



**Florida Cancer Control
& Research Advisory Council**

General Membership Meeting

Friday, September 29, 2023

10:00 AM to 3:00 PM



**Florida Cancer Control
& Research Advisory Council**

Mission Statement

The Florida Cancer Control and Research Advisory Council was established by the Florida Legislature in 1979, under Florida Statute 1004.435, with the purpose of advising the Legislature, Governor, and Surgeon General on ways to reduce Florida's cancer burden.



Florida Cancer Control & Research Advisory Council

Florida Cancer Control & Research Advisory Council Membership (February 2023)



Chair

Clement Gwede, PhD, MPH, RN, FAAN
H. Lee Moffitt Cancer Center &
Research Institute



Vice Chair

Erin Kobetz, PhD, MPH
Sylvester Comprehensive Cancer Center
University of Miami



Senator Colleen Burton
Senate President's Appointee



Representative Linda Chaney
House Speaker's
Appointee



Immediate Past Chair
Christopher Cogle, MD
Senate President's
Appointee



Michael Diaz, MD
Association of Community
Cancer Centers



Joseph Ladapo, MD, PhD
Florida's Surgeon General



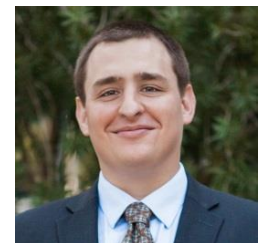
Jessica MacIntyre, DNP,
MBA, APRN, AOCNP
Florida Nurses
Association



Merritt Martin
House Speaker's
Appointee



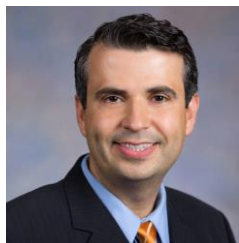
Nitesh Paryani, MD
Florida Medical
Association



Mitchell F. Peabody, DO
Florida Osteopathic
Medical Association



Luis Raez, MD
Florida Hospital Association



Ramzi G. Salloum, PhD
University of Florida
Health Cancer Center



Megan Wessel, MPH
American Cancer Society

Governor's Appointee
(VACANT)

BYLAWS OF THE FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL

ARTICLE I: AUTHORITY, TITLE, AND DEFINITIONS

- 1.1 **AUTHORITY:** The Cancer Control and Research Act (Section. 1004.435, Florida Statutes) establishes the Florida Cancer Control and Research Advisory Council (referred to as “the Council”).
- 1.2 **TITLE:** These bylaws may be known and cited as the bylaws of the Florida Cancer Control and Research Advisory Council.
- 1.3 **EXECUTIVE DIRECTOR:** Employee designated by Moffitt Cancer Center to administer the Council.

ARTICLE II: LOCATION AND STAFF

- 2.1 **LOCATION:** The Council office shall be located at the H. Lee Moffitt Cancer Center and Research Institute.
- 2.2 **STAFF:** The H. Lee Moffitt Cancer Center and Research Institute shall provide staff support and other assistance as reasonably necessary for the completion of the responsibilities of the Council. An Executive Director will be assigned to facilitate coordinated functions and assist in carry out of the duties of the Council.

ARTICLE III: MISSION AND PROCEDURES

- 3.1 **MISSION:** In an effort to reduce morbidity and mortality associated with cancer in Florida through prevention, early detection, and state-of-the-art therapy, the mission of the Council is:
 - a. To advise the Governor, the Legislature, and state agencies on cancer control programs, policies, priorities and initiatives,
 - b. To approve a state cancer plan, and coordinate with the Biomedical Research Advisory Council on a state cancer research plan
 - c. The Council will meet in person bi annually.
- 3.2 **PROCEDURES**
 - 3.2.1 *Advisory Capacity:* Issues may be brought to the Council by any member or other interested person by notifying the Chairperson or the Executive Director. Recommendations shall be made in writing to the Governor, Legislators, the Secretary of Health, or other appropriate individuals or agencies.

ARTICLE IV: COMPOSITION OF THE COUNCIL

- 4.1 COMPOSITION: Membership criteria, agencies represented, and requirements for minority representation are as specified in Section 1004.435, F.S (4)(a), Florida Statutes.

ARTICLE V: NOMINATION AND APPOINTMENT PROCESS

5.1 APPOINTMENT PROCESS

5.1.1 New Appointments

- 5.1.1.1 Organizations, the Governor's Office, the Speaker of the House's Office, and the Florida Senate President's Office shall provide the Executive Director the name of the member they wish to appoint.

5.1.2 Reappointments

- 5.1.2.1 At the end of a member's term, the represented organization shall notify the Executive Director if they wish to reappoint their current member or appoint a new one.

ARTICLE VI: MEMBERSHIP RULES

- 6.1 TERMS OF SERVICE: Organizations appoint members for a term of four years, and can be re-appointed for an unlimited number of terms.
- 6.2 RESIGNATION: A member wishing to resign before the end of his/her term shall submit a letter of resignation to the Executive Director. Organizations must immediately appoint a new member.
- 6.3 CONFLICT OF INTEREST: No member of the Council shall participate in any discussion or decision to recommend grants or contracts to any qualified nonprofit association or to any agency of this state or its political subdivisions with which the member is associated as a member of the governing body or as an employee or with which the member has entered into a contractual arrangement.
- 6.4 REMUNERATION: Council members will serve without pay per Section 1004.435, F.S. (4)(e).

ARTICLE VII: OFFICERS

- 7.1 CHAIRPERSON: A chairperson shall be selected by the majority of the Council for a term of 2 years. The chairperson shall appoint an executive committee of no fewer than three members to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions.

The Chairperson, or his/her proxy, will liaison with other state councils and advisory boards as needed to fulfill the duties of the Council. The Chairperson may request participation by content experts or other state council/advisory members to fulfill the duties of the Council. These consultants will have no voting capacity and must adhere to the Council Conflict of Interest policy.

- 7.2 VICE CHAIRPERSON: A vice chairperson shall be selected by the majority of the Council for a term of 2 years.

ARTICLE VIII: DUTIES OF THE COUNCIL

- 8.1 DUTIES: The duties of the Council are outlined in F.S. 1004.435 (4)(g-m), Florida Statutes.

ARTICLE IX: MEETINGS

- 9.1 REGULAR MEETINGS: The Council shall meet at least twice a year. Notification of such meetings shall be at least thirty days prior to the meeting date, and shall be published in the Florida Administrative Weekly.
- 9.2 SPECIAL MEETINGS: Special meetings may be called by the Chairperson at his/her discretion upon the written request of four members of the Council. Notification of such meetings shall be at least fifteen days in advance of the meeting date.
- 9.3 QUORUM: Eight members shall constitute a quorum for the purpose of exercising the powers of the Council. A vote of the majority of the members present is sufficient for all actions of the Council.
- 9.4 EXECUTIVE COMMITTEE MEETINGS: The Chairperson shall appoint an executive committee of no fewer than three persons to serve at the pleasure of the chairperson. This committee will prepare material for the council but make no final decisions. Meetings of executive committee members shall be noticed 10 days prior to the meeting.

- 9.5 **SUBSTITUTES:** If a member cannot attend a meeting, s/he may send a substitute, who is authorized to vote. The member must notify the Executive Director in writing prior to the meeting if a substitute will be attending and who the substitute will be.
- 9.6 **ABSENCES:** Members shall inform the Executive Director if they are unable to attend a scheduled meeting. In the event of two consecutive absences without just cause or prior notification, even if a substitute is provided, a member may be asked by the Chairperson to submit a letter of resignation. The sponsoring organization will be notified and asked to nominate another representative.
- 9.7 **RULES OF ORDER:** The rules contained in the current edition of Roberts Rules of Order shall govern the Council in all cases to which they are applicable, and in which they are consistent with these bylaws and any special rules of order the Council shall adopt.

ARTICLE X: AMENDMENT OF BYLAWS

- 10.1 **PROCEDURE:** The Council may prescribe, amend, and repeal bylaws governing the manner in which the business of the Council is conducted. The bylaws can be amended by a two-thirds vote of the Council provided that the proposed amendment has been submitted in writing to all members at least fifteen days in advance of the next regular or special meeting, and that a quorum is present.

ARTICLE XI: INDEMNIFICATION OF DIRECTORS AND OFFICERS

- 11.1 To the fullest extent permitted by law, and to the extent not covered by insurance, the Corporation shall indemnify, hold harmless, and pay on behalf of its Directors and officers, including former Directors and officers, for any and all claims and liabilities which any such Director may incur as a result of serving or having served as a Director or officer, or by reason of any action, incident, error, or omission committed as a Director or officer. In addition, the Corporation shall reimburse such Director or officer for reasonable attorneys' and legal assistants' fees and costs incurred in connection with any such claim or liability. Notwithstanding the foregoing, the Corporation shall not indemnify any Director or officer for any expenses incurred in relation to any claim or liability arising out of that Director's or officer's own willful misconduct, bad faith, gross negligence, conscious disregard for the best interests of the Corporation, recklessness, violation of criminal law (unless the Director or officer had reasonable cause to believe that his or her conduct was lawful or had no reasonable cause to believe his or her conduct was unlawful), as a result of a final adjudication, or any transaction from which the Director or officer derived an improper personal benefit, either directly or indirectly.



Florida Cancer Control & Research Advisory Council

General Membership Meeting Agenda

Friday, September 29, 2023

10:00 AM – 3:00 PM

Meeting Registration Link (for Zoom participation):

<https://moffitt.zoom.us/j/947de6qzMrGNCd2TiKq2loBZ30zmj1kLB0>

Physical Meeting Location: Moffitt Cancer Center Stabile Research Building, Trustees Boardroom,
12902 Magnolia Drive, Tampa, 33612

| | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 10:00 AM | Log-in & Networking | <i>All Meeting Participants</i> |
| 10:05 AM | Welcome, Introductions & Mission Moment | <i>Dr. Clement Gwede & Dr. Erin Kobetz</i> |
| 10:15 AM | Approval of Minutes from May 12, 2023 Meeting | <i>Dr. Clement Gwede & Council</i> |
| 10:20 AM | Biomedical Research Advisory Council (BRAC) Update | <i>Dr. Danny Armstrong</i> |
| 10:45 AM | Casey DeSantis Cancer Research Program 3-Year Report | <i>Dr. Clement Gwede</i> |
| | Florida Cancer Plan Updates & Discussion | |
| 10:55 AM | 1. Annual Revisions 2. Planning Next Plan | <i>Dr. Clement Gwede & Dr. Erin Kobetz</i> |
| 11:05 AM | Department of Health Updates | <i>Dr. Joseph Ladapo & DOH Team</i> |
| 11:35 AM | State Cancer Plan Implementation – Community Implementation Grants Update | <i>Dr. Erin Kobetz, Felisha Dickey & Regional Cancer Control Collaborative Coordinators</i> |
| 12:00 PM | Break (Lunch provided for those in-person) | |
| | Florida's Cancer Burden | |
| 12:15 PM | 1. Highlights 2. Lung Cancer Screening Updates & Discussion | <i>Dr. Clement Gwede & Dr. Lary Robinson</i> |
| | Florida Cancer Data System (FCDS) Update | |
| 1:15 PM | 1. State Cancer Data Workgroups 2. Other | <i>Dr. David Lee & Dr. Monique Hernandez</i> |
| 1:45 PM | State Legislative Update & Discussion | <i>Sen Burton, Rep Chaney, ACS CAN</i> |
| | Florida SHIP: Cancer Control Goal, Statewide Colorectal Cancer Screening & Prevention Initiative 2022-2023, & Medicaid and Cancer | |
| 2:15 PM | | <i>Dr. Chris Cogle</i> |
| 2:35 PM | Prostate Cancer Advisory Council (PCAC) Update | <i>Dr. Tarik Benidir</i> |
| 2:45 PM | Comments | <i>All Meeting Participants</i> |
| 2:55 PM | Next CCRAB Meeting | <i>Dr. Clement Gwede</i> |
| 3:00 PM | Adjourn | <i>Dr. Clement Gwede</i> |

FLORIDA CANCER CONTROL AND RESEARCH ADVISORY COUNCIL
GENERAL MEMBERSHIP MEETING
Friday, May 12, 2023, 10:00 AM to 3:00 PM

Council Members in Attendance

- Senator Colleen Burton - Senate President's Appointee
- Representative Linda Chaney - House Speaker's Appointee
- Christopher Cogle, MD - Senate President's Appointee
- Mike Diaz, MD - Association of Community Cancer Centers
- Clement Gwede, PhD, MPH, RN - Moffitt Cancer Center (Chair)
- Erin Kobetz, PhD - Sylvester Comprehensive Cancer Center University of Miami (Vice Chair)
- Joseph Ladapo, MD - Florida's Surgeon General, Florida Department of Health
- Merritt Martin - House Speaker's Appointee
- Jessica MacIntyre, DNP, MBA, APRN, AOCNP - Florida Nurses Association
- Nitesh Paryani, MD - Florida Medical Association
- Ramzi Salloum, PhD - University of Florida Health Cancer Center
- Megan Wessel, MPH - American Cancer Society

Council Members Not in Attendance

- Mitchell Peabody, DO - Florida Osteopathic Medical Association
- Luis Ruez, MD - Florida Hospital Association

Others

- | | | |
|-------------------------|-----------------------|----------------------|
| • Tiffany Albury | • Greg Hughes | • Kristin Reshard |
| • Leanne Alexander | • Alexis Jacobs | • Matt Schabath |
| • Zuzel Alonso | • Melissa Jordan | • Tammy Semelsberger |
| • Ellen Anderson | • Grant Kemp | • Fern Senra-James |
| • Jessica Beckstrand | • Christine Kucera | • Georgia Sheridan |
| • Robert Brooks | • Heather Lake-Burger | • Pamela Sirota |
| • Gail Brown | • Gary Levin | • Charles Smith |
| • Chrissy Buchinski | • Ashley Lyerly | • Kimberly Smith |
| • Laura Corbin | • Megan Macdonald | • Sarah Stamler |
| • Alexia Denton | • Elizabeth Marshall | • Thomas Stringer |
| • Felisha Dickey | • Justice Mbizo | • Chris Sugg |
| • Chris DuClos | • Bobbie McKee | • Deana Tharpe |
| • Natalie Erasme | • Kim Millrood | • Rachelle Theodore |
| • Ann Fonfa | • Leah Mitchem | • Cynthia Thiry |
| • Bonnie Gaughan-Bailey | • Shanada Monestime | • Dr. Thomas |
| • Marnie George | • Sandy Noel | • Nidia Torres |
| • Susan Harbin | • Richard Nowakowski | • Daudet Tshiswaka |
| • Sydney Harper | • Kim Parsons | • Lynn Vinson |
| • Meredith Hennon | • Ken Peach | • Richard Williams |
| • Monique Hernandez | • Molly Piner | • Jamie Wilson |
| • Jonathan Hickman | • Juan Plaza | • Jason Wilson |
| • Carissa Hickok | • Towana Reddick | • Raena Wright |
| • April Hile | • Debbie Reich | • Cathy Zeewy |

Welcome

Dr. Clement Gwede began by welcoming members and guests, taking a moment to reaffirm the Council's mission to advise the state on ways to reduce cancer burden, and reviewing the day's agenda. Council members introduced themselves. Several Council members' terms are expiring this year. Senator Colleen Burton joined the Council as the Senate President's new appointee. Jessica MacIntyre joined the Council as the Florida Nurses Association's new appointee.

Approval of Minutes

Dr. Gwede presented the minutes from October 28, 2022. Dr. Mike Diaz made a motion to accept the minutes. Dr. Erin Kobetz seconded the motion to approve the minutes. The Council concurred with no objections.

Highlights of Florida's Cancer Burden

Dr. Gwede discussed Florida's cancer burden and focus areas of the 2020-2025 Florida Cancer Plan, including screening for breast and lung cancers. He reviewed the long-term vision of cancer in Florida. There was discussion regarding lung cancer lethality and low screening rates in Florida and the US. There was discussion regarding the cancer disparities across states as well as across Florida counties/regions, particularly the Panhandle area.

Biomedical Research Advisory Council (BRAC) Update

Dr. Richard Nowakowski gave an update on the state's cancer research programs. Dr. Nowakowski reviewed the Biomedical Council Advisory Council (BRAC) background and strategic plan development. The BRAC has adjusted grant funding levels and structure to allow for more projects to be funded with the current resources appropriated by the Legislature. The James and Esther King Biomedical Research Program now receives less funding due to changes in the Chiles Endowment Fund. Additional resources for the BRAC programs would allow for more of these projects to be funded and to continue bringing great science and job creation to Florida. Much great science is left on the table each cycle due to limited resources. There was discussion regarding the funds needed to close the merit gap for the James and Esther King and Bankhead Coley programs, which continues to be a top priority for CCRAB. Dr. Nowakowski also gave overview of the Cancer Center of Excellence program and Joint Committee's statutorily required role to convene every three years to discuss potential revisions to the program's designation/re-designation criteria, which add language to highlight patient safety and quality standards. Dr. Mike Diaz suggested that the Joint Committee meet sooner than every three years based on the availability of new pertinent information regarding quality standards.

Cancer Centers of Excellence Revisions

Dr. Clement Gwede invited Council Members to provide additional feedback on the recommendations made by the Joint Committee for Cancer Center of Excellence. Dr. Mike Diaz motioned to approve the revisions. Dr. Erin Kobetz seconded the motion. The Council concurred with no objections.

State Legislative Update & Discussion

Dr. Jamie Wilson began by thanking policymakers for all their work throughout the legislative session, specifically acknowledging Representative Linda Chaney's efforts to successfully pass legislation related to reform of pharmacy benefit management (PBM). Susan Harbin, American Cancer Society Cancer Action Network (ACS CAN), reviewed ACS CAN's priority appropriations issues and efforts to expand coverage for biomarker testing during the past legislative session. ACS CAN will continue to work on the biomarker testing initiative in the 2024 session. Representative Chaney discussed the PBM bill that passed. This was challenging legislation to move through the process but will have lifesaving impacts for

cancer care and patients. Highlighting the patient experience. Senator Colleen Burton thanked First Lady Casey DeSantis for increased cancer funding and emphasized the importance of education surrounding biomarker testing if we hope to see the legislation passed in future sessions.

State Cancer Data Workgroup Update

Dr. Erin Kobetz and Dr. David Lee introduced an update on Florida's State Cancer Data Workgroup. The Florida Cancer Plan includes an objective to form a state cancer data workgroup consisting of key stakeholders to develop strategies for adding cancer biology data, social determinants of health data, cancer screening data, and precancerous cervical pathology test results (CIN2/3, CIS) to the state cancer registry (Objective 2.1). The Workgroup has developed four sub-groups to focus on Cancer Plan Objectives 2.2, 2.3, 2.4 and 2.6. Gary Levin provided an update on the workgroup focused on Objective 2.2, which focuses on adding cancer biology data to the registry. Dr. David Lee provided an update on Objective 2.3, which focuses on adding social determinants of health and additional patient demographic data to the registry. Dr. Monique Hernandez provided an update on Objective 2.4, with focus on the addition of cancer screening items to the registry. Dr. Hernandez also provided an update on Objective 2.6, which focuses on increasing access and utilization of registry data. The sub-groups have developed pilots and/or implementation strategies for each of the four objectives and have identified the resource needs and timelines to move forward. There was discussion regarding the relevance and importance of enhancing the state cancer registry and eventual need for additional resources for FCDS.

Florida Cancer Plan Revisions

Dr. Sarah Stamler presented on breast cancer, with focus on current screening guidelines and modalities for screening and diagnoses. Representative Chaney presented additional information regarding the importance of early detection specific to 2D (DM) and 3D (DBT) mammography. There was discussion regarding concerns that recommending 3D over 2D mammography at this point may deter women from seeking out 2D mammograms if they don't have access to 3D; ultimately there is value in getting screened and 2D is better than no screening at all. There was discussion regarding CCRAB not historically making independent recommendations for screening/diagnostic methods for any cancer types. The Council will continue to follow evolving science and ensure that current recommendations are captured in the reports the Council is statutorily required to develop and update. There was discussion regarding the draft USPSTF breast cancer screening recommendation revisions that were recently released. This type of change would meet the criteria for consideration by Council to update the 2020-2025 Florida Cancer Plan. If new recommendations are adopted by the USPSTF, the information will be shared with CCRAB members in accordance with the Council-approved plan for revising the Cancer Plan.

Department of Health Updates

Dr. Joseph Ladapo discussed the Cancer Connect Collaborative created by First Lady Casey DeSantis in partnership with the Florida Department of Health (DOH) and Agency for Health Care Administration (AHCA). Dr. Ladapo emphasized data sharing as a critical component. AHCA and DOH are requesting additional cancer data from hospitals. Dr. Rob Brooks elaborated on the Collaborative's efforts to augment current work and bolster the relationships made on the data side. Dr. Brooks is working closely with FCDS, cancer hospitals, and other stakeholders to garner input and maximize opportunities for collaboration statewide. Laura Corbin provided an update on additional DOH programmatic efforts, including the Breast and Cervical Cancer Early Detection program, which has held a number of successful mobile screening events, and the Comprehensive Cancer Control program. Priorities identified in the comp cancer plan required by the CDC include breast cancer, colorectal cancer, tobacco, and

survivorship. The regional Cancer Control Collaboratives will be developing workplans that incorporate these priorities as well as goals outlined in the Florida Cancer Plan.

State Cancer Plan Implementation – Community Implementation Grants Update

Dr. Erin Kobetz invited the Regional Cancer Control Collaborative Coordinators to provide updates on the community implementation grants they received through the joint effort by the offices of community outreach and engagement at Sylvester and Moffitt. Four of the six Collaboratives applied for these funds; all four were funded for up to \$16,500 to work on projects that reflect local need and evidence-based work. Coordinators presented on their projects, which include focus on breast cancer screening in the Northwest Region, colorectal cancer screening in the North Central Region, radon and lung cancer screening in the East Central Region and prostate cancer in the Southeast Region.

State Health Improvement Plan & CRC Campaign Updates

Dr. Chris Cogle provided an update on the cancer-related goals and objectives being discussed by the Chronic Disease Priority Area Workgroup for the Florida State Health Improvement Plan (SHIP). The goal is to reduce new cases of cancer and cancer-related illness, disability, and death. Objectives are focused on lung cancer, breast cancer, prostate cancer and colorectal cancer. Dr. Cogle asked for CCRAB's participation in helping to facilitate workgroup discussions related to cancer and engagement of additional stakeholders to join efforts. Dr. Cogle also discussed new structures being created and the managed care efforts to incentivize colorectal cancer screening.

