77th Meeting of the National Cancer Institute (NCI)
NCI Council of Research Advocates (NCRA)
National Institutes of Health (NIH)

Building 35, Room 640
NIH Campus
Bethesda, Maryland

Friday, October 19, 2018

Members Present

Mr. David Arons, Chair
Dr. Gregory Aune
Mr. Rick Bangs
Ms. Mary Ann Battles
Ms. Danielle Leach
Dr. June McKoy
Ms. Shelley Fuld Nasso
Dr. Senaida Fernandez Poole
Mr. Roberto Vargas
Dr. Regina M. Vidaver
Ms. Amy Williams, Executive Secretary

Speakers

Ms. Maureen Clark, Office of Government and Congressional Relations (OGCR), NCI
Ms. Holly Gibbons, Deputy Director, OGCR, NCI
Ms. Laurie Mignone, Budget Officer, Office of Budget and Finance, NCI
Dr. Sheila Prindiville, Director, Coordinating Center for Clinical Trials (CCCT), NCI
Dr. Gisele Sarosy, Program Director, CCCT, NCI
Dr. Norman E. Sharpless, Director, NCI

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Welcome and Meeting Goals
Mr. David Arons and Ms. Amy Williams

Ms. Amy Williams opened the meeting at 9:35 a.m. and welcomed the Council members. Mr. David Arons reviewed the meeting agenda and reviewed the conflict of interest guidelines for the meeting.

Ms. Williams explained that this meeting will continue the discussion of principles of advocacy engagement that began during the previous NCRA meeting. The discussion will address how the NCI works with the advocacy community, how advocacy organizations work with one another, and where the NCRA fits into that landscape.

Mr. Arons outlined three main questions for discussion: What principles should be applied for the NCI and advocacy groups to establish effective working relationships? How can the NCI and advocacy groups establish a better flow of communication and initiate the right kinds of conversations? How can the NCRA facilitate engagement?

He suggested that one principle might be that an advocacy organization bring its goals for specific initiatives and credible information to support its request when approaching the NCI.

Discussion

- Mr. Roberto Vargas noted that the Community Engagement & Health Policy Program at the University of California, San Francisco (UCSF) uses the principles of partnership developed by the Community-Campus Partnerships for Health (CCPH) as a way of framing its approach to partnerships with the community, such as policymakers and hospital centers. The principles allow UCSF to be explicit about the resources that the university can and cannot bring to the table when developing partnerships. The principles seek to address the balance of power among partners and the ability to share assets. Mr. Vargas will provide the Council with a link to the principles on the CCPH website.
- Dr. Senaida Fernandez Poole stressed the importance of engaging with communities as early as possible. Interventions and policy changes are taken up much more effectively when stakeholders are engaged in the process of building strategies or research.
- Dr. June McKoy stated that it is important for the NCI to listen closely to what the community wants. In turn, members of the community need to tell the NCI what their needs are, with evidence to support their requests.
- Dr. Gregory Aune stated that the advocacy community and the NCI need to understand exactly what the scope of the conversation should be. In the research space, areas exist where the community can be impactful and catalytic. Without a full understanding of the community's role, the NCI and advocacy community will continue to focus on areas that are not impactful at the expense of those that are.
- Dr. Regina Vidaver noted that some advocacy groups do not understand what the NCI does. She suggested that the NCI needs to increase its communication with the community. Dr. Aune agreed, particularly in the case of new advocates, such as the parents of children with cancer.

- Dr. Fernandez Poole noted that emphasizing the mutuality of principles and the need for accuracy from both advocacy groups and the NCI will help principles resonate with the community.
- Mr. Rick Bangs noted that transparency is part of the solution to address accuracy issues. The community needs to know how the process of partnering with the NCI works, what the NCI is and is not funding, why the NCI is working on a given area, and so forth.
- Mr. Vargas described another tool USCF uses to guide its work in the community-engagement space, one that provides a visualization of the community-engagement continuum. The continuum begins with outreach and moves to consultation, involvement, collaboration, and—finally—shared leadership. Reaching an agreement between the NCI and the community about the depth of collaboration is helpful in forging partnerships. Mr. Vargas will provide NCRA members with a link to the continuum.
- Dr. McKoy noted that she conducts advocacy around aging and older patients, and she had not been aware of the degree of the NCI's work in that space. She suggested that the NCI be bolder in communicating its activities.

Mr. Arons asked for ideas about specific activities the NCI could do differently when engaging advocacy organizations.

