

WORKING TOGETHER TO FIND A CURE



**2017
REPORT**

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A MESSAGE FROM AACI

One recognized objective of North America's leading academic cancer centers is the promotion of patient access to new discoveries in treatment, prevention, and early detection. AACI cancer centers—97 of them across the US and Canada—in partnership with regional community-based networks, including those in rural areas, provide care for hundreds of thousands of newly diagnosed patients with cancer.

With the launch of our Network Care Initiative in 2017, AACI put a priority on understanding these networks and mapping out ways to improve the quality of care the networks offer. The initiative has developed and distributed a survey aimed in part at illustrating the impact that AACI cancer centers have on cancer care in their regions. In the coming year, the initiative plans to review and publish the survey data. AACI will review and discuss new tools for improved network management, including electronic medical record integration, care paths, and clinical trials opportunities.

AACI members' positive effect on patients' lives is also highlighted in this report in three brief profiles of cancer patient advocates who told their personal stories at AACI meetings in 2017—Dr. Anna C. Beck, Stan Collender, and Chiara D'Agostino.

Another AACI patient-oriented effort involved a partnership this year between AACI, the American Cancer Society, and the Centers for Disease Control and Prevention, to promote the human papillomavirus (HPV) vaccine as a cancer prevention measure. To that end, the organizations recognized pediatric practices across the country with particularly high rates of HPV vaccination.

Separate collaborations between AACI, the American Society of Clinical Oncology (ASCO), the Academy of Oncology Nurse & Patient Navigators, and the Oncology Nursing Society (ONS) were among 2017's high points for AACI's Clinical Research Initiative (CRI) as it enters its 10th year. CRI's annual meeting attracted a record number of attendees, and the initiative convened a strategic planning meeting to map out its next five years.

AACI's 2017 annual meeting, in Washington, DC, also drew a record crowd, and meeting attendance has grown nearly 60 percent since 2011.

The meeting was marked by a passing of the torch from NCI Acting Director Dr. Douglas R. Lowy to his successor, Dr. Norman E. Sharpless, former director of the UNC Lineberger Comprehensive Cancer Center and a past AACI board member.

In the public policy realm, AACI continued its partnership with ASCO and the American Association for Cancer Research in co-hosting an annual visit to Capitol Hill. Seventy cancer leaders, patient advocates and cancer survivors asked legislators to provide stable, predictable funding for the National Institutes of Health and the National Cancer Institute.

In the past year, AACI has done other important government-relations work. For example, we joined with like-minded organizations to support immigration protection for cancer researchers. We stood behind the Affordable Care Act provisions that promote insurance coverage, prevention programs, and expanded access to cancer care. And we opposed a proposed rule, issued by the Centers for Medicare & Medicaid Services (CMS), that would cut payments for drugs provided under the 340B Drug Pricing Program. The proposed rule will particularly affect lower-income and underserved patients with cancer.

AACI's programming in 2017 included the Physician Clinical Leadership Initiative (PCLI), which held its fifth annual meeting in October. The meeting focused on training programs for advanced practice providers and their role in delivering quality cancer care. PCLI also published an AACI *Commentary* highlighting physician views about their satisfaction with the oncology quality and cancer clinical operations at their institutions.

AACI extends its sincere appreciation to its members, particularly those who devote time and expertise to the association's board and committees. In the year ahead, AACI will remain committed to developing programming that advances its members' common interests.



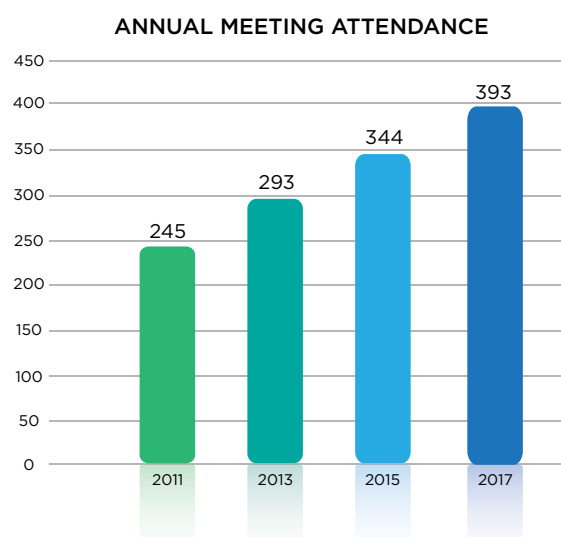
Stanton L. Gerson, MD
President, AACI
Director, Case Comprehensive
Cancer Center



Barbara Duffy Stewart, MPH
Executive Director, AACI

ANNUAL MEETING

The 2017 AACI/CCAF annual meeting, in Washington, DC, brought together 393 AACI cancer center directors and executive-level administrators, leaders of national cancer research and advocacy groups, and representatives from the pharmaceutical industry and government health agencies. Meeting attendance has grown by nearly 60 percent since 2011.



The meeting featured a report from National Cancer Institute (NCI) Acting Director Douglas R. Lowy, MD, who served more than two years as head of the agency. Prior to Dr. Lowy's report, AACI President-elect Roy A. Jensen, MD, offered congratulatory remarks and presented Dr. Lowy with an AACI award recognizing his service to the cancer research community. The more than 300 assembled cancer center leaders expressed their appreciation with an enthusiastic standing ovation for Dr. Lowy.



Later in the meeting, Dr. Lowy was joined by his successor, Norman E. Sharpless, MD, former director of the UNC Lineberger Comprehensive Cancer Center. Dr. Sharpless, a past AACI board member, was sworn in as NCI director on October 17, the closing day of AACI's annual meeting.



The AACI Annual Meeting Program Committee, chaired by Karen E. Knudsen, PhD, director of the Sidney Kimmel Cancer Center at Thomas Jefferson University, in Philadelphia, assembled an exceptional array of speakers. Panel discussion topics included immunotherapy, clinical trials, precision medicine, cancer disparities, and the impact of Washington's new political landscape on financing cancer care.

Also featured was an update on AACI's Network Care Initiative, presented by AACI President

Above (top) Dr. Karen E. Knudsen, Director, Sidney Kimmel Cancer Center at Thomas Jefferson University; (below) Dr. Mary Beckerle, CEO and Director, Huntsman Cancer Institute.

Left (L-R), Dr. Douglas R. Lowy, NCI Deputy Director, with Dr. Norman E. Sharpless, NCI Director.

PATIENT PERSPECTIVE

STAN COLLENDER

Stan Collender, a federal budget issues expert and executive vice president at MSLGROUP, a global communications agency, sounded an urgent call to action as keynote speaker at the 2017 AACI/CCAF Annual Meeting.

Citing persistent increases in defense spending, pressing infrastructure needs, and a ballooning federal deficit, he warned that cancer researchers face an annual fight for federal funding for at least the next decade. "It's going to require constant vigilance from you and your colleagues to keep this situation from getting out of hand," Mr. Collender said, noting that the cancer research community has a powerful tool at its disposal: patients.

"You have access to the biggest grassroots political network in the country—people who have cancer, who know someone who has cancer, or who are worried about getting cancer," he said, urging meeting attendees to "activate this network to create massive support" for federal support of cancer research.

Stan Collender knows about cancer patient activism. He was diagnosed with Merkel cell carcinoma (MCC) five years ago and became one of 26 patients with advanced MCC who joined a clinical trial in 2015 at the Fred Hutchinson Cancer Research Center's patient arm, the Seattle Cancer Care Alliance, in Seattle. The trial of the immunotherapy drug pembrolizumab (trade name Keytruda), led by Paul Nghiem, MD, made Mr. Collender a cancer survivor.

"If I'd gotten sick six months earlier, I might not be here now," Mr. Collender said. He attributed his journey to a successful outcome in part to Michael Atkins, MD, deputy director of Georgetown Lombardi Comprehensive Cancer Center, in Washington, DC.

Four recurrences in 18 months indicated that traditional chemotherapy and radiation weren't working. Dr. Atkins told his patient that two world experts in his condition were about to start an immunotherapy trial in Seattle.

"I had an oncologist who believed in immunotherapy and who wasn't afraid to refer me to another doctor," Mr. Collender said. "That's the kind of attention every cancer patient should get but doesn't. It's the reason why I tell every friend and friend of a friend, 'I don't care where you are. You've got to get to an academic cancer center.'"

Recounting a press conference about immunotherapy that he helped to arrange, featuring Gary Gilliland, MD, PhD, president and director of Fred Hutch, and researcher David Maloney, MD, PhD, Mr. Collender said: "They used a word you don't hear very much in cancer. They used the word 'cure.'"



