

## **STRONGER** by DEGREES



## **MEETING AGENDA**

### **Lung Cancer Research Governance Board**

Wednesday, February 17, 2016  
Conference Room A

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**AGENDA**  
Kentucky Lung Cancer Research Program  
Governance Board

Council on Postsecondary Education  
Wednesday, February 17, 2016  
2:00 PM  
Conference Room A

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9. Adjourn	

# Kentucky Lung Cancer Research Program Governance Board

November 18, 2015

Meeting Minutes

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The Kentucky Lung Cancer Research Program Governance Board met Wednesday, November 18, 2015, at 2:00 p.m., ET, at the Council on Postsecondary Education, Conference Room A, Frankfort, Kentucky. Chair James Roach presided.

## **WELCOME AND ROLL CALL**

The meeting of the KLCRP Governance Board was called to order by the Chairman, Dr. James Roach. Roll Call was taken and the following members were present: James Roach, (MAL and Chair), Mark Evers (UK), Joe Graviss (MAL), Rajan Joshi (MAL), Amtullah Khan (MAL – conference call), and Don Miller (UofL). Jason Chesney, (UofL), Dan Flanagan (CPE) and Tim Mullett (UK) were absent. Others present were: Dianne Konzen (UofL), Elisha Maxson (UK), Milton Pierson (UofL), Nathan Vanderford (UK), Nicole Parker (TrippUmBach via conference call), Rebecca Bowman (CPE, Administrative Services), and Debbie Weakly (CPE staff to KLCRP).

## **APPROVAL OF MINUTES**

Chair Roach called for a motion to approve the minutes of the August 19, 2015 meeting. A motion was made by Mark Evers and seconded by Joe Graviss. The minutes were approved.

## **CASH ACTIVITY REPORT**

Rebecca Bowman referred to the Cash Activity Report and stated there was no change since the last meeting. She indicated that UK has approximately \$600,000 in carryforward funds from previous grant payments where the investigator did not use all of the funds and UofL has expended their funds up to the current grant year. She also reported that CPE is requesting the current year base for the upcoming biennium. The current year base is \$4,972,500 with \$800,000 going to ovarian cancer research and the remaining \$4,172,500 to lung cancer research.

## **ECONOMIC IMPACT STUDY**

Nicole Parker from TrippUmbach referred to page 8 of the meeting materials and highlighted key findings from the economic impact study. She stated that in 2014, KLCRP generated \$6.5 million in economic impact which supported 64 jobs and over \$200,000 in state and local government revenue. The cumulative impact since the start of the program generated \$103.7 million which supported 1,000 jobs and \$3.4 million in state and local taxes. The cumulative impact of leveraged research funding resulted in an economic impact of \$603.7 million which supported 4,426 jobs and generated \$20.6 million in state and local taxes. The combined impact of KLCRP and leveraged research funding totaled \$707.4

million, 5,426 jobs and \$24.0 million in state and local taxes. The combined return on investment is \$11.34 per dollar invested or leveraged.

Nicole responded to questions and comments. She offered to make some minor changes to the report based on their comments. She also offered to share marketing strategies that others have used from their reports. Rebecca asked her to send to Travis who will forward to Debbie to share with Board members. Joe Graviss thought the report was well done and Dr. Evers agreed and stated it would be very useful. Dr. Miller also suggested that a letter be sent to all legislators to thank them for their support of the lung cancer research fund and to share the \$11.34 return investment on every dollar, as well as share the taxes brought into the state. He volunteered to draft the letter, along with Dr. Evers. Chair Roach, Dr. Miller and Dr. Evers would sign the letter on behalf of the Board. They asked that CPE send the letter to all legislators. Chair Roach asked for a motion.

A motion was made by Don Miller and seconded by Rajan Joshi to send a letter to all legislators. The motion was approved.

#### **OTHER BUSINESS**

Dr. Evers presented a request to use carryforward funds from previous grant payments. A document was provided to Board members which requested to move \$28,248 in unused grant balances to the administrative pool category in order to fund a lung cancer screening study. A motion was made by Joe Graviss and seconded by Don Miller to approve the request. The motion was approved.

