

**Rutgers Cancer Institute of New Jersey  
Internal Advisory Board**

**Minutes of Meeting  
Thursday, October 17, 2019  
5:30pm – 7:30pm**

<b>Attendees</b>		
Joseph Barone, PharmD	John Gantner	Janice Mehnert, MD
Wadih Arap, MD, PhD	Vicente Gracias, MD	Christopher Molloy, PhD
Adam Berger, MD	Howard Hochster, MD	Maral Mouradian, MD
Suzie Chen, PhD	Anita Kinney, PhD	Reynold Panettieri, Jr., MD
Patricia Fitzgerald-Bocarsly, PhD	Edmund Lattime, PhD	Linda Tanzer
Shridar Ganesan, MD	Steven Libutti, MD	Eileen White, PhD
<b>Absentees</b>		
Andy Anderson, MD	David Foran, PhD	Sharon Manne, PhD
Martin J. Blaser, MD	Robert Goodman, PhD	Paul Novembre
Candace Botnick	Bruce Haffty, MD	Jonathan Potter, DPhil
Kenneth Breslauer, PhD	Perry Halkitis, PhD	Arnold Rabson, MD
Kevin Coyle	Robert Johnson, MD	Brian Strom, MD, MPH
Andrew Evens, DO, MSc	Yibin Kang, PhD	Jay Tischfield, PhD
Karla Ewalt, PhD	S. David Kimball, PhD	Helmut Zarbl, PhD
Thomas Farris, PhD	Chen Liu, MD, PhD	

**Call to Order**

The meeting of the Internal Advisory Board (IAB) of Rutgers Cancer Institute of New Jersey (CINJ) was held on Thursday, October 17, 2019 and opened at 5:35pm by Dr. Joseph Barone, Chair.

**Review and Approval of Minutes**

The minutes of the September 5, 2018 IAB meeting were reviewed. Upon motion duly made, seconded and unanimously carried, the minutes were approved.

**Internal Advisory Board Chair**

Dr. Barone welcomed everyone and solicited member introductions. He turned the floor over to Director, Dr. Steven Libutti, who provided an overview of Rutgers Cancer Institute of New Jersey.

**Director's Report - Steven Libutti, MD, FACS**

Dr. Libutti welcomed the members and emphasized the importance of having an Internal Advisory Board (IAB). The IAB is a critical component of the Cancer Center Support Grant. The Cancer Center's Internal Advisory Board is evaluated for its advocacy, activities, and advisory capacity. Dr. Libutti went on to give an overview of the most recent renewal report on the six essential characteristics of a Cancer Institute. These characteristics are strictly scored by the site visit team.

The results of the site visit yielded an Impact Score of 28 and an excellent to outstanding rating for the Cancer Institute. Physical space, which is under the direction and responsibility of the Cancer Center's director, scored exceptional to outstanding. The site visit team noted the strengths among CINJ's physical space which included: 1) the broad distribution of the Cancer Center's controlled space (40% research, 35% clinical, and 25% service administration); 2) the Director's sole authority over space allocation; and 3) the expansion of clinical services across the health system and the impact it will have on a significantly greater patient population. Over the next five years through investment and expansion, CINJ plans to open outpatient facilities strategically across the health system. There are plans to open outpatient cancer facilities in Jersey City, Fort Monmouth, and Livingston. In New Brunswick, there are plans to build an estimated 600,000 square foot outpatient and inpatient cancer facility.

Organizational capabilities were scored outstanding at the site visit. This encompassed the External Advisory Board, the Research Leadership Council, Officer's Cabinet, Internal Advisory Board, and Consortium Steering Committee. At the site visit, CINJ presented organizational structures for both the research component of the Cancer Institute and the service line. Considerable strengths were noted: 1) strong leadership; 2) effective advisory committees; and 3) a well described organizational structure. Critiques of CINJ's organizational capabilities included: 1) the need for more specific details on accomplishments; and 2) the need to add new members to the EAB with additional expertise in transdisciplinary and multi-investigative science. CINJ engaged an external consultant, ECG, to evaluate organizational structure and make recommendations on improving leadership efficiency. Because of the evaluation, the restructuring of reporting relationships has begun. This process includes naming a new Chief of Staff and a new Associate Vice Chancellor for Cancer Programs. New members of the EAB have also been identified and invited to serve on the Board. Ongoing documentation of organizational activities and accomplishments have been improved. There have also been changes based on ECG's recommendations, the most notable changes include: 1) the redistribution of the Associate Directors' roles and responsibilities in certain programs; 2) the recruitment of Dr. Adam Berger as the Surgical Oncology Division Chief of Melanoma and Soft Tissue Sarcoma and the Associate Director for Shared Resources; and 3) the ongoing recruitment of a new Director for the Biometrics Shared Resource.

