



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

Summary Overview of November 22, 2013 Oversight Committee Meeting

Please find enclosed the meeting packet for the next meeting of the CPRIT Oversight Committee to be held on Friday, November 22, 2013 at 12:00 PM. This summary overview of major agenda items provides background on key issues for Committee consideration.

Election of Officers

Texas Health and Safety Code Section 102.104 requires that the Oversight Committee elect officers from among its members every two years. Article 5 of the Oversight Committee Bylaws sets the election of officers to take place at its first meeting following the adoption of the bylaws; however the election was deferred at the November 1, 2013, Committee meeting until the full board was appointed. In the event that the final Oversight Committee member is appointed prior to the November 22nd meeting, Interim Chair Geren may call for a vote of the Oversight Committee to elect the chair, the vice chair and secretary from among its members. If Oversight Committee members prefer additional time to consider officer decisions, a Bylaw change should be made to defer the officer elections until a later date.

Personnel Matters

The Board Governance subcommittee was directed by the Oversight Committee to interview candidates for the Chief Executive Officer position from applicants responding to the internal job posting and to make a recommendation to the Oversight Committee for possible action regarding the CEO position. In addition, the interim Executive Director may update the Oversight Committee about the hiring process for a Chief Compliance Officer.

NOTE: Pursuant to the Texas Open Meetings Act, Government Code Section 551.074, the Oversight Committee may meet in closed session to discuss personnel issues related to the CEO and Chief Compliance Officer. All Committee action must take place in an open meeting.

Prevention Officer Report and Grant Award Recommendations

CPRIT's Chief Prevention Officer, Rebecca Garcia, Ph.D., will provide an overview of CPRIT's cancer prevention program. Dr. Garcia will also present the Executive Director's recommendations for prevention grant awards. The applications recommended for grant awards were submitted to CPRIT prior to the passage of SB 149. The Oversight Committee's consideration of these awards is governed by the review process in place at the time the applications were submitted. The Oversight Committee will not vote to approve each application recommended by the Executive Director but may reject a slate of proposed grant awards by a two-thirds vote of the Committee. Nothing limits the Oversight Committee from discussing one or more recommendations on the slates individually. By statute the Prevention Program funding

is limited to no more than 10% of available funding, which is approximately \$30 million per fiscal year. Funding for these awards will come from the amount allocated for prevention grants in FY2014. Following the Committee's ratification of the grant awards, the Committee will consider delegating authority to negotiate and execute grant contracts to the CEO and General Counsel.

NOTE: Because information related to specific grant applications recommended for grant funding is not publicly disclosed until the Oversight Committee meeting, the information is not included in the board packet. It has been made available through a secure electronic portal.

Scientific Research and Prevention Programs Committee Appointments

The Interim Executive Director has appointed Dr. Tom Sellers to the CPRIT's Scientific Research and Prevention Programs Committee. Dr. Sellers' appointment will be discussed by the Nominations Subcommittee at its November 19th meeting. CPRIT's statute requires the appointments to be approved by Oversight Committee. Following a recommendation from the Nominations Subcommittee, the Oversight Committee may vote to approve Dr. Sellers' appointment. Dr. Sellers' biographical information is included in the board packet; any recommendation from the Nominations Subcommittee will be sent separately.

Health & Safety Code Section 102.1062 Waiver

Health & Safety Code Section 102.1062 "Exceptional Circumstances Requiring Participation" provides a process for the Oversight Committee to consider and approve waivers for statutory conflicts of interest for individuals involved in the grant review or award process. Section 102.1062 conflict of interest waivers have been proposed for Dr. Margaret L. Kripke, CPRIT's Chief Scientific Officer, and Dr. David L. Lakey, Commissioner, Texas Department of State Health Services. In order to approve a waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process. Dr. Kripke's proposed waiver is necessary so that she may effectively perform her duties as Chief Scientific Officer. Dr. Lakey's proposed waiver is necessary so that he may participate in the Program Integration Committee meetings as intended by changes to CPRIT's statute. The proposed waivers include limitations and other protections in place to mitigate the opportunity for the award of grant funds to be driven by anything other than merit and established criteria.

Subcommittee Business

- ***Subcommittee Charters and Chairpersons*** By the time of the Oversight Committee meeting, all subcommittees of the Oversight Committee have met with the exception of the Diversity Subcommittee. Pursuant to Section 4.1 of the Oversight Committee Bylaws, the subcommittees have approved individual charters and nominated subcommittee chairpersons. Final approval of the subcommittee charters and chairperson selections shall be by a vote of a simple majority of the Oversight Committee. You will

be provided with a final list of nominated chairpersons. To the extent that any proposed subcommittee charter has changed from the version previously provided in the November 1, 2013 briefing book, you will be provided with the revised version.

- ***Board Governance Recommendation*** In February the Oversight Committee decided to forego a CPRIT conference for grantees in 2013 and resume the conference schedule in 2014, perhaps on a biennial basis. Prior to 2013 these conferences were held annually in Austin. The Board Governance subcommittee met November 18th and recommends instructing CPRIT staff to develop and release a Request for Proposals (RFP) to solicit hotels in several major Texas cities as potential venues for a November 2014 CPRIT conference. Release of the RFP allows CPRIT to assess hotel interest and viability of a conference but does not commit CPRIT to holding the conference. Meetings of this nature require substantial lead time to organize; unless staff begins now, it may be difficult to hold one in 2014. The Board Governance subcommittee also recommends the staff prepare an RFP for the Comptroller of Public Accounts to issue on CPRIT's behalf for a long-term strategic communications program for fiscal years 2014 and 2015. This program would include communications planning, public outreach, public affairs, CPRIT publications support, and web site content redevelopment and expansion. Before any such contract can be awarded, approval from the Oversight Committee and the Legislative Budget Board will be required.

Executive Staff Reports

Summary reports of important program, operational, and fiscal activities will be provided by the Executive Director, the Chief Scientific Officer, the acting Product Development Officer, the Chief Operating Officer Report, and the acting Compliance Officer. No action is expected with response to these reports.



**CANCER PREVENTION AND RESEARCH
INSTITUTE OF TEXAS**

Oversight Committee Meeting

November 22, 2013



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

Oversight Committee Meeting

**Texas State Capitol Extension
1400 N. Congress Avenue, Austin, Texas 78701
Room: E1.012**

**November 22, 2013
12:00 P.M.**

The Oversight Committee may discuss or take action regarding 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 and all purposes permitted by the Act.

1. Call to Order
2. Roll Call/Excused Absences
3. Adoption of Minutes from November 1, 2013 meeting **TAB 1**
4. Election of Officers **TAB 2**
5. Personnel Matters **TAB 3**
 - Chief Executive Officer
 - Chief Compliance Officer
6. Executive Director Report **TAB 4**
7. Prevention Officer Report and Grant Award Recommendations **TAB 5**
8. Chief Scientific Officer Report **TAB 6**
9. Product Development Officer Report **TAB 7**
10. Scientific Research and Prevention Program Committee Appointments **TAB 8**
11. Health & Safety Code Section 102.1062 Waiver **TAB 9**
12. Subcommittee Business **TAB 10**
 - Approval of subcommittee charters and chairs
 - Board Governance Report
13. Chief Operating Officer Report
14. Compliance Officer Report **TAB 11**
15. Consultation with General Counsel
16. Future Meeting Dates and Agenda Items
17. Public Comment

Anyone wishing to make public comments is required to notify the Executive Director in writing prior to the start of the meeting. The Committee may limit the time a member of the public may speak.
18. Adjourn



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

Minutes

November 1, 2013

1. Meeting Called to Order

The meeting of the Oversight Committee of the Cancer Prevention and Research Institute of Texas (CPRIT) was called to order by Interim Chair Pete Geren on Friday, November 1, 2013 at 9:25 AM, at the Texas State Capitol Extension, Room E1.012 in Austin, Texas.

2. Roll Call /Excused Absences

Roll call conducted by Kristen Doyle, CPRIT General Counsel,

Committee Members Present:

Angelos Angelou
The Honorable Pete Geren
Gerry Geistweidt
Ned Holmes
Amy Mitchell
Cynthia Mulrow
William Rice
Craig Rosenfeld

3. Oath of Office

Interim Chair Geren recognized Interim Executive Director Wayne Roberts to administer the oath of office.

Oath administered to all members.

4. Election of Officers

Interim Chair Geren stated that the election of officers would be postponed until the full committee has been appointed.

5. Adoption of Minutes from February 25, 2013 meeting

Interim Chair Geren called for a motion to suspend the reading of the minutes.

Motion to suspend the reading of the minutes made by Mr. Angelou, and seconded by Mr. Holmes.

MOTION CARRIED UNANIMOUSLY

Interim Chair Geren called for discussion or corrections to the minutes as written. Hearing none, the chair called for a motion to approve the minutes of the February 25, 2013 Oversight Committee Meeting.

Motion to approve the minutes of the February 25, 2013 Oversight Committee as written made by Dr. Rice, and seconded by Mr. Geistweidt.

MOTION CARRIED UNANIMOUSLY

6. Executive Director Report

Interim Chair Geren recognized Mr. Roberts to provide the Executive Director's Report.

Legislative Wrap-Up

- Mr. Roberts stated that SB 149, enacted during the last legislative session, was a major restructure of CPRIT. He expressed gratitude to all members of the Texas Legislature and their staffs for the help and counsel they provided during the legislative session. He gave particular recognition to Senator Jane Nelson and Representative Jim Keffer for the work they did during the legislative session. Mr. Roberts stated that he would like to invite both to a future meeting so they can provide their insight and perhaps some guidance to the Oversight Committee.
- Mr. Roberts reported that legislation was passed creating a sinking fund that was to be applied toward paying the debt on bonds issued for grant awards. He stated it was passed but will not be enacted due to another law related to Funds Consolidation. This generally relates to certification of the appropriations bill. Mr. Roberts recommended that the agency request reconsideration of this action when preparing the budget request next spring.

Mr. Roberts stated that monies received from royalties and Product Development grants go into the general revenue fund instead of the new sinking fund. However, a detailed record is kept on these receipts and CPRIT will keep detailed records for future reference. To date, CPRIT has received \$433,000 in royalties from several companies that have received awards.

Biennial Legislative Spending Restrictions

Mr. Roberts reported that CPRIT received full funding of \$300 million per year from biennial appropriations for years 2014-2015; however the agency will operate under several new spending restrictions. He explained that spending restrictions frequently appear after a state agency experiences real or perceived operational or fiscal difficulties. The new restrictions are:

1. Authority to carry forward issued but unused bond proceed balances from one biennia to the next was eliminated.
2. Authority to carry forward balances from the first year of the biennium (2014) to the second year (2015) was eliminated.
3. Transfers between line items of appropriations without approval by the Legislative Budget Board (LBB) are prohibited.
4. CPRIT is prohibited from entering into contracts in excess of \$100,000 without approval by the LBB.

5. CPRIT must work with the Texas Facilities Commission (TFC) to find state-owned space in lieu of lease facilities by December 31, 2013.

Audit Implementation Plan

Mr. Roberts stated that the State Auditor report issued in January cited 41 deficiencies in agency operations. The report stated that although good processes were in place, CPRIT had failed to document those processes in certain instances. Mr. Roberts explained that CPRIT immediately and unequivocally agreed to implement all recommendations and has developed an implementation plan that is posted on the CPRIT website. A majority of the audit recommendations are addressed through changes to CPRIT's administrative rules, including the adoption of proposed new rules.

Mr. Roberts advised that with the final approval of proposed administrative rules and rule changes, most likely in January 2014, CPRIT will be well on the way to implementing all of the State Auditor's recommendations.

Mr. Roberts concluded that the audit had helped CPRIT and, in his opinion, the way that CPRIT staff and the previous Oversight Committee approached implementing the findings. CPRIT viewed the reports and insights as a valuable tool for improving operations.

Summary of CPRIT Activities during the Moratorium - 2012 Annual Report

Mr. Roberts explained that he is not satisfied with the current format of CPRIT's statutorily-required annual report as it has been written in the past. Two report elements have not been included in the 2012 report: an assessment of the relationship between grants and the overall strategy of the research program and a statement of its research and financial plans. Mr. Roberts reported that these two elements have not been addressed in previous reports because there are no benchmark measurement points from which to provide this kind of analysis. Legislative changes now require the Oversight Committee to discuss prioritization between CPRIT's Research, Prevention and Product Development Programs. He pointed out that this provision should provide those benchmarks for each of the three programs. Mr. Roberts indicated that he envisions the Annual Report as a one-source document to answer general questions frequently received. Staff should be able to predict information wanted by the public and include the information in the Annual Report as well as on the website that may be updated quarterly, as appropriate.

Summary of CPRIT Activities during the Moratorium - Withdrawing and Returning Grant Proposals

The freeze on grants that were ready to be finalized also affected applications that were in various stages of review when the moratorium was initiated. Mr. Roberts reported that applications for the most recent product development and scientific research cycles were administratively withdrawn by CPRIT and returned to the applicants because the submission date was close to the imposition of the moratorium and CPRIT had not yet begun the review process. On the other end of the spectrum, product development proposals from FY2012 Cycle 3 were administratively withdrawn due to concerns about the "freshness" of the applicants' business and research plan. Mr. Roberts stated that the FY2012 Cycle 3 applications had been submitted in March of 2012 and were pending a final decision for well over a year at the time CPRIT withdrew the applications. Mr. Roberts reported that one of the applications was recommended for funding by the Commercialization Review Council. He stated that he had

exercised his statutory discretion to not recommend the application for funding consideration because of the unusual circumstances and long delay between the application and final decision. Mr. Roberts indicated that the decision not to recommend the award and to withdraw the other applications was not a reflection of the merits of the applications or the expert reviewers' recommendations.

Summary of CPRIT Activities during the Moratorium - Instituting a Reconciliation Process

Mr. Roberts stated that CPRIT initiated a reconciliation process to allow grant recipients that were delinquent in reporting obligations the opportunity to catch up and achieve full reporting compliance. Mr. Roberts reported that the reconciliation project was successful in bringing most grant recipients into full compliance with financial and progress reporting requirements.

Summary of CPRIT Activities during the Moratorium - Review Council Honoraria Contracts

Mr. Roberts reported that he had executed honoraria contracts on behalf of CPRIT with CPRIT's review council members effective September 1st to avoid an interruption in the services provided by the Review Council members who have been actively engaged in the work necessary to restart the grant review process. For new Review Council members, their honoraria contracts were contingent on Oversight Committee approval of their appointments to Scientific Research and Prevention Programs committees.

2014 Conference

Mr. Roberts related that at the last Oversight Committee meeting held February 25, 2013, he recommended that CPRIT not hold its annual conference in 2013. He indicated that at the time he made that recommendation it was unwise to enter into a hotel contract when CPRIT had no assurance they would still be around. Mr. Roberts also felt that if the legislature chose to continue the agency, staff time and resources would be better spent ramping up CPRIT operations than hosting a conference. The Oversight Committee agreed and approved holding the next conference in October/November 2014. CPRIT staff has been working on the issue, and would like direction from the Oversight Committee regarding a conference in 2014. Mr. Roberts recommended that this item be sent to the Board Governance Committee for suggestions to the full Oversight Committee.

Strategic Communications Contract

Mr. Roberts advised that the current communications contract expires February 28, 2014. He reported that the contract has been valuable to the agency in its efforts to inform the public, legislature, media, health professionals, and partner organizations about CPRIT's activities. In addition, if CPRIT moves forward with a conference in 2014, this contract could help with conference planning as well as the ongoing need to provide high level internet presence to actively promote what has taken place with our awardees and to promote our Product Development Program to entice companies to relocate to Texas. Mr. Roberts recommended that this item be sent to the Board Governance Committee for consideration.

HUB Report

Following up on a request made at the February 25th Oversight Committee meeting by Oversight Committee member Barbara Canales, Mr. Roberts provided an overview of CPRIT's HUB report that had been provided to legislators. Mr. Roberts reported that CPRIT does not compare well to the state goals for its services component. This is largely due to one

large contract with SRA International for CPRIT's massive online grant review and management processes. That contract constitutes 55% of CPRIT's total 2012 contracts. Mr. Roberts committed to ensuring that CPRIT complies with state policy with the goal of becoming a model for state agency HUB programs. He suggested that one way CPRIT's impact could be made more evident is by tracking and working with awardees on their own HUB requirements. Each host institution will have requirements for their institutions. Mr. Roberts recommended that this issue be referred to the Diversity subcommittee.

Other

Mr. Roberts concluded his report to the Committee with a discussion about CPRIT's efforts to increase transparency at the agency. Mr. Roberts stated that having the Oversight Committee meetings at the Capitol extension with live streaming and an audio recording on the website within a day or two are great steps toward greater transparency. In closing, he reported that CPRIT's complex peer review process is well executed and designed. He reported that because of that a CPRIT award is prestigious. To be awarded a CPRIT grant is viewed as a significant achievement by the research community.

Interim Chair Geren acknowledged legislative staff in the audience, including Shannon Ghangurde and Jordan Dixon with Senator Jane Nelson's office and Ky Ash with Representative Jim Keffer's office. He thanked them for their support and dedication in ensuring that CPRIT fulfill its legislative purpose.

Interim Chair Geren thanked the Governor, Lt. Governor, and Speaker of the House on behalf of the Committee members for providing this opportunity to be a part of CPRIT's critical mission for Texas. He also thanked Mr. Roberts for his leadership, experience and the way he worked with the legislature and the new Oversight Committee members in preparing for this meeting.

Upon the Interim Executive Director's recommendation that the 2014 Conference and Strategic Communications initiative be delegated to the Board Governance subcommittee, Interim Chair Geren entertained a motion to delegate the 2014 Conference and Strategic Communications initiative to the Board Governance subcommittee. A motion was made by Dr. Rosenfeld and seconded by Mr. Holmes.

MOTION CARRIED UNANIMOUSLY

Upon the Executive Director's recommendation that HUB issues be assigned to the Diversity subcommittee, Interim Chair Geren requested a motion to delegate HUB issues to the Diversity subcommittee. The motion was made by Dr. Rice and seconded by Mr. Holmes.

MOTION CARRIED UNANIMOUSLY

7. Consideration of Changes to Oversight Committee Bylaws

Interim Chair Geren recognized Ms. Doyle to address the proposed changes to the Oversight Committee Bylaws.

Ms. Doyle stated that changes enacted by the 2013 Texas Legislature impact some provisions of the Oversight Committee Bylaws including the number of Oversight Committee members, membership and qualifications requirements, and the title for the head of the agency.

Ms. Doyle recommended that the Oversight Committee adopt the proposed changes in order to conform to state law. Ms. Doyle advised that changes to the Bylaws would be recommended by the Board Governance subcommittee in the future; however, there are currently no sitting members on that committee.

A motion was made by Dr. Rice and seconded by Mr. Angelou to adopt the amendments to the Oversight Committee Bylaws as proposed.

There being no further discussion from the Committee, the motion to adopt the amendments to the Oversight Committee Bylaws as proposed carried unanimously.

MOTION CARRIED UNANIMOUSLY

8. Consideration of Changes to Code of Conduct and Ethics

Interim Chair Geren recognized Ms. Doyle to address the proposed changes to the Code of Conduct and Ethics.

Ms. Doyle advised that the statutory changes enacted by the 2013 Texas Legislature require that the Code of Conduct and Ethics previously adopted by the Oversight Committee be revised to include, at minimum, newly enacted provisions that specifically prohibit certain activities. She reported that the newly enacted statutory provision, Health and Safety Code Section 102.109 “Code of Conduct”, adds to the obligations set forth in CPRIT’s current Code of Conduct and Ethics.

Ms. Doyle recommended that due to the extensive revisions required by the statute, the Oversight Committee adopt the proposed Code of Conduct and Ethics, replacing the previous version in its entirety. The proposed Code of Conduct is based upon the Office of the Attorney General’s model ethics policy, revised to incorporate the additional prohibitions or requirements applicable to Oversight Committee members, CPRIT employees, and Program Integration Committee members.

A motion was made by Dr. Mulrow and seconded by Dr. Rice to adopt the proposed Code of Conduct and Ethics, replacing the previous version in its entirety.

MOTION CARRIED UNANIMOUSLY

9. Subcommittee assignments

Interim Chair Geren stated that proposed subcommittee assignments have been made with each member receiving their first choice. The proposed assignments were read for the record:

Audit Subcommittee – Angelou, Geren, Rice
Board Governance – Geisweidt, Geren, Holmes, Mitchell
Diversity – Mulrow and Mitchell
Nominations – Geistweidt, Holmes, Rice, Rosenfeld
Prevention – Geren, Mulrow, Mitchell

Scientific Research – Geistweidt and Rice
Product Development – Angelou, Holmes, Rosenfeld

A motion was made by Dr. Rosenfeld and seconded by Mr. Holmes to approve the proposed subcommittee assignments.

MOTION CARRIED UNANIMOUSLY

Interim Chair Geren informed the Committee that there is an eighth subcommittee referenced in the Oversight Committee Bylaws. This eighth subcommittee is the Executive Committee. He referred to Ms. Doyle's memo in the agenda packet advising that the number of members on the Executive Committee be reduced due to a change in the size of the Oversight Committee. Ms. Doyle recommended that the Oversight Committee assign the issue of the appropriate number of Executive Committee members and the qualifications for membership to the Board Governance subcommittee for a recommendation.

