staff with Pitt through 2007, and the board requested that AACI investigate comparative costs of maintaining the management contract versus bearing all the human resources and infrastructure needs independent of Pitt.

AACI discussed new funding strategies in addition to the income derived from dues, contracts, educational grants, and sponsorship associated with the annual meeting and meeting registration fees. The board proposed several additional sources of income and agreed that AACI's demonstrated progress added value to the membership and justified an increase in dues from \$5,000 to \$7,500 over a period of two years. Increasing the size of the annual meeting to include other cancer center leaders, e.g., clinical research, development, and public affairs, would add value and attract sponsorship and paying registrants.

AACI said that while it continued to recruit new cancer research centers for membership, it is close to its ceiling, and the board agreed to consider additional forms of membership for industry and community cancer hospitals.

The board suggested the establishment of a national board of "friends of cancer centers" that would enhance AACI's national recognition. The board also proposed establishing a foundation that would allow AACI to accept contributions from public and private entities. The national "board of friends" could be linked to the foundation. AACI may also consider a for-profit venture to support activities.

The board also proposed a variety of action items including: expanding leadership forums to other areas in cancer centers, e.g., clinical trials office leadership forums; gathering a list of the government relations staff at member cancer centers to create a network for this group and a distribution list for disseminating calls-to-action; and collecting economic impact data from centers.

Growth and Change

With the approach of the 20th anniversary of AACI's establishment of a full-time staff and permanent office, executive director Barbara Duffy Stewart, who retired in 2018, assembled an overview of her tenure, including these highlights:

- Membership grew from 78 cancer centers in 1999 to 98 in 2018, including two in Canada
- The operating budget grew from \$250,000, plus \$480,000 in Certificates of Deposit, to \$1.86 million and more diversified investments totaling nearly \$2 million in 2018
- Forty-two percent of the 2018 budget came from cancer centers dues; however, dedicated staff were seeking additional funds in the form of educational grants from external sponsors and exhibitors for annual conferences
- The AACI Corporate Roundtable was established in 2009, counting nine members in 2018 whose representatives meet with AACI twice a year; a dues-paying Sustaining Membership was also created to encourage collaborations with like-minded national organizations, including ASCO, AACR, and ACS
- In 2018 AACI had nine full-time staff and was recruiting for two more

Stewart was succeeded as executive director in 2018 by Jennifer W. Pegher, who joined AACI in 2012 as government relations manager. By 2021, AACI had grown to 11 full-time staff and 103 member centers.

- AACI had also shifted its management contract (in 2011) from the University of Pittsburgh to the University of Pittsburgh Medical Center (UPMC) – two distinct entities; AACI rents office space from UPMC and pays an annual fee to administer human resources and benefits programs



AACI and NCI leadership, 2019 (L-R): Drs. Stanton L. Gerson and Roy A. Jensen; Barbara Duffy Stewart; NCI Director Dr. Norman E. Sharpless; Jennifer W. Pegher; and Dr. Karen E. Knudsen.

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.

In addition to these accomplishments, a full-time staff allowed AACI to focus on creating programs and ramping up public policy work, including organizing an annual Hill Day and bi-annual educational briefing for new congressional staff.

Stewart also served the cancer research community as a member of the National Cancer Policy Forum, a board member of Friends of Cancer Research, and chair of the National Coalition for Cancer Research. These platforms enabled AACI to bring the voice of the cancer centers to these important Washington-based cancer groups. Along those lines, AACI also established a tradition of recognizing certain congressional champions with AACI Public Service Awards; recipients have included legislative luminaries such as Senators Arlen Specter and Tom Harkin.

Stewart was succeeded as executive director in 2018 by Jennifer W. Pegher, who joined AACI in 2012, serving first as government relations manager then director, followed by a brief tenure as the association's deputy director. 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 (R-PA) and the National Association of Federally-Insured Credit Unions (formerly the National Association of Federal Credit Unions).

Before joining AACI, Pegher served as executive director of the Western Pennsylvania Chapter of the National Hemophilia Foundation. Under Pegher's direction, AACI in 2021 has grown to 11 full-time staff positions and 103 member centers. (See Appendix 4)

In 2019, the AACI Board of Directors convened a purpose workshop to chart a course for the next three to five years and provide a unifying platform to allow its members to develop best practices, receive high quality education, engage in meaningful advocacy activities, advance public policy, and collaborate with other members across North America. The workshop also prioritized the following objectives:

- A strong federal investment in the NIH and the NCI, including an increase to the NCI payroll
- The elimination of HPV-related cancers through vaccination and screening, particularly among high-risk groups
- A ban on sales of all flavored vaping and tobacco products
- Oral chemotherapy parity
- Health equity across diverse demographic groups

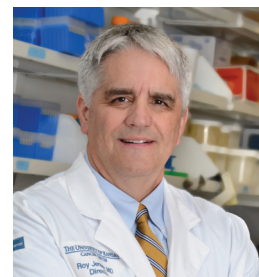
Initiatives selected by AACI's three most recent presidents are also guiding the association's activities for the immediate future. (See Appendix 5 for a full list of AACI Presidential Initiatives.)

Roy A. Jensen, MD's presidential initiative led to the development in 2019 of the AACI Public Policy Resource Library, which enables cancer centers and partners in the cancer advocacy community to share talking points and legislation enacted across the U.S. to foster collaboration, promote cancer prevention, and spur the development of sound public health policy at the state and local level.

In her brief tenure as AACI president, Karen E. Knudsen, MBA, PhD, (2020-21) targeted mitigation of cancer disparities, beginning with a clear definition of the problem as it impacts AACI cancer centers and patients and establishing platforms for ongoing discussion of cancer health disparities. One product of the initiative was a survey and whitepaper on cancer center catchment areas. (Dr. Knudsen stepped down as AACI president in April 2021 to become chief executive officer of the American Cancer Society.)

In 2021, AACI's current president, Caryn Lerman, PhD, launched an initiative focused on cancer center leadership development. The effort aims to build a diverse pipeline and enable the next generation of cancer center directors and senior leaders to succeed in a rapidly changing and increasingly complex environment. Also in 2021, AACI members selected Robert A. Winn, MD, director of VCU Massey Cancer Center, to serve as vice president/president-elect. He also received the inaugural AACI Cancer Health Equity Award at the association's 2021 annual meeting.

AACI's significant growth in staff and membership has led to ongoing expansion of its program offerings. Most prominent among these member services is AACI's Clinical Research Innovation (CRI). Recognizing that clinical trials in the



Dr. Roy A. Jensen



Dr. Karen E. Knudsen



Dr. Caryn Lerman



Dr. Robert A. Winn

U.S. face administrative and staffing barriers, regulatory constraints, increasing costs, and lagging patient accrual, AACI established CRI in 2009. The initiative hosted its 13th annual meeting in 2021, with more than 1,000 cancer center clinical trial leaders and other colleagues registered for the three-day event, held virtually due to the COVID-19 pandemic.

CRI's current strategic goals include sharing cancer center clinical trial best practices through the collection and dissemination of benchmarking data, helping cancer centers increase patient engagement and enrollment in clinical trials, increasing engagement with industry and other stakeholders, and creating a network for clinical trials office medical and administrative directors to foster communication and mentoring.

Another prominent AACI program, the Physician Clinical Leadership Initiative (PCLI), provides a forum for addressing clinical practice challenges like reimbursement, integrating electronic medical records with other cancer center IT services, assimilating clinical research and clinical programs to increase trial accrual, and developing performance metrics.

In 2021 AACI joined with the NCI and others in commemorating the 50th anniversary of the National Cancer Act, landmark legislation that launched the federal cancer centers program. "Nothing will stop us," the NCI's tagline for the anniversary year, underscores the tenacity and perseverance demonstrated by the cancer center network and AACI as they navigate the effects of the COVID-19 pandemic and prepare to meet future challenges.

