

Florida Consortium of National Cancer Institute Centers Program

Report to the Cancer Control and Research Advisory Council

July 1, 2017

Rick Scott Governor

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Background

The Florida Consortium of National Cancer Institute (NCI) Centers Program was established in section, 381.915, Florida Statutes, to enhance the quality and competitiveness of cancer care in Florida, further a statewide biomedical research strategy directly responsive to the health needs of Florida's citizens, and capitalize on the potential educational opportunities available to students. The Department shall make payments to Florida-based cancer centers recognized by the National Cancer Institute at the National Institutes of Health as NCI-designated cancer centers or NCI-designated comprehensive cancer centers, and cancer centers working toward achieving NCI designation. Annual funding for the program is subject to an appropriation in the General Appropriations Act.

Statute directs the Department to calculate an allocation fraction in combination with tier-designated weights in distributing funds to participating cancer centers. The allocation fraction for each participating cancer center is based on specific cancer center factors outlined in statute. Tier-designated weights are based on the NCI status of the center. The tier-designated weights are as follows:

Tier 1: Florida-based NCI-designated Comprehensive Cancer Centers
Tier 2: Florida-based NCI-designated Cancer Centers
Tier 3: Florida-based cancer centers in pursuit of designation as either a NCI-designated
Cancer Center or NCI-designated Comprehensive Cancer Center

Currently, there are three participating cancer centers: H. Lee Moffitt Cancer Center, University of Florida Shands Cancer Hospital, and University of Miami Sylvester Comprehensive Cancer Center. The three cancer centers are referred to as the Florida Academic Cancer Center Alliance.

Reporting Requirements

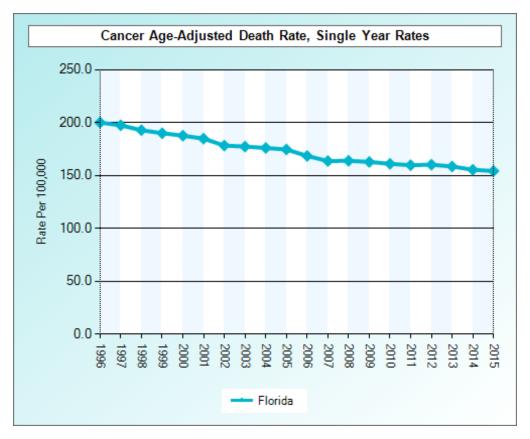
Beginning July 1, 2017, and every 3 years thereafter, the Florida Department of Health, in conjunction with participating cancer centers, shall submit a report to the Cancer Control and Research Advisory Council on specific metrics relating to cancer mortality and external funding for cancer-related research in the state. The report includes:

- An analysis of trending age-adjusted cancer mortality rates in the state, which must include, at a minimum, overall age-adjusted mortality rates for cancer statewide and age-adjusted mortality rates by age group, geographic region, and type of cancer, which must include, at a minimum: lung cancer, pancreatic cancer, sarcoma, melanoma, leukemia and myelodysplastic syndromes, and brain cancer.
- 2. Information on trends in overall federal funding, broken down by institutional source, for cancer-related research in the state.
- 3. A list and description of collaborative grants and interinstitutional collaboration among participating cancer centers, a comparison of collaborative grants in proportion to the grant totals for each cancer center, a catalogue of retreats and progress of seed grants using state funds, targets for collaboration in the future and reports on progress regarding such targets where appropriate.

An Analysis of Trending Age-Adjusted Cancer Mortality Rates in Florida

Florida has the second highest cancer burden in the nation. In 2011, cancer surpassed heart disease as the leading cause of death and remains one of the top two leading causes of death in Florida. Overall, the age-adjusted death rates of cancer has decreased by 22.9% over the past 20 years in Florida.

Current data on age-adjusted death rates for cancers throughout this report were provided by Florida Health CHARTS which is administered by the Department's Bureau of Vital Statistics.



<u>Lung cancer</u> is a disease which consists of uncontrolled cell growth in tissues of the lung. This growth may lead to metastasis, which is the invasion of cancer cells into adjacent tissue and infiltration beyond the lungs. The vast majority of primary lung cancers are carcinomas of the lung, derived from epithelial cells. The most common cause of lung cancer is long-term exposure to tobacco smoke. The occurrence of lung cancer in nonsmokers, who account for as many as 15% of cases, is often attributed to a combination of genetic factors, radon gas, asbestos, and air pollution including secondhand smoke.

Lung cancer death rates have steadily declined over the last 20 years in the state of Florida. The death rate from lung cancer is significantly greater in the 40-64 age group with the highest death rate in the 65 and older population.

Lung Cancer Age-Adjusted Death Rate, Single Year Rates per 100,000, 2010-2015

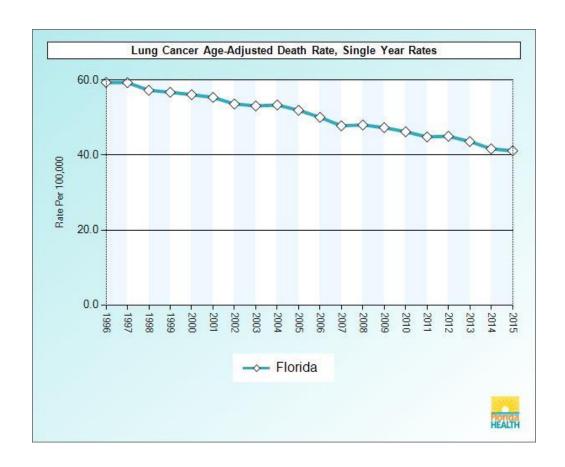
Years	Rate
2015	41.2
2014	41.7
2013	43.6
2012	45.1
2011	44.9
2010	46.2

2010

Lung Cancer Age-Adjusted Death Rate, Single Year Rates per 100,000 by Age Group, 2010-2015					
V a a v a	0-19	20-39	40-64	65+	
Years	Years of Age	Years of Age	Years of Age	Years of Age	
2015	0	0.6	46.3	234.1	
2014	0	0.4	43.6	241.7	
2013	0	0.4	47.6	248.9	
2012	0	0.6	47.1	258.9	
2011	0.1	0.5	47	257.2	

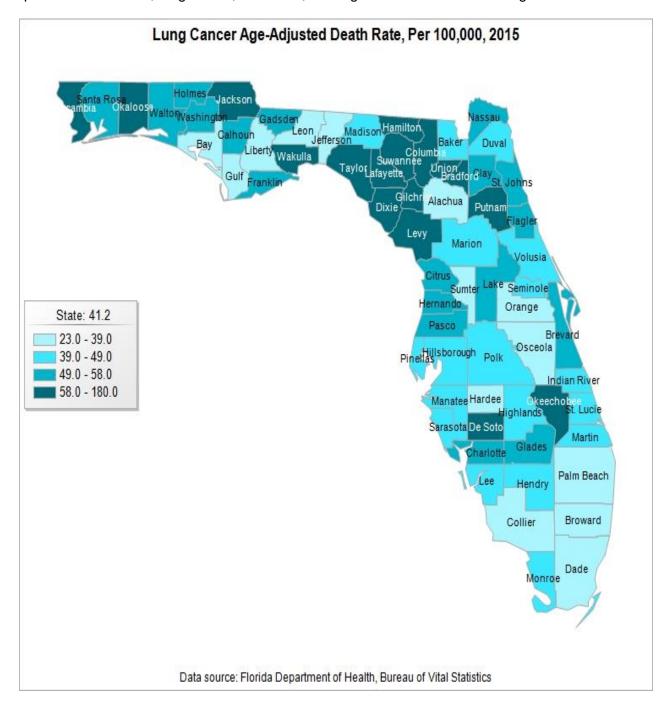
48.5

264.1



0.5

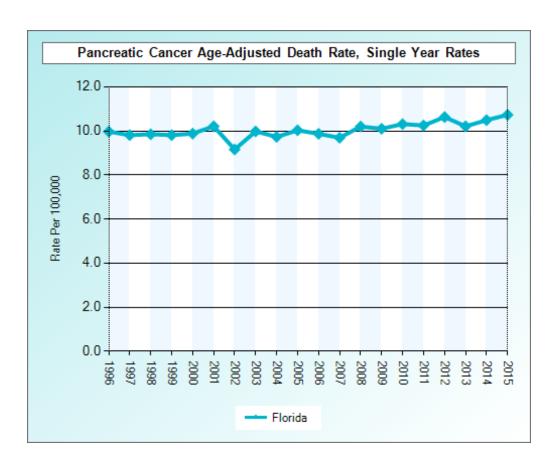
The highest death rates from lung cancer occur in rural counties and are concentrated in the Florida Panhandle. Higher death rates are, in part, contributed to decreased access to prevention services, diagnostics, treatment, and higher rates of adult smoking.



