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EXECUTIVE SUMMARY

MISSION

The Arizona Cancer Center mission is to prevent and cure cancer.

VISION

The Arizona Cancer Center vision is to be the preeminent leader in achieving freedom from cancer by extending and enhancing the lives of individuals regionally, nationally, and throughout the world. We will achieve this vision through creative collaborations, excellence in research, and research driven, multi-disciplinary cancer prevention and patient care programs. The creation and dissemination of our knowledge will be achieved through translational research, technology development, and novel programs in education and training. Our priority is to assure that all those at risk for and affected by cancer have access to the highest quality care.

In the service of our patients we strive to be:
- A top 10 cancer center in research funding;
- The trusted source for accurate and timely information on cancer prevention and cure; and
- The greatest hope for our patients and their families.

VALUES

As a place of healing and hope, the Arizona Cancer Center is committed to:
- Fostering a culture of innovation and creativity and encouraging and supporting intellectual curiosity among our members;
- Conducting translational research, clinical trials and therapy to produce evidence-based conclusions and results;
- Achieving creative collaborations and open communication in the complex endeavors of research and treatment;
- Respecting our people and honoring and welcoming the diversity of our talent, thoughts, experience and ideas;
- Acting with integrity and honesty in all matters, with each other, our patients and their families, and our community; and
- Assuring that our efforts and activities are always people-centered, compassionate, supportive and focused on quality of life.
MAIN OBJECTIVES OVER THE NEXT FIVE YEARS, 2009-2014:

1. Patient Care

A. Double the number of patients cared for in Arizona
B. Strengthen multi-disciplinary, disease oriented, care teams and patient services
C. Implement an AZCC based quality initiative in patient care
D. Increase access to underserved and/or minority populations

2. Research

A. Successfully renew and grow the NCI Cancer Center Support Grant
B. Double research funding
C. Promote interactions among basic science, translational and clinical researchers through interactive and collaborative grant mechanisms, e.g. program project and SPORE grants
D. Develop the research platform in Phoenix, as part of the AZCC expansion to Phoenix
E. Develop new Cancer Center Support Grant (CCSG) research programs
F. Develop new Shared Services
G. Increase the proportion of Investigator Initiated Trials (IITs)
H. Promote statewide accrual to AZCC clinical trials
I. Continue development of a common informatics research platform, to include basic, translational, and clinical research applications
J. Continue development of common tissue repository for all AZCC investigators

3. Faculty

A. Recruit a critical mass of clinicians within priority multi-disciplinary groups
B. Recruit the next generation of scientists and physician scientists
C. Establish ten endowed chairs with focus on retaining and recruiting mid-level faculty with independent peer-reviewed funding

4. Education

A. Develop a culture of mentorship
B. Expand Medical Oncology and Radiation Oncology training programs
C. Develop Surgical Oncology training program
D. Broaden clinical and translational scope of Cancer Biology and Cancer Prevention training programs
5. **Organization**

A. Broaden participation, and promote consistency and transparency in AZCC operations  
B. Re-engineer informatics platforms  
C. Develop the Arizona Cancer Center Outreach Program

6. **Facilities**

A. Complete comprehensive facilities at UMC North  
B. Develop a dedicated inpatient unit for the AZCC within UMC hospital  
C. Develop AZCC at Orange Grove clinic, and consider additional satellites throughout Arizona  
D. Develop a Hematology and Oncology consulting and triage service at UPH Hospital at Kino Campus  
E. Establish a comprehensive presence in Phoenix

7. **Funding**

A. Diversify funding sources for the AZCC, to include public-private partnerships  
B. Create a “one door” policy for AZCC development through The University of Arizona Foundation  
C. Increase annual philanthropy targets by 8 to 10 fold

8. **Differentiation**

A. Join the National Comprehensive Cancer Network (NCCN)  
B. Attain top 10 status (based on research funding among NCI designated comprehensive cancer centers)  
C. Strengthen the AZCC brand
ARIZONA CANCER CENTER

STRATEGIC PLAN

2009-2014
This document was assembled as a result of a deliberate planning process spanning more than two years, and receiving input from a range of stakeholders within the Arizona Cancer Center, to include the Director’s Committee, the research program leaders and co-leaders, the Clinical Operations Committee, the research initiative leaders, the senior leadership of the AZCC, the AZCC Scientific Advisory Board, the Arizona Cancer Center Board, and the AZCC University Board. The strategic plan was discussed, during its active development, at several AZCC Town Hall meetings, with these meetings including a cross section of AZCC faculty and staff. One-on-one interviews were also conducted with a range of thought leaders throughout the AZCC, including section and department heads, research program and research initiative leaders and co-leaders, the senior leadership of the AZCC, and additional clinical and research faculty.

It is understood that this strategic plan is a dynamic document, and that by its very nature, will be undergoing continual reassessment and refinement. At the same time, the main objectives within this plan are felt to be clear and important to the future success of the Arizona Cancer Center.
MISSION

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VISION

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- A top 10 cancer center in research funding;
- The trusted source for accurate and timely information on cancer prevention and cure; and
- The greatest hope for our patients and their families.

VALUES

As a place of healing and hope, the Arizona Cancer Center is committed to:

- Fostering a culture of innovation and creativity and encouraging and supporting intellectual curiosity among our members;
- Conducting translational research, clinical trials and therapy to produce evidence-based conclusions and results;
- Achieving creative collaborations and open communication in the complex endeavors of research and treatment;
- Respecting our people and honoring and welcoming the diversity of our talent, thoughts, experience and ideas;
- Acting with integrity and honesty in all matters, with each other, our patients and their families, our community; and
- Assuring that our efforts and activities are always people-centered, compassionate, supportive and focused on quality of life.
ARIZONA CANCER CENTER HISTORY AND OVERALL DESCRIPTION

History
The Arizona Cancer Center (AZCC) is celebrating its 30th year as an NCI-designated cancer center. It was established as a division of The University of Arizona's (UA) College of Medicine and has since become a Center of Excellence in the Arizona Health Sciences Center, and like the colleges of Medicine, Pharmacy, Nursing, and Public Health, the AZCC reports directly to the Vice President for Health Affairs. In 1990, the AZCC became one of the first cancer centers designated as comprehensive under the new criteria.

Clinical Programs
The Arizona Cancer Center (AZCC) has its outpatient clinics based at the University Medical Center (UMC) North Campus in Tucson, with multi-disciplinary clinics in: Blood and Marrow Stem Cell Transplantation/Leukemia, Breast Cancers, Gastrointestinal Cancers, Genito-Urinary Cancers, Gynecologic Cancers, Lung Cancers, Lymphoma, Neuro-oncology, Sarcoma, and Skin Cancers/Melanoma. These clinics include multi-disciplinary patient care conferences for prospective patient management. Radiation Oncology continues to be located at the main UMC campus adjacent to the Salmon and Levy research buildings of the AZCC. The Pediatric Hematology/Oncology/BMT clinic is located at the main UMC campus.

In the fiscal year 2007-2008, 7,166 patients were seen through the AZCC, 2,726 of these were new patients. (See Figure 1.) During this same time period, 1,707 patients were registered to clinical trials, with 1,109 patients registered to prevention intervention trials, and 598 patients registered to therapeutic intervention trials. (See Figure 2.) Three hundred two patients were accrued to clinical therapeutic trials at the AZCC campuses in Tucson.

Figure 1. Total Arizona Cancer Center Clinic Patients: July 1, 2003 – June 30, 2008

<table>
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<tr>
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<th>FY 03-04</th>
<th>FY 04-05</th>
<th>FY 05-06</th>
<th>FY06-07</th>
<th>FY 07-08</th>
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<tr>
<td>New</td>
<td>2580</td>
<td>2600</td>
<td>2640</td>
<td>2819</td>
<td>2726</td>
</tr>
<tr>
<td>Returning</td>
<td>3587</td>
<td>3577</td>
<td>3847</td>
<td>4026</td>
<td>4440</td>
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One of the unique features of the AZCC is the diverse nature of the patient population served by the center. In the fiscal year 2007-2008, nineteen percent of patients accrued to therapeutic clinical trials were from minority populations, with 14% being of Hispanic ethnicity, 3% African American, 1% American Indian and Alaska Native, and 1% Native American. During this same time period, fifty-eight percent of patients accrued to prevention intervention clinical trials were from minority populations, with 53% being of Hispanic ethnicity, 3% African American, 1% American Indian and Alaska Native, and 1% Native American.

