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On the cover, clockwise from upper left, L – R: Drs. Roy Jensen and Douglas Lowy; Tricia Bentz and Sandy Annis;
Dr. Susan Hong and Rep. Bobby Rush (D-IL); Clinical Research Innovation annual meeting attendees.

Photo credits: Randy Belice (Clinical Research Innovation annual meeting); Logan Blankenship (Joorabchi – page 6); Derek Parks (Hill Day); Nikolai Roster (AACHI/CCAF annual meeting); Peter Stahl, 2008/CSHL
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A Message From AACI

As we move into a new decade, AACI is reflecting on a year of significant achievements while forging a path for the future.

In 2019 AACI grew its membership, established a Conflict of Interest Task Force, awarded patient advocate scholarships for its annual Hill Day, and hosted its first CAR T therapy symposium. It also increased the publication frequency of the Update newsletter and Commentary editorial series and continued to engage members through innovative programming.

Looking ahead to 2020, the association will prioritize the following objectives:

• A strong federal investment in the National Institutes of Health (NIH) and the National Cancer Institute (NCI), including an increase to the NCI payline

• The elimination of HPV-related cancers through vaccination and screening, particularly among high-risk groups

• A ban on sales of all flavored vaping and tobacco products

• Oral chemotherapy parity

• Health equity across diverse demographic groups

Beyond 2020, AACI has taken steps to ensure a bright future for the association and its members. To chart AACI’s course for the next three to five years, the AACI Board of Directors convened a purpose workshop where participants defined the role of the association and solidified a common vision.

Rest assured, AACI’s mission will not change. AACI will continue to empower the nation’s leading academic cancer centers, providing a unifying platform for five key areas: best practices, education, public policy, advocacy, and collaboration.

In the coming year, AACI leadership will work together to articulate goals, develop strategies, and measure success in the areas where AACI excels to best serve its 100 members.

AACI extends its appreciation to the cancer centers, corporate roundtable, and sustaining members that work to accelerate progress against cancer. Thanks to your continued support, AACI is poised to enter the new decade stronger than ever.
Inspiring patient advocates delivered messages of hope and perseverance to an influential audience of cancer center leaders at the 2019 AACI/CCAF Annual Meeting in Washington, DC.

Keynote speaker Devon Still, a former professional football player, opened the meeting with a moving talk about his experiences caring for his daughter, who underwent successful cancer treatment. Also speaking on behalf of patients were Patricia Wiley, founder of On the Wings of Angels, a cancer awareness foundation; Dr. Alan Balch, chief executive director of the Patient Advocate Foundation; and Sydney Joorabchi, whose cancer was treated with CAR T-cell therapy. Their stories, and those of other patient advocates, are featured throughout this report.

The annual meeting, October 20–22, convened more than 430 AACI cancer center directors and executive-level administrators with industry and government health agencies to develop solutions to common challenges and share best practices.

During an overview of AACI’s work in 2019, Executive Director Jennifer W. Pegher acknowledged program and activity support from AbbVie, Amgen, Astellas, Bristol-Myers Squibb, Complion, Florence, Forte—Now an Advarra Company, Foundation Medicine, Genentech, Genomic Health, Gilead, Huron Consulting Group, Janssen Research & Development, Kite, Lilly, Merck, Novartis, Pfizer, Takeda Oncology, and Varian Medical Systems.

The AACI/CCAF Annual Meeting Program Committee, chaired by Dr. Michael B. Kastan, executive director of the Duke Cancer Institute, assembled the roster of speakers. Panel discussion topics included artificial intelligence and Big Data, cancer center workforce training, clinical trial eligibility criteria, alternative revenue streams and payment models, tumor metastasis, and community outreach and engagement.

In the NCI Director’s Report, a regular component of the annual meeting, Acting Director Dr. Douglas R. Lowy, announced an expansion of the Cancer Center Support Grant (CCSG) award period from five to seven years for qualifying centers.
Helping Families Face Cancer’s Financial Toll

As numbers go, it’s big. And it’s especially significant for Devon Still, the keynote speaker at AACI’s 2019 annual meeting.

“It’s been 167,119,209 seconds since my life changed forever; since I heard that my daughter had Stage IV cancer,” Still said. “No one day is the same, no one month, no one year, no sneeze, no fever, no cough. Nothing is ever the same because you always wonder if that cancer is coming back, if that is your last day with your child.”

Fortunately, the story continues for Still, a former professional football player, and his nine-year-old daughter, Leah. And it’s a story that he is repeating to help other families whose children have cancer.

In 2014, Leah was diagnosed with Stage IV neuroblastoma. Doctors gave her a 50/50 chance of survival and she entered a clinical trial that included weeks of intensive chemotherapy, radiation therapy, surgery, and additional experimental treatments.

But Leah’s battle was far from over. Scans found that the neuroblastoma cells were still spreading throughout her body.

A second clinical trial, this one using an antibody treatment to find and destroy cancer cells, produced positive results. Still got the good news in a phone call that came while he was driving in the car with his wife and daughter. “I looked over at my wife, and I looked back at my daughter. She had the biggest smile on her face and she said, ‘Dad, did I beat up cancer?’ And I said, ‘You did!’”

But there were more obstacles ahead, including stem cell transplants due to nerve damage in Leah’s liver from chemotherapy. “My daughter bent a lot but she didn’t break,” Still said during his talk.

In July, AACI issued a call to action for member cancer centers to submit content related to legislative priorities, followed by engagement with AACI sustaining members. Throughout the year, AACI staff worked with a student team from Carnegie Mellon University to design a beta version of the library.
The 2019 AACI Distinguished Scientist Award was presented to Dr. Douglas R. Lowy, who played a key role in enabling the development of vaccines for human papillomavirus (HPV). Dr. Lowy was also recognized for his long-term research on the molecular biology of tumor viruses and growth regulation and investigation of oncogenes and tumor suppressor genes and their signaling pathways.

