ACCELERATING CANCER RESEARCH AND CURES

REPORT 2016

Association of American Cancer Institutes
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One of the most noteworthy developments for cancer centers in 2016 was the Cancer Moonshot Initiative, announced by President Barack Obama in January and led by Vice President Joe Biden. The national effort drew attention to the centers as prime movers for increased cooperation, with the goal of achieving a decade’s worth of cancer research progress in five years.

Over the summer, the Cancer Moonshot Blue Ribbon Panel issued a report recommending a sharper focus on areas where we are poised to accelerate both scientific progress and patient involvement, and to work together to share data and results more effectively. The panel included five AACI cancer center directors.

AACI expanded its role in the Moonshot Initiative when it responded to a request from Cancer Moonshot Task Force Executive Director Greg Simon to gather cancer center development projects for consideration as potential public-private partnerships. Mr. Simon subsequently took the stage at the AACI and Cancer Center Administrators Forum (CCAF) 2016 Annual Meeting to outline his vision for the Moonshot. He challenged AACI and its member centers to think beyond the status quo and work collaboratively in new ways. He highlighted how achieving the goals outlined in the Moonshot depends not only on new funding, but also on new approaches to cooperating and breaking down the silos that are slowing progress.

Closing out the year, President Obama signed the 21st Century Cures Act in mid-December. The legislation includes $1.8 billion in supplemental funding over seven years for cancer research and specifically for the Moonshot. While the current political environment contains much uncertainty, AACI and its member cancer centers look forward to working together toward the nonpartisan goals, collaborative approach, and vision put forth in the Moonshot Initiative.

The year was also marked by continued growth and progress for a number of AACI programs. As part of our Academic Difference Initiative, a seasoned group of cancer center communications and marketing professionals reviewed 125 documents submitted by AACI cancer centers and illustrating the important and unique role academic cancer centers play in enhancing cancer research, clinical care, and education. The documents are available on AACI’s website for review by AACI members.

Now in its eighth year, AACI’s Clinical Research Initiative (CRI) released a progress report at its annual meeting in July detailing the initiative’s expansion and achievements since its launch in 2009. CRI continues to grow; its largest meeting ever attracted more than 300 leaders in clinical cancer research.

AACI’s Physician Clinical Leadership Initiative hosted its fourth annual meeting, emphasizing the development of cancer care delivery systems that provide high-value care for patients while meeting value-based reimbursement standards. The initiative also continued its popular series of webinars, which guide physician leaders on the efficient, effective operation of clinical and quality care programs.

As highlighted in this 2016 report, AACI’s member services also encompass a Government Relations Forum that advocates for increased federal funding for biomedical research, and an AACI website portal providing exclusive member access to a variety of resources, including a library containing materials such as compensation data and meeting presentations.

AACI is deeply grateful to all of its members, particularly those who devote time and expertise to the association’s board and committees. We also extend a warm welcome to AACI’s new president, Dr. Stan Gerson, Director, Case Comprehensive Cancer Center, Case Western Reserve University, and Director of the Seidman Cancer Center at University Hospitals Cleveland Medical Center. We look forward to working with Stan to support the centers’ continuing drive toward a cancer-free future and to develop programming that supports AACI members’ common interests.

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

Barbara Duffy Stewart, MPH
Executive Director, AACI
The 2016 AACI/CCAF Annual Meeting, held October 23–25, in Chicago, featured talks by Greg Simon, Executive Director of Vice President Joe Biden’s Cancer Moonshot Task Force, Dr. Richard Pazdur, Acting Director of the U.S. Food and Drug Administration’s Oncology Center of Excellence, and Dr. Douglas Lowy, Acting Director of the National Cancer Institute.

The meeting convened more than 350 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.

AACI presented the 2016 AACI Distinguished Scientist Award to Dr. James P. Allison, Professor of Immunology, Chair of the Department of Immunology, and Executive Director of the Immunotherapy Platform at the University of Texas MD Anderson Cancer Center. Dr. Allison’s annual meeting presentation illuminated the origins, current status, and future directions of checkpoint blockade in immunological approaches to cancer therapy.
Greg Simon sees a “very bright” horizon for the Cancer Moonshot Initiative across society at large.

Speaking at the 2016 AACI/CCAF Annual Meeting, Mr. Simon, Executive Director of Vice President Biden’s Cancer Moonshot Task Force, described the participants’ motivation: “People have taken up the challenge of the Moonshot to change the way they do business, the way they run their foundation, and the way they run their center, to think about how to do twice as much in half the time with half the money.”

He also highlighted the Moonshot summits that were held in June in Washington, DC, and at 270 other sites across the country, attracting more than 7,000 participants.

“There is no harder work than what you do,” he said. “Rocket science pales compared to biology, and biology pales compared to cancer biology.”

Mr. Simon urged attendees to reject the current scientific structure that rewards “individual brilliance” and to favor instead a “sharing culture” and “collaborative brilliance,” which he said would produce quicker, better results against a challenge as complex as cancer.