Comments

Dr. Gwede invited any meeting attendees to make comments.

Next CCRAB Meeting

Dr. Gwede stated that the next CCRAB meeting will be in the Fall of 2023. Dr. Bobbie McKee will follow-up with Council members with additional information.

Adjourn

Dr. Gwede thanked everyone for participating. The meeting adjourned at 2:40 PM on May 12, 2023.

381.915 Casey DeSantis Cancer Research Program.—

(1) This section may be cited as the “Casey DeSantis Cancer Research Act.”

(2) The Casey DeSantis Cancer Research Program is established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida’s citizens, and capitalize on the potential educational opportunities available to its students. The department shall make payments to cancer centers recognized by the National Cancer Institute (NCI) at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. The department shall distribute funds to participating cancer centers on a quarterly basis during each fiscal year for which an appropriation is made.

(3) On or before September 15 of each year, the department shall calculate an allocation fraction to be used for distributing funds to participating cancer centers. On or before the final business day of each quarter of the state fiscal year, the department shall distribute to each participating cancer center one-fourth of that cancer center’s annual allocation calculated under subsection (6). The allocation fraction for each participating cancer center is based on the cancer center’s tier-designated weight under subsection (4) multiplied by each of the following allocation factors based on activities in this state: number of reportable cases, peer-review costs, and biomedical education and training. As used in this section, the term:

(a) “Biomedical education and training” means instruction that is offered to a student who is enrolled in a biomedical research program at an affiliated university as a medical student or a student in a master’s or doctoral degree program, or who is a resident physician trainee or postdoctoral trainee in such program. An affiliated university biomedical research program must be accredited or approved by a nationally recognized agency and offered through an institution accredited by an accrediting agency or association recognized by the database created and maintained by the United States Department of Education. Full-time equivalency for trainees shall be prorated for training received in oncologic sciences and oncologic medicine.

(b) “Cancer center” means a comprehensive center with at least one geographic site in the state, a freestanding center located in the state, a center situated within an academic institution, or a Florida-based formal research-based consortium under centralized leadership that has achieved NCI designation or is prepared to achieve NCI designation by June 30, 2024.

(c) “Florida-based” means that a cancer center’s actual or sought designated status is or would be recognized by the NCI as primarily located in Florida and not in another state.

(d) “Peer-review costs” means the total annual direct costs for peer-reviewed cancer-related research projects, consistent with reporting guidelines provided by the NCI, for the most recent annual reporting period available.

(e) “Reportable cases” means cases of cancer in which a cancer center is involved in the diagnosis, evaluation of the diagnosis, evaluation of the extent of cancer spread at the time of diagnosis, or administration of all or any part of the first course of therapy for the most recent annual reporting period available. Cases relating to patients enrolled in institutional or investigator-initiated interventional clinical trials shall be weighted at 1.2 relative to other cases weighted at 1.0. Determination of institutional or investigator-initiated interventional clinical trials must be consistent with reporting guidelines provided by the NCI.

(4) Tier designations and corresponding weights within the Casey DeSantis Cancer Research Program are as follows:

(a) Tier 1: NCI-designated comprehensive cancer centers, which shall be weighted at 1.5.

(b) Tier 2: NCI-designated cancer centers, which shall be weighted at 1.25.

(c) Tier 3: Cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.

1. A cancer center shall meet the following minimum criteria to be considered eligible for Tier 3 designation in any given fiscal year:

- a. Conducting cancer-related basic scientific research and cancer-related population scientific research;
- b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;
- c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;
- d. Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by an accrediting agency or association recognized by the database created and maintained by the United States Department of Education;
- e. Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and
- f. Having more than \$5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.

2. The General Appropriations Act or accompanying legislation may limit the number of cancer centers which shall receive Tier 3 designations or provide additional criteria for such designation.

3. A cancer center's participation in Tier 3 may not extend beyond June 30, 2024.

4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center until June 30, 2024.

(5) The department shall use the following formula to calculate a participating cancer center's allocation fraction:

$$CAF=[0.4x(CRC\div TCRC)]+[0.3x(CPC\div TCPC)]+[0.3x(CBE\div TCBE)]$$

Where:

CAF=A cancer center's allocation fraction.

CRC=A cancer center's tier-weighted reportable cases.

TCRC=The total tier-weighted reportable cases for all cancer centers.

CPC=A cancer center's tier-weighted peer-review costs.

TCPC=The total tier-weighted peer-review costs for all cancer centers.

CBE=A cancer center's tier-weighted biomedical education and training.

TCBE=The total tier-weighted biomedical education and training for all cancer centers.

(6) A cancer center's annual allocation shall be calculated by multiplying the funds appropriated for the Casey DeSantis Cancer Research Program in the General Appropriations Act by that cancer center's allocation fraction. If the calculation results in an annual allocation that is less than \$16 million, that cancer center's annual allocation shall be increased to a sum equaling \$16 million, with the additional funds being provided proportionally from the annual allocations calculated for the other participating cancer centers.

(7) The amount of \$37,771,257 from the total funds appropriated in the General Appropriations Act for the Casey DeSantis Cancer Research Program shall be excluded from the annual allocation fraction calculation under subsection (5). The excluded amount shall be distributed to participating cancer centers in the same proportion as determined by the allocation fraction calculation.

(8) Beginning July 1, 2017, and every 3 years thereafter, the department, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for 1 year. The report must include:

(a) An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:

1. Lung cancer.
2. Pancreatic cancer.
3. Sarcoma.
4. Melanoma.
5. Leukemia and myelodysplastic syndromes.
6. Brain cancer.
7. Breast cancer.

(b) Identification of trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.

(c) A list and narrative description of collaborative grants and interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalog of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

(9) This section is subject to annual appropriation by the Legislature.

(10) The department may adopt rules to administer this section.

History.—s. 3, ch. 2014-165; s. 10, ch. 2018-24; ss. 20, 21, 110, ch. 2020-114; s. 4, ch. 2020-133; s. 1, ch. 2020-156; s. 4, ch. 2022-150; s. 1, ch. 2023-14; s. 2, ch. 2023-246.



Casey DeSantis

Cancer Research Program

*formerly known as the Florida Consortium of
National Cancer Institute Centers Program*

Ron DeSantis, Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Three-Year Report to the Cancer Control and Research Advisory Council

July 1, 2023

Table of Contents

| | |
|--------------------------------------------------------------------------|----|
| Background | 2 |
| Cancer in Florida | 3 |
| The Florida National Cancer Insitututes | 16 |
| The Florida Academic Cancer Center Alliance (FACCA) comprehensive report | 17 |

Background

Cancer is the second leading cause of death in the United States and in Florida. (Source: FLHealthCHARTS) Cancer mortality rates reflect the health and well-being of the population as well as the quality of the health care available. Cancer mortality information is used by local governments and organizations to identify areas in need and direct available resources.

The Casey DeSantis Cancer Research Program, formerly known as the Florida Consortium of National Cancer Institute (NCI) Centers Program, 381.915, Florida Statutes, was established to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens and capitalize on the potential educational opportunities available to students. The Florida Department of Health implements contractual agreements to support Florida-based cancer centers that are recognized as NCI-designated cancer centers or NCI-designated comprehensive cancer centers.

This report provides an update on cancer trends in Florida and comprehensive reports from each of the three institutions recognized as Florida-based NCIs. This report is required for submission to the Cancer Control and Research Advisory Council (CCRAB) by July 1, 2023. Further, this report is based on the statutory language that directs beginning July 1, 2017, and every three years thereafter, the Florida Department of Health, in conjunction with participating cancer centers, shall submit a report to CCRAB on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. If a cancer center does not endorse this report or produce an equivalent independent report, the cancer center shall be suspended from the program for one year. The report must include:

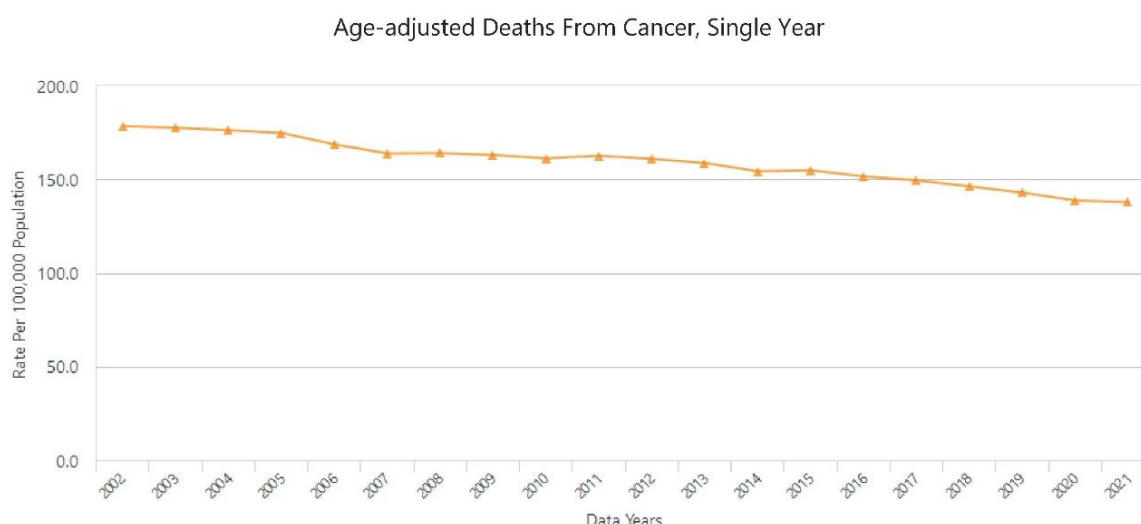
1. An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum:
 - Lung cancer
 - Pancreatic cancer
 - Sarcoma
 - Melanoma
 - Leukemia and myelodysplastic syndromes
 - Brain cancer
2. Information on trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.
3. Collaborative efforts focusing on grants and interinstitutional agreements among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue of retreats and progress seed grants using state funds, and targets for collaboration in the future and reports on progress regarding such targets where appropriate.

Cancer in Florida

Florida has the second highest cancer burden in the nation. Since 2014, cancer has been the second leading cause of death in Florida, after heart disease. Some common types of cancers can be attributed to lifestyles and lack of health care access. Overall, the death rates of cancer have slightly decreased over the past 20 years in Florida. In 2017, the five most common types of newly diagnosed cancers in Florida were lung and bronchus, prostate, breast, colorectal, and melanoma.



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*FLHealthCHARTS

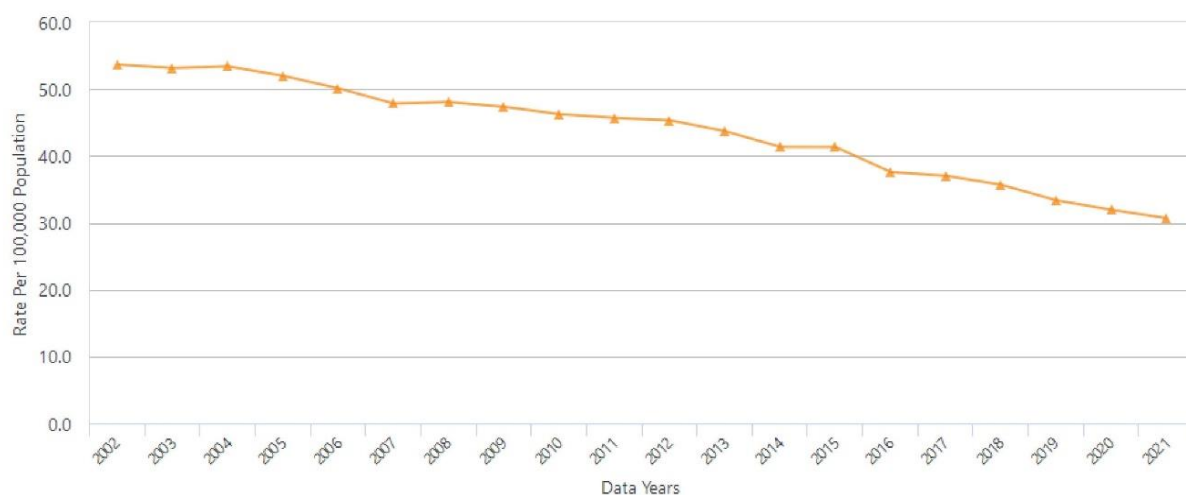
An Analysis of Trending Age-Adjusted Cancer Mortality Rates in Florida:

Lung cancer is a disease which consists of uncontrolled cell growth in tissues of the lung. This growth may lead to metastasis, which is the invasion of cancer cells into adjacent tissue and infiltration beyond the lungs. The vast majority of primary lung cancers are carcinomas of the lung, derived from epithelial cells. The most common cause of lung cancer is long-term exposure to tobacco smoke. The occurrence of lung cancer in nonsmokers, who account for as many as 15 percent of cases, is often attributed to a combination of genetic factors, radon gas, asbestos, and air pollution including secondhand smoke.

Lung cancer death rates have steadily declined over the last 20 years in the state of Florida. The death rate from lung cancer is significantly greater in the 40–64 age group with the highest death rate in the 65 and older population.



Age-adjusted Deaths From Lung Cancer, Single Year



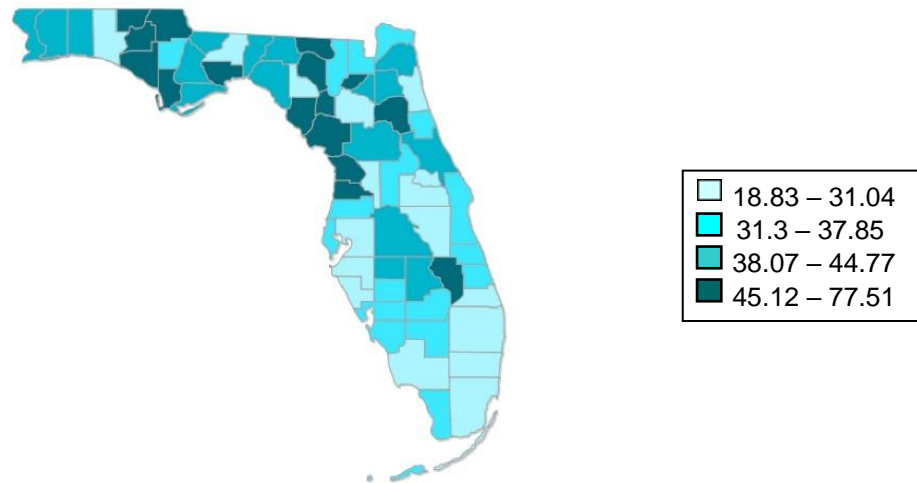
*FLHealthCHARTS

The highest death rates from lung cancer occur in rural counties and are concentrated in the Florida Panhandle. Higher death rates are, in part, contributed to decreased access to prevention services, diagnostics, and treatment.

| Lung Cancer Crude Death Rate, Single Year Rates by Age Group, Per 100,000, 2013-2021 | | | | |
|--------------------------------------------------------------------------------------|-------------------|--------------------|--------------------|------------------|
| Years | 0-19 Years of Age | 20-39 Years of Age | 40-64 Years of Age | 65+ Years of Age |
| 2021 | 0 | 0.5 | 32.2 | 180.7 |
| 2020 | 0 | 0.6 | 34.0 | 186.3 |
| 2019 | 0 | 0.4 | 35.4 | 194.9 |
| 2018 | 0 | 0.5 | 38.9 | 205.2 |
| 2017 | 0 | 0.5 | 40.7 | 211.1 |
| 2016 | 0 | 0.5 | 41.4 | 214.4 |
| 2015 | 0 | 0.6 | 45.9 | 233.6 |
| 2014 | 0 | 0.4 | 43.4 | 237.8 |
| 2013 | 0 | 0.4 | 47.3 | 248.9 |

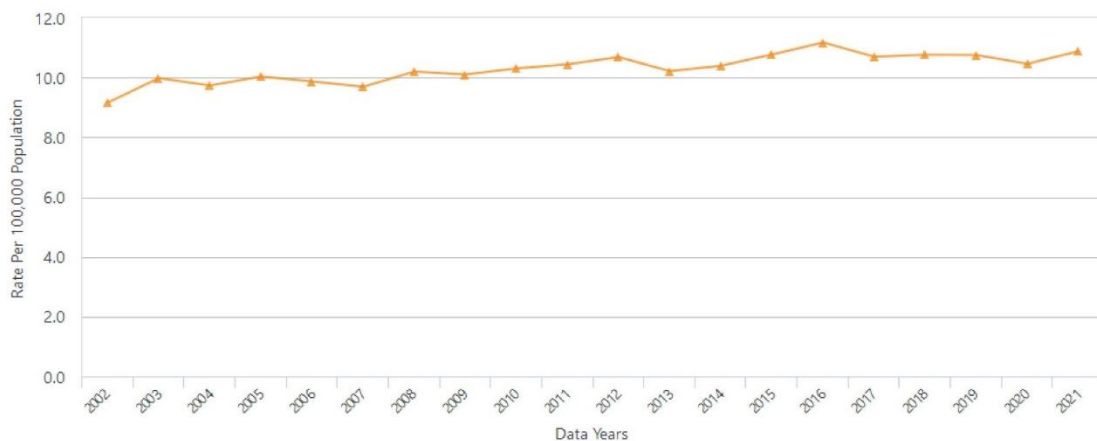
| Lung Cancer Age-Adjusted Death Rate, Single Year Rates | |
|--------------------------------------------------------|------|
| Years | Rate |
| 2021 | 30.7 |
| 2020 | 31.9 |
| 2019 | 33.4 |
| 2018 | 35.7 |
| 2017 | 37.0 |
| 2016 | 37.6 |
| 2015 | 41.3 |
| 2014 | 41.3 |
| 2013 | 43.7 |

Age-adjusted Deaths From Lung Cancer, Rate Per 100,000 Population, 2021

**FLHealthCHARTS*

Pancreatic cancer is a disease in which malignant (cancerous) cells form in the tissues of the pancreas. The pancreas is a gland located behind the stomach and in front of the spine. The pancreas produces digestive juices and hormones that regulate blood sugar. Cells called exocrine pancreas cells produce the digestive juices, while cells called endocrine pancreas cells produce the hormone. The majority of pancreatic cancers start in the exocrine glands.

Age-adjusted Deaths From Pancreas Cancer, Single Year

**FLHealthCHARTS*

High death rates due to pancreatic cancer are widespread in Florida. There is no specific region of concentration. There is an increased death rate in some rural counties.

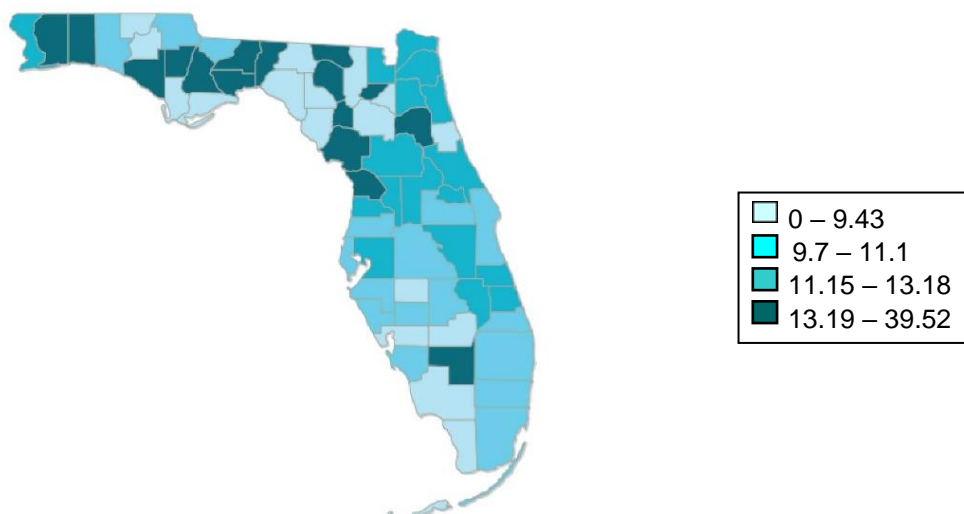
| Pancreatic Cancer Crude Death Rate, Single Year Rates by Age Group, Per 100,000, 2013-2021 | | | | |
|--------------------------------------------------------------------------------------------|-------------------------|--------------------------|--------------------------|------------------------|
| Years | 0-19 Years of Age | 20-39 Years of Age | 40-64 Years of Age | 65+ Years of Age |
| 2021 | 0 | 0.3 | 11.7 | 62.6 |
| 2020 | 0 | 0.3 | 10.9 | 60.7 |
| 2019 | 0 | 0.2 | 11.8 | 61.4 |
| 2018 | 0 | 0.2 | 11.1 | 62.5 |
| 2017 | 0 | 0.3 | 10.8 | 62.1 |
| 2016 | 0 | 0.2 | 12.0 | 63.1 |
| 2015 | 0 | 0.2 | 10.9 | 62.7 |
| 2014 | 0 | 0.1 | 10.2 | 61.2 |
| 2013 | 0 | 0.2 | 9.7 | 60.6 |

| Pancreatic Cancer Age-Adjusted Death Rate, Single Year Rates | |
|--------------------------------------------------------------|------|
| Years | Rate |
| 2021 | 10.9 |
| 2020 | 10.5 |
| 2019 | 10.8 |
| 2018 | 10.8 |
| 2017 | 10.7 |
| 2016 | 11.2 |
| 2015 | 10.8 |
| 2014 | 10.4 |
| 2013 | 10.2 |



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Bureau of Community Health Assessment
Division of Public Health Statistics and Performance Management

Age-adjusted Deaths From Pancreas Cancer, Rate Per 100,000 Population, 2021



*FLHealthCHARTS

Melanoma is a malignant tumor of melanocytes. Such cells are found predominantly in skin but are also found in the bowel and the eye (see uveal melanoma). Melanoma is one of the less common types of skin cancer but causes the majority (75%) of skin cancer related deaths. Melanocytes are normally present in skin, being responsible for the production of the dark pigment melanin.