Dr. Lowy has been the National Cancer Institute’s (NCI) principal deputy director since 2010, helping to lead NCI’s key scientific initiatives. He also served twice as acting director, from 2015-2017, and in 2019.

In presenting the award, AACI president and director of The University of Kansas Cancer Center, Dr. Roy Jensen, remarked, “Not only do we honor Doug for his scientific accomplishments, but also for his commitment to the cancer centers.”

Dr. Lowy accepted the award after delivering a talk titled, “Preventing Cancer by HPV Vaccination.” His current research examines the DLC1 tumor suppressor, which encodes a Rho-GAP that is down-regulated in a wide variety of cancers, leading to the high Rho activity seen in many advanced cancers. This work has identified important scaffold functions for DLC1, including protein-protein interactions that contribute to the regulation of its activity and its role as a tumor suppressor, and identified kinases that activate and inactivate the functions of DLC1 and the mechanisms by which they do so. Dr. Lowy also continues to conduct research on HPV.
Champion for Cures

Peter and Brynn Huntsman accepted the 2019 AACI Champion for Cures Award on behalf of the Jon M. and Karen Huntsman Family. The Huntsman family has donated or inspired donations totaling $1.4 billion to cancer, beginning with a $10 million gift to cancer research in 1993 and the $100 million gift in 1995 that formally established and named the Huntsman Cancer Institute (HCI) at the University of Utah.

“Jon M. Huntsman had a saying: ‘Cancer moves fast, and we have to move faster,’” remarked Dr. Cornelia Ulrich, executive director of the Comprehensive Cancer Center at HCI. “I can tell you that this sentiment is embedded in the culture of HCI, where every square inch of our campus—nearly one million square feet today—is dedicated to relieving the suffering of cancer patients.”

Dr. Ulrich also highlighted the Huntsman family’s impact in encouraging others to join them in investing in cancer research—they established Huntsman Cancer Foundation to provide philanthropic support from the community to HCI and the foundation now enjoys the support of more than one million individuals and organizations.

In accepting the award, Peter Huntsman, chairman and CEO of Huntsman Cancer Foundation, graciously shifted the focus of the AACI/CCAF 2019 Annual Meeting.

AACL Conflict of Interest Task Force Aims to Build Patient Trust

In the July AACL Commentary, Conflict of Interest (COI) Task Force Co-Chairs, Drs. Karen E. Knudsen and Leonidas C. Platanias, shared recommendations of the task force aimed at standardizing cancer center policies and formulating best practices in COI oversight.

The task force acknowledged that academia has a major stake in drug development, and some conflicts of interest are inevitable. Therefore, AACI believes that “disclose and manage” should be a guiding principle in COI oversight. The COI Task Force reviewed polices at AACI cancer centers and established basic guidelines to ensure that all conflicts are fully disclosed, maintaining patients’ trust and allowing groundbreaking research to flourish at academic cancer centers.

To avoid a potential conflict, the task force recommended that cancer center leadership, such as the cancer center director, review and approve all disclosures for faculty and staff under their purview.

The task force further recommended that cancer center leadership, faculty, and staff disclose all COI, including public speaking engagements, webinars, and other educational activities, even if the educational event is not an accredited continuing medical education course.

In addition, the task force called for disclosure of all dollar amounts related to such activities when applicable and regardless of an artificial money limit.

Other key recommendations included disclosing all affiliations with foreign institutions and laboratories, financial or otherwise, and extending disclosures to at least immediate family members, including spouses, children, parents, and siblings.

The work of the task force will continue in 2020.
In the first year of AACI’s CAR T Initiative, steering committee members addressed issues pertinent to the expanding field including reimbursement, cellular therapy clinical research, the manufacture and administration of CAR T therapy at academic cancer centers, barriers to care, and advocacy efforts with governmental entities such as the Centers for Medicare and Medicaid Services (CMS). With input from the initiative’s administrative barriers working group, AACI submitted three letters of comment to CMS regarding the National Coverage Determination and the Fiscal Year 2020 Hospital Inpatient Prospective Payment System Proposal.

Symposium Spotlight

On October 21, AACI held its first-ever CAR T Symposium. The three-hour session convened more than 80 researchers, clinicians, patient advocates and industry representatives. The symposium, held in conjunction with the 2019 AACI/CCAF Annual Meeting, featured two panel discussions: “Navigating the Health System to Establish and Administer a CAR T Program,” moderated by Clint L. Divine, of The University of Kansas Cancer Center, and “Exploring the Value and Cost-Effectiveness of CAR T-Cell Therapy,” moderated by Dr. Matthew H. Carabasi, of Sidney Kimmel Cancer Center at Jefferson Health.

Attendees also heard from CAR T Steering Committee Chair Dr. Joseph McGuirk, of The University of Kansas Cancer Center, who provided insights into the future research landscape around cellular therapies.

CAR T Therapy a Successful Treatment Option

Sydney Joorabchi learned she had cancer in 2012, at age 13. Initially diagnosed with mononucleosis, she spent six months suffering with extreme fatigue, hair and weight loss, fever, and muscle and bone pain. Finally, a severe leg cramp signaled for a second opinion.

“That marked the beginning of a whole new part of my life,” she said. Joorabchi told her cancer story at the start of a three-hour CAR T symposium during AACI’s 2019 annual meeting in Washington, DC.

A doctor in her hometown of Wichita, Kansas, thought her illness might be thyroid related and ordered a series of tests. That night—a Friday, the Joorabchi family’s traditional pizza and movie night—her mom got the phone call that they’d been expecting, the news was bad.

