A Message from AACI

Sequestration: Your Voices

Taking The Message To Washington

Congressional Testimony and States’ Investment Survey

Enhancing Recognition

AACI/CCAF Annual Meeting

2013 Awardees

AACI Supporters

Clinical Research Initiative

Molecular Diagnostics Initiative

Physician Clinical Leadership Initiative

New Leadership and AACI Fellowship

Corporate Roundtable

2013 Committees

2013 AACI Membership

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Comprehensive Cancer Center

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The University of Kansas Cancer Center

Scott M. Lippman, MD
UC San Diego Moores Cancer Center

Dan Theodorescu, MD, PhD
University of Colorado Cancer Center

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Message from the President

While recent years have seen dramatic patient care and research successes resulting from a deeper understanding of the molecular basis of cancer, the exciting potential of that knowledge comes packed with an array of practical considerations for cancer centers.

In the first year of my AACI presidency, I’ve directed my energies toward helping cancer centers identify and address the many obstacles to implementation of comprehensive molecular diagnostics. Foremost in that effort is a new AACI program called the Molecular Diagnostics Initiative (MDI).

Starting with a steering committee meeting at the end of July in Pittsburgh, and with valuable assistance from a stellar cast of cancer research colleagues (many of whom are listed on page 14), MDI has evolved into a collection of four working groups targeting costs and benefits, test panels, data collection, and clinical trials. The test panel working group met twice in 2013, laying the groundwork for developing a core panel of genes and mutations that could help guide clinicians and patients in evaluating available treatment approaches, as well as inform payment decisions for the Centers for Medicare and Medicaid Services and private insurers.

Along with MDI, the inaugural issue of AACI’s new editorial publication, AACI Commentary, highlighted “precision oncology”. In addition, two panel discussions at the AACI/CCAF annual meeting in September focused on the implementation of molecular diagnostics. One session addressed practical aspects of whole genome sequencing, including its uses for research as well as treatment, and the other session examined the social, ethical, and legal ramifications of molecular diagnostics.

I extend my sincere thanks to all of my colleagues who are serving on the MDI steering committee and working groups, and to AACI leadership and staff for their assistance. Given the number of challenges that must be addressed to advance molecular pathology, this is an opportune time to empower cancer centers by sharing best practices for molecular diagnostics of cancer.

Message from the Executive Director

As the cover of this year’s AACI Report illustrates, our cancer center members play an integral part in the association’s efforts to ensure long-term government funding for cancer research. Foremost in our public issues advocacy in 2013 was the ongoing shortfall in federal support for the National Institutes of Health (NIH), especially, the dwindling flow of dollars caused by sequestration.

With respect to NIH funding, we recognize the difficult fiscal choices legislators face, but we will continue to emphasize that sustained federal funding to NIH is imperative to ensuring that momentum in scientific discovery continues. I encourage AACI members to participate in our 2014 Hill Day in May, when they will have the opportunity to meet with members of Congress about the important work being done at AACI cancer centers.

In other AACI activities, we continued our dynamic growth in 2013, launching two new programs—the Molecular Diagnostics Initiative and the Physician Clinical Leadership Initiative—and a new quarterly communications tool called AACI Commentary. They are described in this report, along with details about ongoing AACI member services including the Clinical Research Initiative, the Government Relations Forum, and the AACI Corporate Roundtable.

AACI was proud to present a keynote speech at its 2013 annual meeting by U.S. Secretary of Health and Human Services Kathleen Sebelius, and we extend a special “thank you” to Dr. Roy Jensen, chair of the Annual Meeting Program Committee, for securing her appearance at the event. AACI also offers its sincere thanks to all of its members, especially those serving on the association’s boards and committees, and to Dr. Michelle Le Beau for her energetic and committed leadership as she enters her second year as AACI’s president.
SEQUESTRATION: YOUR VOICES
OP-EDS, INTERVIEWS AND ADVOCACY

Throughout 2013, AACI cancer center leaders revealed in great detail the difficulties that sequestration and NIH cutbacks inflicted on their centers, highlighting the damaging impact on scientific progress. Beyond outreach to local and national news outlets, educating legislators in Washington, D.C. about the devastating effects of long-term budget cuts on the future of biomedical research remains a paramount concern and activity for AACI. We applaud our colleagues’ efforts over the past year and we encourage all AACI members to continue to promote cancer research to both the public and policymakers in the coming year.

The Ohio State University Comprehensive Cancer Center-James Cancer Hospital and Solove Research Institute
“How the Sequester Hurts Cancer Patients”

UC Davis Comprehensive Cancer Center
“Viewpoints: NIH Cutbacks Bite Into Research for Cancer Cures and Treatment”

UC San Diego Moores Cancer Center
“Sequester Cuts Put More Cancer Patients at Risk of Dying, Researchers Say”

University of Kansas Cancer Center
“National Budget Battle Threatens Medical Research”
Case Western Reserve University, Case Comprehensive Cancer Center
“Government Shutdown Over, But Sequestration’s Toll Now Taking Effect”

Roswell Park Cancer Institute
“Sequester Expected to Cost Roswell Park $6 Million in Research Funds”

University of Pittsburgh Cancer Institute
UPMC Cancer Centers
“Federal Spending Cuts Could Hurt America’s Cancer Research Effort”