Age-adjusted Deaths From Melanoma, Single Year



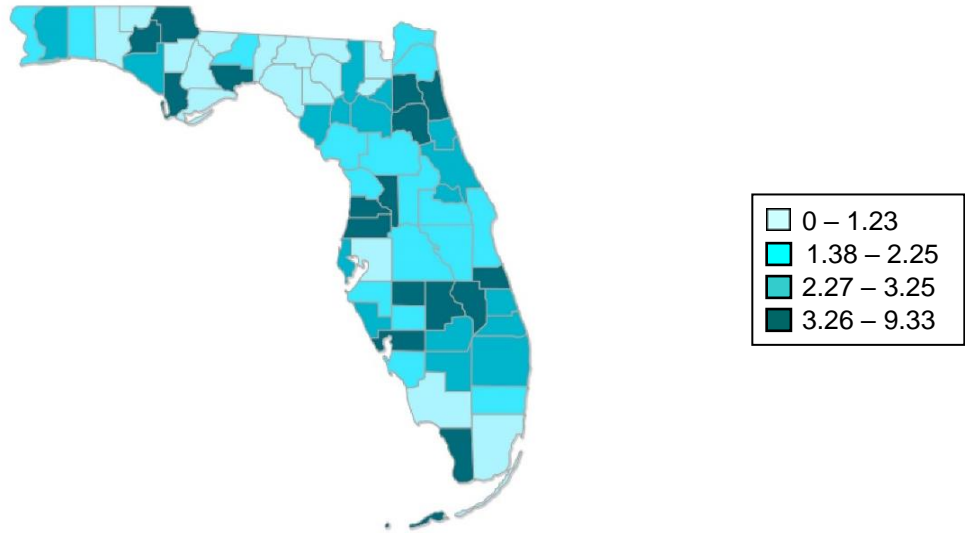
*FLHealthCHARTS

| Melanoma Cancer Crude Death Rate, Single Year Rates by Age Group, Per 100,000, 2010-2018 | | | | |
|------------------------------------------------------------------------------------------|-------------------------|--------------------------|-----------------------|------------------------|
| Years | 0-19 Years of Age | 20-39 Years of Age | 40-64 Years of Age | 65+ Years of Age |
| 2021 | 0 | 0.3 | 2.3 | 11.4 |
| 2020 | 0 | 0.3 | 2.2 | 11.3 |
| 2019 | 0 | 0.3 | 2.2 | 11.3 |
| 2018 | 0 | 0.5 | 2.7 | 10.9 |
| 2017 | 0 | 0.3 | 2.5 | 10.7 |
| 2016 | 0 | 0.2 | 2.6 | 11.7 |
| 2015 | 0 | 0.3 | 3.2 | 13.8 |
| 2014 | 0 | 0.3 | 3.0 | 14.4 |
| 2013 | 0 | 0.5 | 3.3 | 15.3 |

*FIHealthCHARTS

| Melanoma - Age-Adjusted Death Rate, Single Year Rates | |
|-------------------------------------------------------------------|------|
| Years | Rate |
| 2021 | 2.1 |
| 2020 | 2.1 |
| 2019 | 2.1 |
| 2018 | 2.3 |
| 2017 | 2.1 |
| 2016 | 2.3 |
| 2015 | 2.8 |
| 2014 | 2.7 |
| 2013 | 3.0 |

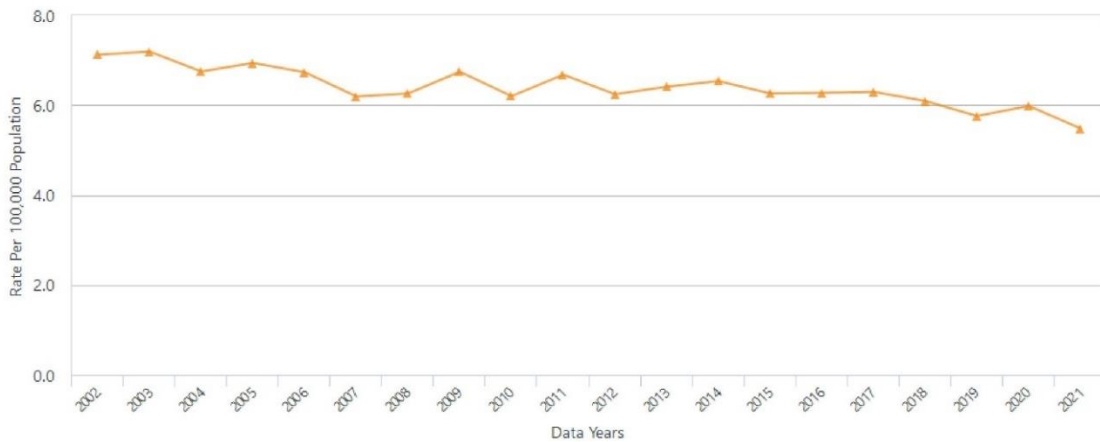
Age-adjusted Deaths From Melanoma, Rate Per 100,000 Population, 2021



*FLHealthCHARTS

Leukemia is a cancer of the blood or bone marrow characterized by an abnormal increase of blood cells, usually leukocytes (white blood cells). Leukemia is a broad term covering a spectrum of diseases. It is part of the even broader group of diseases called hematological neoplasms.

Age-adjusted Deaths From Leukemia, Single Year



*FLHealthCHARTS

The age-adjusted death rate has reduced slightly over the past 20 years and rates increase with age. Leukemia impacts the 0–19 age group slightly more than some of the cancers described in this report.

| Leukemia Cancer Crude Death Rate, Single Year Rates by Age Group, Per 100,000, 2013-2021 | | | | |
|------------------------------------------------------------------------------------------|-------------------|--------------------|--------------------|------------------|
| Years | 0-19 Years of Age | 20-39 Years of Age | 40-64 Years of Age | 65+ Years of Age |
| 2021 | 0.3 | 1.0 | 4.2 | 31.8 |
| 2020 | 0.4 | 1.1 | 4.4 | 34.1 |
| 2019 | 0.5 | 0.9 | 4.2 | 33.4 |
| 2018 | 0.5 | 1.1 | 4.3 | 35.0 |
| 2017 | 0.6 | 0.9 | 4.9 | 35.6 |
| 2016 | 0.5 | 1.1 | 4.8 | 35.7 |
| 2015 | 0.7 | 1.2 | 4.6 | 35.6 |
| 2014 | 0.6 | 1.2 | 5.2 | 36.4 |
| 2013 | 0.6 | 0.9 | 4.6 | 37.4 |

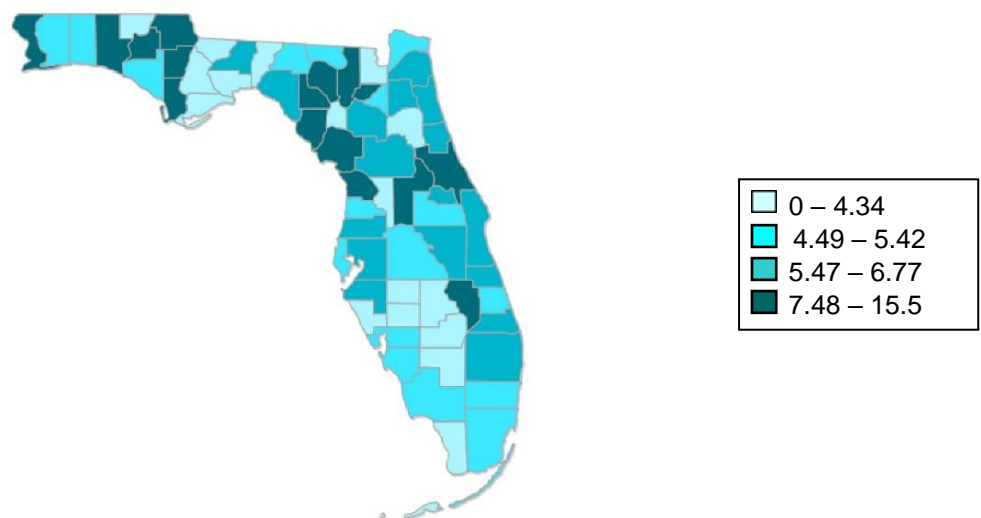
* FLHealthCHARTS

| Leukemia Age-Adjusted Death Rate, Single Year Rates | |
|-----------------------------------------------------|------|
| Years | Rate |
| 2021 | 5.5 |
| 2020 | 6.0 |
| 2019 | 5.8 |
| 2018 | 6.1 |
| 2017 | 6.3 |
| 2016 | 6.3 |
| 2015 | 6.3 |
| 2014 | 6.5 |
| 2013 | 6.4 |



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Age-adjusted Deaths From Leukemia, Rate Per 100,000 Population, 2021



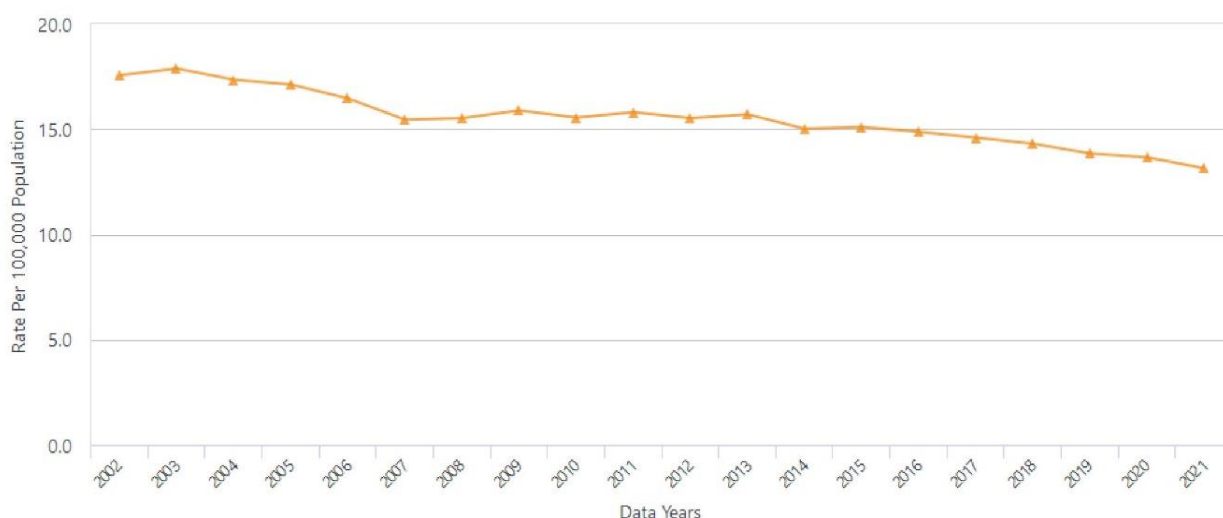
* FLHealthCHARTS

Lymphoid, Hematopoietic, and Related Tissue Cancers (sarcoma), stated or presumed to be primary, of lymphoid, hematopoietic, and related tissue. Soft tissue sarcoma begins in various soft tissues including muscle, fat, blood vessels, nerves, tendons, and linings of joints. Soft tissue sarcoma can occur anywhere but is most common in the abdomen, arms, and legs. Some risk factors found to be associated with soft tissue sarcoma are radiation, damaged lymph system and exposure to certain chemicals. Lifestyle factors are not linked to increased risk of soft tissue sarcoma.



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Division of Public Health Statistics and Performance Management

Age-adjusted Deaths From Lymphoid, Hematopoietic and Related Tissue, Single Year



* FLHealthCHARTS

Lymphoid, Hematopoietic and Related Tissue Cancer death rates have steadily declined in the past 20 years in Florida. Death rates for these cancers increases with age, as with most other cancers. Some rural counties have a significantly higher death rate which could be attributed to decreased access to diagnostic care and treatment.

| Lymphoid, Hematopoietic, and Related Tissue Cancers Crude Death Rate, Single Year Rates by Age Group, Per 100,000, 2013-2021 | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|-----------------------|---------------------|
| Years | 0-19 Years of Age | 20-39 Years of Age | 40-64 Years of Age | 65+ Years of Age |
| 2021 | 0.4 | 1.6 | 10.5 | 77.6 |
| 2020 | 0.5 | 1.7 | 9.9 | 81.7 |
| 2019 | 0.6 | 1.6 | 11.0 | 81.6 |
| 2018 | 0.6 | 1.7 | 11.2 | 84.1 |
| 2017 | 0.7 | 1.4 | 11.8 | 85.4 |
| 2016 | 0.6 | 1.8 | 12.2 | 86.4 |
| 2015 | 0.9 | 1.8 | 12.3 | 87.7 |
| 2014 | 0.7 | 1.9 | 12.2 | 86.7 |
| 2013 | 0.7 | 2.0 | 12.4 | 92.1 |

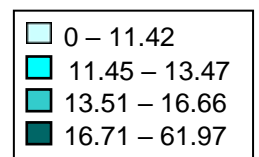
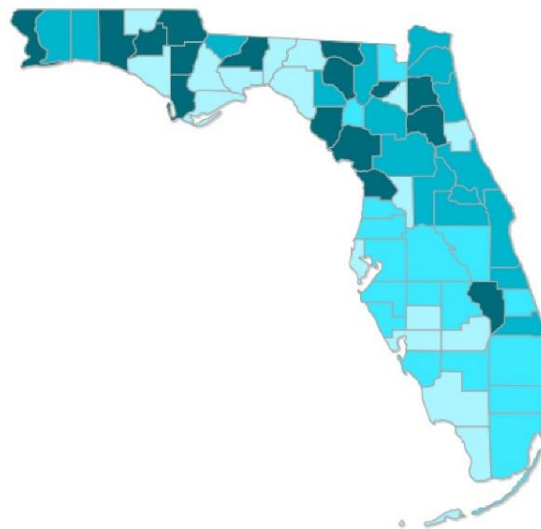
* FLHealthCHARTS

| Lymphoid, Hematopoietic And Related Tissue Cancers Age-Adjusted Death Rate, Single Year Rates | |
|-----------------------------------------------------------------------------------------------------------|------|
| Years | Rate |
| 2021 | 13.1 |
| 2020 | 13.7 |
| 2019 | 13.8 |
| 2018 | 14.3 |
| 2017 | 14.6 |
| 2016 | 14.9 |
| 2015 | 15.1 |
| 2014 | 15.0 |
| 2013 | 15.7 |



Florida Department of Health
Bureau of Community Health Assessment
Division of Public Health Statistics and Performance Management

Age-adjusted Deaths From Lymphoid, Hematopoietic and Related Tissue, Rate Per 100,000 Population, 2021



* FLHealthCHARTS

Brain/Central Nervous System Cancer is the growth of abnormal cells in the tissues of the brain and central nervous system. Cancerous brain and spinal cord tumors are the second most common cancers in children. Little is known about the causes of childhood and adult cancers of the brain and central nervous system. Several studies of environmental risk factors have presented inconsistent results. About 5 percent of brain tumors are due to hereditary factors. Risk factors are different for children than for adults. Established risk factors include exposure to therapeutic doses of ionizing radiation, rare hereditary syndromes, and family history.



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Age-adjusted Deaths From Central Nervous System Cancer, Single Year



* FLHealthCHARTS

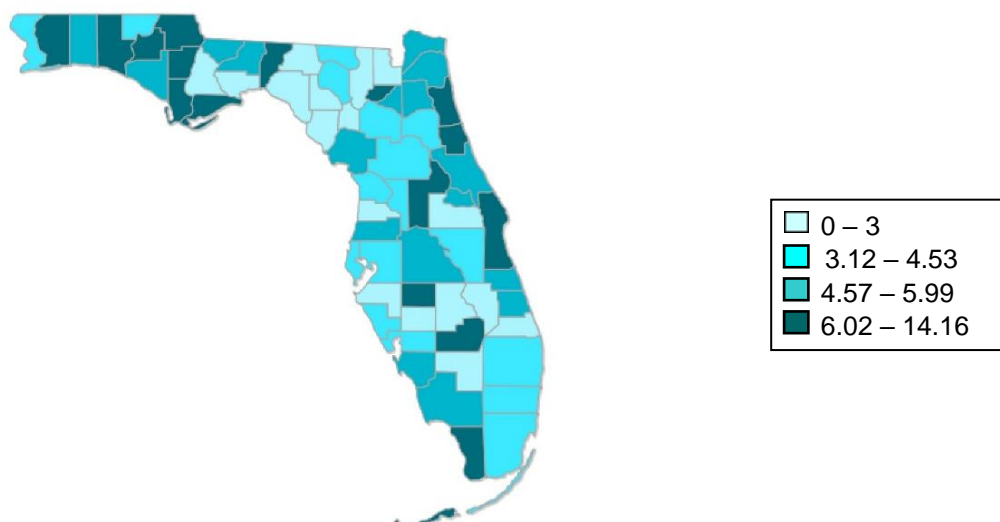
| Central Nervous System Cancer Crude Death Rate, Single Year Rates by Age Group, Per 100,000, 2013-2021 | | | | |
|--------------------------------------------------------------------------------------------------------|-------------------|--------------------|--------------------|------------------|
| Years | 0-19 Years of Age | 20-39 Years of Age | 40-64 Years of Age | 65+ Years of Age |
| 2021 | 0.7 | 1.1 | 6.4 | 17.2 |
| 2020 | 0.7 | 0.8 | 6.2 | 19.0 |
| 2019 | 0.7 | 1.0 | 5.5 | 18.2 |
| 2018 | 0.6 | 1.0 | 5.8 | 17.1 |
| 2017 | 0.8 | 1.0 | 6.1 | 17.6 |
| 2016 | 0.9 | 0.7 | 5.6 | 16.4 |
| 2015 | 0.8 | 0.8 | 6.0 | 18.6 |
| 2014 | 0.7 | 1.0 | 5.9 | 16.8 |
| 2013 | 0.6 | 1.1 | 5.2 | 17.0 |

| Central Nervous System Cancer Age-Adjusted Death Rate, Single Year Rates | |
|--------------------------------------------------------------------------|------|
| Years | Rate |
| 2021 | 4.4 |
| 2020 | 4.5 |
| 2019 | 4.2 |
| 2018 | 4.2 |
| 2017 | 4.4 |
| 2016 | 4.1 |
| 2015 | 4.5 |
| 2014 | 4.3 |
| 2013 | 4.1 |

Cancers of the brain occur in people of all ages but more frequently in two age groups: children under the age of 15 and adults over the age of 65. Central nervous system cancers death rates have not significantly changed in the last 20 years in Florida. There is no clear geographic pattern related to central nervous system cancer death rates.



Age-adjusted Deaths From Central Nervous System Cancer, Rate Per 100,000 Population, 2021



*FLHealthCHARTS

Federal Funding Awarded to Florida Institutions for cancer-related research

Cancer research efforts in Florida are amplified through federal funds. The William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program Funding (Bankhead-Coley) seeks to provide research grant funding to proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support. It is recognized that state research grant funding can result in federal funding awards for Florida. Annually, the Bankhead-Coley Funding Opportunity Announcement includes bridge grants as a mechanism of support to provide interim support for promising investigator-initiated research projects that have been highly rated by national panels of peer reviewers in recent federal competitions but were not funded due to budgetary constraints. To be eligible, applicants must have submitted a multi-year, investigator-initiated research application to a federal agency (such as an NIH R type). The applicant must have received a peer review summary statement indicating high scientific merit. For purposes of this competition, “high scientific merit” is a percentile ranking of 16th or better.

Florida cancer researchers are successful in receiving federal research grants being amongst the top 15 states in NIH funding since 2015. The following charts indicate the federal funding awarded to Florida, by funding institution, for fiscal years 2020-2022. For 2022 and 2021, the state of Florida ranks 12th for total federal funding that comes into the state for cancer research. This is an increase from ranking 13th in 2020.

Federal Research Funding 2022

| State | NIH Funding | Rank |
|----------------|----------------------|-----------|
| California | \$5,477,694,813 | 1 |
| New York | \$3,436,575,824 | 2 |
| Massachusetts | \$3,281,811,936 | 3 |
| Maryland | \$2,407,450,506 | 4 |
| Pennsylvania | \$2,193,635,123 | 5 |
| North Carolina | \$2,164,552,282 | 6 |
| Texas | \$1,783,589,827 | 7 |
| Washington | \$1,460,071,410 | 8 |
| Illinois | \$1,197,971,579 | 9 |
| Ohio | \$952,937,316 | 10 |
| Michigan | \$925,233,534 | 11 |
| Georgia | \$842,409,215 | 12 |
| Florida | \$839,642,634 | 13 |
| Missouri | \$802,706,553 | 14 |
| Minnesota | \$760,023,280 | 15 |
| Connecticut | \$725,219,999 | 16 |

** NIH Awards by Location and Organization - NIH Research Portfolio Online Reporting Tools (RePORT)*

Federal Research Funding 2021

| State | NIH Funding | Rank |
|----------------|-----------------|------|
| California | \$5,132,766,088 | 1 |
| New York | \$3,662,420,303 | 2 |
| Massachusetts | \$3,328,279,019 | 3 |
| North Carolina | \$2,411,545,433 | 4 |
| Maryland | \$2,372,538,518 | 5 |
| Pennsylvania | \$2,069,152,946 | 6 |
| Texas | \$1,643,831,655 | 7 |

| | | |
|----------------|----------------------|-----------|
| Washington | \$1,420,361,201 | 8 |
| Illinois | \$1,116,993,470 | 9 |
| Ohio | \$916,306,875 | 10 |
| Michigan | \$883,420,180 | 11 |
| Florida | \$795,189,715 | 12 |
| Missouri | \$785,660,608 | 13 |
| Georgia | \$747,567,042 | 14 |
| Connecticut | \$691,868,051 | 15 |
| Tennessee | \$677,474,370 | 16 |

** NIH Awards by Location and Organization - NIH Research Portfolio Online Reporting Tools (RePORT)*

Federal Research Funding 2020

| State | NIH Funding | Rank |
|----------------|----------------------|-----------|
| California | \$4,996,305,832 | 1 |
| Massachusetts | \$3,295,948,531 | 2 |
| New York | \$3,187,154,703 | 3 |
| Maryland | \$2,254,903,122 | 4 |
| North Carolina | \$2,204,154,708 | 5 |
| Pennsylvania | \$2,040,306,377 | 6 |
| Washington | \$1,630,628,091 | 7 |
| Texas | \$1,509,154,057 | 8 |
| Illinois | \$1,130,299,723 | 9 |
| Ohio | \$982,992,962 | 10 |
| Michigan | \$895,759,318 | 11 |
| Georgia | \$778,728,034 | 12 |
| Florida | \$738,430,763 | 13 |
| Tennessee | \$704,376,105 | 14 |
| Missouri | \$687,153,234 | 15 |
| Connecticut | \$683,555,538 | 16 |

** NIH Awards by Location and Organization - NIH Research Portfolio Online Reporting Tools (RePORT)*

The Florida National Cancer Institutes

The Florida Department of Health established agreements with the three Florida-based National Cancer Institutes: H. Lee Moffitt Cancer Center, University of Florida Shands Cancer Hospital, and University of Miami Sylvester Comprehensive Cancer Center. The goal of the agreements is to enhance the quality and competitiveness of cancer care in this state, further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens and capitalize on the potential educational opportunities available to its students by providing support to obtain and maintain designation as an NCI-designated Comprehensive Cancer Center.

