

IMPACT PHIL



**Sidney Kimmel Cancer Center  
Research Strategic Plan  
2022 – 2027**



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## Letter from the Center Director

The Sidney Kimmel Cancer Center (SKCC) at Jefferson Health is a matrixed consortium cancer center that serves the diverse patient population of urban Philadelphia and its adjacent communities by building upon the unique expertise, resources, and capabilities of two highly regarded Philadelphia-based institutions, Thomas Jefferson University and Drexel University. Our members are singularly focused on eradicating the impact of cancer, including disparities and inequities, in our community and beyond through the most advanced clinical care, innovative transdisciplinary research, dynamic training and mentorship, and trusted partnerships with community organizations, families, and civic leaders.



**Andrew Chapman, DO,  
FACP Center Director**

SKCC's mission is to improve the lives of cancer patients and their families through compassion, innovation, and breakthrough discoveries. Areas of scientific focus include cancer risk and control, implementation science, cancer health disparities, clinical trials, molecular oncology regulation and approaches, translational and cellular oncology, and immune cell regulation and targeting. Research in each of these areas is needed to successfully unravel the cancer problems within our Catchment Area and enable us to leverage our distinct expertise in understanding the needs of our community, moving catchment-relevant discoveries quickly from the bench to the bedside, and then sharing our findings and implementing interventions within then community.

Upon my appointment as Center Director in March 2022, we moved quickly to build upon prior successes and stretch our vision beyond where we have ever imagined in order to pursue new avenues of opportunity across the consortium by more effectively engaging members, Jefferson and Drexel leaders, and advisors in a collaborative visioning process. Our new five-year plan, called **IMPACT PHL**, has 5 inter-connected pillars that provide the organizational foundation for our goals, strategies, and day-to-day decisions. Throughout the implementation of this living Strategic Plan, we will continue to actively solicit advice and feedback from our members, civic leaders and community representatives, internal and external advisory boards, and institutional executives among others. We also will closely monitor our progress so that, ultimately, we achieve – and exceed – our exciting vision and hopes.

Thank you for your ongoing support and trust.

Andrew Chapman, DO, FACP  
Center Director, SKCC

### III. Center Overview

The Sidney Kimmel Cancer Center – Jefferson Health (SKCC) was founded in 1991. SKCC first achieved National Cancer Institute (NCI) designation in 1996. Over the past thirty years, SKCC has been led by a total of 4 Center Directors, each of whom has contributed to the features that distinguish SKCC today (**Figure 1**). Dr. Karen Knudsen, PhD, a pre-eminent prostate cancer translational researcher most recently served as Director from 2015 to 2021, when she stepped down to become CEO of the American Cancer Society. Under Dr. Knudsen, SKCC flourished and received an outstanding merit rating at the 2017 NCI Site Visit.

After a national search was conducted, Andrew Chapman, DO, FACP, was appointed Center Director in March 2022 with the full support of the Jefferson Board of Trustees, the executive leadership of Drexel University, SKCC's External Advisory Board, and the National

Cancer Institute (NCI) Office of Cancer Centers. Dr. Chapman, Executive Vice President Oncology Services, previously served as Interim Director after Dr. Knudsen stepped down. Dr. Chapman, who has held a variety of leadership positions at Jefferson throughout his nearly thirty-year tenure, is internationally known for his expertise in geriatric oncology. In 2020, he received the American Society for Clinical Oncology (ASCO) BJ Kennedy Award for Scientific Excellence in Geriatric Oncology. Dr. Chapman has prior experience at other cancer centers in the region, notably, the University of Pennsylvania Abramson Cancer Center and Fox Chase Cancer Center.

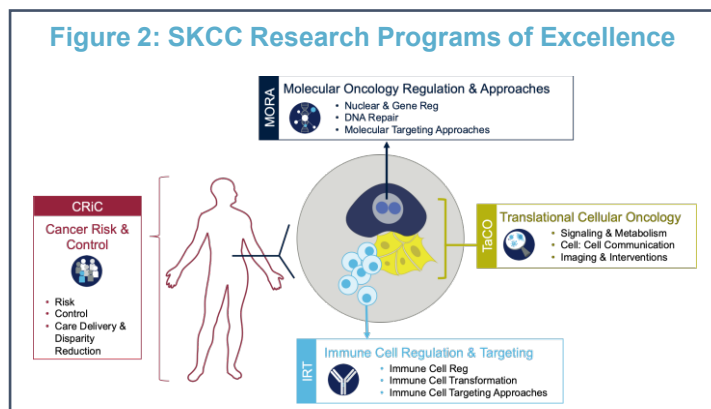
As Center Director, Dr. Chapman has full authority and responsibility for the SKCC cancer service line, which spans the entire Jefferson health system. He also has direct responsibility for the academic departments of Medical Oncology and Radiation Oncology and programmatic leadership of cancer relevant surgical services. Dr. Chapman has created community hubs of cancer excellence, which are developing clinical research capabilities under the responsibility of the AD for Clinical and Translational Research (Kelly) and the SKCC Clinical Trial Office (CTO). Senior clinical investigators serve as site directors, ensuring the development of a strong clinical research culture and increasing participation of diverse individuals on patient-oriented research. Dr. Chapman has empowered a highly capable medical and administrative leadership team to support day-to-day activities of the service line while he ensures full integration of research, clinical care, training, outreach, diversity, equity and inclusion (DEI), and other vital components to realize his vision while conforming to best practice of NCI-designated Cancer Centers.

#### Figure 1: SKCC's Distinguishing Features

- Highly collaborative culture
- Inclusive leadership
- Basic researchers, clinicians, and population scientists with diverse expertise who are committed to impacting the Catchment Area
- Signature programs that align with the needs of the Catchment Area
- Strong ties to the community and an extensive network of partners
- Key opinion leaders who conduct research and treat our unique and diverse patient population
- Direct access to SKCC cancer care and novel studies throughout the Catchment Area
- Unique consortium of Philadelphia-focused universities with members who are eager to build upon their complementary strengths within an NCI-designated Cancer Center

A true hallmark of Dr. Chapman's tenure this year is the recent reimagination of the consortium partnership with Drexel University (DU), which was approved by NCI in 2013. As one of his first actions as Center Director, Dr. Chapman embarked on discussions with members, leaders, institutional officers, and external advisors on ways to revitalize and optimize the extraordinary opportunities that the consortium affords. His goal was to find how Thomas Jefferson University (TJU) and DU could make an even greater impact on the Philadelphia region and beyond - together. With the president of DU, John Fry, MBA, and his leadership team became highly engaged and through the strategic planning process, goals and strategies were identified. In addition, the new vision for the consortium was memorialized in a Memorandum of Understanding that was signed in July 2022. The heightened institutional commitment, improved organizational capabilities, and increased financial investments should result in higher levels of collaborative research, publications, and grants, particularly in cancer imaging, hormone-dependent cancers, clinical research, bioinformatics, and population-based studies assessing cancer risk and control. Drexel University also brings substantial strength in biomedical engineering, nanotechnology, and medicinal chemistry, which will add important new dimensions to cancer research.

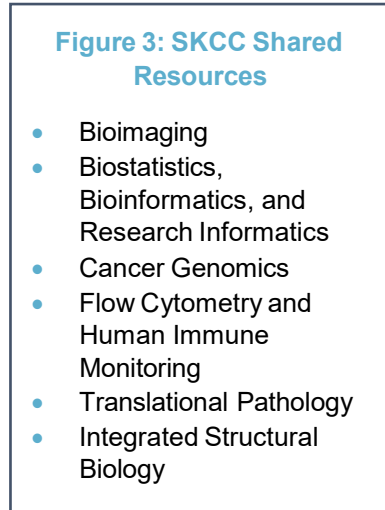
SKCC's research mission is driven through four Research Programs (Figure 2) that facilitate and foster the pace of bidirectional discovery and translation. Each Program prioritizes distinct yet complementary scientific aims and themes areas that address the cancer problems of the Catchment Area while also building SKCC's distinction among peers.



- The **Cancer Risk and Control Program** focuses on intrinsic and extrinsic risks for cancer, including genetic, environmental, physiologic, and molecular alterations; cancer control, in which novel methods of treatments are being evaluated to address cancer risks for patients both during cancer therapy and extending into survivorship; and novel paradigms to reduce health disparities.
- The **Molecular Oncology Regulation and Approaches Program** focuses on precision oncology, particularly as associated with targetable nuclear gene regulation and genome stability-DNA repair mechanisms and developing new clinical interventions to reduce cancer mortality through early phase clinical trials.
- The **Translational and Cellular Oncology Program** focuses on novel signaling and metabolic pathways that are crucial in supporting malignancy at the cellular and intercellular levels, with the potential of impacting new imaging technologies and therapeutic interventions. The Program also aims to uncover tumor cell crosstalk among heterogenous cancer cell populations and translate newly acquired information into means for precision medicine by preventing or counteracting tumor progression.

- The **Immune Cell Regulation and Targeting Program** focuses on cancer-associated immune cell function, transformation and targeting. This Program houses exceptional leadership in immune-oncology and the translation of strategies to harness anti-tumor functions for cancer therapy in both solid tumors and hematologic malignancies.

SKCC research is supported by six NCI-funded Shared Resources (**Figure 3**). In 2022, SKCC conducted a comprehensive assessment of the facilities, which included member surveys, meetings with Programs, and discussions with user groups. Actions were then identified and implemented to ensure these vital resources continue to provide novel technology and services, meet the needs of members, and align with the Strategic Plan and future directions under Dr. Chapman. As a result of this rigorous process, there was a decision to expand the Flow Cytometry Shared Resource’s capabilities by integrating a developing cancer Immunology resource, now named the Flow Cytometry and Human Immune Monitoring Core. Next, a developing Bioinformatics and Research informatics resource was integrated into the Biostatistics Shared Resource, thereby providing a comprehensive range of services through a single core portal. Lastly, we will pursue the enhancement of cancer genomic capabilities on the Drexel Campus and will transform this much-needed resource under the new, forward-thinking leadership with significant investment in state-of-the-art technology.



A critical aspect to ensuring the continued pace of discovery is preparing and empowering the next generation of cancer researchers throughout the intellectual pipeline. SKCC’s robust Cancer Research Training and Education Coordination (CRTEC) core provides high-impact training programs at all levels. Current opportunities target a broad spectrum of career stages ranging from high school and graduate students to postdoctoral and faculty level scientists, clinicians, and other health care professionals. The CRTEC Office, led by Felix Kim, PhD, oversees the integration and dissemination of cancer research and training opportunities. Dr. Kim also partners with the AD of DEI and the AD for Community Integration to develop educational and training opportunities for minorities and utilize resources to expand the pipeline of SKCC members of diverse backgrounds in order to more accurately reflect the diversity of the US.