Interim Chair Geren entertained a motion to assign the Executive Committee issues to the Board Governance subcommittee for a recommendation to be presented to the Oversight Committee for consideration.

Motion was made by Mr. Angelou and seconded by Dr. Mulrow to assign the Executive Committee issues to the Board Governance subcommittee for a recommendation to be presented to the Oversight Committee for consideration.

MOTION CARRIED UNANIMOUSLY

10. Proposed Changes to Texas Administrative Code Title 25, Chapters 701, 702, 703 and 704

Interim Chair Geren recognized Ms. Doyle to address agenda item 10, the proposed changes to CPRIT's administrative rules.

Ms. Doyle advised the Oversight Committee that significant revisions to CPRIT's administrative rules are necessary to address recently enacted legislative changes and to implement the State Auditor's recommendations.

Ms. Doyle outlined the steps necessary to approve final rule changes, explaining that once the proposed rule changes are approved by the Oversight Committee, the proposed changes will be forwarded to the *Texas Register* for publication in the November 15th edition. There will be a 30 day period following the *Texas Register* publication for interested members of the public to comment on the proposed rules and provide suggested changes. At the end of the public comment period, the proposed rules, a summary of the public input, and any recommended changes will be brought to the Oversight Committee for final approval and adoption.

Ms. Doyle reported that she expected to present a final set of the administrative rules to the Oversight Committee no earlier than January, 2014. If the final rules are approved by the Oversight Committee at an open meeting, the rules will be published as adopted in the *Texas Register* and will be considered final.

A motion was made by Mr. Angelou and seconded by Mr. Holmes to instruct staff to publish the proposed new rules and rule amendments to *Texas Administrative Code* Title 25, Chapters 701, 702, 703 and 704 in the “Rules Proposed” section of the *Texas Register* in accordance with the requirements of the Administrative Procedure Act.

MOTION CARRIED UNANIMOUSLY

11. Restarting Grant Review Process

Interim Chair Geren called on Mr. Roberts, Interim Executive Director, to discuss restarting the grant review process.

Mr. Roberts advised that CPRIT is undertaking several initiatives to restart the grant review process including reconstituting peer review committees, executing grant award contracts and preparing to release new requests for grant applications. He stated that while Oversight Committee action is not required, a vote supporting CPRIT’s plan to restart grant review is appropriate.

A motion was made by Mr. Angelou and seconded by Dr. Rice to approve CPRIT’s plan to restart the grant review process as described by Mr. Roberts.

MOTION CARRIED UNANIMOUSLY

12. Appointments to Scientific Research and Prevention Programs Committees

Interim Chair Geren recognized Mr. Roberts and Dr. Margaret Kripke, CPRIT’s Chief Scientific Officer, to discuss the Executive Director’s appointments to the Scientific Research and Prevention Programs Committees as required by the Texas Health and Safety Code Section 102.15(a).

Mr. Roberts stated that CPRIT’s statute requires the Executive Director’s appointments to be approved by the Oversight Committee. Subject to the Oversight Committee’s approval, the individuals to be considered by the Oversight Committee will serve as the chairs for CPRIT’s Scientific Research peer review panels.

Mr. Roberts reported that one of the appointees recommended for approval, Dr. Patricia Buffler, had unexpectedly passed away on September 27, 2013. He explained that Dr. Buffler was recruited by CPRIT because of her significant expertise in the field of cancer prevention research. Her appointment was effective August 20, 2013, pursuant to a signed honorarium contract. Dr. Buffler had participated in some preparatory activities including travelling to Texas to meet with Dr. Kripke and Garcia, to discuss establishing the cancer prevention research committee. Pursuant to the terms of her honorarium contract, Dr. Buffler’s appointment is not final until approved by the Oversight Committee. In order for CPRIT to reimburse her estate for the travel costs and pay a pro-rated honorarium for the work performed consistent with her CPRIT contract, it is necessary for the Oversight Committee to approve her appointment.

A motion to approve the Executive Director's appointments to the Scientific Research and Prevention Programs Committee was made by Mr. Holmes and seconded by Ms. Mitchell.

Dr. Rosenfeld commented that one of the appointees, Dr. Margaret A. Tempero, was his Chief Resident when he was an intern. He stated that she was an excellent selection.

No further discussion.

MOTION CARRIED UNANIMOUSLY

13. Honoraria Policy

The Chair called on Mr. Roberts to discuss CPRIT's Honoraria policy.

Mr. Roberts stated that a newly adopted provision of CPRIT's enabling legislation requires that the head of the agency, in consultation with the Oversight Committee, adopt a policy regarding honoraria paid by CPRIT for peer review services. Mr. Roberts advised that the ability to pay honoraria is essential to retaining individuals with the expertise and experience to carry out the complex review process required by statute and CPRIT's administrative rules. CPRIT reviewers all live and work outside the state and are not eligible to compete for CPRIT grants. CPRIT reviewers are highly distinguished in their respective fields and bring stature to the peer review process. Mr. Roberts recommended that the Committee approve the proposed Honoraria Policy, which will be made available on CPRIT's website.

A motion to approve CPRIT's Honoraria Policy was made by Mr. Angelou and seconded by Mr. Geistweidt.

MOTION CARRIED UNANIMOUSLY

14. Chief Operating Officer Report

The chair recognized Heidi McConnell, CPRIT's Chief Operating Officer, to present the Chief Operating Officer's Report.

Ms. McConnell reported that in fiscal year 2013, the Legislature appropriated \$300 million in general obligation bond proceeds with a required transfer of almost \$3 million to the Department of State Health Services for the Texas Cancer Registry operations. In addition, there was an appropriation for an estimated \$16,000 in general revenue from the sale of the Texans Conquer Cancer license plates to CPRIT for fiscal year 2014.

Ms. McConnell reported that in fiscal year 2013, CPRIT's total expenditures for general agency administration, pre- and post- award administration and prevention and research grant award encumbrances, including announced grants subject to the December 2012 moratorium totaled almost \$119 million. This leaves \$181.2 million in the treasury for future appropriations by the Legislature.

CPRIT's 2014 operating budget shows appropriations of \$300 million in general obligation bond proceeds with a required transfer of almost \$3 million to the Department of State Health Services for the Texas Cancer Registry operations. An appropriation for an estimated \$16,000

in general revenue from the sale of the Texas Conquer Cancer license plates to CPRIT is also included. Subject to a request from Mr. Roberts to the Legislative Budget Board, CPRIT's budget was amended from what was published in the Appropriations Act for 2014. Ms. McConnell reported that CPRIT was able to transfer \$5 million from the prevention and research grant award line items to institution operations and grant and review operations. CPRIT's administrative overhead is 4.9%.

Ms. McConnell advised that CPRIT must submit a request for financing to the Texas Public Finance Authority to have them issue \$300 million in bond proceeds for agency operations and prevention and research grant awards. The resolution references previous-year authority to reaffirm multi-year authority to issue debt for grant awards. This reference provides confidence to the market that the Oversight Committee stands behind all of the debt that has been authorized.

Ms. McConnell requested that the Oversight Committee appoint a Secretary to sign the resolution.

Mr. Angelou asked about an item on the 2013 budget for application fees totaling \$20,000 and asked why there were none on the 2014 budget. Ms. McConnell stated that this is subject to rules yet to be implemented. CPRIT has collected application fees in the past and retains the authority to receive them as appropriated receipts pursuant to the General Appropriations Act.

Interim Chair Geren entertained a motion to authorize a request for financing for \$300 million in bond proceeds appropriated to CPRIT for its operations and prevention and research grant awards in fiscal year 2014.

A motion authorizing a request for financing for \$300 million in bond proceeds appropriated to CPRIT for fiscal year 2014 was made by Dr. Rosenfeld and seconded by Dr. Mulrow.

MOTION CARRIED UNANIMOUSLY

Interim Chair Geren entertained a motion to appoint Gerry Geistweidt to serve as the interim secretary to countersign the request for financing.

Motion made by Mr. Holmes and seconded by Mr. Angelou to appoint Mr. Geistweidt to serve as the interim secretary to countersign the request for financing.

MOTIONED CARRIED
7 ayes
1 abstention (Geistweidt)

Interim Chair Geren entertained a motion to assign the Internal Audit Report for fiscal year 2013 including related audit reports and the Internal Audit Plan for fiscal year 2014 to the Audit subcommittee for a recommendation to be presented to the Oversight Committee for consideration.

A motion was made by Mr. Holmes and seconded by Mr. Angelou to assign the Internal Audit Report for fiscal year 2013 and the Internal Audit Plan for fiscal year 2014 to the Audit subcommittee for a recommendation to be presented to the OC for consideration

MOTION CARRIED UNANIMOUSLY

15. Compliance Report

The chair recognized Ms. Doyle to present the Chief Compliance Officer's Report.

Ms. Doyle advised that due to the resignation of CPRIT's Compliance Officer, she will be serving as the interim Compliance Officer until the position is filled. She advised the Committee that they will receive a report from the Compliance Office at each Oversight Committee meeting.

Ms. Doyle reported on significant actions undertaken by CPRIT's Compliance Program since the Oversight Committee meeting held on February 25, 2013 including the Compliance Program Reports to the Oversight Committee, the crosscheck review of the CPRIT Foundation donor funds, and a compliance review of all awarded grants.

16. Personnel Matters

17. Foundation

18. Consultation with General Counsel

Interim Chair Geren announced that the Oversight Committee would go into closed session at 10:48 AM pursuant to Texas Open Meetings Act section 551.071 to consult with Counsel and pursuant to section 551.074 to discuss personnel issues as listed on the posted agenda, Items 16, 17 and 18. Chair Geren requested that Mr. Roberts and Ms. Doyle join the Oversight Committee in the closed session.

Interim Chair Geren reconvened the Oversight Committee in open session at 1:04 PM.

Action Related to Agenda Items Discussed in Closed Session

Foundation Settlement - Item 17

Interim Chair Geren entertained a motion to authorize the Interim Chair and the Interim Executive Director to negotiate a final agreement to resolve all issues with the CPRIT Foundation and authorize the Interim Chair to execute an agreement consistent with the terms discussed in closed session.

A motion was made by Mr. Holmes and seconded by Dr. Rosenfeld authorizing the Interim Chair and the Interim Executive Director to negotiate a final agreement to resolve all issues with the CPRIT Foundation and authorize the Interim Chair to execute an agreement consistent with the terms discussed in closed session.

MOTION CARRIED UNANIMOUSLY

Personnel Matters - Item 16

Interim Chair Geren reported that a discussion was held in closed session regarding the hiring of a Chief Executive Officer. He stated that CPRIT's statute requires this position to be filled by December 1, 2013. In addition to the statutory qualifications, he indicated certain factors that would be important to the Oversight Committee when hiring a CEO, specifically continuity and direct experience with CPRIT, including working through the issues affecting CPRIT the past year, both internally and with the Legislature. Interim Chair Geren reported that the Oversight Committee desired to post the CEO position internally rather than a general job announcement open to the public.

Interim Chair Geren entertained a motion to post the CEO position internal to CPRIT for 10 days and for the Board Governance subcommittee to review applications, interview qualified applicants and make a recommendation to the Oversight Committee.

A motion was made by Mr. Holmes and seconded by Dr. Rosenfeld to post the Chief Executive Officer position internal to CPRIT for 10 days and for the Board Governance subcommittee to review applications, interview qualified applicants and make a recommendation to the Oversight Committee.

MOTION CARRIED UNANIMOUSLY

19. Future Meeting Dates and Agenda Items

Interim Chair Geren advised that the next Oversight Committee meeting will be November 22, 2013. At this time, the Committee will address issues related to CPRIT's grant programs – Prevention, Scientific Research, and Product Development, as well as the peer review process.

20. Public Comment

The Chair reported that three members of the public requested the opportunity to address the Oversight Committee.

Interim Chair Geren recognized Kevin Gardner Ph.D., Professor, Departments of Biophysics and Biochemistry at The University of Texas Southwestern Medical Center and CPRIT grant recipient. Dr. Gardner testified that he was representing CPRIT basic researchers. He reported that he was first funded by CPRIT in 2010 and has made good progress with patents; but that two of his projects that received CPRIT grants in 2012 were caught up in the moratorium. Dr. Gardner advised the Committee that his comments were meant to draw attention to the moratorium's impact. He understood that the moratorium may have been necessary in the legislative process; however, cancer did not take a similar break. The disruption of stable funding created major problems. Dr. Gardner thanked Mr. Roberts and his staff for keeping them informed and for the quick response once the moratorium had been lifted. He implored the Oversight Committee to work with CPRIT staff to make sure this

never happens again. Dr. Gardner stated that what is happening here in Texas in cancer research is a national treasure.

Interim Chair Geren recognized Scott Sanders, a founding member of the CPRIT Oversight Committee. Mr. Sanders thanked the new Oversight Committee for their willingness to serve. He also thanked Mr. Roberts and the CPRIT staff for continuing the fight against cancer.

Mr. Rosenfeld requested that Dr. Gardner be asked to return to address questions Dr. Rosenfeld asked how a CPRIT grant is viewed compared to a National Institutes of Health (NIH) grant. Dr. Gardner stated that CPRIT grants are viewed as extremely competitive and that ten applications might result in one funded grant. Speaking as a researcher, Dr. Gardner said CPRIT grants were on equal footing, if not better than, NIH. He also stated that he hears from researchers in other states who think CPRIT is innovative and they wish their own states were doing the same thing. Dr. Gardner related that he knows many people in research who are moving to Texas to be part of a CPRIT grant. Mr. Holmes thanked Dr. Gardner for his comments and expressed particular interest in his work with renal sarcoma.

The third person requesting to address the Oversight Committee was not present when called to testify.

21. Adjourn

As there was no further business and there was no objection, the Chair moved to adjourn this meeting. The motion was seconded by Mr. Holmes.

MOTION CARRIED UNANIMOUSLY

The meeting adjourned at 1:21 PM.



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: KRISTEN DOYLE, GENERAL COUNSEL
SUBJECT: OFFICER ELECTIONS
DATE: NOVEMBER 18, 2013

Summary and Recommendation:

Texas Health and Safety Code Section 102.104 requires that the Oversight Committee elect officers from among its members every two years. Article 5 of the Oversight Committee Bylaws (Bylaws) requires the Oversight Committee to elect officers at its first meeting following the adoption of the bylaws; however, the election was deferred at the November 1, 2013 Committee meeting until the full board was appointed. In the event that the final Oversight Committee member is appointed prior to the November 22nd meeting, Interim Chair Geren may call for a vote of the Oversight Committee to elect the chair, the vice chair and secretary from among its members. If Committee members prefer additional time to consider officer decisions, a Bylaw change should be made to defer the officer elections until a later date.

Discussion:

Changes made to CPRIT's statute require the Oversight Committee to elect a presiding officer and assistant presiding officer from its members every two years. Section 5.2 of the Bylaws provides that an election of the Committee's Chairperson and Vice Chairperson shall be held "at the first regular Oversight Committee meeting following the adoption of these bylaws."¹ The election of officers was deferred at the November 1st Committee meeting because the full Oversight Committee was not yet appointed. By informal agreement of the three appointing offices, Committee member Pete Geren currently serves as Interim Chair until elections can be held. The election of officers has been posted on the Oversight Committee agenda in the event that Speaker Straus announces his ninth appointment prior to the November 22nd Committee. If the Oversight Committee prefers to defer officer elections until a future Committee meeting, the Committee should approve the following amendment to the Section 5.2 of the Bylaws:

At the first regular Oversight Committee meeting following ~~the adoption of these bylaws~~
January 1, 2014, the members of the Oversight Committee shall elect the Chairperson and Vice
Chairperson by a vote of a simple majority as set forth in Section 3.13.

¹ An election to fill the position of secretary of the Oversight Committee is also needed because certain agreements between CPRIT and Texas Public Finance Authority (TPFA) must be countersigned by the Oversight Committee secretary. Section 5.1 of the Bylaws authorizes the Committee to elect additional officers from among its members by a vote of a simple majority.

**Information for this item will be provided
under separate cover.**



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE
FROM: WAYNE ROBERTS, INTERIM EXECUTIVE DIRECTOR
SUBJECT: EXECUTIVE DIRECTOR REPORT, FEBRUARY 22, 2013
DATE: November 17, 2013

As of this writing, the Executive Director Report for the November 22, 2013, Oversight Committee meeting will consist of brief overviews of:

- Web access of November 1, 2013, meeting webcast and posted video
- Status of *Texas Register* approved posting of draft Administrative Code provisions from November 1, 2013, Oversight Committee meeting
- Status of job postings
- Status and Update on Restart of Awards Affected by the Leadership Moratorium

Other topics may be added as warranted.

CPRIT Peer Review & Grant Award Process



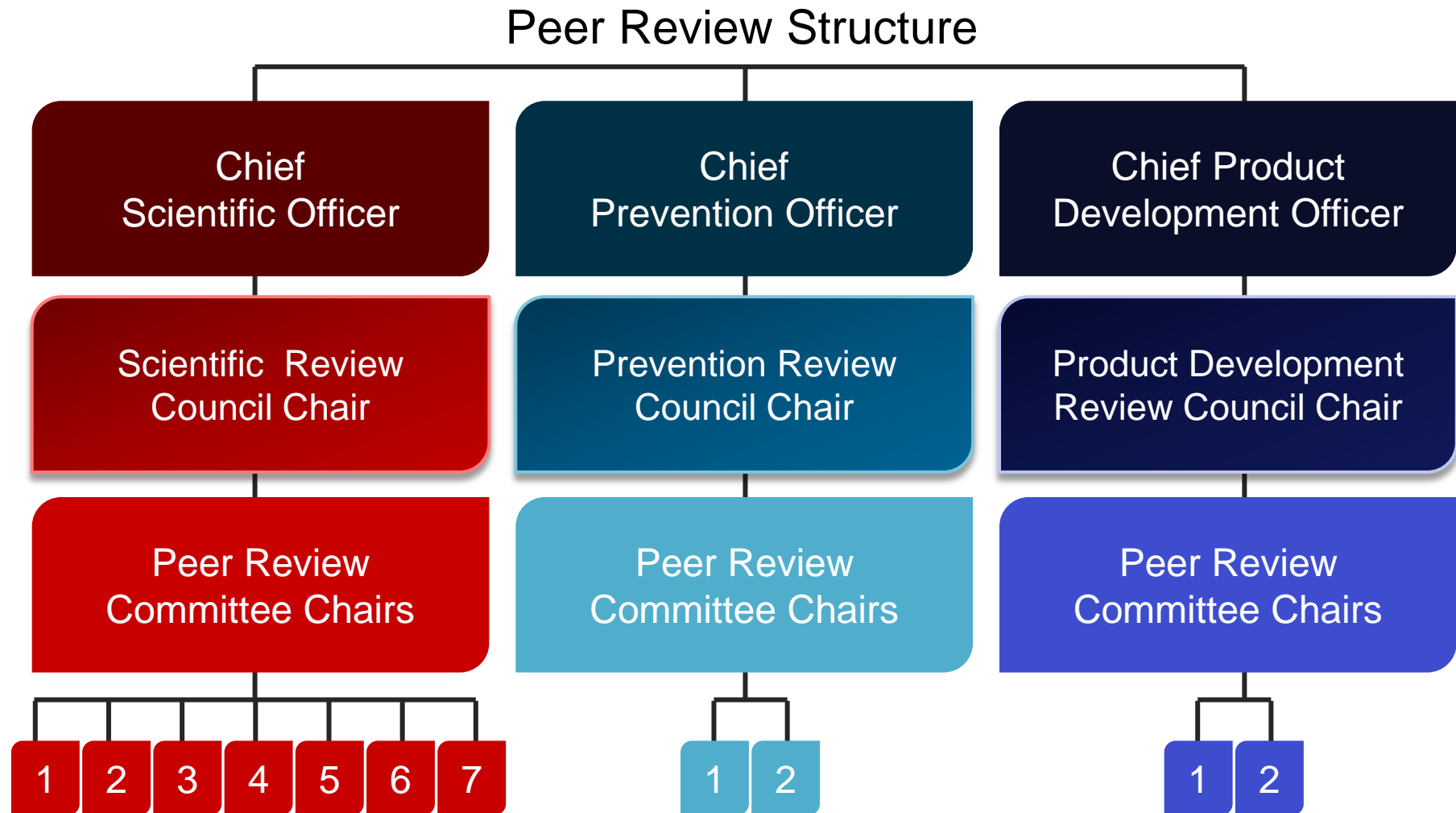
Peer Review & Grant Award Process – Overview

- Governed by SB 149 – legislative changes were adopted that affect some parts of the CPRIT review process
- In its enabling language, SB 149 provides that the changes in law made by SB 149:
 - “**apply only to a grant application submitted to [CPRIT] on or after the effective date of this Act.**”
- The prevention applications for consideration today were submitted before June 14, 2013, therefore
- SB 149 directs that the law in effect at the time the application was submitted will govern the review process

Key Changes to Review Process

- **Detailed in Proposed Administrative Rules:**
 - Addition of Program Integration Committee (PIC)
 - Simultaneous delivery of Review Council recommendations to PIC and Oversight Committee (OC)
 - Written justification for recommendations if different
 - More documentation at each step
 - OC approval of grant recommendations