Association of American Cancer Institutes
“Cancer Research Must Be Shielded from Political Budget Wrangling”

The Birmingham News
UAB Comprehensive Cancer Center
“UAB Cancer Center Director Rallies Against Sequestration Cuts in Washington”

Moffitt Cancer Center
“USF, Moffitt Researchers say Sequestration Hurts Work”

Pittsburgh Post-Gazette

The Buffalo News

THE TAMPAbU TribunE-REVIEW

THE TAMPA Tribune
The first annual Rally for Medical Research took place in Washington, D.C., in April of 2013 and AACI participated along with 55 cancer centers. Over 250 public health advocacy groups joined in the efforts, urging lawmakers to stop funding cuts to biomedical research. The Rally was spearheaded by the American Association for Cancer Research (AACR), asking supporters from all areas of research across the country to unite and argue against funding cuts which threaten progress in research as well as countless lives.

Thousands of participants joined the rally which began as a response to the proposed sequestration cut of 5.1 percent to the NIH, but quickly developed into a united effort against any further cuts to NIH. Rally attendees acknowledged that with 14 million cancer survivors, breakthrough therapies, and advances in research, we have come too far to allow the shutdown of promising research projects and new treatment discoveries.

The annual event included more than 140 meetings with members of Congress or their staff, was co-hosted by AACI, the American Association for Cancer Research and Hill Day 2013 was co-hosted by AACI.

Representatives Chris Van Hollen (D-MD), Rosa DeLauro (D-CT), and former Congressman John Porter participated in the event.

President Barack Obama supported the rally too in a letter stating, “To meet the challenges of the 21st century we must commit to a serious sustained effort to advance medical research.”

In May of 2013, 75 cancer physicians, researchers, patients and advocates visited Capitol Hill to urge legislators to provide adequate financial support for the National Institutes of Health (NIH) and the National Cancer Institute (NCI). Still grappling with the budget sequester, participants reminded their legislators that unless Congress acts to replace the automatic spending cuts, the NIH and NCI budgets will face significant challenges for the next nine years, challenging scientists in their quest for new discoveries and threatening the nation’s competitive edge in research and development.

“Before I came to Congress I survived cancer. Biomedical research saved my life, as it has saved the lives of countless others. We need to invest more in medical research and our public health infrastructure, not less.”

Association for Cancer Research, the American Society of Clinical Oncology, and Friends of Cancer Research.

Rep. DeLauro, Ranking Member of the House Appropriations Labor HHS Subcommittee, and Sen. Richard Shelby (R-AL), Ranking Member on the Senate Committee on Appropriations, were recognized for their outstanding commitment to cancer research and their leadership in securing funding for biomedical science.

“Before I came to Congress, I survived ovarian cancer,” Rep. DeLauro said. “Biomedical research saved my life, as it has saved the lives of countless others. We need to invest more in medical research and our public health infrastructure, not less.”

Congressional leaders maintained that the message to reverse sequestration must continue in local Congressional districts as well as on Capitol Hill.

Page 4 (L-R): Dr. George J. Weiner (left) greets U.S. House Minority Leader Nancy Pelosi and her aide, Wendell Primus; Rally for Medical Research Hill Day participants gather on the Capitol steps.


“The economic benefits of NIH funding include a return-on-investment of research grants to local economies and cost savings from decreased disease burdens. But beyond that, for the millions of sick people awaiting treatments and cures, the investment in NIH’s mission is priceless. If an investment in hope is not worth supporting, I don’t know what is.”

Dr. Walter J. Curran of Emory Winship Cancer Institute testified on behalf of AACI before the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies on March 13. The subcommittee is chaired by Jack Kingston (R-GA). AACI was one of 24 organizations selected out of 150 requests to present a witness to the subcommittee.

Dr. Curran reminded the subcommittee of the importance of NIH and NCI to cancer centers, stating that recent and future budget cuts will have a serious impact on progress against cancer at Winship and other cancer centers across the country. Dr. Curran noted that Winship has an outstanding research team making real progress understanding how to target newly discovered mutations causing lung cancer, the type of cancer causing the most deaths in our country. He indicated that researchers are observing an increase in the number of lung cancer patients who have little or no tobacco use history, and are just beginning to understand the genetic and genomic risk factors of such individuals for developing lung cancer.

Dr. Curran emphasized that any cut in funding would delay finding new and effective therapies for thousands of patients by years.

The importance of state support for cancer research and care continues to grow, particularly as AACI members struggle under the budgetary burdens wrought by sequestration and longer-term federal funding stagnation. AACI’s Government Relations Forum Steering Committee initiated its second States’ Investment in Cancer Research survey, expanding on a similar survey from 2008.

More than half of AACI’s 95 member centers completed the survey, including 37 NCI-designated centers. Seventeen of the responding centers reported that more than $1 million dollars of their budget comes from the state, with the funding recurring annually. Nearly all of those centers said that the majority of their state funding is spent on operations, while research and recruitment followed close behind. Fifteen respondents reported that their center does not receive annual state funding.

The survey showed that a number of states offer a state income tax check-off for individuals to contribute a portion of their tax refund to support cancer center programs. For example, the Wisconsin Department of Revenue collects funds through the tax check-off which specifically benefits the Medical College of Wisconsin and the University of Wisconsin.