Our society is wrestling with twin pandemics—COVID-19 and systemic racism—occurring nationally and in the cancer care and research enterprise. Both are to a large degree structural and institutional challenges, and they often intersect at our centers and in the surrounding communities. AACI is dedicated to addressing not only the unique challenge of running a cancer center and delivering care while protecting staff, patients, and the community from COVID-19 infection, but also the parallel urgent task of overcoming cancer disparities in an atmosphere charged by persistent examples of racism and discrimination.

As AACI grows and evolves to meet its members' needs, its mission will remain constant: accelerating progress against cancer. The association will continue to serve as a rallying point for cancer centers, enhancing their ability to work together with the overall goal of improving patient care.

Reflections on AACI by Past Presidents

In the spring of 2021, Donald L. “Skip” Trump, MD, and Eric T. Rosenthal—co-authors of *Centers of the Cancer Universe: A Half-Century of Progress Against Cancer*—reached out to AACI’s past presidents about their respective experiences with AACI and thoughts about the association’s value and accomplishments. These are the past presidents, in chronological order, who were interviewed. (See Appendix 5 for a list of AACI Presidential Initiatives)

Jerome W. Yates, MD, MPH

Dr. Jerome “Jerry” Yates was president of AACI from 1991 to 1992 when he was senior vice president for clinical affairs at Roswell Park Cancer Institute. He may be the only AACI president to hold office without serving as the director or CEO of a cancer center; however, he noted that Roswell Park’s president at the time, Tom Tomasi, PhD, was a basic scientist and not directly involved in many of the clinical issues that faced AACI members. Yates had also formerly overseen NCI’s cancer centers program during the 1980s and had participated in AACI meetings in an ex officio capacity.

Yates said that Memorial Sloan Kettering Cancer Center, Fox Chase Cancer Center, and Roswell Park Cancer Institute were the most active centers in the early 1960s, and AACI meetings provided opportunities to:

- share ideas and stories, involving administration issues, fund-raising, and getting money from the NIH through lobbying
- influence the implementation of guidelines for NCI-Designated Cancer Center grants
- protect reimbursement

He recalled that meetings would often rotate among the various member institutions, but that they would occasionally be held in Washington, DC, which would include time for lobbying members of the House and Senate and were part of the effort to double the NIH budget in the 1990s.

Quoting former Speaker of the House of Representatives Tip O’Neill’s “all politics is local,” Yates said AACI members had the ability to lobby members of Congress from districts and states across the nation.

He implied that some of the issues championed by AACI might have also been of interest to the National Comprehensive Cancer Network, established in the early 1990s, since it also represented cancer centers, although its membership was much more limited and highly (geographically) selective.

Paul A. Bunn, Jr., MD

Dr. Paul A. Bunn, Jr. was founding director of the University of Colorado Cancer Center from 1986 to 2008 and served as president of AACI from 1995 to 1996. His early recollection of AACI history was that it was the organization that could help the NCI with its plans to create a national cancer center program, and “served as a not-for-profit advice-giving organization.”

He recalled that during his presidency AACI had a parallel mission and agenda as that stated in the National Cancer Act of 1971, including having comprehensive cancer centers in every region of the United States; overcoming disparities in clinical trials; providing care to the underserved; and institutional commitment to outreach, education, and diversity.

He said that there were very few NCI-Designated Cancer Centers in the Southwest at the time that the University of Colorado received its initial designation in 1989, and that the state of Colorado was a big proponent of gaining NCI-designation for his center.

Bunn noted at one time there had been some discussion about AACI getting involved in developing NCI designation guidelines, but it was decided that it should not be an organizational goal. During his tenure as president, he said that about 80 percent of members were NCI-designated and the other 20 percent wanted to become designated centers.

Bunn also commented on the great value of having camaraderie among its members and how helpful it was to interact with colleagues facing similar issues and challenges.

Max S. Wicha, MD

Dr. Max Wicha served as director of the University of Michigan Rogel Cancer Center for 29 years, stepping down in 2015, and as AACI president from 1997-1999.

His presidency spanned a critical transitional time for AACI since it was when the decision was made to create a permanent headquarters with a full-time professional staff. He said that he was not really aware of AACI's history prior to his own involvement with the association.

Wicha said that it was the custom of AACI presidents to name their administrators as AACI executive director and that position was held by Suzanne Mahler. He noted that she still served half-time as his administrator and that the job required more time than she had. It was agreed by the AACI board to seek bids for a permanent headquarters and executive director and that incoming AACI President Ronald Herberman's lobbying efforts prevailed and the contract went to the University of Pittsburgh Cancer Institute, with Herberman's administrator Barbara Duffy Stewart assuming the role of executive director. Wicha said that the organization was then able to transition from a “mom and pop” operation to a more effective professional one. His presidential initiative was communicating the message of the importance of cancer research to Congress, and he felt that involving patient advocates in lobbying efforts was always more effective. He thought that more could have been done during his presidency to champion clinical research but that seemed to happen about a decade following his term. He mentioned the challenges faced today by academic cancer center directors reporting to more business-oriented hospital system CEOs and said that he would like to see AACI “get really good data that indicates how much clinical research benefits an institution.”

John E. Niederhuber, MD

Dr. John Niederhuber, who served as AACI president from 2001 to 2003, has a unique perspective on AACI, having served as a member when he was director of the University of Wisconsin Comprehensive Cancer Center (where he consolidated two NCI-Designated Cancer Centers), and then later as director of the NCI from 2006-2010.

Niederhuber said that he was unaware of AACI when he had served in (non-director) leadership positions at other institutions, such as Stanford and Michigan, but remembered Dr. Ronald Herberman contacting him about becoming active when Niederhuber was named Wisconsin cancer center director in 1997.

He considered AACI a “club for directors,” noting there was no other real forum for cancer center directors to meet. Interestingly, as NCI director he met annually with many of the directors at the NCI-Designated Cancer Centers directors’ retreat but recalled that not all NCI directors shared the same interest in issues related to cancer centers. He said that he believed “the more communication the better,” and that listening to the directors was important to better understand what the problems were.

Niederhuber said that AACI provided an opportunity for cancer center directors to discuss how they would present their issues with the NCI, and that interacting with the administrative officers of each center’s grants was an important part of AACI as well. He found the presentations by NCI program office staff to be very helpful, and he said that he appreciated having a forum to share experiences about “hostile academic environments” at certain university-based cancer centers.

Harold L. Moses, MD

Dr. Harold “Hal” Moses served as AACI president from 2003-2005. He was founding director of the Vanderbilt-Ingram Cancer Center from 1993 to 2004. Moses said that he was unaware of AACI until he became director of Vanderbilt’s cancer center and was asked to join the organization. However, at the time, the fledgling center did not have enough money to pay the annual membership dues of several thousand dollars.

In 2001 he was encouraged to put in his bid for the AACI presidency (beginning with president-elect) by Dr. Ronald Herberman because it was thought that his standing in the cancer community and past service as AACR president from 1991-1992 could help elevate AACI’s status among professional oncology organizations. Moses said that a major interest at AACI was to place the organization on a more level footing with ASCO and AACR.

Moses’s AACI presidency overlapped with the presidencies of Lynn Matrisian, PhD, at AACR, and David Johnson, MD, at ASCO, who were both also colleagues from Vanderbilt. This provided an opportunity for the three organizations to work more cooperatively, and they all agreed a topic of mutual interest would be cancer clinical trials.

A subsequent joint conference on the issue was held in northern Virginia, and Moses was disappointed that the moderator did not follow up with a written report that could be published.

He said that there was interest at the conference on pushing for a greater focus on data intensive cancer clinical trials with lots of laboratory correlates, which would make the trials more expensive, and that the industry representatives at the conference said they were willing to pay a lot more to get trials done with a lot of correlative data, provided they would have access to that data. However, he said he did not know if there was any follow-up at the time.

Although AACI presidents at his time were not expected to have a theme or initiative during their tenures, he would have chosen clinical trials.

