UC Irvine 趙 Chao Family Comprehensive Cancer Center

Cancer Center Update

Annual CFCCC Scientific Retreat

November 5, 2026

RICHARD VAN ETTEN, MD, PHD
Cancer Center Director

UC Irvine 趙 Chao Family
Comprehensive Cancer Center

Welcome & Agenda

Today's Retreat

- We're glad you're here!
- > 350 participants!
- The Retreat goals are communication, interaction, & collaboration
- Agenda

Welcome & CFCCC update

Basic science presentations

Clinica-Translational science presentations

2024 Flash Talk progress updates

Community Outreach & Engagement

Collaboration Sessions

- Targets to Therapy (BIDD)
- Tumor Microenvironment (SPT)
- Lifestyle Interventions (CC)

Shared Resources Showcase

Flash Talks & Posters ($$$)

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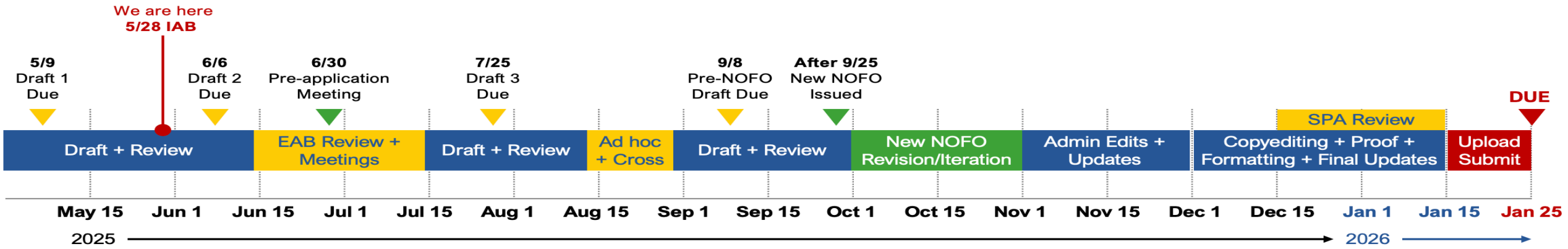
P30 Cancer Center Support Grant renewal

CFCCC P30 renewal timeline

NCI Comprehensive Cancer Center
A Cancer Center Designated by the National Cancer Institute

- Competing renewal application was submitted Jan. 25, 2026
- CCSG Guidelines (NOFO) revised in March 2025
  - Plan to Enhance Diversity component (introduced in 2021) eliminated
- New CCSG guidelines released November
  - Further changes: We were held to these even though <2 mo to our P30 submission date
- Radical changes to P30 CCSG review process:
  - NCI Parent Committee abolished
  - NCI review of P30s moved to CSR: Special Emphasis Panel on April 23, 2026
  - Site visit eliminated
  - No opportunity for draft Summary Statement review/rebuttal
- New NCI/NCAB in-person site visit on July 23, 2026
  - Assessed Institutional Commitment; impact on budget and comprehensive status





From Center for Scientific Review (CSR) Peer Review to Funding Decision



NCI Priorities (including but not limited to)

- Institutional capacity
- Enhancing and maintaining access for underserved populations
- The Center's cohesiveness as an integrated entity
- The oversight and effectiveness of cancer clinical trials performance

CSR CCSG Peer Review

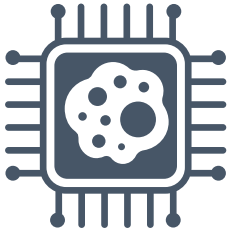
- Reviewed by the Translational and Clinical Oncology Review Branch
- Clustered review by Special Emphasis Panels
- 19 CCSGs reviewed
- Impact Score median 22; average 23 (CSR) *versus* median 21; average 22 (NCI)
- Summary Statement released ~30 days after the review

CFCCC Distinguishing Features and Trans-Center Themes



Personalized Cancer Medicine

- Robust translational pipeline to the clinic
- Entrepreneurial faculty with numerous biotech spinoffs
- Vigorous early phase clinical trials infrastructure



Physical Oncology Sciences

- Structural & Chemical Biology
- Optical, X-ray & MR Imaging
- Biotechnology
- Biomedical engineering
- Nanotechnology/ Nanomedicine



Integrative Oncology/ Whole Person Care

- Susan Samueli Integrative Health Institute
- Complementary & Alternative Health Practices
- Interventional Research to define best practices



Safety Net Cancer Health Care Provider

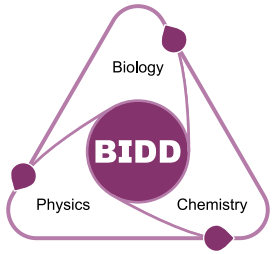
- 30% of OC residents on Medi-Cal insurance
- 50% of OC Medi-Cal cancer discharges at UCI Health
- UCI Health owns & operates two FQHCs in OC
- COE and CalOptima effort to increase OC cancer screening

CFCCC Research Programs & Shared Resources

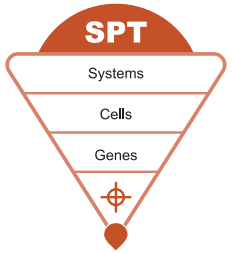
UC Irvine Chao Family Comprehensive Cancer Center

3 RESEARCH PROGRAMS

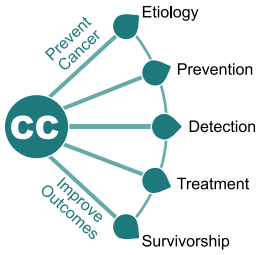
Biotechnology, Imaging & Drug Development (BIDD)



Systems, Pathways & Targets (SPT)



Cancer Control (CC)



8 SHARED RESOURCES

Transgenic Mouse Facility



Grant MacGregor, DPhil
TMF Director

Optical Biology Core



Rahul Warrior, PhD
OBC Director

Genomics Research & Technology Hub



Suzanne Sandmeyer, PhD
GRT Hub Director



Remi Buisson, PhD
Assistant Director

In Vivo Functional Onco-Imaging



Gultekin Gulsen, PhD
IVFOI Co-Director



Zhuoli Zhang, MD, PhD
Co-Director

Experimental Tissue Resource



Robert Edwards, MD, PhD
ETR Co-Director



Wendy Cozen, DO, MPH
ETR Co-Director

Biostatistics Shared Resource



Min Zhang, MD, PhD[2]
BSR Director

Biobehavioral Shared Resource



Michael Hoyt, PhD
BBSR Director



Michelle Fortier, PhD
Assistant Director

Mass Spectrometry



Sergey Pronin, PhD
MS Director



Lan Huang, PhD
MS Co-Director, High-End MS



Cholsoon Jang, PhD
MS Co-Director, Metabolomics

Catchment Area: Orange County, CA

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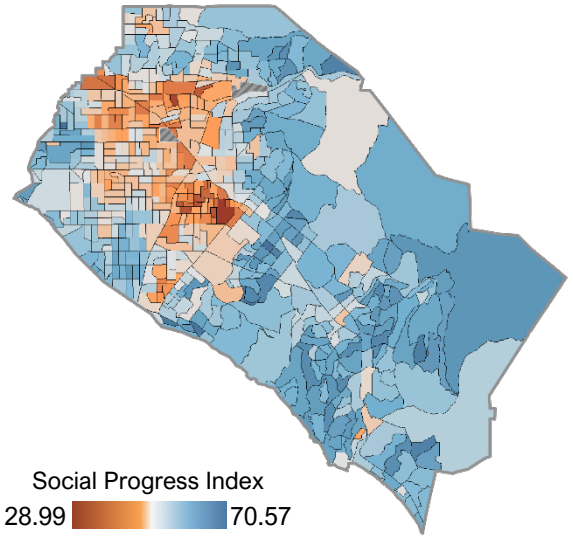
State



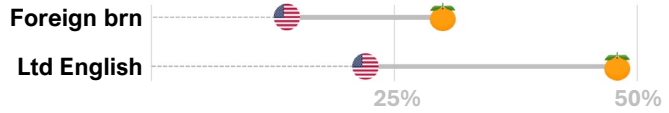
6th most populous county in the US
Home to **3.2M residents** (~10% of CA)