Transdisciplinary collaboration and coordination were scored as outstanding to excellent. The critique of transdisciplinary collaborations acknowledged: 1) the improvement of transdisciplinary collaboration due to a 5-fold increase in multi-PI grants; 2) the increase in examples showing evidence to high impact transdisciplinary science; and 3) the moderate increase in collaborative publications within program areas. However, the critique also noted certain weaknesses such as: 1) the lack of multi-project grants such as P01s and SPOREs; and 2) the need for a clear and defined pathway for the translation of basic science discoveries into the clinic through the CIPT program. As a result of this critique CINJ has: 1) improved opportunities for inter-programmatic collaborations leading to grants and publications through focused deployment of pilot funds; 2) invested \$2M to support the GICG Program's competitive P01 application which was submitted in September 2019; 3) created a working group to explore feasibility of a topic SPORE in Cancer Metabolism; 4) submitted a P50 SPORE under the leadership of Drs. Kinney and Ganesan; 5) established a committee chaired by the Associate Director for Translational Research to vet projects across all five research programs; and 6) secured a U01REACH grant under the leadership of Dr. Panettieri.

Cancer focus scored outstanding to excellent. CINJ has decreased its current CCSG programs from six to five. CINJ was able to demonstrate that over each of the renewal periods, NCI funding continued to increase. Since the last site visit there has been an NCI funding increase of 14% and an increase in overall cancer funding of 16%. The critique of the cancer focus mentioned that although the full outcome of recent initiatives to improve translational research has not yet been fully realized, there is clear evidence of their effectiveness as measured by metrics. However, the cancer focuses of some grants included in data tables and program metrics was not well justified. Because of this critique, CINJ is currently: 1) refining the process of determining cancer relevance through objective metrics and a clearer presentation of the justification; 2) culling certain projects that are not clearly aligned with the cancer focus of that program; and 3) investing pilot funds to promote applications to the NCI for grants supporting investigators in each program.

The Center's vision and mission is to become the State's resource for and leader in cancer research, prevention, diagnosis, treatment, surveillance, and survivorship. In 2017 a decision was made that the entire State of New Jersey would be defined as the Cancer Center's catchment area. Rutgers Cancer Institute should: 1) lead in basic science discovery and focus basic science efforts within the programs of the cancer center support grant; 2) translate findings from our laboratories into the clinic, which will leverage its unique resources (cGMP facility) and location (industry partnerships); 3) enhance access to

cutting-edge clinical trials; 4) provide exceptional cancer care in a timely fashion with the patient as the focal point; and, 5) educate clinicians and patients, which is a critically important component of the mission.

Institutional commitment scored exceptional during the site visit. During the grant renewal, CINJ presented significant support from Rutgers University in the form of Director's discretionary support. Support is received from Princeton University through the co-support of Shared Resources between the two universities. A line item budget is received from the State of New Jersey and a significant investment is also received from the Health System. In the year of record, CINJ entered the site visit with a total of \$68.2M and was able to demonstrate steady financial growth over each year. Institutional commitment received the following critique: 1) there is a strong institutional commitment from the State, both Universities, and the health system; 2) there is significant authority for the Director in deploying resources; and 3) there is a clear commitment to growth of the physical plant as well as investment in programmatic growth. Dr. Libutti presented the following action items after the critique: 1) the health system has committed approximately \$800M to the construction of a 600,000 square foot cancer hospital; 2) the State of New Jersey has committed \$36M in the FY20 Governor's budget to be deployed at the Director's discretion in support of programs and infrastructure; 3) Rutgers University has committed support for continued recruitment of new scientists through the Chancellor's Scholar Program; 4) a new plan has been implemented for mobile units to provide greater coverage across the catchment area to enhance outreach and engagement; and 5) CINJ plans to advocate for increased support from the State of New Jersey for Screen NJ and will ask the State for additional resources in the FY20-21 budget.

The Center Director scored outstanding to exceptional. The action items included were: 1) restructuring of direct reports to improve efficiency of the management structure; 2) ongoing efforts to improve systemwide leadership structure; 3) maintaining a focus on building and enhancing core elements of research programs; and 4) the initiation of the next strategic planning process.