Moses said that then-NCI Director Richard Klausner, MD, was very supportive of AACI, and would attend meetings, and that one of the great benefits of membership was this interaction with the NCI director.

H. Shelton Earp, III, MD

Dr. H. Shelton “Shelley” Earp, III, served as AACI president from 2005 to 2007. He was director of the University of UNC Lineberger Comprehensive Cancer Center from 1997 to 2015, when he was succeeded by Norman E. “Ned” Sharpless, MD. Sharpless left UNC to become NCI director in 2017, at which time Earp was re-appointed Lineberger director.

Earp said he was first involved with AACI in the 1980s when he was an associate director at Lineberger under then-director Joe Pagano, who served as AACI president from 1996 to 1997. He attended an AACI meeting with Pagano held at Fox Chase in the 1980s where he remembered that most cancer center directors were “kvetching about not having enough money,” causing him to vow at the time, “never to go back” to another meeting.

Earp recalled that during its early days, AACI was pretty much in the “suitcase” of Roswell Park’s Ed Mirand, who served as secretary-treasurer and was the association’s “constant,” as annual meetings rotated among AACI members’ institutions.

The association’s turning point came when AACI decided to establish a permanent office with a paid staff. Earp saw most of AACI’s growth following this event and said that for several years AACI’s focus was on increasing the size of NCI core grants, but that it became more involved in clinical trials toward the end of his presidency and began its clinical research initiative.

He said that as cancer centers became more profitable for their medical centers, they gained more local, regional, and national prestige, which ultimately was beneficial to AACI. The association became more robust over the years and has been helpful to aspiring centers interested in receiving NCI designation.

Edward J. Benz, Jr., MD

Dr. Edward Benz, Jr. served as AACI president from 2007 to 2009. He was president and CEO of Dana-Farber Cancer Institute (DFCI) from 2000 to 2016.

Benz said he had never heard of AACI until he became president of DFCI and was contacted by Pitt’s Ron Herberman about joining. He noted that it took him a while to figure out what AACI was and that he had thought it was founded by Herberman in the late 1990s. He was surprised to learn that AACI had a 50-year history prior to its formal establishment in Pittsburgh.

Benz's presidential initiative was related to the oncology workforce. AACI's interest in the initiative ended with Benz's presidency, but he said that it was picked up by C-Change and later by ASCO and AACR; so AACI did play a catalytic role on some issues that were continued by other groups. He said that AACI could have done a better job of continuity between presidents by integrating its strategic plans with those presidential initiatives that were worth pursuing beyond the two-year terms of each president.

He thought that AACI was a unique and important forum for cancer center directors to meet informally and served as a good training ground for future directors and administrators. He said that some of the larger centers, for example, Memorial Sloan Kettering, seemed to be less interested and active, but that also largely was dependent on who was the cancer center director at the time. He added that there was sometimes tension between the truly academic cancer centers and some of the smaller quasi-academic centers that may not have had a meaningful relationship with an academic center.

Benz said that AACI meetings provided an opportunity to pick up a lot of information relevant to running a cancer center, which would not be available in the same concise package elsewhere.

He praised such efforts as Mike Caligiuri's initiative to lobby elected officials locally and said it was very instructive for other centers. He thought it much more effective when he lobbied on behalf of AACI than just Dana-Farber. Meeting with other center directors allowed for comparisons, not just of programs, but of discrepancies between the states for such policies as clinical trial coverage. AACI membership also allowed centers to share best practices, as well as strategies of dealing with NIH, and in some cases, learning how to disobey NIH.

William S. "Bill" Dalton, MD, PhD

Dr. Bill Dalton was the president and CEO of the H. Lee Moffitt Cancer Center and Research Institute from 2002 until 2012, when he stepped down to become CEO of M2Gen, a Moffitt Cancer Center biotechnology company. His term as AACI president began in 2011 but ended a year later when he resigned as Moffitt's center director.

Dalton said that he began attending AACI meetings when he was associate director at Moffitt and had been encouraged by his then-director Jack C. Ruckdeschel, MD. He was aware that the association was first started in 1959 and credited the association's subsequent growth and success to its first executive director, Barbara Duffy Stewart.

"To me, the AACI equals Barbara Duffy Stewart, she was executive director for 20 years and was a tour de force," he said, noting her organizational skills and ability to achieve goals and create priorities.

Dalton's presidential initiative was to build an AACI website or portal "in-house," which lived on for eight years until the association decided to hire a contractor to run it. This was noteworthy because many other former AACI presidents said that their initiatives ended after their two-year term. Dalton said that the initial idea for the portal was to provide a forum for interaction among the centers to share best practices and discuss other issues.

He said that AACI was responsible for building camaraderie and created a collective learning experience and thought that it was very helpful concerning clinical trials, core grants, and lobbying efforts.

Michelle M. Le Beau, PhD

Dr. Michelle Le Beau served as AACI president from 2012 to 2014, and as director of the University of Chicago Cancer Center from 2004 to 2021.

She said that she knew nothing about AACI before her appointment as cancer center director and was told by an administrator that she “had to go” to AACI’s annual meeting.

She admitted that it took her a few years to understand AACI’s role, and that she later appreciated its value as the only forum for cancer center directors to meet and discuss problems, issues, and initiatives. Le Beau added that meeting with other directors helped members share best practices and learn how to deal with such issues as unfunded mandates.

As with a number of other former AACI presidents we spoke with, she noted that the annual NCI cancer center directors’ retreat was not as interactive as AACI meetings; NCI directors’ retreats were rather a one-sided event with NCI staff talking to the AACI members and often not responding directly to questions. NCI’s interest in those retreats was also dependent upon who was NCI director at the time.

Le Beau’s presidential initiative was molecular diagnostics and how cancer centers could integrate NCI’s CaBIG initiative. However, she felt that the initiative was not successful and was not continued by AACI when the next president’s initiative began.

She said that AACI has been involved in several impactful initiatives that led to some white papers and noted that both Ed Benz’s report on the oncology workforce and Mike Caligiuri sharing how to talk with legislators were especially useful. Through networking, concepts such as the Big 10 Clinical Trials Consortium came into being, she said.

Le Beau commented that she thought AACI could have had a bigger voice and more visibility and may have benefited from more joint initiatives or projects with NCI and other cancer organizations. She also would have liked to have seen some presidential initiatives sustained beyond two years but realized that the organization had limited resources.

George J. Weiner, MD

Dr. George Weiner served as president of AACI from 2014 to 2016. He has the distinction of having served the longest consecutive tenure as director of the same NCI-Designated Cancer Center, becoming head of the University of Iowa’s Holden Comprehensive Cancer Center in 2000.

Weiner said that when he took office, he knew little about AACI other than what then-executive director Barbara Duffy Stewart had told him, and that its governance had rotated among its respective presidents for years before Pittsburgh’s Ron Herberman decided it should be permanently housed at the University of Pittsburgh with a professional staff in the late 1990s.

Weiner said that he felt that the most important part of AACI was the opportunity for networking among peers. This was followed by the ability of AACI to act as a voice for academic cancer centers in advocacy efforts as well as providing access to the director of the National Cancer Institute, which, he noted, depended largely on who was director at the time.

He said that the organization's relatively small size—about 100 members—was an advantage.

He observed that the organization's importance seemed to increase in the mid-2010s, as it provided an institutional voice, distinct from that of ASCO or AACR, and that the collective impact of cancer center directors seemed an advantage when working with legislators.

Weiner's presidential initiative was called Academic Difference, and although he and his colleagues had written a paper on the subject, they could never decide whether it was a commentary or manuscript, and it was never published. He said that the group tried to collect objective data showing that academic cancer centers had improved outcomes, but "the effort didn't quite materialize the way we had hoped that it would."

Weiner added that the "academic difference" has become an issue with the rise of community and hybrid academic-community cancer centers seeking AACI membership, since these centers are not fully cancer research institutions.