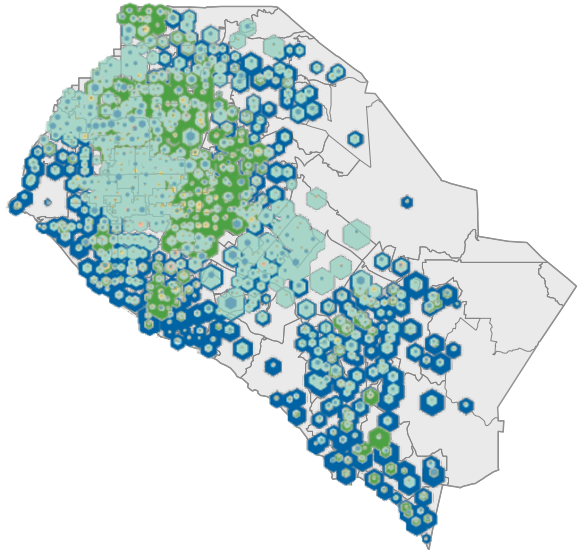
County



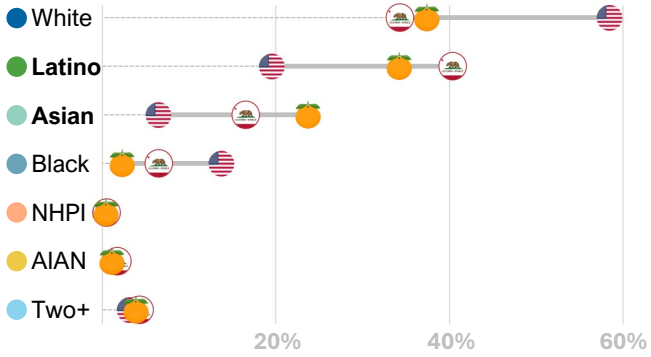
Double the national average of foreign born and limited English residents



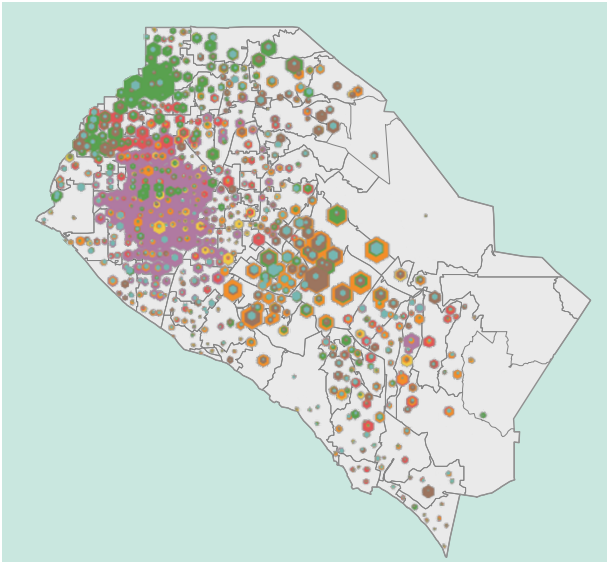
Racial & Ethnic Diversity



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%		

CFCCC Metrics: Substantial Growth Since 2021

FUNDING

$60.5M
Total Funding
direct
↑ 47%

$15.3M
NCI Funding
direct, not incl. CCSG
↑ 64%

$36.8M
Peer Reviewed
direct
↑ 26%

81
Multi-PI Grants
↑ 69%

PUBLICATIONS

2,580
Total Publications
↑ 69%

IF ≥ 10
509 Publications
↑ 78%

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CFCCC Metrics: Substantial Growth Since 2021

SPACE

137,905 sf
Lab & Admin Space Director Control
↑ 17%

369,816 sf
Clinical Space Shared Control
↑ 358%

CLINICAL TRIALS

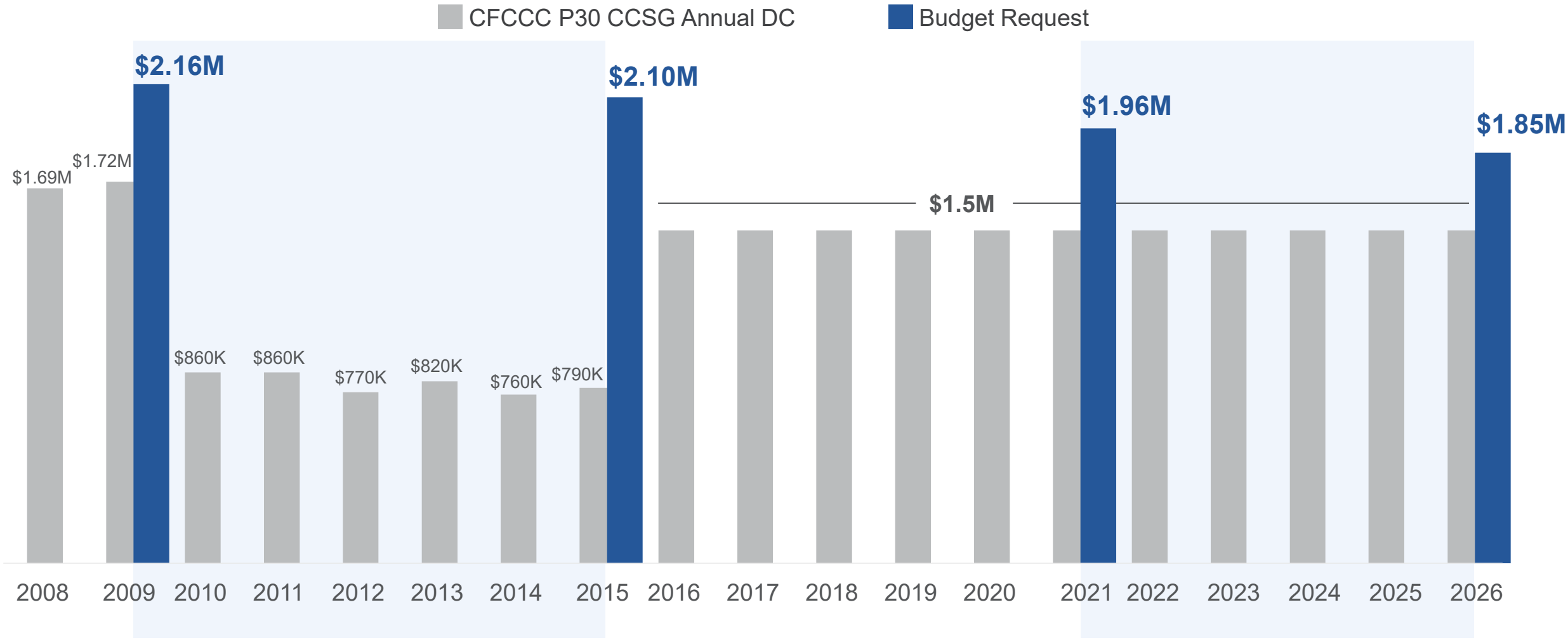
4,635
New Cancer Patients Annually
↑ 13%

1,826
Treatment Trial Accruals
↑ 56%

70
Average Days to Trial Activation
↓ 59%

70
Interventional IITs Open to Accrual
↑ 49%

Growth Achieved with the Lowest P30 CCSG Budget Among NCI Comprehensive Cancer Centers



