To the BOR:

The Faculty of the UH Cancer Center has now had time to reflect on the report by the UHCC Review Task Force and to discuss it both in a Faculty/Staff meeting and in smaller groups. We find that while we agree with some points there are nevertheless important inaccuracies that should be corrected. These likely arose due to a lack of experience on the committee in the area of biomedical research.

I attach for your consideration the input of the faculty and staff as culled and curated by the Senior Leadership Committee. If you have any questions please let me know. Thank you all for your efforts on behalf of the Cancer Center during this challenging time.

Sincerely,

Joe W Ramos

Joe William Ramos, Ph.D.
Professor and Program Director
Cancer Biology Program
University of Hawaii Cancer Center
University of Hawaii at Manoa
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Honolulu, HI 96813

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www.uhcancercenter.org

A National Cancer Institute-Designated Cancer Center
Joe W. Ramos, PhD, Professor and Program Director, UH Cancer Center, UH Manoa

I have forwarded (and attach here) to the Board of Regents a brief response to the “Report on the Review of the University of Hawai‘i Cancer Center (UHCC)” by the UHCC Review Task Force.

The Faculty of the UH Cancer Center has now had time to reflect on the report by the UHCC Review Task Force and to discuss it both in a Faculty/Staff meeting and in smaller groups. We are very appreciative of the extensive work they have done. We are grateful for their acknowledgement of the tremendous value of the Cancer Center and its NCI designation to UH and to the state of Hawaii. We appreciate the recognition that the Cancer Center faculty are passionate and accomplished in their work and that the faculty have recently increased faculty involvement and governance at the Cancer Center. Finally we agree there is urgent need to find a new supplemental mechanism of funding the Cancer Center while allowing for incremental, strategic programmatic growth. This additional revenue stream is now our primary challenge.

Our purpose in our response is to provide the perspective of faculty and staff actively involved in cancer research in Hawaii, who have extensive experience with NCI designated cancer centers, and who have written successful P30 renewal applications. This is necessary because some of the comments in the report suggest a lack of understanding of how cancer centers, cancer center grants, and clinical trials work. As the 11-person committee only had two researchers with a background in biomedical research this is understandable. We have focused our discussion on the correction of statements that will affect the Cancer Center going forward and that might be important to the Chancellor, President, Board of Regents, and the state as they decide which suggestions in the report they might act upon.

Most importantly: NCI P30 designation is essential and generates funds and credibility far in excess of the direct dollar amount; clinical trials will not provide the Cancer Center with any useful additional funding; comparisons to large hospital centered Cancer Centers like Dana Farber are inappropriate as we serve a smaller population and lack the large endowments and facilities these places have; faculty turnover is inevitable and has not affected our finances significantly; the Hawaii Cancer Consortium is still in its infancy and needs time to develop to fully reach its potential; and finally the Cancer Center faculty were badly in need of a new building as the previous one had become too small, was in decay, and had an expiring lease.

I attach for your consideration the input of the faculty and staff as culled and curated by the Senior Leadership Committee. Thank you all for your efforts on behalf of the Cancer Center during this challenging time.

Sincerely,

Joe W Ramos, PhD
Professor (Researcher)
UH Cancer Center
Cancer Center Senior Leadership Response to the “Report on the Review of the University of Hawai‘i Cancer Center (UHCC)” by the UHCC Review Task Force-January 2015

The Faculty of the UH Cancer Center has now had time to reflect on the report by the UHCC Review Task Force (URTF) and to discuss it both in a Faculty/Staff meeting (2/3/15) and in smaller groups. As a whole we are very appreciative of the extensive work done by the URTF. We are grateful for their acknowledgement of the tremendous value of the Cancer Center and its NCI designation to UH and to the state of Hawaii. We appreciate the recognition that the Cancer Center faculty are passionate and accomplished in their work and that the faculty have recently increased faculty involvement and governance at the Cancer Center. Finally we agree there is urgent need to find a new supplemental mechanism of funding the Cancer Center while allowing for incremental and strategic programmatic growth. This additional revenue stream is now the primary challenge we face.

Our purpose here is to provide the perspective of some faculty and staff actively involved in cancer research in Hawaii, who have extensive experience with NCI designated cancer centers (many of us having worked in more than one cancer center) and have written successful P30 renewal applications. This is necessary because some of the comments in the report reveal a lack of understanding of how cancer centers, cancer center grants, and clinical trials work. As the 11-person committee only had two researchers with a background in biomedical research this is understandable. We have focused on the correction of statements that will affect the Cancer Center going forward and that might be important to the Chancellor, President, Board of Regents, and the state as they decide which suggestions in the report they might act upon.