Stanton L. Gerson, MD, director of the Case Comprehensive Cancer Center in Cleveland. (See page 9 for more information on the initiative.)

Following his presentation, Dr. Gerson moderated a panel discussion on managing cancer center networks.

Another panel, this one led by Laurie H. Glimcher, MD, president and CEO of the Dana-Farber Cancer Institute, discussed immunotherapy. The panelists highlighted recent breakthroughs in various research areas, including the underlying mechanisms of chronic lymphocytic leukemia and immune checkpoint inhibition in the tumor microenvironment.



Dr. Laurie Glimcher, President and CEO, Dana-Farber Cancer Institute.

PATIENT PERSPECTIVE

CHIARA D'AGOSTINO

Chiara D'Agostino is surviving stage 4 triple-negative breast cancer and is in a Phase I clinical trial (her second trial) at Rutgers Cancer Institute of New Jersey.



Through her powerful messages based on her own journey, Ms. D'Agostino inspires and educates over 10,000 breast cancer survivors and caretakers through social media, speaking engagements, and her blog "Beauty Through the Beast."

At AACI's 2017 annual meeting, Ms. D'Agostino was a panelist for the session **"Paying for Cancer Care: Will Washington Change the Rules?"** with Roy A. Jensen, MD, director of the University of Kansas Cancer Center; Otis Webb Brawley, MD, chief medical and scientific officer of the American Cancer Society; Stephen B. Gruber, MD, PhD, MPH, director of the USC Norris Comprehensive Cancer Center; and Yousuf Zafar, MD, an oncologist and director of the Center for Applied Cancer Health Policy at Duke Cancer Institute.

In introducing herself to meeting attendees, Ms. D'Agostino explained that after earning a master's degree in Florence, Italy, she returned to the US in August 2014 with no insurance and no job. She quickly signed up for health care through the New Jersey Exchange, and in October, while visiting Washington, DC, for her birthday, she felt a lump in her breast. She credits the Affordable Care Act, in addition to her doctors and cancer researchers, with saving her life.

Describing her clinical-trial experience, Ms. D'Agostino highlighted the access to expertise at the institution—a hallmark of academic research centers—and the proximity to her home, less than one hour away.

She praised her oncologists, Jyoti Malhotra, MD, MPH, and Kim Hirshfield, MD, PhD, director of Rutgers' precision medicine translational laboratory, along with Rosalie Vilks, BSN, RN, OCN, one of her clinical trial nurses. She also expressed her appreciation for Eddie Vargas, a greeter at Rutgers with a particularly personal touch.

"He dresses in pink suits, purple suits, polka dots; he remembers your name, asks how you're doing, and says he'll pray for you," Ms. D'Agostino said.

Soon after the annual meeting, Ms. D'Agostino appeared on *Today* on NBC with other breast cancer survivors, including *Today* host Hoda Kotb. They discussed the need for a positive outlook even when facing chemotherapy, surgery, and losing their hair.

"I see what shines from the inside," D'Agostino told Kotb. "I miss my hair. I miss my chest, but I'm still here. I don't look at what I don't have. I look at what I have."

The 2017 AACI Distinguished Scientist Award was presented to Carl H. June, MD, director of translational research at the Abramson Cancer Center of the University of Pennsylvania. US Senators Roy Blunt (R-MO) and Bob Casey (D-PA) received 2017 AACI Public Service Awards, and Stan Collender, a federal budget issues expert and Merkel cell carcinoma (MCC) survivor, was the meeting's keynote speaker.

AACI Executive Director Barbara Duffy Stewart, MPH, acknowledged the program activity and meeting support received this past year from: Amgen, Astellas, AstraZeneca, Bristol-Myers Squibb, Complion, Forte Research Systems, Foundation Medicine, Genentech, Gilead, Janssen Research & Development, Lilly, Merck, Novartis, Pfizer, Takeda Oncology, Tyler & Company, and Velos.



"Precision Medicine Update" panelists (L-R): Dr. Gerold Bepler, Director, Barbara Ann Karmanos Cancer Institute, Wayne State University; Dr. Eric B. Haura, Moffitt Cancer Center; Dr. Nikhil Wagle, Dana-Farber Cancer Institute, Harvard Medical School; Dr. Jill M. Kolesar, UK Markey Cancer Center

CHANGING OF THE GUARD

Since the 2016 AACI/CCAF annual meeting, about two dozen new directors have assumed top leadership roles at AACI cancer centers. At the 2017 annual meeting in Washington, DC, AACI hosted a breakfast to welcome many of those new leaders.

AACI President Stanton L. Gerson, MD, urged the new directors to take advantage of the programs, initiatives, and meetings hosted by AACI as they make the transition into their new jobs. For example, AACI could be a resource for populating a cancer center's external advisory board. AACI President-elect Roy A. Jensen, MD, concurred, telling the directors that AACI is a good group for exchanging ideas.

In a story in *The Cancer Letter*, Robert L. Ferris, MD, the new head of the UPMC Hillman Cancer Center, said that one reason for the leadership turnover could be that many directors "had been in place for a long time and they wanted to retire." However, the changing nature of the job—greater responsibility for treating expanding patient populations, for example—may have been an important factor in the shifting leadership.

Another new cancer center leader, Eric Fearon, MD, PhD, director of the University of Michigan Comprehensive Cancer Center, said that it is an "amazing" time to be a cancer center director, "based in part on the tremendous pace of recent progress in the cancer field and the promise for further major advances."

According to Dr. Gerson, the unprecedented influx of new directors "is an opportunity to renew our focus and commitment to advancing our shared mission. The cancer centers represent the major national effort against cancer, combining research, clinical care, training, and community outreach."



Dr. Malcolm J. Moore, Director, BC Cancer, talks with Canadian colleague Dr. Mary Gospodarowicz, of the Princess Margaret Cancer Centre, at the annual meeting breakfast for new directors.

DISTINGUISHED SCIENTIST

Carl H. June, MD, received the 2017 AACI Distinguished Scientist Award for his pioneering efforts in gene transfer therapy to treat cancer. Dr. June is director of translational research at the Abramson Cancer Center of the University of Pennsylvania, director of the Parker Institute for Cancer Immunotherapy and the Center for Cellular Immunotherapies, and Richard W. Vague Professor in Immunotherapy, Department of Pathology and Laboratory Medicine, Perelman School of Medicine at the University of Pennsylvania.

After receiving his AACI award on October 16, Dr. June delivered a talk, **"Recent Advances in T Cell Therapy for Cancer Treatment,"** which highlighted his ongoing work and the implications of the US Food and Drug Administration's approval of gene transfer therapy to treat cancer.



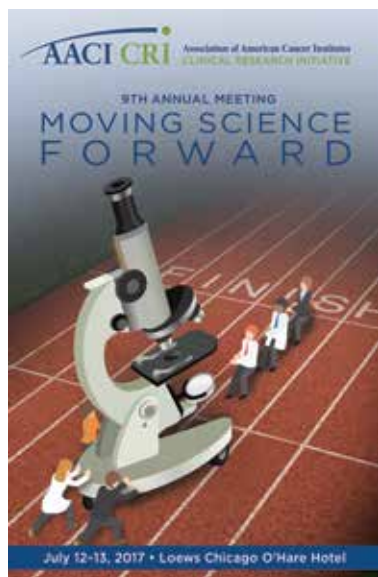
AACI President Dr. Stanton L. Gerson (left) presents the 2017 AACI Distinguished Scientist Award to Dr. Carl H. June.

CLINICAL RESEARCH INITIATIVE

As AACI's Clinical Research Initiative (CRI) enters its 10th year, it has sharpened its focus on linking with like-minded organizations to better serve its members and their patients. In 2017, CRI partnered with both the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS).

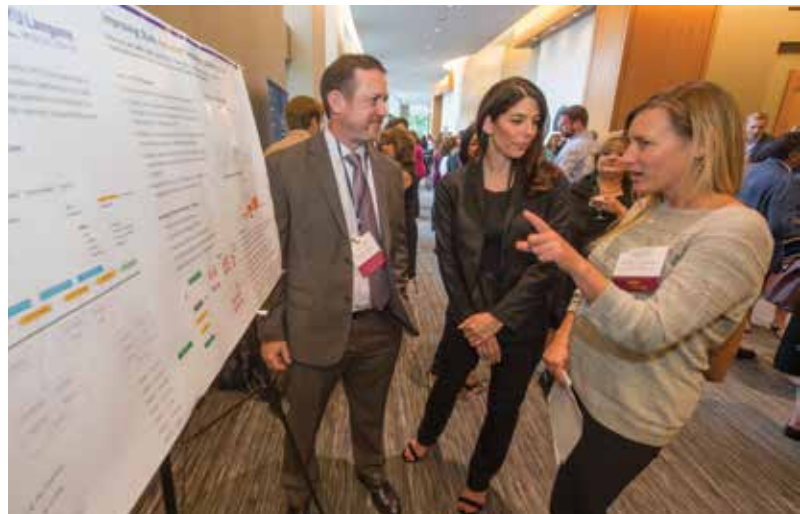
Following up on a "Best Practices in Clinical Trials Initiative" workshop hosted by AACI and ASCO in 2015, ASCO recently published a statement in the *Journal of Clinical Oncology*. "Streamlining Adverse Events Reporting in Oncology: An American Society of Clinical Oncology Research Statement" aims to help sponsors and cancer centers report serious adverse event more efficiently.