“We have the opportunity now to reimagine our national research system, specifically in cancer,” he said. “The Moonshot is about how people are reimagining their mission, their agency, the partnerships that they never would have had before. That is the Moonshot. It’s not just politics, or Biden, or the White House; it’s reimagining the possible.”
The AACI Distinguished Scientist Award acknowledges extraordinary scientific accomplishments and contributions to cancer research. Previous honorees are Lewis Cantley, Brian Druker, Lee Hartwell, Mary-Claire King, Timothy Ley, Janet Rowley, Stuart Schreiber, Margaret R. Spitz, Bert Vogelstein, Robert Weinberg, and Irving Weissman.

AACI presented the 2016 AACI Distinguished Scientist Award to James P. Allison, PhD, on October 24, during the 2016 AACI/CCAF Annual Meeting, in Chicago. Prior to the award presentation, Dr. Allison delivered a talk titled, “Immune Checkpoint Blockade in Cancer Therapy: New Insights, Opportunities and Prospects for a Cure.”

Dr. Allison is Professor of Immunology, Chair of the Department of Immunology, and Executive Director of the Immunotherapy Platform at the University of Texas MD Anderson Cancer Center.

His fundamental discoveries include the definition of the structure of the T cell antigen receptor, demonstration that the T cell molecule CD28 provides costimulatory signals necessary for full T cell activation, and identification of the inhibitory checkpoint molecule CTLA-4, which inhibits activated T cells. He proposed that immune checkpoint blockade might be a powerful strategy for therapy of many cancer types, and conducted preclinical experiments showing its potential.

Dr. Allison was involved in the development of Ipilimumab, which was approved by the FDA for treatment of metastatic melanoma in 2011. In 2014, the FDA approved two antibodies to PD-1, a related immune checkpoint, for the treatment of melanoma. In 2015, the FDA approved five additional CTLA-4 and PD-1 antibodies and combinations of both for the treatment of a variety of additional indications, including melanoma and lung and kidney cancer. The development of immune checkpoint blockade transformed cancer therapy and has been responsible for saving the lives of thousands of cancer patients.
The AACI Academic Difference Initiative (ADI) is focused on the important and unique role academic cancer centers play in enhancing cancer research, clinical care, and education. It also aims to better explain the centers' value to a broad range of constituents—patients, payers, policymakers, university leadership, community oncology partners, and the general public.

Launched in 2015, ADI was conceived by Dr. George Weiner as his presidential agenda. It is guided by an advisory committee of the board and a subcommittee of marketing and communications professionals from several centers.

AACI gathered and organized evidence highlighting the value of academic cancer centers; some evidence was based on analyses of the value of specific projects at individual centers, while other evidence pointed more to the national impact of such centers as a whole.

In the second half of 2016, an ADI Communications and Marketing Subcommittee convened three teleconferences to review more than 125 documents submitted by 31 AACI cancer centers. Part of the subcommittee’s charge was to organize these documents to allow AACI centers to more clearly identify the unique attributes and value of academic cancer centers. The collected examples focus on six areas—research, clinical care, education, economic impact, patient outcomes, and general cancer center information. An ADI documents library is housed on AACI’s website and available for review by AACI members.

At the AACI/CCAF Annual Meeting in October, Dr. Weiner moderated a discussion about the initiative with three distinguished panelists: Judy Fortin, Senior Director of Communications and Media Relations for Winship Cancer Institute of Emory University; Anne L. Levine, Vice President of External Affairs at Dana-Farber Cancer Institute; and Dr. Julie Wolfson, Assistant Professor, Pediatric Hematology-Oncology/Institute for Cancer Outcomes & Survivorship, University of Alabama at Birmingham. Dr. Wolfson led a study on the impact of care at comprehensive cancer centers and published the findings in the journal Cancer. The study found that patients with newly diagnosed adult-onset cancer who were treated at National Cancer Institute-designated (NCI-designated) comprehensive cancer centers had better survival rates than those treated at non-NCI comprehensive cancer center facilities.
More than 75 members of the AACI Physician Clinical Leadership Initiative (PCLI) convened during the AACI/CCAF Annual Meeting, October 23, in Chicago. PCLI provides a forum where AACI cancer center clinical services leaders—such as chief medical officer or physician-in-chief—collect, evaluate, and share best practices that promote the efficient and effective operation of cancer center clinical and quality care programs.

This year’s fourth annual PCLI meeting focused on how centers can provide a cancer care delivery system that supports high-value care for patients while satisfying value-based reimbursement standards.

Michael Neuss, MD, Chief Medical Officer at Vanderbilt-Ingram Cancer Center, began the meeting with a presentation titled, “Mandates and Measurements of the Centers for Medicare/Medicaid System’s (CMS) Oncology Care Model (OCM).” His talk provided the rationale and goals for the program—namely, cutting health care spending, ensuring quality measurements, and meeting the requirements for documentation of patient symptoms and delivery of care.

Dr. Stanton Gerson followed with an overview of his AACI Presidential Initiative: “Integrating Advances in Cancer Treatment to the Community.” Guest speaker Dr. Jamie Von Roenn shared an overview of the American Society for Clinical Oncology (ASCO) Leadership Development Program, a year-long training program for physicians focused in part on improving ties with U.S. government research agencies and policymakers.

