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UAMS | Winthrop P. Rockefeller Cancer Institute

NCI Fund Semiannual Legislative Report

December 01, 2025 – May 31, 2026

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Executive Summary

This report is in response to Act 181 of 2019, which requires a semiannual report describing how the Winthrop P. Rockefeller Cancer Institute uses the funds provided through Senate Bill 151 to achieve National Cancer Institute (NCI) Designation. NCI-Designated Cancer Centers are the top 2% of U.S. cancer centers, providing significant resources for developing research programs, faculty, and facilities that will lead to innovative approaches to cancer prevention, diagnosis, and treatment (see NCI Cancer Center Program Overview). The infrastructure NCI Designation provides not only increases cancer prevention, diagnosis, and treatment for Arkansans, but also provides significant indirect monetary benefits and positions Arkansas to drive national cancer research opportunities to the state (see Value of NCI Designation).

The current report covers December 01, 2025, through May 31, 2026. An exciting addition to this report is a description of the first P30 Cancer Center Support Grant (CCSG) grant application, which, if awarded, will establish the Winthrop P. Rockefeller Cancer Institute as an NCI-Designated Comprehensive Cancer Center. This report also contains a full financial report, including fund balance, administrative costs, and revenue received; and steps taken to achieve and sustain NCI Cancer Center Designation for the Winthrop P. Rockefeller Cancer Institute.

NCI Cancer Center Program Overview

The NCI Cancer Centers Program began with the National Cancer Act of 1971, authorizing the National Cancer Program to establish 15 new cancer centers that meet rigorous research standards to develop better approaches for preventing, diagnosing, and treating cancer.

Today, NCI supports a network of 74 NCI-Designated Cancer Centers in 37 states and the District of Columbia, including 58 Comprehensive Cancer Centers, 8 Clinical Cancer Centers, and 8 Basic Laboratory Cancer Centers (**Figure 1**). The vast majority of NCI-Designated Cancer Centers are affiliated with university medical centers.

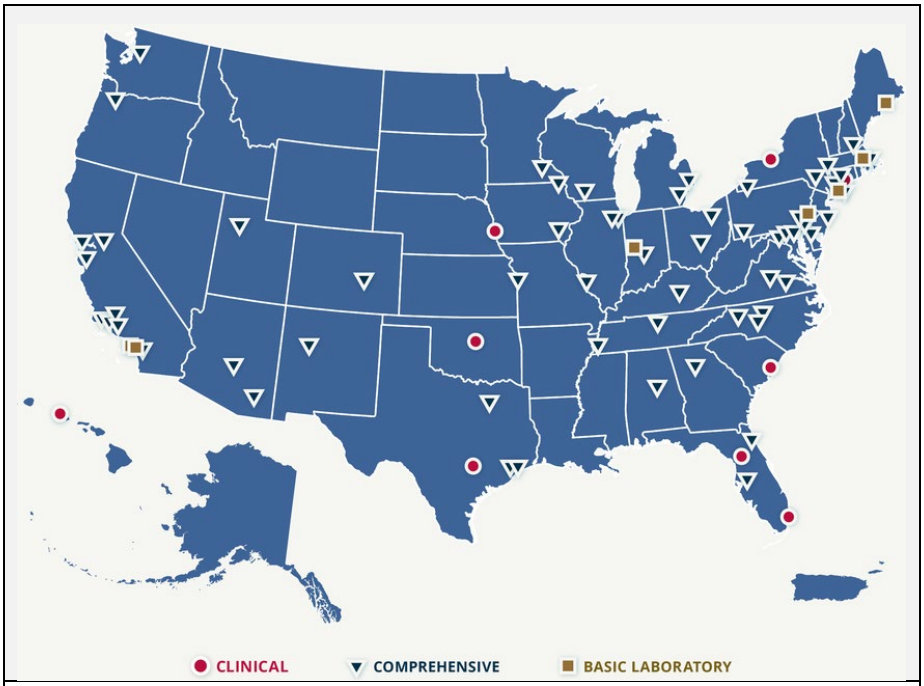

Figure 1. NCI-Designated Cancer Centers. There are 74 NCI-Designated Cancer Centers across 37 states and the District of Columbia

NCI-Designated Cancer Centers are recognized for their scientific leadership in laboratory and clinical research, in addition to serving their communities and the broader public by integrating training and education for biomedical researchers and healthcare professionals. NCI-Designated Cancer Centers dedicate significant resources toward developing research programs, faculty, and facilities that will lead to better and innovative approaches to cancer prevention, diagnosis, and treatment. NCI supports the research infrastructure for cancer

centers to advance scientific goals and foster cancer programs that draw together investigators from different disciplines.

The Need for an NCI-Designated Cancer Center in Arkansas

Arkansas continues to bear a high burden of cancer disease, ranking the fifth highest rate of cancer mortality in the nation.[1] The American Cancer Society estimates that 20,420 Arkansans will be diagnosed with cancer in 2026, and 6,840 will die of the disease.[2] As of 2024, cancer continues to be a leading cause of death in Arkansas, second only to cardiovascular disease.[3, 4] Currently, there are 154,000 square miles in the center of the county without a NCI-designated cancer center. This geography includes Arkansas.

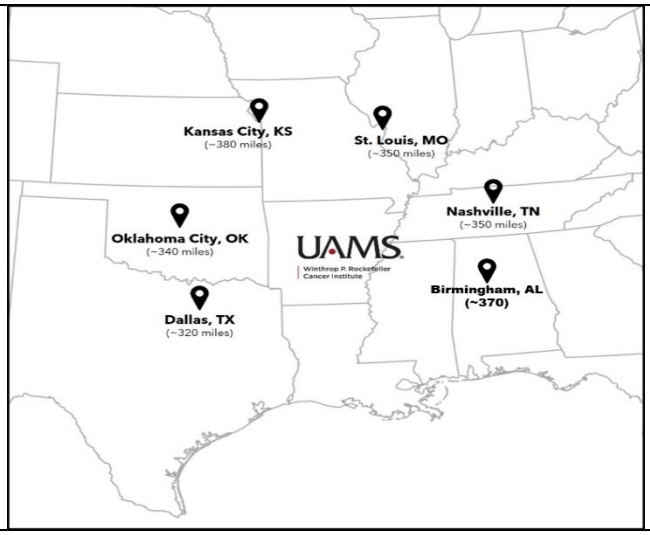

Figure 2. Map showing the six closest NCI-Designated Cancer Centers to Arkansas.

Although Arkansas has a high burden of disease, the closest NCI-Designated Cancer Center is 320 miles away (a 5+ hours' drive) from central Arkansas, which is not feasible for most Arkansans (**Figure 2**), especially for rural Arkansans, who bear the brunt of financial insecurity due to cancer[5, 6]. The Winthrop P. Rockefeller Cancer Institute gaining NCI Designation will give Arkansans access to innovative, research-based cancer treatment and cutting-edge clinical trials close to home, while providing the infrastructure for the Winthrop P. Rockefeller Cancer Institute to expand its work in cancer prevention, early detection, and cancer research.

The NCI Cancer Centers Program values patient access to research-driven, cutting-edge care. NCI recognizes that great need and opportunity exist for Arkansas to have an NCI-Designated Cancer Center, and it stands ready to support the Winthrop P. Rockefeller Cancer Institute on its journey toward designation.

Value of NCI Designation

NCI Designation is an enormous asset for any state and benefits include the following:

1. <u>NCI's Direct monetary support will provide Arkansans access to academic-based transdisciplinary, state-of-the-art research directly focused on developing new and better approaches to preventing, diagnosing, and treating cancer in our state</u>. While many cancer centers conduct research, the Winthrop P. Rockefeller Cancer Institute is the only academic institution in Arkansas focused on improving cancer outcomes. In fact, NCI requires its designated cancer centers to define their research portfolio based on what will create the biggest impact in cancer prevention, awareness, treatment, survival, and quality of life in the population they serve.
2. <u>A projected $70 annual million economic impact on the state.</u> The opportunity to partner with an NCI-Designated Cancer Center will attract biotechnology and pharmaceutical companies to Arkansas. It is estimated that NCI Designation for the Winthrop P. Rockefeller Cancer Institute could lead to a

biotechnology park in Arkansas, along with offices and headquarters for many pharmaceutical companies.[7]

3. NCI Cancer Designation will allow Arkansas to drive national strategic cancer research planning toward opportunities that will benefit all Arkansans.
4. Arkansans will have access to clinical trials and new cancer treatments that are only available to NCI-Designated Cancer Centers.
    a. Access to grant funding opportunities that are only available to NCI-Designated Cancer Centers
    b. Access to innovative clinical trials and investigational drugs that are only available to NCI-Designated Cancer Centers
5. Cancer researchers at the Winthrop P. Rockefeller Cancer Institute will have access to cancer research grants that are only available to NCI-Designated Cancer Centers. This provides the opportunity to increase the amount of cancer research designed to benefit Arkansans by ~60%.

Process to Attain NCI Designation

As shown in **Figure 3**, attaining NCI Designation is multiyear, multistep process that includes strategically recruiting and retaining cancer researchers who, as a collective, annually bring in more than $10 million in NIH cancer funding, and building a sophisticated cancer research infrastructure prescribed by the NCI in its P30 Cancer Center Support Grant (CCSG) (https://www.grants.gov/search-results-detail/360918). Once this occurs, the External Advisory Board (EAB) reviews the center to ensure that the standards of the NCI Cancer Centers Program are met. These EAB meetings are critical to keeping the cancer center on track for designation and result in a formal report that is filed with NCI. Once an EAB has determined that the cancer center is ready to apply for Cancer Center Designation, they grant the cancer center permission to apply. The next step is for the cancer center to meet with NCI, who reviews the cancer center and grants approval to apply.