Stanton L. "Stan" Gerson, MD

Dr. Stan Gerson is director of Case Comprehensive Cancer Center, and interim dean of Case Western Reserve University's School of Medicine. He has served as head of the cancer center since 2003 and was AACI president from 2016-2018.

Gerson said he knew little about the organization when he first became a member, but witnessed its value increase over the years, primarily for networking purposes among his peer cancer center directors.

When he originally joined, Gerson said he viewed AACI as an advocacy organization that could benefit academic cancer centers through navigating clinical trials with "big pharma," but it has since evolved as a voice of academic cancer center directors when dealing with legislators.

AACI institutions also represent members of both ASCO and AACR, but in a more manageable size (about 100 institutional members) that deals directly with the issues of running cancer centers and is the only organization that "has the pulse of what's going on and provides the structure to coordinate interaction."

He noted that AACI matured from a less formal organization to one that sponsors annual Hill Days on Capitol Hill, roundtables for commercial strategies with pharmaceutical companies, and opportunities for the NCI director and cancer centers' branch director to address and meet its cancer center director members, adding "Where else would you be able to get 100 cancer directors together in one place?"

Gerson's AACI tenure began shortly after then-President Obama and Vice President Biden announced their "Cancer Moonshot," making the timing propitious for cancer research initiatives.

Gerson said that when he served as AACI president, he would send a note to new cancer center director members “welcoming them to the club and urging them to be active.”

The theme for his presidency was the Network Care Initiative, which involved increasing access to clinical trials through academic cancer center affiliations, but he added the difficulties inherent in different types of employment models. Gerson also opined that AACI might benefit if it took on more aspirational, “big ideas.”

Gerson asserted that he found the camaraderie among cancer center directors linked through AACI “astonishing and unequalled” and said that the organization was invaluable when it came to providing cancer center directors links to, and a forum for, colleagues to discuss common issues and problems and learn better ways to operate their centers.

Roy A. Jensen, MD

Dr. Roy Jensen has served as director of The University of Kansas Cancer Center since 2004 and was AACI president from 2018-2020. He was at Vanderbilt-Ingram Cancer Center before coming to Kansas and said that Hal Moses was his mentor and helped prepare him for his future as a cancer center director.

“When I started at Kansas, Hal encouraged me to join AACI, saying it would be very beneficial for an emerging cancer center, and it turned out to be true,” he said. Jensen said that he was surprised at how open other center directors were in providing “nitty gritty details” about their institutions, noting that David M. Livingston, MD (Charles A. Dana Chair in Human Cancer Genetics at Dana-Farber Cancer Institute and Emil Frei III Distinguished Professor of Medicine, Harvard Medical School), and Ed Benz had invited him and his staff to visit Dana-Farber, where about a dozen senior staff members devoted an entire day to presentations about how things were done at Dana-Farber.

He called AACI’s CRI meeting the “world’s largest group therapy session” for clinical trials offices, where people can share problems and resource information.

His presidential initiative addressed moving AACI, and particularly NCI-Designated Cancer Centers, toward being more active in public policy by creating a web-based library of cancer-specific public policy initiatives that had been developed at the state level by AACI member institutions. Jensen said that developing a repository of specific actions and initiatives taken by centers related to their respective state legislatures was helpful in providing models to be adapted by others centers and cited that emulating what was done in Florida (through collaborations among Florida’s three state-supported cancer centers) had led to his center receiving an additional \$5 million from the state of Kansas.

He said that AACI “increasing its footprint” in the public policy arena would be very beneficial to issues related to cancer, and that many cancer center directors may be underestimating their influence with state legislators.

Karen E. Knudsen, PhD

Dr. Karen Knudsen had been head of Sidney Kimmel Cancer Center at Jefferson Health for seven years and stepped down as president of AACI in June when she left Jefferson to become CEO of the American Cancer Society. She was succeeded by Caryn Lerman, PhD, director of USC Norris Comprehensive Cancer Center.

When she announced her plans at the 2020 AACI/CCAF Annual Meeting, she said that AACI “will address cancer health disparities by leveraging the expertise of North America’s 102 leading cancer institutes. Using a two-staged approach, the initiative will convert understanding of cancer disparities across AACI centers into meaningful, measurable actions to improve the lives of patients with cancer.”

“Now more than ever, it is essential for the major cancer centers to join forces toward accelerating progress against cancer,” said Knudsen. “The presidential initiative to reduce cancer disparities is just one arm of AACI strategies to increase the pace of positive change. I am honored to serve and counting on the partnership of all AACI centers toward common goals.”

Knudsen said she was especially excited to be elected AACI president because of the incredible value of the organization using the information generated through its cancer center members “to go home and effect change.”

She cited AACI’s uniqueness as the only organization that has cancer centers—not individuals—as members, and said it was of the few places where center directors could come together in a safe environment and work collegially rather than competitively. She noted that having other center directors to discuss issues with has been especially helpful during the COVID-19 pandemic since it allowed for “rapid real-time communication.”

Knudsen gave high marks to AACI’s Physician Clinical Leadership Initiative and the organization’s leadership in supporting clinical trials. She said that AACI can serve as an excellent training ground for those who will be stepping into a cancer center directorship, and that there are opportunities for AACI to have a greater voice in research.

She stressed the importance of understanding a cancer center’s catchment area to deal with its specific problems and make an impact and said that AACI provided a powerful voice for cancer centers collectively.

Caryn Lerman, PhD

Dr. Caryn Lerman began her term as AACI president on June 1, 2021, succeeding Karen Knudsen who left the position early to become CEO of the American Cancer Society.

Although Lerman has only been director of the USC Norris Comprehensive Cancer Center since 2019, she had been attending AACI meetings since 2006 as deputy director of the University of Pennsylvania Abramson Cancer Center. She said that she had never heard of the organization before then.

Lerman said that she was very excited to be given the opportunity to be part of AACI for so many years and viewed it from the perspective of “a kid in a candy shop,” since it allowed her to be part of a conference centered around cancer

centers that went beyond just science to focus on every element that is critical to having a successful organization. She added that AACI meetings helped her to learn about the politics—including the national scene and advocacy involved in running a center—and that it was a great networking opportunity.

She found the experience to be extremely beneficial and believes it helped groom her for her future role as a cancer center director, as did appointments to external advisory boards.

Lerman said at the time of the interview that she had not yet officially unveiled her presidential initiative to AACI but that it would deal with leadership development in cancer centers, and that she also intended to continue Knudsen's diversity-related initiatives.

About the Authors



Donald L. "Skip" Trump, MD, has been an active clinician and investigator throughout his career in oncology. Before retiring as founding CEO of the Inova Schar Cancer Institute in Fairfax, Virginia, where he led development of a large community health system cancer program, Dr. Trump was president and CEO of Roswell Park Cancer Institute, an NCI-Designated Cancer Center. In addition to his 13-year career at Roswell Park, Dr. Trump held leadership positions at NCI-designated centers at the University of Pittsburgh, Duke University, and the University of Wisconsin.



Eric T. Rosenthal is an award-winning independent journalist who has covered issues, controversies, and trends in oncology for more than three decades for a number of news media outlets. He founded the NCI-Designated Cancer Centers Public Affairs Network in 1990; has co-chaired conferences on cancer or medicine and the media; and has served on several national cancer committees, including the NCI Director's Consumer Liaison Group.

AACI thanks the following cancer center communications colleagues for their assistance in providing archival photos of early AACI meeting attendees: Tamara Collins, Karmanos Cancer Institute; Javier De Jesus, Winship Cancer Institute of Emory University; Beth A. Lewis, Fox Chase Cancer Center; Allison Morrissey, Memorial Sloan Kettering Cancer Center; and Steven Singer, Dana-Farber Cancer Institute.

The History of the Association of American Cancer Institutes was designed by Tara Taylor.