**Academic/Research Programs**
The primary responsibility of an NCI comprehensive cancer center is the conduct of research that will lead to reductions in cancer morbidity and mortality. A framework for this research consists of the focus on molecular and cellular mechanisms of oncogenesis. Molecular mechanisms would emphasize genetic, epigenetic and signaling mechanisms. Cellular mechanisms would emphasize the biology of invasion and metastasis, as well as stromal-cellular interactions. With the primacy of this research mission in mind, the research programs and core services constitute the bedrock of the cancer center. The AZCC has five research programs that work together to accomplish the center’s mission: Cancer Biology and Genetics, Cancer Imaging, Cancer Prevention and Control, Gastrointestinal Cancer, and Therapeutic Development. The five research programs work together to accomplish the translational and clinical research with a major emphasis on discovery, and the development and delivery of essential products to reduce the morbidity and mortality of cancer in the Southwest and nationally.

Additional academic and research initiatives under development include: the Behavioral & Social Sciences Research Project, the Cancer Health Disparities Institute, the Lymphoma clinical and research initiative, the Prostate Cancer initiative the Skin Cancer Institute, the Survivorship initiative, and Women’s Cancers. It is anticipated that each of these, or a component thereof, will be candidates for development into a core cancer center research program.

The research programs provide an essential forum to foster outstanding basic and clinical translational research, interdisciplinary collaboration, education and internal and external peer

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**Figure 2. Arizona Cancer Center Summary of Clinical Research Accrual**

![Bar chart showing clinical research accrual](chart.png)

- Ther. Int.
- Prev. Int.
- Total
review. The backbone of AZCC support for the programs is formed by the 13 shared services: Analytical Core, Behavioral Measurements, Informatics & Bioinformatics, Biometry, Imaging Core, Clinical Research, Experimental Mouse, Experimental Radiation, Flow Cytometry, Genomics, Proteomics, Synthetic Chemistry & Molecular Modeling, and Tissue Acquisition, Cell and Molecular Analysis (TACMAS). Two of these 13, Flow Cytometry, and Proteomics, are University of Arizona (UA) institutional shared services with AZCC member leadership and the remaining 11 are free-standing AZCC led services.

The extensive research portfolio of the AZCC, includes over $70 Million in annual research funding, with 6 NCI Program Project Grants and Collaborative Research Grants, and two Special Programs of Research Excellence (SPORE), one in Gastrointestinal Cancers, and one in Lymphoma.

Statewide Offsite Offices, and Community Affiliates
- The Cancer Prevention and Control Program (CPC) includes offsite offices for clinical trial accrual, with educational and training activities in Tucson and Phoenix, along with Mesa, Nogales, Scottsdale, Sierra Vista, Sun City, Yuma and within both the Hopi and Navajo reservations.
- The CPC also has affiliate sites within Mexico primarily for accrual to breast epidemiology studies, to include Agua Prieta, Hermosillo, Nogales, and San Luis Río Colorado.
- The AZCC has a strategic partnership with Premiere Oncology in Scottsdale, focused on the conduct of Phase I and II clinical trials.

Informatics
Within the past year major progress has been achieved in updating informatics support within both the clinical and research areas of the AZCC. Allscripts was implemented in the Spring of 2008 to provide key elements of an electronic medical record for the outpatient clinics, though this platform does not yet include pharmacy or other provider orders.

The OnCore® system was implemented in 2007 providing a web-based platform for management of daily clinical research operations including regulatory, data management, administrative, and financial functions.

The AZCC has fully committed to the NIH/NCI sponsored caBIG™ project as a tool to advance cancer research, with implementation through the Informatics & Bioinformatics Shared Service. The first steps taken within the past year have included a self-assessment to analyze the AZCC’s current capabilities and readiness for caBIG™. The OnCore® clinical trials management system qualifies for caBIG™ silver status. The AZCC has adopted a caTISSUE core/suite with the goal to consolidate the diverse tissue databases.

Economic Impact
The translational research performed by AZCC investigators has resulted in the development of at least 15 bio-technology and pharmaceutical companies, mostly in Arizona. Biotechnology companies include: Ventana Medical Systems, ImaRx, Cancer Technologies, and DeMetrix. Pharmaceutical companies focused on cancer treatment include: Amplimed, Cylene, Selectide, ProLx, Montigen Pharmaceuticals, and Targeted Cancer Therapeutics, LLC. Pharmaceutical companies focused on cancer prevention include: Niadyne, Topical Technologies, Inc., Clinuvel, Surface Safe, and Cancer Prevention Pharmaceuticals.
A study performed by the Eller College of Management at The University of Arizona suggests that the impact of a sustained $70 million in annual research funding through the AZCC includes: 5,180 jobs, $237 million in wages, $795 million in gross sales, $7 million in city and county revenues, and $10.5 million in state revenues.

**ARIZONA CANCER CENTER CHALLENGES**

1. **Patient Care**

There is a need to improve service to Arizona. The AZCC has a market share of approximately 20% in southern Arizona, currently its primary service area. The AZCC has a market share of 12% in the entire state of Arizona. There is relatively low clinical trial accrual, specifically onto therapeutic clinical trials.

Quality of care, in all of its manifestations, is recognized as the focus of our clinical efforts, to include recognition and measurement of quality indicators, and continuing clinical process improvement. The unique aspects of multi-disciplinary cancer care, along with our complex Health Science Center matrix, require special attention and expertise to address quality within the AZCC.

2. **Research**

Most of the academic/research programs need improvement in breadth and depth of faculty expertise. The defining characteristic, in this regard, is of an aging faculty with the need for recruiting the next generation of scientists and physician scientists.

The AZCC has the challenges and opportunities inherent in its relatively small size along with its plans for impending expansion to Phoenix, and throughout the state of Arizona. Uncertain economic times, to include reductions in the federal research grant mechanism, underscore the importance of the AZCC as a source for equipment funding, pilot/seed funding, and bridge funding.

3. **Faculty**

Historically, the AZCC clinical activity has focused on Hematology/Oncology leading to an inherent need to strengthen the multi-disciplinary culture of the AZCC; this would particularly include better integration of Radiation Oncology, Surgical Oncology, Gynecologic Oncology, Pediatric Hematology/Oncology/BMT, Pathology, and Radiology, amongst others, into AZCC clinical and clinical research operations. Most of the clinical multi-disciplinary teams lack a critical mass of clinicians, with many still lacking designated representation from each of the major relevant specialties.
4. **Education**

At the level of the College of Medicine, there is a need to ensure the appropriate incorporation of cancer themes in the evolving medical school curriculum. Despite financial constraints, there is need to establish a reasonable growth in the scope, size, and quality of doctoral and post-doctoral training programs given available resources; realizing these training programs as important sources for new faculty.

Outreach activities within the AZCC are numerous, but generally scattered throughout the various components of the matrix cancer center. There is an increasing need to better coordinate these activities, to reduce duplication, and to increase strategic impact. Key to this effort will be the use of an informatics platform, through the re-designed AZCC website, to facilitate internal and external, professional and public educational efforts.

5. **Organization**

The AZCC had outgrown its structure, and the re-organization in 2008 improved the internal alignment and coordination of research, prevention, patient care, education, and operational activities. In the fall of 2008, the reporting relationship of the Director of the AZCC was changed, such that this position now reports directly to the Vice President for Health Affairs, instead of to the Dean of the College of Medicine. This change effectively places the AZCC at the same reporting level as the Colleges of Medicine, Nursing, Pharmacy, and Public Health. The AZCC is a matrix cancer center with approximately one-half of its membership with academic appointments outside of the UA College of Medicine. The AZCC is, in this sense, a matrix within the larger matrix of the College of Medicine, UMC, and University Physicians Healthcare (UPH). Though the recent organizational changes have been important, there is still a need for improving the multi-disciplinary alignment and coordination within the AZCC.

6. **Facilities**

Within the Tucson region there is a need for one campus containing a critical mass of multi-disciplinary clinical and clinical research services. The location of Radiation Oncology at a separate location, as well as the multiple separate locations of diagnostic imaging services, present particular challenges to offering well coordinated multi-disciplinary care.

The core of the AZCC laboratory space is located within the Salmon and Levy buildings on the main campus in Tucson, with these facilities in need of substantial renovation and updating. The maintenance and acquisition of state of the art clinical and research equipment continues to create demands on space and financial resources.

7. **Funding**

The current and anticipated economic uncertainty presents a daunting challenge for academic medicine. The already modest state funding for the AZCC, the precarious nature of federal funds for peer reviewed science, and the AZCC’s current over-reliance on philanthropic funds,
all speak to the need for a diversified approach to AZCC funding. Such an approach will provide some level of funding security, i.e. modulation of risk, for AZCC growth and development.

8. Differentiation

One of the implications of the “matrix within a matrix” is the challenge in branding the AZCC, in particular as relates to clinical services and development. Historically, there has been substantial donor confusion when philanthropy is intended to be directed to educational, research, or clinical aspects of the AZCC mission. There is also an inherent competition in developing brands, e.g. the AZCC brand as opposed to the UMC or UPH brands in the clinical services area.