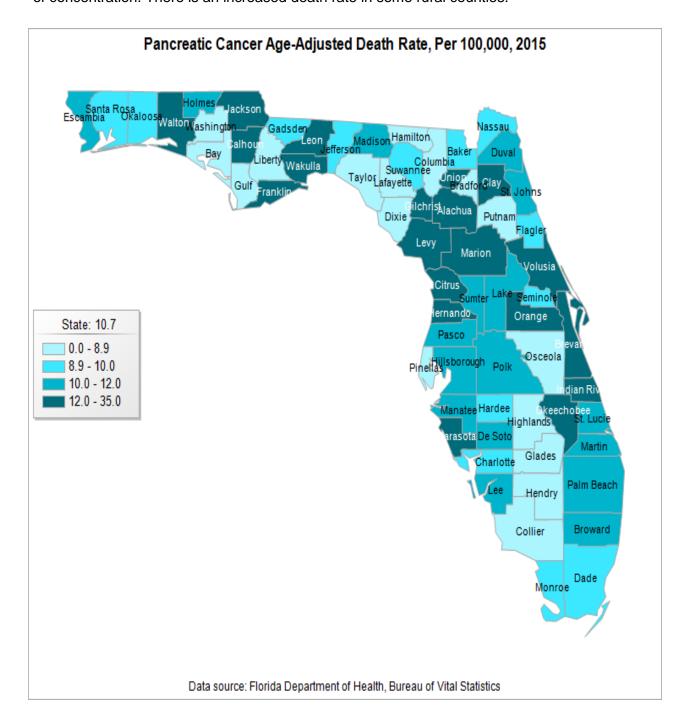
<u>Pancreatic cancer</u> is a disease in which malignant (cancerous) cells form in the tissues of the pancreas. The pancreas is a gland located behind the stomach and in front of the spine. The pancreas produces digestive juices and hormones that regulate blood sugar. Cells called exocrine pancreas cells produce the digestive juices, while cells called endocrine pancreas cells produce the hormone. Most pancreatic cancers start in the exocrine glands.

Pancreatic Cancer Age-Adjusted Death Rate. Single Year Rates per 100,000, 2010-2015		
Years	Rate	
2015	10.7	
2014	10.5	
2013	10.2	
2012	10.6	
2011	10.3	
2010	10.3	

Pancreatic Cancer Age-Adjusted Death Rate, Single Year Rates per 100,000, 2010-2015				
Years	(0-19 Years of Age)	(20-39 Years of Age)	(40-64 Years of Age)	(65+ Years of Age)
2015	0	0.2	11	62.8
2014	0	0.1	10.3	62.1
2013	0	0.2	9.8	60.4
2012	0	0.2	11.1	61
2011	0	0.3	10.1	59.9
2010	0	0.2	10.4	59.4



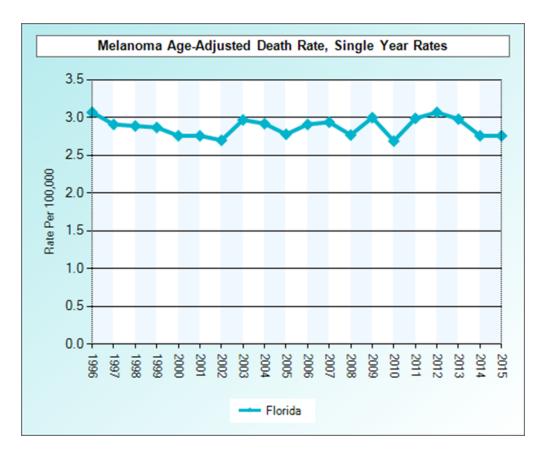
High death rates due to pancreatic cancer are widespread in Florida. There is no specific region of concentration. There is an increased death rate in some rural counties.

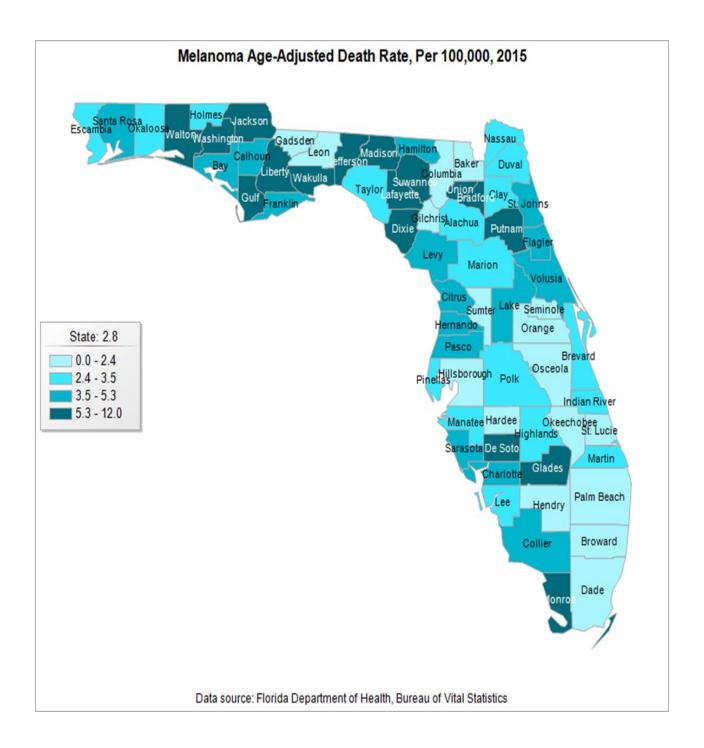


Melanoma is a malignant tumor of melanocytes. Such cells are found predominantly in skin, but are also found in the bowel and the eye (see uveal melanoma). Melanoma is one of the less common types of skin cancer, but causes the majority (75%) of skin cancer related deaths. Melanocytes are normally present in skin, being responsible for the production of the dark pigment melanin. The age-adjusted death rate has stayed relatively constant since 2010 with a slight increase in 2011 through 2013 but taking a decline in 2014 that is consistent with 2010. The death rate for children and adolescents (0-19 years), is the highest in comparison with the other six cancers presented in this report.

Melanoma, Age- Adjusted Death Rate, Single Year Rates per 100,000, 2010-2015		
Years	Rate	
2015	2.8	
2014	2.8	
2013	3	
2012	3.1	
2011	3	
2010 2.7		

Melano	Melanoma, Age-Adjusted Death Rate, Single Year Rates per 100,000, 2010-2015				
Years	(0-19 Years of Age)	(20-39 Years of Age)	(40-64 Years of Age)	(65+ Years of Age)	
2015	2.8	0.3	3.3	13.8	
2014	2.8	.03	3	14.6	
2013	3	0.5	3.4	15.3	
2012	3.1	0.6	3.5	15.3	
2011	3	0.5	3.4	15	
2010	2.7	0.3	3.6	12.5	