The Board reviewed the annual reports for UK and UofL. Milton Pierson stated that this was usually an October meeting agenda item. Mr. Graviss suggested that the reporting timeline be included in every meeting packet. He also referred to page 8 of UofL's annual report and asked for the timeframe of the NCI Designation as a Cancer Center and Dr. Miller responded it would happen in the next 2-3 years. Mr. Graviss asked if the Centers were happy with the format of the annual report and Nathan Vanderford responded that the fiscal reporting is difficult but they can make it work. Mr. Graviss encouraged them to continue reporting using the same format. A motion was made by Joe Graviss and seconded by Don Miller to accept the annual reports. The motion was approved.

Mr. Graviss asked about the joint symposium that had been discussed at prior meetings. Dr. Miller was not sure there is someone at CPE that would be able to coordinate this effort. Mr. Graviss suggested that UK and UofL work together to coordinate this event. Dr. Evers stated that in the past, it was rotated between the two research institutions. He also suggested recognizing and presenting awards to a couple of legislators who have supported the lung cancer research program. Dr. Miller stated that the two centers will discuss and come back with a proposal at the next meeting.

Don Miller stated that he attended the August 19<sup>th</sup> meeting, but was not listed in the minutes as an attendee. The minutes will be corrected.

The next meeting will be in February. Rebecca suggested that all of the meetings for the remainder of the calendar year be scheduled at the February meeting. She would ask Travis to send out possible dates for the February meeting since he has been the main communicator since Tom's departure.

The meeting was adjourned at 2:45 pm.

Council on Postsecondary Education  
 Lung Cancer Research, Tobacco Settlement Fund (6349 fund)  
 FY16 Cash Activity Report as of February 5, 2016

Date	Description	Interest	Ovarian	Combined LC Pool	UK Lung Cancer		UofL Cancer		Total Allocation (Calculated)	comment	CASH
					Grants	Programs	Grants	Programs			
Final FY15 carryforward balances		44,405.31	-	-	607,096.44	-	-	0.93			651,502.68
	YTD Interest Earnings as of 2.5.16	550.15									651,502.68
7/25/2015	APA annual audit fee	(7,344.00)									652,052.83
1/4/2016	Tripp Umbach Economic Impact Study	(7,500.00)									644,552.83
	FY16 appropriation - yet to be received	4,972,500.00									
	FY16 appropriation - JV2T will be completed near FY year end		800,000.00		750,000.00	1,550,050.00	750,000.00	1,122,450.00	4,972,500.00		
Cash Balance		30,111.46	-	-	607,096.44	-	-	0.93			637,208.83

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**Council on Postsecondary Education**

Kentucky Lung Cancer Research Fund  
Budget information as of 2/10/2016 <sup>1</sup>

	FY 2014-15	FY 2015-16 <sup>3</sup>	Governor's Proposed Budget <sup>2</sup>	
			FY 2016-17	FY 2017-18
<b>Source of Funds <sup>4</sup></b>				
Tobacco Funds	\$ 4,972,500	\$ 4,972,500	\$ 4,706,100	\$ 5,176,100
<b>Use of Funds <sup>5</sup></b>				
University of Kentucky				
Grants	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000
Programs (58% of total Program Funds)	1,550,050	1,550,050	1,410,040	1,682,640
Subtotal	\$ 2,300,050	\$ 2,300,050	\$ 2,160,040	\$ 2,432,640
University of Louisville				
Grants	\$ 750,000	\$ 750,000	\$ 750,000	\$ 750,000
Programs (42% of total Program Funds)	1,122,450	1,122,450	1,021,060	1,218,460
Subtotal	\$ 1,872,450	\$ 1,872,450	\$ 1,771,060	\$ 1,968,460
Lung Cancer Research Subtotal	\$ 4,172,500	\$ 4,172,500	\$ 3,931,100	\$ 4,401,100
Ovarian Cancer Screenings	\$ 800,000	\$ 800,000	\$ 775,000	\$ 775,000
Total Use of Funds	\$ 4,972,500	\$ 4,972,500	\$ 4,706,100	\$ 5,176,100

	2014-16 Biennium	2016-18 Biennium	Dollar Change	Percent Change
Lung Cancer Research Funding	\$ 8,345,000	\$ 8,332,200	\$ (12,800)	-0.15%
Ovarian Cancer Screenings	\$ 1,600,000	\$ 1,550,000	\$ (50,000)	-3.13%
Total Use of Funds	\$ 9,945,000	\$ 9,882,200	\$ (62,800)	-0.63%

<sup>1</sup> Does not include carryforward funds or interest. Annual audit is funded with interest earnings.