To proactively interact with the community and prioritize the needs of our diverse population, SKCC has made Community Outreach and Engagement one of its highest commitments under Dr. Chapman. The Office of Community Outreach and Engagement (COE) led by Associate Director for Community Integration, Amy Leader, DrPH, MPH, is responsible for characterizing the SKCC Catchment Area and identifying its lifestyle behaviors, social determinants of health, disparities, and high prevalence cancers. The Office routinely shares and disseminate findings to SKCC leadership to ensure the needs of the patient population are being met through basic, clinical and population research and operations. Dr. Leader, SKCC

leaders, and members engage actively with the Community Advisory Board and Patient Family Advisory Council, which provide invaluable insights about community needs and interests as well as issues from the cancer patient point of view.

Dr. Edith Mitchell, MD, is an internationally recognized leader in Health Disparities and leads the SKCC Center to Reduce Cancer Health Disparities (CRCHD). CRCHD is the centralized office that undertakes efforts to reduce the unequal burden of cancer in our society via basic and community research, as well as networks, and to train the next generation of competitive researchers from diverse populations in cancer and cancer health disparities. Established in 2012, CRCHD has made an impact across the Delaware Valley through education, prevention and screening, and community outreach efforts. CRCHD advises on strategic priorities, program direction, and scientific policy to strengthen cancer disparities research, diversity training, women's health, and sexual and gender minority opportunities. Dr. Mitchell was recently appointed the founding Enterprise Vice President for Cancer Disparities for the SKCC cancer service line in order to bring her recognized thought leadership to address the access to clinical care issues facing diverse populations in the Catchment Area.

To strengthen SKCC's inward focus on DEI across the cancer research environment, Ana Maria Lopez, MD, has been appointed Associate Director for DEI. Dr. Lopez has worked with Dr. Mitchell for many years and thus the delineation of roles between DEI (consortium - research, Lopez) and Cancer Disparities (SKCC enterprise clinical care, Mitchell) was clearly defined. Dr. Chapman's charge was to ensure the SKCC consortium provides equitable opportunities to diverse individuals that enables future generations to aspire and fulfill their talents through an inclusive, encouraging culture. In response, Dr. Lopez is engaging SKCC leaders, members, institutional stakeholders, and advisory groups to create a positive, inclusive culture that ensures diverse hiring, academic success, and promotion throughout the consortium. A particular goal is to increase the participation of women, minorities, and individuals from nationally underrepresented groups in the research workforce, center leadership, committees, and advisory groups. Dr. Lopez is partnering with Research Programs, Shared Resources, Community Outreach and Engagement, institutional offices, and others to create special opportunities, career-enhancing opportunities, and pipeline programs for individuals from diverse backgrounds. Cultural assessments, evaluative processes, and other institutional and SKCC tools will be used to track impact and overall success over time.

SKCC recently established the Office of Data Sciences in order to leverage data to make health, education, and discovery more streamlined. This office, which is led by Christopher McNair, PhD, aims to drive cancer research through innovation and collaboration in the quantitative sciences. This office serves as a key bridge between basic, translational, population, and clinical research by developing solutions to better manage data and build collaborative efforts across the research continuum. Faculty and staff are experts in biostatistics, computational biology, knowledge systems and machine learning. The Office is unified by a commitment to improving cancer prevention, diagnosis, and treatment through data-driven approaches. They strive to understand the biology of cancer, test the efficacy of treatments, and extract knowledge from complex datasets. Supporting the analytical needs of other essential SKCC components and to meet NCI requirements, the Office provides data analytic and computing support to the

Clinical Trial Office, Community Outreach and Engagement, Cancer Research Training and Education Coordination, and Diversity, Equity, and inclusion. Now well-established, the Office plans to build on its cancer-focused expertise to develop an integrated Data Science ecosystem with the Dornsife School Public Health, benefiting from its expertise in epidemiology and biostatistics, which will bring new and dynamic capabilities and methodologies in Data Analytics.

A primary objective of SKCC is the rapid translation of research discoveries to clinical application as quickly as possible. The consortium’s clinical research activities are supported by a single Protocol Review and Monitoring System (PRMS), Institutional Review Board (IRB), and Clinical Trial Office (CTO) under the continued leadership of William Kevin Kelly, DO, Associate Director for Clinical and Translational Research. The CTO supports clinical trial processes that promote the conduct of high impact research in a safe, compliant manner.

#### IV. Strategic Planning Approach and Process

Upon his appointment in 2021, Dr. Chapman initiated informal strategic planning process to engage members and leaders in setting priorities that would ensure progress during a period of leadership transition. Planning was conducted through bi-weekly Senior Leadership Committee meetings, engagement of the Executive Committee during standing meetings, and one-on-one meetings with Program Leaders, members, new recruits, institutional leaders, and External Advisory Board members.

Dr. Chapman led a Strategic Planning Retreat on June 9, 2021, where he charted the course and defined priorities, which included but was not limited to 1) NCI readiness preparations based on an external assessment that had just been completed under his direction 2) Growth of the clinical trials infrastructure and enterprise clinical research program 3) Strategies for faculty and staff recruitment, engagement, and retention; and 4) growth and development of population sciences.

*“IMPACT PHL will be a living document that cultivates a bidirectional environment and will allow SKCC to more fully align with the needs of the residents of Philadelphia. This ensures that SKCC and its members will remain connected to the Catchment Area environment and will improve the lives of cancer patients and their families through compassion, innovation, and breakthroughs. Plan specifics will evolve to keep pace with the changing needs of our region and the patients we serve.”*

**Andrew Aplin, PhD**  
Deputy Director

The External Advisory Board endorsed the priorities articulated, while emphasizing the importance of 1) enhancing institutional support for Center City based clinical research efforts 2) aggressively enhancing population science recruitment and initiatives and 3) enhancing the research administration infrastructure.

Once appointed Center Director (March 2022), Dr. Chapman immediately launched a comprehensive, inclusive strategic planning process.



## 1. Strategic Plan Principles

In Spring 2022, Dr. Chapman organized and guided the planning process based on the following tenets:

- Needs of the Catchment Area and beyond, including national and global impact
- Disparities and inequities of disenfranchised and underrepresented populations in research, careers, care, and trials
- Transparency and spirit of partnership across the consortium
- Institutional alignment with TJU, DU, and Jefferson Health
- NCI guidelines including those for comprehensiveness
- SKCC’s distinctive capabilities and faculty strengths

## 2. Planning Process

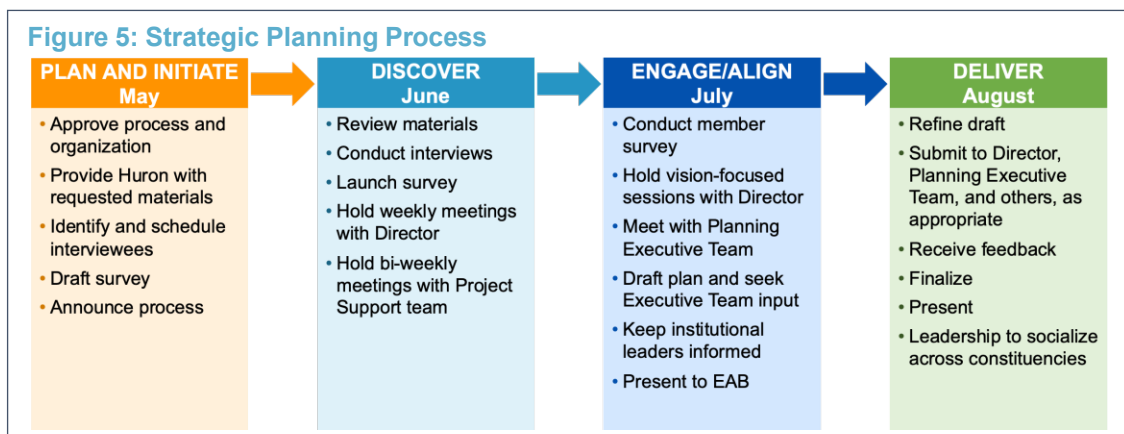
In March 2022, Dr. Chapman, with the full support of his leadership team, formally engaged the Huron Consulting Group to build upon its nationally recognized expertise in strategic planning for NCI-designated cancer centers and its extensive knowledge of SKCC. Huron’s approach was based on the planning principles articulated by Dr. Chapman.

To support the planning process, a Planning Executive Team was formed with Dr. Chapman, Dr. Aplin, and Dr. Huesser. The Senior Executive Council was then deemed as the Planning Committee and was charged with overall plan development and implementation under Dr. Chapman’s leadership. (Figure 4)



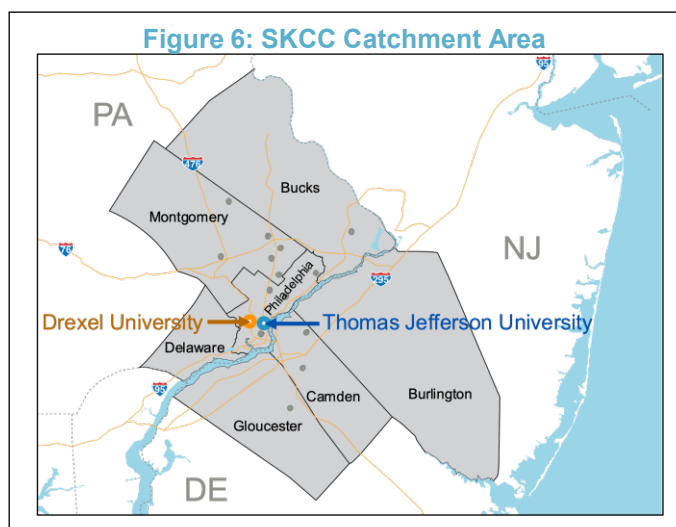
Huron develop a four-step strategic planning process (Figure 5) that leveraged the planning work done to date and then enhanced engagement through 60 interviews, a confidential survey, weekly visioning sessions with the Center Director, sessions with the Planning Executive Committee, and discussions with the Planning Committee. The process aligned with preparations related to the competitive Cancer Center Support Grant application that will be submitted in May 2023.

Once initial concepts and framework for the plan were developed, the SKCC Senior Executive Council provided feedback and suggestions. Additional input was provided by institutional leaders, SKCC leaders and members, Consortium Oversight Committee, External Advisory Board, and Community Advisory Board.



## V. Catchment Area and Community Needs Assessment

SKCC’s Catchment Area (Figure 6) consists of seven contiguous counties, four in Pennsylvania (Philadelphia, Montgomery, Delaware, and Chester) and three in New Jersey (Burlington, Camden, and Gloucester). Notably, the region has approximately 6.1 million residents; if it were a state, it would be the 20<sup>th</sup> most populous state in the U.S.



In 2021, the SKCC External Advisory Board endorsed expanding the catchment area from 4 to 7 counties, given that this region includes 85% of SKCC patients ([Figure 7](#)).

