

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

**Minutes of Meeting
Monday, December 12, 2022
5:30pm – 7:30pm**

Attendees

Wadih Arap, MD, PhD	Valerie Fitzhugh, MD	Steve Libutti, MD
Joseph Barone, Pharm D (Chair)	David Foran, PhD	Maral Mouradian, MD
Adam Berger, MD	Bruce Haffty, MD	Bishr Omary, MD, PhD
Suzie Chen, PhD	Ethan Halm, MD,	Reynold Panettieri Jr., MD
Kevin Coyle	Howard Hochster, MD	Arnold Rabson, MD
Alberto M. Cuitiño, PhD	Haejin In, MD	Brian Strom, MD, MPH
Cristine Delnevo, PhD, MPH, FAA	Sangeeta Lamba, MD, MS-	Linda Tanzer
Karla Ewalt, PhD	HPed	Jay Tischfield, PhD
Thomas Farris, PhD	Edmund Lattime, PhD	Eileen White, PhD
Patricia Fitzgerald-Bocarsly, PhD	Laura Lawson, PhD	

Staff

Cynthia Olmsted (minutes)	Donna Farrell
Paul Falcone (IST Support)	Gina Londino-Greenberg

Absent

Andy Anderson, MD	Vicente Gracias, M	Gwendolyn Mahon, MSc, PhD
Bill Arnold	Perry Halkitis, PhD	Amy Murtha, MD
Martin J. Blaser, MD	Christian Hinrichs, MD	Jonathan Potter, PhD
Kenneth Breslauer, PhD	Robert Johnson, MD	Helmut Zarbl, PhD
Andrew Evens, DO, MSc, FACP	Yibin Kang, PhD	Michael Zwick, PhD
Linda Flynn, PhD, RN, FAAN	Anita Kinney, PhD	
Shridar Ganesan, MD		

Call to Order

The meeting of the Internal Advisory Board (IAB) of Rutgers Cancer Institute of New Jersey (CINJ) was held virtually on Monday, December 12, 2022, and opened at 5:35pm by Dr. Joseph Barone, Chair.

Review and Approval of Minutes

The minutes of the October 12, 2021 IAB meeting were reviewed. Upon motion duly made, seconded, and unanimously carried, the minutes were approved.

Internal Advisory Board Chair

Dr. Joseph Barone welcomed everyone and turned the floor over to Dr. Steven Libutti. Dr. Libutti welcomed the IAB members and provided an outline for the virtual meeting. The first presentation was by Dr. Haejin In on plans for Diversity, Equity, and Inclusion.

Plans for Diversity, Equity, and Inclusion - Dr. Haejin In

Dr. Haejin In, Chief Diversity Officer and Associate Director of Diversity, Equity, and Inclusion (DEI) gave an overview of plans to enhance Diversity, Equity, and Inclusion at CINJ. The office is led by Dr. Haejin In and Rachel Born (Program Director). A steering committee helps to lead the vision of the DEI office. The Program's mission and timeline of progress was highlighted, including key University-wide and national moments leading up to the launch of this office. The work from the DEI office is aligned with the CINJ strategic plan and University diversity efforts. The Diversity Strategic Plan was announced and provided an infrastructure to develop, implement and lead a multi-pronged effort to ensure diversity within the faculty, scientific members, trainees, and staff of the cancer center. The work of this office began with a multi-modal needs assessment among various sectors of faculty lifespan to collect current baselines and opportunities for improvement. Member and leadership demographics were highlighted in addition to CINJ diversity across

levels. Data shows there is a need to diversify cancer center leadership across the nation and CINJ is severely lacking in this area. Utilizing CINJ membership data and recommendations from faculty listening circles, the DEI office has a four-aim approach: 1) cultural transformation for inclusion; 2) trainee diversification and development; 3) faculty diversification and development; and 4) leadership diversification and development.

In support of the first aim, the program is 1) conducting leadership listening forums to engage with trainees and faculty; 2) building signage to display CINJ's commitment to DEI; 3) developing a five-year training curriculum across the institution; and 4) developing an affinity group to promote a sense of belonging (Women in Science - WISE group).

In support of the second aim, the office will 1) identify key DEI metrics that provide insight on specific focus areas; 2) create minority-specific grants for oncology exposure; 3) develop pipeline programs and collaborate with Blanquita B. Valenti Community School (New Brunswick) to expose students to STEM (Science, Technology, Engineering and Math) and programs available in CINJ; and 4) develop a Young Professional Advisory Council (YPAC) and Alumni Networking group to build connections among participants.

