THE ASSOCIATION OF AMERICAN CANCER INSTITUTES (AACI) COMPRISSES 102 PREMIER ACADEMIC AND FREESTANDING CANCER CENTERS IN THE UNITED STATES AND CANADA. AACI IS ACCELERATING PROGRESS AGAINST CANCER BY EMPOWERING NORTH AMERICA’S LEADING CANCER CENTERS IN THEIR SHARED MISSION TO ALLEVIATE SUFFERING.
A Message From AACI

THERE IS NO DENYING THAT 2020 WAS A TUMULTUOUS— AND TRANSFORMATIVE—YEAR.

Just two months into the year the novel coronavirus changed life as we knew it. In addition to its devastating impact on public health, the COVID-19 pandemic has reshaped how we work, how we deliver meetings, and how cancer centers provide care for patients who are particularly vulnerable to the virus.

The pandemic has also shone a harsh spotlight on social determinants of health, racial discrimination, and other inequities. Telemedicine—a lifeline for those at high risk for COVID-19, especially patients with cancer—is still inaccessible to many patients, particularly those living in rural and impoverished areas. The communities hit hardest by COVID-19 also experienced disparities in cancer screening, diagnosis, and treatment—and continue to do so. Incidents of violence against Black people and subsequent protests have led some to describe systemic racism and COVID-19 as “twin pandemics.”

Higher rates of cancer cases, deaths, and complications among certain groups are major concerns to AACI cancer centers. In fact, mitigating cancer health disparities is the focus of Dr. Karen E. Knudsen’s presidential initiative, which formally launched at the 2020 AACI/CCAF Annual Meeting in October.

The past year was also marked by a historic presidential election. Surrogates from both presidential campaigns were invited to speak at the virtual Government Relations Forum meeting in October. The meeting provided a platform for each campaign to share details on their health care policy positions. Earlier in the year, all active Democratic and Republican candidates were encouraged to endorse five key public policy priorities of AACI members: funding lifesaving research, eliminating HPV-related cancers, implementing evidence-based tobacco control and vaping policies, achieving oral chemotherapy parity, and addressing cancer disparities.

Despite the year’s upheavals, AACI welcomed two new members: University of Puerto Rico Comprehensive Cancer Center and Cancer Center at Brown University. The association quickly pivoted to a “new normal” to provide COVID-19 resources to members and reliably deliver the 2020 AACI/CCAF Annual Meeting and the 12th Annual Clinical Research Innovation (CRI) Meeting in new, virtual formats. Both meetings drew a record number of registrants and featured sessions highlighting the impact of COVID-19 on cancer clinical research and care.

As part of his National Cancer Institute (NCI) director’s report Dr. Norman E. Sharpless described the devastating impact of the pandemic on cancer patients’ screening and treatment. Dr. Sharpless also announced the launch of NCI’s public relations campaign to mark the 50th anniversary of the National Cancer Act (NCA).

In 2021, AACI will join the NCI and others in commemorating the NCA anniversary. “Nothing will stop us,” the NCI’s tagline for the anniversary year, underscores the tenacity and perseverance demonstrated by the cancer center network through the many challenges of 2020.

AACI extends its deep appreciation to its 102 cancer center members, corporate roundtable members, and sustaining members, whose work—and continued support—are vital to achieving our mission of accelerating progress against cancer.

Dr. Roy A. Jensen
President, AACI
Director, The University of Kansas Cancer Center

Jennifer W. Pegher
Executive Director, AACI
BY SOME MEASURES, CHANGES CAUSED BY THE CORONAVIRUS PANDEMIC HAVE HAD POSITIVE EFFECTS. A CASE IN POINT: THE 2020 AACI/CCAF ANNUAL MEETING.

Held virtually for the first time over two days in October, the event drew more than twice as many participants as recent in-person annual meetings. Nearly 900 cancer center colleagues registered for presentations on topics ranging from cancer screening guidelines and managing change in clinical trials to pediatric oncology and end-of-life care.

National Cancer Institute (NCI) Director Dr. Norman E. Sharpless announced the launch of NCI’s public relations campaign marking the 50th anniversary of the National Cancer Act. As part of his NCI director’s report—a regular feature of the annual meeting—Dr. Sharpless emphasized the coronavirus pandemic’s devastating impact on cancer screening and treatment.

In line with AACI’s goal to reduce cancer disparities, one meeting session examined ways that cancer centers are reducing the burden of cancer on people of color—particularly Black communities—in their waiting rooms, laboratories, and office suites, and through outreach and community engagement. Similarly, a session on rural oncology, moderated by Dr. Steven D. Leach, director of the Dartmouth-Hitchcock Norris Cotton Cancer Center and chair of the 2020 AACI/CCAF Annual Meeting Program Committee, illustrated that cancer disparities cut across ethnic and geographic lines.

Capping the theme of cancer care equity, AACI’s new president, Dr. Karen E. Knudsen, enterprise director of Sidney Kimmel Cancer Center at Jefferson Health, announced her 2020-22 presidential initiative, focused on understanding and mitigating cancer disparities (see page 12).

In other meeting sessions, directors from four basic science centers highlighted work at their institutions, including exploring RNA as a drug target in cancer; the use of basic models and technology development; new therapeutic approaches in pancreatic cancer; and how a basic science center can contribute to precision medicine beyond checkpoint inhibitors and CAR T technology.

In an overview of the association’s service to members in 2020, AACI Executive Director Jennifer W. Pegher acknowledged annual meeting support from industry sponsors (see page 14), including vendor presentations from Advarra, Caris Life Sciences, and Complion. She also recognized outgoing president, Dr. Roy A. Jensen, director of The University of Kansas Cancer Center, and thanked him for his commitment to the cancer centers, particularly in spearheading his presidential initiative, the AACI Public Policy Resource Library (see page 9).
Champion for Cures
Nike, Inc., co-founder Phil Knight and his wife, Penny, received the 2020 AACI Champion for Cures Award, in recognition of their transformational philanthropy that advances our shared vision of a future without cancer.

The Knights’ commitment to the cancer community began more than a decade ago with a $100 million gift in 2008 to the Oregon Health and Science University (OHSU). They have also helped build a network of people who are invested in the success of Knight Cancer Institute.