Once NCI approval is obtained, the center submits its CCSG application to NCI according to the timeline set by NCI. Preparation of a CCSG generally takes two years and is often begun well before NCI approves a center to apply. After NCI Designation is attained, it must be renewed every five years with the submission of another CCSG. This ensures that the standards set forth by NCI for a designated cancer center continue to be upheld.

Figure 3. NCI Designation Process

Expected Timeline

A key milestone to attaining NCI Designation is submitting the CCSG application. After meeting in December 2024, the Winthrop P. Rockefeller Cancer Institute External Advisory Board (EAB) requested to review a comprehensive draft of the CCSG application at the next scheduled meeting. A full written document of the CCSG application was provided to the EAB for its July 2025 meeting and subsequent feedback from the EAB supported a January 2026 submission.

Senator Boozman organized a meeting in Washington DC with Drs. Bhattacharya (NIH Director), Letai (NCI Director, and Birrer (WPRCI Director) along with a delegation from Arkansas to discuss the WPRCI's application for NCI designation. Their meeting was productive with all supporting proceeding to formal application. The NCI and EAB felt a January submission was rushed and that a later submission would be better. The NCI suggested September, but UAMS felt strongly that May was the appropriate date. Select Winthrop P. Rockefeller Cancer Institute leadership met with representatives from NCI in March 2026 to again discuss a submission timeline. This meeting resulted in NCI's support for a May 2026 submission, and we proceeded with a successful submission. The Cancer Institute attained several critical benchmarks to arrive at this point: 1) strategic cancer research recruitment and retention, 2) build infrastructure to align with NCI guidelines, including accruing approximately 405 patients on clinical trials, and 3) establish a statewide community outreach and engagement program (**Figure 4**). As part of the application review process, we will be hosting an abbreviated site visit with representatives from both NCI and current NCI-designated centers in December 2026.

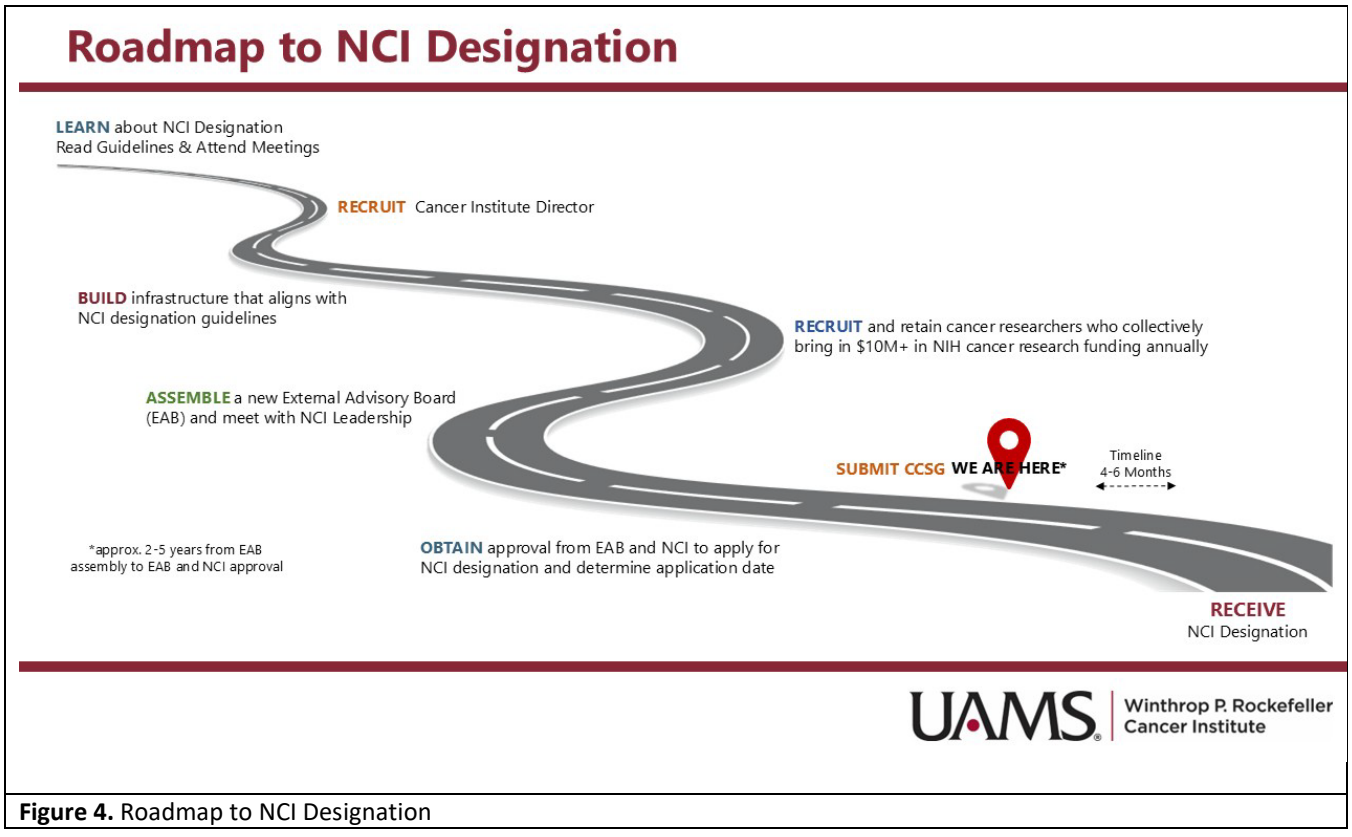

Figure 4. Roadmap to NCI Designation

State Funds to Support NCI Designation

Our estimated cost to attain NCI Designation is $250 million. This cost is in line with recent successful NCI Designation efforts. The Sylvester Comprehensive Cancer Center in Miami, Florida, reported that it spent $250 million over five years to become the country's 71st NCI-Designated Cancer Center on July 29, 2019. Sylvester's director, Stephen Nimer, MD, said that the state of Florida contributed a little over $16 million per year during that time to support their efforts to achieve NCI Designation.[8] On June 20, the University of Florida Health Cancer Center announced receiving designation from NCI after spending approximately $330 million over an eight-year period from 2014 to 2022. According to Jonathan Licht, MD, director of the UF Health Cancer Center, the state of Florida contributed approximately $12 million per year after the Florida National Cancer Institute

Cancer Centers Act was signed into law in 2014.[9] The Wilmot Cancer Institute at the University of Rochester in Rochester, New York, became the 73rd NCI-Designated Cancer Center on March 18, 2025, after more than $100 million was invested through capital and personal investments.[10]

The Winthrop P. Rockefeller Cancer Institute continues to diligently use the state funds provided by Senate Bill 151 to support NCI Designation efforts. **Table 1** shows our actual expense to date and forecasts current confirmed commitments in future years. **Table 2** provides an accounting of the trust fund for the current reporting period of December 1, 2025 – May 31, 2026. Details on the expense breakdown can be found in **Appendix A**.

Table 1. Summary of Expenditures to Date and Future Commitments for State Funds Used for NCI Designation

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
FY20 (Actual Expense)	FY21 (Actual Expense)	FY22 (Actual Expense)	FY23 (Actual Expense)	FY24 (Actual Expense)	FY25 (Actual Expense)	FY26	FY27	FY28	FY29	Total
$1,929,339	$4,822,055	$15,821,985	$21,771,702	$16,859,427	$14,322,832					$75,527,340
Encumbered Expense (Current Confirmed Commitments)						$39,500,417	$32,341,241	$28,722,993	$21,888,296	$122,452,947
Total Actual Expense Plus Encumbered Expenses										$197,980,287
Total Revenue Received to Trust Fund to Date										$197,980,287

Table 2. Trust Fund Report for December 1, 2025 – May 31, 2026

Revenue	
Beginning Balance (December 1, 2025)	**$130,968,271.86**
Total Transfers In	**$0.00**
Special Revenue: Cigarette Paper Tax	**$781,806.70**
**Processing Charges by DF&A on Special Revenue	**($23,454.20)**
Investment Revenue	**$3,621,013.20**
Net Revenue Received to Trust Fund	**$135,347,637.56**
Expenses	
**Workers Comp Charged direct by DF&A	**($0)**
***Expense Draws Posted for Period (12/01/2025 – 05/31/2026)	**($13,666,742.17)**
Ending Balance (May 31, 2026)	**$121,680,895.39**
Expense Draws for November Not Yet Posted to AASIS	**($2,231,791.66)**
Adjusted Ending Balance	**$119,449,103.73**
**Department of Finance and Administration Adjustments	
***Pursuant to the UAMS leadership directive, $3,411,870.49 of the total expense amount for the current reporting period has been transferred to the UAMS Institutional Account to reimburse the campus for 50% of WPRCI administrative costs. Additional monthly transfers will be made to reimburse the campus for the remaining administrative costs during the current fiscal year.	

Progress Toward Achieving NCI Designation December 1, 2025-May. 31, 2026

Large-Scale Recruitment of Cancer Researchers

The Winthrop P. Rockefeller Cancer Institute continues to see recruitment activities from the global ads that were placed in high-impact journals during previous reporting periods. In addition, we have worked with departments across campus on recruitment for a couple of years, and departments will now approach us with cancer-relevant faculty candidates that would benefit our research portfolio. Our collaborative, campus-wide

recruitment program has matured over the last four years, and we believe we will continue to see a steady influx of referrals from departments across campus as well as colleagues outside of University of Arkansas for Medical Sciences (UAMS). To date, our large-scale effort has yielded 40 candidates across 11 academic departments, four colleges, and the graduate school. The current ROI based on actual expenses to date is 166% ($35.6M).