- Mr. Bangs noted that the NCI and advocacy groups do not do a good job of sharing results of research. Results are published in professional journals, but no process exists for sharing outcomes with the broader community. Dr. McKoy commented that the NCI has been pushing for dissemination of research results, but she questioned whether that is actually occurring.
- Ms. Danielle Leach stated that ideally advocacy groups would work together to develop an agenda, define issues of concern, and establish priorities before approaching the NCI.

Mr. Arons asked whether it would be helpful for the NCI to engage the advocacy community more proactively when significant events occur, such as the appointment of a new director, a major change in agency strategy, or planning for a significant new program.

- Ms. Leach stated that a listening tour would be helpful so that advocacy groups could receive information at the beginning of a process. For example, advocacy groups fund activities that the NCI also may be funding. Knowing NCI's plans would help to avoid duplicate funding.

Ms. Williams noted that the NCI does not always know who the relevant stakeholders are in a specific area and asked the group how the NCI could address that.

- Ms. Leach commented that the NCI should seek out existing coalitions and identify which entities are funding large swaths of a particular research area.
- Dr. Aune noted that advocacy groups need to be aware of the NCI's priorities so that private organizations can direct their funding to relevant researchers and give them the best chance of being successful. He also asked what the NCI could do as a matter of course to engage researchers in the process of advocacy.

- Ms. Williams noted that the NCI has a variety of advisory boards and suggested that the NCI inform advocates about board meetings and topics to be discussed so that advocates can listen to those discussions.
- Mr. Bangs suggested that the NCRA conduct a stakeholder communications analysis and develop tactical mechanisms to communicate with stakeholders, such as webinars and targeted emails.

Mr. Arons raised the question of how advocacy leaders in specific disease areas could inform the NCI of their research priorities and effectively engage the NCI.

- Mr. Bangs noted that the NCI's research priorities are publicly available on its website. Learning about the NCI's priorities would help advocacy groups communicate more effectively with the NCI.

Mr. Arons noted that the NCI does not have local offices and asked for input on how the NCI could make itself more accessible to local communities.

- Dr. McKoy suggested identifying a point person at NCI-funded Comprehensive Cancer Centers to act as a liaison between the NCI and the local advocacy community.

Mr. Arons asked what the NCRA could do, in addition to establishing principles, to act as a conduit between advocacy groups and the NCI. He provided the example of developing a webinar orientation to the NCI for advocacy groups.

- Mr. Bangs suggested conducting some discovery work to document best practices so that advocacy groups could mirror those practices. He noted that the NCI could be catalytic in helping groups understand what the "North Star" is relative to research advocacy.
- Ms. Leach suggested that the NCRA host a day-long conference for advocacy groups to highlight existing NCI programs and best practices. A conference would offer the opportunity to convene thought leaders to engage with the NCI and one another.
- Mr. Vargas suggested that the Comprehensive Cancer Centers could be the nexus for convening advocacy groups regionally to capitalize on existing community engagement resources at each Center. These meetings could be scheduled regularly and provide the opportunity to share information from the NCI and in turn share partners' communications with the NCI.
- Dr. Vidaver suggested that organizations engaged with Comprehensive Cancer Centers form a council that would be the conduit for disseminating information to the communities.

Mr. Arons provided a recap of the main points of the Council's discussion. Ms. Williams stated that she and Mr. Arons will review notes of the discussion and send Council members an email with ideas about next steps to further develop principles of engagement.

Finding Cancer Trials Collaborative
Drs. Giselle Sarosy and Sheila Prindiville

Dr. Giselle Sarosy introduced the Finding Cancer Trials Collaborative, an ongoing initiative in several Centers and Offices within the NCI to identify approaches to making cancer clinical trials easier to find.

