Conflicts of Interest Disclosure

Prevention Cycle 18.1 Dissemination of CPRIT-funded Control Intervention Applications (Prevention Cycle 18.1 Awards Announced at November 29, 2017, 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. Applications reviewed in Prevention Cycle 18.1 include *Dissemination of CPRIT-funded Control Interventions*. 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/PI	Institution	Conflict Noted
Appli	cations considered by	the PIC and Oversight C	ommittee
No conflicts reported.			
Applica	ations not considered	by the PIC or Oversight (Committee
No conflicts reported.			

Panel: 18.1 Prevention DI

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Approv	al:			Comments:	,	
Name (PRINT	¯);	Liz Spinks		No	additional Co	15.
Signature:		9				
Date:		10/24/3	2217			

Procurement Sensitive Document

^{*} An CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Signature:	Stephen W. Wy and	Date: _	10/24/17	
Printed Name:	Stephen W. Wyatt			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

RCBurn Date: 10-25-2017

ne: Ross C Brownson

Signature:(incy C. Lee	Date:	Oct. 25, 2017
Printed Name:	Nancy C. Lee		

Conflicts of Interest Disclosure Academic Research Recruitment 18.1-.2 Applications (Academic Research Recruitment Cycles 18.1-.2 Awards Announced at November 29, 2017, 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. Applications reviewed in Academic Research Recruitment Cycle 18.1-.2 include *Recruitment of Established Investigators, Recruitment of Rising Stars, and Recruitment of First-Time, Tenure-Track Faculty Members*. 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/PI	Institution	Conflict Noted
App	lications considered by	the PIC and Oversight C	ommittee
No conflicts			
reported.			
Appli	cations not considered	by the PIC or Oversight (Committee
No conflicts			
reported.			

Panel: Recruitment FY18 Cycle 1-2

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:						
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
				1		
CSRA Appro	val:		<u> </u>	Comments:		<u> </u>
Name (PRIN	Т):	Alison Da	-ling	۸)		
Signature:		Whom Do			s ()) s	
Date:		9/14/2017	U			

Procurement Sensitive Document

Do not copy or circulate without written permission.

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 9-14-1=

Printed Name:

Signature:	Date: Sept. 14,2017
Printed Name: TOM CUPI-AT	

Signature: Pelu Jours	Date:	9/14/17
Printed Name: PETER JONES		

Signature: Rued	Hay	Date:	9/14/17
Printed Name: Rich	nard J. O'Reilly, MD		

Signature:	Carol Rives	Date:	Sept 14, 2017
Printed Name:	Carol Prives		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Margane Tengro	Date: _	9/1	4	17
				-	

Printed Name: Margaret Tempero

Conflicts of Interest Disclosure Prevention Dissemination Cycle 18.2 Applications (Prevention Dissemination Cycle 18.2 Awards Announced at February 21, 2018, 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. Applications reviewed in Prevention Cycle 18.1 include *Dissemination of CPRIT-Funded Cancer Control Intervention*. 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/PI	Institution	Conflict Noted	
A	pplications considered by	the PIC and Oversight Con	nmittee	
No conflicts reported.				
Applications not considered by the PIC or Oversight Committee				
No conflicts reported.				

Panel: 18.2 Prevention DI

Meeting Type: Teleconference Review

This is to certi	fy that I was not preser	nt and did not participate in the rev	view of the following applications	s:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Approv	val:			Comments:		
Name (PRINT):		VINICEIA Carter		No additional COIS		
Signature:	Signature: Vill ecuq		Out	100000	TOPES	
Date:		1/18/2018	,			

Procurement Sensitive Document

Do not copy or circulate without written permission.

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest

2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: FY 18.1 Prevention Review Council Programmatic Review Meeting

Meeting Type: Teleconference Review

This is to certi	fy that I was not prese	nt and did not participate in the re	view of the following application	s:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
*						MACCO
CSRA Approv	/al:			Comments:		
Name (PRINT	Name (PRINT):		IAN THORPE		No additional COIs	
Signature:	Mala		re			
Date:		1-18-1	8			

Do not copy or circulate without written permission.

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Prevention Panel - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
	PP180040	Hernandez, Mark	Community Care Collaborative	Beight, Frank	EINE	VRC
	PP180040	Hernandez, Mark	Community Care Collaborative	Eriksen, Michael	MIL	VILL
	PP180040	Hemandez, Mark	Community Care Collaborative	Momrow, David	Dan Morn	VRC
	PP180040	Hernandez, Mark	Community Care Collaborative	Plescia, Marcus	1/2	VRE
	PP180044	Culmbach, Walter	The University of Texas Health Science Center at San Antonio	Eriksen, Michael	na	VRL

CSRA Approval:		Comments:	
Name (PRINT)	ViNiceia Carter		
Signature:	Vi Nuceia Carter		
Date:	12-12-17		

Procurement Sensitive Document

^{*}A CSEA Representative will add their turns and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Prevention Panel - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
	PP180061	Valdes, Adriana	Cancer and Chronic Disease Consortium	Brownson, Ross	Ressour	VRC

CSRA Approval:	4	Comments:
Name (PRINT):	ViNiceia Carter	
Signature	Vin ucea Carta	
Date	12-12-17	

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest into signed the form and left the panel count shring the discussion of the application.

Panel: Prevention Panel - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
		3				
		+				
CSRA Approv	ali			Comments:		
Name (PRINT): VINICEIA CANTES		ter				
Signature		Villacera Cas	Certi			
Date:		12-12-17	T.			

^{*}A CSEA Representative will add their name and initials to the liam to acknowledge that the reviewer identified as a Conflict of baseur has signed the form and left the gazed room during the discussion of the application.

Procurement Sensitive Document

Panel: Prevention Panel - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
12-14-17	PP180024	Schmoler, Kathleen	The University of Texas M. D. Anderson Cancer Center	Vanderpool, Robin	Re Warde pe	VRC VRC
12-13-17	PP180033	Byrd, Theresa	Texas Tech University Health Sciences Center	Brandt, Heather	Hurrand	
12-13-17	PP180034	Ross, Theodora	The University of Texas Southwestern Medical Center	Studts, Jamie	22 France	VRC
2-14-17	Application Not Discussed	Torres, Harrys	The University of Texas M. D. Anderson Cancer Center	Vanderpool, Robin		Application not discussed V
2-13-17	PP180060	Megdal, Tina	Legacy Community Health Services	Brandt, Heather	Lubrandt	
CSRA Approv	ut:			Comments:		
Name (PRINT).	VINICEIA Carter				
Signature.		ViMuceia	Carter			
Date		12-14-17				

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest law agreed the form and left the panel room during the discussion of the application

Panel: Prevention Panel - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
12-13-17	PP180060	Megdal, Tina	Legacy Community Flealth Services	Vanderpool, Robin	DiVarelysol	7

CSRA Approval:		Comments:
Name (PRINT):	VINICEIA CArter	
Signature:	Vineceia Cartes	
Date	12-14-17	

^{*}A CSRA Representative will add their name and initials to the firsts to acknowledge that the reviewer identified as a Conflict of Interest has regued the form and left the panel room during the discussion of the application.

Panel: Prevention Panel - 2

Meeting Type: Onsite Review

Date:	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*	
CSRA Appro	CSRA Approval:				Comments:		
Name (PRINT) VINICE O Cartel Signature: VINICE O Carter		21	No Additional CoIs		To		
Signature:		Villapsia Co	arter	No Addit	artional co	172	
Date:	Date: 12-14-17						

Procurement Sensitive Document

^{*}A CSRA Representative will add their name and initials to the first form to schooling that the service of initial as a Conflict of histories has appearance will be form and left the purel room during the discussion of the applicance.

Signature: Reform			Date: <u>5-23 - 7</u> 018
Printed Name: _	Ross	Brownson	

Signature:	Fel. B.f	Date: 05/23/2018
Printed Name:	FRANK S. BRIGHT	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

3-27-2018

Printed Name:

GREGORYN. CONNOLLY

Signature:	Mikad Ecky	Date:	5/23/18
Printed Name:	Michael	Eriksen	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	land Ve	7	Date: 5-23-18
	X		
Printed Name:	Michael Hot	tz	

٨

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Kalhleen L. IRWIN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: David C. Morman Date: 5/23/2018

Printed Name: DAVID C. MOMROW

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: <u>Charlotte & Maschinski</u> Date: <u>5-23-18</u>

Printed Name: <u>Charlotte E. Naschinski</u>

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	h lel	Date:	5	/23/	18

Printed Name: RANDY SCHWARTZ

Signature:	In J. Flagelle	Date: _	5/23/2010
_			,
Printed Nan	ne: Janve L. Strufts		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name: Karentatric

Date:

Williams

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Kevin T. Brady

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5 25 18

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5/25/18

Printed Name: Tennifer R. Knight

Signature:	Deh King	Date:	5/25/18
Printed Name:	De Ann Lazovich		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Lillian M. Nail

Printed Name: Lillian M. Nail

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Fold Kemi Odedina

Signature:	1	26		Date: _	5-125-118
Printed Name:	R	oben	R.ten		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Jane Baker Segerken

Date: 05-25.2018

Printed Name: Jane Baker Segerken

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5.25, IP

Printed Name: ANDREW SUSSMAN

Signature:	Stephen W. Wyatt	Date:	07/09/18	
Printed Name:	Stephen W. Wyatt, DMD, MPH			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Ros C Brown Date: July 9, 2018

Printed Name: Ross Brownson

Signature:	Mancy C. Lee	Date: _	7/9/2018	
Printed Name:	Nancy C. Lee			

Conflicts of Interest Disclosure Academic Research Recruitment 18.3-.5 Applications (Academic Research Recruitment Cycles 18.3-.5 Awards Announced at February 21, 2018, 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. Applications reviewed in Academic Research Recruitment Cycle 18.3-.5 include *Recruitment of Established Investigators, Recruitment of Rising Stars, and Recruitment of First-Time, Tenure-Track Faculty Members*. 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/PI	Institution	Conflict Noted				
Applications considered by the PIC and Oversight Committee							
No conflicts reported.							
Applications not considered by the PIC or Oversight Committee							
No conflicts reported.							

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 3-4

Meeting Type: Teleconference Review

This is to cert	This is to certify that I was not present and did not participate in the review of the following applications:					
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Appro	oval:			Comments:		
Name (PRIN	IT):	Jessica Shelta) <u>n</u>		ixioral	
Signature:				1 100 00	itional COS	
24,0.		11/16/8017				

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 5

Meeting Type: Teleconference Review

This is to certif	This is to certify that I was not present and did not participate in the review of the following applications:					
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
			*			
					-	
CSRA Approv	al:			Comments:		
Name (PRINT	Г):	Alison Dar	ling	0.1	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature:		ahin De	wh,	$ / \mathcal{V}_{0} $	Additional	(1015
Date:		12/14/17				

Procurement Sensitive Document

Do not copy or circulate without written permission.