Joorabchi had been diagnosed with acute lymphocytic leukemia and she was to go to the hospital right away. Just hours earlier, Joorabchi had been contemplating what it would be like to have to take medication for a thyroid condition, now she had to figure out what it was going to be like trying to beat cancer.

Treatment was complicated by the fact that, as a Jehovah’s Witness, Joorabchi could not accept blood transfusions. Nevertheless, she reached remission at age 16 and finished high school, earning a degree in surgical technology and landing a job in a hospital. “I took great enjoyment out of caring for others and it was quite refreshing to learn what it was like to be a caregiver rather than a patient,” she said.

Toward the end of her job orientation period, however, cancer symptoms returned. A bone marrow biopsy showed that the leukemia was back. “I was devastated. I thought I was done with cancer,” Joorabchi said. “Options for treatment that both honored my beliefs and worked for me were next to none.” Fortunately, her oncologist found that The University of Kansas Medical Center was accepting patients for CAR T therapy.

Joorabchi told her work managers of her diagnosis and that she would have to quit her job, considering that it previously took her three years to go into remission. “I’m really glad now that they didn’t let me quit,” she said.

After a round of chemotherapy, Joorabchi waited two weeks before undergoing five hours of T-cell extraction. The T cells were then shipped to a manufacturing company to be reengineered to attack her cancer cells, a process that lasted about five weeks. Finally, the day arrived for CAR T cell infusion—a 15-minute procedure, as opposed to multiple hours with other infusions. Joorabchi experienced few side effects. “Because I was responding so well to treatment I was allowed to leave seven days after treatment,” she recalled. “That was remarkable because the first time I was treated it was four weeks before I was able to go home.”

Outpatient monitoring at The University of Kansas Cancer Center occurred every day for the first two weeks then every three days. On day 30, Joorabchi underwent another bone marrow biopsy. The results showed that she was in remission.

“Because it was a treatment of ease and felt too good to be true, at times I tricked myself into thinking that it wasn’t working. The struggle was all I knew. But here I am today, sharing my story that it worked for me.”
More than 75 members of the AACI Physician Clinical Leadership Initiative (PCLI) convened for the 7th Annual PCLI Meeting in October.

The program focused on strategic initiatives supporting health research activities for sexual and gender minorities, presented by Dr. Karen Parker, director of the National Institutes of Health (NIH) Sexual and Gender Minority Research Office; and a data summary of the impact of care for patients who experience financial toxicities, presented by Dr. Alan Balch, CEO of the Patient Advocate Foundation.

PCLI Welcomes New Steering Committee Chair

AACI welcomed Dr. Claire Verschraegen, director and professor, Division of Medical Oncology, The Ohio State University Comprehensive Cancer Center, James Cancer Hospital & Solove Research Institute, as the new PCLI steering committee chair. Dr. Verschraegen began a three-year term in October. She succeeded Dr. Randall Holcombe, director of the University of Hawai‘i Cancer Center, University of Hawai‘i at Mānoa. AACI thanks Dr. Holcombe for his leadership of the steering committee.

AACI also thanks the following outgoing steering committee members for their time and commitment in guiding the initiative: Dr. Carolyn Britten, Hollings Cancer Center, Medical University of South Carolina; Dr. Craig Bunnell, Dana-Farber Cancer Institute, Harvard Medical School; and Dr. Dan Mulkerin, University of Wisconsin Carbone Cancer Center.

Dr. Alan Balch, chief executive officer of the Patient Advocate Foundation (PAF), delved into cancer’s financial burden on families during a presentation at the 7th Annual AACI Physician Clinical Leadership Initiative Meeting.

PAF offers services to primarily low-income insured patients in five major areas: case management; financial aid; patient education and empowerment; data and survey initiatives; and co-pay relief.

Dr. Balch characterized PAF as “precision charity”—a play on precision medicine—that aims to deliver “the right help to the right patient at the right time.”

Highlighting a survey of patients who used PAF services in 2017 and faced a range of illnesses and treatments, Dr. Balch reported that 76 percent of breast cancer patients, and 65 percent of patients with other cancers, said they had experienced a financial hardship due to the cost of medical care in the previous year.

Patients also identified specific health care costs related to treatment that contributed most to their financial hardship. Topping the list for breast cancer patients were specialist office visits, radiology, and loss of income due to work disruption. For patients with other cancers, the top three were oral prescription drugs, specialist office visits, and lab tests, followed closely by travel costs and loss of income.

“It’s not just the medical costs for patients that drive their financial hardship,” Dr. Balch said. “A lot of it is transportation, work disruption, caregiver burden. That speaks to the importance of talking about not just medical costs but also other issues that drive costs for patients. We think of them as ‘indirect’ costs, but they’re not indirect for patients.”

2019 PCLI Webinars

Development and Implementation of a Telemedicine Program at an NCI-Designated Cancer Center

Andrew Chapman, DO, FACP
Adam Binder, MD
Ana Maria López, MD, MPH, MACP
Sidney Kimmel Cancer Center at Jefferson Health

Hereditary Cancer Programs Part 1

Marie Wood, MD
Wendy McKinnon, MS
University of Vermont Cancer Center

Hereditary Cancer Programs Part 2

Joanne Jeter, MD
Heather Hampel, MS, LGC
The Ohio State University Comprehensive Cancer Center, James Cancer Hospital & Solove Research Institute

Peter O’Connor, Sidney Kimmel Cancer Center at Jefferson Health, participates in an interactive session at the PCLI annual meeting.
Under the leadership of Steering Committee Chair Dr. Carrie Lee, AACI’s Clinical Research Innovation (CRI) continued to refine its strategic goals, with a focus on establishing and disseminating best practices through benchmarking data, key working groups, and member communications.