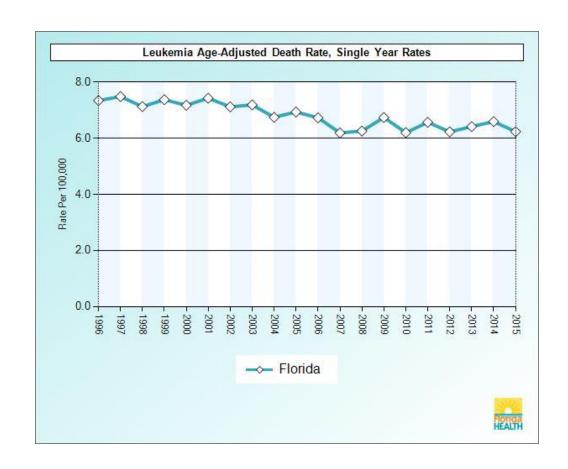


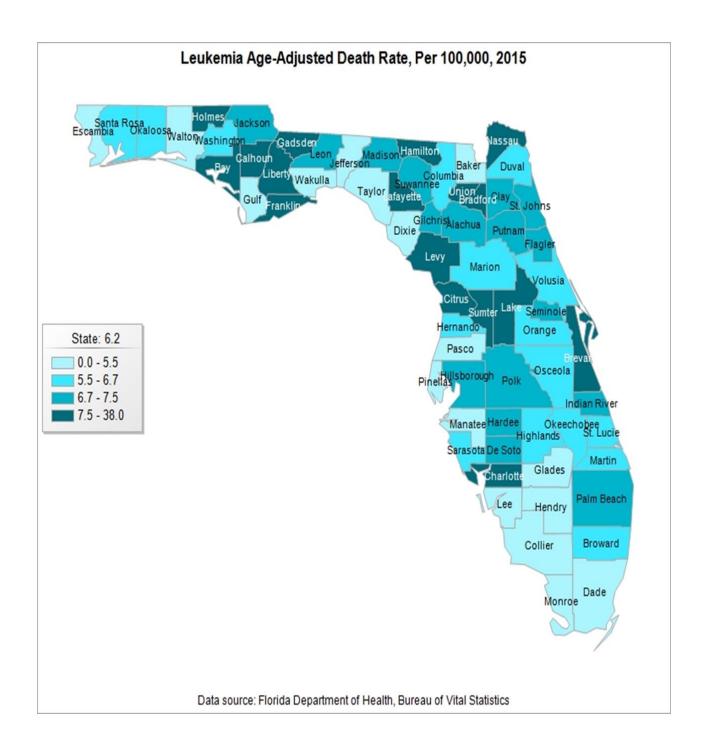
Leukemia is a cancer of the blood or bone marrow characterized by an abnormal increase of blood cells, usually leukocytes (white blood cells). Leukemia is a broad term covering a spectrum of diseases. It is part of the broad group of diseases called hematological neoplasms. The age-adjusted death rate has reduced slightly over the past 20 years and rates increase with age. Leukemia impacts the 0-19 age group slightly more than some of the cancers described in this report.

Years	Rate		
100,000, 2010-2015			
Single Year	Rates per		
Adjusted Death Rate,			
Leukemia Ca	ncer, Age-		

100,000, 2010-2015		
Years	Rate	
2015	6.2	
2014	6.6	
2013	6.4	
2012	6.2	
2011	6.6	
2010	6.2	

Leukem	Leukemia Cancer, Age-Adjusted Death Rate, Single Year Rates by Age Group per 100,000, 2010-2015				
Years	(0-19 Years of Age)	(20-39 Years of Age)	(40-64 Years of Age)	(65+ Years of Age)	
2015	0.7	1.2	4.6	35.7	
2014	0.6	1.2	5.2	37	
2013	0.6	0.9	4.7	37.4	
2012	0.5	1	4.4	36.5	
2011	0.5	1.2	4.6	38.7	
2010	0.6	1.2	4.7	35.2	

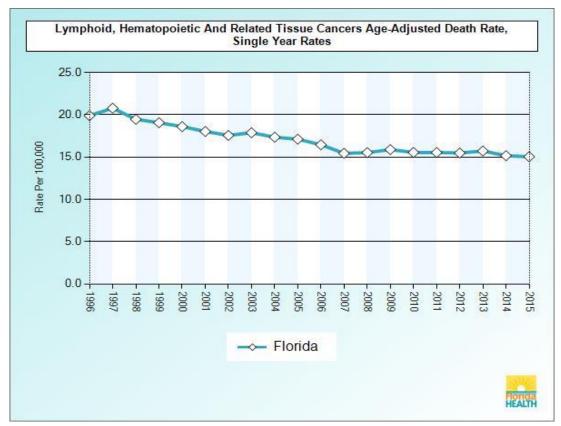




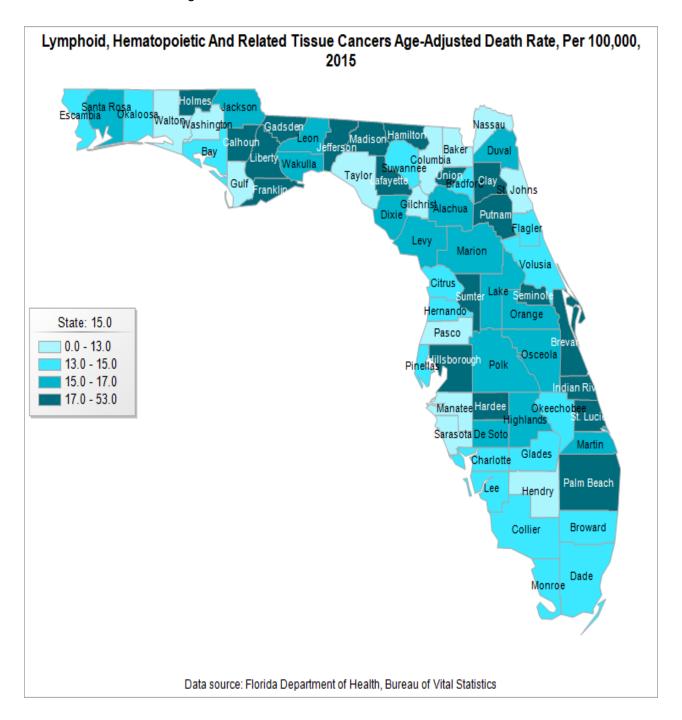
<u>Sarcoma</u> (<u>Lymphoid</u>, <u>Hematopoietic and Related Tissue Cancers</u>), are cancers stated or presumed to be primary, of lymphoid, hematopoietic and related tissue. Specific sarcoma cancer data in Florida is not available. Soft tissue sarcoma begins in various soft tissues including muscle, fat, blood vessels, nerves, tendons, and linings of joints. Soft tissue sarcoma can occur anywhere but is most common in the abdomen, arms and legs. Some risk factors found to be associated with soft tissue sarcoma are radiation, damaged lymph system and exposure to certain chemicals. Lifestyle factors are not linked to increased risk of soft tissue sarcoma.

Lymphoid, Hematopoietic and Related Tissue Cancers, Age-Adjusted Death		
Rate, Single Year Rates per 100,000, 2010- 2015		
Years	Rate	
2015	15	
2014	15.2	
2013	15.7	
2012	15.5	
2011	15.5	
2010	15.6	

Lymphoid, Hematopoietic and Related Tissue Cancers, Age-Adjusted Death Rate, Single Year Rates by Age Group per 100,000, 2010-2015					
Years	(0-19 Years of Age)	(20-39 Years of Age)	(40-64 Years of Age)	(65+ Years of Age)	
2015	0.9	1.8	12.4	87.9	
2014	0.7	2	12.3	88.1	
2013	0.7	2	12.5	92.1	
2012	0.5	1.9	11.9	91.9	
2011	0.6	2	12	92	
2010	0.7	2.1	12.8	90.3	



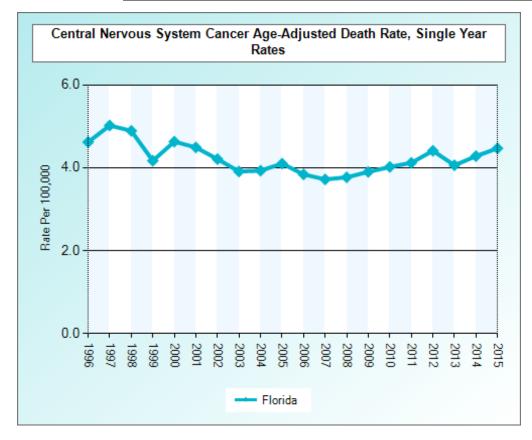
Lymphoid, hematopoietic and related tissue cancer death rates have steadily declined in the past 20 years in Florida. Death rates for these cancers increase with age, as with most other cancers. Some rural counties have a significantly higher death rate which could be attributed to decreased access to diagnostic care and treatment.



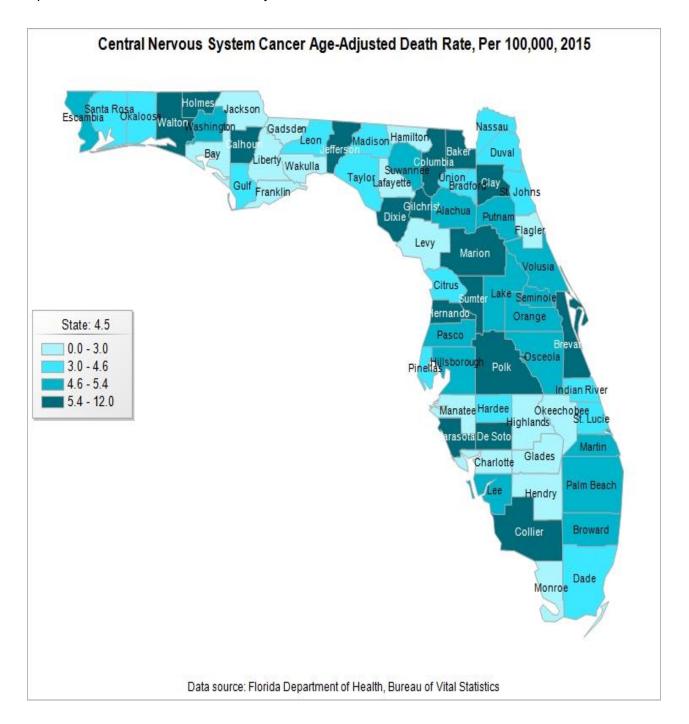
Brain/Central Nervous System Cancer is the growth of abnormal cells in the tissues of the brain and central nervous system. Cancerous brain and spinal cord tumors are the second most common cancers in children. Little is known about the causes of childhood and adult cancers of the brain and central nervous system. Several studies of environmental risk factors have presented inconsistent results. About 5% of brain tumors are due to hereditary factors. Risk factors are different for children than for adults. Established risk factors include exposure to therapeutic doses of ionizing radiation, rare hereditary syndromes and family history.

