

2015 REPORT

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RESEARCH

EDUCATION

CLINICAL CAPE

PCONOMIC IMPACT

Working Together to Find a Cure

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AACI Sustaining Members













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CEO Cancer Gold Standard Accreditation

In 2015 the CEO Roundtable on Cancer accredited AACI with the CEO Cancer Gold Standard[™] recognizing the association's efforts to reduce the risk of cancer for its employees and covered family members.



This nonprofit organization of CEOs, founded by former President George H.W. Bush, created the *Gold Standard* in collaboration with the National Cancer Institute (NCI), many of its designated cancer centers, and other leading health organizations. The *Gold Standard* requires employers to evaluate their health benefits and corporate culture, and take extensive, concrete actions in five key areas of health and wellness to reduce the risk of cancer in the workplace.

Photo credits: Pages 2-3 – Edward Fox Photography & Video; Page 4-6 – Nick Khazal, except Cantley (submitted); Page 8 – top, Jennifer Pegher, bottom, Nick Khazal; Page 10 – Jensen/Yoder (Nick Khazal), Theodorescu/DeGette (Emad Al-Marzoog, University of Colorado Cancer Center); Page 11 – Alan Lessig; Page 13 – submitted; Page 15 – Nick Khazal

Report design: Tara Taylor

***** A Message from AACI



George J. Weiner, MD



Barbara Duffy Stewart, MPH

he cover of this year's Association of American Cancer Institutes Report illustrates that the daily life of a cancer center plays out in a number of important venues. Whether at a lab bench, the bedside, or through training and mentoring that passes knowledge and expertise from one generation of scientists to the next, AACI researchers, care givers and educators are dedicated to eradicating cancer and minimizing its health and financial impact on patients, their families and the wider community.

As part of an initiative called The Academic Difference, AACI is collecting and organizing evidence that demonstrates the value of cancer centers and the unique role that they play. The initiative is described on page 7.

A key element of AACI's mission is to help its centers keep pace with the changing landscape in science, technology and health care. AACI does this by gathering and sharing best practices among cancer centers, providing a forum to address common challenges and explore new opportunities, supporting initiatives that engage the membership in developing specific recommendations to the NCI, and educating policy makers about the important role cancer centers play in advancing cancer discovery.

AACI programming in 2015 included:

- The AACI Molecular Diagnostics Initiative identified issues associated with the implementation of comprehensive molecular diagnostics at AACI cancer centers. A white paper detailing the MDI Working Group's conclusions is slated for publication in early 2016.
- The AACI Physician Clinical Leadership Initiative, a forum for cancer center clinical operations physician leaders, met throughout the year to discuss common challenges and develop best practices.
- The AACI Clinical Research Initiative (CRI), a forum for clinical research leaders to share information and to advocate for improving the national clinical trials enterprise, held its 7th annual meeting, attracting over 200 clinical research office leaders and medical directors.

Other member services included a portal on AACI's website providing exclusive member access to a variety of resources including a calendar of events and a document library containing materials such as meeting presentations, compensation data, and standard operating procedures for conducting cancer clinical trials. In addition, the AACI CancerBlog grew in breadth and popularity, focusing on viewpoints pertaining to Congressional action and public policy as they relate to scientific advancement.

Also in 2015, AACI welcomed its first Canadian member, Princess Margaret Cancer Centre, affiliated with the University of Toronto Faculty of Medicine, and the 2015 AACI/CCAF annual meeting attracted 340 attendees, a 46 percent increase since 2011.

AACI offers its sincere thanks to all of its members, particularly those who contribute their time and expertise on the association's board and committees. In 2016, AACI remains committed to developing programming that supports its members' common interests. No other organization provides this level of coordinated engagement among leading academic cancer centers.

George J. Weiner, MD President, AACI Director, Holden Comprehensive Cancer Center University of Iowa **Barbara Duffy Stewart, MPH** *Executive Director, AACI*

Clinical Research Initiative

Paving the Way to a Better Understanding of Clinical Trials: The 7th Annual AACI CRI Meeting

> he AACI Clinical Research Initiative (CRI) held its 7th annual meeting July 8-9 in Chicago. This year, the program was expanded to two full days and the meeting brought together 212 clinical research leaders, including 73 first-time attendees, from 66 cancer centers.

Attendees discussed how cancer centers manage the challenges of working with new clinical trial designs, such as basket and umbrella trials. Presentations touched on how these trials differ from other cancer trials, the benefits and risks for patients, the toxicities associated with cancer immunotherapies, adverse event reporting, screening patients using molecular tumor boards and the use of a centralized institutional review board to reduce regulatory burden.

The CRI Steering Committee received twenty-one abstracts focusing on clinical research management challenges and solutions. Three abstracts were selected for presentation at this year's meeting and all authors were invited to present a poster. Additionally, three abstract authors from 2014 presented updates on their work.

