UC Irvine 趙 Chao Family Comprehensive Cancer Center

Community Outreach & Engagement

Annual CFCCC Scientific Retreat

November 5, 2026

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UC Irvine 趙 Chao Family
Comprehensive Cancer Center

Community Outreach & Engagement

NCI 2026: Excellent to Outstanding



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Catchment Area: Orange County, CA

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https://cancer.uci.edu/about/catchment-area

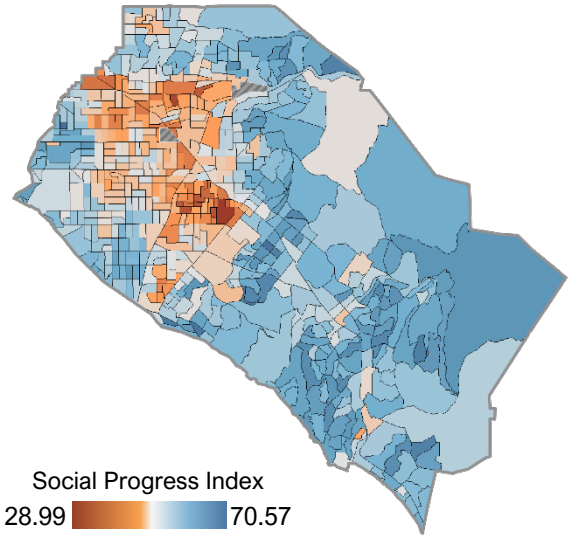
State



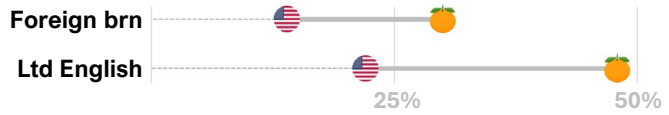
6th most populous county in the US
Home to **3.2M residents** (~10% of CA)



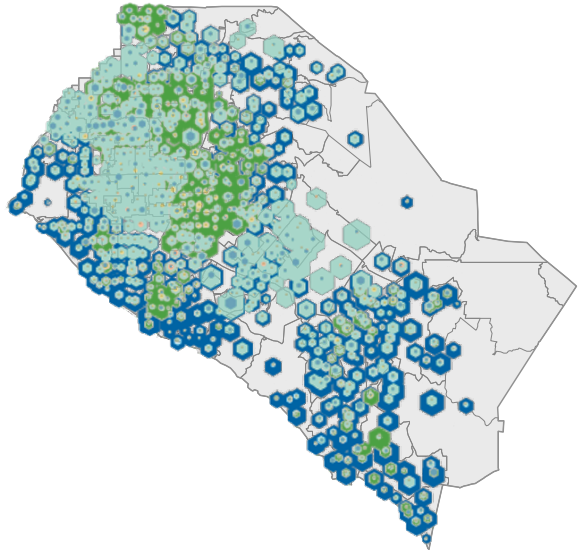
County



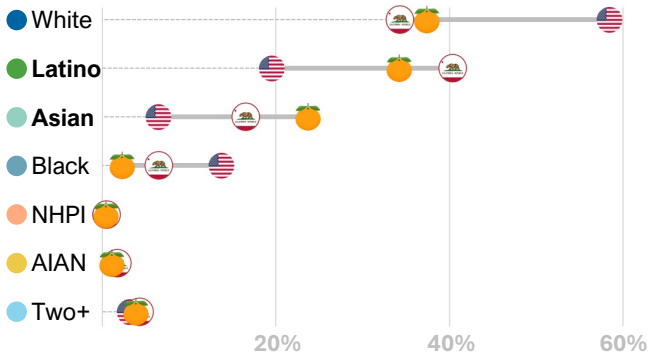
Double the national average of foreign born and limited English residents