Endnotes

1. System: Directions for the Future by R. Lee Clark, April 12, 1976: Home https://mdanderson.libguides.com/ClarkRL_197604121 Accessed 6/14/21 [The Mission of the University of Texas](#)
2. Jeremy Pearce June 14, 2008,. <https://www.nytimes.com/2008/06/14/health/14moore.html>2 Accessed 5/19/21 [Obituary George E. Moore, MD New York Times.](#)
3. Accessed 5/19/21 <https://www.karmanos.org/karmanos/karmanos-historical-timeline>
4. John R. Heller, MD, an expert in public health and epidemiology who was named the fourth director of the National Cancer Institute in 1948, F.K. Putney, a scientist is the Laboratory of Physiology, National Cancer Institute whose publications included effects of ionizing radiation on molecules in solution and studies of cellular metabolism, Timothy R. Talbot Jr., MD, first president of Fox Chase Cancer Center and scientific director of the predecessor of FCCC, The Institute for Cancer Research, R. Lee Clark, MD, first president of the MD Anderson Cancer Center
5. AACI Archives. Letter 6/12/58, Simpson to Moore.
6. Accessed 6/15/21 <https://www.karmanos.org/karmanos/karmanos-historical-timeline>
7. AACI Archives. Letter 8/12/1958 Clark to Moore
8. Accessed 5/18/21 <https://www.muhealth.org/locations/ellis-fischel-cancer-center/ellis-fischel-history>
9. Accessed 5/15/21: <https://emoryhistory.emory.edu/facts-figures/places/names/atlanta/scarborough-building.html>
10. Donald L. Trump, MD and Eric T. Rosenthal. (2021) *Centers of the Cancer Universe: A Half-Century of Progress Against Cancer*. <https://rowman.com/ISBN/9781538144893/Centers-of-the-Cancer-Universe-A-Half-Century-of-Progress-Against-Cancer>
11. Accessed 12/23/2021 <https://www.surgonc.org/about-ss0/history-of-the-society-of-surgical-oncology/>
12. AACI Archives. Letter Moore to Clark, August 20, 1958.
13. AACI Archives. Letter Moore to Clark, November 7, 1958.
14. Dr. Heller, National Cancer Institute, Dr. Daland, Massachusetts [a prominent Boston surgeon, with expertise in thyroid disease and the use of radiation, based at the Collis P. Huntington Memorial Hospital and Dr. Rhoads, New York [C.P. ("Dusty") Rhoads, MD a noted pathologist, appointed director of Memorial Hospital in New York City in 1940 and first director of the combined Memorial Sloan Kettering Cancer Institute, 1953]
15. AACI Archives. Letter Clark to DeLand, 10/30/58.
16. AACI Archives. Letter Talbot to Clark, 11/15/58.
17. Fisher B, Ravdin RG, Ausman RK, Slack NH, Moore GE, Noer RJ. Surgical adjuvant chemotherapy in cancer of the breast: results of a decade of cooperative investigation. *Ann Surg*. 1968 Sep;168(3):337-56. doi: 10.1097/00000658-196809000-00004. PMID: 4970947; PMCID: PMC1387335.
18. DeVita VT Jr, Chu E. A history of cancer chemotherapy. *Cancer Res*. 2008 Nov 1;68(21):8643-53. doi: 10.1158/0008-5472.CAN-07-6611. PMID: 18974103.
19. Ibid.
20. AACI Archives. Letter Clark to Simpson, 3/16/1959.
21. AACI Archives. Letter Simpson to Moore 4/23/1959.

22. Leonard P. Eliel, MD – a Cornell and Memorial Hospital [New York] trained physician who in 1951 moved to Oklahoma as Associate Professor and head of clinical oncology in the Oklahoma Medical Research Institution and Hospital. <https://science.sciencemag.org/content/114/2960/311> Accessed 5/15/2021).
23. W. Bradford Patterson, MD, a Harvard-trained physician who worked at Pondville State Hospital, in Norfolk, MA [40 miles southwest of Boston, MA] before moving to the University of Rochester in 1968, returning to Boston in 1978, to direct the Department of Cancer Control at the Dana Farber Institute <https://www.bostonglobe.com/metro/2013/06/11/brad-patterson-cancer-researcher-known-for-his-empathy-and-bedside-manner/hE42Y2JhgyKkDDgMYZXRWQ/story.html>) Accessed 5/19/21
24. Accessed 6/14/21 Thoru Pederson Obituary Paul C. Zamecnik (1912-2009) Trailblazer in the study of protein synthesis. <https://www.nature.com/articles/462423a> and AACR President, 1961-1962
25. Sidney Farber, MD A career in cancer research driven by the power of an idea <https://www.dana-farber.org/about-us/history-and-milestones/sidney-farber-md/41>
26. Accessed 6/14/21 <https://www.nytimes.com/1973/10/21/archives/medical-school-gets-first-chief-gift-of-12million-pennsylvania-dean.html> and President of the AACR 1962-1963
27. Robert A. Huseby, M.D., Ph.D. American Medical Center Denver, Colorado. An accomplished scientist whose work included early studies on the biologic effects and physiology of gonadotrophins.
28. Accessed 6/14/21 Edgar M. Moran. Thomas C. Hall, MD, FACP: In Memoriam. <https://clincancerres.aacrjournals.org/content/clinicanres/20/23/6223.full.pdf>
29. Woods, DA. A Personal Tribute to Shields Warren MD. CA-A Cancer Journal for Clinicians Vol.30, No. 6 November/December 1980

<https://www.legacy.com/obituaries/latimes/obituary.aspx?n=howard-r-bierman&pid=15327558122> Accessed 6/14/21. Obituary Howard R. Bierman, MD (1915-2011).

<https://www.medpagetoday.com/publichealthpolicy/generalprofessionalissues/46373?vpas=1> Accessed May 19, 2021. Peggy Peck, Arnold Relman, MD: Physician, Educator, and Editor
30. Relman AS. The old Atlantic City meetings. J Clin Invest. 2008 Apr;118(4):1230. doi: 10.1172/JCI34651. PMID: 18382731; PMCID: PMC2276774.
31. Trump and Rosenthal Op. sit
32. H. T. Randall, MD a widely published surgeon and leader at Memorial Hospital in New York, City. He was vice president for clinical affairs from 1961-1965 and joined the faculty of Brown University as a professor of medical science in 1967 and became surgeon in chief of Rhode Island Hospital. Noteworthy in the history of the aggressive surgical therapy of cancer are the several articles published by Randall and his colleagues on hemicoectomy and management of its complication. Obituary New York Times Accessed 6/15/2021 <https://www.nytimes.com/1994/06/05/obituaries/henry-randall-79-medical-educator.html>. Miller TR, Mackenzie AR, Randall HT. Translumbar amputation for advanced cancer: indications and physiologic alterations in four cases. Ann Surg. 1966 Sep;164(3):514-21. doi: 10.1097/00000658-196609000-00014. PMID: 5333099; PMCID: PMC1477261
33. Accessed 6/14/21 Obituary C. Chester Stock, one of a group of scientists engaged in early studies of cancer chemotherapy at the U.S. Army Chemical Warfare Center and later at Memorial Sloan Kettering Cancer Center. <https://www.legacy.com/obituaries/commercialappeal/obituary.aspx?n=c-chester-stock&pid=116617842>
34. In 1974 Fox Chase Cancer Center was formed by the merger of the American Oncologic Hospital (founded in 1904) and the Institute for Cancer Research, founded in 1927.
35. Kenneth M. Endicott, MD was Director of the NCI from 1960-1969 (Accessed 6/10/21, <https://onih.pastperfectonline.com/byperson?keyword=Endicott%2C+Kenneth+M.>)
36. AACI Archives. Letter Kolenda to Mirand, July 29, 1974.