Regarding tobacco settlement funds, while 35 centers noted that their state receives funds from an excise tax on tobacco products, only 13 of those respondents in 10 states said that their cancer center receives a portion of the revenue from the excise tax. The median and mean funding level for tobacco settlement dollars has fallen since 2008 (see table below). Restaurant/bar smoking bans, tobacco prevention and cessation programs, education in schools, and Smokers Quitlines, were among the tobacco control efforts funded by state dollars.

### Tobacco Master Settlement Dollars

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2013</th>
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<tbody>
<tr>
<td>Number of States Represented (by Survey Responses)</td>
<td>34</td>
<td>24</td>
</tr>
<tr>
<td>States with Cancer Centers Receiving Funds from State Tobacco Master Settlement</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Median Funding (to Center)</td>
<td>$3 Million</td>
<td>$1.5 Million</td>
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<tr>
<td>Mean Funding (to Center)</td>
<td>$3.3 Million</td>
<td>$2.3 Million</td>
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Source: 2013 AACI States’ Investment in Cancer Research survey

The 2013 AACI States’ Investment in Cancer Research survey provided cancer centers with a snapshot of state funding sources in other states.
As part of the association’s ongoing efforts to promote the work of its member centers to both general audiences and the cancer research community, AACI launched AACI Commentary, a quarterly editorial series, in 2013. Written by cancer center leaders, each issue focuses on topics of common interest to the nation’s cancer centers.

Four issues of the Commentary have been published to date:

• “Precision Oncology Implementation at the Nation’s Cancer Centers”, by Michelle M. Le Beau, PhD, director of the University of Chicago Comprehensive Cancer Center and AACI president

• “The Right Drug for the Right Patient: Optimizing Clinical Trials Management”, by Tony R. Reid, MD, PhD, director of the early phase clinical research program at UC San Diego Moores Cancer Center

• “Making the Most of Media Coverage: The Case Comprehensive Cancer Center Experience”, by Case Comprehensive Cancer Center Director Stanton L. Gerson, MD

• “More is Not Always Better”, by George J. Weiner, MD, director of the Holden Comprehensive Cancer Center at the University of Iowa and AACI vice-president/president-elect.

While the overall content of each issue is left to the author’s discretion, the publication is designed to cover a specific topic in approximately 700-1,000 words. AACI Commentary is circulated separately by email to the more than 1,200 readers of AACI’s popular Update monthly newsletter. It is also archived on AACI’s website.

In other communications activities, AACI submitted an op-ed to the Washington Post in February on the impact of federal budget cuts on cancer centers, co-authored by Drs. Le Beau and Weiner. In addition, Dr. Le Beau was featured in HemOnc Today in January in a point/counterpoint article entitled, “Collaboration in Academia Designed to Increase Return on Research Investments”.

AACI’s annual meeting received extensive coverage in Oncology Times and The Cancer Letter, while the meeting’s keynote address, delivered by U.S. Health and Human Services Secretary Kathleen Sebelius the day before the federal government shutdown and the opening of the Affordable Care Act’s health insurance exchanges, attracted a number of national news organizations including The Wall Street Journal, Reuters, CBS, Fox and NBC.

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 to more than 1,200 recipients via email and is also posted on the AACI website. Update stories highlight research, grants, awards and other news from our centers.
The 2013 AACI/CCAF Annual Meeting featured a presentation about health care reform and the future of cancer care in America by Ezekiel J. Emanuel, MD, PhD, Vice Provost for Global Initiatives and chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania, and a former health policy adviser in the Obama and Clinton administrations.

The three-day meeting, held September 29 – October 1, in Washington, DC, convened AACI cancer center directors and executive-level administrators with leaders of national cancer research and advocacy groups, industry, and government health agencies to develop solutions to common challenges and to share best practices.

In welcoming attendees, AACI President Michelle M. Le Beau, PhD, presented an overview of AACI’s new Molecular Diagnostics Initiative (MDI), which she is leading as the focus of her presidential initiative. MDI aims to address the challenges impeding the implementation of comprehensive molecular diagnostics within cancer centers. It consists of four working groups: Cost-Benefit; Test Panel; Data Collection; and Clinical Trials.

AACI Executive Director Barbara Duffy Stewart, MPH, announced the launch of both AACI’s Physician Clinical Leadership Initiative, a forum for physician leaders who have full- or part-time responsibilities involving cancer center clinical operations, and AACI Commentary, a quarterly editorial series written by cancer center leaders.

The annual meeting program committee, chaired by Roy A. Jensen, MD, Director of the University of Kansas Cancer Center, assembled an outstanding array of speakers and compelling topics, featuring panel discussions on precision oncology, the costs of cancer care, drug development, clinical research management, and federal and state support for cancer research.

Cancer Care Costs
Dr. Ellen V. Sigal, Chairperson and Founder of Friends of Cancer Research, moderated a discussion on the costs of cancer care with panelists Dr. Peter Bach, director of the Center for Health Care Policy and Practice at the Sloan-Kettering Cancer Institute, and Dr. Fredrik Hall, Director of the Center for Health and the Global Economy at the World Economic Forum.
for Health Policy and Outcomes at Memorial Sloan-Kettering Cancer Center, Dr. Scott Ramsey, full member and director, Hutchinson Institute for Cancer Outcomes Research, Public Health Sciences, Fred Hutchinson Cancer Research Center, and Dr. Louis Jacques, director of the Coverage & Analysis Group at the U.S. Centers for Medicare & Medicaid Services.