In accepting the award via video-recorded remarks, Phil Knight reflected on the path that led to the couple’s cancer research philanthropy.

“I suppose it began ... with a favorite aunt. Lois Porter and her husband Fred never had kids of their own, so her three nephews filled that role. We were special.

Every Friday in the summer Aunt Lois would take us on a Friday surprise.

We’d go into town and each of us would get five dollars to buy anything in the world. Some 30 years later, it pained me enormously when she lost her long two-year battle with breast cancer.”

Knight also recounted that his father, William W. Knight, had finally retired at age 71, then was diagnosed with leukemia which he battled for a year before dying in 1981. Knight’s philanthropic course was also influenced by a college friend who introduced him to Dr. Brian Druker, director of the OHSU Knight Cancer Institute and developer of the drug Gleevec®, for the treatment of chronic myeloid leukemia.

“My wife and I have given over $3 billion to philanthropic causes, but none has had the emotional impact of our donation to cancer research,” Knight said. To illustrate the point, he recalled a dinner where a woman told him she was desperate because her son was diagnosed with a “death sentence” for cancer.

She sent emails to many doctors; only Dr. Druker responded. He prescribed a series of medications including Gleevec.

“With tears running down her cheeks, she announced that her son’s cancer was in remission,” Knight recalled.

Concluding his remarks, Knight observed that cancer is not like polio; it will not be cured with a single vaccine. “It will be cured drip by drip, over a long period of time. But I sincerely believe that Brian Druker and his team at OHSU will be one of those drips, and Penny and I cannot have a bigger legacy than that.”

The 2016 Nobel Prize in Physiology or Medicine was awarded jointly to Dr. Kaelin, Sir Peter J. Ratcliffe, and Gregg L. Semenza for their discoveries of the oxygen-sensing system in cells.

After accepting the AACI award, Dr. Kaelin presented some of his scientific work, adding color with an engaging review of his career.

In a Q&A session, Dr. Kaelin highlighted mentorship as vital to career development and trainee success. “To become a scientist you learn by apprenticeship,” he said. “The mentor and environment are critical to learning how to ask good questions. Be a little bit courageous. If you see an important question and you think you have a path don’t shy away from it,” he advised. “And be self-critical: ‘What am I missing? Do I need another control, another corroborating line of evidence?’ Techniques of science can be learned from anybody, but the scientific ‘taste,’ having a nose for a good question, comes from a good mentor.”

Dr. Kaelin added that young people look for cues from their mentors. So while it is sometimes tempting to convey frustrating aspects of the job, it is important to emphasize the joy of being a scientist and participating in discovery.

Dr. Kaelin also offered advice to cancer center directors struggling to manage scientific talent at their institutions.

“It has to be a big tent; there has to be room for all types of people,” he said. “Be facilitators for collaboration.”
THE 12TH ANNUAL AACI CRI MEETING DREW 1,005 REGISTRANTS. IT FOCUSED ON THE UNIQUE CHALLENGES OF CONDUCTING CANCER CLINICAL TRIALS DURING THE COVID-19 PANDEMIC. SESSIONS AT THE TWO-DAY VIRTUAL MEETING ADDRESSED TECHNOLOGY TO IMPROVE CLINICAL TRIALS, MANAGING CHANGE IN CLINICAL TRIALS OFFICES, AND EFFECTIVE STRATEGIES FOR WORKING ACROSS GENERATIONAL DIVIDES.

Meeting attendees represented 87 cancer centers, AACI Corporate Roundtable and sustaining members, and industry. The meeting app provided new opportunities to connect in lieu of face-to-face networking, from an interactive game to a virtual exhibit hall and a live activity feed with photos and social media posts.

Dr. Theresa L. Werner, CRI Steering Committee chair, opened the meeting with a look at CRI’s recent accomplishments, including updated strategic objectives and an active Shared Investigator Platform (SIP) Task Force.

A panel discussion on harnessing technology to improve cancer clinical trials included a report on the use of wearable devices and sensors in monitoring cancer patients. A review of ways that cancer centers are managing change, especially in relation to coronavirus restrictions, highlighted the importance of trust at institutions for everything from training, communication, and management, to determining pay and goals.

As in previous years, the session on the National Cancer Institute (NCI) Cancer Center Support Grant (CCSG) was particularly popular. Alex Zafirovski, executive director of administration at Robert H. Lurie Comprehensive Cancer Center of Northwestern University, moderated the panel discussion. The CCSG Q&A session featured Dr. Gisele Sarosy, associate director for informatics and biomarkers at NCI, and Dr. Henry Ciolino, director of NCI’s Office of Cancer Centers. Question topics included community outreach and engagement and NCI’s Clinical Trials Reporting Program.

Supporters who exhibited, presented, and otherwise participated in this event included: Advarra, home of Forte Technology Solutions; ASCO; Complion; Essex Management; Florence, Huron; Merck; Novartis; and Veeva Systems.

Following the CRI annual meeting, the 2020 AACI/CCAF Annual Meeting, held virtually in October, featured a two-part session titled “Managing Change,” hosted by the CRI steering committee.

Winning Abstracts

The 12th Annual AACI CRI Meeting included information-rich presentations by three abstract winners. Seventy-seven abstracts were submitted, focusing on solutions tested and implemented to address clinical research challenges that can impede cancer drug development.

First Place
Standardized and Personalized Training Results in Increased Job Satisfaction and a Reduction in Turnover
K. Jenkins, J. Workman, L. Mooney, M. Kilbane
Cleveland Clinic Cancer Center

Second Place
The Challenges and Successes of Enrolling Participants on the Tomosynthesis Mammographic Imaging Screening Trial (TMIST or study EA1151) in Hawai’i’s Minority/Underserved NCI Community Oncology Research Program (M/U NCORP)
S. Cheng1, S. Wakuk2, S. Lieu1, N. Ramos3, K. Bryant–Greenwood1, K. Cassel1, J. Berenberg2, M. Ka’aihue1, B. Lee3, E. Capps1
1University of Hawai’i Cancer Center, University of Hawai’i at Mānoa; 2Queen’s Medical Center

Third Place
Enhancing Productivity: Utilizing the ONBASE Application and Pharmacist Created Order Sets to Streamline the Trial Launch Process
Mays Cancer Center, UT Health San Antonio

Dr. Theresa L. Werner
**CRI Steering Committee**

AACI held elections in September for a new chair-elect and four new steering committee members. The chair-elect is Dr. Tara Lin, clinical trials office (CTO) medical director and associate professor of medicine, from The University of Kansas Cancer Center. Dr. Lin has served as a steering committee member for the past two years.