**Figure 7: Key Demographics of the SKCC Catchment Area**

	Pennsylvania Counties				New Jersey Counties			Catchment Area
	Phila.	Bucks	Mont.	Delaware	Camden	Burlington	Gloucester	
<b>Pop. Est.</b>	1.57 M	646,098	860,578	573,849	523,771	464,269	304,477	<b>4.94 M</b>
<b>% Female</b>	52.5	50.9	51.0	51.6	51.5	50.5	51.1	<b>51.7</b>
<b>% Over Age 65</b>	14.4	19.8	18.3	17.2	16.3	17.7	16.7	<b>20.4</b>
<b>% Non-Hispanic White</b>	33.7	82.4	74.0	64.3	54.5	65.1	76.5	<b>60.69</b>
<b>% Non-Hispanic Black</b>	40.2	4.2	9.7	22.5	18.7	17.2	10.7	<b>21.5</b>
<b>% Hispanic</b>	15.9	6.1	5.8	4.5	18.5	9.2	7.4	<b>10</b>
<b>% Asian</b>	8.0	5.5	8.4	6.5	6.2	5.8	3.2	<b>6.1</b>
<b>% ≥ Bachelor’s Degree*</b>	34.8	44.3	42.8	38.3	36.1	43.2	36.6	<b>38.8</b>
<b>% In Poverty*</b>	22.8	6.5	7.0	7.1	12.0	7.9	7.8	<b>12.7</b>
<b>% Poor/Fair Health</b>	19.1	10.1	10.6	12.2	13.2	10.0	11.0	<b>13.7</b>
<b>% Uninsured</b>	9.0	6.0	5.3	7.6	7.5	5.0	6.1	<b>7.1</b>

\*Data from RWJ County Health Rankings, 2023. All other data from census.gov, 2023

Both incidence and mortality of nearly all cancer types are higher than state or national averages ([Figure 8](#)) and thus speaks to the mission-critical role that SKCC plays in the Catchment Area.

**Figure 8: Cancer Incidence & Mortality Rates**

Disease Site	Incidence (Rates per 100,000)				Mortality (Rates per 100,000)				
	National	State (PA)	State (NJ)	Catchment	Disease Site	National	State (PA)	State (NJ)	Catchment
<b>All Sites</b>	449.4	476.8	489.1	<b>492.4</b>	<b>All Sites</b>	152.4	160.2	144.4	<b>162.8</b>
<b>Breast</b>	128.1	132.0	138.8	<b>136.9</b>	<b>Breast</b>	19.9	20.7	20.6	<b>21.9</b>
<b>Colorectal</b>	37.7	39.7	39.8	<b>39.9</b>	<b>Colorectal</b>	13.4	14.1	13.3	<b>14.6</b>
<b>Lung</b>	56.3	61.6	53.3	<b>63.2</b>	<b>Lung</b>	36.7	39.1	31.9	<b>39.3</b>
<b>Myeloma</b>	7.0	6.9	7.8	<b>7.8</b>	<b>Myeloma</b>	3.2	3.2	3	<b>3.3</b>
<b>Prostate</b>	109.9	109.2	140.3	<b>137</b>	<b>Prostate</b>	18.9	18.5	16.9	<b>21.3</b>

Source: United States Cancer Statistics, 2015-2019 CDC.gov

## 2022 Sidney Kimmel Cancer Center Catchment Area Report

Understanding the health beliefs and behaviors that put individuals at increased risk for cancer is important for reducing the cancer burden in a population or community. In 2022, the Sidney Kimmel Cancer Center surveyed 2,744 adults in its 7-county catchment area to assess cancer-related knowledge, attitudes, beliefs, and behavior. Respondents completed the survey electronically via Qualtrics in English (75.6%), Spanish (15.7%), or Mandarin Chinese (8.7%).

While two-thirds of respondents reported very good or good overall health, health behaviors known to reduce cancer risk are suboptimal across the catchment area. Only 16% of respondents reported meeting the physical activity recommendations of 150 minutes per week and 58% reported eating two or less servings of fruits and vegetables per day. Smoking rates, associated with increased cancer risk, remain high across the region with 23% reporting current use of cigarettes and 14% reporting current use of e-cigarettes or vapes.

Overall cancer screening rates in the catchment area remain high; however, rates are decreasing and inconsistencies exist between counties. Only 60% of age-eligible women reported having a mammogram within the last two years. The majority of individuals over age 45 reported some colorectal cancer screening within the last five years: 44% reported a colonoscopy and 34% reported an at-home fecal test. Forty four percent of age-eligible men reported receiving a prostate specific antigen (PSA) blood test within the last two years.

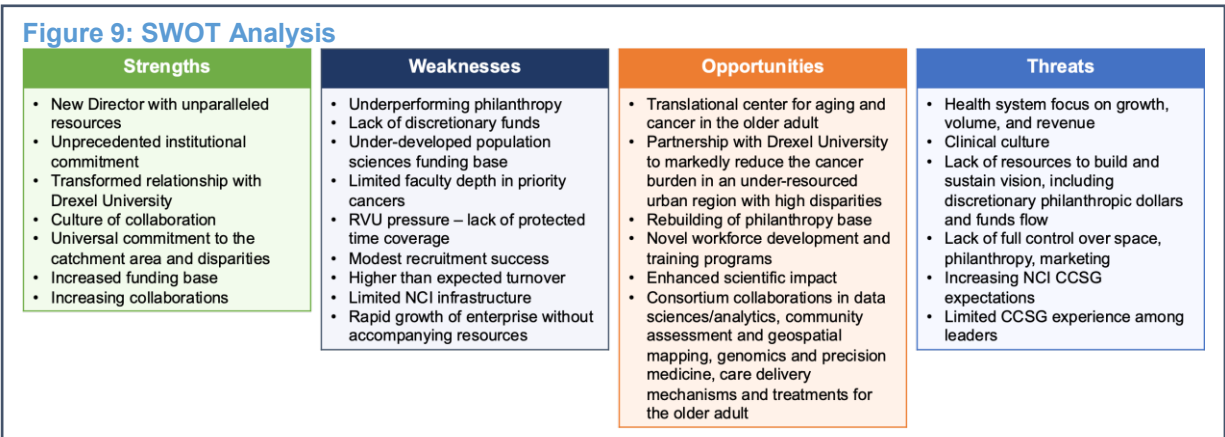
Knowledge of barriers to screening, like access to care and cancer beliefs, allows for development of tailored interventions to reduce the cancer burden in the catchment area. Of those not up to date on recommended cancer screenings, the top reported barriers to screening were 'I did not think I was at risk for cancer' (34%), 'I did not know which cancer screening I needed' (20%), 'I was concerned about insurance coverage and out of pocket expenses' (19%) 'I skipped screening because of the COVID-19 pandemic' (19%). The COVID-19 pandemic caused delays in screening for some and accelerated the use of digital healthcare. While ninety percent of respondents reported the ability to attend meetings or telehealth visits via a personal device at home, 10% of these reported connection issues or unstable internet. Seventy percent reported previous usage of an electronic patient portal to access their healthcare provider.

While clinical trials are a crucial part of cancer prevention and control, only 50% of respondents reported willingness to participate in a clinical trial in the future. Of those who stated they would not participate in a clinical trial; the top reasons were 'I worry about experiencing side effects' (53%) and 'I don't want to be part of 'an experiment'' (35%). The top reason selected by individuals who said they would participate in a clinical trial in the future was 'I might learn more about my own health or medical condition' (67%).

Based on this analysis by the Community Outreach and Engagement Office, SKCC identified opportunities for intervention of prevalent lifestyle behaviors, social determinants of health, disparities, as well as the preventable or controllable cancers in the catchment area.

### III. SWOT Analysis

SKCC developed an assessment of current Strengths, Weaknesses, Opportunities and Threats (SWOT) based on a combination of new NCI guidelines, peer practice, and Dr. Chapman’s vision. (Figure 9) This assessment was used to springboard discussions about the future vision and opportunities for SKCC as well as the barriers and threats that needed to be considered in the next Strategic Plan.



### IV. Alignment with Institutional Goals and Priorities

As highlighted below, the Strategic Plan was purposefully aligned with the Strategic Plans of the home institutions of SKCC members, i.e., Thomas Jefferson University (University: Academic, Health System: Clinical), Drexel University (Academic).

#### Thomas Jefferson University and Health System

In 2022, the Provost of Thomas Jefferson University, himself a cancer researcher, led a Strategic Planning process to build upon the transformation of academic biomedical platform under his leadership. The result has been significant growth and development of the University’s educational programs as well as the establishment of a deep research culture that has quickly led to impressive growth in national rankings and reputation. Importantly, the plan also considered the significant opportunity to expand the University’s ‘laboratory’ for clinical research and population and health sciences research through the health system’s well-integrated health system spanning 18 hospitals throughout Philadelphia and the surrounding counties that comprise the SKCC Catchment Area.

JeffNext has three overarching goals (**Figure 10**), which support the growth in role and authorities of SKCC as an institute of the University, prioritize team science collaborations across departments and disciplines, and ensure investment in the research infrastructure, such as data sciences. Ultimately, the plan addresses those elements required to take the University – and SKCC – to the next level of research excellence and impact.

Through the institutional planning process, Cancer was reaffirmed as a priority of the University. As both the NCI-designated cancer consortium and a key Domain of the University, SKCC will be able to excel in an academic environment that prioritizes transdisciplinary collaboration, fosters a culture of excellence in research, and rewards discovery and innovation.

As Thomas Jefferson University's focus is Professions, Jefferson Health's focus is Integrated Delivery and Financing Systems. Importantly, both entities are now integrally linked to the six goals of the Jefferson enterprise (academic – clinical):

1. [One Jefferson](#)  
Share a commitment to academics, research, clinical care, and a population coverage.
2. [Financial Strength](#)  
Build financial strength through growth, diversified revenue streams, optimized core functions, and partnering or divesting non-core components.
3. [Focused Distinction](#)  
Drive showcase programs and services that enhance national reputation and deliver exceptional value.
4. [Outward Looking Enterprise](#)  
Fulfill the academic and clinical mission by leveraging relationships for greater impact.
5. [Experiential Optimization](#)  
Streamline stakeholder experiences through human interfaces and transformative technologies.

**Figure 10: 2022 Thomas Jefferson University Strategic Plan**

- |  |
|--|
| <p><b>1. Enhance team science</b><br/><i>The research enterprise will be restructured to drive collaboration and remove barriers.</i></p>  |
| <p><b>2. Invest in team science through focus on selected scientific Domains</b><br/><i>Domains include Centers, Institutes, Programs, and other organizing bodies that bring together investigators who share a common scientific focus and conduct collaborative research over time. Their organizational structure will be parallel to academic departments with roles and responsibilities clarified for each.</i></p> |
| <p><b>3. Optimize the research support in areas that directly impact research success</b><br/><i>This area includes research culture, technology, administrative support, compensation, philanthropy, communication, and research space.</i></p>   |

## 6. Community Purpose

Be meaningful to the diverse communities we serve.

### Drexel University

SKCC's consortium partner, Drexel University, is an urban research university that is within a 15-minute walk from the main campus of Jefferson University and Jefferson Health's Academic Medical Center in Center City Philadelphia. Drexel seeks to uniquely address society's most pressing challenges through an inclusive learning environment, immersive experiential learning, external partnerships, transdisciplinary and applied research, and creative activity.