Another panel discussion, focusing on opportunities to assist drug development and discovery, was moderated by Dr. Christopher P. Austin, director of NIH's National Center for Advancing Translational Sciences. Panelists were Dr. Mark Velleca, of the Leukemia and Lymphoma Society, Dr. Scott Weir of the University of Kansas, and Dr. William N. Hait, from Janssen Research & Development, LLC.
During the annual meeting, AACI presented the 2013 AACI Distinguished Scientist Award to Brian J. Druker, MD, director of the Oregon Health and Science University Knight Cancer Institute, while U.S. Representatives Lois Capps (D-CA) and Peter T. King (R-NY) received the 2013 AACI Distinguished Public Service Award.

It was the opportunity of a lifetime for Barry Schatz—a lifetime extended by the groundbreaking research of Dr. Brian Druker, AACI’s 2013 Distinguished Scientist.

Dr. Druker received the award at the AACI/CCAF annual meeting, nearly 13 years to the day after Barry Schatz, who suffered from chronic myelogenous leukemia (CML), became a patient in a clinical trial for imatinib, the leukemia treatment developed by Dr. Druker. It marked the first time the two had met.

“I knew he was getting the award, and in the back of my mind I thought it would be a nice opportunity to grab him and recognize him in a private way,” said Schatz, who is associate director of administration at Cardinal Bernardin Cancer Center of Loyola University Chicago, and a long-time annual meeting attendee.

As Dr. Druker delivered his lecture, Schatz decided to take the microphone and publicly acknowledge the personal aspect of Dr. Druker’s work before his peers. “It’s not just a bunch of molecules in a lab,” Schatz said. “It’s about the quality of life—my life, my wife’s life, my children’s lives—that these pills have impacted.”

Schatz was among the 20 percent of patients for whom imatinib, marketed as Gleevec, stops working, thus necessitating a bone marrow transplant, which was performed at Loyola. Schatz noted that CML used to be the primary application for bone marrow transplantation, but it no longer is, due to Gleevec.

In their brief one-on-one meeting, according to Schatz, Dr. Druker said he was sorry that he had to go through the transplantation, but Schatz reassured him. “I’m not sorry,” I told him. You made me healthy enough to make it through to success. You left me in good condition to withstand it … and now, I’m cured.”
AACI works to reduce the burden of cancer by enhancing the effectiveness and impact of the nation’s leading academic cancer centers. A key element of AACI’s mission is to assist the centers in keeping pace with the changing landscape in science, technology and health care. AACI does this, in part, by gathering and sharing best practices among cancer centers and providing a forum for our members to address common challenges and explore new opportunities.

Key to carrying out this mission is support from a number of external sponsors. 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 as a whole. In 2013, Amgen, Astellas, Genentech, Genomic Health, Gilead, Huron, and Pfizer provided educational grants.

Exhibitors at this year’s meeting included Idea Elan, iLab Solutions, LLC, Intellisphere, and Virtify. In addition, program and activity support was received from Amgen, Astellas, Bristol-Myers Squibb, Celgene, Essex Management, Forte, Gilead, United States Diagnostics Standards (USDS), Velos, and Virtify. AACI is grateful to these companies for supporting the association’s mission.

Clockwise from upper left (L-R): Heather Shankman, Dr. Steve Grossman; Drs. Edmund Lattime and George Weiner and Dave McFadden; Tom Witmer, Kevin Staveley-O’Carroll; Judy Chatigny, Masilamani Elangovan; Dr. Tony Reid, John Jarrett, Kirsten Goldberg.
Now in its fifth year, AACI’s Clinical Research Initiative (CRI) continues to broaden its scope of service to the cancer clinical research community. CRI increased participation in its Listserv in 2013 to include over 450 subscribers representing 80 AACI cancer centers.

CRI was formed, in part, to leverage the influence of the AACI cancer center network to advocate for improvement in the national clinical trials enterprise. Key to the initiative’s success is the development of new tools and methods for sharing information across the AACI network and dissemination of best practices that lead to increased access to new cancer therapies.

2013 CRI Annual Meeting
AACI CRI convened its fifth annual membership meeting in July in Chicago. The meeting’s popularity continues to grow with 170 attendees this year, 74 percent higher than the inaugural meeting in 2009. The meeting hosted clinical research leaders from 60 cancer centers who discussed a variety of issues related to the conduct of cancer clinical trials at the nation’s cancer centers.

The goal of the AACI CRI annual meeting is to improve clinical trials management at cancer centers. This year’s meeting program was expanded to increase attendance of the cancer centers’ clinical trials medical directors and associate directors for clinical research who are responsible for providing leadership of the centers’ clinical research efforts.

CRI Working Group Highlights
Over the past year, several CRI working groups created member surveys to assist working group leaders in prioritizing topics for discussion and development of needed tools.

The Quality Assurance (QA) working group leaders developed a Data Management survey to determine the root causes of either late or inaccurate data collection when using paper or electronic case report forms.
Annual Meeting Abstracts

AACI received 26 abstract submissions for the fifth annual CRI meeting, a 70% increase over the prior year. The CRI Steering Committee selected three of the best abstracts for presentation and up to two authors of the winning abstracts received a complimentary meeting registration. All of the concepts submitted demonstrated creative and thoughtful methods for addressing clinical trial process issues. The abstracts focused on oncology research that illuminates clinical research management challenges and solutions. The winning abstracts were presented by the authors listed below.