*Dr. Tara Lin*

Joining the CRI Steering Committee are: **Tiffany Colvin**, University of Colorado Cancer Center; **Dr. Thomas J. George**, University of Florida Health Cancer Center; **Dr. Patricia LoRusso**, Yale Cancer Center, Yale School of Medicine; and **Anne Schwalterly**, WVU Cancer Institute. **Dr. Kimberly F. Kerstann**, Winship Cancer Institute of Emory University, ex officio, will represent the Cancer Center Administrators Forum (CCAF).

Four members rotated off the CRI Steering Committee: **Tricia Adrales Bentz**, Hollings Cancer Center, Medical University of South Carolina; **Dr. Stefan C. Grant**, Wake Forest Baptist Comprehensive Cancer Center; **Helen Peck**, Wilmot Cancer Institute, UR Medicine; and **Alex Zafirovski**, Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

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**Working Groups and Task Force**

**CTO Medical Director Working Group**

The CRI Steering Committee distributed a survey to 86 CTO medical directors in May, receiving 43 responses. The survey aimed to learn more about CTO medical director, or similarly titled, responsibilities for overseeing cancer center clinic research programs. A CTO Medical Director Working Group met monthly throughout 2020 to create the survey, review responses, and develop survey outcomes including crafting a job description for CTO medical directors.

**eRegulatory File Management Working Group and Education Operations Subcommittee**

While both of these working groups pursued different goals at the start of the year, the COVID-19 pandemic created a “new normal” along with the need for CTO leaders to understand how CTO operations were being conducted remotely. Since the two working groups had similar questions, they were merged to address challenges such as monitoring staff productivity, assuring timely and accurate data collection, and providing sponsors with remote monitoring access.

**AACI Shared Investigator Platform (SIP) Task Force**

The SIP task force met monthly to discuss SIP implementation. The meetings generated three webinars for AACI members and a 2021 Virtual SIP Summit is planned.

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**CRI Listserv**

The CRI Listserv was a valuable resource during the pandemic as cancer centers discussed ways that CTO staff have worked remotely while maintaining trial treatments and safely monitoring. The listserv reaches more than 700 members at 85 AACI cancer centers.

**Topics discussed since December 2019 include:**

- COVID-19 and trial recruitment
- Investigational drug shipping to study patients at home
- Study patient transfer policies
- Updates to delegation-of-authority logs
- Remote monitoring best practices
- Data safety and monitoring committee policies
- Trainees and clinical trial assessments
- Multisite investigator-initiated trial guidance for COVID-19
- Quality control and quality assurance performance metrics
- Effort-tracking for staff working remotely
- Electronic signature policies
- Utilization of community members for protocol review monitoring system
- Use of principal investigator satisfaction surveys
CRI Benchmarking Survey

A report on results of a CRI benchmarking survey—"Clinical Trial Metrics: The Complexity of Conducting Clinical Trials in North American Cancer Centers"—was published in November in the American Society of Clinical Oncology’s *Journal of Oncology Practice*. Seventy-nine of 92 AACI centers that conduct clinical trials completed the survey, which asked about clinical trial office workload, funding, staffing, and trial activation timelines. Primary authors were Drs. Carrie Lee, immediate past CRI steering committee chair, and Theresa L. Werner, current CRI steering committee chair.

### Median Number of Trials for Centers Within Each Budget Range

<table>
<thead>
<tr>
<th>CTO Budget (Millions)</th>
<th>No. of Centers (N=75)</th>
<th>Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$4</td>
<td>22</td>
<td>198 (31–491)</td>
</tr>
<tr>
<td>$4–$8</td>
<td>15</td>
<td>307 (129–1,833)</td>
</tr>
<tr>
<td>$8–$12</td>
<td>21</td>
<td>245 (63–739)</td>
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<tr>
<td>$12–$16</td>
<td>8</td>
<td>394 (173–710)</td>
</tr>
<tr>
<td>&gt;$16</td>
<td>9</td>
<td>549 (255–937)</td>
</tr>
</tbody>
</table>

**NOTE:** Data are reported as median (range); four responding centers did not answer this question.

### Other Initiatives

#### Network Care

Led by AACI Immediate Past President **Dr. Stanton L. Gerson**, director of the Case Comprehensive Cancer Center, the Network Care Initiative’s goal is to improve access to high quality specialty care across a broader geographic region and a larger population.

**Dr. Stanton L. Gerson**

A report on an AACI survey detailing the nature of the relationships between main cancer centers and their network sites was accepted for publication in the *Journal of the National Comprehensive Cancer Network* in September. It will be published in 2021.

#### CAR T

The CAR T Initiative Steering Committee convened in 2020 to develop a survey focusing on how cancer centers have responded to the challenges of managing cellular therapy programs during the pandemic. The survey will be sent to AACI cancer centers in early 2021. **Dr. Joseph McGuirk**, of The University of Kansas Cancer Center, leads the initiative.

**Dr. Joseph McGuirk**
AACC’s Physician Clinical Leadership Initiative (PCLI) Establishes Best Practices to Address Cancer Center Interests Through an Annual Meeting, Webinars, Surveys, Steering Committee Meetings and, New in 2020, a Listserv Discussion Group.