Annually, the Institutes provide a report on the following:

- a. Cancer-related basic scientific research conducted and cancer-related population scientific research.
- b. Services provided on site that offer the full range of cancer diagnostic and treatment services, as determined by the Commission on Cancer of the American College of Surgeons.
- c. Interventional clinical trials that are hosted by the NCI or cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program.
- d. Degree-granting programs or affiliate with universities through degree-granting programs accredited or approved by a nationally recognized educational accrediting body and offered through provider or through provider in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. Prepare a report documenting completion of this task.
- e. Training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree.
- f. Annually maintenance of direct costs in excess of \$5 million in associated with Provider's NCI peer-reviewed grant funding.
- g. Peer review costs, reportable cases, reportable cases of patients enrolled in institutional or investigator-initiated interventional clinical trials, biomedical education, and training, this is submitted to the Department by July 15 of each year of the agreement.
- h. National Cancer Institute P30 Cancer Center Support Grant application, application for renewal, or documentation of award.
- i. The full range of diagnostic and treatment services provided by the cancer center.

Each of the three NCIs have provided a comprehensive report for FY 20-21, 21-22 and 22-23. This report is due to the Cancer Control and Research Advisory Council by July 15. On the following page you will find the Florida Consortium of National Cancer Institute Centers Program comprehensive report that includes the accomplishments of this initiative.

EXECUTIVE OVERVIEW

The Florida Academic Cancer Center Alliance (FACCA), consisting of Moffitt Cancer Center (Moffitt), University of Florida Health Cancer Center (UF Health), and Sylvester Comprehensive Cancer Center at the University of Miami (UM Sylvester), formed in 2014 to build collaborations that expedite innovation in the area of cancer research throughout the State of Florida and maximize state investments in biomedical technology and research.

A primary goal of the program at the time of creation was to provide support for UF Health and UM Sylvester to obtain National Cancer Institute (NCI) designation and for Moffitt to sustain NCI Comprehensive designation. Since the last report, FACCA is proud to report that UF Health Cancer Center obtained NCI designation in June 2023, becoming the 72nd designated Cancer Center and the 3rd in the State of Florida. The NCI recognized UF Health for its outstanding work conducting research in its laboratories, treating patients in its clinics and hospitals, and reaching out to medically underserved communities with innovative prevention strategies. Moffitt successfully renewed its designation as an NCI Comprehensive Cancer Center, achieving its highest rating to date, and begun its 6th grant cycle in 2022. Finally, UM Sylvester continues to develop its laboratory and clinical research efforts as an NCI designated Cancer Center and will submit its Cancer Center Support Grant competitive renewal in September 2023. All three Centers' efforts have resulted in a greater impact to the communities they serve.

Over the past three years, this extraordinary partnership has strengthened its efforts to advance cancer care, research, and education throughout the State of Florida. The foundation of this relationship is engaged collaboration among faculty and staff at the centers. Examples of progress over the last three years include:

- Recognition of UF Health as an NCI designated Cancer Center
- Treatment of 70,331 newly diagnosed patients combined across all three centers
- Accrued 11,196 patients combined to investigator-initiated interventional clinical studies
- Competed for \$118.5 million (M) in active peer-reviewed grant funding across all three centers as of 2023
- Facilitated 37,271 experiences for clinical and scientific trainees
- Published 6,497 peer-reviewed articles across the three centers with 318 unique articles featuring at least two (2) FACCA centers
- Awarded 3 meritorious inter-institutional pilot project grants with a total of 23 awarded since 2015
- Returned \$45.0M in extramural funds, 36 peer-reviewed publications, and 4 clinical studies on a \$2.75M investment in the pilot program by the FACCA centers since inception of the program
- Held four (4) FACCA-wide collaborative retreats – 2 virtual, 2 in person – spurring research collaborations
- Continuous and purposeful collaboration and communication between the three (3) Center Directors
- Monthly virtual meetings between the three (3) Center administrative teams and principal Administrators.

MOFFITT CANCER CENTER

Moffitt's designation by NCI as a Comprehensive Cancer center was officially renewed on February 1, 2022, with the start of year 25 of funding for the Cancer Center Support Grant (CCSG). Moffitt has recently completed an update of its Research Strategic Plan and is developing specific plans for all CCSG components with expert input from its External Advisory Committee to position itself well for its renewal application in January 2026.

Moffitt welcomed Patrick Hwu, MD in November 2020 as its 4th Chief Executive Officer, marking the beginning of an exciting new period in Moffitt's growth and evolution as a Cancer Center as it proactively addresses the needs of Floridians and scientific trends in cancer research. To meet rising CCSG expectations, Moffitt also appointed two new research executive leaders over the last two years. Elsa Flores, PhD was named Associate Center Director, Basic Science, and Brian Gonzalez, PhD was named Associate Center Director, Research Diversity & Workforce Development. Together, the research executive leaders work in harmony to ensure that Moffitt remains an innovative leader at the forefront of cancer research and drives practice, paradigm, and policy changing scientific discovery and translation, bringing tomorrow's treatments to patients today.

Florida's investment has enabled Moffitt to recruit 31 research faculty at all ranks since 2020, an impressive feat during the height of the COVID-19 pandemic. Of these new recruits, Moffitt was able to promote 4 highly competitive trainees to faculty from its own pool of highly qualified trainees, successfully retaining scientific expertise in Florida, and successfully competed for top-tier scientists against established institutions including:

| | | |
|----------------------------------|-----------------------------------------------------|------------------|
| • Amir Alishahi, MD, PhD, MPH | UNC Eshelman School of Pharmacy | Chapel Hill, NC |
| • Doratha (Armen) Byrd, PhD, MPH | National Cancer Institute | Rockville, MD |
| • Tiffany Carson, PhD, MPH | University of Alabama at Birmingham | Birmingham, AL |
| • Erin George, MD | University of Pennsylvania | Philadelphia, PA |
| • Ana Gomes, PhD | Weill Cornell Meyer Cancer Center | New York, NY |
| • Jessica Islam, PhD, MPH | UNC Lineberger Comprehensive Cancer Center | Chapel Hill, NC |
| • Alexander Jaeger, PhD | MIT Koch Institute for Integrative Cancer Research | Cambridge, MA |
| • Aleksandra Karolak, PhD | City of Hope Cancer Center | Duarte, CA |
| • Jacob Kresovich, PhD, MPH | National Institute of Environmental Health Sciences | Raleigh, NC |
| • Nathan Parker, PhD | MD Anderson Cancer Center | Houston, TX |
| • Timothy Shaw, PhD | St. Jude Children's Research Hospital | Memphis, TN |

Remarkably, more than 35% of the junior faculty recruited since 2018 have not only set up their laboratories during a pandemic but have obtained their first R01 or equivalent, which is a reflection of the high-quality mentoring and supportive research environments at Moffitt.

Investment in new faculty includes attractive start-up funding for them to jump start and supplement their research as a necessary and foundational step towards competing for extramural funding, especially from the NCI. These funds allow faculty to develop preliminary data and generate ideas necessary to obtain grant funding, develop clinical trials, and apply new knowledge to provide outstanding patient care. These funds are even more critical to success when establishing and growing areas at the forefront of innovation in cancer research such as machine learning (mentioned in the 2020 report), bioengineering, metabolism, immuno-oncology, and interception science across all five of Moffitt's research programs. Notable recruits to leadership positions in these broad areas include:

| | |
|-------------------------|--------------------------------------------------------------------------------------|
| • Antonio Amelio, PhD | Vice Chair for Research, Department of Head & Neck Oncology |
| • Dorina Avram, PhD | Vice Chair, Department of Immunology |
| • Gina DeNicola, PhD | Leader, Metabolism Program (Developing) |
| • Joseph Kissil, PhD | Leader, Cancer Biology & Evolution Program & Chair, Department of Molecular Oncology |
| • Greg Sawyer, PhD | Chair, Department of Bioengineering |
| • Matthew Schabath, PhD | Co-Leader, Cancer Epidemiology Program |
| • Damon Vidrine, DrPh | Chair, Department of Health Outcomes & Behavior |
| • Xuefeng Wang, PhD | Vice Chair, Department of Biostatistics & Bioinformatics |
| • Kosj Yamoah, MD, PhD | Chair, Department of Radiation Oncology |

UF HEALTH CANCER CENTER

Through the funding provided from the State of Florida over the past three years, UF Health has made significant strides toward its goal of achieving NCI designation. Tangible results have been achieved to include the submission of the Center's CCSG A1 application from UF to NCI for designation in 2022; nationally ranked by US News & World Report for both adult and pediatric cancer hospitals, and ranked among the nation's best in five specialties; re-accreditation by the Commission on Cancer (CoC) in August 2022; initial accreditation for the UF Health Rectal Cancer Program through the CoC's National Accreditation Program for Rectal Cancer; and, in November 2020, recertification through the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI). The funding provided to UF Health has enabled the Center to improve treatment options for patients and achieve research excellence providing patients access to higher levels of interdisciplinary discoveries to improve cancer treatments at the state's most comprehensive academic medical center. UF is internationally recognized for its research expertise and clinical care in bone marrow transplant, brain tumors, leukemia and lymphoma, pancreatic, prostate, and sarcoma cancers. UF Health continues

pioneering work in areas such as microbiota research applications and immunotherapy treatment for cancers, bringing together 340 researchers from 77 Departments in 11 of the 16 UF Colleges.

Continued faculty recruitment is an ongoing initiative and was recognized as essential for UF Health's resubmission application to NCI in 2022. During the period of 2020–2022, state funding has been a critical resource in the successful recruitment of a total of 28 strategic faculty recruits from 14 states, including 18 established NCI-Designated Cancer Centers, to the cancer center that involved the collaboration and coordination between the cancer center and 16 departments in 7 colleges. Among the recent recruits include:

| | | |
|-----------------------------------------|---------------------------------------------|-------------------|
| • Zeina Al-Mansour, MD | University of Massachusetts | Amherst, MA |
| • Dejana Braithwaite, PhD | Georgetown University | Washington, DC |
| • Jason Butler, PhD | Hackensack Meridian School of Medicine | Nutley, NJ |
| • Lakeshia Cousin, PhD, APRN, AGPCNP-BC | Moffitt Cancer Center | Tampa, FL |
| • Mansi Dalal, MD | University of Florida | Gainesville, FL |
| • Erin Dean, MD | Moffitt Cancer Center | Tampa, FL |
| • Bently Doonan, MD | University of Florida | Gainesville, FL |
| • Lynn El Haddad, PhD | MD Anderson Cancer Center | Houston, TX |
| • Kiley Graim, PhD | Princeton University | Princeton, NJ |
| • Juan Guan, PhD | University of California San Francisco | San Francisco, CA |
| • Mei He, PhD | University of Kansas | Lawrence, KA |
| • Georges Khalil, PhD | MD Anderson Cancer Center | Houston, TX |
| • John Ligon, MD | National Cancer Institute | Bethesda, MD |
| • Hung Luu, MD, PhD | University of Pittsburgh | Pittsburgh, PA |
| • Zhe Ma, PhD | University of North Carolina at Chapel Hill | Chapel Hill, NC |
| • Carrie Miller, PhD, MPH | Virginia Commonwealth University | Richmond, VA |
| • Jordan Milner, MD | New York Medical College | Valhalla, NY |
| • Erin Mobley, PhD, MPH | University of Southern California | Los Angeles, CA |
| • Oluwadamilola Oladeru, MD | Mass General Brigham | Boston, MA |
| • Luisel Ricks-Santi, PhD | Hampton University | Hampton, VA |
| • Sherise Rogers, MD, MPH | Ohio State University | Columbus, OH |
| • Ilyas Sahin, MD | Brown University | Providence, RI |
| • Hyung-Suk (Alex) Yoon, PhD, MPH | Vanderbilt University Medical Center | Nashville, TN |
| • Yong Zeng, PhD | University of Kansas | Lawrence, KA |

Of the 28 recruits to UF Health in the past three years, 7 (25%) have been successful in obtaining peer-reviewed funding, since arriving to UF. This includes 6 awards from NCI, 2 awards from the National Institutes of Health (NIH), and 1 award from other peer-review sponsors that total \$8,444,510 (total costs, all years) to UF. Through 2022, the recruits have expensed \$2,945,607 from UF Health recruitment support, generating a ROI of 2.9:1.

UM SYLVESTER COMPREHENSIVE CANCER CENTER

Sylvester Comprehensive Cancer Center at the University of Miami (UM Sylvester), South Florida's only academic Cancer Center in South Florida, became the 71st NCI designated Cancer Center in July 2019. In 2022, UM Sylvester was ranked in the Top 50 in the 2022-2023 U.S. News & World Report (USNWR) Best Hospitals rankings for cancer, the first time being ranked in the center's history. UM Sylvester's catchment area remains a primary driver of the center's agenda, impacting the focus of its research, and consisting of a four-county region (Miami-Dade, Broward, Monroe, and Palm Beach) spanning more than 10,000 square miles. With nearly 22 million residents in the state of Florida, more than 6.2 million comprise UM Sylvester's unique catchment area of diverse ancestry, racial/ethnic identities, socioeconomic and cultural backgrounds. UM Sylvester's catchment area is poorer, older, and has a greater percentage of Hispanic and Black residents compared to the US. Eighty-five percent of UM Sylvester's patients call this four-county area home, and more than half of the catchment area

residents speak a language other than English at home. The racial and ethnic heterogeneity in this area presents UM Sylvester's investigators with unique and important opportunities to advance cancer research. Implicit in UM Sylvester's mission is a deep commitment to achieve health equity in the context of the disparities prevalent in its catchment area.

UM Sylvester's Office of Outreach and Engagement and its team of 11 community health workers routinely collaborate with community residents to understand emerging concerns and close gaps in cancer education and care through targeted outreach, primarily via UM Sylvester's Game Changer Vehicles. These mobile clinics travel and work on the ground in the communities UM Sylvester serves, offering testing, screening, and education. UM Sylvester's Community Advisory Committee (CAC) informs this engagement and consists of community stakeholders including leaders of local organizations, Federally Qualified Health Centers (FQHCs), faith-based organizations, and civic and advocacy groups that serve key population sub-groups, such as the Miccosukee Tribe, and individuals either treated at UM Sylvester or its partner, Jackson Health System. The CAC formally reports to the UM Sylvester Director, Stephen D. Nimer, MD, to ensure that community input is heard at the highest levels of leadership and can appropriately inform strategic planning and investment.

For 11 years, Dr. Nimer has built an impressive core of cancer researchers and health professionals to best position UM Sylvester as a national leader in cancer research, with teams of outstanding scientists who conduct impactful, collaborative, and transdisciplinary research. UM Sylvester's 391 cancer researchers (as of 12/31/22), span 39 academic disciplines and four UM Sylvester Research Programs: Cancer Control (CC), Cancer Epigenetics (CE), Tumor Biology (TB), and UM Sylvester's newest program, Translational & Clinical Oncology (TCO), which was launched in 2022. TCO is building on UM Sylvester's translational capabilities, ushering basic science discoveries into clinical research and clinical trial development. The four programs' various interests, perspectives, and expertise advance UM Sylvester's competency in addressing the cancer problem and responding to unique challenges within South Florida.

With the support from the State of Florida appropriation, UM Sylvester has invested heavily in its basic, clinical, translational, and population-based research and research infrastructure, bringing new scientists and expert leadership to develop its Research Programs, shared resources, and clinical research services. Due to investments in clinical research infrastructure, a multidisciplinary team approach, and attention to best practices for enrollment of diverse patients on clinical trials, the NCI invited UM Sylvester to become an affiliated organization of its Experimental Therapeutics Clinical Trials Network (ETCTN) program, recognizing UM Sylvester's accruals of diverse populations to clinical trials and requesting its engagement to educate other centers on best practices. Investments in education and training and team science have also yielded important funding milestones including four cancer-relevant T32 training grants funded during the reporting period totaling \$1.5M in annual direct costs and UM Sylvester's second five-year multi-project \$5 million Leukemia & Lymphoma Specialized Center of Research Program (LLS SCOR) grant, awarded in 2022, on the epigenetics of myeloid malignancies, one of only two grants awarded in the US. This award supports eight CE program members, two outstanding collaborators from Memorial Sloan Kettering Cancer Center (MSKCC), and one from Brigham and Women's Hospital. UM Sylvester researchers and a collaborator at Columbia University were awarded an NCI P01 grant focused on esophageal adenocarcinoma, which began in July 2022. Finally, UM Sylvester has continued to invest in the FACCA Pilot Funding Program with Moffitt and UF, yielding publications and peer-reviewed funding as outlined below.

Due to the support of the State of Florida Appropriation, designation as an NCI designated cancer center, and the rising reputation of the quality of clinical care and research, UM Sylvester has successfully attracted exceptional physicians and investigators from premier institutions over the past three years. To further strengthen UM Sylvester's impact on cancer research and its community, the recruitment of key leaders has been a consistent priority. Among these efforts, in 2022, Dr. Antonio Iavarone was recruited as Deputy Director, bringing his decades-long dedication to finding better treatments for glioblastoma and other aggressive brain tumors to Florida. As Deputy Director, Dr. Iavarone provides strategic guidance, financial oversight, recruitment support, and leadership as the critical second-in-command.

Over the reporting period, state appropriations supported the recruitment of 32 new faculty. Each new recruit brings expertise, grant funding, and/or clinical trials to the State of Florida.

- Greg Azzam, MD, PhD
- Defne Bayik-Watson, PhD
- Diana Byrnes, MD
- Ruben Carmona, MD, MAS, MBA
- Zheng Chen, PhD
- Emiliano Cocco, PhD
- Tracy Crane, PhD
- Benjamin Diamond, MD
- Zhenfeng Duan, MD
- Yengbo Feng, PhD
- Julie Grossman, MD
- Antonio Iavarone, MD
- Emily Jonczak, MD
- Marcella Kaddoura, MD
- Dickran Kazandjian, MD
- Carl Ola Landgren, MD, PhD
- Anna Lasorella, MD
- Chiara La Tessa, PhD
- David Lombard, MD, PhD
- Francesco Maura, MD
- Oliver McDonald, MD, PhD
- Patricia Moreno, PhD
- Viraj Sanghvi, PhD
- Devinder Singh, MD
- Gerald Soff, MD
- Justin Taylor, MD
- Thomas Temple, MD
- Kevin Van der Jeught, PhD
- Sangeetha Venugopal, MD
- Xiao (Joan) Wang, MD, PhD
- Dionysios (Dennis) Watson, MD, PhD
- Erik Williams, MD

Jackson Memorial Hospital
Cleveland Clinic
University of Miami | Jackson Memorial Hospital
University of Pennsylvania
University of Miami | Miller School of Medicine
Memorial Sloan Kettering Cancer Center
University of Arizona
Memorial Sloan Kettering Cancer Center
University of California Los Angeles
Reaction Biology Corporation
University of Miami | Jackson Memorial Hospital
Columbia University
University of Miami
Mayo Clinic
National Institute of Health
Memorial Sloan Kettering Cancer Center
Columbia University
University of Trento
University of Michigan
Memorial Sloan Kettering Cancer Center
Vanderbilt University
Northwestern University
Memorial Sloan Kettering Cancer Center
Anne Arundel Medical Center
Memorial Sloan Kettering Cancer Center
Memorial Sloan Kettering Cancer Center
Mercy Hospital
Indiana University
MD Anderson Cancer Center
MD Anderson Cancer Center
Cleveland Clinic
University of California San Francisco

Miami, FL
Cleveland, OH
Miami, FL
Philadelphia, PA
Miami, FL
New York, NY
Tucson, AZ
New York, NY
Los Angeles, CA
Malven, PA
Miami, FL
New York, NY
Miami, FL
Rochester, MN
Bethesda, MD
New York, NY
New York, NY
Trento, Italy
Ann Arbor, MI
New York, NY
Nashville, TN
Chicago, IL
New York, NY
Annapolis, MD
New York, NY
New York, NY
Miami, FL
Indianapolis, IN
Houston, TX
Houston, TX
Cleveland, OH
San Francisco, CA

UM Sylvester recruitment has greatly strengthened the University's cancer focus and improved the overall research climate and environment, enabling all UM Sylvester members to conduct more collaborative, multidisciplinary, high-impact research and be more successful at garnering highly competitive, peer-reviewed grant funding resulting in significant growth in UM Sylvester's overall research portfolio.

THREE-YEAR TRENDS

PEER REVIEWED FUNDING

Each of the three centers have increased the amount of cancer related peer-reviewed funding awarded to their organizations between 2020 and 2022. Together, the centers have grown grant funding awarded to Florida based centers by 9.5% from \$108.2M in the last report to \$118.5M in 2022, primarily from sponsors such as the NCI and other NIH institutes (**Fig. 1**, next page).

To provide broader context, of the \$74.1M in grants awarded to organizations in Florida from the NCI in 2022 (the most recently completed fiscal year), **75%** of the funds were awarded to current Casey DeSantis Cancer Research Program members (**Fig. 2**, next page). These awards fund 166 research projects across the three centers and demonstrates significant leadership in conducting cancer research in the State of Florida.

Despite a 5.6% increase in NCI funds awarded to institutions across the state over the last three years, Florida holds steady as the 14th highest funded state based on NCI grants. As the nation's 3rd most populous state, there is still room for improving the grant dollars awarded to the State. The three FACCA institutions are best equipped to further increase cancer related grant funding to the State with the Casey DeSantis Cancer Research Program providing critical support.

