THE UNIVERSITY OF KANSAS

CANCER CENTER

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Michael D. Henry, PhD Interim Director, Holden Comprehensive Cancer Center at the University of Iowa Professor, Departments of Molecular Physiology and Biophysics, Pathology, Urology, Radiation Oncology and Internal Medicine University of Iowa Carver College of Medicine

Dear Michael,

I want to thank you and your staff for arranging a very productive external advisory board (EAB) meeting held in person on December 4, 2023. Members of the EAB reviewed your progress since you have become interim Director of the Holden Comprehensive Cancer Center (HCCC) at the University of Iowa. We want to congratulate you, your leadership team, and the HCCC membership on the strong overall progress you have made. It would be helpful for you to contact Dr. Henry Ciolino at the NCI to clarify if they would provide a one-year extension to a new Cancer Center Director at the HCCC, as they have routinely done when a new Center Director is appointed.

Sincerely yours,

Roy A. Jensen, M.D. Vice Chancellor and Director, The University of Kansas Comprehensive Cancer Center Kansas Masonic Cancer Research Institute William R. Jewell, M.D. Distinguished Masonic Professor

On behalf of EAB members:

David Gosky, MA, MBA The Ohio State University Comprehensive Cancer Center

Anita Kinney, MSN, PhD Rutgers Cancer Institute of New Jersey

Karen Knudsen, MBA, PhD American Cancer Society and American Cancer Society Cancer Action Network

Danny R. Welch, PhD The University of Kansas Comprehensive Cancer Center



University of Iowa Holden Comprehensive Cancer Center EAB report

Directors Overview

On behalf of the External Advisory Board for the Holden Comprehensive Cancer Center at the University of Iowa (HCCC) we very much appreciated all the hard work and due diligence that was demonstrated during our recent visit. With the appointment of multiple new senior leadership positions across the institution this is a particularly important time for the HCCC and indeed may represent a critical inflection point. Under the leadership of Dr. George Weiner, the HCCC established an outstanding national reputation as a center of excellence for clinical care and research in oncology. With the appointment of Dr. Denise Jamieson as Vice President for Medical Affairs, a new Health System CEO coming on board, an active search under way for both the Chair of medicine and the Director of the HCCC, this is obviously a period of transition for the medical center that is likely to define the institution at large for the next generation. As one of the crown jewels of the University of Iowa it will be critically important to identify a leader for the HCCC that can continue and expand upon their outstanding reputation. Identifying the next Director of the HCCC is critical and making sure that the necessary institutional commitment is in place, including adequate discretionary funding for Director, authority of the Director, and Physical Space, will be essential.

The HCCC leadership sees this transition as a great opportunity, and it is well pleased with Dr. Jamieson's interest in the Cancer Center and her commitment to continuing its outstanding legacy. The HCCC also has unique national resources in terms of its Redox Biology program, it is infrastructure for population science, including the Iowa Cancer Registry, and it is outstanding educational and training efforts focused on the next generation of oncology professionals. There are some concerns however, in that the reporting relationship of the Cancer Center director to the senior institutional leadership is unclear. This is a fundamental part of the P30 guidelines that must be clarified in writing in the next competitive renewal. In addition, the level of institutional resources provided to the HCCC is quite low in comparison to their peer cancer centers. At the EAB visit the institutional support from all sources (State, University and Health System) totaled approximately \$7 million. This is considerably less than what would be expected from an institution of this size. Also, the space commitment under control of the director currently stands at 32,000 square feet, which significantly limits the ability of the center to recruit new members and strengthen their programs.