External Advisory Board

The Winthrop P. Rockefeller Cancer Institute External Advisory Board (EAB) provides external oversight, critical feedback, and guidance as it relates to aligning infrastructure and programmatic development with NCI's expectations for an NCI-Designated Cancer Center. The EAB is currently chaired by Adekunle "Kunle" Odunsi, MD, PhD, director of the University of Chicago Medicine Comprehensive Cancer Center, and is composed of ten additional members who are nationally recognized for their expertise in cancer research, prevention, control, and treatment (**Table 3**). Specifically selected for their demographic, geographic, and professional backgrounds, the EAB includes current directors, advisors, and research investigators from NCI-Designated Cancer Centers as well as national experts in cancer research training and education, community outreach and engagement, health equity and workforce development, cancer research, and administration, who guide and inform the Winthrop P. Rockefeller Cancer Institute's strategic vision. EAB member bios are provided in **Appendix C**.

Our fourth EAB meeting was held July 16-17, 2025, at the Cancer Institute. Six members of the EAB attended, including EAB Chair Dr. Kunle Odunsi (Director, University of Chicago Medicine Comprehensive Cancer Center), Dr. Chad Ellis (Huron Consulting Group), Dr. Andrew K. Godwin (Deputy Director, University of Kansas Comprehensive Cancer Center), Dr. Sora Park Tanjasiri (Chao Family Comprehensive Cancer Center), Dr. Kathleen Moore (Deputy Director, Stephenson Cancer Center), and Dr. Lalita Shevde-Samant (O'Neal Comprehensive Cancer Center). Dr. John Farley (Dignity Health Cancer Institute) and Dr. E. Claire Dees (UNC Lineberger Comprehensive Cancer Center) attended virtually via Zoom. The Winthrop P. Rockefeller Cancer Institute received positive feedback and approval to submit a CCSG application.

Table 3. Winthrop P. Rockefeller Cancer Institute External Advisory Board

EAB Member Name	Title/Rank	Institution
Adekunle "Kunle" Odunsi, MD, PhD (Chair)	Director Dean for Oncology, Biological Sciences Division	University of Chicago Medicine Comprehensive Cancer Center
E. Claire Dees, MD, ScM	Director, Early Phase Clinical Research and Drug Development Co-Associate Director, Cancer Research Training Education Coordination Professor, Division of Oncology	UNC Lineberger Comprehensive Cancer Center
Chad A. Ellis, PhD	Director, Research Development Office	University of Texas Southwestern Medical Center
John Farley, MD, COL (ret), FACOG, FACS	Division Head, Gynecologic Oncology	Dignity Health Cancer Institute
Andrew K. Godwin, PhD	Deputy Director Chancellor's Distinguished Chair in Biomedical Sciences Professor Director, Division of Genomic Diagnostics Director, Kansas Institute for Precision Medicine	University of Kansas Medical Center
Samir N. Khleif, MD	Professor, Oncology	Lombardi Comprehensive Cancer Center, Georgetown University
Kathleen Moore, MD, MS	Deputy Director Professor, Obstetrics & Gynecology	Fred and Pamela Buffett Cancer Center, University of Nebraska Medical Center

Lalita Shevde-Samant, PhD	Associate Director, Cancer Research Training and Education Coordination Professor, Pathology	O'Neal Comprehensive Cancer Center, University of Alabama Birmingham
Sora Park Tanjasiri, DrPH, MPH	Associate Director, Community Outreach & Engagement Professor, Health, Society, & Behavior	Chao Family Comprehensive Cancer Center, University of California, Irvine
Edward Chu, MD, MMS*	Director Vice President and Professor of Cancer Medicine	Montefiore Einstein Comprehensive Cancer Center
*Deceased 2025		

Increased Research Funding

Our recruitment of active researchers has continued to bring in additional cancer research funding. Cumulatively, all 40 recruits have brought in $35.6 million in total funding to the Cancer Institute, with $27.2million (total funding) making up active awards. In addition, our current researchers continue to submit multiple grants to cancer-related funding sources, such as NCI, other NIH institutes, American Cancer Society, and Department of Defense. Our researchers were awarded $6.2 million total funding in new cancer-related funds during the current reporting period of December 1, 2025 – May 31, 2026. As of May 31, 2026, our cancer researchers held $43.3 million in active cancer-related annual program direct cost grant funding.

Cancer Research Grant Activity

A total of seven external grants were awarded during the latest reporting period, resulting in more than $7.6 million in grant funding for cancer-related research (**Table 4**) from two external funding agencies (**Table 5**).

Table 4. Cancer Research Grant Activity.

External Peer-Reviewed New Grants Awarded (#)	Awarded External Peer-Reviewed New Grant Funding (Project Period Total Costs)
7	**$7,685,591**

Table 5. Detailed List of Cancer Research Grant Activity.

Grant Number	Title	Funding Agency	PI	Total Amount Awarded
1R01CA299654	Exploring host GSK3ß-53BP1 axis in immune control of solid tumor progression	NIH/NCI	Koss, Brian; Xia, Fen	$3,142,360
NCOAR 05012026	Multi-Tier Intervention to Prevent Youth Vaping – Phase 1	ACRI NCOAR	Clawson, Ashley	$259,833
R01CA308444	Defining the pathogenesis of gammaherpesvirus and Plasmodium coinfections	NIH/NCI	Forrest, James	$2,302,740
K01CA267967	Loopholes, Enforcement Challenges, and Tobacco Industry Interference with Tobacco Control Policies	NIH/NCI	Dobbs, Page	$221,671
R01CA207772	Roles of Hsp47 in breast cancer progression	NIH/NCI	Xu, Ren	$630,583
R01CA215095	Roles of RORA in breast cancer development and progression	NIH/NCI	Xu, Ren	$62,602
R01CA277946	Roles of mRNA transfer in cancer cell-platelet communication	NIH/NCI	Xu, Ren	$1,065,802
Total				**$7,685,591**

Philanthropic Fundraising

Our comprehensive fundraising campaign has now secured gifts and pledges totaling $49 million — surpassing our $30 million goal by more than $19 million. Our sixth annual "Be a Part of the Cure Walk" was held on Saturday, May 2, at War Memorial Stadium and Park, and we surpassed our goals by raising over $518K and having 2,085 attendees. Looking ahead, we will have our annual Gala for Life on Saturday, October 3, 2026, at the Little Rock Statehouse Convention Center in the Wally Allen Ballroom. The theme for this year is "Garden of Hope," and the chairs are the seven Winthrop P. Rockefeller Cancer Institute Lifetime Board of Advisors. The Envoys continue to broaden community engagement through the Ambassador Program. The 2026-2027 Ambassador class will launch in August 2026 with an evening kickoff event and Cancer Institute tour. The program will include four Lunch & Learn sessions and will conclude in March 2027.

Radiation Oncology Center and Proton Center of Arkansas

In summer 2023, the Winthrop P. Rockefeller Cancer Institute opened a new, 58,000 square feet Radiation Oncology Center, which includes the Proton Center of Arkansas, a partnership between UAMS, Arkansas Children's Hospital, Baptist Health, and Proton International. The Radiation Oncology Center and Proton Center of Arkansas provide advanced radiation treatments for children and adults with cancer as well as alternative treatment to traditional radiation therapy, using a precisely focused high-energy beam that targets tumors without affecting the surrounding tissue and organs. Part of the Winthrop P. Rockefeller Cancer Institute, the Proton Center of Arkansas is the only proton center in the state, giving Arkansans the opportunity to receive cutting-edge treatment without having to leave the state. In July 2023, the first patients began receiving photon therapy at the new Radiation Oncology Center, and the Proton Center began treating patients in September 2023. From December 2025 to May 2026, the Radiation Oncology Center and Proton Center of Arkansas saw approximately 73 patients per month and administered nearly 6,000 photon treatments and more than 3,000 proton treatments (**Table 6**).

Table 6. Average Number of Treatments Per Day and Total Photon and Proton Treatments for the Current Reporting Period

Month	AVG # of Treatments/Day	Total # of Photon Treatments	Total # of Proton Treatments
December 2025	73	956	575
January 2026	74	1004	541
February 2026	77	1019	441
March 2026	64	886	523
April 2026	74	993	638
May 2026	75	933	562
Totals/Average	73	**5791**	3280

Clinical Trials

To provide the best cancer treatment options for Arkansans, the Winthrop P. Rockefeller Cancer Institute continues to expand its clinical trials program through the Clinical Trials Office (CTO). The CTO has a staff of 82 research nurses, research coordinators, and regulatory and financial specialists that support more than 310 clinical research studies in brain, breast, cutaneous, gastrointestinal, genitourinary, gynecological, head and neck, lung, radiation oncology, sarcoma, phase I, and hematological cancers. CTO staff have enrolled more than 600 participants into clinical trials during this reporting period. Of that amount, 174 participants were enrolled into interventional trials. Enrollment in interventional clinical continues to rise year-over-year (**Figure 5**). The CTO staff have expanded their statewide presence, providing access to clinical trials in Northwest Arkansas, Central Arkansas Veterans Healthcare System, and Baptist Health Little Rock, resulting in an additional 12 therapeutic enrollments during the current reporting period. CTO plans to continue expanding its portfolio across the state and seeing an increase in therapeutic clinical trial enrollment, benefiting all Arkansans.