Moffitt Cancer Center

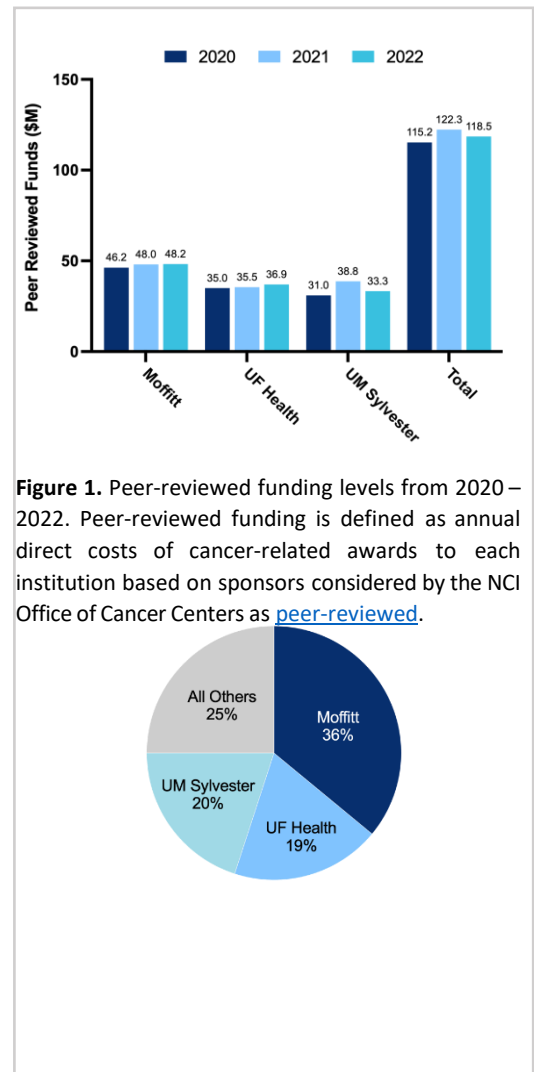
In 2022, Moffitt's overall peer-reviewed awards totaled \$48.2M, which is up 17.8% from the last report. This represents 267 research projects being conducted by Moffitt investigators. Moffitt's NCI funding is holding steady at a robust \$28.1M with the majority of funding increases coming from other NIH and peer-reviewed sponsors, indicating a healthy, sustainable, and diversified funding portfolio.

UF Health Cancer Center

In 2022, UF Health's overall peer-reviewed awards totaled \$36.9M, which is up 7.6% from the last report. This represents 199 research projects being conducted by UF Health investigators. Overall, NCI funding awarded to UF Health researchers has increased more than 28% from 2020 to \$14.1M in annual direct costs in 2022, representing 35% of the total peer-reviewed researching being conducted.

UM Sylvester Comprehensive Cancer Center

UM Sylvester's annual direct cost NCI-funding base has also grown from \$11.6M to \$14.5M between 2020 and 2022, while the total peer-reviewed funding has increased from \$31.0M to \$33.3M. In FY 2022 alone, UM Sylvester investigators were awarded 50 new cancer-related grants and contracts. Of these grants, 21 were received by UM Sylvester faculty leadership. UM Sylvester also reported success with multi-PI grants during the reporting period with award numbers increasing from 46 in 2020 to 64 in 2022, a 39% increase.



PEER-REVIEWED PUBLICATIONS

Investigators at all three cancer centers remain highly productive, having published 6,497 peer-reviewed articles combined between 2020 and 2023 with 9.3% of the articles having at least one collaboration between Moffitt, UF Health, and/or UM Sylvester researchers (see **Collaborations** section for more details).

Moffitt Cancer Center

Researchers at Moffitt published 2,514 peer-reviewed articles over the last three years with 27% appearing in high impact journals such as *Nature*, *Science*, *Cancer Cell*, and the *New England Journal of Medicine*. The average impact factor across this period was 11.484, which has remarkably increased by 60% from the last report. Its membership remains highly collaborative with 26% of articles having intra-programmatic collaborations and 21% having inter-programmatic collaborations.

UF Health Cancer Center

UF Health researchers published a total of 2,246 peer-reviewed articles between 2020 and 2022. Of the total publications, 26% were intra-programmatic, 14% were inter-programmatic and 76% of all publications were inter-institutional that included 181 collaborative publications with researchers at Moffitt and UM Sylvester.

UM Sylvester Comprehensive Cancer Center

UM Sylvester investigators published a total of 1,737 peer-reviewed cancer relevant journal articles from 2020 to 2022; 449 of the publications are published in journals with an impact factor greater than 10 and represent a high degree of collaboration among UM Sylvester's investigators. The percentage of publications between UM Sylvester Research Programs (inter-programmatic publications) across the three-year period was 19% while

collaboration within research programs (intra-programmatic publications) was 26%. Inter-institutional (other NCI centers) collaboration accounted for 57% of the articles.

REPORTABLE CASES & INTERVENTIONAL TRIALS

Over the last three years, the FACCA centers have served 70,331 new patients (analytic registry cases) combined (**Fig. 4**), effectively serving 18.8% of all reported new cancer cases in the State of Florida during this time period. Moreover, the three centers combined have accrued 11,196 patients to investigator-initiated interventional clinical trials, representing 15.9% of new registry cases (**Fig. 5**).

Moffitt Cancer Center

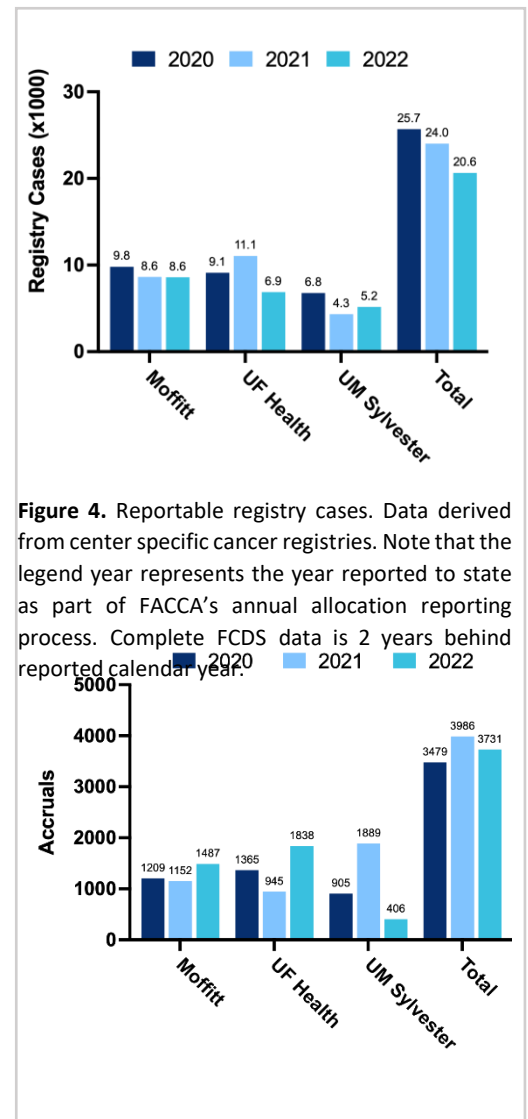
Moffitt primarily serves Floridians with almost 97% of its patients coming from all 67 counties in the state and is reflected in the 27,005 cumulative new analytic cases reported since 2020, representing 7.2% of analytic cases reported statewide. Further, the demand for care at Moffitt reflects the numerous opportunities to participate in cutting edge clinical studies and experience the resulting superior outcomes. As such, Moffitt accrued 3,848 individuals to investigator-initiated interventional studies since the last report, which encompassed protocols of all types including treatment, screening, and prevention. Continuing Moffitt's leadership in immuno-oncology, Moffitt has treated 460 patients with CAR T therapy over the last three years with a 44.2% year over year growth rate. Moffitt also continues to grow its reach and provided care for 10,364 admissions; 598,326 outpatient visits; 12,848 surgeries; and 27,203 new patients (non-analytic + analytic cases) in the most recently completed fiscal year (FY22).

UF Health Cancer Center

Between 2020 and 2022, UF Health saw 27,043 new patients (analytic registry cases) and 4,148 (15.3%) enrolled onto investigator-initiated interventional clinical trials. In 2022, there were 42 open UFHCC interventional IITs, 135 open interventional studies that were registered in CTRP, and 164 actively accruing interventional protocols of all types, particularly treatment, screening and supportive care.

UM Sylvester Comprehensive Cancer Center

UM Sylvester treated a cumulative total of 16,283 new cancer patients (analytic cases) between 2020 and 2022. The patients accrued to investigator-initiated interventional trials (3,200¹) during this time represent 19.7% of UM Sylvester's newly diagnosed patients and reflect the racial and ethnic diversity of its catchment area.



FLORIDA CANCER CENTER COLLABORATIONS

FACCA PILOT PROJECTS

With the onset of the COVID-19 pandemic and consequent reduction in research activities across the state, the three centers agreed to suspend the FACCA Pilot Project Program and did not award any pilot funds in 2020 or 2021. With the lifting of pandemic restrictions and stabilization of the scientific supply chain, three (3) highly meritorious proposals were selected for funding in 2022 (**Table 1**, next page).

Since its inception in 2015, the three centers have cumulatively invested \$2.75M and have awarded 23 collaborative pilot grants to 60 researchers across the three cancer centers. These investigators have been highly productive, remarkably returning \$45.0M in extramural funding with 79% of awards stemming from peer-

¹ Between 2021 and 2022 reporting periods were adjusted to meet State requirements.

reviewed sponsors. Further, the pilot awards have resulted in 36 peer-reviewed publications, 4 clinical studies, 1 invention disclosure, 2 patent applications, and 1 awarded patent. A summary of individual center return on investment is provided below. See **Appendix** for detailed outcome information for each award.

Table 1. Pilot program awardees for the 2022 cycle.

| Award Number | Principal Investigators | Project Title |
|---------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| FACCA-2022-01 | Coghill, Anna (Moffitt) O'Neil, Daniel (UM Sylvester) | Establishing a Multi-Site HIV Oncology Research Program in Florida |
| FACCA-2022-02 | Islam, Jessica (Moffitt) Staras, Stephanie (UF Health) Schlumbrecht, Matthew (UM Sylvester) | Trends and Disparities in Cervical Cancer Screening Uptake and Follow-Up Among Women in Florida |
| FACCA-2022-03 | Jain, Michael (Moffitt) Spiegel, Jay (UM Sylvester) | Target Antigen Density and T Cell Exhaustion Impact Outcomes After CAR19 and Post-CAR Relapse |

Moffitt Cancer Center

Since 2015, Moffitt invested \$850,000 in funds across 17 pilot awards to 20 Moffitt investigators. Of these awards, 12% were collaborations between Moffitt and UF Health, 35% between Moffitt and UM Sylvester, and 53% were collaborations between all three centers. These pilot awards returned \$29.8M in extramural funding (72% peer-reviewed), 30 peer-reviewed publications, 2 clinical studies (based at Moffitt), 1 invention disclosure (Moffitt), 2 patent applications (1 at Moffitt), and 1 awarded patent. Of the \$29.8M in extramural funding returned, \$18.2M was received by Moffitt as the prime institution, highlighting an incredible 20:1 return on investment.

UF Health Cancer Center

Since 2015, UF Health invested \$850,000 in funds across 17 pilot awards to 17 UF Health investigators. Of these awards, 12% were collaborations between UF Health and Moffitt, 35% between UF Health and UM Sylvester, and 53% were collaborations between all three centers. These pilot awards returned \$43.5M in extramural funding (78% peer-reviewed), 33 peer-reviewed publications, 4 clinical studies (2 based at UF Health), 2 patent applications (1 at UF Health), and 1 awarded patent. Of the \$43.5M in extramural funding returned, \$18.8M was received by UF Health as the prime institution, highlighting an extraordinary 21:1 return on investment.

Between 2020 and 2022, three peer-reviewed grants were awarded based on previously reported FACCA pilots (see **Appendix** for details). These awards were NCI R21CA245858 (PI Markham, UF Health); NCI R37CA251978 (PI Sayour, UF Health); and NCI R01CA256193-01A1 (MPIs Licht, UF Health; Smalley, Moffitt; Harbour, UT Southwestern (formerly UM Sylvester)).

UM Sylvester Comprehensive Cancer Center

Since 2015, UM Sylvester invested \$1.05M in funds across 21 pilot awards to 23 UM Sylvester investigators. Of these awards, 28.5% were collaborations between UM Sylvester and Moffitt, 28.5% between UM Sylvester and UF Health, and 43% were collaborations between all three centers. These pilot awards returned \$43.7M in extramural funding (76% peer-reviewed), 32 peer-reviewed publications, 4 clinical studies (none based at UM Sylvester), 1 invention disclosure, 1 patent application, and 1 awarded patent (to UM Sylvester). Of the \$43.7M in extramural funding returned, \$7.7M was received by UM Sylvester as the prime institution, highlighting a 6:1 return on investment.

UM Sylvester researchers collaborated on nine funded research projects with members of UF Health and Moffitt through the FACCA pilot funding mechanism from 2020-2022. The impact of the pilot funding is ongoing and will grow with time as several years are often needed to realize the outcomes of these projects. See **Appendix** for detailed return on investment for all UM Sylvester funded projects.

EXTRAMURAL COLLABORATIONS

Collaboration between the FACCA centers emanate from, and extend beyond, the pilot program and reflect the collaborative cultures at all three institutions. Over the last three years, the centers have generated 318 unique peer-reviewed publications that have at least one collaboration between the centers and 29 unique articles where all three centers have collaborated. Additionally, investigators from the three institutions have collaborated on extramural peer-reviewed research projects. Center specific collaboration details are described below.

Moffitt Cancer Center

Of the more than 2,500 peer-reviewed articles published by Moffitt investigators, 271 have collaborations with researchers from the two other FACCA centers (**Table 2**). Of those 267 articles, Moffitt collaborated on 104 articles with UF Health; 138 articles with UM Sylvester; and on 29 articles with investigators from all three centers.

Moffitt researchers collaborate with investigators from UF Health and UM Sylvester on exciting, funded research projects over the last three years. A summary of collaborative awards based at Moffitt that involve FACCA centers as demonstrated through a subcontract are presented in **Table 3**. For example, Moffitt's Dr. Brian Gonzalez is collaborating with UM Sylvester's Dr. Frank Penedo on two peer-reviewed awards to identify and reduce both disparities in symptom burden and other patient reported outcomes among African American prostate cancer survivors. Moffitt's Dr. Keiran Smalley works with UF Health's Dr. Jonathan Licht in a long-standing collaboration to understand and target the epigenetics of melanoma drug resistance and metastases.

Table 2. Collaborative publications involving Moffitt faculty

| Year | Moffitt UF Health | Moffitt UM Sylvester | Moffitt UF Health UM Sylvester | Total |
|--------------|-------------------|----------------------|--------------------------------|------------|
| 2020 | 29 | 36 | 10 | 75 |
| 2021 | 41 | 45 | 11 | 97 |
| 2022 | 34 | 57 | 8 | 99 |
| Total | 104 | 138 | 29 | 271 |

Table 3. Moffitt active collaborations on extramural research projects

| Moffitt PI | Funding Source | Project Number | Project Title | Collaborating Institute(s) | Collaborating Investigator(s) | Moffitt Funding |
|------------------------------|-----------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|---------------------|
| Baz, R | NIH NHLBI | R01HL151659 | A Multi-omic evaluation of Carfilzomib-related Cardiotoxicity | UF Health | Gong, Y | \$126,615 |
| Cleveland, J | NIH NCI | R01CA249180 | Targeted degradation of RNAs by using small molecules | UF Health | Disney, M | \$678,043 |
| Egan, K | FBRP Bankhead Coley | 21B09 | Biobanking for Breast Cancer Prevention and Disparity Research in Florida | UF Health UM Sylvester | Yaghjian, L (MPI) Goel, N | \$1,052,078 |
| Gonzalez, B | US Army CDMRP | W81XWH2010126 | Identifying and Reducing Disparities in Symptom Burden Among African American Prostate Cancer Survivors | UM Sylvester | Penedo, F | \$866,922 |
| Gonzalez, B | NIH NCI | R01CA242742 | Identifying and Reducing Disparities in Patient-Reported Outcomes Among African American Prostate Cancer Survivors | UM Sylvester | Penedo, F | \$1,855,732 |
| Kissil, J | US Army CDMRP | W81XWH2010431 | A Chemical Proteomic Strategy for Mapping Codependency Pathways in KRAS-Driven Lung Cancer | UF Health | Parker, C | \$84,644 |
| Kissil, J | NIH NINDS | R01NS117926 | Elucidating the Epigenetic Landscape of Neurofibromatosis and Development of Therapeutic Targets | UF Scripps | Pipkin, M | \$1,766,188 |
| Lynch, C | NIH NCI | U01CA244101 | Defining Bone Ecosystem Effects on Metastatic Prostate Cancer Evolution and Treatment Response Using an Integrated Mathematical Modeling Approach | UM Sylvester | Burnstein, K | \$2,345,079 |
| Schabath, M | FBRP Bankhead Coley | 21B12 | Non-Invasive Radiomic Biomarkers to Predict Treatment Response for Immunotherapy of Lung Cancer | UF Health | O'Dell, W | \$1,278,567 |
| Shain, K | FBRP Bankhead Coley | 20B03 | Development of Novel Cancer Drugs for the Treatment of Multiple Myeloma and Acute Myeloid Leukemia | UF Health | Ostrov, D | \$598,732 |
| Smalley, K | NIH NCI | R01CA256193 | Characterization and Targeting of the Epigenetic State Underlying Uveal Melanoma Liver Metastasis | UF Health | Licht, J (MPI) | \$2,863,289 |
| Smalley, K | NIH NCI | R01CA262483 | Defining and Targeting Epigenetic Plasticity-Driven Drug Resistance and Immune Escape in Melanoma | UF Health | Licht, J (MPI) | \$2,212,769 |
| TwoRoger, S | US Army CDMRP | W81XWH2010488 | A Presurgical Window of Opportunity Trial of the Effect of Aspirin on Immunological Features of Ovarian Tumors | UM Sylvester | Huang, M | \$1,069,464 |
| Vadaparampil, S | NIH NHLBI | OT2HL158287/679 3-02-S005 | Florida Community-Engaged Research Alliance Against COVID-19 in Disproportionately Affected Communities (FL-CEAL) | UM Sylvester | Carrasquillo, O | \$259,906 |
| Moffitt Funding Total | | | | | | \$17,058,028 |

UF Health Cancer Center

Of the more than 2,200 peer-reviewed articles published by UF Health investigators, 181 have collaborations with researchers from at least one of the two other FACCA centers (**Table 4**). Of these collaborative inter-institutional publications, 27% were with UM Sylvester researchers, 56% were with Moffitt researchers, and 17% involved researchers at all three centers.

| Year | UF Health Moffitt | UF Health UM Sylvester | UF Health Moffitt UM Sylvester | Total |
|--------------|-------------------|------------------------|--------------------------------|------------|
| 2020 | 29 | 13 | 10 | 52 |
| 2021 | 41 | 22 | 11 | 74 |
| 2022 | 34 | 13 | 8 | 55 |
| Total | 104 | 48 | 29 | 181 |

UF Health investigators collaborated with researchers from Moffitt and UM Sylvester on cutting-edge funded research projects since the last report that developed outside of the FACCA pilot program. A summary of collaborative awards based at UF Health that involve collaborations with FACCA centers as demonstrated through a subcontract are presented in **Table 5**. For example, UF Health's Dr. Matthew Disney works with Moffitt's Dr. John Cleveland in a long-standing collaboration to understand and develop methods for targeted degradation of RNAs using small molecules for the treatment of cancer in an R01 research project funded from the NCI. UF Health's Dr. Janice Krieger is collaborating with UM Sylvester's Dr. Olveen Carrasquillo on an MPI U01 funded research project from the NCI that is investigating the use of precision recruitment of underrepresented individuals onto clinical trials to promote cancer health equity across Florida populations. Finally, UF Health's Dr. Walter O'Dell is collaborating with Moffitt's Dr. Matthew Schabath to develop CT based non-invasive radiomic biomarkers that can predict responses to immunotherapy in patients with lung cancer.

Table 5. UF Health active collaborations on extramural research projects

| UFHCC PI | Funding Source | Project Number | Project Title | Collaborating Institute(s) | Collaborating Investigator(s) | UF Health Funding |
|--------------------------------|-----------------------|----------------|----------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|--------------------|
| Disney, M | NIH NCI | R01CA249180 | Targeted Degradation of RNAs by Using Small Molecules | Moffitt | Cleveland, J | \$2,217,845 |
| Krieger J | NIH NCI | U01CA274970 | Precision Clinical Trial Recruitment to Promote Cancer Health Equity Across Florida | UM Sylvester | Carrasquillo, O (MPI) | \$3,474,465 |
| Licht, J | NIH NCI | R01CA256193 | Characterization and Targeting of the Epigenetic State Underlying Uveal Melanoma Liver Metastasis | Moffitt | Smalley, K (MPI) | \$1,035,235 |
| Licht, J | NIH NCI | R01CA262483 | Defining and Targeting Epigenetic Plasticity-Driven Drug Resistance and Immune Escape in Melanoma | Moffitt | Smalley, K (MPI) | \$1,132,876 |
| O'Dell, W | FBRP Bankhead Coley | 21B12 | Non-Invasive Radiomic Biomarkers to Predict Treatment Response for Immunotherapy of Lung Cancer | Moffitt | Schabath, M | \$219,388 |
| Ostrov, D | FBRP Bankhead Coley | 20B03 | Development of Novel Cancer Drugs for the Treatment of Multiple Myeloma and Acute Myeloid Leukemia | Moffitt | Shain, K | \$98,709 |
| Pipkin, M | NIH NINDS | R01NS117926 | Elucidating the Epigenetic Landscape of Neurofibromatosis and Development of Therapeutic Targets | Moffitt | Kissil, J | \$182,355 |
| Yaghjian, L | FBRP Bankhead Coley | 21B09 | Biobanking for Breast Cancer Prevention and Disparity Research in Florida | Moffitt UM Sylvester | Egan, K (MPI) Goel, N | \$286,130 |
| UF Health Funding Total | | | | | | \$8,647,003 |

UM Sylvester Comprehensive Cancer Center

During the reporting period, UM Sylvester researchers published a total of 1,737 peer-reviewed publications, of which 194 were with collaborators at Moffitt or UF Health. Of these collaborative inter-institutional publications, 25% were with UF researchers, 60% were with Moffitt researchers, and 15% involved researchers at all three centers. **Table 6** summarizes the publications between 2020 and 2022.

| Year | UM Sylvester Moffitt | UM Sylvester UF Health | UM Sylvester UF Health Moffitt | Total |
|--------------|----------------------|------------------------|--------------------------------|------------|
| 2020 | 23 | 13 | 10 | 46 |
| 2021 | 42 | 22 | 11 | 75 |
| 2022 | 52 | 13 | 8 | 73 |
| Total | 117 | 48 | 29 | 194 |

UM Sylvester collaborated with researchers from Moffitt and UF Health on several innovative peer-reviewed grant awards that formed within and outside of the FACCA pilot program. A summary of these awards as demonstrated by either an inflowing or outflowing subcontract is presented in **Table 7**. For example, UM Sylvester's Dr. Nipun Merchant collaborates with Moffitt's Dr. Jennifer Permuth on an R37 NCI-funded research project focused on using radiomics to understand and predict the potential of pre-cancerous pancreatic lesions to become malignant. UM Sylvester's Dr. Neha Goel is working with Moffitt's Dr. Kathy Egan and UF Health's Dr. Lusine Yaghjian to develop a breast cancer biobank for prevention and disparities work in breast oncology in a Bankhead-Coley Cancer Research Program award. Finally, UM Sylvester's Dr. Alan Pollack is collaborating with UF Health's Dr. Nancy Mendenhall to conduct a PCORI funded treatment trial that compares outcomes in patients with prostate cancer receiving proton or photon radiation therapy.

