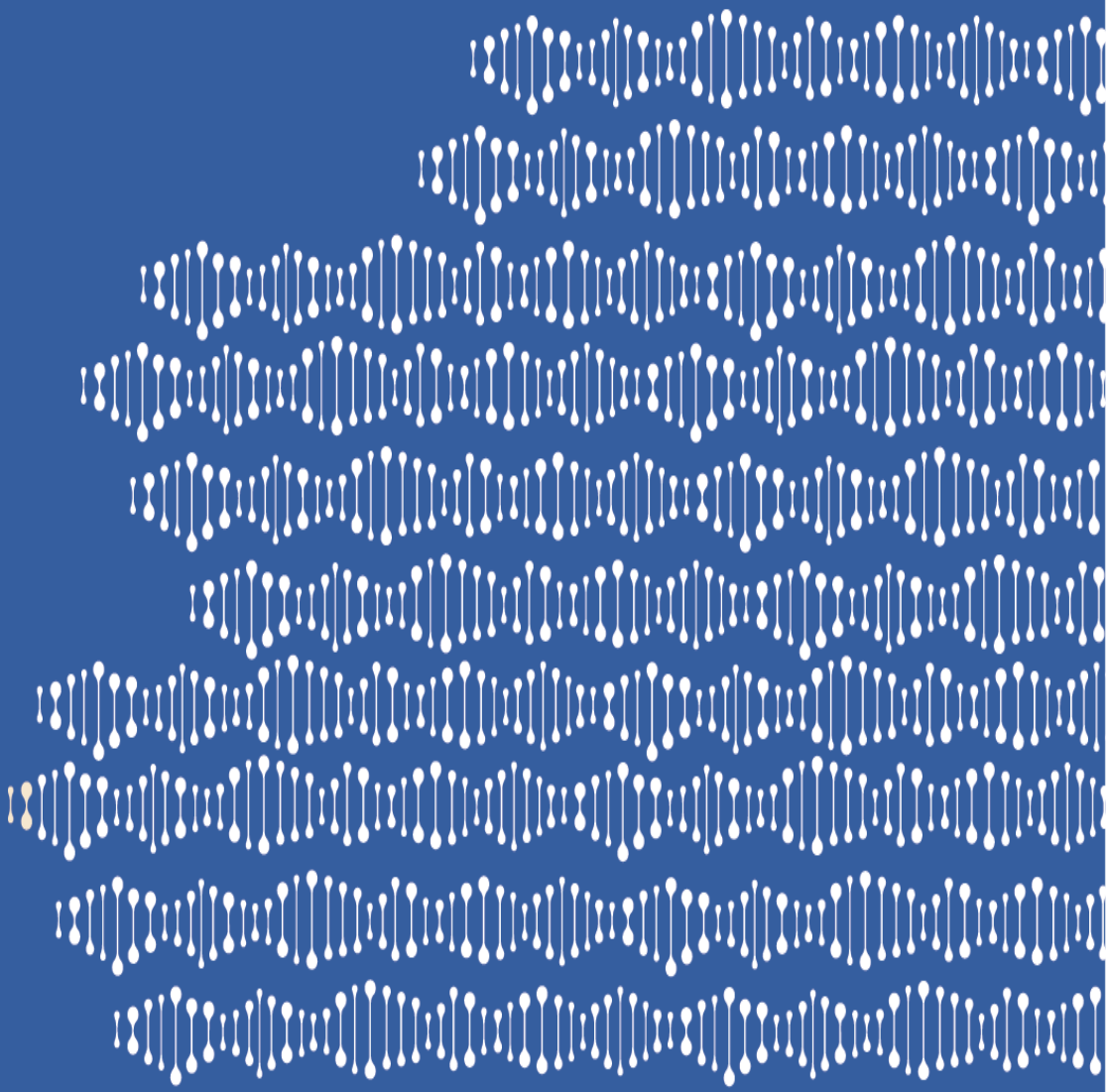
CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Oversight Committee Meeting

February 16, 2022



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Oversight Committee Meeting Agenda

February 16, 2022
9:00 a.m.

Texas Higher Education Coordinating Board
1200 E. Anderson Lane, Austin, TX 78752
Board Room 1.170

The Oversight Committee may discuss or act on any item on this agenda, and as authorized by the Texas Open Meetings Act, Texas Government Code Section 551.001 et seq., may meet in closed session concerning any purpose permitted by the Act. Also as authorized by Texas Government Code § 551.127, one or more Oversight Committee members may participate remotely in the meeting by videoconference. The Oversight Committee member presiding over the meeting will be physically present at the above-listed location, which will be open to the public. Anyone wishing to offer public comments must notify the Chief Executive Officer in writing prior to the start of the meeting. The Committee may limit the time a member of the public may speak.

1. Call to Order
2. Roll Call/Excused Absences
3. Adoption of Minutes from the November 18, 2021, meeting — Tab 1
4. Public Comment
5. Chief Executive Officer Report — Tab 2
   - CEO Report Pursuant to Health & Safety Code § 102.260(c)
6. Chief Compliance Officer Report and Compliance Certification of Grant Award Process — Tab 3
7. Chief Scientific Officer Report — Tab 4
   - Grant Award Recommendations
8. Chief Prevention Officer Report — Tab 5
   - Grant Award Recommendations
   - FY 2023 Requests for Applications
9. Chief Product Development Officer Report — Tab 6
   - Grant Award Recommendations
10. Internal Auditor Report — Tab 7
    - Internal Audit Report over Information Technology General Controls
11. Scientific Research and Prevention Program Committee Appointments — Tab 8
12. Advisory Committees — Tab 9
    - Appointments
    - University Advisory Committee Presentation
    - Advisory Committee on Childhood Cancer Presentation
    - Prevention Advisory Committee Presentation
13. Amendment to 25 T.A.C. Chapter 703 — Tab 10
    - Final Order Approving Amendment to Chapter 703
    - Proposed Amendment to Chapter 703 and Authorization to Publish in *Texas Register*

14. Texas Public Information Act and Texas Open Meetings Act Legislative Update Tab 11
15. Chief Operating Officer Report Tab 12
16. T.A.C. §701.7(d) Training
17. Communications Report Tab 13
18. Subcommittee Business
19. Compliance Investigation Pursuant to Health & Safety Code § 102.2631
20. Consultation with General Counsel
21. Future Meeting Dates and Agenda Items
22. Adjourn

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Summary Overview of the February 16, 2022, Oversight Committee Meeting

This summary provides an overview of major agenda items and background on key issues for Committee consideration at the February 16, 2022, Oversight Committee meeting.

CEO Report
Wayne Roberts will present the CEO's report and address issues including FY 2022 grant funds available, personnel, CPRIT's OncoNano Board Observer appointment, the product development program review project, CPRIT's 2021 Annual Report, and other topics. Mr. Roberts will also present his annual report required by Tex. Health & Safety Code § 102.260(c).

Chief Compliance Officer Report
Vince Burgess will report on the status of required grantee reports, financial status report reviews, desk reviews, site visits, annual compliance attestation, audit tracking, and training. He will also certify that the proposed awards for each program complied with statutory and administrative rule requirements.

Chief Scientific Officer Report and Grant Award Recommendations
Dr. Michelle Le Beau will provide an update on the Academic Research Program and present the Program Integration Committee's (PIC) academic research and recruitment award recommendations.

CPRIT does not publicly disclose information related to the academic research grant applications recommended for funding until the Oversight Committee meeting. The information is available to board members through a secure electronic portal.

Chief Prevention Officer Report
Ms. Ramona Magid will update the Oversight Committee on the on the agency's prevention program and lay out the proposed FY 2023 prevention requests for applications for approval. She will also present the PIC's prevention award recommendations.

CPRIT does not publicly disclose information related to the prevention grant applications recommended for funding until the Oversight Committee meeting. The information is available to board members through a secure electronic portal.

Chief Product Development Officer Report
Dr. Cindy WalkerPeach will provide an update on the product development program and will present the PIC's two product development award recommendations.

CPRIT does not publicly disclose information related to the product development grant applications recommended for funding until the Oversight Committee meeting. The information is available to board members through a secure electronic portal.

Internal Auditor Report
Weaver and Tidwell, CPRIT's internal auditor, will provide an internal audit update and present an update on the Internal Audit Report over Information Technology General Controls.

Appointments - Scientific Research and Prevention Programs Committee and Prevention Advisory Committee
Mr. Roberts has provisionally appointed one new member to CPRIT's Scientific Research and Prevention Programs Committees. Presiding Officer Dr. Mahendra Patel has appointed a new member for the Oversight Committee's Prevention Advisory Committee. CPRIT's statute requires the Oversight Committee to approve the recommended appointments before the appointments are final. CPRIT has provided the appointees' biographical sketches for the Oversight Committee's consideration.

Advisory Committee Annual Presentations
Three of the Oversight Committee's six advisory committees will present annual reports and answer Oversight Committee member's questions. (The other three advisory committees will present their annual reports at the Oversight Committee meeting in May.)

Proposed Amendments to 25 TAC Chapters 703
Cameron Eckel will present the final order for amendments to Chapter 703 that the Oversight Committee provisionally approved at its meeting in November. She will also present a proposed change to Chapter 703 administrative rules for Oversight Committee consideration and approval to publish in the *Texas Register*.

Chief Operating Officer Report
Heidi McConnell will discuss the operating budget, performance measures, and debt issuance history for the first quarter of FY 2022 as well as provide an update on the CPRIT conference.

Communications Update
Mark Loeffler will update the Oversight Committee on CPRIT's communication efforts, including coverage of the agency and grantees in earned media, digital media, and social media.

Texas Public Information Act (PIA) and Texas Open Meetings Act (TOMA) Legislative Update and Required Training
CPRIT's administrative rules require that the Oversight Committee receive training on TOMA and PIA after each regular legislative session. CPRIT's legal staff will present changes to the TOMA and PIA recently enacted by the 87th Legislature that are relevant to CPRIT's activities.

CANCER PREVENTION & RESEARCH
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Oversight Committee Meeting Minutes
November 18, 2021

NOTE: Unless the information is confidential, the reports, presentations, and grant award information referenced in the minutes are available at http://ocmeetings.cprit.texas.gov in the "Oversight Committee Board Packet" section for the corresponding meeting date.

Call to Order – Agenda Item 1

With a quorum present, Presiding Officer Dr. Mahendra Patel called the meeting to order at 9:08 a.m.

Roll Call/Excused Absences – Agenda Item 2

Committee Members Present
David Cummings, M.D.
Donald (Dee) Margo
Ambrosio Hernandez, M.D.
Will Montgomery
Mahendra Patel, M.D.
Cindy Barberio Payne
Bill Rice, M.D.
Craig Rosenfeld, M.D.

Adoption of Minutes from the August 18, 2021, Meeting – Agenda Item 3 – Tab 1

> **MOTION:**
> On a motion by Mr. Margo and seconded by Mr. Montgomery, the Oversight Committee unanimously voted to approve the minutes of the August 18, 2021, Oversight Committee meeting as presented.

Public Comment – Agenda Item 4

Presiding Officer Patel noted for the record that no member of the public requested to provide comments.

Grantee Presentations – Agenda Item 5, Tab 2

Presiding Officer Patel recognized Chief Prevention Officer Ramona Magid to introduce Michael Pignone, M.D., MPH, to present an overview of his five CPRIT prevention projects.

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Ms. Magid introduced Dr. Pignone, chair of the Department of Internal Medicine, assistant dean for Veterans' Affairs, director of the program on Cancer Prevention and Control at Dell Medical Center's LiveStrong Cancer Institutes and professor in the Departments of Internal Medicine, Oncology, and Population Health.

Dr. Pignone reported on the five CPRIT-funded prevention projects he oversees.

Following his presentation, Dr. Pignone responded to an Oversight Committee member's question about whether any of the 11 colorectal cancers diagnosed during the colorectal cancer screening project were associated with familial risk, such as Lynch syndrome. He explained that this information was unavailable but that more work is necessary to identify patients with genetic mutations that lead to an increased risk of cancer.

An Oversight Committee member asked about the delivery of the fecal immunochemical test (FIT) kits to people interested in colorectal cancer screening. Dr. Pignone responded that the project mails the FIT kit, accompanied by a letter from the healthcare system. A healthcare provider or patient navigator answers a patient's questions via a telehealth interaction.

Dr. Pignone addressed a question about the selection criteria for FIT screening, explaining that his team provides services to the patients at Community Care, the largest federally qualified health center in Central Texas. Patients are eligible if they have not had at least one test within the first year or twice within the last two years. Responding to a follow up question about the possibility of decreasing the time between a positive FIT and a follow-up colonoscopy, Dr. Pignone acknowledged that more work needs is necessary to decrease this time interval.

An Oversight Committee member asked Dr. Pignone what he saw in the future for colorectal cancer screening. He noted that the prevention projects are exempt from the Institutional Review Board process, so they do not have as much liberty to perform research. He would like to see CPRIT's prevention and academic research programs work more closely and effectively together. He envisions more widespread mailed FIT testing, possibly following the model of the CPRIT liver cancer Collaborative Action Program.

In response to a question about the comparison of this program to other programs across the country, Dr. Pignone explained that there are many mailed FIT kit programs and that his program and the one at the University of North Carolina are collaborative in their approaches. He noted that the CDC and the American Cancer Society recently formed the national FIT Advisory Council to assist in developing and disseminating a playbook on setting up a successful mailed FIT program. Dr. Pignone is a member of the FIT Advisory Council, and due to his experience gained from the CPRIT projects, he is on the forefront of colorectal cancer screening using FIT.

On behalf of the Oversight Committee, Presiding Officer Patel thanked Dr. Pignone for his presentation.

Presiding Officer Patel recognized Chief Scientific Officer Dr. Michelle Le Beau to introduce Dr. Premal Lulla, M.D., to present his Academic Research grant project.

Dr. Le Beau introduced Dr. Lulla, Assistant Professor, Center for Cell and Gene Therapy, Baylor College of Medicine. She noted that Dr. Lulla received a CPRIT Early Clinical Investigator Award in 2020.

Dr. Lulla explained that the CPRIT grant provides five years dedicated time in the clinic and in research (split 50/50) to hone his skills towards a clinical career. Dr. Lulla's presentation highlighted his first mentored trial as a principal investigator addressing leukemia-specific T cells for AML.

An Oversight Committee member asked Dr. Lulla to connect his studies and a CPRIT product development award to Marker Therapeutics, which he did.

An Oversight Committee member inquired about utilizing CAR-T cells as a first line treatment. Dr. Lulla explained that this is a hot topic. While he envisions near-term opportunities, he cautioned that CAR-T cells can have toxicities and long-term effects that need more study.

On behalf of the Oversight Committee, Presiding Officer Patel thanked Dr. Lulla for his presentation and applauded him for surviving his first IND submission.

Chief Executive Officer Report – Agenda Item 6, Tab 3

Presiding Officer Patel recognized Chief Executive Officer Wayne Roberts to present his report. Following his update, Mr. Roberts noted that the day marks the 12th anniversary of CPRIT's first award, a First-time, Tenure-Track recruitment award to Dr. Ralf Kitler at The University of Texas Southwestern Medical Center. Since that first award, CPRIT has successfully recruited 253 CPRIT scholars to Texas. There were no questions for Mr. Roberts.

Chief Compliance Officer Report and Compliance Certification for the Proposed Grant Awards – Agenda Item 7, Tab 4

Presiding Officer Patel recognized Chief Compliance Officer Vince Burgess to present the Compliance Report and Compliance Certification of Grant Award Process. Mr. Burgess reported on the compliance program's work for the past quarter and summarized FY 2021 activities. He reported that grantees averaged 10 delinquent reports per month in FY 2021, which is down for previous fiscal years and the lowest on record. He also noted that the number of desk reviews that resulted in one or more findings (22%) decreased by seven percent from FY 2020 and marked the lowest percentage of findings across desk reviews.

An Oversight Committee member asked about the priority rankings for reviews. Mr. Burgess explained that priority rankings correlated to the level of review the grantee would receive during the fiscal year, with grantees ranked priority 1 and 2 receiving an onsite review, and priority 3 grantees receiving an enhanced desk review.

Mr. Burgess certified the review process for the proposed recruitment grant awards, confirming that the proposed awards and review process complied with all applicable state and agency requirements.

Chief Scientific Officer Report and Grant Award Recommendations – Agenda Item 8, Tab 5

Presiding Officer Patel recognized Dr. Le Beau to present the academic research program update and award recommendations.

Dr. Le Beau updated the Oversight Committee regarding the ongoing application review process for the first cycle of FY 2022. She also presented the proposed Academic Research RFAs for FY 2023 and the proposed FY 2023 Academic Research program priorities for Oversight Committee consideration.

Turning to the 12 recruitment awards for the first quarter of FY 2022 recommended by the Scientific Review Council and the Program Integration Committee, Dr. Le Beau directed Oversight Committee members to Table 1 on page 4 of the Proposed Grant Awards book.

Proposed Recruitment Awards FY 2022 Cycles 22.1, 22.2 and 22.3

Rank	Grant ID	Award	Candidate	Organization	Budget	Final Score
1	RR220015	RFTFM	Jacob Luber, PhD	The University of Texas at Arlington	$2,000,000	**1.0**
2	RR220007	RRS	Mingji Dai, PhD	The University of Texas at Dallas	$4,000,000	**1.0**
3	RR220009	RFTFM	Sachet Shukla, PhD	The University of Texas M.D. Anderson Cancer Center	$2,000,000	**1.2**
4	RR220008	RFTFM	Gül Zerze, PhD	University of Houston	$2,000,000	**1.3**
5	RR220021	RFTFM	Wanhe Li, PhD	Texas A&M University	$2,000,000	**1.5**
6	RR220016	RFTFM	Filippo Romiti, PhD	The University of Texas at Dallas	$2,000,000	**1.6**
7	RR220013	REI	Samuel Achilefu, PhD	The University of Texas Southwestern Medical Center	$6,000,000	**1.6**
8	RR220010	REI	James Harbour, MD	The University of Texas Southwestern Medical Center	$6,000,000	**1.8**
9	RR220024	RRS	Siyuan Zhang, MD, PhD	The University of Texas Southwestern Medical Center	$4,000,000	**2.0**
10	RR220028	RRS	Gregory Delgoffe, PhD	The University of Texas M.D. Anderson Cancer Center	$4,000,000	**2.0**
11	RR220017	RFTFM	Kristopher Brannan, PhD	The Methodist Hospital Research Institute	$2,000,000	**2.0**
12	RR220012	RFTFM	Mingxing Teng, PhD	Baylor College of Medicine	$2,000,000	**2.0**

REI = Recruitment of Established Investigator
RRS = Recruitment of Rising Stars
RFTFM = Recruitment of First-Time, Tenure Track Faculty Members

Conflict of Interest Notification

Presiding Officer Patel noted for the record that no Oversight Committee members reported conflicts of interest with any proposed recruitment award.

Approval Process – Academic Research Awards

Presiding Officer Patel called for a vote on the recruitment award recommendations.

MOTION:
On a motion made by Mr. Montgomery and seconded by Mr. Margo the Oversight Committee members voted unanimously to approve the PIC's recommendations for the Recruitment of First-Time, Tenure-Track Faculty Members; Recruitment of Rising Stars; and Recruitment of Established Investigators.

MOTION:
On a motion made by Mr. Montgomery and seconded by Mr. Margo the Oversight Committee members voted unanimously to approve delegating contract negotiation authority to the CEO and CPRIT staff and to authorize the CEO to sign the contracts on behalf of CPRIT.

MOTION:
On a motion made by Mr. Margo and seconded by Dr. Cummings the Oversight Committee members voted unanimously to approve the proposed FY 2023 RFAs presented by Dr. Le Beau.

Chief Prevention Officer Report – Agenda Item 9, Tab 6

Presiding Officer Patel recognized Ms. Magid to present the prevention program update. As part of her update, Ms. Magid referred to a series of maps showing the 11 year (FY 2010 – FY 2021) cumulative progression of the CPRIT-funded projects serving each of Texas' 254 counties.

An Oversight Committee member asked if it was possible to use population of each county to determine CPRIT's reach. Ms. Magid responded that while CPRIT could do this, issues such as age/gender eligibility for each type of cancer screening would first need consideration.

Another Oversight Committee member requested that CPRIT distribute the maps to legislative offices.

Members and Ms. Magid also discussed the impact of the pandemic on cancer screenings.

Chief Product Development Officer Report – Agenda Item 10, Tab 7

Presiding Officer Patel recognized Chief Product Development Officer Dr. Cindy WalkerPeach to present the product development research program update. She updated members on the status of the applications currently under review in the first cycle of 2022.

An Oversight Committee asked about factors that may contribute to the lower than usual application numbers for the first cycle of 2022. Dr. WalkerPeach responded that this may be due to extenuating factors related to COVID and other issues. The Oversight Committee members and Dr. WalkerPeach talked about investigating changes CPRIT could implement that may increase the number of product development awards.

Mr. Roberts reported that he initiated a staff-driven review to identify opportunities for CPRIT to raise the number of product development research applications and awards.

An Oversight Committee member requested that Dr. WalkerPeach update members about ways to address these issues at future Oversight Committee meetings.

Some Oversight Committee members commented that the downward trend in number of applications may be due to other exogenous factors in the life science funding landscape and the challenges of attracting companies to relocate to Texas.

Another member asked about quantifying the innovations coming out of Texas institutions that leave Texas for commercialization. He also asked whether CPRIT reporting requirements are more onerous than those required by venture capital funders. An Oversight Committee member noted that CPRIT's matching requirements are an attractive deal for venture capitalists.

Dr. WalkerPeach finished her report with the presentation of the planned review timeline and three product development research RFAs for the second cycle of FY 2022.

FY 2023 Program Priorities – Agenda Item 11, Tab 8

Presiding Officer Patel recognized Mr. Roberts to present the FY 2023 Program Priorities. Mr. Roberts explained the FY 2023 Program Priorities behind page 8-1 of the meeting packet. There were no questions for Mr. Roberts.

> **MOTION:**
> On a motion made by Mr. Margo and seconded by Mr. Montgomery the Oversight Committee members voted unanimously to approve the FY 2023 program priorities.

Scientific Research and Prevention Program Committee Appointments – Agenda Item 13, Tab 10

Taking agenda item 13 out of order, Presiding Officer Patel recognized Mr. Roberts to present the Scientific Research and Prevention Program Committee appointments. Mr. Roberts discussed his five appointments to the Scientific Research and Prevention Program Committee, also known as the peer review panels. He noted that the Board Governance Subcommittee reviewed and recommended the appointments to the Oversight Committee at their November 4, 2021, meeting.

An Oversight Committee member asked how CPRIT recruits peer reviewers. Dr. LeBeau, Dr. WalkerPeach and Ms. Magid explained how the programs identify potential peer reviewers. Ms. Magid noted that review councils and GDIT are both good sources of recommendations for peer reviewers.

An Oversight Committee member asked about the recruitment and appointment process for advocate reviewers. Ms. Magid responded that advocate reviewers are often cancer survivors who look at the applications from the viewpoint of impact to the community. She explained that GDIT helps to find qualified advocate reviewers.

MOTION:
On a motion by Dr. Rosenfeld and seconded by Mr. Margo, the Oversight Committee unanimously voted to approve the five appointments to the Scientific Research and Prevention Program Committee.

Advisory Committees – Item 14, Tab 11

Presiding Officer Patel recognized Mr. Roberts to take up the Presiding Officer's new appointment to CPRIT's Prevention Advisory Committee. Mr. Roberts presented Dr. Ernest Hawk's appointment to the Prevention Advisory Committee. He noted that the Board Governance Subcommittee and the Prevention Subcommittee recommended the appointment.

MOTION:
On a motion made by Mr. Margo and seconded by Mr. Montgomery, the Oversight Committee members voted unanimously to approve the new appointment to the advisory committees.

Amendments to 25 T.A.C. Chapters 703 – Item 15, Tab 12

Presiding Officer Patel recognized CPRIT assistant general counsel Cameron Eckel to discuss the proposed administrative rule change. Ms. Eckel reviewed the proposed amendment to rule 703.26. The Board Governance subcommittee recommended the proposed change for publication in the *Texas Register* to receive public comment. She explained that CPRIT will bring the rule amendment back to the Oversight Committee for final adoption at its meeting in February.

MOTION:
On a motion made by Mr. Margo and seconded by Dr. Hernandez, the Oversight Committee unanimously voted to approve the proposed amendment to Chapter 703 and Authorization to Publish in Texas Register.

Chief Operating Officer Report – Agenda Item 17, Tab 14

Taking agenda item 17 out of order, Presiding Officer Patel recognized Chief Operating Officer Heidi McConnell for her report. She updated members on issues including revenue sharing payments, recent debt issuance, the ongoing audit of CPRIT's FY 2021 financial statements, and the CPRIT 2022 Conference. She noted that CPRIT selected Swift Solutions to serve as CPRIT's conference planning vendor, with the next step to procure a conference venue in Austin.

Regarding the revenue sharing payment update, an Oversight Committee member asked about the number of years between the Peloton award and the revenue sharing payments. She explained that it was about 11 years from the CPRIT award to the payments.

Another member asked about how CPRIT uses the revenue sharing payments. Ms. McConnell explained that the payments go in the CPRIT interest and sinking fund in state treasury that only the legislature can appropriate to pay down CPRIT's debt service.

An Oversight Committee member asked why CPRIT holds the conference in Austin rather than other areas of the state. Ms. McConnell responded that a poll of grantees showed that a majority prefer Austin as the conference location. Grantees make up most of the attendees of the CPRIT conference.

Internal Auditor Report – Agenda Item 12, Tab 9
Texas Public Information Act & Open Meeting Act Legislative Update – Item 16, Tab 13
T.A.C. Section 701.7(d) Training – Agenda Item 19
Consultation with General Counsel – Agenda Item 22

Presiding Officer Patel called up agenda items 12, 16, 19, and 22 and announced that the Oversight Committee would move into closed session pursuant to Texas Government Code Section 551.076 to discuss the internal audit addressing information technology general controls and Texas Government Code Section 551.071 to discuss the Texas Public Information Act and Open Meeting training and the T.A.C. Section 701.7(d) training. He asked Mr. Roberts, Ms. Doyle, Ms. McConnell, IT Director Therry Simien, Mr. Burgess, Ms. Eckel, and Internal Audit team members Dan Graves and Brett Nabors to join the Oversight Committee in closed session.

Presiding Officer Patel convened the closed session at 12:01 p.m. and reconvened the open meeting at 12:50 p.m. He announced that the Oversight Committee did not discuss agenda items 16, 19, and 22 in closed session due to time constraints.

Internal Auditor Report – Agenda Item 12, Tab 9

> **MOTION:**
> On a motion by Mr. Montgomery and seconded by Dr. Rice, the Oversight Committee unanimously voted to approve the Audit Report over Information Technology General Controls.

Presiding Officer Patel recognized CPRIT internal auditor Mr. Graves with Weaver and Tidwell for completion of the presentation of the Internal Audit Report, including the Disaster Recovery and Business Continuity Planning Advisory Audit Follow-Up Procedures Report, an update to the FY 2022 Internal Audit Plan and the FY 2021 Annual Internal Audit Report.

There were no questions for Mr. Graves.

> **MOTION:**
> On a motion made by Mr. Montgomery and seconded by Dr. Hernandez, the Oversight Committee unanimously voted to approve the Disaster Recovery and Business Continuity Planning Advisory Audit Follow-up Procedures report, the update to the FY 2022 Internal Audit Plan and the FY 2021 Annual Internal Audit Report.

Contract Approvals – Agenda Item 18, Tab 15

Presiding Officer Patel recognized Ms. McConnell to present the modification on pricing to the internal auditor contract with Weaver and Tidwell for FY 2022. Ms. McConnell explained the

recommended increase in contract pricing to incorporate additional advisory audit services based on the updated FY 2022 Internal Audit Plan.

MOTION:
On a motion made by Mr. Montgomery and seconded by Mr. Margo, the Oversight Committee unanimously voted to approve the contract change for the FY 2022 Weaver and Tidwell internal audit contract.

Adjournment – Agenda Item 24

MOTION:
There being no further business, the Oversight Committee unanimously voted to approve Presiding Officer Patel's a motion to adjourn, which Mr. Montgomery seconded.

Meeting adjourned at 12:59a.m.

_____ _____

Signature Date

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	WAYNE ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT:	AGENDA ITEM 5: CHIEF EXECUTIVE OFFICER REPORT
DATE:	FEBRUARY 9, 2022

The Chief Executive Officer Report presented at the February 16 Oversight Committee meeting will include the following items. In addition, attached behind this memo are copies of the November 2021, December 2021 and January 2022 CPRIT Activity Updates for your reference.

FY 2022 Grant Awards Funds Available and CPRIT Dashboard (Attachments 1 and 2)

Today's awards will be the second from FY 2022 appropriations. If the Oversight Committee approves the 74 awards at the recommended level of $112.8 million, $126.4 million will remain for additional awards this fiscal year.

Also included is CPRIT's dashboard of metrics the agency tracks on a regular basis.

Personnel

CPRIT currently has 39 of our 44 full-time equivalent (FTE) positions filled.

New Oversight Committee Meeting Venue

We think that beginning this fall, perhaps as soon as the August Oversight Committee Meeting, we will meet in the new Barbara Jordan State Office Building, immediately south of the Travis Building. This building will provide state-of-the-art meeting facilities for webcasting and conducting meetings.

OncoNano Board Observer

I asked CPRIT Product Development Review Council member Dr. Kristine Swiderek to serve as board observer for CPRIT-grantee OncoNano Medicine. As reported previously, late last year CPRIT converted $18.4 million in grant award funding into an equity investment in OncoNano. As a condition of the equity purchase, the company agreed to provide CPRIT with a board observer position with access to all meetings and materials of the board and board subcommittees.

This is the initial CPRIT board observer position and we will evaluate the experience to determine whether this option is something CPRIT wants to pursue with more CPRIT-funded companies in the future. Dr. Swiderek's current honoraria contract was increased by $2,500 per

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quarter to reflect the additional work associated with preparing for and attending quarterly meetings of the OncoNano board, as well as other necessary board and subcommittee meetings. If CPRIT decides to continue to use peer review council members as board observers, I will propose standard changes to CPRIT's honoraria policy to reflect the additional duties.

Dr. Swiderek appears perfect for the inaugural role. Not only is she familiar with CPRIT and OncoNano after several years serving on the PDRC, but she also has more than 25 years of research and leadership experience in the biopharmaceutical industry, with a proven track record of discovering and developing a wide variety of protein therapeutics. Currently, she is Chief Scientific Officer at Mozart Therapeutics. Prior to Mozart, Dr. Swiderek was Senior VP of Research at Alpine Immune Sciences, where she was instrumental in building a pipeline advancing protein-based immunotherapies for treatment of autoimmune disease and cancer. She has formed multiple R&D partnerships, advanced several therapeutic candidates into the clinic and was instrumental in the spin-out of OncoResponse. She is the author of over 60 peer-reviewed articles and manuscripts.

Product Development Review Project

Attachment 3 is a memo providing a high-level overview of staff efforts to increase the number of quality product development applications that successfully negotiate the peer review and contracting processes.

2021 CPRIT Annual Report

The *Cancer Prevention and Research Institute of Texas Fiscal Year 2021 Annual Report* was prepared and distributed to state leadership and all members of the Texas Legislature pursuant to V.T.C.A., Health and Safety Code Section 102.052. This 2021 report includes several notable "firsts," including:

- The first CPRIT-funded drug, Welireg, whose early-stage development was facilitated by a product development grant to Peloton Therapeutics in 2010, is available now to treat several types of tumors associated with von Hippel-Lindau (VHL) disease.

- The 250th CPRIT Scholar recruit to Texas arrived this year. These outstanding scientists, recruited at all career stages, greatly enhance programs of scientific excellence and position Texas as a leader in the fight against cancer.

- CPRIT awarded several first-time grants, including the Clinical Trials Network Research Awards and Texas Clinical Trial Participation Program Awards – both aimed at increasing Texans' access to innovative clinical trials in the state. Also, the inaugural Texas Regional Excellence in Cancer (TREC) grants were awarded to catalyze cancer research recruitment, projects and infrastructure at institutions located more than 100 miles from the traditional cancer research powerhouses in major metropolitan areas. Two institutions, The University of Texas Rio Grande Valley and Southern Methodist University received their first CPRIT grants, joining 115 other institutions, organizations, and companies throughout Texas.

This is the second time that we present our annual report exclusively in an online format. We found that this provides CPRIT's stakeholders a more interactive experience for learning about the many accomplishments and advances made by CPRIT's grantees. The platform provides greater insight into CPRIT's statutory mission, our priorities, and the economic and social burden that cancer costs the state.

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CPRIT has awarded **1,688** grants totaling **$2.889 billion**

- 258 prevention awards totaling $300.3 million
- 1,430 academic research and product development research awards totaling $2.589 billion

Of the $2.589 billion in academic research and product development research awards,

- 29.9% of the funding ($775.4 million) supports clinical research projects
- 24.0% of the funding ($622.1 million) supports translational research projects
- 29.7% of funding ($767.6 million) supports recruitment awards
- 12.9% of the funding ($333.5 million) supports discovery stage research projects
- 3.5% of funding ($90.4 million) supports training programs.

CPRIT has 14 open Requests for Applications (RFAs)

- 3 Research Recruitment
- 6 Research
- 3 Prevention

FY 2022 GRANT AWARD FUNDS AVAILABLE

General Obligation Bond Proceeds

	Prevention	Academic / Product Development Research	1% Grant Funding Buffer	Operating Budget	Total Appropriations
Available Appropriated Funds	**$ 27,659,031**	**$ 251,353,693**		**$ 20,987,276**	**$ 300,000,000**
Appropriations Transfer to DSHS		**$ (3,118,032)**		**$ 3,118,032**	
Adjusted Appropriations	**$ 27,659,031**	**$ 248,235,661**		**$ 24,105,308**	**$ 300,000,000**
Total Available for All Grants			**$ 275,894,692**		
1% of Total Available Grant Funding			**$ 2,758,947**		
Adjusted Grant Award Funding	**27,659,031**	**$ 245,476,714**			**$ 273,135,745**

	Prevention Grants	Academic Research Grants	PD Research Grants		
Total Available for Grant Awards (Total GO Bond Proceeds Less Operating Budget)	**$ 27,659,031**	**$ 173,764,963**	**$ 74,470,698**		**$ 275,894,692**
Total Available for Grant Awards Incorporating 1% Grant Funding Buffer	**$ 27,659,031**	**$ 171,833,700**	**$ 73,643,014**		**$ 273,135,745**
Announced Grant Awards					
Recruitment Awards (12)	$ -	$ 38,000,000	$ -		
	$ -	$ -	$ -		
Announced Grant Award Subtotal	**$ -**	**$ 38,000,000**	**$ -**	$ -	**$ 38,000,000**
Grant Award Adjustments					
12/13/21 Declined Recruit (MDA-Delgoffe)	$ -	$ (4,000,000)	$ -		$ (4,000,000)
Revised Grant Award Subtotal	**$ -**	**$ 34,000,000**	**$ -**		**$ 34,000,000**
Available Grant Funds as of December 14, 2021	**$ 27,659,031**	**$ 137,833,700**	**$ 73,643,014**		**$ 239,135,745**
Pending Grants-PIC Recommendations					
Prevention Awards (7)	$ 13,189,929	$ -	$ -		
Product Development Research Awards (2)	$ -	$ -	$ 5,998,261		
ACR Individual Investigator Research Awards (42)	$ -	$ 42,812,071	$ -		
ACR IIRA-Focused Awards (17)	$ -	$ 26,769,097	$ -		
Recruitment Awards (6)	$ -	$ 23,999,382	$ -		
Pending Award Subtotal	**$ 13,189,929**	**$ 93,580,550**	**$ 5,998,261**		**$ 112,768,740**
Total Potential Grant Funding Committed	**$ 13,189,929**	**$ 127,580,550**	**$ 5,998,261**		**$ 146,768,740**
Available Grant Funds as of February 17, 2022	**$ 14,469,102**	**$ 44,253,150**	**$ 67,644,753**		**$ 126,367,005**
1% Grant Funding Buffer	**$ -**	**$ 1,931,263**	**$ 827,684**		**$ 2,758,947**
Total Remaining Funds	**$ 14,469,102**	**$ 46,184,413**	**$ 68,472,437**		**$ 129,125,952**

Operating Budget Detail		
Indirect Administration	$	4,928,381
Grant Review & Award Operations	$	16,058,895
Subtotal, CPRIT Operating Costs	$	20,987,276
Cancer Registry Operating Cost Transfer	$	3,118,032
Total, Operating Costs		24,105,308

CPRIT MANAGEMENT DASHBOARD
FISCAL YEAR 2022

	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	CUMULATIVE (ANNUAL)	CUMULATIVE (TO DATE)
ACCOUNTABILITY														
Announced Grant Awards			12										12	
New Grant Contracts Signed	22	26	16	10	6								80	
New Grant Contracts In Negotiation			9										9	
Grant Reimbursements Processed (#)	126	162	156	129	133								706	
Grant Reimbursements Processed ($)	$ 21,921,638	$ 28,164,298	$ 11,711,647	$ 17,758,038	$ 18,810,529								$ 98,366,149	
Revenue Sharing Payments Received	$ 2,341,908	$ 22,365	$ 6,579	$ 2,442	$ 25,645								$ 2,398,938	$ 7,338,556
Grants Awarded (#)/ Applications Rec'd (#)	18%	18%	18%	18%	18%									
Grantee Compliance Trainings	2	3	2	1	0								8	
Grantee Compliance Monitoring Visits	0	0	1	3	1								5	
Awards with Delinquent Reimbursement Submission (FSR)			0											
Awards with Delinquent Matching Funds Verification			2											
Awards with Delinquent Progress Report Submission			2											
MISSION														
Open RFAs	3	7	11	13	13									
Prevention Applications Received	16	0	0	0	0								16	919
Product Development Applications Received	0	0	0	0	34								34	644
Academic Research Applications Received	5	3	4	4	124								140	8,305
Help Desk Calls/Emails	113	116	77	94	159								559	
Number of Research Grants Announced (Annual)	0		12										12	
Recruited Scientists Contracted														252
Number of Product Development Grants Announced (Annual)			0										0	
Life Science Companies Recruited (in TX)													0	12
Number of Product Development Jobs Created & Maintained														738
Number of Prevention Grants Announced (Annual)			0										0	
Total Number of Education, Navigation and Training Services			147,482										147,482	
Total Number of Clinical Services			56,122										56,122	
Published Articles on CPRIT-Funded Projects (#)														
Clinical Studies (#)														202
Number of Patent Applications														
Number of Patents Resulting from Research														
TRANSPARENCY														
Total Website Hits (Sessions)	9,694	8,961	9,110	7,619	9,559									
Total Unique Visitors to Website (Users)	7,737	7,065	7,184	6,004	7,192									

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	WAYNE R. ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT:	PRODUCT DEVELOPMENT PROGRAM REVIEW UPDATE
DATE:	FEBRUARY 7, 2022

At the November 18, 2021, Oversight Committee meeting you requested that staff review and recommend opportunities for CPRIT's product development program to increase the number of quality product development applications that successfully negotiate the peer review and contracting processes. The request was in response, at least partially, to the relatively few applications (13) received for the first product development review cycle of FY 2022 (22.1).

I am pleased to report that CPRIT received 34 applications by the January 26, 2022, deadline for the second review cycle of FY 2022 (22.2). The number of applications submitted for the 22.2 cycle aligns more closely with CPRIT's history of submitted applications than the comparatively anemic 22.1 cycle. As discussed at the November meeting, it is possible that the application drop-off we saw in the 22.1 cycle is due to COVID or other factors extraneous to CPRIT. We will continue to monitor the number of applications in future review cycles for any trends.

While a potential downward trend in applications is no longer an immediate issue, staff has taken this opportunity to evaluate many aspects of the product development program. Not only will this help us improve now, but it also lays the groundwork as we look ahead to the next ten years of CPRIT operations and further strengthening the life science infrastructure in Texas. Several senior staff members, including Dr. WalkerPeach, Dr. Le Beau, Dr. Smith, Ms. Davies, Ms. Doyle, and myself, meet weekly to discuss product development program topics ranging from near term process issues as well as far-reaching threshold questions. I provide some examples of our discussion topics at the end of this memo.

Our next step in the product development program review will be to seek input from CPRIT's product development stakeholders via interviews. These stakeholders include Oversight Committee members, company grantees, unsuccessful CPRIT applicants, peer reviewers, members of the Product Development Advisory Committee, representatives of regional economic development organizations, venture capitalists and other investors.