37. Accessed 6/11/2021 Obituary, M. Shimkin by Sidney Weinhouse, Cancer Research <https://cancerres.aacrjournals.org/content/canres/49/11/3143.full.pdf>
38. Accessed 6/11/21 <https://www.uchicagomedicine.org/forefront/news/renowned-cancer-researcher-john-e-ultmann-md-1925-2000>
39. AACI Archives. Letter Simpson to Clark, December 28, 1961.
40. Rettig, Richard A. Cancer Crusade: The History of the National Cancer Act. New York: Authors Choice Press, 1977. p228-231.
41. Trump and Rosenthal, op. sit.
42. Rettig op. cit. p230-231.
43. Rusch, Harold P. Something Attempted, Something Done: A Personal History of Cancer Research at the University of Wisconsin. Madison: Wisconsin Alumni Research Foundation, 1984. P.155
44. Rettig op. cit. p35-40
45. Accessed 6/11/21 <https://cancerhistoryproject.com/tcl-archive/19750328-4/42>
46. Accessed 6/17/21 Thousands March to Spur Cancer Research by Amy Argetsinger; Craig Whitlock <https://www.washingtonpost.com/archive/politics/1998/09/27/thousands-march-to-spur-cancer-research/478c196c-b07a-4104-ae5a-5e3fdef4bb18/>

This study sponsored by AACI, whose results were presented by Charles L. Bennett, MD from Northwestern touches a theme that has occupied much of AACI's attention since its inception; that is, increasing participation in clinical trials. Concern was expressed, especially by insurers and those concerned with the rising costs of medical care, that the costs of providing medical care in the context of a clinical trial exceeded those of patients receiving standard therapy. This study analyzed the "total charges for" among patients from Moffitt, Tulane, UCLA, Pittsburgh and Fox Chase. A comparison was made between a group of 35 matched pairs of patients "on and off Clinical Trials". There was no significant difference between these groups. This, of course, bolstered the ability of champions for clinical trials enrollment to defuse the argument that participation in clinical trials raised health care costs. 39 Bennett CL, Stinson TJ, Vogel V, et al. Evaluating the financial impact of clinical trials in oncology: results from a pilot study from the Association of American Cancer Institutes/Northwestern University clinical trials costs and charges project. J Clin Oncol. 2000 Aug;18(15):2805-10. doi: 10.1200/JCO.2000.18.15.2805. PMID: 10920127.

47. Accessed 6/20/21: https://journals.lww.com/oncology-times/Fulltext/2004/05250/Vanderbilt_Ingram_to_Capture_Triple_Crown_of.11.aspx
48. AACI Archives Meeting Minutes October 9-10, 1997.
49. AACI Archives. Meeting Minutes October 6, 1998.
50. Accessed 6/22/21. <https://www.ceoroundtableoncancer.org/c-change>
51. Accessed 6/22/21. <https://www.genomeweb.com/informatics/nci-reorganizes-cancer-informatics-efforts-cuts-some-cabig-programs-moves-others#.YNIt9S9h2fQ>

Appendix 1

Presidents

Association of Cancer Institute Directors/Association of American Cancer Institutes

9/1959-1/1962	George E. Moore, MD , Roswell Park Memorial Institute
1962-1964	R. Lee Clark, MD , MD Anderson Hospital and Tumor Institute
1964-1966*	Sidney Farber, MD , Children's Cancer Research Foundation, Boston
1967 - 1968	Timothy R. Talbot, Jr. MD , Institute for Cancer Research, Philadelphia
1968	Frank L. Horsfall, Jr., MD , Sloan-Kettering Institute for Cancer Research
1969	John S. Spratt, Jr. MD , Cancer Research Center, Columbia, Missouri
1969-1970	Frank L. Horsfall, Jr., MD , Sloan-Kettering Institute for Cancer Research
1974 - 1975	John S. Spratt, Jr., MD , Cancer Research Center, Columbia, Missouri
1975 - 1976	R. Lee Clark, MD , MD Anderson Hospital and Tumor Institute
1976 - 1977	Albert H. Owen, MD , Johns Hopkins Oncology Center
1977 - 1978	William W. Shingleton, MD , Duke Comprehensive Cancer Center
1978 - 1979	C. Gordon Zubrod, MD , Comprehensive Cancer Center for the State of Florida
1979 - 1980	Gerald P. Murphy, MD , Roswell Park Memorial Institute
1980 - 1981	Alvin M. Mauer, MD , St. Jude Children's Research Hospital
1981 - 1982	Richard J. Steckel, MD , UCLA Jonsson Comprehensive Cancer Center
1982 - 1983	Timothy R. Talbot, Jr. MD , Fox Chase Cancer Center
1983 - 1984	John R. Durant, MD , Fox Chase Cancer Center
1984 - 1985	John E. Ultmann, MD , University of Chicago Cancer Research Center
1985 - 1986	Robert W. Day, MD PhD , Fred Hutchinson Cancer Research Center
1986 - 1987	John F. Potter, MD , Vincent T. Lombardi Cancer Research Center (Georgetown)
1987 - 1988	Alan C. Sartorelli, PhD , Yale Comprehensive Cancer Center
1988 - 1989	O. Ross McIntyre, MD , Norris Cotton Cancer Center (Dartmouth)
1989 - 1990	Sydney E. Salmon, MD , University of Arizona Cancer Center
1990 - 1991	Albert H. Owens, MD , Johns Hopkins Oncology Center
1991 - 1992	Jerome W. Yates, MD, MPH , Roswell Park Cancer Institute
1992 - 1993	Joseph V. Simone, MD , Memorial Sloan-Kettering Cancer Center
1993 - 1994	Albert F. LoBuglio, MD , University of Alabama Comprehensive Cancer Center
1994 - 1995	John S. Kovach, MD , City of Hope National Medical Center and Beckman Research Institute
1995 - 1996	Paul Bunn, MD , University of Colorado Cancer Center
1996 - 1997	Joseph S. Pagano, MD , UNC Lineberger Comprehensive Cancer Center
1997 - 1999	Max S. Wicha, MD , University of Michigan Rogel Cancer Center
1999 - 2001	Ronald M. Herberman, MD , University of Pittsburgh Cancer Institute
2001 - 2003	John E. Niederhuber, MD , University of Wisconsin Comprehensive Cancer Center
2003 - 2005	Harold L. Moses, MD , Vanderbilt-Ingram Cancer Center
2005 - 2007	H. Shelton Earp, MD , UNC Lineberger Comprehensive Cancer Center
2007 - 2009	Edward J. Benz, MD , Dana-Farber Cancer Institute, Harvard Medical School
2009 - 2011	Michael A. Caligiuri, MD , The Ohio State University Comprehensive Cancer Center
2011 - 2012	William S. Dalton, MD, PhD , H. Lee Moffitt Cancer Center & Research Institute
2012 - 2014	Michelle M. Le Beau , The University of Chicago Medicine Comprehensive Cancer Center
2014 - 2016	George J. Weiner, MD , Holden Comprehensive Cancer Center, University of Iowa
2016 - 2018	Stanton L. Gerson, MD , Case Comprehensive Cancer Center
2018 - 2020	Roy A. Jensen, MD , The University of Kansas Cancer Center
2020 - 2021	Karen E. Knudsen, PhD , Sidney Kimmel Cancer Center at Thomas Jefferson University
2021 -	Caryn Lerman, PhD , USC Norris Comprehensive Cancer Center