Table 7. UM Sylvester active collaborations on extramural research projects

| UM Sylvester PI | Funding Source | Project Number | Project Title | Collaborating Institute(s) | Collaborating Investigator(s) | UM Sylvester Funding |
|------------------------------------------|-----------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|----------------------|
| Barredo, J | Pediatric CA Fdn | MCC18613 | Phase II Study of Nab-Paclitaxel in Combination with Gemcitabine for Treatment of Recurrent/Refractory Sarcoma in Teenagers and Young Adults | Moffitt | Oesterheld, J | \$145,632 |
| Burnstein, K | NIH NCI | U01CA244101 | Defining Bone Ecosystem Effects on Metastatic Prostate Cancer Evolution and Treatment Response Using an Integrated Mathematical Modeling Approach | Moffitt | Lynch, C | \$9,946 |
| Carrasquillo, O | NIH NCI | U01CA274970 | Precision Clinical Trial Recruitment to Promote Cancer Health Equity Across Florida | UF Health | Krieger, J (MPI) | \$133,112 |
| Correa, Z | NIH NCI | R01CA256193 | Characterization and Targeting of the Epigenetic State Underlying Uveal Melanoma Liver Metastasis | Moffitt | Smalley, K | \$126,659 |
| Dhir, Aditi | Nat Pediatric CA Fdn | MCC20320 | Blood-Based Biomarkers for Minimal Residual Detection in Pediatric Sarcomas | Moffitt | Reed, D | \$27,736 |
| Goel, N | FRBP Bankhead Coley | 21B09 | Biobanking for Breast Cancer Prevention and Disparity Research in Florida | Moffitt UF Health | Egan, K Yaghjian, L | \$86,882 |
| Lemmon, V | Craig H. Neilson | 598684 | Novel and Potent Compounds that Promote Axon Growth | UF Health | Chen, S | \$19,091 |
| Merchant, N | NIH NCI | R37CA229810 | Using Radiogenomics to Noninvasively Predict the Malignant Potential of Intraductal Papillary Mucinous Neoplasms of the Pancreas and Uncover Hidden Biology | Moffitt | Permuth, J | \$105,000 |
| Merchant, N | US Army CDMRP | W81XWH22110 21 | Evaluating Obesity-Mediated Mechanisms of Pancreatic Carcinogenesis in Minority Populations | Moffitt | Permuth, J | \$22,800 |
| Penedo, F | US Army CDMRP | W81XWH20101 26 | Identifying and Reducing Disparities in Symptom Burden Among African American Prostate Cancer Survivors | Moffitt | Gonzalez, B | \$21,273 |
| Penedo, F | NIH NCI | R01CA242742 | Identifying and Reducing Disparities in Patient-Reported Outcomes Among African American Prostate Cancer Survivors | Moffitt | Gonzalez, B | \$20,679 |
| Pollack, A | PCORI | NCT03561220 | A Prospective Comparative Study of Outcomes with Proton and Photon Radiation in Prostate Cancer (COMPPARE) | UF Health | Mendenhall, N | \$26,683 |
| Zuchner, S Carrasquillo, O | NIH OD | OT2OD026551-S4 | South-East Enrollment Center (SEEC) | UF Health | Shenkman, E | \$1,904,952 |
| Zuchner, S Carrasquillo, O | NIH OD | OT2OD026551-S5 | South-East Enrollment Center (SEEC) | UF Health | Shenkman, E | \$16,800 |
| UM Sylvester Health Funding Total | | | | | | \$2,667,245 |

FACCA COLLABORATIVE MEETINGS

The three centers regularly collaborate through recurring meetings, conferences, and retreats, which facilitates ongoing partnerships and stimulates new ones among the research communities across the centers. This level of collaboration demonstrates state-wide progress in addressing the needs of Florida citizens and develops a destination for medical tourism for cancer patients.

Despite the many restrictions necessitated by the COVID-19 pandemic, the FACCA centers nimbly shifted from in person retreats to virtual retreats with UF Health hosting the 2020 retreat via Zoom. The 2022 retreat was hosted by Moffitt and was held virtually using an innovative platform called Gathertown, which allowed a more in person feel to the conference. With low community spread of COVID-19, the research communities of each center were able to resume in person retreats with the most recent hosted by UM Sylvester in March 2023.

Also related to COVID-19 restrictions and challenges, the three centers agreed to postpone development of the immuno-oncology and epigenetics think tanks proposed at the 2017 Director's Meeting, which were slated to begin in 2020. With the current focus on resuming in person retreats and on reinvigorating the pilot program, discussions to resume think tank planning are postponed until a later time.

Table 8 illustrates the active work among the centers to ensure opportunities are available to foster inter-institutional collaborations. In addition to the retreats and Director's meetings, the research administration teams from each center meet monthly to discuss ongoing and emergent items related to FACCA. Final retreat agendas are provided as part of the **Appendix**.

Table 8. FACCA collaborative meetings and retreats

| Retreat | Date | Location | Organizing Center |
|--------------------------------------|-----------------------|-----------------|-------------------|
| 2020 Annual FACCA Retreat | October 28 – 29, 2020 | Virtual | UF Health |
| 2022 Annual FACCA Retreat | January 18 – 19, 2022 | Virtual | Moffitt |
| 2023 Annual FACCA Retreat | March 27 – 28, 2023 | Miami, FL | UM Sylvester |
| 2023 Inaugural Hematopoiesis Meeting | May 19, 2023 | Tampa, FL | Moffitt |
| Director's Meetings | | | |
| Director's Call | May 25, 2020 | Virtual | |
| Director's Call | August 25, 2020 | Virtual | |
| Director's Call | December, 2020 | Virtual | |
| Director's Call | February 12, 2021 | Virtual | |
| Director's Call | November 22, 2021 | Virtual | |
| Director's Meeting | October 2, 2022 | Kansas City, MO | |
| Director's Call | January 24, 2023 | Virtual | |

SUMMARY

Over the last three years the people of the State of Florida, as well as each Center, have benefitted from the Casey DeSantis Cancer Research Program, which has provided vital resources for meeting the program's purpose of achieving and maintaining three NCI designated centers, most notably the designation of UF Health in 2023. As demonstrated here, the program has also importantly improved scientific collaboration between the centers to benefit the state through leveraging strengths at each center to maximize impact, as exemplified by the Florida Pancreatic Initiative. Over the next three years, momentum is expected to continue as each Center continues to build upon its success bringing the best and brightest to Florida to lead the nation in cancer research to benefit its citizens.

APPENDIX

FACCA Pilot Program Return on Investment by Project

| Award Number Project Period | Principle Investigators | Institutions | Amount | Project Title |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------|
| FACCA-2015-01 7/13/15-7/12/17 | Egan, K Yaghjian, L | Moffitt UF Health | \$100,000 | Gut microflora and estrogens: a new paradigm for breast cancer risk reduction |
| <p>Darville LNF, Cline JK, Rozmeski C, Martinez YC, Rich S, Eschrich SA, Egan KM, Yaghjian L, Koomen JM. LC-HRMS of derivatized urinary estrogens and estrogen metabolites in postmenopausal women. J Chromatogr B Analyt Technol Biomed Life Sci. 2020 Oct 1;1154:122288. doi: 10.1016/j.jchro.2020.122288. Epub 2020 Jul 29. PMID: 32769047.</p> <p>Yaghjian L, Mai V, Wang X, Ukhanova M, Tagliamonte M, Martinez YC, Rich SN, Egan KM. Gut microbiome, body weight, and mammographic breast density in healthy postmenopausal women. Cancer Causes Control. 2021 Jul;32(7):681-692 PMID:33772705</p> <p>FBRP/Bankhead Coley 21C09 (PI: Egan): <i>"Biobanking for Breast Cancer Prevention and Disparity Research in Florida"</i> (2021-2022); \$1,327,120</p> | | | | |
| FACCA-2015-02 7/13/15-7/1/17 | Lynch, C Daaka, Y Burnstein, K | Moffitt UF Health UM Sylvester | \$150,000 | Role of GPCR-Androgen receptor cross talk in metastatic castration resistant prostate cancer |
| <p>Zhao N, Peacock SO, Lo CH, Heidman LM, Rice MA, Fahrenheit CD, Greene AM, Magani F, Copello VA, Martinez MJ, Zhang Y, Daaka Y, Lynch CC, Burnstein KL. Arginine vasopressin receptor 1a is a therapeutic target for castration-resistant prostate cancer. Sci Transl Med. 2019 Jun 26;11(498):eaaw4636. doi: 10.1126/scitranslmed.aaw4636. PMID: 31243151.</p> <p>US Dept of Veteran Affairs I01BX002773 (PI: Burnstein): <i>"A Novel Drug Target for Aggressive Prostate Cancer"</i> (2018-2021); \$996,040</p> <p>10,231,952 (Inventor: Burnstein) <i>"Use of Arginine Vassopressin Receptor Antagonists for the Treatment of Prostate Cancer"</i></p> | | | | |
| FACCA-2015-03 7/13/15-7/1/17 | O'Dell, W Takita, C | UF Health UM Sylvester | \$100,000 | Modeling the patterns of breast cancer early metastases |
| <p>O'Dell W, et al, Projected Clinical Benefit of Surveillance Imaging for Early Detection and Treatment of Breast Cancer Metastases, Breast J, 2019</p> | | | | |
| FACCA-2015-04 7/13/15-7/13/17 | Permuth, J Malafa, M Trevino, J Merchant, N | Moffitt Moffitt UF Health UM Sylvester | \$150,000 | The Florida Pancreas Cancer Collaborative: A partnership dedicated to the prevention and early detection of pancreatic cancer |
| <p>Permuth, J et al Partnering to Advance Early Detection and Prevention Efforts for Pancreatic Cancer: The Florida Pancreas Collaborative, Future Oncol 2016 PMID: 26863203</p> <p>Permuth, J et al, Combining Radiomic Features with a miRNA Classifier May Improve Prediction of Malignant pathology for Pancreatic Intraductal Papillary Mucinous Neoplasms, Oncotarget, 2016, PMID: 27589689</p> <p>Permuth, J et al, A Pilot Study of Radiologic Measures of Abdominal Adiposity: Weighty Contributors to Early Pancreatic Carcinogenesis Worth Evaluating?, Cancer Biol Med, 2017. PMID: 28443205</p> <p>Permuth, J et al, Linking Circulating Long Non-Coding RNAs to the Diagnosis and Malignant Prediction of Intraductal Papillary Mucinous Neoplasms of the Pancreas, Sci Rep, 2017. PMID: 28874676</p> <p>Permuth, J, et al, Racial and Ethnic Disparities in a State-Wide Registry of patients with Pancreatic Cancer and an Exploratory Investigation of Cancer Cachexia as a Contributor to Observed Inequities, Cancer Med, 2019. PMID: 31074202</p> <p>Riner, A, et al, Disparities in Pancreatic Ductal Adenocarcinoma – The Significance of Hispanic Ethnicity, Subgroup Analysis, and Treatment Facility on Clinical Outcomes, Cancer Med, 2020. PMID: 32285629</p> <p>Gerber MH, et al, Local and Systemic Cytokine Profiling for Pancreatic Ductal Adenocarcinoma to Study Cancer Cachexia in an Era of Precision Medicine. Int J Mol Sci. 2018. PMID: 30513792</p> <p>Permuth, J, et al, The Florida Pancreas Collaborative Next-Generation Biobank: Infrastructure to Reduce Disparities and Improve Survival for a Diverse Cohort of Patients with Pancreatic Cancer. Cancers (Basel). 2021. PMID: 33671939</p> <p>Permuth, J, et al, A pilot study to troubleshoot quality control metrics when assessing circulating miRNA expression data reproducibility across study sites Cancer Biomark. 2022;33(4):467-478. PMID: 35491771</p> <p>FBRP/James & Esther King 8JK02 (MPIs: Permuth/Trevino): <i>"The Florida Pancreas Collaborative next generation biobank – reducing health disparities and improving survival in pancreatic cancer"</i> (2018-2021); \$1,360,857</p> <p>NIH/NCI R38CA229810 (MPIs: Permuth/Jeong): <i>"Using Radiogenomics to Noninvasively Predict the Malignant Potential of Intraductal Papillary. Mucinous Neoplasms of the Pancreas and Uncover Hidden Biology"</i> (2019-2024); \$3,374,914</p> | | | | |

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| NIH/NCI R01CA263575 (MPIs: Malafa/Batra): “ <i>Novel Therapy to Inhibit IPMN Progression</i> ” (2022-2027); \$3,363,183 | | | | |
| US Army/CDMRP W81XWH-22-1-1021 & W81XWH-22-1-1022 (MPIs: Permuth/Fleming): “ <i>Evaluating Obesity-Mediated Mechanisms of Pancreatic Carcinogenesis in Minority Populations</i> ” (2022-2025); \$803,395; \$431,527 | | | | |
| FACCA-2016-01 10/17/16-10/16/17 | Chellappan, K Law, B | Moffitt UF Health | \$100,000 | Targeting mitotic functions of TBK1 and Cdk2 to combat cancer |
| Law, M., Ferreira, R., Davis, B., Higgins, P., Kim, J., Castellano, R., Chen, S., Luesch, H., and Law, B., 2016, CUB domain-containing protein 1 and the epidermal growth factor receptor cooperate to induce cell detachment, Breast Cancer Research. PMID: 2749537 Ferreira, R., Wang, M., Law, M., Davis, B., Bartley, A., Higgins, P., Kilberg, M., Santostefano, K., Terada, N., Heldermon, C., Castellano, R., and Law, B., 2017, Disulfide bond disrupting agents activate the unfolded protein response in EGFR- and HER2-positive breast tumor cells, Oncotarget, 8, 28971-28989; PMID: 28423644 Disclosure (Inventor: Law) “ <i>Reduced NSC43067</i> ” | | | | |
| FACCA-2016-02 10/17/16 – 10/16/17 | Huang, S Xu, M | UF Health UM Sylvester | \$100,000 | The role of HoxB1 in INCR in NPM1 mutation-mediated pathogens of myeloid malignancies |
| Pan F, et al, Tet2 Loss Leads to Hypermutagenicity in Haematopoietic Stem/Progenitor Cells, Nat Commun, 2017; PMID: 28440315 Luo H, et al, CTCF Boundary Remodels Chromatin Domain and Drives Aberrant HOX Gene Transcription in Acute Myeloid Leukemia, Blood, 2018; PMID: 29760161 NIH/NHLBI (MPIs: Xu/Huang): “ <i>Role of lincRNAs in HSC Function and Leukemogenesis</i> ” (2018-2019); \$557,193 | | | | |
| FACCA-2016-03 9/1/16 – 8/31/17 | Renne, R Mesri, E | UF Health UM Sylvester | \$100,000 | Oncogenic role of KSHV micro RNAs in cell and animal models of Kaposi’s sarcoma |
| ROI Pending | | | | |
| FACCA-2016-04 7/1/16 – 12/30/17 | List, A Wei, S Hudson, M Lippman, B | Moffitt Moffitt UM Sylvester UM Sylvester | \$100,000 | RAGE signaling through the inflammasome: Novel combined inflammatory therapeutic targets in cancer |
| Patent Application (Inventors: List/Wei) “ <i>Creating tetra-chimeric protein vCD33-vRAGE-linker-vCD33</i> ” | | | | |
| FACCA-2016-05 9/1/16 – 8/31/17 | Smalley, K Licht, J Harbour, W | Moffitt UF Health UM Sylvester | \$150,000 | Defining and targeting the aberrant chromatin function in uveal melanoma |
| Faião-Flores F, Emmons MF, Durante MA, Kinose F, Saha B, Fang B, Koomen JM, Chellappan SP, Maria-Engler SS, Rix U, Licht JD, Harbour JW, Smalley KSM. HDAC Inhibition Enhances the <i>In Vivo</i> Efficacy of MEK Inhibitor Therapy in Uveal Melanoma. Clin Cancer Res. 2019 Sep 15;25(18):5686-5701. doi: 10.1158/1078-0432.CCR-18-3382. Epub 2019 Jun 21. PMID: 31227503; PMCID: PMC6744978. Gonçalves J, et al, Decitabine limits escape from MEK inhibition in uveal melanoma. Pigment Cell Melanoma Res. 2020 May;33(3):507-514; PMID: 31758842 Sriramareddy SN, Faião-Flores F, Emmons MF, Saha B, Chellappan S, Wyatt C, Smalley I, Licht JD, Durante MA, Harbour JW, Smalley KSM. HDAC11 activity contributes to MEK inhibitor escape in uveal melanoma. Cancer Gene Ther. 2022 Dec;29(12):1840- 1846; PMID: 35332245 Kaler CJ, Dollar JJ, Cruz AM, Kuznetsoff JN, Sanchez MI, Decatur CL, Licht JD, Smalley KSM, Correa ZM, Kurtenbach S, Harbour JW. BAP1 Loss Promotes Suppressive Tumor Immune Microenvironment via Upregulation of PROS1 in Class 2 Uveal Melanomas. Cancers (Basel). 2022 Jul 28;14(15):3678; PMID: 3595434 FBRP/Bankhead-Coley 7BC05 (PI: Smalley) “ <i>Defining and targeting epigenetic deregulations in uveal melanomas</i> ” (2017-2020); \$1,468,200 NIH/NCI R01CA256193 (MPIs: Smalley/Licht/Harbour) “ <i>Characterization and Targeting of the Epigenetic State Underlying Uveal Melanoma Liver Metastasis</i> ” (2021-2026); \$3,276,655 NIH/NCI R01CA262483 (MPIs: Smalley/Licht) “ <i>Defining and Targeting Epigenetic Plasticity-Driven Drug Resistance and Immune Escape in Melanoma</i> ” (2022-2027); \$2,441,521 NCT05170334 (PI: Tarhini, A) “ <i>A Phase II Study of Binimetinib Plus Belinostat for Subjects with Metastatic Uveal Melanomas</i> ” | | | | |
| FACCA-2016-06 9/1/16-8/31/17 | Vadaparampil, S DeGennaro, V Hurley, J George, S | Moffitt UF Health UM Sylvester UM Sylvester | \$150,000 | The effect of immigration on the development of breast cancer in women of African descent |

Barreto-Coelho P, Cerbon D, Schlumbrecht M, Parra CM, Hurley J, George SHL. Differences in breast cancer outcomes amongst Black US-born and Caribbean-born immigrants. *Breast Cancer Res Treat*. 2019 Nov;178(2):433-440. doi: 10.1007/s10549-019-05403-9. Epub 2019 Aug 14. PMID: 31414243; PMCID: PMC7039732.

NIH/NCI R01CA204819 (PI: Pal) *"Breast Cancer in Blacks: Impact of Genomics, Healthcare Use and Lifestyle on Outcomes (BRIGHT)"* (2017-2022); \$301,177. *Note, only counting subcontract awarded to Moffitt

Chan-Zuckerberg Initiative DAF2021-240624 (PI: George) *"African Caribbean scNetwork"* (2021-2024); \$1,654,196

Pfizer (PI: George) *"African Caribbean Cancer Consortium Breast and Prostate Cancer Collaborative"* (2021-2023); \$607,302

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| FACCA-2017-01 8/1/17 – 1/31/18 | Forsyth, P Kasahara, N | Moffitt UM Sylvester | \$100,000 | Virotherapy combination strategy for glioblastoma |
| ROI Pending | | | | |
| FACCA-2017-02 8/1/17 – 7/31/18 | Giuliano, A Shenkman, E Jones, P | Moffitt UF Health UM Sylvester | \$150,000 | Florida increases rates of screening and treatment of hepatitis C virus (FIRST HCV) |
| Vadaparampil ST, Fuzzell LN, Rathwell J, Reich RR, Shenkman E, Nelson DR, Kobetz E, Jones PD, Roetzheim R, Giuliano AR. HCV testing: Order and completion rates among baby boomers obtaining care from seven health systems in Florida, 2015-2017. <i>Prev Med</i> . 2020 Jul 25;106222. doi: 10.1016/j.ypmed.2020.106222. Epub ahead of print. PMID: 32721414. | | | | |
| Kasting ML, et al, There's just not enough time: a mixed methods pilot study of hepatitis C virus screening among baby boomers in primary care. <i>BMC Fam Pract</i> . 2020 Dec 2;21(1):248; PMID: 33267799 | | | | |
| Dickey BL, et al, Hepatitis C virus (HCV) seroprevalence, RNA detection, and genotype distribution across Florida, 2015-2018. <i>Prev Med</i> . 2022 Aug; 161: 107136; PMID: 35803347 | | | | |
| FACCA-2017-03 8/1/17 – 7/31/18 | Schabath, M Quinn, G Markham, M Seay, J | Moffitt Moffitt UF Health UM Sylvester | \$150,000 | Developing provider-focused LGBT communication skill building for oncologists |
| Seay J, Hicks A, Markham MJ, Schlumbrecht M, Bowman-Curci M, Woodard J, Duarte LF, Quinn GP, Schabath MB. Web-based LGBT cultural competency training intervention for oncologists: Pilot study results. <i>Cancer</i> . 2020 Jan 1;126(1):112-120. doi: 10.1002/cncr.32491. Epub 2019 Sep 16. PMID: 31524952. | | | | |
| Seay J, Hicks A, Markham MJ, Schlumbrecht M, Bowman M, Woodard J, Kollefrath A, Diego D, Quinn GP, Schabath MB. Developing a web-based LGBT cultural competency training for oncologists: The COLORS training. <i>Patient Educ Couns</i> . 2019 May;102(5):984- 989. doi: 10.1016/j.pec.2019.01.006. Epub 2019 Jan 7. PMID: 30642714. | | | | |
| BMS Foundation (PI: Schabath) <i>"The Curriculum for Oncologists on LGBT Populations to Optimize Relevance & Skills (COLORS) Trial"</i> (2020-2023); \$299,961 | | | | |
| BMS Corporation (PI: Schabath) <i>"The Curriculum for Oncologists on LGBT Populations to Optimize Relevance & Skills (COLORS) Trial"</i> (2020-2021); \$40,000 | | | | |
| NIH/NCI R21CA245858 (MPIs: Guo/Bian) <i>"Using Electronic Health Records from a Large Clinical Data Research Network to Understand Cancer Burden and Cancer Risks Among Transgender and Gender Nonconforming (TGNC) Individuals"</i> (2020-2022); \$773,365 | | | | |
| MCC19351 (PI: Schabath, M) <i>"Developing Provider-Focused LGBT Communication Skill Building for Oncologists"</i> | | | | |
| FACCA-2017-04 8/1/17 – 7/31/18 | Sayour, E Gilboa, E | UF Health UM Sylvester | \$100,000 | Preventative vaccination against neoantigens in MRD and premalignant settings |
| FBRP/Bankhead Coley 20B11 (PI: Sayour) <i>"Lipid-Nanoparticle Vaccines Targeting Metastatic Lung Cancer from Osteosarcoma"</i> (2020-2023); \$636,610 | | | | |
| NIH/NCI R37CA251978 (PI: Sayour) <i>"Overcoming the Blood-Brain Barrier with Nanoparticle Vaccines Against Gliomas"</i> (2021-2026); \$2,659,044 | | | | |
| NIH/NCI R01CA266857 (PI: Sayour) <i>"Overcoming Metastatic Spread of Osteosarcoma with RNA Loaded Nanoparticles"</i> (2022-2027); \$2,931,465 | | | | |
| NCT04573140 (PI: Ghiaseddin, A) <i>"Study of RNA-Lipid Particle (RNA-LP) Vaccines for Newly Diagnosed Pediatric High-Grade Gliomas (pHGG) and Adult Glioblastoma (GBM)"</i> | | | | |
| NCT05660408 (PI: Ligon, J) <i>"A Phase I/II Study of RNA-Lipid Particle (RNA-LP) Vaccines for Recurrent Pulmonary Osteosarcoma (OSA)"</i> | | | | |
| FACCA-2018-01 10/1/18 – 8/31/20 | Pierce, C Jobin, C Abreu, M | Moffitt UF Health UM Sylvester | \$150,000 | Role of intestinal microbiota in lung cancer therapy |