Since its founding, Drexel's distinctive fusion of experiential learning, collaborative research, and academic scholarship has prepared students and enabled faculty from diverse backgrounds to face the world's challenges with creativity and a spirit of innovation and entrepreneurship. Built into Drexel's model is the power of partnerships - from communities and organizations in Philadelphia to global collaborations. Through the 2030 Strategic Plan (**Figure 11**), Drexel will build on its deep heritage through strategic goals that underlie the institution's focus on research creativity impact, connectivity with local and global

communities, addressing social justice / systemic inequities. Each of these areas directly relate to SKCC's mission as an NCI-designated Cancer Center and its vision for the future.

**Figure 11. Drexel 2030 University Strategic Plan**

- |   |
|---|
| <b>1. Expand research impact</b><br><i>Generate new knowledge and impactful solutions by growing basic and applied research and fostering transdisciplinary collaborations both within the University and with external partners.</i>   |
| <b>2. Harness the power of partnerships</b><br><i>Integrate and align curricula, scholarship, community engagement and global partnerships in an internationally recognized problem-solving model for university/ community collaborations.</i>   |
| <b>3. Foster &amp; strengthen an inclusive &amp; equity driven culture</b><br><i>Establish a diverse, inclusive and antiracist learning community that provides equitable opportunities for excellence and achievement for all faculty, students, professional staff, and partners.</i> |
| <b>4. Enhance &amp; expand high-quality, immersive learning experiences</b><br><i>Enable students to enhance and apply their education while developing professional skills and an appreciation for the diversity of human experience by providing engaging, immersive learning</i>     |

## V. Strategic Plan

Through the Strategic Planning process, SKCC leaders set a new mission statement, vision, and core values. (Figure 12)

Figure 12. Mission, Vision, and Core Values

<b>Mission</b>	The mission of the Sidney Kimmel Cancer Center is to improve the lives of cancer patients and their families through compassion, innovation, and breakthrough discoveries.
<b>Vision</b>	Reimagining advanced, personalized cancer care through scientific discoveries, and advances in cancer prevention, detection and treatment
<b>Core Values</b>	Patients and Families First Honesty, Integrity, and Transparency Personal Responsibility and Accountability Respect, Inclusion, and Collaboration

The 2022 Strategic Plan, called **IMPACT PHL**, is based on SKCC's vision to be a leading Comprehensive Cancer Center that markedly reduces the cancer burdens across its diverse community while enhancing its national and global impact.

As seen in Figure 13, IMPACT PHL stands for the Plan's 5 pillars:

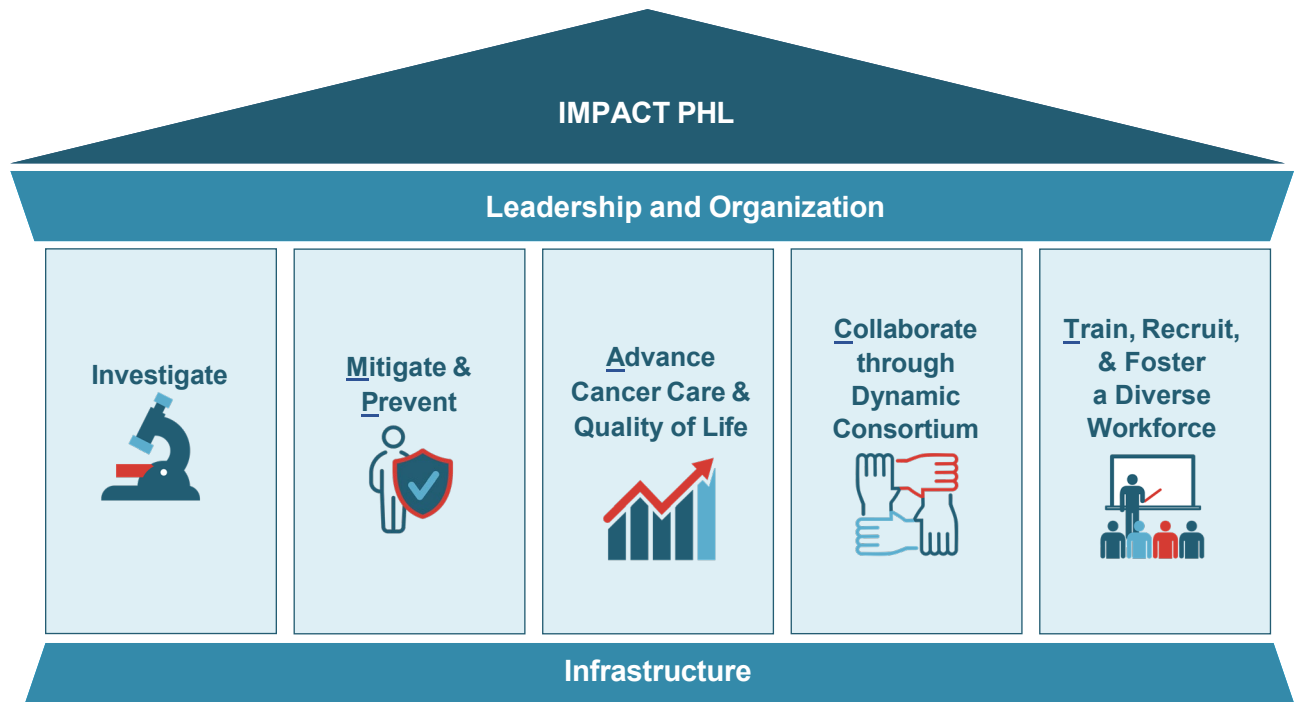
1. **I**nvestigate
2. **M**itigate and **P**revent
3. **A**dvance Cancer Care & Quality of Life
4. **C**ollaborate through a Dynamic Consortium
5. **T**rain & Foster a Diverse, Inclusive & Equitable Workforce

PHL is the well-recognized acronym for the International Philadelphia Airport that serves SKCC's 7-county Catchment Area and links the region directly to the nation and



international locations across the globe. PHL represents the universal goal of SKCC members to enhance the lives of those in the local community through their work and in collaboration with colleagues, while also disseminating discoveries and innovations for the immediate benefit of others across the country and around the globe.

Figure 13. Visual of IMPACT PHL




**GOAL I: Investigate**  
 Drive scientific discovery and transdisciplinary collaborations aimed at the cancer problems of the Catchment Area

**A. Transcenter Themes + Disease Priorities**

Build strategic research initiatives in prioritized transcenter themes and disease areas to address PHL needs (e.g., incidence, mortality, disparities), take advantage of consortium capabilities, and have the potential to build SKCC’s regional and national distinction. (See *Figure 14* for elements of transcenter themes)

1. Recruit a national leader in **health equity research** to co-direct the Cancer Risk and Control program and create an initiative in Health Equity to address the needs of the Catchment Area through trans-center research.
  - a. Focus on research that unravels the structural inequities across the social, environmental, and economic domains.
  - b. Prioritize studies of obesity, cardiovascular and metabolic health, aging, smoking, and other risk behaviors, as well as HPV prevention.
2. Combine clinical observations from treating the highly diverse PHL Catchment Area with community-based assessments in order to drive **Disease Focused Research** that will improve outcomes.
  - a. Identify disease areas to be emphasized across Research Programs and the science spectrum based on such factors as incidence, mortality, disparities, community interest, and opportunities for SKCC to have most significant impact given capabilities and potential: breast, colorectal, liver, lung, pancreas, multiple myeloma, prostate, melanoma.
  - b. Facilitate transdisciplinary, translational, and collaborative disease-focused research across SKCC Research Programs through recruitment, pilot projects, transdisciplinary teams, and support of multi-PI grants, e.g., P01s, SPORES.
  - c. Build transdisciplinary translation research depth in diseases where SKCC has rising national clinical strength, e.g., ocular melanoma, pancreatic cancer.
  - d. Use pancreatic cancer as a model for TME, e.g., KRAS, MYC – combine with biospecimen collection and clinical trials given high clinical volume; collaborate with COE for outreach.
  - e. Use head and neck cancer as a model for cancer biology/translation and immunology/immune-based therapies.
3. Establish a nationally recognized initiative in Aging, Cancer, and the Older Adult to build upon SKCC's expertise in geriatric oncology, basic research, survivorship, and further integrate the Cells 2 Society program led by DU-based members.
  - a. Prioritize research that transcends the basic science of the 'cancer and aging' phenotype, translational research, and population sciences; fosters clinical research for older adults with cancer; and develops and tests novel care delivery models to support healthy aging of cancer patients more effectively from diagnosis through survivorship, e.g.,
    1. Cancer development, e.g., senescence, chronic inflammation, aging TME, drug tolerance.

2. Novel treatments to improve outcomes in the older adults.
  3. Development of technology, tools, and other care delivery improvement in a resource constrained environment.
  4. Use of data sciences and analytics to identify factors impacting outcomes and quality of life in the older adult cancer patient.
  5. Clinical trials addressing scientific questions specific in older adults.
  6. Novel approaches and technology to improve care management for older adults with cancer and cancer survivors.
  7. Geriatric cancer care in a resource constrained environment.
- b. Become a nationally recognized authority within the NCI-designated Cancer Center community on age as a risk factor and disparity in cancer and noted for developing research-based strategies for enhancing clinical outcomes and quality of life in older adults with cancer.
1. Seek out speaking opportunities at AACI, AACR, and other national events.
  2. Host regional and national retreats.
  3. Develop position papers and publish research articles.
  4. Introduce new methodologies and approaches to assess age-related factors in Catchment Area and share with global cancer community.
  5. Educate population scientists and COE experts on age-related factors so that they can incorporate insights into their Catchment Area efforts.
4. Establish an internationally recognized initiative in Hematologic Malignancy research.
- a. Encourage current SKCC researchers to orient their research questions towards Multiple Myeloma.
  - b. Recruit at least one basic scientist focused on Multiple Myeloma.
  - c. Increase accrual to Multiple Myeloma clinical trials
5. Capitalize on the consortium's potential to become a nationally recognized leader in data science and analytics by deepening its expertise in cancer data sciences and fostering collaborative development of novel analytical tools for cancer research.

- a. Build a data sciences organization and infrastructure that will effectively remove barriers and stimulate research through the availability of clinical data.
- b. Appoint an Assistant Director for Data Science to first enable and then ultimately drive science in phased development through faculty recruitment
- c. Strategically recruit additional data science faculty to foster grant-funded research within and across Programs.
- d. Develop and maintain a repository of data-driven resources that will enable and enhance the work of researchers across SKCC.
  - 1. Increase cancer precision medicine capabilities and expand the functionality of Genomic Research Data Portal.
- e. Expand the SKCC CLIA certified biorepository.
- f. Foster democratization of data, i.e., providing access to clinical data repositories through self-service query tools clinical trial reporting and interactive dashboard.
- g. Address identified data-related barriers across the clinical trials development to conduct continuum.
  - 1. Enhance clinical trial activities by providing solutions that enable clinical trial mapping and e-consent.
  - 2. Maintain a high-performing electronic data capture platform.
  - 3. Monitor and address gaps and the changing data needs of the research community, prioritizing those issues most relevant to the Catchment Area.
- a. Form a highly collaborative group of data science and analytics faculty across the consortium, encouraging them to become cancer-focused and fostering new interactions and collaborations in cancer through SKCC-led initiatives.
  - 1. Integrate data science efforts within and across basic, clinical, and population sciences by assigning individuals to support specific discipline-based and program-focused research. Link bioinformatics and health informatics initiatives.
  - 2. Use pilot projects and recruitments to catalyze efforts in such areas as: improving methodologies to characterize the Catchment Area; the use of novel electronic medical record analytics to predict response to treatment across diverse populations and age groups more effectively; novel approaches to enhance machine learning applications in cancer research, diagnosis, and treatment.