To address one goal of the CRI strategic plan, AACI developed a benchmarking survey that allows cancer centers to compare performance in key areas including financial support of the clinical trials office, clinical trial volume, and staff workload. CRI shared data with survey participants in July. CRI leadership will concentrate on publishing the survey results for a wider audience in 2020.

CRI’s Shared Investigator Platform (SIP) Task Force identified common challenges in implementing the SIP and developed realistic expectations for clinical trials sites, which were shared in an AACI Commentary.

The Regulatory File Management Working Group issued recommendations for adopting an electronic document management system. These were also highlighted in a Commentary and in a webinar that presented case studies of two different approaches to eRegulatory systems.

The 11th Annual AACI CRI Meeting attracted record-breaking attendance. More than 430 clinical research office leaders, medical directors, cancer center administrators, patient advocates, and representatives from the National Cancer Institute (NCI) and industry convened in Chicago for the three-day meeting.

Program topics included multicenter trials, recruiting and enrolling patients from diverse populations, making the business case for a compassionate use program, clinical trial finance management, and preparing for the NCI Cancer Center Support Grant (CCSG). An interactive keynote presentation by Raquel Jex Forsgren, founder of Front-Line Resilience Health and Living Yoga Therapy, provided tools for managing stress and building resilience to combat “compassion fatigue.”

Prior to the meeting, AACI issued a call for abstracts addressing seven areas of interest: Regulatory, Training & Quality Assurance, Finance/CCSG/PRMS, Trial Recruitment & Disparities Research, Trial Start-up, Clinical Research Operations, and Investigator-Initiated Trials. Authors shared their findings in breakout poster sessions.

Exhibitors and supporters collaborated with AACI to create a meeting environment conducive to learning, networking, and the program’s guiding theme: innovation. Between sessions and poster discussions, CRI attendees connected with 13 exhibitors—the highest number in the meeting’s history—that have demonstrated their commitment to working with academic cancer centers to help solve operational challenges.

**CRI by the Numbers**

- **431** 11th annual meeting attendees
- **66** Abstracts submitted
- **64** Posters presented
- **13** 11th annual meeting exhibitors
JulieAnn Villa and Tomma Hargraves

JulieAnn Villa credits being an endurance athlete with “saving her butt.” An avid runner and cyclist, Villa believes that being attuned to her body led to her early diagnosis with colorectal cancer in 2010. A later diagnosis of osteosarcoma presented more challenges, but it didn’t throw her off course. Although doctors at Robert H. Lurie Cancer Center of Northwestern University removed her fibula during treatment—and grafted bone from her leg to repair her cancer-ravaged jawbone—she continues to run half marathons and complete triathlons.

Villa sees parallels between cancer treatment and training for a marathon, since both emphasize healthy habits and goal-oriented action. This mindset led Villa, a trained research scientist and former science teacher, to return to graduate school to study health communication. She has combined her communication skills and science background with her experiences as a cancer survivor to engage patients and, to a wider audience, as a storyteller at the Moth story slam series in Chicago and at the CRI meeting.

Tomma Hargraves was diagnosed with Stage 3B non-small cell lung cancer in November 2006. She was stunned: she had no symptoms except for a small lump in her neck, which turned out to be a cancerous lymph node.

At the UNC Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, Hargraves participated in a nine-month clinical trial that attacked her cancer through a combination of chemotherapy, radiation, and a targeted oral therapy drug. Though the treatment was aggressive, Hargraves told CRI meeting attendees that she has learned to “fear the tumor, not the trial.”

After being in remission for three years, Hargraves learned she has the EGFR mutation — and also discovered that her cancer had metastasized to her brain. She went through additional chemotherapy, radiation, and a craniotomy to remove scar tissue.

Since those treatments, Hargraves has remained what she describes as a “well-controlled survivor.” After retiring from her 42-year career as a speech-language pathologist, she now volunteers as a patient lay navigator in the thoracic oncology clinic at Lineberger Cancer Center. She is also involved in the Lung Cancer Initiative of North Carolina, which provides statewide support to patients with lung cancer.
In 2019, AACI continued to advocate for stable, predictable funding increases for the National Institutes of Health (NIH) and the National Cancer Institute (NCI).

AACI also continued hosting monthly update calls to discuss policy priorities among cancer centers, including state funding for cancer research, eliminating HPV-related cancers, comprehensive tobacco reform, oral chemotherapy parity, and coverage of routine care for clinical trials.

Government Relations Forum

AACI held a Government Relations (GR) Forum meeting at The Jackson Laboratory (The JAX) in June. The meeting brought together AACI cancer center government relations colleagues to discuss state and federal issues impacting cancer centers, learn about the activities of sustaining members, and tour The JAX campus.

The GR Forum also gathered in October during the AACI/CCAF Annual Meeting, where Steering Committee Chair Anne L. Levine, vice president of external affairs at Dana-Farber Cancer Institute, Harvard Medical School, passed the gavel to John DeMuro, federal legislative affairs director for Moffitt Cancer Center.

The steering committee also welcomed three new members:

- Catherine Liao, associate vice president of government relations at Duke Cancer Institute, Duke Medical Center
- Peter Mackler, executive director of healthcare policy and advocacy at City of Hope Comprehensive Cancer Center
- Kent Springfield, assistant vice president of research and government relations at the University of Colorado Cancer Center

The steering committee extends its appreciation to Levine and the following members, whose terms ended in 2019: Ashlee Bright, director of communications and public affairs at Huntsman Cancer Institute, University of Utah; Robert Clark, chief government affairs officer at the Comprehensive Cancer Center, St. Jude Children’s Research Hospital; Ross Frommer, vice president for government and community affairs and associate dean at the Columbia University Irving Medical Center; and Kathryn Kuhn, vice president of government and community relations at the Medical College of Wisconsin Cancer Center.
Increasing the Success Rate for NCI Grants

Grant applications to the NCI have increased by approximately 50 percent since 2013, outpacing available funding. The increase in requests for cancer research funding is ten-fold greater than that of other arms of the NIH. The high demand indicates that there are many ambitious researchers across the United States — but only a fraction of this research is adequately funded. These funding discrepancies are more than a decade in the making: in 2007, 20 percent of NCI applications were funded, while in 2017, that number dropped to 12 percent. By contrast, the success rate for research funding across the NIH is 19 percent.