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 11-16-17

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: ______ Date: ______

Printed Name: Sanjiv Gambhir

Signature: Rued Hay	Date: _ 11/16/17
Printed Name: Richard J. O'Reilly, MD	

Signature:	Carol Prives_	 Date: _	Nov 16 2017
Printed Name:	Carol Prives		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 11/16/17

Printed Name: Thomas A. Dellar,

Signature:	Marganel tengris	Date: 11/16/17
		1 1
Printed Name: _	Margaret Tempero	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 12-14-17

Printed Name: KICHARD , TOLODNER

Signature: \lambda \text{Luw}	Date: Der 14, 2017
Printed Name: Tom Curran	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	Feber Con	Date: 12/15/17	

Printed Name: PETOR JONES

Signature: Rued Starf	Date: 12/14/17	
Printed Name: Richard J. O'Reilly, MD		

Signature:	arolfrives	Date:	Dec 18, 2017
Printed Name:	Carol Prives		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 12/14/17

Printed Name: Thomas A. Sellers

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 12/14/17

Printed Name: Margaret Tempero

Conflicts of Interest Disclosure Academic Research 18.1 Applications (Academic Research Cycle 18.1 Awards Announced at February 21, 2018, 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. Applications reviewed in Academic Research Recruitment Cycle 18.1 include Individual Investigator Research Awards (IIRA), Individual Investigator Research Awards for Computational Biology (IIRACB), Individual Investigator Research Awards for Cancer in Children and Adolescents (IIRACA), Individual Investigator Research Awards for Clinical Translation (IIRACT) and Individual Investigator Research Awards for Prevention and Early Detection (IIRAP)Awards. 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/PI	Institution	Conflict Noted
A	pplications considered by	the PIC and Oversight Con	nmittee
RP180244pe/ RP180244	Bin Wang	The University of Texas M. D. Anderson Cancer Center	Matthew Weitzman
RP180343	Jinming Gao	The University of Texas Southwestern Medical Center	James Willson
RP180313pe/ RP180313	Guillermina Lozano	The University of Texas M. D. Anderson Cancer Center	Carol Prives
RP180381pe/ RP180381	Livia Schiavinato Eberlin	The University of Texas at Austin	Robertson Parkman; Ying Lu; Angelos Angelou
RP180047pe/ RP180047	Yihong Wan	The University of Texas Southwestern Medical Center	Geoffrey Greene
RP180181pe/ RP180181	Stephanie Watowich	The University of Texas M. D. Anderson Cancer Center	Lee Helman;Yves DeClerck

Application ID	Applicant/PI	Institution	Conflict Noted
RP180220pe/ RP180220	Joseph McCarty	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180259pe/ RP180259	CHUNRU LIN	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180530pe/ RP180530	Randy Johnson	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180505pe/ RP180505	Ayumu Taguchi	The University of Texas M. D. Anderson Cancer Center	Christopher Li
RP180607	Killary, Ann	The University of Texas M. D. Anderson Cancer Center	Christopher Li
RP180073	Ehrlich, Lauren	The University of Texas at Austin	Angelos Angelou
RP180590	Stone, Everett	The University of Texas at Austin	Angelos Angelou
Ap	plications not considered	by the PIC or Oversight Co	ommittee
RP180079pe	Michael Roth	The University of Texas Southwestern Medical Center	George Prendergast
RP180107pe	Sanghoon Lee	The University of Texas M. D. Anderson Cancer Center	Steven Fiering
RP180174pe	Gautam Borthakur	The University of Texas M. D. Anderson Cancer Center	Martin McMahon
RP180359pe	Rolf Brekken	The University of Texas Southwestern Medical Center	George Prendergast
RP180387pe	Kunal Rai	The University of Texas M. D. Anderson Cancer Center	Martin McMahon

Application ID	Applicant/PI	Institution	Conflict Noted
RP180083pe/ RP180083	Sharon Dent	The University of Texas M. D. Anderson Cancer Center	Jeffrey Wrana
RP180083	Sharon Dent	The University of Texas M. D. Anderson Cancer Center	Ali Shilahn
RP180204pe	Gerardo Cisneros	University of North Texas	Matthew Weitzman
RP180237pe	Robert Bast	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson
RP180262pe	Roopa Thapar	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson;John Petrini;Walter Chazin
RP180390pe	E. Paul Hasty	The University of Texas Health Science Center at San Antonio	Winfried Edelmann
RP180397pe	Chi-Lin Tsai	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson;John Petrini;Walter Chazin
RP180422pe	John Tainer	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson;John Petrini;Walter Chazin
RP180422*	John Tainer	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson;Walter Chazin
RP180481pe	Melanie Cobb	The University of Texas Southwestern Medical Center	Alan Tomkinson
RP180629pe	Tej Pandita	The Methodist Hospital Research Institute	Jan Karlseder
RP180045pe/ RP180045	Andras Heczey	Baylor College of Medicine	Gregory Cooper
RP180110pe	David Gerber	The University of Texas Southwestern Medical Center	Richard O'Reilly

Application ID	Applicant/PI	Institution	Conflict Noted
RP180146pe	Virginia Kaklamani	The University of Texas Health Science Center at San Antonio	Michael Prados
RP180199pe	Hua Zhao	The University of Texas M. D. Anderson Cancer Center	Michael Prados
RP180203pe	Fakhrul Ahsan	Texas Tech University Health Sciences Center	W. Martin Kast;Ying Lu
RP180402pe	William Symmans	The University of Texas M. D. Anderson Cancer Center	D.onna Niedzwiecki
RP180416pe/ RP180416*	Manisha singh	The University of Texas M. D. Anderson Cancer Center	Victor Engelhard
RP180479pe	Scott Kopetz	The University of Texas M. D. Anderson Cancer Center	Garth Powis;Howard Hochster
RP180480pe	John Minna	The University of Texas Southwestern Medical Center	Paul Bunn
RP180510pe	Anirban Maitra	The University of Texas M. D. Anderson Cancer Center	Margaret Tempero
RP180513pe	Roza Nurieva	The University of Texas M. D. Anderson Cancer Center	Victor Engelhard
RP180533pe/ RP180533	Timothy Yap	The University of Texas M. D. Anderson Cancer Center	W. Martin Kast
RP180543pe/ RP180543*	Charles Reynolds	Texas Tech University Health Sciences Center	Stephen Grupp;W. Martin Kast
RP180569pe	Matthew Ellis	Baylor College of Medicine	Donna Niedzwiecki
RP180661pe	Rongfu Wang	The Methodist Hospital Research Institute	W. Martin Kast

Application ID	Applicant/PI	Institution	Conflict Noted
RP180035pe	Don Gibbons	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180043pe	Samuel Mok	The University of Texas M. D. Anderson Cancer Center	Lee Helman ;Yves DeClerck
RP180084pe	Marie-Claude Hofmann	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180085pe/ RP180085	Shiaw-Yih Lin	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180093pe	Lee Ellis	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180113pe/ RP180113	Dimple Chakravarty	The University of Texas M. D. Anderson Cancer Center	L. Helman
RP180134pe	Anurag Purushothaman	MDACC/BLI	Lee Helman
RP180144pe	Dos Sarbassov	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180165pe	Helen Piwnica-Worms	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180234pe/ RP180234	Dihua Yu	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180241pe	Shawn Bratton	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180242pe	Valerie LeBleu	The University of Texas M. D. Anderson Cancer Center	Lee Helman

Application ID	Applicant/PI	Institution	Conflict Noted
RP180252pe	Honami Naora	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180253pe	Chun Li	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180258pe	Min Gyu Lee	The University of Texas M. D. Anderson Cancer Center	L. Helman
RP180260pe	Shyam Kavuri	Baylor College of Medicine	Geoffrey Greene
RP180263pe	Bogdan Czerniak	The University of Texas M. D. Anderson Cancer Center	Jean-Pierre Issa;Lee Helman
RP180285pe/ RP180285	Sue-Hwa Lin	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180329pe/ RP180329	Jing Yang	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180352pe	Lanlan Shen	Baylor College of Medicine	Jean-Pierre Issa
RP180395pe	Robert Gagel	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180403pe	Stephen Wong	The Methodist Hospital Research Institute	Lee. Helman
RP180413pe	Herbert Levine	Rice University	Lee Helman
RP180417pe	Jinsong Liu	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180434pe	Qiang Shen	The University of Texas M. D. Anderson Cancer Center	Lee Helman

Application ID	Applicant/PI	Institution	Conflict Noted
RP180475pe	Nahum Puebla-Osorio	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180488pe	Vashisht Yennu Nanda	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180496pe	Rachel Schiff	Baylor College of Medicine	Geoffrey Greene
RP180496	Rachel Schiff	Baylor College of Medicine	Anne Tonachel;Geoffrey Greene
RP180506pe	Richard Ford	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180511pe	Nicholas Mitsiades	Baylor College of Medicine	Geoffrey Greene
RP180535pe	Kunal Rai	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180552pe/ RP180552*	Menashe Bar-Eli	The University of Texas M. D. Anderson Cancer Center	Lee Helman
RP180589pe	Jeffrey Rosen	Baylor College of Medicine	Benjamin Berman;J Jean-Pierre Issa;Steve Belinsky
RP180036pe	Angelica Roncancio	The University of Texas Health Science Center at Houston	Lawrence Kushi
RP180223pe	Khandan Keyomarsi	The University of Texas M. D. Anderson Cancer Center	Christopher Haiman;Lawrence Kushi
RP180229pe	Michael Ittmann	Baylor College of Medicine	Christopher Haiman
RP180355pe/ RP180355	Laura Beretta	The University of Texas M. D. Anderson Cancer Center	Christopher Li

Application ID	Applicant/PI	Institution	Conflict Noted
RP180383pe	Robin Leach	The University of Texas Health Science Center at San Antonio	Christopher Haiman;William Barlow
RP180427pe/ RP180427	Yanhong Liu	Baylor College of Medicine	Lorelei Mucci
RP180485pe/ RP180485	Alexander Prokhorov	The University of Texas M. D. Anderson Cancer Center	Thomas Brandon
RP180527pe	Shine Chang	The University of Texas M. D. Anderson Cancer Center	Electra Paskett
RP180016pe/ RP180016*	Marianna Dakanali	The University of Texas Southwestern Medical Center	Anna Wu
RP180273pe/ RP180273	Barrett Harvey	The University of Texas Health Science Center at Houston	Anna Wu
RP180291pe/ P180291	Jae Mo Park	The University of Texas Southwestern Medical Center	Brian Rutt
RP180322pe/ RP180322	Eva Sevick	The University of Texas Health Science Center at Houston	Anna Wu
RP180334pe	Vikas Kundra	The University of Texas M. D. Anderson Cancer Center	G. Johnson
RP180389pe	Amir Owrangi	The University of Texas Southwestern Medical Center	Anna Wu
RP180393pe/ RP180393	Sarah McGuire	The University of Texas Southwestern Medical Center	Anna Wu
RP180424pe/ RP180424	Orhan Oz	The University of Texas Southwestern Medical Center	Anna Wu

Application ID	Applicant/PI	Institution	Conflict Noted
RP180444pe	Jung-whan Kim	The University of Texas at Dallas	Arion-Xenofon Chatziioannou; Anna Wu
RP180465pe	Javier Villafruela	The University of Texas Southwestern Medical Center	Anna Wu
RP180651pe	Yaowu Hao	The University of Texas at Arlington	Anna Wu
RP180660pe	Wei Chen	The University of Texas at Arlington	Anna Wu

Panel: Basic Cancer Research - I

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/Ft Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
						1
					7	
	-	1				
SRA Appre	L			Comments:		1
Name (PRIN	(T):	Alison Dar	ling		0111	00 1
lignature:		alixis Dorb	7	No	Additional	COI
ate:		10/20/17				

^{*} A CSRA Representative will said their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has agood the from and Inff the panel room moring the discussion of the application.

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

Dute	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
0/18	RP180083	Dent, Sharon	The University of Texas M. D. Anderson Cancer Center	Wrann, Jeffrey	66 lune	AMD
3/18	RP180244	Wang, Bin	The University of Texas M. D. Anderson Cancer Center	Weitzman, Matthew	Men	AMD
0/18	RF180313	Lozano, Guillermina	The University of Texas M. D. Anderson Cancer Center	Prives, Carol	Carellans	AMD
0/18	RP180422	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Cruzin, Walter	Mot Discussed	AMD
418	RP180422	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	Not Discussed	AMD

CSRA Approval:		Comments:	
Name (PRINT)	Alisan Darling		
Signature:	Short als		
Date	10/18/17		

^{*} A CSRA Repressurative will add their name and initials to the form to acknowledge that the reviewer identified in a Conflict of Interest too suggest the form and left the purel room during the discussion of the application

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
10/18	RPISO 083	Shava Dont	The University of Taxos M.D. Avecasos Context Center	AliShilah	YKUL	AMD
CSRA Appro	ovat:			Comments:		
Name (PRIN	NT).	Alison Da	ding			
Signature:		ahrnoa	rlog			
Date:		IN8/101	U			

^{*} A CHICA Representative will add their runni and initials to the form in acknowledge that the reviewer identified as a Conflict of Internal has signed the form and left the panel reconsidering the discussion of the application.