- Finding cancer clinical trials is a complex process. Many searches retrieve too many trials for which a patient is ineligible and might miss trials for which a patient could be eligible. The ultimate purpose of the initiative is to match the right trials to the right patients.
- The NCI's Clinical Trials Reporting Program (CTRP) is a database containing regularly updated information on all NCI-supported interventional trials. CTRP uses consistent terminology and standardized data elements to optimize search and retrieval of cancer clinical trials information. CPRT also supports registration and results reporting to clinicaltrials.gov for NCI-sponsored trials and is the source of data for the NCI's clinical trials search tool on cancer.gov.
- The NCI conducted a landscape analysis to gather information and engage stakeholders via the Clinical Trials Informatics Working Group, teleconferences and meetings, a Request for Information (RFI), and collaboration with data scientists.
- The Working Group identified structuring eligibility criteria as a priority for improving clinical trials searches. "Structuring" means expressing information in the protocol document in a consistent format, which improves searches.
- Common themes emerged from the teleconferences and meetings:
    - Structured eligibility criteria improve searches.
    - Efforts to improve searches or match patients to trials are limited by lack of standards and the extensive human curation involved.
    - The NCI should take the lead in structuring eligibility criteria.
- Common themes also emerged from the RFI:
    - Standard and structured eligibility criteria should be developed.
    - Automated processes can be used to support data curation.
    - Interoperability and data standards are key to facilitate matching patients to information in electronic health records.
    - Integrating the presentation of clinical trials into the clinic workflow would be helpful.
    - Suggestions for improving clinical trial searches include designing interfaces to be user-specific and presenting eligibility criteria and other clinical trial information in patient-friendly language.
- Next steps include communicating findings of the landscape analysis to NCI advisory boards, exploring standardizing protocol authoring for NCI network trials, and working with stakeholders across the cancer clinical trials ecosystem to develop an action plan.

Dr. Sarosy asked Council members to comment on how the NCI could best work with the NCRA and the advocacy community on this effort going forward. Dr. Sheila Prindiville asked whether the themes identified by the RFI resonate with the Council members.

Discussion

- Mr. Bangs asked whether the scope of the Finding Cancer Trials Collaborative's work included sharing results of clinical trials with patients and the public. Dr. Sarosy replied that the work currently does not address what happens after a clinical trial is completed. Dr. Prindiville added that clinical trial results are entered into a database and are publicly available on clinicaltrials.gov.
- Mr. Vargas asked whether the NCI has engaged with health literacy experts or has plans to build the capacity of patient navigators and Comprehensive Cancer Centers or advocacy groups to help patients access and navigate this resource. Dr. Sarosy noted that the NCI is working on writing a section in plain language for inclusion in clinical trials abstracts. RFI responders also suggested developing different levels of information for patients and providers, as well as providing information in languages other than English and Spanish and possibly audio versions.
- Mr. Peter Garrett, Director, Office of Communications and Public Liaison (OCPL), noted that the NCI is conducting a pilot in which OCPL communicates the questions it receives from patients and the public about clinical trials to the individuals conducting the trials, with the aim of developing relevant and appropriate information. Although OCPL does not currently have a patient navigator program, Mr. Garrett is open to discussions about how that might be pursued.
- Dr. McKoy asked whether structuring and natural language processing would make the information inaccessible to patients and advocacy groups, who would not know how to interpret it. Dr. Sarosy assured her that the process will be designed to keep information accessible to patients.

Mr. Arons suggested that the group reflect on the feedback from RFI responders.

- Ms. Mary Ann Battles noted that a patient population is defined by inclusion criteria; however, a single exclusion criterion could make the patient ineligible. She suggested that patients should be informed about whether a particular exclusion criteria would make them ineligible so they could look for other trials. Dr. Sarosy replied that this is one of the goals of the initiative.
- Dr. McKoy appreciated the suggestion that presentation of clinical trials be part of the clinic workflow; it would be a good way to demystify clinical trials and potentially increase enrollment. Mr. Garrett noted that the NCI's website includes prompts for patients to consider enrolling in clinical trials.
- Mr. Vargas noted that UCSF and its regional partners are increasing efforts to diversify the pool of clinical trial participants. Engaging and sharing this tool with populations who are underrepresented in clinical trials is important.
- Mr. Arons noted that patients may bring a list of clinical trials to their doctor or nurse, but reviewing the list with patients is not a reimbursable activity. One possibility to make conferring with patients on trials faster and easier would be to include the contact information of clinical trial coordinators who can help patients sift through this information.

- Dr. McKoy noted that another time-saving mechanism might be to have mid-level health care providers or well-trained patient navigators work with a patient to sort through clinical trial information.
- Mr. Bangs noted that in his work with various advocacy groups, he sees strong interest in improving this process. Particularly in the age of precision medicine, fixing the data is critical to matching the right patients with the right trials. He suggested that the public needs to know what the NCI's vision is so they can understand where their tax dollars are being spent.
- Ms. Battles noted that when people visit social media and other sites messages that reflect their online interests automatically appear. She believes the same should be true for people looking for clinical trials so that someone could answer a few key questions and get information on relevant clinical trials, contact information for investigators within 100 miles, contract information for advocacy organizations that can help with transportation, and so forth.

