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From Community Outreach to Global Oncology: Perspectives on the 2023 AACI/CCAF Annual Meeting

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Commentary Overview

- The 2023 AACI/CCAF Annual Meeting—the first to be held in Washington, DC, since 2019—attracted nearly 500 cancer center colleagues and supporters for the three-and-a-half day event.
- This year's program was distinct in its breadth and depth. General sessions ranged from dismantling barriers to cancer care and enhancing diversity at AACI cancer centers, to research at basic science centers, the federal Advanced Research Projects Agency for Health program, and ways to improve protocol activation timelines.
- Speakers highlighted a number of National Cancer Institute projects, including its Global Oncology Survey, a newly launched Cancer Screening Research Network, and a proposed new type of NCI-designated cancer center, called a "Cancer Clinical Research and Outreach Center."
- The meeting underlined both the unique and complementary strengths of AACI's member cancer centers, and the need to speak with a unified voice to optimize these attributes while accelerating progress against cancer.

The Association of American Cancer Institutes (AACI) and the Cancer Center Administrators Forum (CCAF) returned to Washington, DC, this year for their annual meeting – the first held in DC since 2019. It was my honor to serve as program chair for the 2023 gathering, which attracted nearly 500 cancer center colleagues and supporters for three-and-a-half days of networking, presentations, and panel discussions.

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centers, to research at AACI's basic science cancer centers, the federal Advanced Research Projects Agency for Health (ARPA-H) program, and ways to improve protocol activation timelines, as well as cancer center interactions with elected officials and federal agencies.

Cancer Prevention and Clinical Trials

I had the pleasure of introducing and moderating the meeting's keynote speaker, **Dr. Philip E. Castle**, director of the Division of Cancer Prevention (DCP) at the National Cancer Institute (NCI). His presentation, "The Best Cancer is the Cancer that Never Happens," provided updates on DCP initiatives focusing on the benefits and challenges of cancer prevention; screening, including multi-cancer detection; and symptom management and care.

In recommending a paper by Dr. Harvey V. Fineberg, "**The Paradox of Disease Prevention: Celebrated in Principle, Resisted in Practice**," Dr. Castle noted that "cancer prevention isn't glamorous, it's often invisible, it's hard work and takes a long time to get there," adding that multiple steps are needed to boost prevention efforts, including incentivizing preventive screenings, getting employers involved, and reengineering the system to reduce the need for individual action. Dr. Castle also highlighted the newly launched **Cancer Screening Research Network** (CSRN), which will evaluate multi-cancer early detection tests through large randomized clinical trials.

In line with the diversity focus of many of the meeting's sessions, Dr. Castle fielded a question about what DCP is doing to ensure that NCI-funded network clinical trials reflect the demographic diversity of both study participants and the investigative teams studying them. Dr. Castle flagged two DCP programs: the **Tomosynthesis Mammographic Imaging Screening Trial**, which Dr. Castle said has 20 percent African American participation, and the planned enrolment into the CSRN's clinical trials.

Clinical trials were also the focus of a panel discussion on optimizing "time to activation" of clinical trial protocols. Moderated by **Dr. Suresh Ramalingam**, executive director of the Winship Cancer Institute of Emory University, and **Michelle Lin**, of VCU Massey Comprehensive Cancer Center, the session included presentations describing the implementation of "just in time" activation mechanisms for trials in rare and uncommon tumors, and, more broadly, the impact of extended trial activation on patient participation and clinical trial office staffing. A vigorous discussion on the many elements impacting time-to-activation timelines ensued, with panelists sharing their experiences on clinical trial budgeting, CMS coverage analysis, contracting, and appropriate sequencing of protocol reviews, among others. The session offered attendees an opportunity to learn about best practice models for activation timelines. The panelists were **Alison Ivey**, University of Florida Health Cancer Center; **Dr. Monica Joshi**, Penn State Cancer Institute; and **Mark Morrow**, University of Colorado Cancer Center.