We are uniformly supportive of the need to make positive change for all our constituents (patients, faculty/staff ohana, advocates in the battle against cancer, UH, Consortium partners, legislators and state government). We appreciate that the state has limited resources and that sound stewardship of its resources is essential. We therefore offer our comments in this spirit to provide the most accurate data to those who will help us continue and strengthen our service to the people of Hawaii

Context: The mission of the Cancer Center is to lead the fight against cancer in the islands and thereby improve the health of our diverse population through research, education and improved patient care. While we face challenges, we have had a string of successes in the last few years that should not be lost in the discussion. After the tremendous effort of the former Director, the faculty and staff, and with the strong support of UH leadership and the state government, the Cancer Center renewed its P30 designation in 2012, receiving a positive evaluation from an external panel of independent peer reviewers. Two other significant achievements were essential for this designation: the establishment of the Hawaii Cancer Consortium and construction of the new building.
The P30 Cancer Center Support Grant (CCSG) is an essential part of our financial support and is an extramural research grant from the National Institutes of Health that provides directly nearly a million dollars a year (and an additional near two million dollars or more in supplemental funding). It should be emphasized that it is a research grant that supports basic and clinical research and provides access to significant funds that would not otherwise be available. Our work continues to be well funded (~$20M/year) and provides Hawaii with high tech jobs, education, new therapeutic options, and essential information on how our population is affected by cancer and behaviors that put us at risk of getting cancer.

The cancer consortium is an example of the very best in human nature. The competition for treating cancer patients among the consortium members was partly set aside to allow a joint approach to cancer care in the islands led by the Cancer Center. While the Consortium is still in its infancy and in need of continued development, none of us has any doubt that it is the best way forward to optimize care and bring in new clinical trials for cancer patients in Hawaii.

Finally, the new building did not just centralize our faculty. It has become a centerpiece in the state that hosts many important events and attracts visiting faculty from around the world to international meetings hosted here in the Sullivan Conference Center. The building, which has become the focus of so much discussion, is more than the sum of its parts. Along with our outstanding faculty, it has helped put Hawaii on the map as a destination for quality science, innovation, and health care. In this context note:

1. The Cancer Center is recognized by its donors, hospital partners, multiple federal funders and the National Cancer Institute as bringing great value to Hawaii and international impact in cancer research.
2. The Cancer Center contributes greatly to the local economy (~$20 million/yr from grant support each year that is spent here and creates high tech jobs).
3. Research by Cancer Center investigators is typically published in high-impact journals and often receives national media attention. This contributes to the visibility of UH as a major research university.
4. Translational researchers who take basic discoveries into the clinical setting are just now being recruited to Hawaii.
5. Although part of UH since 1981, the recent move of the Cancer Center to Kaka'ako consolidates its funded investigators and builds synergies with the John A. Burns School of Medicine in Kaka'ako. The Center has had only two years since the move to make key recruitments and restructure. Clearly more time is needed.
6. The School of Medicine and the Cancer Center are the only two UH Manoa units with nearly full responsibility for their facilities & administrative infrastructure. The Cancer Center is the only unit currently responsible for its building debt service, given that the legislature provided support from the Master Settlement Agreement to cover the building bond debt service for the Medical School.
The School of Medicine and the Cancer Center are taxed by UH Manoa at the same rate as the other UH Manoa units - although most of the Manoa units are not responsible for infrastructure costs.

The report contained some important inaccuracies to which we respond here by section to provide the best information available as we move forward:

**Overview of our primary points:**
1) NCI P30 designation is essential and generates funds and credibility far in excess of the direct dollar amount; 2) clinical trials will not provide the Cancer Center with any useful additional funding; 3) comparisons to large hospital centered Cancer Centers like Dana Farber are inappropriate as we serve a smaller population and lack the large endowments and facilities these places have; 4) faculty turnover is inevitable and has not affected our finances significantly; 5) the Hawaii Cancer Consortium is still in its infancy and needs time to develop to fully reach its potential; and 6) the Cancer Center faculty were badly in need of a new building as the previous one had become too small, was in decay, and had an expiring lease.