Central Nervous System Cancer, Age- Adjusted Death Rate, Single Year Rates per 100,000, 2010-2015			
Years Rate			
2015	4.5		
2014	4.3		
2013	4.1		
2012	4.4		
2011	4.1		
2010	4		

Central Nerv	Central Nervous System Cancer, Age-Adjusted Death Rate, Single Year Rates by Age Group per 100,000, 2010-2015					
Years	(0-19 Years of Age)	(20-39 Years of Age)	(40-64 Years of Age)	(65+ Years of Age)		
2015	0.7	0.9	6.1	18.6		
2014	0.7	1	5.9	17.1		
2013	0.6	1	5.3	17		
2012	0.6	1.1	6	17.8		
2011	0.7	0.9	6	16.1		
2010	0.6	0.9	5.3	16.5		



Cancers of the brain occur in people of all ages but more frequently in two age groups; children under the age of 15 and adults over the age of 65. Central nervous system cancers death rates have not significantly changed in the last 20 years in Florida. There is no clear geographic pattern related to central nervous system cancer death rates.



Federal Funding Awarded to Florida Institutions for Cancer-related Research

It is evident cancer research efforts in Florida are improved through state and federal grant award funding. The Department's William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley) and the James and Esther King Biomedical Research Program (King) seek to provide research grant funding to proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support. Annually, the Bankhead-Coley and King Funding Opportunity Announcements include Bridge grants as a mechanism of support to provide interim funding for promising investigator-initiated research projects that have been highly rated by national panels of peer reviewers in recent federal competitions but were not funded due to budgetary constraints. To be eligible for a Bridge grant, applicants must have submitted a multi-year, investigator-initiated research application to a federal agency and the applicant must have received a peer review summary statement indicating high scientific merit.

Florida cancer researchers have been successful in receiving federal research grants and are continually achieving more federal funding each year. In 2013, Florida ranked 16th in the nation in NIH funding. The state rose to 13th in the nation in 2014, and 12th in the nation in 2015.

The following charts indicate the cancer research federal funding awarded to Florida researchers, by funding institution, for 2015-2013.

Federal Research Funding 2015

State	NIH Funding	Rank	Total ¹ (NIH, CDC, NSF, AHRQ)	Rank
California	\$3,581,764,094	1	\$3,891,905,345	1
Massachusetts	\$2,519,342,334	2	\$2,579,487,932	3
New York	\$2,149,771,633	3	\$2,734,502,129	2
Pennsylvania	\$1,538,118,189	4	\$1,633,737,641	4
North Carolina	\$1,067,284,633	5	\$1,176,758,751	7
Texas	\$1,040,799,728	6	\$1,197,032,537	6
Maryland	\$984,919,207	7	\$1,548,145,413	5
Washington	\$862,176,970	8	\$1,010,349,539	8
Illinois	\$794,979,202	9	\$906,014,462	9
Ohio	\$694,751,046	10	\$774,600,329	10
Michigan	\$654,349,171	11	\$739,694,569	11
Florida	\$527,733,701	12	\$685,727,275	13

¹ www.report.nih.gov, https://taggs.hhs.gov/2015AnnualReport/Portfolios, http://dellweb.bfa.nsf.gov/AwdLst2/default.asp, www.researchamerica.org

Minnesota	\$513,335,268	13	\$577,721,320	14
Connecticut	\$506,188,803	14	\$516,097,284	17
Georgia	\$497,568,909	15	\$695,114,170	12
Tennessee	\$483,022,887	16	\$528,240,269	16
Missouri	\$482,818,909	17	\$529,841,700	15
Wisconsin	\$415,365,292	18	\$467,334,387	18
Colorado	\$343,161,117	19	\$409,329,864	21
Virginia	\$296,219,739	20	\$416,191,484	20
1				

Federal Research Funding 2014

State	NIH Funding	Rank	Total (NIH, CDC, NSF, AHRQ)	Rank
California	3,410,496,236	1	3,785,519,397	1
Massachusetts	2,364,750,629	2	2,519,340,720	3
New York	2,069,300,604	3	2,667,579,462	2
Pennsylvania	1,496,869,899	4	1,621,491,499	4
Maryland	1,010,931,562	5	1,219,997,494	5
North Carolina	991,876,570	6	1,115,762,540	7
Texas	972,156,544	7	1,149,072,673	6
Washington	876,933,041	8	995,839,449	8
Illinois	710,197,186	9	860,727,544	9
Ohio	633,220,134	10	722,795,387	10
Michigan	570,661,279	11	684,649,598	11
Minnesota	496.534,123	12	572,226,044	14
Florida	472,980,811	13	629,812,193	12
Missouri	467,769,290	14	520,579,742	15
Georgia	466,527,650	15	625,030,177	13
Connecticut	464,422,776	16	512,141,722	17
Tennessee	444,845,210	17	513,935,064	16

Wisconsin	383,027,428	18	445,295,108	18
Colorado	310,947,915	19	374,975,967	19
Oregon	301,075,374	20	355,554,759	20

Federal Research Funding 2013

State	NIH Funding	Rank	Total (NIH, CDC, NSF, AHRQ)	Rank
California	3,334,417,000	1	4,985,551,000	1
Massachusetts	2,384,194,000	2	2,991,956,000	2
New York	1,946,868,000	3	2,839,882,000	3
Maryland	1,590,089,000	4	2,050,901,000	4
Pennsylvania	1,387,998,000	5	1,863,196,000	5
North Carolina	1,037,787,000	6	1,386,026,000	7
Texas	956,595,000	7	1,690,571,000	6
Washington	835,212,000	8	1,126,004,000	9
Illinois	760,095,000	9	1,322,208,000	8
Ohio	685,297,000	10	971,411,000	10
Michigan	575,889,000	11	954,657,000	11
Minnesota	493,986,000	12	689,927,000	15
Tennessee	456,096,000	13	632,924,000	17
Georgia	450,949,000	14	798,615,000	13
Connecticut	444,605,000	15	578,344,000	19
Florida Florida	435,070,000	16	904,179,000	12
Missouri	409,220,000	17	561,028,000	20
Wisconsin	371,985,000	18	590,213,000	18
Virginia	319,864,000	19	651,724,000	16
Colorado	316,251,000	20	776,950,000	14

<u>Description of Collaborative Grants and Interinstitutional Collaboration among Participating</u> Cancer Centers

The description of the collaborative grants and interinstitutional collaboration among participating cancer centers was submitted to the Department by the Florida Academic Cancer Center Alliance. Attachment A includes the following information as outlined in statute:

- collaborative efforts focusing on grants and interinstitutional agreements among participating cancer centers
- a comparison of collaborative grants in proportion to the grant totals for each cancer center
- a catalogue of retreats and progress seed grants using state funds
- targets for collaboration in the future and reports on progress regarding such targets where appropriate



Attachment A

Florida Consortium of National Cancer Institute Centers Program

July 1, 2017







Collaborations among the Florida-based NCIs

The Florida Academic Cancer Center Alliance, consisting of the Moffitt Cancer Center (Moffitt), the UF Health Cancer Center (UF Health), and the Sylvester Comprehensive Cancer Center (Sylvester), was formed to obtain NCI designation for UF Health and Sylvester, sustain Comprehensive status for Moffitt, and to build collaborations between the centers. The three centers meet regularly at multiple leadership levels. The Center Directors meet four times a year (two in person) and the administrative leadership meets monthly by phone. At these meetings, the leaders discuss the scientific progress of each center, review pilot project proposals (described below), present ways to enhance collaboration, consider ideas for expanding the education and training of Florida's cancer research workforce, and discuss how the centers together can improve overall cancer care in the state.