Mr. Arons briefly summarized the discussion and stated that the NCRA is supportive of the efforts of the Finding Cancer Trials Collaborative.

NCI Director's Update
Dr. Norman E. Sharpless

Dr. Norman Sharpless, Director, NCI, updated participants on NCI activities and highlighted several recent accomplishments. He remarked on the passion of the NCRA in voicing its concerns to the NCI, which are, in turn, communicated clearly to Congress.

- Dr. Sharpless has been actively communicating to the public, including the external research community and other stakeholders, about the ongoing initiatives and accomplishments in cancer research. Site visits to NCI-Designated Cancer Centers, blog posts, Twitter posts, and speeches at meetings have been used to update researchers on the NCI's efforts.
- The 2018 *Annual Report to the Nation on the Status of Cancer*—a collaborative effort between the NCI, Centers for Disease Control and Prevention, and American Cancer Society—shows a decline in the incidence and mortality of cancer from 1999 to 2015. Although this progress is significant, it has not been distributed evenly across cancers, signifying the need for additional research and clinical trials.
- Dr. Sharpless remarked on three reasons that the timing is good for cancer research in the United States. First, the influx of new ideas and new understandings about cancer, coupled with the technological advances, has sparked enthusiasm for cancer research and for the NCI. Second, the Cancer Moonshot^{SM} created excitement and an environment for recruiting new NCI investigators. Third, the NCI budget and regular appropriations have increased for 4 consecutive years since fiscal year (FY) 2015, and the FY 2019 budget—enacted on October 1, 2018—continues this trend.
- The NCI budget increases reflect the continued and strong bipartisan congressional support for the NIH and NCI. The advocacy community, including the NCRA, has a long and influential history of communicating the successes to Congress and addressing the need for more progress.

- Because of the support from Congress, the NCI was able to provide the Research Program Grant Pool, which supports investigator-initiated research (e.g., R01s, P01s, R21s), an increase for FY 2018.
- The NCI was successful in increasing the number of Early Stage Investigators (R01s) by 25 percent in FY 2018, which aligns with the objectives of the 21st Century Cures Act.
- The FY 2019-enacted appropriation provides a $179 million (M) increase to the NCI above the FY 2018 enacted budget, which includes $100 M in Cancer Moonshot^{SM} funding. Because the FY 2019 budget is in place early in the FY, the NCI is afforded the opportunity to appropriate funds strategically.
- Dr. Dinah Singer, Director, Division of Cancer Biology, and NCI staff managed the Cancer Moonshot^{SM} implementation, which has been a large-scale effort. Funding Opportunity Announcements have been issued to support the recommendations of each of the 10 National Cancer Advisory Board (NCAB) Blue Ribbon Panels. Cancer Moonshot^{SM} appropriations for FYs 2017–2019 are the highest of the 7-year funding period. FY 2019 will be the final year that new initiatives will be funded. The balance of the appropriated funds for FY 2020 and beyond will be spent on at-year costs, supporting funded research. The NCI is actively addressing the variable appropriation structure of the Cancer Moonshot^{SM} funding.
- Dr. Steven A. Rosenberg, Chief, Surgery Branch, Center for Cancer Research (CCR), an immunotherapy pioneer, is co-recipient of the 2018 Albany Medical Center Prize in Medicine and Biomedical Research (Albany Prize). Dr. Rosenberg recently published data on a clinical trial that showed that immune recognition of somatic mutations led to complete durable regression in metastatic breast cancer in a patient unresponsive to other treatments.
- The NCI is challenged to advance highly research-based therapy to a broader and scalable framework.
- Advances in immuno-oncology research that have gained noteworthy recognition include work by NCI-supported researchers Dr. James P. Allison, MD Anderson Cancer Center, and Dr. Carl H. June, Abramson Cancer Center. Dr. Allison and Dr. June are co-recipients of the 2018 Albany Prize.
- Findings from the Trial Assigning Individualized Options for Treatment (Rx) (TAILORx), a de-escalation study that correlates good outcome with less therapy, were reported. TAILORx is a breakthrough for breast cancer that benefits patients, and health care savings are expected to be significant.
- Unique roles for the NCI in the clinical trial spectrum include sponsoring complex surgical, radiological, and /or multiple drug trials; novel cutting-edge agent trials; and prevention, symptom management, and patient-reported outcome trials.
- The U.S. Food and Drug Administration (FDA) approved moxetumomab for hairy-cell leukemia, which is one example of intramural research advancing into clinical practice. Dr. Ira Pastan, a CCR investigator, and colleagues originally discovered moxetumomab, which they began testing in clinical trials in 2001.
- A Division of Cancer Epidemiology and Genetics-led large retrospective trial that links low-dose radiation to leukemia suggests that medical imaging in children should be approached carefully and minimized.