We will keep the Product Development Subcommittee and the Oversight Committee abreast of the feedback. In addition, the Product Development Advisory Committee will present its annual report and recommendations at the May meeting. We anticipate providing several action items for Oversight Committee consideration in the coming months.

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Product Development Program Review Issues

Pre-Award Process Issues

- Length of review process
- Types of applications offered
- Recruiting additional expertise/experience for the peer review panels
- Outreach (marketing)
- CPRIT "customer service" – access to staff, feedback on reviewer comments

Post-Award Process Issues.

- Contract process – negotiation and amendments
- Flexibility to accommodate product development project changes
- Matching funds requirement
- Monitoring for progress and compliance
- CPRIT "customer service" – responsiveness to inquiries, interaction with staff, problem resolution

Threshold Program Questions

In addition to the process issues listed above, our core group identified certain fundamental operating assumptions to revisit and reaffirm as we make plans for the next decade of product development activities. Unless CPRIT is clear on the answers to these threshold questions, the value of external stakeholder input may be less helpful and future work compromised. CPRIT staff is formulating positions that we will present and discuss with the Product Development Subcommittee and the Oversight Committee at future meetings.

1. What are the defining points along CPRIT's product development continuum?
   - Should CPRIT have a maximum award amount for company awards?
2. Should CPRIT actively market our opportunities to companies outside Texas or focus solely on Texas-based companies?
   - If we solicit companies from outside Texas, what are the minimum or mandatory requirements for maintaining a Texas presence?
3. What is CPRIT's investment philosophy—fail fast, partnership (silent or active), or something else?
4. Should CPRIT take deliberate or active steps to create and sustain a diversified portfolio (company stage, product type, cancer type, near-term vs. long-term returns, big bets vs. sure things)?
5. What type of investor should CPRIT be - passive, active, something else?
6. What is the appropriate balance between academic research and product development within CPRIT's research portfolio?
7. What level of investment risk is acceptable to CPRIT when making award and contracting decisions?

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	WAYNE R. ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT:	FY 2021 REPORT ON PROGRAM MERIT AND PROGRESS PURSUANT TO TEXAS HEALTH & SAFETY CODE § 102.260(C)
DATE:	FEBRUARY 16, 2021

Summary

Texas Health and Safety Code § 102.260(c) requires the Chief Executive Officer to report at least annually to the Oversight Committee on the progress and continued merit of each research program. I am pleased to report that despite the interruptions caused by COVID-19, Fiscal Year 2021 marked another year of progress for CPRIT and its Academic Research, Prevention, and Product Development Research programs. In FY 2021 CPRIT awarded 107 grants totaling $241.9 million to 27 academic institutions, community organizations, and companies throughout the state. Key metrics indicate that CPRIT is affecting Texas' national standing in both cancer research and the biomedical industry. CPRIT's investment in intellectual and research support infrastructure in Texas is attracting, creating, and expanding the research capabilities of our institutions of higher education and the state's life science industry, expediting innovation, and increasing the likelihood of breakthroughs in cancer prevention and cures.

This report provides an overview illustrating the progress made in advancing CPRIT's mission to create and expedite innovation in cancer research and cancer prevention. Aligning program activities with the program priorities adopted by the Oversight Committee is a good gauge of progress and merit; this report highlights each program's implementation of the FY 2021 program priorities. CPRIT's 2021 *Annual Report* provides more information on CPRIT program priorities and awards, including a summary of research findings reported by grantees in FY 2021 and notable grantee highlights.

Regarding progress made by individual grant projects within each of CPRIT's three programs, Texas Administrative Code § 703.21 requires all CPRIT grantees to submit progress reports at least annually. Outside experts evaluate these progress reports to ensure that the grantee has made appropriate progress and should continue work under the grant. To the extent that an expert reviewer determines that a grant project is not making progress towards the project goals and objectives, CPRIT has several options, including contract termination.

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Academic Research Program

CPRIT's Academic Research Program supports innovative and meritorious projects that are discovering new information about cancer that can lead to prevention, early detection, and cures; translating new and existing discoveries into practical advances in cancer diagnosis and treatment; and increasing the prominence and stature of Texas in the fight against cancer.

In FY 2021, CPRIT's Oversight Committee approved 91 Academic Research and Recruitment Awards totaling $191.7 million. Academic Research grantees achieved several "firsts" during 2021 that highlight the continued growth and progress in cancer research. Southern Methodist University received its first CPRIT award for a High-Impact/High-Risk Research Award to study a novel approach to treat glioblastoma. The University of Texas Rio Grande Valley also received its first CPRIT award to establish its Integrated Cancer Research Core Facility to support cancer research in the Rio Grande Valley. Rice University received its first Core Facility Support Award to build the CPRIT Genetic Design and Engineering Center, led by CPRIT Scholar Dr. Gang Bao, to accelerate the design of biological cancer therapies in Texas. CPRIT also approved awards for three new grant mechanisms: the Clinical Trial Network Award, the Clinical Trial Participation Program Award, and the Texas Regional Excellence in Cancer Award.

Academic Research Program Priorities

The Oversight Committee adopted the following FY 2021 program priorities for the Academic Research Program:

- Recruitment of outstanding cancer researchers to Texas;
- Investment in core facilities;
- A broad range of innovative, investigator-initiated research projects;
- Implementation research to accelerate adoption and deployment of evidence-based prevention and screening interventions;
- Computational biology and analytic methods;
- Childhood cancers; and
- Hepatocellular cancer.

CPRIT Scholars continue to serve as a shining example of CPRIT' s positive impact on cancer research in Texas. During 2021, the Academic Research program recruited its 250th CPRIT scholar to Texas. As of August 31, 2021, CPRIT surpassed that milestone by recruiting 254 CPRIT scholars to Texas, including 67 women at 13 academic institutions.

Breakthrough discoveries create promising cancer-fighting opportunities, but scientists need specialized equipment and expertise to turn their discoveries into treatments and cures. CPRIT's Core Facility Support Award grants make it possible for Texas institutions to build state-of-the-art facilities, acquire cutting-edge equipment, and recruit leading experts. The network of 67 CPRIT-funded core research facilities across 22 Texas institutions fosters partnerships and

connects scientific disciplines and departments working on a wide variety of cancer-related projects.

CPRIT's Core Facilities bring together sophisticated technologies and innovative projects, bolstering Texas' life science ecosystem. By assuring access to specialized equipment and expertise, CPRIT provides Texas researchers efficient, collaborative, cost-effective means for advancing innovations in cancer medicine. With CPRIT's support, Texas scientists are conducting first-of-its-kind cancer studies, creating the most expansive cancer databanks in the world, and collaborating with the brightest minds in cancer research and prevention.

Another priority for the Academic Research program is encouraging the development of the field of mathematical/computational oncology through its support for projects linking biology-based mathematical modeling with quantitative experiments that populate the key parameters in the models. By recruiting and funding investigators throughout Texas working in this area, like The University of Texas at Austin's Dr Thomas Yankeelov (RR160005), CPRIT is helping to establish a critical mass in this field that can grow and become self-sustaining.

Texas is extraordinarily well-positioned to lead this change. The Oden Institute for Computational Engineering and Sciences at UT Austin is the premier institute for applied mathematics in the country. The Oden Institute recently partnered with The University of Texas M.D. Anderson and the Texas Advanced Computing Center to establish an initiative in oncological data and computational science. CPRIT's consistent investment to recruit and support investigators in this area helped make this partnership happen.

Prevention Program

CPRIT's Prevention Program continues to support effective, evidence-based prevention programs available to underserved populations in the state. Prevention Program grants help Texans reduce the risk of cancer, identify cancers earlier, and assist people in finding cancer treatment. Through August 31, 2021, prevention grantees have provided 7.6 million prevention services, including 3.3 million clinical services with 389,737 people receiving their first cancer screening through a CPRIT-funded project.

The Oversight Committee approved 14 prevention grants during 2021 totaling $22.59 million. With the awards approved in 2021, the Prevention Program reached an important milestone by investing $300 million in cancer prevention services since 2010. In addition to this achievement, the prevention program experienced other notable "firsts" during FY 2021. Texas Southern University received its first prevention award in August to provide increased access to breast cancer screening for first time or rarely screened, uninsured or underinsured African American women across five Texas counties. Located in the Third Ward in Harris County, a medically underserved area with a predominately African American population, TSU will provide services for African American women in their community and surrounding medically underserved populations.

Prevention Program Priorities

The Oversight Committee adopted the following FY 2021 Prevention Program priorities:

- Populations disproportionately affected by cancer incidence, mortality, or cancer risk prevalence;
- Geographic areas of the state disproportionately affected by cancer incidence, mortality, or cancer risk prevalence; and
- Underserved populations.

The Light and Salt Association (LSA), recipient of three CPRIT prevention grant awards, addresses cancer disparities in Asian American communities. The LSA provides health education, cancer screening, and survivorship support to Chinese, Vietnamese, Korean, and Filipino families in the Houston and Austin areas. This is a vital service that works to remove language barriers, among other roadblocks, to provide cancer prevention resources to the Asian American communities in Texas.

With CPRIT prevention funding, Dr. Roger Zoorob at Baylor College of Medicine uses newly approved technology to detect early-stage lung cancer among predominantly underserved populations in Harris County. The program includes both lung cancer screenings and smoking cessation treatments. Based on the success of Dr. Zoorob's project, CPRIT awarded a $2 million grant in August to expand the project to Polk and San Jacinto counties, both rural, medically underserved counties hard-hit by lung cancer

Product Development Research Program

CPRIT's Product Development Research Program funds innovative and scientifically meritorious product development projects with the potential of translating research discoveries into commercial products to benefit cancer patients. In 2021, the Oversight Committee approved two Product Development Research awards totaling $27.56 million. CPRIT has awarded 52 Product Development Research grants to 45 companies totaling $499 million since 2010.

CPRIT achieved a milestone in 2021 when the first CPRIT-funded drug, belzutifan, received Food and Drug Administration approval. Belzutifan treats cancers associated with a rare genetic condition called Van Hippel-Lindau disease, including renal cell carcinoma, central nervous system hemangioblastomas, and pancreatic neuroendocrine tumors. The drug is also in clinical trials for solid tumors, biliary cancer, colorectal cancer, and liver cancer.

The Product Development Research program benefits not only cancer patients, but like CPRIT's recruitment grants, the Product Development Research awards are a vital component in building the life sciences infrastructure and community in Texas. Through August 31, 2021, CPRIT companies raised $3.82 billion in additional investments after their CPRIT awards (an 8:1 funding ratio). These additional investments and activities testify to the quality of the CPRIT-funded projects and CPRIT's review process. CPRIT-funded companies continue to help not

only the life sciences ecosystem, but also the Texas economy with $698 million in annual economic benefits for the state. Companies that CPRIT has invested in employ 1,413 Texans.

Product Development Research Program Priorities

The Oversight Committee adopted the following 2021 Product Development Research Program Priorities:

- Funding novel projects that offer therapeutic or diagnostic benefits not currently available, i.e., disruptive technologies;
- Funding projects addressing large or challenging unmet medical needs;
- Investing in early-stage projects when private capital is least available;
- Stimulating commercialization of technologies developed at Texas institutions;
- Supporting new company formation in Texas or attracting promising companies to Texas that will recruit staff with life sciences expertise, especially experienced C-level staff to lead to seed clusters of life science expertise at various Texas locations; and
- Providing appropriate return on Texas taxpayer investment.

In August 2020, CPRIT awarded a Texas Company Product Development Research award to ImmunoGenesis, Inc. to develop a novel immunotherapy drug (IMGS-001) designed to turn "cold" tumors "hot." The company's lead program, IMGS-001, is a new type of immunotherapy that can benefit both the majority of patients ineligible to receive current drugs and has the potential to improve response in existing indications. CPRIT funds have allowed ImmunoGenesis to accelerate the development of IMGS-001 and build an experienced team to guide the drug through the clinical trial process. The company intends to advance IMGS-001 into the clinic to treat patients with "cold" cancers, which have shown limited responses to existing checkpoint inhibitors. If successful, the company hopes that IMGS-001 proves to be a foundational agent in the unmet need patient segment.

Conclusion

CPRIT's three programs show merit and progress and should continue operations. The work conducted under the purview of CPRIT's programs is part of an iterative cycle with observations emerging from the laboratory making their way to the public and back again to the laboratory. Essential players in this cycle are basic scientists, physician scientists, clinical researchers, product development entrepreneurs, public health professionals, health care providers, patients, community organizations, early-stage companies, and research institutions across Texas. Through CPRIT's programs the state is investing in intellectual and research support infrastructure that is attracting, creating and expanding research capabilities of Texas institutions of higher education and the Texas life science industry, expediting innovation, and increasing the likelihood of breakthroughs in cancer prevention and cures.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	WAYNE R. ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT:	CPRIT ACTIVITIES UPDATE FOR NOVEMBER AND DECEMBER
DATE:	DECEMBER 30, 2021

Topics in this memo address CPRIT activities in November and December, including recent milestones in our fight against cancer, a staffing summary, outreach efforts, and updates from Compliance, Programs, and Operations.

This month I celebrate my ninth anniversary since joining CPRIT. I am honored to lead this agency and to work with you to continue the state's historic mission to prevent cancer and find innovative cancer cures and treatments. 2021 has been an exceptional year for CPRIT, marked by several notable "firsts" and other milestones. Some that come to mind include:

- The first CPRIT-funded drug, Welireg, is available now to treat several types of tumors associated with von Hippel-Lindau (VHL) disease, a rare genetic condition. The treatment shrank kidney, nervous system, and pancreatic tumors in people with VHL-associated cancer during clinical testing. Welireg is the first drug of its type to receive FDA approval.

- CPRIT helped recruit the 250th CPRIT Scholar to Texas this year. CPRIT's extraordinarily successful recruitment program attracts world-class scientists to Texas universities and cancer research institutes throughout the state. This gives Texas a competitive edge in attracting the world's preeminent researchers—advancing cancer research efforts and promoting economic development. These outstanding scientists, recruited at all career stages, greatly enhance programs of scientific excellence and position Texas as a leader in the fight against cancer.

- The Oversight Committee awarded several first-time grants in 2021, including CPRIT's first Clinical Trials Network Research Awards and Texas Clinical Trial Participation Program Awards – both aimed at increasing Texans' access to innovative clinical trials in the state. The Oversight Committee also awarded the inaugural Texas Regional Excellence in Cancer (TREC) grants to The University of Texas at El Paso and Texas Tech University Health Sciences Center. The TREC awards catalyze cancer research recruitment, projects and infrastructure at institutions located more than 100 miles from the traditional cancer research institutions in major metropolitan areas of the state. Two institutions, The University of Texas Rio Grande Valley and Southern Methodist University received their first CPRIT grants in 2021, joining 115 other institutions, organizations, and companies throughout Texas.

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- Bills filed in the 87th Legislative Session aimed to create two new research institutes – one for brain issues and one for infectious diseases – modeled on CPRIT. We have worked hard to serve as an example for the country and for the world on implementing bold approaches to tackling the biggest health research and technology challenges. Texans have blazed a trail with CPRIT, and we look forward to the promise of new state initiatives that will expand scientific frontiers and address pressing health care issues by leveraging Texas' investment in biotechnology and our unequaled entrepreneurial culture.

- Dr. Michelle Le Beau joined CPRIT in 2021 as our fourth Chief Scientific Officer. She follows the esteemed legacy of Nobel Laurate Dr. Al Gilman, Dr. Margaret Kripke, and Dr. James Willson. Together with Chief Product Development Officer Dr. Cindy WalkerPeach and Chief Prevention Officer Ramona Magid, the addition of Dr. Le Beau means that women fill all chief program officer roles at CPRIT for the first time in our history. In addition to Dr. Le Beau, CPRIT was fortunate to add two new members to senior staff this year – Chief Strategic Initiatives and Intellectual Property Officer Tracey Davies and Chief Due Diligence and Patent Officer Dr. Ken Smith.

- The Oversight Committee convened its first in-person meeting on November 18 after 21 months and 50+ virtual board and subcommittee meetings necessitated by the COVID-19 pandemic. I am proud that CPRIT's staff and our grantees transitioned adeptly to a new normal, and I am grateful for the scientists (including some assisted by CPRIT-funded specialized microscopes and cancer-related research) that have worked for years to be ready with vaccines and treatments to meet this challenge. I hope for an even better and healthier 2022.

- The State Auditor's Office completed a comprehensive audit of CPRIT's grant management functions in September, concluding that CPRIT has processes and related controls in place to help ensure that it awards and monitors grants in accordance with state law, rules, and CPRIT policies and procedures. While this may seem like a dry, bureaucratic item to include in an otherwise exciting list of notable milestones, our clean audit underscores CPRIT's dedication to integrity and transparency. Conflict-free, unbiased review is at the heart of identifying and funding the most promising cancer research and development projects and providing access to vital cancer prevention services across the state. Ensuring that grantees use state funds consistent with CPRIT's historic mission is the work of each of us at CPRIT, but we rely upon the behind-the-scenes and mostly unsung efforts of dedicated compliance, grant accounting, operations, and IT staff.

Thank you for all that you do to lead CPRIT's efforts to create and expedite innovation in cancer research and enhance the potential for breakthroughs in cancer prevention and cures. I am excited about the potential that 2022 and the next decade hold for cancer breakthroughs.

Recent Milestones in the Fight Against Cancer

CPRIT Grantees in the News

- OncoNano Medicine announced October 25 that CPRIT converted $18.4 million in grant award funding into an equity investment in the company. The company will use proceeds of the financing to support the clinical development of pegsitacianine, an innovative real-time imaging agent used in intraoperative surgical resection of solid tumors, and to accelerate the company's first internal therapeutic development program, ONM-501, a novel immune therapeutic. This conversion closed OncoNano's Series B financing round of $68.4 million in total committed capital.

  On December 17 OncoNano announced the appointment of Brett Giroir, M.D. to the company's board of directors. Dr. Giroir is a physician-scientist and innovator. Most recently, Dr. Giroir served as the 16th Assistant Secretary for Health in the U.S. Department of Health and Human Services, Acting FDA Commissioner and Admiral in the U.S. Public Health Service Commissioned Corps.

  OncoNano received two CPRIT Product Development Research awards to develop ONM-100 to detect breast, head and neck, and skin cancers, including a $6 million award (DP140072) in 2014 and a $10 million award (DP200081) in 2020. The Southlake-based company also received a $15.4 million CPRIT Product Development Research award (DP190066) in 2019 to develop a novel T-cell activating cancer vaccine for solid tumors.

- The FDA approved Perimeter Medical Imaging AI's Investigational Device Exemption ("IDE") application on November 2, paving the way for the company to conduct a multi-center, randomized, double-arm study. The study will evaluate the FDA-designated breakthrough-device Perimeter B-Series OCT imaging system that uses ImgAssist AI technology to identify regions of interest as compared with the current standard of care for patients undergoing breast conservation surgery. More than 300 patients across eight U.S. clinical sites will participate in the pivotal study led by Principal Investigator Dr. Alastair Thompson at Baylor College of Medicine.

  The Dallas and Toronto-based Perimeter also reported December 15 that it had entered into a subscription agreement with an affiliate of Social Capital Holdings, Inc. that will make a $43.4 million (Canadian) strategic investment in the company.

  Perimeter received a $7.4 million CPRIT Product Development Research award in 2019 (DP190087) to develop an optical tissue imaging system for breast conserving surgery.

- On November 9 Immatics N.V. provided an interim clinical data update from its TCR-engineered cell therapy (TCR-T) approach ACTengine® IMA203 targeting PRAME. (PRAME is a protein Preferentially expressed Antigen in Melanoma, a tumor-associated antigen, that frequently overexpresses in various cancers and indicates advanced cancer stages and poor clinical prognosis.) Data from patients treated at the first three of four dose

levels of the ongoing IMA203 Phase 1a dose escalation study show a high preliminary objective response rate at doses below one billion total transduced cells.

Immatics, based in Houston and in Tuebingen, Germany, also finalized a license, development, and commercialization agreement with Bristol Meyers Squibb on December 14 for Immatics' TCR Bispecific candidate, IMA401. Under the terms of the agreement, Immatics will receive an upfront payment of $150 million as well as up to $770 million in development, regulatory and commercial milestone payments, in addition to tiered double-digit royalty payments on net sales of IMA401. Immatics retains the options to co-fund U.S. development in exchange for enhanced U.S. royalty payments and/or to co-promote IMA401 in the U.S.

Immatics received a $19.7 million CPRIT Product Development Research award in 2015 (DP150029) to develop personalized cellular therapies targeting multiple cancer types.

- Houston-based Iterion Therapeutics, Inc. announced November 9 that it started recruiting patients this month to participate in a Phase 1/2 clinical trial to investigate tegavivint as a potential treatment for pediatric cancers, including sarcomas, lymphomas, and other solid tumors prevalent in pediatric cancers. Sarah Whittle, M.D. assistant professor, Department of Pediatrics, Section of Hematology-Oncology at Baylor College of Medicine, and pediatric oncologist at Texas Children's Cancer Center, leads the Children's Oncology Group Pediatric Early Phase Clinical Trials Network-sponsored trial.

  The company also started a Phase 1 clinical trial December 9 to investigate tegavivint in a first-line combination study with osimertinib in previously untreated patients with metastatic epidermal growth factor receptor positive non-small cell lung cancer. The company, formerly known as BetaCat Pharmaceuticals, received a $15.9 million CPRIT Product Development Research award in 2014 (CP130058) to develop tegavivint for desmoid tumors and acute myeloid leukemia.

- The November 12 edition of the *Tyler Morning Telegraph* featured "Walk Out on Lung Cancer," an activity of the CPRIT-funded project (PP180077) to expand tobacco use cessation in Northeast Texas. Dr. Janice Blalock at The University of Texas M.D. Anderson Cancer Center directs the program. Tonny Williams, program coordinator for the project, reports that Northeast Texas has the highest nicotine addiction rate in Texas, at about 31%. Program participants visit with tobacco-cessation professionals over the phone and receive medications directly via the U.S. mail. The program reports a 43% success rate.

- On November 12 Aravive, Inc. published positive preliminary data from a Phase 1b clinical trial evaluating batiraxcept (AVB-500) in combination with cabozantinib to treat clear cell renal cell carcinoma. "The initial Phase 1b data of batiraxcept in combination with cabozantinib are impressive and point toward the role of dual AXL and VEGF inhibition in the treatment of clear cell renal cell carcinoma," said Eric Jonasch, M.D., professor of medicine at The University of Texas MD Anderson Cancer Center. "These early signs of clinical activity coupled with a manageable safety profile introduce a potential new

therapeutic approach for patients with advanced kidney cancer." Aravive, based in Houston and Palo Alto, received a $20 million CPRIT Product Development Research award in 2015 (DP150127) to develop AVB-500.

- A paper published in the November 23 volume of *Cell Reports* describes the Kidney Cancer Program (KCP) platform at The University of Texas Southwestern Medical Center. KCP researchers transplanted tumors from 926 ethnically diverse patients into mice, generating a library of 172 tumor graft lines. KCP investigators generate tumors closely mirroring human kidney cancer by transplanting into mouse kidneys intact, preservative-free, patient tumor samples collected from the operating room at UT Southwestern and its affiliated Parkland Memorial Hospital immediately following surgery.

  Scientists characterized most of the tumor models through next-generation sequencing, finding both common and rarer cancer mutations. KCP investigators also use the tumorgraft line library resource to advance precision diagnostics and to test a new type of kidney cancer drug, HIF-2α inhibitors, to predict HIF-2α resistance mutations. Funded by an NCI Specialized Program of Research Excellence (SPORE) award as well as grants from CPRIT (RP170638, RP110771, RP150596) and the American Cancer Society, the KCP platform catalog is available to the broad scientific community to advance novel therapeutics and clinical trials.

- On December 2 Pulmotect, Inc. reported results from the second of two Phase 2 clinical trials that indicate the potential for PUL-042 to reduce the severity of COVID-19. The clinical trials, undertaken with the support of the U.S. Department of Defense, evaluated PUL-042 against COVID-19. PUL-042 is a combination of two stimulants that boost the lung's own defense mechanisms to create a broad protection against invading pathogens thereby reducing and preventing lung infection.

  Pulmotect received a $7.1 million CPRIT Product Development Research award in 2012 (CP120014) to develop PUL-042 as a treatment to reduce the incidence of pneumonia in immunosuppressed cancer patients.

- Hummingbird Bioscience, Inc. dosed its first patient in a Phase 1 clinical trial of HMBD-001 in advanced HER-3 expressing solid malignancies on December 6. The trial intends to evaluate the safety, tolerability, pharmacokinetics, pharmacodynamics, and explore preliminary evidence of HMBD-001 activity in patients with advanced HER3-expressing solid malignancies, including NRG1 fusion-driven cancers.

  Hummingbird, based in Houston and Singapore, received a $13.1 million CPRIT Product Development Research award in 2019 to develop a first-in-class anti-VISTA monoclonal antibody for the treatment of MDSC-mediated suppression of anti-tumor immunity in solid tumors and lymphomas.

- Marker Therapeutics, Inc. appointed Katharine Knobil, M.D., to the Company's Board of Directors on December 9. Dr. Knobil currently serves as Chief Medical Officer at Agilent

Technologies, Inc. Prior to Agilent, she was the Chief Medical Officer and Head of Research and Development at Kaleido Biosciences, Inc. She is also a member of the Board of Directors of Arena Pharmaceuticals, Inc. Houston-based Marker Therapeutics received a $13.1 million CPRIT Product Development Research award in August 2021 (DP210042) to develop T-cell therapy for acute myeloid leukemia patients following allogeneic stem cell transplant.

- Fujifilm Diosynth Biotechnologies USA, Inc. announced plans December 14 to expand their campus in Bryan-College Station by adding another commercial manufacturing facility with the assistance of a $1.5 million inducement from the Texas Enterprise Fund. The project, with primarily a $300 million in capital investment from FUJIFILM Corporation, will create 150 new jobs in the area. The College Station manufacturing facility is one of four biologics manufacturing locations operated by Fujifilm Diosynth USA. Fujifilm Diosynth first established operations in Texas when it acquired Kalon Biotherapeutics in 2014. Kalon received a $7.9 million CPRIT Product Development Research award in 2012 (CP120038) to support novel process developments for the manufacturing of cancer drugs.

- The University of Texas at Austin Dell Medical School is honoring CPRIT grantee Dr. Michael Pignone as the inaugural chairholder of the Dr. Lowell Henry Lebermann Endowed Chair in Internal Medicine at an investiture ceremony in January 2022.

Notable CPRIT-Supported Research Accomplishments

- A research team at The University of Texas at Dallas developed a new technique to open the blood-brain barrier temporarily to deliver medication to the brain. Getting medication past the brain's unique and protective blood vessels, known as the blood-brain barrier, is one of the biggest challenges in treating brain and central nervous system diseases. The new technique uses light and nanoparticles to pry open temporarily these barriers— called tight junctions — to allow medication to reach its target. Researchers must conduct further testing and continue developing the technique before clinicians can use it in humans. If successful, the approach could lead to treatments for brain tumors and Lou Gehrig's disease, aid in stroke recovery, and deliver gene therapy.

  The findings, published online in the September 13 edition of the journal *Nano Letters*, are the result of five years of research funded in part by CPRIT (RP160770, RP180846, RP190278) and led by Zhenpeng Qin, Ph.D., associate professor of mechanical engineering at UT Dallas. "Support from CPRIT has been instrumental in our work," said Qin. "When we started, we had an idea, basically to use nanoparticles to target specific components of the blood-brain barrier with minimal injury." CPRIT awarded Dr. Qin a fourth grant in August 2021 (RP210236) to study whether scientists can use the method to treat glioblastoma, the most common malignant brain tumor in adults. He and his team will design and produce magnetic nanoparticles to disrupt the blood-brain barrier using magnetic fields.

- A study published in the October 27 edition of *The Lancet Oncology* led by Chad Tang, M.D., assistant professor, Department of Radiation Oncology at The University of Texas M.D. Anderson Cancer Center, reported that a form of specialized radiation therapy known as stereotactic body radiotherapy (SBRT) allowed patients with oligometastatic (*i.e.,* cancer that has spread to a limited number of sites) renal cell carcinoma to delay or avoid standard of care targeted therapy. According to the article, this is the first report of a prospective trial investigating SBRT for oligometastatic renal cell carcinoma. The small study found that the SBRT treatment approach is feasible and leads to encouraging progression-free and systemic therapy-free survival with modest side effects. The study highlights the need for additional, larger studies investigating the risks and benefits of using SBRT treatment for renal cell carcinoma.

  Dr. Tang received nearly $4 million in CPRIT research grants, including one of the first CPRIT Early Clinical Investigator Awards (RP20069) and an Individual Investigator Research Award for Clinical Translation (RP180140), to support this work.

- A study by researchers at The University of Texas Southwestern Medical Center helps scientists understand how one of the most mutated genetic drivers of cancers passes signals that cause the disease. The new findings, published in the October 8 edition of *Nature Structural & Molecular Biology*, focus on a family of proteins called RAS, which mutate in 20 - 25% of all cancers, especially in lethal cancers such as pancreatic, colorectal and lung cancers.

  CPRIT Scholar Kenneth Westover, M.D., Ph.D., associate professor of radiation oncology and biochemistry at UT Southwestern led the team making these findings. He described the significance of his work, explaining, “A framework to develop RAS inhibitor strategies is badly needed because recently approved RAS inhibitors such as sotorasib only work against one specific mutation, and many other RAS mutations also cause cancer. This work sets the stage for development of new targeted RAS inhibitors to address major drivers of lethal cancers, such as pancreatic and colon cancer.”

  In addition to his $2 million CPRIT recruitment grant (R1207), Dr. Westover received $1.7 million in CPRIT grants (RP140233, RP170373) to fund research identifying cellular targets for cancer.

- An international team of researchers led by The University of Texas Southwestern Medical Center and the University of Washington used artificial intelligence and evolutionary analysis to produce 3D models of eukaryotic protein interactions. The study, published in the November 11 edition of *Science*, identified more than 100 probable protein complexes for the first time and provided structural models for more than 700 previously uncharacterized ones. Insights into the ways pairs or groups of proteins fit together to carry out cellular processes could lead to a wealth of new drug targets.

  Qian Cong, Ph.D., an assistant professor in the Eugene McDermott Center for Human Growth and Development with a secondary appointment in Biophysics, explained the impact

of the team's findings, "Our results represent a significant advance in the new era in structural biology in which computation plays a fundamental role." She noted that the predicted protein complex structures generated in this study are available for download from ModelArchive; these structures and others generated using this technology in future studies will be a rich source of research questions for many years.

UT Southwestern's Cancer Intervention and Prevention Discoveries Program received a $3.7 million CPRIT Research Training grant in May 2021 (RP210041) that supports this work and the training of junior scientists in this technology.

- A team led by scientists at Baylor College of Medicine uncovered new evidence supporting a cancer-promoting role for enzyme MAPK6. The study, published in the November 12 volume of the journal *Science Advances*, shows that MAPK6 furthers cancer growth by activating the AKT pathway, a known cancer-promoting cellular mechanism. The findings suggest that therapies directed at interfering with MAPK6 activity in cancer may offer an effective treatment approach for this condition. One of the authors of the study, Feng Yang, Ph.D., assistant professor of molecular and cellular biology at Baylor College of Medicine, received a $579,000 CPRIT Individual Investigator Research Award in 2012 (RP130651) for this work.

- Researchers at The University of Texas M.D. Anderson Cancer Center and other institutions discovered that a standard measure of gene expression known as the sensitivity-to-endocrine-therapy (SET2,3) index, when used in combination with the 21-gene Oncotype DX Breast Recurrence Score (RS) test helps identify women at higher or lower risk of their cancer coming back after treatment. Because the Oncotype DX Recurrence Score, an assay that assesses the risk a patient's breast cancer will return, and the SET2, 3 index offer complementary, but not identical information, using both tests may be useful when the patient and her oncologist determine the most appropriate course of treatment to prevent cancer recurrence.

  The findings, presented December 9 at the San Antonio Breast Cancer Symposium, resulted from analyzing data generated in a large, randomized clinical trial of postmenopausal patients with hormone receptor-positive breast cancer. M.D. Anderson received a $6 million CPRIT Multi-Investigator Research Award in 2018 (RP180712) to fund this research.

- Human papillomavirus (HPV) infections are responsible for roughly five percent of all human cancers, including cervical, anal, genital, and oropharyngeal cancers. The viral proteins E6 and E7 are necessary for cancer development, but their presence alone is insufficient to cause cancer. Researchers led by CPRIT Scholar Maura Gillison, M.D., Ph.D., and David Symer, M.D., Ph.D., used genomics methods to analyze a large collection of HPV-positive oropharyngeal cancers to find recurrent hotspots of viral integration.

  The study, published in the December 13 edition of *Genome Research*, found HPV genomic insertions in 77% of tumors and identified recurrent integration near six genes known to play important roles in cancer development, including epithelial stem cell maintenance and

immune genes. In almost all the tumors with virus insertions, the researchers identified diverse ways by which HPV integration disrupts neighboring genes and alters DNA structures, thereby contributing to cancer initiation and progression.

The University of Texas M.D. Anderson Cancer Center recruited Dr. Gillison to Texas from The Ohio State University in 2016 with a $6 million CPRIT Recruitment of Established Investigators award (RR17005).

Personnel

CPRIT has filled 39 of our 44 full-time equivalent (FTE) positions.

CPRIT Outreach

Staff outreach activities during November and December include:

- On November 3 Chief Strategic Initiatives and Intellectual Property Officer Tracey Davies, Chief Due Diligence and Patent Officer Dr. Ken Smith, and Deputy Executive Officer and General Counsel Kristen Doyle toured the newly opened Pegasus Park, a state-of-the-art redevelopment in Dallas designed to accelerate life science and healthcare discoveries and boost nonprofit resiliency. They also discussed issues related to the Texas biotech ecosystem with executives from Pegasus Park, the American Cancer Society and ACS' BrightEdge fund.

- Ms. Davies, Ms. Doyle, and Dr. Smith visited the TMC^3 campus in Houston on November 4 to meet with executives from TMC^3's venture partners and to discuss CPRIT initiatives.

- Chief Product Development Officer Dr. Cindy WalkerPeach spoke on a panel and met with potential product development applicants at the "Raising a Series A for Therapeutic and Medical Device Companies in Texas" event at JLabs Houston on November 4.

- Ms. Doyle and I met in November and December with Joel Williams, an experienced children's hospital fundraiser, to discuss Mr. Williams' interest in funding CPRIT pediatric cancer grants with proceeds from a planned 2023 charity cycling event. A former CPRIT board member connected Mr. Williams with CPRIT; discussions on the potential collaboration and future opportunities are ongoing.

- Director of Academic Research Dr. Patty Moore spoke at the National Council of University Research Administrators (NCURA) Region V Conference on November 8 in Fort Worth.

- Several CPRIT staff attended the Texas Healthcare and Bioscience Institute's (THBI) annual conference and awards dinner on November 9. The event celebrated the work of retiring founding THBI CEO Tom Kowalski, an ardent support of CPRIT over the years. THBI

announced that Victoria Ford will succeed Mr. Kowalski as CEO. Chief Operating Officer Heidi McConnell and I have worked with Ms. Ford in many capacities in state government over the past two decades.

- Dr. WalkerPeach and Senior Program Manager Rosemary French hosted a CPRIT webinar for potential applicants on November 16. Product Development Review Council Vice-Chair Dr. David Shoemaker and product development program peer reviewer Jim Jordan also presented at the webinar and participated in Q&A with the attendees.

- Chief Prevention Officer Ramona Magid and two CPRIT grantees spoke as panel members at the American Lung Association Texas Lung Cancer Roundtable held November 30. The program centered on the State of Lung Cancer Report.

- Dr. WalkerPeach and Ms. French attended the "BioTexas Café: 50th Anniversary of the War on Cancer" event hosted by THBI on December 2.

- Dr. WalkerPeach and Ms. French attended the MedInvest Oncology Investor Conference virtually December 7 – 10. Ms. French met with multiple potential company applicants.

- Chief Scientific Officer Dr. Michelle Le Beau, Ms. Doyle, and I met via videoconference with a representative of the Healthy Brains International collaboration on December 10. The primary topic was the unsuccessful legislation filed in the 87th Texas Legislature to create the Brain Institute of Texas (BITx) and potential opportunities in 2023. Ms. Doyle and I also met with a leading backer for BITx on December 15 to discuss plans for the initiative, which advocates are modeling on CPRIT. Oversight Committee member Dr. Craig Rosenfeld is involved in these ongoing discussions.

- Dr. Moore coordinated CPRIT staff's efforts to sponsor 30 children through the Governor's Commission for Women annual "Holiday Wishes" project, which provides holiday gifts to children who are under the care of Child Protective Services. This year has been the project's most successful year yet with 47 state agencies participating to provide gifts for 3,200 children.

Compliance Program Update

Submission Status of Required Grant Recipient Reports

CPRIT has $1.4 billion in active grants under management, with 560+ grants that are either active or wrapping up grant activities. We receive an average of 560 grantee reports each month. As of December 15, nine entities had not filed nine Academic Research reports, two Prevention reports, and one Product Development report. CPRIT's grant accountants and compliance specialists review and process incoming reports and reach out to grantees to resolve filing issues. In most cases, CPRIT does not disburse grant funds until the grantee files the required reports. In

some instances, grantee institutions may be ineligible to receive a future award if the grantee does not file the required reports.

Financial Status Report Reviews

CPRIT's compliance specialists performed 270 second-level reviews of grantee Financial Status Reports (FSRs) in November and December. Twenty-eight FSRs (10%) needed resubmission due to insufficient or inaccurate documentation sent by the grantee. CPRIT's grant accounting staff completes the first review of the FSRs and supporting documentation before routing them to the compliance specialists for final review and disposition.

Single Audit Tracking

Compliance specialists track the submission of the grantees' independent audit reports and the resolution of issues named in these reports. A grantee who spends $750,000 or more in state awards in the grantee's fiscal year must undertake a single independent audit, a program specific audit, or an agreed upon procedures engagement. The grantee sends the independent audit report with findings to CPRIT within 30 days of receipt, but no later than nine months after the grantee's fiscal year end.

Currently, one grantee has not submitted the required audit. Grantees are unable to receive reimbursements or advances if they are delinquent in filing the required audit and corrective action plan unless the grantee requests more time by the due date of the required audit and I approve the request.

Desk Reviews

Compliance specialists performed 11 enhanced desk-based financial monitoring reviews in November and December. Enhanced desk reviews verify that grantees spend funds in compliance with specific grant requirements and guidelines and may target an organization's internal controls, current and past fiscal audits, and timeliness of required grantee report submission. Compliance specialists are working with three grantees to remediate enhanced desk review findings.

Onsite Reviews

CPRIT completed four virtual onsite reviews in November and December. Onsite reviews examine the grantees' financial and administrative operations, subcontract monitoring, procurement and contracting procedures, inventory procedures, personnel policies and procedures, payroll and timesheet policies, travel policies and records, and single audit compliance. Compliance specialists are working with two grantees to remediate onsite review findings.

Training and Support

CPRIT staff conducted a new Authorized Signing Official (ASO) training webinar with Legacy Community Health in November. The training covered grant reporting requirements, administrative rule changes, grant closeout, and an overview of the compliance program including fraud, waste, and abuse reporting. Pursuant to Texas Administrative Code §703.22, CPRIT requires new ASOs to complete a compliance training within 60 days of the change.

CPRIT staff conducted two new Grantee training webinars in November and December with Marker Therapeutics, Inc., and Southern Methodist University. The trainings covered grant reporting requirements, administrative rule changes, grant closeout, and an overview of the compliance program including fraud, waste, and abuse reporting. Pursuant to Texas Administrative Code §703.22, CPRIT requires new grantees to complete the initial compliance training program prior to receiving disbursement of grant award funds.

Academic Research Program Update

FY 2022 Recruitment Applications

CPRIT's Chief Scientific Officer Dr. Michelle Le Beau will present the Scientific Research Council's (SRC) recruitment award recommendations for the second quarter of FY 2022 to the Program Integration Committee (PIC) and the Oversight Committee in February.