Newsome R, et al. Interaction of Bacterial Genera Associated with Therapeutic Response to Immune Checkpoint PD-1 Blockade in a United States Cohort. *Genome Med.* 2022. Mar 29;14(1); PMID: 35346337

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|-------------------------------------------|-------------------------------------------|--------------------------------------|-----------|------------------------------|
| FACCA-2018-02 10/1/18 – 8/31/20 | Vadaparampil, S Wilkie, D Kobetz, E | Moffitt UF Health UM Sylvester | \$150,000 | FACCA disparities Think Tank |
|-------------------------------------------|-------------------------------------------|--------------------------------------|-----------|------------------------------|

Dyal, BD. et al. (2022). Developing the Florida Academic Cancer Center Alliance Health Disparities Common Measure: The Florida Health and Ancestry Survey. *Cancer Control*; PMID: 35758601

Cooks, EJ. Et al (2022). What did the pandemic teach us about effective health communication? Unpacking the COVID-19 infodemic. *BMC Public Health*, 22(1), 2339; PMID: 36514047

NIH/NCI U01CA274970 (MPIs: Krieger/Carrasquillo) “*Precision Clinical Trial Recruitment to Promote Cancer Health Equity Across Florida*” (2022-2027); \$3,474,465

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|------------------------------------------|------------------------|-------------------------|-----------|-----------------------------------------------------------------------------------------|
| FACCA-2019-01 7/1/19 – 6/30/20 | Davila, M Schatz, J | Moffitt UM Sylvester | \$100,000 | Determinants of response to CAR-T cellular immunotherapy in aggressive B cell lymphomas |
|------------------------------------------|------------------------|-------------------------|-----------|-----------------------------------------------------------------------------------------|

Faramand R, Jain M, Staedtke V, Kotani H, Bai R, Reid K, Lee SB, Spitler K, Wang X, Cao B, Pinilla J, Lazaryan A, Khimani F, Shah B, Chavez JC, Nishihori T, Mishra A, Mullinax J, Gonzalez R, Hussaini M, Dam M, Brandjes BD, Bachmeier CA, Anasetti C, Locke FL, Davila ML. Tumor Microenvironment Composition and Severe Cytokine Release Syndrome (CRS) Influence Toxicity in Patients with Large B-Cell Lymphoma Treated with Axicabtagene Ciloleucel. *Clin Cancer Res.* 2020 Sep 15;26(18):4823-4831. doi: 10.1158/1078-0432.CCR-20-1434. Epub 2020 Jul 15. PMID: 32669372; PMCID: PMC7501265.

Jain et al., Whole-genome sequencing reveals complex genomic features underlying anti-CD19 CAR T-cell treatment failures in lymphoma. *Blood.* 2022 Aug 4;140(5):491-503; PMID: 35476848

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|------------------------------------------|----------------------|---------------------------|-----------|--------------------------------------------------|
| FACCA-2019-02 7/1/19 – 6/30/20 | Kladde, M Ayad, N | UF Health UM Sylvester | \$100,000 | Epigenetic basis of glioblastoma chemoresistance |
|------------------------------------------|----------------------|---------------------------|-----------|--------------------------------------------------|

NIH/NIGMS RM1GM139690 (MPIs: Moldawer/Efron/Kladde/Mathews) “*Dysfunctional Myelopoiesis and Myeloid-Derived Suppressor Cells in Sepsis Pathobiology*” (2022-2026); \$8,282,353

Application (Inventor: Kladde) “*Methods and Kits for Targeted Cleavage and Enrichment of Nucleic Acids for High-Throughput Analyses of User-Defined Genomic Regions*”

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|------------------------------------------|------------------|---------------------------|-----------|--------------------------------------------------------------------------------------------------------|
| FACCA-2019-03 7/1/19 – 6/30/20 | Lele, T Xu, M | UF Health UM Sylvester | \$100,000 | Nuclear envelope defect and generation of micronuclei in ovarian cancer development and immune therapy |
|------------------------------------------|------------------|---------------------------|-----------|--------------------------------------------------------------------------------------------------------|

Smith, ER. Et al Nuclear Lamin A/C Expression is a Key Determinant of Paclitaxel Sensitivity. *Mol Cell Biol.* 2021; PMID: 33972393

Smith, ER. Et al. Rationale for Combination of Paclitaxel and CDK4/6 Inhibitor in Ovarian Cancer Therapy - Non-mitotic Mechanisms of Paclitaxel. *Front Oncol.* 2022; PMID: 36185294

Smith, ER. Et al. Paclitaxel Resistance Related to Nuclear Envelope Structural Sturdiness. *Drug Resist Updat.* 2022; PMID: 36368286

NIH/NCI R01CA230916-03S1 (MPIs: Xu) “*Ovarian Epithelial Cancer Progenitor Cell Population*” (2020-2021); \$157,823

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|------------------------------------------|-----------------------|-------------------------|-----------|-----------------------------------------------------------------------------|
| FACCA-2019-04 7/1/19 – 6/30/20 | Smalley, K Wang, G | Moffitt UM Sylvester | \$100,000 | Epigenetically reversing BRAF inhibitor resistance in melanoma by vitamin C |
|------------------------------------------|-----------------------|-------------------------|-----------|-----------------------------------------------------------------------------|

Gan L, Camarena V, Mustafi S, Wang G. Vitamin C Inhibits Triple-Negative Breast Cancer Metastasis by Affecting the Expression of YAP1 and Synaptopodin 2. *Nutrients.* 2019 Dec 6;11(12):2997; PMID: 31817810

US Army/CDMRP (PI: Wang) “*Expanding the Therapeutic Window of PI3K Inhibitors to Treat Triple Negative Breast Cancer*” (2022-2024); \$1,531,941

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|-------------------------------------------|-------------------------|-------------------------|-----------|--------------------------------------------------------------------|
| FACCA-2022-01 9/15/22 – 6/30/23 | Coghill, A O'Neil, D | Moffitt UM Sylvester | \$100,000 | Establishing a Multi-Site HIV Oncology Research Program in Florida |
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ROI Pending

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| FACCA-2022-02 9/15/22 – 6/30/23 | Islam, J Staras, S Schlumbrecht, M | Moffitt UF Health UM Sylvester | \$150,000 | Trends and Disparities in Cervical Cancer Screening Uptake and Follow-Up Among Women in Florida |
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ROI Pending

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| FACCA-2022-03 9/15/22 – 6/30/23 | Jain, M Spiegel, J | Moffitt UM Sylvester | \$100,000 | Target Antigen Density and T Cell Exhaustion Impact Outcomes After CAR19 and Post-CAR Relapse |
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ROI Pending

FACCA RETREAT AGENDAS

Retreat agendas for each of the three years are cataloged in the following pages.

Florida Academic Cancer Center Alliance (FACCA) Virtual Research Retreat October 28-29 via ZOOM

Wednesday, October 28, 2020: 1:00 pm – 4:40 pm

1:00 - 1:05 **UF Director Welcome**

Jonathan Licht, MD

1:05 - 1:30 **Opening Remarks**

Jonathan Licht, MD [UF]
John Cleveland, PhD [Moffitt] Stephen Nimer, MD [SCCC]

1:30 - 2:30 **Session 1: Aging and Cancer**

Moderator: Lizi Wu, PhD Daohong

Zhou, PhD (UF)

Senescent Cells: An Emerging Target for Aging and Cancer

Ana Gomes, PhD (Moffitt)

Age-Driven Mechanisms That Promote Tumor Progression

Maria E. Figueroa, MD (Sylvester)

Epigenetic Dereglulation in Hematopoietic Stem Cells with Aging

2:30 - 2:35 **5 min break**

2:35 - 3:35 **Parallel Sessions 2-3**

Session 2: Drug Resistance

Moderator: Keiran Smalley, PhD

Keiran Smalley, PhD (Moffitt)

Overcoming Targeted Therapy Resistance Through Immune Priming

Jonathan Licht, MD (UF)

NSD2 Mutation: An Epigenetic Cause of Therapy resistance in Childhood Acute Lymphocytic Leukemia

Nagi Ayad, PhD (Sylvester)

Integration of Transcriptomic, Proteomic, and Cheminformatic Datasets to Overcome Resistance in Glioblastoma

Session 3: Cancer Survivorship

Moderator: Frank Penedo, PhD

Diana Wilkie, PhD (UF)

Dignity: Status of a Cancer Survivorship Imperative

Brian Gonzalez, MD (Moffitt)

Identifying Disparities in Prostate Cancer Patient-Reported Outcomes

Diana Molinares, MD (Sylvester)

Cancer Rehabilitation Medicine in Survivorship

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| 3:35 - 3:40 | 5 min break |
| 3:40 - 4:40 | Parallel Sessions 4-5 Session 4: Biomarkers – Liquid Biopsy Moderator: Z. Hugh Fan, PhD Yong Zeng, PhD (UF) <i>Liquid Biopsy-based Cancer Diagnosis and Prognosis Using Advanced Extracellular Vesicle Analysis Nanochips</i> Liang Wang, PhD (Moffitt) <i>Liquid Biopsies in Advanced Prostate Cancer</i> Ashutosh Agarwal, PhD (Sylvester) TBD |
| | Session 5: Recruitment of Under Represented Minorities in Clinical Trials Moderator: Folakemi Odedina, PhD Folakemi Odedina, PhD (UF) <i>Improving the Representation of Blacks in Clinical Trials: Innovative Recruitment Methods</i> Susan Vadaparampil, PhD, MPH/ Jhanelle Gray, MD (Moffitt) <i>Center-wide and Clinic-level Efforts to Increase Minority Participation in Clinical Trials</i> (Sylvester) TBD |
| Thursday, October 29, 2020: 8:00 am – 1:30 pm | |
| 8:00 - 9:00 | Shared Resources Moderator: Steven Madore, PhD Steven Madore, PhD (UF) <i>Long Read DNA Sequencing</i> Christine O’Connell / Florian Karreth (Moffitt) <i>The Moffitt Gene Targeting Core</i> George Grills, PhD (Sylvester) <i>Overview of Sylvester Shared Resources and Exploring the Possibility of Establishing Regional Shared Resources</i> |
| 9:00 - 10:00 | Session 6: Single Cell Technologies and Application Moderator: William Harbour, MD Ann Chen, PhD (Moffitt) <i>Single Cell RNA-seq and Metabolomics Visual Analytics</i> David Tran, MD, PhD (UF) TBD William Harbour, MD (Sylvester) <i>New Discoveries in Eye Cancer Using Single-Cell Sequencing</i> |
| 10:00 - 10:05 | 5 min break |

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| 10:05 - 11:05 | Parallel Sessions 7-8 |
| | Session 7: Health Equity |
| | Moderator: Folakemi Odedina, PhD |
| | Nancy Mendenhall, MD (UF) |
| | TBD |
| | Lauren Peres, PhD (Moffitt) |
| | <i>Expanding Our Understanding of Racial/Ethnic Disparities in Ovarian Cancer</i> |
| | Erin Kobetz, PhD, MPH (Sylvester) |
| | TBD |
| | Session 8: New Technologies: Drug Development |
| | Moderator: Daohong Zhou, MD |
| | Justin Lopchuk, PhD (Moffitt) |
| | <i>New Synthetic Methods for Enabling Drug Discovery</i> |
| | Guangrong Zheng, PhD |
| | <i>Targeted Degradation of Bcl-xL and Beyond</i> |
| | Shaun Brothers, PhD (Sylvester) |
| | <i>Cancer Drug Personalization via Unbiased High Throughout Screening</i> |
| 11:05 - 11:10 | 5 min break |
| 11:10 - 12:10 pm | Parallel Sessions 9-10 |
| | Session 9: Resistance to Immunotherapy |
| | Moderator: Srikumar Chellappan, PhD |
| | Jose Conejo-Garcia, MD, PhD (Moffitt) |
| | <i>CD277 Targeting Abrogates PD-1-resistant Malignant Progression Through Coordinated GD and AB T Cell Responses</i> |
| | Lingtao Jin, PhD (UF) |
| | <i>Lipid Metabolism Signaling in Anti-tumor Immunity</i> |
| | Marco Davila, MD, PhD (Moffitt) |
| | <i>Mechanisms of CAR T Cell Toxicity and Resistance</i> |
| | Krishna Komanduri, MD (Sylvester) |
| | <i>Relapse After CAR-T Therapy—Mechanisms and Strategies to Improve Outcomes</i> |
| | Session 10: Obesity, Metabolism, and Cancer |
| | Moderator: Frederic Kaye, MD |
| | Sara St. George, PhD (Sylvester) |
| | <i>Using the IDEAS Framework to Develop a Multigenerational Digital Lifestyle Intervention for Women Cancer Survivors and Their Families</i> |
| | Ryan Kolb, PhD (UF) |
| | <i>Obesity, Inflammation and Breast Cancer</i> |
| | Gina DeNicola, PhD (Moffitt) |
| | <i>Redox Regulation of Mitochondrial Metabolism</i> |
| 12:10 - 12:15 | 5 min break |

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| 12:15 - 1:15 | Parallel Sessions 11-12 |
| | Session 11: Microbiome |
| | Moderator: Anna Coghill, PhD, MPH |
| | Sabita Roy, PhD (Sylvester) |
| | <i>Opioid Modulation of Gut Microbiome: Implications in Cancer Pain Management</i> |
| | Christian Jobin, PhD (UF) |
| | <i>Intestinal Microbiota Influences Anti-PD1 Responses in NSCLC Patients</i> |
| | Ryan Thomas, MD (UF) |
| | <i>Natural Killer Cells and the Microbiota: Regulators of Pancreatic Cancer Development</i> |
| | Session 12: AI in Cancer Research |
| | Moderator: Jiang Bian, PhD |
| | Jiang Bian, PhD (UF) |
| | <i>The Big Short with AI in Biomedical Sciences: From Prediction to Action</i> |
| | Issam El Naqa, PhD (Moffitt) |
| | <i>AI in Cancer Research: Potentials and Challenges</i> |
| | Raymond R. Balise, PhD (Sylvester) |
| | <i>Predicting Late Stage Breast Cancer with Traditional and Machine Learning Methods</i> |
| 1:15 - 1:30 | Closing Remarks |
| | Stephen Nimer, MD [SCCC] |
| | John Cleveland, PhD [Moffitt] Jonathan Licht, |
| | MD [UF] |

Florida Academic Cancer Center Alliance Retreat January 18 - 19, 2022

Link to Gather Town FACCA Retreat: <https://gather.town/app/ZvVd6CjcraQfONaS/FACCA>

Day 1: Tuesday, January 18: 12:00 pm – 5:30 pm

12:00 – 12:05 **Moffitt Center Director Welcome** (Location: Zoom/Webinar)

John C. Cleveland, PhD (MCC)

12:05 – 12:30 **Opening Remarks – State Update**

John Cleveland, PhD (MCC) Jonathan Licht, MD (UF)
Stephen Nimer, MD (SCCC)

12:30 – 1:00 **Session 1: Cancer & Aging** (Location: Zoom/Webinar)

Moderator: Justin Taylor, MD (SCCC)

Presentation: Cancer & Aging from a Population Science Perspective Tracy Crane, PhD (SCCC)

Presentation: Clonal Hematopoiesis Research at Moffitt Cancer Center: From Bedside to Big Data and Back

Nancy Gillis, PharmD, PhD (MCC) Presentation: Modeling clonal hematopoiesis in solid tumors
Olga Guryanova, MD, PhD (UF)

1:00 – 1:30 **Concurrent Breakout Sessions** (Location: Gather Town Breakout Rooms)

Breakout Room A: Cancer & Aging from a Population Science Perspective Tracy Crane, PhD (SCCC)

Breakout Room B: Mechanisms and implications of clonal hematopoiesis
Olga Guryanova, MD, PhD (UF)
Nancy Gillis, PharmD, PhD (MCC)

1:30 – 2:00 **Session 2: Cancer Prevention, Care Delivery & Survivorship** (Zoom/Webinar)

Moderator: Jenny Vidrine, PhD (MCC)

Presentation: mHealth and community-based cancer prevention: Reaching and treating smokers

Damon Vidrine, DrPH (MCC)

Presentation: Psychosocial Impact of Cancer on Patients and Families: Patient and Family Focused Research and Care

Youngmee Kim, PhD (SCCC)

Presentation: Using Computational Modeling to Enhance Cancer Care Delivery
Wesley Bolch, PhD (UF)

2:00 – 2:30 **Concurrent Breakout Sessions** (Location: Gather Town Breakout Rooms)

Breakout Room A: mHealth Approaches to Community-based Cancer Prevention
Damon Vidrine, PhD (MCC)

Breakout Room B: Psychosocial Impact of Cancer on Patients and Families Youngmee Kim, PhD (SCCC)

Breakout Room C: Using Computational Modeling to Enhance Cancer Care Delivery Wesley Bolch, PhD (UF)

2:30 – 3:30 **Updates from FACCA-funded Projects** (Location: Zoom/Webinar)

Florida Pancreas Collaborative Cycle 2015 & 2017 Renewal)

Jenny Permut, PhD (MCC)

Defining and targeting the aberrant chromatin function in uveal melanoma (Cycle 2016) Jonathan D. Licht, MD (UF)

Richard Bennett, PhD (UF)

Developing provider-focused LGBT communication skills for oncologists (Cycle 2017) Matthew Schabath, PhD (MCC)

3:30 – 4:00 Session 3: Metabolism (Location: Zoom/Webinar)

Moderator: Scott Welford, PhD (SCCC)

Presentation: Adipokine-driven metabolic rewiring in clear cell Renal Cell Carcinoma Scott Welford, PhD (SCCC)

Presentation: Diet, the human microbiome, and cancer risk: setting the stage for innovative studies to address cancer disparities

Doratha Byrd, PhD, MPH (MCC)

Presentation: Metabolomics, lipidomics and AI in cancer diagnostics Timothy Garrett, PhD (UF)

4:00 – 4:30 Breakout Session (Location: Gather Town Breakout Room D via Zoom Link)

Breakout Room D: Identifying & overcoming barriers to cancer metabolism research in Florida Scott Welford, PhD (SCCC)

Doratha Byrd, PhD, MPH (MCC) Timothy Garrett, PhD (UF)

4:30 – 5:30 Concurrent Poster & Networking Sessions (Location: Gather Town)

Poster Session: Please proceed to the Poster Room to view poster presentations. Each Center will have a poster covering unique Shared Resources.

Networking: Feel free to use the designated seating areas in the main lobby, any areas in the Keynote Hall* or any of the three breakout rooms if you want to have private conversations.

*Reminder: Conversations in the Keynote Room can be heard by anyone “standing” close together, just like in a live setting. Therefore, multiple groups can use the Keynote Room for networking.

Day 2 Agenda Continued Next Page

Day 2: Wednesday, January 19: 8:30 am – 11:30 am

8:30 – 9:00 **Session 4: Tumor Immunology and Immunotherapy** *(Zoom/Webinar)*

Moderator: Elias Sayour, MD, PhD (UF)

Presentation: Overcoming Immunotherapeutic Obstacles for Effective Antitumor Response.

Jianping Huang, MD, PhD (UF)

Presentation: Mechanisms for lymphoma resistance to CAR T cell therapy

Marco Davila, MD, PhD (Moffitt)

Presentation: Promoting an anti-tumoral myelopoiesis

Paolo Serafini, PhD (SCCC)

9:00 – 9:30 **Concurrent Breakout Sessions** *(Location: Gather Town Breakout Rooms)*

Breakout Room A: Cancer Immunotherapy

Jianping Huang, MD, PhD (UF) Marco Davila,
MD, PhD (Moffitt)

Breakout Room B: Cancer Immunology and Immunoregulation

Paolo Serafini, PhD (SCCC)

9:30 – 10:00 **Session 5: Virus and Cancer (HPV & HIV)** *(Location: Zoom/Webinar)*

Moderator: Anna Coghill, PhD

Presentation: The Impact of Comorbid HIV on Breast Cancer Treatment and Outcomes

Dan O'Neil, MD, MPH (SCCC)

Presentation: Adapting a human papillomavirus vaccine education resource for Spanish speaking young adult men who have sex with men

Shannon Christy, PhD (MCC)

Presentation: Insights into DNA repair, epigenetic silencing, and the inflammasome through Epstein-Barr virus

Sumita Bhaduri-McIntosh, MD, PhD (UF)

10:00 – 10:30 **Concurrent Breakout Sessions** *(Location: Gather Town Breakout Rooms)*

Breakout Room A: HIV and Cancer Infrastructure across FACCA

Anna Coghill, PhD (MCC)

Breakout Room B: Grant Opportunities for HPV-related cancer prevention

Shannon Christy, PhD (MCC)

Breakout Room C: Identifying researchers interested in Herpes virus work across FACCA

Zsolt Toth, PhD (UF)

Zhe Ma, PhD (UF) Rolf Renne,

PhD (UF)

Michael McIntosh, PhD (UF)

10:30 – 11:15 **Networking Session** *(Location: Gather Town)*

Please feel free to use the designated seating areas in the entrance hall, any areas in the Keynote Hall or any of the three breakout rooms.