<sup>2</sup> Only total funding and the level of Ovarian Cancer Screening Outreach Program funding is specified in the Governor's Proposed Budget.

<sup>3</sup> No revisions to the current fiscal year were included in the Governor's Proposed Budget.

<sup>4</sup> Estimated receipts. Subject to change.

<sup>5</sup> Funding for programs subject to change based on receipts.

**Kentucky Lung Cancer Research Program  
Governance Board  
February 17, 2016**

**KLCRP Cycle 15 Grants**

**ACTION:** Recommend that the Board approve the KLCRP Cycle 15 Grants for the Markey Cancer Center and the James Graham Brown Cancer Center.

Grants for approval have been submitted by the University of Kentucky and the University of Louisville and are attached.



## Markey KLCRP Cycle 15 Grants

PI	Title	Funding Request Amount
Doug Andres	RIT1 as novel driver oncogene in lung adenocarcinoma	\$150,000
Katherine Eddens	Connecting Appalachians to lung cancer screening: leveraging social networks to reduce lung cancer	\$150,000
Siva Theru Arumugam	Utility of ctDNA in personalized therapy for non-small-cell lung cancer	\$150,000
Ellen Hahn	Radon and tobacco smoke exposure biomarkers of lung cancer risk	\$75,000
Min Chen	Novel function of metastasin-1 in non-small cell lung cancer	\$75,000

James Graham Brown Cancer Center Cycle 15 Grants

Principal Investigator(s)	Title	Total Funding
Haixun Guo, Ph.D., and Jun Yan, M.D., Ph.D.	<i>In Vivo</i> Investigation of Particulate $\beta$ -glucan on Lung Cancer Mouse Model	\$150,000
Qingsheng Li, M.D., Ph.D., and Nejat Egilmez, Ph.D.	Inhaled IL-10 for Prevention and Therapy of Lung Cancer	\$150,000
William Tse, M.D.	Characterization of AF1q in Carbon Nanotubes (CNT) Induced Lung Cancer	\$150,000
Geoffrey J. Clark, Ph.D.	Novel Small Molecule Inhibitors of the Ras Oncoprotein for Lung Cancer	\$150,000
Yoannis Imbert-Fernandez, Ph.D.	Rational Targeting of Estrogen Receptor Signaling and 6-Phosphofructo-2-Kinase in Lung Cancer	\$150,000



## **AGENDA**

**University of Kentucky and University of Louisville  
Lung Cancer Retreat**

**9/17/2016 or 9/24/2016**

<b>9:00 a.m. – 9:30 a.m.</b>	<b>Registration and Poster Setup</b>
<b>9:30 a.m. – 9:40 a.m.</b>	<b>Welcome</b>
<b>9:40 a.m. – 9:50 a.m.</b>	<b>Lung Cancer Research at Markey</b>
<b>9:50 a.m. – 10:00 a.m.</b>	<b>Lung Cancer Research at Brown</b>
<b>10:00 a.m. – 10:10 a.m.</b>	<b>Break</b>
<b>10:10 a.m. – 11:30 p.m.</b>	<b>Poster session 1</b>
<b>11:30 a.m. – 12:30 p.m.</b>	<b>Lunch</b>
<b>12:30 p.m. – 1:30 p.m.</b>	<b>Poster session 2</b>
<b>1:35 p.m. – 2:30 p.m.</b>	<b>Keynote Speaker</b>
<b>2:35 p.m. – 3:05 p.m.</b>	<b>Awards</b>
<b>3:05 p.m. – 3:10 p.m.</b>	<b>Wrap-up</b>

# Kentucky Lung Cancer Research Program

## 2014 Strategic Plan Update

Approved by the KLCR Program Governance Board

October 22, 2014

# KLCR Strategic Plan Update

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# **KLCR Strategic Plan Update**