AACI participated in a clinical-trials panel discussion at an ONS policy summit in October at the National Press Club in Washington, DC. The collaboration was a first for the Pittsburgh-based organizations. At the summit, members of the cancer-care ecosystem—patients, providers, payers, patient advocacy organizations, and the pharmaceutical industry—explored ways to develop and implement process and outcome measures related to patient symptoms and the clinical use of evidence-based interventions. The summit also explored clinical-trial implementation, precision medicine in academic centers and community settings, and the nursing workforce.



9th Annual AACI CRI Meeting

CRI convened its ninth annual meeting in July in Chicago. Covering two full days, the meeting was attended by more than 335 clinical research office leaders, medical directors, cancer center administrators, NCI representatives, and industry representatives. Seventy centers were represented, and first-time meeting attendees numbered 134. Attendance has grown fourfold since the inaugural meeting in 2009.



Left to right: Paul Davis, Essex Management; Erica Love, Laura and Isaac Perlmutter Cancer Center at NYU Langone; and Ashley Tydon, UC Irvine Chao Family Comprehensive Cancer Center.

The wide-ranging meeting program included a panel discussion about managing clinical trials at affiliate sites. Presenters from three AACI centers identified reasons for using affiliate trial sites, the criteria for selecting these sites, the importance of building relationships and evaluating a site's readiness for trial participation, and ways to monitor trial compliance and speed up data collection.

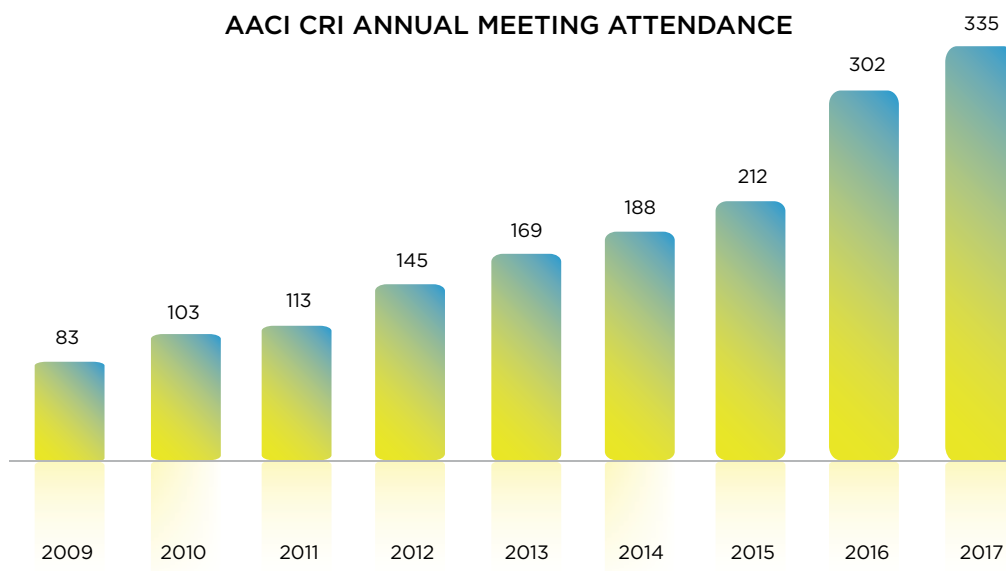
In a session on developing investigator-initiated trials, panelists looked at using multiple electronic data-capture systems, how to bridge financial gaps when pilot or donor funding is limited, and navigating complex industry and clinical research organizational structures for junior faculty wanting to conduct such trials.

The CRI annual meeting aims to improve the clinical research process, understand the impact of clinical research in the United States and abroad, discuss trends in clinical trials safety and compliance, and recommend policies to promote staff retention.

Listserv

The CRI listserv now reaches more than 620 members at 85 AACI cancer centers. The listserv is an efficient way for AACI members to ask questions, receive immediate feedback, and share best practices. More than 80 questions were posted on the listserv in 2017. Listserv discussions are archived in the document library on the AACI portal, open only to AACI members. Recent listserv topics have included protocol review and monitoring system committees, electronic consent, Epic, and e-regulatory binders.

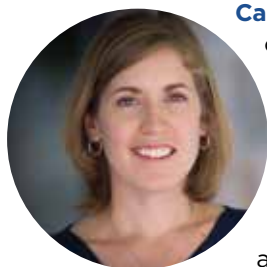
AACI CRI ANNUAL MEETING ATTENDANCE



Strategic Plan

AACI executive leaders and AACI CRI Steering Committee members met in November in Pittsburgh. With Joseph Simone, MD, as facilitator, the group identified CRI's strengths, weaknesses, opportunities, and threats and developed a five-year strategic plan. The plan will begin implementation in early 2018.

New Steering Committee Members



Carrie Lee, MD, MPH, medical director of UNC Lineberger Comprehensive Cancer Center's Clinical Protocol Office, started her term in November as chair of CRI's Steering Committee. Dr. Lee oversees clinical, regulatory, compliance, financial, and data-management aspects of therapeutic clinical trials at Lineberger. She leads a clinical-trials

staff focused on advancing the science behind the development of new anti-cancer treatments.

CRI's five new steering committee members are:

Tricia Adrales Bentz, MHA, CCRP, Clinical Trials Office Director, Hollings Cancer Center, Medical University of South Carolina

Stefan C. Grant, MD, JD, Associate Director, Clinical and Translational Research, Associate Professor of Medicine, Wake Forest Baptist Comprehensive Cancer Center



AACI President-elect Dr. Roy A. Jensen poses a question at the CRI annual meeting.

Therica Miller, MBA, CCRP, Associate Director, Clinical Research Administration, Samuel Oschin Comprehensive Cancer Institute, Cedars-Sinai Medical Center

Helen Peck, RN, MA, OCN, CCRP, Executive Director, Clinical Research Services, Sylvester Comprehensive Cancer Center, University of Miami Health System

Alex Zafirovski, MBA, Executive Director, Administration, The Robert H. Lurie Comprehensive Cancer Center of Northwestern University

PATIENT PERSPECTIVE

ANNA C. BECK, MD

We all have “aha” moments throughout life. But for Anna C. Beck, MD, no such moment was more a game changer than her diagnosis of locally advanced breast cancer at age 47.



Dr. Beck shared her unique perspective as both a cancer survivor and a cancer physician in an inspiring keynote talk titled **“Supporting Patients through Clinical Trials and Beyond”** at CRI’s 9th annual meeting.

At the time of her diagnosis, Dr. Beck was a partner in a busy private oncology practice and a hospice medical director. “My first thought was, ‘This couldn’t be!’” Dr. Beck said of the moment when she first detected dimpling in one of her breasts. “I’m too young. I’m an oncologist. It can’t possibly be my turn to die.”

Then everything “fell apart,” as Dr. Beck characterized it: biopsies, surgery and x-rays; telling loved ones and her professional partners; then embarking on treatment. Fortunately, the treatment worked. But that left Dr. Beck with a new challenge: getting her life back on track despite being drained from a packed schedule of 20 patients a day, weekend call, pre-authorizations, and the other responsibilities of managing a practice.

Inspiring Patients

Now, in her role as medical director of Supportive Oncology and Survivorship at the University of Utah Huntsman Cancer Institute, Dr. Beck teaches fellows how to rethink the way they interact with patients and families, how to deliver truly patient-centered care, and how to support patients as they face a frightening disease and sometimes equally frightening treatments.

For patients who doubt their ability to tolerate chemotherapy, Dr. Beck now has her own story to share of perseverance in the face of cancer. “I want to inspire people,” she said. “I want someone to look to me and say, ‘Because of you, I didn’t give up.’” Dr. Beck’s battle also helped her realize that many cancer patients feel a loss of connection.