It was also noted that the accruals to interventional treatment clinical trials had dropped substantially over the last several years and while some of this can be attributed to the global pandemic, most centers have begun to recover from this trauma, and we are quite concerned at the current levels of clinical research activity. As was stated at the EAB visit, over the last several years there has been considerable faculty attrition among clinicians that had primarily been responsible for enrolling patients on interventional trials. The EAB frankly sees this as an existential crisis which must be addressed quickly to reestablish a positive trajectory for accruals. While fixing this issue will not be easy, there are two potential ways to enhance accruals. One way is to provide protected time for medical and surgical oncologists as is done for the radiation oncologists; a second is to recruit mid- to senior-level clinicians who have a proven track record of clinical research. Clinical trial accrual, particularly interventional treatment trial accrual, is an acute concern that must be addressed prior to the next renewal or the HCCC risks loss of NCI status. The team presented several steps to strategically balance the trial portfolio, mentor junior faculty and expand support for interventional non-treatment trials, but much work remains to be done. The EAB believes recruitment of established clinical trialists, particularly in breast cancer, should be a high priority. Accruals for interventional clinical trials also have the added benefit of supplementing programmatic funding. It is noted that recruitment should not just be limited to clinicians, but also needs to encompass additional basic scientists, and population health researchers as all four programs need to increase their critical mass of cancer-related funding.

The CDC released data last year which documented that lowa rose to #2 in the nation in cancer incidence. This should be an institutional "Call to Action". Considering that there has not been any significant increase in cancer screening, this finding is quite disturbing and warrants additional investigation to determine the root cause. This trend in rising cancer incidence has taken place over the last several years and shows no sign of slowing down. If the HCCC does not demonstrate an all-hands-on deck approach to get to the bottom of this issue, the center WILL be seen as unresponsive to the needs of the catchment area. More research is urgently needed to understand the etiology of this alarming finding.

In lowa, as in some other states, support for efforts DEI has been an area of concern. In discussing this issue with Dr. Jamieson, it appears there has been some progress in the recent Board of Regents guidance. The EAB emphasized the need for Dr. Jamieson's office to communicate this information to Cancer Center leadership. With the addition of the Plan to Enhance Diversity to the P30 guidelines, ensuring that the center has a well-articulated approach to these issues that addresses long standing disparities will be a key aspect of achieving an outstanding score. One other issue that was somewhat concerning is the relatively low level of resources devoted to the Community Outreach and Engagement and Plan to Enhance Diversity components. Currently there are less than two FTEs devoted to each of these efforts (due to resource limitations) and this will be seen by any site visit team as extremely detrimental to the effectiveness and impact of the center. In addition, over the last five years the Community Outreach and Engagement component has become a very important factor in determining the overall score for the P30 application and additional FTEs devoted to this issue will help ensure COE is better received by reviewers. For example, lowa has a rapidly increasing cancer survivor population in the state, and it will be important to articulate how the HCCC is addressing this. Also, one approach to the high rate of cancer incidence in Iowa is to ensure access to cancer prevention and screening activities across the state. While the screening rates for some cancer types are good, the most urgent need is lung cancer screening, which would require significant resources from the State. The University of Iowa Health Care could increase its rate of lung cancer screening as a first step.

Community Outreach and Engagement

Community Outreach and Engagement (COE) represents an essential component of the HCCC's mission and activities. Current COE leadership is superbly qualified and has the potential to be very effective. Dr. Natoshia Askelson serves as the acting Associate Director for Community Outreach and Engagement. She brings extensive experience, relevant research and publications, and passion to her role at the cancer center. She is well-suited to fostering research that addresses the catchment area cancer burden, and community outreach and engagement with lowa residents at all steps along the continuum of cancer control. She is supported by Sarah Nash. Kathy Walls and Kelly Sittig who each lead one of the three aims. They are highly qualified, but collectively devote less than two FTEs to COE initiatives. Other staff, including the Iowa Cancer Consortium, which is administratively managed by HCCC, were presented in the organizational structure. The annual COE budget, including the level of institutional commitment, was not presented. COE leadership has been very responsive to the CCSG critique and the EAB's recommendations. They have been engaged in vigorous strategic planning over the past year, including a thoughtful SWOT analysis. Solid plans are in place to conduct a catchment area survey using quantitative and qualitive methods with a focus on underserved populations.