## ***Kentucky Lung Cancer Research Program (KLCR Program)***

### ***Strategic Plan***

#### ***Introduction***

In 2000, the Kentucky General Assembly passed enabling legislation that created the Lung Cancer Research Fund, a partnership of the Cancer Centers at the University of Kentucky and University of Louisville under the leadership of a Governance Board of the Lung Cancer Research Fund. This legislation required development of research expertise in lung cancer at each Cancer Center, innovative clinical trials to test new lung cancer treatments throughout the Commonwealth, and leveraging this support to lead the centers toward designation as National Cancer Institute recognized Cancer Centers.

The enabling legislation focuses on lung cancer research and complements the mission of the Commonwealth's two medical research universities in helping Kentuckians gain or retain their good health. To accomplish this mission, each university strives to meet the educational, research, and patient care needs of our citizens working cooperatively together as well as with similarly focused organizations throughout the Commonwealth.

The Governance Board set initial strategies and goals for the program, and in 2014 a group of external experts reviewed the progress and accomplishments of the program since its inception. In alignment with that review, the following Strategic Plan Update for 2014 delineates specific goals, objectives, strategies and measurable outcomes and provides a blueprint for the two universities to follow as they continue to build the nation's centerpiece of lung cancer research in Kentucky.

Out of the 2014 program review, this strategic plan update – that will now span the remaining 6 years of the current Tobacco Settlement Funding including an annual review – includes overarching opportunities for gaining additional synergies between the University of Kentucky and University of Louisville. Additionally, in future years, a joint symposium focusing on the lung cancer research will bring together faculty and staff from both universities in a way that will facilitate greater collaboration toward the ultimate goal of reducing the burden of lung cancer in the Commonwealth and reducing the factors – such as smoking and other environmental factors – that contribute to the disease.

# KLCR Strategic Plan Update

## GOAL 1: Investigator-Initiated Research

*“164.476(5)(a) Develop an expertise in the area of lung cancer research.”*

The conduct of investigator-initiated, hypothesis-driven research – i.e., independently conceived research approaches and projects developed by scientists from all relevant disciplines - is the primary means by which biomedical research is advanced. Driven by state of the art knowledge and creative synergism present at medical schools, hospitals, universities, research centers, and corporations they represent, these highly trained investigators:

- Review current scientific knowledge and identify critical gaps
- Develop new hypotheses
- Design the most direct pathways to test those hypotheses
- Utilize and develop novel molecular, genetic and cellular approaches in lung cancer research
- Develop and utilize animal models in the analysis of lung cancer
- “Translate” new findings and technologies into innovative clinical applications
- Test the most promising new prevention and treatment strategies in clinical trials

The KLCR Program’s Investigator-Initiated Research Initiative continues to provide valuable financial resources to develop novel concepts and identify new avenues of research in lung cancer. These innovative research projects are by nature the most high-risk/high-reward research approaches generating proof-of-concept/proof-of-principle data that will lead to stronger scientific programs, increased publications and additional extramural funding.

### Objectives

In congruence with the 2014 program review, the KLCR Program will focus its attention on the research areas of tobacco control, epidemiology, early detection/screening, and translational research. Further, additional steps will be taken to strengthen synergies and collaborations occurring at and between the University of Kentucky and the University of Louisville. To this end we will:

1. Recruit existing faculty at the front-lines of lung cancer research to focus on problems in the areas of tobacco control, lung cancer epidemiology, early detection/screening of lung cancer, and translational lung cancer research.
2. Recruit new faculty both with interests and expertise in cancer that may be applied specifically to the lung cancer focus areas described above.
3. Develop, mentor and focus early stage career investigators and graduate students on lung cancer. This was specifically suggested by the external reviewers and the KLCRP will henceforth ensure that the investigator-initiated grants have a plan in place for the career development of early stage researchers.