Appendix 2

Association of American Cancer Institutes Membership, 1968

Primary Member	Additional or Alternate Members
1. Dr. Michael J. Brennan Medical & Scientific Director The Michigan Cancer Foundation Detroit, Michigan 48201	-----
2. Dr. R. Lee Clark Director and Surgeon in Chief MD Anderson Hospital and Tumor Institute Houston, Texas 77025	Dr. Murray M. Copeland V.P. Univ. Cancer Foundation Dr. Robert C. Hickey Deputy Director, MDAHTI
3. Dr. A.R. Curreri University Hospital Madison, Wisconsin 53706	-----
4. Dr. Leonard P. Eliel Vice President-Director of Research Oklahoma Medical Research Foundation Oklahoma City, Oklahoma, 73104	Dr. Paul T. Condit Head, Cancer Section
5. Dr. Kenneth M. Endicott, Director National Cancer Institute Bethesda, Maryland, 20014	Dr. Jesse Steinfeld Associate Director for Program Miss Pauline H. Stephan Staff Assistant
6. Dr. Sidney Farber Director of Research Children's Cancer Research Foundation Boston, Massachusetts 02115	Dr. George E. Foley Chief, Labs of Microbiology
7. Dr. Alexander Gottschalk Director, Argonne Cancer Research Hospital Chicago, Illinois 60637	Dr. John Ultmann Director of Clinical Oncology
8. Dr. James T. Grace Jr. Director, Roswell Park Memorial Institute Buffalo, New York 14203	Dr. Robert K. Ausman Director, Health Research, Inc. Dr. Edwin A. Mirand Associate Institute Director
9. Dr. Paul J. Grotzinger Medical Director American Oncologic Hospital Philadelphia, Pennsylvania 19111	-----
10. Dr. Frank L. Horsfall President and Director Sloan-Kettering Inst. For Cancer Res. New York, New York 10021	Dr. Leo Wade Vice Pres. & Deputy Director

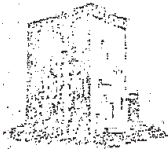
Primary Member	Additional or Alternate Members
11. Dr. James L. Liverman Assistant Director Oak Ridge National Laboratory Oak Ridge, Tennessee 37830	Dr. Robert F. Kimball Director, Biology Section
12. Dr. Albert H. Owens, Jr Associate Professor, Dept. of Medicine Johns Hopkins Hospital Baltimore, Maryland 21205	-----
13. Dr. Donald F. Pinkel, MD Medical Director St. Jude Children's Research Hospital Memphis, Tennessee 38101	-----
14. Dr. Harold P. Rusch Director, McArdle Laboratory for Cancer Research Madison, Wisconsin 53706	-----
15. Dr. Phillippe Shubik Director, Eppley Inst. For Research in Cancer Omaha, Nebraska 68105	Dr. Melvin Greenblatt Associate Professor of Pathology
16. Dr. William L. Simpson Scientific Director Detroit Institute for Cancer Research Detroit, Michigan 48201	-----
17. Dr. Howard E. Skipper Vice-President & Director Kettering-Meyer Laboratories Southern Research Institute Birmingham, Alabama 35295	-----
18. Dr. John S. Spratt, Jr. Director, Cancer Research Center Columbia, Missouri 65201	-----
19. Dr. Timothy R. Talbot, Jr. Director, Institute for Cancer Research Philadelphia, Pennsylvania 19111	Dr. Baruch Blumberg Assoc. Director for Clinical Research
20. Dr. Shields Warren Director, Cancer Research Institute New England Deaconess Hospital Boston, Massachusetts 02215	-----
21. Dr. Sidney Weinhouse Director, Fels Research Inst. Temple University Philadelphia, Pennsylvania 19140	Dr. Michael S. Shimkin Editor, Cancer Research
22. Dr. David A. Wood Director, Cancer Research institute University of California San Francisco, California 94122	-----

Appendix 3

1971 Meeting Attendees

AREA CODE 608
PHONE 262-2177

MEDICAL CENTER



McCARDLE LABORATORY FOR CANCER RESEARCH

UNIVERSITY OF WISCONSIN • MADISON, WISCONSIN 53706

September 2, 1971

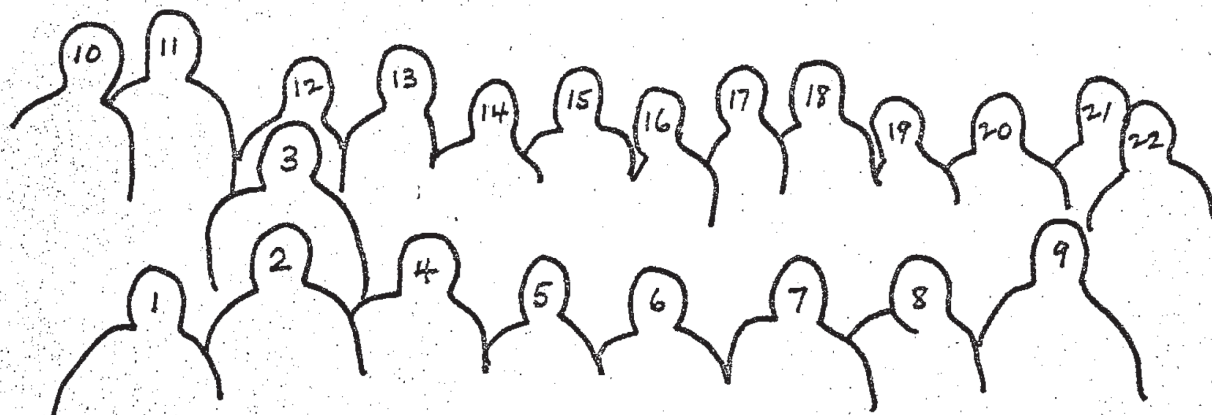
TO: Members Attending the Meeting of the Association of the American
Cancer Institutes

FROM: Harold P. Rusch

I'm enclosing a copy of the photograph taken at the time of our
meeting that was held in the McCardle Laboratory for Cancer Research on
June 27-29, 1971. I should think a group photograph taken every couple
of years might be in order.

HPR:kjp

Encl.



1. Mr. Howard Schurr
2. Dr. E. A. Mirand
3. Dr. Edward J. Beattie, Jr.
4. Dr. R. Lee Clark
5. Dr. Harold P. Rusch
6. Dr. David A. Wood
7. Dr. Murray M. Copeland
8. Dr. Carl Baker
9. Dr. Bayard H. Morrison, III
10. Dr. Harry D. Brown
11. Dr. Timothy R. Talbot, Jr.
12. Dr. Paul T. Condit
13. Dr. Albert H. Owens, Jr.
14. Dr. Leo Wade
15. Dr. Gerald P. Murphy
16. Dr. John E. Ullmann
17. Mr. Robert D. Pence
18. Dr. Robert O. Johnson
19. Dr. Robert C. Hickey
20. Dr. Donald P. Pinkel
21. Dr. Michael J. Brennan
22. Dr. Sidney Weinhouse

Appendix 4

2021 AACI Membership

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

Cedars-Sinai Cancer
Los Angeles, California

City of Hope Comprehensive Cancer Center
Duarte, California

Loma Linda University Cancer Center
Loma Linda, California

Salk Institute Cancer Center
La Jolla, 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

HAWAI'I

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

ILLINOIS

Cancer Center at Illinois
Urbana, Illinois

Cardinal Bernardin Cancer Center
Loyola University Medical Center
Maywood, Illinois

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 and 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 James Graham Brown Cancer Center
Louisville, Kentucky

LOUISIANA

Feist-Weiller Cancer Center
LSU Health Shreveport
Shreveport, Louisiana

Louisiana Cancer Research Consortium of
New Orleans
New Orleans, Louisiana

Stanley S. Scott Cancer Center

Tulane Cancer Center

MAINE

The Jackson Laboratory Cancer Center
Bar Harbor, Maine

MARYLAND

Murtha Cancer Center at Walter Reed Bethesda
Bethesda, Maryland

Sidney Kimmel Comprehensive Cancer Center at
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

UMMC Cancer Center and Research 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

Cold Spring Harbor Laboratory Cancer Center
Cold Spring Harbor, New York

Herbert Irving Comprehensive Cancer Center
Columbia University Irving 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

Sandra and Edward Meyer Cancer Center at
Weill Cornell Medicine
New York, New York

Stony Brook Cancer Center
Stony Brook, New York

The Tisch Cancer Institute at Mount Sinai
New York, New York

Upstate Cancer Center
SUNY Upstate Medical University
Syracuse, New York

Wilmot Cancer Institute
UR Medicine
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