Dr. Beck concluded by acknowledging her work with colleagues, including her oncologist, as well as Huntsman’s entire team of administrators, nurses, advanced practice clinicians, scientists, team coordinators, study coordinators, medical assistants, and social workers, who all share a common purpose: to eradicate this awful disease.

CRI MEETING ABSTRACT WINNERS

The CRI annual meeting abstract competition drew 33 submissions from 19 centers. Three winners were selected among abstracts that focused on the challenges of working with novel clinical trials.

FIRST PLACE

Ensuring PEAK Training and Compliance in Cancer Clinical Trials

Richa Upadhyay, MD; Lediona Ardolli, MA; Rosemarie Gagliardi, MPH, cEdD; Donna Berizzi, RN, MSN, OCN; Matthew Galsky, MD; Ajai Chari - The Tisch Cancer Institute at the Mount Sinai Health System

SECOND PLACE

Improving Reproducibility of Quantitative Imaging Endpoints

Daniel C. Sullivan, MD; Michael Boss, PhD; Thomas L. Chenevert, PhD; Edward F. Jackson, PhD; Alexander Guimaraes, MD, PhD - Duke Cancer Institute, Duke University Medical Center; University of Michigan Comprehensive Cancer Center; University of Wisconsin School of Medicine & Public Health and Carbone Cancer Center; Knight Cancer Institute/Oregon Health & Science University

THIRD PLACE

Implementing a Research Nurse Model for the Clinical Trials Office (CTO)

Helen Peck, RN, MA, OCN, CCRP; Joanne Mancini, RN, CCRP; Cathy Galasso, RN, OCN, CCRP - Sylvester Comprehensive Cancer Center, University of Miami Health System; Barbara Ann Karmanos Cancer Institute, Wayne State University

NETWORK CARE INITIATIVE

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

Managing cancer center networks is a complex task involving many moving parts: providing care to a large patient catchment area; collaborating with other centers and community sites; working with varied employment network models; using new referral patterns; providing access to clinical trials; incorporating the use of care paths (suggested diagnostic and treatment pathways) and monitoring quality care. Without a clear roadmap, a network can become unmanageable.

Led by AACI President Stanton L. Gerson, MD, the initiative will allow cancer centers to improve patient care through standardized, evidence-based care paths, using optimal referral patterns, and providing advanced clinical trials to patients.

Network Care Initiative Survey

The Network Care Initiative Steering Committee—composed of cancer center directors and physician

clinical leaders—has developed a survey that includes a glossary of terms to help standardize responses. AACI's Physician Clinical Leadership Initiative Steering Committee and AACI's Board of Directors assisted with the survey. Its goals are to:

- Develop and share a glossary of common nomenclature for the delivery of care at cancer centers and network practice sites;
- Demonstrate how AACI centers are providing high-quality care to patients at the main cancer center and network practice sites;
- Establish best practices for providing care to patients at network practice sites; and
- Determine the benefit of using care paths.

At the AACI/CCAF annual meeting in October, Dr. Gerson reported on survey data collected to date. The survey received responses from 57 cancer centers by year's end. Phase II of the initiative begins April 2018.

NETWORK CARE INITIATIVE TIMELINE HIGHLIGHTS
PHASE I
December 2016: Developed initial survey
January – February 2017: Convened steering committee
March – June: Revised and distributed pilot survey
August: Distributed final survey to AACI membership
October: Presented summary data at AACI/CCAF annual meeting
December: Second round of data collected
December 2017 – March 2018: Finalize data and develop recommendations
PHASE II
Begins April 2018: Review and publish survey data

SURVEY COMPONENTS



PHYSICIAN CLINICAL LEADERSHIP INITIATIVE

The fifth annual meeting of AACI's Physician Clinical Leadership Initiative's (PCLI), held in Washington, DC, in October, focused on training programs for advanced practice providers and their role in delivering quality cancer care.

The attendees also examined value-based payment systems, the Centers for Medicare & Medicaid Services (CMS) Quality Programs, the Medicare Access and CHIP Reauthorization Act, and merit-based Incentive programs.



Dr. Deborah K. Mayer, UNC Lineberger Comprehensive Cancer Center.

The annual meeting is PCLI's primary forum where AACI cancer center clinical services leaders can evaluate and share best practices that promote the effective operation of cancer center clinical and quality care programs.

Meeting presenters included Adam F. Binder, MD, from the Albert Einstein Cancer Center, who described his experiences developing an oncology training program for advanced practice providers to facilitate engagement of mid-level providers into the oncology academic practice. Deborah K. Mayer, PhD, RN, ANP-BC, AOCN, FAAN, director of Cancer Survivorship at the UNC Lineberger Comprehensive Cancer Center, talked about the role of advanced practice nursing in the quality of cancer care, and Therese Mulvey, MD, FASCO, of the Massachusetts General Hospital Cancer Center and Affiliated Networks, presented,

"All You Wanted to Know about Value-Based Payment Systems: Centers for Medicare & Medicaid Services Quality Programs: Medicare Access and CHIP Reauthorization Act (MACRA) and Merit-based Incentive Programs (MIPS)."

The meeting concluded with a panel discussion moderated by PCLI Steering Committee Chair Randall F. Holcombe, MD, MBA, director of the University of Hawai'i Cancer Center.

PCLI also hosted a webinar in 2017, "Plotting the Best Course for Patients: Navigators and Their Role at Cancer Centers," led by Danelle Johnston, RN, MSN, BSN, ONN-CG, OCN, CBCN. Ms. Johnston is chief nursing officer and senior director of planning and initiatives with The Lynx Group and a longtime member of the Academy of Oncology Nurse & Patient Navigators. The webinar attracted more than 100 attendees.

Topics discussed during the webinar included:

- How cancer centers financially justify the role of a navigator;
- Education and/or experience that is required for lay and nurse navigators; and
- The relative value of lay versus nurse navigators.



Dr. Robert Winn, Director, University of Illinois Cancer Center.



Dr. William Oh, The Tisch Cancer Institute; Dr. Eben Rosenthal, Stanford Cancer Institute; and Dr. William Kelly, Sidney Kimmel Cancer Center at Thomas Jefferson University.



Dr. Laura Hutchins, UAMS Winthrop P. Rockefeller Cancer Institute, and Dr. Randall F. Holcombe, Director, University of Hawai'i Cancer Center.

PCLI Welcomes Four New Steering Committee Members

Ruben A. Mesa, MD, FACP

*Director, UT Health
San Antonio Cancer Center*

Edith P. Mitchell, MD, FACP, FCPP

*Clinical Professor of Medicine and Medical
Oncology and Director of the Center to Eliminate
Cancer Disparities,
Sidney Kimmel Cancer Center at
Thomas Jefferson University*

Claire Verschraegen, MS, MD, FACP

*Director, Medical Oncology,
The Ohio State University
Comprehensive Cancer Center,
James Cancer Hospital & Solove
Research Institute*

Srinivasan Vijayakumar, MD

*Professor and Chair,
University of Mississippi
Medical Center Cancer Institute*

PUBLIC ISSUES AND ADVOCACY

In 2017, AACI navigated an unprecedented level of legislative activity. While every new administration brings change, AACI remained committed to ensuring stable, predictable funding for the National Institutes of Health (NIH) and the National Cancer Institute (NCI).

Along with federal support—always a top priority—AACI tackled other challenges in 2017, prioritizing the needs of cancer centers and their patients.



Left to right, The James' Jennifer Carlson, AACR President
Dr. Michael A. Caligiuri, Sen. Rob Portman (R-OH), and AACI President
Dr. Stanton L. Gerson.

Protecting Those Who Practice Medicine and Conduct Research

In February, an executive order on immigration targeted US entry to people from seven countries. AACI joined the American Society of Hematology, the American Association for Cancer Research, the American Society for Radiation Oncology, the American Society of Pediatric Hematology/Oncology, and the LUNGeVity Foundation in expressing concerns that people with unique medical and cancer research expertise were barred from the country. The organizations noted that the nation depends on input from the world's best minds to maintain high-quality biomedical research and health care.

Fighting for Stable, Predictable Federal Funding

In March, a "skinny budget" from the White House included a drastic reduction for NIH in Fiscal Year 2018. AACI responded that such a budget would

Promoting the Principles of AACI Cancer Centers

In March, Congress moved to repeal and replace the Affordable Care Act (ACA). In a letter to House leaders, AACI stressed the need to uphold elements of the ACA including providing coverage protections, continuing prevention programs, and expanding access for those most in need.