In support of the third aim, the office plans to 1) expand data monitoring; 2) support equity-based recruitment and hiring process improvements; 3) create competitive financial and grant packages for recruitment and retention; and 4) further develop the clinical trials mentorship program to increase faculty mentorship satisfaction, funding acquired, and clinical trials initiated.

In support of the fourth aim, the office will 1) implement data monitoring/tracking of leadership diversification; 2) develop succession planning and faculty development training; and 3) develop Junior Leadership Positions (JLPs) for early exposure to leadership roles.

The logic model and outcomes for the DEI office were displayed by Dr. In. Partners in addressing DEI include internal, affiliated, and national groups. Questions and comments were welcomed.

Questions/Comments/Recommendations/Answers:

The IAB commends Dr. In for the presentation. Attracting a younger population and developing partnerships with the community is a great long-term strategy. The IAB asks how the DEI office defines URG and ways to address diversity representation (particularly Asians). The IAB commented on alignment for diversity goals and building spaces to support staff. The IAB suggests considering thoughtful ways to feed CINJ programs with University Equity and Inclusion initiatives. Dr. In answers that staff are involved in climate change initiatives and the "show up" campaign (open for all). The IAB asks for more context on the faculty diversification program and suggests needs to support junior/faculty, particularly women of color. The IAB suggests showing CINJ data/stats over the last 5 years to show where we are now and discuss where we are going in the future. The IAB asks about the decision to focus on clinical trials for mentorship, opposed to across several groups. Dr. In answers that after reviewing surveys from the CINJ mentorship program, clinical trials were an area of need; Dr. In hopes to expand upon this as well as address this direct need first.

Director's Overall Strategy - Steven Libutti, MD, FACS

Dr. Steven Libutti, Director and Vice Chancellor of Rutgers Cancer Institute welcomed the members and provided the Director's Overall Strategy on behalf of Rutgers Cancer Institute of New Jersey.

The State of New Jersey is the most densely populated state (9.2 million) in the United States. It is the fourth most ethnically diverse and has the sixth highest cancer incidence (as of 2019). There are significant racial, ethnic, and socioeconomic disparities in cancer incidence, mortality, and access to care. These are some of the things CINJ focuses on to bring more value. The Cancer Institute of New Jersey (CINJ) was established in 1992 through an NCI planning grant. CINJ became NCI designated in 1997, and in 2002 achieved comprehensive status. CINJ is the state's only national cancer institute designated comprehensive center. In 2013, CINJ was integrated into Rutgers University as an independent institute and because of the integration, became a member of the Big 10 Cancer Research Consortia. CINJ's partnership with RWJ Barnabas Health Systems began in 2017 (the year Dr. Libutti began his tenure). CINJ has close to 267 members representing Rutgers and Princeton University accelerating cancer research and its translation to patient care.

The results of the prior CCSG (Cancer Center Support Grant) site visit yielded an Impact Score of 28, excellent to outstanding rating for the Cancer Institute. Many strengths were noted, but there were also some areas of opportunity. In late 2019, CINJ developed the 2021-2026 Strategic Plan (including ten goals) which defines the basic principles to help the center achieve its goals. Dr. Libutti intends to share CINJ's new Strategic Plan later at this meeting. The center is defined by research programs, shared resources and developing resources including Cancer Metabolism and Immunology (name recently changed to focus on the body's immune response to cancer and immunotherapies), Genomic Instability and Cancer Genetics, Cancer Pharmacology, Clinical Investigations and Precision Therapeutics, and Cancer Prevention and Control. Shared Resources include Biomedical Informatics, Biostatistics, Biospecimen Repository and Histopathology, Genome Editing, Comprehensive Genomics, Immune Monitoring and Flow Cytometry, Metabolomics, and Population Sciences Research Support. Many of the resources are shared across the two campuses of Rutgers and Princeton.

There are several catchment area priority cancers and risk factors, including lung, breast, colorectal, prostate, HPV-related, and melanoma. An example of CINJ's statewide impact is the ScreenNJ Program which focuses on cancer screening for lung and colon cancer. ScreenNJ was launched during the 2018 fiscal year. A new line item from the State of \$2M was provided to help CINJ expand cancer screening for lung and colon cancer. ScreenNJ began with only three counties, 17 sites, and six clinical outreach partners. Currently, under the leadership of Dr. Anita Kinney, ScreenNJ has expanded to all 21 counties in the State. ScreenNJ has 189 clinical and outreach partners at 313 sites including a mobile unit that will provide education and health measures to reduce the burden of cancer throughout the state. In Fiscal Year 2023, the budget from the state will be \$4M, so ScreenNJ sites can be expanded and can focus on more catchment area cancers. The consortium relationship with Princeton University has been critical to driving science at CINJ. The consortium, driven by a Steering Committee, has ongoing, tangible institutional commitment in the form of integrated recruitment and shared resources. Princeton members exceed the requirement for non-clinical consortium partners of \$1 million in direct cost NIH-funded research project grant funding.