CFCCC P30 CCSG Merit Ratings, 2021 vs. 2026

CCSG Summary Score – 2021 vs 2026			
CCSG Component	**2021**	**2026**	**Change**
Overall Impact	30 (Excellent)	**22** (Outstanding to Excellent)	↑
Comprehensiveness	Satisfactory	**Satisfactory**	=
Six Essential Characteristics			
Physical Space	Outstanding	**10** (Exceptional)	↑
Organizational Capabilities	Outstanding	**15** (Exceptional-Outstanding)	↑
Transdisciplinary Collaboration	Outstanding	**20** (Outstanding)	=
Cancer Focus	Excellent to Outstanding	**14** (Exceptional to Outstanding)	↑
Institutional Commitment	Excellent	**10** (Exceptional)	↑
Center Director	Outstanding	**12** (Exceptional to Outstanding)	↑
Research Programs			
BIDD	Outstanding	**30** (Excellent)	↓
SPT	Outstanding to Excellent	**27** (Excellent to Outstanding)	↓
CC	Excellent to Very Good	**34** (Excellent to Very Good)	=
Shared Resources			
SRM	Excellent	**13** (Exceptional to Outstanding)	↑
BBSR	Very Good to Excellent	**30** (Excellent)	↑
BSR	Excellent to Outstanding	**35** (Excellent-Very Good)	↓
ETR	Excellent	**16** (Outstanding to Exceptional)	↑
GRT Hub	Excellent to Very Good	**10** (Exceptional)	↑
IVFOI	Excellent to Outstanding	**35** (Excellent-Very Good)	↓
MS	N/A	**20** (Outstanding)	N/A
OBC	Exceptional	**10** (Exceptional)	=
TMF	Outstanding	**20** (Outstanding)	=
Education & Training / Community Engagement			
CRTEC	Outstanding	**10** (Exceptional)	↑
COE	Outstanding to Excellent	**26** (Excellent to Outstanding)	↓
Clinical Research			
CPDM	Outstanding	**17** (Outstanding to Exceptional)	↑
DSM	Acceptable	**Acceptable**	=
Inclusion of Women	Acceptable	**Acceptable**	=
Inclusion of Minorities	Acceptable	**Acceptable**	=
Inclusion Across the Lifespan	Acceptable	**Unacceptable**	↓
PRMS	Satisfactory	**Acceptable**	=
Administration			
Developmental Funds	Excellent to Outstanding	**24** (Outstanding to Excellent)	↑
Leadership, Planning & Evaluation	Outstanding	**16** (Outstanding to Exceptional)	↑
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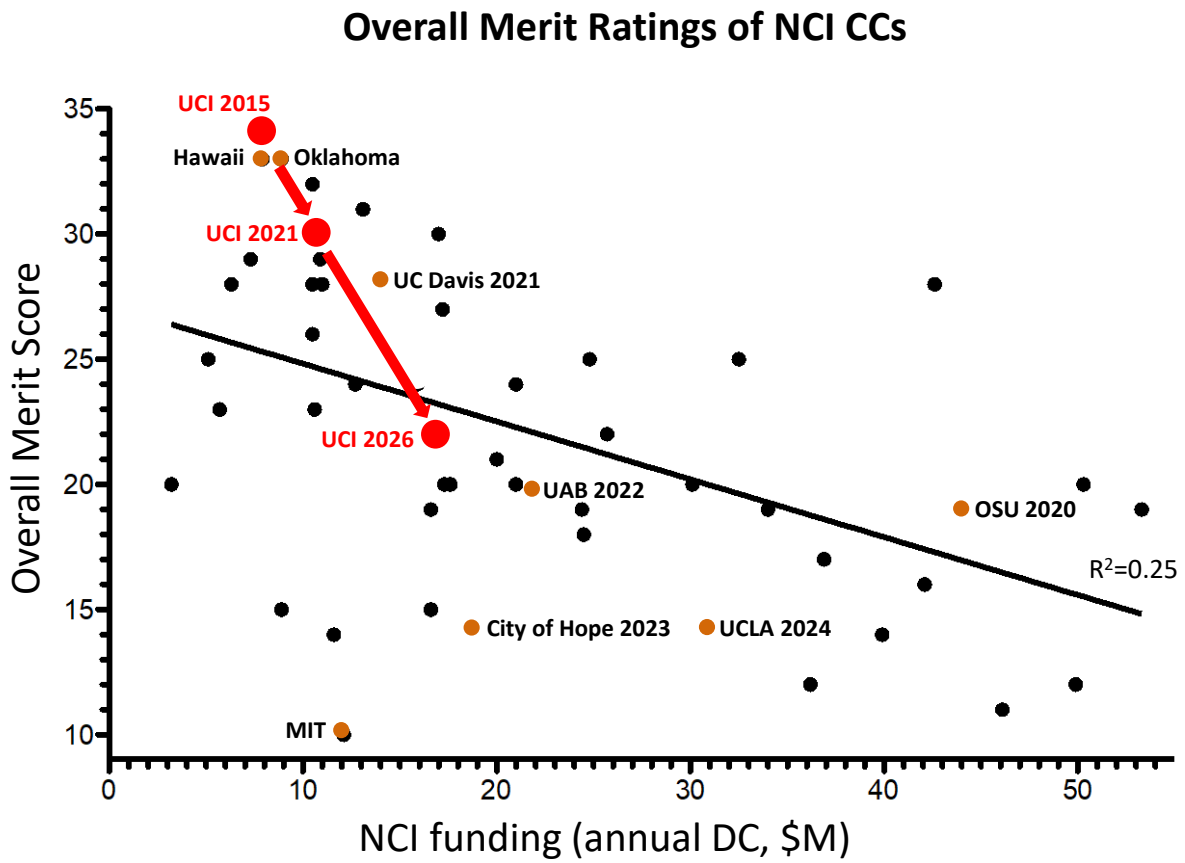
Overall merit score for selected NCI CCs



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NCI Site Visit July 23, 2026

CCSG Programmatic Assessment: Purpose

Not a Second CSR Review

- Does not change the Overall Impact score, component scores, or Summary Statement
- Complements, rather than repeats CSR review

Constructive and Forward-Looking Feedback

- Recognizes strengths and identifies opportunities for improvement
- Provides peer perspectives to help strengthen the Center and inform future planning and renewal

Informs the NCI Director

- Provides a broader assessment of the Center's value within the NCI Cancer Centers Program
- Informs decisions related to NCI designation, comprehensiveness, CCSG consortium arrangements, and the CCSG award amount and duration

NCI On-Site Meeting

Attendance

- Visiting Peer Panel: 7 CCDs, 1 ADA & 2 OCC members
- Center: CCD and Senior Leadership, Institutional Officials (academic and hospital), consortium Officials
- The CCD may invite other guests at their discretion

What is assessed

- Institutional Commitment
- Infrastructure & Facilities
- Center Leadership & Governance
- Center Cohesiveness & Integration
- COE & CRTEC Integration
- Cancer Clinical Research Oversight & Authority
- National Priorities
- Comprehensiveness
- CCSG Consortia

Provided Materials

- Summary Statement
- CCSG 30-pg Director's Overview
- Attachments: Strategic Plan, Letters of Support and MOU

Day of the NCI On-Site Meeting

Max 4 hours at the Center:

- Q&A with Institutional Officials (max 40 min)
- CCD presentation and discussion (max 120 min)
- Executive Session (app. 40 min)
- Close-out (app. 30 min)

When preparing the NCI On-Site Meeting must follow the CCSG Programmatic Assessment Guidelines

Our NCI Site Visit review panel

NCI CC DIRECTORS

Leonidas Platanias, MD, PhD (Chair)
Director, Robert H. Lurie Comprehensive Cancer Center, Northwestern

Steven Artandi, MD, PhD
Director, Stanford Cancer Institute

Monica L. Baskin, PhD
Interim Director, VCU Massey Comprehensive Cancer Center

Shivaani Kummar, MD, FACP
Interim Chief Executive, OHSU Knight Cancer Institute

Jeffrey Miller, MD
Director, Masonic Cancer Center, University of Minnesota

Lei Zheng, MD, PhD
Executive Director, Mays Cancer Center, UT San Antonio

Dan Theodorescu, MD, PhD
Director, University of Arizona Cancer Center

AD ADMINISTRATION

Max Loveless, MBA
Senior Administrative Director, Huntsman Cancer Institute, University of Utah

NEXT STEPS

Site Visit Report received
September 3, 2026

Just-In-Time notice from NCI
September 3, 2026

Notice of Grant Award
Expected December 2026

Next Funding Period Start
February 1, 2027

Next P30 Competing Renewal due
January 25, 2031

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P30 Critiques & Responses and Future Plans