**Executive Summary**

**Page 2, paragraph 2:** “The fiscal solvency of UHCC was also severely impacted by the loss of senior faculty over the past four years along with their extramural funding.”

**Response:** Personnel changes are inevitable in a research institution. The report refers to a comparison between senior faculty from July 2010 to June 2014. For the purposes of this discussion we define “senior faculty” as full time Cancer Center faculty with permanent positions and tenure lines at the Center (Position “FTN” in the UH HR system). For the Cancer Center during this period, two senior faculty retired but their funds were not lost. Two left for personal reasons but remain engaged as collaborators. Two faculty members left for personal reasons or lack of funding. Sadly, one faculty member passed away due to cancer. But note that also during this time there were eight new hires both junior and senior who brought new funding to the Center.

Since the Report references “fiscal solvency,” the relevant metric is the dollars of extramural funding brought in by these senior faculty members, as this money would have to be paid out by the Cancer Center institutional funds if the faculty member was not extramurally funded. We estimated this funding by multiplying the average percentage of extramural funding by the estimated fully loaded salary for each of the faculty members who left.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Estimated Total Lost Extramural Funding of Faculty Costs ($ Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>44</td>
</tr>
<tr>
<td>2012</td>
<td>183</td>
</tr>
<tr>
<td>2013</td>
<td>685</td>
</tr>
<tr>
<td>2014</td>
<td>685</td>
</tr>
<tr>
<td>Total</td>
<td>1,597</td>
</tr>
</tbody>
</table>
Over this four year period the Cancer Center paid nearly $36.7 million in institutional personnel costs (per Report Appendix C3). So the nearly $1.6 million in lost extramural funding represents just 4% of that total. While the total dollars lost is of concern, 4% is not a “severe” impact. This information must also be put into the context of decreasing federal grant paylines making grant acquisition more challenging.

Also note that the above claim is contradicted by facts presented in the same report, in the following chart presented in page 9:

![Chart](chart.png)

The only mechanism by which “loss of senior faculty” could impact the “solvency of the Center” is via F&A recovery. Data presented in the same report shows that F&A recovery has remained largely constant (green line) and can in no way severely impact the solvency of the Cancer Center. The modest F&A recovery increase in FY11 is due to the P30-only NCI funding through the American Recovery and Reinvestment Act funding mechanism awarded in FY10.

In summary, personnel changes are inevitable in a research institution and ours have not adversely affected our bottom line.

Page 2, last paragraph “The reliance on Consortium partners for clinical trials is ineffective and employing research and specialist type (PhDs) rather than qualified researchers (clinical practitioners) further complicates the problem.”

Response: a) Unlike all other NCI cancer centers conducting clinical trials, we do not conduct them at UH Cancer Center facilities, and therefore need to conduct them at community hospitals and at the offices of physicians in private practice. Accordingly, we are unable to benefit from clinical trials associated medical practice income. In this way we do not compete with Hawaii’s hospitals and physicians for this substantial revenue source. This is why the Hawaii Cancer Consortium was established in the first place – as a first step to promote our clinical/translational research and enhance patient participation in clinical trials. b) PhD researchers can be excellent clinical researchers when they have access to clinical data and/or specimens.

Finance and Administration

Section: Finance and Administration

Comment: Not included in this section was a discussion of the effect of the decline in the percentage of Cancer Center personnel costs that are paid by extramural funds. This is a critical component of costs. An improvement in this area could make a substantial difference in the financial situation of the Cancer Center.
Looking at recent data the percentage of Cancer Center faculty personnel costs that were funded by extramural funds fell from 35% on average in FY13 to 31% on average in FY14. This was due to an increase in the number of faculty and an increase in the average personnel cost per FTE. This decline in average faculty external research support contributed to an increase in the personnel costs that had to be funded by institutional funds in FY14. Had the FY14 extramural funding percentage been the same as in FY13, the Cancer Center would have received $415,000 more in federal funding of personnel costs (and thus spent less from institutional funds). As of FY14 an improvement in faculty external research support by 1 percentage point would result in a savings of institutional funds for personnel costs of about $82,000.

Page 6 - last paragraph
“The University of Hawaii Foundation (UH Foundation) accounts were excluded from the review.”
Response: This is a serious oversight. Philanthropic funds awarded to the center are essential and had been growing until the recent string of bad press surrounding the Center. Increased transparency of the philanthropic resources available to the faculty would be beneficial. These funds may be invaluable in helping previously funded but currently unfunded investigators regain their research support and thereby bring in NCI revenue.