Multiple Perspectives From NIH and NCI

While the prospect of a federal government shutdown threatened to upend some annual meeting programming, a last-minute budget agreement in Congress paved the way for high-level presentations from the National Institutes of Health (NIH) and NCI.

A panel discussion on global oncology, moderated by **Dr. Patrick Loehrer**, former director of the Indiana University Melvin and Bren Simon Comprehensive Cancer Center, featured a talk by **Dr. Satish Gopal**, director of NIH's Center for Global Health. Dr. Gopal presented the results of the NCI's recent **Global Oncology Survey**, concluding that "interest in global oncology is increasing at cancer centers, especially at early career stages, and that cancer centers maintained their global oncology programs and offered more global oncology training than in 2018."

On the policy side, a timely look at the U.S. Supreme Court's affirmative action ruling earlier this year, led by AACI President **Dr. Robert A. Winn**, included sharp observations from panelists **Dr. David Acosta**, chief diversity and inclusion officer, Association of American Medical Colleges, and **Kevin D. Williams, Esq.**, director of NIH's Office of Equity, Diversity, and Inclusion.

"As you diversify the work that you do, and send those diverse people out into the community, people will listen to the people who come from similar backgrounds, similar cultures, similar races and ethnicities," Williams said.

Regarding affirmative action, Williams urged cancer center leaders to "give the courts something

to work with" by making sure that DEI goals are measurable.

The meeting included two long-standing program features: a report by **Dr. Henry Ciolino**, director of NCI's Office of Cancer Centers, and an update from the NCI director, presented by NCI Principal Deputy Director **Dr. Douglas R. Lowy** on behalf of NCI Director **Dr. Monica Bertagnolli**. With Dr. Bertagnolli's nomination by President Biden to be the next head of NIH, Dr. Lowy is poised to serve a fourth term as NCI's interim director.

Dr. Ciolino spoke about a proposal to create a new type of NCI-designated cancer center, called a "Cancer Clinical Research and Outreach Center (CCROC)." He stated that the goal of this new center is "to expand cancer clinical research in underserved communities through new infrastructure support of clinical research, community engagement, and training at safety-net institutions with a history of providing health care for individuals regardless of their health insurance or ability to pay." CCROCs are envisioned to be academic institutions dedicated to cancer health equity in underserved communities that carry out cancer clinical research, training, population sciences, and community engagement. He also updated attendees regarding peer review trends involving the Cancer Center Support Grant (CCSG) component called "Plan to Enhance Diversity." These unique insights were valuable to many of the meeting attendees who are in centers preparing for a CCSG renewal or aspiring to become an NCI-designated center.

The overall theme of Dr. Lowy's talk was that, while we are experiencing enormous cancer research and care opportunities, in the short term the challenges are enormous too. He emphasized both the need for cancer centers and their supporters to work together to battle cancer, and the interconnectedness of NCI's budget and program components: research funding, training, and workforce development; resources for researchers; operating expenses; and cancer centers and clinical trials. Dr. Lowy presented a sobering assessment of the NCI's flat budget outlook for FY24 and FY25, but remained upbeat about our collective ability to face the many challenges ahead.

New Presidential Initiative

Leadership transitions are inevitable in our professional lives. The same applies to AACI. I congratulate both AACI's new president, Dr. Winn, and outgoing president **Dr. Caryn Lerman**, on their past and continuing leadership of AACI. Dr. Lerman's presidential initiative, focused on developing and diversifying cancer center leadership, will continue as a standing AACI program, while Dr. Winn's initiative aims to promote "**inclusive excellence**" by examining methods through which AACI members can foster partnerships with like-minded organizations, government agencies, and other institutions – regionally, nationally, and globally.

I very much appreciate the hard work of the annual meeting program committee over the past year in compiling a high-quality program. The meeting underlined both the unique and complementary strengths of AACI's member cancer centers, and the need to speak with a unified voice to optimize these attributes while advancing our mutual goal of accelerating progress against cancer.

Our Mission

The Association of American Cancer Institutes (AACI) represents over 100 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.



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