Peer Review Structure



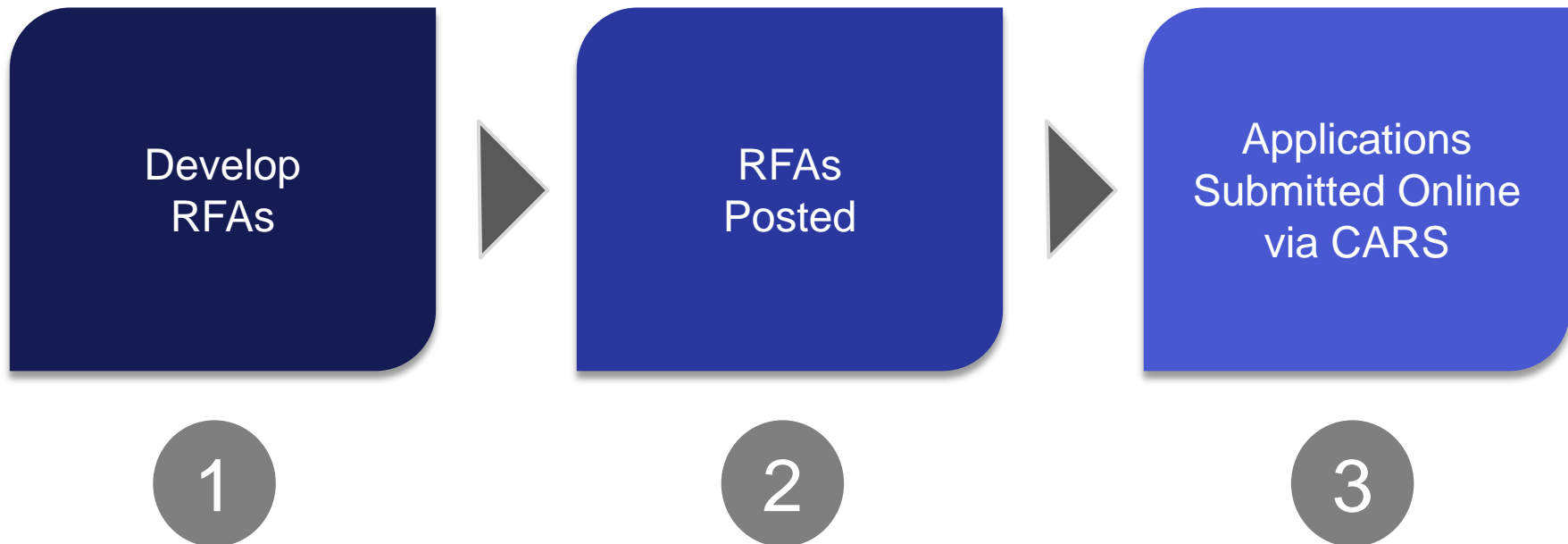
Peer Review Process



Peer Review Process



Request for Applications (RFA)

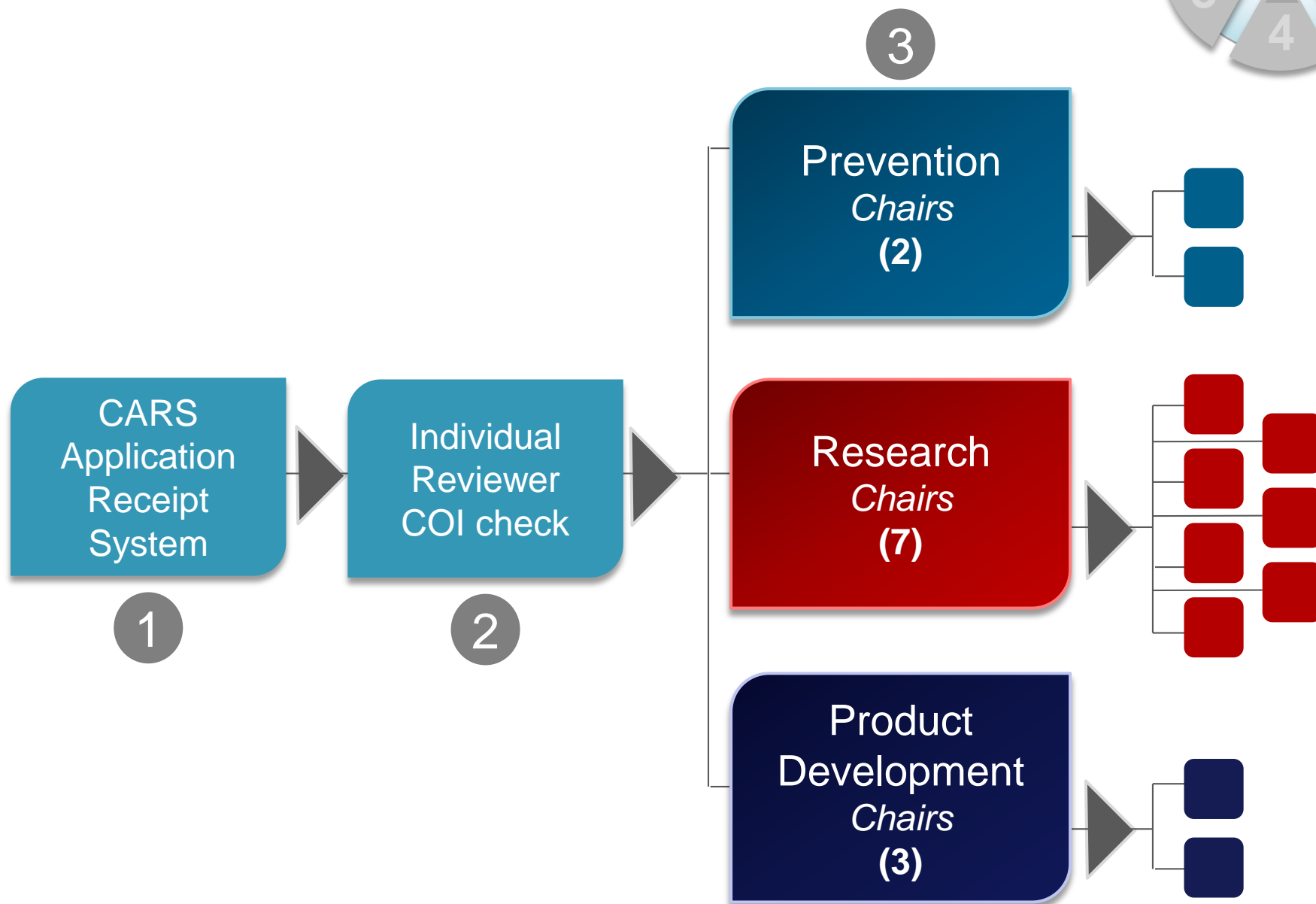


CARS is CPRIT Application Receipt System

Peer Review Process



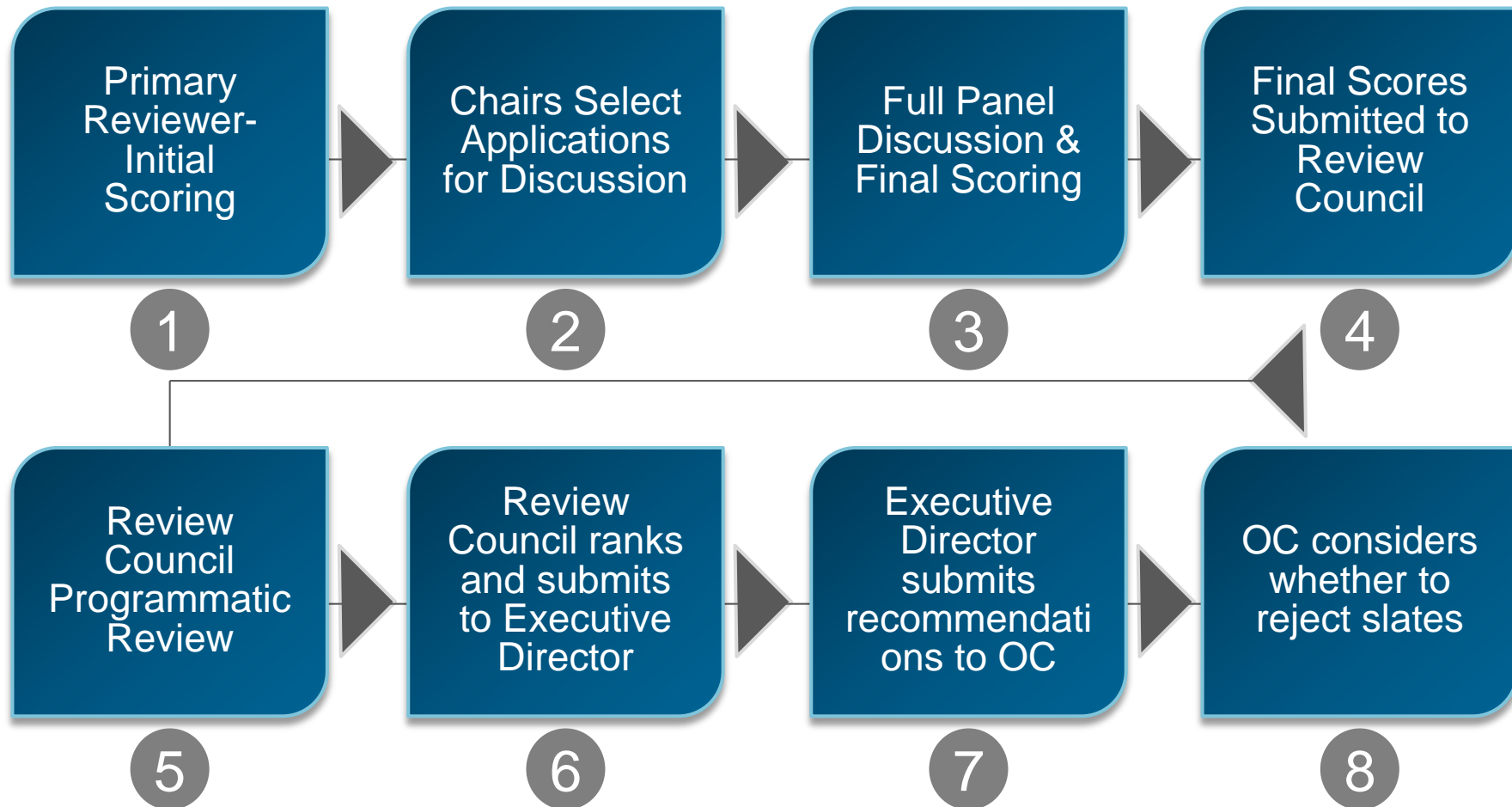
Peer Review Panel Assignments



Peer Review Process



Peer Review Process: Prevention



Peer Review Process



Cancer Prevention and Research Institute of Texas



Prevention Program Overview and Grant Recommendations

Prevention Program Overview



10% of CPRIT funding ~ \$30M a year

- Evidence-based programs and services; not research
- Focus on underserved populations
- Support primary, secondary, tertiary prevention
- Address any cancer type that has evidence-based prevention intervention

Types of Projects Funded



Clinical services: tobacco cessation, vaccination, screening and diagnosis, and survivor services

- Examples:

- Breast Screening and Patient Navigation (BSPAN)
- Maximizing Cancer Survivorship: Implementation of an Evidence-Based Exercise Program

Education, training, outreach, navigation

- Examples:

- An Intervention Promoting HPV Vaccination in Safety-net Clinics
- A Public-Private Partnership for Cancer Prevention in Rural Communities

Prevention Program Outcomes



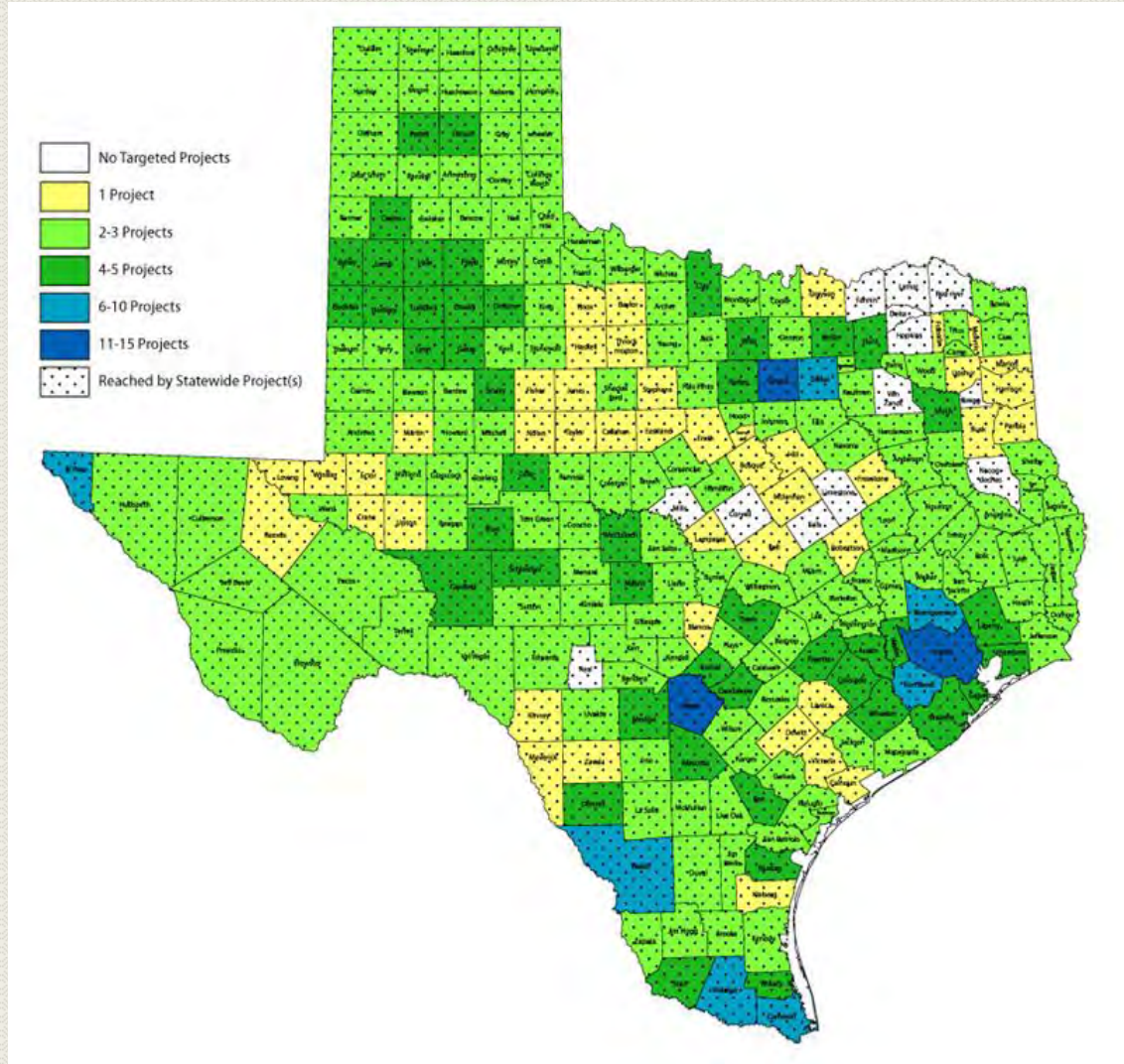
Over **\$82 million** awarded to **92 projects**

Over **1,365,301** Texans served as of August 2013

- **> 794,000** people (professionals and the public) received education, outreach, support services, and training
- **>570,900** people have received direct clinical services, including vaccination, screening and diagnosis, and survivor services. These include:
 - **>167,640** tobacco-cessation services and almost **11,800** preventive vaccinations
 - **>293,450** people screened for colorectal, cervical, or breast cancer. With **~46%** never before been screened, and at least **1,897** cancer precursors and **811** cancers detected.