**FIRST PLACE:** **ROSWELL PARK CANCER INSTITUTE**

“Quality Improvement Initiative to Enhance Regulatory Compliance and Reduce Submission Errors Utilizing an Optimal Outcome Procedure System (OOPS)”
— Julie Haney, RN, MSL, CCRC and Virginia Doran, MLT, BS, MBA, CCRP

**SECOND PLACE:** **UC SAN DIEGO MOORES CANCER CENTER**

“Accounts Receivable Management of Commercially Sponsored Clinical Trials”
— Joanne Brechlin, MBA, MPH and Meaghan Stirn, MBA

**THIRD PLACE:** **STANFORD CANCER INSTITUTE**

“Using the FDA Electronic Submission Gateway for IND Applications at an Academic Cancer Center”
— Boris Breznen, PhD and Lee Doherty, EdM

Based on the survey results, the QA working group is developing a tool kit for the cancer centers to address data management deficiencies by discussing what policies cancer centers have in place that contribute to increasing compliance with clinical research data collection and reporting requirements. For example, The Cancer Therapy and Research Center at the University of Texas Health Science Center at San Antonio has formed a committee to review new protocols to ensure that a trial’s case report forms are in sync with a protocol’s schedule of events. Since this practice was implemented their noncompliance rate has been reduced to 0%.

CRI’s Trial Metrics working group is identifying processes for assessing, assigning and managing cancer center staff workloads. The working group discussed three types of models to be used to predict and manage work load. Working group members Erin Williams of Simmons Comprehensive Cancer Center, Karen Braddy of the University of Colorado Cancer Center, and Theresa Royce and Mathew Innes of the University of Michigan, presented their work at the 2013 CRI Annual Meeting.
Clinical oncology is transitioning from treatment based on a tumor’s anatomic site to treatment guided by a tumor’s molecular characteristics. To provide guidance to cancer centers in identifying and addressing the many challenges impeding implementation of comprehensive molecular diagnostics, AACI has launched the Molecular Diagnostics Initiative (MDI) as the focus of Dr. Michelle M. Le Beau’s AACI presidential initiative.

MDI’s first meeting, in summer 2013, defined the scope of the initiative, identified possible outcomes and formulated four working groups: Test Panel; Cost-Benefit; Data Collection; and Clinical Trials.

STEERING COMMITTEE

Michelle M. Le Beau, PhD – Chair
University of Chicago
Comprehensive Cancer Center

Robert D. Daber, PhD
Hospital of the University of Pennsylvania
Center for Personalized Diagnostics

Kojo Elenitoba-Johnson, MD
University of Michigan Medical School

Stanton Gerson, MD, PhD
Case Comprehensive Cancer Center, Case Western Reserve University
Seidman Cancer Center at University Hospitals Case Medical Center

A. John Iafrate, MD, PhD
Massachusetts General Hospital
Harvard Medical School

Razelle Kurzrock, MD
UC San Diego Moores Cancer Center

Mark Lingen, DDS, PhD
University of Chicago
Comprehensive Cancer Center

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

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

WORKING GROUPS

Test Panel

CHARGE: Develop a government-approved, standardized test panel of genes and mutations.

Chair: Michelle M. Le Beau, PhD
University of Chicago
Comprehensive Cancer Center

Cost-Benefit

CHARGE: Engage economists to help understand and describe the value of molecular diagnostics by examining its costs, benefits and outcomes.

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

Data Collection

CHARGE: Create a methodology for collecting molecular diagnostics data from cancer centers that would be useful to government and private payers.

Chair: A. John Iafrate, MD, PhD
Massachusetts General Hospital
Harvard Medical School

Clinical Trials

CHARGE: Develop a set of guidelines for optimizing and facilitating clinical trials based on molecular diagnostics.

Chair: Razelle Kurzrock, MD
UC San Diego Moores Cancer Center
Responding to rapid changes in healthcare delivery and the expectation to “do more with less” at clinical practices at AACI cancer centers, AACI created the Physician Clinical Leadership Initiative (PCLI) as a forum for physician leaders responsible for overseeing the clinical operations at the cancer centers.

As it develops, PCLI will become a resource for creating “best practices” to assist physician leaders at the nation’s cancer centers in addressing challenges like clinical services reimbursement, quality care and patient satisfaction, integrating electronic medical records with other cancer center information technology, assimilating clinical research and clinical programs to increase trial accrual and developing performance metrics.

PCLI is organized into four working groups: Business and Staffing Norms; Integration of Research and Clinical Operations; Quality and Development of Metrics; and Affiliations and Outreach.

**STEERING COMMITTEE**

- **Richard Lauer, MD** - Chair
  University of New Mexico Cancer Center

- **Edward Benz, Jr., MD**
  Dana-Farber Cancer Institute
  Harvard Medical School

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

- **Kevin Cullen, MD**
  University of Maryland
  Marlene and Stewart Greenebaum Cancer Center

- **Michelle M. Le Beau, PhD**
  University of Chicago Comprehensive Cancer Center

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

- **Mike Neuss, MD**
  Vanderbilt-Ingram Cancer Center

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

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

- **Cheryl Willman, MD**
  University of New Mexico Cancer Center

**WORKING GROUPS**

**Business and Staffing Norms**

**CHARGE:** Create best practices and standards for developing business models and staffing norms.

**Chair:** Richard Lauer, MD, FACP

University of New Mexico Cancer Center

**Integration of Research and Clinical Operations**

**CHARGE:** Integrate clinical trials programs within clinical operations at the cancer centers to facilitate robust clinical trial execution and efficient, cost-effective clinical operations.