Since 2016, the Centers, on a rotating basis, have hosted annual scientific retreats to nurture scientific collaborations and include presentations by pilot awardees as well as other areas of potential collaboration. The agenda for the 2016 and the 2017 meetings are provided (Attachment A) and described in more detail below.

Since 2015, Moffitt has collaborated with the other FACCA members on 49 unique publications (Attachment B). The UF Health Cancer Center and the Sylvester Comprehensive Cancer Center have collaborated on an additional 8 publications together (Attachment B).

Moffitt continues to be the state leader in obtaining NCI grant funding with \$24.7 million (M) in 2016, making it among the top 30 in institutions funded by the NCI. Overall research funding from over 350 grants, contracts and clinical trials is over \$80 million a year. NCI funding at the UF Health Cancer Center has consistently exceeded over \$10 million annually. NCI funding continues to be on a positive trajectory, with the current NCI funding exceeding \$11 million. Total direct peer-reviewed research funding is currently over \$23 million. The overall cancer center research portfolio consists of 197 grants, contracts and clinical trials, with a current direct cost annual funding exceeding \$26 million. NCI funding at Sylvester exceeds \$7 million annually. Overall research funding from over 270 grants, contracts and clinical trials is over \$27 million in annual direct costs.

While the alliance is still in its early stages, Moffitt has collaborated with Sylvester or UF Health on 10 externally funded awards including funding from the NCI and Florida Biomedical Research Program since 2015. In addition, Sylvester and UF Health have 1 collaborative grant through the Florida Department of Health.

To further enhance collaboration between the centers, a pilot program was developed. Since the fall of 2015, Moffitt has funded seven collaborative projects totaling \$350,000 that match scientific strengths at Moffitt with strengths at the other two centers to foster team science. Sylvester has funded eight collaborative projects totaling \$400,000 and UF Health has funded 9 projects totaling \$450,000. The following table summarizes the collaborations between the three institutions by award year.

PI (Institution)	Project title	Year
Egan, Kathleen, ScD (Moffitt);	Gut microflora and estrogens: a new paradigm	2015
Yaghjyan, Lusine, PhD (UF Health)	for breast cancer risk reduction	
Lynch, Conor, PhD (Moffitt);	Role of AVPR1 in metastatic castration resistant	2015
Daaka, Yehia, PhD (UF Health);	prostate cancer	
Burnstein, Kerry, PhD (Sylvester)		
Permuth, Jenny, PhD & Malafa, Mokenge, MD (Moffitt);	The Florida pancreas cancer collaborative: a	2015
Trevino, Jose, MD (UF Health);	partnership dedicated to the prevention and	
Merchant, Nipun, MD (Sylvester)	early detection of pancreatic cancer	
O'Dell, Walter, PhD (UF Health);	Modeling the patterns of breast cancer early	2015
Takita, Christine, MD (Sylvester)	metastases	

Chellappan, Srikumar, PhD (Moffitt);	Targeting mitotic functions of TBK1 and Cdk2 to	2016
Law, Brian, PhD (UF Health)	combat cancer	
List, Alan, MD & Wei, Sheng, PhD (Moffitt);	RAGE signaling through the inflammasome: novel	2016
Hudson, Barry & Lippman, Marc (Sylvester)	combined inflammatory therapeutic targets in	
	cancer	
Smalley, Keiran, PhD (Moffitt);	Defining and targeting the epigenetic landscape	2016
Licht, Jonathon, MD (UF Health);	of uveal melanoma	
Harbour, William, MD (Sylvester)		
Pal, Tuya, MD (Moffitt);	The effect of Immigration on the development of	2016
DeGennaro, Vincent, MD (UF Health);	breast cancer in women of African descent	
Hurley, Judith, MD & George Sophia, PhD (Sylvester)		
Huang, Suming, PhD (UF Health);	The role of HoxBlink INCRA in NPM1 mutation-	2016
Xu, Mingjiang, MD, PhD (Sylvester)	mediated pathogens of myeloid malignancies	
Renne, Rolf, PhD (UF Health);	Oncogenic role of KSHV micro RNAs in cell and	2016
Mesri, Enrique, PhD (Sylvester)	animal models of Kaposi's sarcoma	

A third funding cycle for collaborative projects recently closed on April 7, 2017. Twelve proposals were received involving collaborations among the three institutions. These proposals are currently under review with a funding decision expected by the end of June.

The 2015 projects will be concluding in July 2017 and the teams have submitted extramural grants and peer-reviewed publications or have them in preparation. The following is a summary of progress by the 2015 funded projects:

A. Dr. Permuth (Moffitt), Dr. Merchant (Sylvester), & Dr. Trevino (UF Health) Publications (FACCA PIs in Bold)

- 1. **Permuth JB, Trevino J, Merchant N** and **Malafa M**. Partnering to advance early detection and prevention efforts for pancreatic cancer: the Florida Pancreas Collaborative. Future Oncol. 2016; 12(8):997-1000, PMID: 26863203.
- Permuth JB, Choi J, Balarunathan Y, Kim J, Chen DT, Chen L, Orcutt S, Doepker MP, Gage K, Zhang G, Latifi K, Hoffe S, Jiang K, Coppola D, Centeno BA, Magliocco A, Li Q, Trevino J, Merchant N, Gillies R, Malafa M, On Behalf Of The Florida Pancreas Collaborative. Combining radiomic features with a miRNA classifier may improve prediction of malignant pathology for pancreatic intraductal papillary mucinous neoplasms. *Oncotarget*. 2016 Dec 27;7(52):85785-85797 doi: 10.18632/oncotarget.11768. PMID: 27589689
- 3. **Permuth JB**, Choi JW, Chen D, Jiang K, DeNicola G, Li J, Coppola D, Centeno BA, Magliocco A, Balagurunathan Y, **Merchant N, Trevino JG**, Jeong D. A pilot study of radiologic measures of abdominal adiposity: weighty contributors to early pancreatic carcinogenesis worth evaluating? *Can Bio & Med*. 2017 Feb 15;14(1):66-73)
- 4. **Permuth JB,** Chen D, Yoder SJ, Li J, Smith AT, Choi JW, Kim J, Balagurunathan Y, Jiang K, Coppola D, Centeno BA, Klapman J, Hodul P, Karreth F, **Trevino JG, Merchant N**, Magliocco, **Malafa MP**, Gillies R. Linc-ing Circulating Long Non-coding RNAs to the Diagnosis and Malignant Prediction of Intraductal Papillary Mucinous Neoplasms of the Pancreas. (in press, *Scientific Reports*)

Grants – The team has submitted four large-scale highly-ranked collaborative extramural grant submissions through three different sponsors:

- 1. A proposal to the American Cancer Society Research Scholar Mechanism, which was scored 'very good' but not funded:
- 2. Two R21 proposals to the National Cancer Institute (NCI). The initial submission scored in the 8th percentile with an impact score 23 and a re-submission was assigned to different reviewers and was scored in the 12th percentile with an impact score 27. It is currently being considered as an 'exception' by council because it aligns well with NCI's portfolio to fund research on recalcitrant cancers;
- 3. An infrastructure application to the 2017 Florida Biomedical Research/James and Esther King Research Program (92nd percentile which is equivalent to NCI's 8th percentile) but the proposal was not funded. The team plans to repurpose the proposal for anR01 mechanism for submission this summer.

B. Dr. Lynch (Moffitt), Dr. Daaka (UF Health), & Dr. Burnstein (Sylvester)

Publications (FACCA PIs in Bold)

1. Abstract: Arginine Vasopressin Receptor 1A as a Novel Therapeutic Target for Castration-Resistant Prostate Cancer. Ning Zhao, PhD, Stephanie Peacock, MD,PhD, Chen Hao Lo, MS, Meghan Rice, PhD, Laine Heidman, BS, Ann Greene, BS, Yushan Zhang, PhD, Yehia Daaka, PhD, Conor Lynch, PhD, Kerry Burnstein, PhD; 2017 Annual Meeting of the Endocrine Society

Grants – The team has submitted four proposals to four different sponsors:

- 1. Bankhead Coley score 94.6%, not funded
- 2. DOD score 1.4 (outstanding), not funded
- 3. NCI R01, pending
- 4. Prostate Cancer Foundation, pending

C. Dr. Egan (Moffitt) & Dr. Yaghjyan (UF Health)

Publications – A manuscript is currently in preparation.