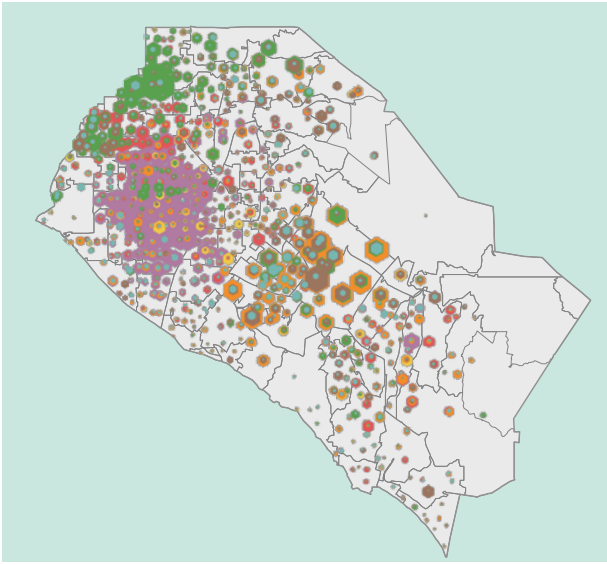
Racial & Ethnic Diversity



Latino and Asian populations surpass national averages (US Census 2023)



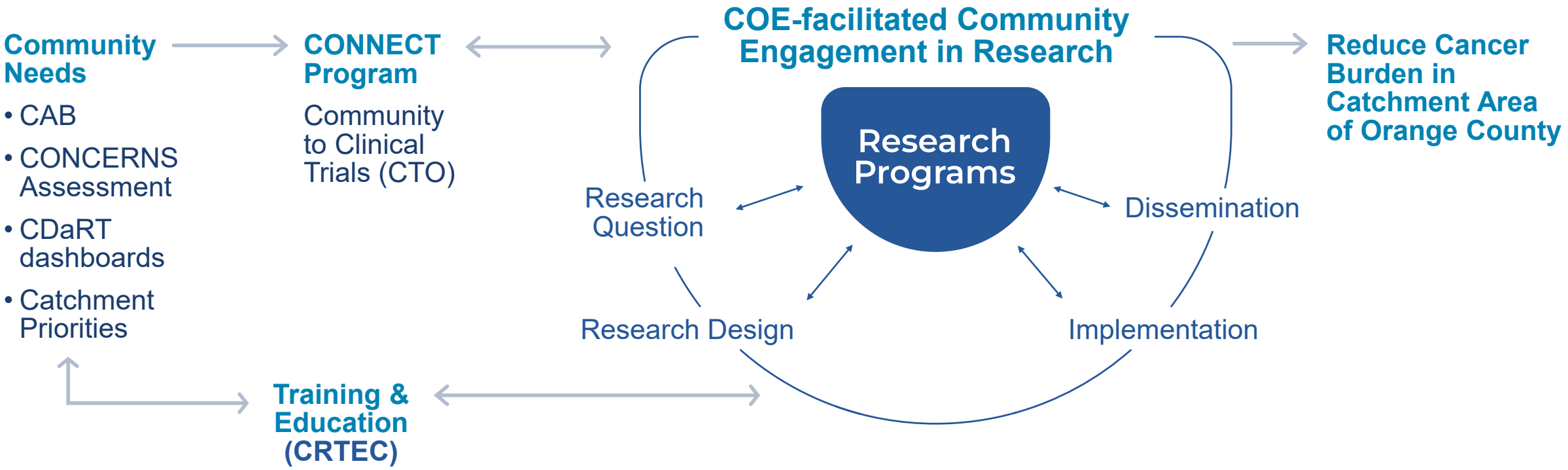
Asian Ethnic Diversity (22% of OC)



Home to the largest Vietnamese community outside of Vietnam

Vietnamese	**32%**	Asian Indian	9%
Chinese	18%	Japanese	5%
Korean	15%	Other Asian	10%
Filipino	12%		

Bidirectional Communication: Mechanism for Integrating COE into CFCCC Research Priorities



Process for Determining Catchment Area Priorities

1 Identify and Describe Catchment Area Needs

Catchment Data Reporting Technology (CDaRT)
Community input
Researcher input

Measures:
Cancer rates and trends
Late-stage diagnoses
Risk factors
Priority populations
CFCCC research strengths