PCLI’s 8th annual meeting was held in October as part of the virtual AACI/CCAF annual meeting. The session began with Dr. Claire Verschraegen (pictured left), chair of the PCLI steering committee, providing an overview of PCLI and the past year’s activities, followed by a 90-minute panel discussion moderated by Dr. Edith P. Mitchell, Sidney Kimmel Cancer Center at Jefferson Health, titled “Hastening Progress Towards Cancer Care Equity.” Panelists for the session were Dr. Otis W. Brawley, Sidney Kimmel Cancer Center at Johns Hopkins University; Dr. Carmen E. Guerra, Abramson Cancer Center of the University of Pennsylvania; and Dr. Melissa A. Simon, Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

Webinars
- Maintaining a Clinical Research Practice at an Academic Cancer Center
  Dr. Claire Verschraegen, The Ohio State University Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute

- Implementation of Germline Testing for Prostate Cancer
  Drs. Edith Mitchell and Dr. Veda N. Giri, Sidney Kimmel Cancer Center at Jefferson Health

- Oncology Workforce Challenges: The Role of Advanced Practice Providers in Academic Oncology
  Dr. John Sweetenham and Angela F. Bazzell, Simmons Comprehensive Cancer Center, UT Southwestern Medical Center

New Steering Committee Members
Six new members were selected to join PCLI’s Steering Committee:

- Dr. Steven R. Alberts
  Mayo Clinic Cancer Center

- Dr. Julie Brahmer
  Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University

- Dr. Lisa Carey
  UNC Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill

- Dr. Merry Jennifer Markham
  University of Florida Health Cancer Center

- Dr. Jessica Rhee
  University of Hawai‘i Cancer Center

- Dr. John Sweetenham
  Simmons Comprehensive Cancer Center, UT Southwestern Medical Center

AACI thanks the following outgoing PCLI steering committee members for their service: Dr. Craig Bunnell, Dana–Farber Cancer Institute, Harvard Medical School; Dr. Richard Goldberg, WVU Cancer Institute; Dr. Randall F. Holcombe, University of Hawai‘i Cancer Center; and, Dr. Dan Mulkerin, University of Wisconsin Carbone Cancer Center.

Protected Time Survey Results to be Published

The ‘Journal of the National Comprehensive Cancer Network’ accepted for publication a manuscript titled, “Status of the Clinician Investigator in America: An Essential Health Care Provider Driving Advances in Cancer Care.” The paper includes results of an AACI survey on protected time for research efforts by physician-scientists, clinician investigators and academic clinicians.

The lead author was Dr. Randall F. Holcombe, director of the University of Hawai‘i Cancer Center, University of Hawai‘i at Mānoa and past chair of the PCLI steering committee. A publication date is to be determined.
In 2020, AACI continued to advocate for stable, predictable funding increases for the National Institutes of Health (NIH) and the National Cancer Institute (NCI). AACI joined other advocates in requesting $44.7 billion for the NIH and $6.9 billion for the NCI in the Fiscal Year (FY) 2021 budget, an amount that represented a positive step toward the goal of increasing the NCI payline to 15 percent by 2025.

**Virtual Hill Day**
For the 13th year, AACI co-hosted its annual Hill Day with the American Association for Cancer Research (AACR). Due to the COVID-19 pandemic, the event was held virtually on June 5. Cancer center directors, researchers, oncologists, cancer survivors, and other advocates identified members of Congress serving on key committees. Participants updated members of Congress and staff on developments at their cancer centers and reiterated AACI’s FY 2021 funding request. They also asked for an additional $15.5 billion to address disruptions to NIH research due to the pandemic.

**Engagement With Presidential Campaigns**

**5-Point Pledge**
In early 2020, AACI called upon presidential candidates to pledge their support of five policy priorities for our nation’s cancer centers. Candidates were also invited to share detailed feedback on the issues that resonated with them. These priorities are funding lifesaving research; eliminating HPV-related cancers; implementing evidence-based tobacco control and vaping policies; achieving oral chemotherapy parity; and addressing cancer disparities. Former South Bend, Indiana mayor, Pete Buttigieg, and former Vice President Joe Biden provided comprehensive responses to the survey.

**Election-Themed Forum**
In October, AACI hosted its first virtual GR Forum meeting, featuring Senior Trump Campaign Advisor Jason Miller and Representatives Ami Bera (D-CA) and Raul Ruiz (D-CA), surrogates for the Biden campaign. The surrogates provided status reports on their respective campaigns and discussed the candidates’ health care policies, particularly as they relate to cancer and COVID-19.
Public Policy Resource Library

A Capstone on the 2018–2020 Presidential Initiative

Established as the presidential initiative of Dr. Roy A. Jensen, director of The University of Kansas Cancer Center, the AACI Public Policy Resource Library (PPRL) has enabled cancer advocates 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. 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.

Federal Legislation Tracker

During the 2020 AACI/CCAF Annual Meeting in October, AACI launched a federal legislation tracker tool as a companion to the PPRL. The legislation tracker provides updates on the status of cancer-related bills and progress by AACI and like-minded organizations to advance the legislation. The tracker specifically highlights federal legislation that has been endorsed by AACI.

The PPRL and legislation tracker were built in collaboration with undergraduate information systems students at Carnegie Mellon University (CMU) in Pittsburgh. A CMU team worked closely with AACI staff and web developers to integrate the tracker with the PPRL to ensure ease of use for government relations professionals at AACI cancer centers.

AACI staff regularly updates the tracker with news, co-sponsorship numbers, and committee activity related to relevant bills. Members are encouraged to share status updates on legislation.

Correspondence

FROM “THANK YOUS” TO MEMBERS OF CONGRESS TO COMMENTS ON FEDERAL AGENCY GUIDELINES, LETTER WRITING IS ONE OF THE MAIN WAYS THAT GOVERNMENT RELATIONS LEADERS AT CANCER CENTERS, WORKING WITH AACI STAFF, MAKE THE CASE FOR CANCER RESEARCH. HERE IS A SELECTION OF CORRESPONDENCE FROM 2020:

Thank Yous

• To the National Cancer Institute (NCI) Director Dr. Norman E. Sharpless for setting a goal in the NCI’s FY 22 bypass budget to reach the 12th percentile payline for R01 grants
• To Senators Roy Blunt (R-MO) and Chris Murphy (D-CT) for introducing S. 4421, the Temporary Reciprocity to Ensure Access to Treatment Act of 2020, which allows temporary uniform licensing standards for telehealth and in-person visits during a national emergency and subsequent transition period
• To Biden and Trump presidential campaign surrogates for participating in the GR Forum meeting and reiterating AACI’s policy priorities for the next four years

Comments

• To the Centers for Medicare & Medicaid Services on its Inpatient Prospective Payment System rule as it applies to CAR T therapy
• To Hill leadership requesting delayed implementation of the Radiation Oncology (RO) Alternative Payment Model, which would threaten the long-term financial viability of institutions that practice RO
• To the Department of Homeland Security regarding a proposed rule that would place additional burdens on foreign nationals working in research and medicine
WHEN THE CORONAVIRUS PUBLIC HEALTH EMERGENCY WAS DECLARED IN MARCH, AACI ACTED QUICKLY TO ADAPT TO THE UNPRECEDENTED CRISIS, PROVIDING ADDITIONAL SUPPORT TO CANCER CENTER MEMBERS AS PRIORITIES SHIFTED FROM WEEK TO WEEK.