Grants – The team has submitted one proposal and a second one is in preparation:

- 1. The team submitted an R21 application which received a 10th percentile ranking, though it was not selected for funding. Unfortunately, the revised application, reviewed by a different Study Section, received a lower priority score.
- 2. Planning is underway for an R01 application which will be a collaborative effort between investigators at Moffitt Cancer Center, UF Health, and Harvard Medical School (involving the Nurse' Health Study). The proposed application will examine: 1) the association of the gut microbiome with mammographic breast density; 2) associations of the gut microbiome with urinary estrogen metabolites; and 3) associations of alcohol consumption and BMI with gut microbiome. This submission is planned for the October 5, 2017 deadline.

D. Dr. O'Dell (UF Health) & Dr. Takita (Sylvester)

Publications (FACCA PIs in Bold)

- 1. Manuscript submitted to the *Journal of Medical Imaging*, currently in revision.
- Radiation risk versus projected clinical benefit of surveillance imaging for early detection and treatment of breast cancer metastases. O'Dell W, Takita C, Casey-Sawicki K, Daily K, Heldermon C, Okunieff O. Oral Presentation, 22nd Annual Multidisciplinary Symposium on Breast Disease, Amelia Island, FL, February 9-12, 2017, selected for *The Breast Journal* Award, given to the top 3 abstracts at the symposium.
- 3. Abstract also submitted for presentation at the 2017 Annual Meeting of the American Society for Radiation Oncology (ASTRO), pending acceptance decision.

Grants – An NIH R01 in preparation, based on this work.

These pilot projects have provided the foundation for the annual scientific retreats (Attachment A), which are designed to build upon existing collaborations, leverage the strengths of each center, and promote areas of common interest for future collaborations. Attended by faculty from all three centers, each retreat has presented four areas to target for collaboration. Each topic is introduced by a Center Director. Then, a faculty member from each center provides a brief summary of their research in the area and as a group, potential collaborations are discussed. The following areas were the focus of the 2016 and 2017 meetings:

2016

- Viruses, bacteria and the microbiome
- Personalized medicine (with focus on immunotherapy)
- Community participatory research
- Aging and inflammation

2017

- Epigenetics
- Viral oncology
- Health Outcomes
- Drug development

While collaborations are not limited to these areas, they represent areas where each Center has expertise and could likely contribute. The retreats, combined with a robust pilot project program, have already been successful in obtaining

external funding, publishing new discoveries, and establishing long-term collaborations. While only a few years old, a strong foundation of collaboration has been established that will lead to more collaborative grants and publications in the coming years. Also, the collaboration has provided critical support for UF Health and Sylvester to expand their cancer centers with the goal of obtaining NCI designation in the near future. The Collaboration assisted Moffitt in competitively renewing their NCI designation as a Comprehensive Cancer Center in 2016. As collaborations increase and mature, Moffitt expects the additional collaborations will lead to greater success and position Moffitt well for its next renewal in 2021.

Through state funding, UF Health and Sylvester have provided support for the development of the OneFlorida Cancer Control Alliance, a statewide network established through an award from the Florida Department of Health to create programs designed to translate research findings into practice and bring the benefits of lab research and other clinical settings to more than 9 million patients in all of Florida's 67 counties (Attachment C). This network, funded by the Department of Health's James & Esther King Biomedical Research Program, has created and implemented tobacco cessation programs in doctors' offices around the state in a coordinated effort to prevent cancers and other cardiovascular diseases related to tobacco use, just one example of the network's impact on improving the health of Floridians. The statewide network is also dedicated to helping researchers and patients from underserved and vulnerable populations become involved in community-based research. This effort ensures treatments and programs serve the entire population of the state and are tailored to individual community needs.





FACCA Retreat Newman Alumni Center – March 3-4, 2016 6200 San Amaro Drive, Coral Gables, FL 33146

THURSDAY, MARCH 3, 2016

10:30 a.m. – 12:00 p.m. Retreat Registration

Poster set-up

Refreshments

12:00 p.m. - 12:45 p.m. Lunch

12:45 p.m. – 1:05 p.m. Opening Remarks

Stephen D. Nimer, M.D. Professor of Medicine

Director, Sylvester Comprehensive Cancer Center

1:05 p.m. - 1:15 p.m. FACCA Pilot Project Process

Brian C. Springer, MHA

Vice President, Research Administration Associate Center Director, Administration

H. Lee Moffitt Cancer Center & Research Institute

1:15 p.m. – 1:35 p.m. FACCA Pilot Project Awardees

"Gut microflora and estrogens: a new paradigm for breast cancer risk reduction"

Kathleen Egan, Sc.D. [Moffitt] Lusine Yaghiyan, Ph.D. [UF]

1:35 p.m. – 1:45 p.m. Discussion

1:45 p.m. – 2:05 p.m. FACCA Pilot Project Awardees

"Role of AVPR1a in metastatic castration resistant prostate cancer"

Conor Lynch, Ph.D. [Moffitt] Yehia Daaka, Ph.D. [UF] Kerry Burnstein, Ph.D. [SCCC]

2:05 p.m. - 2:15 p.m. Discussion

2:15 p.m. - 2:30 p.m. Break

2:30 p.m. – 2:50 p.m. FACCA Pilot Project Awardees

"Modeling the patterns of breast cancer early metastases"

Walter O'Dell, Ph.D. [UF] Cristiane Takita, M.D. [SCCC]





FACCA Retreat Newman Alumni Center – March 3-4, 2016 6200 San Amaro Drive, Coral Gables, FL 33146

2:50 p.m. - 3:00 p.m. Discussion

3:00 p.m. - 3:20 p.m. FACCA Pilot Project Awardees

"The Florida pancreas cancer collaborative: a partnership dedicated to the

prevention and early detection of pancreatic cancer"

Jenny Permuth, Ph.D. [Moffitt]

3:20 p.m. - 3:30 p.m. Discussion

3:30 p.m. – 4:30 p.m. Topic 1: Viruses, Bacteria, and the Microbiome

Introduction by Jonathan Licht, M.D.

Director, University of Florida Health Cancer Center

Christian Jobin, Ph.D. [UF] Anna Giuliano, Ph.D. [Moffitt] Sylvia Daunert, Ph.D. [SCCC]

4:30 p.m. - 4:45 p.m. Discussion

4:45 p.m. – 7:00 p.m. Poster Session / Cocktails

7:00 p.m. - 8:00 p.m. Seated Dinner

9:00 p.m. Retrieve Posters

FRIDAY, MARCH 4, 2016

7:30 a.m. Breakfast

7:45 a.m. – 8:00 a.m. Opening Remarks

Thomas Sellers, Ph.D., MPH

Director, H. Lee Moffitt Cancer Center & Research Institute

8:00 a.m. - 9:00 a.m. Topic 2: Personalized Medicine (Focused on Immuno-Oncology)

Introduction by Stephen D. Nimer, M.D.

Director, Sylvester Comprehensive Cancer Center

Elias Sayour, M.D., Ph.D. [UF] Keiran Smalley, Ph.D. [Moffitt] Jonathan Trent, M.D., Ph.D. [SCCC]





FACCA Retreat Newman Alumni Center – March 3-4, 2016 6200 San Amaro Drive, Coral Gables, FL 33146

9:00 a.m. - 9:15 a.m. Discussion

9:15 a.m. – 10:15 a.m. Topic 3: Community Participatory Research

Introduction by Thomas Sellers, Ph.D., MPH

Director, H. Lee Moffitt Cancer Center & Research Institute

Betsy Shenkman, Ph.D. [UF] Cathy Meade, Ph.D. [Moffitt] Erin Kobetz, Ph.D. [SCCC]

10:15 a.m. - 10:30 a.m. Discussion

10:30 a.m. – 11:30 a.m. Topic 4: Aging and Inflammation

Introduction by Jonathan Licht, M.D.

Director, University of Florida Health Cancer Center

Frederic J. Kaye, M.D. [UF] Martine Extermann, M.D. [Moffitt] Barry Hudson, Ph.D. [SCCC]

11:30 a.m. - 11:45 a.m. Discussion

11:45 a.m. – 12:00 p.m. Closing Remarks

Stephen D. Nimer, M.D.

Director, Sylvester Comprehensive Cancer Center

Jonathan Licht, M.D.