Additionally, the CTO has partnered with the Community Outreach and Engagement team to facilitate six town hall meetings in six different counties across Arkansas, totaling 16 clinical trials-based town hall meetings over the last 12 months. These well-attended town hall meetings are geared towards educating and engaging Arkansans on the importance of clinical trials.

Critical to building a statewide clinical trial program is acquiring a first-rate data management system. To build the electronic infrastructure needed to manage and share data across the state, in July 2025, the Cancer Institute purchased and preliminarily implemented a robust commercial Clinical Trials Management System, OnCore, to support clinical trials growth. OnCore allows the Cancer Institute to effectively manage the steep increase in clinical trial activity. This system will boost research operations management, simplify information flow between systems, improve study timelines, provide comprehensive reporting for ongoing analysis, and integrate clinical trials throughout Arkansas. OnCore is used by 80% of NCI-Designated Cancer Centers. In addition to enabling clinical trials throughout the state, this software will facilitate efficient communication and collaboration between the Cancer Institute and other cancer centers throughout the country. All active clinical trials are planned to be active in OnCore by quarter four 2026.

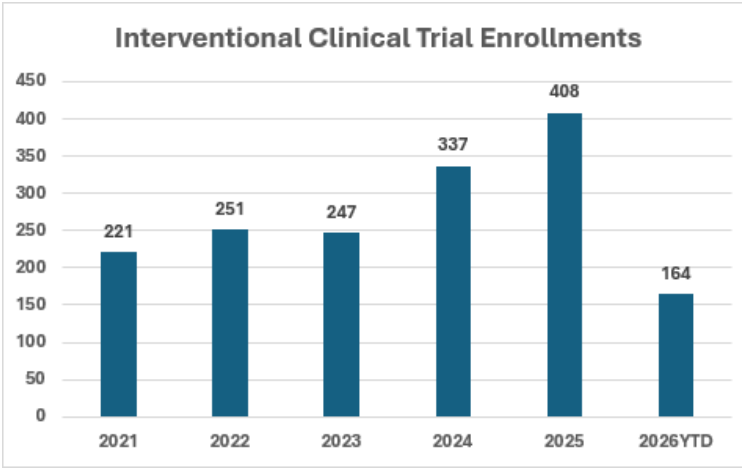

Figure 5. Enrollment in interventional clinical trials 2021-2026 YTD.

Community Outreach and Engagement

Strategic partnerships and authentic relationship building are fundamental principles (among others) of community outreach. These pillars served as the catalyst in planning and conducting over two dozen town hall meetings as previously reported. The office of Community Outreach and Engagement continued leveraging their relationships to plan and conduct town hall meetings in this reporting period as well. A total of 12 meetings will be conducted in calendar year 2026, **in counties not previously visited**. The team is on track to deliver against this goal since half of meetings have been conducted or are already scheduled.

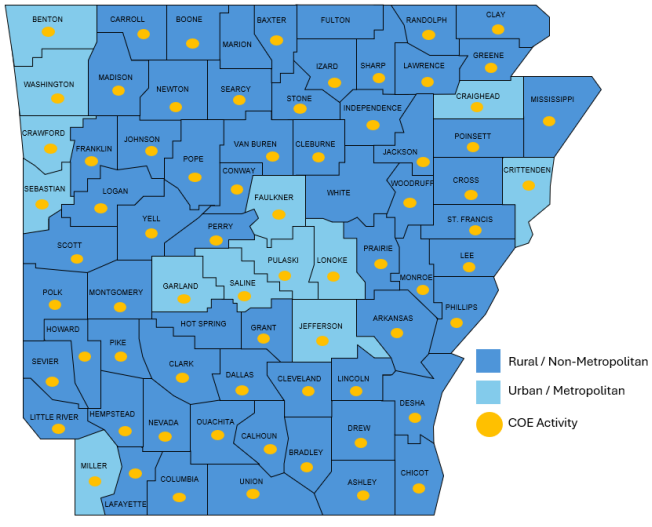

Figure 6. Map of COE activity across Arkansas Counties. Yellow dots indicate the counties where COE outreach has occurred.

Cancer education, select cancer screenings, and navigation services have been made available statewide. The office of Community Outreach & Engagement, comprised of the navigation team/community health workers, and the mobile units' staff, have reached **71 (of 75) counties** with over **50,000** residents educated and **25,000** patients screened; **94% of counties engaged are rural (Figure 6).**

Patient navigation increased by an astounding 35% suggesting growing awareness and acceptance of the office's programs and services. (1,350 patients have been navigated to one or more services. Recurring themes from community feedback identify transportation, healthcare access, and awareness as barriers to getting cancer screenings and treatment. Programming has been established to address these concerns through 1) the expansion of the mobile breast and lung cancer screening fleet; 2) increased patient navigation; and 3) increased statewide educational events.

Cancer Research Training and Education Core

A critical component of achieving NCI-Designated Cancer Center status is providing opportunities for investigators to engage directly with the national and international cancer research community. To support this goal, Cancer Research Training and Education Coordination (CRTEC) at the Winthrop P. Rockefeller Cancer Institute awards travel grants and sponsors two seminar programs: the Forum Seminar Series and Cancer Institute Grand Rounds. The monthly Forum Seminar Series features internationally recognized basic and translational scientists and promotes scientific exchange and collaboration. Similarly, the CME-accredited Cancer Institute Grand Rounds is held monthly and brings leading cancer clinical researchers to the UAMS campus to discuss advances in cancer treatment and clinical trials. Travel grants provide Cancer Institute members with opportunities to present their research at national and international scientific meetings. During this reporting period, CRTEC awarded 15 travel grants to support the professional development and scientific engagement of members.

CRTEC promotes student scholarship, scientific excellence, and community engagement throughout the year. At the annual Student Research Day, trainees presented more than 70 cancer-related research posters, with four competitive research awards presented to recognize outstanding student achievements. CRTEC also participated in the Arkansas State Science and Engineering Fair, helping to foster the next generation of cancer researchers and healthcare professionals. Community outreach efforts included a partnership with Tigers Fight Cancer at Little Rock Central High School, where CRTEC hosted an educational outreach table providing cancer prevention and awareness information to students and their families.

Pilot Funding

To achieve and retain NCI Designation, cancer centers are expected to have a robust research portfolio with funding and publications in thematic areas aligned with catchment area needs. To grow our research portfolio in pursuit and retention of NCI Designation, the Winthrop P. Rockefeller Cancer Institute offers pilot opportunities for members who conduct research across the translational spectrum. These pilot opportunities are meant to fund new avenues of cancer research that will accelerate the collection of data for NCI grant submissions and cancer-relevant publications. Pilot funding opportunities include the following:

Rural Research Award Program – The Rural Research Award Program (RRAP) supports cancer-focused research and strives to address a healthcare problem in rural Arkansas populations. Funding supports investigators or teams of investigators seeking to collect data for competitive NCI/NIH R01 grant submissions. Areas of special funding interest include projects that focus on prostate, colon, breast, and/or lung cancer; cancer patient outcomes; cancer screening and prevention; and/or cancer health disparities. RRAP was created to highlight the work of the UAMS Rural Research Network (RRN), which was established in January of 2020 to leverage the existing clinical and educational infrastructure of UAMS Regional Programs for research and to help ensure Arkansas's rural populations are included in health research. The network comprises UAMS's eight Regional Campuses, located across the state, and is supported by an intra-institutional partnership. Its partners are UAMS Community Health & Research, the Translational Research Institute, UAMS Regional Programs, and the Cancer Institute. RRAP awardees are not required to use the RRN, but projects that do are given priority. Projects are funded for 18 months with budgets up to $100,000. There were three RRAP awardees in 2025 **(Table 7)**. A

summary of productivity metrics, including total number of awards, presentations, related publications, and extramural funding is shown in **Table 8**.

Table 7. 2025 Rural Research Award Program Awardees

Project Title	Principal Investigator	Total Budget Amount
Uncovering Genomic Drivers of Multiple Myeloma in Rural Arkansans Using Multi-Omics Technology	Cody Ashby	$100,000
2,4-D Herbicide Exposure and Colorectal Cancer Risk in Rural Arkansas	Yong Zhu	$100,000
Leveraging Deuterated Water to Measure in-vivo Tumor and Muscle Proteostasis	David Church	$100,000

Table 8. Rural Research Award Program Productivity Metrics- Summary of All Awardees

Total Number of Pilots Awarded	Number of Presentations	Number of Publications	Total Extramural Grant Funding
7	5	5	$657,185

Seeds of Science Award Program. Since 2009, the Winthrop P. Rockefeller Cancer Institute has invested in outstanding cancer researchers through the Seeds of Science award mechanism. While this program is overseen by the Cancer Institute, it relies on two community partnerships for funding: 1) The Envoys, a group of community and business leaders that advocate on behalf of the Cancer Institute, and 2) The Hot Springs Village Walk for Cancer Research, an annual event hosted by the residents of Hot Springs Village that raises funds to support cancer research at multiple institutions. The Seeds of Science program funds promising new research from skilled researchers focused on solving relevant cancer-care problems, with the goal of allowing these researchers to gather data needed to submit for NCI grant awards and disseminate their findings with others in the field. Projects are funded for one year with budgets up to $50,000. During FY26, four cancer investigators received Seeds of Science Awards (**Table 9**). Since the program's start in 2009, the Cancer Institute has maintained a summary of productivity metrics related to total number of awards and related publications, grants, and extramural funding (**Table 10**).