In August, AACI sent a letter to House and Senate appropriators and congressional leadership underscoring the boom in grant proposals and stressing the need for more support from Congress. AACI leaders met with key appropriations staff members to discuss the problem. A pot of funding—$212.5 million—was included in the final Fiscal Year 2020 spending package to help address the payline issue.

Congressional Briefings

AACI hosted a briefing in March titled “Breaking Down Barriers to a Cure,” to address patient access to breakthroughs in the rapidly advancing field of CAR T therapy.

AACI president, Dr. Roy A. Jensen, moderated a panel featuring Ross A. Frommer, vice president and associate dean at the Columbia University Irving Medical Center Office of Government and Community Affairs; Dr. Kunle Odunsi, deputy director of Roswell Park Comprehensive Cancer Center; and S. Elizabeth “Sam” Sharf, clinical director of the Bone Marrow Transplant & Cellular Therapy Program at UNC Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill.

During the briefing, Dimas Padilla, a three-time survivor of non-Hodgkin lymphoma, described his experiences as a participant in a CAR T clinical trial at Moffitt Cancer Center. “Funding for research is so important because cell therapy saves lives,” said Padilla. “I wouldn’t be here without it.”

Along with the American Association for Cancer Research, Biden Cancer Initiative, Moffitt Cancer Center, and St. Jude Children’s Research Hospital, AACI also co-hosted “Let’s End HPV-related Cancers” in June. Organizers urged Congress and other stakeholders to make measurable progress toward eliminating HPV-related cancers. To date, nearly 100 leading health organizations—including more than half of AACI’s member cancer centers—have endorsed the call to action.

In October, AACI partnered with One Voice Against Cancer to host “Cancer Research: Challenges, Progress and the Role of Cancer Registries.” AACI board member Dr. Randall F. Holcombe participated alongside panelists from the Centers for Disease Control and Prevention, American Society of Clinical Oncology, and American Cancer Society Cancer Action Network.

“Funding for research is so important because cell therapy saves lives. I wouldn’t be here without it.”

— Dimas Padilla, CAR T clinical trial participant at Moffitt Cancer Center
Increasing the NCI Payline

Letters requesting an NCI payline increase from 8 to 15 percent were sent to the Senate and House chairs and ranking members of the Labor, Health and Human Services, Education and Related Agencies Subcommittees.

“Surprise” Medical Billing Legislation

In a letter to Chairman Lamar Alexander and Ranking Member Patty Murray of the Senate Committee on Health, Education, Labor and Pensions (HELP), AACI requested that at least one tertiary care academic cancer center be included in all health plans with co-pays and co-insurance commensurate with other network providers to guarantee patient access to sub-specialty care.

Letters to Congress

The CLINICAL TREATMENT Act

AACI mobilized cancer centers to write their representatives to support The CLINICAL TREATMENT Act, which would help patients insured through Medicaid receive coverage of routine medical costs when participating in clinical trials.

Tobacco 21

AACI submitted a letter to Senators Mitch McConnell and Tim Kaine applauding their bipartisan legislation to federally raise the purchase age of tobacco to 21 and requesting that revised legislation further restrict flavored vaping products — a key catalyst for vaping among young people. The federal tobacco age was raised to 21 via the Fiscal Year 2020 budget bill signed in December.

Public Policy Resource Library

The AACI Public Policy Resource Library will enable cancer centers and partners in the cancer advocacy community to share talking points and legislation enacted across the U.S. to foster collaboration, promote cancer prevention, and spur the development of sound public health policy at the state and local level.

By providing a platform to share carefully-vetted information on topics including state funding programs for cancer research, efforts to curb HPV-related cancers, and tobacco control, AACI aims to improve the lives of Americans through lowered cancer incidence and mortality.

The library is a product of the AACI Presidential Initiative, spearheaded by Dr. Roy A. Jensen.

“The AACI Public Policy Resource Library represents one tool for leveraging cancer centers’ collective ability to generate good public policy,” Dr. Jensen said. “For a range of issues, cancer centers can push for legislation that leads to a healthier society.”

Explore the AACI Public Policy Resource Library at aaci-library.org.
For the 12th year, AACI co-hosted its annual Hill Day with the American Association for Cancer Research (AACR) in April.

Ninety-one participants, including cancer center directors, researchers, oncologists, survivors, and other advocates, representing 37 cancer centers and 24 states, attended meetings with legislators and staff on Capitol Hill. The group gathered to present a unified voice in support of stable funding increases for the National Institutes of Health (NIH) and the National Cancer Institute (NCI).

Recipients of AACI’s new Hill Day scholarships were among the patient advocates who shared their unique and compelling stories with their respective members of congress. Representing the states of Florida, Kansas, New Jersey, and Ohio, these advocates helped highlight the far-reaching impact of cancer and underscore the importance of continued funding for the NIH and the NCI.

Hill Day Shines Spotlight on Patient Advocates

The 2019 Hill Day kicked off with stories from cancer survivors Dr. Joanna Fuchs (above left) and Pittsburgh radio personality Marty Griffin (above right).

Dr. Fuchs—a cardiologist and the wife of Dr. Charles Fuchs, director of Yale Cancer Center—was diagnosed with colon cancer in 2006. Cancer ran in the family: Dr. Fuchs had been told about her niece’s diagnosis shortly before her husband, a leading colon cancer expert, broke the news of her own diagnosis. A young mother of three children, she was plagued by worry: Would she see her kids grow up? And who would proofread her husband’s grants?