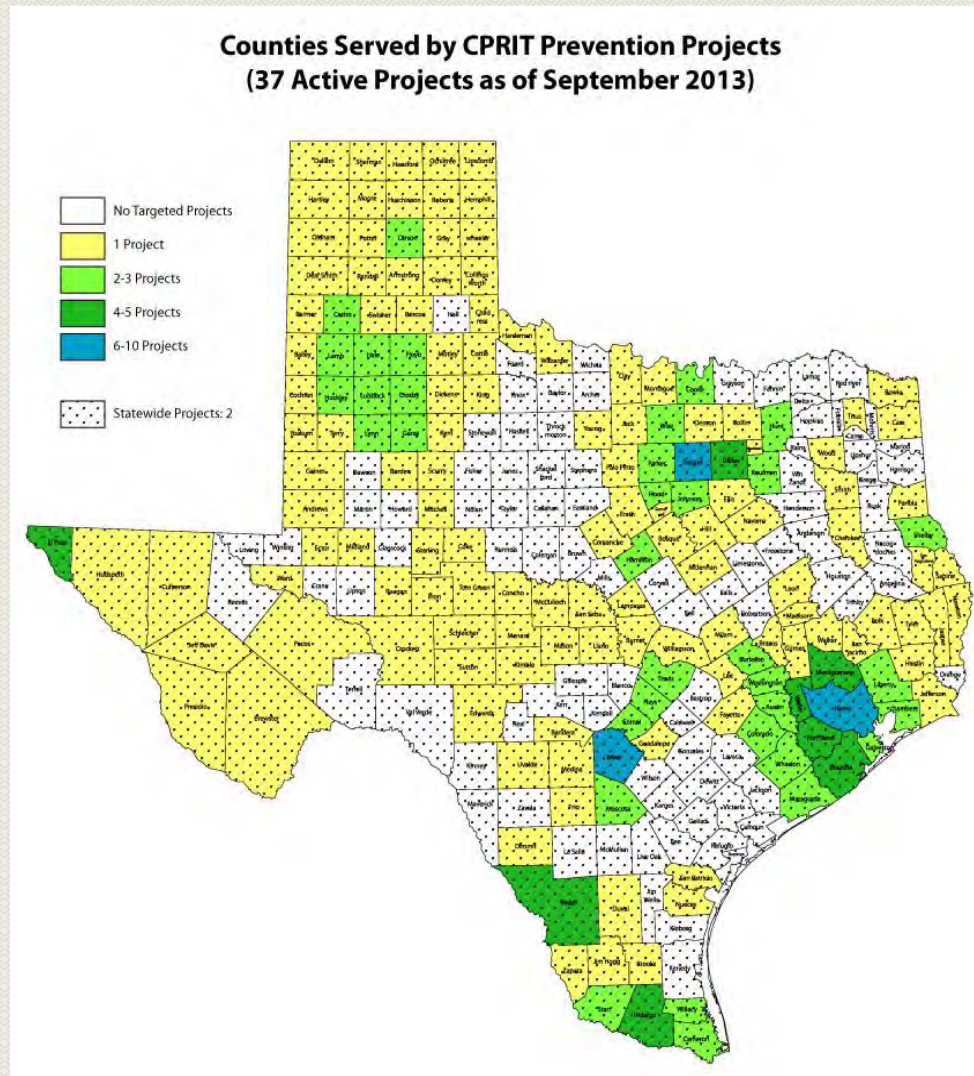
Geographic Coverage Prior to Moratorium

81 grants



Geographic Coverage

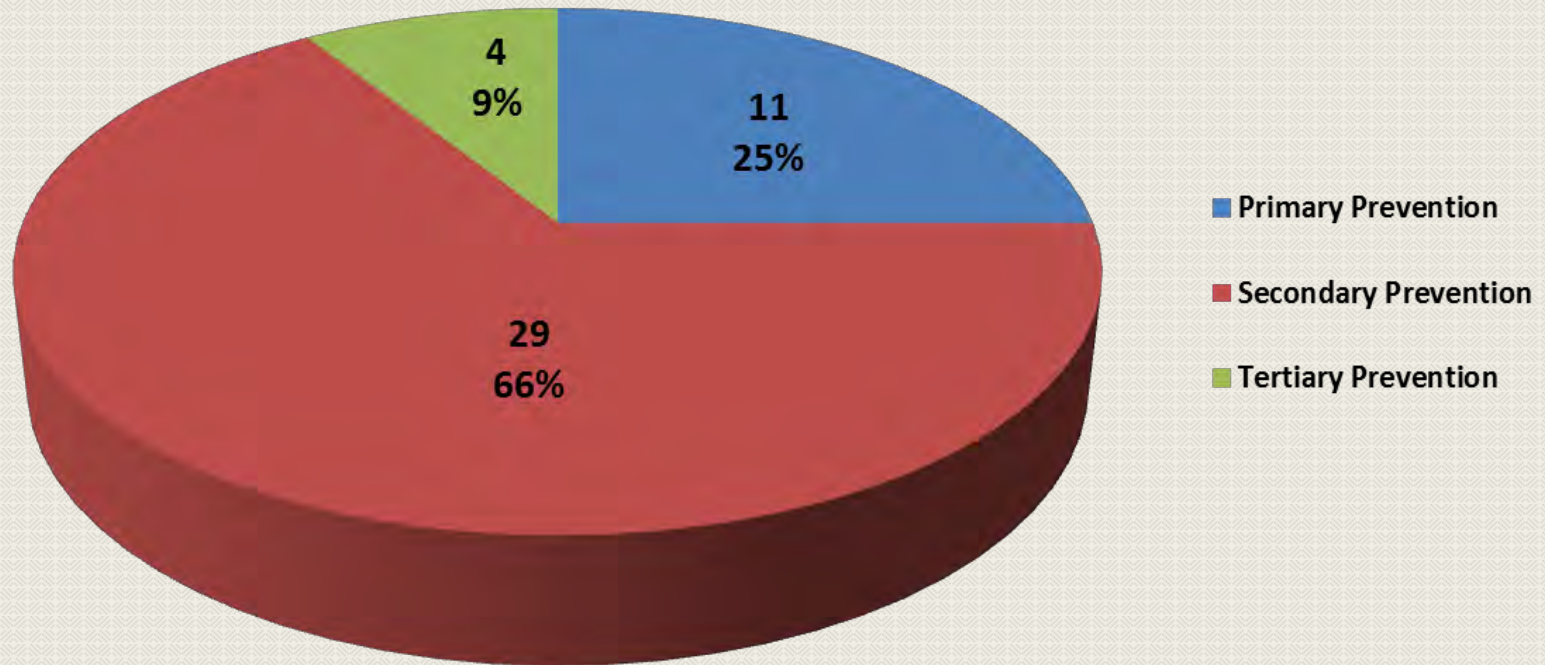
Grants active (37) as of September 2013



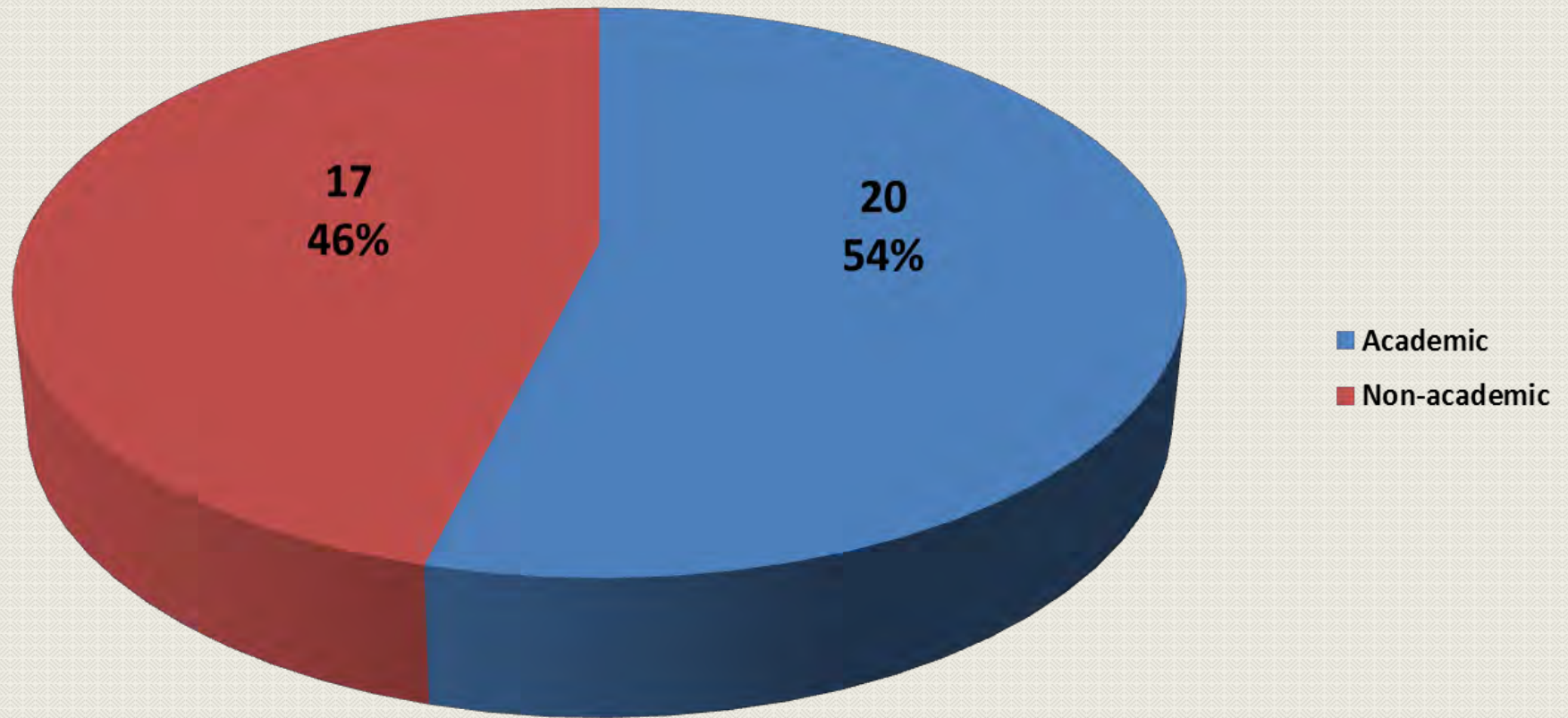
Prevention Type-37 Active Grants



of Projects by Prevention Type



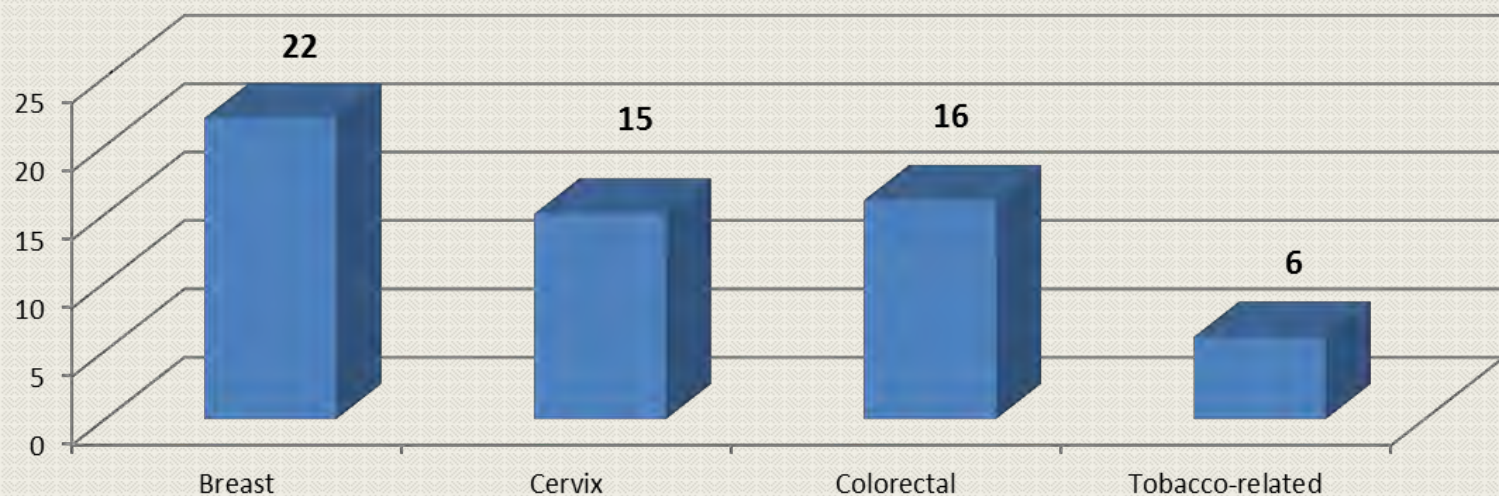
Organization Type-37 Active Grants



Cancer Type- 37 Active Grants



Active Grants by Cancer Site*
as of Sept. 2013



CPRIT Prevention Grants Program Overview

During 2012 an estimated 110,135 persons in Texas were expected to be diagnosed with cancer and 39,072 persons were expected to die from cancer. Cancer is the second leading cause of death among Texans and it is estimated that 1 in 2 men and 1 in 3 women will be diagnosed with cancer in their lifetime.¹ The total cost of cancer in Texas in 2012 was estimated to be \$29.2 billion. Studies have demonstrated downstream benefits of prevention programs in reducing health care costs, morbidity and mortality. The estimated economic benefits of CPRIT's research, prevention and screening programs are detailed in the annual Cost of Cancer report prepared by the Perryman Group.²

While we can never truly know that we have "prevented" cancer through a specific intervention, we know that we can reduce the risk of developing cancer (e.g. through smoking prevention and cessation, controlling obesity through diet and exercise, HPV vaccines, decreasing alcohol consumption and hormone replacement therapy). We also know that early detection, through recommended cancer screenings, saves lives. CPRIT's Prevention grants make it possible for evidence-based prevention strategies to reach many more Texans and ultimately decrease the burden of cancer. We have an opportunity through CPRIT's mission to fund both the delivery of prevention and early detection interventions (through the Prevention Program), and also fund research into more effective strategies for prevention and early detection (through the Research Program).

The ability to reduce cancer death rates depends, in part, on applying existing effective, evidence-based strategies more broadly and equitably to all communities in Texas. Through prevention programs, we invest in building our understanding of and capacity to deliver effective community-based interventions in a way that new technologies and services are more widely available to all, especially those who have historically been underserved.

Program Principles

The following principles have guided the first three years of the CPRIT Prevention Program:

1. Funding Evidence Based Interventions. Prevention interventions for any cancer type that have a demonstrated evidence base and are culturally appropriate for the target population. An evidence based strategy refers to programs or services that are validated by documented research or applied evidence.
2. Funding across the Prevention Continuum. Interventions addressing primary, secondary or tertiary prevention defined as:
 - Primary prevention—reducing risk or preventing cancer from occurring (e.g. vaccine-conferred immunity, tobacco cessation);

- Secondary prevention—early detection of cancer to prevent it from spreading; treating diagnosed cases when the opportunity for greatest success exists (e.g., screening/early detection for breast, cervical, and/or colorectal cancer);
 - Tertiary prevention— reducing risk of recurrence; improving quality of life (e.g., survivorship services such as physical rehabilitation/therapy, psychosocial interventions, palliative care).
3. Reaching Underserved Populations. Serving the populations in most need including:
- Underinsured and uninsured individuals--especially those who have never been screened for colorectal, breast, and/or cervical cancer or have not been screened within 5 years of the current guidelines;
 - Geographically or culturally isolated populations or those with low health literacy skills;
 - Medically unserved or underserved populations;
 - Racial, ethnic, and cultural minority populations; and
 - Any other populations with low screening rates, high incidence rates, and/or high mortality rates.
4. Innovating and Evaluating. Building our understanding of and capacity to deliver effective programs through evaluation and dissemination of efforts to innovate and adapt evidence based programs for priority populations.

The Prevention program serves people all across the state, but may prioritize funding to focus on areas of the state with higher cancer burden and fewer resources.

Prevention Program Outcomes Years 1-3

The principles outlined above guided the development of the requests for applications (RFAs) released and the selection of applications for funding in the first three years. Over \$82 million has been awarded to 92 projects that, as of August 2013, have served over 1,365,301 Texans.

The outcomes achieved and reported by the grantees indicate that:

- o More than 794,000 people (includes professionals and the public) have received education, outreach, support services, and training
- o More than 570,900 people have received direct clinical services, including vaccination, screening and diagnosis, and survivor services. These include:
 - More than 167,640 tobacco-cessation services and almost 11,800 preventive vaccinations
 - More than 293,450 people screened for colorectal, cervical, or breast cancer. Of these, approximately 46% had never before been screened, with at least 1,897 cancer precursors and 811 cancers detected.

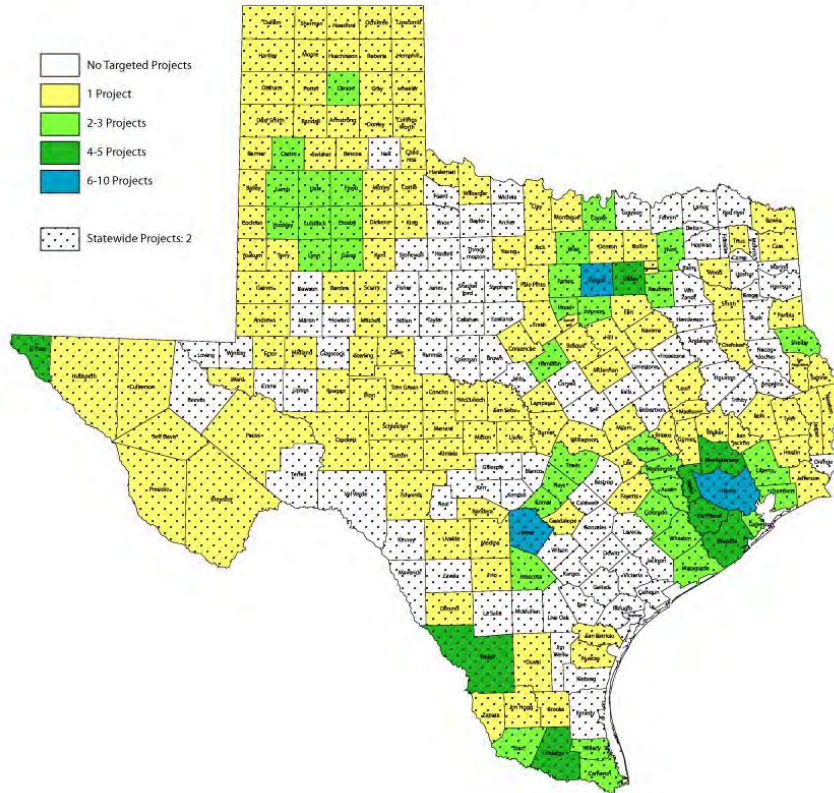
See **Appendix A** for additional data on the Prevention program.

Counties Served by Grants Active on September 2013 (closed grants not included).

The Prevention program includes 37 grants active as of September 2013. These projects cover 64% of counties with targeted projects. Another two projects serve the entire state. This coverage is less than in previous years due to programs closing and new projects not being awarded during the moratorium.

Active Prevention Projects (37)
2 Projects Serve ALL Counties

**Counties Served by CPRIT Prevention Projects
(37 Active Projects as of September 2013)**



Year Four and Beyond

The ultimate desired outcomes of CPRIT's Prevention program are a reduction in cancer incidence and mortality and an improvement in quality of life for cancer survivors. It will take years to demonstrate an impact on incidence and mortality so interim outcome measures are needed. For example, it will take about 2 decades to show a reduction in cancer incidence after preventing the initiation or discontinuation of tobacco use, while increasing screening rates for cervical cancer may have a beneficial impact on mortality rates after only a few years.³ In CPRIT's first rounds of funding, our efforts focused on projects that could demonstrate outcomes in a shorter timeframe, focusing the RFAs on screening for breast, cervical and colorectal cancer. By the second year, CPRIT added support for important primary prevention efforts such as tobacco cessation and obesity control. As we move forward, we will want to consider continuing to fund across the spectrum of prevention interventions but may consider focusing some RFAs on a specific cancer type or type of intervention.

Regardless of the type of intervention, we require very clear and achievable short term outcomes from all projects. All projects are required to report on their baseline metrics (e.g. current behaviors of learners, screening rates) and compare baseline to final outcome metrics at the end of the project.

Proposed Prevention Program Priorities

Priorities in statute

CPRIT statutes specify 11 priorities (see **Appendix B**) to consider in making funding recommendations. Each application should identify which of the 11 priorities it addresses but, because the priorities in the statute are broad, more focused priorities are needed to direct each program.

The statutes also specify that the oversight committee shall “annually set priorities as prescribed by the legislature for each grant program that receives money under this chapter”. The following prevention program priorities are suggested for the oversight committee’s consideration.

Priorities Specific to the Prevention Program

Specifically, CPRIT would seek to fund projects that will:

1. Offer effective primary, secondary or tertiary prevention interventions for priority populations based on the existing body of knowledge about and evidence for cancer prevention in ways that exceed current performance in a given service area;
2. Provide tailored, culturally appropriate, and accurate information on primary, secondary or tertiary prevention to the public and health professionals that results in measurable health behavior change;
3. Provide access to appropriate, state-of-the-art preventive services that demonstrate increased screening rates, behavior change or improved quality of life in priority populations.

While there are needs for prevention services in every county in the state, specific areas of interest may be given priority. These areas of interest, listed in **Appendix C**, are highlighted in requests for applications (RFAs).

In addressing these priorities, every project should also contribute to the understanding of and capacity to deliver effective programs by rigorous evaluation and dissemination of efforts to innovate and adapt evidence based programs for priority populations.

Prevention Program Performance Measures

Since it will take years to demonstrate an impact on incidence and mortality, interim outcome measures are needed to demonstrate progress. The Prevention Program reports on measures such as the number of people served for each type of clinical intervention, actions taken by individuals that indicate behavior change, and measures that show economic impact such as the creation and maintenance of jobs. Tracking the number of people never before screened as well as the stage of cancer at diagnosis also show the impact of CPRIT’s Prevention Program projects in reaching and benefitting those populations most in need.

REFERENCES

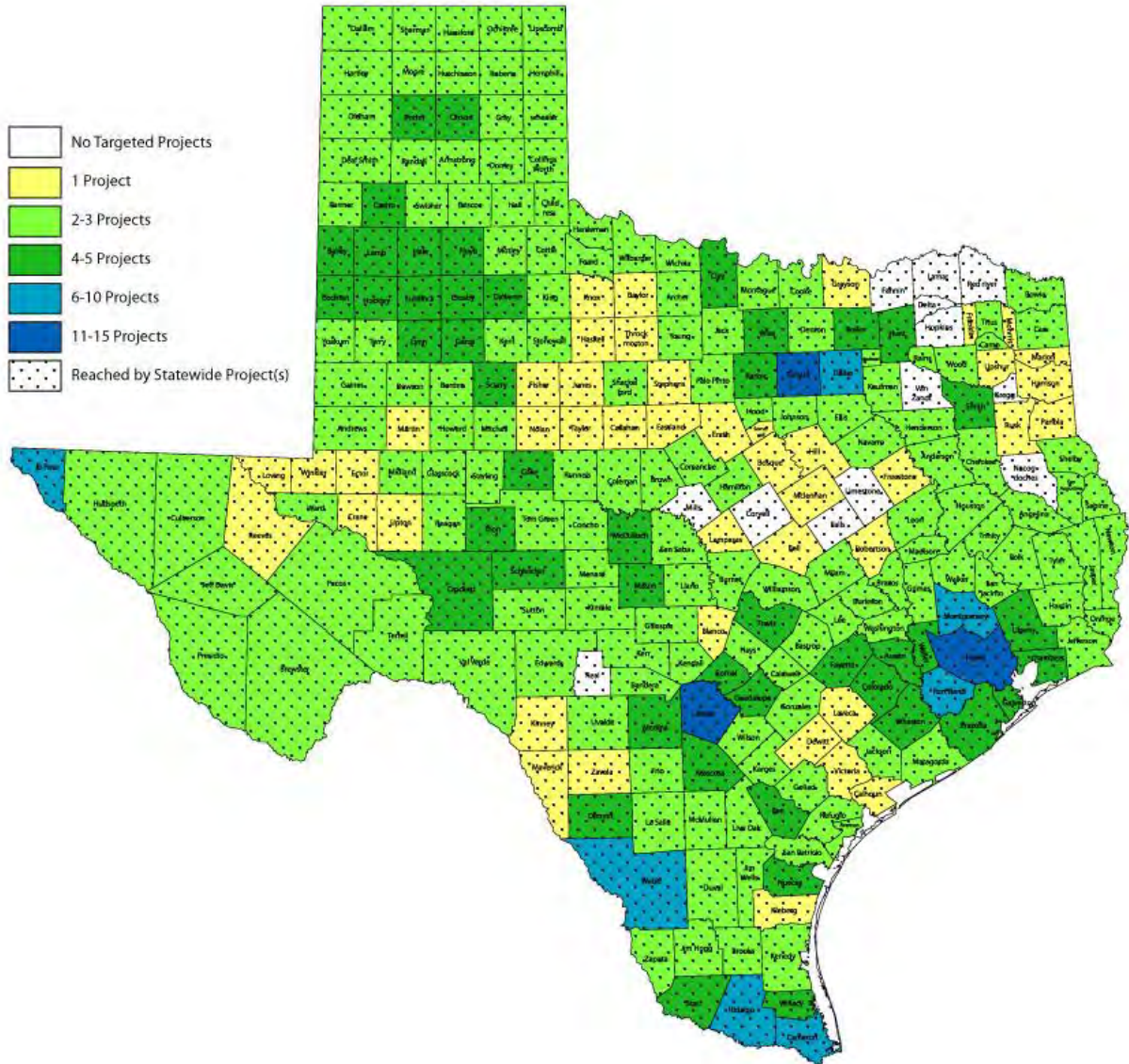
¹ The Texas Cancer Registry. *Cancer in Texas*. Publication no. 10-1280, April 2013

² The Perryman Group. *An Economic Assessment of the Cost of Cancer and the Benefits of the Cancer Prevention and Research Institute of Texas and its Programs*. 2012. Available:
http://www.cprit.state.tx.us/images/uploads/CPRIT_Impact_12_27_2012.pdf

³ US Department of Health and Human Services. *Accelerating Successes Against Cancer*. US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2006.