CINJ scored outstanding for the use of development funds. Development funds are harnessed from the NCI CCSG grant and philanthropic investments. The Cancer Immunology and Metabolism Center of Excellence was showcased at the Rutgers Big Ideas Symposium recently, and there is currently one potential donor. The Center of Excellence in Cancer Immunology and Metabolism's goal is: 1) to leverage strengths that already exist in the study of cancer metabolism, precision medicine, and immunology; 2) to create a Center focused on team science which will bridge the gap between metabolism and immunology; 3) to allow the study of patients in the clinic; and 4) to make advances in the laboratory that can translate to next generation discoveries.

**Comments/Recommendations:**

- Is there enough marketing to cover the expansion of CINJ?
- There needs to be a very direct way to look at real-life pragmatic studies to re-invent the correct patient profiles. How is CINJ addressing this?

**Overview of Community Outreach and Engagement Activities (COE) – Anita Kinney, PhD**

Dr. Kinney gave an overview of Community Outreach and Engagement. Community Outreach and Engagement is a relatively new component of the Cancer Center Support Grant. There are four specific aims of Community Outreach and Engagement: 1) evaluate the cancer burden in the catchment area to identify needs and guide in-reach, outreach, and scientific inquiry; 2) use knowledge of the cancer issues in the catchment area to stimulate new scientific discoveries and develop evidence-based interventions with an emphasis on underserved populations; 3) enhance community based partnerships and programs with participation spanning from discovery to population based research/interventions; and 4) accelerate the dissemination of evidence based policy recommendations in collaboration with NJ communities to reduce the cancer burden and related disparities regionally, nationally, and globally.

New Jersey is the most densely populated state in the country, fourth most ethnically diverse, and fifth in cancer incidence. New Jersey has many racial, ethnic, and socioeconomic disparities in cancer incidence, mortality and access to care. Data shows that there is a high percentage of minority and foreign-born residents to serve in language isolated households. There are many high-risk areas for poverty, education, job opportunity, access to care, and lifestyle factors. A major component of the Community Outreach and Engagement Program is to address cancer health disparities and to advance cancer health equity. There are many disparities such as breast cancer in African-American women; liver cancer in American-Indians, Alaskan Natives, and Asian/Pacific Islanders; and prostate cancer in African-American men. There are other aspects of health equity such as geography, socio-economic status, age disparities, and sexual identity disparities. Community Outreach and Engagement addresses inequity across the cancer continuum including prevention, screening, diagnosis, recovery, and end of life care.

Dr. Kinney is the Inaugural Director of the Center of Cancer Health Equity, which was recently launched. The mission of the Center of Cancer Health Equity is to advance the achievement of equitable access. The vision is to be the leading center in the Nation for achieving cancer health equity, improving the quality of care, and reducing the cancer burden in New Jersey and beyond. The Center of Cancer Health Equity plans to achieve its goals through basic clinical, laboratory, and population research. Clinical trial enrollment is a concern of Community Outreach and Engagement and continues to be addressed at Community Advisory meetings. Through education and training, a student internship program has been established. The student internship program trains students and junior faculty in disparities research as well as community outreach and engagement. The ongoing Program goals are to show that their research is: 1) practice changing; 2) paradigm shifting; and 3) health policy related. A P20 grant has been submitted in collaboration with Drs. Ganesan, Lattime, White, and other faculty members. The focus of the SPORC-planning grant is to propel NJ in its precision oncology research; to advance health equity research through transdisciplinary research; to expand molecular discovery laboratory research; and to further the study of immune checkpoint inhibitor therapy.

ScreenNJ is partially funded by the State of New Jersey. It has expanded to all 21 counties with 29 clinical and outreach partners at over 120 clinical sites around the State. The current goal of ScreenNJ is to increase partnerships for the improvement and awareness of colorectal cancer and lung cancer. ScreenNJ continues to become more successful through community engagement and partnerships. The program recently switched their partner sites from the fecal occult blood test to the fecal immunochemical test (FIT). The program also worked with partners to develop system level strategies to promote cancer screening by using community health workers and patient navigation. ScreenNJ has distributed over 13,000 FIT kits and has had a return rate of 20% to 70% at different sites. 220 colonoscopies have been performed and two cases of cancer have been diagnosed. Lung cancer screenings, tobacco cessation programs, nicotine replacement therapy, and educational programs all continue to do well under the ScreenNJ program.