CRI Meeting Abstract Winners

1. Cancer Center's Experience with Insurance Denials for Clinical Trial Participation after ACA Mandate

Christine Mackay, RN, MSA, CCRP¹; Kaitlyn Antonelli²; Suanna Bruinooge²; Shellie Ellis, MA, PhD¹ University of Kansas Cancer Center¹, American Society of Clinical Oncology²

2. Leveraging AACI CRI Listserv Benchmarking and Technology to Reduce the Administrative Burden of Conducting Clinical Trials

Kate Huffman, RN, BSN, CCRA University of Michigan Comprehensive Cancer Center 3. Protocol Information Management Systems (PIMS) Regulatory Binder: Streamlining Regulatory Binder Documentation Maintenance & Improving Compliance

Abdul Karim Abdullah; Michelle Thomas; Roy Cambria; Bonnie Edelman; Marcia Latif; Dawn Caron; Jaclyn Nunner; Michael Ayerov; Gary Dranch; Elsa Hwang; Collette Houston

Memorial Sloan Kettering Cancer Center

CRI Steering Committee Chair Dr. Paul Martin

CRI Listserv

The CRI listserv is a useful resource for AACI members as it allows them to ask a broad range of clinical research questions, and almost immediately, receive feedback and best practices from their peers. Currently, the listserv has over 500 subscribers from 81 cancer centers. Over the past year, there have been more than 40 questions asked. Recently, members asked about implementation of electronic regulatory binders. As a result, several members who have successfully implemented electronic regulatory binders hosted a webinar.

Additionally, many questions have been asked about implementing and managing NCI-MATCH. As a result, AACI hosted a conference call on October 19 to discuss the general structure of operations, coordination of patient activities, and coordination of samples. NCI-MATCH related conference calls will continue in 2016.

Some of the recent listserv topics include:

- CTRP reporting
- Definition of rare cancer
- Sponsor visits
- International protocols
- Integrating IT systems
- Chart security
- Study start-up and workload
- PRMS and accrual review
- Radiation safety
- Regulatory project management

New Steering Committee Members and Chair for CRI

The AACI CRI Steering Committee welcomed a new chair in 2015, **Paul Martin, MD**, Medical Director, Clinical Research Support and Director, Long Term Follow-up Program, Fred Hutchinson Cancer Research Center. His two-year term began September 1.

The following individuals were elected to serve on the CRI steering committee:

Rosemarie Gagliardi, MPH, cEdD

Operations Director, Cancer Clinical Trials Office; Mount Sinai Medical Center Tisch Cancer Institute

Jessica Moehle, CCRP

Associate Director of Operations, Clinical Trials Office; Huntsman Cancer Institute, University of Utah

Stephen Williamson, MD

Medical Director, Clinical Trials Research Unit & Phase I Director; University of Kansas Cancer Center Informative panel discussions and engaging poster presentations attracted the attention of attendees at the 7th Annual AACI CRI meeting. Below left is Dr. Tony Reid, past chair of CRI's steering committee.





****** AACI/CCAF Annual Meeting



uleika Jaouad, who at age 22 was diagnosed with myelodysplastic syndrome and acute myeloid leukemia, opened the 2015 AACI/CCAF Annual Meeting by sharing her journey as a young woman living with cancer with interviewer Susan Dentzer. Ms. Jaouad is the author of the *New York Times Well* column, "Life Interrupted". Ms. Dentzer is a Senior Policy Adviser to the Robert Wood Johnson Foundation and a health policy analyst with the PBS NewsHour and other television and radio networks.





Clockwise from top (L-R): Suleika Jaouad and Susan Dentzer; Drs. Elizabeth Jaffee, Louis Weiner and Kunle Odunsi; Dr. Michelle Le Beau and fellow panelists; annual meeting attendees.

It was an auspicious start to AACI's largest-ever gathering, held October 25-27, in Washington, DC. More than 340 cancer center directors and executivelevel administrators convened with leaders of national cancer research and advocacy groups, industry, and government health agencies to develop solutions to common challenges and to share best practices.

Also on the meeting's first day, AACI President George J. Weiner, MD, director of the Holden Comprehensive Cancer Center, presented an update of his AACI presidential initiative, "The Academic Difference". The initiative aims to gather and distribute data that highlights the unique and indispensable role played by academic cancer centers and why these efforts should be supported.

Following his talk, Dr. Weiner moderated a panel discussion entitled, "Supporting the Academic Mission", which included presentations on mentorship and cost containment with panelists Charles R. Thomas, Jr., MD, of the Knight Cancer Institute, Carolyn D. Britten, MD, of the Hollings Cancer Center, and Otis W. Brawley, MD, FACP, chief medical officer for the American Cancer Society.





The annual meeting program committee, chaired by Patrick J. Loehrer, Sr., MD, Director, Indiana University Melvin and Bren Simon Cancer Center, assembled an outstanding array of speakers and compelling topics, which featured panel discussions on understanding and developing immunotherapy programs, improving cancer care through innovative health information technology, evaluating emerging areas of cancer research, cancer survivorship and cancer center shared resources. Attendees also received updates about AACI's expanding Clinical Research Initiative, as well as the National Cancer Institute's intramural and cancer center programs.