MAIN OBJECTIVES OVER THE NEXT FIVE YEARS, 2009-2014:

1. Patient Care

A. Double the number of patients cared for in Arizona
This will, of course, be linked to the referenced recruitments that follow, and development of the ten current multi-disciplinary disease oriented clinical groups. The increase in clinical service will require a critical mass of expert multi-disciplinary health care providers and staff, the development of a truly comprehensive outpatient campus at UMC North, the development of a comprehensive AZCC outpatient campus in Phoenix, the development of provider productivity standards, more expansive contracting with third party payers, along with aggressive branding of the AZCC, with corresponding fund-raising attached to this branding.

B. Strengthen multi-disciplinary, disease oriented, care teams and patient services
A number of objectives within this strategic plan have as their primary outcome the strengthening of the multi-disciplinary, disease oriented, team approach to patient care. This includes not only the primary cancer specialties (Gynecologic Oncology, Hematology/Oncology, Pediatric Hematology/Oncology, Radiation Oncology, and Surgical Oncology), but also Interventional Radiology, Pathology, Psychiatry, Radiology, and various Internal Medicine and Surgery specialties, along with Genetic Counseling, Laboratory, Nursing, Nutritional, Pain Management, Palliative Care, Pharmacy, Prevention, Social Work, and Survivorship services.

This multi-disciplinary care will be guided by evidence based medicine, as documented by nationally and internationally recognized standards, such as the NCCN patient management guidelines, and conducted through a range of disease oriented multi-disciplinary clinics with corresponding multi-disciplinary management conferences.

C. Implement an AZCC based quality initiative in patient care
Planning for a multi-disciplinary quality improvement initiative is underway at the AZCC, to include reformulation of an AZCC clinical process improvement committee, and initiation of an AZCC based peer review process. This cancer center based quality initiative will be integrated into the current quality and peer reviewed mechanisms within University Medical Center and University Physicians Healthcare.
D. Increase access to underserved and/or minority populations
Efforts will continue to expand access to clinical care and to clinical trials within underserved and/or minority populations. This will include expansion of service to minority populations through the further development of the Partnership for Native American Cancer Prevention, the emerging comprehensive presence in Phoenix, development of the UPH Hospital at Kino campus consultation and referral clinic, and development of the AZCC Outreach Program throughout the state of Arizona.

2. Research

A. Successfully renew and grow the NCI Cancer Center Support Grant
The core grant renewal application process is currently underway, with the site visit scheduled for February 19, 2009. Following the successful recompetition, the Cancer Center will continue to expand, and therefore, merit substantial increases in core grant funding. Strategic planning summaries for the shared services and each of the CCSG research programs, institutes, and developing academic/research activities are included in the Appendix.

B. Double research funding
The doubling of research funding from approximately $70 Million in cancer related research will be achieved within five years through balanced development of AZCC translational research activities at both the Tucson and Phoenix campuses. This implies an approximate doubling of current research space within the AZCC, over this time period. Priority will be given to recruitment of future program leaders, as well as provision of equipment funding, pilot/seed and bridge funding. Strategic planning summaries for the shared services and each of the CCSG research programs, institutes, and developing academic/research activities are included in the Appendix.

C. Promote interactions among basic science, translational and clinical researchers through interactive and collaborative grant mechanisms, e.g. program project and SPORE grants
Creative collaborations will be critical to the continued success of the AZCC, to include the continuation of existing grants and development of new, collaborative and interactive grants, in particular additional Program Project and SPORE grants.

D. Develop the research platform in Phoenix, as part of the AZCC expansion to Phoenix
As part of the AZCC expansion to Phoenix, there is the need to further establish a successful platform for research in Phoenix. The recruitment of scientists to AZCC programs will be balanced to allow for simultaneous and synergistic development of research activities in Phoenix and Tucson. The planning and implementation of this platform will be led by the AZCC leadership to include the Chief Scientific Officer and the leaders of the core cancer center research programs.

E. Develop new CCSG Research Programs
Research initiatives under development include: the Behavioral & Social Sciences Research Project, the Cancer Health Disparities Institute, the Lymphoma clinical and research initiative, the Prostate Cancer initiative, the Skin Cancer Institute, the Survivorship initiative, and Women’s Cancers. It is anticipated that each of these, or components thereof, will be candidates for
development into a core cancer center research program. Strategic planning summaries for the shared services and each of the CCSG research programs, institutes, and developing academic/research activities are included in the Appendix. The Survivorship initiative is just embarking on a deliberate strategic planning process, and the results of this effort will be appended to this document later in 2009.

F. Develop new Shared Services
Research Program leaders have proposed consideration for development of three new Shared Services: 1) High Throughput RNAi Screening Shared Service that would consist of genome wide high-throughput screening of RNA-interference (RNAi) libraries; 2) High Throughput Chemical Screening Shared Service that would consist of small molecule and natural product high throughput chemical screening for anti-cancer activities; 3) Drug Development Shared Service that would work with the investigator to translate their preclinical findings, including new investigational drugs, into clinical trials.

G. Increase the proportion of Investigator Initiated Trials (IITs)
The re-organization and further development of the centralized Clinical Research Shared Service has prioritized the conduct of investigator initiated trials (IITs). This has included prioritizing IITs for institutional funding and CRSS resources, to include personnel and the informatics platform. The goal is to at least double the number of active IITs by the end of the five year period.

H. Promote statewide accrual to AZCC clinical trials
This objective will be met through several ongoing or anticipated initiatives; these include the development of a comprehensive AZCC outpatient site in Phoenix, and the development of the AZCC Outreach initiative, emanating from Tucson and Phoenix and extending to other major population centers in Arizona. The outreach initiative will also include aspects of the re-engineered informatics platform with inter-active tools for patient education and clinical trial recruitment. The existing Cancer Prevention and Control Program, and the Partnership for Native American Cancer Prevention will also be key in promoting statewide clinical trial accruals. Lastly, patient navigator roles will be developed at the AZCC in Tucson and in Phoenix to assist patients and their community providers in identifying and accessing available clinical trials.

I. Continue development of a common informatics research platform, to include basic, translational, and clinical research applications
This informatics platform will continue to be guided by the NIH-NCI sponsored caBIG™ (Cancer Biomedical Informatics Grid™) initiative, to include continuing implementation of caTISSUE, caARRAY, and caINTEGRATOR. The clinical research informatics platform will continue to be guided by the OnCore® system. The bio-informatics team within the AZCC will provide expertise in developing disease oriented databases for the individual disease oriented multi-disciplinary research teams. All of the aforementioned expansions will be accompanied by the expansion of the Informatics/Bioinformatics Shared Service.

J. Continue development of common tissue repository for all AZCC investigators
This will emanate from the current infrastructure provided through the Tissue Acquisition & Cellular/ Molecular Analysis Shared Service to include the informatics platform of caTISSUE. Efforts will include enhancement of procurement of universal informed consent. In addition,
individual disease oriented tissue banks will be accessed through a common informatics grid to facilitate clinical and translational research.

3. Faculty

A. Recruit a critical mass of clinicians within priority multi-disciplinary groups
The goal is to achieve a critical mass of clinicians within each of the current ten multi-disciplinary clinics. Generally speaking this implies, at least, two faculty within each major cancer specialty (Hematology, Medical Oncology, Radiation Oncology, Surgical Oncology, GYN Oncology) dedicated to the disease site in question, in addition to at least one assigned faculty member from other relevant disciplines (e.g., Pathology, Radiology, Interventional Radiology, Dermatology, Neurology, Psychiatry, and the relevant Internal Medicine Specialties). Of immediate focus for clinical recruitment are positions dedicated to Gastrointestinal Cancers, Genito-Urinary Cancers, Thoracic Cancers, Blood and Marrow Stem Cell Transplantation, and Leukemia.

At least two new multi-disciplinary groups are anticipated within this time frame: Nervous System Cancers, and Head & Neck Cancers. Development of both of these groups is dependent on recruitments within the Department of Surgery. At present patients with these malignancies are being managed in conjunction with community based physicians who are not necessarily members of the AZCC.

The Pediatric Hematology/Oncology/BMT Section will continue to develop a critical mass of dedicated physicians and physician scientists within its areas of programmatic focus, to include blood and marrow stem cell transplantation, leukemias/lymphomas, central nervous system tumors and sarcomas. Cross appointments, with clinical and research collaborations, will be sought between adult and pediatric programs, especially in blood and marrow stem cell transplantation, leukemias/lymphomas, and sarcomas.