6. Establish a **Research in Immuno-Oncology (RIO)** trans-center initiative to elevate SKCC research in cancer immunology and immune-based therapy.
  - a. Recruit a national leader with resources to recruit 2-3 faculty and sponsor pilot project grants that will increase grant funded research and lead to novel clinical trials in prioritized areas (see b, below).
  - b. Focus transdisciplinary research in 1) tumor heterogeneity 2) toxicity management / implementation science 3) integration of big data in immuno-oncology treatments 4) novel trials and approaches (CAR-T/NK, bi-specific fusion protein) for high priority and differentiator cancers 5) use of vaccines, immune stimulants, and immunogenic cell death to alter the tumor immune microenvironment and 6) the effect of weight and gender on clinical outcomes.
  - c. Increase the number and scientific impact of investigator-initiated clinical trials, e.g., CAR-T & NK cell strategies in colorectal and head & neck cancer, immune-based therapies in uveal melanoma, vaccine strategies against glioblastoma.
  - d. Ensure access to state-of-the-art immune cell profiling resources, including functional analyses, spatial transcriptomics, and systems biology approaches, by 1) expanding flow and immuno-oncology capabilities (Flow Cytometry and Immune Monitoring Facility) and 2) creating a biobank for samples from immune oncology-treated patients.
  
7. Build recognized expertise in **Precision Molecular Oncology** for diverse populations.
  - a. Pursue discoveries and the immediate application of ways to enhance the individualization of cancer treatments that may lead to enhanced outcomes and quality of life.
    1. Use novel laboratory bench discoveries and integration of the advanced technology to investigate molecular oncology differences across subpopulations, including older adults, with the goal of identifying issues and testing approaches related to disease progression, treatment decision making, and response to treatment.
    2. Develop and test patient-tailored, cancer care paradigms to target tumors more effectively and lessen toxicities based on novel bench discoveries and the use of advanced technology.
    3. Create pilot projects that require collaborations between TJU-based population scientists and clinicians and DU-based population and data scientists in areas that capitalize on unique interests, e.g.,
      - i. Discover risk predictors through natural language algorithms.

- ii. Develop precision treatments using machine learning that can be tested in clinical trials.
- b. Continue strategic partnerships with companies and national consortia to test new agents in diverse populations.

#### Figure 14. Elements of SKCC Initiatives

1. Assigned leaders to lead initiatives.
2. Form transdisciplinary teams comprised of investigators from all programs, COE, and CRTEC.
3. Charge with developing peer-reviewed, multi-PI grants and increasing transdisciplinary collaboration across the science spectrum
4. Catalyze projects through pilot projects, recruitments, program manager, and /or Shared Resources/infrastructure.
5. Anchor groups within Research Program structure.
6. Create a Community Advisory Board subcommittee in selected areas, e.g., older adult survivors; provide community-based guidance, exchange information, prioritize ideas, and facilitate dissemination of findings
7. When fully developed, expect initiatives will include the participation of COE, CRTEC, DEI, and other components.

## B. Research Program Growth + Scientific Impact

Enhance Research Programs by increasing member interaction, relevance to the Catchment Area, and new collaborations.

1. Review/refine the scientific aims and themes of each Research Program based on the new Center Director's vision and changing scientific landscape.
  - a. Adjust scientific aims and themes, as needed, to ensure alignment with the Strategic Plan.
  - b. Increase the relevance of programmatic research priorities to the Catchment Area.
  - c. Ensure alignment of transcenter and disease-focused priorities in the Strategic Plan, grounding priorities within the scientific programmatic framework.
  - d. Build national distinction among peers.
2. Identify areas for programmatic growth in alignment with the Strategic Plan.

### ***Cancer Risk and Control Program***

- a. Grow the Research Program through strategic faculty recruitments (e.g., big data), engagement of DU faculty with shared interests, special pilot project grants, and transdisciplinary groups that transcend the consortium.
- b. Solidify partnership with COE to increase catchment-engaged research and community engagement in population-based research.

#### ***Immune Cell Regulation & Targeting Program***

- a. Carefully review the membership of large Program based on rigorous membership guidelines.
- a. Clarify the scientific focus of the Program.
- b. Enhance the balance between blood cancers and solid tumors through strategic recruitments and pilot projects focused around viral oncogenesis.

#### ***Molecular Oncology Regulation and Approaches Program***

- a. Expand the disease focus of the Program, while retaining expertise in prostate cancer.
- b. Increase grant funding in newly prioritized cancers (e.g., pancreatic, breast).
- c. Pursue grant-funded research and clinical trials that focus on other high priority catchment challenges, such as pancreatic and breast cancer
- d. Develop a plan to rebound clinical trials, particularly investigator-initiated treatment trials.
- e. Review membership and identify discipline gaps, e.g., bioinformatics.
- f. Recruit to fill discipline gaps (e.g., bioinformatics); recruit disease-focused laboratory scientists (e.g., prostate).
- g. Increase inter-programmatic collaborations.
- h. Enhance connectivity with COE and community-based efforts.

#### ***Translational & Cellular Oncology Program***

- a. Refine scientific aims.
- b. Increase team science through formation of multi-PI working groups and transdisciplinary seminars.
- c. Increase impact factor of publications.

- d. Increase catchment relevance.
    - e. Implement additional strategies to increase scientific focus, productivity, and effectiveness of program (e.g., increase investigations of the oncogenic mechanisms of HBV, HCV, EBV and other viruses)
  3. Charge Program Leaders with responsibility for immediately developing and implementing a strategic action plan for their respective Research Programs in alignment with the Strategic Plan and NCI expectations.
    - a. Prioritize issues that must be addressed prior to the next NCI CCSG submission.
  4. Provide an annual stipend (e.g., \$100,000) to each Research Program for the development of scientific forums, new grants and collaborations, cancer-relevant projects, and other initiatives that will strengthen scientific impact. Establish a pool (e.g., \$100,000) to supplement research program stipends in order to foster program collaboration and integration.
    - a. Develop a written policy on the use of funds.
    - b. Hold Program Leaders accountable allocating funds wisely.
    - c. Evaluate the impact of funds and share lessons learned across Programs.
  5. Increase programmatic support from SKCC Research Administration to Research Programs.
  6. Promote Program Leader effectiveness, representation, and impact.
    - a. Seek opportunities to enhance Drexel-based representation in Research Program leadership positions, e.g., Co-Leader of Programs, chair of committees, and leadership role in new SKCC initiatives.
    - b. Continue to mentor and coach Program Leaders on roles, responsibilities, and accountabilities.
    - c. Ensure that all Program Leaders are well-versed in CCSG guidelines and reviewer expectations.
    - d. Review effectiveness of the Assistant Program Leader model in light of identified issues and concerns, e.g., role confusion and use as a potential tool for succession planning.
  7. Internally review the performance of Research Programs at regular intervals (semi-annually), complementing external review by EAB and expert advisors.



### C. Grant Development + Growth

Facilitate the growth in external, peer-reviewed funding base, with focus on cancer-relevant NIH projects, multi-PI grants, and training/career development awards.

1. Increase the overall pool of pilot project funds in order to foster growth in NCI submissions through quality pilot data.
  - a. Create specialty RFAs including one requiring at least one member from TJU and one from DU.
2. Establish a TJU-DU research administration task force to address barriers to conducting inter-institutional consortium grants, e.g., subcontracting processes, duplicative review processes.
3. Establish a grant development office within SKCC research administration to 1) support the development of collaborative grants as well as training and career development awards 2) assist in the preparation of posters and presentations at national conferences 3) provide guidance to junior faculty on first-time grant submissions 4) serve as a single portal for triaging investigator requests for information, data, and patient material.
4. Consider the formation of internal review committees (center-wide or Program focused) to enhance the quality of submissions and/or resubmissions.

### D. Research Relevance + Catchment Engagement

Enhance the catchment-related relevance and impact of SKCC research through more active bidirectional engagement of SKCC scientists with COE, CAB, and the community.

1. Launch transdisciplinary pilot projects that target catchment-relevant priorities and which require transdisciplinary co-PIs or collaborators as well as community advisors.
2. Purposefully redirect seminar and retreat agendas to reflect Catchment Area issues and includes speakers with relevant expertise and community representation.
3. Enhance the connectivity of researchers with COE, CAB, and other community representation.
  - a. Assign a COE representative (liaison) to each Research Program and a Research Program liaison to COE.
  - b. Pair CAB representatives with Research Programs to foster trust, information exchange, and idea generation.

- c. Use pilots to develop researchers - community partnerships.
- 4. Enhance access to patient biospecimens and data. (See Goal III,K)



**GOAL II: Mitigate and Prevent**  
Identify and implement strategies to mitigate lifestyle and other factors in order to reduce cancer incidence, mortality, and disparities

### A. Community Outreach and Engagement Leadership + Organization

Elevate the organizational capabilities, effectiveness, and impact of COE in alignment with NCI guidelines and best practice.

1. Continue to build COE Office staffing, resources, and capabilities to match Catchment Area needs, fulfill Strategic Plan expectations, and capitalize on consortium-wide opportunities.
  - a. Develop a stable, multi-year budget that will enable the Office of COE to meet the needs and goals of SKCC.
  - b. Transition to a consortium-wide Office by 1) appointing Deputy AD from DU 2) identifying opportunities to capitalize on mutual strengths and community connections more effectively 3) appointing DU faculty to internal committees and 4) adding DU-based representatives and community leaders who have been actively involved in DU-focused initiatives to SKCC CABs.
2. Clarify the scope of COE relative to Community Integration, DEI, Equity, CRTEC, and other core functions.
  - a. Define the focus of each component and specify those areas in which they are expected to align.
  - b. Implement collaborative initiatives that maximize the contributions of COE and other offices.
3. With the CAB, review and revise the COE Strategic Plan and incorporate changes as needed into the SKCC Strategic Plan.
4. Develop a process for quickly responding to EAB critiques.
5. Monitor and respond in real time to changes in NCI guidelines and reviewer expectations.

6. Develop metrics and analytics to assess, demonstrate, and evaluate the impact of COE.
  - a. Establish more formal evaluative processes and metrics to monitor progress and support continuous improvement.

## **B. Catchment Area Characterization + Analytics**

Combine TJU and DU expertise to enhance characterization of Catchment Area and disseminate findings in order to facilitate research efforts.