The COE's three aims are to: 1) assess cancer burden and disparities in Iowa; 2) address the cancer burden with research relevant to the underserved; and 3) engage the community and promote evidenced based intervention. The Office of COE has made progress across all of these aims and is clearly adding value to HCCC and the state of Iowa. A suggestion is to consider revising the aims to better call out COE's role in fostering research that addresses the catchment area's particular needs and addresses cancer disparities. COE activities are clearly aligned with each of the three aims and are guided by a logic model. Careful strategic planning

over the next year should consider further development of the logic model with quantifiable evaluation metrics (*e.g.*, key performance metrics) and ongoing evaluation to demonstrate success for the specific metrics, including outreach efforts (Aim 2). Although COE appears to be well integrated in the cancer center, it will be important to better articulate HCCC's catchment area priorities and how COE works with the research programs in both the COE and Research Program presentations. The EAB recommends that COE complete its work with the CAB and HCCC leadership in establishing prioritization criteria and catchment area priorities no later than March 2024. Further, the impact of the COE Research Program Liaisons needs to be articulated. While PED's role is to enhance workforce diversity and equity, COE's role is to foster catchment burden and community responsive research. In contrast to PED, COE currently has no pilot funding mechanism to catalyze catchment burden and health disparities research. It is recommended that Holden consider initiating a COE pilot research funding program and better align PED and COE activities with the FOA.

While cancer screening rates have remained stable, incidence rates in Iowa have been steadily increasing over the past decade in both urban and rural areas. Iowa now ranks second in the nation for cancer incidence. COE is working with Dr. Charlton, Director of the Iowa Cancer Registry, and other registry staff to help identify the reason(s) for very concerning cancer problem. Further investigation needs to be a top priority. The EAB strongly encourages HCCC to engage with the Iowa based American Cancer Society's Cancer Action Network staff to help address this issue. In view of the high cancer incidence rates, very thin organizational structure, and lack of progress in cancer screening in Iowa, the EAB strongly encourages a careful evaluation of COE resource needs and organizational development, including the field staff (*e.g.*, community health educators and community navigators to help address cancer priorities, prevention, screening, access to care and survivorship throughout Iowa.

Overall, despite resource limitations, COE is making progress, has strong leadership and is serving the catchment area, but additional resources and work is needed to demonstrate its impact. It will be important to tell stories during the presentation and to describe how COE is addressing the increasing cancer incidence rates, prevalent cancer risk factors, cancer health disparities, lack of progress in cancer screening rates and how the Iowa Cancer Consortium fits into COE's organizational structure and how HCCC and the catchment area benefits from this relationship.

Experimental Therapeutics

The Experimental Therapeutics program is an essential element of the HCCC and constitutes the major mechanism by which basic or population based discoveries are translated into the clinic. Strengths of the program include new funding that focuses on clinical translation, exemplified by recent examples of support for phase I studies to improve therapeutic intervention for glioblastoma, novel strategies to address immunotherapy resistance in renal cancer, and new studies to determine the impact of hypoxia on breast cancer metastasis. At present, 11 of 69 recent publications have appeared in high impact publications, and the program has fostered development of innovative new therapeutic studies. A SPORE has been submitted on oral cancers, thus leveraging the strength of the program. The program has addressed the major concerns of the last CCSG review. With an eye toward the future, the program would benefit from focusing on increasing the pace of translation, and on ensuring a solid base of NCI funding. Current intent to increase multi-PI and program project grants was considered highly appropriate and the natural next step given the success of the program, The EAB was particularly appreciative of the impact of PACT pilot study support, which not only supplies protected time for clinical scientists but also serves as a needed resource for testing window of opportunity and/or clinical feasibility studies. At the site visit, Drs. Allen and Salem announced their plans to step down as co-leaders early in the new year. The EAB reviewed the CV of Dr. Michael Wendt who was recruited by Drs. Henry and Milhem into the Department of Medicine, Division of HOBMT as the Arlene Holden Professor of Breast Cancer Research. Dr. Wendt is an expert in translational research in the breast cancer tumor microenvironment who is supported by two NCI R01's and was previously involved in leadership at the Purdue Center for Cancer Research. Dr. Wendt appears to be well qualified for this position. Dr. Henry indicated that the recruitment of a clinical co-leader would await the recruitment of a permanent Director as an important recruiting opportunity for the HCCC.