New NCI guidelines will emphasize a more in-reach and outreach focus. In-reach involves, communicating the needs of the catchment area to the researchers. Community Outreach and Engagement plans to have their Community Outreach staff and faculty participate in disease specific tumor study groups. The new guidelines will also focus on the effectiveness of the Cancer Center to accrue minority/underserved patients from the catchment area at the stage of scientific review and during the continued monitoring of open trials. Community Outreach attends the scientific review board meetings, reviews minority enrollment, looks at minority enrollment figures, helps to boost the Cancer Center's minority patient enrollment numbers, and engages in monthly meetings with the Associate Director for Research. In the future, Community Outreach and Engagement hopes to establish a mobile unit/CINJ On Wheels.

**Comments/Recommendations:**

- Toms River Fire Department has requested to brand the Rutgers CINJ emblem on the side of their fire trucks. This is an example of how much the community essentially appreciates the efforts of outreach into the community.
- What are the issues in Northwest New Jersey? Is there a demographic or lifestyle issue contributing to the higher incidence of cancer?
- Have the maps of cancer incidence in New Jersey been compared to maps of Superfund sites in New Jersey?
- When looking at the data for thyroid cancer incidences, the maps correspond to the location of nuclear reactors.
- What other cancer centers are models for community outreach?
- Can there be expansion across the Big Ten and would it be a useful?
- Is COE aware of the Johnson and Johnson initiative involving lung cancer?

**Overview of Strategic Planning Process and Timeline – Linda Tanzer**

Linda Tanzer gave an overview of Rutgers Cancer Institute's strategic plan. The previous strategic plan was implemented in July 2015. This plan mirrored Rutgers University's strategic plan with similar pillars and foundational enablers. CINJ insured that this plan was dynamic, that it involved annual assessments and was calibrated as needed.

Currently, Envisio is used to complete ongoing assessments. Envisio allows CINJ to track the metrics that are set for goals and objectives. The next strategic plan is estimated to launch in January of 2021. The establishment of the new strategic plan began with the development of the CCSG, and progress to date includes: 1) the review of CINJ's progress in realizing the goals and objectives of the current strategic plan 2) the inclusion of the Cancer Center Director's vision; 3) the proposal of future directions by senior leadership; 4) the overview of the NCI summary report with the External Advisory Board; and 5) the integration of the External Advisory Board's (EAB) report into the first working draft of the strategic plan.

Some of the goals for the strategic plan include: conducting exceptional collaborative research; expanding the consortium cancer center; establishing a cancer immunology and metabolism center; offering a more robust and accessible portfolio of interventional/non-interventional trials; and expanding community outreach and engagement. Goals are populated into *Envisio* to help create measurable metrics and specific objectives. These goals and objectives will be developed, modified and refined. Peer review, stake-holder, and EAB guidance will be incorporated into these goals and objectives. They will be presented to the Director and other senior leaders, leading to further refinement and synthesis within the cancer service line plan. These goals and objectives will be presented at a future IAB meeting.

**Comments/Recommendations:**

- Are there any risks that are anticipated in trying to achieve any of the goals or objectives?

**Basic Science Update – Eileen White, PhD**

Dr. White gave an update of the Basic Science program. Several grants were awarded to faculty and junior faculty members, including three American Cancer Society (ACS) grants. Dr. Gatzka was awarded an ACS grant to study a new mechanism of breast cancer. Dr. Guo received a lung cancer foundation grant, a fundable score on an R01 grant, and was also awarded an ACS grant to study novel mechanisms vulnerability of KRAS and LKB1 mutant lung cancer. Dr. Herranz Benito was awarded the third American Cancer Society research grant to study the regulation and influence of the Sirt1 gene which

is responsible for the regulation of both cellular metabolism and gene expression on T-cell acute lymphoblastic leukemia (T-ALL). Dr. Khiabani received a grant to study clonal hematopoiesis in the evolution of breast cancer and was also awarded a grant from the V Foundation for Cancer Research to study chronic lymphocytic leukemia (CLL). Dr. De was awarded an NIH grant to study computational approaches for identifying epigenomic contexts of somatic mutations. Dr. Yibin Kang was awarded an ACS professorship grant which is a great honor. The grant period for most of the awarded grants will extend past fiscal year 2023.

**Comments/Recommendations:**

- Two of the R01 grants were indicated by direct patient observations.

**Meeting Adjourned at 7:10 pm.**

Respectfully submitted by,  
Jazmun Dotts  
Secretary for the meeting