“Cancer centers are often equipped to lead their larger academic health systems in pandemic recovery, and they have a responsibility to do so.”

—Dr. Steven D. Leach, “Confronting Our Twin Pandemics: Reflections on the 2020 AACI/CCAF Annual Meeting,” AACI Commentary, October 2020

COVID-19 Advocacy

On the public policy front, numerous COVID-related issues generated the following AACI actions through letters and press releases:

- Requested invocation of the Defense Production Act to marshal American manufacturing to confront the COVID-19 emergency, and called for military mobilization to help build temporary hospital facilities and to assist hospital personnel.

- Asked congressional leaders to consider the needs of academic cancer centers in future COVID-19 response legislation. Priorities included supplemental appropriations for major research agencies and additional funding for hospitals and health systems.

- Urged the federal government to take the lead in deploying personal protective equipment (PPE) to hospitals, establishing a consistent national COVID-19 testing strategy, and managing the COVID-19 testing supply chain.

- Opposed a presidential proclamation that aimed to suspend visa processing for certain individuals from China and for certain categories of high-skilled, nonimmigrant visas from around the world amid the COVID-19 public health emergency and economic crisis.

- Called on the Trump administration to share vital information about its coronavirus response with President-elect Joe Biden and his transition team to ensure continuity of care for patients with cancer.
Collaborating to Confront the Crisis

AACI joined nearly 50 cancer advocacy organizations on a letter to Congress regarding a potential fourth coronavirus relief package. The letter included priorities such as oral chemotherapy parity, requiring insurers to provide a 90-day supply of retail medications, creating a special enrollment period for HealthCare.gov, increasing funding for state Medicaid programs, and providing assistance for people who have lost employer-sponsored health coverage. AACI drafted the letter with the American Cancer Society Cancer Action Network, American Society of Clinical Oncology Cancer Support Community, Friends of Cancer Research, National Oncology Cancer Support Community, Network, American Society of Clinical Oncology, and The Leukemia & Lymphoma Society.

AACI and more than 80 science and public health organizations joined forces to express strong support for Dr. Anthony S. Fauci, director of the National Institutes of Health’s National Institute of Allergy and Infectious Diseases. The letter highlighted Dr. Fauci’s five decades of expertise in addressing HIV/AIDS, Ebola, Zika, and other infectious diseases, and his integral role in developing sound public health guidance during the COVID-19 pandemic.

AACI continued to host monthly calls in 2020 for government relations staff to discuss public policy issues important to cancer centers.

The calls were instrumental in providing a venue for members to discuss their centers’ pandemic responses, bringing key issues to the forefront such as COVID-19 testing, telehealth, and securing PPE. Recognizing the importance of staying connected—even virtually—AACI transitioned the calls to Zoom videoconferences. The platform also became an important tool in hosting AACI’s annual Government Relations Forum meeting.

Keeping Members Connected

At the advent of COVID-related workplace restrictions, AACI launched a Slack workspace as a forum for AACI members and National Cancer Institute leaders to share challenges and solutions related to COVID-19 and cancer. In addition, a COVID-19 Resources page on AACI’s website shares news, guidelines, and cancer center policies related to the pandemic.

AACI communicated with its members about the intersection of COVID-19 and cancer through its AACI Commentary editorial series:

- The March Commentary provided an overview of the measures AACI cancer center members had taken to protect patients, their families, and the community from COVID-19 infection, including travel restrictions, remote work, and screening protocols for patients and staff entering their facilities.

- In the May Commentary, AACI’s Corporate Roundtable members summarized the COVID-19 assistance they had provided for cancer centers and patients, from maintaining the integrity of clinical trials and ensuring the flow of protective equipment and other supplies to cancer centers, to accelerating vaccine development and providing medicine to patients facing financial hardship.

- Dr. Ruben Mesa, director of Mays Cancer Center, UT Health San Antonio, authored the August Commentary, which focused on how the rapid shift toward telemedicine has underscored the ways that technology can improve cancer care while reducing the risk of COVID-19 transmission. Later in the year AACI distributed a survey to cancer center leadership to better understand the use of telehealth at member institutions.

- 2020 AACI/CCAF Annual Meeting Program Committee Chair Dr. Steven D. Leach, director of Dartmouth-Hitchcock Norris Cotton Cancer Center, summarized major themes of the meeting in the October Commentary. Citing the “twin pandemics” of COVID-19 and systemic racism, Dr. Leach wrote that the 2020 annual meeting addressed not only the unique challenges of running a cancer center and delivering care amid the pandemic, but also the parallel urgent task of overcoming cancer disparities.
AS AN ASSOCIATION COMPRISED OF 102 ACADEMIC AND FREESTANDING CANCER CENTERS ACROSS THE UNITED STATES AND IN CANADA, AACI IS DEDICATED TO ACCELERATING PROGRESS AGAINST CANCER THROUGH RESEARCH, TREATMENT, AND ADVOCACY; DIVERSITY AND INCLUSION ARE KEY TO Fulfilling OUR MISSION.

Recognizing that the burden of cancer falls disproportionately on communities of color—particularly Black communities—AACI is committed to promoting health equity. AACI cancer centers are actively working to reduce cancer health disparities, such as higher rates of cancer cases, deaths, and complications among certain population groups, and lower screening rates among some groups.

In early 2020, AACI called upon U.S. presidential candidates to build on decades of progress against cancer by increasing access to comprehensive health care and addressing health disparities. In Summer 2020, AACI issued a statement condemning racism, suggesting that it must be confronted with the same urgency as cancer, COVID-19, and other crises that impact public health. And the September AACI Commentary, by Dr. Ana Maria Lopez, Sidney Kimmel Cancer Center at Jefferson Health, asserted that inclusion is a mission-based goal integral to the cancer centers.