Appendix A

Active Projects as of September 2012 (81)
(Prior to Moratorium)



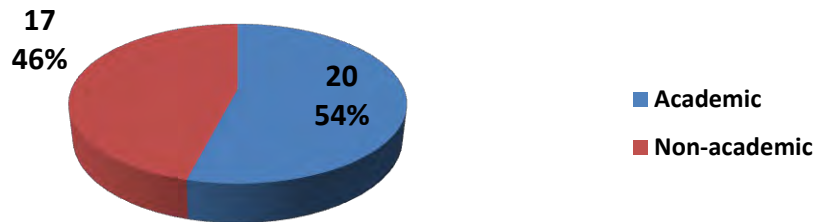
Current Portfolio: 37 Active Grants as of Sept. 2013

Number of People Projected to be Served by Focus Area

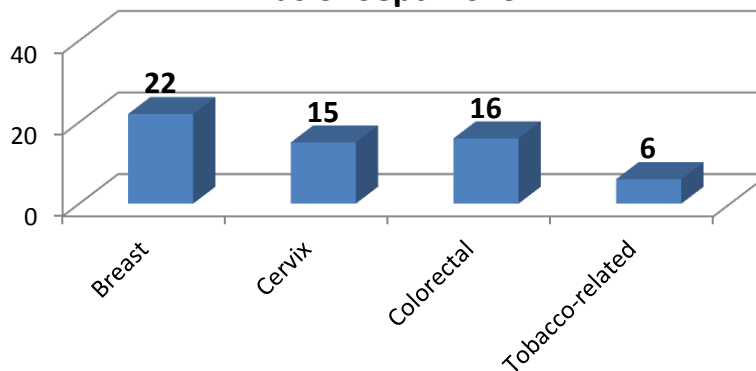
Primary Focus Area	Number of People Served
*Clinical service delivery	766,236
Education and training of health professionals	25,618
Public education and outreach	13,629
Total # People Served	805,483

*Clinical service delivery includes vaccination, screening and diagnostic tests, case management, genetic testing and family history screening, tobacco cessation counseling, and survivorship services.

Active Projects by Organization Type (as of Sept. 2013)



Active Grants by Cancer Site* as of Sept. 2013



*Grants can address multiple cancer sites

Appendix B

TEXAS HEALTH AND SAFETY CODE

CHAPTER 102. CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Sec. 102.251(a)(2)(C)

The program integration committee shall submit to the oversight committee a list of grants applications the program integration committee by majority vote approved for recommendation that.....to the extent possible, give priority to proposals that:

- (i) could lead to immediate or long-term medical and scientific breakthroughs in the area of cancer prevention or cures for cancer;
- (ii) strengthen and enhance fundamental science in cancer research;
- (iii) ensure a comprehensive coordinated approach to cancer research;
- (iv) are interdisciplinary or interinstitutional;
- (v) address federal or other major research sponsors' priorities in emerging scientific or technology fields in the area of cancer prevention or cures for cancer;
- (vi) are matched with funds available by a private or nonprofit entity and institution or institutions of higher education;
- (vii) are collaborative between any combination of private and nonprofit entities, public or private agencies or institutions in this state, and public or private institutions outside this state;
- (viii) have a demonstrable economic development benefit to this state;
- (ix) enhance research superiority at institutions of higher education in this state by creating new research superiority, attracting existing research superiority from institutions not located in this state and other research entities, or enhancing existing research superiority by attracting from outside this state additional researchers and resources;
- (x) expedite innovation and product development, attract, create, or expand private sector entities that will drive a substantial increase in high-quality jobs, and increase higher education applied science or technology research capabilities; and
- (xi) address the goals of the Texas Cancer Plan

Appendix C

Areas of interest

CPRIT has identified the following as areas of interest across the state. These areas span the type of prevention interventions and reflect areas of high incidence and/or mortality or gaps in services. Data sources are monitored annually and areas of interest will change accordingly.

A. Primary Preventive Services

Tobacco Prevention and Control

CPRIT is interested in applications focused on areas of the State:

- That have higher smoking rates per capita than other areas of the State;
- Where funds for tobacco use control efforts are not readily accessible from other sources

HPV Vaccination

CPRIT is interested in applications to increase access to and delivery of the HPV vaccine regimen through evidence-based intervention efforts³.

B. Screening and Early Detection Services

Colorectal Cancer

- Increasing screening/detection rates in North and East Texas. The highest rates of cancer incidence are found in East Texas, while the highest mortality rates are found in East and North Texas.^{1,2}
- Decreasing disparities in racial/ethnic populations and rural communities (African Americans have the highest incidence and mortality rates, followed by non-Hispanic Whites and Hispanics.)^{1,2}
- Decreasing incidence and mortality rates in rural counties. Incidence and mortality rates are higher in rural counties compared with urban counties.^{1,2}

Breast Cancer

- Increasing screening/detection rates in non-Hispanic White and Hispanic women along the Texas-Mexico border. These women have higher mortality rates than non-Hispanic Whites and Hispanics in nonborder counties.^{1,2}
- Increasing screening/detection rates in rural and medically underserved areas of the State; if addressing breast cancer in urban areas, reaching women never before screened or who have not been screened in the last 5 years.

Cervical Cancer

- Increasing screening/detection rates for women in Texas-Mexico border counties. Women in these counties have a 31 percent higher cervical cancer mortality rate than women in nonborder counties.^{1,2}
- Decreasing disparities in racial/ethnic populations. Hispanics have the highest incidence rates, while African Americans have the highest mortality rates.

C. Survivorship Services

CPRIT acknowledges that, while there is evidence showing the benefit of many survivorship interventions in improving various health-related outcomes⁴, in many cases more evidence is needed to determine which interventions are able to produce the greatest health benefits. In proposing survivorship interventions, applicants should demonstrate an understanding of the available evidence and should draw on this evidence to support their application. Rigorous evaluation of outcomes is required, and priority will be given to projects that propose to add to the body of evidence through

publication of the project results.

1. [Texas Cancer Registry, Cancer Epidemiology and Surveillance Branch, Texas Department of State Health Services, 1100 W. 49th Street, Austin, TX, 78756](#)
2. [http://www.dshs.state.tx.us/tcr/default.shtm or 512-458-7523.](#)
3. [http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm](#)
4. [http://cancercontrolplanet.cancer.gov/survivorship.html](#)



Stephen Wyatt, DMD, MPH

Chairman

Institution: University of Kentucky

Title: Dean, College of Public Health

Stephen W. Wyatt, DMD, MPH is the dean of the College of Public Health at the University of Kentucky. He began serving as Dean in November 2004, following six years of research, teaching and service at UK, while serving as the Associate Director for Cancer Control at the Markey Cancer Center. During his tenure at UK, Dr. Wyatt has been the PI of several large cancer control grants including the NCI-funded, Appalachia Cancer Network and Cancer Information Service and the CDC-funded, Prevention Research Center, and Comprehensive Cancer Control.

Prior to his appointment at UK, Dr. Wyatt was a commissioned officer in the U.S. Public Health Service, retiring at the rank of O-6. During his twenty years of service he experienced public health at the local, regional and national levels, with assignments to the National Health Service Corps, Bureau of Prisons, Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

During his tenure at CDC, Dr. Wyatt served as Director of the Division of Cancer Prevention and Control and as Acting Deputy Director of the National Center for Chronic Disease Prevention and Health Promotion. His contributions at CDC included the development of many programs including the National Breast and Cervical Cancer Early Detection Program and the National Program of Cancer Registries. During his career, Dr. Wyatt has been recognized for his contributions to the Public Health Service through twelve commissioned corps honor awards, including the Meritorious and Distinguished Service Medals. In addition, in 1998 he was awarded the Jeffrey P. Koplan award, the highest award given by the National Center for Chronic Disease Prevention and Health Promotion for his contributions to chronic disease control. Two national cancer control organizations have recognized Dr. Wyatt's career contributions. In 1995, the Susan G. Komen Breast Cancer Foundation recognized Dr. Wyatt with the Betty Ford Award and in 2002 the American Cancer Society honored him with their Distinguished Service Award.

He currently is serving his second term representing the Association of Schools of Public Health on the accrediting body for public health, the Council on Education for Public Health, having served as President since 2010.

He is a native of Kentucky and holds a D.M.D. degree from the University of Kentucky. He attended the University of Alabama-Birmingham School of Public Health and holds a M.P.H. degree from the University of Illinois-Chicago, School of Public Health.



Lawrence Green, DrPH, MPH

Institution: University of California at San Francisco

Title: Professor, Department of Epidemiology & Biostatistics

Lawrence Green, DrPH, MPH is the Professor of Epidemiology and Biostatistics in the School of Medicine and Co-Leader of the Society, Diversity and Disparities Program in the Comprehensive Cancer Center at the University of California at San Francisco. He joined CDC in 1999 as Distinguished Fellow-Visiting Scientist to study what accounted for the success of tobacco control in the last third of the 20th century, and how we might take those lessons to other areas of public health. He served as Director of CDC's World Health Organization Collaborating Center on Global Tobacco Control and as Acting Director of the Office on Smoking and Health. He then served as the Director of CDC's Office of Science and Extramural Research and as Associate Director for Prevention Research and Academic Partnerships in the Public Health Practice Program Office. He was also Visiting Professor in the Department of Behavioral Sciences and Health Education at Emory University's Rollins School of Public Health and then Health and Society Visiting Professor at the University of Maryland. In these roles he looked with concern at the growing divergence of the scientific literature in health and the needs of policy makers and practitioners for evidence.

For most of the 1990s, Dr. Green was the Director of the Institute of Health Promotion Research and Professor and Head of the Division of Preventive Medicine and Health Promotion, Department of Health Care and Epidemiology, at the University of British Columbia in Canada. Dr. Green has broad experience in health education, prevention, population health, and community interventions for health promotion and risk reduction. He served as the first Director of the U.S. Office of Health Information and Health Promotion in the Office of the Assistant Secretary for Health under the Carter Administration, and as Vice President of the Kaiser Family Foundation. He has been on the public health faculties at Berkeley, Johns Hopkins, Harvard, Texas and Emory. Dr. Green is a past President and Distinguished Fellow of the Society for Public Health Education and recipient of the American Public Health Association's highest awards (the Distinguished Career Award, the Award of Excellence, and the Mayhew Derryberry Award), the American Academy of Health Behavior first Research Laureate Medal, and an Honorary Doctor of Science degree from the University of Waterloo in Canada. He is Associate Editor of Annual Reviews of Public Health and currently serves on the Editorial Boards of the American Journal of Preventive Medicine and 13 other journals in his field. His textbooks have been widely adopted. Community and Population Health with Judith Ottoson is in its 8th edition; Health Program Planning: An Educational and Ecological Approach with Marshall Kreuter is in its 4th edition. The latter has been the repository for description of his Precede-Proceed model and the more than 970 published applications of this social-ecological model in case studies, research, and other textbooks. In 2009 he was elected to membership in the Institute of Medicine of the National Academies.



Nancy Lee, MD

Institution: U.S. Department of Health and Human Services (HHS)

Title: Deputy Assistant Secretary of Health - Women's Health and the Director of the Office on Women's Health (OWH)

Nancy C. Lee, MD is the Deputy Assistant Secretary of Health - Women's Health and the Director of the Office on Women's Health (OWH) in the Office of the Secretary, U.S. Department of Health and Human Services (HHS). Until this appointment, she worked for seven years as a private consultant in the areas of public health, epidemiology, and cancer control. Prior to that time, she worked with the Centers for Disease Control and Prevention (CDC) for more than 22 years; more than 10 of those years were at the Division Director or Associate Director level.

Dr. Lee's research has focused on cancer screening and early detection, the epidemiology of reproductive system cancers, safety of contraceptive methods, and HIV infection among American women. She has extensive experience in women's health, cancer prevention and control, data analysis, epidemiology, and surveillance systems. She has published more than 95 articles in such journals as JAMA, JNCI, The New England Journal of Medicine, Cancer Prevention and Control, and American Journal of Epidemiology. During her years at CDC, Dr. Lee served as a consultant to the National Cancer Institute, the National Institute of Child Health and Human Development, the Food and Drug Administration, American Cancer Society (ACS), the Lance Armstrong Foundation, the Institute of Medicine, the World Health Organization (WHO), the International Union Against Cancer, and the U.S. Agency for International Development. She participated in research projects in Africa, China, Central America, and Southeast Asia.

Dr. Lee received a B.A. in mathematics (summa cum laude) from the University of Texas, and an M.D. (cum laude) from Baylor College of Medicine. She completed her residency training at the University of Pennsylvania and is board-certified in internal medicine.

In her most recent role at CDC, as Director of the Division of Cancer Prevention and Control (DCPC) from 1999-2004, Dr. Lee provided overall guidance and vision for DCPC, a division with more than 130 staff and a 2004 budget of \$280 million. Dr. Lee left that position in March, 2004, to work as a private consultant. In that capacity, she consulted with a variety of organizations, including CDC, ACS, WHO, and the law firm of Watson & Renner.

Dr. Lee is serving on the Prevention Review Council in her personal capacity. She does not necessarily represent the views of the Department of Health and Human Services or the United States Government.

Prevention Program

FY 2013 Peer Review Committee Roster – Dr. Green’s Panel

Session Date: 11/14/2012 - 11/15/2012

Lawrence Green, Dr.P.H. **Chairperson**
Professor, Department of Epidemiology & Biostatistics
University of California at San Francisco
School of Medicine and Comprehensive Cancer Center
RCF Expertise: Evidence Based Practice

Barbara Berman, Ph.D. **Reviewer**
Adjunct Professor Emeritus
Jonsson Comprehensive Cancer Center and School of Public Health
University of California - Los Angeles
RCF Expertise: Community Based Interventions, Cancer Disparities in Underserved, Minority and Low Literacy Populations; Tobacco Use Prevention and Cessation, Cancer Screening

Heather Brandt, Ph.D. **Reviewer**
Assistant Professor
Department of Health Promotion, Education, and Behavior
University of South Carolina Arnold School of Public Health
RCF Expertise: Cancer Prevention and Control, Cancer Disparities Among Underserved Populations, Social and Behavioral Aspects of Human Papillomavirus (HPV) and Cervical Cancer, Community-Based Participatory Research Strategies, Health Literacy Influences

Frank Bright, M.S. **Reviewer**
Senior Policy Advisor
National Association of Chronic Disease Directors
RCF Expertise: Primary Prevention, Early Detection, Survivor Programs, Patient Navigation, Information Delivery and Research, Chronic Disease

Katherine Crew, M.D. **Reviewer**
Assistant Professor
Department of Medicine, Division of Hematology and Medical Oncology
Columbia University Medical Center
RCF Expertise: [CLIN] Epidemiology of Breast Cancer, Development of Early-Phase Clinical Trials for Evaluating Chemopreventive Agents for Breast Cancer, Breast Cancer Prevention Programs

Louise Galaska, M.P.A. **Reviewer**
Consultant
University of Kentucky
RCF Expertise: Cancer screening, prevention, and control; Breast and cervical early detection; STDs.

FY 2013 Peer Review Committee Roster – Dr. Green’s Panel

Charles Given, Ph.D. **Reviewer**
Professor
College of Human Medicine, Department of Family Medicine
Michigan State University
RCF Expertise: Cancer and Aging, Symptom Management, Patterns of Care, Cancer Outcomes,
Psycho-behavioral Interventions for Cancer Care

DeAnn Lazovich, Ph.D., M.P.H. **Reviewer**
Associate Professor
Department of Epidemiology and Community Health
University of Minnesota
RCF Expertise: Cancer Prevention and Control, Cancer Epidemiology

David Momrow, M.P.H. **Reviewer**
Senior Vice President of Cancer Control (Ret.)
American Cancer Society (Ret.)
RCF Expertise: CPRIT PRV

Charlotte Naschinski **Advocate Reviewer**
Ovarian and Gynecological Cancer Coalition

Jane Segelken **Advocate Reviewer**
Cancer Resource Center of the Finger Lakes

Robin Vanderpool, Dr.P.H., CHES **Reviewer**
Assistant Professor
Department of Health Behavior
University of Kentucky College of Public Health
RCF Expertise: Rural Health, Cancer Information-Seeking, Cervical

Prevention Program

FY 2013 Peer Review Committee Roster – Dr. Lee’s Panel

Session Date: 11/12/2012 - 11/13/2012

Nancy Lee, M.D. Deputy Assistant Secretary of Women's Health; Director OWH Office on Women's Health Department of Health and Human Services RCF Expertise: Cancer Prevention, Cancer Etiology and Control; Epidemiology; Women's Health; Public Health Systems and Programs; Program Evaluation	Chairperson
Elisha Baker, IV Breast Cancer Focus, Inc.	Advocate Reviewer
Rick Crosby, Ph.D. Department of Health Behavior University of Kentucky RCF Expertise: cancer prevention in rural areas, HPV vaccine, HIV prevention, sexual behavior	Reviewer
Jo-Ellen Corkery De Luca National Coalition for Cancer Survivorship	Advocate Reviewer
Walter Jones, Ph.D. Professor, Department of Health Administration & Policy Medical University of South Carolina RCF Expertise: Health Policy and Analysis, Health Services, Health Economics, Health Outcomes Research, Program Evaluation	Reviewer
Martin Mahoney, M.D., Ph.D. Associate Professor of Oncology Dept. of Health Behavior, Div. of Cancer Prevention and Population Sciences Roswell Park Cancer Institute (RPCI) RCF Expertise: Cancer Screening Utilization and Promotion; Educational and Training Programs for Physicians and Non-Physician Providers; Tobacco Cessation	Reviewer
Anne McTiernan, M.D., Ph.D. Member, Division of Public Health Sciences Fred Hutchinson Cancer Research Center RCF Expertise: Cancer Prevention Through Physical Activity, Diet, and Chemoprevention; Epidemiology; Cancer Survivorship	Reviewer
Lillian Nail, Ph.D., RN, FAAN Professor, School of Nursing and Knight Cancer Institute Oregon Health & Science University RCF Expertise: Coping with Cancer, Cancer Survivorship, Symptom Management, Behavioral Science, Health Education Promotion	Reviewer

FY 2013 Peer Review Committee Roster – Dr. Lee’s Panel

Kathryn Rowley, R.T. **Reviewer**
Program Director
Utah Cancer Control Program
Utah Health Department
RCF Expertise: Cancer Screening; Program Management; Prevention of Breast, Cervical, Colon,
and Skin Cancers; Multimedia Cancer Prevention and Screening Campaigns

Doreleena Sammons-Posey, S.M. **Reviewer**
Independent Public Health Consultant
Retired
RCF Expertise: Chronic Disease Prevention Programs; Health Policy Training; Health Education;
Community-Based Outreach, especially in Minority and Underserved Populations

Randy Schwartz, M.S.P.H. **Reviewer**
Senior Vice President
Strategic Health Initiatives
American Cancer Society
RCF Expertise: Cancer Prevention and Control, Health Promotion and Education

Katherine Wilson, Ph.D. **Reviewer**
Public Health Educator
Community Guide Branch
Center for Disease Control and Prevention (CDC)
RCF Expertise: Cancer Programs



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: KRISTEN DOYLE, ACTING COMPLIANCE OFFICER
SUBJECT: COMPLIANCE CERTIFICATION – PREVENTION AWARDS SLATES
DATE: NOVEMBER 21, 2013

Summary and Recommendation:

As CPRIT's acting compliance officer, I am responsible for reporting to the Oversight Committee regarding the agency's compliance with applicable statutory and administrative rule requirements during the grant review process. I have reviewed the compliance pedigrees for the grant applications submitted to CPRIT for Cancer Prevention grant awards originally intended to be made in the first prevention grant cycle of FY2013. I have conferred with staff at CPRIT and SRA International (SRA), CPRIT's contracted third-party grant administrator, and studied the supporting grant review documentation, including third-party observer reports for the peer review meetings. I am satisfied that the application review process that resulted in the two Cancer Prevention grant award slates recommended by the Executive Director, the *Evidence Based Cancer Prevention Services* grant slate and the *Health Behavior Change Through Public Education*, followed applicable laws and agency administrative rules. I certify these award slates for the Oversight Committee's consideration.

Background:

Newly enacted statutory changes require that CPRIT employ a Chief Compliance Officer to report to the Oversight Committee regarding compliance with the statute and the agency's administrative rules. Among the Chief Compliance Officer's responsibilities is the obligation "to ensure that all grant proposals comply with this chapter and rules adopted under this chapter before the proposals are submitted to the oversight committee for approval." TEX HEALTH & SAFETY CODE §102.051(c) and (d).

Although the statutory requirement is new, CPRIT began using a compliance pedigree process to formally document compliance for the grant awards announced in December 2012. The compliance pedigree tracks the grant application as it moves through the review process and documents compliance with applicable laws and administrative rules. A compliance pedigree is created for each application; the information related to the procedural steps listed on the pedigree is entered and attested to by SRA employees and CPRIT employees. To the greatest extent possible, information reported in the compliance pedigree is imported directly from data contained in CPRIT's Application Receipt System (CARS), the grant application database managed by SRA. This is done to minimize the opportunity for error caused by manual data entry.

The compliance pedigree and supporting documentation is reviewed by the compliance officer as part of the award slate certification process. You have received a compliance pedigree for each of the applications recommended for a grant award through the grant portal and in the hard copy materials delivered to you. The compliance pedigree is divided into five categories that reflect the five stages of review. A brief description of each category and information tracked in the category is provided below.

Pre-Receipt Compliance:

The activities listed in pre-receipt cover the period beginning with CPRIT's issuance of the Request for Application (RFA) through the submission of grant applications. CPRIT's administrative rules require that RFAs be publicly posted in the *Texas Register*. The RFA specifies a deadline and mandates that only those applications submitted electronically through CARS are eligible for consideration. CARS blocks an application from being submitted once the deadline passes. Occasionally an applicant may have technical difficulties that prevent the applicant from completing the application submission. When this occurs, the applicant may appeal to CPRIT (through the CPRIT Helpdesk that is managed by SRA) to allow for a submission after the deadline. The program officer considers any appeals and may approve a late filing for good cause. When a late filing request is approved, the appellee is notified and CARS is reopened for a brief period – usually two to three hours – the next business day.