**Chair:** Craig Bunnell, MD, MPH, MBA

Dana-Farber Cancer Institute
Harvard Medical School

**Quality and Development of Metrics**

**CHARGE:** Develop a set of measures for assessing quality and value, as well as identifying best practices.

**Chair:** Michael Neuss, MD

Vanderbilt-Ingram Cancer Center

**Affiliations and Outreach**

**CHARGE:** Develop a set of best practices for physician recruitment and oversight as well as metrics to measure quality for different affiliate models.

**Chair:** John Sweetenham, MD

Huntsman Cancer Institute
University of Utah
NEW AACI LEADERSHIP

AACI congratulates Roy A. Jensen, MD, Scott M. Lippman, MD, and Dan Theodorescu, MD, PhD, on their election to the AACI Board of Directors in 2013. The directors’ three-year terms started on September 29 during the 2013 AACI/CCAF Annual Meeting.

Dr. Jensen has led the University of Kansas Cancer Center since 2004 and is the William R. Jewell Distinguished Kansas Masonic Professor. The center achieved National Cancer Institute (NCI) designation in 2012. Before moving to Kansas, Dr. Jensen was part of the leadership team that helped the Vanderbilt-Ingram Cancer Center gain NCI designation.

Dr. Lippman joined the UC San Diego Moores Cancer Center, an NCI-designated comprehensive cancer center, as director in 2012. He is a professor of medicine and holds the Chugai Pharmaceutical Chair in Cancer at UCSD. Previously, he was chair of the departments of Clinical Cancer Prevention and Thoracic/Head and Neck Medical Oncology at MD Anderson Cancer Center.

Dr. Theodorescu is the Paul Bunn Professor and director of the NCI-designated Consortium Comprehensive Cancer Center at the University of Colorado. He is also professor of surgery and pharmacology and attending urologic oncologist with a focused clinical practice in bladder cancer and minimally invasive robotic surgery.

AACI FELLOWSHIP

The AACI Translational Cancer Research Fellowship provides support to individuals who are engaged in any area of clinical and/or translational cancer research in order to further the development of their careers and enhance their future success in an academic discipline.

The fellowship is designed to help ensure that qualified applicants receive research training and experience under the guidance of highly trained, well-respected investigators who have demonstrated success in their field of research. The goal is to assist the trainee in becoming a high-caliber, productive, independent researcher with an enduring focus on the importance of translational research relevant to cancer. These one-year $50,000 grants are reserved exclusively for investigators at AACI cancer centers. Two awards, funded by Amgen and Astellas were made in 2013. The recipients are Piro Lito, MD, PhD at Memorial Sloan-Kettering Cancer Center and Olya Grove, PhD at Moffitt Cancer Center. Dr. Lito’s research asks, “Does Spry expression confer sensitivity to RAF inhibitors in BRAF V600E tumors?” and Dr. Grove’s research looks at “Imaging Hypoxia in Lung Cancer”. Awardees will present their findings in a poster session at the 2014 AACI/CCAF Annual Meeting in Chicago.

Pictured Top: Dr. Piro Lito  
Bottom: Dr. Olya Grove
The AACI corporate roundtable hosted its second annual meeting on September 29, 2013 in Washington, DC. The corporate roundtable provides a forum for AACI cancer centers to address topics of mutual interest with industry colleagues. The resulting interaction has the potential to advance the progress of research and speed the discovery of promising new therapies. Gathering prior to the opening session of the AACI/CCAF annual meeting allows members to explore areas for potential collaboration with ongoing networking opportunities throughout the course of the annual meeting.

Specifically, the AACI Corporate Roundtable is designed to:

- Facilitate open discussion around important issues between industry representatives and the principal leaders of the nation’s foremost cancer research centers
- Bring together decision makers from across industry sectors for face-to-face interaction
- Afford industry the opportunity to become familiar with cancer center priorities and goals
- Provide cancer centers with the means to become familiar with industry priorities and goals
- Identify ways AACI and industry can leverage mutual strengths to continually improve access to the best cancer care possible
- Encourage development and expansion of AACI programs and resources

AACI is grateful for the support and commitment of the 2013 AACI corporate roundtable members: Amgen, Bristol-Myers Squibb, Celgene, Genentech, Gilead, and Lilly.
Annual Meeting
The Annual Meeting Program Committee develops the agenda for the yearly meeting of the association's membership.