B. Recruit the next generation of scientists and physician scientists
Recruitment for the academic/research programs will be driven by the defined needs of the existing CCSG core programs (Cancer Imaging, Cancer Biology and Genetics, Cancer Prevention and Control, Gastrointestinal Cancer, and Therapeutic Development), along with the needs of the developing academic/research activities (Behavioral & Social Sciences Research Project, BMT, Cancer Health Disparities Institute, Lymphoma Research, Prostate Cancer Research, Skin Cancer Institute, Survivorship, and Women’s Cancers) and Pediatric Hematology/Oncology/BMT. Strategic planning summaries for the shared services and each of the CCSG research programs, institutes, and developing academic/research activities are included in the Appendix. The Survivorship initiative is just embarking on a deliberate strategic planning process, and the results of this effort will be appended to this document later in 2009.

C. Establish ten endowed chairs with focus on retaining and recruiting mid-level faculty with independent peer-reviewed funding
This initiative will be key to retaining and recruiting future leadership for existing and new AZCC research programs. The diminishing levels of state, and therefore University of Arizona College of Medicine, support for such faculty positions makes endowments critical to the future health of both the College of Medicine and the AZCC. It is important to note that endowments have not been the focus of past College of Medicine or AZCC plans.
4. Education

A. Develop a culture of mentorship
Every trainee and faculty member will identify a primary mentor, as well as a mentoring team. Mentorship will be promoted by participation in institutional committees and interactive “team science” grants, as well as specialized roles such as occur with Minority Supplements to grants. As part of the mentorship plan, research education will also include career development for graduate and post-graduate students, and for junior faculty. These efforts will be informed by our institutional values, particularly integrity and diversity, with a people centered approach.

B. Expand Medical Oncology and Radiation Oncology training programs
The primary post-graduate clinical cancer training programs will be expanded in Tucson, and developed in Phoenix, consistent with the expansion and development of patient care activities as described in this document. Additional emphasis will be placed on developing skills relevant to academic careers, to include protocol development, biostatistics, clinical trials methodology, grant and manuscript preparation, and mentored laboratory experiences.

C. Develop a Surgical Oncology training program
With the development of a critical mass of cancer surgeons across the multi-disciplinary groups, and the increase in patient volumes anticipated in Tucson and Phoenix, efforts will be made to develop a surgical oncology training program emanating from the Department of Surgery, to include the AZCC campuses, and The University of Arizona teaching hospitals.

D. Broaden the clinical and translational scope of the Cancer Biology and Cancer Prevention Training Programs
The AZCC is home to two successful research training programs, Cancer Biology and Cancer Prevention. Keys to continued success will include renewal of the supporting T32 and R25 training grants, and expansion of the student’s educational experiences; this will include greater exposure to the clinic with the intent of instilling an appreciation of the spectrum of human disease, along with training in clinical trial methodology.

5. Organization

A. Broaden participation, and promote consistency and transparency in AZCC operations
Within the complex matrix of the College of Medicine, UMC and UPH, a number of new initiatives are underway and/or in the planning stages to broaden participation and to promote consistency and transparency in pursuing the AZCC mission. These new initiatives include: UMC North Pavilion Committee; Clinical Operations Committee; Mission Support Agreement (MSA) Committee; Advisory Board Committees; AZCC University Board; Business Office Reorganization; and harmonizing efforts in public affairs, marketing, development, and strategic planning amongst UMC, AZCC, the CoM, and UPH.

B. Re-engineer informatics platforms
As an NCI-designated comprehensive cancer center, the AZCC is committed to full and timely implementation of the NIH-NCI-sponsored caBIG™ (cancer Biomedical Informatics Grid™)
initiative, an information network enabling all constituencies in the cancer community – researchers, physicians, and patients – to share data and knowledge. Implementation of caBIG™ will include caTISSUE, caARRAY, and caINTEGRATOR.

As part of the legal and ethical requirements of caBIG™ goals, a working group is preparing a data sharing and security framework (DSSF). The AZCC is working to provide the highest quality and safety for data sharing, and to assist in the development of data sharing plans for all new grant applications.

The AZCC will achieve complete Electronic Medical Records (EMR) implementation.

To better reach the AZCC’s various constituencies and to support the effort to strengthen and expand the AZCC brand, a complete redesign of the public (and internal) websites will be undertaken. The web effort will include integration of the CancerWise program, a personalized education, outreach and information “concierge” program designed specifically for cancer patients, their families and friends and caregivers/health providers.

C. Develop the Arizona Cancer Center Outreach Program
As a comprehensive cancer center, it is critical to develop an Outreach Program that extends its education, teaching, research, service, and patient care missions throughout the state and beyond. A focused planning process is underway for Outreach at the Arizona Cancer Center. The AZCC will link with, and build on, the platform of other successful UA outreach initiatives and programs. An integral component in continuing to develop the Outreach Program will be to fully utilize the Arizona Telemedicine Program and T-Health.

An inventory of current activities will be conducted to assess existing outreach efforts wherein improved coordination and efficiencies will be sought. An evaluation of other outreach programs, including both national and international programs, will be conducted to provide appropriate benchmarks for optimal impact and efficiency. A white paper entitled “Arizona Cancer Center Education and Outreach White Paper: Current Activity and Future Directions” will be updated to help refine the direction of the Outreach activities at the AZCC. The re-engineered website will provide a robust infrastructure for the outreach effort. Implementation of strategic objectives for Outreach will begin in 2009.

6. Facilities

A. Complete comprehensive facilities at UMC North
The AZCC is working with UMC and UPH to develop a Phase II building that would consist of, at least, an incremental 105,000 sq. ft. of clinic space. This space would include Radiation Oncology, the Tucson Breast Center, Diagnostic Imaging, Interventional Radiology, Ambulatory Surgery, Endoscopy Center, and a Walk-In Clinic. The space would also provide state of the art conference rooms with videoconferencing capability, and some physician offices. The goal is that Phase II be completed by 2012.

Consistent with Pediatric Hematology/Oncology/BMT development plans at the main UMC campus, consideration will be given to providing selected Pediatric Hematology/Oncology/BMT outpatient services at the UMC North Campus.
Expansion plans for services within the current Fasseas clinic building include: on-site Plain Radiography, Pain Management, Palliative Care, Patient Advocacy/Assistance, Patient Care Navigator Service, Psychosocial Services and Research, Survivorship Program, and Walk-In Clinic Services.

Ultimately it is anticipated that an inpatient cancer hospital will be located adjacent to the outpatient facilities.

Efforts will also be focused on partnering with UMC and the UA College of Agriculture in developing the UMC North campus and surrounding properties into a “wellness center” that will include clinical, education, and research activities dedicated to maintenance of health, and prevention of illness.

**B. Develop a dedicated inpatient unit for the AZCC within UMC hospital**

Development of a dedicated inpatient unit for the AZCC within UMC hospital will allow for a seamless integration of outpatient and inpatient activities, to include focused and uniformed training of pharmacy and nursing personnel, along with more efficient discharge planning. Such a unit would further strengthen the branding of the AZCC.

Pediatric Hematology/Oncology/BMT will have its inpatient 18 bed unit within the new Diamond Children’s Medical Center at UMC, to open by 2010.

**C. Develop AZCC at Orange Grove clinic and consider additional satellites throughout Arizona**

This satellite location is being developed in partnership with UMC. Efforts are underway to provide comprehensive multi-disciplinary services on-site, to include Hematology-Oncology, Radiation Oncology, and Surgical Oncology. Overflow in chemotherapy and other infusion services at UMC North will be provided at this site. Plans include recruiting up to three full time academic clinic Hematologists/Oncologists for this clinic. The Radiation Oncology facility is scheduled to be completed and in operation by the Fall of 2009, along with the assignment of one full time Radiation Oncologist. This clinic will serve as a pilot project, and will lead to consideration of similar clinics in the Southern Arizona region, and throughout the state of Arizona. Radiation Oncology technology and services will define the initial imprint of these sites.

**D. Develop a Hematology and Oncology consulting and triage service at UPH Hospital at Kino Campus**

This effort will include the assignment of AZCC faculty and staff to UPH Hospital at Kino Campus for the purpose of performing timely consultation, and for referring patients to the AZCC clinic at UMC North, or to the AZCC inpatient unit at UMC hospital, for specific therapeutic interventions. This activity will be funded through UPH. All chemotherapy administration will be performed at the AZCC clinic at UMC North.

**E. Establish a comprehensive presence in Phoenix**

The premise that supports this objective is that in order to be most successful in our statewide mission, and beyond, we require a comprehensive presence in Phoenix.