1. Use geospatial mapping and other tools to determine social determinants, distinctive characteristics, and disparities across populations and geographies.
  - a. Engage DU and TJU based experts to refine SKCC's community assessment and innovate in characterization methodologies, e.g., geospatial mapping.
  - b. Conduct community assessments at planned intervals, enhancing methodologies based on consortium expertise.
  - c. Seek grant funding to develop and test novel approaches to predict, characterize, and monitor catchment needs; partner to support policy/practice change based on data.
2. Enhance mechanisms for sharing Catchment Area needs and priorities to SKCC researchers across disciplines and Programs.
  - a. Create a repository of Catchment Area online data and navigation tools optimize use of data by SKCC researchers and collaborators.
  - b. Identify a 'Catchment Area' navigator so that researchers can have one touchpoint for getting access to needed information.
3. Develop a national reputation in cancer community assessments and characterization of diverse urban populations in under-resources environments.
  - a. Share novel tested approaches based on consortium expertise with other Cancer Centers and community organizations.

## **C. Bidirectional Exchange + Engagement**

Deepen information exchange, connectivity, and participation with the community to enhance impact on SKCC research, training, outreach, and other efforts.

1. Continuously align CAB priorities with the Center Director's vision as well as Catchment Area assessment findings through standing meetings, regular presentations, feedback sessions, and ad hoc discussions.

- a. Immediately connect the Center Director with community influencers, civic leaders, and others to foster positive relationship and knowledge sharing within first 6 months.
  - b. Ensure regular attendance of the Center Director and key leaders at CAB meetings and schedule regular meetings of the Director with CAB leadership.
2. Consider specialty focused CABs in alignment with Strategic Plan, e.g., older adults / families with cancer.
3. Build upon the pilot program, Making Research CLEAR, to pair community members with basic cancer investigators so that they may gain insights in lab activities and attend lab meetings, while sharing their insights to researchers through bidirectional education and collaboration.

#### D. Prevention + Mitigation Interventions

Develop comprehensive outreach programs to increase community awareness and understanding of cancer risks, screening and vaccination rates, and access to the latest treatments.

1. Identify barriers to screenings and vaccinations; mitigate by designing customized strategies for specific populations.
2. Increase access to cancer screenings by hard-to-reach populations through the mobile van unit, prioritizing interventions based on the Strategic Plan.



**GOAL III: Advance Cancer Care and Quality of Life**

Develop, test, and apply novel approaches to improve cancer clinical outcomes, quality of life, and survivorship across the lifespan

#### A. Cancer Service Line Leadership + Organization

Evolve the cancer service line leadership and organization in order to continuously improve access to high quality cancer care available to residents across the Catchment Area

1. Backfill the Center Director's former direct responsibilities for cancer clinical services.
  - a. Retain the Center Director's full enterprise-level authority for cancer services across Jefferson Health.
  - b. Delegate day-to-day oversight of the cancer service line to a qualified Chief of Cancer Services who reports directly to the Center Director.
2. Continue to build consistency of SKCC cancer care across owned enterprise locations through the recruitment of topflight faculty, use of enterprise clinical guidelines, continuous education and training, and disease team patient management across the care continuum.
3. Stratify the complexity of services available by disease site at the Academic Hub, Community Hubs (Regional Research Sites), and Community Spokes (Jefferson Health Hospitals that lack clinical research infrastructure).
4. Increase the representation of Radiation Oncology as well as relevant surgical departments/disciplines (e.g., Surgery, Urology, ENT/Head and Neck Cancer) within the SKCC structure.
  - a. Ensure appropriate representation of clinical disciplines on SKCC's coordinating council, which is responsible for research and clinical integration.
  - b. As needed, adjust discipline/department representation in other SKCC committees, leadership roles, and participants in SKCC-led initiatives.

## **B. Clinical Culture + Leadership**

Under the new Center Director, establish a strong academic medicine culture that enables faculty to flourish as clinical investigators and physician scientists.

1. Set new clinical standards for clinical investigators and physician scientists to ensure that the time allocated for the conduct of research is appropriate and protected.
  - a. Fully implement new medical oncology compensation program; monitor impact.
  - b. Set a maximum number of Medical Oncology clinic sessions and provide appropriate Advanced Practice Provider support, thereby ensuring the continuity of care while also preventing physician burnout.

- c. Charge the Chair of Pharmacology/Physiology/Cancer Biology and SKCC Deputy Director with formulating a new model for translational scientists.
  - d. Partner with the Associate Dean for Academic Affairs to implement recommendations and promote the academic culture expected in an NCI-designated Comprehensive Cancer Center.
- 2. Recruit a new Chair of Medical Oncology who is an experienced clinical investigator and physician scientist.
  - a. Organize and lead search.
  - b. Communicate the Center Director's expectations for the Chair position.
  - c. Charge the future Chair with transforming the composition of Department faculty and the faculty culture through leadership and example, recruitment and mentorship, and incentives and rewards.
  - d. Hold the Chair accountable to the Center Director for effectively implementing a new level of academic expectations at the Academic Hub (Center City).

### C. Faculty Recruitment + Growth

Develop and resource an aggressive faculty recruitment plan to achieve the level of clinical and clinical research impact envisioned.

- 1. Recruit strategically in order to increase the breadth and depth of faculty with expertise in prioritized modalities and disease sites, thereby achieving and sustaining a healthy balance by clinical discipline and professorial rank over time.
  - a. Develop an aggressive recruitment plan by discipline, rank, and year, with immediate prioritization given to Radiation Oncology and Medical Physics, Urology, GI Medicine, Head & Neck/ENT, Skin Cancer, and Hematologic Malignancies.
  - b. Prioritize the recruitment of mid-career faculty who have a track record of mentorship.
- 2. Implement clinical leadership succession planning, with immediate focus on urology/prostate, breast, lung, and BMT.
- 3. Work with executive leadership to secure appropriate resources that will enable SKCC to successfully attract transformative academic clinical recruits early in new Center Director's tenure.

## **D. Clinical Research Enterprise Strategy + Organization**

Advance the leadership and organization of the SKCC clinical research infrastructure to match the new Center Director's vision and Strategic Plan.

1. Recruit an experienced CTO administrator to manage the clinical research infrastructure and expand it across health system sites.
2. Recruit highly qualified physician directors for Regional Research Sites who directly report to the Associate Director for Clinical and Translational Research.
3. Consider external review of CTO and scientific clinical research review functions to ensure adherence to new guidelines and best practice in advance of the CCSG submission.

Reset goals and expectations for clinical research growth across the Jefferson Health enterprise in alignment with NCI priorities, best practices, and lessons learned.

1. Prioritize the regrowth and expansion translational and clinical research at Center City location (Academic Hub).
2. Optimize the Clinical Trial Office through centralized and site-specific offices at Regional Research Sites that can draw patients from Community Spokes.
3. Set realistic expectations and metrics related to Regional Research Sites accruals based on the experience of best-practice peers.
4. Secure an appropriate budget along with agreed upon funding methodologies that will allow for purposeful growth of the Academic Hub and paced development of clinical research at Regional Research Sites.

## **E. Trial Innovativeness + Access + Participation**

Regain and maintain high accrual of diverse populations to innovative trials.

1. Enhance processes and procedures to assist Principal Investigators in preparing and submitting investigator-initiated interventional treatment protocols.
2. Identify and address the specific challenges of DU faculty in developing and conducting novel cancer trials.
3. Work with Radiation Oncology leadership to support and expand its portfolio of novel studies more effectively.
4. Develop a Research Affiliate Agreement with the Wistar Institute to convert its basic science discoveries into Phase I studies that are conducted through SKCC.

5. Pursue and support clinical research partnerships and consortia relationships that enable SKCC to 1) provide the Catchment Area residents with access to a wider range of novel studies that are only available at select Cancer Centers and 2) open access to SKCC-based trials beyond the Catchment Area, e.g., NCTN, Sarah Cannon.

#### Enhance access and participation in clinical trials.

1. Foster high relevance of SKCC clinical trials portfolio to the Catchment Area.
  - a. Regularly review the availability of clinical trials based on the types and stages of diseases most impacting the Catchment Area.
  - b. Consistently discuss trial relevance and scientific impact with clinical research leadership and disease teams.
  - c. With COE, review trials for relevance to the Catchment Area and identify issues that might impede participation by specific populations.
  - d. Actively engage COE in educating investigators and providing guidance in trials of interest to the Catchment Area and changes in trial design or recruitment strategies.
    1. Provide learning sessions to disease teams on COE issues.
    2. Provide regular updates and presentations to investigators on Catchment Area, priorities of the community, disparities, issues related to specific populations, e.g., minorities, older adults.
    3. Provide disease teams current information on the Catchment Area and tumor registry.
    4. Ensure COE engagement is active in PRMS.
    5. Engage CAB and community representatives as appropriate.
2. Regain and maintain trajectory of significant accrual to investigator-initiated interventional treatment trials.
3. Continuously probe to understand the barriers to participation by subpopulation, including minorities and older adults, and test new approaches, e.g., E-ATTACK, Tele-Health.
4. Increase local community access to clinical trials through development of clinical trial sites at Regional Research Sites.



## **F. CTO Staffing Levels + Performance**

Stabilize and grow CTO talent, staffing, and operations to support expected growth, trial complexity, access and diversity, and overall scientific impact.

1. Immediately increase staffing by 18 positions to optimize personnel based on current demand and future growth expectations.
2. Partner with the health system to maintain staffing levels based on anticipated growth, trial complexity, and turnover.
  - a. Update staffing methodologies to account for a rapidly changing clinical research staffing landscape, i.e., account for expected turnover.
3. Build-out mid-manager level and develop existing talent as staffing complement and CTO scope grows.
4. Maintain competitive salaries by conducting regional compensation audits on a regular basis.
5. Implement an extensive internal education and training program for CTO staff, along with opportunities to attend regional and national conferences and achieve professional certification.
6. Assess the impact of the hybrid remote work model on job satisfaction, productivity, and effectiveness overall and by category (in-person vs. remote); adjust as needed, adopting best practice lessons from national colleagues.
7. Launch a CTO assessment survey in Fall of 2022 to demonstrate the commitment of the Center Director and the new CTO Executive Director; use data to implement improvements that will enhance staff satisfaction, competencies, and effectiveness.

## **G. Clinical Research Operations + Workflows**

Streamline processes and improve efficiencies in clinical research.

1. Continue efforts to reduce time to activation particularly as the number of protocols begins to rise again.

## **H. Clinical Informatics + Patient Data**

Develop a clinical informatics resource that will enable real-time access and analysis of the vast amount of relevant patient information for research purposes by investigators across the consortium.

1. Through Data Sciences, provide access to data that can be used to assess clinical outcomes and quality of life methods for diverse populations or the design of new interventions that may lead to improved outcomes and quality of life.

## **I. Precision Medicine + Individualized Treatment**

Provide access to state-of-the-art molecular oncology diagnostic tools and analytics that are needed to tailor treatments to the individual, including those with diverse racial/ethnic backgrounds, gender preference, and age.

1. Increase the diversity of bio-banking specimens available to SKCC investigators.
2. Focus pilot funding RFAs on precision medicine strategies for diverse populations.

## **J. The Older Adult Cancer Patient + Center of Excellence**

Provide internationally recognized leadership in the clinical management of the older adult cancer patient.