Griffin also confronted fears about the future after his diagnosis with HPV-related throat cancer in 2018. He had felt a lump while shaving and asked his friend, a physician, to look at his throat.

Like Dr. Fuchs, Griffin is a parent of three and worried about his children’s future. A long-time Pittsburgh radio personality, he had recently launched a new marketing and branding company with the backing of venture capitalists. He decided to use the new platform to share his cancer journey and continued to broadcast throughout his treatment at UPMC Hillman Cancer Center. In his remarks, Griffin credited Drs. Robert Ferris and Dan Zandberg, both of UPMC Hillman Cancer Center, with saving his life.
ACI has engaged with industry representatives through the AACI Corporate Roundtable since 2012.

The roundtable meets twice a year with AACI leadership to discuss topics of mutual interest. Three new members joined the roundtable this year—AbbVie, Kite, and Pfizer. AACI looks forward to this group continuing to grow in 2020.

At the Corporate Roundtable meeting in July, held during the AACI Clinical Research Innovation annual meeting, CRI Steering Committee chair-elect Dr. Theresa L. Werner provided an update on the AACI Shared Investigator Platform Task Force, convened in cooperation with Cognizant.

Other topics of discussion included:
• Confidentiality disclosure agreements
• Investigational drug service practices
• Remote monitoring and use of timelines for data entry
• Telemedicine utilization for enrollment and monitoring follow-up

At the roundtable gathering in October, during AACI’s general annual meeting in Washington, DC, HPV vaccination and oral chemotherapy parity were identified as top areas of potential collaboration between AACI member centers and the pharmaceutical industry.

Medicare coverage analysis, first explored in 2017, was revisited in 2019, especially regarding multicenter trials and targeting screening procedures to promote compliance and consistency in billing sponsors or payors. Other discussion points included the digital technology gap in research, sharing information around legislative policy initiatives, and new community outreach and engagement guidelines in NCI’s Cancer Center Support Grant.

AACI thanks 2019 Corporate Roundtable members for their support and commitment: AbbVie, Amgen, Astellas, Bristol-Myers Squibb, Genentech, Janssen Pharmaceuticals, Kite, Lilly, Merck, Pfizer, and Takeda Oncology.
A
ACI works throughout the year to help cancer centers keep pace with the changing landscape in science, technology, and health care.

In part, this is accomplished by gathering and sharing best practices and providing a forum for members to explore opportunities for collaboration and to address common challenges. Key to success in this mission is the dedicated support of external supporters.

The AACI/CCAF annual meeting and the annual meeting of AACI’s Clinical Research Innovation (CRI) are prime opportunities for supporters to interact with AACI members and representatives from other cancer research-related organizations. Exhibitors can promote their products and services to meeting attendees, including cancer center directors, executive administrators, and clinical leaders.

AACI received support in 2019 for its events, programs, and other activities from:

- Astellas
- Complion
- Essex
- Florence
- Forte—Now an Advarra Company
- Foundation Medicine
- Genentech
- Genomic Health
- Gilead
- Huron
- Merck
- Novartis
- Pfizer
- Varian Medical Systems
- WCG Velos

Exhibitors at the 2019 CRI Annual Meeting
- Advarra
- Aerotek
- ASCO Research Community Forum
- Cognizant
- Complion
- DEEP 6 AI
- Florence
- Forte
- HealthMyne
- Huron
- mint medical
- PFS Clinical
- WCG Velos

Exhibitors at the 2019 AACI/CCAF Annual Meeting
- Agilent Technologies, iLab Operations Software
- Caris Life Sciences
- Cejka Search
- Complion
- DEEP 6 AI
- ECG Management Consultants
- Florence
- Forte—Now an Advarra Company
- Huron
- Idea Elan
- Gilead
- Merck
- Patient Resource LLC
- Pfizer
- Precision Imaging Metrics
- Society for Immunotherapy of Cancer
- WCG Velos

AACI appreciates the vital assistance these companies provide with fulfilling the association’s mission to reduce the burden of cancer by enhancing the impact of the leading academic cancer centers.

Supporters

Sustaining Members

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.

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, webinars, and special projects.

AACI is grateful to its 2019 sustaining members: the American Association for Cancer Research, the American Cancer Society, the American Society of Clinical Oncology, the American Society for Radiation Oncology, the American Society for Immunotherapy of Cancer, and the Society for Immunotherapy of Cancer.
New Leadership

Three Cancer Center Directors Elected to AACI Board

In 2019 Drs. Carlos L. Arteaga, S. Gail Eckhardt, and Caryn Lerman were elected by their peers to serve on AACI’s Board of Directors. Their three-year terms began in October, during the 2019 AACI/CCAF Annual Meeting.

Dr. Eckhardt is the inaugural director of the LIVESTRONG Cancer Institutes of the Dell Medical School at The University of Texas at Austin. She has held leadership roles at the University of Colorado Cancer Center. She has conducted numerous Phase I and II clinical trials and has published over 200 manuscripts. Her area of interest is in the preclinical and early clinical development of combinations of molecularly targeted compounds, with a laboratory focus on colorectal cancer.

Dr. Arteaga was appointed director of the Harold C. Simmons Comprehensive Cancer Center at UT Southwestern Medical Center in 2017. He served as the 2014-2015 president of the American Association for Cancer Research. He has more than 350 publications in the areas of signaling by growth factor receptors and oncogenes in breast tumor cells, development of targeted therapies and biomarkers of drug action and resistance, and investigator-initiated clinical trials in breast cancer.