2 Determine Catchment Area Priorities and Align with CFCCC Strategic Plan

Priority Cancers
Breast
Colorectal
Leukemia
Liver
Lung
Melanoma
Prostate
Stomach

Priority Populations
Asian
Hispanic
Low income

Risk Factors
Smoking
Physical inactivity
Low screening

3 Communicate Priorities Across CFCCC

Catchment Data Reporting Technology (CDaRT)
Community input
Researcher input

4 Evaluate

Logic Model (see appendix)
CAB, EAB, AD Council, CFCCC Director

Catchment Area Priority Cancers

Cancer	Research Priorities	CFCCC Translational-Clinical Science
Breast	Understand higher incidence in OC, and why mortality is not decreasing for Hispanic women	UCI-19-145 **Mehta**[SPT]: Abemaciclib + Fulvestrant + anastrazole in metastatic HR+/HER2- breast cancer
Colorectal	Understand increasing early onset incidence and mortality, especially among Hispanics	R01CA244519 **Masri**[SPT]: Circadian clock disruption in colorectal cancer
Leukemia	Understand and address increasing incidence and mortality among Whites & Hispanics	UCI-18-128 **Fruman**[SPT]: Statins to augment venetoclax in leukemia therapy R37CA266042 **Pannunzio**[SPT]: Genomic instability in Hispanic Ph-like B-cell ALL
Liver	Understand and address increasing incidence and mortality among Hispanics (e.g. fatty liver disease)	R01AA029124 **Jang**[SPT]: Elucidating dietary fructose and alcohol interactions during liver cancer development
Lung	Understand and address increasing incidence and mortality in Asians and Hispanics	UCI-24-118 **Keshava**[CC]: Lung cancer screening of family members of patients with mutation-driven lung cancer
Melanoma	Understand and address higher and increasing incidence among Hispanics and Whites	UCI-13-13 and R01EB026705 **Kelly**[BIDD] and **Balu**[BIDD]: Multiphoton microscopy & multispectral imaging for diagnosis of pigmented skin lesions (incl. Hispanics)
Prostate	One of the highest incidence and mortality cancers in Orange County, particularly in APIs and Hispanics	UCI-23-137 **Lee**[SPT]: Intraoperative neurovascular imaging in robotic prostatectomy R01CA260351 **Zi**[CC]: T cell response & GARP/TGFβ1 in prostate cancer
Stomach	Understand and address increasing incidence and mortality (male) among Asians, and lower survival for Hispanics	UCI-20-87 **Senthil**[BIDD]: STOPGAP Phase II Trail of Sequential Systemic Therapy + IP Paclitaxel in Gastric/GEJ Cancer Peritoneal Carcinomatosis