1. Use the Center of Excellence model to enhance patient volume, regional and national market differentiation, accruals to clinical trials, and biospecimens from older adults.
2. Support basic, translational, and population research as well as education and training of researchers and health professionals in aging and improved outcomes older adult cancer patients (see Goal 1,A; Goal 5,E).
3. Design and conduct a clinical trial to evaluate whether routine incorporation of Telehealth visits enhances treatment compliance, reduces adverse effects and improves overall outcomes for older cancer patients.

## **K. Radiation Biology + Treatment**

Elevate research-driven treatments based on radiation biology and medical physics.

1. Partner with the Chair of Radiation Oncology and radiation oncology research team to enhance research projects directly related to radiation biology and resistance, e.g., radiotheranostics; clinical trials, proton, machine learning, drug development and radiation modalities, immunotherapy and radiation therapy, radiopharmaceuticals, proton and particle therapy, data science/informatics approaches, decreasing toxicity, metabolism, biomarkers, patient reported outcomes.
2. Continue emphasis on medical physics research, increasing the peer-reviewed grant portfolio and national recognition.
3. Recruit a research scientist to the Department.
4. Support translational research efforts of the Department.

5. Increase the collection of biospecimens that are most relevant to the Department's research priorities.
6. Foster team science projects through SKCC and department-led efforts.

## L. Toxicities + Outcomes

Develop research-tested methodologies to address personal, physical, and social toxicities that impact cancer outcomes and quality of life

1. Build nationally recognized expertise in personal and social financial toxicity.
2. Based on SKCC and other research, implement strategies to ameliorate financial toxicities affecting the Catchment Area.
3. Investigate value of healthy diet and impact of calories on improving response to treatment and clinical outcomes.



## GOAL IV: Collaborate through a Dynamic Consortium

Advance the capabilities and impact of the Consortium through dynamic leadership and effective infrastructure

### A. Leadership and Organization

Enhance the role and relationship of the Center Director within the consortium's institutional framework.

1. Improve institutional alignment, engagement, and transparency by enhancing the role and relationship of the Center Director to institutional leaders.
  - a. Retain the direct reporting of the Center Director to the Jefferson Health CEO.
  - b. Establish a new dotted line to University President, solidifying alignment within the academic structure.
  - c. Create a new dotted line reporting relationship to the health system President, solidifying SKCC's alignment within the enterprise clinical structure.
  - d. Increase the Center Director's interaction with Jefferson's board to ensure long-term support, engagement, and alignment.

- e. Cement a positive working relationship between the new Center Director and DU institutional leadership, including the President.
2. Form a highly effective scientific leadership team under the new Center Director.
    - a. Eliminate one Deputy Director position on the retirement of Dr. Flomenberg and clarify the role of the remaining Deputy Director under the new Center Director.
    - b. Purposefully seek opportunities to advance diversity in appointments.
    - c. Immediately appoint an Associate Director for DEI and distinguish from other SKCC positions.
    - d. Review all Senior and Program Leaders in terms of roles, responsibilities, expectations, and impact.
    - e. Elevate leadership’s knowledge of NCI guidelines and changing reviewer expectations in preparation for the CCSG renewal – and beyond. Conduct an “all hands” workshop to disseminate this information throughout the SKCC community.
    - f. Enhance the participation of Program Leaders in Center planning, decision making, and membership appointments.
    - g. Assess membership in SKCC committees to ensure appropriate representation across consortium, disciplines, gender, etc.
    - h. Develop a succession plan for Director, Associate Directors, Disease Team leaders, and other mission critical positions.
  3. Refresh membership on the External Advisory Board to increase diversity, enhance alignment with new SKCC priorities and ensure effective critical guidance.
  4. Integrate the Departments of Cancer Biology, Physiology, and Pharmacology into a unified basic/translational academic department with direct reporting to the Center Director.
  5. Increase the engagement and representation of key academic Departments to ensure achievement of the mission and success of SKCC.
    - a. Appoint cancer-focused Chairs (Pharmacology/Physiology and Cancer Biology, Radiation Oncology, Medical Oncology) to the Research Executive Cabinet.

## **B. Planning + Evaluation**

Establish a more comprehensive and transparent planning and evaluation (P&E) program under the new Center Director.

1. Use the 2022 strategic planning process as the launchpad for implementing a new P&E program, building upon NCI requirements and peer best practice.
  - a. Clarify P&E roles and responsibilities (e.g., individual, committee).
  - b. Implement a formal process for reviewing Programs, Shared Resources, COE, DEI, CRTEC, clinical research, and other components at regular intervals, e.g., semi-annual.
  - c. Actively engage the CAB, IAB, EAB, institutional leaders, philanthropic board, among others in SKCC planning and evaluation.
  - d. Use retreats, meetings, and other venues to keep members and others up to date on strategic planning goals, progress, and successes.
2. Implement a more effective process for addressing EAB recommendations, engaging SKCC leadership, Program Leaders, Shared Resource Directors, members, and others as appropriate.

### C. CCSG + Comprehensiveness

#### Successfully prepare the NCI CCSG grant and seek Comprehensiveness status.

1. Increase population science research grant funding and scientific impact by a) active recruitment and engagement of DU faculty in cancer-focused research b) leveraging the significant strengths of DU strengths in population science to enhance programmatic and inter-programmatic research aimed at the Catchment Area including but not limited to disparities and health equity, nutrition, health delivery, and big data c) support of new collaborations between DU and TJU population scientists d) targeted external recruitment of established population scientists e) investment in new grants applications and f) growth in reverse translation / transdisciplinary collaboration. (See Goal 1,A)
2. Increase overall NCI funding base.
3. Boost transdisciplinary collaborations between population scientists and basic and translational researchers through SKCC-led initiatives (e.g., pilot projects, interdisciplinary working groups, new training programs) (See Goal 1,A)
4. Build a transdisciplinary structure, anchored within the programmatic framework, with metrics that cross cuts all disease types and sets standard expectations for collaborative science, project development and possible pilot funding allocation based on productivity of the team.
5. Regain high-performing clinical trial metrics, e.g., 15-18% of tumor registry on clinical trials, 25-30% of accruals to IITs, minority accrual  $\geq$  PHL, contribution of NCTN and consortia, publications/impact.

6. Successfully recruit transformational faculty under the new Center Director through a) exceptional recruitment packages b) use of search firms to expand reach and diversity c) state-of-the-art space d) enhance Shared Resources and infrastructure to support leading-edge research.
7. Stabilize and grow translational scientist and clinical investigator depth and breadth by alleviating RVU pressures through academic compensation programs that are in line with successful peers.
8. Provide dedicated funding to a select group of early career investigators over 1-2 years to develop their academic careers in investigator-initiated trials, with mentorship provided by AD for Clinical and Translational Research or other senior faculty.
9. Recruit faculty to fill gaps and build strength in Catchment Area diseases, e.g., lung.
10. Continue efforts to increase diverse representation in training programs. (See Goal IV)
11. Exploit power of consortium to engage the community and create a national model for Centers in urban, under-resourced environments.
12. Engage CAB and community partners across the consortium to shape SKCC's agenda, conduct meaningful research, and disseminate in culturally sensitive way.
13. Gain the support of city and state leaders in the success of the consortium (Philadelphia's Cancer Center).
14. Increase the national visibility of SKCC among peers.
15. Regularly solicit and receive guidance and feedback from the EAB and other advisors.

#### **D. Consortium Integration + Development**

Under the new Center Director, create a vibrant consortium that capitalizes upon complementary organizational talents and strengths to reduce the cancer burden of Philadelphia, the nation, and the globe

1. Inform stakeholders on new NCI guidelines for consortia and implications for DU.
2. Conduct review by external expert.
  - a. Review findings and integrate path forward recommendations into Strategic Plan.
3. Reconstitute the consortium as a true strategic partnership that impacts PHL through research, education and training, community engagement, and DEI.
  - a. Create a new Memorandum of Understanding.

- b. Secure funding commitments from DU with opportunity to increase based on results.
  - c. Create a Consortium Oversight Committee comprised of TJU and DU Presidents.
  - d. Form a Consortium Integration Committee with immediate focus on Research Grant and Collaboration Growth, Recruitment and Engagement, Shared Resources, Research Administration, and Investments.
- 4. Enhance the role and influence of DU in SKCC decision making.
  - a. Increase Drexel representation in leadership.
    - i. Appoint at least 1 Drexel faculty member as an Associate Director.
    - ii. Appoint at least 1 additional Drexel faculty member as a Program Leader.
  - b. Adjust DU representation in SKCC committees as appropriate.
  - c. Actively engage leaders across DU in planning and evaluation.
- 5. Establish a consortium cancer research administration infrastructure.
- 6. Develop consortium-wide COE, CRTEC, and DEI initiatives, leveraging Drexel capabilities and resources and enhancing administrative links.
- 7. Increase pilot funding to foster collaborative research by TJU and DU based members.
- 8. Establish new core facilities at Drexel (e.g., Cancer Genomics and Population Science).
- 9. Develop unique training initiatives based on Drexel capabilities.
- 10. Identify joint investments to enhance research collaborations (e.g., recruitment, pilot funding, discretionary funding, SRs).
- 11. Present consortium status at EAB meetings.
- 12. Through Strategic Plan, prioritize research, training, DEI, and other initiatives based on complementary strengths, e.g.,
  - a. DU data sciences and TJU data analysis in cancer.
  - b. DU catchment analysis/geospatial mapping, community assessments, and community partnerships and TJU cancer assessments, community outreach and engagement.
  - c. DU STEM, mentoring, and career development (e.g., women in

academic careers) and TJU cancer education and training.

- a. DU population science, nutrition, lifestyle and TJU cancer population sciences and survivorship.
- b. DU and TJU DEI, diverse workforce development, and [community](#).

## **E. Institutional Investment + Philanthropy**

[Secure sustainable funding needed to excel at NCI guidelines, achieve Director's vision, seize unplanned opportunities, and support an effective and efficient infrastructure.](#)

1. Provide financial commitments over and above the Center Director's package and beyond next CCSG project period.
  - a. Partner with institutional leaders to secure commitments that extend beyond next project period by Q4 2022.
  - b. Include a funds flow/gains-sharing model.
  - c. Create a dedicated budget for clinical research operations based on peer benchmarks and requirements to support the Jefferson Health enterprise.
2. Significantly increase annual fund raising and build donor loyalty.
  - a. Reconstitute the SKCC cancer philanthropy program.
  - b. Confirm priority setting by the Center Director, including regional sites.
  - c. Affirm dual reporting of cancer fundraisers to the Center Director.
  - d. Provide effective support to philanthropic board with effective follow up in order to increase engagement, giving, and advocacy.
  - e. Engage benefactor and philanthropic advisory board in the strategic planning process and in securing funds for strategic priorities.
  - f. Use peer metrics and benchmarks to set fundraising goals, staffing levels, and performance metrics.

## **F. Space + Facilities**

[Ensure appropriate space and facilities are available and optimized to support Director's vision.](#)

1. Secure state-of-the-art research and administrative space under the control of the Center Director that matches vision and Strategic Plan.