Panel: Cancer Biology

Meeting Type: Onsite Review

10/16 RP180181 Chakravarty, Dimple The University of Texas M. D. Anderson Cancer Center Present at Meeting A. D. Anderson Cancer Center Present at Meeting A. D. Anderson Cancer Center D. Anderson Cancer Center Present at Meeting A. D. Anderson Cancer Center D. Anderson Cancer C	Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
D. Anderson Cancer Center D. Anderson Cancer Center Reviewer not Present at Meeting A	10/16	RP180047	Wan, Yibong		Greene, Geoffrey	Mhr	AMD
D. Anderson Cancer Center Present at Meeting Anderson Cancer Center Present at Meeting Anderson Cancer Center Comments:	10/16	RP180085	Lin, Shinw-Yih	The state of the s	Helman, Lee		AMB
O 16 RP180181 Watowich, Stephanie The University of Texas M. D. Amlerson Cancer Center DeClerck, Yves Declerck,	10/16	RP180113	Chakravarty, Dimple		Helmun, Lee		AMD
OILO D. Anderson Cancer Center Present at Meeting RA Approval: Comments:	10/16	RF180181	Watowich, Stephanie	The state of the s	DeClerck, Yves	420	AMD
SRA Approval:		RP180181	Watowich, Stephanie		Helman, Lee	A.1	AMD
N: DI:	SRA Approva	de			Comments:		
ame (PRINT): Alison Darling	ame (PRINT)	E.	Alison Dar	ling			

Procurement Sensitive Document

Signature:

Date:

^{*} A CSRA Representative will add their name and natials in the form to acknowledge that the reviewer identified as a Conflict of Interest last signed the free and both the panel months for the panel months for the panel months are the applications.

Panel: Cancer Biology

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
0/16	RP180220	McCarty, Joseph	The University of Texas M. D. Anderson Cancer Center	Helman, Loe	Reviewer not Present	AMD
عااله	RP180234	Yu. Dilum	The University of Texas M. D. Anderson Cancer Center	Fielman, Lee	Present	AMD
0/16	RP180259	LIN, CHUNRU	The University of Texas M. D. Anderson Cancer Center	Fielman, Lee	Reviewer not Present	AMD
0/16	RP180285	Lin, Sue-Hwa	The University of Texas M. D. Anderson Cancer Center	Helimm, Lesc	Present	AMD
0/16	RP180529	Yang, Jing	The University of Texas M. D. Anderson Cancer Center	Helman, I, ee	Reviewer not Present	AMD

CSRA Approvate		Comments:	
Name (PRINT)	Alison Dorling		
Signature	Chin Hanling		
Date:	10/16/17		

^{*} A CSRA Representative will add their more and mittals to the first to acknowledge that the series or identified as a Condition of Inspect has signed the form and left the purel room shring the discovered or application.

Panel: Cancer Biology

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
016	RP180496	Schiff, Racbel	Baylor College of Medicine	Greene, Geoffrey	117/	AMD
0/16	RP180496	Schiff, Rachel	Baylor College of Medicine	Tonachel, Anne	aus machel	AMP
0/16	RP180530	Johnson, Randy	The University of Texas M. D. Anderson Cuncer Center	Helman, Lee	Reviewer not Present	AMD
10/16	RP180552	Bar-Lii, Menashe	The University of Texas M. D. Anderson Cancer Center	Helman, Lee	Reviewer not Present	AMD

CSRA Approval:		Comments
Name (PRINT)	Alisan Darling	
Signature.	Short Only	
Date	10/16/17	

^{*} A CSBA Representative will add their name and initials to the form to the form to the application

Panel: Cancer Biology

Meeting Type: Onsite Review

This is to certif	ly that I was not presen	nt and did not participate in the re-	iew of the following application	52		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
		-				
CSRA Approv	at:			Comments:		
Name (PRINT	r).	Alison Dar	ing			
Signature		Chan Derry	j	No	Additional (1015
Date		10/16/17		/ 40	1301 Lian Ann	

^{*} A CSRA Representative will add their issues and initials to the form to acknowledge that the recurrent constitut of hourist has signed the form and left the panel many during the dreamins of the application

Panel: Cancer Biology

Meeting Type: Onsite Review

10/16 RP180181 Chakravarty, Dimple The University of Texas M. D. Anderson Cancer Center Present at Meeting A. D. Anderson Cancer Center Present at Meeting A. D. Anderson Cancer Center D. Anderson Cancer Center Present at Meeting A. D. Anderson Cancer Center D. Anderson Cancer C	Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
D. Anderson Cancer Center D. Anderson Cancer Center Reviewer not Present at Meeting A	10/16	RP180047	Wan, Yibong		Greene, Geoffrey	Mhr	AMD
D. Anderson Cancer Center Present at Meeting Anderson Cancer Center Present at Meeting Anderson Cancer Center Comments:	10/16	RP180085	Lin, Shinw-Yih	The state of the s	Helman, Lee		AMB
O 16 RP180181 Watowich, Stephanie The University of Texas M. D. Amlerson Cancer Center DeClerck, Yves Declerck,	10/16	RP180113	Chakravarty, Dimple		Helmun, Lee		AMD
OILO D. Anderson Cancer Center Present at Meeting RA Approval: Comments:	10/16	RF180181	Watowich, Stephanie	The state of the s	DeClerck, Yves	420	AMD
SRA Approval:		RP180181	Watowich, Stephanie		Helman, Lee	A.1	AMD
N: DI:	SRA Approva	de			Comments:		
ame (PRINT): Alison Darling	ame (PRINT)	E.	Alison Dar	ling			

Procurement Sensitive Document

Signature:

Date:

^{*} A CSRA Representative will add their name and natials in the form to acknowledge that the reviewer identified as a Conflict of Interest last signed the free and both the panel months for the panel months for the panel months are the applications.

Panel: Cancer Biology

Meeting Type: Onsite Review.

Dute	Application Number	Applicant/PDPI Nume	Applicant/FD/P1 Organization	Réviewer Name	Reviewer Signature	CSRA Name/Initials*
10/16	RP180220	McCurty, Lysoph	The University of Texas M. D. Anderson Canter Center	Elelman, kee	Present	AMD
0 1 <u>l</u> s	RP180254	Ys, Dihra	The University of Jexns M. D. Anderson Concer Center	(delmm, Lee	Reviewer not not Present; discussed	AMD
Olif	RP180259	LIN, CHUNRU	The Diniversity of Taxas M. D. Anderson Cancer Center	Ficingo Lec	Reviewer not Present	AMD
10/1 <u>[D</u>	RP180285	Lin, Suc-Hwa	The University of Teans M. D. Anderson Concer Cemer	Hehrun, Lee	Present	AMD
مارات	RP180329	Yang, Jing.	The University of Texas M. D. Anderson Cancer Center	Helman, Lee	Reviewer not Present	AMD

Name (PRINT):	Alisan Dorling
Signature	Whipe Hanling
Date	Tioly-117

Comments:

Cornected 1/29/18
Fira Haryanto
fua Part

Procurement Sensitive Document

The not copy or chrealate without written permission.

CSRA Approvals

^{*} A CORA Representative, will said their means and initials to the Repr to acknowledge that the treatent identified as a Conficult fixed that alpend the feety and do to the proof storm during the discussion of the applications.

Panel: Cancer Biology Meeting Type: Oasite Review

1)áíe	Application Number	Applicant/PD/TEName	Applicant/PDPI Organization	Residwer Name	Révieure Signature	CSRA Name/Initials
वाष	RP480496	Schiff, Rachel	Buylor College of Medicine	Gwone, Geoffrey	117/	AMD
10/16	RP180496	Schiff, Racket	Baylor College of Medicine	Tomiclast, Anne	aus Trechel	AMD
MILLO	RP18053n	Johnson, Rundy	The University of Texas M. D. Andotson Cancer Center	Helman, Lee	Reviewer not Present	AMD
10/16	RP180532	Bur-Eil, Meusshe	The University of Texas M. D. Anderson Caster Center	Helman, Lee	Reviewer not Present; not	AMO

discussed

CSRA	Apr	umal:
	* P	A

Name (PRINT):	Alisan Darling
Signature;	Alan On Ir
Date:	10/16/17

Comments

corrected 1/29/12 Fira Haryanto Frie Purp

Procurement Sensitive Document

Do not copy or circulate without written permission.

^{*} A COME Separate power and make the control of the

Panel: Cancer Biology

Meeting Type: Onsite Review

This is to certif	ly that I was not presen	nt and did not participate in the re-	iew of the following application	52		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
		-				
CSRA Approv	at:			Comments:		
Name (PRINT	r).	Alison Dar	ing			
Signature	Signature Alm Dowly		No	Additional (1015	
Date	ate 10/16/17		/ 40	1301 Lian Ann		

^{*} A CSRA Representative will add their issues and initials to the form to acknowledge that the recurrent constitut of hourist has signed the form and left the panel many during the dreamins of the application

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
0/24/17	RP180355	Beretta Laura	The University of Texas M. D. Anderson Cancer Center	Li, Christopher	Not Disturbed	VRI
10/24/17	RP180427	Liu, Yanbong	Baylor College of Medicine	Mucei, Lorelei	Verified Telephonically	VRE
10/24/17	RP180485	Prokhorov, Alexander	The University of Texas M. D. Anderson Cancer Center	Brandon, Thomas	2242	VRC
10/24/17	RP180505	Taguchi, Ayuma	The University of Texas M. D. Anderson Cancer Center	Li, Christopher	acc.	VRC

CSRA Approval:		Comments:
Name (PRINT)	Vinicela Carter	
Signature:	ViNicera Cartes	
Date	10/94/17	

^{*} A CSRA Representative well add their tume and notate to the form to acknowledge that the reviewer identified as a Conflict of Interest has separed for form and left the panel room during the discussion of the application.

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/FI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
0124	RP 180 607			Christopher Li	anc.	VRC
	1			Comments:		
Name (PRII		Inhopp Con	Cto X			
Name (FRII		VINICED CON VINICUA CI 10/24/17	-A			
Signature:		VINICUA LI	ares	-		
Date:		10/24/17		A P		

^{*} A CSRA Representative will add show many and initials to the form to acknowledge that the reviewer identified as a Conflict of Interpretate segment the form and left the panel visus thirms the discussion of the application.

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
19	RP180381	Schiavinato Eberlin. Livin	The University of Texas at Austin	Lu. Ying	45	AMD
0/19	RP180381	Schiavinato Eberlin, Livia	The University of Texas at Austin	Parkman, Robertson	m	AMD
0/19	RP180416	Singh, Manisha	The University of Texas M. D. Anderson Cancer Center	Engelland, Victor	Applications Not Discussed	AMD
0/19	RP180533	Yap, Timothy	The University of Texas M. D. Anderson Cancer Center	Kasi, W. Martin	Miller	AMD
0/19	RP180543	Reynolds, Charles	Texas Tech University Health Sciences Center	Grupp, Stephan	Applications Not Discussed	AMD

CSRA Approval:		Comments:	
Name (PRINT)	Alison Darling		
Signature	align Dents		
Date	10/19/17		

^{*} A CSRA Representative will add from name and unitals to the form to acknowledge that the reviewer identified as a Conflict of Interest has agreed this form and left the puncil yourse during the discouniess of the applications.

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/FD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
0/19	RP180543	Reynolds, Charles	Texas Tech University Health Sciences Center	Kast, W. Martin	Application Not Discussed	AMD

CSRA Approvat:		Comments:	
Name (PRINT).	Alison Darling		
Signature	Alisa Darli		
Date	10/19/17		

* A CSRA Representative will said their name and noticits to the form to acknowledge that the seviewer identified as a Conflict of function has regard the form and left the possil manuslating the discussion of the application.

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
				-		
SRA Appro	evat:			Comments:		
ame (PRIM	(T)	Alison D	arling		N	Nats
ignature:		Choy Dan	hi)	No	Additional	COIZ
ate		10/19/17	(/			

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
5/23	RP180016	Dakanali Marianna	The University of Texas Southwestern Medical Center	Wu, Anna	Ohre Dispussed	AMD
5/23	RP180273	Harvey, Barrett	The University of Texas Health Science Center at Houston	Wu, Anna	anna lu-	AMD
9)23	RP180291	Park, Jue Mo	The University of Texas Southwestern Medical Center	Rutt, Brian	Sinta	AMD
1/23	RP180322	Sevick, Eva	The University of Texas Health Science Center at Houston	Wu, Anna	anch	AMD
5/23	RP180393	McGuire, Sarah	The University of Texas Southwestern Medical Center	Wu, Anna	anch	AMIT

CSRA Approval:		Comments:
Name (PRINT):	Alison Darling	
Signature	align Donto	
Date	10/23/17	

^{*} A CSRA Representative will add their name and notices to the flores to acknowledge that the coverage that the coverage that fine agreement has agreed the form and left the panel reson during the discussions of the applications.