Cycle 22.4-22.5 Mechanisms	Received	Funds Requested	Proposed by SRC	Funds Proposed
Recruitment of Established Investigators	3	$18,000,000	1	$6,000,000
Recruitment of Rising Stars	2	$5,999,661	1	$1,999,661
Recruitment of First-Time, Tenure Track Faculty Members	2	$4,000,000	2	$4,000,000
TOTAL	**7**	**$27,999,661**	**4**	**$11,999,661**

Academic Research FY 2022 Review Cycle 1 (22.1)

CPRIT released five RFAs on January 13 and received 403 applications by the June 2 deadline. Peer review panels met virtually in October to evaluate the applications. Dr. Le Beau will present the SRC's recommendations to the PIC and the Oversight Committee in February.

Cycle 22.1 Mechanism	Received	Funds Requested	Recommended	Recommended Funding
Individual Investigator Research Awards (IIRA)	282	$285,494,299	43	$43,861,910
IIRA for Cancer in Children and Adolescents	50	$67,884,165	7	$9,729,508
IIRA for Clinical Translation	27	$52,079,326	1	$1,991,960
IIRA for Computational Systems Biology of Cancer	21	$23,825,931	3	$3,565,374
IIRA for Prevention and Early Detection	23	$44,112,406	6	$11,482,255
TOTAL	**403**	**$473,396,127**	**60**	**$70,629,007**

Academic Research FY 2022 Review Cycle 2 (22.2)

CPRIT released the four RFAs listed below for the second cycle of FY 2022 on August 30. The application portal opened October 13 and will accept proposals through January 12, 2022. Peer review panels will meet in late Spring 2022. Dr. Le Beau will present the SRC's recommendations to the PIC and the Oversight Committee in August 2022.

- *Core Facility Support Awards (CFSA)*
  Seeks applications to establish or enhance core facilities (laboratory, clinical, population-based, or computer-based) that will directly support cancer research programs to advance knowledge of the causes, prevention, and/or treatment of cancer or improve quality of life for patients with and survivors of cancer.
  Award: Up to $4,000,000 over 5 years

- *Clinical Trial Network Award (CTNA)*
  Seeks applications from Lead Institutions (LI) to develop and oversee a network of two cancer care facilities to extend access to a select group of LI cancer clinical trials. Once the LI establishes an initial network in the first stage of the project, it will be eligible to receive additional CPRIT funding in the second stage of the project to expand its network to two additional facilities located outside the LI current catchment area.
  Award: Up to $600,000 annually (stage 1); up to $900,000 annually (stage 2) over 4 years

- *Early Clinical Investigator Award (ECI)*
  Seeks applications to provide cancer physicians early in their academic career the opportunity to develop clinical research skills and to gain experience in advanced methods and experimental approaches needed to become clinical investigators; to provide an opportunity to establish a partnership with a laboratory-based collaborator in order to design and conduct correlative studies needed to interpret the outcome of an interventional trial; to provide the protected time from clinical responsibilities required to develop and conduct investigator initiated clinical trials; and to increase the pool of clinical investigators at Texas academic institutions who are conducting patient-oriented studies, capitalizing on basic

discoveries and translating them through the conduct of innovative clinical trials involving cancer patients or individuals at risk for cancer.
Award: Up to $1,5000,000 over 5 years

- *High Impact/High Risk Research Awards (HIHR)*
  Seeks applications to explore the feasibility of high-risk projects that, if successful, would contribute major new insights into the etiology, diagnosis, treatment, or prevention of cancers.
  Award: Up to $250,000 over 2 years

Product Development Research Program Update

Product Development Research FY 2022 Review Cycle 1 (22.1)

CPRIT released three Product Development Research RFAs on May 27 for the first review cycle of FY 2022. Chief Product Development Officer Dr. WalkerPeach and Ms. French hosted a webinar June 23, giving an overview of the Cycle 22.1 Product Development RFAs and tips for putting together a good application. The application portal opened June 24 – August 4 to accept applications. CPRIT received 13 proposals that the peer review panels evaluated September 28-29. The review panels selected three applicants to present their proposed projects to the entire peer review panel via Zoom on October 25 and 27. Following the presentations, the review panels decided that two companies will proceed to due diligence review by the Product Development Review Council (PDRC). Dr. WalkerPeach will present the PDRC's Cycle 22.1 award recommendations to the PIC and the Oversight Committee in February 2022.

Cycle 22.1 Mechanism	Applications	Funds Requested	Presenting	Funds Requested	Due Diligence	Funds Requested
Texas Company	4	$38,258,557	1	$17,404,980	0	N/A
Relocation Company	3	$43,856,191	0	N/A	0	N/A
Seed Company	6	$17,712,522	2	$5,998,261	2	$5,998,261
TOTAL	**13**	**$99,827,270**	**3**	**$23,403,241**	**2**	**$5,998,261**

Product Development Research FY 2022 Cycle 2 (22.2)

CPRIT released three product development RFAs in October for the second review cycle of FY 2022. Applicants may submit proposals through January 26, 2022. Dr. WalkerPeach will present the PDRC's grant recommendations for cycle 22.2 to the PIC and the Oversight Committee in August 2022.

Prevention Program Update

Prevention FY 2022 Review Cycle 1 (22.1)

CPRIT released four RFAs on May 7 for the first review cycle of FY 2022. CPRIT received 16 applications requesting $22.7 million by the September 1 deadline. Peer review panels met in early December to discuss the applications. Nine applications will move forward for consideration by the Prevention Review Council (PRC) in early January. Chief Prevention Officer Ramona Magid will present the PRC's recommendations for Cycle 22.1 awards to the PIC and the Oversight Committee in February.

Cycle 22.1 Mechanism	Applications	Funds Requested
Evidence-based Cancer Prevention Services	6	$ 5,654,148
Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations	8	$15,427,264
Tobacco Control and Lung Cancer Screening	1	$ 898,707
Prevention Program Assessment	1	$ 748,236
TOTAL	**16**	**$22,728,355**

Prevention FY 2022 Review Cycle 2 (22.2)

The Prevention Program released three RFAs on October 19. CPRIT opened the application portal November 15 to receive proposals through the February 9, 2022, deadline. Peer review panels will meet by teleconference in April. The PRC will meet in June to finalize recommendations. Ms. Magid will present the PRC's recommendations to the PIC and the Oversight Committee in August. (NOTE: CPRIT is currently revising the Dissemination RFA and will not release that RFA in the 22.2 cycle.)

- *Evidence-Based Cancer Prevention Services*
  Seeks projects that will deliver evidence-based cancer prevention and control clinical services. CPRIT will give priority to projects that propose to address CPRIT areas of emphasis and serve areas of the state not covered by current CPRIT funded projects.
  Award: Up to $1 million over 3 years.

- *Tobacco Control and Lung Cancer Screening*
  Seeks programs on tobacco prevention and cessation, as well as screening for early detection of lung cancer. Through release of this RFA, CPRIT's goal is to stimulate more programs across the state, thereby supplying greater access for underserved populations and reducing the incidence and mortality rates of tobacco-related cancers. This RFA promotes the delivery of evidence-based programming designed to significantly increase tobacco cessation among adults and/or prevent tobacco use by youth.
  New Award: Up to $1 million over 3 years.

- *Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations*

Seeks to support coordination and expansion of evidence-based services to prevent cancer in underserved populations who do not have adequate access to cancer prevention interventions and health care, bringing together networks of public health and community partners to carry out programs tailored for their communities. Projects should name cancers that cause the most burden in the community and use evidence-based models shown to work in similar communities to prevent and control these cancers. Currently funded CPRIT projects should propose to expand their programs to include more types of prevention clinical services and/or an expansion of current clinical services into more counties. In either case, the expansion must include delivery of services to nonmetropolitan and medically underserved counties in the state.
Initial Expansion Award: Up to $2 million over 3 years. Subsequent Expansion Award: Up to $2.5 million over 5 years.

Advisory Committee Meetings

- The Prevention Advisory Committee met November 1 and December 8.
- The Advisory Committee on Childhood Cancer met November 15 and December 13.
- The University Advisory Committee met December 15.

Operations, Audit and Finance Update

On December 7, Weaver, CPRIT's internal auditor, initiated the advisory services engagement to provide remediation assistance over outstanding items associated with prior internal audit reviews of the agency's information technology computer controls and cybersecurity.

The Audit Subcommittee met on December 13 to review the results of the audit report of CPRIT's FY 2021 financial statements with McConnell & Jones, the independent audit firm that conducted the audit. The result of the report is that the financial statements "present fairly, in all material respects, the respective financial position of the governmental activities and governmental fund information of CPRIT as of August 31, 2021, and the respective changes in financial position for the year then ended in accordance with U.S. GAAP." There auditors did not identify any issues of non-compliance or material weakness with the agency's internal financial controls or with certain provisions of laws, regulations, contracts, and grant agreements. This result is consistent with the results of CPRIT's financial audits over the past several years.

CPRIT submitted the audit report to the Comptroller's Office of Public Accounts, State Auditor's Office, Governor's Office, and Legislative Budget Board on December 15.

On December 1, CPRIT submitted its statutorily required FY 2022 Operating Budget to the Governor's Office and Legislative Budget Board. CPRIT also submitted its 2020-21 Biennial Historically Underutilized Business (HUB) Assessment the same day to the Comptroller's Office of Public Accounts and Legislative Budget Board.

Upcoming Subcommittee Meetings

Listed below are the subcommittee meetings in advance of the February 16 Oversight Committee meeting. Please note that the Audit Subcommittee will meet in January and February.

Audit	January 13 at 1:00 p.m.
Audit	February 7 at 10:00 a.m.
Board Governance	February 3 at 10:00 a.m.
Prevention	February 8 at 10:00 a.m.
Academic Research	February 9 at 10:00 a.m.
Product Development	February 10 at 10:00 a.m.

We will send instructions for signing onto the Zoom platform along with the subcommittee agenda and meeting materials one week prior to the meeting date. Please plan to join the subcommittee meeting a few minutes early so we can address any issues before the meeting.

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CPRIT has awarded **1,688** grants totaling **$2.889 billion**

- 258 prevention awards totaling $300.3 million
- 1,430 academic research and product development research awards totaling $2.589 billion

Of the $2.589 billion in academic research and product development research awards,

- 29.9% of the funding ($775.4 million) supports clinical research projects
- 24.0% of the funding ($622.1 million) supports translational research projects
- 29.7% of funding ($767.6 million) supports recruitment awards
- 12.9% of the funding ($333.5 million) supports discovery stage research projects
- 3.5% of funding ($90.4 million) supports training programs.

CPRIT has 14 open Requests for Applications (RFAs)

- 3 Research Recruitment
- 5 Academic Research
- 3 Prevention
- 3 Product Development

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	WAYNE R. ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT:	CPRIT ACTIVITIES UPDATE FOR JANUARY
DATE:	JANUARY 31, 2022

Topics in this memo address preparation for the upcoming February 16 Oversight Committee meeting and CPRIT activities in January, including recent milestones in our fight against cancer, a staffing summary, outreach efforts, and updates from Compliance, Programs, and Operations.

Planning for the February 16 Oversight Committee Meeting

The Oversight Committee will meet in person on Wednesday, February 16, in the board room at the Texas Higher Education Coordinating Board, 1200 E. Anderson Lane. We will have a full agenda with grant award recommendations from each program as well as annual reports by three advisory committees. Please notify me as soon as possible if you are unable to attend the February 16 meeting or have schedule constraints that require you to arrive at the meeting after 9:00 a.m. or leave prior to 12:30 p.m.

You will receive an email from CPRIT by February 4 with a link and password to access the Program Integration Committee's award recommendations via the grant award portal. The portal has a summary of the award slates, as well as supporting documentation for each proposed award, including the application, CEO affidavit, summary statement, and grant pedigree. All three programs will present award recommendations at the meeting. Please allow time to complete the individual conflict of interest checks and review the supporting material.

Attached is a draft meeting agenda. CPRIT will post the final agenda for the Oversight Committee meeting by February 8. Oversight Committee members will receive an electronic copy of the agenda packet by February 9. Hard copies of the agenda and proposed award packets will be available at the meeting.

Recent Milestones in the Fight Against Cancer

<u>CPRIT Grantees in the News</u>

- Three media outlets (100.7 Everest Radio interview on October 2, 2021, American Public Health Association video on October 11, 2021, and UT Health News on November 12, 2021) featured the CPRIT-funded Salud en Mis Manos (SEMM) or "Health in My Hands" breast

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and cervical cancer screening program over the last quarter. The SEMM program, directed by Dr. Lara Savas, delivers evidence-based breast and cervical cancer prevention services to Latinas in underserved South Texas and Gulf Coast Communities. CPRIT awarded The University of Texas Health Science Center at Houston School of Public Health a $2 million CPRIT prevention grant for the SEMM project (PP190061).

- On December 7, 2021, the National Academy of Inventors (NAI) elected CPRIT-grantee Zhiqiang An, Ph.D., as a 2021 Fellow of the NAI. "The NAI Fellows Program recognizes academic inventors who have demonstrated a prolific spirit of innovation in creating or facilitating outstanding inventions that have made a tangible impact on quality of life, economic development and the welfare of society."

  Dr. An, a professor and the director of the Texas Therapeutics Institute of the Brown Foundation Institute of Molecular Medicine at The University of Texas Health Science Center at Houston, has received international recognition for his academic drug discovery program, developing innovative treatments for cancer and other human diseases, particularly targeted treatments involving engineering immune cells to recognize and destroy cancer cells. During the past 10 years, he and his collaborators have advanced five first-in-class drug candidates into human clinical trials for acute myeloid leukemia, metastatic breast cancer, and other solid tumors, as well as COVID-19 therapies. CPRIT has awarded Dr. An three research awards totaling more than $12 million (RP190561, RP150551, and RP150230.)

- Rice University's Technology Development Fund, part of the University's Creative Ventures Initiative, awarded CPRIT Scholar Kevin McHugh, Ph.D., a $25,000 research grant on December 10, 2021. These prestigious grants provide seed funding for innovative research projects with high commercialization potential.

  Dr. McHugh, an assistant professor in the Department of Bioengineering is working on a process using biodegradable microparticles to encapsulate cancer drugs and achieve controlled release of cancer immunotherapy in patients with liver cancer. This approach seeks to improve the delivery kinetics to elicit a durable response and represents a fundamental paradigm shift in oncology treatments. Rice recruited Dr. McHugh to Texas from the Massachusetts Institute of Technology in 2019 with a $2 million First-Time, Tenure-Track CPRIT Recruitment Award (RR190056.)

- Houston-based Allterum Therapeutics, Inc. completed its $1.8 million Series Seed offering to members of the Fannin Direct investor platform on December 17, 2021. Allterum is developing a novel immunotherapy for treatment of IL7R-expressing cancers, including difficult to treat cases of pediatric acute lymphoblastic leukemia (ALL), a program which has received both Orphan Drug and Rare Pediatric Disease Designations from FDA. The company will use the proceeds for its pre-clinical antibody manufacturing and toxicology work and to continue to build the management team.

In addition, Philip P. Breitfeld, M.D., a pediatric oncologist and former Global Vice President, Therapeutic Centers of Excellence of IQVIA, has joined Allterum as Chief Medical Officer.

Allterum Therapeutics, Inc. received a $2.9 million CPRIT Product Development SEED award in 2019 (DP190025) to develop a novel immunotherapy for treatment of IL7R-expressing cancers, including difficult to treat cases of pediatric acute lymphoblastic leukemia.

- Salarius Pharmaceuticals achieved a dosing milestone December 29, 2021, in an ongoing Phase 1/2 sarcoma trial. The Phase 1/2 sarcoma trial is an open label study exploring the safety and efficacy of seclidemstat in three patient groups. Patients with Ewing sarcoma, a deadly pediatric bone cancer, get seclidemstat in combination with topotecan and cyclophosphamide as a second- and third-line treatment.

  In addition, on January 13 Salarius entered a definitive agreement with DeuteRx, LLC to acquire an oral, small molecule targeted protein degradation portfolio. The acquisition includes a lead drug candidate, renamed SP-3164 (formerly DRX-164), the related patent family, including issued composition of matter patents, and the opportunity to develop additional undisclosed cancer-fighting assets in the targeted protein degradation space.

  Houston-based Salarius received a $16.1 million CPRIT Product Development Research Award (DP160014) in 2016 to support the Ewing sarcoma clinical trial.

- Aravive, Inc. announced January 3 a $10 million investment by Eshelman Ventures and the appointment of Fred Eshelman, Pharm.D., as Executive Chairman of the Aravive Board of Directors. Dr. Eshelman previously served as the Non-Executive Chairman of the board since April 2020. In his new role, Dr. Eshelman will continue to work with Chief Executive Officer, Gail McIntyre, Ph.D., and senior management of the Company, to help shape and execute the Company's strategy and direction, as well as other key business initiatives. Aravive, based in Houston and Palo Alto, received a $20 million CPRIT Product Development Research award (DP150127) in 2015 to develop AVB-500.

- On January 5, the U.S. Food and Drug Administration designated AlloVir's lead multi-virus specific T cell therapy posoleucel (Viralym-M, ALVR105) as a Regenerative Medicine Advanced Therapy (RMAT). The designation is for the treatment of adenovirus infection following allogeneic hematopoietic stem cell transplant and is based on results from a Phase 2 study. RMAT designation recognizes the potential for posoleucel to address the unmet medical need posed by adenovirus infections, a potentially life-threatening condition with no approved treatment options. This designation enables early interactions with the FDA to discuss clinical trial design and other actions to expedite development and review.

  CPRIT awarded AlloVir (formerly ViraCyte) a $9 million CPRIT Product Development Research award in 2017 (DP170043) to develop T-cell therapy designed to safely treat severe viral infections in cancer patients after stem cell transplants.

- On January 5, Avenge Bio launched as a new cancer immunotherapy company equipped with $45 million in Series A funding, and a lead candidate therapy for ovarian cancer. Avenge Bio's lead candidate, AVB-001, uses a novel immunotherapy platform - LOCOcyte – based on technology developed at Rice University by CPRIT Scholar Omid Veiseh, Ph.D. Rice recruited Dr. Veiseh to Texas from the Massachusetts Institute of Technology in 2016 with a $2 million First-Time, Tenure-Track CPRIT Recruitment Award (RR160047). Dr. Veiseh also received a $250,000 High Impact/High Risk Award from CPRIT in 2021 (RP210205) to develop a programmable drug delivery platform that consists of immunomodulatory hydrogels encapsulating engineered cells that produce proinflammatory cytokines for the treatment of mesothelioma.

- On January 11 Perimeter Medical Imaging AI, Inc. expanded its ongoing pivotal study to include an additional clinical trial site at Baylor College of Medicine. A multi-center, randomized, two-arm clinical trial is underway to measure the effectiveness of the Perimeter B-Series OCT imaging platform combined with ImgAssist artificial intelligence (AI) technology in reducing the number of unaddressed positive margins in breast lumpectomy procedures when used in addition to standard intraoperative margin assessment. Three hundred patients undergoing breast conservation surgery across eight U.S. clinical sites will participate in the pivotal trial, with study completion expected by the end of 2022.

  Perimeter previously announced the first commercial installation of its flagship Perimeter S-Series OCT system at a North Texas hospital on December 20, 2021. Perimeter S-Series is a novel medical imaging system that uses Optical Coherence Tomography (OCT) to provide clinicians with cross-sectional, real-time margin visualization (1-2 mm below the surface) of an excised tissue specimen across a variety of tissue types.

  Perimeter, based in Toronto and Dallas, received a $7.4 million CPRIT Product Development Research award in 2019 (DP190087) to develop an optical tissue imaging system for breast conserving surgery.

- The January 13 edition the American Cancer Society journal *Cancer* published an article evaluating the CPRIT-funded "Active Living After Cancer" project (PP170023, PP200028). Dr. Karen Basen-Engquist of The University of Texas M.D. Anderson Cancer Center directs the community-based physical activity program for minority and medically underserved breast cancer survivors. The article has received excellent media coverage since original publication in September 2021. Altmetric tracks attention scores of research articles based on publisher metrics. This article is in the 98th percentile and in the top 5% of all research outputs tracked by Almetric.

- On January 15 Immatics N.V. announced that IMA203, an autologous, TCR-engineered T cell, PRAME-directed therapy demonstrated effectiveness across multiple types of solid cancers, according to data from the IMA203 phase 1 trial (NCT03686124). Researchers developed the personalized cell therapy using Immatics' ACTengine. Martin Wermke, M.D., University Hospital Dresden presented the findings, based on 16 heavily pre-treated patients in the IMA203 trial, at the 36th Annual Meeting of the Society for Immunotherapy of

Cancer, November 10-14, 2021. Immatics, based in Houston and Tübingen, Germany, received a $19.7 million CPRIT Product Development Research award (DP150029) in 2015 to develop personalized cellular therapies targeting multiple cancer types.

Notable CPRIT-Supported Research Accomplishments

- A critical feature of cancer cells is their ability to reprogram and rewire metabolism, the process by which cells and tissues store and use energy. Brain metastases develop following the spread of cells from the primary tumor to the brain through the vasculature and is a major problem for patients with breast cancer. Metabolic alterations confer new properties to tumor cells, which could explain why some breast cancer cells rapidly generate tumors after migrating to the brain, whereas others remain dormant for months or years before forming metastatic tumors.

  Studies from the laboratory of CPRIT Scholar Srinivas Malladi, Ph.D., published January 4 in *Cell Metabolism*, shed critical new insights into metabolic vulnerabilities that may be new therapeutic targets in metastatic breast cancer. Using an animal model developed in his laboratory, Dr. Malladi, an assistant professor of pathology at The University of Texas Southwestern Medical Center found significant differences in the metabolism of different types of brain metastatic cells. For example, some metastatic cells used glucose as a primary fuel source whereas others used the amino acid, glutamine. Secretion of a metabolic byproduct, lactate, helps aggressive metastatic cells evade the immune system and triggers overt metastasis. High levels of an amino acid transporter, xCT, in these cells enabled them to withstand metabolic stress, whereas inhibition of xCT reduced the metastatic activity of aggressive breast cancers. Because researchers are already testing an inhibitor of xCT in clinical trials, this therapy may represent a particularly promising strategy for attacking metabolic vulnerabilities of brain metastases. UT Southwestern recruited Dr. Malladi to Texas from Memorial Sloan-Kettering Cancer Center in 2017 with a $2 million First-Time, Tenure-Track CPRIT Recruitment Award (RR170003).

- The US Preventive Services Task Force (USPSTF) recommends yearly lung cancer screening with Low-Dose Computed Tomography (LDCT) scanning for adults who are at high risk of developing lung cancer, based on smoking history. However, clinicians scan fewer than five percent of eligible people annually in the U.S., leading investigators to develop alternative tests to identify those individuals who may benefit from screening. According to a study led by researchers from The University of Texas MD Anderson Cancer Center and published January 7 in the *Journal of Clinical Oncology*, a simple-to-implement blood test when combined with a risk model based on an individual's smoking history, more accurately determines who is likely to benefit from lung cancer screening than the current USPSTF recommendations. Their findings may identify millions of individuals worldwide who could benefit most from lung cancer screening.

  Led by CPRIT grantee Samir Hanash, M.D., Ph.D., professor of Clinical Cancer Prevention and head of the McCombs Institute for the Early Detection and Treatment of Cancer, a multicenter team used a validation study to evaluate the performance of a blood test

incorporating a four-protein biomarker panel in combination with a lung cancer risk prediction model for smoking history, the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial or PLCOm2012. Researchers assayed the blood test in more than 10,000 biospecimens from the PLCO study. Among individuals with at least a 10 pack-year smoking history, the combined blood test and PLCOm2012 model showed overall improved sensitivity (correct identification of positive cases) and specificity (correct identification of negative cases), as compared to the current USPSTF screening criteria. An $800,000 Individual Investigator Research Award for Prevention and Early Detection (RP180505) from CPRIT supported the study.

- In a current study published January 11 in *Nature Communications*, a team led by Feng Yang, Ph.D., at Baylor College of Medicine and collaborating institutions reports that a poorly understood enzyme, MAPK4, may play an important role in triple-negative breast cancer (TNBC), an aggressive form of breast cancer with limited therapeutic options that is more prevalent in African American patients. The investigators found that a large subset of TNBC has elevated levels of MAPK4, which is sufficient to drive cancer growth through a novel signaling arm that activates the PI3K/AKT cellular signaling pathway. This critical pathway regulates normal cell growth, and its dysregulation can cause breast and other forms of cancer. Conversely, repressing the enzyme in the MAPK4-high human TNBC cells greatly inhibited cell proliferation. FDA-approved therapies that inhibit PI3K have had limited effectiveness in TNBC with activated AKT signaling. Dr. Feng hypothesized that the ability of MAPK4 to directly activate AKT enables cancer cells to bypass PI3K, and escape sensitivity to therapies that induce a PI3K blockade. These results identify MAPK4 as a promising therapeutic target for TNBC in combination with PI3K inhibition.

  Dr. Yang is an assistant professor of molecular and cellular biology at the Dan L. Duncan Comprehensive Cancer Center at Baylor. CPRIT awards totaling more than $6 million (RP130651, RP200493 and RP170691) to Dr. Yang and his co-author, Dr. Michael Lewis, supported this research.

- A study by researchers at The University of Texas at Austin and reported December 16, 2021, in *Molecular Cell* has made seminal contributions to the global goal of stopping the spread of COVID-19 variants, through the development of Spike Display, a high-throughput platform to compare rapidly spike protein domains across multiple coronavirus-family proteins. Spike Display enables researchers to analyze how mutations in the SARS-CoV-2 spike protein affects its ability to bind to receptors and antibodies, thereby informing the development of neutralizing monoclonal antibodies. This approach paves the way for the rapid analysis of new viruses, thereby improving preparedness for emerging viral threats. CPRIT-grantee Kevin Dalby, Ph.D., a professor of chemical biology and medicinal chemistry, who leads the CPRIT-funded Gulf Coast Consortia's Targeted Therapeutic Drug Discovery and Development Program (RP160657 and renewal RP210088) contributed to this work.

Personnel

CPRIT has filled 39 of our 44 full-time equivalent positions.

CPRIT Outreach

Staff outreach activities during January include:

- Deputy Executive Director and General Counsel Kristen Doyle, Chief Scientific Officer Dr. Michelle Le Beau, Academic Research Director Dr. Patty Moore, Chief Product Development Officer Dr. Cindy WalkerPeach, Chief Strategic Initiatives and Intellectual Property Officer Tracey Davies, Chief Due Diligence and Patent Officer Dr. Ken Smith and I met with Dr. Larry Peterson and Drew Scheberle of the Texas Foundation for Innovative Communities on January 7 to continue discussions of possible future research opportunities.

- On January 8 Ms. Doyle, Ms. Davies and I met with the new Chief Executive Officer and President of the Texas Healthcare and Bioscience Institute, Victoria Ford, to discussion the current and on-going collaboration between CPRIT and THBI.

- Ms. Doyle, Dr. Le Beau, and I met on January 11 with Joel Williams, an experienced children's hospital fundraiser, to continue discussions of Mr. Williams' interest in funding CPRIT pediatric cancer grants with proceeds from a planned 2023 charity cycling event.

- Dr. WalkerPeach and Senior Product Development Program Manager Rosemary French attended the Digital RESI JPM 2022 *Innovator's Pitch Challenge* conference, held virtually January 11-13. Dr. WalkerPeach and Ms. French met one-on-one as part of the conference with representatives from investment groups. In addition, Ms. French met with potential applicants and participated as a judge on the oncology therapeutics panel.

- Ms. Davies and I met on January 19 with representatives of Lyda Hill Philanthropies about possible collaborations to stimulate life sciences industry activities in Texas, particularly the Dallas region. I expect these discussions to continue and will keep you advised as developments warrant.

- On February 1, Ms. Doyle, Chief Operating Officer Heidi McConnell, and I will update Senator Lois Kolkhorst, Chair of the Senate Committee on Health and Human Services, on recent activities of CPRIT and possible legislative issues for the 88th Texas Legislature that convenes in January 2023.

- The State Agency Council appointed Dr. Moore to serve as vice chair. The State Agency Council provides support to the Governor's Commission for Women and offers professional development training to its members. The Council also presents the Outstanding Women in Texas Government Awards.

As reported previously, Ms. Davies, Ms. Doyle and I are members of a steering committee to coordinate state efforts to bring President Biden's proposed Advanced Research Projects Agency for Health (ARPA-H) to Texas. This effort has been underway since July 2021. Significant interest exists in the Texas congressional delegation as well as with some members of the president's White House staff. Discussions related to this initiative occur continuously. We will keep you advised as developments warrant.

Dr. Michelle Le Beau Appointed to Chair the Multicancer Early Detection Consortium

This month the Multicancer Early Detection (MCED) Consortium appointed Dr. Le Beau to serve as its chair. The MCED Consortium is an independent nonprofit organization dedicated to evaluating the clinical and public health value of MCED tests in earlier cancer detection and treatment. MCED tests include blood-based screening tests designed to identify the presence of multiple types of cancer at the earliest possible stages before noticeable symptoms occur. When used in combination with standard of care screening (*e.g.*, mammography, colorectal cancer screening), MCED tests may significantly increase the number of patients and cancer types diagnosed at earlier stages when treatment is more likely to be successful.

The Consortium is launching as a public-private collaboration between organizations from the U.S. and U.K. with three initial objectives: to evaluate the benefits, risks, costs, and value of introducing novel MCED tests; to develop guidance for the potential introduction of MCED tests into clinical care, including understanding public perceptions of MCED tests and potential impact of health disparities; and to accelerate additional education on how MCED could potentially improve outcomes for all people.

Compliance Program Update

Submission Status of Required Grant Recipient Reports

CPRIT has $1.4 billion in active grants under management, with 560+ grants that are either active or wrapping up grant activities. We receive an average of 560 grantee reports each month. As of January 20, nine entities had not filed 55 Academic Research reports and four Product Development report. CPRIT's grant accountants and compliance specialists review and process incoming reports and reach out to grantees to resolve filing issues. In most cases, CPRIT does not disburse grant funds until the grantee submits the required reports. In some instances, grantee institutions may be ineligible to receive a future award if the grantee does not file the required reports.

Financial Status Report Reviews

CPRIT's compliance specialists performed 110 second-level reviews of grantee Financial Status Reports (FSRs) in January. Nineteen FSRs (17%) needed resubmission due to insufficient or inaccurate documentation sent by the grantee. CPRIT's grant accounting staff completes the first

review of the FSRs and supporting documentation before routing them to the compliance specialists for final review and disposition.

Single Audit Tracking

Compliance specialists track the submission of the grantees' independent audit reports and the resolution of issues named in these reports. A grantee who spends $750,000 or more in state awards in the grantee's fiscal year must undertake a single independent audit, a program specific audit, or an agreed upon procedures engagement. The grantee sends the independent audit report with findings to CPRIT within 30 days of receipt, but no later than nine months after the grantee's fiscal year end.

Currently, one grantee has not submitted the required audit. Grantees are unable to receive reimbursements or advances if they are delinquent in filing the required audit and corrective action plan unless the grantee requests more time by the due date of the required audit and I approve the request.

Desk Reviews

Compliance specialists performed five enhanced desk-based financial monitoring reviews in January. Enhanced desk reviews verify that grantees spend funds in compliance with specific grant requirements and guidelines and may target an organization's internal controls, current and past fiscal audits, and timeliness of required grantee report submission. Compliance specialists are working with four grantees to remediate enhanced desk review findings.

Onsite Reviews

CPRIT completed one virtual onsite review in January. Onsite reviews examine the grantees' financial and administrative operations, subcontract monitoring, procurement and contracting procedures, inventory procedures, personnel policies and procedures, payroll and timesheet policies, travel policies and records, and single audit compliance. Compliance specialists are working with two grantees to remediate onsite review findings.

Match Expenditures Review

CPRIT requires academic research and product development research grantees to show that they have available unused funds equal to at least one-half of the CPRIT grant award that the grantee will spend on the CPRIT-funded project. This obligation, often referred to as "CPRIT's matching funds requirement," requires the grantee to first certify that it has available matching funds, and then at the end of the grant year, to verify that the grantee spent the matching funds on the project. CPRIT's statute allows an institution of higher education to use its federal indirect cost rate as a credit toward the required 50% match.

Product development grantees and those academic research grantee institutions whose indirect cost rate credit does not fully offset the required match must supply a detailed match expenditure

report that includes the amount and date paid, vendor, description, and budget category. Compliance staff review grantees' match expenditures for appropriateness and allowability and work with CPRIT's grant accountants and the grantee to address any deficiencies. Compliance staff performed three annual match expenditure reviews for three grantees in January. The total amount of match expenses reviewed by compliance staff for FY 2022 is $5,665,220.97.

Academic Research Program Update

FY 2022 Recruitment Applications

CPRIT's Chief Scientific Officer Dr. Michelle Le Beau will present the Scientific Research Council's (SRC) recruitment award recommendations for the second quarter of FY 2022 to the Program Integration Committee (PIC) and the Oversight Committee in February.

Cycle 22.4-22.6 Mechanisms	Received	Funds Requested	Proposed by SRC	Funds Proposed
Recruitment of Established Investigators	5	$29,999,721	3	$17,999,721
Recruitment of Rising Stars	3	$9,999,661	1	$1,999,661
Recruitment of First-Time, Tenure Track Faculty Members	3	$6,000,000	2	$4,000,000
TOTAL	**11**	**$45,999,382**	**6**	**$23,999,382**

Academic Research FY 2022 Review Cycle 1 (22.1)

CPRIT released five RFAs on January 13, 2021, and received 403 applications by the June 2, 2021, deadline. Peer review panels met virtually in October to evaluate the applications. Dr. Le Beau will present the SRC's recommendations to the PIC and the Oversight Committee in February.

Cycle 22.1 Mechanism	Received	Funds Requested	Recommended*	Recommended Funding
Individual Investigator Research Awards (IIRA)	282	$285,494,299	43	$43,861,910
IIRA for Cancer in Children and Adolescents	50	$67,884,165	7	$9,729,508
IIRA for Clinical Translation	27	$52,079,326	1	$1,991,960
IIRA for Computational Systems Biology of Cancer	21	$23,825,931	3	$3,565,374
IIRA for Prevention and Early Detection	23	$44,112,406	6	$11,482,255
TOTAL	**403**	**$473,396,127**	**60**	**$70,631,007**

* An institution withdrew one application after the SRC submitted its award recommendations to the Oversight Committee and the PIC. Dr. Le Beau will present 59 recommendations totaling $69,581,168.

Academic Research FY 2022 Review Cycle 2 (22.2)

CPRIT released the four RFAs for the second cycle of FY 2022 on August 30, 2021. The application portal opened October 13, 2021. CPRIT received 120 applications requesting $123,936,089 by the January 12, 2022, deadline. Peer review panels will meet in May. Dr. Le Beau will present the SRC's recommendations to the PIC and Oversight Committee in August.

Cycle 22.2 Mechanism	Received	Funds Requested
Core Facility Support Awards	23	$87,087,114
Clinical Trial Network Award	2	$6,000,000
Early Clinical Investigator Award	6	$8,726,495
High Impact/High Risk Research Awards	89	$22,122,480
TOTAL	**120**	**$123,936,089**

Product Development Research Program Update

Product Development Research FY 2022 Review Cycle 1 (22.1)

CPRIT released three Product Development Research RFAs on May 27, 2021, for the first review cycle of FY 2022. Chief Product Development Officer Dr. WalkerPeach and Ms. French hosted a webinar June 23, 2021, giving an overview of the Cycle 22.1 Product Development RFAs and tips for putting together a good application. The application portal opened June 24 – August 4, 2021, to accept applications. CPRIT received 13 proposals that the peer review panels evaluated September 28-29, 2021. The review panels selected three applicants to present their proposed projects to the entire peer review panel via Zoom in October 2021. Following the presentations, the review panels moved two companies to due diligence review by the Product Development Review Council (PDRC). Dr. WalkerPeach will present the PDRC's Cycle 22.1 award recommendations to the PIC and the Oversight Committee in February.

Cycle 22.1 Mechanism	Apps Received	Funds Requested	Presenting	Funds Requested	Due Diligence	Recd by PDRC	Funds Requested
Texas Company	4	$38,258,557	1	$17,404,980	0	0	N/A
Relocation Company	3	$43,856,191	0	N/A	0	0	N/A
Seed Company	6	$17,712,522	2	$5,998,261	2	2	$5,998,261
TOTAL	**13**	**$99,827,270**	**3**	**$23,403,241**	**2**	**2**	**$5,998,261**

Product Development Research FY 2022 Cycle 2 (22.2)

CPRIT released three product development RFAs in October 2021 for the second review cycle of FY 2022. CPRIT opened that application portal December 1, 2021, and received 33 proposals by the January 26 deadline. Dr. WalkerPeach will present the PDRC's grant recommendations for cycle 22.2 to the PIC and the Oversight Committee in August.

Cycle 22.2 Mechanism	Applications Received	Funds Requested
Texas Company	10	$118,319,140
Relocation Company	8	$88,962,515
Seed Company	16	$41,832,547
TOTAL	**34**	**$249,114,202**

CPRIT Designates Kristine Swiderek, Ph.D., to Serve as CPRIT's Board Observer for OncoNano Medicine

I asked CPRIT Product Development Review Council member Dr. Kristine Swiderek to serve as board observer for CPRIT-grantee OncoNano Medicine. As reported previously, late last year CPRIT converted $18.4 million in grant award funding into an equity investment in OncoNano. As a condition of the equity purchase, the company agreed to provide CPRIT with a board observer position with access to all meetings and materials of the board and board subcommittees.

This is the initial CPRIT board observer position and we will evaluate the experience to determine whether this option is something CPRIT wants to pursue with more CPRIT-funded companies in the future. I increased Dr. Swiderek's current honoraria contract by $2,500 per quarter to reflect the additional work associated with preparing for and attending quarterly meetings of the OncoNano board, as well as other necessary board and subcommittee meetings. If CPRIT decides to continue to use peer review council members as board observers, I will propose standard changes to CPRIT's honoraria policy to reflect the additional duties.

Dr. Swiderek appears perfect for the inaugural role. Not only is she familiar with CPRIT and OncoNano after several years serving on the PDRC, but she also has more than 25 years of research and leadership experience in the biopharmaceutical industry, with a proven track record of discovering and developing a wide variety of protein therapeutics. Currently, she is Chief Scientific Officer at Mozart Therapeutics. Prior to Mozart, Dr. Swiderek was Senior VP of Research at Alpine Immune Sciences, where she was instrumental in building a pipeline advancing protein-based immunotherapies for treatment of autoimmune disease and cancer. She has formed multiple R&D partnerships, advanced several therapeutic candidates into the clinic and was instrumental in the spin-out of OncoResponse. She is the author of over 60 peer-reviewed articles and manuscripts.

Prevention Program Update

Prevention FY 2022 Review Cycle 1 (22.1)

CPRIT released four RFAs on May 7, 2021, for the first review cycle of FY 2022. CPRIT received 16 applications requesting $22.7 million by the September 1, 2021, deadline. Peer review panels met in early December 2021 to discuss the applications. Nine applications moved forward for consideration by the Prevention Review Council (PRC) on January 14. Chief

Prevention Officer Ramona Magid will present the PRC's recommendations for Cycle 22.1 awards to the PIC and the Oversight Committee in February.

Cycle 22.1 Mechanism	Applications	Funds Requested	Recommended by PRC	Funds Requested
Evidence-based Cancer Prevention Services	6	$ 5,654,148	0	N/A
Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations	8	$15,427,264	6	$12,441,693
Tobacco Control and Lung Cancer Screening	1	$ 898,707	0	N/A
Prevention Program Assessment	1	$ 748,236	1	$748,236
TOTAL	**16**	**$22,728,355**	**7**	**$13,189,929**

Prevention FY 2022 Review Cycle 2 (22.2)

The Prevention Program released three RFAs on October 19, 2021. CPRIT opened the application portal November 15, 2021, to receive proposals through the February 9 deadline. Peer review panels will meet by teleconference in April. The PRC will meet in June to finalize recommendations. Ms. Magid will present the PRC's recommendations to the PIC and the Oversight Committee in August.

- *Evidence-Based Cancer Prevention Services*
  Seeks projects that will deliver evidence-based cancer prevention and control clinical services. CPRIT will give priority to projects that propose to address CPRIT areas of emphasis and serve areas of the state not covered by current CPRIT funded projects.
  Award: Up to $1 million over 3 years.

- *Tobacco Control and Lung Cancer Screening*
  Seeks programs on tobacco prevention and cessation, as well as screening for early detection of lung cancer. Through release of this RFA, CPRIT's goal is to stimulate more programs across the state, thereby supplying greater access for underserved populations and reducing the incidence and mortality rates of tobacco-related cancers. This RFA promotes the delivery of evidence-based programming designed to significantly increase tobacco cessation among adults and/or prevent tobacco use by youth.
  New Award: Up to $1 million over 3 years.