ECOG-ACRIN cancer research group

Advancing Cancer Care Together (ACCT) Program

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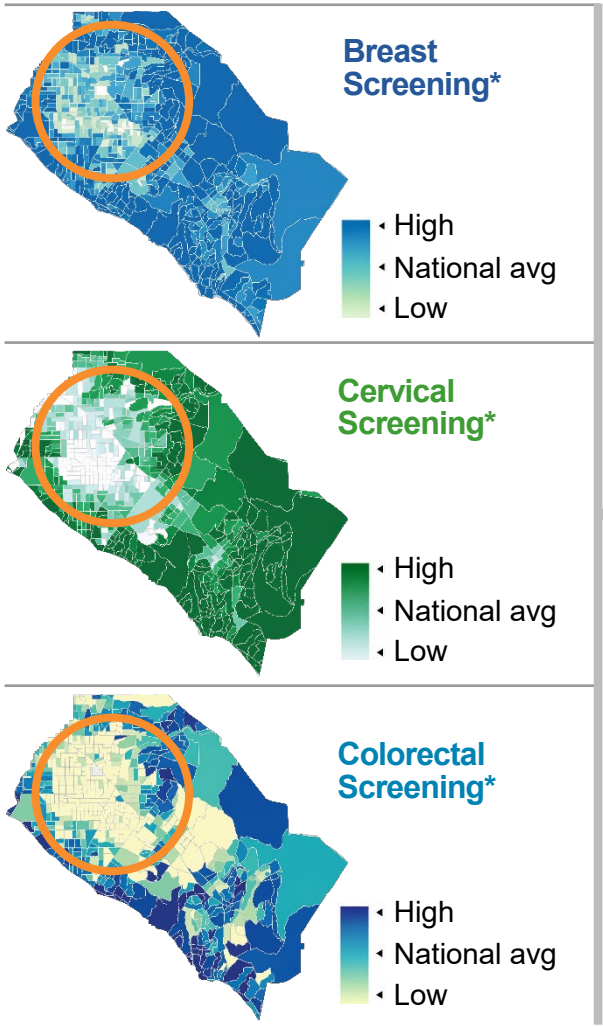
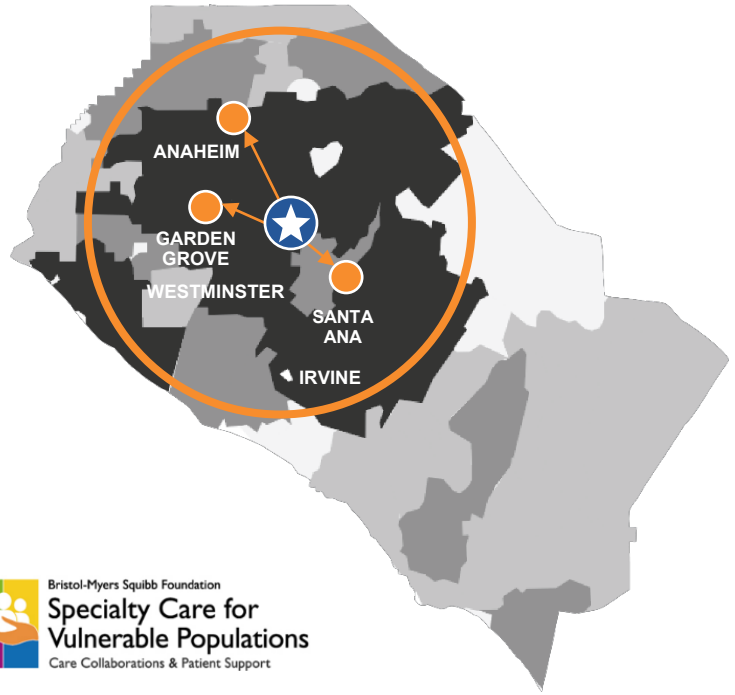