Cleveland Clinic Cancer Center
Cleveland, Ohio

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

University of Cincinnati Cancer Center
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

PUERTO RICO

University of Puerto Rico Comprehensive Cancer Center
San Juan, Puerto Rico

RHODE ISLAND

Cancer Center at Brown University
Providence, Rhode Island

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
The University of Texas at Austin
Dell Medical School
Austin, Texas

Mays Cancer Center at
UT Health San Antonio MD Anderson
San Antonio, Texas

Simmons Comprehensive Cancer Center
UT Southwestern Medical Center
Dallas, Texas

The 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

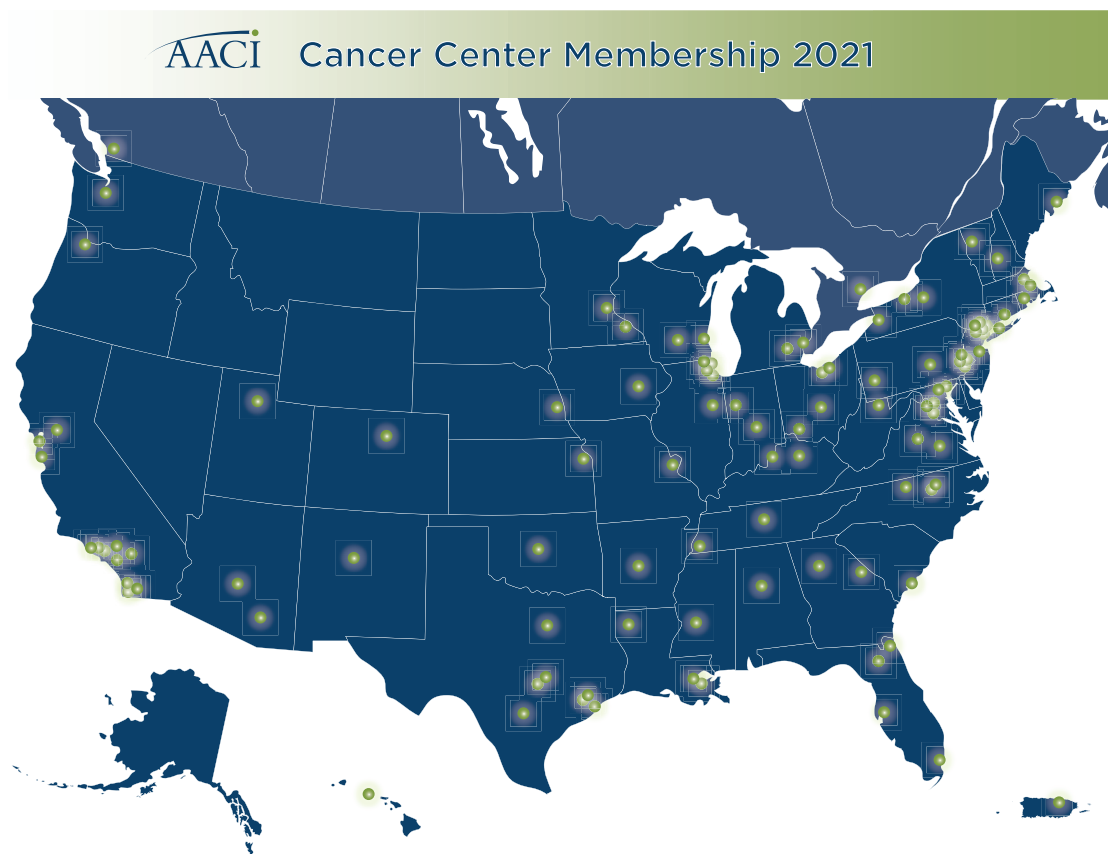
Canada

BRITISH COLUMBIA

BC Cancer
Vancouver, British Columbia

ONTARIO

Princess Margaret Cancer Centre
University Health Network
Toronto, Ontario



Appendix 5

AACI Presidential Initiatives

AACI distinguishes itself among professional cancer organizations through its ongoing engagement with academic cancer centers. Launched in 1999, the AACI Presidential Initiative allows the president of AACI's Board of Directors to formalize a special project of broad interest and value to AACI members during their two-year term. Several of AACI's signature programs began as presidential initiatives.

AACI Structure and Staffing - Ronald M. Herberman (1999 - 2001)

As cancer advocacy and federal funding for cancer research grew through the 1990s, AACI leaders issued a request for proposals for an executive director and staff, with the University of Pittsburgh Cancer Institute being selected as the site for a formal office.

NCI Relationships - John E. Niederhuber (2001 - 2003)

A joint meeting of the AACI Board of Directors and the National Cancer Institute (NCI) director and leadership in 2003 aimed to increase communications and establish an ongoing pattern of interactions between AACI and NCI.

Collaborations with Like-Minded Organizations - Harold L. Moses (2003 - 2005)

AACI addressed policy issues by partnering with other major cancer-related professional societies, including ASCO and AACR, to investigate new paradigms for conceiving, developing, and implementing clinical trials.

Public Issues/Advocacy - H. Shelton Earp (2005 - 2007)

AACI engaged members and partners in activities designed to give voice to the cancer centers on national issues including funding for biomedical research, clinical trials, and ensuring that cancer policy was part of national debates among presidential candidates.

Oncology Workforce - Edward J. Benz (2007 - 2009)

In partnership with the Association of American Medical Colleges and the National Cancer Policy Forum, AACI's Oncology Workforce Initiative studied the workforce needs of cancer centers and identified recruitment and retention practices that could be shared across the centers.

Project Cancer Education - Michael A. Caligiuri (2009 - 2011)

Project Cancer Education was a curriculum aimed at educating state and federal lawmakers and community leaders about the process through which medical research is translated to treatments for cancer in this hands-on initiative that closely acquaints participants with the complexities of research-based care.

Website Portal - William S. Dalton (2011 - 2012)

The project fulfilled AACI's strategic goal of facilitating interaction among cancer centers and answered the call of many AACI members for an online infrastructure promoting collaboration among institutions and stakeholders and information sharing.

Molecular Diagnostics - Michelle M. Le Beau (2012 - 2014)

The initiative addressed challenges impeding the implementation of comprehensive molecular diagnostics within cancer centers, including the acquisition of appropriate tissues, development of mutation panels, selection of technology platforms, and regulatory reimbursement policies.

Academic Difference - George J. Weiner, MD (2014 - 2016)

The initiative focused on the important and unique role academic cancer centers play in enhancing cancer research, clinical care, and education. It also aimed to better explain the centers' value to a broad range of constituents—patients, payors, policymakers, university leadership, community oncology partners, and the public.

Network Care - Stanton L. Gerson (2016 - 2018)

The initiative aimed to improve cancer centers' patient care across network sites by providing standardized, evidence-based carepaths; utilizing optimal referral patterns; and providing advanced clinical trials to patients. A report on results of an AACI network care survey was published in the *Journal of the National Comprehensive Cancer Network*.

Public Policy Resource Library - Roy A. Jensen (2018 - 2020)

The library enables cancer centers and others in the cancer advocacy community to share resources—including talking points and legislation enacted across the U.S.—to foster collaboration, promote cancer prevention, and spur the development of policies that will improve the lives of Americans through lowered cancer incidence and mortality.

Mitigating Cancer Disparities - Karen E. Knudsen (2020 - 2021)

The initiative aimed to convert understanding of cancer disparities across AACI centers into meaningful, measurable actions to improve the lives of patients with cancer. Dr. Knudsen collaborated with AACI staff to collect and disseminate information about the catchment areas covered by AACI cancer centers.

Leadership Development - Caryn Lerman (2021 -)

The initiative focuses on cancer center leadership development with an emphasis on diversity. Activities include expanding and updating the leadership pipeline survey originally conducted by AACI and *The Cancer Letter* in 2020; developing a leadership development best practices toolkit; hosting workshops at AACI/CCAF annual meetings; and mentoring new cancer center directors.