Dr. Randall Holcombe, Director of the University of Hawaii Cancer Center, led a discussion about institutional development, including topics such as incorporating clinical research into clinical practice, reimbursement and incentive plans for clinical care and clinical research, integrating network/system sites into the cancer center mission, and clinical operations efficiency.

PCLI activities are guided by a steering committee chaired by Dr. Holcombe. He has served as a member of the steering committee for the past two years and has been involved in AACI for several years. From 2012 to 2015, he served on the Clinical Research Initiative Steering Committee. In addition, Dr. Holcombe has presented at past AACI/CCAF and CRI annual meetings.

PCLI shares 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

PCLI Interests
PCLI Webinars

An AACI PCLI webinar, held in November, hosted 125 participants. Drs. Martha P. Mims and Sarah McNees, both from the Dan L Duncan Cancer Center at Baylor College of Medicine, facilitated a discussion about how to integrate clinical trials into clinical practice to avoid clinic slowdowns, protocol deviations, and loss of revenue, as well as ways to promote clinical trial compliance.

Past webinars include “A Network Model for Innovative Cancer Care Delivery,” led by Dr. Stanley M. Marks, of the UPMC CancerCenter, in Pittsburgh, and “The CMS Oncology Care Model: Managing the Move to Value-Based Reimbursement,” led by PCLI Steering Committee Chair Dr. Randall Holcombe.

PCLI meeting presenters and attendees explored ways to improve the efficiency and effectiveness of cancer center clinical care programs. Opposite page: (top) Dr. Randall Holcombe; (bottom) Judy M. Chatigny, Loma Linda University Cancer Center, and Dr. Michael Samuels, Sylvester Comprehensive Cancer Center. This page, at left: (top to bottom) Dr. Claire Verschraegen, The University of Vermont Cancer Center; Dr. Bruce Haffty, Cancer Institute of New Jersey; and Dr. Ruben Mesa, Mayo Clinic Cancer Center. Above, Dr. J. Douglas Rizzo, Medical College of Wisconsin Cancer Center.
A highlight of 2016 for AACI’s Clinical Research Initiative (CRI) was the release of a new progress report, “Charting a Path to Improved Cancer Clinical Research.” The report chronicles CRI’s activities and progress since it was established in 2009, emphasizing its contributions to enhancing efficient implementation of cancer clinical trials and improving patient care at AACI cancer centers.

Responding to requests from members, CRI’s steering committee developed a survey to learn more about the roles and responsibilities of clinical trials office (CTO) medical directors at AACI cancer centers. The survey was distributed to 48 AACI centers known to have CTO medical directors; 23 responses were received. The survey results, summarized in an AACI Commentary article by CRI Steering Committee Chair Dr. Paul J. Martin, included these top three most important responsibilities of the CTO medical director:

• Manage investigators’ concerns about the CTO and/or the CTO’s concerns about the investigators;
• Provide input on day-to-day operations of the CTO in conjunction with the CTO’s administrative director; and
• Oversee the cancer center’s protocol and review monitoring system.

In partnership with AACI, the American Society for Clinical Oncology (ASCO) launched an initiative to identify best practices in cancer clinical trials. A workshop to promote practical solutions to meeting existing regulatory and administrative requirements on research was held in March, with the proceedings published in September (“Addressing the Administrative and Regulatory Burden in Cancer Clinical Trials: Summary of a Stakeholder Survey and Workshop Hosted by the American Society of Clinical Oncologist and the Association of American Cancer Institutes,” Journal of Clinical Oncology 2016 34:31, 3796-3802).

Eighth Annual AACI CRI Meeting: Operational Efficiency

CRI convened its eighth annual meeting in July 2016 in Chicago. The meeting spanned two full days and was attended by more than 300 clinical research office leaders, medical directors, cancer center administrators, and representatives from NCI and industry. This year’s meeting focused on operational efficiency and how cancer centers are evaluating current practices and improving management of clinical trials programs to provide novel cancer treatments to patients.

The meeting began with a keynote presentation by Keith Eaton, MD, PhD, who shared his experience as a cancer patient. Dr. Eaton related how his personal battle with cancer has changed how he discusses treatment options with his patients.

2016 CRI Annual Meeting by the Numbers

302 Meeting Attendees

33 Abstract Submissions from 14 Centers

89 New Attendees

68 Centers Represented

Above, CRI Steering Committee Chair Dr. Paul J. Martin (at right) speaks to CRI Annual Meeting attendees. At left, Therica Miller, Samuel Oschin Comprehensive Cancer Institute.
Meeting presenters discussed how their centers are meeting the challenges of new cancer treatment trial designs, such as the NCI-MATCH trial. New ways to screen and enroll patients in molecular-based immunotherapy cancer trials were also discussed.

**New Steering Committee Chair-Elect and Members**

Dr. Carrie Lee, Medical Director of UNC Lineberger Comprehensive Cancer Center’s Clinical Protocol Office, is the Chair-Elect of AACI’s Clinical Research Initiative (CRI) Steering Committee. She will replace current Chair Paul Martin, MD, in 2017.