CFCCC Patient Population



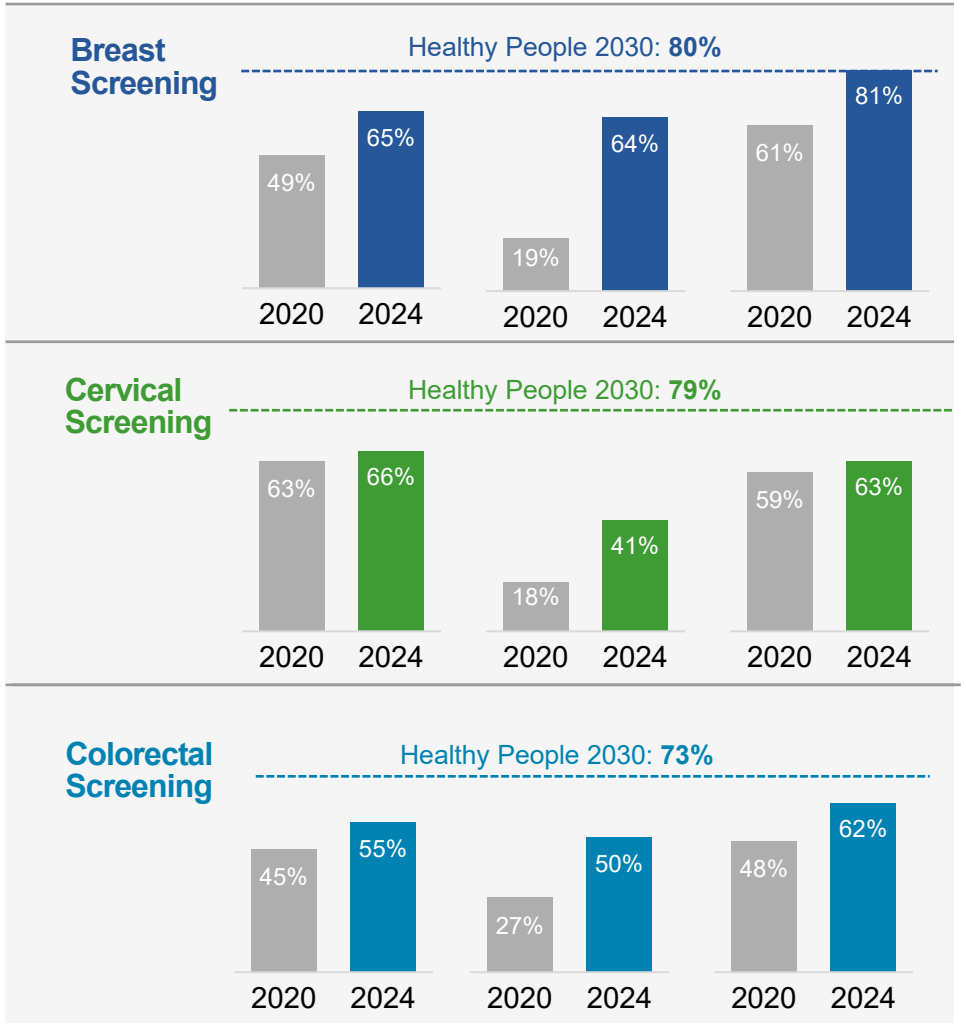
Bristol-Myers Squibb Foundation
Specialty Care for Vulnerable Populations
Care Collaborations & Patient Support

UCI Health

CalOptima Health

AltaMed · Friends of Family Health Center · Hurtt Family Health Clinic · Share Ourselves

UCI Health · KCS · Southland Integrated Services, Inc.



*Cude prevalence %, PLACES Project.
Centers for Disease Control and Prevention; https://www.cdc.gov/places

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COE critiques

COE critiques - I

- Beyond the CONCERN periodic assessment, there is little description provided on how other COE-led community needs assessments help to inform CFCCC's understanding of community needs and priorities or are used to tailor outreach strategies. Little information is provided about how exactly community needs are communicated to CFCCC leadership and members.

- Assessment of the community needs through CONCERNS: the key informant interviews are a worthy endeavor, but it was not clear how these data shape the work of CFCCC, especially at the leadership level. In fact, it was noted that the CDaRT and the community needs assessment has only resulted in changes to catchment area priorities two times. Figure 5 shows that the priorities are communicated to leadership, but it is unclear where it goes after that. (Minor to moderate weakness).

- It is not clear how exactly the CONNECT program works—whether it is primarily researcher directed/focused (e.g., assess researcher needs and provide tailored guidance on community engagement opportunities, aid in implementing community informed methods and disseminating findings to the community) or whether it is primarily to integrate community members into research study design, recruitment and study results dissemination (community-directed focus). Further, it would help to understand how the CONNECT program matches researchers with advocates and advisory boards.

- COE has been involved in many studies supporting researchers. However, the role of involving the community in this process is somewhat unclear in the description of CONNECT and in the examples of COE-supported activities.

Overall this is a fair set of critiques. Each of the Programs lists their CA-relevant studies and the role of COE, but we need a more specific and quantifiable method for communicating community health concerns to our basic/translational scientists. This could be based in CONCERNS. The COE writeup describes CONCERNS but does not discuss how this information is communicated to Programs. I would suggest a broader survey that includes input from more lay OC residents (e.g ., faith-based organizations, patients at OC FQHCs) that identify their health priorities. This information then would be communicated back to researchers for consideration in the design of their research programs and research relevant to this stimulated by targeting pilot project funding (e.g., ACC) at these areas. Including the COE Liaisons in this process is essential.