Research Program issues identified by the SEP

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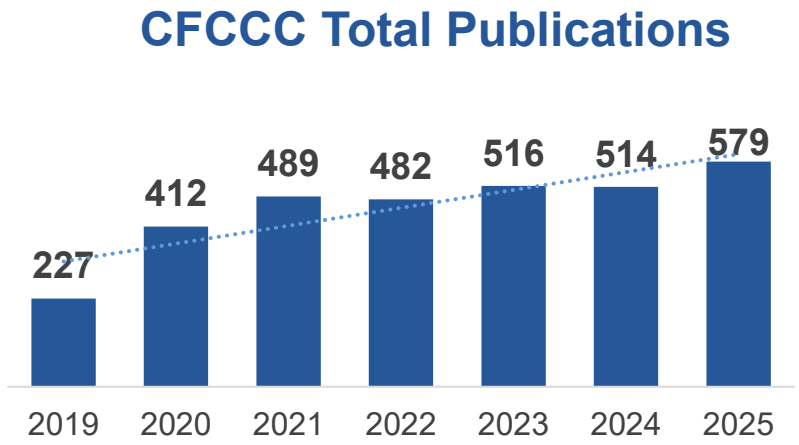
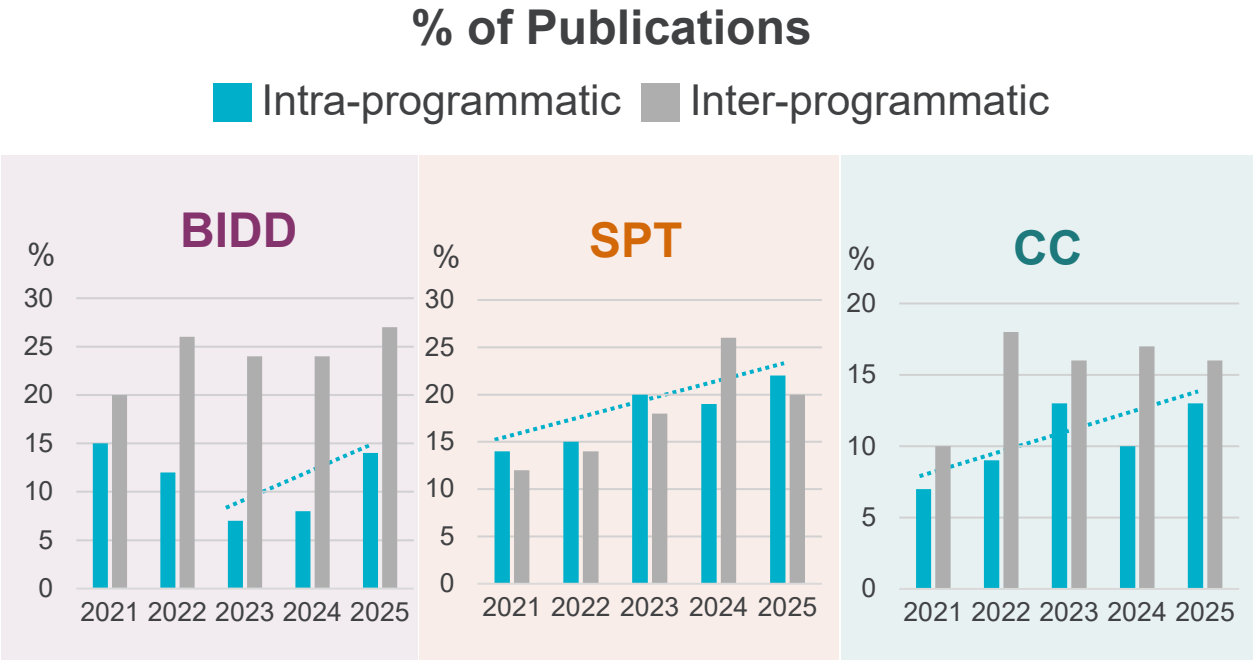




- All 3 programs had substantial increases in NCI and total extramural funding, publications, and clinical trials accruals
  - To me, this does not justify the merit score reductions
- Programs were criticized for not having enough collaborative publications
  - All programs have many new members, and collaborations take time
- CC was criticized for low level of overall extramural funding and collaborations with other programs
  - Fair comment, we are continuing to recruit new cancer pop sci faculty
- BIDD and SPT were criticized for being large and somewhat diffuse programs
  - We will consider spinning off a separate program in immuno-oncology

CFCCC Discoveries Translated to Clinic

Programs & Working Groups

- BIDD
- Cancer Metabolism
- SPT
- Tumor Immunology
- CC

TRANSLATION



AD, Translational Science
Dayyani

Disease Oriented Groups (DOTS)

- BREAST
- LUNG
- GI
- NEURO
- GU
- P-HB
- GYN
- SKIN
- HEME

Stern Center/ CTO

TRANSLATION

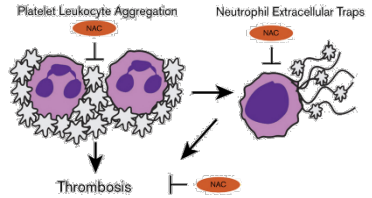


AD, Clinical Science
Chow

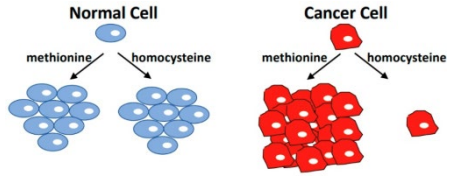
UCI Beall Applied Innovation → Startups

Clinical Trials

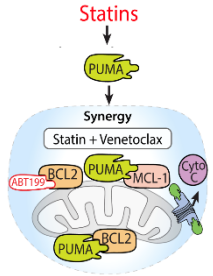
N-AC in MPNs
UCI-20-50
NCT05123365
Fleischman



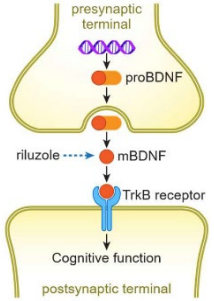
Met restriction in cancer
UCI-24-87
Kaiser/Arter



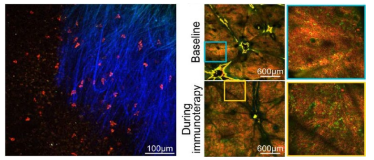
Statins+Venetoclax in R/R AML/CLL
NCT04512105
Fruman/Brem



Riluzole-BDNF in chemo brain
UCI-24-05
NCT06580002
Chan/Acharya



Multiphoton microscopy in melanoma ICI response
UCI-23-149
Ganesan/Balu/Marangoni



CFCCC Translational Pipeline

UCI Beall Applied Innovation

PI & Collaborators	Type	Discovery - Tech	Patented	Journal	Startup	Funding	Pre-Clinical	Clinical Trials	SRs
Ganesan[BIDD] Hughes[BIDD] Choi[BIDD]	Therapeutic	Small molecules to inhibit cancer metastasis	2	4	PAGE Therapeutics	Pilot $, R01	IND-EN		OBC
Kaiser[SPT] Rychovsky[BIDD]	Therapeutic	Compounds to reactivate p53	1	2		Pilot $, R21, R01			
Paegel[BIDD] Burke[BIDD]	Therapeutic	STING pathway activators	1 pending	1		Pilot $, ACS IRG, R01, R35 x2			
Weiss[BIDD] Penner[BIDD] Landman[SPT]	Diagnostic	Phage display detection of cancer biomarkers	-	5	PhageTech Simplifying diagnostics	R33, BIDD Start up, 2022	PK/PD	Trial completed	GRT Hub
Hughes[BIDD] Senthil[BIDD]	Diagnostic	In vitro vascularized microtumors drug screening	-	-	Aracari Biosciences	Pilot $, R01		2 IITs ongoing	OBC
Demetriou[BIDD] Dayyani[SPT] Cu[BIDD]	Therapeutic	Glycan-directed cancer immunotherapy	5	1	GlyTR Therapeutics	Pilot $, U01, STTR R41, R4, NCI NExT, CIRM Moonshot	IND-En	Phase I start Q1 2028	ETR
Xiang[BIDD] Limoli[SPT]	Diagnostic & Therapeutic	Imaging for FLASH radiotherapy dosimetry	1	2	SoundDose	R37, Pilot $, U01, A1 Bridge funding			IVFOI
Balu[BIDD] Marangoni[SPT] Ganesan[BIDD]	Diagnostic	Bedside multiphoton microscopy imaging	2	3	Infraderm	Department of Defense	DOT Connect	Pilot IIT ongoing	OBC
Barty[BIDD] Limoli[SPT]	Diagnostic & Therapeutic	Imaging & VHEE radiation therapy	15	5	LUMITRON TECHNOLOGIES	R35, DARPA		FDA Pending	IVFOI, SBIR
Kwon[BIDD] Dayyani[SPT]	Therapeutic	DNA-anthracycline nanoparticles	-	1	PHARMA RESEARCH PRODUCTS	R21		Phase I start Q4 2026	
Edinger[SPT] Hanessian[BIDD]	Therapeutic	Sphingolipid-based cancer therapeutics	3	4	siege pharmaceuticals	Pilot $, R01			GRTH