Director, University of Florida Health Cancer Center

Thomas Sellers, Ph.D., MPH

Director, H. Lee Moffitt Cancer Center & Research Institute

12:00 p.m. Adjourn

12:00 p.m. Lunch

Florida Academic Cancer Center Alliance (FACCA) Research Retreat II UF Research & Academic Center at Lake Nona – April 18-19, 2017 6550 Sanger Road, Orlando, FL 32827

TUESDAY, APRIL 18, 2017

10:30 am-12:00 pm Retreat Registration (*Atrium*)

Poster Set-up

12:00 pm-12:45 pm Lunch (*Rm 131/132*)

12:45 pm-1:00 pm Opening Remarks (Auditorium)

Jonathan Licht, MD [UF]

Thomas Sellers, PhD, MPH [Moffitt]

Stephen Nimer, MD [SCCC]

1:00 pm-2:00 pm Topic 1: Epigenetics

Discussion Session w/faculty from each center

Maria Figueroa, MD [SCCC] Jonathan Licht, MD [UF] Florian Karreth, PhD [Moffitt]

2:00 pm-2:10 pm Discussion

2:10 pm-2:30 pm FACCA Pilot Project

The role of HoxBlinc INCRA in NPM1 mutation-mediated pathogens of myeloid

malignancies

Suming Huang, PhD [UF]

Mingjiang Xu, MD, PhD [SCCC]

2:30 pm-2:50 pm FACCA Pilot Project

Defining and targeting the epigenetic landscape of uveal melanoma

Keiran Smalley, PhD [Moffitt] Jonathan Licht, MD [UF] William Harbour, MD [SCCC]

2:50 pm-3:00 pm Discussion

3:00 pm-3:10 pm Break

3:10 pm-4:10 pm Topic 2: Viral Oncology

Discussion Session w/faculty from each center

Noriyuki Kasahara, MD, PhD [SCCC]

Scott Tibbetts, PhD [UF]

Peter Forsyth, FACP, MA [Moffitt]

TUESDAY, APRIL 18, 2017 continued

4:10 pm-4:20 pm Discussion

4:20 pm-4:40 pm FACCA Pilot Project

Oncogenic role of KSHV micro RNAs in cell and animal models of Kaposi's

sarcoma

Enrique Mesri, PhD [SCCC] Rolf Renne, PhD [UF]

4:40 pm-4:50 pm Discussion

4:50 pm-6:15 pm Poster Session/Cocktails (Atrium)

5:30 pm-6:15 pm Topic Tables

<u>Topic 1</u>: High-performance Bioinformatics for Cancer Research Alberto Riva, PhD [UF] & Steven Eschrich, PhD [Moffitt]

<u>Topic 2</u>: Application of NGS in Epigenetics and noncoding RNA Research

Rolf Renne, PhD [UF] & Michael Kladde, PhD [UF]

Topic 3: Gnotobiotic Technology to Study Microbiota Role in Preclinical Cancer Model

Christian Jobin, PhD [UF] & Conor Lynch, PhD [Moffitt]

6:15 pm Retrieve Posters

6:30 pm Seated Dinner (*Rm* 131/132)

FACCA Pilot Project

Gut microflora and estrogens: a new paradigm for breast cancer risk reduction

Kathleen Egan, ScD [Moffitt] Lusine Yaghjyan, PhD [UF]

FACCA Pilot Project

Role of AVPR1a in metastatic castration resistant prostate cancer

Conor Lynch, PhD [Moffitt] Yehia Daaka, PhD [UF]

Kerry Burnstein, PhD [SCCC]

FACCA Pilot Project

Modeling the patterns of breast cancer early metastases

Walter O'Dell, PhD [UF]

Christine Takita, MD [SCCC]

FACCA Pilot Project

The Florida pancreas cancer collaboration: a partnership dedicated to the

prevention and early detection of pancreatic cancer

Jenny Permuth, PhD [Moffitt]

Mokenge Malafa, MD [Moffitt]

Jose Trevino, MD [UF]

Nipun Merchant, MD [SCCC]

WEDNESDAY, APRIL 19, 2017

7:15 am **Breakfast** (*Rm* 131/132)

7:45 am-8:00 am Opening Remarks (Auditorium)

Thomas Sellers, PhD, MPH [Moffitt]

Stephen Nimer, MD [SCCC] Jonathan Licht, MD [UF]

8:00 am-9:00 am Topic 3: Health Outcomes

Discussion Session w/faculty from each center

Julia Seay, PhD [SCCC] Jong Park, PhD [Moffitt] Yi Guo, PhD [UF]

9:00 am-9:10 am Discussion

9:10 am-9:30 am FACCA Pilot Project

The effect of Immigration on the development of breast cancer in women of African

descent

Susan Vadaparampil, PhD, MPH [Moffitt]

Vincent DeGennaro, MD [UF] Judith Hurley, MD [SCCC] Sophia George, PhD [SCCC]

9:30 am-9:40 am **Discussion**

9:40 am-9:50 am Break

9:50 am-10:50 am Topic 4: Drug Development

Discussion Session w/faculty from each center

Chengguo (Chris) Xing, PhD [UF]

Said Sebti, PhD [Moffitt] Shaun Brothers, PhD [SCCC]

10:50 am-11:00 am **Discussion**

11:00 am-11:20 am FACCA Pilot Project

RAGE signaling through the inflammasome: novel combined inflammatory

therapeutic targets in cancer Alan List, MD [Moffitt] Sheng Wei, MD [Moffitt] Barry Hudson, MD [SCCC] Marc Lippman, PhD [SCCC]

11:20 am-11:40 am FACCA Pilot Project

Targeting mitotic functions of TBK1 and Cdk2 to combat cancer

Srikumar Chellappan, PhD [Moffitt]

Brian Law, PhD [UF]

11:40 am-11:50 am Discussion

WEDNESDAY, APRIL 19, 2017 continued

11:50 am-12:00 pm Closing Remarks

Closing Remarks Stephen Nimer, MD [SCCC]

Thomas Sellers, PhD, MPH [Moffitt]

Jonathan Licht, MD [UF]

12:00 pm Adjourn

Collaborative Publications with Moffitt Cancer Center, the University of Miami and the University of Florida since 2015