Four new CRI steering committee members have also been added: Theresa Cummings, Director of Clinical Research Operations and Compliance, University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center; Ashley Baker Lee, Senior Vice President of Research Operations at the City of Hope Comprehensive Cancer; Kristi Moffett, Senior Director, Clinical Research, Moffitt Cancer Center; and Dave Gosky, Director, Administration & Finance, UK Markey Cancer Center.

Along with 23 poster displays at the 2016 AACI CRI Annual Meeting, abstract winners from three cancer centers presented their work on innovative approaches to regulatory operations:

**FIRST PLACE**

**The Clinical Trial Management Tool: An Innovative Approach to Regulatory Operations**

Abby Statler, MPH, MA, CCRP; Curtis Brinkman; Dennis Urbanek; Laura Bailey, MBA

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

**SECOND PLACE**

**CRANIUM (Clinical Research Assessment Metrics): A Workload Assessment Model for an NCI Comprehensive Cancer Center**

Sally Fairbairn, CCRP; Lindsay Carpenter, MSW, CCRC; Jessica Moehle, CCRP; Leanne Lujan, CCRP; Kelli Thorne, MPH, CCRP; Emily Ostrander, CCRP; Rachel Kingsford, MS, CCRP; Kenneth M. Boucher, PhD; Curt Hampton, MS, MBA

*Huntsman Cancer Institute, University of Utah*

**THIRD PLACE**

**Using Data to Determine Study Budgets for Clinical Trials Office Staff**

Matt Innes, MBA; Kate Harper, MBA, CCRP

*University of Michigan Comprehensive Cancer Center*
In 2016, AACI engaged in a number of vital issues that affected cancer centers and the patients they serve. Much of the association’s attention was focused on the Obama administration’s Cancer Moonshot Initiative, led by Vice President Biden.

**Cancer Moonshot**

Following President Obama’s State of the Union Address on January 12, 2016, calling for a “cancer moonshot,” AACI’s Board of Directors sent a letter to Vice President Biden commending him on the Cancer Moonshot Initiative and highlighting AACI’s willingness to collaborate on the effort. Thereafter, AACI spearheaded a cancer community “Thank You” to Vice President Biden, garnering over 185 signatures from national and state cancer organizations.

In February, AACI asked cancer center directors to submit legislative priorities that they might like to see addressed either via executive action or as part of the Cancer Moonshot Initiative. AACI cancer centers submitted several items, but chief among them were issues pertaining to patient access to clinical trials, access to cancer centers, and the ability of researchers to use biospecimens to further cancer research.

AACI’s leadership made a concerted effort to connect with the Office of the Vice President, particularly with Cancer Moonshot Task Force Executive Director, Greg Simon. AACI officials met with task force staff in April 2016 and presented the cancer center director’s list of priorities.

**Summit Meetings, Development Proposals**

AACI leadership, including the president, president-elect, executive director, board members, and other cancer center leaders, participated in the Cancer Moonshot Summit at Howard University in Washington, DC, while 40 AACI cancer centers hosted regional Cancer Moonshot Summits at 39 other sites in 25 states. Over 270 events took place in all 50 states, Puerto Rico, and Guam.

After the summit, AACI President-Elect Stan Gerson initiated a white paper for the vice president and his team, focused on cancer center networks and community collaboration. The white paper was endorsed by AACI and had the support of cancer center directors who participated in the Washington, DC summit.

Vice President Joe Biden (above, at right) visited the Abramson Cancer Center of the University of Pennsylvania to launch the Moonshot Initiative in January 2016. During his visit, he toured Penn’s Center for Advanced Cellular Therapeutics, with (L-R), Drs. Bruce Levine and Carl June. At left (L-R), AACI President Dr. George J. Weiner and NIH Director Dr. Francis Collins at the National Cancer Moonshot Summit.
In early August, Mr. Simon approached Dr. Gerson asking that AACI invite cancer centers to submit a portfolio of development projects to be offered to potential investors interested in assisting with financing projects associated with the Cancer Moonshot. AACI staff sorted the proposals according to project type and shared 224 proposals from 55 cancer centers with the task force. AACI sought the permission of the principal investigators to share the proposals with AACI Corporate Roundtable members at the close of 2016. The project will continue in 2017.

Throughout the fall, AACI cancer centers continued to advocate for increased federal funding for the National Institutes of Health (NIH) and NCI and for the completion of the 21st Century Cures Act prior to the conclusion of the 114th Congress. On December 13, 2016, President Obama signed the 21st Century Cures Act into law. The legislation included an NIH Innovation Account, which provides nearly $4.8 billion in funding for the NIH over the next ten years. The account includes $1.8 billion in supplemental funding over seven years, beginning in Fiscal Year 2017 for cancer research, and specifically for the Cancer Moonshot Initiative. Before passage in the Senate, the cancer funding section in the Cures bill was renamed the “Beau Biden Cancer Moonshot and NIH Innovation Projects.”

AACI’s Government Relations Forum, which convenes in person biannually, guides much of the association’s work in the public policy domain. AACI extends its gratitude to Lisa Damiani, of Roswell Park Cancer Institute, who has chaired the Government Relations Forum from 2012 to 2016, and welcomes Anne Levine, of the Dana-Farber Cancer Institute, who succeeded Ms. Damiani in 2016 as chair.