AACI emphasized the following points:

COVERAGE

- Protect individuals with pre-existing conditions and establish coverage protections by prohibiting sudden cancellations by insurers.
- Safeguard coverage for young people by allowing dependents up to age 26 to stay on their parents' plan.
- Improve the Medicaid and the Children's Health Insurance Program for low income Americans suffering from cancer.
- Eliminate lifetime or annual caps on cancer care.
- Ensure full patient coverage of preventative cancer screening services and follow-up care.

PREVENTION

- Preserve the Prevention and Public Health Fund.
- Retain the 10 percent excise tax on the indoor tanning industry.

ACCESS

- Expand access to high quality, specialized cancer care by improving patient access to care.
- Maintain the Patient-Centered Outcomes Research Institute.

In June, AACI contacted every US Senator, urging that any healthcare package include the provisions highlighted by AACI earlier in the year.

diminish academic cancer centers' ability to develop breakthrough therapies for patients and would sideline projects under funding review. At a Capitol Hill educational briefing for congressional staff, AACI stressed how the budget cuts would hurt cancer patients.

In April, 80 cancer center directors signed letters to House and Senate appropriators, urging a Fiscal Year 2017 spending package with a NIH funding increase. At the time, the government was operating under a continuing resolution, but Congress eventually reached a deal to fund operations at updated levels through September. Despite the investment by Congress, the administration released a budget blueprint slashing NIH's budget by nearly one-quarter in Fiscal Year 2018, which AACI urged Congress to reject.



In November, an AACI letter to congressional leaders requested that they raise the Fiscal Year 2018 budget caps and enact a spending bill that increased cancer research funding, thus allowing academic cancer centers to continue to improve outcomes for cancer patients. AACI again wrote to congressional leaders in December, reiterating support for \$36 billion for NIH and \$5.9 billion for NCI in Fiscal Year 2018, as recommended in the Senate's version of the appropriations legislation.

Protecting Medical Research at the Department of Defense

In November, AACI collaborated with the Defense Health Research Consortium and its allied organizations in advocating that the final House-Senate conference report to the Fiscal Year 2018 National Defense Authorization Act not include provisions restricting medical research at the Department of Defense.

At the urging of biomedical research advocates, "Dear Colleague" letters, circulated in Congress and signed by 54 senators and 180 representatives, called

on conferees to maintain support for the defense-funded health research programs. The conferees heard the concerns of the medical research community and responded by removing provisions targeting defense-funded medical research from the final report.



Supporting the 340B Drug Pricing Program

The Centers for Medicare & Medicaid Services (CMS) released its rule for Medicare Programs Hospital Outpatient Prospective Payment Systems in November. The rule cut Medicare payments for drugs provided by 340B hospitals from average sales price (ASP) plus 6% to ASP minus 22.5%. This amounts to a cut of \$1.6 billion per year to 340B hospitals, beginning January 1, 2018.

After the rule's release, AACI cancer centers estimated the impact of a 340B cut. Many centers reported that they would lose millions of dollars, severely limiting their ability to deliver critical services to patients. AACI informed congressional leaders that the administration's decision would affect those most in need—patients—and highlighted how the 340B Drug Pricing Program has enhanced cancer centers' service to lower-income and underserved patients, without absorbing exorbitant drug costs.

In a follow-up letter to congressional leaders, 50 AACI cancer center directors reiterated their concerns about CMS's 340B rule and supported House legislation rejecting the rule.

Advocating for Oral Chemotherapy Parity for Patients

AACI continued its work with the Patient Equal Access Coalition to secure cosponsors for H.R. 1409, the Cancer Drug Parity Act of 2017, introduced by Reps. Leonard Lance (R-NJ) and Brian Higgins (D-NY). The bill amends the Public Health Service Act to require group and individual health plans that cover anticancer medications administered by a health-care provider to provide no less favorable cost sharing for patient-administered anticancer medications. Forty states and the District of Columbia have passed laws to increase access to oral oncology drugs.

At left: Laura Krolczyk (left) and Leah Halton-Pope (right), from Roswell Park Comprehensive Cancer Center, talk with Ross Frommer, Herbert Irving Comprehensive Cancer Center, Columbia University Medical Center.

Above (L-R): Vanderbilt-Ingram's Dr. Jill Gilbert, Rep. Marsha Blackburn (R-TN), and Comprehensive Cancer Center St. Jude Children's Research Hospital Director Dr. Charles Roberts.

PUBLIC SERVICE AWARDEES

Senators **Roy Blunt (R-MO)** and **Bob Casey (D-PA)** received 2017 AACI Public Service Awards during lunch at the AACI annual meeting in October.

After accepting his award from AACI President-elect Roy A. Jensen, MD, director of The University of Kansas Cancer Center, Sen. Blunt underscored his support for federal funding for cancer research and his close ties with his home state cancer centers, the Siteman Cancer Center, in St. Louis, and Ellis Fischel Cancer Center, in Columbia.



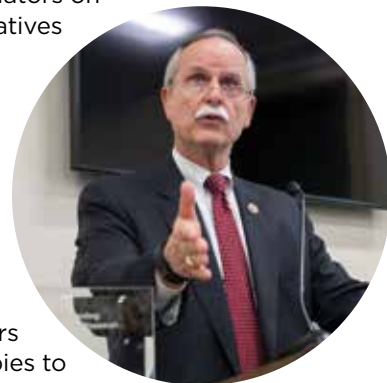
Sen. Blunt asserted that cancer treatment has moved from an infant science to a science that's based on a new set of facts. Focusing on precision medicine, he noted that while cancer treatment has been a long-standing point of discussion, "the cure discussion is a different kind of discussion." With precision medicine's growing potential to make more cures a reality, talk is pivoting toward how the nation will move from treatment to cure, Sen. Blunt said.

Sara Maskornick, legislative assistant to Sen. Casey, accepted the award on the senator's behalf from fellow Pennsylvanian Karen E. Knudsen, PhD, director of the Sidney Kimmel Cancer Center at Thomas Jefferson University, in Philadelphia. Ms. Maskornick conveyed the senator's appreciation to AACI and the cancer centers, particularly those in Pennsylvania. Sen. Casey has been an outspoken supporter of robust federal funding for the NIH during his tenure.

AACI's Board of Directors, the AACI/CCAF Annual Meeting Program Committee, and the AACI Government Relations Forum Steering Committee selected the senators for recognition.

Hill Day Recognition

At AACI's annual visit to legislators on Capitol Hill in May, Representatives **André Carson (D-IN)** and **David McKinley (R-WV)** were recognized by AACI, AACR, and ASCO for their support of cancer research. They attended a reception the night before Hill Day to accept their awards and praised the work cancer centers and cancer researchers are doing to bring new therapies to cancer patients.



Patrick J. Loehrer, Sr., MD, director of the Indiana University Melvin and Bren Simon Cancer Center, introduced Rep. Carson and explained how he came to Congress, filling the seat vacated by his grandmother, Rep. Julia Carson, after a brave battle against cancer.

In accepting his award, Rep. McKinley highlighted the WVU Cancer Institute and noted his interest in helping the center achieve NCI designation. Rep. McKinley led bipartisan efforts on the Hill in support of increased NIH funding for several years.



At left (L-R), Sen. Roy Blunt (R-MO) and AACI President-elect Dr. Roy A. Jensen.

At top, Rep. David McKinley (R-WV).

At bottom (L-R), Rep. André Carson (D-IN) and Dr. Patrick J. Loehrer, Sr., Director, Indiana University Melvin and Bren Simon Cancer Center.

CAPITOL HILL DAY

With the threat of a government shutdown looming, timing was everything for Hill Day advocates. As cancer research supporters descended on Washington, DC, in May, a continuing resolution keeping the government open and operating was set to expire.

Seventy cancer center directors, administrators, physicians, researchers, patient advocates, and cancer survivors, representing 27 states plus the District of Columbia, urged legislators to provide stable, predictable support for the NIH and the National Cancer Institute (NCI) in Fiscal Year 2017 and 2018. Advocates participated in nearly 130 meetings with members of Congress and their staff, including leadership and key committee staff. The looming deadline presented a ripe opportunity for advocates to thank legislators for their support of the NIH and NCI and ask that they provide adequate funds for the agencies.

The 2017 Hill Day was co-hosted by AACI, the American Association for Cancer Research (AACR), and the American Society of Clinical Oncology (ASCO). It kicked off with a breakfast briefing, where Rep. Brett Guthrie (R-KY) welcomed attendees and thanked them for coming to Washington to advocate for biomedical research funding.

AACI President-elect Roy A. Jensen, MD, director of The University of Kansas Cancer Center, introduced Rep. Tom Cole (R-OK), chair of the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies. Chairman Cole stressed the importance of the work taking place in cancer centers and laboratories nationwide, and reiterated his commitment to prioritizing stable, predictable funds for biomedical research.