Dr. Lerman was appointed director of the USC Norris Comprehensive Cancer Center in March 2019. She served as deputy director of the Abramson Cancer Center at the University of Pennsylvania. An elected member of the National Academy of Medicine, she is internationally recognized for her cancer prevention research that bridges the fields of genomics, pharmacology, and population science.

WITH APPRECIATION
AACI thanks outgoing board members Drs. Dario C. Altieri, Benjamin G. Neel, and Eduardo Sotomayor for their service on the AACI board. Dr. Altieri was instrumental in advancing AACI programming for basic science centers. Dr. Neel was a staunch advocate of increasing the NCI payline, for which AACI has weighed in with Congress. Dr. Sotomayor played a key role in engaging new supporters for AACI meetings. AACI’s Board of Directors consists of directors of North America’s leading cancer centers, who provide expert guidance to the association.

Dr. Altieri, president and chief executive officer, The Wistar Institute

Dr. Neel, director, Laura and Isaac Perlmutter Cancer Center, NYU Langone

Dr. Sotomayor, director, GW Cancer Center
Forming North America’s cancer research infrastructure, AACI cancer centers translate promising research findings into new interventions to prevent and treat cancer.

**Cancer Center at Illinois**

The mission of Cancer Center at Illinois (CCIL) is to promote and translate engineering and scientific innovations to enable cancer-free lives. Dr. Rohit Bhargava (right) is director of the center, which applies the historic strengths of the University of Illinois at Urbana-Champaign in basic science and engineering to cancer.

Supported by decades of infrastructure investments and world-class educational programs, the CCIL is the hub of a highly integrated research ecosystem that aims to develop next-generation technologies to improve cancer care. It is comprised of two complementary, multidisciplinary basic cancer research programs:

- **Cancer Measurement Technology and Data Science**, and **Discovery Platforms Bridging the Engineering-Biology Continuum**.

The cancer center is part of a university-wide focus on interdisciplinary health research, which also includes the launch of the engineering-based Carle Illinois College of Medicine.

**Cold Spring Harbor Laboratory Cancer Center**

AACI marked a major milestone with the addition of Cold Spring Harbor Laboratory (CSHL) Cancer Center, one of seven National Cancer Institute-designated basic laboratory cancer centers and AACI’s 100th member.

Directed by Dr. David Tuveson, (right) CSHL Cancer Center is committed to exploring the fundamental biology of human cancer. Research at the center covers a broad range of cancer types, including breast, prostate, leukemia, brain, pancreatic, sarcoma, lung, and melanoma.

Three scientific programs provide focus in Gene Regulation & Cell Proliferation; Signal Transduction; and Cancer Genetics.

The CSHL Cancer Center has nine shared resources that facilitate cancer research with state-of-the-art technology and integral services. With the support of world-class staff, these core facilities ensure that cancer center researchers have all the necessary tools to make breakthrough discoveries.

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AACI welcomed two new members in 2019: the **Cancer Center at Illinois** and **Cold Spring Harbor Laboratory Cancer Center**.

*Pictured above: The Beckman Institute for Advanced Science and Technology, home to the Cancer Center at Illinois (top); and Cold Spring Harbor Laboratory Cancer Center (bottom).*
2019 Committees

Annual Meeting Program

Chair: Michael B. Kastan, MD, PhD
Duke Cancer Institute
Duke University Medical Center

Eric R. Fearon, MD, PhD
University of Michigan Rogel Cancer Center

Charles S. Fuchs, MD, MPH
Yale Cancer Center, Yale School of Medicine

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

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

Karen E. Knudsen, MBA, PhD
Sidney Kimmel Cancer Center at Jefferson Health

Wendy Law, PhD
Fred Hutchinson Cancer Research Center

Steven D. Leach, MD
Dartmouth College
Dartmouth-Hitchcock Norris Cotton Cancer Center

Robert F. Mitchell
University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center

Jennifer W. Pegher, MA
Association of American Cancer Institutes

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

Raphael E. Pollock, MD, PhD, FACS
The Ohio State University Comprehensive Cancer Center, James Cancer Hospital & Solove Research Institute

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

CAR T

Chair: Joseph McGuirk, DO
The University of Kansas Cancer Center

Richard P. Bondi
UPMC Hillman Cancer Center

Lihua Elizabeth Budde, MD, PhD
City of Hope Comprehensive Cancer Center

Matthew H. Carabasi, MD
Sidney Kimmel Cancer Center at Jefferson Health

Clint L. Divine, MBA, MSM
The University of Kansas Cancer Center

Helen Heslop, MD
Dan L Duncan Comprehensive Cancer Center at Baylor College of Medicine

Brian T. Hill, MD, PhD
Cleveland Clinic Cancer Center

Frederick L. Locke, MD
Moffitt Cancer Center

Kunle Odunsi, MD, PhD, FRCOG, FACOG
Roswell Park Comprehensive Cancer Center

Sheila Ouverson, MPA
Holden Comprehensive Cancer Center
University of Iowa

Miguel-Angel Perales, MD
Memorial Sloan Kettering Cancer Center

David L. Porter, MD
Abramson Cancer Center of the University of Pennsylvania

Sam Sharf, RN, BSN, NE-BC, CHTC
UNC Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Joseph Uberti, MD, PhD
Barbara Ann Karmanos Cancer Institute
Wayne State University

Clinical Research Innovation

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

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

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

Collette M. Houston
Memorial Sloan Kettering Cancer Center

Ashley Baker Lee, CCRP
City of Hope Comprehensive Cancer Center

Tara L. Lin, MD
The University of Kansas Cancer Center

Kristie Moffett, MHA
Moffitt Cancer Center

Melissa Anne Nashawati, MPA
Mays Cancer Center, UT Health San Antonio

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

Theresa Werner, MD
Huntsman Cancer Institute, University of Utah

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

Finance and Investment

Chair: Jeff A. Walker, MBA
City of Hope National Medical Center

Julian Bell, MHA, CPA
The Ohio State University Comprehensive Cancer Center, James Cancer Hospital & Solove Research Institute