Lisa Damiani
Anne Levine

Regional Cancer Moonshot Summits convened across the country, including summits at the University of Illinois Cancer Center, in Chicago (left), and the Huntsman Cancer Institute at the University of Utah, in Salt Lake City (above).
The AACI honored two leading congressional champions of cancer research at the 2016 AACI/CCAF Annual Meeting in Chicago. Representative Tom Cole, of Oklahoma, and Representative Marcia Fudge, of Ohio, received AACI’s 2016 Distinguished Public Service Award for their exceptional leadership in supporting and promoting cancer research. Rep. Fudge accepted the award in person, delivering remarks and meeting with cancer center leaders from her home district in northeast Ohio.

Rep. Cole is Chairman of the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies, the subcommittee that funds medical research. He has worked to fund the Cancer Moonshot Initiative and is a member of the Congressional Childhood Cancer Caucus.

Rep. Fudge is a cosponsor of the Breast Cancer Patient Protection Act, which seeks to require that health plans provide coverage for a minimum hospital stay for mastectomies, lumpectomies, and lymph node dissection for the treatment of breast cancer and coverage for secondary consultations.

“I know progress, and I know hope. And I know that when I see [cancer researchers] excited about something that is going to change somebody’s life, I get excited too.”

— Representative Marcia Fudge

In May, at a reception on the evening prior to AACI’s annual visit to Capitol Hill, Representative Kathy Castor, of Florida, and Representative Chuck Fleischmann, of Tennessee, were recognized for their outstanding support for cancer research.

Both members of Congress attended the reception to accept their awards, praising the work cancer centers and cancer researchers are doing to transform the discovery and delivery of care. Rep. Castor applauded Moffitt Cancer Center in her congressional district in Tampa, Florida, for its commitment to cancer care, while Rep. Fleischmann explained how cancer had affected his own family.
Nearly 80 cancer center directors, physicians, researchers, and patient advocates representing 25 states and the District of Columbia visited Capitol Hill on May 12 to urge legislators to provide stable, predictable support for the National Institutes of Health (NIH) and the National Cancer Institute (NCI) in Fiscal Year 2017. The event allowed advocates to participate in over 130 meetings with members of Congress and their staff, including leadership and key committee staff.

The event was co-hosted by AACI, the American Association for Cancer Research (AACR), and the American Society of Clinical Oncology (ASCO).

Hill Day began with a breakfast briefing, where Alex Keenan, Minority Clerk of the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, delivered remarks. Keenan discussed the work his boss, Subcommittee Ranking Member Senator Patty Murray (D-WA), is doing to advance medical research priorities.

Following the breakfast, AACI, AACR, and ASCO advocates hit Capitol Hill and thanked members of Congress for providing the NIH with a $2 billion increase in Fiscal Year 2016 and asked that Congress provide at least $34.5 billion for the NIH in FY 2017. Hill Day participants also expressed support for Vice President Biden’s Cancer Moonshot Initiative, urging legislators to consider increased funding for the NCI to initiate the effort.

Members of Congress voicing support for the FY 2017 appropriations request and others agreeing to cosponsor National Cancer Research Month resolutions were led by Representatives Kevin Yoder (R-KS) and Emanuel Cleaver (D-MO) and Senators Dianne Feinstein (D-CA) and Johnny Isakson (R-GA).

The resolutions, H. Res. 717 and S. Res. 459, recognized May as National Cancer Research Month. The bipartisan resolutions were cosponsored by 12 senators and 23 representatives and were endorsed by over 70 cancer organizations, including more than 40 AACI cancer centers. S. Res. 459 was unanimously approved by the Senate on May 25.

Above (top), Alex Keenan, Minority Clerk for Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies; (bottom), Orly Isaacson, Memorial Sloan Kettering Cancer Center, speaks with colleagues. At left, cancer community leaders meet with Rep. Tom Cole in his Capitol Hill office.
The AACI Corporate Roundtable provides a forum for AACI cancer centers to address topics of mutual interest with industry colleagues.

The Roundtable benefits all participants. Industry members enhance their profiles with cancer center leaders and become familiar with cancer center priorities and goals. This understanding helps maximize opportunities for meaningful scientific exchange.

Through the AACI Corporate Roundtable, cancer centers have the opportunity to interact directly with industry decision makers. This type of interaction leads to support for both new and ongoing AACI programs and initiatives.

Most importantly, there is value to the patient; working together, cancer centers and industry can leverage their mutual strengths to speed the development of novel and promising therapies.

The AACI Corporate Roundtable met twice in 2016—in July at the AACI Clinical Research Initiative (CRI) meeting and in October at the AACI/CCAF Annual Meeting.

AACI Corporate Roundtable members meet with AACI leadership during the 2016 AACI/CCAF Annual Meeting.
Discussion points at the CRI meeting:
• Risk-based monitoring
• E-Regulatory binders
• Medicare coverage analysis

Discussion points at the AACI/CCAF meeting:
• Developing strategies for reducing the administrative and regulatory burden in the conduct of oncology clinical trials
• Optimizing the use of electronic resources to advance clinical research
• Integrating advances in cancer treatment into the community
• The Cancer Moonshot Initiative

AACI extends its gratitude for the commitment and support of the 2016 Corporate Roundtable members Amgen, Astellas, Bristol-Myers Squibb, Genentech, Gilead, Janssen Research & Development, Lilly, Merck, and Takeda Oncology.