Cancer Genes and Pathways

Drs. Quelle and Dodd presented this broad-based basic science program which includes 39 full members and 12 associate members. In FY 2023, members published 87 papers, 14 of which were high impact. Collaborations are solid -- 25 intra-programmatic and 34 inter-programmatic (no inter-institutional were reported). Funding (\$8.3 million) has steadily declined since 2021, which is concerning and should be a key priority moving forward. CGP is organized into three themes: cancer genetics and genomics; cancer cell signaling; and tumor interactions with environment. Since the last site visit, more immunology has been added to the tumor microenvironment theme, which is appropriate. Three key weaknesses were identified at the last site visit at which the program received a score of "Excellent." Program leaders have developed incentives for multi-programmatic collaborations and interactions with other programs, particularly CPS and COE. Of note is a newer initiative - Iowa Cancer and Obesity Initiative - which will provide a platform to enhance communications and collaboration throughout the Holden Cancer Center. The program also has a number of related activities that incorporate education and training participation on top of COE-related interactions. A NET SPORE grant was resubmitted in September 2023 that involves several members of CGP. In general, this program is functioning well and is making efforts to address previously identified criticisms. The key threat to the program is modest and declining funding. Efforts and processes to stabilize and grow the funding are in place along with enhancements of interactions with other HCCC programs and core activities. Some suggestions for future focus include: 1) clearly defining the processes for translation of CGP discoveries into the clinic; 2) developing a clear strategy to address site visitor identified weaknesses in environmental factors that might contribute to cancer prevalence in Iowa; 3) developing specific aims for the program (since themes do not constitute aims); and (4) redesigning slides so that they have fewer words.

Free Radical Metabolism and Imaging

This is a highly unique and impactful program with a long history of pioneering new understanding of radiation biology and translation of basic functions into the clinical setting. Strengths of the program include the truly unique focus on redox biochemistry, novel discovery in the area of metabolic imaging, and development of new cancer therapeutics based on metabolic changes. Impact of the program is exemplified by recent examples of using MRI imaging to predict therapeutic response in glioblastoma, development of novel combinations for head and neck cancer, and studies which identified mechanisms to protect normal tissue in models of colon cancer radiotherapy. Program leadership is impressive and articulated both a clear vision for the program as well as a strategies to address the needs of the catchment area through discovery and translation. At the site visit, Dr. Spitz mentioned the development of a succession plan for his leadership which is prudent. With new leadership as DEO of Radiation Oncology (Dr. Allen) and the Division of Free Radical and Radiation Biology (Dr. Simons-Burnett) there is a good opportunity to bring new resources to recruit a nationally recognized investigator to lead the science in this program. Recent acquisition of an MR-Lin will further increase the opportunity for translation and novel trial design in the radiation oncology space, and the program is already pioneering strategies to advance understanding of new, promising theragnostics. There remains a lack of programmatic focus for some of the imaging scientists in the program. The program was involved in the NET SPORE submission, which received promising reviews and will be resubmitted. Further opportunities exist to consider acceleration of imaging studies, and to further expand translational capacity.