Key recruitments since 2018 were displayed across several programs, as well as leadership changes. Expanding clinical trial accrual through RWJBH (RWJBarnabas Health) has created a more unified clinical trial system resulting in the activation of trials across the RWJBH system. Under the leadership of Dr. Howard Hochster, CINJ has increased interventional accrual totals and investigator initiated interventional accrual totals. In terms of interventional therapeutic trial accrual, data shows that CINJ was just under 600 accruals. To stimulate activities across the translational spectrum, disease specific groups, and various programs, the Committee to Expedite Translational Initiatives (CETI) was formed. CETI is co-chaired by Drs. Ganesan (CIPT) and Pasqualini (CP). Another opportunity to drive translation was a recently funded multi-PI, U01 award—Research Enhancement and Commercialization Hub (REACH). These Hubs disperse NIH (National Institutes of Health) funds through a rigorous process reviewed by the REACH Committee and funded up to \$250K to translate discoveries in laboratories (cancer and non-cancer) towards commercialization. Innovation Ventures is a key office to bring the commercialization of faculty research, patents, patent applications, and sponsored agreements. Examples of awards and translational pipelines were displayed.

An area of opportunity identified at the last renewal was to focus on high impact science. Metabolism and immunology were chosen due to the strength and efforts in these areas. In support of this, the Duncan and Nancy MacMillan Cancer Immunology and Metabolism Center of Excellence was launched with \$28M of support from philanthropic gifts and raised funds. This allowed for an increased focus on the interface between metabolism and immunology in order to become national leaders in this field and enabling leadership recruitment, operationalizing the GMP facility, and immune monitoring core and cell therapy trials. Focusing on center defining science, the Ludwig Princeton Branch was established at Princeton University. The Ludwig Princeton Branch has resulted in a \$12M investment, three faculty recruits, advanced imaging, a fellows program, and many achievements in cancer research. A clinical trial to map tumor metabolism in patients with pancreatic cancer is being conducted by Drs. Hochster and Alexander (CIPT), Dr. White (CMI), and Dr. Rabinowitz (Princeton). Cancer Research Training and Education Coordination (CRTEC) has received several training grants, T32 awards (in partnership with Rutgers and Princeton) and a diversity focused R25 training grant called Rutgers Youth Enjoy Science Program (RUYES). Diversity, equity, and inclusion are the main platform of the strategic plan. CINJ will aim to focus on these efforts to

support all faculty, staff, students, and patients. Dr. Libutti described several areas of research and major discoveries at CINJ.

Dr. Libutti discussed the six essential characteristics and progress in these areas. The first, Physical Space, is under the direction and responsibility of the Cancer Center's Director. Currently in New Brunswick, CINJ is on a 225,000 square foot primary clinical and research facility. There is also an additional 36,000 square feet of dedicated oncology space and 45,000 square feet of leased administrative space mostly located on Albany Street. There are approximately 100 cancer dedicated beds in the Robert Wood Johnson University Hospital in the North Tower and CINJ's Radiation Oncology facility. 195 Little Albany Street will be converted into a primary research and administrative facility, allowing CINJ to move from the 45,000 square feet of leased administrative space into this primary CINJ building. CINJ's 36,000 square feet at the East Tower and the Robert Wood Johnson University Hospital space will move into this new freestanding Cancer Pavilion. In June, CINJ broke ground for a 520,000 square foot inpatient/outpatient Cancer Pavilion in New Brunswick. Expected to open in 2024, the new pavilion will eventually house clinical and research activities, connected by a sky bridge. The brand-new Jack and Sheryl Morris Cancer Center will be the primary hub for CINJ. The Morris Center will include 84 infusion bays, 86 exam rooms, advanced radiology with linear accelerators, CT equipment, MRI equipment, mammogram equipment, core laboratory facilities, pharmacy facilities, and an outpatient urgent care facility. The inpatient care area of the Cancer Pavilion will include 96 inpatient beds over three floors, 11 surgical/procedure rooms, a central sterile processing area, and inpatient support spaces. The research area of the Cancer Pavilion will include wet lab facilities, research equipment, clinical trial offices, and faculty offices.