CFCCC Shared Resources: current / future issues

UC Irvine Chao Family Comprehensive Cancer Center

- Naming permanent AD for Shared Resource Management



Marian Waterman, PhD
interim **Associate Director for Shared Resources**

- Agilent iLab accounting system
  - Need to integrate with KFS financial system for billing

- Genomics Research & Technology Hub
  - CFCCC support for S10 grant for Altera 10X
  - Need for increased bioinformatics support

- Experimental Tissue Resource
  - Need for fresh tumor/paired normal tissue collection pathway
  - Need for increased institutional support

- In vivo Functional Onco-Imaging
  - Need increased user base
  - Need a donor for purchase of Lumitron HyperView machine

- New SR in Mass Spectrometry
  - Formally launched this with the P30 renewal
  - CFCCC support for Astral MS and TF Orbitrap Exploris 480

Cancer Research Institute integration

UC Irvine Chao Family Comprehensive Cancer Center

UC Irvine Cancer Research Institute

- The UC Irvine Cancer Research Institute (CRI, founded 1985) is an Organized Research Unit (ORU) through the Office of Research that predates the CFCCC
- At the other four UC NCI CCs (UCSD, UCLA, UCSF, UC Davis) the campus cancer-focused ORU is the cancer center itself, with the respective CC Director also serving as ORU Director
- To align UC Irvine with this model, in September 2025 CFCCC Director Van Etten agreed to serve as CRI Director (Deputy CRI Director is Dr. Claudia Benavente)
- The Mission of the CRI remains the same:
  - To support the activities of UC Irvine member faculty who are focused on basic-translational cancer research
  - To enhance the education and training opportunities of its members and their trainees
- The structure of the CRI has been realigned to reflect its integration with the CFCCC
  - CRI will serve as the hub of CFCCC Cancer Research Education & Training Coordination activities (CRTEC)
  - CRI will continue to administer the T32 Cancer Biology Interdisciplinary Training Grant, the Youth Science Fellowship Program, the annual Campus-wide Symposium on Cancer Research, etc.
  - Through the ACS IRG and the Anti-Cancer Challenge, the CRI will oversee >$2M in annual pilot project funds
  - Through current endowment funds that will total ~$23M in 2029, the CRI will support the laboratory research needs of its members (renovations, equipment, service contracts)
- The 5-year “sunset” review application of the CRI will be submitted on Dec. 15th

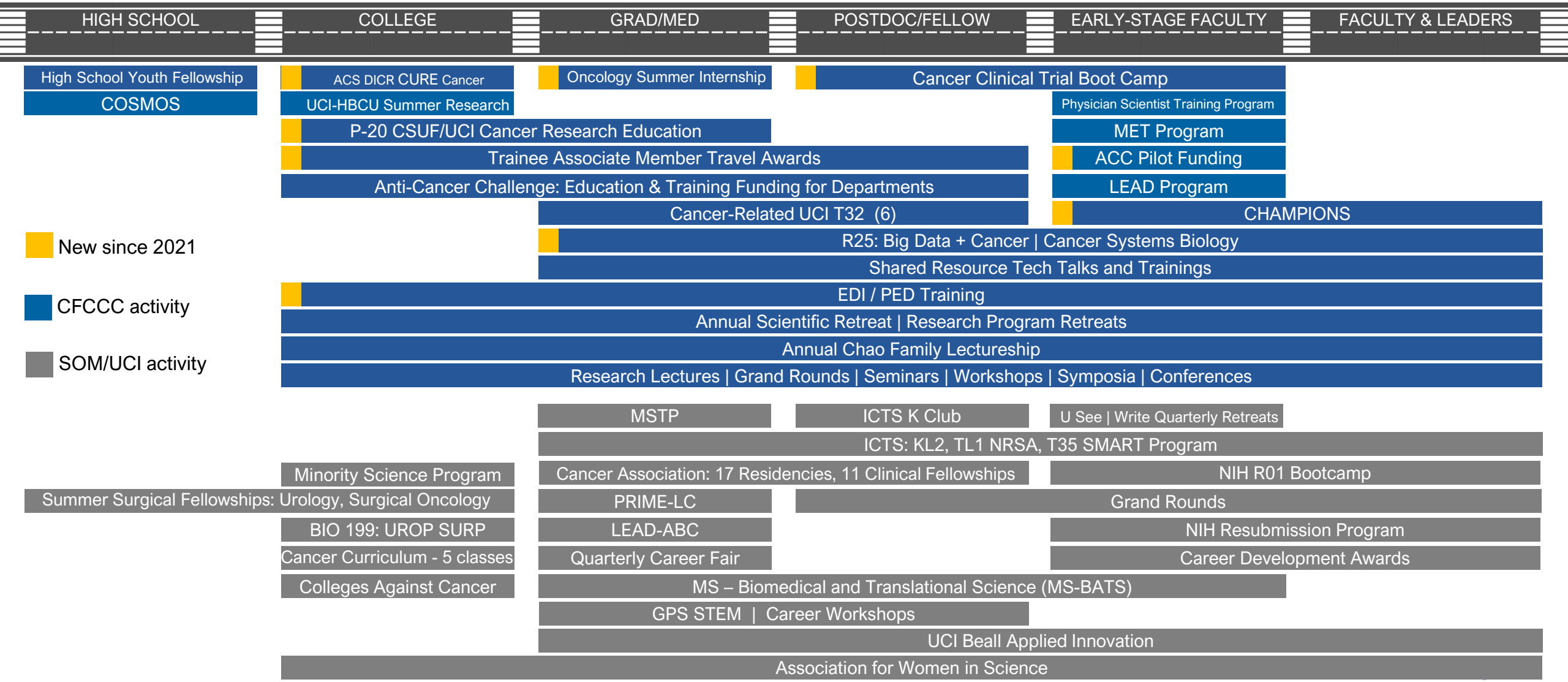
CRTEC Portfolio

New CRTEC grant applications FY27:

R25 Youth Enjoy Science/YES (Benavente)

R25 Cancer Research Training Program/CResT (Tanjasiri & CSUF)

NCI K12 Calabresi Career Development award (Van Etten)



Ongoing recruitments with CFCCC impact

FY26

- Cancer Control senior faculty member
- Precision Therapeutics/Phase I Director
- GU medical oncology senior faculty
- Myeloma senior faculty

Ongoing recruitments with CFCCC impact

FY26



Tong Zheng, ScD: cancer epidemiology

Precision Therapeutics/Phase I Director

GU medical oncology senior faculty

Myeloma senior faculty

Ongoing recruitments with CFCCC impact

FY26


Tong Zheng, ScD: cancer epidemiology

Precision Therapeutics/Phase I Director

GU medical oncology senior faculty

Myeloma senior faculty

FY27

GU oncology translational researcher

Associate Director for COE

Gyn/Onc translational researcher

Heme/Onc physician scientist

CFCCC Clinical Trials Office: Stern Center

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Outstanding to Exceptional

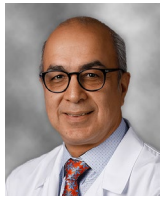
Clinical Trials Infrastructure



Chow
Associate Director,
Clinical Science



Dayyani
Medical Director;
Associate Director,
Translational Science



Rezazadeh
Chair, Protocol Review &
Monitoring Committee



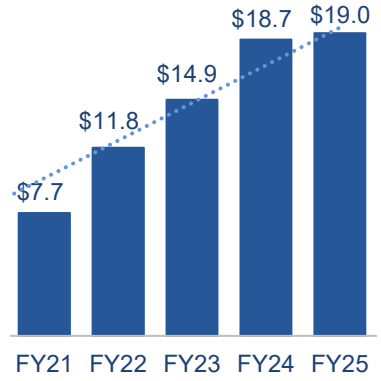
Fruehauf
Chair, Data and Safety
Monitoring Board