**Presidential Initiative**

**Mitigating Cancer Disparities**

At the 2020 AACI/CCAF Annual Meeting in October, Dr. Karen E. Knudsen began her two-year term as AACI president. Her presidential initiative aims to mitigate cancer disparities, beginning with a clear definition of the problem as it impacts AACI cancer centers and patients and establishing platforms for ongoing discussion of cancer health disparities.

In Fall 2020, AACI surveyed cancer center directors to learn more about their centers’ catchment areas and to begin to address gaps in services and access to care. Another AACI survey focused on the use of telemedicine at cancer centers. Though it has come to the fore since the COVID-19 pandemic, certain patients still face obstacles to accessing care via telemedicine, including reliable access to internet service and appropriate devices. Results from the surveys will provide a foundation for a podcast series hosted by Dr. Knudsen. The podcast, AACI hopes to raise awareness of cancer disparities while fostering collaboration and advocacy among cancer centers throughout North America.

### Cancer Center Leadership Diversity

In Summer 2020, AACI and The Cancer Letter partnered on a diversity survey that was distributed to cancer center leadership. The results highlighted dimensions of diversity that must be improved at our nation’s leading cancer centers, including better representation of women and underserved populations throughout the leadership pipeline.

Seventy-eight directors at AACI cancer centers responded, 61 of them from NCI-designated centers. One director identified as Black and 17 identified as either Hispanic, Latino, or Spanish; Middle Eastern or North African; Asian/Asian American; Pacific Islander; or multiracial. Gender identity among directors also skews toward men. Sixty-six directors identified as men and 12 directors identified as women.

![Deputy/Associate Directors by Race/Ethnicity](chart.png)

![Number of Institutions According to Percentage of Non-white Deputy/Associate Directors](chart2.png)

*Data source: AACI Cancer Center Leadership Diversity Survey, 2020*
The AACI Corporate Roundtable met virtually twice in 2020—in July at the 12th Annual AACI CRI Meeting and in October at the AACI/CCAF annual meeting.

At the Corporate Roundtable meeting in July, CRI Steering Committee chair Dr. Theresa L. Werner reported on the AACI Shared Investigator Platform (SIP) for clinical trials, convened in cooperation with Cognizant. The discussion highlighted the progress of SIP implementation at the cancer centers and how the SIP task force and Cognizant staff have worked together to host various webinars.

The topics of remote monitoring and trial activation, featured in past meetings, were identified as top areas of collaboration between AACI member centers and the pharmaceutical industry.

Also discussed were lessons learned from COVID-19, technology that accelerates trial conduct, and streamlining trial inclusion/exclusion criteria. The meeting led to creation of a new task force on trial activation, which will include roundtable and CRI steering committee members.

At the roundtable meeting in October, outgoing AACI President Dr. Roy A. Jensen provided an overview of his presidential initiative, the AACI Public Policy Resource Library, designed to encourage AACI cancer centers to be more involved in advocacy at the federal and state levels. The initiative compiles public policy materials in a single website, particularly, cancer-specific legislation endorsed by AACI.

AACI’s incoming president, Dr. Karen E. Knudsen, summarized her presidential initiative for 2020-2022. Other roundtable discussion points included cancer center operations post-COVID-19 and an update on AACI’s CRI program.

AACI extends its gratitude to our 2020 Corporate Roundtable members for their commitment and support (at right).
Supporters

Supporters and exhibitors at both events utilized the virtual platform to promote their products and services to a record number of meeting attendees, including cancer center directors, executive administrators, and clinical leaders.

AACI received support in 2020 for its events, programs, and other activities from:

- Advarra
- American Society of Clinical Oncology (ASCO)
- AstraZeneca
- Caris Life Sciences
- Complion
- Deep6 AI®
- Essex Management
- Florence
- Huron Consulting Group
- Merck
- nCoup
- Novartis
- Pfizer
- The Society for Immunotherapy of Cancer (SITC)
- Varian Medical Systems
- Veeva Systems

AACI appreciates these companies’ vital assistance with fulfilling the association’s mission.

Exhibitors

12th Annual AACI CRI Meeting
- Advarra
- American Society of Clinical Oncology (ASCO)
- Complion
- Essex Management
- Florence
- Huron
- Veeva Systems

2020 AACI/CCAF Annual Meeting
- Advarra
- Caris Life Sciences
- Complion
- Deep 6 AI®
- Huron
- nCoup
- The Society for Immunotherapy of Cancer (SITC)
- Veeva Systems

Sustaining Members

Sustaining membership in AACI is open to nonprofit organizations that represent and support the educational and professional development of clinical oncology health professionals and researchers. These like-minded cancer organizations and patient advocacy groups share a common goal of accelerating progress against cancer.

Sustaining members can take advantage of AACI’s resources for educating policymakers on the importance of cancer research funding and are invited to participate in AACI-sponsored meetings, workshops, and forums as well as meet annually with AACI leadership.

AACI thanks its 2020 sustaining members for their support.
AACI WELCOMED CANCER CENTER AT BROWN UNIVERSITY AND UNIVERSITY OF PUERTO RICO COMPREHENSIVE CANCER CENTER TO ITS MEMBERSHIP ROSTER.

University of Puerto Rico Comprehensive Cancer Center

Directed by Dr. Marcia Cruz-Correa, University of Puerto Rico Comprehensive Cancer Center (UPRCCC) has a longstanding relationship with AACI, first holding membership in the association in 1977. Today UPRCCC aims to deliver research-driven cancer care by integrating patient care, research, and prevention and to eradicate cancer in Puerto Rico using a multidisciplinary approach of translational, clinical, and population sciences research. The cancer center’s research model includes the Division of Cancer Control and Population Sciences, Division of Cancer Biology, and the Division of Cancer Medicine.

UPRCCC participates in programs across the island for cancer screening including colorectal, breast, cervical, and lung cancer. The center is affiliated with University of Puerto Rico Medical Sciences Campus, with participation of clinical and research faculties and educational programs across various schools including medicine, dentistry, pharmacy, and public health. The cancer center has also implemented several research and prevention activities and programs related to human papillomavirus (HPV), including HPV vaccination clinics established in partnership with a local coalition for vaccination. A strong early-phase cancer prevention clinical trials program and a community-based National Cancer Institute clinical trials oncology program provides access to novel therapies to the Hispanic population the center serves.