Page 13, Paragraph 3: “The P30 grant provides about $1 million of support a year, some of which is for administration and support of the recharge centers. If the P30 grant terminates, these costs would have to be covered by institutional funds, assuming that the same level of spending continues.”
Response: Shown in Appendix 1 are the total amounts that the P30 grant has provided to the Cancer Center since FY11. In addition, the funds awarded to the P30-only U54 grant to UH are counted. These monies would be lost if the Cancer Center lost its designation. The funds awarded to the University of Guam because of the existence of the Cancer Center P30-only U54 are shown, but not counted as they are awarded to a different institution.

In summary, the minimum monetary value of the P30 award averages $2.1 million per year and is expected to increase significantly (because of increases in the applicable IDC rate and the more equitable way direct costs will be allocated to smaller cancer centers).

Management
Page 15, Last paragraph. “The new building ....has isolated research teams, limited social interaction within the building, and challenged collaborations. Access to various spaces, such as meeting rooms, should be easily accessible at all hours. ...Faculty might use the terrace space to have lunch together and a meeting room might be used as a journal reading room.”
Response: The new building was inevitable and essential as our previous building had an expiring lease and was falling into serious decay. The NCI recognized this and also noted
that a new building would make the renewal more competitive (as it did). The new location brought us all back together and provided much needed space to accommodate new hires and essential specimen storage. Moreover, anyone who spends more than a few minutes at the Cancer Center building will see people meeting together, eating lunch together, and using meeting rooms at all hours. People eat lunch on the terraces every day and meeting rooms are used for program meetings and journal clubs all the time (in this electronic era it is unusual to use space for collections of print journals because these are all available online). The recommendation that rooms should be freely accessible at all hours is impractical. The Cancer Center building is adjacent to a public park area with large encampments of transient persons. Anyone who is located right next to a public area with transient visitors of unknown backgrounds would want strict security for his/her building, simply as a matter of insuring the physical safety of employees.

In summary, the new building was essential and has facilitated collaboration—the safety of our personnel cannot be compromised.

**NCI Designation Requirements and Structure**

**Page 19, Paragraph 3:** “a. Is the NCI designation necessary? The Cancer Research Center of Hawai‘i dates back to the 1980’s and somehow prospered before NCI designation in 1996. However, many of the faculty who made the initial designation possible have left over the past three years…”

**Response:** The implication of this sentence is that we have recently lost what allowed us to be successful in the past and therefore cannot maintain NCI designation. Quite the opposite is true. As noted above, personnel changes are inevitable in a research institution. We lost some important faculty but we gained outstanding new faculty—some of them having already established international reputations elsewhere. Indeed it was essential to bring in new faculty that kept our research at the cutting edge and moved the Cancer Center into important new research areas such as metabolomics, drug design, epigenetics, and new molecular mechanisms underlying cancer.

In summary, there can be no prosperity for the future of the Cancer Center by resting on our laurels. We must remain competitive and take our research to the next level in a medical research environment that is continuously and quickly changing. Faculty turnover is inevitable and fuels this growth.

**Page 20, d.:** “…the established consortium-type arrangement deprives the Center from a vital source of income through clinical trials. It could only succeed with significant investment on the part of its hospital partners. Here is a look at two successful cancer centers with consortium-type arrangements…”

**Response:** The review panel apparently thought that increasing the number of clinical trials (we currently have around 100 open for patient enrollment), will increase revenue. This statement reflects a misunderstanding of clinical research likely due to an absence of appropriate expertise on the panel. The committee confused medical practice income with clinical trials income. Like all extramural research funding, clinical trials income only covers research costs. Unlike all other NCI cancer centers conducting clinical trials, we do not have an opportunity to benefit from clinical trials associated medical practice
income since our Cancer Center does not compete with Hawaii’s community hospitals and physicians in private practice for this substantial revenue source.

It is further uninformative to compare us with the Dana Farber (Harvard Hospitals) and Case Western (Cleveland Clinic) Consortium Cancer Centers. For example, Dana Farber serves a large metropolitan area and, like many cancer centers, has extensive hospital-clinical practice revenue. Like many Boston institutions it has its own large endowment and foundation supports such as the Jimmy Fund. Boston has the 6th largest gross metropolitan product in the U.S. and the 12th largest in the world. This demonstrates misunderstanding by the panel about how different we are due to an absence of any hospital/clinic practice revenue and the lack of the large endowments and foundations existing at these other institutions. To compare institutions with such discrepancies in resources does not make sense. We feel that the comparison with Dana Farber and Case Western is inappropriate.