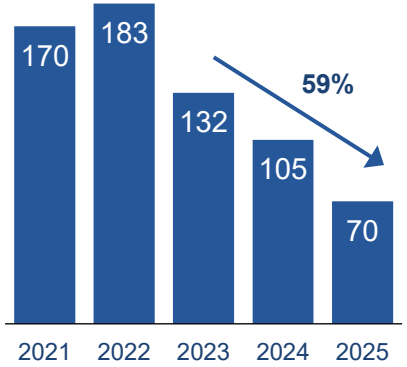
Hui
Sr. Admin. Director,
Clinical Research Operations

- Increased Stern Center: efficiency & scope
- ClinROC oversight committee
- Outstanding internal QC process
- Decreased time to trial activation
- Increasing treatment trial accruals
- Record number of IITs open to accrual
- Robust accrual to interventional trials
- Faculty recruitments in GynOnc and H&N to increase those accruals
- Excellent accrual of URMs and older adults
- Issue with pediatric and AYA accruals

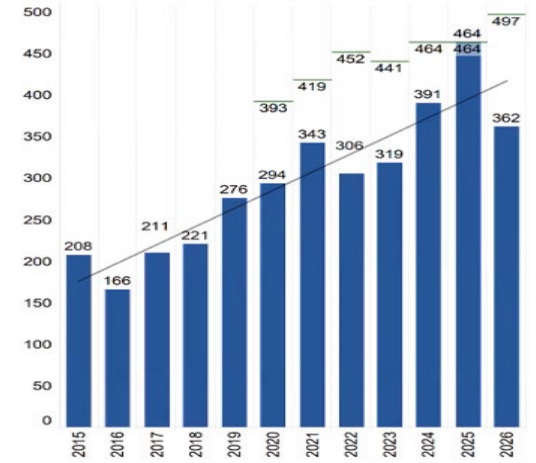
Clinical Trial Revenues ($M)



Time to Trial Activation (days)

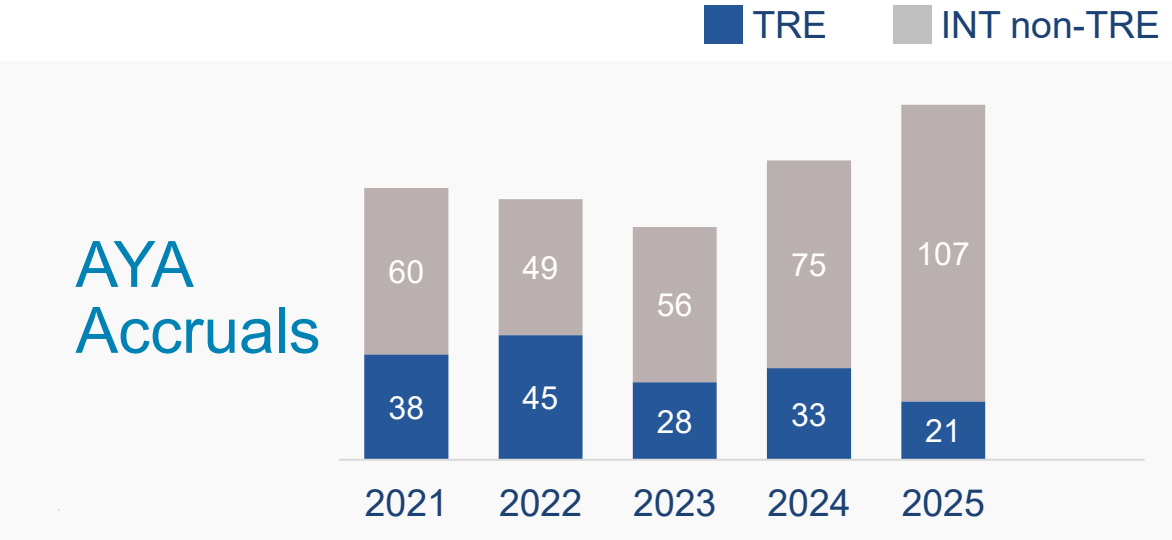


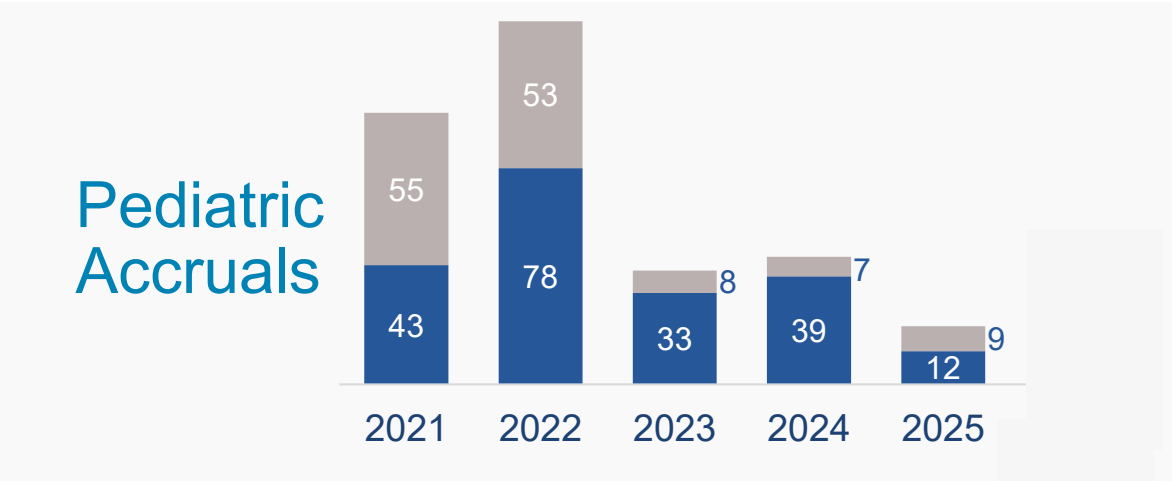
Accrual to TRE Trials



Pediatric and AYA Accruals: Corrective Actions

- Accrual Across the Lifespan received an *Unacceptable* rating due to concerns about decreasing pediatric and AYA accruals to clinical trials
- Rady CHOC Children's Hospital is a formal affiliate of the CFCCC and a member of COG, but has a separate clinical trials infrastructure, IRB, and DSMB
- A corrective and preventative action plan was developed and submitted to NCI CC Branch, which approved it





Other Organizational Priorities

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NCCN membership

NCCN National Comprehensive Cancer Network®

- UC Irvine is the only one of the five UC NCI CCs who is not a member of the NCCN
- NCCN Disease Working Groups set standards of care across all cancers and drive national (CMS and insurance) reimbursement for cancer care
- Leadership opportunities for mid-career faculty
- Adds significant prestige to the institution and CFCCC

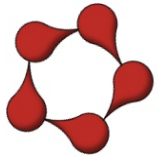
Action plan:

- Institutional commitments secured
- Letter of Intent due March 2027
- Full Application due Fall 2027

UC Cancer Consortium

UNIVERSITY OF CALIFORNIA Cancer Consortium

- Leverages UC Care: ~25,000 new cancer patients annually
- WGs on clinical pathways, precision oncology, virtual 2nd opinions, joint IITs
- Disease teams: heme, pancreatic, lung, melanoma



University of California
Hematologic Malignancies Consortium
UCD UCI UCLA UCSD UCSF

- CFCCC Director assumes UCCC Chair position in Oct

Priorities:

- Uniform budgeting & contracting of clinical trials (starting with Medicare Coverage Analysis)
- Cost-savings demonstration project for inpatient cancer drug utilization
- UCCC-wide genomic tumor board leveraging UC Health Data Warehouse and industry partners (TEMPUS)