COE critiques - II

- While it was stated that the data on population characteristics, the cancer burden, and other related needs in OC were communicated annually the CFCCC senior leaders, it was not clear how the data were used to modify the CFCCC strategic plans, outreach and so on. Additional details or examples of how the reports may have changed or shaped directions would be useful. In addition, it was stated that some data are reviewed quarterly, but the data are delivered to leadership on an annual basis. The reason for this lag is unclear.

Selection of CA priority cancers, presented in both the Overview, CPDM, and Strategic Plans was directly informed by COE data analysis. The OC Catchment Area Dashboard is updated quarterly and is available to all CFCCC members.

- Since CDaRT is new, it would have been beneficial to provide details about how it works and how it is managed. Several sources of data input were mentioned but some of the nuts and bolts, data quality oversight, handling of missing data and other details were missing. (Moderate weakness).

- The COE has done an impressive job trying to help diversify the racial, ethnic and sex make-up of CFCCC clinical trial enrollees. One area of continued improvement would be to continue to reset the bar so that the catchment area demographics are even closer to the CFCCC trial participants. This of course is an on-going challenge.

Expansion of the CA to mirror the UCI Health clinical service area, which would increase the proportion of the CA Hispanic population, was a future goal mentioned in the Overview Section I.3., p. 328.

- Although a set of priorities is articulated by COE, it is less clear how those priorities were determined (minor) and more importantly it is not apparent how the priorities are communicated to leadership and programs to drive the broader research strategy of the center.

Fair criticism. No mention of the monthly meetings of COE with CFCCC Director/CAO, or participation of COE in AD Council or SLC.

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Impact of new P30 NOFO on COE

Community Outreach and Engagement

- Use catchment area data to guide service connections, research priorities, and COE evaluation
- Build partnerships that connect communities to care and support evidence-based prevention and control
- Promote clinical trial awareness, education, and navigation with CPDM/PRMS
- Relay Center priorities and findings back to communities to expand engagement and community-informed research
- Maintain bidirectional communication so community priorities reach senior leadership and catalyze naturally aligned research

COE Integrated with Center Priorities Through Senior Leadership

- Director and senior leadership are responsible for acting on COE and CAB input to catalyze research
- Not every Research Program is required to demonstrate consistent COE connection; activities for Programs that are naturally aligned with community-informed objectives should be highlighted
- Centers should show how COE/CAB input is considered in planning, research and trial priorities, and is tracked through measurable outcomes
- Downstream results can appear in Cancer Impact: improved trial access, community-informed research, and prevention / early detection advances