AACI Executive Director Barbara Duffy Stewart acknowledged program and activity support this past year from a dozen industry supporters: Amgen, Astellas, Bristol-Myers Squibb, Celgene, Forte Research Systems®, Genentech, Gilead, Lilly, Merck, Pfizer, Takeda Oncology and Velos.

The annual meeting, an accredited Continuing Medical Education Event jointly provided by the American Association for Cancer Research (AACR) and AACI, received educational grants from Amgen, Astellas, Astra Zeneca, Gilead, Huron Consulting Group, Lilly, Merck, Pfizer, and Tyler & Company.

> Clockwise from top (L-R): Drs. Paul Okunieff, Jon Graham and Otis Brawley; Brian Springer and Jeanine Stiles; Dr. Patrick Loehrer; Dr. Robert Mannel; Dr. Mary Gospodarowicz.

****** AACI/CCAF Annual Meeting



Distinguished Scientist Award

ewis Cantley, PhD, received the AACI Distinguished Scientist Award on October 26, during the 2015 AACI/CCAF Annual Meeting, in Washington, DC. After the award presentation, Dr. Cantley delivered a talk entitled, "Targeting PI3K for Cancer Therapy".

A cell biologist and biochemist who serves as The Margaret and Herman Sokol Professor in Oncology Research and director of the Sandra and Edward Meyer Cancer Center at Weill Cornell Medical College, Dr. Cantley's pioneering research has resulted in revolutionary treatments for cancer, diabetes and autoimmune diseases. Among his research contributions was the discovery of the phosphoinositide 3-kinase (PI3K) pathway, which enabled a new understanding of the way biochemical signaling pathways control normal cell growth and how they can trigger the development of cancer when they are defective.

The AACI Distinguished Scientist Award acknowledges extraordinary scientific accomplishments and contributions to cancer research. Previous honorees are Brian Druker, Lee Hartwell, Mary-Claire King, Timothy Ley, Janet Rowley, Stuart Schreiber, Margaret R. Spitz, Bert Vogelstein, Robert Weinberg and Irving Weissman.



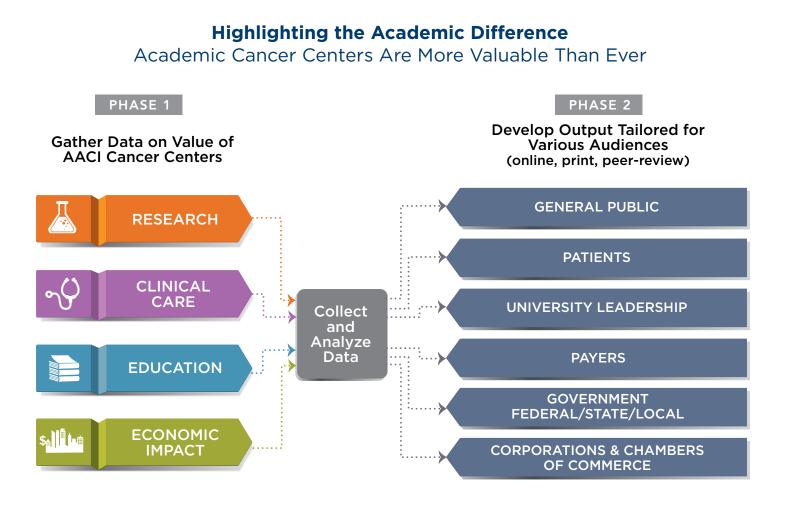
Left to right: Drs. Stanton Gerson, Lewis Cantley, George Weiner and Michelle Le Beau.

Eight Ways To Better Care



At the AACI/CCAF annual meeting, keynote speaker Suleika Jaouad was asked to identify one thing that cancer centers could do to improve their patients' experience. Helpfully, moderator Susan Dentzer counted the following eight suggestions that Jaouad made during her talk.

- Connect more young people with primary care physicians to help enhance recognition of cancer symptoms.
- 2) Reduce the rate of cancer misdiagnosis, especially in young adults.
- 3) Involve patients in care design matters, like waiting room construction.
- 4) Engage more patient care coordinators who can pull together all the pieces that are necessary in cancer care.
- 5) Improve psychosocial care, especially around issues of fertility and menopause.
- 6) Provide more guidance on clinical trials, and perhaps introduce new terminology to allay patients' fears and avoid misunderstandings.
- 7) Raise awareness of financial toxicity, not just with respect to insurance, but around cancer's broader financial impact on families.
- 8) Better educate primary care physicians about survivorship.



Gathering Evidence, Demonstrating Value

Academic cancer centers have a major and unique role to play in enhancing cancer research, clinical care and education. This role will increase in value as our understanding of the complexity of cancer grows and is applied to care of patients. Academic cancer centers leverage synergies among these various missions, with the result being a positive impact on patient health and the economy at the local, regional and national levels. Accelerating progress in cancer medicine is dependent on the success of academic cancer centers and development of new models of collaboration between academic cancer centers and community oncology.

To ensure academic cancer centers are able to thrive well into the future, they need to do a better job of explaining their unique role to the broad range of constituents, including patients, payers, policy makers, university leadership, community oncology partners and the general public.