Cancer Center at Brown University

The mission of Cancer Center at Brown University is to build world-class cancer research programs that bring basic science discoveries; interdisciplinary research; and innovative therapeutic, disease intervention, and cancer prevention clinical trials to patients in Rhode Island. Under the direction of Dr. Wafik S. El-Deiry, the cancer center takes a broad-spectrum approach, from working to understand how cancer develops, grows, and metastasizes, to developing new, personalized therapeutics and addressing the needs of patients with cancer from risk through survivorship.

Cancer center members represent Brown University, the Lifespan Cancer Institute, affiliated hospitals, the Warren Alpert Medical School, and Brown’s School of Public Health and School of Engineering, among others. The center has research programs in Cancer Biology, Cancer Therapeutics, and Population Science; cancer type-specific translational research disease groups; and a robust portfolio of clinical trials. A particular focus of the Cancer Center at Brown University is malignancies with higher rates of incidence in Rhode Island such as bladder, lung, breast, thyroid, and skin cancer, as well as issues of access to and affordability of cancer care.

AACI WELCOMED CANCER CENTER AT BROWN UNIVERSITY AND UNIVERSITY OF PUERTO RICO COMPREHENSIVE CANCER CENTER TO ITS MEMBERSHIP ROSTER.
President and President-elect Assume Duties

Dr. Karen E. Knudsen is AACI’s new president. She began her two-year term during the 2020 AACI/CCAF Annual Meeting, accepting the gavel in a clever online hand-off from outgoing AACI president Dr. Roy A. Jensen. Dr. Knudsen has been a member of AACI’s Board of Directors since 2016 and chaired AACI’s Annual Meeting Program Committee in 2017.

Dr. Knudsen is the third director of the Sidney Kimmel Cancer Center (SKCC) at Jefferson Health, a National Cancer Institute (NCI)-Designated Cancer Center since 1995. With oversight of the cancer care and cancer discovery mission in the Jefferson Health enterprise, Dr. Knudsen also serves as the executive vice president of Oncology Services for Jefferson Health, and is the chair and Hilary Koprowski Professor of the Department of Cancer Biology.

Under Dr. Knudsen’s leadership, SKCC was evaluated as “Outstanding” in its most recent NCI renewal, and was one of only four cancer centers to be ranked “Exceptional” in Community Outreach and Engagement. SKCC has significantly extended the center’s reach since 2015, now delivering cancer care in three Advanced Care Hubs outside the main academic site and offering clinical trials in a two-state region.

Dr. Knudsen’s own research centers on advanced prostate cancer, with a focus on successful conversion of translational discoveries into clinical interventions. She maintains an actively funded research program and serves on the board of the American Association for Cancer Research, and on the NCI’s Board of Scientific Advisors. She serves as an editor for several leading oncology journals and has received numerous awards for her accomplishments.

In 2020, AACI members elected Dr. Caryn Lerman as vice president/president-elect of the association. Dr. Lerman is director of the USC Norris Comprehensive Cancer Center. Her two-year term began in October during the 2020 AACI/CCAF Annual Meeting.

Prior to leading the USC Norris Comprehensive Cancer Center and serving as associate dean for cancer programs at USC’s Keck School of Medicine, Dr. Lerman was senior deputy director of the Abramson Cancer Center and vice dean for strategic initiatives in the Perelman School of Medicine at the University of Pennsylvania. She is recognized for her cancer prevention research that bridges the fields of neuroscience, genomics, pharmacology, and population science.

Dr. Lerman joined AACI’s board of directors in 2010. She is an elected member of the National Academy of Medicine and has served as a member of the NCI Board of Scientific Advisors, the National Human Genome Research Advisory Council, and the National Institutes on Drug Abuse Advisory Council.

Under Dr. Knudsen, Sidney Kimmel Cancer Center at Jefferson Health is one of only four NCI-designated centers to be ranked “Exceptional” in Community Outreach and Engagement.
Three Cancer Center Directors Join AACI Board

Dr. Cornelia Ulrich and Dr. Robert Winn were elected in 2020 as new members of AACI’s Board of Directors, and Dr. Charles S. Fuchs was appointed to complete Dr. Lerman’s term. They will work closely with other AACI leaders to support the organization’s mission of enhancing the impact of academic cancer centers.

Dr. Ulrich is the executive director of the Comprehensive Cancer Center at Huntsman Cancer Institute. She is also a Jon M. and Karen Huntsman Presidential Professor in Cancer Research in the Department of Population Health Sciences at the University of Utah. Dr. Ulrich leads an interdisciplinary team of scientists on research related to the prevention, epidemiology, prognosis, and survivorship of cancer. She is also principal investigator of the HCI Total Cancer Care Protocol in the ORIEN network of cancer centers. Dr. Ulrich serves on AACI’s Conflict of Interest Task Force.

Dr. Winn was appointed director of VCU Massey Cancer Center in December 2019. He served as director of the University of Illinois Cancer Center from 2015 to 2019 and as associate vice chancellor of health affairs for community-based practice at the University of Illinois Hospital and Health Science System. Dr. Winn is committed to community-engaged research centered on eliminating health disparities and is a principal investigator on several community-based projects funded by the National Institutes of Health (NIH) and the National Cancer Institute (NCI). He served on the 2020 AACI/CCAF Annual Meeting Program Committee.

Dr. Fuchs is the director of the Yale Cancer Center and physician-in-chief of Smilow Cancer Hospital. He has spent his career leading research programs in gastrointestinal cancer epidemiology, biology, and drug development.