Key programmatic elements include the construction of a multi-disciplinary outpatient center, of at least ~200,000 sq. ft. and containing: Ambulatory Surgery, Breast Center, Diagnostic
Imaging, Endoscopy Unit, Genetic Counseling, Hematology/Oncology, Infusion Center, Integrative Medicine, Interventional Radiology, Laboratory Services, Nutritional Services, Pain Management, Palliative Care Services, Pathology, Pharmacy, Prevention Services, Psychosocial Services, Radiation Oncology, Surgical Oncology, and Survivorship Program. Key programmatic elements would include translational and clinical research. This would include existing prevention and drug development research activities in Phoenix, as well as research programs in Behavioral and Social Sciences Research, Bio-Imaging, Molecular Diagnostics and Therapeutics, and Radiation Biology and Physics.

A proton therapy facility will be developed as a signature project within the AZCC-Phoenix. Clinical and research applications will be pursued with this technology, and radio-isotopes will be provided for research and commercial uses.

The program assumptions for the AZCC-Phoenix campus include:
- 501(c)3 construct with reporting through the AZCC and The University of Arizona;
- Affiliation with a particular hospital system will be considered, but is not essential;
- Comprehensive outpatient facility;
- All faculty will be members of The University of Arizona College of Medicine;
- The practice plan will be unique, but with some organizational connection to UPH;
- The campus will be located within the Phoenix metropolitan area, and ideally on at least 10 acres;
- The permanent facility will be completed within three years, and would open by the end of 2011;
- Clinical activities will begin by July 2009, in leased space, in the vicinity of the permanent site;
- Radiation Oncology and Diagnostic Imaging services will start in 2009 with radiation therapy and radiology equipment within temporary space;
- The University of Arizona College of Pharmacy will manage all pharmacy operations; and
- Physician scientists will have laboratory space at the College of Medicine-Phoenix, in partnership with ASU, campus.

By the tenth year of operation of the new facility, it is projected that this clinic will be caring for over 60,000 patients annually, with approximately 16,000 of these patients being new to the clinic. After a decade, the facility will have, at least, 60 full time faculty, and be serving 25% of the cancer population within Maricopa County and within the State of Arizona. Additionally, at least, 3% of the cancer populations in Nevada, Utah, Colorado, and New Mexico will be cared for at the AZCC-Phoenix campus. It is projected that 10% of the population at the AZCC-Phoenix will be from outside the United States.

Site selection is underway, and plans are to complete this process by the spring of 2009. At present, plans are for the real estate to be effectively donated, with the construction and debt service assumed by the partnering community, and the programmatic development to be funded by philanthropy, along with revenues generated from the practice.
7. Funding

A. Diversify funding sources for the AZCC, to include public-private partnerships
The objective is to diversify AZCC funding beyond state funding, grants, contracts and philanthropy; this would include the creation of private-public partnerships revolving around technology transfer, or around value provided by AZCC services or intellectual property. One area of particular expertise within the AZCC is that of therapeutic development, where new public-private partnership opportunities exist due to the diminishing viability of the traditional model for commercial drug development.

B. Create a “one door” policy for AZCC development through The University of Arizona Foundation
This will allow for all stakeholders in the AZCC to be represented behind the “AZCC door” and for philanthropy and marketing to be directed at this one door. Whether for construction or programs, the prioritization of development activities will be performed by the group of stakeholders. These stakeholders include the UA, its colleges, to include the College of Medicine, along with UMC, UPH, The University of Arizona Foundation, and the UMC Foundation.

C. Increase annual development targets by 8 to 10 fold
Historically the AZCC has raised approximately $4 million to $6 million of philanthropic support per year, without including those gift funds received from UMC. During the most recent fiscal year approximately $6 million were raised. This planned increase in philanthropy is made particularly challenging given the current economic climate, however, a number of specific initiatives are underway toward this goal. Over the previous year, two additional development officers have been recruited, and the development group has been re-focused on major gift procurement. A number of outreach type activities that involve small gifts and marketing have been assigned to groups outside of the development office. The Cancer Center Advisory Board has been re-organized with a committee structure that includes a Development Committee and with a more activist role for the Board. Efforts are also underway to assess the role of web based fundraising and of specifically pursuing corporate philanthropy.

Lastly, in an effort to develop the required critical masses within key multi-disciplinary areas, and to better align the clinical and research programs, programmatic developmental priorities have been established for the current year. These include Women’s Cancers, the Skin Cancer Institute, Gastrointestinal Cancers, Lymphoma, Prostate Cancer, and Blood and Marrow Stem Cell Transplantation/Leukemia.

The capital and infrastructure development priorities are the construction of Phase II at UMC North, development of the AZCC-Phoenix campus, and selected laboratory renovation projects within the Salmon and Levy buildings. The latter renovation projects are being driven by recruitment and retention packages.
8. Differentiation

A. Join the National Comprehensive Cancer Network (NCCN)
Discussions are underway to join the NCCN. Membership in this organization will provide the AZCC with a higher national and international profile, providing marketing for the AZCC, facilitating referrals, allowing for research and professional development opportunities for our faculty, and allowing for AZCC input into the composition of the NCCN management guidelines. For the NCCN, the AZCC provides representation of the Southwest region and its special underserved populations, and particular expertise in cancer prevention and control, and therapeutic development.

B. Attain top ten status (based on research funding among NCI designated comprehensive cancer centers)
This objective will be defined by being within the top 10 NCI designated comprehensive cancer centers in peer reviewed research funding. This will require an approximate doubling of our current “Summary II” research funding total, and will rely substantially on incremental research activities associated with the AZCC-Phoenix campus. This level of research funding, along with recognition of patient care excellence, will be achieved through the above referenced objectives.

C. Strengthen the AZCC brand
This will, in many ways, be an outcome of the aforementioned objectives. Within the past year, however, a critical step has been achieved in that the UMC leadership has agreed to use the AZCC brand when addressing cancer care within the UMC network. The preceding objectives will lead to the AZCC brand representing all of the clinical and research services, within our healthcare matrix, used to support the AZCC mission. Toward this end, the newly recruited Director of Public Affairs at the AZCC has been designated as working in that role for both The University of Arizona and for UMC.
APPENDIX
Arizona Cancer Center Director’s Committee Membership

1. David Alberts, MD
2. Margie Barber, MAC, CPA
3. G. Timothy Bowden, PhD
4. Thomas Brown, MD, MBA
5. Setsuko Chambers, MD
6. Kathleen Dixon, PhD
7. Robert Dorr, PhD
8. Bernard Futschler, PhD
9. Eugene Gerner, PhD
10. Arthur Gmitro, PhD
11. Michael Gordon, MD
12. Angelika Gruessner, PhD
13. Rainer Gruessner, MD
14. Sara Hammond
15. Emmanuel Katsanis, MD
16. Peter Lance, MD
17. Scott Leischow, PhD
18. Robert Livingston, MD
19. Maria Elena Martinez, PhD
20. Jesse Martinez, PhD
21. David Mendelson, MD
22. Karen Mlawsky
23. Thomas Miller, MD
24. Raymond Nagle, MD, PhD
25. James Sligh, MD, PhD
26. Mitchell Sokoloff, MD
27. Baldassarre Stea, MD, PhD
28. Scott Thompson
29. Evan Unger, MD
30. Andrew Yeager, MD
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<th>Honorary Lifetime Members</th>
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<td>Mr. Peter Baird</td>
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<td>Mr. Fred Boice</td>
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<td>Larry L. Bans, MD</td>
<td>Mr. Robert Bruno</td>
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<td>Honorable Barbara Barrett</td>
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<td>Mr. Douglas H. Clark Jr.</td>
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<td>Mr. Ray Clarke</td>
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<td>Mr. G. Wallace Chester</td>
<td>Mrs. Bette Cooper</td>
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<td>William E. Crisp, MD</td>
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<td>Mrs. Paula Fasseas</td>
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<td>Honorable Stanley G. Feldman</td>
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<td>Mrs. Penny Gunning</td>
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<td>Mr. Isy Haas</td>
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<td>Mr. Jerry Hawkins</td>
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<td>Mrs. Karen Lewkowitz</td>
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<td>Peter W. Likins, PhD</td>
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<td>Mr. Floyd W Sedlmayr Jr.</td>
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<td>Bruce Seligmann, PhD</td>
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<td>Evan C. Unger, MD</td>
<td>Mr. Louis Weil III</td>
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<td>Mr. Chandler Warden</td>
<td>Mr. David T.C. Wright</td>
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<td>Mrs. Barbara W. Young</td>
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<td>Mr. Charlie Young</td>
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**SWOT Analysis**

**Strengths**
- Prevention
- Drug development
- GI
- Lymphoma
- Interdisciplinary programs/collaboration
- Productivity- per capita funding
- Statewide mandate
- Longevity – 32-year history of excellence, NCI funding
- NCI Comprehensive designation
- Strong community support, both Tucson and Phoenix
- Biotech transfer
- Access to diverse populations
- New organizational structure and reporting to VPHA
- Telemedicine