## KLCR Strategic Plan Update

4. Continue to support a robust research portfolio for lung cancer at and between each university.
5. Develop intra-programmatic linkages within and between both Cancer Centers, and in alignment with the 2014 program review, we will better define complementary focus areas at each Cancer Center.
6. In addition to the overarching annual symposium we will now have, we will also conduct joint seminars between the two Cancer Centers to share research results among lung cancer scientists funded by the KLCR Program as well as through other mechanisms.

### **Priorities**

1. Recruit additional scientists into the lung cancer research program priority areas.
2. Develop more integrated research programs at each Cancer Center, as well as links between universities.
3. Utilize KLCR investigator-initiated grants to leverage current and future cancer research into the area of lung cancer.

### **Indicators**

1. Publications of lung cancer research at each university continue to break new ground in understanding and intervening in the incidence and mortality from lung cancer.
2. Research portfolios mature into well-rounded representations of lung cancer study, with progressive increases in extramural funding.
3. Annual professional meetings for KLCR scientists result in additional collaborative studies.
4. The Markey Cancer Center and the Brown Cancer Center are identified as increasingly prominent lung cancer research and treatment centers.



# KLCR Strategic Plan Update

## GOAL 2: Research in Early Detection & Prevention

*“164.476(5)(a) Develop an expertise in the area of lung cancer research with an immediate focus on early detection and epidemiology and with an ultimate goal of eradication of lung cancer.”*

Despite the direct link between tobacco and lung cancer, only 15% of smokers develop the disease. Thus, a fundamental goal is to discover risk factors that predispose a person to lung cancer. Defining high-risk individuals and development of an effective screening methodology will allow earlier detection, when a malignant tumor is small and asymptomatic, when treatment produces a higher cure rate.

Recent technological advances and new tools for screening have led to renewed trials for detecting early stage lung cancers. Correlative explorations of smoking history, compromised lung function, and biomarkers in serum or exhalant are proposed to help pre-define lung cancer risk in otherwise asymptomatic individuals. Establishment of a biospecimen repository is a key resource to facilitate such studies.

In congruence with the 2014 program review, the KLCR Program will focus its attention on the research areas of early detection/screening, and translational research. Further, additional steps will be taken to leverage and continue previous work to advancing phases. To this end we will:

### Objectives

1. Conduct screening and early detection research using available and applicable tools in key geographic areas of the state.
2. Develop and conduct studies in dissemination and implementation research of lung cancer screening; including studies of patient and provider education, community awareness, patient care and program implementation.
3. Expand and refine methodologies for risk-factor delineation.
4. Validate the use of methodologies for lung cancer screening.
5. Identify and develop methodologies for lung cancer prevention.
6. Maintain and expand the biospecimen repository for use by lung cancer researchers.
7. Capitalize on partnerships with regional and local hospitals and clinics to build an early detection network where research is integral to the relationship, including studies of implementation and outcomes of lung cancer screening programs in diverse community based settings, socioeconomic and other epidemiologic studies, and treatment of tobacco addiction studies.
8. Link prevention and early detection studies.

# KLCR Strategic Plan Update

## Priorities

1. Continue development of and conduct of high priority studies in early detection and prevention of lung cancer, including lung cancer screening and treatment of tobacco addiction.
2. Continue the development and validation of biomarker correlates of lung cancer and/or lung cancer risk through advanced molecular surveillance studies.
3. Articulate current standards of surveillance and screening for lung cancer to be included in CME and other CE programs for Kentucky physicians and healthcare professionals.

## Indicators

1. The biomarker repositories at the universities are increasing collections and utilization of biospecimens toward the advancement of early detection research.
2. Further development of candidate molecular markers identified for lung cancer susceptibility and/or early diagnosis.
3. Further development of lung cancer preventative measures.
4. Continue development of and conduct of high priority studies in early detection and prevention of lung cancer, including lung cancer screening and treatment of tobacco addiction.
5. Optimal strategies to treat tobacco addiction of lung cancer patients are researched, examined and advanced in clinical trial phases.
6. Community outreach and continuing education programs are supported by advancing topics in lung cancer screening and treatment of tobacco addiction to articulate best practices.