Chair: Roy A. Jensen, MD
University of Kansas Cancer Center

Michael K. Benedict, PharmD
Georgia Regents University Cancer Center

Walter J. Curran, Jr, MD, FACR
Winship Cancer Institute of Emory University

Robert S. DiPaola, MD
Rutgers Cancer Institute of New Jersey

Chad A. Ellis, PhD
Yale Cancer Center
Yale University School of Medicine

Shirley Gray, MA
Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences

Stephen Gruber, MD, PhD, MPH
USC Norris Comprehensive Cancer Center
University of Southern California

Michelle M. Le Beau, PhD
University of Chicago
Comprehensive Cancer Center

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

Jeanine H. Stiles
UC Davis Comprehensive Cancer Center

Jacqueline Tidball
UCI Chao Family Comprehensive Cancer Center

Barbara A. Vance, PhD, CRA
NYU Cancer Institute

Cheryl Lynn Willman, MD
University of New Mexico Cancer Center

Finance & Investment
The Finance and Investment Committee oversees the development and implementation of all policies related to AACI's finances and expenditures. It reviews investment performance and advises on AACI's asset portfolio.

Chair: Dorothy E. Puhy
Dana-Farber Cancer Institute
Harvard Medical School

John A. Kolosky, MBA
Moffitt Cancer Center

Randall C. Main
Fred Hutchinson Cancer Research Center

Michael P. Vander Hoek, MHSA
Georgetown Lombardi Comprehensive Cancer Center

Jeff Walker, MBA
The Ohio State University Comprehensive Cancer Center
James Cancer Hospital and Solove Research Institute

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

Chair: Lisa A. Damiani
Roswell Park Cancer Institute

Jennifer K. Carlson
The Ohio State University Comprehensive Cancer Center
James Cancer Hospital and Solove Research Institute

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

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

Mark Kochevar, MBA
University of Colorado Cancer Center

Heidi L. Gartland, MHA
Case Comprehensive Cancer Center
Case Western Reserve University
Seidman Cancer Center
University Hospitals Case Medical Center

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

Mark Moreno
University of Texas M.D. Anderson Cancer Center

Elizabeth B. O'Brien, JD
The Wistar Institute

Kristen L. Pugh, MPA
City of Hope Comprehensive Cancer Center

Gilda Ventresca-Ecroyd, MA
NYU Cancer Institute

Paul A. Vick, MA
Duke Cancer Institute
Duke University Medical Center

Jamie Wilson, MS
Moffitt Cancer Center

Clinical Research Initiative
The CRI Steering Committee guides and implements activities that encourage best practices and efficient use of resources and operations in cancer center clinical research facilities.

Chair: Tony R. Reid, MD, PhD
UC San Diego Moores Cancer Center

Rhoda Arzoomanian, MSM, RN, BSN
University of Wisconsin
Paul P. Carbone Comprehensive Cancer Center

Leigh A. Burgess, MHA, MEd, MA
Duke Cancer Institute
Duke University Medical Center

Alyssa K. Gateman, MPH, CCRP
Dana-Farber Cancer Institute
Harvard Cancer Center

Janie Hofacker, RN, BSN, MS
Association of American Cancer Institutes
Randall F. Holcombe, MD
Tisch Cancer Institute, Mount Sinai Medical Center

Vicki Keedy, MD, MSCI
Vanderbilt-Ingram Cancer Center

Joy Ostroff, RN, BSN, OCN
UNC Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Douglas C. Stahl, PhD, MBA
City of Hope Comprehensive Cancer Center

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

Teresa L. Stewart, MHA
University of New Mexico Cancer Center

Jeanine H. Stiles
UC Davis Comprehensive Cancer Center

James P. Thomas, MD, PhD
Medical College of Wisconsin Cancer Center

New Initiative
The New Initiative Committee identifies and develops new clinical/scientific/educational programs of broad interest to AACI membership.

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

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

Gordon D. Ginder, MD
VCU Massey Cancer Center

Dina Gould Halme, PhD
University of Virginia Cancer Center

Michelle M. Le Beau, PhD
University of Chicago Comprehensive Cancer Center

Timothy L. Ratliff, PhD
Purdue Center for Cancer Research

Theodore J. Yank, MHA
The Dan L. Duncan Cancer Center at Baylor College of Medicine

Maryann Donovan, PhD, MPH
University of Pittsburgh Cancer Institute
UPMC Cancer Centers

Peter D. Emanuel, MD
Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences

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

Roy A. Jensen, MD
University of Kansas Cancer Center

Howard Ozer, MD, PhD
University of Illinois Cancer Center

Cheryl Lynn Willman, MD
University of New Mexico Cancer Center

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

Chair: Thomas A. Sellers, PhD
Moffitt Cancer Center

Michael A. Caligiuri, MD
The Ohio State University Comprehensive Cancer Center
James Cancer Hospital and Solove Research Institute

Walter J. Curran, Jr, MD, FACP
Winship Cancer Institute of Emory University

Physician Clinical Leadership Initiative
The Physician Clinical Leadership Initiative is a resource for creating best practices as well as for comparing approaches to common problems facing clinical services leaders. (See page 15 for list of committee members.)
2013 AACI MEMBERSHIP

ALABAMA
UAB Comprehensive Cancer Center
University of Alabama at Birmingham
Birmingham, Alabama

ARIZONA
The University of Arizona Cancer Center
Tucson, Arizona

ARKANSAS
Winthrop P. Rockefeller Cancer Institute
University of Arkansas for Medical Sciences
Little Rock, Arkansas

CALIFORNIA
City of Hope Comprehensive Cancer Center
and Beckman Research Institute
Duarte, California