John A. Kolosky
Moffitt Cancer Center

Ray Lynch, MBA
Fox Chase Cancer Center, Temple Health

Gregory A. McDonald, CPA
Roswell Park Comprehensive Cancer Center

Government Relations

Chair: Anne L. Levine, MED, MBA
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

Jack Cline
The University of Kansas Cancer Center

John DeMuro
Moffitt Cancer Center

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

Orly Isaacson
Memorial Sloan Kettering Cancer Center
Andrew E. Chapman, DO, FACP  
Sidney Kimmel Cancer Center at Jefferson Health

David Gaffney, MD  
Huntsman Cancer Institute, University of Utah

Richard M. Goldberg, MD, FACP, FASCO  
WVU Cancer Institute

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

Edith P. Mitchell, MD, FACP, FCPP  
Sidney Kimmel Cancer Center at Jefferson Health

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  
UMMC Cancer Center and Research Institute

Task Forces and Working Groups

Regulatory File Management Working Group

Alexandra Annis, CCRP  
UAMS Winthrop P. Rockefeller Cancer Institute

Wendy Bloomer, PhD, CCRP  
Duke Cancer Institute  
Duke University Medical Center

Kyusun Cha, CCRC  
UCSF Helen Diller Family Comprehensive Cancer Center

Deidre Cleary, RN, BSN, CCRC  
UPMC Hillman Cancer Center

Megan Farmer, MS  
Wake Forest Baptist Comprehensive Cancer Center

Ginny Keeling, MS  
Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Erin Lynch, CCRP  
Dartmouth-Hitchcock Norris Cotton Cancer Center

Sarah Osipowicz, MEd, CCRP  
Sidney Kimmel Cancer Center at Jefferson Health

Cary Passaglia, CCRP  
Robert H. Lurie Comprehensive Cancer Center of Northwestern University

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

Kathleen Rodger  
Winship Cancer Institute of Emory University

Conflict of Interest Task Force

Co-chair: Karen E. Knudsen, MBA, PhD  
Sydney Kimmel Cancer Center at Jefferson Health

Co-chair: Leonidas C. Platanias, MD, PhD  
Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Robert L. Ferris, MD, PhD, FACS  
UPMC Hillman Cancer Center

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

Candace S. Johnson, PhD  
Roswell Park Comprehensive Cancer Center

Pamela Munster, MD  
UCSF Helen Diller Family Comprehensive Cancer Center

Patricia M. Wiley  
On the Wings of Angels  
Pediatric Cancer Foundation

Shared Investigator Platform Task Force

Chair: Theresa L. Werner, MD  
Huntsman Cancer Institute, University of Utah

Hobs Apell  
University of Kansas Cancer Center

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

Cheryl Byers, MHA, CIP, CHRC  
Moffitt Cancer Center

Nicholas Cimaglia  
Memorial Sloan Kettering Cancer Center

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

Stefan Grant, MD, JD, MBA  
Wake Forest Baptist Comprehensive Cancer Center

Jessica Moehle, CCRP  
Huntsman Cancer Institute, University of Utah
## 2019 Members

### United States

#### Alabama
- O’Neal Comprehensive Cancer Center at the University of Alabama at Birmingham
  Birmingham, Alabama

#### Arizona
- Mayo Clinic Cancer Center, Arizona
  Scottsdale, Arizona
- The University of Arizona Cancer Center
  Tucson, Arizona

#### Arkansas
- UAMS Winthrop P. Rockefeller 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
  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’i
- University of Hawaii’i Cancer Center
  University of Hawaii’i at Mānoa
  Honolulu, Hawaii’i

#### Illinois
- Cancer Center at Illinois
  Urbana, Illinois
- Cardinal Bernardin Cancer Center
  Loyola University Medical Center
  Maywood, Illinois
- Robert H. Lurie Comprehensive Cancer Center
  Chicago, Illinois
- The University of Chicago Medicine Comprehensive Cancer Center
  Chicago, Illinois
- University of Illinois Cancer Center
  Chicago, Illinois

#### Indiana
- Indiana University Melvin and Bren Simon Cancer Center
  Indianapolis, Indiana
- Purdue University Center for Cancer Research
  West Lafayette, Indiana

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

#### Kansas
- The University of Kansas Cancer Center
  Kansas City, Kansas

#### Kentucky
- UK Markey Cancer Center
  Lexington, Kentucky
- Uofl James Graham Brown Cancer Center
  Louisville, Kentucky

#### Louisiana
- Feist-Weiller Cancer Center
  LSU Health Shreveport
  Shreveport, Louisiana
- Louisiana Cancer Research Consortium of New Orleans
  New Orleans, Louisiana

**Consortium Members:**
- Stanley S. Scott Cancer Center
- Tulane Cancer Center

#### Maine
- The Jackson Laboratory Cancer Center
  Bar Harbor, Maine

#### Maryland
- Murtha Cancer Center at Walter Reed Bethesda
  Bethesda, Maryland
- Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University
  Baltimore, Maryland
- University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center
  Baltimore, Maryland

#### Massachusetts
- Boston University Cancer Center
  Boston, Massachusetts
- Dana-Farber Cancer Institute Harvard Medical School
  Boston, Massachusetts

#### Michigan
- Barbara Ann Karmanos Cancer Institute
  Wayne State University
  Detroit, Michigan
- University of Michigan Rogel Cancer Center
  Ann Arbor, Michigan

#### Minnesota
- Masonic Cancer Center
  University of Minnesota
  Minneapolis, Minnesota
- Mayo Clinic Cancer Center
  Rochester, Minnesota
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