In this cycle, three applicants (none that are now recommended for awards) appealed due to technical difficulties and were granted permission to submit the applications during a three-hour window on August 29, 2012, the day after the deadline. The applications were submitted and reviewed.

Receipt, Referral, and Assignment Compliance:

Once prevention applications have been submitted through CARS, SRA staff reviews the applications for compliance with RFA directions. If an applicant does not comply with the directions, SRA notifies the program officer and the program officer makes the final decision to administratively withdraw the application. The program officer and the Review Council Chair assign applications to peer review panels and primary reviewers. Prior to distribution of the applications, reviewers are given summary information about the applicant, including the Project Director and collaborators. Reviewers must sign a conflict of interest agreement and confirm that they do not have a conflict of interest with the application before they are provided with the full application.

In this cycle, two applications were administratively withdrawn prior to review for non-compliance. In both cases the applications did not contain the completed CPRIT Grants Summary form, nor were all of the required data provided. As specified in Section 4.2.5 of the RFA, a CPRIT Grants Summary is required for all applications. The applicants were notified of the withdrawal on September 20, 2012.

Peer Review:

Primary reviewers (typically three) must submit written critiques for each of their assigned applications prior to the peer review meeting. After the peer review meetings, a final score report from the review

committee is delivered to the Review Council for additional review. Following the peer review meetings, each participating peer reviewer must sign a post-review peer review statement certifying that the reviewer knew of and understood CPRIT's conflict of interest policy and followed the policy for this review process.

In this cycle, I reviewed the peer reviewer critiques and supporting documentation, such as the sign-out sheets from the peer review panel meetings and post-review peer reviewer statements. Sign out sheets are used to document when a peer review panel member with a conflict of interest associated with a particular application leaves the room (or disengages from the conference call) during the discussion and scoring of the application. I observed that one reviewer used the incorrect date for the review panel meeting when filling out his post review statement and confirmed with SRA staff that this was a human error.

Programmatic Review:

Programmatic review is conducted by the Prevention Review Council (PRC). The PRC creates the final list of grant applications it will recommend to the Executive Director for grant award slates. The slates correspond to RFAs that have been released. The pedigree reflects the date of the PRC meeting and whether the application was included on the slate of award recommendations.

For this cycle, I reviewed the final score report for all grant applications in this cycle and compared it with the list of grant awards recommended by the PRC. There are a few issues of note:

- *Although three RFAs were issued, the PRC did not recommend any awards be made for one of the slates – Cancer Prevention Microgrants. There is no requirement in state law or in CPRIT's administrative rules that compels CPRIT to award grants when an RFA is issued; however, not awarding any grants for a slate may require explanation if the reason is not readily discernible from available information. I reviewed the scores assigned to the three applications submitted pursuant to this RFA (a fourth application was administratively withdrawn). None of the scores for the Cancer Prevention Microgrants were better than 4.7, which was less favorable than the scores of applications included on the grant award slate. (The score range is 1 – 9, with 1 being the best. Scores for applications included on the award slates ranged from 1.5 – 2.8.)*
- *One Evidence Based Cancer Prevention Services application received a more favorable score (2.7) than an application included on that slate, but was not recommended by the PRC for an award. Another Evidence Based Cancer Prevention Services grant application that was not recommended for an award had the same score as an application that is included on the grant award slate (2.8). There is no requirement in state law or in CPRIT's administrative rules that grant awards are determined solely on scores; however, jumping over an application to fund an application that scored less favorably or funding one application that received the same score as an application not funded without any explanation for doing so may raise questions about partiality. I confirmed with the Chief Prevention Officer that the PRC justified in writing its programmatic decision to recommend funding for one application that received a 2.8, but not*

recommend funding for the two applications that received a 2.7 and 2.8. The PRC explanation was also communicated to the affected grant applicants in writing.

Post Review:

The statute in effect at the time that these grant applications were submitted requires the Review Council to submit the grant award recommendations to the Executive Director. The Executive Director then submits to the Oversight Committee the list of grant applications that is “substantially based” on the list submitted by the Review Council. The pedigree reflects the date that the Executive Director was notified of the grant award slates and whether the award was presented to the Oversight Committee.

In this cycle, I reviewed the written notification submitted by Dr. Steve Wyatt, PRC Chair, to Wayne Roberts recommending the ten applications for grant awards. I compared the list of grant applications submitted to the Oversight Committee by Mr. Roberts with the list of applications the PRC recommended for awards and confirmed that the recommendations are the same on both lists.

I observe that this cycle is unusual because of the long delay between the time that the PRC met to recommend the award slates (December 17, 2012) and the notification to the Executive Director (November 6, 2013). As noted on each pedigree, this review cycle was impacted by the moratorium on CPRIT’s grant review activities. Also noted on the pedigrees, the grant applications recommended for awards were given the opportunity to “refresh” their application by proposing changes to the project goals, objectives, and timelines. Some applicants updated their timelines to reflect the delay due to the moratorium or to make non-substantive changes to the goals and objectives. Although the refresh is unusual, it is not precluded by law or CPRIT’s administrative rules. The PRC confirmed its award recommendations after the refresh information was submitted.

Other Information Reviewed:

Oversight Committee Conflict of Interest Policy Statements - Prior to receiving grant applicant information, the Oversight Committee members reviewed, signed, and returned CPRIT’s conflict of interest policy statement to CPRIT. In addition, prior to view grant applicant information, the Oversight Committee members confirmed that they did not have a conflict of interest requiring recusal with any of the applications recommended for grant awards. I note that one Oversight Committee member, Will Montgomery, has not received any grant applicant information. Mr. Montgomery was appointed to the Oversight Committee meeting on November 20, 2013. Another Oversight Committee member, Amy Mitchell, did not receive grant application information (other than summary information used for the conflict of interest screen) because, after conferring with CPRIT’s General Counsel, she indicated she may have a conflict of interest with these applications.

Third-Party Observer Reports - In May 2012, CPRIT implemented the use of an independent third-party observer at peer review meetings to ensure that panel discussions are limited to the merits of the application and adhere to established evaluation criteria. In addition, the third-party observer reports whether CPRIT staff attending the peer review meeting participates in the discussion, scoring or vote on

the grant application. CPRIT staff may attend peer review meetings, but may not participate in the review process other than to answer technical questions. The third-party reviewer is the agency's internal auditor, Grant Thornton. I have reviewed the third-party observer reports for the peer review meetings for this cycle. Nothing unusual was reported. The reports are attached for your review.

**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP130032
APPLICATION TITLE Taking Texas Tobacco Free: Expanding the Integral Care Campus and Community Model into a Statewide Cancer Prevention Program
PD Reitzel, Lorraine
PI ORGANIZATION The University of Texas M. D. Anderson Cancer Center
PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/12/13	S. Evans
	Method of submission	CARS	03/12/13	S. Evans
	Within receipt period	YES	03/12/13	S. Evans
	Appeal submitted	N/A	03/12/13	S. Evans
	Appeal accepted	N/A	03/12/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	03/28/13	S. Evans
	Assigned to reviewers	10/02/12	03/12/13	S. Evans
	Reviewer 1		03/12/13	S. Evans
	Reviewer 1 COI signed	09/24/12	03/12/13	S. Evans
	Reviewer 2		03/12/13	S. Evans
	Reviewer 2 COI signed	09/17/12	03/12/13	S. Evans
	Reviewer 3		03/12/13	S. Evans
	Reviewer 3 COI signed	08/31/12	03/12/13	S. Evans
	Reviewer 4		03/12/13	S. Evans
Reviewer 4 COI signed	09/04/12	03/12/13	S. Evans	
3. Peer Review	Reviewer 1 critique submitted	10/29/12	03/12/13	S. Evans
	Reviewer 2 critique submitted	10/15/12	03/12/13	S. Evans
	Reviewer 3 critique submitted	10/11/12	03/12/13	S. Evans
	Reviewer 4 critique submitted	11/05/12	03/12/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	03/28/13	S. Evans
	Peer review meeting	11/14/12 - 11/15/12	03/12/13	S. Evans
	Final score report delivered to PRC	11/19/12	03/28/13	S. Evans
4. Programmatic Review	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/12/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. No changes were made to either goals and objectives or timeline. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

Redacted to remove reviewer names

**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP130068
APPLICATION TITLE The El Paso and Hudspeth County Breast Cancer Education, Screening and Navigation (BEST)Program
PD Shokar, Navkiran
PI ORGANIZATION Texas Tech University Health Sciences Center
PANEL NAME Prevention Lee-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/13/13	S. Evans
	Method of submission	CARS	03/13/13	S. Evans
	Within receipt period	YES	03/13/13	S. Evans
	Appeal submitted	N/A	03/13/13	S. Evans
	Appeal accepted	N/A	03/13/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	04/01/13	S. Evans
	Assigned to reviewers	10/01/12	03/13/13	S. Evans
	Reviewer 1		03/13/13	S. Evans
	Reviewer 1 COI signed	09/20/12	03/13/13	S. Evans
	Reviewer 2		03/13/13	S. Evans
	Reviewer 2 COI signed	09/29/12	03/13/13	S. Evans
	Reviewer 3		03/13/13	S. Evans
	Reviewer 3 COI signed	09/10/12	03/13/13	S. Evans
	Reviewer 4		03/13/13	S. Evans
Reviewer 4 COI signed	09/01/12	03/13/13	S. Evans	
3. Peer Review	Reviewer 1 critique submitted	11/05/12	03/13/13	S. Evans
	Reviewer 2 critique submitted	11/04/12	03/13/13	S. Evans
	Reviewer 3 critique submitted	11/05/12	03/13/13	S. Evans
	Reviewer 4 critique submitted	10/28/12	03/13/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/14/12	04/01/13	S. Evans
	Peer review meeting	11/12/12 - 11/13/12	03/13/13	S. Evans
	Final score report delivered to PRC	11/19/12	04/01/13	S. Evans
4. Programmatic Review	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/13/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. Timeline was revised to reflect delay due to moratorium. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

Redacted to remove reviewer names

**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP130070
APPLICATION TITLE A Novel Online Patient-Centered Decision Support Service to Empower Childhood Cancer Survivors in Managing Screening and Prevention of Late Effects of Treatment
PD Poplack, David
PI ORGANIZATION Baylor College of Medicine
PANEL NAME Prevention Lee-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/13/13	S. Evans
	Method of submission	CARS	03/13/13	S. Evans
	Within receipt period	YES	03/13/13	S. Evans
	Appeal submitted	N/A	03/13/13	S. Evans
	Appeal accepted	N/A	03/13/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	04/01/13	S. Evans
	Assigned to reviewers	10/01/12	03/13/13	S. Evans
	Reviewer 1		03/13/13	S. Evans
	Reviewer 1 COI signed	09/02/12	03/13/13	S. Evans
	Reviewer 2		03/13/13	S. Evans
	Reviewer 2 COI signed	09/18/12	03/13/13	S. Evans
	Reviewer 3		03/13/13	S. Evans
	Reviewer 3 COI signed	09/19/12	03/13/13	S. Evans
	Reviewer 4		03/13/13	S. Evans
Reviewer 4 COI signed	09/20/12	03/13/13	S. Evans	
3. Peer Review	Reviewer 1 critique submitted	11/03/12	03/13/13	S. Evans
	Reviewer 2 critique submitted	11/03/12	03/13/13	S. Evans
	Reviewer 3 critique submitted	10/30/12	03/13/13	S. Evans
	Reviewer 4 critique submitted	11/05/12	03/13/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/14/12	04/01/13	S. Evans
	Peer review meeting	11/12/12 - 11/13/12	03/13/13	S. Evans
	Final score report delivered to PRC	11/19/12	04/01/13	S. Evans
4. Programmatic Review	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/13/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. Timeline was revised to reflect delay due to moratorium. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

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**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Health Behavior Change Through Public Education (PE)
APPLICATION ID PP130071
APPLICATION TITLE West Texas Cancer Survivors Network - Phase II (WTCSN - II)
PD Chauncey, Katherine
PI ORGANIZATION Texas Tech University Health Sciences Center
PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/27/12	03/13/13	S. Evans
	Method of submission	CARS	03/13/13	S. Evans
	Within receipt period	YES	03/13/13	S. Evans
	Appeal submitted	N/A	03/13/13	S. Evans
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	Reviewer 1 COI signed	09/13/12	03/13/13	S. Evans
	Reviewer 2		03/13/13	S. Evans
	Reviewer 2 COI signed	09/19/12	03/13/13	S. Evans
	Reviewer 3		03/13/13	S. Evans
	Reviewer 3 COI signed	09/05/12	03/13/13	S. Evans
	Reviewer 4		03/13/13	S. Evans
Reviewer 4 COI signed	09/04/12	03/13/13	S. Evans	
3. Peer Review	Reviewer 1 critique submitted	10/25/12	03/13/13	S. Evans
	Reviewer 2 critique submitted	10/31/12	03/13/13	S. Evans
	Reviewer 3 critique submitted	10/30/12	03/13/13	S. Evans
	Reviewer 4 critique submitted	11/05/12	03/13/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	04/01/13	S. Evans
	Peer review meeting	11/14/12 - 11/15/12	03/13/13	S. Evans
4. Programmatic Review	Final score report delivered to PRC	11/19/12	04/01/13	S. Evans
	PRC meeting	12/17/12	03/12/13	J. Traicoff
5. Post Review (CPRIT)	Recommended for slate	YES	03/13/13	S. Evans
	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. No changes were made to either goals and objectives or timeline. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

Redacted to remove reviewer names

**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP130074
APPLICATION TITLE Building Bridges: Cancer Prevention Education for Refugee Women
PD Raines-Milenkov, Amy
PI ORGANIZATION University of North Texas Health Science Center at Fort Worth
PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/13/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/13/13	S. Evans
	Method of submission	CARS	03/13/13	S. Evans
	Within receipt period	YES	03/13/13	S. Evans
	Appeal submitted	N/A	03/13/13	S. Evans
	Appeal accepted	N/A	03/13/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	04/01/13	S. Evans
	Assigned to reviewers	10/02/12	03/13/13	S. Evans
	Reviewer 1		03/13/13	S. Evans
	Reviewer 1 COI signed	09/09/12	03/13/13	S. Evans
	Reviewer 2		03/13/13	S. Evans
	Reviewer 2 COI signed	09/19/12	03/13/13	S. Evans
	Reviewer 3		03/13/13	S. Evans
	Reviewer 3 COI signed	09/21/12	03/13/13	S. Evans
3. Peer Review	Reviewer 4		03/13/13	S. Evans
	Reviewer 4 COI signed	09/24/12	03/13/13	S. Evans
	Reviewer 1 critique submitted	11/04/12	03/13/13	S. Evans
	Reviewer 2 critique submitted	10/14/12	03/13/13	S. Evans
	Reviewer 3 critique submitted	11/01/12	03/13/13	S. Evans
	Reviewer 4 critique submitted	10/16/12	03/13/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	04/01/13	S. Evans
4. Programmatic Review	Peer review meeting	11/14/12 - 11/15/12	03/13/13	S. Evans
	Final score report delivered to PRC	11/19/12	04/01/13	S. Evans
5. Post Review (CPRIT)	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/13/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. Minor non-substantive changes to goals and objectives were made. Timeline was revised to reflect delay due to moratorium. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

Redacted to remove reviewer names

**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Health Behavior Change Through Public Education (PE)
APPLICATION ID PP130075
APPLICATION TITLE Promoting breast and cervical cancer screening among Vietnamese nail salon workers: an evidence-based approach
PD Fernandez-Esquer, Maria
PI ORGANIZATION The University of Texas Health Science Center at Houston
PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/14/13	S. Evans
	Method of submission	CARS	03/14/13	S. Evans
	Within receipt period	YES	03/14/13	S. Evans
	Appeal submitted	N/A	03/14/13	S. Evans
	Appeal accepted	N/A	03/14/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	04/01/13	S. Evans
	Assigned to reviewers	10/02/12	03/14/13	S. Evans
	Reviewer 1		03/14/13	S. Evans
	Reviewer 1 COI signed	09/09/12	03/14/13	S. Evans
	Reviewer 2		03/14/13	S. Evans
	Reviewer 2 COI signed	09/17/12	03/14/13	S. Evans
	Reviewer 3		03/14/13	S. Evans
	Reviewer 3 COI signed	10/11/12	03/14/13	S. Evans
	Reviewer 4		03/14/13	S. Evans
Reviewer 4 COI signed	09/13/12	03/14/13	S. Evans	
3. Peer Review	Reviewer 1 critique submitted	11/04/12	03/14/13	S. Evans
	Reviewer 2 critique submitted	10/27/12	03/14/13	S. Evans
	Reviewer 3 critique submitted	11/04/12	03/14/13	S. Evans
	Reviewer 4 critique submitted	11/02/12	03/14/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	04/01/13	S. Evans
	Peer review meeting	11/14/12 - 11/15/12	03/14/13	S. Evans
	Final score report delivered to PRC	11/19/12	04/01/13	S. Evans
4. Programmatic Review	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/14/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. No changes were made to either goals and objectives or timeline. At the September 13, 2013 Prevention Review Council meeting, Dr. Green identified a potential conflict that had arisen since the fall 2012 review on application PP130075. Dr. Green recused himself from any action on that proposal. After discussion of PP130075, Drs. Lee and Wyatt did not make any changes to their recommendation of Dec. 17, 2012. Dr. Green abstained from the discussion.

The moratorium was lifted on October 30, 2013.

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**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP130079
APPLICATION TITLE Active Living after Breast Cancer: Combining a Physical Activity Program with Survivor Navigation
PD Basen-Engquist, Karen
PI ORGANIZATION The University of Texas M. D. Anderson Cancer Center
PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/14/13	S. Evans
	Method of submission	CARS	03/14/13	S. Evans
	Within receipt period	YES	03/14/13	S. Evans
	Appeal submitted	N/A	03/14/13	S. Evans
	Appeal accepted	N/A	03/14/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	03/29/13	S. Evans
	Assigned to reviewers	10/02/12	03/14/13	S. Evans
	Reviewer 1		03/14/13	S. Evans
	Reviewer 1 COI signed	09/13/12	03/14/13	S. Evans
	Reviewer 2		03/14/13	S. Evans
	Reviewer 2 COI signed	09/19/12	03/14/13	S. Evans
	Reviewer 3		03/14/13	S. Evans
	Reviewer 3 COI signed	09/05/12	03/14/13	S. Evans
3. Peer Review	Reviewer 4		03/14/13	S. Evans
	Reviewer 4 COI signed	09/04/12	03/14/13	S. Evans
	Reviewer 1 critique submitted	11/04/12	03/14/13	S. Evans
	Reviewer 2 critique submitted	10/22/12	03/14/13	S. Evans
	Reviewer 3 critique submitted	11/02/12	03/14/13	S. Evans
	Reviewer 4 critique submitted	11/05/12	03/14/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	03/29/13	S. Evans
Peer review meeting	11/14/12 - 11/15/12	03/14/13	S. Evans	
4. Programmatic Review	Final score report delivered to PRC	11/19/12	03/29/13	S. Evans
	PRC meeting	12/17/12	03/12/13	J. Traicoff
5. Post Review (CPRIT)	Recommended for slate	YES	03/14/13	S. Evans
	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. Timeline was revised to reflect delay due to moratorium. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

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CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2013
 CYCLE 1
 PROGRAM Prevention
 AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
 APPLICATION ID PP130083
 APPLICATION TITLE De Casa En Casa: Preventing Cervical Cancer in El Paso County and Hudspeth County
 PD Shokar, Navkiran
 PI ORGANIZATION Texas Tech University Health Sciences Center
 PANEL NAME Prevention Lee-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/14/13	S. Evans
	Method of submission	CARS	03/14/13	S. Evans
	Within receipt period	YES	03/14/13	S. Evans
	Appeal submitted	N/A	03/14/13	S. Evans
	Appeal accepted	N/A	03/14/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	03/29/13	S. Evans
	Assigned to reviewers	10/01/12	03/14/13	S. Evans
	Reviewer 1		03/14/13	S. Evans
	Reviewer 1 COI signed	09/02/12	03/14/13	S. Evans
	Reviewer 2	J	03/14/13	S. Evans
	Reviewer 2 COI signed	09/18/12	03/14/13	S. Evans
	Reviewer 3		03/14/13	S. Evans
	Reviewer 3 COI signed	09/12/12	03/14/13	S. Evans
	Reviewer 4		03/14/13	S. Evans
	Reviewer 4 COI signed	09/21/12	03/14/13	S. Evans
3. Peer Review	Reviewer 1 critique submitted	11/05/12	03/14/13	S. Evans
	Reviewer 2 critique submitted	11/03/12	03/14/13	S. Evans
	Reviewer 3 critique submitted	11/05/12	03/14/13	S. Evans
	Reviewer 4 critique submitted	10/30/12	03/14/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/14/13	03/29/13	S. Evans
	Peer review meeting	11/12/12 - 11/13/12	03/14/13	S. Evans
	Final score report delivered to PRC	11/19/12	03/29/13	S. Evans
4. Programmatic Review	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/14/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. Timeline was revised to reflect delay due to moratorium. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

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CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