- *Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations*
  Seeks to support coordination and expansion of evidence-based services to prevent cancer in underserved populations who do not have adequate access to cancer prevention interventions and health care, bringing together networks of public health and community partners to carry out programs tailored for their communities. Projects should name cancers that cause the most burden in the community and use evidence-based models shown to work in similar communities to prevent and control these cancers. Currently funded CPRIT projects should

propose to expand their programs to include more types of prevention clinical services and/or an expansion of current clinical services into more counties. In either case, the expansion must include delivery of services to nonmetropolitan and medically underserved counties in the state.
Initial Expansion Award: Up to $2 million over 3 years. Subsequent Expansion Award: Up to $2.5 million over 5 years.

Advisory Committee Meetings

- The Advisory Committee on Childhood Cancer met January 12 and January 31.
- The Geographic Diversity Advisory Committee held their quarterly meeting January 27.

Operations, Audit and Finance Update

Throughout January, CPRIT's internal auditor (Weaver) continued to provide remediation assistance over outstanding items associated with prior internal audit reviews of the agency's information technology computer controls and cybersecurity. In particular, the audit team provided strategic guidance on CPRIT's IT team staffing and organization as well as on internal operating and security policies.

Upcoming Subcommittee Meetings

Listed below are the subcommittee meetings in advance of the February 16 Oversight Committee meeting.

Board Governance	February 3 at 10:00 a.m.
Audit	February 7 at 10:00 a.m.
Prevention	February 8 at 10:00 a.m.
Academic Research	February 9 at 10:00 a.m.
Product Development	February 10 at 10:00 a.m.

We will send instructions for signing onto the Zoom platform along with the subcommittee agenda and meeting materials one week prior to the meeting date. Please plan to join the subcommittee meeting a few minutes early so we can address any issues before the meeting.

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CPRIT has awarded **1,688** grants totaling **$2.889 billion**

- 258 prevention awards totaling $300.3 million
- 1,430 academic research and product development research awards totaling $2.589 billion

Of the $2.589 billion in academic research and product development research awards,

- 29.9% of the funding ($775.4 million) supports clinical research projects
- 24.0% of the funding ($622.1 million) supports translational research projects
- 29.7% of funding ($767.6 million) supports recruitment awards
- 12.9% of the funding ($333.5 million) supports discovery stage research projects
- 3.5% of funding ($90.4 million) supports training programs.

CPRIT has 11 open Requests for Applications (RFAs)

- 3 Research Recruitment
- 5 Academic Research
- 3 Prevention

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	VINCE BURGESS, CHIEF COMPLIANCE OFFICER
SUBJECT:	COMPLIANCE PROGRAM UPDATE
DATE:	FEBRUARY 7, 2022

The Chief Compliance Officer is responsible for apprising the Oversight Committee and the Chief Executive Officer of institutional compliance functions and activities and assuring the Oversight Committee that controls are in place to prevent, detect and mitigate compliance risk. The required reporting includes quarterly updates to the Oversight Committee on CPRIT's compliance with applicable laws, rules, and agency policies. In addition, the Compliance Officer is responsible for monitoring the timely submission status of required grant recipient reports and notifying the Oversight Committee and General Counsel of a grant recipient's failure to meaningfully comply with reporting deadlines.

Submission Status of Required Grant Recipient Reports

CPRIT has $1.4 billion in active grants under management, with 560+ grants that are either active or wrapping up grant activities. We receive an average of 560 grantee reports each month. As of January 31, nine entities had not filed 33 Academic Research reports, and three Product Development reports. CPRIT's grant accountants and compliance specialists review and process incoming reports and reach out to grantees to resolve filing issues. In most cases, CPRIT does not disburse grant funds until the grantee files the required reports. In some instances, grantee institutions may be ineligible to receive a future award if the grantee does not submit the required reports.

Single Audit Tracking

Compliance specialists track the submission of grantees' independent audit reports and the resolution of issues named in these reports. Grantees who spend $750,000 or more in state awards in the grantee's fiscal year must undertake a single independent audit, a program specific audit, or an agreed upon procedures engagement. The grantee sends the independent audit report with findings to CPRIT within 30 days of receipt, but no later than nine months after the grantee's fiscal year end.

Currently, one grantee has not submitted the required audit. Grantees are unable to receive reimbursements or advances if they are delinquent in filing the required audit and corrective

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action plan unless the grantee requested more time by the due date of the required audit and CPRIT's CEO approves the request.

Financial Status Report Reviews

CPRIT's compliance specialists performed 484 second-level reviews of grantee Financial Status Reports (FSRs) in November, December, and January. Sixty-three FSRs (13%) needed resubmission due to insufficient or inaccurate documentation sent by the grantee. CPRIT's grant accounting staff completes the first review of the FSRs and supporting documentation before routing them to the compliance specialists for final review and disposition.

Desk Reviews

Compliance specialists performed 23 enhanced desk-based financial monitoring reviews in November, December, and January. Enhanced desk reviews verify that grantees spend funds in compliance with specific grant requirements and guidelines and may target an organization's internal controls, current and past fiscal audits, and timeliness of required grantee report submission. Compliance specialists are working with four grantees to remediate enhanced desk review findings.

Onsite Reviews

CPRIT completed five virtual onsite reviews in November, December, and January. Onsite reviews examine the grantee's financial and administrative operations, subcontract monitoring, procurement and contracting procedures, inventory procedures, personnel policies and procedures, payroll and timesheet policies, travel policies and records, and single audit compliance. Compliance specialists are working with two grantees to remediate onsite review findings.

Training and Support

CPRIT staff conducted two new Grantee training webinars in November, December, and January: Marker Therapeutics, Inc., and Southern Methodist University. The trainings covered grant reporting requirements, administrative rule changes, grant closeout, and an overview of the compliance program including fraud, waste, and abuse reporting. Pursuant to Texas Administrative Code §703.22, CPRIT requires new grantees to complete the initial compliance training program prior to receiving disbursement of grant award funds.

CPRIT staff also conducted one new Authorized Signing Official (ASO) training webinar for Legacy Community Health. The training covered grant reporting requirements, administrative rule changes, grant closeout, and an overview of the compliance program including fraud, waste,

and abuse reporting. Pursuant to Texas Administrative Code §703.22, CPRIT requires new ASOs to complete a compliance training within 60 days of the change.

Annual compliance training webinars have been scheduled for March 8-10. Trainings are specific to each program area (Academic Research, Product Development Research, and Prevention) and allow for an interactive experience and opportunity to focus on topics relevant to each program. The trainings cover grant reporting requirements, administrative rule changes, grant closeout, and an overview of the compliance program including fraud, waste, and abuse reporting. This is the first training series offered this year in support of the annual compliance training mandate that requires the Authorized Signing Official (ASO) and at least one other employee from each grantee organization to attend an annual compliance training by December 31 of each year.

Match Expenditures Review

CPRIT requires academic research and product development research grantees to show that they have available unused funds equal to at least one-half of the CPRIT grant award that the grantee will spend on the CPRIT-funded project. This obligation, often referred to as "CPRIT's matching funds requirement," requires the grantee to first certify that it has available matching funds, and then at the end of the grant year, to verify that the grantee spent the matching funds on the project. CPRIT's statute allows an institution of higher education to use its federal indirect cost rate as a credit toward the required 50% match.

Product development grantees and those academic research grantees whose indirect cost rate credit does not fully offset the required match must supply a detailed match expenditure report that includes the amount and date paid, vendor, description, and budget category. Compliance staff review grantees' match expenditures for appropriateness and allowability, and work with CPRIT's grant accountants and the grantee to address any deficiencies. Compliance staff performed three annual match expenditure reviews for three grantees in November, December, and January. The total amount of match expenses reviewed by compliance staff for FY 2022 is $5,665,220.97.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS

FROM: MICHELLE LE BEAU, PH.D., CHIEF SCIENTIFIC OFFICER

SUBJECT: ACADEMIC RESEARCH PROGRAM UPDATE

DATE: FEBRUARY 16, 2022

FY2022 Cycle 1 (22.1) RFA Submission data and review status

CPRIT released five RFAs for the first cycle of FY2022 on June 22, 2021. The application portal opened on March 3, 2021 and closed on June 2, 2021. Virtual Peer Review was conducted in October 2021. The Program Integration Committee (PIC) met on February 2, 2022, to consider the Scientific Review Council (SRC) recommendations. Dr. Le Beau will present the PIC recommendations to the Oversight Committee on February 16, 2022. Table 1 displays the submission data and requested funding.

Table 1: FY2022 Cycle 1 (22.1) Submission Data and Requested Funding

RFA Mechanism	# Applications Submitted	Requested Funding
Individual Investigator Research Awards (IIRA)	282	$285,494,299
Individual Investigator Research Awards for Cancer in Children and Adolescents (IIRACCA)	50	$67,884,165
Individual Investigator Research Awards for Clinical Translation (IIRACT)	27	$52,079,326
Individual Investigator Research Awards for Computational Systems Biology of Cancer (IIRACSBC)	21	$23,825,931
Individual Investigator Research Awards for Prevention and Early Detection (IIRAP)	23	$44,112,406
Total	**403**	**$473,396,127**

FY2022 Cycle 2 (22.2) RFA Submission data and review status

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CPRIT released four RFAs for the second cycle of FY 2022 on August 30, 2021. The application portal opened October 13, 2021. CPRIT received 120 applications requesting $123,936,089 by the January 12, 2022, deadline. Peer review panels will meet in May. Dr. Le Beau will present the SRC's recommendations to the PIC and the Oversight Committee in August 2022. Table 2 displays the submission data and requested funding.

Table 2: FY2022 Cycle 2 (22.2) Submission Data and Requested Funding

RFA Mechanism	# Applications Submitted	Requested Funding
Core Facility Support Awards	23	$87,087,114
Clinical Trial Network Award	2	$6,000,000
Early Clinical Investigator Award	6	$8,726,495
High Impact/High Risk Research Awards	89	$22,122,480
TOTAL	120	$123,936,089

FY22 Recruitment Update

Table 3 displays an overview of the status of CPRIT recruitment applications received for the second quarter of FY22. The Scientific Review Council reviewed applications for Cycle 22.4 on November 11, 2021, Cycle, 22.5 applications on December 16, 2021, and Cycle 22.6 on January 13, 2022. The Program Integration Committee (PIC) met on February 2, 2022, to consider the SRC recommendations. Dr. Le Beau will present the PIC recommendations to the Oversight Committee on February 16, 2022.

Table 3: FY22 Recruitment data for Cycles 22.4, 22.5 and 22.6

Mechanism	Number Received	Funds Requested	# SRC Recommended	SRC Recommended Funds
Recruitment Established Investigators	5	$29,999,721	3	$17,999,721
Recruitment of Rising Stars	3	$9,999,661	1	$1,999,661
Recruitment of First-Time, Tenure Track Faculty Members	3	$6,000,000	2	$4,000,000
TOTAL	**11**	**$45,999,382**	**6**	**$23,999,382**

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS

FROM: RAMONA MAGID, CHIEF PREVENTION OFFICER

SUBJECT: PREVENTION PROGRAM UPDATE

DATE: FEBRUARY 8, 2022

FY 2022 Cycle 1 (22.1) Prevention Applications

CPRIT released four (4) RFAs in October 2021 for the first cycle of FY2022. Sixteen (16) applications requesting $22,728,355 were submitted; nine (9) applications requesting $16,383,803 underwent peer review discussion by teleconference on December 6, 2021. The Prevention Review Council (PRC) met on December 7 to review one (1) Prevention Program Assessment application. Programmatic review by the PRC was conducted January 14, 2022. The Program Integration Committee (PIC) met February 1 to consider the PRC's recommendations. Ms. Magid presents the PIC's award recommendations to the Oversight Committee (OC) on February 16.

FY 2022.1 (22.1) Application Data by Mechanism

Mechanism	Received	Funds Requested
Evidence-based Cancer Prevention Services	6	$ 5,654,148
Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations	8	$ 15,427,264
Prevention Program Assessment	1	$ 748,236
Tobacco Control and Lung Cancer Screening	1	$ 898,707
TOTAL	**16**	**$22,728,355**

FY 2022 Cycle 2 (22.2) Prevention RFAs

CPRIT released three (3) RFAs on May 7 for the second cycle of FY2022. Applications are due on February 9 and peer review is scheduled for April 2022. Ms. Magid will present the PIC's recommendations to the OC in August 2022.

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Proposed FY 2023 Prevention RFAs

The Prevention Program proposes the following RFAs for FY2023 Cycles 1 and 2. The proposed timeline for Cycle 1: Application Receipt open in June and awards announced in February 2023.

Dissemination of CPRIT- funded Cancer Prevention and Control Interventions - Revision

Revisions include requirement to pilot test their product/resource, increase from 2 to 3 years maximum length, and increase from $300,000 to $450,000 maximum funding amount.

Program Objectives:

- Dissemination of intervention implementation resources to public health professionals, health care practitioners, health planners, policymakers, and advocacy groups
- Dissemination of implementation plans, products, materials, and other resources about an intervention that would provide recipients with the strategies necessary to implement in other settings/systems (eg, quality improvement strategies in a health care system, changes in standards of care)
- Dissemination or scaling up of best practices (infrastructure and project resources) and evidence-based interventions for implementation (eg, implementation guides).

Summary:

This RFA solicits applications that will describe and package strategies or approaches to introduce, modify, and implement previously funded CPRIT evidence-based cancer prevention and control interventions for dissemination to other settings and populations in the state. To be eligible, the applicant should be able to develop one or more "products" based on the results of the CPRIT-funded intervention. The proposed projects should also identify and assist others in overcoming barriers to implementation.

Award Description:

The **Dissemination of CPRIT-Funded Cancer Control Interventions** RFA solicits applications from currently or previously funded CPRIT projects that have demonstrated exemplary success and have materials, policies, and other resources that have been successfully implemented and evaluated and could be scaled up and/or applied to other systems and settings. The goal is to expand successful models for the delivery of prevention interventions all across the state through adaptation or replication.

Applicants to this RFA should outline specific implementation strategies they will utilize with targeted recipients to replicate or adapt projects to other settings or populations. Implementation strategies are described as the processes, activities, and resources that are used to integrate interventions into usual settings. Core implementation components can be staff selection, preservice and in-service training, ongoing consultation and coaching, staff and program evaluation, and systems interventions

This award will support both passive and active dissemination strategies but must include two or more active dissemination strategies. This award will also support implementation strategies in the form of technical assistance, coaching, and consultation within the grant period. Priority will

be given to those projects that identify and assist potential target partners/audiences in preparing to implement the intervention and/or preparing to apply for grant funding.

Funding Amount and Duration: 36 months, $450K maximum

I. Primary Prevention of Cancer – *NEW*

Program Objectives:

- Establish collaborations and partnerships with communities to deliver multilevel, evidence-based projects to reduce disparities and achieve health equity.
- Deliver multilevel, evidence-based projects that include public and/or professional education, outreach, navigation to and delivery of primary prevention interventions
- Implement policy, systems and environmental changes that are sustainable over time

Summary:

This award mechanism focuses on increasing implementation of evidence-based strategies to ensure that all Texans benefit from the cancer prevention knowledge that we currently have. CPRIT seeks to fund multilevel interventions to reduce cancer risk, disease burden, and cancer disparities. Modifiable risk behaviors include tobacco use, obesity, physical inactivity, unhealthy eating, alcohol use, sun exposure, HPV vaccination, Hepatitis B vaccination, and environmental/ occupational cancer exposures.

Applications should also assess and address social determinants that contribute to cancer burden and disparities (e.g., cultural factors, unmet needs, access barriers). Interventions and communications should be structured to address the unique circumstances of the population to be served.

Award Description:

The **Primary Prevention of Cancer** RFA solicits applications for eligible projects upto 36 months in duration that will deliver multilevel, evidence-based interventions that improve cancer-related health behaviors. Interventions may address tobacco use, obesity, physical inactivity, unhealthy eating, alcohol use, HPV vaccination, Hepatitis B vaccination, and environmental/occupational cancer exposures. Sun safety education may be addressed if combined with another behavioral intervention to reduce risk.

The following are required components of the project:

- **Evidence-Based**: CPRIT's primary prevention grants are intended to fund culturally appropriate effective and efficient systems of delivery of preventive services based on the existing body of knowledge about and evidence for cancer prevention.
- **Multilevel Interventions:** Health behaviors have multiple levels of influences, often including individual, group, organization, and community determinants. Influences on behaviors interact across these different levels and multilevel interventions are the most effective in changing behavior.

- **Geographic Area to be Served:** Preventive service delivery to nonmetropolitan/medically underserved area (MUA) counties must be included in the defined service area. Service to urban counties that are not medically underserved is allowable if the project proposes to also serve nonmetropolitan counties that are medically underserved.
- **Community Partner Networks:** Applicants are strongly encouraged to coordinate and describe a collaboration of community partners that can deliver services to the most counties and the most people possible in a selected service region.

Funding Amount and Duration:

The amount of funding that applicants may request is dependent on the primary focus of the project and on the type of project – New, Initial Expansion or Maintenance Expansion. Use the table below to determine the maximum amount of funding and the maximum number of years that may be requested.

Project Type	Maximum Amount of Funding	Maximum Duration
New Project	$1 million	3 years
Initial Expansion	$1 million	3 years
Initial Expansion – vaccination/tobacco cessation	$1.5 million	3 years
Maintenance Expansion	$2 million	5 years
Maintenance Expansion – vaccination/tobacco cessation	$2.5 million	5 years

II. Screening and Early Detection– *NEW*

Program Objectives:

- Deliver comprehensive projects comprising the following: public and/or professional education, outreach, delivery of clinical services, follow-up navigation to diagnosis and cancer treatment, and system and/or policy improvements.
- Offer effective and efficient systems of delivery of screening services based on the existing body of knowledge about and evidence in ways that far exceed current performance in the proposed service area.
- Implement policy changes and/or system improvements that are sustainable over time (eg, decrease wait times between positive screen and diagnostic tests and treatment through improved navigation, reminder systems) and treatment.
- Provide tailored, culturally appropriate outreach and accurate information on early detection and prevention to the public and health care professionals that results in a health impact that can be measured.

Summary:
This award mechanism seeks to support the delivery of evidence-based clinical services to screen for cancer and pre-cancer in underserved populations who do not have adequate access to cancer early detection interventions and health care, bringing together networks of public health and community partners to carry out programs tailored for their communities. Projects should identify cancers that cause the most burden in the community, have nationally recommended screening methods, and use evidence-based methods to screen for these cancers.

Award Description:
The Screening and Early Detection RFA solicits applications for eligible projects up to 5 years in duration that will deliver evidence-based clinical services in cancer screening for breast, cervical, colorectal, liver, and lung cancers according to established and current national guidelines and criteria. Nonmetropolitan (rural) and/or medically underserved populations must be included in the defined service area.

The following are required components of the project:

- **Evidence-Based**: CPRIT's secondary prevention grants are intended to fund effective and efficient systems of delivery of early detection services based on the existing body of knowledge about and evidence for screening for both primary and secondary cancers in ways that far exceed current performance in a given service area. The provision of clinical services, including rescreening at the appropriate interval, must comply with established and current national guidelines (eg, US Preventive Services Task Force [USPSTF], American Cancer Society).
- **Comprehensive Projects:** Comprehensive projects include a continuum of services and systems and policy changes and comprise the following: Public and professional education and training, outreach, delivery of screening and diagnostic services, follow-upnavigation to treatment services for those diagnosed with cancer and precancer, data collection and tracking, and systems improvement.
- **Geographic Area to be Served:** Preventive service delivery to nonmetropolitan/medically underserved area (MUA) counties must be included in the defined service area. Service to urban counties that are not medically underserved is allowable if the project proposes to also serve nonmetropolitan counties that are medically underserved.
- **Clinical Service and Community Partner Networks:** Applicants are encouraged to coordinate and describe a collaboration of clinical service providers and community partners that can deliver outreach, education, clinical, and navigation services to the most counties and the most people possible in a selected service region.

Funding Amount and Duration:

The amount of funding that applicants may request is dependent on the primary focus of the project and on the type of project – New, Initial Expansion or Maintenance Expansion. Use the table below to determine the maximum amount of funding and the maximum number of years that may be requested.

Project Type	Maximum Amount of Funding	Maximum Duration
New project	$1 million	3 years
Initial Expansion Project	$2 million	3 years
Maintenance Expansion Project	$2.5 million	5 years

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	CINDY WALKERPEACH, PHD CHIEF PRODUCT DEVELOPMENT OFFICER
SUBJECT:	PRODUCT DEVELOPMENT RESEARCH UPDATE
DATE:	28 JANUARY 2022

Product Development Research Review Cycle Updates

Product Development Research FY 2022 Cycle 1

CPRIT Product Development Research released the TXCO, RELCO and SEED RFAs on June 24, 2021, and accepted applications through August 4, 2021. Twelve (12) applications and three (3) application submission extension requests were submitted by the deadline. As a result of an approved application extension, one (1) additional application was received, resulting in a total of thirteen (13) applications for Review Cycle 22.1. All thirteen (13) applications successfully passed administrative review and moved into peer review. As a result of the initial peer review conducted on September 28-29, three (3) applicants were invited to in-person (via Zoom) presentations conducted on October 25-28, 2021. The outcome of the Peer Review Meeting, the peer review panels recommended two (2) applications for diligence evaluation.

As a result of the 22.1 Due Diligence Evaluation Meeting, held on January 12th, the Product Development Review Council (PDRC) recommended two (2) applications for funding.

The PDRC and the PIC recommend that CPRIT fund two (2) Seed Award for Product Development Research applications totaling $5,998,261. Dr. WalkerPeach will present the PIC's recommendations for the 22.1 cycle awards at the February 2022 Oversight Committee meeting.

Application metrics for FY2022 Cycle 1 applications can be found in the table below.

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Table 1: Review Cycle 22.1 Application Data by Mechanism

Mechanism	App's Received	Funds Requested	Invited to Peer Review Meeting	Funds Requested	Rec'd for Diligence Review	Funds Requested	Rec'd by PDRC	Funds Requested
Texas Company	4	$38,258,557	1	$17,404,980	0	$0	0	$0
Relocation Company	3	$43,856,191	0	$0	0	$0	0	$0
Seed Company	6	$17,712,522	2	$5,998,261	2	$5,998,261	2	$5,998,261
TOTAL	**13**	**$99,827,270**	**3**	**$23,403,241**	**2**	**$5,998,261**	**2**	**$5,998,261**

Product Development Research FY 2022 Cycle 2

CPRIT released TXCO, RELCO and SEED RFAs on December 1, 2021, and accepted award applications through January 26, 2022. Thirty-four (34) applications were submitted and are currently undergoing administrative review. Initial peer review will take place March 21-22 and selected applicants will be invited to in-person presentations during April 11-14, 2022. Following peer review due diligence the Chief Product Development Officer would present the PDRC's recommendations to the Program Integration Committee and Oversight Committee for approval at the August 2022 Oversight Committee meeting.

Application metrics for FY2022 Cycle 2 applications can be found in the table below.

Table 2: Review Cycle 22.2 Application Data by Mechanism*

Mechanism	Applications Received	Funds Requested (millions)
Texas Company	10	$118,319,140
Relocation Company	8	$88,962,515
Seed Company	16	$41,832,547
TOTAL	**34**	**$249,114,202**

*currently under administrative review

February 2022 Oversight Committee
Internal Audit Status Report
As of January 30, 2022

Weaver and Tidwell, LLP (Weaver) is the outsourced internal auditor of the Cancer Prevention Research Institute of Texas (CPRIT). The Weaver engagement team is led by Daniel Graves, Partner.

2022 Internal Audit Plan and Schedule

Based on the approved 2022 Internal Audit Plan by the Oversight Committee, we have completed the internal audits and follow-up procedures for the 2022 Internal Audit Plan.

2022 INTERNAL AUDITS		
Internal Audit	**Description**	**Status**
IT General Computer Controls Remediation Assistance	The advisory audit was planned to provide CPRIT assistance in designing control procedures and templates to implement and execute the IT general controls necessary to align with TAC 202 standards and to remediate the findings identified in the FY 2021 IT General Computer Controls Internal Audit.	In Progress
Vendor Contract Compliance	Internal Audit will evaluate the risk of significant vendor contracts in place at CPRIT. Based on the risk evaluation, vendor contracts will be evaluated for compliance with key provisions, terms and conditions of the contract, as well as on the performance with the delivery of goods and/or services in alignment with the contract.	March 2022
Records Management – Grantee Compliance Records Advisory Audit	Internal Audit will provide audit advisory services to evaluate the grantee compliance record migration from a third-party designed system to the integrated CPRIT system. Consulting services will include the validation of the system configuration, verification of the completeness of the data migration and testing the accuracy of data classification and mapping.	April – May 2022
Procurement	Internal Audit will validate CPRIT's compliance with the requirements for procurements specified in the State of Texas Procurement and Contract Management Guide.	May – June 2022

2022 INTERNAL AUDIT FOLLOW-UPS		
Information Technology General Computer Controls and Information Security Follow-Up	Internal Audit will perform possible follow-up procedures on the findings from the 2021 internal audit to ensure corrective action has been taken.	May 2022
Communications Follow-Up • 1 High Finding • 2 Moderate Findings	Internal Audit will perform possible follow-up procedures on the findings from the 2021 internal audit to ensure corrective action has been taken.	May 2022
Governance Follow-up • 1 Moderate Finding	Internal Audit will perform possible follow-up procedures on the findings from the 2021 internal audit to ensure corrective action has been taken.	May 2022
Disaster Recovery and Business Continuity Planning Advisory Follow-up • 5 recommendations	Internal Audit will perform possible follow-up procedures on the remaining open recommendations from the 2021 audit advisory work.	May 2022

We have prepared a summary schedule of audits, their status and a summary of the findings by risk rating. The schedule maps out the internal audit and follow-up procedures performed, by year, the report date, report rating, and the findings by risk rating. The summary schedule is attached.

Daniel Graves, CPA, Internal Auditor
Partner
Weaver and Tidwell L.L.P.

Cancer Prevention and Research Institute of Texas
Schedule of Audits, Status, and Findings Summary
As of January 30, 2022

					Open Findings				Closed Findings				Total Findings			
Audit	**Fiscal Year**	**Status/Timing**	**Report Date**	**Report Rating**	**High**	**Mod**	**Low**	**Total**	**High**	**Mod**	**Low**	**Total**	**High**	**Mod**	**Low**	**Total**
Fiscal Year 2017																
2016 Information Security Follow-Up	2017	Complete	May 30, 2017													
Fiscal Year 2017 Subtotal					**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Fiscal Year 2018																
Communications Internal Audit	2018	Complete	April 30, 2018	Satisfactory	1	4	-	5	-	-	-	-	1	4	-	5
2016 Information Security Follow-Up	2018	Complete	July 17, 2018													
Fiscal Year 2018 Subtotal					**1**	**4**	**-**	**5**	**-**	**-**	**-**	**-**	**1**	**4**	**-**	**5**
Fiscal Year 2019																
2016 Information Security Follow-Up	2019	Cancelled	N/A													
2018 Communications Follow-Up	2019	Complete	August 30, 2019	Satisfactory	1	4	-	5	-	2	-	2	1	2	-	3
Fiscal Year 2019 Subtotal					**1**	**4**	**-**	**5**	**-**	**2**	**-**	**2**	**1**	**2**	**-**	**3**
Fiscal Year 2020																
Governance	2020	Complete	October 30, 2020	Strong	-	1	-	1	-	-	-	-	-	1	-	1
2016 Information Security Follow-Up	2020	Complete	N/A													
2018 Communications Follow-Up	2020	Complete	N/A	N/A	1	4	-	5	-	2	-	2	1	2	-	3
Fiscal Year 2020 Subtotal					**1**	**5**	**-**	**6**	**-**	**2**	**-**	**2**	**1**	**3**	**-**	**4**
Fiscal Year 2021																
Sunset Self-Assessment Advisory	2021	Cancelled	N/A	N/A	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology General Computer Controls	2021	Complete	September 24, 2022													
Grantee Compliance Records Management	2021	Rescheduled	FY 2022	N/A	-	-	-	-	-	-	-	-	-	-	-	-
2016 Information Security Follow-Up	2021	Rescheduled	FY 2022													
2018 Communications Follow-Up	2021	Rescheduled	FY 2022	N/A	1	4	-	5	-	2	-	2	1	2	-	3
2020 Governance Follow-up	2021	Rescheduled	FY 2022	Strong	-	1	-	1	-	-	-	-	-	-	-	1
2020 Disaster Recovery and Business Continuity Follow-up	2021	Complete	September 28, 2021	N/A	-	-	-	30	-	-	-	25	-	-	-	5
Fiscal Year 2020 Subtotal					**1**	**5**	**-**	**36**	**-**	**2**	**-**	**27**	**1**	**2**	**-**	**9**

Open Items Summary

					Findings				Closed Findings				Total Open Findings				
Audit	**Fiscal Year**	**Status/Timing**	**Report Date**	**Report Rating**	**High**	**Mod**	**Low**	**Total**	**High**	**Mod**	**Low**	**Total**	**High**	**Mod**	**Low**	**Total**	**Timing of Follow-Up Procedures by IA**
Information Technology General Computer Controls	2021	September 2021	September 24, 2022														
2020 Governance	2020	July 2020	October 30, 2020	Strong	-	1	-	1	-	-	-	-	-	1	-	1	**FY 2022**
2016 Information Security Follow-Up	2020	August 2020	N/A														
2018 Communications Follow-Up	2020	November 2020	N/A	N/A	1	4	-	5	-	2	-	2	1	2	-	3	**FY 2022**
2020 Disaster Recovery and Business Continuity Follow-up	2020	September 2021	September 28, 2021	NA	-	-	-	30	-	-	-	25	-	-	-	5	**FY 2022**
Total Findings For Internal Audit Follow-Up					**1**	**5**	**-**	**36**	**-**	**2**	**-**	**27**	**1**	**3**	**-**	**9**	

NOTE: The 2020 Disaster Recovery and Business Continuity findings are recommendations for improvement of the DR/BCP documentation. Therefore, they do not have a risk rating associated with them.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	CAMERON ECKEL, ASSISTANT GENERAL COUNSEL
SUBJECT:	APPOINTMENT TO THE SCIENTIFIC RESEARCH AND PREVENTION PROGRAMS COMMITTEE
DATE:	FEBRUARY 7, 2022

Summary

The Chief Executive Officer has appointed one expert to CPRIT's Scientific Research and Prevention Programs Committee. CPRIT's statute requires Oversight Committee approval for the appointments. Members of the Board Governance Subcommittee reviewed the qualifications of the appointee at their February 3 meeting.

Discussion

Scientific Research and Prevention Programs committee members (also referred to as "peer reviewers") are responsible for reviewing grant applications and recommending grant awards for meritorious projects addressing cancer prevention and research, including product development research. Peer reviewers perform a significant role for the state; all CPRIT grant awards must first be recommended by a Scientific Research and Prevention Programs committee. Individuals appointed to serve as CPRIT's Scientific Research and Prevention Programs committee members must be exceptionally qualified, highly respected, well-established members of the cancer research, product development research, and prevention communities.

Texas Health and Safety Code Section 102.151(a) directs the Chief Executive Officer to appoint members to the Scientific Research and Prevention Programs committees. The CEO's appointments are final once approved by a simple majority of the Oversight Committee. The Board Governance Subcommittee charter assigns the subcommittee with the responsibility "to circulate to Oversight Committee members in advance of a public meeting written notification of the committee's intent to make the nomination, along with such information about the nominee as may be relevant."

The Board Governance Subcommittee reviewed the qualifications of the appointee at their February 3 meeting. Although the two members that attended the meeting were supportive of approving the appointment, the meeting lacked a quorum to vote for a formal recommendation to the Oversight Committee.

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CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Scientific Research and Prevention Programs Committee (SRPP) Appointments
February 2022

Appointee	CPRIT Program	Organization
Gene Williams, Ph.D.	Product Development Research	Vice President, Clinical Pharmacology and Pharmacokinetics, Nuventra

PO Box 12097 | Austin, Texas 78711 | PH: 512-463-3190 | F: 512-475-2563 | cprit.texas.gov

Gene Williams, Ph.D.

Dr. Williams currently acts as a consultant for strategic planning and review of clinical pharmacology related elements if comprehensive drug development programs (from non-clinical IND enabling studies, through Phases 1 to 3 and NDA/BLA submission and including post-marketing studies). He worked on over 600 different drugs as an FDA team leader, and over 400 as an FDA primary Reviewer. Over 150 of these drugs were reviewed as NDAs/BLAs (NMEs and supplements). Drugs included non-biologics of all types, peptides, oligo nucleotides, glycoproteins mixtures, antibodies and antibody-drug conjugates, liposomes, and nanoparticles.

Dr. Williams holds a Ph.D. in Pharmacology & Toxicology from West Virginia University School of Medicine in Morgantown, West Virginia.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	CAMERON ECKEL, ASSISTANT GENERAL COUNSEL
SUBJECT:	APPOINTMENTS TO ADVISORY COMMITTEES
DATE:	FEBRUARY 7, 2022

Summary

At its February 3 meeting, the Board Governance subcommittee discussed Presiding Officer Dr. Mahendra Patel's proposed appointment to the Prevention Advisory Committee (PAC).

Discussion

Texas Health and Safety Code Section 102.155 allows the Oversight Committee to create ad hoc committees of experts to advise the Oversight Committee. The PAC advises the Oversight Committee on important issues surrounding cancer prevention and control. The members of the PAC, appointed by the Oversight Committee, share their advice on opportunities to increase CPRIT's impact on cancer prevention and control in Texas.

CPRIT's administrative rules dictate that the presiding officer of the Oversight Committee is responsible for appointing experts to serve on CPRIT's advisory committees, including the PAC. Appointments to the PAC must be approved by the Oversight Committee.

The Board Governance subcommittee reviewed the PAC appointment at its February 3 meeting. Although the two members that attended the meeting were supportive of approving the appointment, the meeting lacked a quorum to vote for a formal recommendation to the Oversight Committee.

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Richard Gorlick, M.D.

Dr. Richard Gorlick is Division Head and Department Chair of Pediatrics, Department Chair ad interim of Sarcoma Medical Oncology in the Division of Cancer Medicine at the MD Anderson Cancer Center, and H. Grant Taylor, M.D., W. W. Sutow, M.D. and Margaret P. Sullivan, M.D. Distinguished Chair in Pediatrics. Dr. Gorlick received his medical degree from Downstate Medical School. He trained at New York-Presbyterian and Memorial Sloan-Kettering Cancer Center, where he began his sarcoma research laboratory and clinical practice. His laboratory is the founding Bone Tumor Resource Laboratory for the Children's Oncology Group. His molecular pharmacology laboratory is completely focused on osteosarcoma. His laboratory is a member of the NCI-funded Pediatric Preclinical Testing Consortium. Dr. Gorlick is involved in clinical trials, in part, as past chair of the Bone Tumor Disease Committee for COG. He is a past president of the Connective Tissue Oncology Society. Dr. Gorlick has published more than 303 peer-reviewed papers, reviews and book chapters.