Chairman Cole played a key role in bipartisan discussions that led the House to secure a \$2 billion NIH increase in Fiscal Year 2017. The House action occurred the day before Hill Day.



Throughout the day, AACI, AACR, and ASCO participants visited their members of Congress, thanking representatives for the \$2 billion increase and asking that they provide at least \$36 billion for the NIH in Fiscal Year 2018. Hill Day participants also asked members of the upper chamber to support passage of the omnibus to ensure both the \$2 billion boost in Fiscal Year 2017 and to back the \$36 billion request for the NIH in Fiscal Year 2018. Later that day, the Senate passed the omnibus bill that included the NIH increase, and the president signed the bill, funding the government through September the following day.

At left, Rep. Tom Cole (R-OK).

Above, (L-R) Dr. Nipun Merchant, Sylvester Comprehensive Cancer Center; Dr. Mario Fernandez, Moffitt Cancer Center; Dr. Marilena Tauro, Moffitt Cancer Center; Dr. Kerry Burnstein, Sylvester Comprehensive Cancer Center; and Dr. Thomas George, University of Florida Health Cancer Center.

CORPORATE ROUNDTABLE

The AACI Corporate Roundtable met twice in 2017: in July, during the AACI Clinical Research Initiative (CRI) annual meeting, in Chicago, and in October during AACI's annual meeting in Washington, DC.

The roundtable provides value to patients by enhancing cooperation between cancer centers and industry to accelerate development of novel and promising therapies. Individually, the roundtable raises the profile of industry members with cancer center leaders and familiarizes them with cancer center priorities and operations. Through interactions between industry and cancer centers, both new and ongoing AACI programs can gain support.



Above, Mary Christian, Bristol-Myers Squibb, and Dr. Thomas Sellers, Director, Moffitt Cancer Center. At left, Merck's David McFadden.



Next page (L-R), Dr. Peter D. Emanuel, Director, UAMS Winthrop P. Rockefeller Cancer Institute, and Amgen's Dr. Tony Wagner.

AMGEN

 **astellas**

 **Bristol-Myers Squibb**

Genentech
A Member of the Roche Group

 **GILEAD**

janssen  **Oncology**

PHARMACEUTICAL COMPANIES OF **Johnson & Johnson**

Lilly

 **MERCK**


ONCOLOGY

At the July AACI Corporate Roundtable, AACI President-elect Roy A. Jensen, MD, director of The University of Kansas Cancer Center, emphasized the importance of working together in sessions to “Move Science Forward,” the theme of the CRI meeting. He added, “It is through these exchanges that we can advance our common goal of better serving our patients.”

Roundtable discussion points at the CRI annual meeting included:

- Creating a centralized coverage analysis for multi-site trials
- Working with trial sponsor portals
- Increasing patient accrual to clinical trials
- Implementing telemedicine in clinical trials

At the October roundtable, Carrie Lee, MD, chair of the AACI CRI Steering Committee, shared highlights from the July meeting. She noted that Paul Martin, MD, the previous steering committee chair, had worked toward developing a streamlined approach to coverage analysis for multi-site trials. Such an effort would be guided by the tenets of Medicare and the Affordable Care Act (ACA). The ACA defines reimbursable care and therapeutic intent for patients with a diagnosed disease and specifies items and services that are reasonable and necessary in either diagnosing and/or treating complications arising from participation in clinical trials.

Roundtable discussion points at the AACI/CCAF meeting included:

- The AACI Network Care Initiative
- Maximizing clinical trial quality and efficiency
- Use of e-consent for clinical trials
- Engaging collaborations with industry
- Pay-for-performance reimbursement programs and their impact on clinical research.

AACI thanks 2017 Corporate Roundtable members for their support and commitment: Amgen; Astellas; Bristol-Myers Squibb; Genentech; Gilead; Janssen Oncology; Lilly; Merck; and Takeda Oncology.



SUSTAINING MEMBERS

Sustaining members of AACI have access to AACI's resources in educating policy makers on the importance of cancer research funding.

They also have opportunities to collaborate with the institutions to which many of their own members may belong, strengthening those ties with the greater community of cancer centers.

Sustaining members are invited to participate in AACI-sponsored meetings, workshops, and forums and they can meet annually with AACI leadership.

AACI appreciates the support of its 2017 sustaining members—the American Association for Cancer Research, the American Cancer Society, the American Society of Clinical Oncology, and the Society for Immunotherapy of Cancer.

AACR American Association
for Cancer Research
FINDING CURES TOGETHER™



Society for Immunotherapy of Cancer

SUPPORTERS

Twice each year, AACI hosts major gatherings of its members and representatives from other cancer research-related organizations. These events—the AACI/CCAF annual meeting and the AACI CRI annual meeting—provide a forum to explore opportunities for collaboration and to address common challenges to providing better care for cancer patients.



A vital catalyst for these interactions is the dedicated support of external sponsors, including exhibitors promoting their products and services to meeting attendees such as cancer center directors, executive administrators, and leaders of clinics, laboratories, and specialized research facilities.

Exhibitors at the AACI/CCAF annual meeting included: Agilent Technologies, iLab Operations Software; BTC Network; Complion; Florence eBinders; Forte; Nimblify, a Forte Company; Precision Imaging Metrics; Society for Immunotherapy of Cancer; and Velos.

Exhibitors at the CRI annual meeting included: ASCO Research Community Forum; BRANY; Complion; Florence eBinders; Forte Research Systems, Inc.; Huron; Medicalogic.io; Patient Resource Navigator; and PFS Clinical.



In addition to exhibitors, support in 2017 was provided by the following companies: Amgen; Astellas; AstraZeneca; Bristol-Myers Squibb; Complion; Forte Research Systems; Foundation Medicine; Genentech; Gilead; Huron Consulting Group; Janssen Research & Development; Lilly; Merck; Novartis; Pfizer; Takeda Oncology; Tyler & Company; and Velos.

AACI appreciates the generous investment in our programs made by our many supporters.



Clockwise, from above right (L-R): BTC Network's Alfred Peters and Christian Burns; Jacqueline Smith from the Society for Immunotherapy of Cancer talks with Dr. Mitchell Smith of the GW Cancer Center; Dr. Gordon Harris and Trinity Urban, Precision Imaging Metrics; Dr. Stephen Williamson, The University of Kansas Cancer Center, with Nick Bobrinsky and John McIlwain, of Velos; Complion's Cristina Ferrazzano Yaussy and Joe Arkin.

RAISING AWARENESS

In a partnership aimed at reducing the number of cancer patients in the years and generations to come, AACI, the American Cancer Society, Inc., and the Centers for Disease Control and Prevention's (CDC's) National Center for Immunization and Respiratory Diseases launched an "HPV Vaccine Is Cancer Prevention" campaign in 2017.

The campaign recognized pediatricians and pediatric and family practices that, across the US, adopted effective HPV vaccination approaches to help increase HPV vaccination rates among patients. AACI announced the ten award winners in October and worked with cancer center members to arrange in-person award presentations.



AACI's annual meeting generated coverage in *The Cancer Letter*, which focused on the influx of new cancer center directors in the past year and featured an extended interview with Robert L. Ferris, MD, PhD,

the new director of the UPMC Hillman Cancer Center, in Pittsburgh. In addition, *Oncology Times* described the new wave of cancer center directors. It also outlined AACI CRI's recent work and details from a panel discussion on clinical trial deployment within the community.

Five issues of *AACI Commentary* were published in 2017, including one by the new director of the National Cancer Institute, Norman E. Sharpless, MD. In offering perspectives from his new national leadership position, Dr. Sharpless highlighted AACI's work in identifying problems and best practices in the clinical-trials enterprise through its CRI. He also sees AACI "playing a key role in raising awareness across cancer centers and encouraging investigators to apply for Cancer Moonshot research funding opportunities."

Assessing the unusually large turnover of cancer center directors in the last year, Dr. Sharpless said that it could lead to a loss of "continuity, experience, and tremendous talent," but that NCI will work to ensure that "being a cancer center director remains a wonderful and enriching position, with time for scientific leadership and strategic thinking."

Twenty-three issues of *AACI Commentary* have been published since its launch in 2013. It is circulated separately by email to the more than 1,900 readers of

AACI's *Update* monthly newsletter and is archived on AACI's website. Written by cancer center leaders, each edition focuses on a major issue of common interest to the academic cancer centers.