# KLCR Strategic Plan Update

## GOAL 3: Kentucky Clinical Trials Network

*“164.476(5)(b) Establish a statewide clinical trial network to make university-based clinical trials available to the community physician in order to bring the most innovative cancer treatments to all Kentuckians in need of these treatments.”*

Improvements in the effectiveness of cancer treatments are accomplished through a series of phased clinical trials: Phase I – identify maximum tolerated doses of new drugs and dose-limiting toxicities; Phase II – test the study drug’s effectiveness in specific cancers; Phase III – compare new treatments or new use of a treatment with approved treatments. All current approved drugs and treatment guidelines are based on clinical trials before they became generally available. Despite that record of success, many people do not know that cancer clinical trials are the means by which cancer research becomes cancer treatment.

Thousands of cancer clinical trials are underway in the United States. The National Cancer Institute, cooperative groups, academic medical centers, community hospitals, physician private practices, and pharmaceutical companies sponsor cancer clinical trials. Of the 1.3 million people who will be diagnosed with cancer this year, only three to five percent will participate in cancer clinical trials.

The University of Kentucky and University of Louisville have worked together to establish the Kentucky Clinical Trials Network (KCTN) to facilitate collaborative participation in trials, to educate patients and physicians about the benefits of clinical trials, and trial availability and to assist physicians with planning and implementing trials.

In accordance with priorities driven by programmatic stakeholders, and in congruence with the 2014 program review, the KCTN will continue to focus on the development and conduct of high-priority clinical trials at qualified partner sites. Further, the KCTN will place an emphasis of its portfolio on the research areas of early detection/screening, treatment of tobacco addiction, and translational research. During this strategic plan period, additional steps will be taken to advance previous work sponsored by KLCRP in early detection of lung cancer.

### **Objectives:**

1. Increase number of Kentuckians with access to and participating in lung cancer clinical trials.
2. Develop and maintain a critical mass of trained professional staff to support multi-site clinical trials.
3. Offer and manage a portfolio of lung cancer clinical trials through the Network.
4. Identify and develop investigator-initiated clinical trials at both universities that can be offered to patients in diverse settings.

## KLCR Strategic Plan Update

5. Continually improve the Network's services with input from participating member sites and physicians.

### **Priorities**

1. Efficiently and effectively manages quality clinical trials for the Network.
2. Utilize technologies to engage, manage and conduct network activities.
3. Identify and develop high-priority investigator-initiated interventional and non-interventional clinical trials for the network portfolio, with emphasis on any or all of the following: lung cancer screening, prevention and early detection, treatment of tobacco addiction, and other concepts emerging for lung cancer clinical trials.
4. Develop and offer balanced trial portfolio that aligns with priorities of stakeholders including the Markey Cancer Center, the Brown Cancer Center, KTCN and participating sites. Provide research training and resources to site research teams.
5. Increase number of patient accrual to network trials.

### **Indicators**

1. The Network has a continuing stream of novel therapeutic trials and non-therapeutic trials available to patients, partnering physicians and sites.
2. The network has increasing patient accrual.
3. The Kentucky Clinical Trials Network provides training and information to participating site teams and physicians and their communities, including clinical trial results and availability.
4. Clinical trials are accessible for Kentuckians at sites with commitment to quality conduct of trials in accordance with applicable research regulations and ethical standards.

# KLCR Strategic Plan Update

## GOAL 4: NCI-Designation as Cancer Centers

*“164.476(5)(c) Leverage the resources earmarked for the Lung Cancer Research Project toward the certification of the cancer program at the University of Kentucky and the University of Louisville by the National Cancer Institute as a cancer center[.]”*

The Cancer Centers Program of the NCI supports major academic and research institutions throughout the United States to sustain broad based, coordinated, interdisciplinary programs in cancer research. These institutions demonstrate scientific excellence and the ability to integrate a diversity of research approaches to focus on cancer. The NCI and its Cancer Centers Program are dedicated to advancing cancer research to ultimately reduce cancer incidence, morbidity, and mortality.

Designated Cancer Centers receive funds from NCI for scientific infrastructure of the center, including such elements as scientific leadership and administration; shared/core research resources that give ready access to state-of-the-art technologies; and flexible program development funds that help the center and its associated faculty pursue its planned objectives and take immediate advantage of new research opportunities.