One of the key ways AACI fulfills its mission is by linking the nation’s leading cancer centers to a variety of stakeholders who, collaboratively, enhance their impact on cancer care, research, and public policy. Sustaining membership in AACI is open to like-minded cancer organizations and patient advocacy groups that share a common goal of decreasing the national cancer burden.

Sustaining members can take advantage of AACI’s resources for educating policymakers on the importance of cancer research funding, and they collaborate with AACI centers with which many of their own members are affiliated. By partnering with AACI centers, sustaining members make cancer a national priority and contribute to public education by supporting cancer centers outreach efforts in their local communities. Sustaining members are invited to participate in AACI sponsored meetings, workshops, and forums and have the opportunity to meet annually with AACI leadership.

AACI is grateful to its 2016 sustaining members—the American Association for Cancer Research, the American Cancer Society, the American Society of Clinical Oncology, the CEO Roundtable on Cancer, and the Society for Immunotherapy of Cancer—for their support.
A major element of AACI’s mission is helping cancer centers to keep pace with the changing landscape in science, technology, and health care. AACI does this, in part, by gathering and sharing best practices and providing a forum for its members to explore opportunities for collaboration and to address common challenges. Key to carrying out this mission is the dedicated support of an important group of external sponsors.

The 2016 AACI/CCAF Annual Meeting, an approved Continuing Medical Education event, was supported by educational grants from Amgen, Astellas, Astra Zeneca, Genomic Health, Inc., Gilead, Huron Consulting Group, Lilly, Merck, Novartis, Pfizer, and Tyler & Company.

Exhibitors at the meeting included Complion, ECG Management Consultants, Forte Research Systems®, Foundation Medicine, iLab Solutions, part of Agilent Technologies, Intellisphere/OncLive, and Precision Imaging Metrics. The exhibit hall provides exhibitors the opportunity to promote their products and services to all attendees—cancer center directors, executive administrators, and leaders of clinics, laboratories, and specialized research facilities. Through interactions with these key personnel, exhibitors can extend their reach to influential members of the cancer research community and discuss progress toward common goals.

In addition to the annual meeting supporters, several companies helped AACI to advance its work this past year. They are Amgen, ASCO Research Community Forum, Astellas, Complion, Florence Healthcare, Foundation Medicine, Lilly, Merck, Nimblify (a Forte Company), Pfizer, PFS Clinical, Takeda Oncology, and Velos.

AACI appreciates the generous support it receives from each of these companies.
Matching both its expanded member services around public policy issues and the growing participation in the association’s signature initiatives, AACI extended its communications reach in 2016. For example, we distributed three press releases related to the 21st Century Cures Act and four others promoting various aspects of the AACI/CCAF Annual Meeting.

In addition, 16 issues of the quarterly AACI Commentary have been published since its launch in 2013, with five being published in 2016. The Commentary is circulated separately by email to more than 1,800 readers 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 academic 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.

AACI CancerBlog (http://aacicancerblog.wordpress.com) helps disseminate press releases and amplify issues of importance to AACI cancer centers, particularly in the area of public policy and securing federal research funding. In September, AACI supported a federal Cancer Moonshot effort to expand patient access to new cancer therapies via clinical trials. It created a blog post with a link to a new application programming interface developed by the National Cancer Institute to help physicians and patients find information about NCI-supported clinical trials.

Also in September, the Cancer Letter reported on AACI’s request for development projects from cancer centers for the Cancer Moonshot Task Force. AACI shared a total of 224 proposals with the task force’s executive director, Greg Simon.

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 also disseminates member news via Twitter and Facebook.

2016 AACI Commentaries

The Evolution of the CTO Medical Director: Results from an AACI Clinical Research Initiative Survey
by Paul J. Martin, MD, Winter 2016

AACI’s Academic Difference Initiative: Cancer Centers’ Impact on Patient Care, Research, Education, and the Local Economy
by George J. Weiner, MD, Fall 2016

Collaboration Is the Name of the Game for Advancing Cancer Research and Cures
by Dario C. Altieri, MD, Summer 2016

A Network Model for Innovative Cancer Care Delivery
by Stanley M. Marks, MD, Spring 2016

Breaking Down Silos: AACI Cancer Centers and the National Cancer Moonshot
Five Cancer Center Directors Selected as New AACI Leaders

Congratulations to Dr. Roy Jensen on his election as the association’s Vice President/President-Elect. Dr. Jensen is Director of The University of Kansas Cancer Center. His term started in October during the AACI/CCAF Annual Meeting, in Chicago.

AACI members have also chosen Drs. Karen E. Knudsen, Norman Sharpless, and Eduardo Sotomayor, to serve three-year terms on AACI’s Board of Directors. In addition, Dr. Peter D. Emanuel will serve a two-year term after being appointed to fill the seat held by Dr. Robert DiPaola, who became Dean of the University of Kentucky College of Medicine in 2016.