Along with traditional press releases and its member newsletter, *AACI Update*, the association is devoting more resources to social media outreach and will launch a redesign of its website in 2018, in part to facilitate greater advocacy impact through tools like online "call to action" capabilities for contacting legislators about public policy measures affecting the cancer research community.

AACI Commentaries

Perspectives from the New NCI Director

By Norman E. Sharpless, MD - Winter 2018

Zip Code vs. Genetic Code: Breaking Down Cancer Disparities in Philadelphia

By Karen E. Knudsen, PhD - October 2017

Satisfaction with Oncology Quality and Clinical Operations: A Survey from the AACI Physician Clinical Leadership Initiative (PCLI)

By Morgan Dodson, and Drs. Michael Neuss, Laura Hutchins, Richard Lauer, John Sweetenham, Nathan Levitan, Martha Mims, Mohammed Milhem, Craig Bunnell, Dan Mulkerin, Randall F. Holcombe - Fall 2017

SF CAN: A City Working Together to Fight Cancer

By Alan Ashworth, PhD, FRS
- Summer 2017

Integrating Clinical Research into Clinical Care

By Martha Mims, MD, PhD
& Sarah McNees, PhD
- Spring 2017



NEW LEADERSHIP

Four Cancer Center Directors Join AACI Board

In 2017 AACI welcomed Dario C. Altieri, MD; Gerold Bepler, MD, PhD; C. Kent Osborne, MD; and Timothy L. Ratliff, PhD, to AACI's Board of Directors.

Drs. Bepler and Ratliff were elected to three-year terms; Dr. Osborne was appointed to a one-year term. Their terms started on October 15, during the AACI/CCAF annual meeting. Dr. Altieri's term will expire in October 2019. He is filling the unexpired AACI board term of Norman E. Sharpless, MD, former director of the UNC Lineberger Comprehensive Cancer Center, who was sworn in as director of the National Cancer Institute in October 2017.



Dr. Altieri is president and chief executive officer of the Wistar Institute, and director of the Wistar Institute Cancer Center, in Philadelphia. He joined Wistar as cancer center director and its first chief scientific officer in 2010, and succeeded Russel Kaufman, MD, as president and chief executive

officer of Wistar in 2015. The Altieri laboratory explores the mechanisms that underlie how tumor cells survive and proliferate in cancer. In particular, his laboratory is interested in how tumor cells evade the normal processes that cause cells with genetic faults to self-destruct.



Dr. Ratliff, Robert Wallace Miller director of the Purdue University Center for Cancer Research, in West Lafayette, Indiana, is recognized for his achievements in urologic research. He was a member of the team that validated the PSA (prostate-specific antigen) screening test that is widely

used to detect prostate cancer and was a leader in the launch of intravesical BCG therapy for non-muscle-invasive bladder cancer, currently the treatment of choice for the disease. Dr. Ratliff founded and launched the Society for Basic Urologic Research and is a member of several other scientific societies.



Dr. Bepler is president and chief executive officer, Barbara Ann Karmanos Cancer Institute, Wayne State University, in Detroit. He has spent his career researching risk, biology, treatment, and outcomes related to lung cancer, with a focus on

non-small-cell lung cancer. His research experience spans the full spectrum from bench to clinical and population research, and he has conducted and published work in cell biology, molecular genetics, clinical and translational sciences, early detection, and risk intervention. More than 20 years ago, his research findings drove his passion for and involvement in the development of personalized medicine.



Dr. Osborne is director of the Dan L Duncan Comprehensive Cancer Center, Baylor College of Medicine, in Houston. He is a physician scientist who has focused on breast cancer his entire career. His research interests include the biology of breast cancer and new treatment approaches for

the disease. He has published extensively on how hormonal therapies such as tamoxifen inhibit breast cancer growth and how breast cancers become resistant to these therapies. He has also studied the role of various growth factors in breast cancer development and progression, and more recently how these other growth factors can interact with estrogen to stimulate tumor growth.

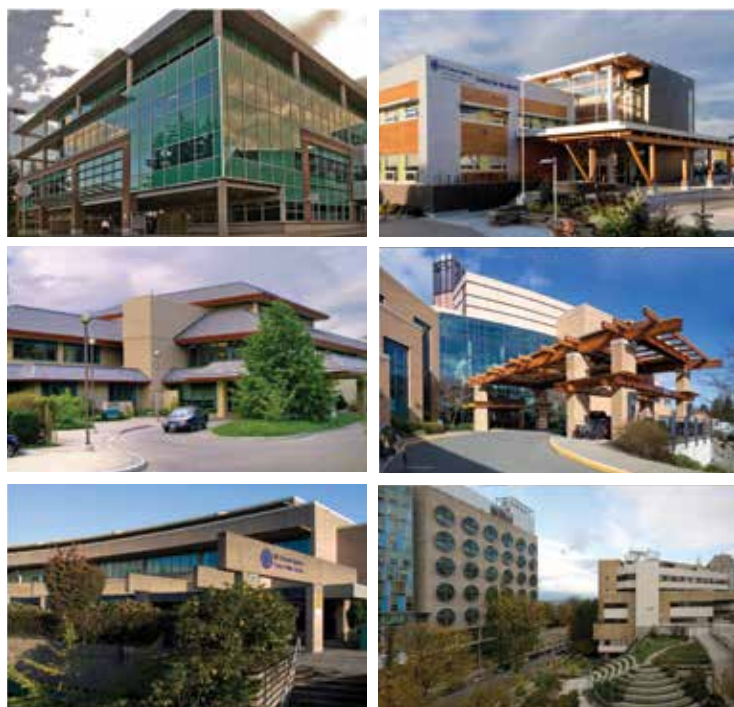
NEW MEMBERS

Two cancer centers joined AACI's membership roster in 2017: BC Cancer, in Vancouver, British Columbia, the association's newest Canadian member, and Upstate Cancer Center, based at SUNY Upstate Medical University, in Syracuse, New York.

BC Cancer

Under the leadership of **Malcolm J. Moore, MD**, a practicing medical oncologist and researcher and clinical pharmacologist, BC Cancer provides cancer services to approximately five million people in British Columbia, with 25,000 new cancer cases per year. Its research ranges from basic molecular and genetic studies to epidemiological and clinical research on cancer prevention, early diagnosis, molecular characteristics of the cancer process, and new treatments for cancer using drugs and radiotherapy.

BC Cancer's first cancer treatment center officially opened in Vancouver in 1938. The agency serves five million people at six dedicated cancer centers across the province, the largest being in Vancouver. In 2000, the agency partnered with the Fred Hutchinson Cancer Research Center, in Seattle, to create the Chinese Women's Health Project, which provides culturally competent outreach programs to increase cervical cancer screening rates among this population.



Operating under a provincially planned, regionally delivered service model, BC Cancer has six regional centers, including a research center in Vancouver (pictured at lower right).

Upstate Cancer Center

Upstate Cancer Center sees more than 2,000 new cancer patients per year, resulting in 45,000 visits on its downtown campus and additional visits to satellite locations.



Jeffrey Bogart, MD, is the center's interim director. He is also director of Upstate University Hospital's Prostate Cancer Program and medical director of Upstate Cancer Center Radiation Oncology.

With an interdisciplinary cancer team that includes 90 board-certified physicians, all of whom are professors at the university's College of Medicine, Upstate's multidisciplinary programs include breast cancer; gynecology oncology; head and neck cancer; liver, gallbladder, and pancreatic cancer; neuro-oncology; prostate cancer; thyroid cancer; and thoracic oncology.

Upstate is aiming for designation as a National Cancer Institute center and is working to expand its translational research programs, including tumor microenvironment and invasion; developmental cancer therapeutics; hematological malignancies; urological cancers; and lifetime survivorship.



Upstate Cancer Center's main facility, located in Syracuse, NY.

2017 COMMITTEES

Academic Difference

The Academic Difference Committee helps gather evidence of the immense value of academic cancer centers. This evidence can be used to advocate for these centers at both the local and the national levels.

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

Stanton L. Gerson, MD
Case Comprehensive Cancer 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 & Bren Simon Cancer Center

Thomas A. Sellers, PhD
Moffitt Cancer Center

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

Annual Meeting Program

The Annual Meeting Program Committee develops the agenda for the important yearly meeting of the association's membership. Committee chair and members are appointed for a one-year term, and include both cancer center directors and administrators.