11:15 – 11:30 **Closing Remarks** *(Location: Zoom/Webinar)*

Stephen Nimer, MD [SCCC] John

Wingard, MD (UF)

John Cleveland, PhD [Moffitt]

2023 Annual Retreat

DAY 1: Monday, March 27, 2023

10:30 AM – 12:00 PM Registration Foyer Outside Grand Doral Ballroom

12:00 PM – 1:00 PM Director's Welcome & Lunch Grand Doral Ballroom

Stephen Nimer, MD, Director, Sylvester Comprehensive Cancer Center John

Cleveland, PhD, Director, Moffitt Cancer Center

Jonathan Licht, MD, Director, UF Health Cancer Center

1:00 PM – 2:30 PM Plenary Session – Population Science Grand Doral Ballroom

Moderator: Sabita Roy, PhD, Sylvester Comprehensive Cancer Center

Heather Jim, PhD, Moffitt Cancer Center

Energize: Cognitive-Behavioral Therapy for Cancer-Related Fatigue

Tracy E. Crane, PhD, Sylvester Comprehensive Cancer Center

Integrating patient generated health data in cancer care to improve outcomes

Ramzi G. Salloum, PhD, UF Health Cancer Center

Sustainability and Health Equity in Implementing Tobacco Treatment Programs in Cancer Care

2:30 PM – 2:45 PM BREAK

2:45 PM – 4:00 PM Concurrent Sessions

These sessions will each have a series of brief presentations focused on a theme.

Session 1A: Population Science Magnolia

Moderator: Luisel Ricks-Santi, PhD, UF Health Cancer Center

Matthew Schlumbrecht, MD, MPH, Sylvester Comprehensive Cancer Center

New perspectives on disparities in women with endometrial cancer

Janice Krieger, PhD, UF Health Cancer Center

Communication, community, and co-design: A precision message intervention delivered by virtual health assistants to increase clinical trials referrals.

Vani N. Simmons, PhD, Moffitt Cancer Center

Smoking Cessation among Spanish-Speaking Adults

Heather Jim, PhD, Moffitt Cancer Center

Research Updates from Population Science at Moffitt

Session 1B: Tumor Microenvironment Acacia 2

Moderator: Weizhou Zhang, MD, UF Health Cancer Center

Zhipeng Meng, PhD, Sylvester Comprehensive Cancer Center

Roles of Mechanotransduction and Hippo Signaling in Tissue Growth Control and Carcinogenesis

Christian Jobin, PhD, UF Health Cancer Center

Colorectal tumors display evidence of bacterial-mediated mutations

Thordur Oskarsson, PhD, Moffitt Cancer Center

Stress-induced metastatic niches in breast cancer

Sessions 1C and 1D on next page

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| Session 1C: Cancer Epigenetics & Tumor Biology | Acacia 3 |
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Moderator: Rolf Renne, PhD, UF Health Cancer Center

Mingyi Xie, PhD, UF Health Cancer Center

Small non-coding RNA regulation in Cancer

Eric Lau, PhD, Moffitt Cancer Center

The trouble with testosterone: a sugary story about sex and disparate melanoma invasiveness

Lluís Morey, PhD, Sylvester Comprehensive Cancer Center

Methylation of histone H3 lysine 36 is a barrier for therapeutic interventions of head and neck squamous cell carcinoma

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| Session 1D: Precision Oncology and Immunotherapy | Jacaranda |
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Moderator: Shanta Dhar, PhD, Sylvester Comprehensive Cancer Center

John A. Ligon, MD, UF Health Cancer Center

Overcoming metastatic spread of osteosarcoma with RNA-loaded nanoparticles

Anna Lasorella, MD, Sylvester Comprehensive Cancer Center

Multi-omics integration for precision cancer medicine

Andriy Marusyk, PhD, Moffitt Cancer Center

Impact of stromal sheltering on therapy responses

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| 4:00 PM – 5:00 PM | Breakout Sessions |
| | <i>These sessions allow discussion and collaboration with the presenters from the concurrent sessions and colleagues from other FACCA institutions.</i> |

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| Session 1A: Population Science | Magnolia |
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Moderators: Matthew Schlumbrecht (SCCC), Janice Krieger (UFHCC), Vani Simmons (MCC), Heather Jim (MCC)

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| Session 1B: Tumor Microenvironment | Acacia 2 |
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Moderators: Zhipeng Meng, PhD (SCCC), Thordur Oskarsson, PhD (MCC)

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| Session 1C: Cancer Epigenetics & Tumor Biology | Acacia 3 |
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Moderators: Mingyi Xie, PhD (UFHCC), Eric Lau, PhD (MCC)

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| Session 1D: Precision Oncology and Immunotherapy | Jacaranda |
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Moderators: John A. Ligon, MD (UFHCC) Anna Lasorella, MD (SCCC), Andriy Marusyk, PhD(MCC)

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| 5:00 PM – 5:15 PM | Shared Resources Presentations | Grand Doral Ballroom |
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Edward Seijo, Moffitt Cancer Center

Moffitt Cancer Center Shared Resources: Snapshot of Cell Therapies Core & Chemical Biology Core

Steven Madore, PhD, UF Health Cancer Center

UFHCC Shared Resources

George S. Grills, Sylvester Comprehensive Cancer Center

Sylvester Shared Resources

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| 5:15 PM – 6:15 PM | Poster Session & Reception | Acacia 1 & Palm Court |
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| 6:15 PM – 7:45 PM | Dinner | Grand Doral Ballroom |
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DAY 2: Tuesday, March 28, 2023

7:45 AM – 8:15 AM Breakfast Grand Doral Ballroom

8:15 AM – 9:45 AM Plenary Session – Tumor Microenvironment Grand Doral Ballroom

Moderator: Alejandro Villarino, PhD, Sylvester Comprehensive Cancer Center

Zhijian Qian, PhD, UF Health Cancer Center

Molecular regulation of leukemia stems cells in AML.

Jashodeep Datta, MD, Sylvester Comprehensive Cancer Center

Deconstructing Cancer Cell-Neutrophil Circuitry that Sustains Immunosuppressive Networks in Pancreatic Cancer

Brian Ruffell, PhD, Moffitt Cancer Center

Therapeutic targeting of tumor dendritic cells

9:45 AM – 10:00 AM BREAK

10:00 AM – 11:15 AM Concurrent Sessions

These sessions will each have brief presentations focused on a theme.

Session 2A: Population Science

Magnolia

Moderator: David Lombard, MD, PhD, Sylvester Comprehensive Cancer Center

Youngmee Kim, PhD, Sylvester Comprehensive Cancer Center

My Health, Our Health: Interpersonal approach to cancer survivorship

Carma L. Bylund, PhD, UF Health Cancer Center

Clinician-patient communication and online cancer (mis)information

Tiffany L. Carson, PhD, MPH, Moffitt Cancer Center

Obesity and Cancer: Associations Across the Cancer Continuum

Peter A. Kanetsky, MPH, PhD, Moffitt Cancer Center

Motivating skin cancer prevention by feedback of genetic risk information

Session 2B: Tumor Microenvironment

Acacia 2

Moderator: Priyamvada Rai, PhD, Sylvester Comprehensive Cancer Center

Weizhou Zhang, MD, UF Health Cancer Center

Single-cell RNAseq-based identification of targetable molecules in tumor-infiltrating regulatory T cells

Alex M. Jaeger, PhD, Moffitt Cancer Center

Decoding patterns of antigen presentation in the tumor microenvironment

Scott Welford, PhD, Sylvester Comprehensive Cancer Center

Microenvironmental control of cancer lipid metabolism

Session 2C: Cancer Epigenetics & Tumor Biology

Acacia 3

Moderator: Lixin Wan, PhD, Moffitt Cancer Center

Luisa Cimmino, PhD, Sylvester Comprehensive Cancer Center

The role of one-carbon metabolism in the pathogenesis of myeloid malignancy

Joe Kissil, PhD, Moffitt Cancer Center

Elucidating the functions of YAP in neurofibromatosis type 2

Lizi Wu, PhD, UF Health Cancer Center

Aberrant CRTC Activation in Cancer

Session 2D on next page

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| Session 2D: Precision Oncology and Immunotherapy | | Jacaranda |
| Moderator: John Ligon, MD, UF Health Cancer Center | | |
| Shanta Dhar, PhD, Sylvester Comprehensive Cancer Center | | |
| <i>Metabolic Plasticity Modulation with a combination Therapeutic Nanoparticle for Glioblastoma</i> | | |
| Brian Czerniecki, MD, PhD, Moffitt Cancer Center | | |
| <i>Using Immunotherapy to replace chemotherapy in breast cancer</i> | | |
| Paul Castillo, MD, UF Health Cancer Center | | |
| <i>Leveraging T cell Immunity for Refractory Malignancies</i> | | |
| 11:15 AM – 12:15 PM | Breakout Sessions | |
| <i>These sessions allow discussion and collaboration with the presenters from the concurrent sessions and colleagues from other FACCA institutions.</i> | | |
| Session 2A: Population Science | | Magnolia |
| Moderators: Youngmee Kim, PhD (SCCC), Carma Bylund, PhD (UFHCC), Tiffany Carson, PhD, MPH (MCC), Peter Kanetsky, PhD (MCC) | | |
| Session 2B: Tumor Microenvironment | | Acacia 2 |
| Moderators: Weizhou Zhang, MD (UFHCC), Alex M. Jaeger, PhD (MCC), Scott Welford, MD (SCCC) | | |
| Session 2C: Cancer Epigenetics & Tumor Biology | | Acacia 3 |
| Moderators: Luisa Cimmino, PhD (SCCC), Joe Kissil, PhD (MCC), Lizi Wu, PhD (UFHCC) | | |
| Session 2D: Precision Oncology and Immunotherapy | | Jacaranda |
| Moderators: Paul Castillo, MD (UFHCC), Brian Czerniecki, MD, PhD (MCC), Shanta Dhar, PhD (SCCC) | | |
| 12:15 PM – 12:30 PM | BREAK | |
| 12:30 PM – 1:30 PM | Lunch and Closing Remarks | Grand Doral Ballroom |
| Stephen Nimer, MD, Director, Sylvester Comprehensive Cancer Center | | |
| John Cleveland, PhD, Director, Moffitt Cancer Center | | |
| Jonathan Licht, MD, Director, UF Health Cancer Center | | |

First Annual Florida Hematopoiesis Meeting

8:00am – 3:00pm on Friday, May 19, 2023 | Ted & Marty Couch Auditorium

8:00 – 8:30am Introduction and Welcome

Session 1

Aging, Clonal Hematopoiesis, and the Progression to Hematologic Malignancy

8:30 – 8:45am *MMA as an age-related factor driving expansion of clonal hematopoiesis*
Eric Padron (Moffitt)

8:45 – 9:00am *Therapeutic rejuvenation of aged vascular and hematopoietic systems*
Jason Butler (UF)

9:00 – 9:15am *Clonal Hematopoiesis and therapy myeloid neoplasms*
Francesco Maura (UM)

9:15 – 9:30am *Clonal hematopoiesis risk and progression in Florida firefighters: a study of the Sylvester Firefighter Cancer Initiative (FCI)*
Justin Taylor (UM)

9:30 – 9:45am *Talk title forthcoming*
John Cleveland (Moffitt)

9:45 – 10:05am SPEAKER PANEL DISCUSSION/QUESTIONS

10:05 – 10:30am MORNING BREAK

Session 2

Molecular Vulnerabilities and Cellular Therapies for the Treatment of Malignant Hematopoiesis

10:30 – 10:45am *Talk title forthcoming*
Stephen Nimer (UM)

10:45 – 11:00am *Unlocking CAR T cell Activity Against Acute Myeloid Leukemia Using RNA Vaccination*
Paul Castillo (UF)

11:00 – 11:15am *The Role of Foxm1 in the Malignant Hematopoiesis*
Zhijian Qian (UF)

11:15 – 11:30am *Talk title forthcoming*
Seongseok Yun (Moffitt)

Florida Academic Cancer Center Alliance

Moffitt Cancer Center
Sylvester Comprehensive Cancer Center
University of Florida Health Cancer Center

2019 Annual Retreat

June 13, 2019 – June 14, 2019

JW Marriott Miami

1109 Brickell Avenue, 5th Floor **Contact:**
Priscilla Ochsendorf Pmo6@med.miami.edu
Office: (305) 243-4448 or Cell: (786) 317-4509

11:30 – 11:45am *Immune dysregulation and myeloid cells impact efficacy of CAR-T in Lymphoma*
Fred Locke (Moffitt)

11:45am – 12:05pm SPEAKER PANEL DISCUSSION/QUESTIONS

12:05 – 1:00pm LUNCH

Session 3

Epigenetics and Metabolism in Clonal and Malignant Hematopoiesis

1:00 – 1:15pm *Epigenetic dysregulation by the NSD2 histone methyltransferase creates a metabolic vulnerability in multiple myeloma*
Jon Licht (UF)

1:15 – 1:30pm *Dynamic Epigenetic Landscapes in MM*
Ken Shain (Moffitt)

1:30 – 1:45pm *Epigenetic deregulation of myeloid malignancies*
Ken Figueroa (UM)

1:45 – 2:00pm *The role of B12 and one-carbon metabolism in the pathogenesis of myeloid malignancy*
Luisa Cimmino (UM)

2:00 – 2:15pm *It's in the blood: Clonal hematopoiesis and its contribution to the tumor microenvironment*
Olga Guryanova (UF)

2:15 – 2:35pm SPEAKER PANEL DISCUSSION/QUESTIONS

2:35 – 3:00pm WRAP-UP and NEXT STEPS

Plan for Making Changes to the Florida Cancer Plan

Version: October 16, 2020

Potentially allowable changes to state cancer plan:

- Substantive changes based on changes in guidelines.
- Substantive changes based on changes in evidence.
- Errors or inaccuracies that impact a goal or objective.

Not allowable changes to state cancer plan:

- Misspellings
- No additions to themes, goals, or objectives.

Process:

- Once a year consideration.
- Use original selection criteria for inclusion.
- Minimum 30-day consideration period.
- Discussion and vote by CCRAAB.
- Only electronic version will be changed.
- Notify changes in CCRAAB newsletter and Annual report, if appropriate.

Florida Cancer Plan Goals, Objectives and Strategies Selection Criteria

Florida Cancer Control and Research Advisory Council (CCRAB)
September 9, 2019

Goal Selection Criteria

What major changes do we hope to bring about through a collaborative effort?

Goals in the Florida Cancer Plan must strive for

- **Impact on Cancer Incidence:** Evidence indicates significant reduction in the incidence of cancer through this issue. Special emphasis on reducing late stage cancer incidence because of the challenges in eradicating advanced disease, and the severe and numerous sequelae of advanced cancers.
- **Impact on Cancer Patient Survival:** Evidence indicates improved survival outcomes or reduction in mortality through this issue.
- **Improved Quality of Life:** Evidence indicates that physical, psychological, social or spiritual well-being can be improved by addressing this issue.
- **Deeper Understanding of Cancer Biology:** Addressing this issue will lead to a deeper understanding of cancer biology that can be translated to improved cancer prevention or control.
- **Health Equity for All Floridians:** Addressing this issue will close gaps or serve unmet needs of subpopulations of Floridians in accessing high quality cancer prevention and control.

Objective Selection Criteria

What must we accomplish along the way in order to achieve each of the major Goals?

Objectives in the Florida Cancer Plan must be

- **Important:**
 - Is it important that Floridians achieve this objective over the next 5 years?
 - Is the objective a sentinel or bellwether for change?
- **Effective:**
 - Is this objective the most useful effort we can make to achieve the goal?
 - Are there evidence-based interventions to accomplish the objective?
 - Achieving this objective will lead to a meaningful impact on Florida's cancer burden.
- **Measurable:**
 - The objective contains baseline data, a direction for change, and a data target derived from scientific projection.
 - Reliable data are available now or could be developed with existing data.
 - Progress towards the objective can be measured for the next 5 years.
- **Equitable:**
 - If the objective is met, to what degree would all people benefit?
 - Are there objectives aimed at eliminating avoidable, systematic inequalities affecting groups of people within Florida?
 - Groups may be according to sex, race, ethnicity, age, education, family income, health insurance status, geographic location, marital status, sexual orientation, gender identify, disability status or occupation.
 - Are there data deserts that obscure our understanding of health equity in Florida? How do we fill data deserts with reliable data?
 - What is the magnitude of the health disparity in Florida?

S.M.A.R.T. Objectives

When you write Objectives that are linked to a Goal they should have the following characteristics:

- They are **specific**. That is, they tell how much (e.g., 40 %) of what is to be achieved (e.g., what behavior of whom or what outcome) by when (e.g., by 2013)?
- They are **measurable**. Information concerning the objective can be collected, detected, or obtained from records (at least potentially).
- They are **achievable**. Not only are the objectives themselves possible, it is likely that you will be able to do them.
- They are **relevant**. They are linked to the goal.
- They are **timed**. You have developed a timeline (a portion of which is made clear in the objective) by when they will be achieved.

Strategy Selection Process for Implementation Plan

How will we go about achieving each of the Objectives? There may be multiple strategies for an objective.

Selecting strategies for achieving targets in the Florida Cancer Plan will be prioritized in a Florida Cancer Plan Implementation Plan based on the following features:

- **Evidence-Based:**
 - The Strategy should be based on research or proven best practices. This increases the likelihood that the Strategy will be successful.
- **Meaningful Change:**
 - Will this Strategy lead to a change that aligns with an Objective?
- **Feasible:**
 - Is it feasible to execute the Strategy, considering the costs associated, resources required, cultural appropriateness, political will, likelihood of stakeholders working cooperatively, etc.?
- **Synergistic:**
 - Is this Strategy one we need to accomplish together, rather than one stakeholder bearing sole responsibility?
 - More favored Strategies are ones that need to be accomplished with collaboration.
 - Stakeholders can be identified for cooperatively executing the Strategy.

Evidence

Levels of evidence for clinical interventions can be classified from weak to rigorous (Table 1).

Table 1. Levels of Evidence for Clinical Interventions

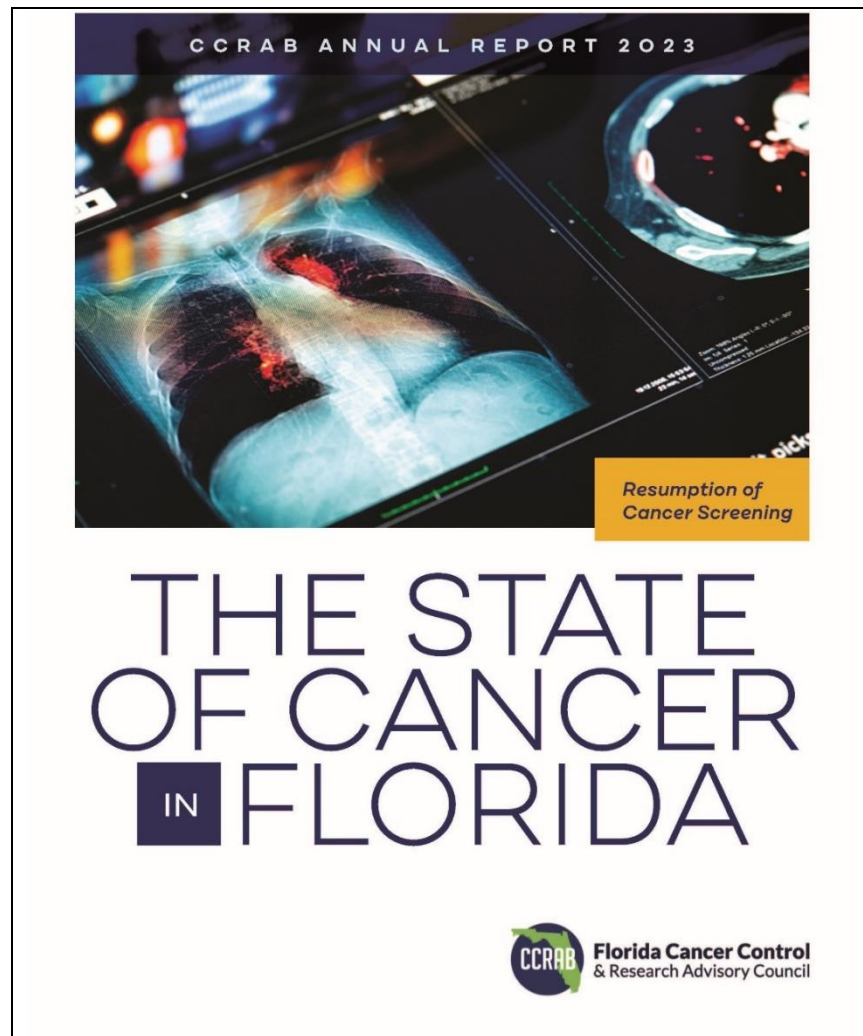
| Level | | Description |
|--------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rigorous | 4 | systematic reviews of published randomized, controlled trials |
| Strong | 3 | nonsystematic reviews published by the federal government and nonsystematic reviews published in peer-reviewed journals |
| Moderate | 2 | journal articles of individual studies, published intervention research, and published pilot studies |
| Weak | 1 | intervention evaluations or studies without peer review that have evidence of effectiveness, feasibility, reach, sustainability, and transferability |
| Invalid | 0 | reliable evidence exists that the intervention is harmful or not effective |

Adapted from U.S. Preventive Task Force, the Community Preventive Task Force, the National Academy of Medicine's National Criteria for Healthy People 2030, and review of peer-reviewed literature.

CCRAB acknowledges that many public health interventions are not amenable to randomized, controlled trials due to issues of ethics, complexity, and practicality, and that a highest level of evidence be considered in context for each goal, objective and strategy. Furthermore, there may be other types of analyses in the public health sector, such as health impact assessments, that may provide robust levels of evidence that justify a particular goal, objective or strategy.

CCRAB Annual Report 2023

Link to download the 2023 Annual Report: <http://www.ccrab.org/annual-reports>



Florida Cancer Plan 2020-2025

Link to download the Cancer Plan: <http://www.ccrab.org/cancer-plan>