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Advisory Committee on Childhood Cancer

Committee Annual Report

February 16, 2022

Presented By: Richard Gorlick, MD

Chair, ACCC

Division Head and Chair, Pediatrics, MD Anderson

H. Grant Taylor, M.D., W.W. Sutow, M.D., and Margaret P. Sullivan, M.D. Distinguished Chair in Pediatrics

Department Chair *ad interim*, Sarcoma Medical Oncology, Division of Cancer Medicine

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center Children's Cancer Hospital®

Outline of Presentation

- **Childhood Cancer**
- **Summary of ACCC Accomplishments**
  - Summary of Pediatric RFAs
  - Cores
  - Researcher's Round Up
- **ACCC Vision**
  - Vision for the ACCC
- **ACCC Strategy**
  - Establishing monthly virtual meetings with action items to continue making progress
  - Roster expansion (geography and pediatric oncology area)
- **Summary/Next Steps**

Childhood Cancer

Childhood Cancer: Evolution of the Problem

- **Leading cause of childhood death from disease***
  - 14,000 new cases per year in US
  - 1 in every 330 Americans develops cancer before age 20

- **Childhood cancer survivors represent a growing "problem"**
  - 1 in 750 20-year-olds alive in the US today is a survivor of childhood cancer

* 0 – 19 years of age

Adolescent & Young Adult Cancer (AYA)

- 90,000 AYAs (15-39 yrs) diagnosed with cancer each year in the United States
  - 10% of AYAs with cancer are diagnosed and treated in Texas
- Prevalence of cancer subtypes differ between AYAs, older adults, and children
  - Biology of childhood, AYA and adult cancers differs for many malignancies
- >100,000 childhood and AYA survivors live in Texas
- 5-yr Overall Survival- 85%, however, limited improvement in cure rates for many AYA diagnoses (sarcoma, CNS tumors, early onset CRC, breast cancer)
- Few studies focused on AYA short and long-term survival and quality of life
- TX is uniquely positioned to be leader in AYA cancer research

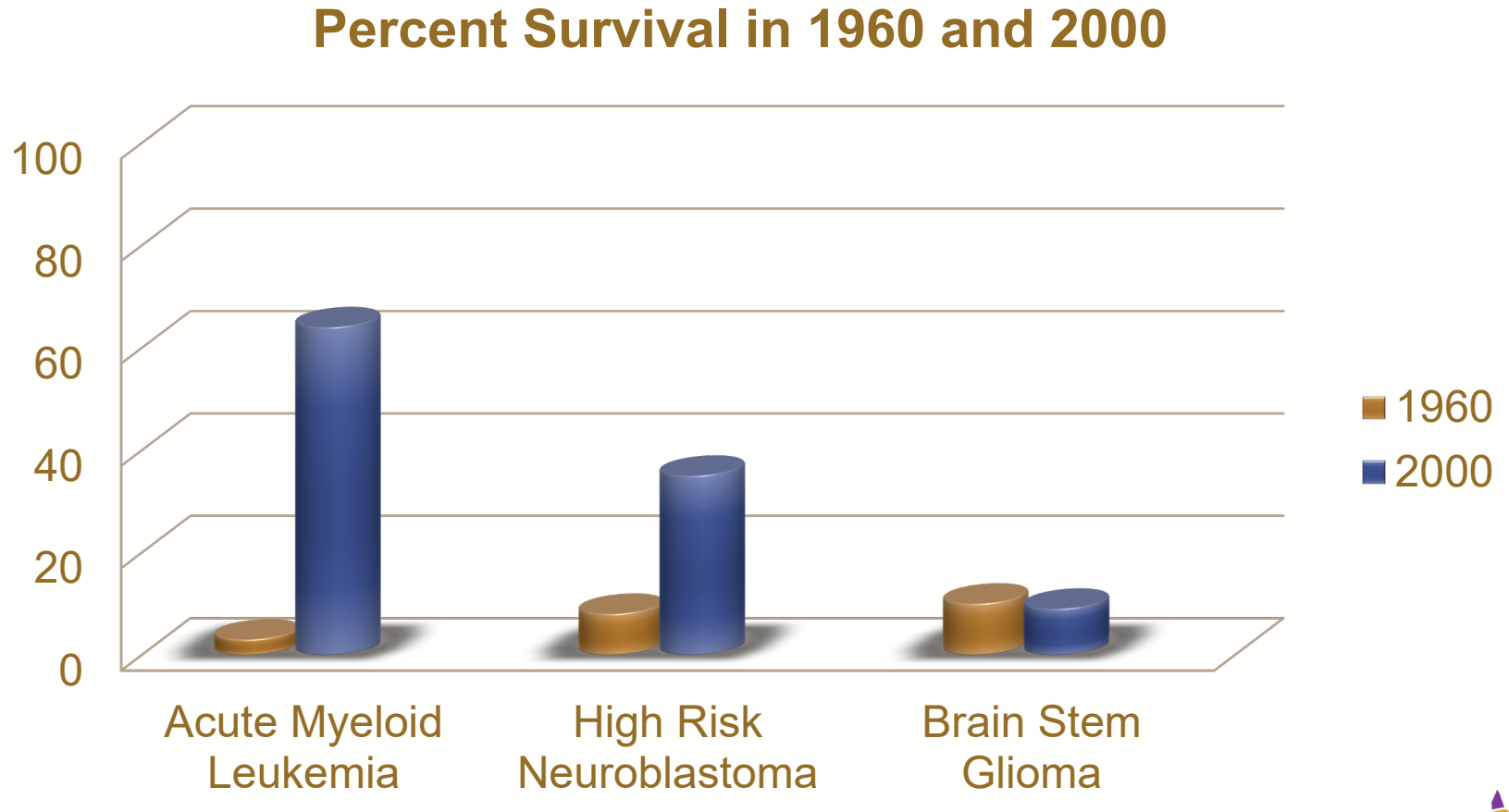
https://seer.cancer.gov/statfacts/html/aya.html

Smith et al. JCO 2010

Isakoff et al. JCO 2015

Children with Certain Forms of Cancer are Still Rarely Cured

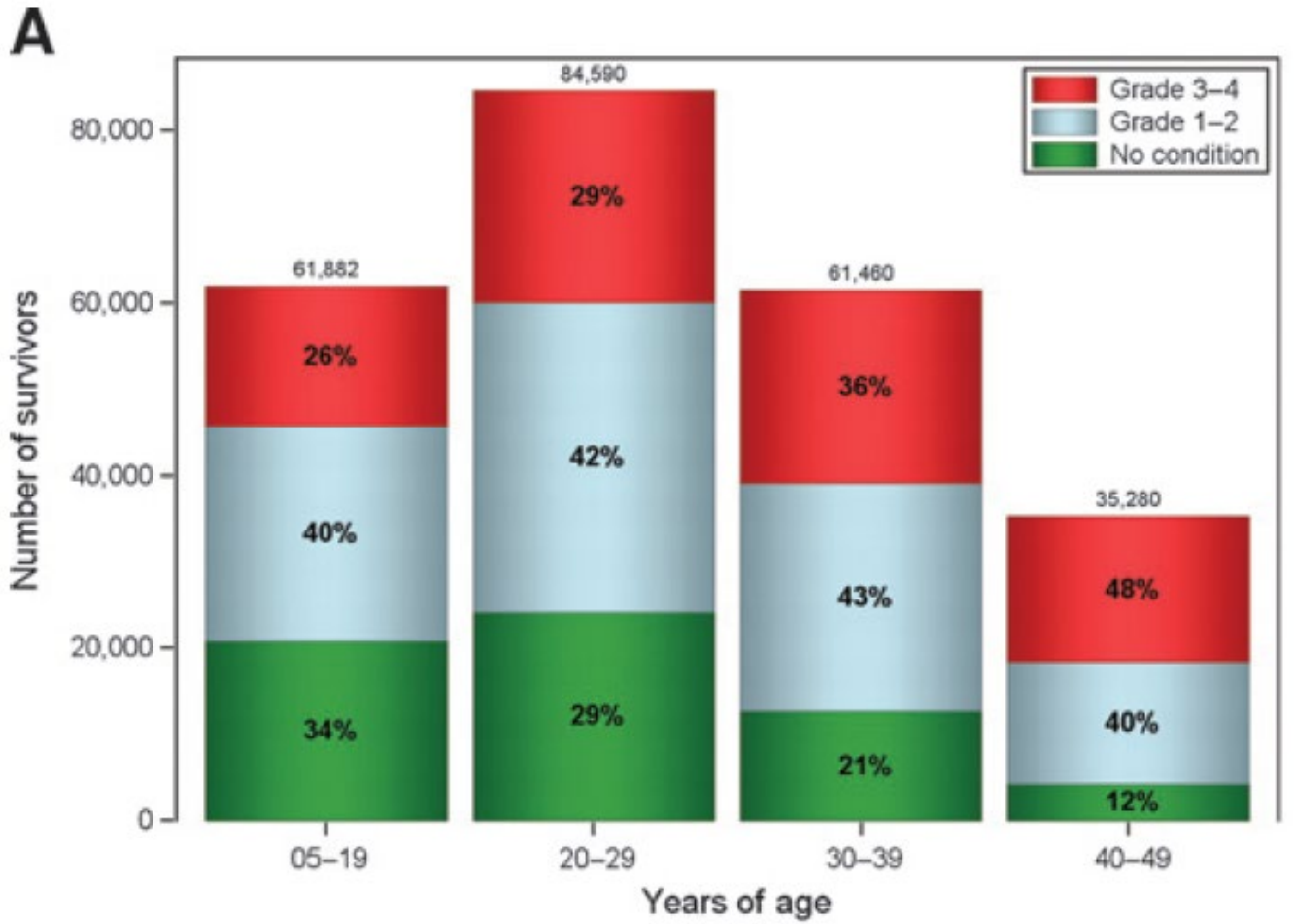
- More effective treatments are needed



Children's Oncology Group, unpublished

Most Childhood Cancer Survivors Suffer Lasting Side-effects

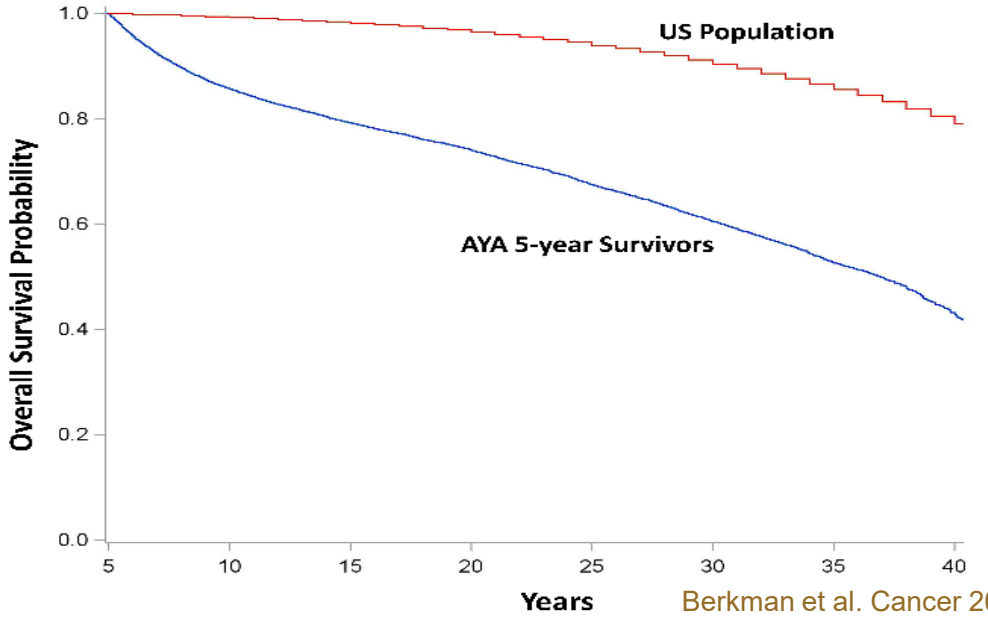
- "Precision medicine" can help balance chances for cure with risk for side effects
- Better understanding of late-effect risks can lead to prevention



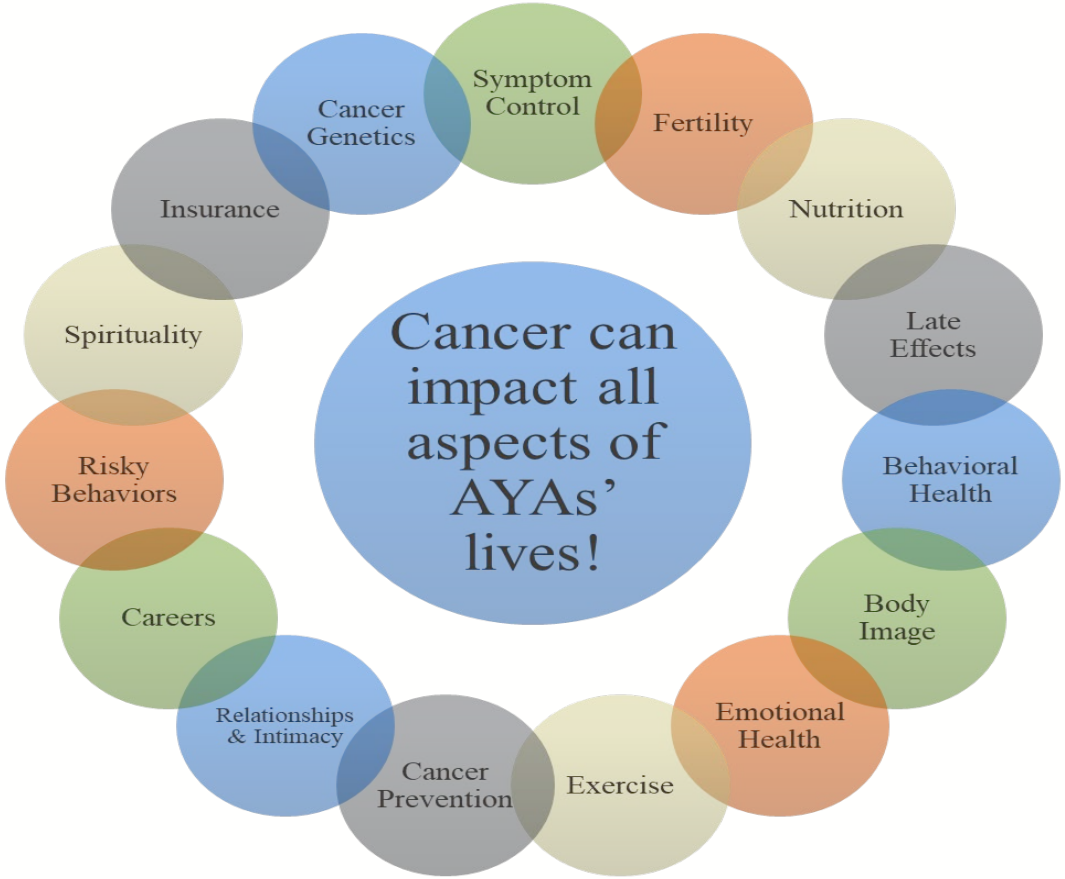
Philips et al, CEBP, 2015

AYA Cancer Research: Many Unanswered Questions

- AYAs with cancer have shortened long-term survival
  - Limited data on health and cause of death in survivorship
  - Few intervention studies aimed at improving outcomes
- AYAs with cancer have unique needs during and after treatment
  - Studies needed assessing and addressing AYA short and long-term health-related quality of life



Berkman et al. Cancer 2020

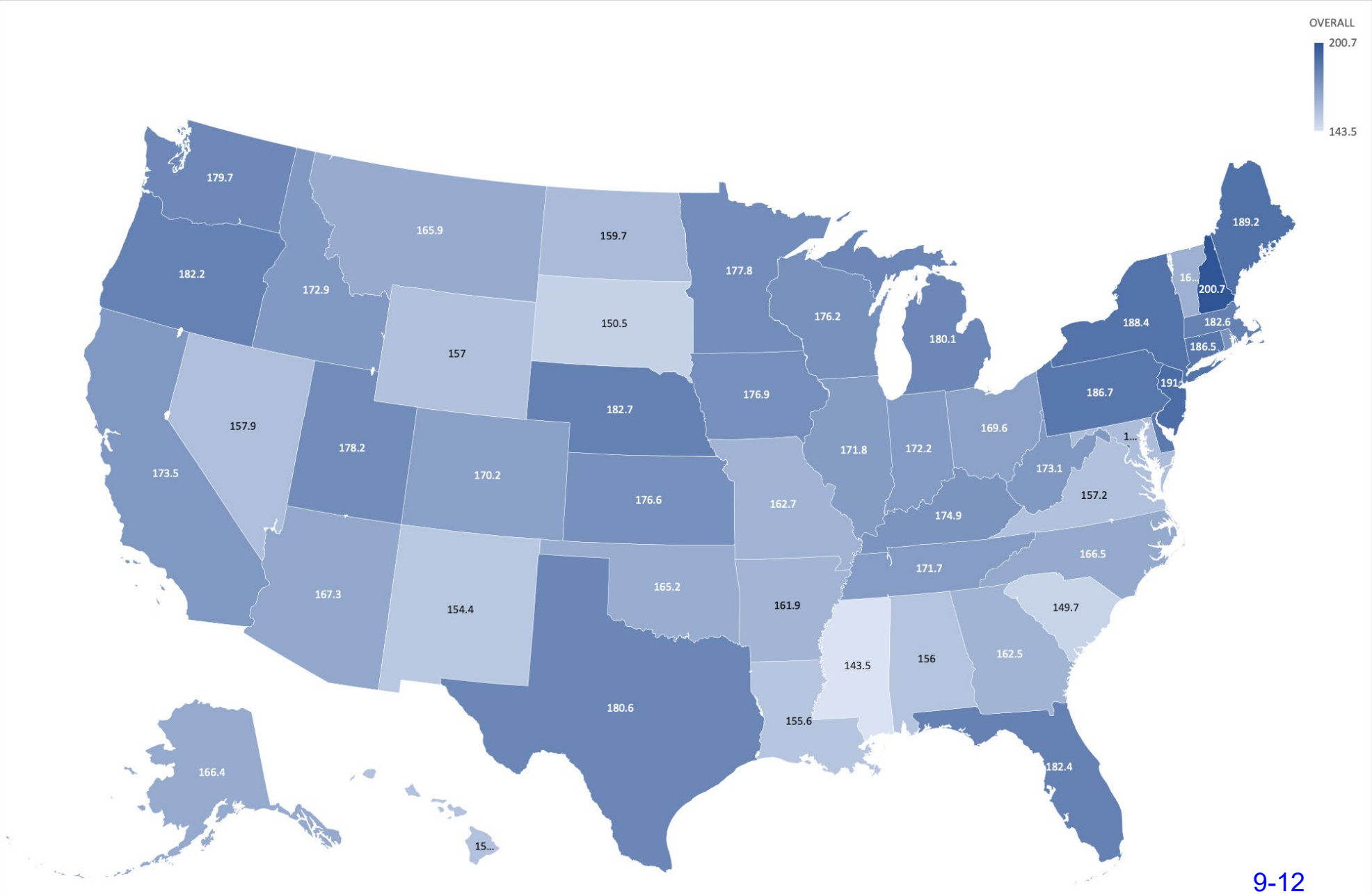


Pediatric Cancer Incidence in Texas

- The State of Texas ranks #13 in childhood cancer incidence
  - When we look at cancer sub-types, Texas ranks
    - #3 for Leukemia
    - #5 for ALL
    - #7 for Ependymoma and for Germ Cell Tumors (GCTs)
    - #9 for Other Gliomas

Data source: Siegel et al., 2018

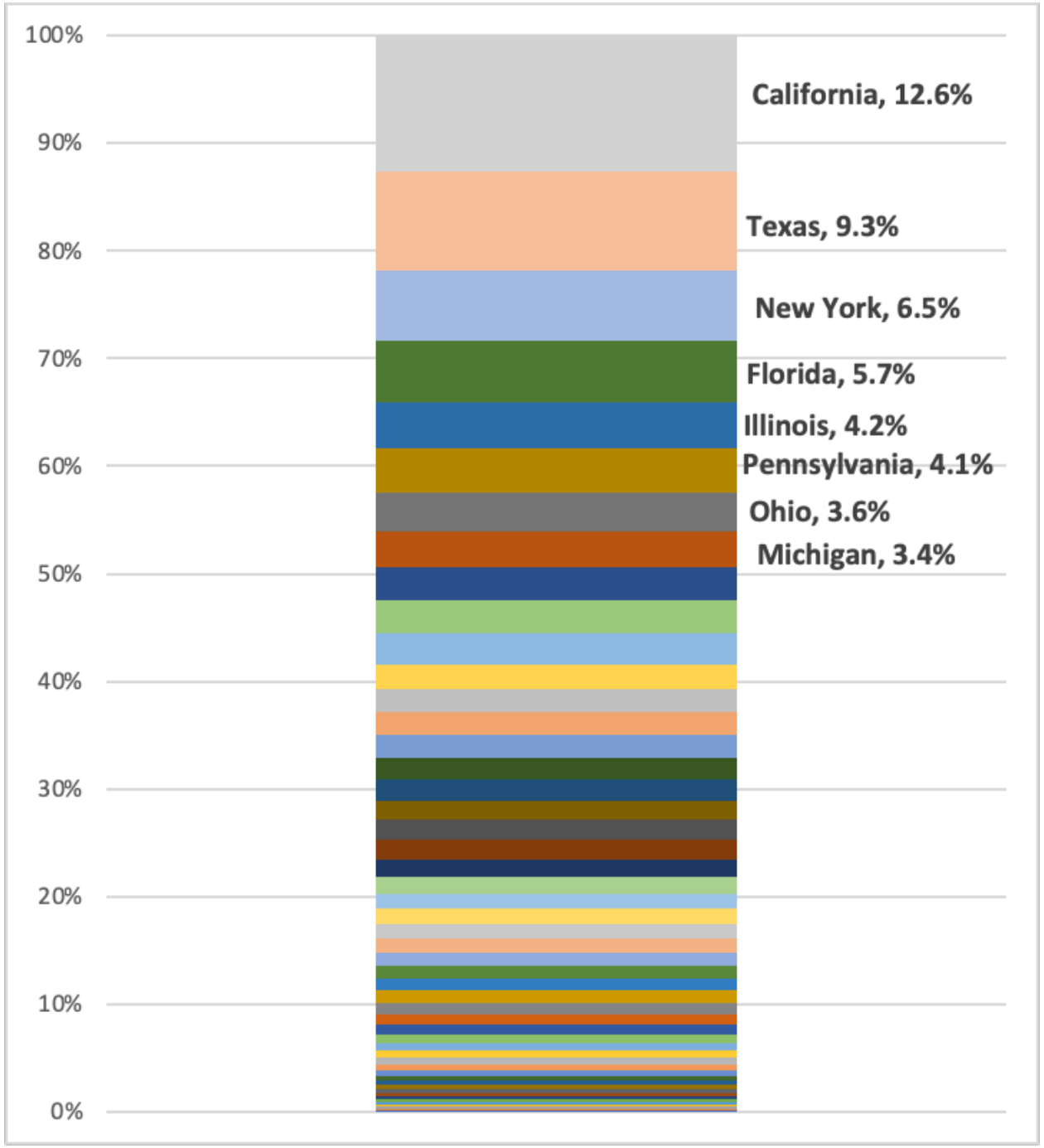
Incidence, NPCR data, Dx years 2003-2014



US Overall Childhood Cancer Incidence: 174 per million

9-12

Percentage of Childhood (0-19) Cancer Cases, NPCR 2001-2016



12.5%

9.2%

5.9%

5.4%

4.2%

3.8%

3.7%

3.2%

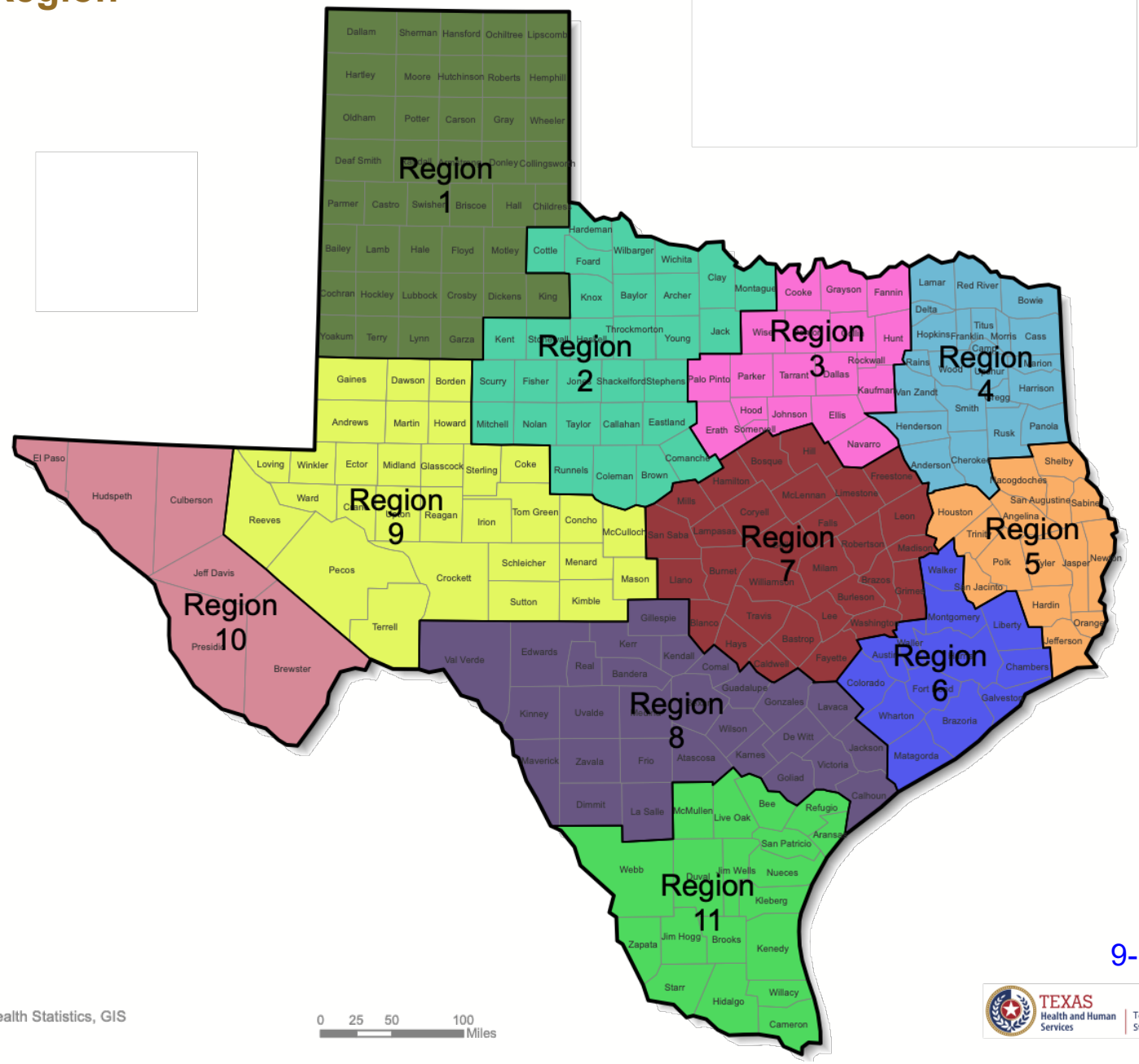
% of US population of children (0-19)

Overall Incidence Trends by Public Health Region

Using data from TCR 1995-2018

	APC	1995 Incidence	2018 Incidence
Texas	0.7*	166.1	188.6
PHR 1	0.5	183.8	234.1
PHR 2	0.7	181.7	209.3
PHR 3	0.9*	157	193.8
PHR 4	2.6*	119.4	179.1
PHR 5	0.4	156.4	191.1
PHR 6	0.5*	164	171.1
PHR 7	0.7*	194.1	216.1
PHR 8	1.0*	142.3	170.5
PHR 9	-0.4	145.9	171.6
PHR 10	0.9*	212.8	269.9
PHR 11	0.3	193.5	169

significant Annual Percent Change



Cener for Health Statistics, GIS
April, 2018

Pediatric Cancer Survival in US versus Texas

US Pediatric Cancer Survival by Survial Period (1-yr to 5-yr) by Diagnosis Year			
ages 0-19 at diagnosis; all diagnoses combined			
Survival Period			
Diagnosis Year	12 mo	24 mo	60 mo
2000	91.7%	85.0%	79.2%
2001	90.9%	85.2%	79.0%
2002	91.2%	85.6%	79.1%
2003	92.6%	87.3%	81.4%
2004	92.3%	87.5%	81.8%
2005	92.4%	87.7%	81.9%
2006	92.7%	87.3%	82.3%
2007	92.9%	88.1%	82.8%
2008	93.1%	88.9%	83.4%
2009	93.0%	88.5%	83.7%
2010	93.5%	89.6%	84.8%
2011	94.0%	89.2%	84.1%
2012	94.4%	90.1%	85.2%
2013	93.6%	89.0%	84.7%
2014	93.9%	90.0%	
2015	94.2%	89.8%	
2016	94.2%	89.6%	
2017	94.5%		
2018			
Source: SEER-18, 2000-2018			

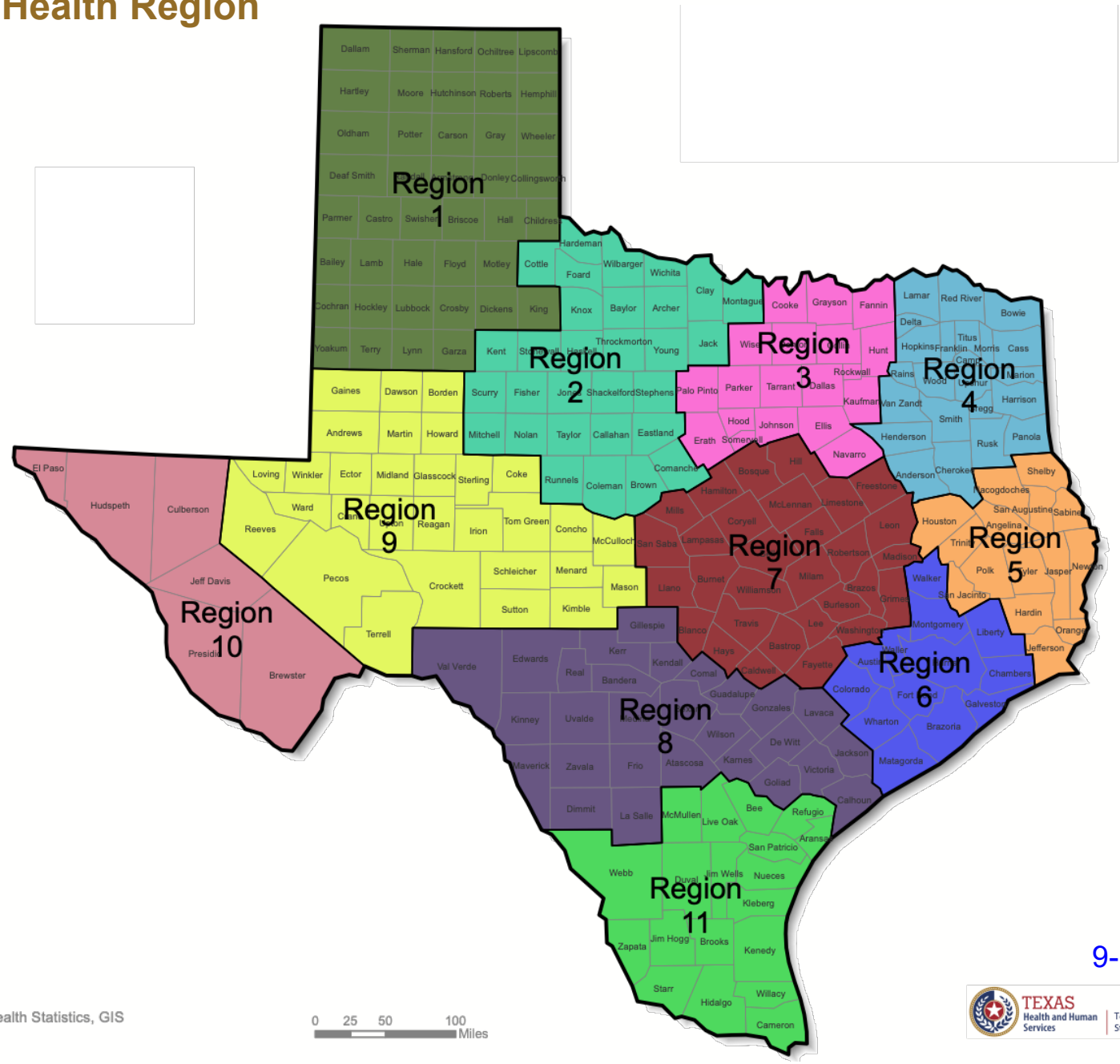
Texas Pediatric Cancer Survival by Survial Period (1-yr to 5-yr) by Diagnosis Year			
ages 0-19 at diagnosis; all diagnoses combined			
Survival Period			
Diagnosis Year	12 mo	24 mo	60 mo
2000	91.4%	85.9%	79.4%
2001	91.3%	84.7%	77.3%
2002	91.4%	85.7%	79.2%
2003	91.8%	86.0%	80.4%
2004	92.2%	86.8%	81.4%
2005	92.7%	87.7%	82.3%
2006	92.5%	86.6%	81.7%
2007	92.0%	88.1%	83.5%
2008	92.2%	87.1%	82.3%
2009	92.3%	87.9%	82.8%
2010	93.5%	88.6%	84.0%
2011	94.3%	89.8%	85.3%
2012	94.3%	90.0%	84.8%
2013	93.8%	89.9%	85.5%
2014	94.0%	90.8%	86.7%
2015	93.9%	89.6%	
2016	92.5%	88.3%	
2017	93.9%	89.7%	
2018	94.3%		
Source: TCR			

Incidence and Five-Year Survival by Public Health Region

Using data from TCR 1995-2018

PHR	Incidence, per M		5-Yr Survival
1	174.1		84.0%
2	173		80.7%
3	181.5		83.0%
4	174		82.9%
5	176.7		83.4%
6	190.1		82.2%
7	179.1		82.7%
8	185.9		81.0%
9	170.3		83.6%
10	212.8		79.6%
11	185.8		79.7%
TX	184.2		82.1%

Red cells are worse than state values.



Cener for Health Statistics, GIS
April, 2018

Summary

- Pediatric cancer incidence and survival varies by public health regions in Texas
- We know access to care is challenging for children in rural Texas and may be a factor in differential survival
- This may suggest a mechanism is needed to increase access to life saving treatments via clinical trials for children across the State of Texas

Summary of ACCC Accomplishments

CPRIT Propels Childhood Cancer Research

- CPRIT funding has launched 178 research projects focused on childhood cancer
  - More than $308 million dollars
  - Approximately 11% of CPRIT award portfolio
  - 490 scientific publications
  - 38 patents filed

- Independent research awards address important childhood cancer topics and disease types:
  - Topics
    - Molecularly targeted therapies
    - Response biomarkers
    - Cancer metabolism
    - Immune surveillance
    - Mechanisms underlying heart toxicity
    - Cancer genetic susceptibility
    - Cancer prevention: HPV vaccine
  - Disease
    - Colon Cancer
    - Ewing Sarcoma
    - Glioblastoma
    - Hepatocellular cancer
    - HPV-related cancer
    - Leukemia, Lymphoma
    - Malignant Yolk Sac Tumors
    - Medulloblastoma
    - Neuroblastoma
    - Rare Pediatric Cancers
    - Sarcoma, Osteosarcoma, Rhabdomyosarcoma
    - Wilms Tumor

CPRIT Funds Important Childhood Cancer Research

- New research projects tackling big problems
  - Ewing sarcoma – Vlassakis, Rice University
  - Leukemia - Schraw, BCM
  - All Cancers – Scheurer, BCM
  - Rhabdomyosarcoma – Grow, UTSouthwestern
  - Leukemia – Lee, MD Anderson Cancer Center
  - HPV - Berenson, UTMB
  - All Pediatric Cancers, Survivorship – Poplack, BCM
- High-impact, high-risk awards realizing new opportunities
  - Biological basis of ethnic and social disparities in pediatric ALL– Schraw, BCM
- Core Facilities Support Awards create new resources
  - Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) – Scheurer, BCM

CPRIT Core Facility Support Awards

Provides financial support for a wide variety of projects relevant to cancer research in Texas, including for pediatric specific projects such as:

Title	PI	Institution	Award Year
The Adolescent and Childhood Cancer Epidemiology and Susceptibility Service (ACCESS) for Texas	Michael Scheurer, PhD, MPH	Baylor College of Medicine	2016, 2021
TTUHSC Cancer Animal Facility (Ewing sarcoma, Wilms tumor, ALL, neuroblastoma)	Scott Trasti, DVM	Texas Tech University Health Sciences Center	2019
CARMIT (Children's Access to Regenerative Medicine in Texas)	Adrian Gee, PhD	Baylor College of Medicine	2018
Pediatric Solid Tumors Comprehensive Data Resource Core	Richard Gorlick, MD	MD Anderson Cancer Center	2018
Pediatric Cancer Data Core	Yang Xie, PhD	The University of Texas Southwestern Medical Center	2018
Texas Pediatric Patient Derived Xenograft Facility	Peter J. Houghton, PhD	The University of Texas Health Science Center at San Antonio	2016

CPRIT Recruits New Childhood Cancer Researchers to Texas

Mechanism	# Awards	Funding
Recruitment of Established Investigators	3	$20,177,801
Recruitment of First-Time, Tenure Track Faculty Members	11	$22,000,000
Total	**14**	$42,177,901

In 2020, Dr. Tanmay LeLe was successfully recruited to Texas, from the University of Florida to Texas A&M Engineering Experiment Station through a CPRIT Recruitment of Established Investigators award.

At Texas A&M he plans to further develop his methods that combine microscopy and advanced mathematical image analysis in partnership with cancer scientists at the Texas Medical Center and members of the engineering/computer science faculty at Texas A&M to identify candidate therapies for medulloblastoma.

Researcher's RoundUp

- CPRIT and the Carson Leslie Foundation rounded up Texas' brightest childhood cancer investigators to discuss, identify, and encourage collaboration
- The first meeting held in January 12-13, 2020 in Dallas helped frame much of the strategy that will be presented
- Due to COVID-19 travel restrictions, 2021 Researcher's RoundUp was canceled
- Much thanks to Annette Leslie whose energy and advocacy has made this so successful

Where are we going?

ACCC Vision

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Children's Cancer Hospital®

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

To improve the patient experience, quality of life, and long-term survival of children in Texas diagnosed with cancer through fostering high impact research

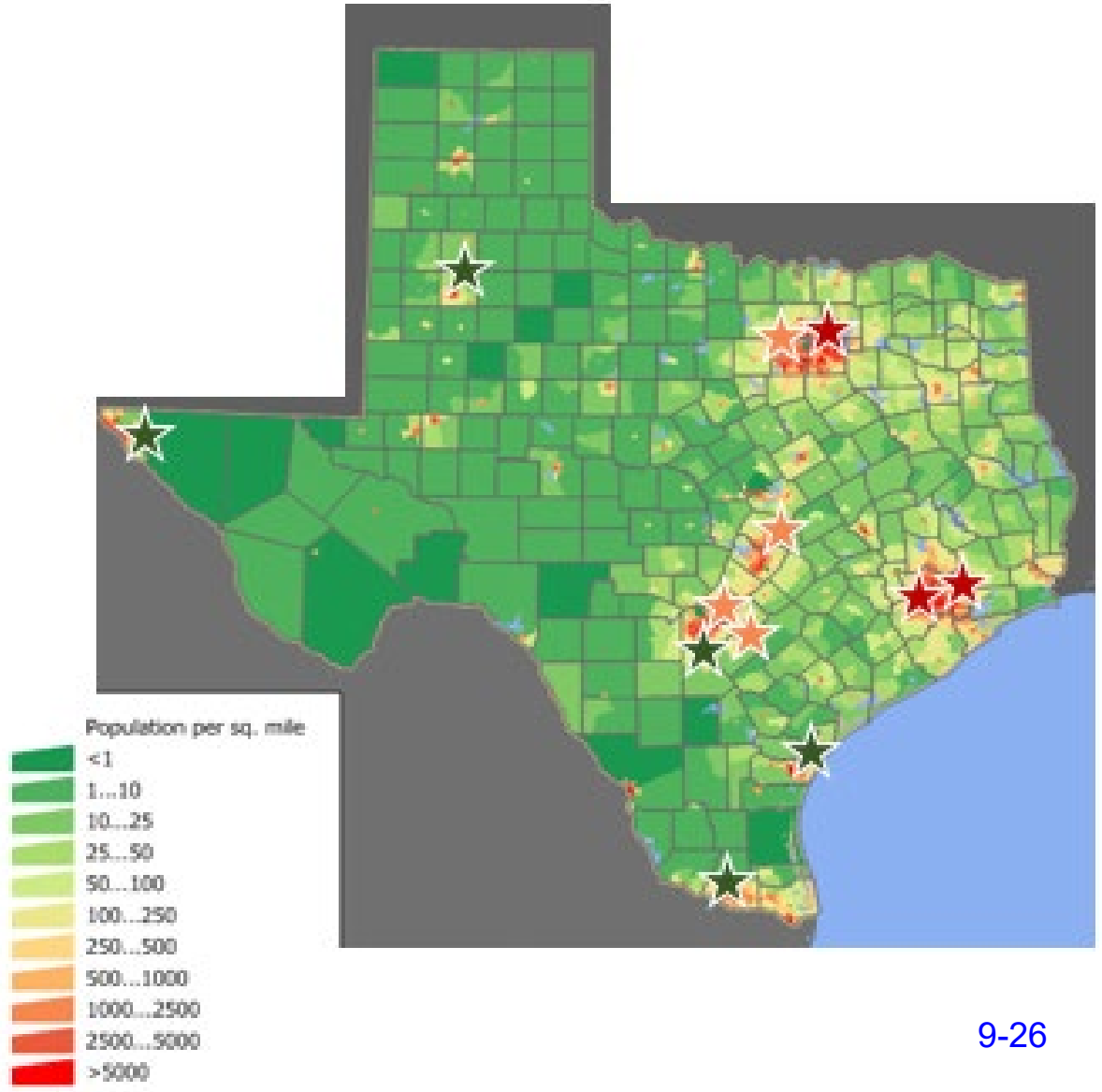
Pediatric Cancer Care in Texas

- Pediatric oncology care across Texas is unevenly distributed across population centers, leaving Central Texas with limited access to large academic sub-specialized cancer care

★ Large pediatric oncology centers (>15 sub-specialists)
- MD Anderson (Houston)
- Texas Children's (Houston)
- UT Southwestern (Dallas)

★ Medium pediatric oncology programs (5-15 sub-specialists)
- Dell Children's (Austin)
- Cook Children's (Fort Worth)
- UT San Antonio (San Antonio)
- Children's San Antonio (San Antonio)

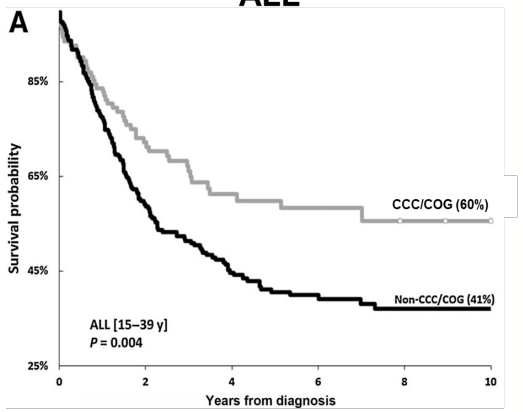
★ Small pediatric oncology programs (<5 sub-specialists)
- El Paso
- Texas Tech (Lubbock)
- Methodist (San Antonio)
- Vannie Cook TCH (Corpus Christi)



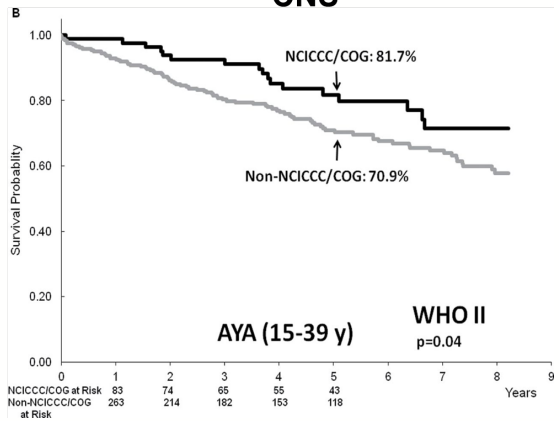
Disparities in AYA Care and Outcomes

- Treatment location impacts survival
  - Improved survival with treatment at academic NCI-supported centers vs community sites
  - Unclear where AYAs receive cancer care in TX
- Need to increase access to and uptake of supportive care
  - Fertility preservation
  - Psychosocial support
  - Genetic services
- AYA enrollment in clinical trials is very poor
- Limited knowledge of sociodemographic disparities in outcomes

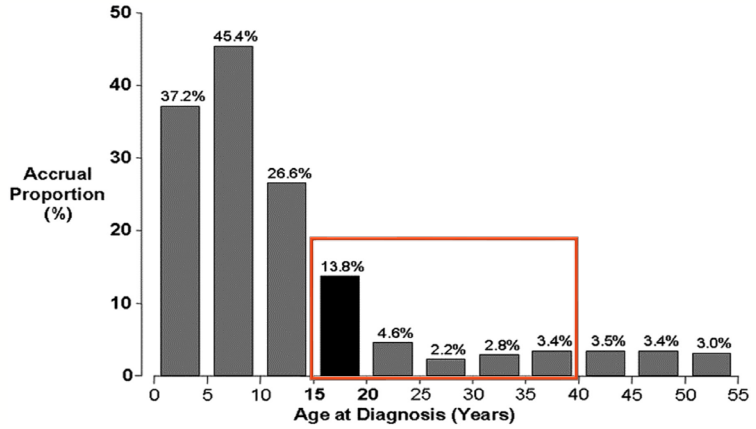
ALL



CNS



Enrollment on NCI Trials



9-27

Wolfson et al. JNCI. 2014.