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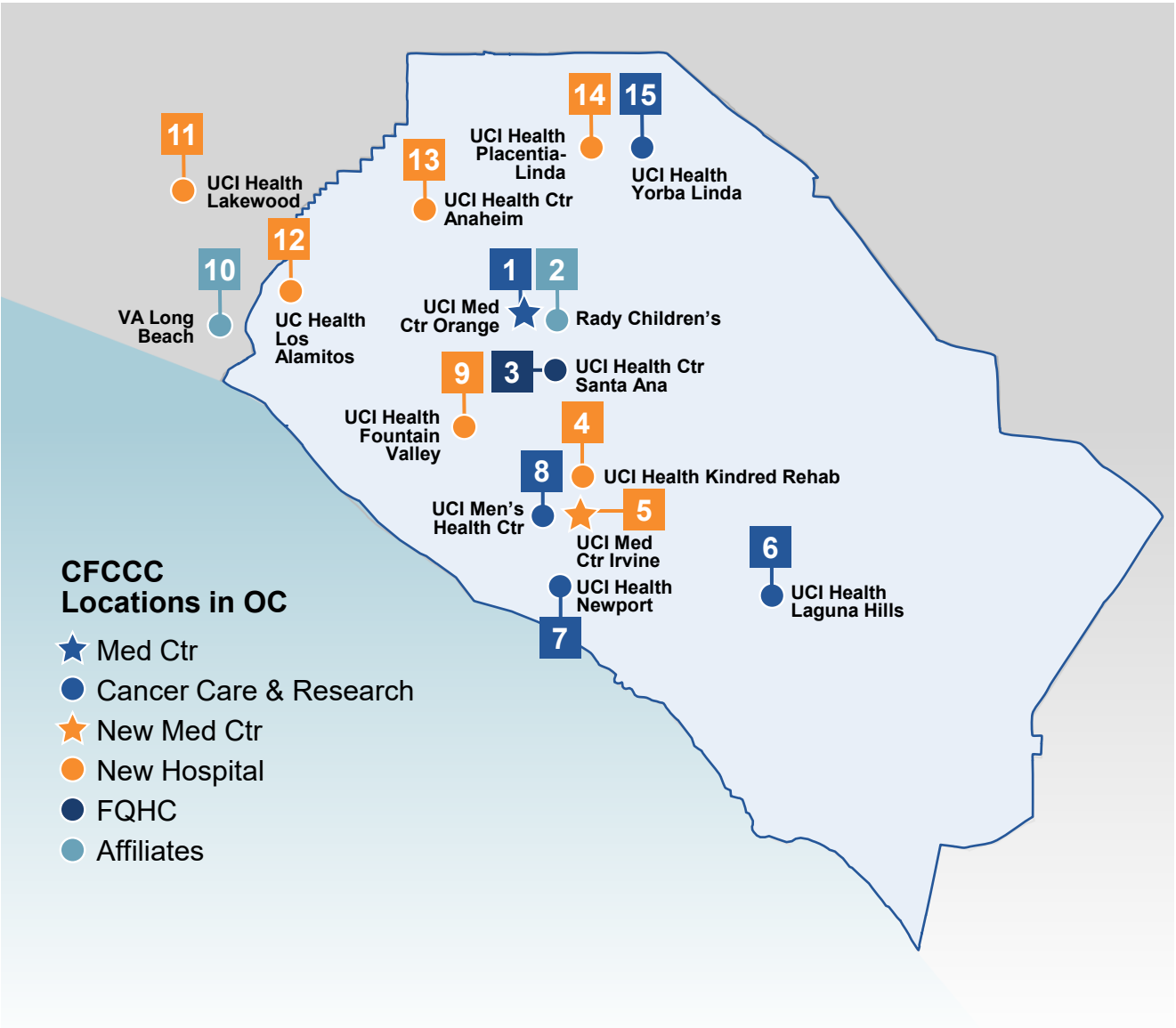
CFCCC Expanded Reach Across the Catchment Area




1 UCI Med Ctr Orange


2 Rady Children's


3 UCI Health Ctr Santa Ana


4 UCI Health Kindred Rehab


5 UCI Med Ctr Irvine


6 UCI Health Laguna Hills


7 UCI Health Costa Mesa


8 Mens Health Ctr Newport Beach


9 UCI Health Fountain Valley


10 VA Med Ctr Long Beach


11 UCI Health Lakewood


12 UC Health Los Alamitos


13 UCI Health Ctr Anaheim


14 UCI Health Placentia-Linda


15 UCI Health Yorba Linda

Extending Research to Our Community Hospitals



UCI Health 172 beds
Lakewood



UC Health 172 beds
Los Alamitos



UCI Health 114 beds
Placentia-Linda



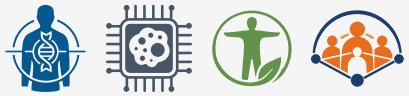
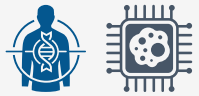
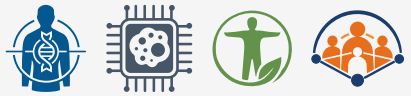
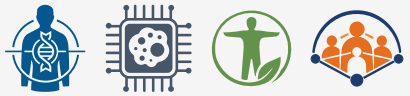
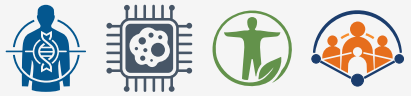
UCI Health 400 beds
Fountain Valley

New Cancer Patients seen at UCI Health Community Hospitals					
	FV	LA	PL	LW	Total
Breast	145	257	111	23	536
Lung	129	71	31	60	291
Colorectal	113	58	38	38	247
Prostate	47	122	52	11	232
Gyn	31	51	8	62	152
CNS	36	37	10	20	103
Bladder	25	25	19	22	91
Kidney	19	44	10	14	87
Hepatobiliary	40	20	10	16	86
Stomach	26	18	15	15	74
Pancreas	27	16	7	15	65
Head and Neck	24	18	8	13	63
Melanoma	4	16	12	2	34
Other sites	65	48	27	43	183
Non-Hodgkin lymphoma	34	40	14	23	111
Leukemia	20	18	11	10	59
Myeloma	13	19	8	4	44
Hodgkin lymphoma	7	1	1	1	10
				total	**2468**

Integration Steps

- **EHR Integration:**
  Epic Reimagined Dec 2025
- **UCI HO faculty rounders**
- **UCIMC/CFCCC referrals:**
  - Clinical trials
  - HSCT
  - Advanced 3˚- 4˚ care
- **Full integration of clinical research at these sites**
  ~2,000 – 2,500
  new cancer patients/yr
- **First up: Fountain Valley**
  - Existing Rad Onc facility
  - Plans for infusion center/clinics

Aligning Future Goals with the 2026-31 CFCCC Strategic Plan

Goals 1, 2, 3, 4	**Goals 1, 2, 3**	**Goals 1, 2, 3**	**Goals 1, 2, 3**	**Goals 1, 2, 3, 4**
				
Recruit additional cancer-focused faculty in accordance with the Strategic Plan	Move additional discoveries through the pipeline to the clinic	Bring Lumitron HyperView technology on line for preclinical and clinical studies	Expand the portfolio of IITs and further increase TRE accruals to ~600-700/yr	Increase CFCCC endowment by an additional $25M during the next funding period
Goals 1, 2, 4	**Goals 2, 3**	**Goals 2, 3**	**Goals 1, 2, 3, 4**	**Goals 1, 2, 3**
				
Secure additional cancer training grants including a K12 Calabresi award	Enlarge the Catchment Area to mirror the UCI Health Clinical Service Region	Grow the collaboration with CalOptima to extend ACCT to 4 additional OC FQHCs	Broaden the CFCCC research footprint to include the 4 community hospitals	Navigate the competitive environment in OC to ensure continued growth

CFCCC Philanthropy

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Executive Director of Development (Cancer)
Angelique Andrulaitis



Associate Vice Chancellor for Strategic Development
Roland Ho

- Dedicated Cancer Advancement Team (5 FTEs)
- Since 2015, total of $35M added to CFCCC endowment
- New CFCCC gifts since FY24:
  - $5M foundation gift
  - $6.7M estate gift
  - $9.0M foundation gift
  - $1.5M foundation gift
  - Two $2M endowed chairs
- UCI Brilliant Future Campaign
  - $26M for new Irvine CFCCC building



- Specific CFCCC fundraising priorities FY27:
  - Irvine Stem Cell Processing Lab renovations & naming



UCI Anti-Cancer Challenge

- **ACC 2025 raised $1.6M**
- Nine-year fundraising total ~$7.7M
- 100% dedicated to cancer research at UCI and RCHOC
- Since 2021, overall ROI on pilot projects is ~15:1
- ACC grantees have received >$70M in extramural grants
- **ACC 2026 date: October 10th in Aldrich Park**