Table 9. Seeds of Science Awards for FY26

Project Title	Principal Investigators	Total Budget Amount
Environmental Arsenic Exposure in Relation to Breast Density and Cancer Risk Markers	Shelbie Stahr, PhD, MPH, Assistant Professor of Environmental Health Sciences	$50,000
Targeting Ryanodine Receptors to Minimize Chemotherapy-Induced Lymphatic Dysfunction	Amanda Stolarz, PharmD, PhD, Assistant Professor of Pharmaceutical Sciences	$50,000
Targeting PIKfyve-Dependent Endolysosomal Trafficking for Durable Radio-sensitization in Glioblastoma	Amit Tiwari, PhD, DABT, Professor of Pharmaceutical Sciences	$50,000

Table 10. Seeds of Science Awards Productivity Metrics – Summary

Number of Pilots Awarded	Number of Publications	Grants Obtained	Total Extramural Grant Funding
40	61	22	$12,932,256

Team Science Award. First established in 2020, the Team Science mechanism supports new cancer-focused research between Winthrop P. Rockefeller Cancer Institute members. Funding supports multi-PI teams pursuing collaborative, transdisciplinary research, with the ultimate goal of submitting program-project level NCI grant applications. These program-project level grants involve teams of researchers combining their expertise with maximal impact to address pressing needs in cancer care and are a critical step in the journey toward receiving and retaining NCI Designation. Projects are funded for one year with budgets up to $100,000. During FY26, four investigative teams received Team Science Awards (**Table 11**). While this mechanism has only been active since 2020, the Cancer Institute maintains a summary of productivity metrics related to total number of awards and related publications, grants, and extramural funding (**Table 12**).

Table 11. Team Science Awards for FY26

Project Title	Principal Investigator	Total Budget Amount
Molecular and Spatial Profiling of Dormant Cells in Multiple Myeloma	Jesús Delgado-Calle, PhD, Associate Professor of Physiology; Intawat Nookaew, PhD, Professor of Biomedical Informatics	$100,000
Targeting Glucose Regulation in Colorectal Cancer	Isabelle Racine-Miousse, PhD, Assistant Professor of Biochemistry; Chenghui Li, PhD, Associate Professor of Pharmaceutical Evaluation; David Church, PhD, Assistant Professor of Geriatrics	$100,000
BRAINS HSCT: Brain Recovery and Assessment of Integrity of Neural Structures in Allogeneic Hematopoietic Stem Cell Transplantation	Ellen van der Plas, PhD, Associate Professor of Pediatrics; Muthu Kumaran, PhD, Associate Professor of Internal Medicine; Tatiana Wolfe, PhD, Assistant Professor of Psychiatry	$100,000
Advancing CAR T-Cell Immunotherapy for Glioblastoma	Fen Xia, MD, PhD, Professor and Chair of Radiation of Oncology; Brian Koss, PhD, Assistant Professor of Biochemistry	$100,000

Table 12. Team Science Award Program Productivity Metrics – Summary

Total Number of Pilots Awarded	Number of Publications	Grants Obtained	Total Extramural Grant Funding
33	27	10	$14,768,580

Research Program Internal Funding

As one of the "six essential characteristics" of an NCI-Designated Cancer Center, research programs are defined by a common research focus and comprise the research activities, common scientific interests, and goals of basic-research scientists. Each member of the Winthrop P. Rockefeller Cancer Institute participates in one of three research programs: Cancer Biology, Cancer Prevention & Population Sciences, and Cancer Therapeutics. Members play a vital role in defining the goals of the research programs and identifying collaborative opportunities, and the Cancer Institute is committed to supporting those initiatives and fostering collaboration within and across the three research programs.

In response to the EAB's recommendation to provide funds to help support research program initiatives, Dr. Birrer has provided $250,000 in funding to each research program. It is up to each program leader to decide how to spend the funds to enhance the program. Internal funding for each research program is described below.

Cancer Biology. The Cancer Biology Research Program continues to support three funding initiatives designed to increase program members' extramural funding from NCI-recognized funding sources and to increase

collaborative, high-impact, cancer-relevant publications. The three initiatives support 1) grant resubmissions to NCI-recognized funding sources, which provides funds to address the concerns and revisions of applications that were not funded but were scored and received grant-reviewer comments; 2) high-impact publication resubmissions, which provides funds to address the concerns and revisions of cancer-relevant manuscripts reporting primary research; and 3) high-impact and collaborative publications, which recognize faculty members who have cancer-relevant publications that are high-impact, collaborative, and acknowledge using Cancer Institute resources. During the current reporting period, no funding was awarded.

Cancer Prevention & Population Sciences – The Cancer Prevention and Population Sciences (CPPS) Research Program continues to provide preliminary data funds, which supports the development of cancer-focused R01/R01-equivalent grant applications. CPPS annually solicits applications for preliminary data funds from Winthrop P. Rockefeller Cancer Institute members and awards up to $50,000 per project after a merit review. CPPS also awards funds for disseminating cancer-relevant research. During the current reporting period, CPPS awarded $1,341 to Ping-Ching Hsu, PhD, to attend the American Society of Preventive Oncology 50th Annual Meeting Associate Director/Program Leader Workshop, which provided key insights into CCSG strategies for Population Science, Community Outreach, and Engagement; NCI updates and forums; and cancer prevention leadership sessions (**Table 13**).

Table 13. Cancer Prevention & Population Sciences Research Program Internal Funding Awardees

PI/Lead Author	Grant/Manuscript Title	Total Amount Awarded
Ping-Ching Hsu, PhD	American Society of Preventive Oncology 50th Annual Meeting. April 12-14, 2026, Denver, Colorado	$1,341
Total		**$**1,341

Cancer Therapeutics. The Cancer Therapeutics Research Program (Cancer Therapeutics) supports four funding initiatives to increase federal funding for Cancer Therapeutics members, especially from NCI-recognized funding sources, and to increase cancer-relevant publications in high-impact journals. These initiatives include 1) travel grants that allow Cancer Therapeutics members to present their research at cancer-focused, national and international meetings; 2) research support funds for graduate students, postdoctoral fellows, and collaborative projects; 3) an award to support resubmission of R01 or R21 grant applications; and 4) a publication award to support resubmission of high-impact factor manuscripts. During the current reporting period, one funding opportunity has been awarded, providing $2,500 in support to Cancer Therapeutics members (Table 14).

Table 14. Cancer Therapeutics Research Program Internal Funding Awardees

PI/Lead Author	Initiative	Total Amount Awarded
Mulu Tesfay, PhD	Poster presentation at the American Association for Cancer Research Annual Meeting	$2,500
Total		**$2,500**

Shared Resources

Shared resources play an essential role in advancing our research mission. The Winthrop P. Rockefeller Cancer Institute provides access to state-of-the-art equipment, technologies, services, and scientific consultation that enhance scientific interaction and productivity among Cancer Institute members and other UAMS researchers. The Cancer Institute supports five shared resources: Biostatistics, Genomics, Proteomics, Radiation Biology, and

Translational Pathology. We continue to grow, develop, and enhance shared resources to support the Cancer Institute's efforts to obtain and retain NCI Designation. Shared resources accomplishments during the current reporting period include the following:

- **Expansion of Services and Equipment** –The Proteomics Shared Resource purchased a second Thermo Astral Mass Spectrometer system, which will increase throughput for data independent acquisition and sample analysis. Renovations to the Biomed I animal facility (Radiation Biology Shared Resource) are going well and are scheduled to be completed during the summer of 2026. Equipment belonging to the Radiation Biology Shared Resource and Jesús Delgado-Calle's, PhD, Bone Imaging Core will move into a dedicated imaging suite in the new facility.

- **Extramural Funding Applications** – The Radiation Biology Shared Resource and an emerging shared resource in structural biology benefited from NIH National Institute of General Medicine (NIGMS) funding the Centers of Biomedical Research Excellence (COBRE) Center for Studies of Host Response to Cancer Therapy Phase 3 from 2025 until 2030, the Center for Molecular Interactions in Cancer Phase 1 from 2024 until 2028, and the Arkansas IDeA Network of Biomedical Research Excellence (INBRE) from 2026 until 2031. These research programs provide funding for the Radiation Biology Shared Resource and the emerging structural biology shared resource. The Proteomics Shared Resource received a $10.5M R24 grant (R24GM137786; 2025-2030) to support ongoing operational expenses, which enables highly subsidized access to sophisticated proteomics services for Cancer Institute members.

- **Education** – The Proteomics Shared Resource hosted the 2026 Core Directors Symposium and the 2026 Fundamentals of Proteomics Workshop. These outreach activities provide educational opportunities to approximately 50 researchers from across the U.S. The symposium and workshop were held at the Winthrop P. Rockefeller Cancer Institute.

- **Leadership** - Deukwoo Kwon, PhD, was recently recruited to direct the Biostatistics Shared Resource in the Winthrop P. Rockefeller Cancer Institute. He is also the lead statistician for the NCI-supported AIDS Malignancies Consortium, which consists of 30 domestic and 10 international clinical trial sites and associated resource centers. He has helped design and activate three different investigator-initiated clinical trials. Furthermore, Behjatolah Karbassi, PhD, was named director of the Translational Pathology Shared Resource. He is a faculty member in the Division of Experimental Pathology and has over 15 years of experience in experimental pathology.