**Weaknesses**
- Poorly integrated matrix (UA/UPH/UMC)
- Outdated accounting systems
- Small clinical program
- Small accrual based for clinical trials
- Limited fixed support/funding
- Relatively small development programs
- Lack of critical mass, particularly of clinical faculty
- Underdeveloped links with community physicians
- Lack of designated inpatient space
- Limited outpatient space
- Outdated research space in the Salmon/Levy buildings
- Aging facility
- Underdeveloped marketing/branding
- Underdeveloped multidisciplinary culture among MDs
- Underdeveloped informatics

**Opportunities**
- Phoenix
- Rest of state—statewide identity
- NCCN network
- Quality improvement
- Phase II at UMC North
- Regional satellite network (e.g., Orange Grove)
- UPHH/Kino Campus
- Southern Arizona/Statewide/Regional/National/International markets
- One door policy for donors
- Activist Board
- Support/assignment of UA senior leadership
- Industry/business partnerships
- Bioimaging
- Improving access for underserved populations
- Collaborating with other UA units, e.g., College of Pharmacy
- New faculty bringing new funding
- Federal support
- Internal re-engineering
- Outreach
- Community medical collaboration
- Development of multidisciplinary MD model

**Threats**

- Economic downturn leading to:
  - Limited philanthropy
  - Limited state funding
  - Declining federal funding/reimbursement
- Political changes (federal, state, local)
- Competition
- Faculty retention
- Aging faculty
RESEARCH PROGRAMS
STRATEGIC PLANNING SUMMARIES
Cancer Biology and Genetics Program

Introduction
The Cancer Biology and Genetics Program is the basic science arm of the Arizona Cancer Center and joins together the Molecular Genetics and Cancer Metastasis and Signaling programs to focus on opportunities for translation of basic discoveries into strategies for cancer prevention and treatment. The combined Program places greater emphasis on development of translational aspects of the basic research and focuses on the following disease sites: skin, prostate, breast/ovary.

The Molecular Genetics Program was created to stimulate synergy between the AZCC and other biologists on campus, particularly those using model organisms to study fundamental aspects of biology relevant to cancer. The Cancer Metastasis and Signaling Program was established with the overall goal to prevent the metastatic spread of cancer through basic research discoveries.

Major Objectives/Goals
1. Develop programs in epigenetics and translational regulation which will build upon the current core competencies in the areas of genetics and cell signaling
2. Expand basic and translational research in the area of women’s cancers (specifically breast and ovarian) etiology and treatment.
3. Collaborate with Clinical Trials on new therapies and biomarkers
4. Support pilot projects to facilitate research initiatives (PPG/SPORE)

Philanthropic Priorities
Identify funding for start-up packages of $500K to $750K for four faculty positions

Personnel
• Four tenure-track assistant professor positions in basic and translational research
• Appropriative administrative support for new recruitments

Space
Laboratory space appropriate to the above mentioned recruitments in the Arizona Cancer Center

Other Resources
Large pieces of equipment to be coordinated with other units on campus if appropriate
Cancer Imaging Program

Introduction
The overall goal of the Cancer Imaging Program is to use the power of imaging technologies, imaging methods, and imaging applications to accomplish the primary mission of the Arizona Cancer Center: to prevent and cure cancer.

Major Objectives/Goals
1. To advance fundamental knowledge in image science as it relates to cancer
2. To develop, apply, and validate imaging technologies as tools in the study of basic cancer biology
3. To improve the sensitivity and specificity of early cancer detection through advanced imaging methods
4. To develop and implement more effective cancer therapies using molecular imaging
5. To translate emerging technologies to clinical care
6. Technology development
   ▪ Adaptive imaging systems
   ▪ "Combination agents that can be used both diagnostically and therapeutically
   ▪ Image-guided therapy
   ▪ Multi-modality imaging

Philanthropic Priorities
State of the art facility dedicated to biomedical imaging (25,000 sq. ft.)

Personnel

Cancer Imaging Focus – Radiology:
1. Up to two clinician/scientists

Image Guided Interventions:
1. Faculty overseeing large animal models of cancer
2. Faculty in image guided therapy

Molecular Imaging:
1. Mid-level faculty to run program
2. Faculty for oversight of biostatics and image analysis
3. Faculty with a focus in targeted contrast agents
4. Faculty with a focus in cell surface biomarker detection

Space
Laboratory space appropriate to the above mentioned recruitments in the Arizona Cancer Center
Cancer Prevention and Control Program

Introduction
The cross-disciplinary Cancer Prevention and Control (CPC) Program is the largest program at the Arizona Cancer Center and develops and implements highly interactive, multi-disciplinary research to lead to progressive reductions in cancer morbidity and mortality. There is ample evidence that full implementation of existing best practices for cancer prevention and detection could substantially reduce overall United States cancer incidence and mortality. Population-based, basic, translational and clinical research projects in the CPC program are dedicated to improving methods for cancer prevention, detection and control with consequent progressive reductions in cancer rates.

Scientific Objectives/Goals
1. To sustain the CPC as one of the top cancer prevention programs in the country and to grow to fill an even larger role in the state, region, nation and world
2. To expand colon and skin programs and expand CPC to other cancer sites
3. To acquire expertise in research on obesity and physical activity
4. To expand into other areas of research including disparities and cancer risk assessment
5. To further develop the Program’s capabilities in cancer control
6. To strengthen molecular/genetic epidemiology research efforts
7. To expand in quality of care, cancer outcomes, quality of life

Philanthropic Priorities
1. To fund an endowed chair in Cancer Prevention ($1 million over 5 years)

Personnel
1. Epidemiologist in gastrointestinal cancer to support the Colon Cancer Prevention Program
2. Project, the Colorectal SELECT Ancillary Study, the epidemiology-related projects of the GI SPORE, and other related projects.
3. Basic scientist in gastrointestinal cancer (a shared position with the GI Cancer Program)
4. Physician scientist in gastrointestinal cancer (shared with the GI Cancer Program)
5. Basic scientist in skin cancer
6. Physician scientist in skin cancer
7. Epidemiologist in prostate cancer
8. Physician scientist in prostate cancer
9. Epidemiologist in breast cancer
10. Physician/translational scientist in breast cancer chemoprevention (shared with Women’s Cancers Program)
11. Biostatistician, preferably with expertise in analysis and modeling of complex genomic data
12. Expert in the area of obesity/physical activity

Space
Appropriate wet lab, dry lab and office for each new position.
The mission of the Gastrointestinal Cancer Program is to pursue a comprehensive strategy to eliminate death due to digestive tract cancers, through risk assessment, screening, prevention and treatment. Digestive tract cancers include cancers of the esophagus, stomach and pancreas, along with hepatobiliary and colorectal cancers.

**Major Scientific Discoveries/Areas of Investigation**
1. Effective chemoprevention strategy for recurrent colon polyps (AACR, 2008)
2. Predictive blood test to identify response to aspirin as colon polyp preventive agent (PNAS 2003)
3. Validation of c-MYC as a target for intestinal carcinogenesis in mouse models (CBT, 2006)
4. New drugs targeting c-MYC for GI cancer therapy (e.g. CX-3543)
5. New drug targeting GI cancer stress responses (PX-12 and PX-478)
6. Effect of cancer therapies on cognitive functions of cancer patients

**Major Strategic Objectives**
1. Recruit junior faculty, basic and translational investigators
2. Recruit next generation of program leadership, in part through 4 to 5 endowed chairs over next 5 years
3. Expand capabilities to identify high risk populations for GI cancers
4. Expand screening and prevention programs
5. Expand clinical cancer therapeutics and supportive care capabilities

**Philanthropic Priorities**
- 4 to 5 endowed chairs, $1 million each:
  - Translational research
  - Gastrointestinal Pathology
  - Gastrointestinal Radiology
  - Gastrointestinal Surgical Oncology
  - Basic science PhD in GI Cancer, Therapeutic Development, or Cancer Biology & Genetics

**Personnel**
1. Translational researcher
2. Gastrointestinal Pathologist
3. Gastrointestinal Radiologist
4. Gastrointestinal Surgical Oncologist
5. Basic scientist (PhD) in GI Cancer, Therapeutic Development, or Cancer Biology & Genetics

**Space**
Incremental lab space for above recruitment packages, and for expansion of current laboratory efforts within the SPORE grant

**Other resources total $5 Million over 5 years**
1. Recruitment and retention packages
2. Bridge funding
3. Program development funds
Therapeutic Development Program

Introduction
The mission of the Therapeutic Development program is to discover, validate and inhibit new molecular targets for the development of novel cancer therapeutics. The program encompasses target identification, as well as lead agent identification and subsequent optimization development through preclinical and early, “proof of principle,” therapeutic trials that interrogate those new targets.