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
0123	RP180424	Oz, Orhan	The University of Texas Southwestern Medical Center	Wu, Anna	anch	AMD

CSRA Approvat:		Comments:	
Name (PRINT):	Alison Darling		
Signature:	afron Outh		
Date:	10/12/17		

* A USBCA Representative will add their sums and initials to the form to acknowledge that the recover identified as a Conduct of interest has signed the form and left the panel room during the document of the application.

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest

2018 Cancer Prevention and Research Institute of Texas Academic Research Program

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Applicant/PD/PI

Reviewer Name

This is to certify that I was not present and did not participate in the review of the following applications;

Applicant/PD/PI Name

Number		Organization			
	1				
vat:			Comments:		
	Alison)	arling	7.0	11-	00+<
	ahimDe	Si I	1/10	additional	COTS
	10/23/17				
	vat:	Alison D ahim Du 10/23/17	Alison Darling ahimous 10/23/17	Alison Darling No akindulia 10/23/17	I A 1 - I - I

Procurement Sensitive Document

CSRA Name/Initials*

Reviewer Signature

18.1 Scientific Review Council Meeting

Meeting Type: Teleconference Review

Procurement Sensitive Document

Do not copy or circulate without written permission.

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Signature:		Date: Oct 20, 201	7
Printed Name: Tow	CURRAN	,	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: ALEXANDER ANDSESON

Signature:	Anka	hi'	Date: _	GCR	wit.	2017
Printed Name:	AUAN	BALMANY				

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 10/20

Printed Name:

Steve Fiering

Signature:	Date:	10/20/1-
Printed Name: Day 6 6105		

Signature:	Ha	Date:	1-12-117
			7-7
Printed Name:	Kew HAIGIS		

Signature:	PH	<u>) </u>	+		 Date: _	10/20	117
Printed Name:	R	nel	Hav	nds			

Signature: Will P. Renchen	Date:	10/20/17
Printed Name: Divid P. Howhest		

Signature.	Date: 10(20)17
Printed Name: KenE Honte/	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Date:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	TOPA	Date: 16 20	17
_			•

Printed Name: Lawra D. Porter

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date:

PRENDERLAST

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Heide Sold Dev Date: 0020-2017

Printed Name: HEIDE SCHATTEN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Jost VA SchiffMAN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Mish Pran Date: 10/20/17

Printed Name: Kristin R. Spanson

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: ____/

_Date: 10/20/17

Printed Name: Xiao-Fan Wang

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

	Alta Ma	. 1 1.0
Signature: _	May	Date: <u></u>

Printed Name: Sobert We choler- Refa

Signature:	Date: _	10/20/17
Printed Name: BART WILLIAMS		

Signature:	exil Phines	Date: _	Oct 18/2017
Printed Name:	CAROL PRIVE	5	

Signature:	Mabal Bude	Date:	11/7/2017	
Printed Name:	Nabeel Bardeesy, PhD			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: ______Date: ____Oct 18, 2017

Printed Name: Melley Flere

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Walter J. Chazin

Date: 10/18/2017

Printed Name: Walter J. Chazin

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Chen

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Stephanie Date: 10/18/17

Printed Name: Stephanie DHaney

Signature:	W. Elle	Date: _	10/18/17
Printed Name:	W. Edelmann		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

SAM WARLSE DER

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: James Monfiedi Date: 10/18/17

Printed Name: Lames J. Manfredi

Signature:	Cupon	Date:	10-18-17
Printed Name:	ENRITS PES	WEN	

Signature:	RY	Date:	: 10/18]17
-		6	/ (
Printed Name:	MAUL	RABADAW	

Signature:	MW.		Date:	04/20	IJ
Printed Name	e: AG	Shila	A Col		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _

_____ Date: Detober 18 2017

Printed Name:

NAHUM

SONENBERG

Signature: M Tomba	Date: Octobe 24,2017
Printed Name: AUN TONKINSON	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

______Date: 10 18 17

Printed Name: 🏳 🏳

ATTHEW WEST MAN.

Signature: Whate	Date: <u>Oct_ 18,</u> 2017
Printed Name: Jeff Wrana	

Signature:		Date:	10/18/2017
Printed Name:	Junying Yuan		

Signature:	he Jon	>	Date	: 10/16/17
Printed Name:	PETER	Towes		

Signature: Deve- Selving	Date: 10-16-17
	<u> </u>
Printed Name: Steven Belinsky	

Signature:	Date: 10/16/2017
Printed Name:	GATBRUEUE BERGERS

Signature:	Chr	_ Date:	10/16/17
Printed Name:	Benjamin Berman		

Signature:	Date: 10, 16.201	. min.
		•
Printed Name: _	DECCERCE	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Amir GoldKon

Signature:	II Irum	·	_Date: _	10/16/17
Printed Name:	Geofficer	Girrena.		

Signature: Mathata			Date: _	10/16/17
Printed Name: _	WILLIAM	HHHN		, ,

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Miller Mensil 11 W // // DD D

Printed Name: M. Chae N. Hollmy swort.

Signature:	dean Rome Om	 _ Date:	10/16/2017	
		357		
Printed Name:	Jean-Pierre Issa			

Signature:	300	Date:	
Printed Name:	F.R. LAWLOR		

Signature:	M	Date:11/01/20	
Printed Name:	Alexander Meissner		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 10/16/2017

Printed Name:

Signature:	Huth	(See James)	_ Date:	10/16/17
Printed Name:	Keth	Robotson		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: <u>April Date: Oct 16, 2017</u>
Printed Name: <u>April Printed Name: April Printed Name: April 2018</u>

Signature:	Can Vale	Wb	Date: _	10-16-17
Printed Name:	CAROL	VALLETT		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature!

Date: 10 -16-2017

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Jena C. E.	Date:	10/16/17
Printed Name:	Zena Werb		

2 Start

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	<u> </u>	× Jul	_ Date:	10/84/17

Printed Name: Thomas A. Sellars

Signature:	Wdlan Bart	Date: 10[24[17
Drinted Nat	ne: William Barlow	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Brian W. Booher

Printed Name: Brian W. Booher

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: 2 74 10 -24-17

Printed Name: Thomas H. Brandon

Signature:	m 22	Date:	10/2417
Printed Name: _	Zigang Dong		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Michal-Judith Gillman

Date: 10/24/2017

Printed Name: Michal-Judith Gillman

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 10-24-13

Printed Name:

CHRIS HAIMAN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Lase B Sumar Date: Dou 3, 2017

Printed Name: NAGI B KUMAR

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: WWW. Date: 10/.

Printed Name: WWW. Prin

Signature:	Que	<u>(</u>	_ Date: _	10/24/17
Printed Name:	Christopher	<u>Li</u>		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Man E Marty Date: 10/24/17

Printed Name: Maxi A Elena Martine 2

Signature:	St		_ Date: _	11/2/17
Printed Name:	Lorele:	Mucci'		

Signature:	an1		Date: _	10/24/17
Printed Name:	Andrew	Olshan		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

_____Date: 10/24/17

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Coata, D., Packett Date: 10-24-17

Printed Name: ElectRA D. Paskett

Signature:	Sania 4	Elersin	Date: _	10/24/17
Printed Name:	Gloria	Petersen		

Signature:		Date:	10/24/201)
Printed Name:	Chiuthalop	22 Q V.	las.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 10/24/17

Printed Name: FAZLUL SARKAR

Signature:	Lot Sul	Date: 10/24/17
Printed Name:	Robert School	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Kie Auf Date: 10/19/17

Printed Name: RICHARD J. O' REILLY

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	Mangal Lynn	Date: _	10/19/17
_			/ ,

Printed Name: Margaret Tempero

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Date: 10/19/17

Printed Name: ALEX A. ADJE!, MD; PLD

Signature:	Mall	Date:	10/19/17
Printed Name:	Steven Balk		

Signature:	al Vn	Date: _	10/19/7
Printed Name:	And Per	lsio_	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: NA Sollws Date: Oct 19 2017

Printed Name: Victor H-Englhand

Signature:	3	Date: _	10/19/17
Printed Name:	Lawrence Fong		

Signature:	R	Date: _	10/19/17	
Printed Name:	Stephan Ergy	<u></u>		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: ______ Date: 10 19 17

Printed Name: Sancatha R GuilZ

Signature:	HAMALU	Date: 10/19/2017
Printed Name: _	MICKEY HU	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: CTG2 ACKSa

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: 10-19-17

Printed Name: W. Martin Kast

Signature:	42		 Date: _	10/19/2017
	V			,
Printed Name:	Ying	Lu	 	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Robert Malph Date: 10-19-17

Printed Name: Robert MESLOH

Signature:	Ola hezha	Date: _	190417
<u> </u>	/		
Printed Name	CHARLES MULLIGHAN		

Signature:	Date: _	B 10/19/1	7
		V-	
Printed Name: Panelo Pa			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: April Middellied Date: Oct. 19, 2017

Printed Name: Donna Niedzwiecki

Signature:	Mh	Date: _	10/19/17
Printed Name:	ROHEKTOR	PAKKMAN	

Signature:	Musel	Date:	19/19
Printed Name: _	POWELL		

Signature:	Date: _	10/19/17
Printed Name: Coth Rows		

Signature:	Michael has	Date: _	10/19/2019
Printed Name:	MICHAE PRABOS		

Signature:	MC		 Date:	10/19/1	7
				, '	,
Printed Name:	NEIL	SHAU			

Signature:			Date:	10119/17	_
Printed Name:	WATTER	STABLER			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 10/19/17

Printed Name:

Same Taylor

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Dana Millow Melkold Date: 10/19/17

Printed Name: Donna Nichols MrelKeld

Signature:	UND		Date: _	10/19/17
				<i>,</i> '
Printed Name:	CANVIRON	LULTER		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Devel Welling Date: 10/19/17

Printed Name: David Wehling

Signature:		Date: 2 10/18 1
	\ \ \	N/ 10/19/17-98/07
Printed Name: _		XM

Signature:	Do	Date: _	10	123/1
Printed Name: _	SANJA G-AMBIAR			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: <u>Carolife</u> Jude Date: 10-23-17

Printed Name: <u>Carolife</u> T. Anderson

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 10 23 17

Printed Name:

iames P. Basilian

Signature:	Ry	Date: 10/23/17
Printed Name:	Ross Berse	20

Signature:	Weinten	Date: _	11/3/2017
· ·			
Printed Name	Weibo Cai		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: ARION F. CHATZIIOANNOU

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: De Mer Date: 10-23-17

Printed Name: Daphne Hags-Kogan

Signature:	Membe-	Date:	0/23/17
Printed Name:	Hossein Jadvar		

Date: 10/23/2017

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name: (S. Allan John SON)

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: KATTESH V. KATT

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: JASON LEWIS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Toolly TO IV

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: /(

Date: 10/13/17

Printed Namé:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature

Date: 10/23/17

Printed Name: Margaric McNeill Manning

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Jida Netfleton

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 10/73/17

Printed Name: MANTIN POMPER

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _

Date: <u>19/23 / 281</u>7

Printed Name: BRIAN

RUTT

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: MARK L. STOLOWITZ

Signature:	9 Sug	<u> </u>	_ Date: _	10123/17
Printed Name:	: JOLIE	SUTCLIFFE		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date

Printed Name:

Signature: <u>//</u> /	am flagge	Date:	10/23/17
Printed Name:	Warren S. Warren		

Signature:	anna M. U	Date: Oct 23,2017
Printed Name:	Anna M. Wu	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 12-14-17

Printed Name: NCHARDE TOLODNER

Signature. In Current	Date: Dec 14, 2017
Printed Name: Tom Curran	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Pehr	Jon	Date: 12/15/17		

Printed Name: PETER JONES

Signature: Rued Starf	Date: _ 12/14/17
Printed Name: Richard J. O'Reilly, MD	

Signature:	Carol Prives	Date: _	Dec 18 2017
Printed Name:	Carol Prives		

Signature:	OL N Sur	Date: 12/14/17
Printed Name:	Thomas A. Jellers	

Signature: Margane Tengro	Date: 12 14 17
Printed Name: Margaret Tempero	

Conflicts of Interest Disclosure Prevention 18.3 Applications (Prevention Cycles 18.3 Awards Announced at May 16, 2018, 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. Applications reviewed in Prevention Cycle 18.3 include *Dissemination of CPRIT-Funded Cancer Control Interventions*. 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/PI	Institution	Conflict Noted
	Applications considered by	the PIC and Oversight Con	nmittee
No conflicts reported.			
A	pplications not considered	by the PIC or Oversight Co	mmittee
No conflicts reported.			