- The NCI Intramural Research Program's basic science studies showed that the gut microbiome can control antitumor immune function, accumulated data to revise the molecular classification of the most common types of lymphoma, and identified a potential source of genomic instability.
- The NCI–National Institute of Aging study—Aspirin in Reducing Events in the Elderly (commonly known as ASPREE)—being conducted in Australia and the United States revealed an increased risk in mortality in healthy adults age 70 years and older who were receiving daily doses of aspirin for no prior indication.
- The NCI began disseminating initial findings from the NCI-Molecular Analysis for Therapy Choice (MATCH) trial, which tested several new therapies. Sequencing was conducted at four approved clinical sites. The validated NCI-MATCH assay was used to evaluate tumors from 6,000 patients enrolled at 1,100 sites across the United States, including 70 NCI-Designated Cancer Centers and 900 NCI Community Oncology Research Program sites. NCI-MATCH is one example of a successful, well-designed clinical trial that rapidly met its accrual goals.
- The Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trials (commonly known as ALCHEMIST) study, which test agents in an adjuvant setting, was amended to include immuno-oncology drugs.
- The Centers for Medicare & Medicaid Services national coverage determination on next-generation sequencing to manage the care of cancer patients (i.e., Medicare beneficiaries) with solid tumors of advanced disease was finalized. The NCI provided support in the decision-making process.
- The NCI released its *Annual Plan and Budget Proposal for Fiscal Year 2020*, which is patient focused and a useful document for the advocacy community.

Discussion

- Dr. Vidaver asked about the vision for health equality within the NCI and within NCI programs. Dr. Sharpless explained that the NCI funds research that addresses the national need. Investigating cancer disparities is within the purview of the NCI and a good topic for research. Access to care, socioeconomic status, education, and biology are factors related to health disparities. Disparity research could help determine which interventions are not being implemented in specific populations.
- Mr. Arons wondered whether the NCI would like the NCRA to communicate specific messages regarding priorities or future directions to the public or policymakers. Dr. Sharpless identified the need for data aggregation and data privacy/data security as a key message to convey. Establishing secure portals to publicly share multiple data types in the research community remains a priority for the NCI.
- Mr. Bangs noted two areas that are pertinent to NCRA and warrant NCI's continued encouragement. First, collectively mobilizing and engaging research advocacy. Second, advancing the NCI Finding Cancer Trials Collaborative. Dr. Sharpless agreed that research advocacy can be an important force when properly mobilized. Regarding clinical trial matching, Dr. Sharpless pointed out that the NCI is collaborating with Driver, Inc. to incorporate strategies that will supplement the efforts of the NCI Clinical Trials Network and also will complement the Finding Cancer Trials Collaborative.

- Dr. Aune remarked on the quality of life of cancer survivors and the disease's later effects and asked about the NCI's efforts to support the growing population of survivors, especially the pediatric population. Dr. Sharpless called attention to the Childhood Cancer Survivorship, Treatment, Access and Research (STAR) Act, which directs the NCI to further research efforts in pediatric cancer survivorship and biospecimen collection. The NCI is actively developing plans for complying with the STAR Act and anticipates that new survivorship research initiatives will evolve.

Budget and Legislative Update
Ms. Maureen Clark, Ms. Holly Gibbons, and Ms. Laurie Mignone

Ms. Maureen Clark and Ms. Holly Gibbons analyzed the legislative developments affecting the NCI throughout this calendar year.