As part of the first phase of its Academic Difference Initiative, the Association of American Cancer Institutes is gathering and organizing evidence that demonstrates the value of academic cancer centers. Some of this evidence is based on analysis of the value of specific projects at individual academic cancer centers while other evidence points more to a national impact of academic cancer centers as a whole.

The second phase of the effort will involve disseminating the gathered information. Information collected through this initiative will be provided to individual cancer centers to enhance local support for their efforts. At the national level, this information will be used to advocate for support for academic cancer centers in general.

This initiative is not intended to be another level of peer review on the quality of the information that has been gathered by member cancer centers, nor is it designed to develop a new, comprehensive database or generate new data. Instead, it is focused on gathering, organizing and sharing information that is already available that speaks to the unique and vital role played by the academic cancer centers.

Excerpted from The Cancer Letter, "The Academic Difference", By George J. Weiner, Issue 45, December 11, 2015.

11 Informing Public Policy

A Timeline of AACI Public Issues Activities in 2015

JANUARY 9

Revisions Recommended for Health Benefit Plan Network Access and Adequacy Model Act

In language submitted to the National Association of Insurance Commissioners, AACI requested that at least one NCI-designated cancer center or AACI-member cancer center be included in provider networks.



FEBRUARY 11 : Capitol Hill Educational Briefing

With support from AACR and the House Cancer Caucus, AACI hosted a Congressional briefing on "Our Nation's Cancer Centers." The briefing was attended by Congressional staffers, interns, and cancer community members. Panelists included Drs. **George Weiner, Roy Jensen** and **Candace Johnson**, with patient advocate **Averl Anderson**.

PRIORITIZING FEDERAL FUNDING

DECEMBER 18

Congress Passed Landmark Increase for NIH/NCI

Congress approved the FY 2016 budget, which included the largest increase for NIH and NCI since 2003. Under the agreement, NIH received \$32.084 billion, an increase of approximately \$2 billion (6.6%); NCI received \$5.2 billion, an increase of approximately \$264.3 million (5.34%).

OCTOBER 26

Government Relations Forum Meeting

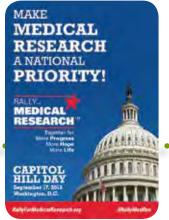
In conjunction with the AACI Annual Meeting, the AACI Government Relations Forum convened to discuss legislative issues including draft "Cures" legislation in the Senate, hospital payment issues, and NIH/NCI funding. Staff for Sen. Patty Murray (D-WA) addressed the group.



SEPTEMBER 17

Rally for Medical Research

AACI joined more than 300 organizations on Capitol Hill to rally for sustainable, predictable NIH funding.







FEBRUARY 12

Government Relations Forum Meeting

Government relations leaders representing 21 cancer centers convened in Washington, DC, to discuss policy issues including federal funding for cancer research, the 21st Century Cures initiative, and the Affordable Care Act. Staff for Sen. Elizabeth Warren (D-MA) and Rep. Fred Upton (R-MI) addressed the group.

Much of AACI's public policy work targets federal support for cancer research. In February 2015, AACI asked cancer centers to contact their members of Congress to back a "Dear Colleague" letter, circulated by Reps. David McKinley (R-WV), Susan Davis (D-CA), Andre Carson (D-IN), and Peter King (R-NY), requesting at least \$32 billion in NIH funding in FY 2016. In April, AACI submitted testimony recommending that Congress recognize NIH as a critical national priority by increasing funding for the agency. In November, AACI issued a "call to action" to support the NIH funding letter crafted by Reps. Suzan DelBene (D-WA), David McKinley (R-WV), and Chris Van Hollen (D-MD) and signed by 145 House members. In addition, Rep. Kevin Yoder (R-KS) wrote a letter supporting \$3 billion in new NIH spending; 110 Republican House members signed it.

JULY 22

AACI Opposed Payment Proposals Which Would Impact Cancer Centers

AACI submitted testimony to the House Ways and Means Subcommittee on Health, noting that cancer centers treat some of the sickest and costliest patients through multidisciplinary teams with expertise in specific cancer types. AACI strongly objected to site-neutral reimbursement proposals performed in a budget neutral manner at the expense of cancer centers and other hospital-based programs.

APRIL 22

21st Century Cures Act

AACI submitted comments on the House Energy and Commerce's 21st Century Cures discussion draft, noting that predictable and sustainable funding is required to speed innovation and "cures."

MAY 7 ····

Capitol Hill Day

AACI, AACR and ASCO hosted the 2015 Hill Day. Nearly 80 cancer researchers, center directors, government relations professionals and other cancer leaders had more than 200 meetings with legislators and their staff members. Sens. **Barbara Mikulski** (D-MD) and **Richard Burr** (R-NC) were recognized for outstanding service to the cancer community.



JUNE 24

21st Century Cures Act

Seventy-six AACI member cancer centers sent a letter in support of H.R. 6, the 21st Century Cures Act, to House Energy and Commerce Committee leadership.