Panel: 18.3 Prevention DI Panel

Meeting Type: Teleconference Review

This is to certi	This is to certify that I was not present and did not participate in the review of the following applications:					
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
				4		
						·
CSRA Appro	val:	,		Comments:		
Name (PRIN	T):	ViNiceia Car	rter			
Signature:		ViMareia	Carter	No a	delitional COIs	
Date:		4/3/18	,			

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Signature: _	Stephen W. Wyutt	Date: _	04/03/18
Printed Nam	e: Stephen Wyatt, DMD, MPH		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Ros C Brown Date: April 3, 2018

Printed Name: Ross C. Brownson

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Nancy Lee

Conflicts of Interest Disclosure Academic Research Recruitment 18.6-.9 Applications (Academic Research Recruitment Cycles 18.6-.9 Awards Announced at May 16, 2018, 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. Applications reviewed in Academic Research Recruitment Cycle 18.6-.9 include *Recruitment of Established Investigators, Recruitment of Rising Stars, and Recruitment of First-Time, Tenure-Track Faculty Members*. 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/PI	Institution	Conflict Noted
A	pplications considered by	the PIC and Oversight Con	nmittee
RR180025	Mariano Garcia-Blanco	The University of Texas Medical Branch at Galveston	C. Prives
RR180029	Robert Hromas	The University of Texas Health Science Center at San Antonio	C. Prives
RR180034	Sterling Johnston	The University of Texas at Austin	A. Angelou
RR180046	Dwain Thiele	The University of Texas Southwestern Medical Center	R. O'Reilly
Ap	plications not considered	by the PIC or Oversight Co	mmittee
No conflicts reported.			

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest

2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 6-7

Meeting Type: Teleconference

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
	RR180025	,	The University of Texas Medical Branch at Galveston	Prives, Carol	rerified telephonically	Chi Do
					by'CSZA.	

CSRA App	oroval:	Comments:
Name (PRINT):	Jessia 51-1400	
Signature:	Chr	
Date:	17/2115/18	

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2/13/2018 8:3/0:3/5 AM

Procurement Sensitive Document

Do not copy or circulate without written permission

Page 1 of 2

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest

2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 6-7

Meeting Type: Teleconference

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	PERSONAL PROPERTY OF THE PROPE	CSRA Name/Initials*
 					
· · · · · ·					

CSKA Approva	11;	Comments:
Name (PRINT):	Deskiest Stretton	no additional
Signature:	C/m /	Caris
Date:	1/2/6/18	
A CSRA Representative v	vill add their name and initials to the form to acknowledge that the reviewer identified as a C	Conflict of Interest has signed the form and left the panel room during the discussion of the application

2/13/2018 8:30:33 AM

Procurement Sensitive Document Do not copy or circulate without written permission

Page 2 of 2

Panel: Recruitment FY18 Cycle 8

Meeting Type: Teleconference Review

This is to certif	y that I was not present	and did not participate in the	review of the following applications	3:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
3/15/2018	RR180029	Hromas, Robert	The University of Texas Health Science Center at San Antonio	Prives, Carol	Reviewer not Present at meeting	AMD

CSKA Approvai:		Comments:
Name (PRINT):	Alison Darling	
Signature:	alasn Only	
Date:	3/15/2018	

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Recruitment FY18 Cycle 8

Meeting Type: Teleconference Review

This is to certi	fy that I was not pres	ent and did not participate in the r	eview of the following application	s:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
					,	
CSRA Approv	/al:			Comments:		
Name (PRIN	lame (PRINT): Alison Darling					
Signature:		No 1	Additional Co	\s		
Date:		3/15/2018	\mathcal{U}			

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Recruitment FY18 Cycle 9

Meeting Type: Teleconference Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
4/10/k	RR180046	Thiele, Dwain	The University of Texas Southwestern Medical Center	O'Reilly, Richard	verified telephonically	As 55

CSRA Approval:		Comments:	
Name (PRINT):	Jessico Snelton	·	
Signature:	M 50-		
Date:	1/1/2/12018		

Procurement Sensitive Document

* A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Recruitment FY18 Cycle 9

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:				
Date Application Applicant/PD/PI Name Applicant/PD/PI Reviewer Name Reviewer Signature CSRA Name/Number Organization	nitials*			
4119118				
CSRA Approval: Comments:				
Name (PRINT): JOSSI (OL STRILLO)				
Name (PRINT): Signature: Name (PRINT): Name (PRI				
Date: A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.				

Procurement Sensitive Document

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 2-15-18

Printed Name:

SOLODNER

Signature: _	at in the same of		Date: 2/15/2018
Printed Nan	ne: 16 mg	CURANN	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	Let	Tokes	Date:	Feb 15H,	2018
--------------	-----	-------	-------	----------	------

Printed Name: Peter A. Jones

Signature: Ruch Stay	Date: 2/15/18
Printed Name: _ Richard J. O'Reilly, MD	

Signature:	Carol Fries	Date:	2/15/2018
Printed Name:	Carol Prives		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Thomas A. Sellics

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Cionatura	Margand tergro	Data	2/-	1
Signature:		Date;	9/13	110
		12-1-2000	-1	

Printed Name: Margaret Tempero

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 3-15-18

Printed Name:

Signature:	Date: 3/15/18
Printed Name: TOW (UP49 N)	

Signature:	Angelobe	Date: <u>3/15/2018</u>
Printed Name:	Samily Gambhir	

Signature: Rued Hay	Date: <u>3/15/18</u>
Printed Name: Richard J. O'Reilly, MD	

Signature:	Margand Tengro	Date: 3/15/18	
-	22		
Printed Name:	Margaret Temporo	22	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 4-19-18

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

: April 19,2018
: April 19,20

Printed Name: Peter Jones

Signature: Rued Hay	Date: 4/20/18
Printed Name: Richard J. O'Reilly, MD	

Signature:	Carol Prives	Date: _	4/19/2018	
Printed Name:	Carol Prives			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Thomas A. Jellas

Signature:	Margane Tengris	Date: 4/19/18
Printed Name:	Margaret Tempero	

Conflicts of Interest Disclosure Product Development Research 18.2 Applications (Product Development Cycle 18.2 Awards Announced at August 24, 2018, 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. Applications reviewed in Product Development Research Cycle 18.2 include *Company Relocation Product Development Awards* and *Texas Company Product Development Awards*. 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	ion ID Applicant/PI Institution		Conflict Noted
A	pplications considered by	the PIC and Oversight Con	nmittee
No conflicts reported.			
Ap	plications not considered	by the PIC or Oversight Co	mmittee
DP180032	Arjun Surya	Curadev Pharma	Jack Geltosky
DP180033	Steven Hayes	Third Coast Therapeutics	Neil Spector
DP180041	Amato Giaccia	Aravive Biologics, Inc.	George Trainor
DP180034	Jonathan Feldmann	Affigen Holdings, LLC	Renzo Canetta

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-1

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
4/23	DP180032	Surya, Arjun	Curadev Pharma	Geltosky, Jack	Short	AMC
4/23	DP180033	Hayes, Steven	Third Coast Therapeutics	Spector, Neil	ONOT Discussed	AMC

CSRA Appro	vai:	Comments:
Name (PRINT):	Aaron Chumbris	
Signature:	On Oli	
Date:	4-23-18	

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-1

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*

CSRA.	Approval:	
-------	-----------	--

Name (PRINT):	Agron Chumbris	
Signature:	alli	
Date:	4-23-18	

Comments:

No Additional Cols

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-1

Meeting Type: Teleconference Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
3/26	DP180032	Surya, Arjun	Curadev Pharma	Geltosky, Jack	Verified telephonically	AMC
3/26	DP180033	Hayes, Steven	Third Coast Therapeutics	Spector, Neil	by CSRA Verified telephonically by CSRA	AMC

CSRA Approval:		Comments:
Name (PRINT):	Aaron Chumbris	
Signature:	au Vi	
Date:	3/26/18	

3/14/2018 12:37:50 PM

Procurement Sensitive Document

Do not copy or circulate without written permission

Page 1 of 2

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-1

Meeting Type: Teleconference Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
1						

		Comments:
Name (PRINT):	Agron Chumbris	No additional COIs
Signature:	On Clai	1 VO SARGE JAMES CO 13
Date:	3/26/18	

3/14/2018 12:37:50 PM

CSRA Approval:

Procurement Sensitive Document
Do not copy or circulate without written permission

Page 2 of 2

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-2

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
4/26	DP180041	Giaccia, Amato	Aravive Biologics, Inc.	Trainor, George	Da	AMC
DAY LES						

CSRA Approval:		Comments:	
Name (PRINT):	Aaron Chumbris		
Signature:	ar Cli		
Date:	9-26-18		

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-2

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
The state of						

CSICA Approvat.			

Name (PRINT): Agran Chumbris

Signature: Qu Cli

Date: 4-26-18

Comments:

No Additional Cols

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

CSRA Annroval

2018 Cancer Prevention and Research Institute of Texas Product Development Research

Panel: 18.2 Product Development Panel-2

Meeting Type: Teleconference Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
3/27	DP180041	Giaccia, Amato	Aravive Biologics, Inc.	Trainor, George	Verified telephonically by CSRA	AMC

CSRA	An	nra	wal
COLVA	AU	DI U	, r a i

Name (PRINT):	Aaron Chumbris
Signature:	achi
Date:	3/27/18

3/14/2018 12:38:53 PM

Procurement Sensitive Document
Do not copy or circulate without written permission

Page 1 of 2

Comments:

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Product Development Research Panel: 18.2 Product Development Panel-2

Meeting Type: Teleconference Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Organization	Reviewer Name	CSRA Name/Initials*
Society (Society Charles Conference Charles (Charles Conference Charles Charles Conference Charles Charle	· · · · · · · · · · · · · · · · · · ·	Section of the sectio	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	

CSRA	An	nrove	ıl:
COLUM	ΔV	$o \cdot o \cdot c$	LL +

Name (PRINT):	Agron Chumbris
Signature:	Om Chi
Date:	3/27/18

Comments:

No additional COIs

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

3/14/2018 12:38:53 PM

Procurement Sensitive Document

Do not copy or circulate without written permission

Page 2 of 2

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Cancer Prevention and Research Institute of Texas Product Development Research

Panel: 18.2 Due Diligence Panel

Meeting: Teleconference

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
7/U	DP180032DD	Surya, Arjun	Curadev Pharma	Geltosky, Jack	Verified telephonically by CSRA	AMC
7/11	DP180034DD	Feldmann, Jonathan	Affigen Holdings, LLC	Canetta, Renzo	Varified telephonically by CSRA	AMC

CSRA Approval: Name (PRINT): Aaron Chumbris	Comments:
Signature: Un Chi Date: 7-11-18	

*A CSRA representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the siscussion of the application

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Cancer Prevention and Research Institute of Texas Product Development Research

Panel: 18.2 Due Diligence Panel

Meeting: Teleconference

This is to certify that I was not present and did not participate in the review of the following applications:

			Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
Date	Application Number	Applicant/PD/PI Name	Explicated 2.21			
				!		
				<u> </u>		
	Ì			<u> </u>	<u> </u>	

CCD A Approvale	Comments:
CSRA Approval: Name (PRINT): Auron Chumbris Signature: Que Chi	No Additional COLS
Date: 7-11-18	2 de investiga of the application

^{*}A CSRA representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the siscussion of the application

Signature:	100	Date:Oct 19, 2018	
Printed Name:	Sunil J Advani		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Renzo Conetto, M.D.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

0/29/18

Printed Name:

Roy Cosan

FY18.2 Due Diligence Panel-2 October 17, 2018

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPF committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRI Conflict of Interest Policy for SRPP Committee Members.