- Appropriations to the NIH have increased for the past four fiscal years, totaling a 30 percent increase. FY 2019 NIH funding increased by $2 billion, which includes a $79.3 M increase for the NCI. A total of $400 M has been appropriated for the Cancer Moonshot^{SM}.
- Dr. Sharpless testified during two congressional hearings this year. He answered questions from legislators about the Cancer Moonshot^{SM}, human papillomavirus, pancreatic cancer, the Research to Accelerate Cures and Equity (RACE) for Children Act, and the STAR Act.
- The RACE for Children Act was signed into law in August 2017. Its provisions require the FDA, in consultation with the NCI, to develop a list of relevant molecular targets and non-relevant targets for childhood cancers, with regular updates.
- The Childhood Cancer STAR Act was signed into law in June 2018. It directs the NIH/NCI to focus research on childhood, adolescent, and young adult cancer survivorship, as well as on biospecimen collection and resources. The NCI currently is preparing a request for applications for research in these topics, to be presented to NCI advisory boards in December.
- The STAR Act requires that a pediatric oncologist, appointed by the president, be included on the NCAB. It also requires the inclusion of pediatric expertise on other NCI committees and groups.
- Dr. Sharpless completed the Professional Judgment Budget for FY 2020. This is sent to all members of Congress and presents NCI's best judgment about scientific opportunities and resources required to make rapid progress against cancer. This year's document highlights stories about patients and researchers.
- The upcoming midterm elections will cause shifts in congressional committees and subcommittees, possibly including changes in leadership for cancer-related caucuses. Both co-chairs of the Lung Cancer Caucus are retiring, as is the chairman of the House Appropriations Committee. Co-chairs of other House cancer committees are in tightly contested races. The NCI expects cancer research to continue to be nonpartisan, and some of the Institute's strongest support comes from ranking members.

Ms. Laurie Mignone provided an update on the statuses of the NCI budgets for FY 2018, FY 2019, and FY 2020.

- The NCI received its FY 2018 appropriation in March, ending a continuing resolution. For FY 2019, the NCI has 12 months to execute its budget on a full-year appropriation.
- The NCI is currently in the budget-reporting phase for FY 2018, preparing the annual factbook for Congress with budget data. NCI's FY 2018 appropriation increase of more than $275 M allowed phenomenal opportunities to fund additional projects.
- The U.S. Secretary of Health and Human Services (HHS) has the authority to transfer up to 1 percent of the NCI's budget to elsewhere within the department. This year, the Secretary made a transfer to the Administration for Children and Families, for unaccompanied minor children who arrived at the U.S. border. The Secretary has made a transfer from the NCI's budget in 8 of the past 10 years.
- The NIH Director also initiated a transfer of NCI funds within NIH, directed to HIV/AIDS research.
- The NCI has prepared for the annual fluctuations of the Cancer Moonshot^{SM} budget portfolio by allowing some grants the flexibility to spend money across multiple FYs.
- Each budget must factor in noncompeting grants, which have been appropriated in a prior FY and do not expire for up to 5 years after the initial appropriation.
- The President's Budget is due to Congress annually at the beginning of February. The NCI Director's Professional Judgment Budget is a special opportunity outside of the President's Budget to solicit funding for cancer research.

Discussion

- Mr. Arons asked whether information about the NCI and cancer issues can be featured in the new member orientation packets given to incoming members of Congress. Such education would help to keep cancer research as a nonpartisan issue in Congress. Ms. Gibbons said that in the past, cancer caucuses have extended invitations for the NCI to educate new members. It also was suggested that the NCRA provide the patient and caregiver voices to new member education.
- The successful on-time FY 2019 budget was a strategic political move by certain members of Congress. HHS is partnered in the appropriation bill with the Departments of Education and Labor. This year, for the first time, Congress married this appropriation bill with the Defense bill. Consequently, the members of Congress who would normally vote for the Defense bill also voted for the Labor/HHS bill and vice versa. Being paired with Defense is most advantageous.
- Mr. Arons remarked that the NCI should not be too relaxed about this successful on-time appropriation, as it may not be repeated in the next fiscal year.
- Ms. Mignone explained that even with the $79 M increase, the NCI still has a tight budget for FY 2019 because of its commitments and mandates, as well as factors outside of the NCI's control, including the increased rent that NIH is charging NCI to occupy NIH property.

Adjournment

Mr. Arons stated that the NCRA's next task is to reach out to the NCI Office of Advocacy Relations (OAR) and take communication strategies to the next level. He suggested that the NCRA and OAR schedule a call during the next quarter to continue enhancing these communications.

Ms. Williams and Mr. Arons thanked the NCRA members, speakers, and NCI OAR staff for their time and participation.

The meeting adjourned at 3:25 p.m.

Certification

I hereby certify that foregoing minutes are accurate and complete.

11/6/2018
Date

David Arons, Chair
NCI Council of Research Advocates

11/6/2018
Date

Amy Williams, Executive Secretary