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Future directions for COE

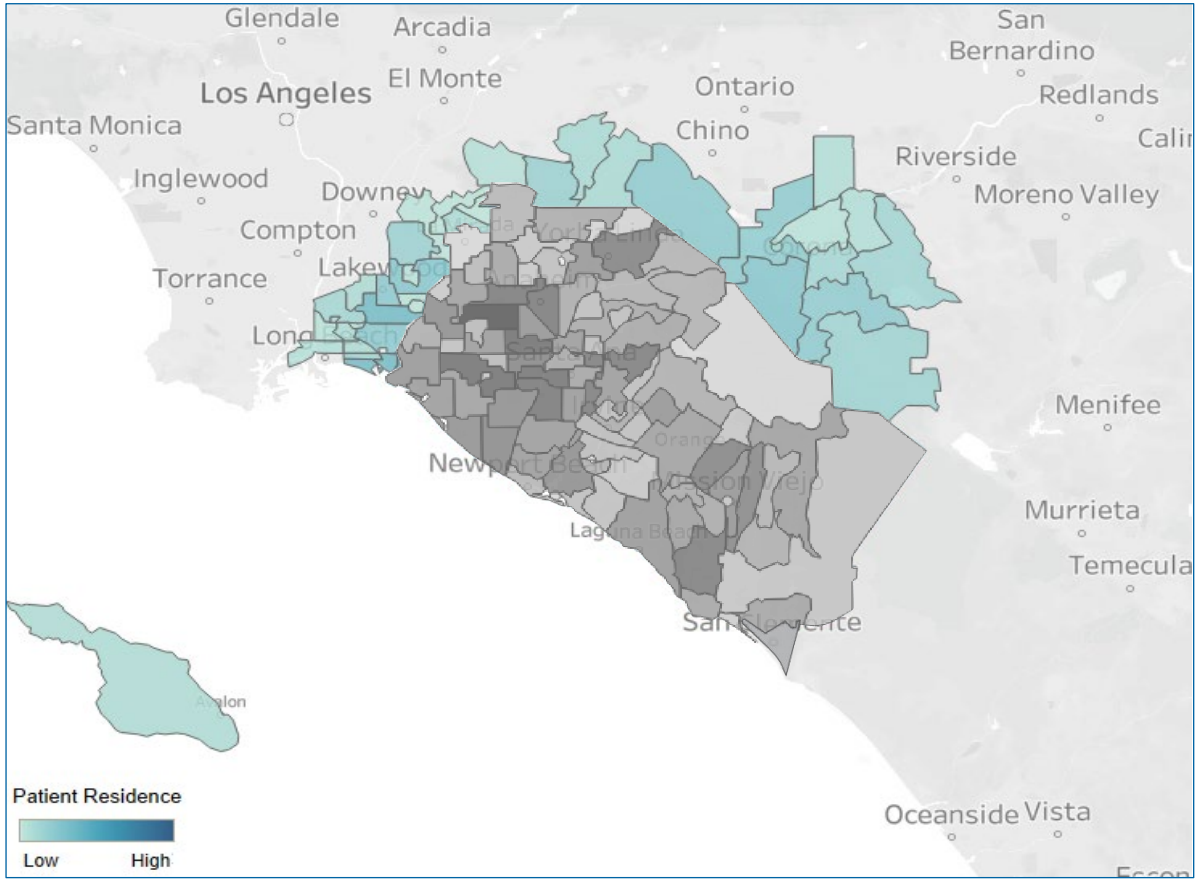
CFCCC COE priorities for next funding period

- Recruit a nationally recognized cancer population scientist as the next Associate Director of COE
- Strengthen the input of the community into the basic/translational science research of the CFCCC
- Move forward with expanding the ACCT program to increase cancer prevention & screening in OC
- Increase the amount of interventional research targeting cancer health disparities in OC
- Expand the catchment area to match the UCI Health service area

Future Catchment Area: Mirroring UCI Health Service Area

	Orange County	Expanded
Total # patients seen	4,635	4,635
# of analytic cases	3,101	3,750
% of analytic cases residing in CA	**70%**	**81%**
White	37%	28%
Hispanic/Latino (any race)	34%	**44%**
Asian	22%	19%
Black/African American	2%	**4%**
Native Hawaiian/Pacific Islander	0.4%	0.3%
American Indian or Alaska Native	0.2%	0.2%
Two or More Races	4%	4%
TOTAL Population	**3.2M**	**5.7M**

→ **OC+UCI Health PSAs/SSAs**



Adding OC-adjacent includes:
+5.4% Black/African American
+45% Hispanic/Latino

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COE Community Connect Program

Basic and translational researchers: write your next grant with the community already on your team

Community engagement is not just for population science

COE spans basic, clinical, translational, and population research

Source: NCI Division of Cancer Control and Population Sciences

A matched community partner

Organizations and advocates who know the issue firsthand

$5,000 for each funded application

Plus additional CFCCC support for the partnership

Not funded?

Integrated with Administrative Services and existing research support pathways

Early career investigators and research teams:
bring COE in at the ideation stage, before aims are set. We will bring the community partners.

Scan to get started

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Questions?