In 2004 Dr. Jensen was appointed the William R. Jewell, MD Distinguished Kansas Masonic Professor, the Director of The University of Kansas Cancer Center, the Director of the Kansas Masonic Cancer Research Institute, Professor of Pathology and Laboratory Medicine, and Professor of Anatomy and Cell Biology at the University of Kansas Medical Center. Dr. Jensen, a member of AACI’s Board of Directors since 2013, chaired the association’s 2013 Annual Meeting program committee.

Dr. Knudsen is the third Director of the Sidney Kimmel Cancer Center (SKCC) at Thomas Jefferson University, in Philadelphia, an NCI-designated cancer center since 1995. Dr. Knudsen was appointed Director in 2015 after having served as the Deputy Director and the Founding Member of the SKCC Prostate Cancer program. Prior to taking on the directorship, Dr. Knudsen also served as the Vice Provost of Thomas Jefferson University, overseeing basic and clinical research at all six schools within the university.

Dr. Sharpless became director of UNC Lineberger Comprehensive Cancer Center in 2014. He is a graduate of the University of North Carolina School of Medicine and trained in internal medicine at the Massachusetts General Hospital and in hematology and oncology at the Dana-Farber Cancer Institute. Dr. Sharpless runs a 15-person basic science group studies cancer and aging in genetically engineered mice. His research has focused on how normal cells age and undergo malignant conversion.

Dr. Sotomayor is the Director of George Washington Cancer Center at George Washington University in Washington, DC. He received his MD degree from Federico Villarreal National University School of Medicine in Lima, Peru. He completed a residency training in internal medicine at Jackson Memorial Hospital/University of Miami School of Medicine in Florida, followed by a fellowship in medical oncology at Johns Hopkins University in Baltimore. Dr. Sotomayor’s basic/translational research focuses on the immunobiology and immunotherapy of B-cell malignancies.

Dr. Emanuel is Director of the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences. His translational research interests have focused for more than 25 years on myeloproliferative neoplasms, and his laboratory has been an international leader in investigating juvenile myelomonocytic leukemia, using it as a model for dysregulated Ras signaling. Dr. Emanuel served on the program committee for the 2012 AACI/CCAF Annual Meeting.
**New AACI President**

*Stanton L. Gerson, MD* became the new president of the Association of American Cancer Institutes during AACI’s 2016 Annual Meeting in Chicago. Dr. Gerson is director of the Case Comprehensive Cancer Center and University Hospitals Seidman Cancer Center, in Cleveland, among many other duties. He has also been an active member of AACI for the past 14 years, including service on the board of directors (2007–2009).

An internationally recognized cancer researcher, Dr. Gerson has been involved in the stem cell, hematologic malignancies and developmental therapeutics programs at Case Western Reserve University. He has received multiple NIH grants and has published more than 236 articles, 270 abstracts, and 37 book chapters. He also has received 18 patents for stem cell and drug discoveries.

**New AACI Members**

In 2016 AACI welcomed two new members: the Salk Institute Cancer Center, led by Dr. Rueben Shaw, and the Boston University – Boston Medical Center Cancer Center, directed by Dr. Avrum Spira.

**The Salk Institute Cancer Center**

was established at the Salk Institute in 1970 and is a basic research National Cancer Institute (NCI)-designated Cancer Center.

The center comprises about half of the research at the Salk Institute. It includes 30 faculty members, 199 postdoctoral researchers, 41 graduate students and 101 research assistants. A Cancer Center Support Grant from NCI helps support many shared resources at the Salk Institute, including shared equipment, bioinformatics, functional genomics/quantitative PCR, proteomics, cytometry, imaging, peptide synthesis, transgenic facilities, and viral vector production.

In 2013 Salk joined the UCSD Moores Cancer Center and the Sanford Burnham Cancer Center—both NCI-designated AACI members—to form the San Diego National Cancer Institute Cancer Centers Council. This novel collaboration, featured in AACI Commentary (Winter 2014), allows all three centers to leverage their distinct and combined resources and talents.

**The Boston University — Boston Medical Center (BU–BMC) Cancer Center** provides the bridge between the clinical oncology and biomedical research communities at Boston University, strengthening the infrastructure for clinical research, which includes increasing patient recruitment and expanding biosample banking integrated with clinical and genomic data.

The center is developing patient care and research programs that transform cancer management through the discovery of innovative and personalized approaches for cancer prevention, detection and treatment. Inherent in its mission is a focus on understanding the molecular events associated with cancer initiation and progression in its diverse patient population and directly translating these findings into more effective prevention and treatment.
Academic Difference Initiative (ADI)

The goal of ADI is to provide evidence of the immense value of academic cancer centers that will be useful at the local and national level as we advocate for support for academic cancer centers along with information that can be tailored to provide evidence of the value of individual cancer centers.