The University of Kentucky obtained NCI designation in 2013 and the University of Louisville is pursuing NCI designation. Support from the KLCR Program has provided vital financial resources to both institutions during a critical stage of development. The goal of NCI Designation requires a continued investment in scientific expertise, equipment, space and financial resources.

In alignment with the original mission of the KLCR Program and with the 2014 review, NCI designation will continue to be a priority for both the University of Kentucky and the University of Louisville. As such, we will:

### **Objectives**

1. Expand the base of cancer research expertise, particularly in translational research, with the recruitment of both promising young scientists and established investigators working at the front lines of cancer research.
2. Develop and maintain diverse cancer research programs with a high degree of inter- and intra-team collaboration.
3. Provide and promote interactive research opportunities.
4. Offer expanded innovative clinical trials, building on combined research underpinnings of the two centers.

# KLCR Strategic Plan Update

## Priorities

1. Continue to expand the overall research bases at each institution, particularly in Translational and Clinical Research.
2. Increase extramural funding with emphasis on funding from the NCI.
3. Increase NCI multi-project grants including program projects, SP0RE grants and NCI cooperative grants.
4. Expansion of research laboratory space.
5. Develop a more broadly inclusive smoking-related cancer program that involves lung, head & neck, pancreas, cervix and bladder cancers.
6. Provide all support necessary to renew and submit an application for NCI designation for the Markey Cancer Center and James Graham Brown Cancer Center, respectively.
7. Continue to develop multidisciplinary clinics for lung cancer patients.

## Indicators

1. Maintain/develop 3-5 firmly established NCI-designable cancer research programs at each institution, with an emphasis on translational and clinical research.
2. Grow NCI funding at both institutions in the range of \$15-\$20 million.
3. Meet with, receive and respond to recommendations of an External Advisory Committee.
4. Meet with, receive and respond to recommendations of the NCI Centers Branch Director.
5. Renew/submit P30 application for NCI-designation.

# LUNG CANCER TRUST TIMELINE

February, June, August, November Governance Board 2016 meeting months

February 17, 2016	<p><b>Governance Board Meeting</b> Investigator initiated grants proposed/review; Governor recommended Biennial budget review; Review suggested year timelines working document; Begin discussion about strategic plan updates (Last plan updated October 2014; required to be updated every two (2) years)</p>
March – April	<p>Council staff and institutions will respond as requested to the Auditor of Public Accountants while they conduct the required audit of all expenditures from the lung cancer research fund.</p>
May 31	<p>Institutions submit a biennial budget request to Council staff detailing administrative, grant, and individual initiative costs.</p>
June 1	<p>Institutions submit an invoice to Council staff for current fiscal year Board approved Investigator initiated grants and administrative costs (Processing is contingent on receiving prior year annual report, budget for future FY, and cash availability)</p>
June 8, 2016	<p><b>Governance Board Meeting</b> Current FY Investigator initiative grants proposed/review; Approve upcoming institution biennium budgets; discuss strategic plan revisions (if any)</p>
June – July	<p>Once state budget is approved, Council staff and institutions complete with signatures the contract for the fiscal biennium. This contract has a separate line for each state fiscal year (FY17 and FY18).</p>
August 22	<p>Center Directors and Institution representatives work together to create an annual executive summary outlining the activities and expenditures of the preceding first year. The Center annual reports will be completed by this time to support the executive summary.</p> <p>Circulate to board members at least one week in advance of August 31 so they may review, make comments to prepare report for approval at the August 31 meeting .</p>
August 31, 2016	<p><b>Governance Board Meeting</b> Current FY Investigator initiative grants proposed/review; Review institution reports submitted in September; Discuss strategic plan</p> <p>By statute: The Governance Board of the Lung Cancer Research Project shall submit an annual report to the Governor and the Legislative Research Commission by September 1 each year for the preceding fiscal year, outlining its activities and expenditures.</p>
September 15	<p>Submit fiscal year end June 30 detailed expenditure reports by September 15 (77 days after contract fiscal end)</p>
November 9, 2016	<p><b>Governance Board Meeting</b> Current FY Investigator initiative grants proposed/review; Approve strategic plan (even years only) ; Review institution reports submitted in September</p>