UCLA Jonsson Comprehensive Cancer Center
Los Angeles, California

Loma Linda University Cancer Center
Loma Linda, California

UC San Diego Moores Cancer Center,
La Jolla, California

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

Sanford-Burnham Medical Research Institute
La Jolla, California

Stanford Cancer Institute–Stanford Medicine
Palo Alto, California

UC Davis Comprehensive Cancer Center
Sacramento, California

UCI Chao Family Comprehensive Cancer Center
Orange, California

UCSF Helen Diller Family Comprehensive Cancer Center
San Francisco, California

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

COLORAD0
University of Colorado Cancer Center
University of Colorado Health Sciences Center
Aurora, Colorado

CONNECTICUT
The Carole & Ray Neag Comprehensive Cancer Center
University of Connecticut Health Center
Farmington, Connecticut

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

DISTRICT OF COLUMBIA
George Washington Cancer Institute
Washington, District of Columbia

Georgetown Lombardi Comprehensive Cancer Center
Washington, District of Columbia

FLORIDA
Moffitt Cancer Center
Tampa, Florida

University of Florida Health Cancer Center
Gainesville, Florida

Sylvester Comprehensive Cancer Center
Miami, Florida

GEORGIA
Georgia Regents University 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

Simmons Cancer Institute at Southern Illinois University
Springfield, Illinois

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

University of Chicago 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

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

KANSAS
University of Kansas Cancer Center
Kansas City, Kansas

KENTUCKY
James Graham Brown Cancer Center
University of Louisville Health Care
Louisville, Kentucky

UK Markey Cancer Center
Lexington, Kentucky

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

Louisiana Cancer Research Consortium in New Orleans
Stanley S. Scott Cancer Center
New Orleans, Louisiana

Tulane Cancer Center
New Orleans, Louisiana

MAINE
The Jackson Laboratory Cancer Center
Bar Harbor, Maine

MARYLAND
Murtha Cancer Center at Walter Reed
Bethesda
Bethesda, Maryland

Sidney Kimmel Comprehensive Cancer Center
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

Tufts Medical Center Cancer Center
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
<table>
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<tr>
<th>State</th>
<th>Institution Name</th>
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| MISSOURI | Siteman Cancer Center of Barnes-Jewish Hospital at Washington University School of Medicine  
St. Louis, Missouri |
| NEBRASKA | Fred and Pamela Buffett Cancer Center  
Omaha, Nebraska |
| NEW HAMPSHIRE | Norris Cotton Cancer Center  
Dartmouth-Hitchcock Medical Center  
Lebanon, New Hampshire |
| NEW JERSEY | Rutgers Cancer Institute of New Jersey  
New Brunswick, New Jersey |
| NEW MEXICO | University of New Mexico Cancer Center  
Albuquerque, New Mexico |
| NEW YORK | Albert Einstein Cancer Center, Albert Einstein College of Medicine  
Yeshiva University  
Bronx, New York |
| | Herbert Irving Comprehensive Cancer Center  
Columbia University  
New York, New York |
| | Wilmot Cancer Center  
University of Rochester Medical Center  
Rochester, New York |
| | Memorial Sloan-Kettering Cancer Center  
New York, New York |
| | NYU Cancer Institute  
New York, New York |
| | Roswell Park Cancer Institute  
Buffalo, New York |
| | Stony Brook Cancer Center  
Stony Brook, New York |
| | Tisch Cancer Institute, Mount Sinai Medical Center  
New York, New York |
| NORTH CAROLINA | Duke Cancer Institute  
Duke University Medical Center  
Durham, North Carolina |
| | Comprehensive Cancer Center of Wake Forest University  
Winston-Salem, 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 |
| | Cincinnati Cancer Center  
University of Cincinnati  
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 |
| | Penn State Hershey Cancer Institute  
Hershey, Pennsylvania |
| | The Wistar Institute  
Philadelphia, Pennsylvania |
| | University of Pittsburgh Cancer Institute  
UPMC Cancer Centers  
Pittsburgh, Pennsylvania |
| PUERTO RICO | Puerto Rico Cancer Center  
University of Puerto Rico  
San Juan, Puerto Rico |
| 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 | Simmons Comprehensive Cancer Center  
The University of Texas Southwestern Medical Center at Dallas  
Dallas, Texas |
| | The Dan L. Duncan Cancer Center at Baylor College of Medicine  
Houston, Texas |
| | University of Texas M.D. Anderson Cancer Center  
Houston, Texas |
| | University of Texas Medical Branch Cancer Center  
Galveston, Texas |
| | Cancer Therapy and Research Center at the University of Texas Health Science Center  
San Antonio, Texas |
| UTAH | Huntsman Cancer Institute, University of Utah  
Salt Lake City, Utah |
| VERMONT | Vermont Cancer Center  
University of Vermont  
Burlington, Vermont |
| VIRGINIA | VCU Massey Cancer Center  
Richmond, Virginia |
| | University of Virginia Cancer Center  
Charlottesville, Virginia |
| WASHINGTON | Fred Hutchinson Cancer Research Center  
Seattle, Washington |
| WEST VIRGINIA | Mary Babb Randolph Cancer Center at West Virginia University  
Morgantown, West Virginia |
| WISCONSIN | Medical College of Wisconsin Carbone Cancer Center  
Milwaukee, Wisconsin |
| | University of Wisconsin Carbone Cancer Center  
Madison, Wisconsin |