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

Stanton L. Gerson, MD
Case Comprehensive Cancer Center
Case Western Reserve University
Seidman Cancer Center at University Hospitals Cleveland Medical Center

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

Karen E. Knudsen, PhD
Sidney Kimmel Cancer Center at Thomas Jefferson University

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

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

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

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

Thomas A. Sellers, PhD
Moffitt Cancer Center

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

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

Howard Bailey, MD
University of Wisconsin Carbone Cancer Center

Chad A. Ellis, PhD
UNC Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Stanton L. Gerson, MD
Case Comprehensive Cancer Center
Case Western Reserve University
Seidman Cancer Center at University Hospitals Cleveland Medical Center

Kimberly F. Kerstann, PhD
Winship Cancer Institute of Emory University

Karen E. Knudsen, PhD
Sidney Kimmel Cancer Center at Thomas Jefferson University

Leonidas C. Platanias, MD, PhD
The Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Garth Powis, PhD
Sanford Burnham Prebys Medical Discovery Institute

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

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

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

Clinical Research Initiative (CRI) Steering Committee

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

Chair: Paul J. Martin, MD
Fred Hutchinson Cancer Research Center

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

Finance and Investment

The Finance and Investment Committee oversee the development and implementation of all policies related to AACHI’s finances, expenditures, and investments.

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

Jack A. Kolosky
Moffitt Cancer Center

Randall C. Main
Fred Hutchinson Cancer Research Center

Dorothy E. Puhy
Dana-Farber Cancer Institute
Harvard Medical School
**Government Relations Forum Steering Committee**

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

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

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

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

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

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

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

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

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

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**Molecular Diagnostics Initiative (MDI) Working Group Chairs**

The MDI Working Groups develop the agenda and direction of AACI’s efforts in precision oncology.

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

**Razelle Kurzrock, MD, FACP**  
UC San Diego Moores Cancer Center

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

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

**Nominating**

The Nominating Committee meets each year to identify individuals among the member institutions who are best qualified to serve on the AACI Board of Directors.

**Chair:** Kevin J. Cullen, MD  
University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center

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

**C. Kent Osborne, MD**  
The Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine

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

The mission of PCLI is to provide 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.

**Chair:** Randall F. Holcombe, MD, MBA  
University of Hawaii Cancer Center  
University of Hawaii at Manoa

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

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

**Richard Lauer, MD**  
University of New Mexico  
Comprehensive Cancer Center

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

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

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

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

**Michael N. Neuss, MD**  
Vanderbilt-Ingram Cancer Center

**John Sweetenham, MD**  
Huntsman Cancer Institute  
University of Utah
AACI Members 2016

United States

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

Arizona
Mayo Clinic Cancer Center, Arizona
Scottsdale, Arizona

The University of Arizona Cancer Center
Tucson, Arizona

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

California
City of Hope Comprehensive Cancer Center
Duarte, California
Jonsson Comprehensive Cancer Center
UCLA
Los Angeles, California

Loma Linda University Cancer Center
Loma Linda, California

Salk Institute Cancer Center
La Jolla, California

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

Sanford Burnham Prebys Medical Discovery Institute
La Jolla, California

Stanford Cancer Institute
Palo Alto, California

UC Davis Comprehensive Cancer Center
Sacramento, California

UC San Diego Moores Cancer Center
La Jolla, California

UCI Chao Family Comprehensive Cancer Center
Orange, California

UCSF Helen Diller Family Comprehensive Cancer Center
San Francisco, California

USC Norris Comprehensive Cancer Center
Los Angeles, California

Colorado
University of Colorado Cancer Center
Aurora, Colorado

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

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

GW Cancer Center
Washington, District of Columbia

Florida
Mayo Clinic Cancer Center, Florida
Jacksonville, Florida

Moffitt Cancer Center
Tampa, Florida

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

University of Florida Health Cancer Center
Gainesville, Florida

Georgia
Georgia Cancer Center
Augusta University
Augusta, Georgia

Winship Cancer Institute of Emory University
Atlanta, Georgia

Hawaii
University of 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 University Center for Cancer Research
West Lafayette, Indiana

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

Kansas
The University of Kansas Cancer Center
Kansas City, Kansas

Kentucky
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 Greenbaum Comprehensive Cancer Center
Baltimore, Maryland

Massachusetts
Boston University Cancer Center
Boston, Massachusetts

Dana-Farber Cancer Institute
Harvard Medical School
Boston, Massachusetts

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

University of Michigan Comprehensive Cancer Center
Ann Arbor, Michigan

Minnesota
Masonic Cancer Center
University of Minnesota
Minneapolis, Minnesota

Mayo Clinic Cancer Center
Rochester, Minnesota
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**MISSISSIPPI**

**University of Mississippi Medical Center Cancer Institute**

Jackson, Mississippi

**MISSOURI**

**Siteman Cancer Center**

St. Louis, Missouri

**NEBRASKA**

**Fred and Pamela Buffett Cancer Center**

Omaha, Nebraska

**NEW HAMPSHIRE**

**Dartmouth-Hitchcock**

**Norris Cotton Cancer Center**

Lebanon, New Hampshire

**NEW JERSEY**

**Rutgers Cancer Institute of New Jersey**

New Brunswick, New Jersey

**NEW MEXICO**

**University of New Mexico Comprehensive Cancer Center**

Albuquerque, New Mexico

**NEW YORK**

**Albert Einstein Cancer Center**

Montefiore Medical Center

Bronx, New York

**Herbert Irving Comprehensive Cancer Center**

Columbia University Medical Center

New York, New York

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State University of New York

Stony Brook, New York

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