- a. Solidify Director's authority and control of current space (e.g., research, administrative, SRs) in alignment with NCI guidelines.
  - b. Affirm space for 25 laboratory-based recruits within Caroline Kimmel building.
  - c. Assign research space around collaborative research neighborhoods
  - d. Ensure role of SKCC Director and leaders in all future University and Health System space planning activities.
2. Optimize the use of assigned and shared space pursuant to NCI guidelines.
    - a. Conduct an analysis of space allocation and utilization with the University Space Committee.
    - b. Establish SKCC space policies and practices; develop metrics and analytics to document appropriate use of space and alignment with stated policies.
    - c. Fully activate SKCC Space Committee prior to NCI competitive renewal.
  3. Clarify the role of SKCC Administration in managing space program, in alignment with NCI expectations.

## **G. Research Administration + Scientific Infrastructure**

Enhance the services and scientific impact of Research Administration across the consortium.

1. Ensure effective onboarding of new Leaders.
2. Maintain SKCC NCI readiness.
3. Update membership program to enhance engagement, use of services, internal communications, and satisfaction with SKCC services.
4. Create a grant development office that provides grants management / project management support for multi-PI grants, training grants, and other priorities (See Goal I,C)
5. Develop an effective Shared Resource management.
6. Increase the level of support provided to Research Programs with the goal of expanding programmatic activities, member participation, research collaborations, scientific impact, and realization of Strategic Plan.
7. Enhance the administrative support provided to other CCSG components, i.e., CRTEC, COE, and DEI.


1. Increase research administration staffing and shift focus of Associate Director for Administration to executive level NCI functions that will enhance his support to Center Director and increase the overall scientific impact of Administration to SKCC.
2. Develop innovative tools to enhance research data reporting techniques

## H. Shared Resources + Infrastructure

### Enhance oversight, management, strategic alignment, and scientific impact of Shared Resources.

1. Enhance Shared Resource capabilities and services under the SKCC umbrella.
  - a. Establish a formal agreement with Wistar Institute to increase cost-effective access to the latest technologies in high priority areas that were identified by members in alignment with the Strategic Plan, e.g., proteomics, and increase usage of SRs at SKCC with advantaged technologies.
  - b. Invest in the Genomics Core at DU to enhance omics capabilities
  - c. Enhance the computing power of the Biomedical Informatics & Statistics Shared Resource; identify synergistic collaborations with DU.
  - d. Integrate the Flow Cytometry Shared Resource with a growing Human Immune Monitoring capability to create a comprehensive, single resource.
    - i. Replace aging flow cytometers.
    - ii. Purchase digital spatial technology.
  - e. Increase the usage and impact of the Integrated Structural Biology Shared Resource.
  - f. Expand the scope of services provided by the Translational Pathology Shared Resource, e.g., collection of tumors prioritized by Strategic Plan, increase specimen annotation by working with AD for Data Science to connect specimens to the full EMR.
2. Increase DU-based member use of Shared Resources through enhanced promotion, relevance, and ease of access.
3. Clarify SKCC's role, responsibilities, and oversight of Shared Resources relative to institutional offices at TJU and DU.
4. Develop a consortium-wide Shared Resource infrastructure within SKCC Research Administration.

- a. Appoint a Shared Resource Manager with dual reporting to SKCC Research Administration and the Associate Director for Shared Resources to support day-to-day business activities
  - b. Develop an appropriate operating budget to support Shared Resource Management (e.g., staffing, capital equipment).
  - c. Adopt iLAB across all SKCC Shared Resources and implement advanced features not currently in place.
  - d. Develop SOPs for all SKCC Shared Resources, e.g., access policy, annual review and evaluation process, process for review and recommendation of new cores or new services within existing facilities, user surveying, capital equipment process.
  - e. Elevate P&E mechanisms related to SRs; immediately review all SRs to ensure alignment with plan, review impact, usage, efficiency, and cost effectiveness.
  - f. Review and update Shared Resource committees in alignment NCI expectations and best practice.
5. Identify ways to purchase needed equipment in a timely manner outside the annual University capital equipment process, e.g., line-item capital funding for SKCC, increased philanthropy, S10 grants.



**GOAL V: Train, Recruit, and Foster a Diverse, Inclusive, and Equitable Workforce**

Prepare and support a highly diverse workforce in an inclusive, equity-based culture that allows all to fulfill their potential and apply their talents

#### A. DEI Leadership + Organization

Under passionate, experienced leadership, implement DEI initiatives based on a cultural assessment and other measures to increase the diversity of representation in leaders, members, trainees, and the workforce of SKCC.

1. Under AD for DEI, foster inclusive, equitable and diverse culture within SKCC.
2. Establish a DEI office with staff devoted to SKCC efforts to diversify membership, leadership, and staff.
3. Create DEI council(s) with representation across the consortium to promote the careers of women, minorities, and individuals from nationally underrepresented groups and to coordinate with institutionally led efforts.
4. Assess and monitor changes in diversity of membership, leadership, and committee relative to national statistics.
5. Adopt DEI principles and unconscious bias training in recruitment efforts, including those led by external firms; require a diversity statement and plan to enhance from all incoming faculty and leadership hires.
6. Form partnerships with institutional DEI offices across organizations, identifying opportunities for SKCC to benefit from and build upon institutional initiatives.
7. Develop initiatives to foster member and staff knowledge and awareness of the importance and value of DEI.
8. Purposefully enhance diversity of leadership, membership, and committee composition.
  - a. Conduct DEI / unconscious bias training at leadership and committee levels.
  - b. Develop and maintain metrics.
  - c. Form search committees with representation and charge to implement best practice for identifying and recruiting diverse faculty.
  - d. Develop strategies and mechanisms to facilitate the recruitment and retention of Center leaders, faculty, and staff from nationally underrepresented groups.
9. Develop an action plan based on new NCI guidelines and external advisor recommendations; include defined metrics of success; provide regular reports to the Center Director and Senior Leadership.
10. Promote collaboration, synergy, and integration with COE and CRTEC, e.g., create pipeline and training programs to increase the diversity of cancer researchers.
11. Consider pilot project grants for underrepresented and minority scientists to support their research careers.
12. Conduct DEI climate assessments to provide baseline measures and identify immediate opportunities.

13. Create task forces to identify issues, and implement approved efforts to increase representation, enhance the culture, and promote a true sense of equity and belonging among underrepresented groups and special populations.
14. Include responsibility to live by DEI values in all appointments and recruitments.
15. Review DEI progress at quarterly and update members, staff, and others on a regular basis, reflecting the importance of diversity, equity, and inclusion as a core tenet of the SKCC culture.

## **B. Equity Leadership + Cancer Service Line**

Appoint visionary leadership to ensure a culture of inclusion across the cancer service line, opportunities for participation and leadership by diverse individuals, and increasing access to care.

1. Appoint a nationally pre-eminent member of SKCC as Enterprise Vice President for Cancer Disparities for the cancer service line to build upon her vast experience to foster culture, processes, policies, and practice change that will continue to build the trust of PHL African American physicians, health providers and community engagers, patients, organizations, and influencers; use as a model to apply to other communities and share knowledge with other NCI-designated Cancer Centers and providers.
  - a. Through the Enterprise Vice President's national role, continue to build the reputation and influence of SKCC in health policy, clinical practice, clinical trial design and conduct, NCI community recognition of the issues related to disparities, and leadership in demonstrated ways to enhance care equity among disenfranchised populations.
  - b. Apply lessons learned in colorectal and breast cancer populations to other disease sites prioritized in Strategic Plan in partnership with disease teams, COE, and other groups.
2. Partner with TJU and Drexel offices and influencers to create integrated approaches, develop unified voice, and position SKCC and a leader in enhancing equity among populations in under-resourced urban environments with high disparities, financial toxicity, cultural and access barriers, significant social determinants, and long-standing high distrust of research/health institutions.
3. Educate leaders, members, all healthcare providers and staff on health equity and engage them in solutions that can be applied across SKCC and its clinical locations.
4. Review progress at quarterly and update members, staff, and others on a regular basis, reflecting equity as a core value of SKCC and a leading research priority.

## C. Diverse Recruitment + Faculty Growth

Recruit and mentor strategically to fill gaps, build capabilities, enhance diversity, and seize opportunities.

1. Recruit 25-35 faculty across consortium to fill gaps and build bench strength, e.g.,
  - Population scientists, with expertise in disparities, community-engaged research, data sciences, lifestyle behavior interventions.
  - Basic scientists with expertise in tumor microenvironment, genetics, and immunology, pharmacology / translation.
  - Clinical investigators / translational scientists, e.g., medical oncology, radiation oncology, surgical oncology.
2. Form consortium recruitment task force to 1) identify joint recruitments with co-investment 2) seek consortium partner engagement in institution-led recruitments (e.g., candidate identification, interview) 3) develop recruitment materials that promote value of consortium and 4) prevent overlap in recruitment.
3. Work with experienced search firm(s) to help recruit transformative positions as quickly as possible.
4. Ensure search committees have diverse representation, are well-trained in DEI, apply best practice to increase diversity of candidates and hires.
5. Provide current early career investigators with mentoring and opportunities for leadership development and engagement.
6. Create recruitment tracking tools and regularly monitor recruitment and turnover statistics.

## D. CRTEC Leadership + Organization

Provide the strategic leadership and organization necessary to realize consortium's potential as a leader in novel pipeline training development and increasing diversity

1. Formalize the Office of CRTEC with appropriate budget, staffing, and authority over Center-led training and education activities.
2. Consider appointment of Deputy Associate Director from DU to capitalize on the unique strengths in education, training, and professional development.
3. Develop a multi-year budget to ensure sustainable operations and planned growth.
4. Review the composition and charge of the CRTEC Council to ensure appropriate

expertise, institutional and consortium representation, and diversity.

5. With Data Sciences, develop a centralized repository to streamline the collection of trainee data, participants in SKCC programs, and evaluative measures.

## E. Cancer Research Training Scope + Distinction

Expand the scope of training and career development programs with a focus on creating unique strengths.

1. Assess the current state of the cancer-relevant training pipeline across the consortium.
  - a. Identify gaps and critical areas of growth to enhance cancer research training and education.
2. Increase the number of T32s and other peer reviewed, grant funded training and career development programs; maximize cross-consortium mentors (i.e., basic, translational and clinician science faculty) from TJU and DU.
3. Develop a full range of education and training programs on cancer, aging, and the older adult.
  - b. Develop Geriatric Oncology fellowships.
  - c. Prepare a T32 training grant submission.
  - d. Expand the Geriatric Sensitive Workforce including Caregiver Education.
  - e. Train allied health training and education, e.g., Nursing, Dieticians, Social Work, Pharmacy.
4. Design cancer data science training initiatives that build upon resources, distinctive capabilities, and institutional data initiatives / opportunities, with focus on increasing the representation of women (STEM).
5. Partner with DEI to develop strategies to increase diversity of faculty and workforce.
6. Provide trainings to build the research competencies of faculty and staff in the latest technologies and approaches, e.g., Shared Resource training, Clinical trial training.
7. Offer grant-writing courses for K and F awards.
8. Provide funding for trainees to attend national conferences.
9. Establish grant development and publication resource within Administration. (see Goal I,C).