Major Strategic Objectives
1- To expand the team of target development scientists at both the senior and junior level;
2- Development of chemical libraries through high through-put screening;
3- Continue to develop the resurgent Phase I clinical program;
4- To advance molecular modeling of novel protein-based cancer targets (kinesins & novel kinases)
5- To increase the number of targets identified (Si RNA screens & pathway interrogation)
6- To develop a more integrated approach to the discovery of small molecule inhibitors of those targets
   a. Continue integration into clinical research teams
   b. PPG’s to focus efforts

Philanthropic Priorities
Two endowed chairs ($2 - $2.5 million each)

Personnel
1- Recruit senior target identification biologist;
2- Recruit mid-level high through-put scientist;
3- Recruit 2 junior translational scientists, ideally with focus on screening and in-vivo imaging
4- Recruit 2 junior or mid-level physician scientists/clinical investigators for phase I program

Space
1- Incremental lab space for target identification biologist, and for high through-put scientist packages
2- Junior translational scientists may require own initial space depending on qualifications and funding; incubator space within AZCC may be appropriate.
3- Physician scientist/clinical investigator laboratory space needs will be met through established laboratories
SHARED SERVICES
STRATEGIC PLANNING SUMMARIES
Shared Services

Introduction
The objective of the Shared Services is to provide Arizona Cancer Center investigators access to state of the art technologies at a reasonable cost. The Arizona Cancer Center presently supports thirteen Shared Services and these Services were part of the competitive renewal grant application for the AZCC Cancer Center Core Grant.

Major Objectives/Goals
1. To have most services provide 50-70% of their operating budget for NCI approved cancer research from charge back feres
2. To develop a dedicated informatics platform for the shared services to facilitate awareness of the services, access, day to day usage, sharing of data when appropriate, management of finances, and generation of relevant reports
3. To develop new Shared Services to include High-Throughput RNAi Screening Shared Service, High-Throughput Chemical Screening Shared Service, and Drug Development Shared Service
4. To develop a strategic plan for Shared Service utilization in Phoenix as the AZCC expands into this metropolitan area

Philanthropic Priorities
N/A

Personnel
Personnel as appropriate to the above mentioned new Shared Services

Space
Laboratory space appropriate to the above mentioned recruitments
INSTITUTES
STRATEGIC PLANNING SUMMARIES
Cancer Health Disparities Institute

Introduction
The mission of the Cancer Health Disparities Institute is to reduce cancer disparities throughout the continuum of disease initiation, progression, and treatment. The Institute in partnership with communities served and public and private stakeholders will coordinate, develop, and provide sustainable resources for cancer health disparities research, education, and community outreach.

Major Objectives/Goals
1. To provide technical assistance, community contacts, and access to translational services for investigators proposing research in underserved communities;
2. To create stable, long-term, and effective programs in research, training/education, and community outreach aimed at reducing cancer health disparities in underserved populations in Arizona; and
3. To establish a network of community physicians and clinics in Arizona serving a large proportion of underserved individuals to facilitate patient’s entry into clinical trials.
4. To bring together a team of investigators engaged in peer-reviewed collaborative research focused on cancer health disparities.
5. To integrate research on cancer disparities into existing and future AZCC research programs through inter-disciplinary collaborations
6. To increase minority recruitment into research studies, including clinical trials

Philanthropic Priorities
2 endowed chairs ($1 million each)
$1 million over five years to support pilot projects

Personnel
1. Recruit one physician scientist
2. Recruit one epidemiologist
3. Recruit one behavioral scientist
4. Outreach coordinator/health educator
5. Administrative assistant
6. Support for 3-4 graduate students per year

Space
Contiguous space will be required for key participating faculty to administer Institute activities as well as coordinating cancer research, education, and outreach activities.
Skin Cancer Institute

Introduction
The Skin Cancer Institute will coordinate state-wide efforts of the Arizona Cancer Center in skin cancer detection, prevention, treatment, outreach, education and research. This institute also serves the Section of Dermatology in the College of Medicine and community dermatologists. This Institute will function within the organizational structure of the AZCC and the Institute leadership reports to the Director of the AZCC. Membership includes researchers and clinicians from various colleges and programs throughout the University.

Major Objectives/Goals
1. To decrease skin cancer in Arizona through public awareness and behavior change (Community Outreach goal).
2. To foster early detection and treatment of skin cancer through improved access and referral to consolidated and enhanced dermatology clinic resources (Patient Care goal);
3. To develop and evaluate new knowledge related to the etiology, prevalence, prevention, and treatment of skin cancer (Research and Evaluation goal);
4. To support skin cancer patients, high risk individuals, and potential providers through education and training (Education core goal).

Philanthropic Priorities
Four endowed chairs (Heads Dermatology, Epidemiology, Behavioral Research, and Drug Development)

Personnel
1. Director/Deputy Director of Skin Cancer Institute
2. Behavioral Scientist with focus in skin cancer prevention
3. Clinical Care and Clinical Sciences (needed for both Tucson and expansion to Phoenix).
4. 1-translational research coordinator – clinic to laboratory
5. 1-surgical oncologist
6. 1-medical oncologist
7. 1-dermatopathologist
8. Clinical trialist (could be one of above; perhaps senior level for translational clinical trials and interaction with PO1 and SPORE development).
9. Basic and Translational Research – personnel requirements in the next 5 years1-2 senior faculty and 2-3 mid-level or junior faculty recruitment packages in the areas of carcinogenesis, pharmacology/toxicology, and pharmaceutical sciences

Space
Laboratory space appropriate to the above mentioned recruitments in the Arizona Cancer Center

Other Resources
1. Need funding for recruitment and retention or protection of research time for clinicians
2. Retention packages for current basic/translational science faculty
DEVELOPING ACADEMIC/ RESEARCH ACTIVITIES
STRATEGIC PLANNING SUMMARIES
**Behavioral and Social Sciences Research Project**

**Introduction**  
The mission of the BSSRP is to foster increased collaborative behavioral and social sciences research to develop, implement, and evaluate interventions that lead to the prevention and early detection of cancer, improvements in quality of cancer care, and the implementation of effective supportive strategies throughout the continuum of cancer care.

**Major Objectives/Goals**  
1. Create and support transdisciplinary networks of scientists and practitioners (community and clinical) to develop, implement, and evaluate state-of-the-science programs for preventing cancer, promoting early detection, improving quality of cancer care, and assuring support throughout the cancer care continuum.  
2. Increase funding for investigators at the Arizona Cancer Center for behavioral and social science research;  
3. Develop, implement, and evaluate training and education programs to increase the number and success of new investigators in the behavioral and social sciences related to cancer;  
4. Disseminate findings from cancer-related behavioral and social sciences research to scientists, clinician and community practitioners, policy-makers and the general public through multiple channels (eg web, publications, seminars, symposia, workshops, conferences)

**Philanthropic Priorities**  
1. Endowed chair – Cancer Communications  
2. Endowed chair – Survivorship Chair  
3. Endowed Chair – Lifestyle and Wellness  
4. Endowed Chair - Aging and Cancer  
5. $2-4 million funding over five years, including resources to foster pilot projects to bring new grants to the AZCC

**Personnel**  
The general goal is to build a scientific team which is transdisciplinary and translational (basic science through public policy):  
1. One cancer communications scientist, with expertise in either community or clinical communications  
2. Two behavioral scientists with interest in energy balance (diet and exercise), inclusive of biopsychosocial mechanisms and interventions  
3. Two behavioral scientists with scientific expertise in quality of care and health care services research (could be linked to Skin Cancer Institute)  
4. One network analysis scientist, with expertise in analysis and development of translational/transdisciplinary collaboration  
5. Two scientists with expertise in risk assessment (preferably including psychometric expertise), intervention/counseling, evaluation and treatment of psychiatric/psychological states (eg depression, resilience, etc) which could decrease or increase treatment success

**Space**  
1. Identified space needed for behavioral scientists, especially as BSSRP evolves to become a Program
**Introduction**

The mission of the BMSCT & Leukemia Program is to advance the elimination of hematologic malignancies through translational research, addressing preventive, therapeutic and supportive measures.

**Major Objectives/Goals**

1. Develop a critical mass of bone marrow and stem cell transplant physicians and physician scientists
2. Develop a critical mass of leukemia physicians and physician scientists
3. Develop a translational science program associated with the above clinical teams

**Philanthropic Priorities total $5 Million over 5 years**

1. Program development funds
2. Bridge funding
3. Recruitment packages for positions mentioned below

**Personnel**

1. Two clinical BMSCT faculty
2. One physician scientist ($2 million endowed chair)
3. Two clinical or physician scientist leukemia faculty
4. One Stem cell biologist ($2.5 million endowed chair)
5. One molecular biologist ($2.5 million endowed chair)
6. Technical writer

**Space**

Incremental lab space for above recruitment packages
Lymphoma Initiative

Introduction
The mission of the Lymphoma initiative at the Arizona Cancer Center is to find a cure for Hodgkin’s and Non-Hodgkin’s lymphomas. The AZCC is an internationally recognized leader in the study and treatment of lymphomas. In 2008, the AZCC lymphoma group competed successfully for a SPORE grant in lymphomas, in partnership with the University of Rochester. The AZCC coordinates the largest lymphoma tissue bank in the world with over 10,000 specimens, and with support from the NIH/NCI and Ventana Medical Systems.