APPLICATION PEDIGREE

FY 2013
 CYCLE 1
 PROGRAM Prevention
 AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
 APPLICATION ID PP130084
 Improving Breast Cancer Screening and Follow-up of Medically Underserved Harris County Residents
 APPLICATION TITLE
 PD Jibaja-Weiss, Maria
 PI ORGANIZATION Baylor College of Medicine
 PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/14/13	S. Evans
	Method of submission	CARS	03/14/13	S. Evans
	Within receipt period	YES	03/14/13	S. Evans
	Appeal submitted	N/A	03/14/13	S. Evans
	Appeal accepted	N/A	03/14/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	03/29/13	S. Evans
	Assigned to reviewers	10/02/12	03/14/13	S. Evans
	Reviewer 1		03/14/13	S. Evans
	Reviewer 1 COI signed	09/13/12	03/14/13	S. Evans
	Reviewer 2		03/14/13	S. Evans
	Reviewer 2 COI signed	09/17/12	03/14/13	S. Evans
	Reviewer 3		03/14/13	S. Evans
	Reviewer 3 COI signed	10/11/12	03/14/13	S. Evans
3. Peer Review	Reviewer 4		03/14/13	S. Evans
	Reviewer 4 COI signed	09/18/12	03/14/13	S. Evans
	Reviewer 1 critique submitted	11/04/12	03/14/13	S. Evans
	Reviewer 2 critique submitted	10/28/12	03/14/13	S. Evans
	Reviewer 3 critique submitted	11/04/12	03/14/13	S. Evans
	Reviewer 4 critique submitted	11/07/12	03/14/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	03/29/13	S. Evans
Peer review meeting	11/14/12 - 11/15/12	03/14/13	S. Evans	
4. Programmatic Review	Final score report delivered to PRC	11/19/12	03/29/13	S. Evans
	PRC meeting	12/17/12	03/12/13	J. Traicoff
5. Post Review (CPRIT)	Recommended for slate	YES	03/14/13	S. Evans
	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. No changes were made to either goals and objectives or timeline. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

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**CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS
APPLICATION PEDIGREE**

FY 2013
CYCLE 1
PROGRAM Prevention
AWARD MECHANISM Evidence-Based Cancer Prevention Services (EBP)
APPLICATION ID PP130090
APPLICATION TITLE Enhanced Breast & Cervical Cancer Prevention for Low-Income and Underserved Using Transdisciplinary Collaboration in a Family Medicine Setting
PD McClellan, David
PI ORGANIZATION Texas A&M University System Health Science Center
PANEL NAME Prevention Green-A

Category	Compliance Requirement	Information	Attestation	Name
1. Pre-Receipt	RFA posted in Texas Register	06/22/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) opened	05/31/12	03/12/13	J. Traicoff
	CPRIT Application Receipt System (CARS) closed	08/28/12	03/12/13	J. Traicoff
	Date submitted	08/28/12	03/14/13	S. Evans
	Method of submission	CARS	03/14/13	S. Evans
	Within receipt period	YES	03/14/13	S. Evans
	Appeal submitted	N/A	03/14/13	S. Evans
	Appeal accepted	N/A	03/14/13	S. Evans
2. Receipt, Referral, and Assignment	Non-compliance notification	N/A	03/29/13	S. Evans
	Assigned to reviewers	10/02/12	03/14/13	S. Evans
	Reviewer 1		03/14/13	S. Evans
	Reviewer 1 COI signed	10/11/12	03/14/13	S. Evans
	Reviewer 2		03/14/13	S. Evans
	Reviewer 2 COI signed	09/19/12	03/14/13	S. Evans
	Reviewer 3		03/14/13	S. Evans
	Reviewer 3 COI signed	09/04/12	03/14/13	S. Evans
	Reviewer 4		03/14/13	S. Evans
Reviewer 4 COI signed	08/31/12	03/14/13	S. Evans	
3. Peer Review	Reviewer 1 critique submitted	10/26/12	03/14/13	S. Evans
	Reviewer 2 critique submitted	10/28/12	03/14/13	S. Evans
	Reviewer 3 critique submitted	11/05/12	03/14/13	S. Evans
	Reviewer 4 critique submitted	10/11/12	03/14/13	S. Evans
	Post-peer review statement signed by peer review panel members	11/15/12	03/29/13	S. Evans
	Peer review meeting	11/14/12 - 11/15/12	03/14/13	S. Evans
	Final score report delivered to PRC	11/19/12	03/29/13	S. Evans
4. Programmatic Review	PRC meeting	12/17/12	03/12/13	J. Traicoff
	Recommended for slate	YES	03/14/13	S. Evans
5. Post Review (CPRIT)	Notification to Executive Director	11/06/13	11/07/13	R. Magid
	Presented to CPRIT Oversight Committee	DATE		

This application was under the moratorium, beginning December 18, 2012. In anticipation of the moratorium being lifted, in September 2013, the ten applications being recommended for funding were provided with an opportunity to update and propose changes to the project's goals, objectives, and timelines. Minor, non-substantive changes to goals and objectives were made. On September 13, 2013, the Prevention Review Council reviewed the updated timelines submitted and did not change their recommendation of Dec. 17, 2012. The moratorium was lifted on October 30, 2013.

Redacted to remove reviewer names

CPRIT Peer Review Panel Observation Report

Panel Name: Prevention Peer Review Panel – FY13 Cycle 1

Panel Date: November 12-13, 2012

Report Date: November 13, 2012

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized its out-sourced internal audit provider to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Peer Review Panel meeting chaired by Nancy Lee and held in person on November 12, 2012 and November 13, 2012.

Panel Observation Objectives and Scope

This internal audit follows the guidelines set forth by the Institute of Internal Auditors (IIA). The internal audit conforms to the Standards for the Professional Practice of Internal Auditing; the Code of Ethics contained in the Professional Practices Framework as promulgated by the Institute of Internal Auditors, and generally accepted government auditing standards.

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

Internal Audit attended the Prevention Peer Review Panel meeting held in person chaired by Nancy Lee on November 12, 2012 and November 13, 2012. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator.

Internal Audit noted the following during our observation:

- Nine prevention applications were discussed and evaluated by the peer review panel over the course of two days.
- Twelve panelists attended in person, and one attendee participated through conference call.
- There were two conflicts of interest identified for the applications. SRA asked the conflicted attendee to sign the conflict of interest sign-out sheet before stepping out of the room during the discussion of conflicted applications. Internal Audit reviewed the sign-out sheet and verified that it was signed by the attendee.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The peer reviewers' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the peer review panel's discussion of scientific, technical or programmatic aspects of the applications.

Internal Audit was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

CPRIT Peer Review Panel Observation Report

Panel Name: Prevention Program Peer Review FY13 Cycle 1

Panel Date: November 14-15, 2012

Report Date: November 15, 2012

Background

As part of CPRIT's on-going emphasis on continuous improvement in its grants review/management processes and to ensure that panel discussions are limited to the merits of the application and focused on the established evaluation criteria, CPRIT is implementing the use of a third-party observer at every in-person and telephone conference peer review meeting. CPRIT has authorized its out-sourced internal audit provider to function as a neutral third-party observer.

Introduction

The subject of this report is the Prevention Screening Peer Review Panel meeting chaired by Lawrence Green and held in person on November 14, 2012 and November 15, 2012.

Panel Observation Objectives and Scope

This internal audit follows the guidelines set forth by the Institute of Internal Auditors (IIA). The internal audit conforms to the Standards for the Professional Practice of Internal Auditing; the Code of Ethics contained in the Professional Practices Framework as promulgated by the Institute of Internal Auditors, and generally accepted government auditing standards.

The third-party observation was limited to observing whether the following objectives were met:

- CPRIT's established procedures for panelists who have declared a conflict of interest are followed during the meeting (e.g., reviewers leave room or do not participate in the telephone conference if they have a conflict);
- CPRIT program staff participation is limited to offering general points of information when asked by peer review panel members;
- CPRIT program staff do not engage in the panel's discussion on the merits of applications;
- The peer review panel discussion is focused on the established scoring criteria.

Observation Results Summary

Internal Audit attended the Prevention Screening Peer Review Panel meeting held in person chaired by Lawrence Green on November 14, 2012 and November 15, 2012. The meeting was facilitated by SRA International, CPRIT's contracted third-party grant application administrator.

Internal Audit noted the following during our observation:

- Thirteen prevention applications were discussed and evaluated by the peer review panel over the course of two days.
- Thirteen panelists attended and participated in person.
- There was one conflict of interest identified for the applications. SRA asked the conflicted attendee to step out during the discussion of conflicted application after signing the conflict of interest sign-out sheet. Internal Audit reviewed the sign-out sheet and verified that it was signed by the attendee.
- CPRIT program staff participation was limited to answering procedural questions and clarifying policies.
- SRA program staff did not participate in the discussions around the merits of the applications.
- The peer reviewers' discussions were limited to the application evaluation criteria.

Disclaimer

The third-party observation did not include the following:

- An evaluation of the appropriateness or rigor of the peer review panel's discussion of scientific, technical or programmatic aspects of the applications.

Internal Audit was not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or limited assurance on the accuracy of voting and scoring. Accordingly, we will not express such an opinion or limited assurance. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of CPRIT and its management and its Oversight Committee members and is not intended to be and should not be used by anyone other than these specified parties.

**Conflicts of Interest for Prevention Cycle 13.1 Applications
(Prevention Cycle 13.1 Awards Announced at November 22, 2013 Oversight Committee Meeting)**

The table below lists the conflicts of interest (COIs) identified by peer reviewers, Program Integration Committee (PIC) members, and Oversight Committee members on an application-by-application basis. All applications with at least one identified COI are listed below; applications with no COIs are not included. It should be noted that an individual is asked to identify COIs for only those applications that are to be considered by the individual at that particular stage in the review process. For example, Oversight Committee members identify COIs, if any, with only those applications that have been recommended for the grant awards by the PIC. COI information used for this table was collected by SRA International, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant	Institution	Conflict Noted	Abstained
Applications Considered by the PIC and Oversight Committee				
PP130068	Shokar, Navkiran	Texas Tech University Health Sciences Center	Wilson, Katherine; Mitchell, Amy	Montgomery, Will
PP130083	Shokar, Navkiran	Texas Tech University Health Sciences Center	Wilson, Katherine; Mitchell, Amy	Montgomery, Will
PP130090	McClellan, David	Texas A&M University System Health Science Center	Mitchell, Amy	Montgomery, Will
PP130074	Raines-Milenkov, Amy	The University of North Texas Health Science Center at Ft. Worth	Mitchell, Amy	Montgomery, Will
PP130084	Jibaja-Weiss, Maria	Baylor College of Medicine	Mitchell, Amy	Montgomery, Will
PP130032	Reitzel, Lorraine	The University of Texas M.D. Anderson Cancer Center	Mitchell, Amy	Montgomery, Will
PP130070	Poplock, David	Baylor College of Medicine	Mitchell, Amy	Montgomery, Will
PP130079	Basen-Engquist, Karen	The University of Texas M.D. Anderson Cancer Center	Mitchell, Amy	Montgomery, Will
Applications Not Recommended for PIC or Oversight Committee Consideration				
PP130061	Vidrine, Damon	The University of Texas M.D. Anderson Cancer Center	Vanderpool, Robin	

* = Not discussed

Application ID	Applicant	Institution	Conflict Noted	Abstained
PP130055	Ramirez, Amelie	The University of Texas Health Science Center at San Antonio	Green, Lawrence; Wyatt, Stephen	
PP130051	Young, Olga	SLEW Wellness Center	McTiernan, Anne	

* = Not discussed



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: MARGARET KRIPKE, PH.D., CHIEF SCIENTIFIC OFFICER
SUBJECT: RESTARTING CPRIT SCIENTIFIC RESEARCH PROGRAMS
DATE: NOVEMBER 15, 2013

Several Research Program activities were interrupted by the moratorium that was imposed on CPRIT in December 2012. In order to resume operations now that the moratorium has been lifted, a number of actions are being taken. In order of urgency, these are as follows:

1. Execute contracts for grant programs that were approved in August and December of 2012 by the Oversight Committee. These include:
 - 7 Multi-investigator Research Awards (MIRA) - \$39M
 - 3 Core Facilities Support Awards (CFSA) - \$7.5M
 - 46 Individual Investigator Awards - \$45M
 - 14 High-Impact, High-Risk Awards - \$2.8M

Principal Investigators have been waiting for a year or longer for their approved grant funds to be released.

2. Initiate the peer review of 5 first-time faculty recruitment grants by the Research Scientific Review Council (SRC). These grants were submitted prior to the moratorium. If all are approved as requested, the awards total \$10M. These potential appointments to faculty positions are on hold until a decision is made regarding their funding. These applications will be peer reviewed by the Research SRC, and if recommended, they will come to the Oversight Committee for approval.
3. Issue Requests for Applications (RFA)s for the continuation of 5 Multi-investigator Research Awards (MIRA) and 7 Research Training Awards (RTA). In 2010, all 7 of the RTAs, and 4 of the 5 MIRAs, were recommended by the peer review committees for 5 years of funding. However, at that time, CPRIT was only permitted to issue awards for up to 3 years (this has since been changed). To enable these programs to continue for the additional two years, as originally intended, we must issue continuation RFAs for the

remaining 2 years. The 5th MIRA was originally approved for only 3 years, but under the terms of the RFA, the awardee would be eligible to apply for a continuation award.

These RFAs will be peer reviewed by the Research SRC to ensure that satisfactory progress has been made during the first 3 years and that goals are being met. If all projects are approved as requested, the total amount of funding would be \$25M. In the case of the RTAs, funds are used primarily to support trainee stipends, and uncertainty regarding continuation funding creates a very difficult situation for both the trainees and their mentors and jeopardizes the success of the programs. MIRAs are designed to assemble a collaborative team of investigators all working on a common theme. It is very important for both the MIRA recipients and CPRIT to keep these collaborators working together, rather than allow them to disperse due to lack of continued funding. Continuation applications recommended by the Research SRC will come to the Oversight Committee for approval.

4. Issue new RFAs for recruitment awards, Individual Investigator Research Awards, and High Impact/High Risk Awards. The scarcity of federal funding for cancer research means that CPRIT funding is more critical than ever for moving toward the goal of reducing the burden of cancer. It is imperative that CPRIT fully resume its mission of funding research that will help prevent cancer and bring earlier diagnoses and better treatments to cancer patients. These RFAs are identical in intent to those issued previously by CPRIT, with only minor modifications; however, they have been revised to reflect the changes in CPRIT's administrative rules. These applications will be reviewed by the peer review panels; applications that are recommended following the peer review process will come to the Oversight Committee for approval.

**Information for this item will be provided
under separate cover.**

Thomas A. Sellers, Ph.D., M.P.H.
Chair, Cancer Prevention Research Peer Review Panel

Current Position

Executive Vice President and Center Director, H. Lee Moffitt Cancer Center & Research Institute

Previous Positions

Director, Moffitt Research Institute

Executive Vice President, Population Sciences, H. Lee Moffitt Cancer Center & Research Institute

Associate Center Director, Cancer Prevention & Control, H. Lee Moffitt Cancer Center & Research Institute

Chief Executive Officer, Lifetime Cancer Screening & Prevention Center, Moffitt Cancer Center & Research Institute

Adjunct Professor, Department of Interdisciplinary Oncology, College of Medicine, University of South Florida,

Adjunct Professor, Department of Epidemiology and Biostatistics, College of PH, University of South Florida

Adjunct Professor, Department of Oncologic Sciences, College of Medicine, University of South Florida

Adjunct Professor, Department of Epidemiology and Health Policy Research, University of Florida

Education

American River College, A.A., Physical Science

University of California at Davis, B.S., Community Nutrition

Tulane University, School of Public Health and Tropical Medicine, M.P.H., Epidemiology

Tulane University, Ph.D., Epidemiology

Louisiana State University Medical Center, Post-doc, Genetic epidemiology

Other Experience

Society for Epidemiologic Research

Sigma Xi Scientific Research Society

American Association for Cancer Research, Member, Board of Directors

American Society for Human Genetics

International Genetic Epidemiology Society

American Society for Preventive Oncology

Selected Honors

US Public Health Service Traineeship

Delta Omega Honorary Society of Public Health, Eta Chapter

Tulane University Scholarship

Sigma Xi Scientific Research Society

Postdoctoral Prize, Sigma Xi/LSUMC Research Day

Bush Foundation Excellence in Teaching Program

Paul N. Larson Memorial Lecture - University of Minnesota

Alpha Theta Lecture - University of Mississippi Medical Center

Elected member, American Epidemiological Society

James B. Knight Memorial Lecture

Research Focus

Dr. Sellers' research program seeks to integrate a basic science background in nutrition and genetics with observational research methods to try to understand questions such as, why do less than 20% of cigarette smokers develop lung cancer and why is a proven effective cancer treatment beneficial to only a subset of patients? His studies are based on genetic analysis of germline DNA and the increasing incorporation of acquired (somatic) events. The primary focus of his research is ovarian cancer, which is a devastating disease with no clear warning signs and high mortality rates. Dr. Sellers also has active collaborations that involve cancers of the breast, lung and prostate. The underlying theme is identifying individual differences in cancer susceptibility and using that information to facilitate approaches to cancer prevention, early detection and precision medicine to enhance outcomes after diagnosis. Critical to the success of this effort is team science, necessitating collaborations with geneticists, pathologists, biostatisticians, biomedical informaticists and clinicians.



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: NED HOLMES, NOMINATIONS SUBCOMMITTEE INTERIM CHAIR
SUBJECT: INTENTION TO RECOMMEND APPROVAL OF THE EXECUTIVE DIRECTOR'S APPOINTMENT TO THE SCIENTIFIC RESEARCH AND PREVENTION PROGRAMS COMMITTEE
DATE: NOVEMBER 20, 2013

Summary and Recommendation:

The Interim Executive Director has appointed Dr. Tom Sellers to CPRIT's Scientific Research and Prevention Programs Committee. The Nominations Subcommittee discussed Dr. Sellers' appointment at its meeting on November 19, 2013. CPRIT's statute requires the appointments to be approved by the Oversight Committee. This serves as notice that the Nominations subcommittee recommends that the Oversight Committee vote to approve Dr. Sellers' appointment at the November 22 Committee 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) in Texas. Peer reviewers perform an important role for the state; all CPRIT grant awards must first be recommended by a Scientific Research and Prevention Programs committee. Therefore, the individuals appointed to CPRIT's Scientific Research and Prevention Programs committee members must be exceptionally qualified, highly respected, well-established members of the cancer research, product development, 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 Nominations 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 Nominations Subcommittee has considered the pending appointment and recommends Oversight Committee approval. Dr. Sellers will serve as the one of the chairs of the seven scientific research peer review panels. He is highly distinguished in his field and brings enormous stature to the peer review process.



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE INTERIM CHAIR PETE GEREN
FROM: WAYNE R. ROBERTS, INTERIM EXECUTIVE DIRECTOR
SUBJECT: SECTION 102.1062 WAIVER – MARGARET L. KRIPKE, PH.D.
DATE: NOVEMBER 18, 2013

Waiver Request and Recommendation:

I request that the Oversight Committee approve a conflict of interest waiver for Dr. Margaret L. Kripke, CPRIT's Chief Scientific Officer, pursuant to Health & Safety Code Section 102.1062 "Exceptional Circumstances Requiring Participation." The waiver is necessary for Dr. Kripke to effectively perform her duties as Chief Scientific Officer. Together with the waiver's proposed limitations, adequate protections are in place to mitigate the opportunity for the award of grant funds to be driven by anything other than merit and established criteria.

Background:

As required by statute and CPRIT's conflict of interest policy, Dr. Kripke notified me that she has a conflict of interest with one or more scientific research applications currently pending review by the Scientific Review Council. Specifically, The University of Texas M.D. Anderson Cancer Center (M.D. Anderson) submitted two CPRIT grant applications for recruitment awards that are currently pending review. Dr. Kripke's husband, Dr. Isaiah J. Fidler, is employed by M. D. Anderson as a professor in the Department of Cancer Biology and holds an endowed chair.¹

Health & Safety Code Section 102.106(c)(3) mandates that a professional conflict of interest exists if a CPRIT employee's spouse is an employee of an entity applying to receiving or receiving CPRIT funds. Furthermore, CPRIT's proposed administrative rule 702.13(c) categorizes this type of professional conflict of interest as one that raises the presumption that the existence of the conflict may affect the impartial review of all other grant applications submitted pursuant to the same grant mechanism in the grant review cycle. A person involved in the review process that holds one of the conflicts included in the Section 702.13(c) "super conflict" category must be recused from participating in the "review, discussion, scoring, deliberation and vote on all grant applications competing for the same grant mechanism in the entire grant review cycle, unless a waiver has been granted..."

¹ Dr. Fidler does not have a recognized administrative or leadership position at M.D. Anderson, nor has he ever applied for or received CPRIT funding.

While the conflict has been identified with regard to the five pending recruitment applications, because of M.D. Anderson's wide-ranging involvement in cancer prevention and cancer research activities in Texas, it is reasonable to expect that the same conflict will affect Dr. Kripke's participation in more than one grant review cycle in this fiscal year as well as other grant monitoring activities she will undertake. CPRIT's proposed administrative rule Section 702.17(3) authorizes the Oversight Committee to approve a waiver that applies for all activities affected by the conflict during the fiscal year.