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

Gerold Bepler, MD, PhD
Barbara Ann Karmanos Cancer Institute
Wayne State University

Maryann Donovan, PhD, MPH
UPMC Hillman Cancer Center

Stanton L. Gerson, MD
Case Comprehensive Cancer Center

Laurie H. Glimcher, MD
Dana-Farber Cancer Institute
Harvard Medical School

David Gosky, MA, MBA
UK Markey Cancer Center

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

Eduardo Sotomayor, MD
GW Cancer Center

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

Jane Welter, MBA
Mayo Clinic Cancer Center

Cheryl L. Willman, MD
University of New Mexico
Comprehensive Cancer Center

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

Clinical Research Initiative (CRI)

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

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

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

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

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

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

Ashley Baker Lee
City of Hope Comprehensive Cancer Center

Therica Miller, MBA, CCRP
Samuel Oschin Comprehensive
Cancer Institute
Cedars-Sinai Medical Center

Jessica Moehle, CCRP
Huntsman Cancer Institute
University of Utah

Kristie Moffett, MHA
Moffitt Cancer Center

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

Barbara Duffy Stewart, MPH
Association of American Cancer Institutes

Stephen Williamson, MD
The University of Kansas Cancer Center

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

Finance and 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: 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

Gregory McDonald, CPA
Roswell Park Comprehensive
Cancer Center

Dorothy E. Puhly
Dana-Farber Cancer Institute
Harvard Medical School

Government Relations Forum Steering Committee

The Government Relations Forum Steering Committee monitors public policy activities affecting cancer centers.

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

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

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

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

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

Orly Isaacson
Memorial Sloan Kettering Cancer Center

Mark Kochevar, MBA
University of Colorado Cancer Center

Kathryn A. Kuhn
Medical College of Wisconsin Cancer Center

Network Care Initiative Steering Committee

The Network Care Initiative Steering Committee is developing a survey, aimed in part at illustrating the impact that AACI cancer centers have on cancer care in their regions, and will guide the review and publication of survey data.

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

Stephen B. Gruber, MD, PhD, MPH
USC Norris Comprehensive Cancer Center

Louis Harrison, MD, FASTRO
Moffitt Cancer Center

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

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

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

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

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

Lois Teston, MD
Case Comprehensive Cancer Center

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

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

Nominating

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. Committee chair and members are appointed for a one-year term and include three members appointed by the president, one of whom is the immediate past president.

Chair: Richard I. Fisher, MD
*Fox Chase Cancer Center
Temple Health*

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

**Immediate Past President:
George J. Weiner, MD**
*Holden Comprehensive Cancer Center
University of Iowa*

Physician Clinical Leadership Initiative (PCLI) Steering Committee

The PCLI Steering Committee oversees the initiative and identifies participants from AACI cancer centers and other like-minded organizations.

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

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

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

Nathan Levitan, MD
Case Comprehensive Cancer Center

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

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

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

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

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

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

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

2017 MEMBERS

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

Loma Linda University Cancer Center
Loma Linda, California

Salk Institute Cancer Center
La Jolla, California

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

Sanford Burnham Prebys Medical
Discovery Institute
La Jolla, California

Stanford Cancer Institute
Palo Alto, California

UC Davis Comprehensive Cancer Center
Sacramento, California

UC San Diego Moores Cancer Center
La Jolla, California

UCI Chao Family Comprehensive
Cancer Center
Orange, California

UCLA Jonsson Comprehensive
Cancer Center
Los Angeles, California

UCSF Helen Diller Family
Comprehensive Cancer Center
San Francisco, California

USC Norris Comprehensive
Cancer Center
Los Angeles, California

Colorado

University of Colorado Cancer Center
Aurora, Colorado

Connecticut

Yale Cancer Center
Yale School of Medicine
New Haven, Connecticut

District of Columbia

Georgetown Lombardi Comprehensive
Cancer Center
Washington, District of Columbia

GW Cancer Center
Washington, District of Columbia

Florida

Mayo Clinic Cancer Center, Florida
Jacksonville, Florida

Moffitt Cancer Center
Tampa, Florida

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

University of Florida Health
Cancer Center
Gainesville, Florida

Georgia

Georgia Cancer Center, Augusta
University
Augusta, Georgia

Winship Cancer Institute of
Emory University
Atlanta, Georgia

Hawai'i

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

Illinois

Cardinal Bernardin Cancer Center
Loyola University Medical Center
Maywood, Illinois

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

The University of Chicago Medicine
Comprehensive Cancer Center
Chicago, Illinois

University of Illinois Cancer Center
Chicago, Illinois

Indiana

Indiana University
Melvin & Bren Simon Cancer Center
Indianapolis, Indiana

Purdue University Center for Cancer
Research
West Lafayette, Indiana

Iowa

Holden Comprehensive Cancer Center
University of Iowa
Iowa City, Iowa

Kansas

The University of Kansas Cancer Center
Kansas City, Kansas

Kentucky

UK Markey Cancer Center
Lexington, Kentucky

UofL Brown Cancer Center
Louisville, Kentucky

Louisiana

Feist-Weiller Cancer Center
LSU Health Shreveport
Shreveport, Louisiana

Louisiana Cancer Research Consortium
of New Orleans

Stanley S. Scott Cancer Center
New Orleans, Louisiana

Tulane Cancer Center
New Orleans, Louisiana

Maine

The Jackson Laboratory Cancer Center
Bar Harbor, Maine

Maryland

Murtha Cancer Center
at Walter Reed Bethesda
Bethesda, Maryland

Sidney Kimmel Comprehensive
Cancer Center
Johns Hopkins University
Baltimore, Maryland

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

Massachusetts

Boston University Cancer Center
Boston, Massachusetts

Dana-Farber Cancer Institute
Harvard Medical School
Boston, Massachusetts

Michigan

Barbara Ann Karmanos Cancer Institute
Wayne State University
Detroit, Michigan

University of Michigan
Comprehensive Cancer Center
Ann Arbor, Michigan

Minnesota

Masonic Cancer Center
University of Minnesota
Minneapolis, Minnesota

Mayo Clinic Cancer Center
Rochester, Minnesota

Mississippi

**University of Mississippi
Medical Center Cancer Institute**
Jackson, Mississippi

Missouri

Siteman Cancer Center
St. Louis, Missouri

Nebraska

Fred and Pamela Buffett Cancer Center
Omaha, Nebraska

New Hampshire

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

New Jersey

Rutgers Cancer Institute of New Jersey
New Brunswick, New Jersey

New Mexico

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

New York

Albert Einstein Cancer Center
Montefiore Medical Center
Bronx, New York

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

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

Memorial Sloan Kettering Cancer Center
New York, New York

**Roswell Park Comprehensive
Cancer Center**
Buffalo, New York

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

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

Upstate Cancer Center
SUNY Upstate Medical University
Syracuse, New York

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

North Carolina

Duke Cancer Institute
Duke University Medical Center
Durham, North Carolina

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

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

Ohio

Case Comprehensive Cancer Center
Cleveland, Ohio

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

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

University of Cincinnati Cancer Institute
Cincinnati, Ohio

Oklahoma

Stephenson Cancer Center
University of Oklahoma
Oklahoma City, Oklahoma

Oregon

Knight Cancer Institute
Oregon Health & Science University
Portland, Oregon

Pennsylvania

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

Fox Chase Cancer Center
Temple Health
Philadelphia, Pennsylvania

Penn State Cancer Institute
Hershey, Pennsylvania

**Sidney Kimmel Cancer Center at
Thomas Jefferson University**
Philadelphia, Pennsylvania

The Wistar Institute
Philadelphia, Pennsylvania

UPMC Hillman Cancer Center
Pittsburgh, Pennsylvania

South Carolina

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

Tennessee

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

Vanderbilt-Ingram Cancer Center
Nashville, Tennessee

Texas

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

Simmons Comprehensive Cancer Center
UT Southwestern Medical Center
Dallas, Texas

**University of Texas MD Anderson
Cancer Center**
Houston, Texas

**University of Texas Medical Branch
Cancer Center**
Galveston, Texas

UT Health San Antonio Cancer Center
San Antonio, Texas

Utah

Huntsman Cancer Institute
University of Utah
Salt Lake City, Utah

Vermont

The University of Vermont Cancer Center
Burlington, Vermont

Virginia

University of Virginia Cancer Center
Charlottesville, Virginia

VCU Massey Cancer Center
Richmond, Virginia

Washington

Fred Hutchinson Cancer Research Center
Seattle, Washington

West Virginia

WVU Cancer Institute
Morgantown, West Virginia

Wisconsin

**Medical College of Wisconsin
Cancer Center**
Milwaukee, Wisconsin

**University of Wisconsin Carbone
Cancer Center**
Madison, Wisconsin

CANADA

British Columbia

BC Cancer
Vancouver, British Columbia

Ontario

Princess Margaret Cancer Centre
University Health Network
Toronto, Ontario



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