Major Scientific Objectives/Goals
1. Determining the relationship of specific tumor gene expression patterns to treatment outcome;
2. Understanding the contribution of the intracellular redox environment to lymphoma biology and treatment response;
3. Understanding how the tumor microenvironment and host response affect patient survival;
4. Identifying new therapies targeted to take advantage of unique tumor characteristics; and
5. Developing new technologies for translational research (Q-dots, in collaboration with Ventana Medical Systems; gene array technology in paraffin tissue, in collaboration with High Throughput Genomics (HTG)).

Major Strategic Objectives
1. Become the foremost center for lymphoma research in the Western United States;
2. Conduct the research plans outlined in the recently awarded SPORE;
3. More than double the patient referrals for research studies; and
4. Develop an extensive regional network for the rapid conduct of investigator initiated trials in lymphomas.

Philanthropic Priorities
1. Masters degree level statistician

Personnel
1. Recruitment of translational scientist with expertise in molecular mechanisms of oncogenesis, immunology, bioinformatics or epidemiology;
2. Recruitment of a dedicated statistician;
3. Recruitment of a clinical faculty member, could include individual with stem cell transplantation focus; and
4. Expansion of tumor bank support personnel as growth dictates.

Space
4- Incremental lab space for translational scientist recruitment package, and for expansion of current laboratory efforts to within the SPORE grant.

Other Resources
1. Ensure solvency of Lymphoma Program with an incremental $250,000 per year for the 5 year time period.
Prostate Cancer Research

Introduction
The goal of the prostate group is to establish multiple discipline expertise in treating prostate patients, which would include urologic surgeons, radiation oncology, medical oncology, subspecialized pathology and prevention expertise. This clinical team would be complimented by strong research in the areas of prostate cancer prevention and studies on the mechanisms of prostate cancer progression with a particular emphasis on cancer metastasis.

Scientific Objectives/Goals
1. Biodetectors of prostate cancer progression: new serum tests;
2. New diagnostic tissue markers;
3. Prevention of bone metastasis;
4. Anti-pain mechanisms for prostate cancer metastasis;
5. Defining nerve and epithelial interactions; and
6. Establishment of a fully annotated prostate tissue bank

Philanthropic Priorities
1. Four targeted endowed chairs in the following areas;
   • Pathology (researcher/clinician)
   • Medical Oncology (physician scientist or clinical researcher)
   • Radiation Oncology (clinical researcher)
   • Surgical Oncology (physician scientist)
2. Bridge funding
3. Prostate Tissue Bank

Personnel
1. Pathologist
2. Medical oncologist
3. Radiation oncologist
4. Surgeon
5. Tissue bank technician (~$40,000 + ERE)

Space
Laboratory space as appropriate for above mentioned recruitments in the Arizona Cancer Center
Women’s Cancers

Introduction
The Women’s Cancers Division is a highly multidisciplinary group which runs the spectrum from pure clinicians, through physician-scientists, to basic researchers. The aim of the Women’s Cancers Division is to develop a top-rated translational multidisciplinary group focused on preventing cancers specific to women, and improving the care, outcome, and comfort of women who develop these cancers. Forty-four percent of all cancers which affect women are those specific to women, and these account for 24% of female cancer mortality. Among the several Women’s Cancers disease types, breast cancer is the most common women’s cancer, with ovarian cancer being the most lethal, presenting as it usually does in advanced stage.

Major Objectives/Goals
1. Continue to support basic and translational research
   a. Develop research in metastasis control/detection
   b. Develop research in early detection/prevention
2. Enhance recruitment in partnership with the Cancer Biology and Genetics Program
3. Expand available funds for pilot research projects to facilitate research initiatives (PPG/SPORE)
4. Create an ABOR-approved Women’s Cancers Institute

Philanthropic Priorities
4. $2 million per year (unrestricted/non-endowment funds)
5. Support of existing faculty

Personnel
1. Breast cancer endowed chair in translational research
2. Breast cancer pathologist focused on translational research
3. Molecular biologist focused on breast cancer biology: regulation of metastasis
4. Partner with MCB for researcher with expertise in the interactions of regulators of gene expression pertinent to women’s cancer
5. Gynecologic oncologist with expertise in clinical trials/developmental therapeutics
6. Breast cancer surgical oncologist who is a physician-scientist

Space
As appropriate for above mentioned recruitments within the AZCC
Within the complex matrix of the College of Medicine, UMC and UPH, a number of new initiatives are underway and/or in the planning stages to broaden participation, and to promote consistency and transparency in pursuing the AZCC mission. These new initiatives include:

**UMC North Pavilion Committee**
This is a multi-disciplinary operations committee that identifies operational challenges and assists in developing and implementing solutions to such. This committee is chaired by the Medical Director/COO of the AZCC, and meets monthly.

**Clinical Process Improvement (CPI) Plan**
This initiative is meant to develop a mechanism within the AZCC to assure high quality patient care, and a research driven approach through a formal, validated, internal performance improvement process. This process requires multi-disciplinary participation for prompt identification of near-miss and actual problems that are data driven, and amenable to thorough analysis. The resolution of issues will be performed within the UMC framework for quality and safety by implementing activities of quality improvement, evaluating the outcomes and communicating the results to the Quality Review Committee (QRC) of the UMC Board of Directors, through the Quality and Safety Board (QSB). This process will include an Oncology Services Peer Review Committee, to address patient complaints, or other questions regarding quality of care, that arise within the AZCC. This process will include representation from UMC, UPH and the CoM.

**Clinical Operations Committee**
This is a multi-disciplinary committee composed of senior leadership at the Health Sciences Center campus, to include Department Chairs and Section Heads, the Deans of the Colleges of Medicine, Pharmacy, and Public Health, or their representatives, along with the Director of the AZCC. The charge of this committee is to oversee the strategic planning and development of the AZCC. This committee is chaired by the COO of the AZCC and meets, at least quarterly, but more frequently if needed.

**Mission Support Agreement (MSA) Committee**
This committee is charged with overseeing the implementation of the AZCC and UMC support agreement, and specifically to oversee the application of UMC gift funds to promote faculty recruitment and retention for the multi-disciplinary clinical and clinical research programs at the AZCC. The committee includes the CEO of UMC, the Vice President for Oncology Services at UMC, the Vice President for Health Affairs at The University of Arizona, the CFO of the CoM, and the COO of the AZCC.

**Advisory Board Committees**
These are newly constituted committees within the AZCC Advisory Board, and meant to facilitate the more activist role of the Board. Specifically, the intent is to actively engage Board members from the larger community in addressing various challenges that the center faces, and in effecting the strategic plan of the AZCC. These committees include: Advocacy/Marketing, Public Policy, Philanthropy, and Strategic Planning/Projects. The committees are co-chaired by
a member of the community and by a member of the AZCC leadership team. The committees meet at each semi-annual Board meeting, and additionally as needed.

**AZCC University Board**
This Board is newly reconstituted and is charged to assist in developing cross campus collaborations, and to give input into the strategic direction of the AZCC. It is composed of Deans and Department and Section Heads from across The University of Arizona, as well as the senior leadership team of the University, to include the President, Provost, Vice President for Health Affairs, and the Vice President for Research. This committee is chaired by the Director of the AZCC and meets, at least, semi-annually.

**Business Office reorganization**
A deliberate process is underway, to include engagement of an outside consulting firm to assess personnel issues, and business office policies and procedures, in an effort at process improvement. The guiding principles are professionalism, consistency, transparency, and customer service. The consulting process should be completed by January 2009. Already in place is a new system of quarterly “snapshot” financial reports summarizing the effective balance sheet of the AZCC; this is intended to be used as a management tool throughout the cancer center. Efforts are also underway to improve the accounting services provided on an individual basis to AZCC investigators.

**Harmonizing efforts in public affairs, marketing, development, and strategic planning amongst UMC, AZCC, the CoM, and UPH.**
This is a broad based effort, through a range of initiatives already summarized, but symbolically promoted by inclusion of AZCC leadership in the Health Science Center Alignment Committee. The latter committee consists of senior leadership from the CoM, UMC, UPH, and The University of Arizona for the purpose of improving strategic alignment within the Health Science Center matrix. The COO of the AZCC began attending these meetings in the Fall of 2008.