APPENDIX A

Expense Breakdown

Table 1. Detailed Expense Breakdown for Funds Provided by Senate Bill 151 – Trust Fund for NCI Designation

Program Account Description	Fund Center Account	Salary	Fringe	M&O	Total Expense	Notes
Imig, John	CC004122	43,375.27	12,737.54	21,584.97	77,697.78	Recruitment package support
Owsley, Kelsey	CC004123	14,075.88	3,197.17	0.00	17,273.05	Recruitment package support
Griffin, Robert	CC004127	0.00	0.00	-1,000.00	-1,000.00	Support of head & neck clinical trial
Atiq, Omar, MD (COM Internal Medicine-Medical Oncology)	CC100244	37,697.51	8,479.55	11,419.95	57,597.01	Support of head & neck clinical trial
Cancer Institute Administration	CC100248	362,030.00	67,388.89	243,140.88	672,559.77	Staff salaries, equipment, supplies, etc.
Cancer Institute Basic Research	CC100249	0.00	0.00	22,703.10	22,703.10	For WPRCI Research Retreat
Cancer Clinical Trials Research Administration (CCTRA)	CC100250	874,180.63	203,661.22	42,755.84	1,120,597.69	Cancer Clinical Trials
Leung, Ricky, PhD (COM Pharmacology Toxicology)	CC100253	0.00	0.00	24,145.52	24,145.52	Recruitment package support
Birrer, Michael, MD, (Cancer Institute)	CC100332	0.00	0.00	10,496.50	10,496.50	Recruitment package support
Manzano, Mark, PhD (COM Microbiology & Immunology)	CC100335	9,169.49	1,194.98	2,533.73	12,898.20	Recruitment package support
Zhan, Frank MD, PhD (COM Internal Medicine - Medical Oncology)	CC100336	45,136.16	10,011.48	13,524.81	68,672.45	Recruitment package support
Belido, Teresita, PhD (COM Physiology and Biophysics)	CC100360	79,386.60	18,111.31	12,302.32	109,800.23	Recruitment package support
Stephens, Kimberly, MD (COM Peds Care)	CC100361	20,559.10	4,600.45	274.34	25,433.89	Recruitment package support
Cancer Institute Genomics Core Support	CC100363	0.00	0.00	407,146.61	407,146.61	Supplement to Core for expense in excess of operating revenue
Cancer Institute Cancer Therapeutics	CC100365	2,815.02	776.40	9,628.96	13,220.38	Cancer Institute Program Support
Cancer Institute Health Disparities - Ronda Henry-Tillman, MD	CC100366	34,730.99	8,009.05	0.00	42,740.04	Retention package support
Core Voucher Program	CC100372	0.00	0.00	38,318.39	38,318.39	Cancer core use vouchers for CI members
Ryan, Katie, PhD (COM Biochemistry)	CC100416	14,838.94	3,557.34	3,034.08	21,430.36	Recruitment package support
Jones, Dina (CPH HBHE Center for Tobacco Study)	CC100418	-150.74	-57.67	0.00	-208.41	Recruitment package support
Cancer Institute Community Outreach	CC100422	678,151.34	139,396.83	4,741.17	822,289.34	Support for associate director for community outreach and engagement
Cancer Institute CCSG Administration	CC100423	37,500.02	7,050.74	0.00	44,550.76	Recruit ads
Wolfe, Adam	CC100428	19,244.57	2,284.90	0.00	21,529.47	Recruitment package support
Delgado-Calle, Jesús, MD, (COM Physiology & Biophysics)	CC100457	0.00	0.00	-280.00	-280.00	Recruitment package support
Radiation Core	CC100471	5,253.02	1,325.49	7,924.19	14,502.70	Purchase of x-ray cabinet
Recruitment Costs	CC100488	0.00	0.00	10,748.03	10,748.03	Advertising costs, travel, interview meals, etc.
Roy Choudhury, Samrat, PhD (COM Pediatrics)	CC100771	3,992.01	1,414.45	1,273.18	6,679.64	Recruitment package support
Yeh, Ed (COM Internal Medicine)	CC100779	8,216.92	442.69	0.00	8,659.61	Recruitment package support

Miah, Syem (COM Biochemistry)	CC100924	35,327.50	6,722.97	176.00	42,226.47	Recruitment package support
Park, Mark (COPH Epidemiology)	CC100794	679.20	142.53	1,763.69	2,585.42	Recruitment package support
Enemark, Eric (COM-Biochemistry)	CC100826	29,581.67	9,850.02	-213.03	39,218.66	Recruitment package support
Chang, Ming (COM Pharmacology and Toxicology)	CC100827	11,789.28	865.24	0.00	12,654.52	Recruitment package support
Tackett, Alan (COM Biochemistry)	CC100988	68,058.41	11,733.43	32,012.61	111,804.45	Research support
Qin, Z (COM Pathology)	CC100991	10,615.79	2,809.21	5,027.19	18,452.19	Recruitment package support
Byrd, Alicia (COM Biochemistry)	CC100992	0.00	0.00	60.48	60.48	Recruitment package support
Xia, Fen (COM Radiation Oncology)	CC100993	16,890.03	4,657.97	12,939.48	34,487.48	Recruitment package support
Proteomics Core (COM Biochemistry)	CC100994	17,751.85	4,895.03	891,620.00	914,266.88	Proteomics core support
Lu, Williams (COM Pathology)	CC101002	35,073.26	9,046.98	60,722.87	104,843.11	Recruitment package support
Hsu, Ping-Ching (COPH EOH)	CC101004	26,457.15	5,260.01	22,918.06	54,635.22	Recruitment package support
Johann, Don (DBMI)	CC101114	74,332.50	15,500.59	2,323.72	92,156.81	Research support
WPRCI Admin Mammo Van	CC101120	142,304.38	42,068.28	13,338.59	197,711.25	Program support
Rahman, Mohammad (COM Biochemistry)	CC101130	56,118.96	13,629.40	58,915.66	128,664.02	Recruitment package support
Racine-Miousse, Isabella (COM Biochemistry)	CC101152	12,360.00	4,801.12	257.80	17,418.92	Recruitment package support
RRAP Pilots	CC102675	0.00	0.00	-60,353.51	-60,353.51	Rural research awards program
Koss, Brian (COM Biochemistry)	CC102685	61,528.57	16,896.11	94,545.46	172,970.14	Recruitment package support
Tobacco Cessation	CC102719	23,315.12	3,935.06	0.00	27,250.18	Tobacco cessation program support
Clawson, Emily	CC102782	80,033.49	18,188.96	15,215.01	113,437.46	Recruitment package support
Schootman, Mario	CC102817	18,168.75	4,122.66	0.00	22,291.41	Recruitment package support
Rodriguez, Analiz	CC102823	222,677.62	40,670.66	0.00	263,348.28	Research support
Cancer Prevention and Population Sciences	CC102830	8,375.02	2,704.51	1,163.91	12,243.44	Program support
Jaemsen, Joonas	CC102851	57,685.60	14,787.34	43,872.37	116,345.31	Recruitment package support
Moldoveanu, Tudor	CC102852	150,907.96	39,133.19	73,762.26	263,803.41	Recruitment package support
Biostatistics	CC102853	66,363.14	15,851.34	0.00	82,214.48	Support to biostatistics core program
DelNero, Peter	CC103030	15,660.40	3,472.02	1,462.22	20,594.64	Recruitment package support
Hematology/Oncology Fellowship	CC103123	0.00	0.00	118,642.21	118,642.21	Program support
Kim, KyoungHyun	CC103331	87,893.13	23,477.74	35,652.58	147,023.45	Recruitment package support
Cancer Prevention and Control	CC103351	74,040.70	10,352.55	0.00	84,393.25	Program support
Allen, Antino	CC103374	16,231.90	25.99	14,773.64	31,031.53	Recruitment package support
WPRCI Administration	CC103375	0.00	0.01	4,466,514.32	4,466,514.33	Program support
Tu, Shi-Ming	CC103429	2,949.99	634.42	219,915.25	223,499.66	Support to cancer research
Cancer Biology	CC103477	0.00	0.00	2,896.42	2,896.42	Program support

Tiwari, Amit	CC103501	76,954.02	14,148.41	63,857.70	154,960.13	Recruitment package support
Shared Resources Support	CC103506	12,482.10	2,049.03	0.00	14,531.13	Program support
Research Education Support	CC103507	0.00	0.00	1,245.00	1,245.00	Program support
Urbaniak, Alicja Support	CC103682	24,840.01	5,930.48	125.00	30,895.49	Recruitment package support
Lu, Dai Support	CC103706	31,896.82	5,928.62	10,555.95	48,381.39	Recruitment package support
Eoff, Robert Support	CC103707	78,688.64	17,877.44	20,921.84	117,487.92	Recruitment package support
Zhu, Yong Support	CC103769	108,668.17	22,023.63	15,719.84	146,411.64	Recruitment package support
Taverna, Sean Support	CC103793	31,213.24	5,663.42	460.00	37,336.66	Recruitment package support
Rathod, Aniruddha Support	CC103947	56,500.02	13,630.56	2,538.18	72,668.76	Recruitment package support
Rathod, Rutu Support	CC103948	47,365.86	10,203.29	1,577.30	59,146.45	Recruitment package support
Dixon, Dan Support	CC103969	190,204.79	39,823.53	17,502.42	247,530.74	Recruitment package support
Allen, Jaimi Support	CC104017	0.00	0.00	1,289.00	1,289.00	Recruitment package support
West, Kirk Support	CC104034	23,829.31	4,510.79	16,172.18	44,512.28	Recruitment package support
Lung Cancer Screening Program	CC104051	15,950.00	3,146.19	59,895.00	78,991.19	Recruitment package support
Xu, Ren Support	CC104052	168,581.08	33,643.31	201,999.87	404,224.26	Recruitment package support
Tesfay, Mulu Support	CC104111	51,666.66	12,261.51	10,649.04	74,577.21	Recruitment package support
Kwon, Deukwoo Support	CC104149	27,583.33	5,827.87	1,685.00	35,096.20	Recruitment package support
Dobbs, Page Support	CC104171	18,416.69	3,688.68	7,417.46	29,522.83	Recruitment package support
Sickle Cell Clinic Support	CC104172	37,869.62	8,365.88	0.00	46,235.50	Recruitment package support
AD & PL Attachments Support	CC104261	65,818.58	13,075.73	0.00	78,894.31	Recruitment package support
Mobile Fleet Construction & Operations	CC104262	0.00	0.00	393,270.00	393,270.00	Support for mobile cancer screening program
Total Expense		4,781,903	1,041,617	7,843,223	13,666,742	

1. Beginning in FY28, the NCI Trust Fund will assume payment obligations for an eight-year service agreement covering three CT vans. This expenditure, totaling $2,750,461, was authorized and directed by UA President Silveria.