JULY 9

21st Century Cures Act

AACI issued a "call to action" to cancer center government relations representatives, requesting that they ask their legislators to vote against an amendment, offered by Rep. Dave Brat (R-VA), and to vote in favor of H.R. 6, the 21st Century Cures Act. The amendment sought to make a proposed increase in NIH funding discretionary, rather than mandatory. The amendment failed and the 21st Century Cures Act overwhelmingly passed the House on July 10.

Public Service Awardees



Sen. Patty Murray (D-WA)



Rep. Kevin Yoder (R-KS)



Rep. Fred Upton (R-MI)



Rep. Diana DeGette (D-CO)

ACI honored four members of Congress at its annual meeting on October 26, in Washington, DC. Sen. Patty Murray (D-WA) and Rep. Kevin Yoder (R-KS) received 2015 AACI Public Service Awards. Rep. Yoder offered remarks at the awards luncheon and accepted the award from University of Kansas Cancer Center Director Roy A. Jensen, MD.

Sen. Murray and Rep. Yoder have championed federal funding for the National Institutes of Health (NIH) and National Cancer Institute. Sen. Murray serves as ranking member on the Senate Committee on Health, Education, Labor and Pensions (HELP) and has been a longtime supporter of the Fred Hutchinson Cancer Research Center in Seattle. Rep. Yoder serves on the House Committee on Appropriations and is an advocate for the University of Kansas Cancer Center. Also at the annual meeting, Reps. Fred Upton (R-MI) and Diana DeGette (D-CO) received the 2015 AACI Champion for Cures Award in recognition of their efforts on H.R. 6, also known as the 21st Century Cures Act, which prescribed mandatory funding in the amount of \$8.75 billion for the NIH and \$550 million for the FDA over the next five years. Seventy-six AACI cancer centers formally signaled their support for the legislation.

In July, under the leadership of Reps. Upton and DeGette, the House overwhelmingly passed H.R. 6, a bill supported by the cancer community and the biomedical research community at large. H.R. 6 creates innovation funds for the NIH and FDA that would not be available through regular budgetary procedures over the next several years.

AACI's Board of Directors, the Annual Meeting Program Committee and the AACI Government Relations Forum Steering Committee selected the four members of Congress for recognition.



Dr. Roy Jensen and Rep. Kevin Yoder.



Dr. Dan Theodorescu and Rep. Diana DeGette.

Capitol Hill Day

Advocates Stress Need for Stable, Predictable Increases for NIH/NCI

early 80 cancer center directors, physicians, researchers and advocates representing 25 states visited Capitol Hill on May 7 to urge legislators to provide stable, predictable support for the National Institutes of Health (NIH) and the National Cancer Institute (NCI) in Fiscal Year 2016. The event allowed advocates to participate in more than 200 meetings with members of Congress and their staff, including leadership and key committee staff.

Hill Day was co-hosted by AACI, the American Association for Cancer Research (AACR) and the American Society of Clinical Oncology (ASCO). AACI, AACR and ASCO advocates requested that Congress provide at least \$32 billion for the NIH and \$5.32 billion for the NCI in Fiscal Year 2016 in order to restore NIH's lost purchasing power.

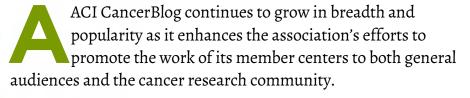
Participants stressed that investing in the NIH and NCI would not only play a vital role in addressing cancer incidence, but also in helping to curb the overall annual costs associated with cancer. The NIH estimates that the overall costs of cancer in 2013 were \$263.8 billion: \$124.6 billion for direct medical costs (the total of all health expenditures) and \$139.2 billion for indirect mortality costs (due to lost productivity due to premature death).

The evening before Hill Day, Senators Barbara Mikulski (D-MD) and Richard Burr (R-NC) were recognized for their outstanding leadership in support of cancer research, with key staff members accepting their respective awards. AACR Science Policy and Government Affairs Committee Chair Dr. Bill Dalton noted that though Sen. Mikulski is retiring, she has championed NIH funding throughout her tenure in Washington. Dr. Michael Kastan, AACI board member and executive director of Duke Cancer Institute, presented Sen. Burr's award to Anna Abram, health policy director and senior advisor. Ms. Abram noted that Sen. Burr is proud of the work of the cancer centers in his home state of North Carolina. Every AACI cancer center in North Carolina participated in Hill Day including Duke, the Comprehensive Cancer Center of Wake Forest University, and UNC Lineberger Comprehensive Cancer Center.



Clockwise from top: AACI Board President Dr. George Weiner opens Hill Day events. Pooja Mehta, Staffer for Sen. Barbara Mikulski talks with Rhonda Curry of the Fred Hutchinson Cancer Research Center. North Carolina Cancer Center Advocates and Sen. Thom Tillis (R-NC). Dr. Kathleen Goss, of The University of Chicago Medicine Comprehensive Cancer Center. Drs. Roy Herbst, Howard Hochster and David Stern of Yale Cancer Center.