Wolfson et al. CEBP. 2014

Pediatric Cancer Care Close to Home

- A cancer diagnosis in a child or adolescent is traumatic for patients and their families

- For optimal patient-centered care, patients need:
  - access to expert sub-specialized care
  - novel cutting-edge targeted therapies
  - immunotherapy
  - clinical trials
  - close proximity to home environment with loved ones

How will we get there?

Continue to Support Broad-based Scientific Discovery

- Individual research awards for childhood cancer
  - Biology of cancer in children and adolescents
  - Immune system and childhood cancer
  - Experimental therapeutics
  - Clinical translational research
- Opportunities for multi-investigator research awards
  - 28 MIRA projects
    - $16M follow-on funds outside of CPRIT
    - 81 publications
    - 2 patents
- New and established faculty recruitment awards
  - Sean Morrison, PhD, HHMI, National Academy of Sciences
  - 14 new childhood cancer researchers in Texas
- Texas Regional Excellence in Cancer Award
  - Texas Regional Excellence in Cancer Developmental Therapeutics Center at TTUHSC
  - $6 million grant with major focus of developmental therapeutics in childhood cancer

Continue Childhood Cancer Core Facilities Support Awards

- Impact to date
  - 12 Cores, $55M follow-on funds, 82 publications, 2 patents
  - New, shareable childhood cancer models
    - Texas Pediatric PDX facility (Houghton, UTHSCSA)
    - PDX-AIM (Lewis, BCM)
    - Cancer Animal Facility (Trasti, TTUHSC)
  - New capacity for data storage and sharing
    - Pediatric Cancer Data Core (Xie, UTSW)
    - Pediatric Solid Tumors Comprehensive Data Core (Gorlick, UTMDACC)
    - ACCESS for Texas (Scheurer, BCM)
- Recommendations
  - Specific calls for CFSA proposals focused on childhood cancer
    - Ensure impact extends beyond local institutions
    - Enlist ACCC to help prioritize Core Facilities
  - Invite competitive renewal of high-performing Cores that fill state-wide needs

Enhancements to Strategy

- Established monthly virtual ACCC meetings and specific action items to maintain momentum and make meaningful progress
- Expanded ACCC roster to include 3 new parent committee members
- Formed 9 sub-committees comprised of expert physicians and researchers in the following geographic and pediatric oncology areas:
  1. AYA
  2. Brain Tumors
  3. Cell Therapy
  4. Epidemiology
  5. Frontiers
  6. Genetic Predisposition and Genetic Risk
  7. Leukemia/Lymphoma
  8. Solid Tumors
  9. Survivorship

ACCC Membership

MEMBER	INSTITUTION	MEMBER	INSTITUTION
Richard Gorlick, MD (Chair)	MD Anderson CC	Stan Goldman, MD	Medical City Dallas
D. Will Parsons, MD, PhD (Vice-Chair)	Texas Children's Baylor College of Medicine	Barkat Hooda, MD	UTMB Galveston
Carl E. Allen, M.D.	Baylor College of Medicine	Eugenie Kleinerman, MD	MD Anderson CC
Karen Albritton, MD	Cook Children's	Andrew Y. Koh, MD	UT Southwestern Children's Health
Mohamad Al-Rahawan, MD, MPH	Texas Tech HSC	Annette Leslie*	Carson Leslie Foundation
Greg Aune, MD, PhD	UTHSC San Antonio	Julie Luke, CPNP	Methodist Children's
Smita Bhaskaran, MD	Texas Tech HSC, Amarillo	Philip Neff, MD	Dell Children's
Juan Carlos Bernini, MD	Vannie Cook Jr. Clinic	Patrick Reynolds, MD, PhD	Texas Tech HSC
Tim Culliver*	Adam's Angels Ministry	Stephen X. Skapek, MD	UT Southwestern
Meaghan Granger, MD	Cook Children's	Lisa Tichenor*	QadW Foundation
		Gail Thomlinson, MD, PhD	UTHSC San Antonio

Updated February 4, 2022

* Patient Advocate

CPRIT ACCC Organization

Leadership
Richard Gorlick, M.D., Chair
Donald (Will) Parsons, M.D., Ph.D., Vice-Chair

Members
Karen Albritton, M.D.; Carl E. Allen, M.D.; Mohamad Al-Rahawan, M.D., MPH; Greg Aune, M.D., Ph.D., FAAP; Juan Carlos Bernini, M.D.; Smita Bhaskaran, M.D.; Tim Culliver; Stan Goldman, M.D.; Meaghan Granger, M.D.; Barkat Hooda, M.D.; Eugenie Kleinerman M.D.; Andrew Y Koh, M.D.; Annette Leslie; Julie Luke, CPNP; Phillip Neff, M.D.; C Patrick Reynolds, M.D., Ph.D.; Stephen X. Skapek, M.D.; Lisa Tichenor; Gail Tomlinson, M.D., Ph.D.

SC1: AYA
Karen Albritton (Leader), Michael Roth, Chibuzo O'Suoji (Members)

SC2: Brain Tumors
Donald Parsons (Leader), Daniel Bowers, Holly Lindsay (Members)

SC3: Cell Therapy
Andrew Koh (Leader), Kris Mahadeo, Robin Parihar, Samuel John, Matthew Campbell, Meena Hegde (Members)

SC4: Epidemiology
Philip Lupo (Leader), Paul Scheet, Sandi Pruitt, Michael Scheurer, Michael Roth (Members)

SC5: Frontiers
Smita Bhaskaran, Mohamad Al-Rahawan, Phil Neff (Co-Leaders), Lisa Thicenor, Shannon Cohn (Members), Richard Gorlick (Advisor)

SC6: Genetic Predisposition & Risk
Gail Tomlinson (Leader), Laura Klesse (Member)

SC7: Leukemia / Lymphoma
Carl Allen (Leader), Rachel Rau (Member)

SC8: Solid Tumors
Nino Rainusso (Leader), Jessica Naiditch, Dinesh Rakheja, Gabriel Axelrud, Lorimar Ramirez (Members)

SC9: Survivorship
Greg Aune (Leader), Barbara Jones, Monica Gramatges, Chibuzo O'Suoji, Michael Roth (Members)

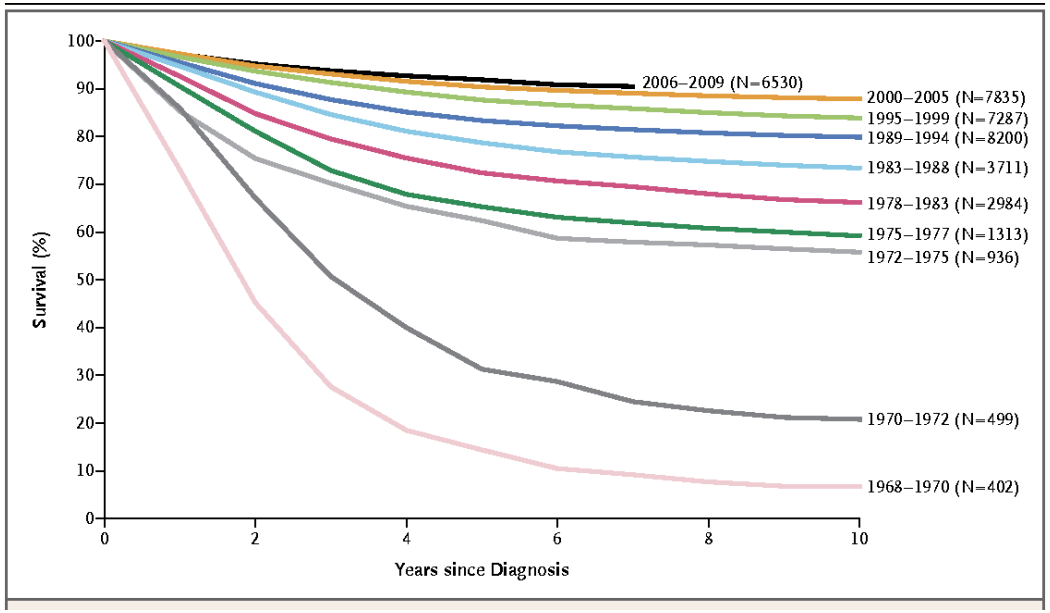
Dedicate a Clinical Trials Network RFA to Pediatrics

- Develop a clinical trials network in Texas that is pediatric oncology focused on improving survival and survivorship
  - Could begin by focusing on targeted agents in which the molecular phenotype is found in both pediatric and adult cancers
  - Could focus on bringing new technologies such as stem cell therapy from larger to smaller centers
  - Could improve follow up particularly among AYAs who can be lost in the transition from pediatric to medical providers
  - Could enhance our understanding of the unique challenges faced by young cancer patients in Texas

Clinical Trials Improve Survival

- 30-60% of all children with cancer participate in clinical trials
- Superior clinical trial enrollment has led to significantly improved cure rates
- Urgent need to:
  - Improve cure rates for many pediatric and AYA cancers
  - Improve long-term health-related quality of life of childhood and AYA cancer survivors
- Clinical trials are the path forward

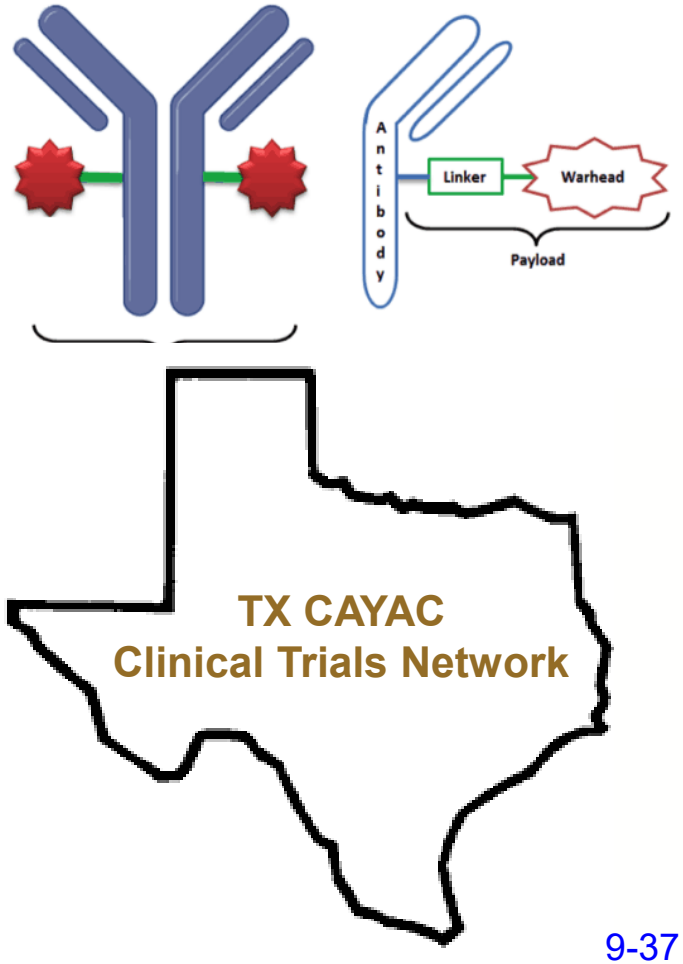
Overall Survival of Children with Acute Lymphoblastic Leukemia



Hunger et al. NEJM. 2015

Texas Childhood & AYA Cancer Clinical Trials Network

- New treatment approaches to improve outcomes need to be efficiently studied in childhood and AYA cancer patients
- Due to the rarity of childhood and AYA cancers, most trials are conducted nationally
  - Slow development of new trials and opening across sites
- Texas has the patient volume and diversity and clinical expertise to conduct and complete these trials intra-state
- A Texas-wide childhood and AYA cancer clinical trials network would:
  - Increase TX patient access to novel agents
  - Expedite discovery to improve outcomes for children & AYAs



Rostami et al. ADCReview. 2014

Researcher's RoundUp

- The outcome of Researchers RoundUp will help inform CPRIT's Childhood Cancer RFA's
- This year, Researchers RoundUp has been expanded to all childhood cancer researchers – both those funded by CPRIT and those who have not been
- Emphasis has been placed on Texas wide representation
- Goal will to be define the highest priority clinical trials and their common elements to help define what is needed to advance our field

Will be held in person on July 24-26, 2022 at Pegasus Park, Dallas, TX

ACCC Recommendations

- Childhood Cancer Recommendations
  - Broad-based discovery research
  - Core Facilities with broader reach
  - Consider a Clinical Trials Network RFA devoted to Pediatrics

Summary

Summary

- The ACCC applauds Texans for the forward-thinking development of CPRIT and supporting its visionary leadership that continues to embrace childhood cancer research.

- CPRIT has supported remarkable innovation and scientific breakthroughs benefitting children with cancer in Texas. Continued support of pediatric targeted proposals remains critical.

- Supporting a Texas wide clinical trials network will improve care of children and AYAs throughout Texas. More suggestions on this topic will follow after Researchers Roundup 2022.

Q&A

Richard Gorlick, MD
Chair, CPRIT Advisory Committee on Childhood Cancers

Dr. Peter Davies, MD, PhD is Professor and Director of the Center for Translational Cancer Research at the Texas A&M University Institute of Biosciences and Technology in Houston. He also serves as Head of the Department of Translational Medical Sciences, Texas A&M College of Medicine. Dr. Davies has had a long-standing interest cancer therapeutics and academic drug discovery. Following physician-scientist training at the University of Miami, he completed 4 years of post-doctoral training at the National Cancer Institute before joining the faculty of the University of Texas Medical School in Houston. He spent more than 30 years at UT-Houston rising to the rank of Professor of Pharmacology and Medicine, Executive Vice-President for Research and Provost of the Health Science Center. In 2011 he moved to Texas A&M University to lead a program in cancer-related drug discovery research at the A&M Institute of Biosciences and Technology. Dr. Davies is grateful for the generous research grant support that he and his colleagues have received from CPRIT and is committed to supporting CPRIT in its goal of the developing advances in the prevention and treatment of cancer that will benefit the citizens of Texas, the nation and the world.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

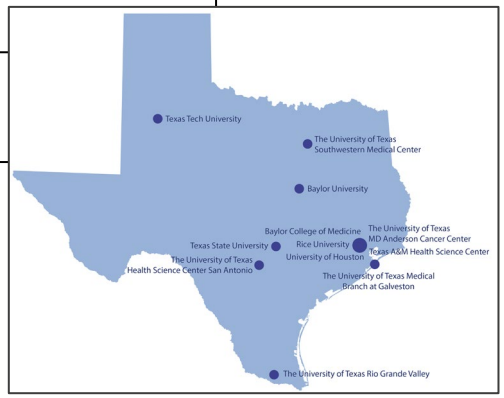
CPRIT University Advisory Committee: 2021 Annual Report

CPRIT Oversight Committee Meeting
Feb 16, 2022

Peter Davies MD, PhD, Chair

University Advisory Committee (UAC) – Membership FY21 - 22

Health Related Institutions	Academic Institutions
Peter Davies, M.D., Ph.D. Texas A&M Health Science Center	**Subhash C. Chauhan, Ph.D.** The University of Texas Rio Grande Valley
Carlos L. Arteaga, M.D. The University of Texas Southwestern Medical Center	**Joseph "Joe" Heppert, Ph.D.** Texas Tech University,
Abbey B. Berenson, M.D., MMS, Ph.D. The University of Texas Medical Branch at Galveston	**Michael T Blanda, Ph.D.** Texas State University
Giulio F. Draetta, M.D., Ph.D. The University of Texas MD Anderson Cancer Center	**Claudia Neuhauser, Ph.D.** University of Houston
Ruben A. Mesa, M.D., FACP The University of Texas Health Science Center San Antonio	**Yousif Shamoo, Ph.D.** Rice University
Kent Osborne, M.D. Baylor College of Medicine	**John Louis Wood, Ph.D.** Baylor University



UAC Meetings and Discussions
2021 / 2022

Meetings

June 28, 2021; Dec 15, 2021

June 28, 2021 - Special Meeting to Discuss Core Facility Support Awards

Summary of Recommendations

- Strong support for CFSA Program
- Continue institutional gatekeeping on renewal versus new applications
- Consider set aside pool of funding for renewals and for new awards
- Regional concerns – smaller campuses vs cancer center
- Refine the RFA to deal more explicitly with:
  - Impact via metrics,
  - Institutional support and sustainability
  - Value of multi-institutional programs
  - Partnering with smaller institutions
  - Innovation as opposed to continuation

Dec 15, 2021 – UAC Meeting

Agenda

- Review of FY 21 Research and Scholar awards
- Introduction of Dr. LeBeau – Discussion of Principles and Priorities

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Principles and Priorities

Principles

- Scientific excellence and impact on cancer
- Increasing the life sciences infrastructure
- Achieving health equity and reducing cancer disparities

Priorities for FY22

- Recruitment of outstanding researchers to Texas
- A broad range of innovative Individual Investigator Research Awards (IIRAs)
- Investment in Core Facilities to build infrastructure and research capacity

Goals

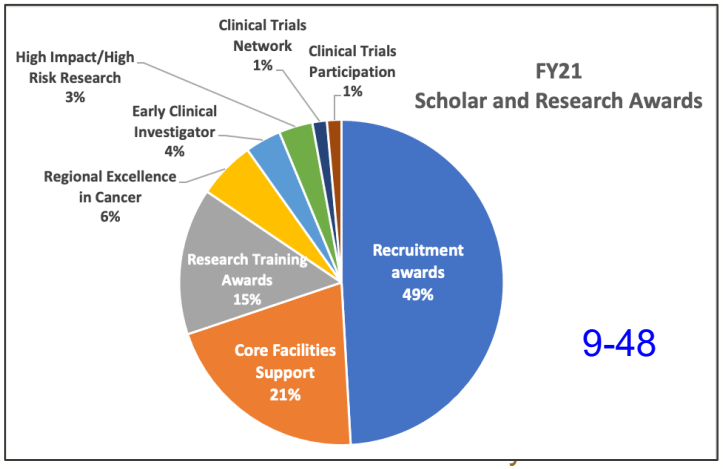
- Expand geographic distribution of CPRIT awards
- Increase integration of CPRIT's Academic Research, Product Development, and Prevention Programs
- Expand funding mechanisms

Academic Research and Scholar Awards FY 2021

Cycle	Mechanism	# Applications Submitted	Total Funding Requested	Applications Recommended by SRC	Total Funding Recommended by SRC	Success Rate
21.1	Research Training Awards	15	$57,385,196	8	$30,320,925	53.30%
FY21.2 Total		**159**	**$200,027,333**	**50**	**$75,418,344**	31%
21.2	Clinical Trials Network	5	$95,848,572	1	$3,000,000	20%
21.2	Core Facilities Support	25	$13,481,740	12	$43,099,721	48%
21.2	Early Clinical Investigator	11	$16,426,401	5	$7,442,391	45%
21.2	High Impact/High Risk Research	107	$26,501,441	28	$6,995,235	26%
21.2	Texas Clinical Trials Participation Program	4	$5,982,538	2	$2,999,327	50%
21.2	Texas Regional Excellence in Cancer	7	$41,786,641	2	$11,881,670	29%
FY20 Total		**174**	**$257,412,529**	**58**	**$105,739,269**	

Mechanism	# Applications Submitted	Funding Requested	Applications Recommended	Success Rate	Total Funding Recommended	Recruitment Status		
						Accepted	Pending	Declined
FY 21 Recruitment Total	**65**	**$183,946,244**	**40**	**62%**	**$101,997,698**	**32**	**0**	**8**
Established Investigators	10	$60,000,000	6	60%	$36,000,000	3	0	3
Rising Stars	10	$38,551,470	4	40%	$15,998,389	4	0	0
First-Time, Tenure Track Faculty	45	$85,394,774	30	67%	$49,999,309	25	0	5

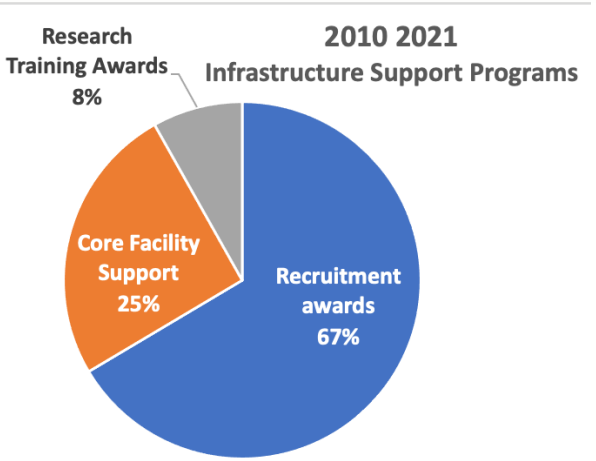
- 22 Texas institutions received CPRIT awards
- 28 HI / HR research awards
- 2 new Texas Research Excellence in Cancer awards to UT El Paso and Texas Tech HSC
- 12 Core Facility Support Awards,
- 8 Training Program awards.
- inaugural Clinical Trials Network Award to MDACC
- 2 Clinical Trials Participation Program Awards (BCM, UTSW)
- 5 Early Clinical Investigator Awards,
- 40 recruitment awards approved: 30 First Time Tenure Track, 4 Rising Star, 6 Established Investigators. Overall success rate was 62%. . 16/40 awardees are women.



CPRIT Research Training Awards

Support training of undergraduates, graduate students and post-docs

- 5 Year $3M - $4M, Renewable
- Diverse aspects of cancer-related research
  - Basic and Translational research
  - Epidemiology and Prevention
  - Computational Biology and Informatics
  - Cancer Therapeutics and Drug Discovery
- Awardees have included:
  - MD Anderson, UT Southwestern, Baylor College of Medicine, UTHSC – Houston, UTHSC – San Antonio, UTMB / GCC, Univ of Houston / GCC, Texas A&M / GCC, UT – Austin, Univ of North Texas HSC



RTA Program Awards 2010 -2021

2010 - 9 applicants, 7 awards
2014 - 7 applicants, 7 awards
2016 - 13 applicants, 4 awards
2017 - 9 applicants, 5 awards
2021 - 15 applicants, 8 awards
Total - 31 awards

FY 2021 Research Training awards

Type	Inaugural Year	Title	PI	Institution
Renewal	2010	The Future of Cancer Research: Training Program for Basic and Translational Scientists	Keyomarsi, Khandan	UT MDACC
Renewal	2010	Cancer Intervention and Prevention Discoveries Program	Cobb, Melanie H	UTSW
Renewal	2016	HSC Scholars in Cancer Research	Vishwanatha, Jamboor	UNT HSC
Renewal	2010	Baylor College of Medicine Comprehensive Cancer Training Program	Rosen, Jeffrey M	BCM
Renewal	2015	Systems Epidemiology for Cancer Training Program (SECT Program)	Spitz, Margaret R	BCM
Renewal	2010	Collaborative Training of a New Cadre of Innovative Cancer Prevention Researchers	Fernandez, Maria E	UT-Houston
New	2021	Biomedical Informatics, Genomics, and Translational Cancer Research Training Program (BIG-TCR)	Zhao, Zhongming	UT-Houston
New	2021	Cancer Therapeutics Training Program (CTTP)	Davies, Peter	Texas A&M

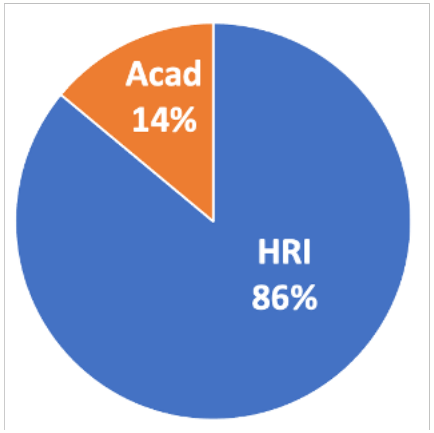
CPRIT Research Funding
Health-Related Institutions (HRI) & Academic Campuses

UAC Membership

Health Related Institutions	Academic Institutions
Peter Davies, M.D., Ph.D. Texas A&M Health Science Center	Subhash C. Chauhan, Ph.D. The University of Texas Rio Grande Valley
Carlos L. Arteaga, M.D. The University of Texas Southwestern Medical Center	Joseph "Joe" Heppert, Ph.D. Texas Tech University,
Abbey B. Berenson, M.D., MMS, Ph.D. The University of Texas Medical Branch at Galveston	Michael T Blanda, Ph.D. Texas State University
Giulio F. Draetta, M.D., Ph.D. The University of Texas MD Anderson Cancer Center	Claudia Neuhauser, Ph.D. University of Houston
Ruben A. Mesa, M.D., FACP The University of Texas Health Science Center San Antonio	Yousif Shamoo, Ph.D. Rice University
Kent Osborne, M.D. Baylor College of Medicine	John Louis Wood, Ph.D. Baylor University

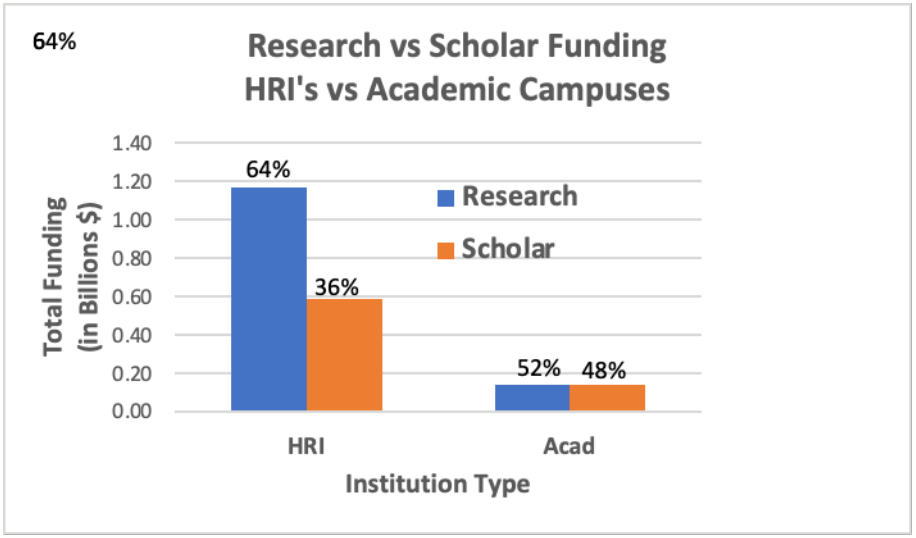
Total Research Funding 2010 - 2021

Type	Funding ($ Million)
HRI	1,767
Acad	287
Total	2,055

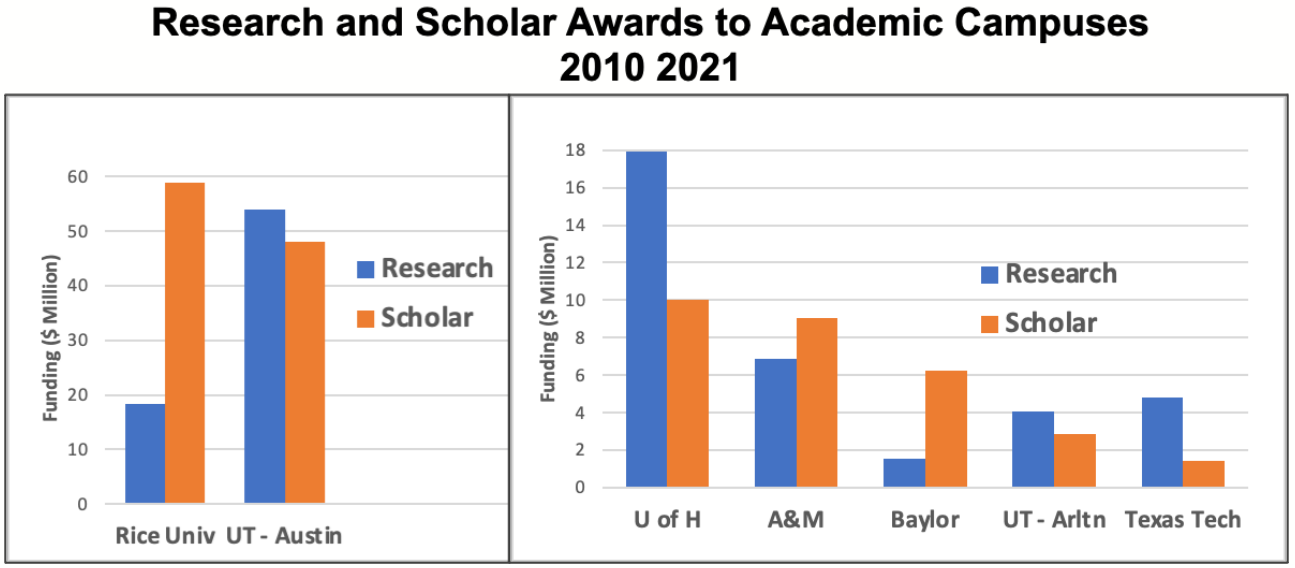


Research Funding Academic Campuses 2010 - 2021

Academic Campus	Funding ($ Million)
UT - Austin	101.9
Rice Univ	77.1
Univ of Houston	27.9
UT - Dallas	18.1
Texas A&M	15.9
UT-San Antonio	9.0
Baylor Univ	7.8
UT - El Paso	7.1
UT - Arlington	6.9
Texas Tech	6.2
Texas Southern	5.3
UT - RGV	2.5
Texas State	0.4
Univ North Texas	0.4
A&M Corpus Christi	0.2
SMU	0.2



CPRIT Research Funding
Research and Scholar Awards to Academic Campuses



Impact of Scholar Awards to Academic campuses

- Transformative effect on cancer-related research
- Scientific Diversity
- Intellectual Property
- Federal Funding

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CPRIT Research Funding
Impact of Scholar Awards – Rice University

Comments from Dr. Yousif Shamoo, VP Research, Rice Univ

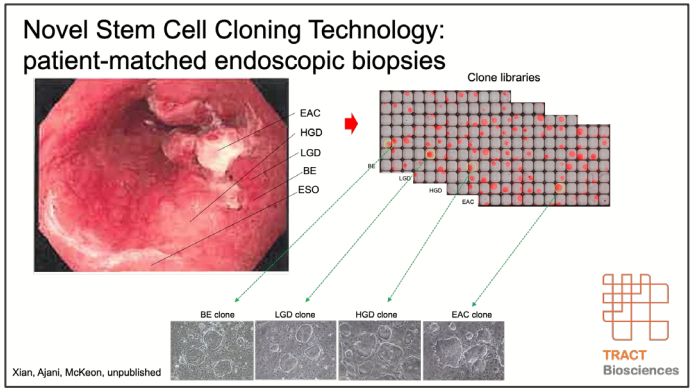
CPRIT Impact Statement – Executive Summary

RICE

Rice University has received a total of 38 CPRIT awards totaling $78.3M.
Funding from CPRIT has :

- catalyzed dramatic growth in cancer-related research;
- cancer research awards increased from $22.3M in FY11 to $34.3M in FY21.
- supported build a critical mass in key cancer-related technologies
  - synthetic biology, next-gen therapeutic development, nanoscience, and machine learnin
- supported the recruitment of 12 First-Time and 6 Established Investigator CPRIT Scholars

CPRIT Research Funding
Impact of Scholar Awards – University of Houston



Dr. Frank McKeon
CPRIT scholar recipient 2015

Professor, Director of Somatic Stem Cell Center, Department of Biology and Biochemistry

Training

With the support of CPRIT and the University, trained more than 60 young investigators including high school students, undergraduates, graduate students, and postdoctoral fellows.

Patents/Patent Applications and Disclosures:

"Feeder-Free Stem Cell Culture Systems ……"
PCT Patent No.: PCT/US2018/067858.

"Feeder-Based …Stem Cell Culture Systems……..
U.S. Application No: 62/913,226

"…….Epithelial Metaplasia, Dysplasia and Carcinomas,…….. "
US Patent Application: 62/839,152.

"…….Treating Inflammatory Pulmonary disorders"
US Application Number: 62992282

"…Treatments for ….as well as Gastrointestinal Cancers,"
PCT Patent No.: 16/611,018

Commercialization

Tract Biosciences: Targeting minor stem cell populations of highly lethal cancers and their precursors ((($3.5M F&F Funding)

Extramural Research Grant Awards (>$9M)

Clonal Reconstruction and Targeting of the Correa Sequence
NIH R01CA 2019 – 2024 $2,287,193

Pathogenic Heterogeneity in Mucosal Stem Cells in Pediatric Crohn's Disease NIH 5 R01 DK 2020 – 2024 $2,025,948

Patient-Matched Stem Cells of the Barrett's-Dysplasia-Adenocarcinoma Sequence NIH NCI 2017 – 2022 $900,000

Sponsored Research Agreement with Tract Pharmaceuticals SRA 2021 – 2023. $237,000

Poly-Resistant Cancer Stem Cells in High-Grade Serous Ovarian Cancer DOD 2020 – 2023. $643,609

Pro-Inflammatory Stem Cell Variants in Cystic Fibrosis NIH 1R01 HL 2021 – 2025. $3,027,514

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Comments from Dr. Claudia Neuhauser
AVP Research and Technology Transfer, Univ of Houston

CPRIT Research Funding
Impact of Scholar Awards – Baylor University

Baylor University | Chemistry and Biochemistry

Dr. Kevin Pinney

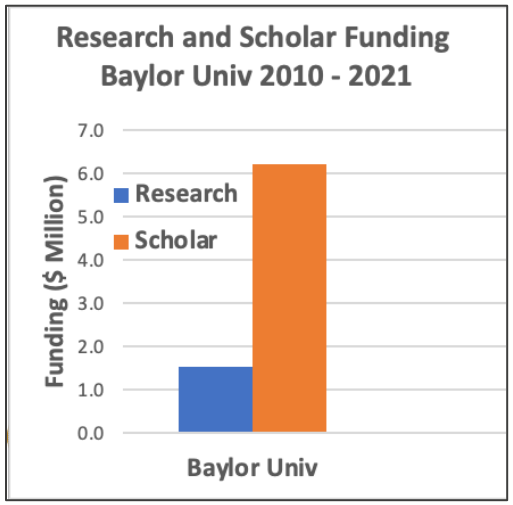
Professor, Chemistry

Dr. John Wood
CPRIT scholar recipient 2012

Professor and Chair, Chemistry

Dr. Leila Romero
CPRIT scholar recipient 2020

Assistant Professor, Chemistry



Extramural Research Grant Support (~$6M)

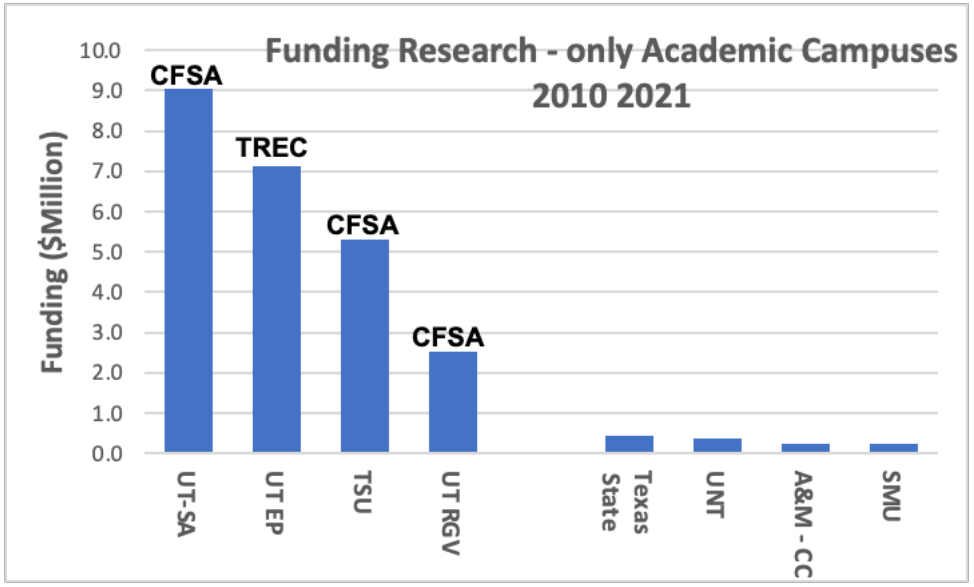
Wood
NSF Total Award $450,000
NIH (R01) Total Award $1,191,000

Pinney (MPI with UTSW)
NIH (R01) Total Award $1,917,000
NIH (R01) Total Award $2,419,000

CPRIT Research Funding
Research Awards to Smaller Academic Campuses

Academic Campus	Funding ($ Million)
UT - Austin	101.9
Rice Univ	77.1
Univ of Houston	27.9
UT - Dallas	18.1
Texas A&M	15.9
UT-San Antonio	9.0
Baylor Univ	7.8
UT - El Paso	7.1
UT - Arlington	6.9
Texas Tech	6.2
Texas Southern	5.3
UT - RGV	2.5
Texas State	0.4
Univ North Texas	0.4
A&M Corpus Christi	0.2
SMU	0.2

For academic campuses that have not been successful in securing CPRIT Scholar recruitment award funding, Core Facility Support Awards can promote cancer-related research programs



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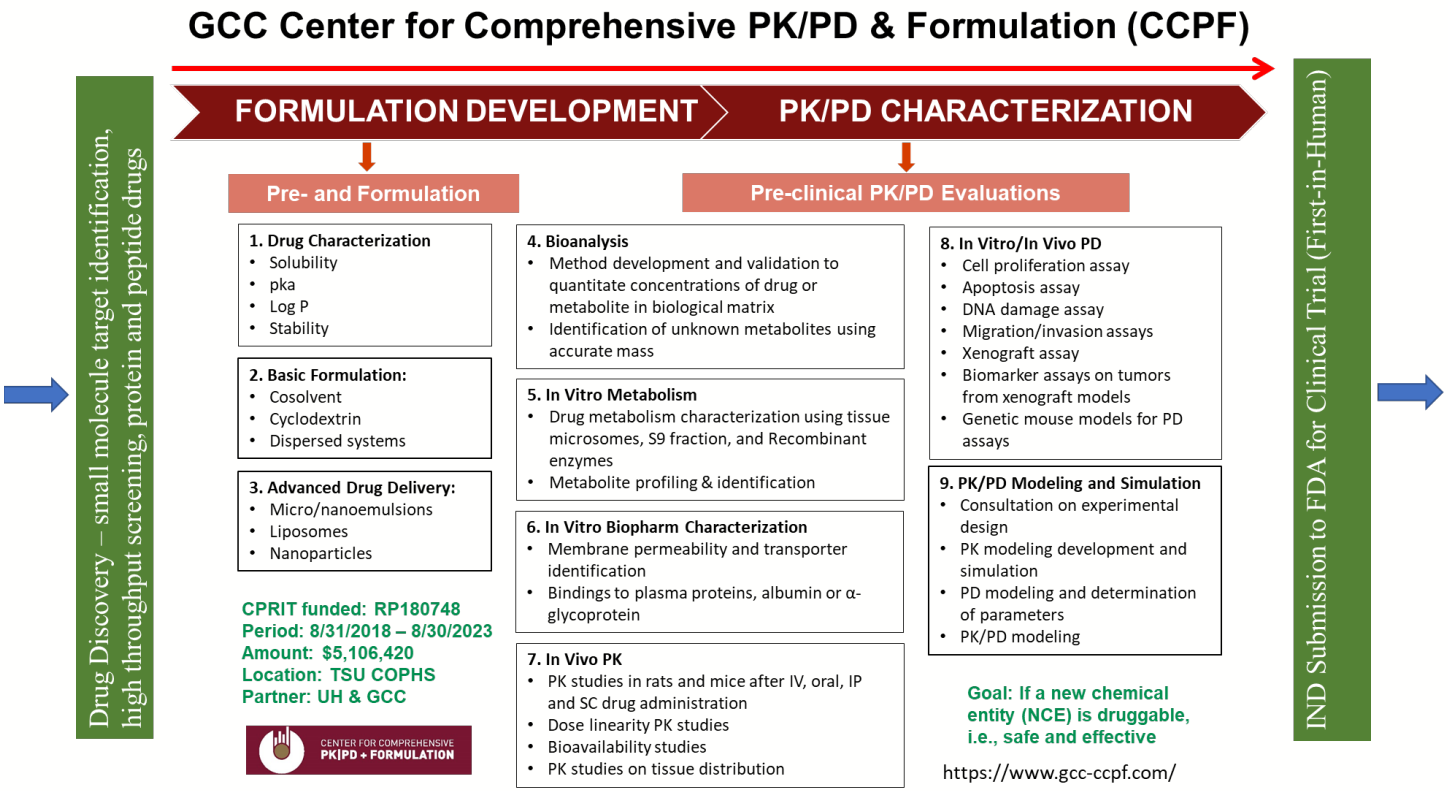
CPRIT Research Funding
Impact of CFSA Awards – Texas Southern University



Ongoing CCPF Collaborative Projects:

The University of Texas MD Anderson Cancer Center
The University of Texas Health Science Center at San Antonio
The University of Texas Medical Branch in Galveston
The University of Texas Health Science Center in Houston
University of Houston
Texas A&M University
The Methodist Research Institute

The Cancer Therapeutics Training Program (CTTP)
RP210043 started on 6/1/2021
PD: Dr. Peter Davies, Texas A&M University
Partner institutions: TAMU, UT Health, TSU, Baylor College of Medicine

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Comments from Dr. Olanike Olaleye
Assoc VP Research, TSU

CPRIT Research Funding
Impact of CFSA Awards – Texas Southern University

New Research Infrastructure Award Received for FY21-25

✧ Center for Biomedical and Minority Health Research

NIH National Institute on Minority Health and Health Disparities

$8.63M

CBMHR
CENTER FOR BIOMEDICAL & MINORITY HEALTH RESEARCH
COMMUNITY ENGAGEMENT CORE

Research Grant Awards

Recent Grant Awards FY21-22

Dr. Erica Cassimere — **$150K NSF**

Dr. Yun Zhang — **$0.5M NIH**

Dr. Ya Fatou Mbye — **$0.5M NIH**

Dr. Veronica Ajewole & Dr. Uche Ndefo-Anadu — **$1.0M CPRIT**

Comments from Dr. Olanike Olaleye
Assoc VP Research, TSU

CPRIT Research Funding
Impact of CFSA Awards – Texas Southern University

Ololade Tosin Awosemo, Ph.D., 2020
PK Scientist, Dept. of Clinical Pharmacology Analysis and Reporting

Marie Voufo, Ph.D., 2019
PK/PD Scientist at Certara, Inc.