Signature:	Butor	Date: _/J/17/10
Printed Name:	GELTO	y

1415

Signature:	m.	Date: _	21 October 2018
Printed Name:	Marc S. Rudoltz, MD		

Signature:	CC	Date:
Printed Name:	Chinag Shah	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 17 Oct 18

Printed Name: David G. Shoema

Signature: _	Sandra Silberman	Date: 1 November 2018
Printed Nam	ne: Sandra Silberman	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: NEIL Strain

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 11, 2, 18

Printed Name: COLIN TURNBULL

FY18.2 Due Diligence Panel July 11, 2018

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Rento Conetto, MD

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 7/16/18

Printed Name: Roy Cosau

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Henry Date: 7-12-18

Printed Name: Hen Bent Kim Lyerly

Signature:	(Quemosse	Date: _	_7/12/2018
Printed Name:	Mark M. Moasser, MD		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 12 Jul

Printed Name:

David G. Shoemaker

Signature:		_Date: _.	12 July 2018
Printed Name:	Sandra Silberman		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Mul	And	Date:	7/17/2018
	1 '	- / 4 - /		1

Printed Name: NEIL SPECTION

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: COLIN TURWBULL

Signature:	2r	Date: _	July 13,201
Printed Name: _	Grant le culture		

Signature:	Deltay		4/23/1	
	V			
Printed Name:	GELTOS			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Mara Ginsberg

___ Date: __1/-23- /8

Signature:		Date: 4/23/8
Printed Name: VDGUS	CUIL	

Signature: Blot trane	Date: Al 23	2018
Drintad Nama: Robert Tramer	·	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

_Date: 4/23/2318

Printed Name: HERBERT / LIM LYERUY

Signature: The MCKeu	Date: 4/23/18
Printed Name: John MCKRW	

Signature:	Gardra .	Selbern	dr	_Date:	23 April	2018 AMC
Printed Name: _	Sanda	a Silbe	man		·	

Signature:	Aul	A	Date: _	4/23/2018
Printed Name: _	NEIL	SPECTIR		

Signature:	M. Comer Mas	Date: <u>4.23.18</u> AMC
Printed Name:	COLIN TI	uRNBUL

Signature:	1		_ Date: _	Apr 23,2018
Printed Name: _	Gravit	William	-	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Jack Gerrory _____ Date: 3/26/1%

Signature:	Mua huiskey	Date: _	3-26-18
Printed Name: _	Mara Ginsberg		

Signature:	Date: 3/28/19
Printed Name: VOICLIC GUU)	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature Date: March 26, 2018

Printed Name: Robert Kramer

Signature: Aluly	Date: 3/27/18	
Printed Name: H. Kim Lyerly		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: John McKew Date: 3/26/18

Printed Name: John McKew

Signature:	Pandra Silberman	Date:	9 April 2018
Printed Name: _	Sandra Silberman		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 3, 27, 18

Printed Name: COLIN TURN BULL

Signature:		Date: _	3/27/18
Printed Name:	Grant WilciAmy		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 26 Apr 18

Printed Name: David G. Shoemeker

Signature:	Lemen -	Date: 04.26.2018
Printed Name:	Renzo Canetta	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Nova F. Carl Date: 4/26/18

Printed Name: Nova E. Corbine

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date:

Signature:	Rad Aff	Date: 4/26/18
Printed Name:	: Robert Fighin	

Signature:	Occes		_Date: _	4/26/18
Printed Name:	MARK	MOASSUN		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Marcic DW 1011 Date: 4/26/2018

Printed Name: Marcia D. Moore

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5/1/12

Printed Name: GEORGE TRANCE

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Mery Orenvell

Printed Name: MERY COENREB _____Date: 4/26/18

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date

Printed Name:

FY18.2 Product Development Panel – 2 (PDP-2) March 27, 2018

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Muncleur

Date: March Ct, Cold

Printed Name:

Renzo Conetto M.D

Mar 28 18 02:25p

FY18.2 Product Development Panel - 2 (PDP-2) March 27, 2018

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) **COMMITTEE MEMBERS**

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Nova E. Carbine

Printed Name: Nova E. Carbine

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 3/27/18

Printed Name:

et figlin MD.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Marcia D. Moore

Printed Name: Marcia D. Moore

Signature:	Date: 4/9/18
Printed Name: GECRGE TRAING	2

Conflicts of Interest Disclosure Prevention 18.2 Applications (Prevention Cycle 18.2 Awards Announced at August 24, 2018, 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. Applications reviewed in Prevention Cycle 18.2 include *Evidence-Based Cancer Prevention Services*, *Tobacco Control and Lung Cancer Screening*, and *Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations*. 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/PI	Institution	Conflict Noted			
Applications considered by the PIC and Oversight Committee						
PP180077	Janice Blalock	The University of Texas M. D. Anderson Cancer Center	Michael Eriksen			
PP180091	Mamta Jain	The University of Texas Southwestern Medical Center	Dee Margo			
Applications not considered by the PIC or Oversight Committee						
PP180071	Lori Palazzo	Williamson County & Cities Health District	Michael Eriksen			
PP180092	Amelie Ramirez	The University of Texas Health Science Center at San Antonio	Michael Eriksen			
PP180098	Mark Hernandez	Community Care Collaborative	Michael Eriksen			
PP180100	Adriana Valdes	Cancer and Chronic Disease Consortium	Ross Brownson			
PP180111	Theresa Byrd	Texas Tech University Health Sciences Center	Michael Eriksen			
PP180068	Louis Brown	The University of Texas Health Science Center at Houston	Heather Brandt			
PP180094	David McClellan	Texas A&M University System Health Science Center	Heather Brandt			

2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: 18.2 Prevention Panel-1

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
5/23/18	PP180071	Palazzo, Lori	Williamson County & Cities Health District	Eriksen, Michael	n	vice
	PP180077	Blatock, Jamee	The University of Texas M. D. Anderson Cancer Center	Eriksen, Michael	M	VEC
5/22/18	PP180092	Ramirez, Amelie	The University of Texas Health Science Center at San Antonio	Eriksen, Michael	my	VICC
5/23/18	PP180098	Hernandez, Mark	Community Care Collaborative	Eriksen, Michael	w	VRC
5/22/18	PP180100	Valdes, Adriana	Cancer and Chronic Disease Consortium	Brownson, Ross	ReBrown	VKL
5/22/18	PP180111	Byrd, Theresa	Texas Tech University Health Sciences Center	Eriksen, Michael	MIR	VRE

CSRA Appre	oval:
Name (PRINT):	ViNiceia Carter
Signature:	Vi Nicius Carte.
Date:	5/23/18

Comments:

No additional COIS

*A CSRA Representative will add their name and initials to the form to acknowledge that the seviewer identified as a Conflict of Interest has eigned the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: 18.2 Prevention Panel-1

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
	Application Number	Application Number Applicant/PD/PI Name	Application Number Applicant/PD/PI Name Applicant/PD/PI Organization	Application Number Applicant/PD/PI Name Applicant/PD/PI Organization Reviewer Name	Application Number Applicant/PD/PI Name Applicant/PD/PI Organization Reviewer Name Reviewer Signature

CSRA Appr	oval:	Comments:
Name (PRINT):	ViNicia Carter	No Additional COIS
Signature:	Videres Carts	3,72
Date:	5/23/19	a Manufact was a Conflict of Interest has somed the form and full the munit room during the formulation of the

be application.

2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: 18.2 Prevention Panel-2

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
5/24\\8 PP180068		The University of Texas Health Science Center at Houston	Brandt, Heather	typna	rolt VRC
5/25/18 PP180094	McClellan, David	Texas A&M University System Health Science Center	Brandt, Heather	Hursan	ut viei

Columnia					 	
	T					
Name	١,	. /	. .	1		

(PRINT): Signature:

Date:

Comments:

No Additional Cols

CSRA Approval:

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: 18.2 Prevention Panel-2

Meeting Type: Onsite Meeting

This is to certify that I was not present and did not participate in the review of the following applications:

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*

CSRA Approval:	Comments:
Name (PRINT): VINKER CENTER	N/2 additional MIS
Signature: VINIxer Corts	No additional COIS
Date: 5/25/2018	and a state of the application

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: FY 18.2 Prevention Review Council Programmatic Review Meeting

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:							
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*	
			<u> </u>				
CSRA Approv	/al:	: Comments:					
Name (PRIN	RINT): IAN THORPE		No Addit	tional cois			
Signature:	Signature: Many						
Date:		7/6/18					

Procurement Sensitive Document

Do not copy or circulate without written permission.

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Signature:	C1 From	un	Date: <u>5-23 - 7</u> 018
Printed Name: _	Ross	Brownson	

Signature:	Fel. B.f	Date: 05/23/2018
Printed Name:	FRANK S. BRIGHT	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

3-27-2018

Printed Name:

GREGORYN. CONNOLLY

Signature:	Mikad Eiken	Date:	5/23/18
Printed Name:	Michael	Eriksen	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	land Ve		Date: 5-23-18
	X		
Printed Name:	Michael Hot	tz	

٨

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Kalhleen L. IRWIN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: David C. Morman Date: 5/23/2018

Printed Name: DAVID C. MOMROW

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: <u>Charlotte & Maschinski</u> Date: <u>5-23-18</u>

Printed Name: <u>Charlotte E. Naschinski</u>

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	h lel	Date:	5	/23/	18

Printed Name: RANDY SCHWARTZ

Signature:	In J. Flagelle	Date: _	5/23/2010
			,
Printed Nan	ne: James L. Strufts		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name: Karentatric

Date:

Williams

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Kevin T. Brady

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5 25 18

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5/25/18

Printed Name: Tennifer R. Knight

Signature:	Deh King	Date:	5/25/18
Printed Name:	De Ann Lazovich		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Lillian M. Nail

Printed Name: Lillian M. Nail

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Fold Kemi Odedina

Signature:	1	26		Date: _	5-125-118
Printed Name:	R	oben	R.ten		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Jane Baker Segerken

Date: 05-25.2018

Printed Name: Jane Baker Segerken

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5.25, IP

Printed Name: ANDREW SUSSMAN

Signature:	Stephen W. Wyatt	Date:	07/09/18	
Printed Name:	Stephen W. Wyatt, DMD, MPH			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Ros C Brown Date: July 9, 2018

Printed Name: Ross Brownson

Signature:	Mancy C. Lee	Date: _	7/9/2018
Printed Name:	Nancy C. Lee		

Conflicts of Interest Disclosure Academic Research Recruitment Cycle 18.10-18.12 Applications (Academic Research Recruitment Cycle 18.10-18.12 Awards Announced at August 24, 2018, 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. Applications reviewed in Academic Research Recruitment Cycle 18.10-18.12 include *Recruitment of Rising Stars; Recruitment of Established Investigators;* and *Recruitment of First-Time, Tenure-Track Faculty Members*. 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/PI	Institution	Conflict Noted	
A	pplications considered by	y the PIC and Oversight Con	nmittee	
RR180042	Dean Appling	The University of Texas at Austin	Angelos Angelou	
Applications not considered by the PIC or Oversight Committee				
No conflicts reported.				

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 10

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:						
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Approv	al:			Comments:		
Name (PRINT	7):	Alison Darl	ing	ſ	0 = .5	
Signature:		Min De	4	N	0 (015	
Date:	•	5/17/18				

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 11

Meeting Type: Teleconference Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Appro	oval:			Comments:		
Name (PRIN Signature:	IT): (Cosina Sine	Hon	NO	0015	

Procurement Sensitive Document

Do not copy or circulate without written permission.