Cancer Epidemiology and Population Science

The Cancer Epidemiology and Population Science (CEPS) Program at HCCC at the University of Iowa is ably led by Drs. Mary Charlton and Mark Vander Weg. They have conducted a SWOT analysis and deployed strategies to address the EAB recommendations. However, it will be important for the next EAB presentation to show the impact of these activities on increasing the depth and breadth of the science. The three specific aims are now called themes: 1) Conduct etiologic research on genetic, environmental, lifestyle factors and contextual factors; 2) Advance primary and secondary cancer prevention through research; and 3) Evaluate cancer health care services and outcomes. Across the lifespan is a cross cutting theme but it is unclear how this theme aligns with research. Seven new members have been recruited and three of them are full members which should enhance depth within some of the aims. Overall peer-reviewed funding is adequate and has modestly increased to \$4,954,77 of which \$1,628,676 is from NCI. Program leadership is developing strategies to boost NCI funding. CEPS is highly productive with 148 publications in FY22. Program members are highly collaborative; 26% and 40% of publications are inter-programmatic and intra-programmatic, respectively.

Areas for the program to considering strengthening further include: 1) Differentiating research in Aim 2 and 3. Primary and secondary cancer prevention can include health services and outcomes of interventions. Does "evaluation" for Theme 3 include implementation science and research and survivorship? The EAB strongly recommends refining the themes. Describe how the theme "across the lifespan" interdigitates with the three aims/themes and consider health disparities (e.g., rural), as a cross cutting theme given the center's location, priorities and populations served; 2) Describing the roles of the program leaders and the frequency that they interact with each other and Dr. Chrischilles; 3) More careful consideration of the research presented is warranted. This includes high impact vignettes that identify catchment area priorities and disparities (e.g., rural) being addressed, intra-programmatic and interprogrammatic collaborations, cite publications, delineation of program aim alignment and shared resource use, types of grants supporting the research, and showing evidence of synergy across the aims (e.g., how methods or findings in one aim informed research in another) to better portray a cohesive, well integrated program. The scientific highlights could also better highlight the work that has promising potential for more rapid translation. Also, emphasize impact such as paradigm shifting, practice changing, policy changing nature of the research and impact on the catchment population and beyond, including disparities; 4) Better conveying how COE interacts with PED and CRTEC and what component is leading each activity; 5) Providing specific examples of how research was responsive to COE-facilitated bidirectional community engagement and community needs; 6) Telling stories and articulating how programmatic research is studying possible causes for the increasing cancer incidence in Iowa and addressing flat cancer screening rates, and the impact of this research; 7) Additional strategic planning is needed to clearly identify scientific priorities and increase depth of the science within each of the program's themes; and 8) Carefully reviewing the FOA guidelines for research programs and highlight how your program is aligned with the criteria, including CEPS interventional and observational trial enrollments.

Shared Resource Management/Shared Resources

Dr. Adam Dupuy, named Associate Director of Shared Resources in July, provided the update on the HCCC's Shared Resources and Shared Resource Management (SRM). Dr. Dupuy's research background in cancer genetics and expertise in bioinformatics make him an ideal Associate Director of Shared Resources.

Since the previous EAB meeting in 2022, significant progress has been made to address several of the weaknesses noted at that meeting as well as from the prior CCSG review in 2020. Notably, the center undertook a strategic review of the shared resource activities and has plans to restructure SRM to include a new Shared Resources Advisory Council (SRAC) with faculty advisors from the eight existing and two developing SRs. The addition of the SRAC should help address some of the weaknesses noted in the SWOT analysis, including dissatisfaction with

turnaround times, plans for priority access for HCCC members and a lack of bioinformatics support. The center also addressed the noted weakness in bioinformatics support by hiring Dr. Garay, a dedicated bioinformatics specialist hired in January 2023. Finally, HCCC leadership developed a new publication tracking system via a survey to increase the accuracy of SR usage data in member publications and grant submissions.

Dr. Dupuy provided a brief overview of the existing (BioMER; Biostatistics; Central Microscopy; Flow Cytometry; Genomics; Population Research; Radiation Free Radical; Viral Vector) and developing (Human Immunology; Microbiome) SRs, highlighting survey results focused on timeliness of service, cost and effectiveness of the director(s).