**In summary, clinical trials help people not finances. Clinical trials (without active participation and revenue sharing by partner hospitals in the Hawaii Cancer Consortium) will not provide the Cancer Center with any additional funding and will not help our bottom line.**

**Summary and Observations**

**Page 24, bullet point 2:** “Instead of carrying a large, permanent research staff, utilize more of the matrix model. Under this model JABSOM faculty, other UH life sciences faculty and community physicians with an interest in pursuing cancer research or clinical trials could affiliate with UHCC.”

**Response:** The Cancer Center has always availed itself of this opportunity and has a robust complement of matrix members who substantially augment a core faculty with locus of tenure at the Cancer Center. As suggested by the report, we will continue to look for ways to grow matrix membership through identifying qualified individuals currently outside the Cancer Center to bring into its programs.

**Authors:** this response was culled from the input of many but not all senior faculty and staff, and collated and curated by the Senior Leadership Committee.

Joe W. Ramos, PhD, Professor and Director, Cancer Biology
Thomas Wills, PhD, Professor and Director, Cancer Prevention & Control
Herbert Yu, MD, PhD, Professor and Associate Director, Population Sciences
Marcus Tius, PhD, Professor and Deputy Director
Brian Issell, MD, Professor and Associate Director, Clinical Sciences
James Turkson, PhD, Professor and Director, Natural Products & Experimental Therapeutics
Wei Jia, PhD, Professor and Associate Director, Shared Resources
Charles Rosser, MD, MBA, FACS, Professor and Director, Clinical & Translational Research
David Ward, PhD, Professor and Associate Director, Basic Sciences
Chip Ellis, Director, Fiscal Administration
Appendix 1:

Fiscal Year 2015 (source: [http://projectreporter.nih.gov/reporter.cfm](http://projectreporter.nih.gov/reporter.cfm))

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<td>3P30CA071789-15S1</td>
<td>Undergraduate and High School student education and training in Hawaii</td>
<td>110,575</td>
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<tr>
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<td>Clinical Trial Reporting in Hawaii</td>
<td>72,113</td>
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<td>3P30CA071789-15S3</td>
<td>E-Cigarette advertising in young populations in Hawaii</td>
<td>276,888</td>
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<tr>
<td>3P30CA071789-15S4</td>
<td>HPV vaccination uptake in Hawaii</td>
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<td>3U54CA143727-05S1</td>
<td>UH/Guam partnership to fight oral cancer (UH award)</td>
<td>258,468</td>
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<td>FY15 Sum</td>
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Under Review


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<td>Gender-related microRNAs inhibit liver carcinogenesis (uses Hawaii population for study)</td>
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Fiscal Year 2014

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<td>Nicotine dependence in adolescents in Hawaii</td>
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<td>E-Cigarette advertising in young populations in Hawaii</td>
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<td>UH/UG partnership to fight oral cancer (UH award)</td>
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5U54CA143728-05     | UH/Guam partnership to fight oral cancer (Guam award)                    | 938,735                |

Fiscal Year 2013

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<td>5U54CA143727-04</td>
<td>UH/Guam partnership to fight oral cancer (UH award)</td>
<td>997,530</td>
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<td>FY13 Sum</td>
<td></td>
<td><strong>2,147,530</strong></td>
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5U54CA143728-05     | UH/Guam partnership to fight oral cancer (Guam award)                    | 1,320,045              |
### Fiscal Year 2012

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### Fiscal Year 2011

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<td>UH/Guam partnership to fight oral cancer (UH award)</td>
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<td>FY11 Sum</td>
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<td>5U54CA143728-04</td>
<td>UH/Guam partnership to fight oral cancer (Guam award)</td>
<td>1,631,140</td>
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* Awarded at an IDC rate of 36.7% based on performance site at the time of application. P30 IDC rates will increase with the renewal, which will use the Kaka’ako rates, currently at 53%.

** Future parent P30 awards will increase as the NCI seeks to reduce the differences in CCSG funds awarded to different cancer centers (source: office of cancer centers [http://deainfo.nci.nih.gov/advisory/ncab/workgroup/CancerCtrWG/report13may14.pdf](http://deainfo.nci.nih.gov/advisory/ncab/workgroup/CancerCtrWG/report13may14.pdf))