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Recruitment Program

Panel: Recruitment FY18 Cycle 12

Meeting Type: Teleconference Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Approv	al:	Salation .		Comments:		
Name (PRINT):	Alison Darli	nq	7	0015	-
Signature:		Win Del	· 7		$S = C \cup S$	•
Date:		7/12/2018		_		

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5-30-10

Printed Name:

Signature:C	Date: 5/18/18
Printed Name: TOM CURRAN	

Signature:			Date:	5.29.18
Printed Name: _	SANJZV	GAMBHIR		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Al Von	Date: 5/18/18	

Printed Name: PETER CONES

Signature: Rued Hay	Date: 5/18/18	
Printed Name: Richard J. O'Reilly, MD		

Signature:	Carol Prives	Date:	May 18, 2018
Printed Name:	Carol Prives		

	Margane Tenoro		
Signature:	11 0	Date: _	5/18/18
			• 1
Printed Name: <u>I</u>	Margaret Tempero		
	U I		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 6-21-18

Printed Name:

Signature: Cv	Date:	6/21/18
Printed Name: JOIN CURGAN		

Signature:	Andh	Date: _	6/21/2018
Printed Name: _	Sanjiv Gambhir		

Signature: Rued Harl	Date: 6/21/18
Printed Name: Richard J. O'Reilly, MD	

Signature:	Carol Prives	Date: _	June 21, 2018
Printed Name:	Carol Prives		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Thomas H. Selling

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 7-12-18

Printed Name: RICHARD DER

Signature:	Date: _	7-12-18
Printed Name: Tom Curran		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Smilable	Date: 7/13/2018
		1/10/11

Printed Name: Sanjiv Gambhir

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Lehr Jan. Date: 7/12/18

Printed Name: PETEL SONES

Signature: Rued Hay	Date: 7/12/18
Printed Name: _Richard J. O'Reilly. MD	

Signature:	Carol Frives	Date: _	July 13 2018
Printed Name:	Carol Prives		

Conflicts of Interest Disclosure Academic Research 18.2 Applications (Academic Research Cycle 18.2 Awards Announced at August 24, 2018, 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. Applications reviewed in Academic Research Recruitment Cycle 18.2 include *Core Facility Support Awards*, *High-Impact/High-Risk Research Awards*, *and Multi-Investigator Research Awards*. 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/PI	Institution	Conflict Noted			
Applications considered by the PIC and Oversight Committee						
RP180813	John Tainer	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			
RP180813-AC	John Tainer	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			
RP180813-C1	Zamal Ahmed	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			
RP180813-P1	Junjie Chen	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			
RP180813-P2	Katharina Schlacher	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			
RP180813-P3	John Tainer	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			
RP180813-P4	Banu Arun	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson; Walter Chazin			

Application ID	Applicant/PI	Institution	Conflict Noted		
RP180755	Philip Lupo	Baylor College of Medicine	Electra Paskett		
RP180725	Yang-Xin Fu	The University of Texas Southwestern Medical Center	Victor Engelhard		
RP180725-AC	Yang-Xin Fu	The University of Texas Southwestern Medical Center	Victor Engelhard		
RP180725-C1	Yang-Xin Fu	The University of Texas Southwestern Medical Center	Victor Engelhard		
RP180725-P1	Zhijian Chen	The University of Texas Southwestern Medical Center	Victor Engelhard		
RP180725-P2	Yang-Xin Fu	The University of Texas Southwestern Medical Center	Victor Engelhard		
RP180725-P3	Raquibul Hannan	The University of Texas Southwestern Medical Center	Victor Engelhard		
RP180785	Adrian Gee	Baylor College of Medicine	Robertson Parkman		
RP180880	Kevin Dalby	The University of Texas at Austin	Garth Powis; Angelos Angelou		
RP180882	Kyuson Yun	The Methodist Hospital Research Institute	Garth Powis; Howard. Hochster		
RP180690	Jennifer Maynard	The University of Texas at Austin	Angelos Angelou		
Applications not considered by the PIC or Oversight Committee					
RP180733*	Richard Gorlick	The University of Texas M. D. Anderson Cancer Center	Jose Conejo-Garcia		
RP180733-AC*	Richard Gorlick	The University of Texas M. D. Anderson Cancer Center	J. Conejo-Garcia		

Application ID	Applicant/PI	Institution	Conflict Noted
RP180733-C1*	David Wheeler	Baylor College of Medicine	Jose Conejo-Garcia
RP180733-P1*	Richard Gorlick	The University of Texas M. D. Anderson Cancer Center	Jose Conejo-Garcia
RP180733-P2*	Peter Houghton	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180733-P3*	Carl Allen	Baylor College of Medicine	Jose Conejo-Garcia
RP180733-P4*	C Patrick Reynolds	Texas Tech University Health Sciences Center	Jose. Conejo-Garcia
RP180754*	Alexei Tumanov	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779*	Alexander Bishop	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779-AC*	Alexander Bishop	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779-C1*	Raushan Kurmasheva	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779-C2*	Yogesh Gupta	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779-C3*	Yidong Chen	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779-P1*	Katsumi Kitagawa	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia

Application ID	Applicant/PI	Institution	Conflict Noted
RP180779-P2*	Alexander Bishop	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180779-P3*	Raushan Kurmasheva	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP180849*	Leonidas Bleris	The University of Texas at Dallas	Matthew Weitzman
RP180892*	Bartosz Szczesny	The University of Texas Medical Branch at Galveston	Alan Tomkinson; Walter Chazin
RP180765	Dean Edwards	Baylor College of Medicine	Geoffrey Greene
RP180680*	Hye-Chung Kum	Texas A&M University	Thomas Brandon
RP180686	Kathleen Schmeler	The University of Texas M. D. Anderson Cancer Center	Electra Paskett
RP180686-AC	Kathleen Schmeler	The University of Texas M. D. Anderson Cancer Center	Electra Paskett
RP180686-C1	Rebecca Richards- Kortum	Rice University	Electra Paskett
RP180686-C2	David Lairson	The University of Texas School of Public Health	Electra Paskett
RP180686-P1	Erich Sturgis	The University of Texas M. D. Anderson Cancer Center	Electra Paskett
RP180686-P2	Elizabeth Chiao	Baylor College of Medicine	Electra Paskett
RP180686-P3	Ana Rodriguez	The University of Texas Medical Branch at Galveston	Electra Paskett
RP180732*	Maria Suarez-Almazor	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen

Application ID	Applicant/PI	Institution	Conflict Noted
RP180732-AC*	Maria Suarez-Almazor	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP180732-C1*	Susan Peterson	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP180732-C2*	Lorna McNeill	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP180732-C3*	Alma Rodriguez	The University of Texas M. D. Anderson Cancer Center	Gloria. Petersen
RP180732-P1*	Susan Peterson	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP180732-P2*	Maria Suarez-Almazor	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP180732-P3*	Eduardo Bruera	The University of Texas M. D. Anderson Cancer Center	Gloria. Petersen
RP180732-P4*	Tina Shih	The University of Texas M. D. Anderson Cancer Center	Gloria. Petersen
RP180874*	Diane Santa Maria	The University of Texas Health Science Center at Houston	Electra Paskett
RP180815	Ruiwen Zhang	University of Houston	Ying Lu
RP180822*	Aung Naing	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-AC*	Aung Naing	The University of Texas M. D. Anderson Cancer Center	Howard Hochster

Application ID	Applicant/PI	Institution	Conflict Noted
RP180822-C1*	Andrew Futreal	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-C2*	Linghua Wang	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-P1*	Anisha Patel	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-P2*	Yinghong Wang	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-P3*	Naval Daver	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-P4*	Mehmet Altan	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180822-P5*	Charles Cleeland	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP180872*	Rongfu Wang	The Methodist Hospital Research Institute	Alessandro Sette;W. Martin Kast
RP180678	Kenneth Hoyt	The University of Texas at Dallas	Kurt Zinn
RP180777*	Dawid Schellingerhout	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180777-AC*	Dawid Schellingerhout	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180777-C1*	Vidya Gopalakrishnan	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco

Application ID	Applicant/PI	Institution	Conflict Noted
RP180777-C2*	Katy Rezvani	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180777-C3*	Jason Cook	NanoHybrids, Inc.	Ross Berbeco
RP180777-P1*	Konstantin Sokolov	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180777-P2*	James Bankson	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180777-P3*	Amer Najjar	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180780*	Richard Bouchard	The University of Texas M. D. Anderson Cancer Center	Ross Berbeco
RP180820*	Georgios Alexandrakis	The University of Texas at Arlington	Arion-Xenofon Chatziioannou; Anna Wu

Panel: Basic Cancer Research - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/P1 Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
12418	RP180733	Gorlick, Richard	The University of Texas M. D. Anderson Cancer Center	Conejo-Garcia, Jose	NOTEROSSED	35
121/16		Gorlick, Richard	The University of Texas M. D. Anderson Cancer Center	Conejo-Garcia, Jose	40	72
121/18		Wheeler, David	Baylor College of Medicine	Conejo-Garcia, Jose	NS	15
21/18	RP180733-P1	Gorlick, Richard	The University of Texas M. D. Anderson Cancer Center	Conejo-Garcia, Jose	ND	15
30/18	RP180733-P2	Houghton, Peter	The University of Texas Health Science Center at San Antonio	Conejo-Garcia, Jose	NO	15

CSRA Approval:		Comments:	
Name (PRINT):	Jessica Shelton		
Signature:			
Date:	/ 5/A/T/8		

*A CSRA Representative will said their marie and institute to the frem to sucknowledge that the reviewer identified as a Conflict of interest has signed the form and left the passel room during the discussion of the application.

Panel: Basic Cancer Research - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
JUNK!	RP180733-P3	Allen, Carl	Baylor College of Medicine	Conejo-Garcia, Jose	NOTSUSSED	22
1	RP180733-P4	Reynolds, C Patrick	Texas Tech University Health Sciences Center	Conejo-Garcia, Jose	ND	72
	RP180754	Tumanov, Alexei	The University of Texas Health Science Center at San Antonio	Conejo-Garcia, Jose	NO	15
	RP180779	Hishop, Alexander	The University of Texas Health Science Center at San Antonio	Conejo-Garcia, Jose	40	22
1	RP180779-AC	Bishop, Alexander	The University of Texas Health Science Center at San Antonio	Conejo-García, Jose	NO	22

CSRA Approval:		Comments:	
Name (PRINT):	Jessica Shelton		
Signature:			
Date:	6/21/18		

^{*}A CSRA Representative will add their manus and attended in the form to acknowledge that the representative will add their manus and full the panel room shoring the discussion of the application.

Panel: Basic Cancer Research - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
5/21/8	RP180779-C1	Kurmusheva, Raushan	The University of Texas Health Science Center at San Antonio	Cunejo-Garcia, Jose	ND	25
1	RP180779-C2	Gupta, Yogesh	The University of Texus Health Science Center at San Antonio	Conejo-Garcia. Jose	NB	35
	RP180779-C3	Chen, Yidong	The University of Texas Health Science Center at San Antonio	Conejo-Garcia, Jose	NO	55
	RP180779-P1	Kitagawa, Katsumi	The University of Texas Health Science Center at San Antonio	Conejo-Carcia, Jose	NO	55
-	RP180779-P2	Bishop, Alexander	The University of Texas Health Science Center at San Antonio	Conejo-Garcia, Jose	NO	55

CSRA Approvati		Comments:	
Name (PRINT):	5005jasthellon		
Signature:	CHAN Z	>	
Date	15/2/18		
A.CSRA Representative will add the	oir manne and iterrate to the team to acknowledge that the reviewer identified as a Conflict of	atmost has signed the form and left the punct yours during the characters of the application.	