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Impact of the new P30 NOFO

CCSG Structure

Current	Proposed
Director's Overview with 6ECs (30)	Director's Overview with ECs (30)
Physical Space	**Institutional Capacity**
Institutional Commitment	
Transdisciplinary Collab. & Coord.	Transdisciplinary Collab. & Coord.
Cancer Focus	**Cancer Impact**
Center Director	Center Director
Organizational Capabilities	**Organization, Leadership & Planning**
Leadership, Planning & Evaluation (12)	
Developmental Funds (12; optional)	
Center's Administration (12)	Center's Administration (**6**)
Shared Resource Management (12)	Shared Resource Management (**6**)
Shared Resource (6 each)	Shared Resource (**3** each)
Research Programs (12 each)	Research Programs (12 each)
COE (12)	COE (12)
CRTEC (6)	CRTEC (6)
CPDM & DSMP (12)	**Cancer Human Studies (12)**
PRMS (12)	

Streamlined Attachments

- Intra- & inter-programmatic activity lists
- Long Program publication lists
- Program- and CTREC-specific Data Tables
- Biosketches for all Center's and EAB members
- Detailed pilot project outcomes
- Data Table 3 for T2 applications

Expected Effect

- Clearer, and impact- focused CCSG
- Less duplication across narratives
- Few low-value attachments

↓

~40% reduction in volume

Major Changes to Emphasize

Clinical service line

Codifies what Director authority means in CCSG: formal authority, influence, or leadership mechanisms to align clinical operations with research and trial priorities

Priority cancers → priority research areas

Centers define priorities by scientific strength, disease, subtype, disparity, geography, rare/unique focus, biology, or another justified framework

Research Programs

Less emphasis on intra/inter-programmatic percentages alone; more emphasis on scientific outcomes, value-added, and impact of collaborations

COE integration

COE/CAB input reaches senior leadership; Programs show COE connection where it naturally fits, not as a universal requirement

Clinical trials and impact

- Treatment accrual remains visible, but prevention, control, supportive care, and other interventional studies also contribute to impact
- Clinical Trials Efficiency and Performance

Cancer relevance

Broader definition, clearer accountability; Centers must consistently determine the cancer relevance of non-NCI funding and show how the research advances the cancer mission and impact

Overall Component: One Integrated Center Story

Part I

Director's Overview

History, identity, goals, major accomplishments, patient population

Part II: Essential Characteristics

Institutional Capacity

Institutional authority, resources, and support

Organization, Leadership & Planning

Governance, priorities, investments, and evaluation

Cancer Impact

Research base, outcomes, and Center value-added

Transdisciplinary Coll. & Coordination

Collaboration, scientific handoffs, and translational pathways

Center Director

Qualifications, time commitment, and leadership effectiveness

Overall Attachments

Strategic Framework; Map Org Charts; EAB roster; MOU (consortia) DT1; DT2B; DT4; DT3 (T1); DT5 (T2); Institutional Letters of Support

EAB reports are not part of CCSG application and must not be submitted to CSR

Institutional Capacity

Core expectation preserved

Organizational status above departments; institutional funding and support; adequate space and staffing; Director authority; transition planning

Shift in framing

From describing assets to showing institutional capacity to support the Center's mission

More emphasis

- Adequacy and strategic alignment of space, staffing, and support
- Stable financial, operational, and in-kind commitments
- More explicit Director authority and leadership mechanisms for clinical research and trial oversight
- Institutional support for trial access, accrual, and activation
- Efficient in-kind infrastructure: IRB, contracting, health system support
- Support for clinicians and clinician-scientists

Less emphasis

- Space growth as a stand-alone success metric
- Asset inventories without evidence of function

Review lens: Scored on adequacy and alignment of facilities, staffing, Shared Resource access, institutional commitments, Director authority, and support for clinical trial performance

Cancer Impact

What did the Center's organized research enterprise produce?

Research base

Strength of the cancer-focused research base

Outcomes

Funding, publications, trials, discoveries, practice changes, guidelines, patents, implementation, or other defined results

Value-added

Center value-added across Programs and components

Interdisciplinary work

Counted when it strengthens the cancer mission

Review lens: Scored on breadth, depth, and significance of the research base; measurable cancer impact; Center value-added; cancer relevance assessment; and interdisciplinary contribution

TRANSDISCIPLINARY COLLABORATION & COORDINATION

Connect	Enable	Advance	Partner	Demonstrate
Programs, disciplines, and investigators	Pilot funds, Shared Resources, working groups, and infrastructure	Findings to the next scientifically appropriate stage	Other Centers, industry, and community partners	Representative accomplishments and Center value-added

Collaboration metrics (*e.g.*, inter- or intra-Program publications) may be included as contextual information; however, emphasis must be placed on the scientific impact and outcomes of collaborations rather than percentage-based metrics alone

How much collaboration occurred? → What did the collaboration accomplished?

Review lens: Scored on collaboration across basic, clinical, and population sciences; added value of intra/inter-program work; translational pathways and internal/external partnerships

RESEARCH PROGRAMS

Impact

Program should achieve scientific impact in addressing specific cancer problem(s)

Flexible priority areas

Priority areas may be defined flexibly: disease, subtype, disparity population, geography, or rare / unique conditions

Catchment area relevance

Catchment area relevance is important where scientifically appropriate, but Programs are not required to be built only around catchment area burden

Center strengths

Centers may highlight unique expertise, national leadership

RESEARCH PROGRAMS

Research Strategy

- How Program leaders provide scientific direction and foster interactions
- At least 5 major accomplishments with impact and Center value-added
- Structured tables replace long narratives: Program Membership Snapshot Table & Program Value-Add Table
- Examples of translation, clinical activity, or team science, where applicable
- Education and training contributions
- Catchment-area relevance where scientifically appropriate
- Future strategy and consortium opportunities, where applicable

Membership Snapshot	Prior benchmark	Current
Total members		
R01-equivalent grants (#)		
Peer-reviewed funding (DC)		
Multi-PI/team-science awards (#)		
High-impact publications (#)		

Streamlined Attachments

One member-and-role attachment. Biosketches for Program leadership only. Use Bibliography & References Cited for publications. No Data Tables

Minimum eligibility requirement unchanged

Review lens: Scored on coherent scientfic theme, major accomplishments with impact and Center value-added, translation where appropriate, and future direction

Cancer Human Studies

One 12-page component with two parts: CPDM & PRMS

Part I: CPDM

Management • Activation • Reporting • Quality control • Coordination

Part II: PRMS

Scientific review • Prioritization • Monitoring • Termination authority

DSMP and inclusion remain in the Cancer Human Studies

CPDM: Trial Efficiency and Performance

Standard TTA Metric

- Start: PRMC submission
- End: study open to activation
- Define holds and pauses
- Report annual median and range
- Report overall and by sponsor type

Continuous Improvement

- Show trends over time
- Identify operational barriers
- Describe actions taken
- Use relevant institutional or peer benchmarks
- Demonstrate sustained improvement

Infrastructure & Alignment

- IRB and contracting support
- Staffing and informatics
- Central IRBs and master agreements
- Dashboards and CTMS/EHR interoperability
- Automation, AI, or national pilots where appropriate

Review lens: Scored on centralized oversight, trial management/reporting, timely activation and completion, quality control/training, TTA metrics, informatics, and continuous improvement

CPDM: Review Emphasis

How appropriate is

- Accrual across non-pragmatic interventional clinical trials by sponsor type; *treatment trials should not be considered separately*
- The Center's definition, tracking, analysis, and use of Time-to-Activation and other clinical trial performance metrics to identify barriers and guide continuous improvement
- Informatics systems, dashboards, or visualization tools supporting clinical research
- Alignment of the clinical trial portfolio and non-pragmatic interventional accruals with catchment area needs and populations served; *treatment trials should not be considered separately*?

How strong is

the evidence that institutional support and operational strategies address barriers and strengthen trial access, accrual, Time-to-Activation, and overall clinical research performance, including through NCI or national clinical trial efficiency initiatives

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Summary

Bottom line…

- We will be renewed as an NCI CCC
- Waiting on the budget
- Need to thoughtfully consider and respond to P30 critiques
- Need to pay attention to the new NOFO when it is published
- As always, we need to:

  Grow extramural peer-reviewed cancer-relevant funding

  Increase our collaborative work

  Translate our scientific discoveries to the clinic

  Increase our accruals to clinical trials

  Increase our impact on the catchment area

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Questions?