APPENDIX B

Winthrop P. Rockefeller Cancer Institute External Advisory Board Bios

Kunle Odunsi, MD, PhD (Chair)

Director, University of Chicago Medicine Comprehensive Cancer Center

Dean for Oncology, Biological Sciences Division

The AbbVie Foundation Distinguished Service Professor of Obstetrics and Gynecology

University of Chicago Medicine Chicago, IL

Adekunle “Kunle” Odunsi, MD, PhD, is a nationally recognized gynecologic oncologist who specializes in the treatment of ovarian cancer. Dr. Odunsi’s research focuses on understanding the mechanisms of immune recognition and tolerance in ovarian cancer and translating these findings to immunotherapy clinical trials. He pioneered the development of antigen-specific vaccine therapy and next generation adoptive T-Cell immunotherapies to prolong remission rates in women with ovarian cancer. In 2018, Dr. Odunsi was elected to the National Academy of Medicine and awarded the Rosalind Franklin Excellence in Ovarian Cancer Research Award in 2019. His work has been funded by the National Institutes of Health, the Department of Defense, the Ludwig Institute for Cancer Research, the Cancer Research Institute, and the Ovarian Cancer Research Foundation Alliance. Dr. Odunsi has held leadership positions in national organizations, including the NCI Cancer Moonshot Immuno-Oncology Translational Network and the American Association for Cancer Research Cancer Immunology Working Group.

E. Claire Dees, MD, ScM

Director, Early Phase Clinical Research and Drug Development

Co-Associate Director, Cancer Research Training Education Coordination

Professor, Division of Oncology

UNC Lineberger Comprehensive Cancer Center

University of North Carolina School of Medicine Chapel Hill, NC

E. Claire Dees, MD, ScM, is an experienced medical oncologist and clinical trialist. She is a professor of medicine at the University of North Carolina School of Medicine, and a member of the UNC Lineberger Comprehensive Cancer Center and the UNC Breast Center. She founded the Developmental Therapeutics (Phase I trials) Working Group at UNC- Lineberger Comprehensive Cancer Center, and she now directs the early phase clinical trials program and the breast cancer clinical trials group. Dr. Dees co-leads the Lineberger Comprehensive Cancer Center Clinical Research Program. Her research focuses on early phase clinical trials of novel therapeutics, especially those focused on breast cancer. She has been the principal investigator for over 100 trials, including ten currently open early phase trials.

Chad A. Ellis, PhD

Director, Research Development Office

University of Texas Southwestern Medical Center

Dallas, TX

Chad A. Ellis, PhD, is known for his expertise in the advancement of basic and translational research initiatives in the public and private sectors. Dr. Ellis completed his postdoctoral fellowship at the NCI, where he focused on the regulation, activation and signaling pathways of Ras proteins and filed a patent application for the novel protein, Ras-related inhibitor of cell growth (Rig). Additionally, Dr. Ellis served as a program director for the Cancer Centers Program for NCI. He has served in leadership positions at NCI-Designated Cancer Centers, such as the UPMC Hillman Cancer Center, Pittsburgh, PA, the Yale Comprehensive Cancer Center, and the University of North Carolina Lineberger Comprehensive Cancer Center.

John Farley, MD, COL (ret.)

Division Head, Gynecologic Oncology

University of Arizona Cancer Center at Dignity Health

Phoenix, AZ

Professor, Obstetrics and Gynecology

University of Arizona School of Medicine and Creighton University School of Medicine

Tucson, AZ, and Phoenix AZ

Retired Army Colonel John Farley, MD, is a renowned gynecologic oncologist who has conducted extensive research on cervical cancer, ovarian cancer, and general gynecologic cancer. Dr. Farley's expertise includes clinical trial design, new drug development, and treatment of complex gynecologic malignancies. He received his medical degree from the Uniformed Services University of Health Sciences and later completed a residency in obstetrics and gynecology and a fellowship in gynecologic oncology at the Walter Reed Army Medical Center. During his time in the Army, he earned a Legion of Merit Medal, a Bronze Star Medal, and the prestigious Order of Military Medical Merit. Dr. Farley is a member of NRG Oncology, the American Association of Cancer Research, the Society of Gynecologic Oncologists, the American Society of Clinical Oncology, and a fellow of the American Congress of Obstetricians and Gynecologists.

Andrew K. Godwin, PhD

Deputy Director, University of Kansas Cancer Center

Chancellor's Distinguished Chair in Biomedical Sciences Professor

Director, Division of Genomic Diagnostics

Director, Kansas Institute for Precision Medicine

University of Kansas Medical Center

Kansas City, KS

Andrew K. Godwin, PhD, is internationally recognized for his molecular biology/genetic studies of sarcoma (GIST and Ewing sarcoma), breast cancer, and ovarian cancer, and his efforts to help bridge the gap between basic, translational, and clinical sciences to improve patient care. Dr. Godwin is a leader in the field of translational research and precision cancer medicine. His research focuses on the aspects of basic and translational research, with an emphasis on the early detection of cancer, predictive and prognostic biomarker discovery, extracellular vesicle-based liquid biopsies, molecular and cellular therapeutics, companion diagnostics, clinical trials, cancer immune microenvironment, and high-quality biospecimen collection. Dr. Godwin has been consistently NIH funded since 1993, and he has published over 380 manuscripts and scholarly review articles.

Kathleen Moore, MD, MS

Deputy Director, Fred and Pamela Buffett Cancer Center

Director, Phase I Clinical Trials

Professor, Department of Obstetrics and Gynecology

University of Nebraska Medical Center

Omaha, NE

Kathleen Moore, MD, is the Deputy Director of the Fred and Pamela Buffett Cancer Center, University of Nebraska, and Director of Phase I Research this Cancer Center. Until 2026, Dr. Moore served as Deputy Director for the Stephenson Cancer Center (SCC) at the University of Oklahoma, an NCI-Designated Cancer Center. At SCC, Dr. Moore served as PI for the Center's NCI U10 National Clinical Trial Network (NCTN) Lead Academic Participating Site Network (LAPS) award, PI on the UM12 Early Therapeutics Clinical Trials Network (ETCTN), and MPI for the Cancer Screening Research Network (CSRN) UG1 award. Dr. Moore has served on the NCI Cancer Center Program review committee and serves as the Ovarian Committee Chair for the NRG and on a broad array of committees with the NRG to promote the science and mission of NCI's NCTN research.

Samir N. Khleif, MD

Professor, Department of Oncology

Lombardi Comprehensive Cancer Center Georgetown University

Professor, Georgetown University Medical Center

Washington, D.C.

Professor, Department of Medicine, August University

August, GA

Samir N. Khleif, MD, is an immunologist and immune therapist. His research program, "Translational Tumor Immunology," focuses on understanding mechanisms through which the immune system and cancer cells interact and how to overcome tumor tolerance in developing therapeutic approaches. Specifically, his research interests include developing novel immune therapeutics, cancer vaccines and delineating the mechanisms of resistance to immunotherapy. From 2006-2009, Dr. Khleif was asked by the U.S. government to develop and direct the King Hussein Cancer Centre in Amman, Jordan. Dr. Khleif served as director of Georgia Cancer Center at Augusta University and oversaw the development of a large integrated program of basic scientists and clinicians merging the center's strengths in immunology, inflammation, tolerance, basic science, and immune therapy. Dr. Khleif was an intramural NIH scientist for 20 years at NCI. While at NCI, he served as a leader of the Cancer Vaccine Section, leading a nationally active Immune Therapy Program. His laboratory has conducted some of the earliest clinical trials in antigen vaccines and was the first to conduct vaccines against mutant oncogenes.

Lalita Shevde-Samant, PhD

Associate Director, Cancer Research Training and Education Coordination

Professor, Department of Pathology

O'Neal Comprehensive Cancer Center

University of Alabama at Birmingham

Birmingham, AL

Lalita Shevde-Samant, PhD, is a professor in the Department of Pathology and the Associate Director of Cancer Research Training and Education Coordination at the O'Neal Comprehensive Cancer at the University of Alabama at Birmingham. Since 2004, her lab has been continuously funded to interrogate dynamics of interactions between breast tumor cells and their microenvironment. Investigations led by her group have uncovered a novel role of Hedgehog signaling in regulating tumor cell resistance to chemotherapeutics and the tumor microclimate; more recently having identified that Hedgehog activity sculpts the immune portfolio of breast tumors. She has a well-documented record of accomplishments, with 108 peer-reviewed research publications and book chapters. These discoveries have been enabled with intramural support and extramural funding from the NCI and the Department of Defense.