"4 years ago I decided to join the Program at TSU against all the odds even though everyone around me advised me to just focus on my job and take care of my kids and family. I wanted more in life, and wasn't fulfilled, but at the same time I knew it was going to be unbelievably challenging, but I was ready to face it and build a better life for myself and family. The admission committee at TSU gave me that chance and both of you allowed me to work with you. Today I will not focus on the challenges I faced during those 4 years as I'm so happy, grateful, humble and honored by what's happening right now in my professional life. Today after receiving 5 offers for employment even though I wasn't even looking for employment, I just signed a huge offer letter to joint one of the most smartest and intellectual team and company I know in the modeling and simulation world…".

CPRIT Research Funding
The Challenge of CFSA Awards – UT-RGV

Grant ID	RP210180
Awarded On	August 18, 2021
Title	Integrated Cancer Research Core (ICRC)
Program	Academic Research
Award Mechanism	Core Facility Support Awards
Institution/Organization	The University of Texas at Rio Grande Valley
Principal Investigator/Program Director	Subhash Chauhan
Cancer Sites	Colorectal, Gallbladder, Liver and Intrahepatic Bile Duct, Pancreas
Contracted Amount	$2,525,000*

Subhash C. Chauhan, PhD
Professor and Chairman
South Texas Center of Excellence in Cancer Research

The Challenge is how to leverage CPRIT's huge Investment in cancer research across the State into new programs that can not only support the search for groundbreaking advances in cancer prevention and cures but that also engage the talents of the next generation of young scientists from the State's many diverse communities in the shared fight against cancer 9-59

Outline

- Multi-Investigator Research and Center Awards
- Expanding population research
- Pediatric Clinical Trials Network
- Geographic Diversity
- Core Facilities
- Career Development

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Thank You

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Navkiran K. Shokar, MA, MD, MPH is professor and chair of the Department of Population Health and Associate Dean for Community Affairs at Dell Medical School at the University of Texas at Austin. She was born and raised in England where she received her Master of Arts degree from the University of Cambridge and her medical degree from the University of Oxford Medical School. She was previously at UTMB Galveston and Texas Tech University Health Sciences Center El Paso. Dr. Shokar's research focuses on multilevel clinic and community-based interventions that bridge the divide between public health, the community and the health care system in order to address cancer health disparities among racial/ethnic minorities and vulnerable populations. Her work incorporates theory-based health promotion methods and culturally tailoring to maximize intervention effectiveness.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Prevention Advisory Committee Report

February 16th 2022

Presented By:

Navkiran K. Shokar, MD MPH

Objectives

REVIEW CPRIT PREVENTION GRANTEE DATA

DISCUSS THE IMPACT OF COVID

PREVENTION ADVISORY COMMITTEE (PAC) RECOMMENDATIONS

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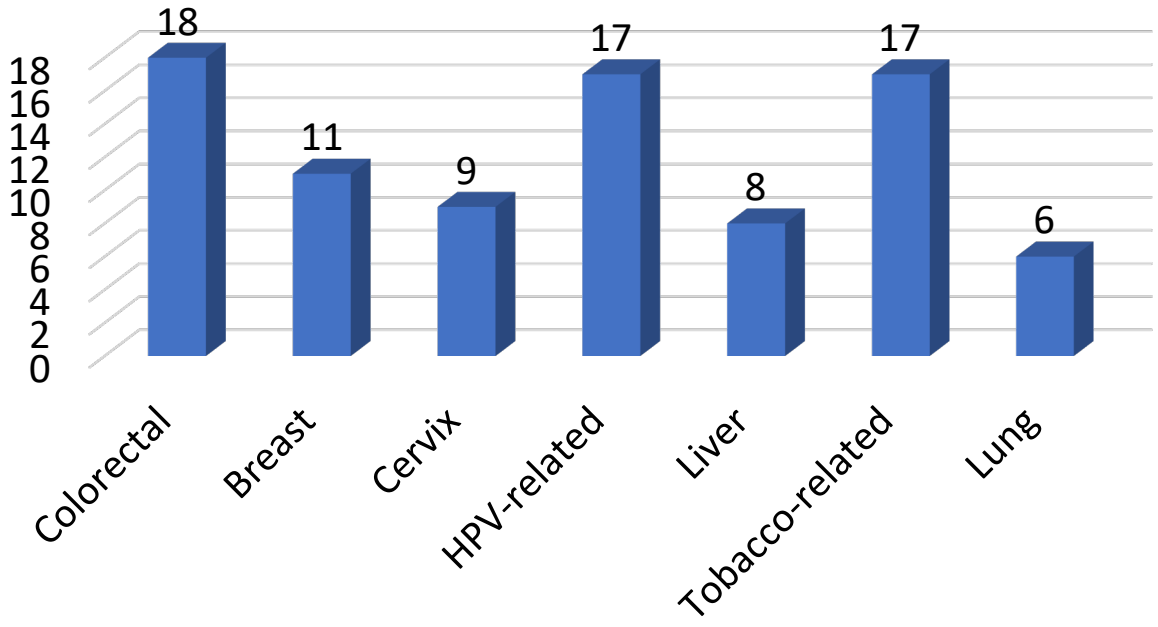
PAC Members Roster

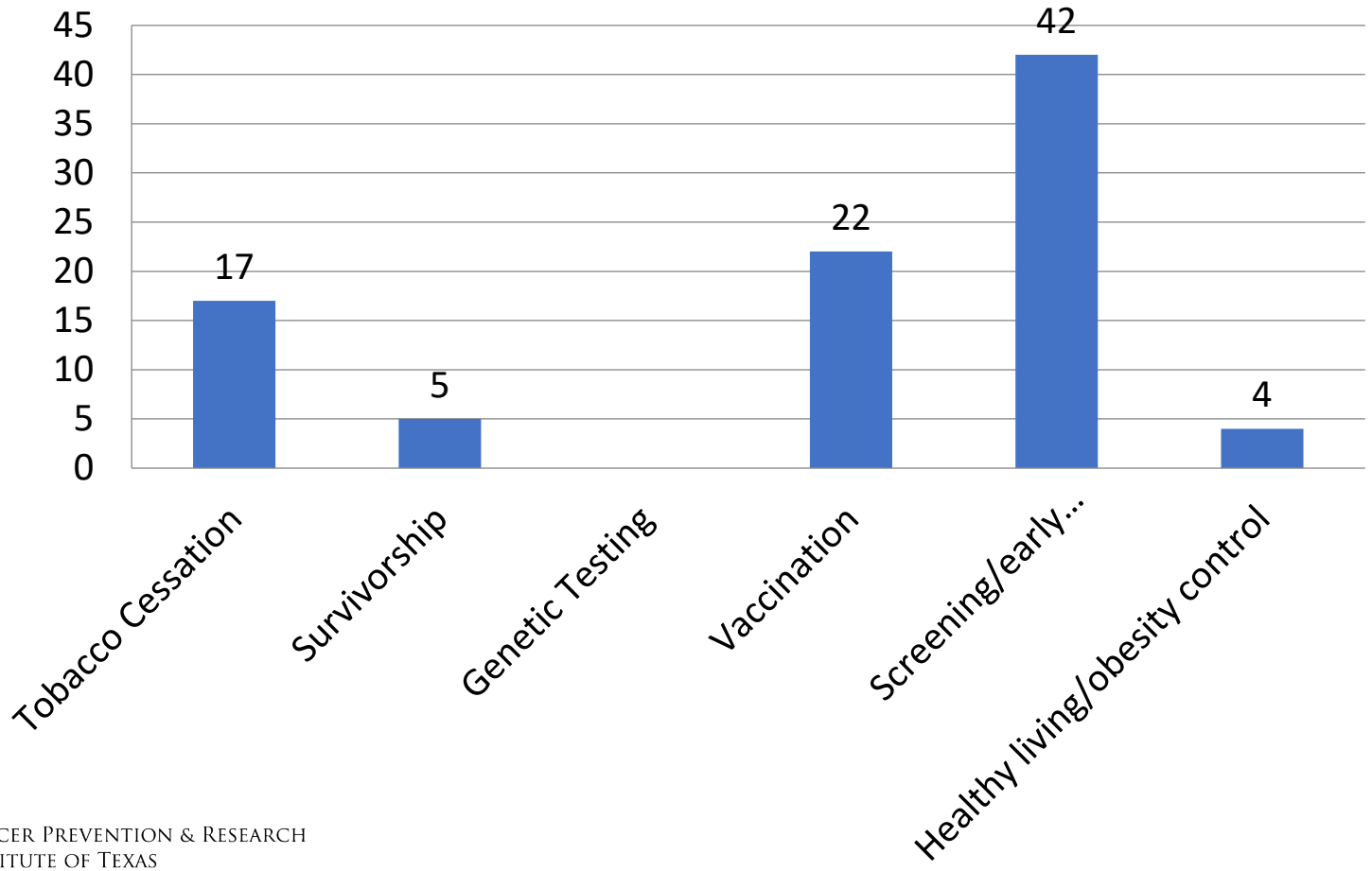
Keith Argenbright, MD	UT Southwestern, Moncrief Cancer Institute
Abbey Berenson, MD	UTMB, Galveston
Roxana Cruz, MD	Texas Association of Community Health Centers, Inc.
Amanda Hall, MD	Associate Commissioner, Division of Community Health Improvement, DSHS
Ernest Hawk, MD, MPH	UT MD Anderson
David Lakey, MD	UT System
Mike Pignone, MD, MPH	Dell Medical School, UT Austin
Kenneth Ramos, MD, PhD	Texas A and M Health
Navkiran Shokar, MD MPH (Chair)	Dell Medical School, UT Austin
Suncerria Tillis, MBA	American Cancer Society

Active Projects by Cancer Type



9-66

Active Grants by Focus Area



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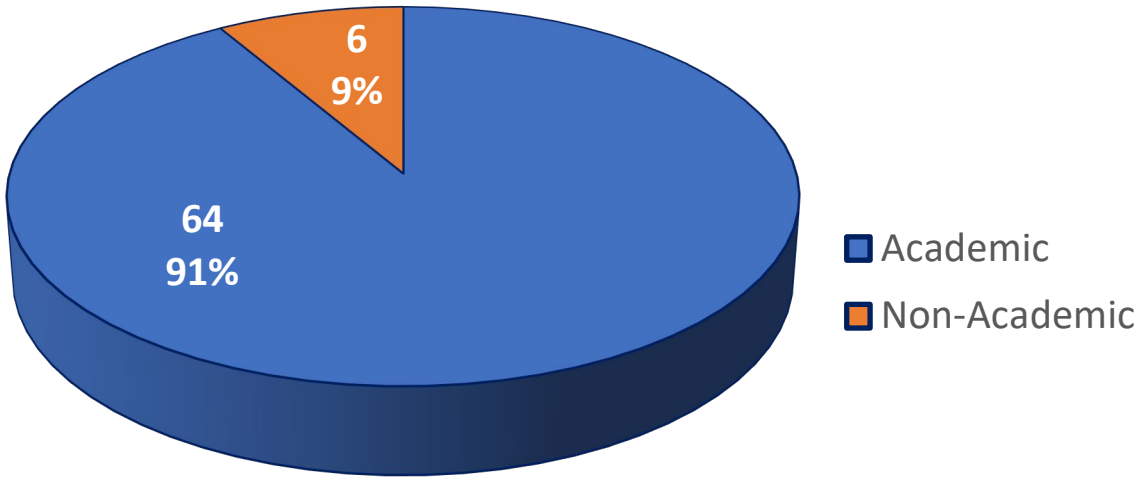
Active Grants by Organization Type



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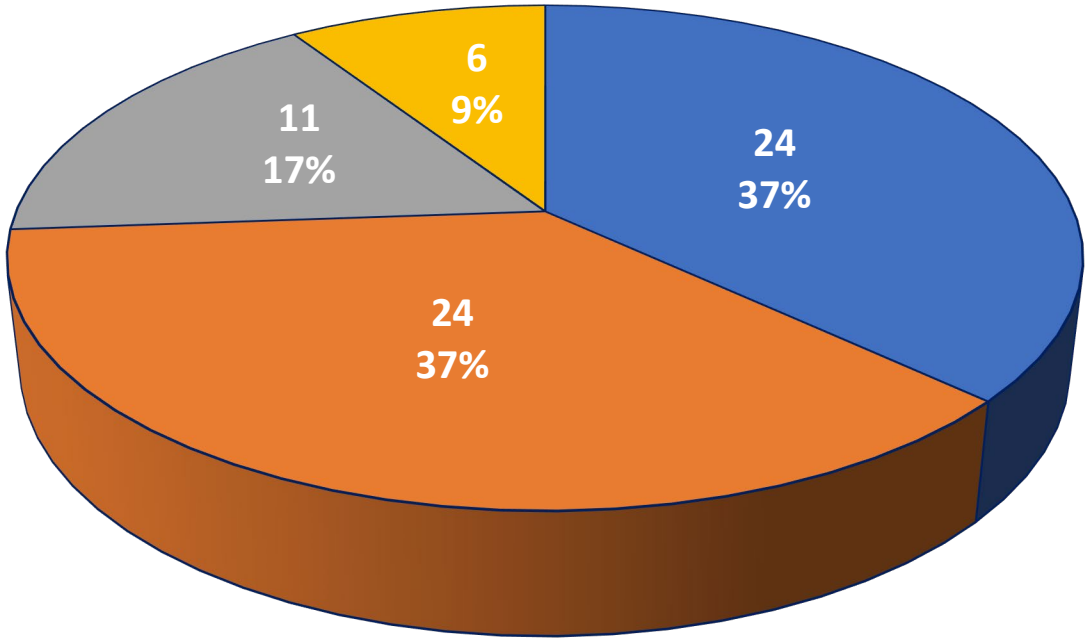
Active Projects by RFA Mechanism



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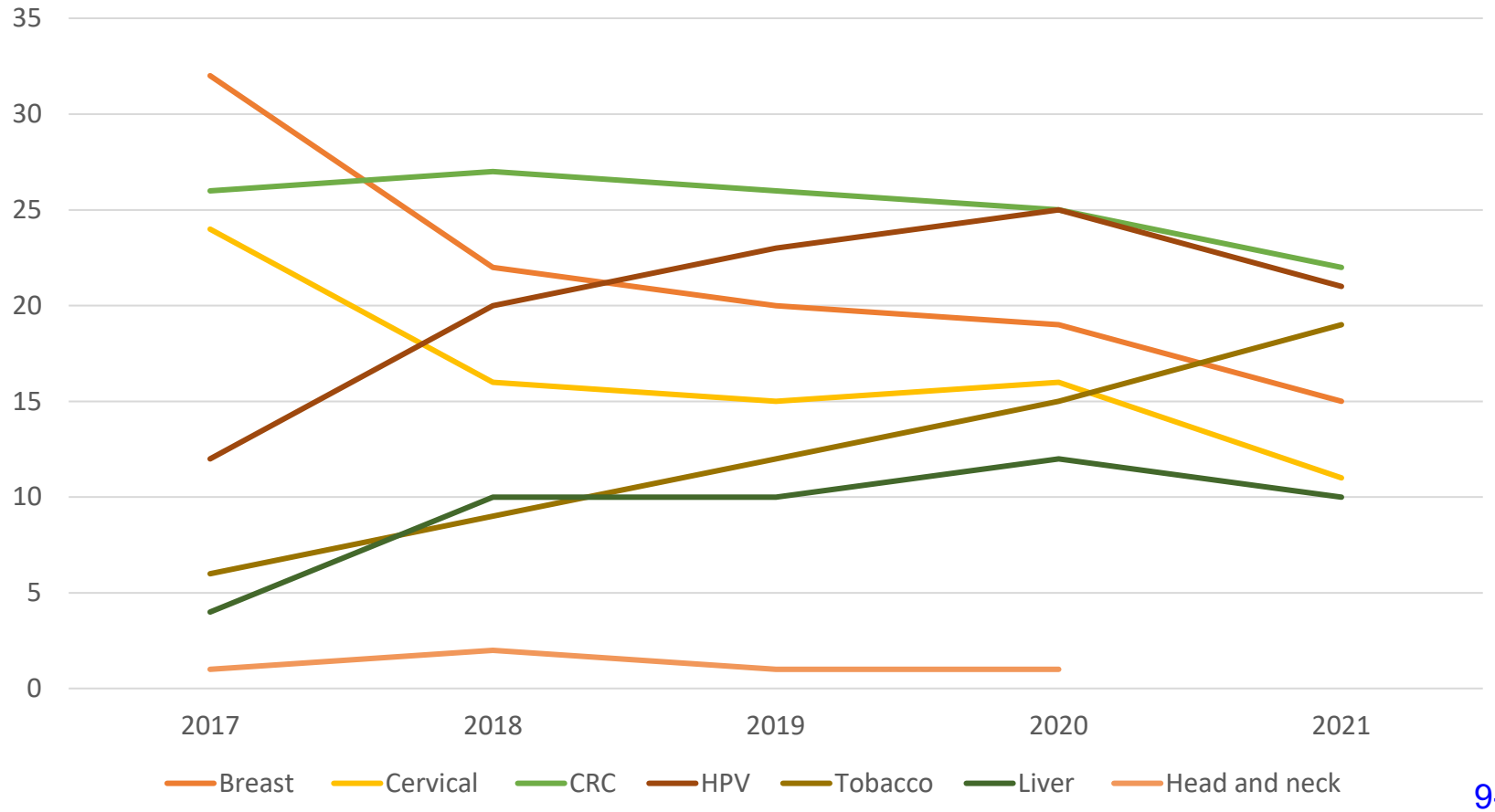
Prevention Grantee Trends



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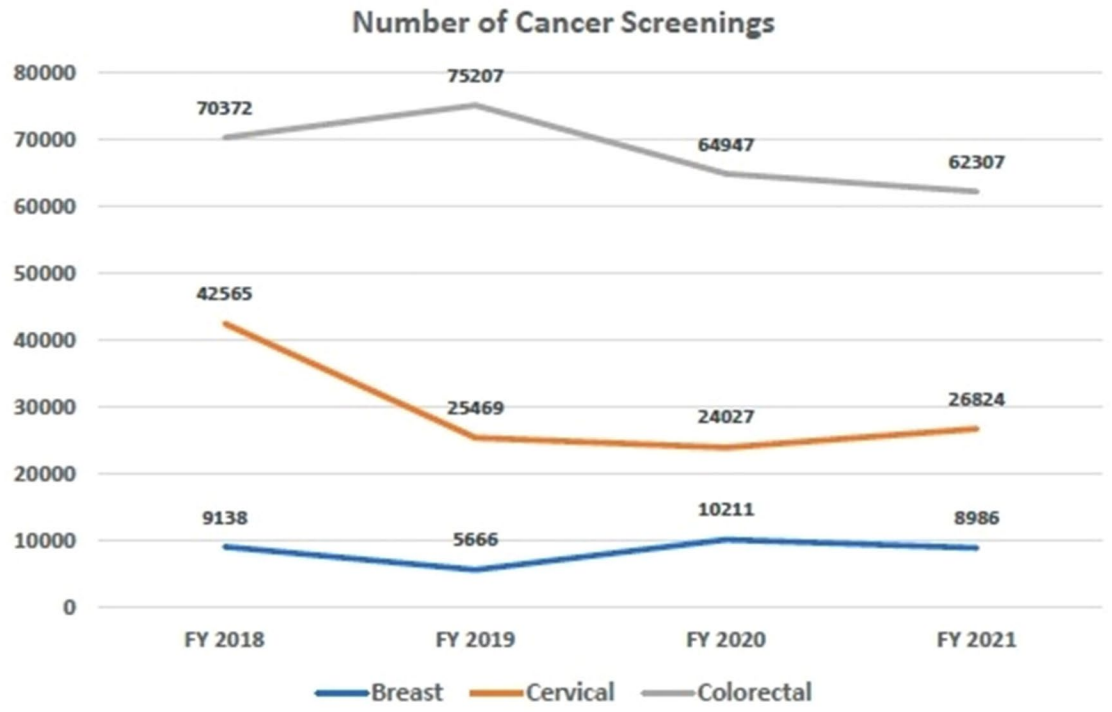
Prevention Grantee Numbers

	Breast	Cervical	CRC	HPV	Tobacco/ Lung	Liver	Head and neck	Total
2017	32	24	26	12	6	4	1	105
2018	22	16	27	20	9	10	2	106
2019	20	15	26	23	12	10	1	107
2020	19	16	25	25	15	12	1	113
2021	15	11	22	21	19	10		98

9-71

Cancer Screenings FY2018 – FY2021



9-72

Impact of COVID on Cancer Burden

- Global Impact
- Screenings & diagnostic testing dramatically reduced
- Loss of prior gains in screening
- Cancer stage migration
  - shift to late-stage diagnosis,
  - increased metastatic disease at referral
- Increase in cancer related mortality

9-73

How COVID Impacts the Cancer Burden

Patients

- Fear - avoidance of non urgent care
- Change in access to health insurance

Organizations

- Shifting priorities and workflows to meet needs
- Personnel turnover and retraining
- Personnel shortages

Outreach

- Limitations on in-person activities for outreach, education and community-based service delivery

9-74

Urgent Need: Fast track Prevention and Control Program Delivery and Research

Must mitigate:

- COVID related declines in screening and diagnosis
- Disruptions in the health care delivery system
- Changes in insurance coverage rates

9-75

PAC Recommendations

1. Develop new RFA to accelerate collaboration and partnership between academic health centers, community health centers (FQHCs) and community organizations for cancer prevention in Texas

Rationale

- 5.3 million uninsured in Texas
- 1.6 million Texans seen in FQHCs
- Significant numbers seen in county clinics

➢ Community-based solutions required to reach the remainder

➢ Need novel strategies to support screening delivery: Create learning collaboratives, promote an implementation science approach to support screening; integrate virtual strategies, Project ECHO, etc.

➢ Revisit existing RFAs to strengthen requirements for robust collaboration with community organizations and clinics serving uninsured and low- income populations. Convey the importance of partnership and funds flow to partners.

2. Engage with health centers and community organizations to better understand barriers and opportunities through interviews, surveys, focus group discussions.

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PAC Recommendations

3. Develop a focused statewide cancer prevention effort

Colorectal cancer screening identified as the model to pilot this approach (scalable, mature programs, engaged leaders, sustained effective programs).

- Centralized administrative system to support screenings
- Combine academic research and prevention funding to build infrastructure
- Integrate experiences from the collaborative action program (Liver) RFA
- Establish a network or cooperative groups
  - Modeled on the NCI National Community Oncology Research Program (NCORP) or National Clinical Trial Network (NCTN)
  - Build infrastructure and a network of multiple partners comprised of academic centers and community health centers
  - Include dissemination, implementation and education components to raise the visibility of colorectal cancer prevention efforts among the public and providers.
  - Opportunity for longevity beyond CPRIT
- Develop a regionalization model based on other Texas wide initiatives

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PAC Recommendations

4. Accelerate Research Capacity in Prevention and Control Research

- Academic research program RFA tailored to support prevention and control research training.
- Increase the pool of experts in research areas that focus on increasing prevention and early diagnosis and cancer risk reduction (e,g. community-based research methods, intervention development, implementation science and health services research).
- Replicate the American Cancer Society's Cancer Control Career Development Award for primary care physicians training program (this program no longer exists).
- Collaborate on training programs and scholar recruitment with the Academic Research program.
- Embed clinical investigators in health centers, etc., to create a bridge between academia and clinics serving low income patients.

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PAC Recommendations

5. Support grantees in their efforts to contract with partnering entities in care pathways

6. Ensure review panels reflect expertise in prevention and control research methods (interventions, pragmatic trial designs and methods, implementation science, heath services research).

7. Identify opportunities for collaboration between the Academic program and Prevention program

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Questions

Navkiran K Shokar, MA, MD, MPH – Chair, CPRIT Prevention Advisory Committee
Professor and Chair
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CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	KRISTEN PAULING DOYLE, DEPUTY EXECUTIVE OFFICER & GENERAL COUNSEL CAMERON L. ECKEL, ASSISTANT GENERAL COUNSEL
SUBJECT:	CHAPTER 703 RULE CHANGE PROPOSED FOR FINAL ADOPTION
DATE:	FEBRUARY 7, 2022

Summary and Recommendation

The Board Governance Subcommittee convened February 3 to review the final order adopting rule amendments to Chapter 703. Once the Oversight Committee approves the final order adopting the rule changes, CPRIT will submit the amendment to the Secretary of State and the change will be effective 20 days later.

Discussion

State law requires an agency to set policy using a rulemaking process, which includes an opportunity for public comment on proposed rules and rule changes before the agency formally adopts the policy. CPRIT published the proposed amendments in the December 3, 2021, edition of the *Texas Register*. CPRIT received no public comments regarding the proposed rule change.

The proposed amendments to Texas Administrative Code § 703.26 add parking as a reimbursable clinical trial participation cost, correct the statutory reference of the Cancer Clinical Trial Participation Program to Texas Health and Safety Code Chapter 51, and correct a grammatical error.

The Board Governance Subcommittee met on February 3 to discuss adoption of the proposed rule changes to § 703.26 with CPRIT staff. Although the two members that attended the meeting were supportive of finalizing the rule change, the meeting lacked a quorum to vote for a formal recommendation to the Oversight Committee for approval to adopt the final order.

Next Steps

After the Oversight Committee adopts the proposed rule change, CPRIT will submit the final order to the Secretary of State. The rule change becomes effective 20 days after the date CPRIT files the order with the Secretary of State.

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The Cancer Prevention and Research Institute of Texas ("CPRIT" or "the Institute") adopts the amendments to 25 Tex. Admin. Code §703.26 without changes to the proposed amendments as published in the December 3, 2021, issue of the Texas Register (46 TexReg 8173); therefore, the rule will not be republished. The amendments relate to reimbursement of clinical trial participation costs to grantees, a statutory reference to the Cancer Clinical Trial Participation Program, and non-substantive edits.

Reasoned Justification

The amendments to §703.26(f) add parking as a reimbursable clinical trial participation cost, correct the statutory reference of the Cancer Clinical Trial Participation Program to Texas Health and Safety Code Chapter 51, and correct a grammatical error. The amendment to 703.26(e) restructures the section without changing the substantive requirements.

Summary of Public Comments and Staff Recommendation

CPRIT received no public comments regarding the proposed amendments to §703.26; CPRIT staff recommends moving forward with adoption of the amendments.

CPRIT's Oversight Committee adopted the rule changes under the authority of the Texas Health and Safety Code Annotated § 102.108, which provides the Institute with broad rule-making authority to administer the chapter, including rules for awarding grants.

Certification

The Institute hereby certifies that Kristen Pauling Doyle, General Counsel, reviewed the adoption of the rule changes and found it to be a valid exercise of the agency's legal authority.

To be filed with the Office of Secretary of State on February 18, 2022.

<rule>

§703.26.Allowable Costs.

(a) A cost is an Allowable Cost and may be charged to the Grant Award if it is reasonable, allocable, and adequately documented.

(1) A cost is reasonable if the cost does not exceed that which would be incurred by a prudent individual or organization under the circumstances prevailing at the time the decision was made to incur the cost; and is necessary for the performance of the Grant Award defined in the Scope of Work in the Grant Contract.

(2) A cost is allocable if the cost:

(A) Benefits the Grant Award either directly or indirectly, subject to Indirect Cost limits stated in the Grant Contract;

(B) Is assigned the Grant Award in accordance with the relative benefit received;

(C) Is allowed or not prohibited by state laws, administrative rules, contractual terms, or applicable regulations;

(D) Is not included as a cost or used to meet Matching Fund requirements for any other Grant Award in either the current or a prior period; and

(E) Conforms to any limitations or exclusions set forth in the applicable cost principles, administrative rules, state laws, and terms of the Grant Contract.

(3) A cost is adequately documented if the cost is supported by the organization's accounting records and documented consistent with §703.24 of this title (relating to Financial Status Reports).

(b) Grant Award funds must be used for Allowable Costs as provided by the terms of the Grant Contract, Chapter 102, Texas Health and Safety Code, the Institute's administrative rules, and the Uniform Grant Management Standards (UGMS) adopted by the Comptroller's Office. If guidance from the Uniform Grant Management Standards on a particular issue conflicts with a specific provision of the Grant Contract, Chapter 102, Texas Health and Safety Code or the Institute's administrative rules, then the Grant Contract, statute, or Institute administrative rule shall prevail.

(c) An otherwise Allowable Cost will not be eligible for reimbursement if the Grant Recipient incurred the expense outside of the Grant Contract term, unless the Grant Recipient has received written approval from the Institute's Chief Executive Officer to receive reimbursement for expenses incurred prior to the effective date of the Grant Contract.

(d) An otherwise Allowable Cost will not be eligible for reimbursement if the benefit from the cost of goods or services charged to the Grant Award is not realized within the applicable term of the Grant Award. The Grant Award should not be charged for the cost of goods or services that benefit another Grant Award or benefit a period prior to the Grant Contract effective date or after the termination of the Grant Contract.

(e) Grant Award funds shall not be used to reimburse unallowable expenses, including, but not limited to:

(1) Bad debt, such as losses arising from uncollectible accounts and other claims and related costs.

(2) Contributions to a contingency reserve or any similar provision for unforeseen events.

(3) Contributions and donations made to any individual or organization.

(4) Costs of entertainment, amusements, social activities, and incidental costs relating thereto, including tickets to shows or sports events, meals, alcoholic beverages, lodging, rentals, transportation and gratuities.

(5) Costs relating to food and beverage items, unless the food item is related to the issue studied by the project that is the subject of the Grant Award.

(6) Fines, penalties, or other costs resulting from violations of or failure to comply with federal, state, local or Indian tribal laws and regulations.

(7) An honorary gift or a gratuitous payment.

(8) Interest and other financial costs related to borrowing and the cost of financing.

(9) Legislative expenses such as salaries and other expenses associated with lobbying the state or federal legislature or similar local governmental bodies, whether incurred for purposes of legislation or executive direction.

(10) Liability insurance coverage.

(11) Benefit replacement pay or legislatively-mandated pay increases for eligible general revenue-funded state employees at Grant Recipient state agencies or universities.

(12) Professional association fees or dues for an individual employed by the Grant Recipient. Professional association fees or dues for the Grant Recipient's membership in business, technical, and professional organizations may be allowed, with prior approval from the Institute, if:

(A) the professional association is not involved in lobbying efforts; and

(B) the Grant Recipient demonstrates how membership in the professional association benefits the Grant Award project(s).

(13) Promotional items and costs relating to items such as T-shirts, coffee mugs, buttons, pencils, and candy that advertise or promote the project or Grant Recipient.

(14) Fees for visa services.

(15) Payments to a subcontractor if the subcontractor working on a Grant Award project employs an individual who is a Relative of the Principal Investigator, Program Director, Company Representative, Authorized Signing Official, or any person designated as Key Personnel for the same Grant Award project (collectively referred to as "affected Relative"), and the Grant Recipient will be paying the subcontractor with Grant Award funds for any portion of the affected Relative's salary or the Relative submits payment requests on behalf of the subcontractor to the Grant Recipient for payment with Grant Award funds.

(A) For exceptional circumstances, the Institute's Chief Executive Office may grant an exception to allow payment of Grant Award funds if the Grant Recipient notifies the Institute prior to finalizing the subcontract. The Chief Executive Officer must notify the Oversight Committee in writing of the decision to allow reimbursement for the otherwise unallowable expense.

(B) Nothing herein is intended to supersede a Grant Recipient's internal policies, to the extent that such policies are stricter.

(16) Fundraising.

(17) Tips or gratuities.

(f) Pursuant to Texas Health and Safety Code Section 102.203(b) the Institute may authorize reimbursement for one or more of the following expenses incurred by a cancer clinical trial participant that are associated with participating in a clinical trial and included in the Grant Recipient's Approved Budget:

(1) transportation, including car mileage, parking, bus fare, taxi or ride hailing fare exclusive of tips, and commercial economy class airfare within the borders of the State of Texas;

(2) lodging; and

(3) any cost reimbursed under a cancer clinical trial participation program established pursuant to Texas Health and Safety Code Chapter 51 (relating to Cancer Clinical Trial Participation Program).

(g) The Institute is responsible for making the final determination regarding whether an expense shall be considered an Allowable Cost.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO:	OVERSIGHT COMMITTEE MEMBERS
FROM:	KRISTEN PAULING DOYLE, DEPUTY EXECUTIVE OFFICER & GENERAL COUNSEL CAMERON L. ECKEL, ASSISTANT GENERAL COUNSEL
SUBJECT:	CHAPTER 703 - PROPOSED RULE CHANGE
DATE:	FEBRUARY 7, 2022

Summary and Recommendation

The Board Governance Subcommittee convened February 3 to discuss the suggested rule change to Texas Administrative Code Chapter 703. Publication of the anticipated rule change in the *Texas Register* is the first step in the agency rulemaking process. CPRIT Staff will bring back the proposed rule amendment and any public comments to the Oversight Committee in May for final approval.

Discussion

CPRIT's administrative rules set policy guiding CPRIT's grant review and grant contracting processes as well as managing other requirements of Texas Health and Safety Code Chapter 102. State law requires agencies to use a rulemaking process, which includes an opportunity for the public to comment on the rule changes before the agency adopts the final policy.

The Board Governance Subcommittee met on February 3 to discuss the proposed rule change to § 703.17 relating to revenue sharing terms and the Institute's option to take equity ownership in a grant recipient with legal staff. Although the two members that attended the meeting were supportive of the proposed rule change, the meeting lacked a quorum to vote for a formal recommendation to the Oversight Committee for approval to publish the proposed change in the *Texas Register*.

Next Steps

Once approved by the Oversight Committee, CPRIT will publish the proposed rule change in the *Texas Register*. The publication date begins the 30-day period for soliciting comment from interested members of the public. CPRIT will also post the proposed rule change on our website and announce the opportunity for public comment via CPRIT's electronic list serve. CPRIT legal staff will summarize any comments received from the public for the Oversight Committee's consideration when approving the final rule changes in May.

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The Cancer Prevention and Research Institute of Texas ("CPRIT" or "the Institute") proposes amending 25 Tex. Admin. Code § 703.17 relating to revenue sharing terms and the Institute's option to take equity ownership in a grant recipient.

Background and Justification

Texas Health and Safety Code § 102.256 requires CPRIT to include terms in every grant contract that allow the state to benefit financially from the results of CPRIT-funded grant projects. One option authorized by the statute is through the state taking equity in the grantee. Issues related to equity ownership may affect certain standard grantee reporting requirements, such as the schedule for the grantee to certify and verify its matching funds obligation. The proposed change requires CPRIT to specify in the award contract any changes from standard reporting requirements and associated consequences for failing to timely report.

Fiscal Note

Kristen Pauling Doyle, Deputy Executive Officer and General Counsel for CPRIT, has determined that for the first five-year period the rule change is in effect, there will be no foreseeable implications relating to costs or revenues for state or local government due to enforcing or administering the rules.

Public Benefit and Costs

Ms. Doyle has determined that for each year of the first five years the rule change is in effect the public benefit anticipated due to enforcing the rule will be clarifying grantee reporting obligations and consequences.

Small Business, Micro-Business, and Rural Communities Impact Analysis

Ms. Doyle has determined that the rule change will not affect small businesses, micro businesses, or rural communities.

Government Growth Impact Statement

The Institute, in accordance with 34 Texas Administrative Code §11.1, has determined that during the first five years that the proposed rule change will be in effect:

(1) the proposed rule change will not create or eliminate a government program;

(2) implementation of the proposed rule change will not affect the number of employee positions;

(3) implementation of the proposed rule change will not require an increase or decrease in future legislative appropriations;

(4) the proposed rule change will not affect fees paid to the agency;

(5) the proposed rule change will not create new rule;

(6) the proposed rule change will not expand existing rule;

(7) the proposed rule change will not change the number of individuals subject to the rule; and

(8) The rule change is unlikely to have an impact on the state's economy. Although the change is likely to have neutral impact on the state's economy, the Institute lacks enough data to predict the impact with certainty.

Submit written comments on the proposed rule change to Ms. Kristen Pauling Doyle, General Counsel, Cancer Prevention and Research Institute of Texas, P. O. Box 12097, Austin, Texas 78711, no later than April 4, 2022. The Institute asks parties filing comments to indicate whether they support the rule revision proposed by the Institute and, if the party requests a change, to provide specific text for the proposed change. Parties may submit comments electronically to kdoyle@cprit.texas.gov or by facsimile transmission to 512/475-2563.

Statutory Authority

The Institute proposes the rule change under the authority of the Texas Health and Safety Code Annotated, §102.108, which provides the Institute with broad rule-making authority to administer the chapter. Ms. Doyle has reviewed the proposed amendment and certifies the proposal to be within the Institute's authority to adopt.

There is no other statute, article, or code affected by these rules.

<rule>

§703.17. Revenue Sharing Standards.

(a) The Institute shall share in the financial benefit received by the Grant Recipient resulting from the patents, royalties, assignments, sales, conveyances, licenses and/or other benefits associated with the Project Results, including interest or proceeds resulting from securities and equity ownership. Such payment may include royalties, income, milestone payments, or other financial interest in an existing company or other entity.

(b) The Institute's election as to form of payment and the calculation of such payment shall be specified in the Grant Contract.

(c) Unless otherwise provided by the Grant Contract between the Institute and the Grant Recipient, payments to the Institute required by this section shall be made no less than annually pursuant to a schedule set forth in the Grant Contract and shall be accompanied by an appropriate financial statement supporting the calculation of the payment.

(d) Nothing herein shall affect or otherwise impair the application of federal laws for projects receiving some portion of funding from the U.S. Government.

(e) Unless the Grant Contract specifically states otherwise, the obligation to share revenues with the Institute is continuous so long as the product resulting from the Institute supported project enjoys government exclusivity.

(f) If the Institute elects to take equity ownership in a Grant Recipient, the Grant Contract shall specify:

(1) Any additional requirements associated with the equity ownership, including a specified schedule for the Grant Recipient to certify and verify the Grant Recipient's Matching Funds obligation.