****** Raising Awareness



Started in early 2014, the blog offers viewpoints on public policy and legislative activities that affect cancer research and care. It also covers topics of interest

> to its cancer center members in other areas of AACI activity.

Blog post headlines in 2015 include:

- Three New Members Join AACI CRI Steering Committee
- Recess Is a Time To Promote Research
- UV Safety Month Fuels Efforts to Ban Indoor Tanning
- AACI Cancer Centers Voice Support for H.R. 6, the 21st Century Cures Act
- House Appropriators Release Fiscal Year
 2016 Proposal

AACI's primary means of promoting the work of its member centers continues to be its online newsletter, *AACI Update*. The Update is circulated 10 times each year excluding January and August--and is also posted on the AACI website. AACI is also circulating news about the cancer centers through social media, with nearly 2,000 followers on its Twitter account, and it continues to highlight three member centers each month, on a rotating basis, on its website.

A dozen issues of the quarterly *AACI Commentary* have now been published since its launch in Spring 2013. It is circulated separately by email to the more than 1,600 readers of AACI's Update monthly newsletter, and is archived on AACI's website. Largely written by cancer center leaders, each edition focuses on a major issue of common interest to the cancer centers.

While the overall content is left to the author's discretion, the publication is designed to cover a specific topic in approximately 1,000 words.

2015 AACI Commentaries

Women Belong in Science: Striving for Gender Parity at Fred Hutch By D. Gary Gilliland, MD, PhD Winter 2015

Defining the Qualities of an Effective Mentor By Patrick J. Loehrer, MD Fall 2015

CMS' Oncology Care Model: Managing the Move to Value-Based Reimbursement By Randall F. Holcombe, MD, MBA Summer 2015

ORIEN Points the Way to Wider Data Sharing, New Cancer Therapies Spring 2015

AACI's news dissemination is aided by a press release distribution service for universities, research institutions, non-profit organizations, and other groups. It also tracks media response to clients' outreach.



****** Physician Clinical Leadership Initiative

ow in its third year, AACI's Physician Clinical Leadership Initiative (PCLI) provides a forum where AACI cancer center clinical services leaders can collect, evaluate, and share best practices that promote the efficient and effective operation of cancer center clinical and quality care programs.



More than 50 PCLI members convened during the AACI/CCAF annual meeting in Washington, DC on October 25. The meeting focused on cancer center approaches to value in cancer care and featured presentations by Dr. Randall Holcombe of the Mt. Sinai Health System Tisch Cancer Institute, Dr. Michael Neuss from Vanderbilt-Ingram Cancer Center and Dr. Craig Bunnell from Dana-Farber Cancer Institute. Harvard Medical School. In addition, Dr. Holcombe presented preliminary data from a survey on physician clinical leadership oversight responsibilities. The survey found that in most institutions, the chief medical officer has multiple roles and responsibilities, and a dual reporting structure was common.

PCLI held its first webinar, focused on oncology care models, in April. A summary of the webinar discussion was published in the Summer 2015 AACI Commentary. A second webinar, in November, featured Dr. Stanley Marks, Director of Clinical Services, University of Pittsburgh Cancer Institute, UPMC CancerCenter, and provided a presentation about "Clinical Expansion." Dr. Marks addressed relationships between academic cancer centers and practices outside of the parent institution, including challenges around standards of care, patient referrals from the main campus/hub to affiliate sites, drug pricing, multiple technology platforms and faculty benefits and appointments.

PCLI Congratulates Randall Holcombe as its New Steering Committee Chair



Dr. Randall Holcombe, Chief Medical Officer-Cancer at Mount Sinai Health System and Deputy Director for the Tisch Cancer Institute, was recently elected chair of the PCLI Steering Committee. Dr. Holcombe has served as a member of the steering committee for one year and was very active in developing the oversight responsibilities survey. Dr. Holcombe has been involved in AACI for several years. From 2012-2015 he served on the Clinical Research Initiative Steering Committee. In addition, Dr. Holcombe has presented at AACI/CCAF and CRI annual meetings.

Dr. Holcombe

PCLI Objectives

Establish and share best practices addressing the following cancer center interests:

- Quality oversight and standardized approaches to care
- Clinical operations and maximal utilization of resources and technology
- Financial management and clinical services reimbursement
- Impact of clinical research on clinical services and trial enrollment

Corporate Roundtable

he AACI Corporate Roundtable convened for its fourth annual meeting on October 25, in Washington, DC. The Roundtable provides a forum for discussing ways for industry to work with AACI member cancer centers to address topics of mutual interest. Corporate members have an opportunity to meet at least annually with the AACI Board of Directors.

Some Benefits of Corporate Roundtable Membership

- Invitation for up to two delegates to attend annual Industry Roundtable meeting with cancer center leaders.
- Enhanced communication and collaboration with key colleagues at cancer centers.
- Enhanced relationships with the centers through familiarity with cancer center priorities and goals.

AACI is grateful for the support and commitment of roundtable members Amgen, Bristol-Myers Squibb, Celgene, Genentech, Gilead, Lilly, Merck, and Takeda Oncology.