In order to better assess the value of the SRs, HCCC leadership is developing a scorecard of key performance indicators including service utilization, turnaround time, user satisfaction, scientific impact, collaborations, training and education and financial sustainability. The scorecard will be a valuable tool for helping determine how and where the center will invest resources.

Future plans include intranet and website development to include materials for grant submissions, opportunities to garner feedback, the ability to request materials/equipment and documentation of contact information for SR equipment and leadership. Additional plans include scorecard development, noted above, as well as developing a strategic plan with the SRAC.

The EAB recommends that Dr. Dupuy show the SRM organizational chart at the next EAB meeting as well as describe the capabilities of the administrative staff that help oversee and manage the SRs and elaborate on how member training and education is provided. Finally, it will be important to note what opportunities exist for the shared resources that did not score particularly well at the last CCSG review (e.g., Central Microscopy, Flow Cytometry) to make a stronger scientific impact prior to the next renewal.

Clinical Research

As is noted above, there were a number of concerns related to the fall off in clinical research activity at the HCCC. This appears to be related to loss of multiple senior clinical investigators over the last two to three years who were responsible for the majority of interventional therapeutic accruals. We would suggest a two-pronged approach to addressing this issue as we believe it represents a significant threat to the viability of the center. First of all, recruitment efforts to bring on board several mid- to senior level clinical investigators who are experienced clinical trial trialists that have a proven track record of writing, administering, and completing trials should be implemented as soon as possible. In addition, thought should be given to establishing financial models for allowing clinicians to have adequate protected time to engage in clinical research activities. This would have the impact of promoting both the recruitment and retention of clinical investigators and would directly address the most significant issue facing the HCCC. One area in particular that needs immediate attention is the recruitment of at least one, if not more medical oncologists focused on breast cancer. Interventional accruals for breast cancer patients are strikingly low considering the number of cases seen at UIHC and this appears to largely explain the significant discrepancies between the number of female and male patients placed on interventional clinical trials.

There were also some concerns among the EAB regarding the adequacy of the control by HCCC over its clinical trial office and whether or not it was in charge of maintaining the clinical trial management system (CTMS). Such control is particularly important to establish dashboards that can be utilized to collect data at different points in time to determine activation timelines for different types of trials in different disease working groups. In addition, there seemed to be an opportunity to initiate parallel processing of clinical protocols at the IRB and PRMC which would have the potential of significantly shortening the activation time. One fairly obvious deficiency

was the relatively low number of accruals to investigator-initiated trials. It was stated at the EAB visit that this activity had significantly fallen off during the pandemic and that they recognized that such efforts need to be re-energized. Finally, it was felt that the criteria for achieving a quorum at the PRMC was relatively weak, and instead of establishing a minimum number of members present to hold a meeting, the quorum should be determined by whether or not at least 2/3 of the members were present. This is a fairly standard metric for most PRMC's.

Career Enhancement

The Office of Cancer Center Enhancement & Training (OCCET) represents the CRTEC component of the HCCC and is capably led by Dr. Jon Houtman and Megan Meyer. During the last site visit, this component received a rating of "Outstanding to Exceptional." The major criticisms from the prior critique related to the lack of a track record in tracking trainee outcomes but were mitigated by having new systems that had been recently implemented. This core has now demonstrable parallel tracking mechanisms in place and has grown its funding portfolio by addition of ACS diversity summer undergraduate and postbaccalaureate fellowships in addition to a R25-YES grant. A key strength of this core has been the development of the Emerging Leaders Council (ELC) which identifies and helps develop the next generation of leaders throughout the HCC. A SWOT analysis identified two weaknesses which are being addressed: concerns regarding tracking because of strategic communication and community building/esprit de corps. Core leadership has also articulated concerns related to statewide DEI policies.