Sora Park Tanjasiri, DrPH, MPH

Associate Director, Community Outreach and Engagement

Professor, Department of Health, Society, and Behavior

Chao Family Comprehensive Cancer Center

University of California, Irvine, CA

Sora Park Tanjasiri, DrPH, MPH, is an expert on cancer health disparities, cancer prevention, breast and cervical cancer early detection, and community-based participatory research. Her research focuses on community health promotion to reduce cancer health disparities among diverse populations, particularly Asian Americans and Pacific Islanders. Using community-based participatory research, she has served as Principal Investigator or Co-Principal Investigator on over two dozen extramurally funded cancer-related studies on tobacco prevention and cessation, cancer early detection, and cancer survivorship. Dr. Tanjasiri also serves as advisor to numerous non-profit organizations, including the Orange County Asian Pacific Islander Community Alliance, Asian Pacific Partners for Empowerment Advocacy and Leadership, and the Orange County Women's Health Project. In May 2024, Dr. Tanjasiri earned the Chancellor's Award for Excellence in Undergraduate Research from the University of California, Irvine.

APPENDIX C

Act 181

Stricken language would be deleted from and underlined language would be added to present law.
Act 181 of the Regular Session

State of Arkansas *As Engrossed: S2/4/19*
92nd General Assembly **A Bill**
Regular Session, 2019 SENATE BILL 151

By: Senators Irvin, Bledsoe, B. Davis, J. English
By: Representatives M. Gray, Barker, Bentley, Brown, Capp, Cavenaugh, Crawford, Dalby, C. Fite, Lundstrum, J. Mayberry, Petty, Rushing, Speaks, Vaught, Gazaway

For An Act To Be Entitled

AN ACT CONCERNING THE PURSUIT OF A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER AT THE WINTHROP P. ROCKEFELLER CANCER INSTITUTE AT THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES; TO CREATE THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES NATIONAL CANCER INSTITUTE DESIGNATION ***TRUST FUND***; AND FOR OTHER PURPOSES.

Subtitle

CONCERNING THE PURSUIT OF A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER AT THE WINTHROP P. ROCKEFELLER CANCER INSTITUTE AT THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Legislative findings.

The General Assembly finds that:

(1) In 2018, approximately sixteen thousand (16,000) Arkansans were diagnosed with cancer in 2018, which means that forty-four (44) Arkansans were diagnosed with cancer per day;

(2) Of those sixteen thousand (16,000) Arkansans diagnosed with cancer, six thousand nine hundred ten (6,910) will die of the disease;

(3) The four (4) types of cancer with significantly high annual

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diagnosis rates in Arkansas are:

(A) Lung and bronchus cancer, with two thousand seven hundred twenty (2,720) diagnoses;

(B) Breast cancer, with two thousand one hundred sixty (2,160) diagnoses;

(C) Prostate cancer, with one thousand two hundred sixty (1,260) diagnoses; and

(D) Colon and rectal cancer, with one thousand three hundred seventy diagnoses (1,370);

(4) Over the past twenty-eight (28) years, nationwide cancer-related deaths have decreased by five percent (5%), but in Arkansas the rate of cancer-related deaths has increased by nine percent (9%);

(5) Only Kentucky, Mississippi, and Oklahoma had higher cancer-related death rates in the past twenty-eight (28) years than Arkansas;

(6) Cancer is the second-leading cause of death in Arkansas and may become the leading cause of death within the next decade, surpassing the current leading cause, cardiovascular disease, based on the diagnosis trends in the state;

(7) There are currently seventy (70) National Cancer Institute-Designated Cancer Centers, located in thirty-six (36) states and the District of Columbia, including National Cancer Institute-Designated Cancer Centers in Texas, Missouri, Oklahoma, and Tennessee;

(8) There are no National Cancer Institute-Designated Cancer Centers in Arkansas, Mississippi, or Louisiana;

(9) In 2018, the State of Oklahoma received the seventieth National Cancer Institute-Designated Cancer Center;

(10) Having a National Cancer Institute-Designated Cancer Center in Arkansas will improve and expand access to clinical trials, cancer treatment, cancer prevention, cancer screening, and education in Arkansas;

(11) A National Cancer Institute-Designated Cancer Center in Arkansas would act as a hub of groundbreaking treatments and care for the communities around the state;

(12) Arkansas cancer patients often times are required to leave the state to receive treatment at a National Cancer Institute-Designated Cancer Center;

(13) National Cancer Institute-Designated Cancer Centers have

expanded treatment options due to research grant funds and experimental trials, and hundreds of research studies are underway at these centers, ranging from basic laboratory research to clinical assessments of new treatments not currently available in Arkansas;

(14) Having a National Cancer Institute-Designated Cancer Center in the state would save the lives of thousands of Arkansans through expanded treatment opportunities, including opportunities to participate in experimental cancer treatments;

(15) Being a National Cancer Institute-Designated Cancer Center would allow the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences to be awarded more research funds, which will provide additional experimental cancer treatments in the state;

(16) A National Cancer Institute-Designated Cancer Center will provide support for cancer treatment providers, clinics, and hospitals in Arkansas;

(17) In addition to the human suffering caused by cancer, there are economic costs that result from the disease, including medical costs and the impact on the productivity of the cancer patient and his or her family;

(18) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences is pursuing designation as a National Cancer Institute-Designated Cancer Center for the benefit of the more than three million (3,000,000) citizens of Arkansas;

(19) The National Cancer Institute recommends that a cancer center have at least twenty million dollars ($20,000,000) in National Cancer Institute-funded research;

(20) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences currently has approximately ten million dollars ($10,000,000) in National Cancer Institute-funded research;

(21) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences can apply for only a limited number of National Cancer Institute grant funds because over sixty percent (60%) of the National Cancer Institute's grant applications require that the cancer center be a National Cancer Institute-Designated Cancer Center in order to apply for the grant funds;

(22) In order to achieve status as a National Cancer Institute-Designated Cancer Center, the Winthrop P. Rockefeller Cancer Institute at the

University of Arkansas for Medical Sciences will need to recruit:

(A) A renowned expert in cancer research to serve as the Director of the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences; and

(B) Nationally recognized National Cancer Institute-funded medical professionals;

(23) To be successful in gaining status as a National Cancer Institute-Designated Cancer Center, ongoing, dedicated financial support from the State of Arkansas is critical;

(24) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences will need a stream of funding between ten million dollars ($10,000,000) and twenty million dollars ($20,000,000) per year to establish and maintain a National Cancer Institute-Designated Cancer Center;

(25) Like other states that have been successful in securing status as a National Cancer Institute-Designated Cancer Center for their cancer centers, it is incumbent that the State of Arkansas invest in this initiative;

(26) It is a strategic goal of the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences to becomes a National Cancer Institute-Designated Cancer Center;

(27) State government funds will assist the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences secure vital investments from other public and private sources;

(28) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences is committed to raising at least thirty million dollars ($30,000,000) in private funds to support the pursuit of achieving status as a National Cancer Institute-Designated Cancer Center;

(29) The private resources pursued by the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences are a part of a cohesive and focused plan that will forever change the state;

(30) It is estimated that having a National Cancer Institute-Designated Cancer Center will bring in an additional seventy million dollars ($70,000,000) annually to Arkansas's economy and will create one thousand five hundred eighty-four (1,584) new jobs over five (5) years;

(31) The state should establish a fund solely for the purpose of pursuing and maintaining status as a National Cancer Institute-Designated Cancer Center for the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences;

(32) If upon June 30, 2027, the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences has not achieved status as a National Cancer Institute-Designated Cancer Center, then the fund created in this act should sunset; and

(33) Future General Assemblies will have the authority and responsibility to evaluate the progress of the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences toward achieving status as a National Cancer Institute-Designed Cancer Center and adjust this act accordingly.

SECTION 2. Arkansas Code Title 19, Chapter 5, *Subchapter 11*, is amended to add an additional section to read as follows:

19-5-1149. University of Arkansas for Medical Sciences National Cancer Institute Designation *Trust Fund* — Report.

(a) There is created on the books of the Treasurer of State, the Auditor of State, and the Chief Fiscal Officer of the State a *trust* fund to be known as the "University of Arkansas for Medical Sciences National Cancer Institute Designation *Trust Fund*".

(b) The fund shall consist of:

(1) Moneys obtained from private grants or other sources that are designated to be credited to the fund; and

(2) Any other funds authorized or provided by law.

(c) The fund shall be used by the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences solely to achieve and maintain status as a National Cancer Institute-Designated Cancer *Center.*

(d) The Treasurer of State shall invest the moneys available in the fund.

(e)(1) The investment of funds under this section is exempt from § 19-3-518(a)(2)(B)(i)(b) and (c).

(2) Moneys in the fund may be invested in any instrument:

(A) Listed in § 19-3-518(b)(1)(B); and

(B) Approved by the guidelines established by the State Treasury investment policy approved by the State Board of Finance.

(f) Moneys remaining in the fund at the end of each fiscal year shall carry forward and be made available for the purposes stated in this section in the next fiscal year.

(g)(1) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences shall submit a semiannual report containing the following information to the Governor; the Legislative Council or, if the General Assembly is in session, the Joint Budget Committee; the Senate Committee on Public Health, Welfare and Labor; and the House Committee on Public Health, Welfare, and Labor:

(A) The balance of the fund as of the reporting date;

(B) A list of the administrative costs paid for from the fund, including without limitation salaries, pensions, and packages;

(C) The total revenue received by the fund during the reporting period; and

(D) A detailed description of the steps taken and the progress made toward achieving status as a National Cancer Institute-Designated Cancer Center during the reporting period.

(2) The semiannual report required under this subsection shall be submitted by January 1 and July 1 of each year.

/s/Irvin

APPROVED: 2/19/19

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