SACI Supporters

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

Participating in AACI programming and its expansion leads to greater opportunities for collaboration throughout the year. The AACI/CCAF annual meeting provides a venue for AACI to recognize this critical support and to demonstrate its value to the cancer center community. In 2015, Amgen, Astellas, AstraZeneca, Gilead, Huron Consulting Group, Lilly, Merck, Pfizer, and Tyler & Company provided educational grants for the meeting.

Exhibitors at this year's meeting included Clinical Conductor CTMS, Complion, CURE™, ECG Management Consultants, Forte Research Systems®, iLab Solutions, LLC, Intellisphere, Precision Imaging Metrics, and Stratocore. In addition, AACI received program and activity support from Amgen, Astellas, Bristol-Myers Squibb, Celgene, Forte Research Systems®, Genentech, Gilead, Lilly, Merck, Pfizer, Takeda Oncology, and Velos.

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

Clockwise from top (L-R): Dr. Edison Liu and Heather Shankman; Robert Bellucci; Alex Britnell and Dr. Prescott Deininger; Carrie Nemke and John Gricoski; Trinity Urban and Drs. Gordon Harris and Theodore Lawrence.



Sev AACI Members

AACI Welcomes its First Canadian Cancer Center

ACI's first Canadian member, **Princess Margaret Cancer Centre**, in Toronto, is a scientific research center and teaching hospital affiliated with the University of Toronto Faculty of Medicine as part of the University Health Network. It now stands as the largest cancer center in Canada and one of the five largest in the world.

Canadian cancer centers perform robust clinical research, participate in NCI's National Clinical Trials network, and possess a keen understanding of cancer diagnosis, treatment and care. The missions of these centers align closely with the mission of AACI and the Canadian centers encounter many of the same challenges that are faced by U.S. cancer centers.

In 2014 Princess Margaret Cancer Centre had 376 researchers, 528 trainees and 780 staff. The Campbell Family Cancer Research Institute, the newest addition to the PM Cancer Centre, will accelerate the pace of breakthrough cancer research, facilitating the translation of cancer discoveries into new lifesaving therapies and more personalized cancer treatments for each patient.

"AACI is excited to extend participation in its leadership network to Canadian cancer centers," said AACI Executive Director Barbara Duffy Stewart. "We welcome Princess Margaret Cancer Centre's engagement with AACI and we share its commitment to developing creative means of meeting the expanding demand for cancer research and high quality patient-centered care."



Princess Margaret Hospital, part of the University Health Network, merged oncology services with Toronto General and Toronto Western hospitals in 1998. Princess Margaret Hospital later was renamed Princess Margaret Cancer Centre.

University of Mississippi Joins AACI

AACI is pleased to welcome the **University of Mississippi Medical Center (UMMC) Cancer Institute**, in Jackson, MS. According to the UMMC Cancer Registry, UMMC Cancer Institute physicians saw 1,977 new cancer patients in 2013-14, and physicians and staff followed 5,967 cancer survivors. Cancer institute members, associates and affiliates received millions of dollars in research funding, resulting in an economic impact of more than \$16 million for its community. Cancer training was provided for almost 3,000 students and the institute helped launch the state's only melanoma clinic.

UMMC Cancer Institute's mission is to provide patient- and family-focused, multi-disciplinary, state of the art comprehensive cancer care and support services to maximize the outcomes and quality of life for patients and their families; educate oncology professionals to serve as a resource for cancer care throughout Mississippi; support basic, clinical and population cancer research that can be readily translated to the benefit of patients and the community at large; and become an NCI-designated Comprehensive Cancer Center to further its mission of lowering cancer deaths locally, regionally, nationally and internationally.



UMMC Cancer Institute is dedicated to providing world-class care involving research, clinical trials, drug development and outpatient treatment.

Sev AACI Leadership

DiPaola, Gruber, Johnson Tapped for AACI Board

ACI congratulates Robert S. DiPaola, MD, Stephen B. Gruber, MD, PhD, MPH, and Candace S. Johnson, PhD, on their election to the AACI Board of Directors. The directors' three-year terms started on October 25, during the AACI/CCAF annual meeting in Washington, DC.

Dr. Robert DiPaola is director of the Rutgers Cancer Institute of New Jersey, in New Brunswick, NJ. He has held multiple local and national positions including the founding director and program leader of the Prostate Cancer Center at the Cancer Institute of New Jersey (CINJ); national chairman of the Genitourinary Committee of the Eastern Oncology Cooperative Group; chief of Medical Oncology at Robert Wood Johnson Medical School; and was appointed as director of the CINJ in 2008.

Dr. Stephen Gruber was appointed as the fourth director of the USC Norris Comprehensive Cancer Center, University of Southern California, in Los Angeles, in 2011. He is Professor of Medicine and Professor of Preventive Medicine and holds the H. Leslie and Elaine S. Hoffman Cancer Research Chair at the University of Southern California. Prior to his appointment at USC Norris, Dr. Gruber was Associate Director of Cancer Prevention and Control at the University of Michigan Comprehensive Cancer Center.