Exceptional Circumstances Requiring Dr. Kripke's Participation

In order to approve a waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process. As explained below, there are compelling reasons warranting Dr. Kripke's participation in the review process when she would otherwise be excluded because of the conflict. The proposed limitations and CPRIT's existing process and procedures will substantially mitigate any potential for bias.

One of the principal duties for a CPRIT program officer is serving as the Oversight Committee's expert-in-residence for his or her particular grant program. Dr. Kripke is a respected scientist and administrator who has been recognized both nationally and internationally for her work as a cancer researcher. Her nine-year tenure on the President's Cancer Panel gives her a comprehensive overview of the cancer problem and exceptional insight into the needs and future directions of cancer research. She was recruited to CPRIT as its Chief Scientific Officer in December 2012 following an extensive national search and was deemed to be an ideal candidate for the position.

Dr. Kripke's expertise and experience are important not only to address scientific and technical questions but also when she acts as the Oversight Committee's "eyes and ears" into the peer review process. Peer review committees are primarily responsible for evaluating grant applications and recommending awards. It is standard practice for CPRIT employees to attend peer review meetings as observers; however CPRIT employees are expressly prohibited from actively participating in the peer review panel's discussion or scoring of grant applications. It is important for the Chief Scientific Officer to attend and observe the peer review committee meetings; doing so allows Dr. Kripke to credibly relay the peer reviewers' impression of the grant applications to the Oversight Committee and to address questions the Oversight Committee may have related to a scientific research grant recommendation. Dr. Kripke's attendance at peer review meetings is valuable even for those applications that are not recommended for a grant award. Grant applicants often contact the program officer after receiving the peer reviewers' written comments and overall score for their applications. Dr. Kripke will be able to provide meaningful guidance and feedback to the applicant on the proposal's strengths and weaknesses by attending the peer review committee meeting when the application was discussed. Without the waiver Dr. Kripke will be unable to effectively perform a significant aspect of her job.

Another important role for the program officer is to recruit and retain members of the program's review council. These review council members serve as strategic advisors for CPRIT's grant programs as well

as being responsible for recruiting high-quality reviewers to the peer review panels chaired by each council member. Texas has established a gold-standard peer review process directly dependent on CPRIT's scientific leader, the Chief Scientific Officer. Dr. Kripke's distinction in the cancer research arena provides Texas access to the premier cancer researchers in the world—since these are Dr. Kripke's peers. The Chairs of CPRIT review panels are all highly distinguished in their respective fields and bring enormous stature to the peer review process. Having panel chairs of this caliber distinguishes CPRIT's peer review process from all others.

The review council members and peer reviewers that serve on the CPRIT peer review panels are ineligible to receive CPRIT awards; a main attraction to serving as CPRIT peer reviewers is the opportunity for intellectual interactions with scientific colleagues. These interactions do not occur without the leadership of the Chief Scientific Officer, Dr. Kripke.

Proposed Waiver and Limitations

It is important to note that the identified conflict of interest existed at the time that Dr. Kripke was hired by CPRIT and was known to the Oversight Committee and the Executive Director. The individuals involved with the hiring process believed that Dr. Kripke's qualifications, together with protections already in place to mitigate any impact related to the conflict of interest (described more fully below), supported the decision to select Dr. Kripke as CPRIT's Chief Scientific Officer. Although I was not involved in the hiring process, I have had the opportunity to work with Dr. Kripke for the past ten months and I support the decision.

In granting the waiver of the conflict of interest set forth in Section 102.106(c)(3), I recommend that Dr. Kripke be permitted to perform the following activities and duties of the Chief Scientific Officer:

1. Assign grant applications, including M.D. Anderson grant applications, to various peer review committees for peer review evaluation;
2. Attend scientific research peer review committee meetings as an observer, including meetings where M.D. Anderson applications are discussed;
3. Attend and participate fully in the Program Integration Committee (PIC) meetings, subject to the limitation set forth under "Limitations";
4. Have access to grant applicant information developed during the grant review process, including information related to M.D. Anderson applications;
5. Provide information about grant applications recommended for grant awards to the Oversight Committee or CPRIT personnel, including answering questions raised by the Oversight Committee or CPRIT personnel about M.D. Anderson grant applications. To the extent that information is provided by Dr. Kripke on her own initiative (e.g. the Chief Scientific Officer's summary of the recommended awards) and not in response to a specific question or request, it should be general information related to the overall grant application process and not advocate specifically for grant application submitted by M.D. Anderson; and

6. Following the Oversight Committee's approval of a grant award to M.D. Anderson by the Oversight Committee, Dr. Kripke may review and approve programmatic requests associated with M.D. Anderson grant contracts and grant monitoring activities.

With regard to item number 2, Dr. Kripke will be required to follow CPRIT's established policy that CPRIT employees are prohibited from actively participating in peer review committee meetings. This means that Dr. Kripke may attend the peer review committee meetings as an observer, but may not participate in the substantive discussion of any grant application, may not score any application, and may not vote on any application. CPRIT contracts with an independent third-party observer to document that CPRIT's observer policy is followed. The independent third-party observer report will be made available to the Oversight Committee prior to any action taken related to the grant award recommendations. Following Oversight Committee action, the independent third-party observer report will be publicly available.

LIMITATION ON DUTIES AND ACTIVITIES

Dr. Kripke is a member of the PIC. As a PIC member, Dr. Kripke will be called upon to exercise discretion related to whether applications proposed for grant awards by the peer review committees should be recommended to the Oversight Committee for final approval. Dr. Kripke shall not vote on any award recommendations related to M.D. Anderson.

CPRIT's Compliance Officer is statutorily required to attend PIC meetings to document compliance with CPRIT's rules and processes, including adherence to this limitation.

Important Information Regarding this Waiver and the Waiver Process

- The Oversight Committee may amend, revoke, or revise this waiver, including but not limited to the list of approved activities and duties and the limitations on duties and activities. Approval for any change to the waiver granted shall be by a vote of the Oversight Committee in an open meeting.
- This waiver is limited to the conflict of interest specified in this request. To the extent that Dr. Kripke has a conflict of interest with an application that is different from the conflict identified in Section 102.106(c)(3), then Dr. Kripke will follow the required notification and recusal process.



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE INTERIM CHAIR PETE GEREN
FROM: WAYNE R. ROBERTS, INTERIM EXECUTIVE DIRECTOR
SUBJECT: SECTION 102.1062 WAIVER – DAVID L. LAKEY, M.D.
CC: OVERSIGHT COMMITTEE MEMBERS
DATE: NOVEMBER 18, 2013

Waiver Request and Recommendation:

I request that the Oversight Committee approve a conflict of interest waiver for Program Integration Committee (PIC) member Dr. David L. Lakey, pursuant to Health & Safety Code Section 102.1062 “Exceptional Circumstances Requiring Participation.” Dr. Lakey is the Commissioner of the Department of State Health Services (DSHS). DSHS is also a CPRIT grant recipient, having received a grant award in September 2009, and may apply for CPRIT grants in the future. The waiver is necessary for Dr. Lakey to participate in CPRIT’s review process as a PIC member. Together with the waiver’s proposed limitations, adequate protections are in place to mitigate the opportunity for the award of grant funds to be driven by anything other than merit and established criteria.

Background:

The DSHS Commissioner is a statutorily designated member of the PIC. As a PIC member, Dr. Lakey will be called upon to exercise discretion related to whether applications proposed for grant awards by the peer review committees should be recommended to the Oversight Committee for final approval. DSHS is a CPRIT grant recipient and may submit a CPRIT grant application in the future. Health & Safety Code Section 102.106(c)(3) mandates that a professional conflict of interest exists if a PIC member is an employee of an entity applying to receive or receiving CPRIT funds. Furthermore, CPRIT’s proposed administrative rule 702.13(c) categorizes this type of professional conflict of interest as one that raises the presumption that the existence of the conflict may affect the impartial review of all other grant applications submitted pursuant to the same grant mechanism in the grant review cycle. A person involved in the review process that holds one of the conflicts included in the Section 702.13(c) “super conflict” category must be recused from participating in the “review, discussion, scoring, deliberation and vote on all grant applications competing for the same grant mechanism in the entire grant review cycle, unless a waiver has been granted...”

CPRIT’s proposed administrative rule Section 702.17(3) authorizes the Oversight Committee to approve a waiver that applies for all activities affected by the conflict during the fiscal year.

Exceptional Circumstances Requiring Dr. Lakey's Participation

In order to approve a conflict of interest waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process. Dr. Lakey's participation in the review process is compelled by the statute. In order to fulfill legislative intent that the DSHS Commissioner serve as a PIC member, the proposed waiver must be granted. The proposed limitations will substantially mitigate any potential for bias.

Proposed Waiver and Limitations

In granting the waiver of the conflict of interest set forth in Section 102.106(c)(3), I recommend that Dr. Lakey be permitted to perform the following activities and duties associated with CPRIT's review process subject to the stated limitations:

1. Attend and participate fully in the PIC meetings except that Dr. Lakey shall not participate in the PIC's discussion or vote on grant award recommendations to be made to DSHS;
2. Have access to grant application information developed during the grant review process, except for information related to DSHS applicants, if any; and
3. Provide information to the Oversight Committee or CPRIT personnel about the grant review process and applications recommended by the PIC for grant awards, including answering questions raised by the Oversight Committee or CPRIT personnel. To the extent that information is provided by Dr. Lakey on his own initiative in a review cycle in which DSHS is a grant applicant, the information provided by Dr. Lakey should be general information related to the overall grant application process and not advocate specifically for a grant application submitted by DSHS.

CPRIT's Compliance Officer is statutorily required to attend PIC meetings to document compliance with CPRIT's rules and processes, including adherence to this limitation. The Compliance Officer shall report to the Oversight Committee any violation of this waiver prior to the Oversight Committee's action on the PIC recommendations.

Important Information Regarding this Waiver and the Waiver Process

- The Oversight Committee may amend, revoke, or revise this waiver, including but not limited to the list of approved activities and duties and the limitations on duties and activities. Approval to make any changes to the waiver shall be by a vote of the Committee in an open meeting.
- This waiver is limited to the conflict of interest specified in this request. To the extent that Dr. Lakey has a conflict of interest with an application that is not the conflict identified in Section 102.106(c)(3), then Dr. Lakey will follow the required notification and recusal process.



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: KRISTEN DOYLE, GENERAL COUNSEL
SUBJECT: OVERSIGHT COMMITTEE SUBCOMMITTEES CHARTERS AND CHAIRS
DATE: NOVEMBER 18, 2013

Summary and Recommendation:

Six Oversight Committee subcommittees have adopted or will adopt a subcommittee charters. In addition, these subcommittees have nominated or will nominate subcommittee chairs. Pursuant to Section 4.1 of the Oversight Committee Bylaws, the Oversight Committee must approve subcommittee charters and the selection of the subcommittee chairs. All subcommittee charters and chair nominations should be ratified by a vote of the Oversight Committee at its November 22, 2013 open meeting.

Discussion:

The Oversight Committee approved appointments to the subcommittees earlier this month. Proposed subcommittee charters for the subcommittees were distributed to Oversight Committee members as part of the agency orientation process and included in the November 1st Committee meeting packet. Since that meeting, six of the seven reconstituted subcommittees have met or are scheduled to meet prior to November 22. The Scientific Research, Board Governance, and Product Development subcommittees approved charters as originally proposed without changes; the Prevention, Nominations, and Audit subcommittees are scheduled to take action on the proposed charters on November 19 or November 20. Prior to the Oversight Committee meeting, CPRIT staff will distribute a list of subcommittee chairs nominated by each subcommittee as well as charter revisions, if any, approved by the Prevention, Nominations, and Audit Subcommittees for the Oversight Committee's consideration.

Section 4.1 of the Oversight Committee Bylaws governs the process for approving subcommittee charters and the appointment of subcommittee chairs. The relevant portion states that:

“...Unless the Oversight Committee provides otherwise, each subcommittee designated by the Oversight Committee shall adopt a subcommittee charter and may make, alter, and repeal rules and procedures for the conduct of its business. The Subcommittee charter shall be approved by a vote of a simple majority as set forth in Section 3.13. In the absence of a subcommittee charter, each subcommittee shall conduct its business in the same manner as the Oversight Committee conducts its business. Each subcommittee will have a chairperson, who will be selected by the Oversight Committee at large.”



CANCER PREVENTION AND RESEARCH INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: KRISTEN DOYLE, ACTING COMPLIANCE OFFICER
SUBJECT: COMPLIANCE OFFICER REPORT
DATE: NOVEMBER 19, 2013

An Ethics and Compliance Program is a critical component of an organization's internal control processes and absolutely necessary when the organization is entrusted with taxpayer funds. Compliance activities have been a function of CPRIT operations since inception. Examples include ethical conduct policies, audit policies and conflict of interest policies and procedures. CPRIT created the position of Compliance Officer in August 2012 to ensure organizational compliance and to establish a formal compliance program that promotes a culture of ethical conduct and adherence to the law.

CPRIT's statute was amended during the 83rd legislative session to specifically provide for a compliance program. *See* Health & Safety Code Section 102.263. Establishing a compliance program is a deliberative process requiring the commitment and resources of the entire organization. CPRIT's compliance program must assess and ensure compliance with applicable laws, rules, and policies, including ethics and standards of conduct, financial reporting, internal accounting controls, and auditing. Many changes made to CPRIT's administrative rules flesh out and implement the statutory mandate related to the compliance program.

The Chief Compliance Officer is responsible for creating, supporting, and promoting an effective Ethics and Compliance Program and assuring the CPRIT Oversight Committee that controls are in place to prevent, detect and mitigate compliance risk. One of CPRIT's proposed administrative rules, Rule 701.7, provides in part that, "The Chief Compliance Officer is responsible and will be held accountable for apprising the Oversight Committee and the Chief Executive Officer of the institutional compliance functions and activities." The required reporting includes quarterly updates to the Oversight Committee on CPRIT's compliance with applicable laws, rules and agency policies (701.7(c)(2)(A)). In addition, the compliance officer must inquire into and monitor the timely submission status of required Grant Recipient reports and notify the Oversight Committee and General Counsel of a grant recipient's failure to meaningfully comply with reporting deadlines.

CPRIT has recently implemented the CPRIT Grants Management System (CGMS). CGMS is an electronic portal system that facilitates CPRIT's execution of grant contracts and the ongoing monitoring and management of grant awards, including required Grant Recipient reports and submissions. Prior to CGMS, almost all of the paperwork associated with grant contracts and grant monitoring activities were

exchanged between CPRIT and the grant recipients either as physical documents or as PDF applications, which made contract execution and grant monitoring a time-intensive process. CGMS not only allows for comprehensive status update review for all required reports, but it also automatically notifies grant recipients of upcoming deadlines. The automatic notices help grant recipients maintain full compliance.

A compliance program is constantly evolving to meet the current and continuing needs of the Institute. The compliance program, however, must assure the Oversight Committee that controls are in place to manage risk, be transparent and ensure the public's trust.

Monitoring Submission Status of Required Grant Recipient Reports:

As of the date of this report, CGMS information regarding delinquent grant recipient reports is as follows:

- Five active grant projects have not filed required quarterly financial status (FSR) reports by the deadline. An FSR is due to CPRIT within 90 days following the close of the fiscal quarter. Of the five delinquent reports, one grant project is less than 30 days overdue. Two are more than 30 days but less than 90 days overdue. Two grant projects are currently 90+ days overdue. For purposes of this report, I have excluded grant projects where contract execution was affected by the moratorium on new CPRIT awards.
- Three active grant projects have not filed required progress reports by the deadline. All grant projects must file annual progress reports, prevention projects are also required to file quarterly progress reports. Annual progress reports must be filed with CPRIT within 60 days following the anniversary of the contract effective date. The three projects are more than 30 but less than 90 days overdue. For purposes of this report, I have excluded grant projects where contract execution was affected by the moratorium on new CPRIT awards.
- One grant project in close-out status has not filed a required FSR. The required report is more than 30 days but less than 90 days overdue. A grant project enters "close out" status on the date of the termination date stated in the contract. The close out period extends for 145 days from the termination date. During close out the grant recipient must file all final reports required by the contract.

CPRIT staff will follow up with the grant projects that have delinquent reports. Currently, CPRIT may cease reimbursing or advancing grant proceeds if FSRs or other required reports such as progress reports are not on file for the grant project. The failure to timely submit required reports may also be considered an "event of default" under CPRIT's grant contract, which leads to grant termination unless the default event is cured to CPRIT's satisfaction. The Oversight Committee will be notified by the Chief Executive Officer and General Counsel in the event that the contract default option is pursued for any grant contract.

CPRIT's proposed administrative rules provide new options to address delinquent reports. For example, proposed rule 703.21(b)(2) provides, "...The Grant Recipient waives the right to reimbursement of project costs incurred during the reporting period if the financial status report for that quarter is not

submitted to the Institute within 30 days of the due date. The Chief Executive Officer may approve an extension of the submission deadline if, prior to the FSR due date, the grant recipient submits a written explanation for the grant recipient's inability to complete a timely submission of the FSR."

The addition of new grant monitoring staff authorized by the legislature, together with the automatic notification features in CGMS, and additional tools in the proposed administrative rules should work together so that CPRIT can ensure that grant recipients are achieving full compliance with applicable rules, requirements and policies.

Monitoring Grant Awards – Other Issues

In the course of CPRIT's contract execution activities for grant awards that were subject to the moratorium, an issue was brought to the Executive Director's attention. I was asked to investigate the issue and report to the Executive Director and to the Oversight Committee regarding any compliance concerns. It is my recommendation that no Oversight Committee action is necessary. Because the issue raises some questions regarding impartiality of a former CPRIT employee, I recommend that the issue be reported to the Oversight Committee in an open meeting.

Background - At the December 5, 2012, Oversight Committee meeting, the Committee ratified three individual investigator CPRIT grant awards that were specifically designated as "Carson Leslie Awards for Pediatric Brain Cancer Research." Carson Leslie, a Dallas native, died of medulloblastoma at the age of 17 in 2010. His family established the Carson Leslie Foundation to raise funds for pediatric brain cancer research. One of Carson's last wishes was that his brain be used to enhance understanding of his disease.

To that end, CPRIT collaborated with the Carson Leslie Foundation to provide peer review of submitted applications, as well as funding and contract administration for any grant awards recommended by the reviewers and ratified by the Oversight Committee. CPRIT's Request for Application provided that any funded application must "meet CPRIT's usual high standards."

"Applications must be submitted following the procedures and instructions for CPRIT Individual Investigator Research Awards, and applications will be reviewed in the same way, using the same criteria as all other applications submitted to this award mechanism. Both the Carson Leslie Foundation and CPRIT are committed to maintaining very high standards in choosing recipient(s) of this special award..."

Three academic institutions were recipients of these special awards: Baylor College of Medicine, Texas Tech University, and U.T. Southwestern. The three awards totaled \$3,016,389. The Carson Leslie Foundation will also contribute funds for these awards. CPRIT's former Compliance Officer Patricia Vojack and Special Advisor Billy Hamilton conducted the compliance review of all award recommendations subject to the grant moratorium and concluded that these awards were in compliance with CPRIT's processes and procedures.

However, it has recently come to CPRIT's attention that when the applications were considered by the scientific research peer review committees, Dr. Al Gilman, CPRIT's Chief Scientific Officer at the time, was also a Scientific Advisory board member for the Carson Leslie Foundation. According to Foundation personnel, Dr. Gilman's position was unpaid and largely ceremonial.

Conflict of Interest Rules - CPRIT employees are governed by the agency conflict of interest rules and must recuse themselves from participation in the grant review process if the employee "has an interest in the outcome of an application such that the individual is in a position to gain financially, professionally, or personally from either a positive or negative evaluation of the grant proposal." 25 T.A.C. § 702.11(a). CPRIT's conflict of interest rules mandates that a professional conflict of interest exists if an individual subject to the rule "is a member of the board of directors, other governing board or any committee of an entity or other organization *receiving or applying to receive money from the Institute.*" (Emphasis added)

Conclusion - Pursuant to CPRIT's rules in force at the time, Dr. Gilman did not have a professional conflict of interest requiring recusal. Although he was a member of a committee of the Carson Leslie Foundation, the Foundation was not receiving or applying to receive money from CPRIT. CPRIT Grant award proceeds are paid to the academic institutions that are the recipients of the Carson Leslie Awards.

Although Dr. Gilman's position with the Carson Leslie Foundation does not violate conflict of interest provisions, his association may raise questions concerning the review of the applications for this award. However, nothing in my investigation indicates that the projects approved for Carson Leslie grant awards were subject to anything less than CPRIT's high standards and full peer review process. The final overall evaluation scores for the three funded projects ranged from 1.9 – 2.85 (on a scale from 1 – 9, with 1 being the most favorable score) and were well within the range of fundable scores for the Individual Investigator awards.

It is important to note that CPRIT's established policy prohibits CPRIT employees from actively participating in peer review committee meetings regardless of whether the employee has a conflict. This means that the Chief Scientific Officer may attend the peer review committee meetings as an observer, but may not participate in the substantive discussion of any grant application, may not score any application, and may not vote on any application. CPRIT contracts with an independent third-party observer to document that CPRIT's observer policy is followed. I reviewed the third-party observer report for the peer review committee meetings that discussed these applications. The independent observer reported that Dr. Gilman did not participate in the discussion, scoring, or vote on any of these applications.