Outgoing Board Members

AACI extends its appreciation to outgoing board members Drs. Gerold Bepler, Stanton L. Gerson, and Timothy L. Ratliff, for their service to the cancer center community.
2020 Committees

ANNUAL MEETING PROGRAM COMMITTEE
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Dartmouth-Hitchcock Norris Cotton Cancer Center

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University of Michigan Rogel Cancer Center

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The University of Kansas Cancer Center

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

Steven K. Libutti, MD
Rutgers Cancer Institute of New Jersey

Jennifer W. Pegher, MA
Association of American Cancer Institutes

Timothy L. Ratliff, PhD
Purdue University Center for Cancer Research

Charles W. M. Roberts, MD, PhD
Comprehensive Cancer Center
St. Jude Children’s Research Hospital

Mindy Roberts, MA
OHSC Knight Cancer Institute

Robert A. Winn, MD
VCU Massey Cancer Center

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

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City of Hope Comprehensive Cancer Center

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Sidney Kimmel Cancer Center at Jefferson Health

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The University of Kansas Cancer Center

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Cleveland Clinic Cancer Center

Frederick L. Locke, MD
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Miguel-Angel Perales, MD
Memorial Sloan Kettering Cancer Center

Jennifer W. Pegher, MA
Association of American Cancer Institutes

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Abramson Cancer Center of the University of Pennsylvania

Peter Riedell, MD
The University of Chicago Medicine
Comprehensive Cancer Center

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University of North Carolina at Chapel Hill

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Medical University of South Carolina

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Collette Houston
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Mays Cancer Center
UT Health San Antonio

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UPMC Hillman Cancer Center

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Wilmot Cancer Institute
UR Medicine

Jennifer W. Pegher, MA
Association of American Cancer Institutes

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University of Hawaii Cancer Comprehensive Cancer Center
University of Hawaii at Manoa

Michael Sainz
Dartmouth-Hitchcock Norris Cotton Cancer Center

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

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University Health Network

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Cleveland Clinic Cancer Center

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

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Wilmot Cancer Institute
UR Medicine

Elizabeth Pon, CCRP
UCSF Helen Diller Family Comprehensive Cancer Center

Mindy Roberts, MA
OHSC Knight Cancer Institute

Erin F. Williams, MBA
Simmons Comprehensive Cancer Center
UT Southwestern Medical Center

Evan Yu, MD
Fred Hutchinson Cancer Research Center
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Chair: Theresa L. Werner, MD
Huntsman Cancer Institute
University of Utah

Hobs Apell
The University of Kansas Cancer Center

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

Cheryl Byers, MHA, CIP, CHRC
Moffitt Cancer Center

Lindsay Casetta, CCRP
Barbara Ann Karmanos Cancer Institute
Wayne State University

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Memorial Sloan Kettering Cancer Center

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University of North Carolina at Chapel Hill

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John A. Kolosky
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Moffitt Cancer Center

Jack Cline
The University of Kansas Cancer Center

Orly Isaacson, MA
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City of Hope Comprehensive Cancer Center

Kent Springfield
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Jennifer Evans Stacey, Esq.
The Wistar Institute

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University of Hawai‘i at Manoa

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UT Southwestern Medical Center

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The University of Arizona Cancer Center
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**ARKANSAS**
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Cedars-Sinai Cancer
Los Angeles, California
City of Hope Comprehensive Cancer Center
Duarte, California
Loma Linda University Cancer Center
Loma Linda, California
Salk Institute Cancer Center
La Jolla, California
Sanford Burnham Prebys Medical Discovery Institute
La Jolla, California
Stanford Cancer Institute
Palo Alto, California
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Sacramento, California
UCI Chao Family Comprehensive Cancer Center
Orange, California
UCLA Jonsson Comprehensive Cancer Center
Los Angeles, California
UC San Diego Moores Cancer Center
La Jolla, 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

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James Graham Brown Cancer Center
Louisville, Kentucky
Louisiana Cancer Research Consortium of New Orleans
New Orleans, Louisiana
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Augusta, Georgia
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Atlanta, Georgia

**HAWAI’I**
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Honolulu, Hawai’i

**ILLINOIS**
Cancer Center at Illinois
Urbana, Illinois
Cardinal Bernardin Cancer Center
Loyola University Medical Center
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Chicago, Illinois
The University of Chicago Medicine Comprehensive Cancer Center
Chicago, Illinois
University of Illinois Cancer Center
Chicago, Illinois

**INDIANA**
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Indianapolis, Indiana
Purdue University Center for Cancer Research
West Lafayette, Indiana

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

**KANSAS**
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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
Stanley S. Scott Cancer Center
Tulane Cancer Center

**MAINE**
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Bar Harbor, Maine

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

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

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Wayne State University
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Ann Arbor, Michigan

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University of Minnesota
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Omaha, Nebraska

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New Brunswick, New Jersey

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Albuquerque, New Mexico

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Albert Einstein College of Medicine
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Cold Spring Harbor Laboratory Cancer Center
Cold Spring Harbor, New York
Herbert Irving Comprehensive Cancer Center
Columbia University Irving Medical Center
New York, New York
Laura and Isaac Perlmutter Cancer Center at NYU Langone
New York, New York
Memorial Sloan Kettering Cancer Center
New York, New York
Roswell Park Comprehensive Cancer Center
Buffalo, New York
Stony Brook Cancer Center
Stony Brook, New York
The Tisch Cancer Institute at Mount Sinai
New York, New York
Upstate Cancer Center
SUNY Upstate Medical University
Syracuse, New York
Wilmot Cancer Institute
UR Medicine
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 Cancer Center
Cleveland, Ohio
The Ohio State University Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute
Columbus, Ohio
University of Cincinnati Cancer Center
Cincinnati, Ohio

OKLAHOMA
 Stephenson Cancer Center
University of Oklahoma
Oklahoma City, Oklahoma

OREGON
OHSU Knight Cancer Institute
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 Jefferson Health
Philadelphia, Pennsylvania
The Wistar Institute
Philadelphia, Pennsylvania
UPMC Hillman Cancer Center
Pittsburgh, Pennsylvania

PUERTO RICO
University of Puerto Rico Comprehensive Cancer Center
San Juan, Puerto Rico

RHODE ISLAND
Cancer Center at Brown University
Providence, Rhode Island

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
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TEXAS
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Livestrong Cancer Institutes
The University of Texas at Austin
Dell Medical School
Austin, Texas
Mays Cancer Center
UT Health San Antonio
San Antonio, Texas
Simmons Comprehensive Cancer Center
UT Southwestern Medical Center
Dallas, Texas
The University of Texas MD Anderson Cancer Center
Houston, Texas
University of Texas Medical Branch Cancer Center
Galveston, Texas

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 Huntsman Cancer Institute
University of Utah
Salt Lake City, Utah

VERMONT
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Burlington, Vermont

VIRGINIA
University of Virginia Cancer Center
Charlottesville, Virginia
VCU Massey Cancer Center
Richmond, Virginia

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Seattle, Washington

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WVU Cancer Institute
Morgantown, West Virginia

WISCONSIN
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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