The second essential characteristic, Organizational Capabilities, encompasses several robust committees and boards who lead important functions of the Cancer Institute. Required by the NCI, these include the External Advisory Board, the Research Leadership Council, the Officer's Cabinet, the Internal Advisory Board, the Consortium Steering Committee (between Princeton and Rutgers), and Community Cancer Action Board (CCAB). Advice and counsel are implemented via CINJ's Strategic Plan by their Program and Shared Resource Leaders. The CCAB fosters partnerships between cancer researchers and community outreach staff in New Jersey communities and provides input from community thought leaders and patient advocates and reciprocal flow of information. The CCSG organizational structure was displayed, and new faculty recruits were discussed.

Transdisciplinary Collaboration and Coordination is the third essential characteristic scored by the site visit team. Dr. Libutti showed a chart displaying an increasing number of multi-PI awards and recognized three notable collaborative projects. Total publications have increased and are in high-impact journals, with an impact factor >10. Being a member of the Big 10 Cancer Research Consortium allows for many collaborations to be conducted across partner sites, including 16 trials activated by nine cancer center PIs.

The fourth essential characteristic is Cancer Focus. There are five CCSG programs spanning prevention and control through basic sciences: 1) Cancer Metabolism and Immunology (CMI); 2) Genomic Instability and Cancer Genetics (GICG); 3) Cancer Pharmacology (CP); 4) Clinical Investigations and Precision Therapeutics (CIPT); and 5) Cancer Prevention and Control (CPC). Every year CINJ Program Leaders review their individual programs and the members of their programs to determine cancer relevance. If a grant is funded by the National Cancer Institute, it is considered 100% cancer relevant. Non-NCI funded research projects are assigned 100%, 75%, 50%, or 25% cancer relevance using CINJ set guidelines. Each Program needs to provide brief justifications in writing for each. In overall cancer focused research, there was a 22% increase in funding to \$45M (287 projects to 275 projects), and in NCI funded research, there was a 17% increase to \$25M (117 projects to 1484 projects).

The fifth essential characteristic, Institutional Commitment, has been provided through the RBHS (Rutgers Biomedical and Health Sciences) Chancellor's Office, Rutgers University-grant indirects, CINJ Rutgers Foundation support, the State of New Jersey, RWJ Barnabas Health support, and Princeton University. The NCI expects designated centers to have robust and sustained commitment to drive forward science and cancer research. In total, there is currently approximately \$119.5M in annual institutional support. In addition to that

support, there has also been a commitment of \$750M for construction of the new Cancer Pavilion and renovations of the existing building. The annual state commitment has increased over the years and these funds are used to support research infrastructure, clinical research activities, pilot funds, and shared resources. Progress enabled by this institutional commitment includes targeted recruitment across programs, enhancement of statewide clinical research, expansion of community outreach and engagement, and the new office of Diversity, Equity, and Inclusion.

Finally, as the Cancer Center Director, Dr. Libutti is a surgical oncologist, who spent over a decade at the NCI and served as a surgical oncologist before joining CINJ. The Center Director has a background and experience in peer-reviewed funding, publications, and a record of accomplishments in research, clinical activity, and cancer administration. He continues to have an active research laboratory that is currently funded by a multi-PI grant (NIH and NCI) and serves on several national boards/committees. The Center Director reports to the highest levels of the University and the health system, and has authority over resources (state funds, institutional support, indirect funds for resident faculty, and foundation/philanthropic funds). As Senior VP for Oncology Services, Dr. Libutti is also responsible for the budgeting of cancer services at all CINJ's facilities across the system.

Future plans for the next renewal are to: 1) continue to invest in Cancer Immunology; 2) complete construction of and operationalize new center/pavilions; 3) continue to increase multi-project grants, leveraging opportunities with the University of Iowa's SPORE application; 4) continue to expand impact on the catchment area; 5) reduce the cancer burden, improve outcomes and address health equity through enhanced research, and 6) further operationalize the new DEI office and implement a diversity strategic plan to increase and enhance representation among leadership.

Questions/Comments/Recommendations/Answers:

The IAB commended Dr. Libutti for an excellent job. The IAB asks if the ScreenNJ program helps to mitigate challenges brought on by the pandemic. Dr. Libutti reported that CINJ had faced these challenges and made tremendous headway in screening efforts though the gap is not completely closed. The mobile unit will help to bridge that gap. The IAB asked for clarity on core services access for investigators. Dr. Libutti mentioned that Dr. Adam Berger makes a great presentation on this issue and that there are shared resources across the center. The IAB asked whether the center has a partnership with the VA (Veterans Affairs) hospital; Dr. Libutti responded that he is open to having a conversation about this, however, there currently is no formal relationship with the VA hospital.

Meeting Adjourned at 7:30 pm.

Respectfully submitted by,
Dominique Graham
Secretary for the meeting