OCCET has maintained its superb activities and expand them. The leadership has been willing to experiment with different ideas, activities, and approaches to addressing previously noted weaknesses. Some aspects of this core which should be included in future presentations include: 1) development of a training membership category to enhance tracking; 2) partnership with PED on the ELC; 3) how the HCCC is leveraging the undergraduate interactions; and 4) interactions with COE and ICARE. Some opportunities for improvement include: 1) develop staff training and processes for clinical trialists in order to reverse the serious deficits in clinical trial accrual at HCCC; 2) work closely with PED to identify glass ceilings that prevent promotions and/or career enhancement of URM and women (this is being addressed within the ELC, but could be presented and expanded); 3) develop a grants office to assist with preparation of research proposals and training grants from the HCCC membership; 4) develop a plan with shared resources for educating HCCC membership of capabilities; 5) consider including trainees and other stakeholders on the OCCET advisory committee; 6) expand offerings for non-academic career options; and, 7) highlight Dr. Houtman's leadership role in CABTRAC.

Plan to Enhance Diversity

The EAB recognizes that PED is not a formal component of the current CCSG. However, in. preparation for the renewal, the HCCC must begin developing PED in order to be prepared for the CCSG renewal. Dr. Andrean Simons-Burnett provided an overview of HCCC Diversity, Equity and Inclusion (DEI) efforts as well as nascent efforts for the Plan to Enhance Diversity (PED). The Office of DEI is led by Dr. Simons-Burnett and is staffed by Assistant Director Megan Meyer and emphasizes bidirectional communication with the HCCC leadership team, research programs and catchment area as well as other HCCC units (e.g., Career Enhancement, Clinical Trials, Administration). There is also a DEI Task Force and External Advisory Board to provide input.

PED themes are: 1) create an effective HCCC DEI leadership infrastructure; 2) establish and monitor demographics of HCCC membership; 3) assist with providing training and support to URM trainees; 4) provide avenues for recruitment and retention; and 5) partner with diverse community leaders to address cancer disparities and inequities in the catchment area.

A SWOT analysis revealed notable weaknesses, namely that the Office of the DEI is very understaffed, data collection is not as robust as is needed and there is a limited web presence

and opportunities for increasing awareness through branding. Substantial threats include the direction of statewide politics a high turnover in institutional offices, and postdoctoral graduates who are leaving for other opportunities. To this end, other centers in states with challenging political environments that are against DEI initiatives and activities, have found that it important to describe all elements of what "diversity" may mean. For example, states that have a high degree of rurality like lowa have been able to better educate state representatives that diversity efforts can have a positive impact of members of their constituencies.

A strength of these efforts is the integration of DEI with COE and CRTEC. Examples of integration were provided as well as a clear schema of COE/CRTEC/DEI activities showing which unit acted as lead vs collaborating in the activity.

Future plans include enhancing support for diversity supplements, increasing collaboration with neighboring and peer institutions and embedding an ELC Fellow (Dr. Seaman) to work on a specific project with Dr. Simons-Burnett.

While the DEI/PED efforts at HCCC are still at the formative stage, it will be important for university and HCCC leadership to substantially support efforts within the cancer center. As other cancer centers are being reviewed on PED, it has become clear that reviewers are not looking for a "plan", but rather what efforts have been made and are ongoing to "enhance diversity". An Office of DEI with two people will not suffice to demonstrate that PED is important for the HCCC. A dedicated annual budget for PED is needed.

Other clarifications are needed including 1) defining how you are categorizing "underrepresented"; 2) describing what efforts will be undertaken to increase the number of female and URM leaders and HCCC members to match the nation's diversity; 3) better integrating PED efforts with the overall HCCC strategic plan; 4) enhancing the partnership with COE (which works externally on catchment area issues whereas PED has more of an internal focus.

In sum, the center needs to describe why diversification of the workforce is key, i.e., data tells us that having members from diverse backgrounds (and who look and sound like other members of the community) leads to better outcomes in patient care.