- 1. Allen BK, Mehta S, Ember SW, Schonbrunn E, Ayad N, Schurer SC. Large-Scale Computational Screening Identifies First in Class Multitarget Inhibitor of EGFR Kinase and BRD4. Sci Rep. 2015;5:16924. PMCID: PMC4657038. PMID: 26596901
- Appelbaum FR, Anasetti C, Antin JH, Atkins H, Davies S, Devine S, Giralt S, Heslop H, Laport G, Lee SJ, Logan B, Pasquini M, Pulsipher M, Stadtmauer E, Wingard JR, Horowitz MM. Blood and marrow transplant clinical trials network state of the Science Symposium 2014. Biology of blood and marrow transplantation: journal of the American Society for Blood and Marrow Transplantation. 2015;21(2):202-24. PMCID: PMC4426907. PMID: 25445636
- 3. Block KI, Gyllenhaal C, Lowe L, Amedei A, Amin AR, Amin A, Aquilano K, Arbiser J, Arreola A, Arzumanyan A, Ashraf SS, Azmi AS, Benencia F, Bhakta D, Bilsland A, Bishayee A, Blain SW, Block PB, Boosani CS, Carey TE, Carnero A, Carotenuto M, Casey SC, Chakrabarti M, Chaturvedi R, Chen GZ, Chen H, Chen S, Chen YC, Choi BK, Ciriolo MR, Coley HM, Collins AR, Connell M, Crawford S, Curran CS, Dabrosin C, Damia G, Dasgupta S, DeBerardinis RJ, Decker WK, Dhawan P, Diehl AM, Dong JT, Dou QP, Drew JE, Elkord E, El-Rayes B, Feitelson MA, Felsher DW, Ferguson LR, Fimognari C, Firestone GL, Frezza C, Fujii H, Fuster MM, Generali D, Georgakilas AG, Gieseler F, Gilbertson M, Green MF, Grue B, Guha G, Halicka D, Helferich WG, Heneberg P, Hentosh P, Hirschey MD, Hofseth LJ, Holcombe RF, Honoki K, Hsu HY, Huang GS, Jensen LD, Jiang WG, Jones LW, Karpowicz PA, Keith WN, Kerkar SP, Khan GN, Khatami M, Ko YH, Kucuk O, Kulathinal RJ, Kumar NB, Kwon BS, Le A, Lea MA, Lee HY, Lichtor T, Lin LT, Locasale JW, Lokeshwar BL, Longo VD, Lyssiotis CA, MacKenzie KL, Malhotra M, Marino M, Martinez-Chantar ML, Matheu A, Maxwell C, McDonnell E, Meeker AK, Mehrmohamadi M, Mehta K, Michelotti GA, Mohammad RM, Mohammed SI, Morre DJ, Muralidhar V, Muqbil I, Murphy MP, Nagaraju GP, Nahta R, Niccolai E, Nowsheen S, Panis C, Pantano F, Parslow VR, Pawelec G, Pedersen PL, Poore B, Poudyal D, Prakash S, Prince M, Raffaghello L, Rathmell JC, Rathmell WK, Ray SK, Reichrath J, Rezazadeh S, Ribatti D, Ricciardiello L, Robey RB, Rodier F, Rupasinghe HP, Russo GL, Ryan EP, Samadi AK, Sanchez-Garcia I, Sanders AJ, Santini D, Sarkar M, Sasada T, Saxena NK, Shackelford RE, Shantha Kumara HM, Sharma D, Shin DM, Sidransky D, Siegelin MD, Signori E, Singh N, Sivanand S, Sliva D, Smythe C, Spagnuolo C, Stafforini DM, Stagg J, Subbarayan PR, Sundin T, Talib WH, Thompson SK, Tran PT, Ungefroren H, Vander Heiden MG, Venkateswaran V, Vinay DS, Vlachostergios PJ, Wang Z, Wellen KE, Whelan RL, Yang ES, Yang H, Yang X, Yaswen P, Yedjou C, Yin X, Zhu J, Zollo M. Designing a broad-spectrum integrative approach for cancer prevention and treatment. Seminars in cancer biology. 2015;35 Suppl:S276-304. PMCID: PMC4819002. PMID: 26590477
- 4. D'Souza A, Dispenzieri A, Wirk B, Zhang MJ, Huang J, Gertz MA, Kyle RA, Kumar S, Comenzo RL, Peter Gale R, Lazarus HM, Savani BN, Cornell RF, Weiss BM, Vogl DT, Freytes CO, Scott EC, Landau HJ, Moreb JS, Costa LJ, Ramanathan M, Callander NS, Kamble RT, Olsson RF, Ganguly S, Nishihori T, Kindwall-Keller TL, Wood WA, Mark TM, Hari P. Improved Outcomes After Autologous Hematopoietic Cell Transplantation for Light Chain Amyloidosis: A Center for International Blood and Marrow Transplant Research Study. Journal of clinical oncology: official journal of the American Society of Clinical Oncology. 2015;33(32):3741-9. PMCID: PMC4737858. PMID: 26371138
- 5. Duncan CN, Majhail NS, Brazauskas R, Wang Z, Cahn JY, Frangoul HA, Hayashi RJ, Hsu JW, Kamble RT, Kasow KA, Khera N, Lazarus HM, Loren AW, Marks DI, Maziarz RT, Mehta P, Myers KC, Norkin M, Pidala JA, Porter DL, Reddy V, Saber W, Savani BN, Schouten HC, Steinberg A, Wall DA, Warwick AB, Wood WA, Yu LC, Jacobsohn DA, Sorror ML. Long-term survival and late effects among one-year survivors of second allogeneic hematopoietic cell transplantation for relapsed acute leukemia and myelodysplastic syndromes. Biology of blood and marrow transplantation: journal of the American Society for Blood and Marrow Transplantation. 2015;21(1):151-8. PMCID: PMC4272862. PMID: 25316109
- 6. Fu J, Wang D, Yu Y, Heinrichs J, Wu Y, Schutt S, Kaosaard K, Liu C, Haarberg K, Bastian D, McDonald DG, Anasetti C, Yu XZ. T-bet is critical for the development of acute graft-versus-host disease through controlling T cell differentiation and function. Journal of immunology (Baltimore, Md: 1950). 2015;194(1):388-97. PMCID: PMC4314960. PMID: 25404360
- 7. Gwede CK, Koskan AM, Quinn GP, Davis SN, Ealey J, Abdulla R, Vadaparampil ST, Elliott G, Lopez D, Shibata D,

- Roetzheim RG, Meade CD. Patients' perceptions of colorectal cancer screening tests and preparatory education in federally qualified health centers. Journal of cancer education: the official journal of the American Association for Cancer Education. 2015;30(2):294-300. PMCID: PMC4372499. PMID: 25249181
- 8. Hebert JR, Braun KL, Meade CD, Bloom J, Kobetz E. Community-Based Participatory Research Adds Value to the National Cancer Institute's Research Portfolio. Progress in community health partnerships: research, education, and action. 2015;9 Suppl:1-4. PMCID: PMC4703947. PMID: 26213397
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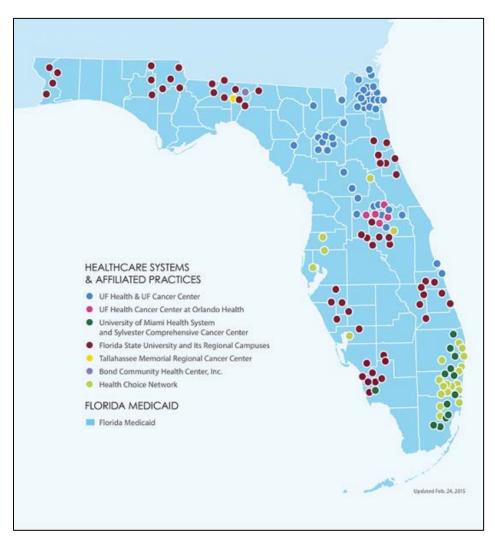
OneFlorida Cancer Control Alliance

The OneFlorida Clinical Research Consortium formed the OneFlorida Cancer Control Alliance to strengthen statewide infrastructure and reduce health disparities in cardiovascular disease and cancer related to tobacco use. It is funded by a three-year, \$1.6 million grant awarded to UF in 2014 by the Florida Department of Health's James and Esther King Biomedical Research Program.

The alliance involves the OneFlorida Clinical Research Consortium's academic and health care partners as well as Florida A&M University and Edward Waters College. The OneFlorida Cancer Control Alliance health care and community partners are:

- UF Health and the UF Health Cancer Center
- UF Health Cancer Center at Orlando Health
- University of Miami Health System and Sylvester Comprehensive Cancer Center
- Bond Community Health Center, Inc.
- Edward Waters College
- Florida A&M University

- Florida State University and Their Practice Partners
- Health Choice Network of Florida
- Tallahassee Memorial Regional Cancer Center
- Florida Department of Health
- Florida Health Equity Research Institute



The OneFlorida Cancer Control Alliance is pursuing work on two fronts to reduce tobacco-related health disparities in Florida. First, the alliance will enhance the consortium's infrastructure available to conduct tobacco-related cancer and cardiovascular disease research, particularly in primary care settings serving vulnerable populations. Second, the alliance will lead and facilitate pragmatic clinical trials and implementation science studies in real-world, primary care settings to increase health care provider capacity to follow evidence-based guidelines for tobacco-related risk factor screening and brief interventions.

Research

The alliance will lead and facilitate research aligned with its goal to reduce tobacco-related health disparities in Florida, with an emphasis on pragmatic clinical trials and implementation science studies in primary care settings. The alliance will lead a pilot pragmatic clinical trial focused on implementing evidence-based tobacco cessation strategies in 60 urban and rural primary care practices serving vulnerable populations and will provide access to the alliance's network and infrastructure for Florida scientists with funded protocols that are approved to use OneFlorida resources.

Infrastructure

The alliance's work is supported by and will help develop the OneFlorida Clinical Research Consortium's infrastructure cores, which provide the resources necessary to facilitate statewide clinical research across OneFlorida partners and collaborators. Specifically, the alliance will focus on enhancing the consortium's tools, data and training available to scientists and clinicians throughout Florida, including those at historically black colleges and universities, for conducting research in primary care settings on tobacco-related cancer and cardiovascular disease.

Minority Education Program

The purpose of the OneFlorida Cancer Control Alliance's Minority Education Program is to promote diversity in cancer prevention and control research by providing developmental support for junior faculty who are members of underrepresented groups. The program's particular focus is on pragmatic clinical trials and implementation science research with the following racial and ethnic groups who have been shown to be underrepresented in biomedical research: African Americans, Hispanic Americans, American Indians, Alaska Natives, Native Hawaiians and other Pacific Islanders.

The Minority Education Program is a mentored research experience for junior faculty. Junior faculty members and one of their students will receive mentoring from a senior faculty member affiliated with the University of Florida or University of Miami Clinical & Translational Science Institutes (CTSIs) or Cancer Centers to conduct secondary data analyses that could lead to a pragmatic clinical trial or implementation science study in the area of cancer prevention and control. Pilot pragmatic clinical trials or implementation science studies are also supported through this mechanism. In addition, the junior faculty participate in two 3-credit online courses offered through the UF Department of Health Outcomes & Policy in the College of Medicine.

Participants are competitively selected and receive:

- Program funding
- Mentorship from a senior faculty member at the University of Florida or the University of Miami
- Support for study protocol and research coordination

The program accepts applicants from all five partner institutions annually.