(2) The Grant Contract shall also specify the Institute's recourse in the event that the Grant Recipient fails to fulfill reporting requirement deadlines.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS

FROM: KRISTEN DOYLE, DEPUTY EXECUTIVE OFFICER & GENERAL COUNSEL CAMERON ECKEL, ASSISTANT GENERAL COUNSEL

SUBJECT: TEXAS OPEN MEETINGS ACT AND PUBLIC INFORMATION ACT UPDATES – T.A.C. § 702.21 TRAINING

DATE: NOVEMBER 9, 2021

Summary

Texas Administrative Code § 702.21 requires that Oversight Committee members receive training on the Texas Public Information Act (PIA) and the Texas Open Meetings Act (TOMA) after each regular session of the legislature. This memo summarizes notable changes made to the PIA and TOMA during the 87th Legislative Session that are applicable to state agencies or CPRIT activities. The information supplements the comprehensive overview of the TOMA (attached), provided to Oversight Committee members in November 2019.

CPRIT legal staff reviewed the recent changes to the PIA and TOMA and consulted a 2021 legislative session update prepared by the Attorney General's Office (attached). Most of the recent amendments to the PIA do not directly impact Oversight Committee members or the agency. One piece of legislation of interest, SB 1225, defines when a governmental body may suspend adherence to the PIA in the event of a catastrophe. It also sets expectations of a governmental body's efforts to respond to a PIA request if its physical office is closed and staff is working remotely.

Legal staff reviewed the legislative changes and determined that the amendments to TOMA made in the 2021 session do not affect Oversight Committee open meetings. While there is not a comprehensive legislative update from the Attorney General regarding TOMA, CPRIT will continue to monitor any publications and relay relevant information to the Oversight Committee.

A review of this memo and the attachments fulfill the training required by § 702.21. CPRIT legal staff and Oversight Committee members may meet in closed session for legal advice and counsel on these issues.

Notable Changes to the Texas Public Information Act Affecting CPRIT – Senate Bill 1225

SB 1225 (Author: Huffman; Sponsors: Paddie, Raymond, Canales): In response to COVID-19 and the shift to remote work, SB 1225 defines what constitutes a "catastrophe" and when a governing body may suspend the applicability of the PIA because of it. A catastrophe is an event that directly interferes with the ability of a governmental body to comply with the PIA and

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includes, but is not limited to, a fire, hurricane, power failure, and epidemic. A catastrophe does not include a period when staff are working remotely but can still access information in order to respond a PIA request. If an agency suspends applicability of the PIA due to a catastrophe, it must submit notice to the Office of Attorney General (OAG) using the form provided on the OAG's website. An agency must also provide notice to the public following the posting requirements found in TOMA. SB 1225 details the permissible duration of a suspension of the PIA. If an agency receives a PIA request during a declared catastrophe, the request will be considered received under the PIA on the first day after the PIA suspension expires.

SB 1225 further amends the PIA to require a governmental body to make good faith efforts to respond to any requests under the PIA during a period when the physical offices are closed but staff still has access to information while working remotely. Even with this change, the PIA states that a current or former employee does not have a personal or property right to any public information the employee may create or receive in their official capacity.

Texas Open Meetings Act – An Overview

Texas Government Code Chapter 551, often referred to as the Texas Open Meetings Act (TOMA or "the Act"), mandates that meetings of governmental bodies such as the Oversight Committee be open to the public, except for specific situations. This summary addresses scenarios when the Act applies to meetings of Oversight Committee members.

Background – Texas Open Meetings Act

For five decades, state law has mandated that, "Every regular, special, or called meeting of a governmental body shall be open to the public, except as provided by [Chapter 551 of the Texas Government Code]."[1] The purpose of the Act, as interpreted by the Texas Supreme Court, is "to safeguard the public's interest in knowing the workings of its governmental bodies."[2] That interest is not served solely by informing the public of the outcome of a governing body's decision on a particular issue. Instead, satisfying public interest occurs only when the public is able "to observe how and why every decision is reached."[3]

Determining whether the Act applies is important because a meeting subject to the Act must comply with specific requirements. A governing board for a state agency like CPRIT must conduct deliberations and discussions in public pursuant to an agenda posted publicly for seven days before the day of the meeting. Texas law limits the governing body's discussion and action to the items listed on the published agenda. The meeting location must be open and accessible to the public. Actions taken at a meeting subject to the Act that fails to comply with these requirements are voidable, and if done with the intention of evading the statutory mandates, can result in criminal penalties for governing board members.

The Office of the Attorney General (OAG) reports that most cases involving open government violations result from public officials simply not knowing what the law requires. The OAG provides the free video training courses as well as publishing several guides to assist governmental bodies in understanding their obligations under the Act. State law requires elected and appointed public officials receive at least two hours of Open Government training within 90 days of the member's appointment; one hour dedicated to Open Meetings and one hour related to the Public Information Act.[4]

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[1] Tex. Gov't. Code Ann. § 551.002
[2] *Cox Enter., Inc. v. Bd. of Trs. of Austin. Indep. Sch. Dist.*, 706 S.W.2d 956, 960 (Tex. 1986).
[3] *Acker v. Tex. Water Comm'n*, 790 S.W.2d 299, 300 (Tex. 1990).
[4] Tex. Govt. Code §§ 551.005 and 552.012. According to the Attorney General, "The law imposes no specific penalty on officials who fail to attend open government training. The purpose of the law is not to punish public officials, but to foster open government by making open government education a recognized obligation of public service." https://www.texasattorneygeneral.gov/open/og_training.shtml#3, "Frequently Asked Questions about Open Government Training."

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When Does the Act Apply to Communications Between Members?

With few exceptions, the Act's requirements (e.g. public notice, posted agenda, meeting open to the public) apply whenever a quorum of the governmental body meets to deliberate the governmental body's public business.

- What is a quorum? For most governmental bodies, including the Oversight Committee, the presence of a simple majority of the appointed members makes up a quorum. The Act requires a quorum of members to convene a meeting. The governmental body cannot bind the agency without a quorum.

  The Attorney General and Texas courts have determined that a quorum may exist even if the members are not physically present in the same location. For example, circulating a group letter among the governmental body members for signatures may constitute a quorum subject to the Act even though the members were not physically together.[5]

- What constitutes a "meeting"? Texas law regards an opportunity to deliberate about the governmental body's public business as a "meeting" subject to the Act. Courts have broadly construed the act of deliberating when interpreting the Act; no action or vote is necessary for a court to find that the governmental body deliberated. Listening to information conveyed by another person may be enough to invoke the Act, even if the governmental body does not discuss or act on the information.[6] For this reason, the Act applies to staff briefings and work sessions if a quorum attends, whether discussion or binding action takes place.

Are There Any Situations When the Act Does Not Apply?

Yes. The Act does not apply to certain situations even though a quorum of the governmental body is present. In these cases, mandates such as notifying the public, posting an agenda, and opening the meeting room to the public are not necessary because the Act does not apply. Exceptions to the Act recognized by state law are:

- social functions unrelated to the board's public business;
- conventions or workshops;
- ceremonial events;
- press conferences;
- public testimony or comments at legislative agency meetings or legislative committee meetings; and
- political forums [added in 2017].

[5] Tex. Att'y Gen. Op. No. DM-95 (1992).
[6] S*ee Bexar Medina Atascosa Water Dist. v. Bexar Medina Atascosa Landowners' Ass'n*, 2 S.W.3d 459, 462 (Tex. App.--San Antonio 1999, pet. denied) (deliberations took place at informational gathering of water district board with landowners in board member's barn, where one board member asked questions and another board member answered questions, even though board members did not discuss business among themselves).

The exception applies only if the governmental body does not act on public business during the gathering.

Does the Act Apply to Closed Sessions?

Yes. The Act authorizes governing bodies to hold closed meetings (also referred to as "executive sessions"). Although the requirement that board deliberations take place in public does not pertain these specific topics, the Act still applies. The Oversight Committee may convene in closed session for one or more of the following eight reasons:

1. Consideration of specific personnel matters (this should be a specific individual or individuals, not a job category);
2. Consultations with its attorney;
3. Discussions about the value or transfer of real property;
4. Discussions about security personnel, security devices, or a security audit;
5. Discussions about a prospective gift or donation to a governmental body;
6. Discussions of certain economic development matters;
7. Certain information regarding emergencies and disasters; and
8. Discussion of an ongoing compliance investigation related to fraud, waste, or abuse of state resources.

CPRIT must list the items discussed in closed session on the meeting agenda and the meeting must convene first in open session. Governing bodies may use closed sessions only for deliberations. Any vote related to a matter discussed in closed session must take place in an open meeting.

Does the Act Apply to Oversight Committee Subcommittee Meetings?

No. Meetings of Oversight Committee subcommittees need not comply with the requirements of the Act because there is not a quorum of members and the Oversight Committee does not authorize any of the subcommittees to act in a way that binds the agency.

In most cases, a meeting of a quorum of members is necessary for the Act to apply. However, the Act will apply to a subgroup of governmental body members if the subgroup has the authority to make final decisions on behalf of the governmental body. No subcommittee currently constituted under the Oversight Committee Bylaws is authorized to take decisive action on behalf of the Oversight Committee. The bylaws limit subcommittee activity to recommending an action for the Oversight Committee's consideration. The board discusses the subcommittee's recommendations in the open meeting before acting; the recommendations are not simply rubberstamped.

Similarly, the Act does not apply to a group of Oversight Committee members that meets with a public or private group so long as there is not a quorum of Oversight Committee members. For

example, the Act does not apply to a meeting of three Oversight Committee members and CPRIT's University Advisory Committee.

Is a Conference Call or an Email Between Members Considered a "Meeting"?

[*This section addresses discussions between Oversight Committee members that occur by telephone or by email. Guidance regarding participation in an open meeting via telephone or videoconference is a different issue addressed in the section, "Can an Oversight Committee Member Participate in Open Meeting by Phone or Video Conference?" The section, "Are There Other Ways for a Quorum of the Oversight Committee to Communicate Electronically?" provides guidance related to the statutory provision permitting electronic communication among board members via an online message board.*]

In most cases, there must be a quorum of members present when a discussion of public business occurs for requirements of the Act to apply. However, physical presence in the same location is not necessary to invoke the Act. Discussing public business by phone or email with a quorum of members may be a violation of the Act. This can occur when one Oversight Committee member sends an email about public business to four or more board members or forwards an email discussion about public business between some Oversight Committee members to other members. Whether certain phone conversations or emails between members constitute a violation of the Act is a fact issue.[7]

Even if a quorum is not part of the call or email, using telephone conversations or electronic communication (including texting) with the intention to conduct deliberations about public business in private may result in criminal violations.[8] Members of a governmental body should be wary because technology makes it easier to hold serial private discussions among members about public business. See the discussion about "walking" quorums for more guidance.

What is a "Walking" Quorum?

A walking quorum occurs when:

(1) a series of smaller group meetings (less than a quorum) occur; and
(2) members use the smaller group meetings to intentionally avoid constituting a quorum and evade the requirements of the Act.[9]

[7] *See Hitt v. Mabry*, 687 S.W.2d 791 (Tex. App. B San Antonio 1985, no writ) (school trustees violated Act by telephone conferencing). *But see Harris County Emergency Serv, Dist. #1 v. Harris County Emergency Corps*, 999 S.W.2d 163 (Tex. App. B Houston [14th Dist.] 1999, no writ) (evidence that one board member of a five-member county emergency service district occasionally used telephone to discuss agenda for future meetings with one other board member did not amount to Act violation).
[8] Tex. Gov't Code Ann. § 551.143.
[9] Tex. Govt. Code Ann. § 551.143.

Texas courts have not limited their interpretation of a walking quorums to physical meetings. It may be a criminal violation if the members meet or communicate by phone, memo, text, or email in numbers less than a quorum if the specific intent for doing so is to hold secret deliberations and circumvent the Act.

In February 2019, the Texas Court of Criminal Appeals struck down the provision relating to the "walking quorum" stating the law was too vague.[10] After this ruling, Senator Watson introduced SB 1640 to revise the "walking quorum" provision in TOMA with the goal to clearly prohibit the practice. Senate Bill 1640 passed both chambers with near-unanimous votes; Governor Abbott signed it to take effect immediately. Notably, state law now defines "deliberation" include both verbal and written exchanges between a quorum of members or a quorum and another person on an issue under the body's jurisdiction.

Can an Oversight Committee Member Participate in an Open (or Closed) Meeting by Phone or Video Conference?[11]

Yes, in limited circumstances. Participation by phone may occur in the event of an emergency when convening a quorum is difficult or impossible. The Act also permits a governing board member to participate in an open or closed meeting by video conference even when there is no emergency.

- Participating in a Meeting by Phone – A governing body may not conduct meetings subject to the Act by phone unless it meets the following two requirements:

  (1) an emergency or public necessity exists;

  An emergency or public necessity exists only if the governmental body must take immediate action resulting from an imminent threat to public health or safety or a reasonably unforeseeable situation. Whether an emergency exists is a fact-based question subject to judicial review.

  AND

  (2) convening a quorum in one location is difficult or impossible.[12]

  A member may not participate by phone even in an emergency scenario if a quorum of the governing body is able to meet in one location. A requirement to justify participation by telephone is that it is difficult or impossible for the agency to convene a quorum in one location.

[10] *See State v. Doyal*, No. PD-0254-18 (Tex. Crim. App. Feb. 27, 2019).
[11] During the COVID pandemic, Governor Abbott issued an executive order suspending some provisions of the Texas Open Meetings Act, including the provision that members of the governing body meet in person. The governor's executive order expired August 31, 2021.
[12] Tex. Govt. Code Ann. §§ 551.121 - .126.

If the governing body properly convenes an open meeting where one or more members participate by phone, then the meeting must be audible to the public at the location specified in the notice with two-way communication available during the entire meeting. The governing body must record the meeting, with every party identified before speaking.

- Participating by Video Conference – A governing body may hold an open or closed meeting by video conference. [13] The Attorney General provided in guidance late 2019 that clarifies the statutory requirements for videoconference participation. One principal issue of confusion related to whether the governing board's elected/appointed presiding officer must physically attend the open meeting. The Attorney General's interpretation is that the person presiding over the open meeting must attend the meeting in person; however, that role is not exclusive to the elected presiding officer if there is a process in place to delegate the presiding officer's role to another member. Texas law also allows a member of the public to testify at a meeting from a remote location by video conference.

  How is quorum determined when members are participating via videoconference?
  Members participating by videoconference will count toward the number of members needed for quorum. For the nine-member Oversight Committee, a quorum is five members present in person or participating via live videoconference.

  If the member participating by videoconference loses audio and/or video connection with the meeting site, then that member does not count for purposes of the quorum. If the remote member's attendance via videoconference is necessary to achieve quorum, the Oversight Committee may take no action until the remote member restores the connection. The meeting may recess up to six hours to allow time for resolving technical issues. If the remote member is not back online within six hours, then the presiding officer must adjourn the meeting.

  Who must be physically present at the open meeting when one or more members are participating by videoconferencing?
  At least one member of governmental body must be physically present to preside over the open meeting at the location specified in the published meeting notice.

  Is the member attending by videoconference required to be visible to the public?
  Yes. The video and audio quality must be such that the public and other board members must be able to see the facial expressions of the member participating by videoconference as well as hear the member's questions and input. State law requires the governing body to have a monitor (at least 27-inches) at the physical location for each member participating remotely. The monitor's screen should be fully visible to the public at the meeting site and on the meeting livestream, with the volume loud enough to hear the remote member.
  Are there any special notice requirements to hold a meeting via videoconference?

[13] Tex. Govt. Code Ann. 551.127

Yes. In addition to following the regular open meeting notice requirements, the meeting notice must state that one or more members may participate via videoconference and that the member presiding over the meeting will be present at the location listed in the notice. Governing body members may not participate via videoconference if the meeting notice does not contain the required notice.

Should the Oversight Committee decide that videoconference participation may be an option for its members, Legal will include a standing notice in all future published meeting agendas regarding the possibility of videoconference participation.

May the governmental body's elected or appointed presiding officer attend a meeting by videoconference?
Yes, but TOMA prohibits any member that participates in a meeting by videoconference from presiding over that meeting. According to the Attorney General, the governing body's presiding officer may delegate the role to another member who is physically present at the meeting site if the presiding officer is unable to attend the meeting in person and will participate by videoconference instead.

Oversight Committee bylaws allow for the delegation of the chairperson's role to another member when the chairperson participates by videoconference.

Are There Other Ways for the Entire Oversight Committee to Communicate Electronically?

Yes. The Act permits communications about public business between members of a governmental body and its staff to take place electronically so long as the governmental body posts the written communication to an online message board that is accessible to the public. Such a discussion "does not constitute a meeting or deliberation," under the Act.

An electronic message board is an example of using technology to aid effective functioning of the governmental body without sacrificing transparency. It provides a forum for governing board members to discuss agency business in between traditional meetings. The governmental body must own or control the online message board, which must be publicly accessible within one click from the governmental body's home page. The message board should display the communication in real time, attributable by the name and title of the member or staff. The governmental body may not vote or take any action via posting to the online message board. The communication should be viewable for at least 30 days and retained as an agency record for six years.

The Austin City Council uses an electronic message board to communicate among the members and staff. You can see the city's bulletin board here (click on "View Active Topics" on the message board landing page to see discussion topics.)

Does the Act Apply to Social Media?

Yes, although the Act does not provide much guidance specifically addressing social media. Modern technologies such as Twitter, Facebook, Instagram, texting, and instant messaging make it easier for governmental body members to inadvertently (or intentionally) conduct a meeting that is subject to the Act's requirements. Other than authorizing the online electronic message board, the Texas Legislature has not addressed social media issues affecting open meetings. The Senate Committee on State Affairs' Interim Report to the 82nd Legislature opined, "…under the current interpretations of the Act, a quorum would exist if a majority of the governmental body discusses public business on a Facebook wall…A similar situation could arise with Twitter where members can have public or private accounts."[14]

What are the Consequences for Violating the Act?

Actions taken in violation of the Act are voidable. Certain violations of the Act may result in criminal penalties for board members if prosecutors prove an intent to evade or violate the Act's requirements. Criminal violations include knowing participation in a walking quorum or an unauthorized closed meeting.

[14] SENATE COMMITTEE ON STATE AFFAIRS, INTERIM REPORT TO THE 82D LEGISLATURE at 59 (Dec. 2010).

2021 Legislative Session Update: Changes to the Texas Public Information Act

Statute	Bill	Change Made
Gov't Code § 552.1331	HB 872	Adds section 552.1331 of the Government Code, which makes certain utility customer information confidential.
Gov't Code §§ 552.003, 552.117, 552.1175, 552.161, 552.162, 552.2325	HB 3607	Redesignates certain sections of the Act to correct the numbering of these sections.
Ch. 1703 Occ. Code	HB 1560	Repeals Chapter 1703 of the Occupations Code.
Gov't Code §§ 552.117, 552.1175; Tax Code § 25.025	HB 1082	• Adds elected public officers to sections 552.117 and 552.1175 of the Government Code, as well as section 25.025 of the Tax Code. • Redesignates certain subsections.
Gov't Code § 552.1315	HB 2357	Adds section 552.1314 of the Government Code, which makes certain crime victim information confidential.
Gov't Code §§ 552.117, 552.1175; Tax Code § 25.025	SB 56	• Adds federal public defender, deputy federal public defender, and assistant federal public defender and the spouse or child of the current or former attorney or public defender to sections 552.117 and 552.1175 of the Government Code. • Adds a current or former United States attorney and assistant United States attorney to section 552.1175 of the Government Code. • Adds federal public defender, deputy public defender, and assistant federal public defender and the spouse and child of the attorney or public defender to section 25.025 of the Tax Code.
Gov't Code § 552.149	SB 334	Revises the right of access under section 552.149.
Gov't Code §§ 552.003, 552.117, 552.1175; Tax Code § 25.025	SB 841	• Adds definition for "honorably retired" to section 552.003 of the Government Code and section 25.05 of the Tax Code. • Revises certain subsections of sections 552.117 and 552.1175 of the Government Code and 25.025 of the Tax Code.
Tex. Parks & Wildlife Code § 11.030; Transp. Code §§ 204.011, 548.601; Ch. 730 Transp. Code	SB 15	Amends certain provisions relating to the Texas Consumer Privacy Act.
Elec. Code §§ 13.0021, 13.004, 15.0215; Fin. Code §§ 254.0313,	SB 1134	Amends provisions relating to the confidentiality of certain information for certain federal officials and

411.179; Gov't Code §§ 552.117, 572.035; Local Gov't Code § 159.071; Prop. Code § 11.008; Tax Code § 25.025; Transp. Code §§ 521.054, 521.121, 521.142		family members of certain federal officials and federal or state court judges.
Gov't Code §§ 552.2325; 552.2211	SB 1225	• Revises requirements for submitting catastrophe notices. • Adds section 552.2211.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS

FROM: HEIDI MCCONNELL, CHIEF OPERATING OFFICER

SUBJECT: CHIEF OPERATING OFFICER REPORT

DATE: FEBRUARY 7, 2022

CPRIT Financial Overview for FY 2022 Quarter 1

FY 2022, Quarter 1 Operating Budget

In FY 2022, CPRIT has a budget of $4.9 million in Indirect Administration and approximately $16.1 million budgeted in Grant Review and Award Operations. The Grant Review and Award Operations budget includes the majority of the agency's vendor contracts which support grant award and administration, including the $9.6 million contract for grant management support services with GDIT. This budget includes the salaries for eight new full-time equivalents (FTEs) authorized by the 87th Texas Legislature, bringing the agency's authorized FTE limit to 44.

CPRIT received almost $2.4 in revenue sharing payments during the first quarter. As I previously reported, the majority of that revenue was the result of the $2,318,400 milestone payment from Merck & Co., Inc. related to FDA approval of WELIREG™ (belzutifan) for the treatment of patients with certain types of Von Hippel-Lindau (VHL) disease-associated tumors.

In addition, CPRIT is receiving quarterly royalty payments from the sales revenue of this drug. The first royalty payment of $2,442, received in December 2021, was based on drug sales that began the last week of August 2021 through September 30, 2021, the end of the third calendar quarter. Merck notified CPRIT in January to expect a royalty payment of approximately $17,548 from WELIREG sales during the fourth calendar quarter of 2021.

Revenue sharing payment deposits total approximately $7.4 million through the end of January 2022.

FY 2022, Quarter 1 Performance Measure Report

CPRIT reported on its two quarterly key performance measures to the Legislative Budget Board. During the first quarter, there were no company relocations to the state. CPRIT served 203,604 people through its prevention and control grants, approximately a quarter of the 700,000-person served annual goal.

Debt Issuance History

TPFA issued the first tranche of $87 million in commercial paper notes for FY 2022 on September 28, 2021. In November 2021, TPFA completed a general obligation bond transaction of $582,315,000 which included refunding of $347.3 million in outstanding CPRIT commercial

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paper notes, refinancing approximately $90.2 million in existing CPRIT Series 2011 bonds, and providing $144.8 million in new money proceeds to cover the second and third planned draws during FY 2022.

2022 Conference Update

The solicitation for a conference venue in the Austin area closed on February 2, 2022, without receiving any bids. The selection of the conference venue will determine the actual meeting dates on which the conference program will be planned.

Cancer Prevention and Research Institute of Texas
Quarterly Financial Report
As of November 30, 2021

Indirect Administration (B.1.1.)

		2022 Appropriated	2022 Budgeted	% of Total Budget	Actual Expenditures & Grant Encumbrances (FYTD)	Remaining Budget	Percent Expended	Estimated Expenditures (YTD)	Lapse/Overspent
1001	Salaries and Wages	$ 1,847,425	$ 1,847,425		$ 301,184	1,546,241	16%	$ 301,184	$ 1,546,241
1002	Other Personnel Costs	38,785	38,785		4,344	34,441	11%	4,344	34,441
2001	Professional Fees and Services	1,808,662	1,953,528		1,561,649	391,879	80%	1,561,649	391,879
2003	Consumable Supplies	24,000	24,000		1,414	22,586	6%	1,414	22,586
2004	Utilities	58,600	58,600		31,356	27,244	54%	31,356	27,244
2005	Travel	45,000	45,000		8,270	36,730	18%	8,270	36,730
2006	Rent-Building	11,000	11,000		2,079	8,921	0%	2,079	8,921
2007	Rent-Machine and Other	32,172	32,172		20,000	12,172	62%	20,000	12,172
2009	Other Operating Expenses	1,062,737	1,057,336		341,297	716,040	32%	341,297	716,040
	Subtotal - Indirect Administration (B.1.1.)	**$ 4,928,381**	**$ 5,067,846**	**1.70%**	**$ 2,271,593**	**$ 2,796,253**	**45%**	**$ 2,271,593**	**$ 2,796,253**

Grant Review and Award Operations (A.1.3.)

		2022 Appropriated	2022 Budgeted	% of Total Budget	Actual Expenditures & Grant Encumbrances (FYTD)	Remaining Budget	Percent Expended	Estimated Expenditures (YTD)	Lapse/Overspent
1001	Salaries and Wages	$ 3,505,873	3,505,873		$ 1,005,022	$ 2,500,851	29%	$ 1,005,022	$ 2,500,851
1002	Other Personnel Costs	45,000	45,000		34,696	10,304	0%	34,696	10,304
2001	Professional Fees and Services	12,419,373	12,780,100		11,677,051	1,103,049	91%	11,677,051	1,103,049
2003	Consumable Supplies	-	-		-	-	0%	-	-
2004	Utilities	12,000	12,000		15	11,985	0%	15	11,985
2005	Travel	45,000	45,000		1,253	43,747	3%	1,253	43,747
2009	Other Operating Expenses	71,649	71,649		14,549	57,100	20%	14,549	57,100
	Subtotal - Grant Operations (A.1.3.)	**$ 16,098,895**	**$ 16,459,622**	**5.53%**	**$ 12,732,587**	**$ 3,727,035**	**77%**	**$ 12,732,587**	**$ 3,727,035**

Grants

		2022 Appropriated	2022 Budgeted	% of Total Budget	Actual Expenditures & Grant Encumbrances (FYTD)	Remaining Budget	Percent Expended	Estimated Expenditures (YTD)	Lapse/Overspent
4000	Grants - Prevention (A.1.2)	$ 27,670,031	$ 27,709,605		$ -	$ 27,709,605	0%	$ -	$ 27,709,605
4000	Grants - Research (A.1.1.)	251,353,693	$ 248,235,661		-	$ 248,235,661	0%	-	248,235,661
	Subtotal - Grants	**$ 279,023,724**	**$ 275,945,266**	**92.76%**	**$ -**	**$ 275,945,266**	**0%**	**$ -**	**$ 275,945,266**
	Grand Totals	**$ 300,051,000**	**$ 297,472,734**	**100.00%**	**$ 15,004,179**	**$ 282,468,554**	**5%**	**$ 15,004,179**	**$ 282,468,554**

Cancer Prevention and Research Institute of Texas

Cancer Prevention and Research Institute Fund Account - 5136

As of November 30, 2021

	11/01/2021-11/30/2021	AY 22 Year to Date as of 11/30/2021
Beginning Balance : 9/01/2021		**$ 600,506**
Increases:		
(1)	$ -	$ -
(2)	-	
Total Increases	**$ -**	**$ 600,506.00**
Reductions:		
Expenditures - Appropriated	$ -	$ -
	$ -	$ -
	$ -	$ -
Total Reductions	**$ -**	**$ -**
Ending Balance: 11/30/2021		**$ 600,506.00**

Note: (1) The Institute received a settlement from the Texas Cancer Coalition (TCC). This amount represents the final distribution and transfer of all funds ($303,877) from the TCC which ceased operations in May 2013. These funds are in the State Treasury but are not appropriated to CPRIT. The beginning balance reflects the transfer of all TCC funds.

Cancer Prevention and Research Institute of Texas

License Plate Trust Fund Account - 0802

As of November 30, 2021

	11/01/2021-11/30/2021	AY 22 Year to Date as of 11/30/2021
Beginning Balance : 9/01/2021		**$ 39,573.54**
Increases:		
(1) License Plate Revenue Received	$ 368.50	$ 1,554.74
Total Increases	**$ 368.50**	**$ 41,128.28**
Reductions:		
Expenditures - Appropriated	$ -	$ -
	-	-
Total Reductions	**$ -**	**$ -**
Ending Balance: 11/30/2021		**$ 41,128.28**

Note:

Balance forward from 2021 License Plate $39,573.54

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Cancer Prevention and Research Institute of Texas

Appropriated Receipts - 666

As of November 30, 2021

		11/01/2021-11/30/2021	AY 22 Year to Date as of 11/30/2021
Beginning Balance : 9/01/2021			**$ 11,246.90**
Increases:			
(1)	Product Development Application Fees Received	$ -	$ 2,500.00
(2)	Appropriated Receipts applied to payments	$ -	$ -
(3)	Conference Registration Fees	$ -	$ -
(4)	Conference Registration Fees-Credit Card	$ -	$ -
Total Increases		**$ -**	**$ 2,500.00**
Reductions:			
	Conference Expenditures - Appropriated	$ -	$ -
	Credit Card Fees Expended	$ -	$ -
	Refund-Application Fees	$ -	$ -
	Legal Services Expenses (Application Fees)	$ -	$ -
Total Reductions		**$ -**	**$ -**
Ending Balance: 11/30/2021			**$ 13,746.90**

Note: Balance forward for FY 2021 is $11,246.90 of PDR grant application fees.

Cancer Prevention and Research Institute of Texas

Interest & Sinking Fund Account - 5168

As of November 30, 2021

		11/01/2021-11/30/2021	AY 22 Year to Date as of 11/30/2021
Beginning Balance : 9/01/2021			**$ 2,525,531.25**
Increases:			
(1)	Revenue Sharing / Royalties	$ 6,578.90	$ 2,370,851.24
Total Increases		**$ 6,578.90**	**$ 4,896,382.49**
Reductions:			
	Expenditures - Appropriated	$ -	$ -
		$ -	
		$ -	$ -
Total Reductions		**$ -**	**$ -**
Ending Balance: 11/30/2021			**$ 4,896,382.49**

Balance forward from FY 2021 is $2,525,531.25

Cancer Prevention and Research Institute of Texas
FY 2021, Quarter 4 Performance Measure Report

Measure	Targeted Performance	QTR 1	QTR 2	QTR 3	QTR 4	Sum of QTRs	% of Mandate Attained
Number of People Served by Institute Funded Prevention and Control Activities	700,000	203,604	-	-	-	203,604	29.09%
Number of Entities Relocating to TX for Cancer Research Related Projects	1	0	-	-	-	0	0.00%
Annual Age-adjusted Cancer Mortality Rate	145.2	N/A	N/A	N/A	N/A	141.4	97.38%
Number of Published Articles on CPRIT-Funded Research Projects	1,000	N/A	N/A	N/A	N/A	1,351	135.10%
Number of New Jobs Created and Maintained	1,500	N/A	N/A	N/A	N/A	3,265	217.67%

Variance Explanations

Number of Entities Relocating to TX for Cancer Research Related Projects
This output is dependent on the number of companies applying for CPRIT Company Awards that can successfully advance through CPRIT's rigorous review and evaluation process, receive an award and actually relocate operations to Texas. Therefore, the results vary. A company must meet 4 of CPRIT's 7 criteria for a relocation to be considered complete.

CPRIT Commercial Paper and G.O. Bond Issuance

Fiscal Year	Amount Appropriated	Dated Issued	Amount Issued	Amount Issued for Fiscal Year	Commercial Paper or GO Bond Issuance	Series	Comments	Interest Rate
2010	$ 225,000,000	September 9, 2009	$ 9,100,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2010		September 9, 2009	$ 3,600,000		Commercial Paper Notes	Series B, Tax-Exempt	Defeased with cash July 2011	
2010		March 12, 2010	$ 63,800,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2010		August 26, 2010	$ 148,500,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
				$ 225,000,000				
2011	$ 225,000,000	September 7, 2010	$ 11,800,000		Commercial Paper Notes	Series A, Taxable		
2011		August 10, 2011	$ 51,000,000		G.O. Bonds	Taxable Series 2011	Par amount of new money	Fixed Rate Bonds All-In-True Interest Cost 4.0144%
2011		August 10, 2011	$ 232,045,000		G.O. Bonds (Refunding Bonds)	Taxable Series 2011	Par amount of refunding; Refunded $233.2M of GOCP CPRIT Series A (9/9/09, 3/12/09, 8/26/09, 9/7/10)	Fixed Rate Bonds All-In-True Interest Cost 4.0144%
				$ 62,800,000				
2012	$ 300,000,000	September 7, 2011	$ 3,200,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2012		December 8, 2011	$ 3,200,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2012		March 2, 2012	$ 12,300,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2012		June 21, 2012	$ 15,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2012		August 16, 2012	$ 42,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
				$ 75,700,000				
2013	$ 300,000,000	September 6, 2012	$ 9,600,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2013		May 16,2013	$ 13,400,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
				$ 23,000,000				
2014	$ 300,000,000	November 25, 2013	$ 55,200,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2014		March 13, 2014	$ 47,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2014		June 17, 2014	$ 60,300,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2014		July 8, 2014	$ 233,280,000		G.O. Bonds (Refunding Bonds)	Taxable Series 2014	Par amount of refunding; Refunded $237.88M of GOCP CPRIT Series A	Fixed Rate Bonds All-In-True Interest Cost 3.327184%
				$ 162,500,000				
2015	$ 300,000,000	November 5, 2014	$ 57,600,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2015		April 29, 2014	$ 112,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2015		June 26, 2015	$ 75,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
				$ 244,600,000				
2016	$ 300,000,000	September 22, 2015	$ 55,400,000		Commercial Paper Notes	Series A, Taxable		
2016		October 29, 2015	$ 300,000,000		G.O. Bonds (Refunding Bonds)	Taxable Series 2015C	Par amount of refunding; Refunded $300M of GOCP CPRIT Series A	Fixed Rate Bonds All-In-True Interest Cost 3.299867%
2016		October 29, 2015	$ 69,800,000		G.O. Bonds	Taxable Series 2015C	Par amount of new money: Disbursed to CPRIT January 2016	Fixed Rate Bonds All-In-True Interest Cost 3.299867%
2016		May 16, 2016	$ 92,100,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	

CPRIT Commercial Paper and G.O. Bond Issuance

Fiscal Year	Amount Appropriated	Dated Issued	Amount Issued	Amount Issued for Fiscal Year	Commercial Paper or GO Bond Issuance	Series	Comments	Interest Rate
2016		August 29, 2016	$ 60,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
				$ 277,300,000				
2017	$300,000,000	October 19, 2016	$ 58,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2017		January 5, 2017	$ 58,900,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2017		February 8, 2017	$ 269,000,000		G.O. Bonds (Refunding Bonds)	Taxable Series 2017	Par amount of refunding: Refunded $269M of GOCP CPRIT Series A	Fixed Rate Bonds All-In-True Interest Cost 3.4622%
2017		February 8, 2017	$ 106,000,000		G.O. Bonds	Taxable Series 2017	Par amount of new money	Fixed Rate Bonds All-In-True Interest Cost 3.4622 %
				$ 222,900,000				
2018	$300,000,000	September 29, 2017	$ 68,200,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2018		March 8, 2018	$ 99,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
2018		July 11, 2018	$ 55,000,000		Commercial Paper Notes	Series A, Taxable	Refunded as G.O. Bonds	
				$ 222,200,000				
2019		September 21, 2018	$ 222,200,000		G.O. Bond (Refunding Bonds)	Taxable Series 2018	Par amount of refunding: Refunded $222.2M of GOCP CPRIT Series A	Fixed Rate Bonds All-In-True Interest Cost 3.720632%
2019	$300,000,000	September 21, 2018	$ 75,975,000		G.O. Bonds	Taxable Series 2018	Par amount of new money	Fixed Rate Bonds All-In-True Interest Cost 3.720544%
2019		March 28, 2019	$ 77,725,000		Commercial Paper Notes	Series A, Taxable		Interest rates between 1.90% - 2.55%
2019		July 12, 2019	$ 54,000,000		Commercial Paper Notes	Series A, Taxable		Interest rates between 1.95% - 2.35%
				$ 207,700,000				
2020		September 16, 2019	$ 64,300,000		Commercial Paper Notes	Series A, Taxable		Interest rate of 2.10%
2020		January 9, 2020	$ 52,000,000		Commercial Paper Notes	Series A, Taxable		
2020		April 23, 2020	$ 248,025,000		G.O. Bond (Refunding Bonds)	Taxable Series 2018	Par amount of refunding: Refunded $243.025M of GOCP CPRIT Series A	Fixed Rate Bonds All-In-True Interest Cost 2.644360%
2020		April 23, 2020	$ 115,000,000		G.O. Bonds	Taxable Series 2018	Par amount of new money	Fixed Rate Bonds All-In-True Interest Cost 2.644360%
				$ 231,300,000				
2021	$300,000,000	September 11, 2020	$ 75,000,000		Commercial Paper Notes	Series A, Taxable		
2021		January 14, 2021	$ 59,000,000		Commercial Paper Notes	Series A, Taxable		
2021		April 29, 2021	$ 68,900,000		Commercial Paper Notes	Series A, Taxable		
2021		August 12, 2021	$ 57,400,000		Commercial Paper Notes	Series A, Taxable		
				$ 260,300,000				
2022	$300,000,000	September 28, 2021	$ 87,000,000		Commercial Paper Notes	Series A, Taxable		

CPRIT Commercial Paper and G.O. Bond Issuance

Fiscal Year	Amount Appropriated	Dated Issued	Amount Issued	Amount Issued for Fiscal Year	Commercial Paper or GO Bond Issuance	Series	Comments	Interest Rate
2022		November 19, 2021	$ 437,515,000		G.O. Bond (Refunding and Refinancing Bonds)	Taxable Series 2021B	Par amount of refunding and refinancing: Refunded $347.300M of GOCP CPRIT Series A and Refinanced $90.215M of CPRIT Series 2011 Bonds	Fixed Rate Bonds All-In-True Interest Cost 2.191715%
2022		November 19, 2021	$ 144,800,000		G.O. Bonds	Taxable Series 2021B	Par amount of new money	Fixed Rate Bonds All-In-True Interest Cost 2.191715%
				$ 231,800,000				
TOTAL ISSUED TO DATE				**$ 2,447,100,000**				

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: MARK DALLAS LOEFFLER
SUBJECT: COMMUNICATIONS UPDATE
DATE: FEBRUARY 9, 2022

These are the highlights of CPRIT Communications efforts since the most recent Oversight Committee meeting in November.

ANNUAL REPORT

- Assisted with design, text, and implementation of the 2021 CPRIT Annual Report. As before, the Annual Report will be posted online.

MEDIA RELATIONS

- CPRIT Communications has implemented a new cloud-based media monitoring and relations tool called Meltwater to assist with media relations and outreach.

- Facilitated an interview for Dr. Michelle Le Beau with Texas Standard radio program prompted by our press release regarding the President's cancer moonshot announcement.

PUBLICATIONS

- Completed a new CPRIT Childhood and Adolescent Cancer on-pager for public and legislative audiences. We will be expanding this into an additional Childhood Cancer document in the near future.

MEDIA MONITORING

- Implemented a new daily ENews distribution to provided updated news clips to CPRIT Staff, OC members and Hahn contacts

WEBSITE

- CPRIT Communications assisted with design and implementation of new Grantee Resources page to consolidate and clarify online agency assets available to our grantees.

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SOCIAL MEDIA

- Working with Hahn staff on long-term plan to increase CPRIT's social media presence through greater visibility, post timeliness, expanded reach, and content that resonates. Developing.

STATISTICS

Social Media from November 18 to February 4

Facebook	Twitter	LinkedIn
4.62% engagement rate	2.07% engagement rate	4.02% engagement rate
1,100 Fans	3,100 followers	1,500 followers
Top Post: 25.86% engagement	Top Tweet: 1,017 impressions (12/10)	Top Post: 567 impressions (2/2)

Website Hits and Visitors November 18 to February 4

Users	New Users	Sessions (Visits)	Pageviews	Pages / Session
16,091	15,265	21,883	46,475	2.12

PRESS RELEASES

Cancer Prevention & Research Institute of Texas Awards $38 Million in New Recruitment Grants
https://www.cprit.texas.gov/news-events/articles/cancer-prevention-research-institute-of-texas-awards-38-million-in-new-recruitment-grants-1/
November 18, 2021

Dr. Mahendra Patel Reappointed to CPRIT Oversight Committee
https://www.cprit.texas.gov/news-events/articles/dr-mahendra-patel-reappointed-to-cprit-oversight-committee/
December 9, 2021

Texas Cancer-Fighting Agency Welcomes Reignited Cancer Moonshot
https://www.cprit.texas.gov/news-events/articles/texas-cancer-fighting-agency-welcomes-reignited-cancer-moonshot/
February 2, 2022