As president and chief executive officer of Roswell Park Cancer Institute (RPCI) in Buffalo, NY, Dr. Candace Johnson oversees all cancer research, patient care, and vital National Cancer Institute core funding. Dr. Johnson also serves as the Wallace Family Chair in Translational Research and Professor of Oncology. Prior to her appointment as RPCI president and CEO, Dr. Johnson was deputy director of the Institute and also chair of the Department of Pharmacology and Therapeutics for more than a decade.

AACI Mission Statement

The Association of American Cancer Institutes is dedicated to reducing the burden of cancer by enhancing the impact of leading academic cancer centers.



Dr. Robert DiPaola Director, Rutgers Cancer Institute of New Jersey



Dr. Stephen Gruber Director, USC Norris Comprehensive Cancer Center University of Southern California



Dr. Candace Johnson President and Chief Executive Officer, Roswell Park Cancer Institute

SACI Committees

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

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Thomas A. Sellers, PhD Moffitt Cancer Center

Annual Meeting Program Chair: Patrick J. Loehrer, Sr., MD Indiana University Melvin and Bren Simon Cancer Center

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Comprehensive Cancer Center

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

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Beverly S. Mitchell, MD Stanford Cancer Institute

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Laura Hutchins, MD UAMS Winthrop P. Rockefeller Cancer Institute

Richard Lauer, MD University of New Mexico Comprehensive Cancer Center

Nathan Levitan, MD Case Comprehensive Cancer Center, Case Western Reserve University Seidman Cancer Center at University Hospitals Case Medical Center

Mohammed Milhem, MD Holden Comprehensive Cancer Center University of Iowa

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SACI Members

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UC San Diego Moores Cancer Center La Jolla, California

UCSF Helen Diller Family Comprehensive Cancer Center University of California, San Francisco San Francisco, California

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

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

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

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UF Health Cancer Center *Gainesville, Florida*

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

Georgia GRU Cancer Center Augusta, Georgia

Winship Cancer Institute of Emory University Atlanta, Georgia

Hawaii University of Hawaii Cancer Center University of Hawaii at Manoa Honolulu, Hawaii

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

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

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 Center for Cancer Research West Lafayette, Indiana

lowa Holden Comprehensive Cancer Center University of Iowa Iowa City, Iowa Kansas University of Kansas Cancer Center Kansas City, Kansas

Kentucky KentuckyOne Health James Graham Brown Cancer Center Louisville, Kentucky

UK Markey Cancer Center *Lexington, Kentucky*

Louisiana Feist-Weiller Cancer Center LSU Health Sciences Center in Shreveport Shreveport, Louisiana

Louisiana Cancer Research Consortium of New Orleans

Stanley S. Scott Cancer Center New Orleans, Louisiana

Tulane Cancer Center New Orleans, Louisiana

Maine The Jackson Laboratory Cancer Center Bar Harbor, Maine

Maryland Murtha Cancer Center at Walter Reed Bethesda, Maryland

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

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

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

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

University of Michigan Comprehensive Cancer Center Ann Arbor, Michigan

Minnesota Masonic Cancer Center, University of Minnesota Minneapolis, Minnesota

Mayo Clinic Cancer Center Rochester, Minnesota Mississippi University of Mississippi Medical Center Cancer Institute Jackson, Mississippi

Missouri Siteman Cancer Center St. Louis, Missouri

Nebraska Fred and Pamela Buffett Cancer Center Omaha, Nebraska

New Hampshire Dartmouth-Hitchcock Norris Cotton Cancer Center Lebanon, New Hampshire

New Jersey Rutgers Cancer Institute of New Jersey *New Brunswick, New Jersey*

New Mexico University of New Mexico Comprehensive Cancer Center Albuquerque, New Mexico

New York Albert Einsten Cancer Center Montefiore Medical Center Bronx, New York

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

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

Memorial Sloan Kettering Cancer Center New York, New York

Mount Sinai Health System Tisch Cancer Institute New York, New York

Roswell Park Cancer Institute Buffalo, New York

Stony Brook University Cancer Center State University of New York Stony Brook, New York

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

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

Ohio

Case Comprehensive Cancer Center, Case Western Reserve University, Seidman Cancer Center at University Hospitals, Case Medical Center Cleveland, Ohio

Cleveland Clinic Taussig Cancer Institute The Cleveland Clinic Foundation *Cleveland, Ohio*

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

University of Cincinnati Cancer Institute *Cincinnati, Ohio*

Oklahoma Peggy and Charles Stephenson Cancer Center University of Oklahoma Health Sciences Center Oklahoma City, Oklahoma

Oregon Knight Cancer Institute Oregon Health and Sciences University Portland, Oregon

Pennsylvania Abramson Cancer Center of the University of Pennsylvania Philadelphia, Pennsylvania

Fox Chase Cancer Center Temple Health Philadelphia, Pennsylvania

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The Wistar Institute *Philadelphia, Pennsylvania*

University of Pittsburgh Cancer Institute UPMC CancerCenter *Pittsburgh, Pennsylvania*

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Vanderbilt-Ingram Cancer Center Nashville, Tennessee

Texas

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