Panel: Basic Cancer Research - 1

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/P1 Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
121/16	RP180779-P3	Kurmasheva, Raushan	The University of Texas Health Science Center at San Antonio	Conejo-Garcia, Jose	NO	JS

CSRA Approval:		Comments:	
Name (PRINT):	Jessia Spelter		
Signature:		_	
Date:	15/21/18		

Procurement Sensitive Document

A CSUA Representative will add their mange and invitals to the form to acknowledge than the reviewer identified as a Conflict of Ingress has signed the form and left the punck room during the discussion of the applicance

Panel: Basic Cancer Research - I

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
					,	
						-
RA Appro	val:			Comments:		
ame (PRIN	m):	Jesona Shell	000	Aus	Additional	
ignature		100	_	- INC	2 215	
ate:	9	ENTIN)		(0)	

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
5/23/18	RP180813	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Chazin, Walter	Walter Clan	AMD
5/23/18	RP180813	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	Will	AMD
5/23/18	RP180813-AC	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Chazin, Walter	Walte D Chani	AMD
123/18	RP180813-AC	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	At Tombs	AMD
5/23/18	RP180813-C1	Ahmed, Zamal	The University of Texas M. D. Anderson Cancer Center	Chazin, Walter	Walte Dazi	AMD
CSRA Approva	d:			Comments:		
Name (PRINT)		Alison Do	rlina			
Signature:		alinis Do	JA)			

Procurement Sensitive Document

^{*} A CSEA Representative will add their more and ratials to the form to acknowledge that the reviewer identified as a Coeffici of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/Pt Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
5/23/18	RP180813-C1	Ahmed, Zamal	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	At Tund	AMD
5/23/18	RP180813-P1	Chen, Junjie	The University of Texas M. D. Anderson Cancer Center	Chuzin, Walter	Walley Chazin	AMD
5/23/18	RP180813-P1	Chen, Junjie	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	At Tout	AMD
5/23/18	RP180813-P2	Schlicher, Katharina	The University of Texas M. D. Anderson Cancer Center	Chazin, Walter	Water Can	AMD
5/23/8	RP180813-P2	Schlacher, Katharina	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	Atoms	AMD
CSRA Approv	at:			Comments:		
Name (PRINT	00	Alison Da	cling			
Signature:		Chan Do	13	1		

Procurement Sensitive Document

^{*} A CSRA Representative will odd their rame and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the paniel coons during the discussion of the application.

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
5/23/18	RP180813-P3	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Chazin, Walter	Walter Prozin	AMD
5/23/18	RP180813-P3	Tainer, John	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	Aland	AMD
5/23/18	RP180813-P4	Arun, Buou	The University of Texas M. D. Anderson Cancer Center	Chuzin, Walter	W/ Changin	AMD
5/23/8	RP180813-P4	Arun, Banu	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan	A Tout	AMD
ND	RP180849	Bleris, Leonidas	The University of Texas at Dallas	Weitzman, Matthew	Not Discussed	AMO
CSRA Approv	rl:			Comments:		

Procurement Sensitive Document

Signature:

[&]quot; A USRA Representative will add their name and mustate to the form to acknowledge that the reviewer identified as a Conflict of laterest has signed the form and left the panel secons during the discussion of the application.

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
ND 5/25/18	RP180892	Szczesny, Bártosz	The University of Texas Medical Branch at Galveston	Chazin, Walter	Not Disnused	AMD
ND 5/23/18	RP180892	Szczesny, Bartosz	The University of Texas Medical Branch at Galveston	Tomkinson, Alan	Not Disrussed	AMD

Ċ	SRA	An	proval	ŧ

Name (PRINT)	Alison Darling
Signature:	Chin Daly
Date:	5/23/18

Comments:

^{*} A CSRA Representative will add their name and initials to the form to sidenteelodge that the reviewer identified as a Circllist of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Basic Cancer Research - 2

Meeting Type: Onsite Review

This is to certi	fy thin I was not prese	nt and did not participate in the rev	new of the following application	\$		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
	1 7 7					
CSRA Appro	val:			Comments:		1
Name (PRIN	T):	Alison Do	arling	1	11	
Signature:		Man Data		No coditional CO15		
Date:		5/23/18				

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and last the panel race during the discussion of the application.

Panel: Cancer Biology Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
hs/18	RP180765	Edwards, Dean	Baylor College of Medicine	Greene, Geoffrey	91 Thu	AMN

Name (PRINT);	Alisan Darling				
Signature	Chin Dah				

5/25/18

Comments:

CSRA Approval:

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the seviewer identified as a Conflict of Interest him appeal the form and left the pured record during the discussion of the application.

Panel: Cancer Biology

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
SRA Approvi	als			Comments:		
Name (PRINT):	Alison Darling				
Signature.		Whom Daling		No additional COIS		
ate:		5/25/18				

^{*} A CSRA Representative will sidd their same and initials to the form to acknowledge that the reviewer identified as a Conflict of Insurest has aigust the form and left the panel room during the discussion of the applications.

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
DIKILR	RP180680	Kum, Hye-Chung	Texas A&M University	Brandon, Thomas	not discossed	55
QUALR		Schmeler, Kathleen	The University of Texas M. D. Anderson Cancer Center	Paskett, Electra	Electra Dradelf	15
ELKI IR	RP180686-AC	Schmeler, Kathleen	The University of Texas M. D. Anderson Cancer Center	Paskett, Electra	Electral Castell	JS
THR/K	RP180686-C1	Richards-Kortum, Rebecca	Rice University	Paskett, Electra	Electral Carrett	Js
3/18/18	RP180686-C2	Lairson, David	The University of Texas School of Public Health	Paskett, Electra	Electra D. Rusbett	<u></u> 55

CSRA Approval:		Comments:	
Name (PRINT):	desira shelten		
Signature:	MAL		
Date:	()5/19/18		

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Procurement Sensitive Document

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
2/18/18	RP180686-P1	Sturgis, Erich	The University of Texas M. D. Anderson Cancer Center	Paskett, Electra	Cleatra D. Catell	72
2/KIR	RP180686-P2	Chiao, Elizabeth	Baylor College of Medicine	Paskett, Electra	Electra Rabett	55
XK118	RP180686-P3	Rodriguez, Ana	The University of Texas Medical Branch at Galveston	Paskett, Electra	Electra Poellet	JS
2/18/18	RP180732	Suarez-Almazor, Maria	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	not discossed	SS
://ke/l&	RP180732-AC	Suarez-Almazor, Maria	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	not-disassed	<u>)5</u>

CSRA Approval:		Comments:
Name (PRINT):	Jessica Snelton	
Signature:	PAR	
Date:	15118118	

Procurement Sensitive Document

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
5/18/18	RP180732-C1	Peterson, Susan	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	NOX giznozzecy	JS
J4/12	RP180732-C2	McNeill, Lorna	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	NOTEUSSED	JS
7/8/18	RP180732-C3	Rodriguez, Alma	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	NOT DISCUSSED	35
JK/18	RP180732-P1	Peterson, Susan	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	not cussed	35
QK8/18	RP180732-P2	Suarez-Almazor, Maria	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	NOT USSECT	72

CSRA Approval:		Comments:	
Name (PRINT):	lessica she Hen		
Signature:			
Date:	1/2/18/18		

Procurement Sensitive Document

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

This is to certif	y that I was not preser	nt and did not participate in the	review of the following application	s:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
BIRILA	RP180732-P3	Bruera, Eduardo	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	not discussed)S
Phalia	RP180732-P4	Shih, Tina	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	not discussed	JS
Q1R/1R	RP180755	Lupo, Philip	Baylor College of Medicine	Paskett, Electra	Cleaner, Partet	JS
E/K/18	RP180874	Santa Maria, Diane	The University of Texas Health Science Center at Houston	Paskett, Electra	not de l'osseon	J\$

CSRA Approval:		Comments:	
Name (PRINT):	lessica Shelton		
Signature:			
Date:	T/B/18/18		

Procurement Sensitive Document

Panel: Cancer Prevention Research

Meeting Type: Onsite Review

This is to certif	y that I was not prese	ent and did not participate in the re	view of the following application	s:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
				•		
CSRA Approv	al:			Comments:		
Name (PRINT	-):	Jessica Shel	400		adairional eolis	
Signature:		Ch 9	~	100	601, 2	
Date:		V. DIIA	12018		-	

Procurement Sensitive Document

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
12118	RP180725	Fu, Yang-Xin	The University of Texas Southwestern Medical Center	Engelhard, Victor	North & Ahral	55
12/18	RP180725-AC	Fu, Yang-Xin	The University of Texas Southwestern Medical Center	Engelhard, Victor	Mrs A Ezerhose	55
12/8	RP180725-C1	Fu, Yang-Xin	The University of Texas Southwestern Medical Center	Engelhard, Victor	Mu H Zzohral	- 55
122/18	RP180725-P1	Chen, Zhijian	The University of Texas Southwestern Medical Center	Engelhard, Victor	Va A Ezelhos	-35
12218	RP180725-P2	Fu, Yang-Xin	The University of Texas Southwestern Medical Center	Engelhard, Victor	Va A Exchal	_ \>
SRA Approv	al:			Comments:		
ame (PRINT	Г):	dosi ous	helten			
gnature:						
ate:		VX %	STIS			

Procurement Sensitive Document

Do not copy or circulate without written permission.

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest

2018 Cancer Prevention and Research Institute of Texas Academic Research Program

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
322/18		Hannan, Raquibul	The University of Texas Southwestern Medical Center	Engelhard, Victor	Un AZzellinis	55
5/22/18	RP180785	Gee, Adrian	Baylor College of Medicine	Parkman, Robertson	1nnh	55
922/K	RP180822	Naing, Aung	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	NO	>>
6/29/16	RP180822-AC	Naing, Aung	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	NO	55
12/18	RP180822-C1	Futreal, Andrew	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	NO	<u>)</u> S
CSRA Approv	al:			Comments:		
Name (PRINT	Г):	JESSMOL S	Arester			
Signature:						
Date:		776	5/27/18			

Procurement Sensitive Document

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
12/18	RP180822-C2	Wang, Linghua	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	QU	85
falls	RP180822-P1	Patel, Anisha	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	77	15
12/18	RP180822-P2	Wang, Yinghong	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	NO	53
3/22/16		Daver, Naval	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	NO	85
russ	RP180822-P4	Altan, Mehmet	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	NO	\ <u>\</u>

CSRA Approvai:		Comments:
Name (PRINT):	clessifusnelton	
Signature:	MA	
Date:	out 1/4	

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Procurement Sensitive Document

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
5/22/18	RP180822-P5	Cleeland, Charles	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard	ND	<i>گ</i>
5/22/18	RP180872	Wang, Rongfu	The Methodist Hospital Research Institute	Kast, W. Martin	NP	55
5/22/146	RP180872	Wang, Rongfu	The Methodist Hospital Research Institute	Sette, Alessandro	NO	55
5/22/6	RP180880	Dalby, Kevin	The University of Texas at Austin	Powis, Garth		55
5/22/18	RP180882	Yun, Kyuson	The Methodist Hospital Research Institute	Hochster, Howard Powis, Corth	788	4
CSRA Approv	al:			Comments:		•
Name (PRIN	Γ):	Cosing C	Dollar			
Signature:						
Date:		916	122114	_		

Procurement Sensitive Document

Panel: Clinical and Translational Cancer Research

Meeting Type: Onsite Review

This is to certif	y that I was not present	t and did not participate in the	review of the following applications:			
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
6/2/18	K3/X8/2	Zrang, P	UOXHOUSTON	Yu, ling	45	3
	(fr					
	• • • • • • • • • • • • • • • • • • • •				7931	
CSRA Approv	⁄al:			Comments:		
Name (PRINT): DESIGN Shelfe D		neten				
Signature:						
Date:			12/18			

Procurement Sensitive Document

*A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Do not copy or circulate without written permission.

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/P1 Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
1/24/18	RP180678	Hoyt, Kenneth	The University of Texas at Dullas	Zinn, Kurt	KA1C35	AMO
JD 24/18	RP180777	Schellingerhont, Dawid	The University of Texas M. D. Anderson Cancer Center	Berheco, Ross	Not Discussed	AMD
ND 94/18	RP180777-AC	Schellingerhout, Dawid	The University of Texas M. D. Anderson Cancer Center	Berheco, Ross	Not Discussed	AMD
129/19	RP180777-C1	Gopalakrishnan, Vidya	The University of Texas M. D. Anderson Cancer Center	Berheen, Ross	Not Discussed	AMD
ND 1241	RP180777-C2	Rezvani, Katy	The University of Texas M. D. Anderson Cancer Center	Berbeco, Ross	Not-Discussed	AMD

CSRA Approval:		Comments:	
Name (PRINT):	Alisan Darling		
Signature	Ahm Duff		
Date:	5/24/18		

Procurement Sensitive Document

^{*} A CSRA Representative will add their manu and initials to the form to acknowledge that the reciewer electrical to a Conflict of interest has septed for form and left the panel room during the disquession of the application.

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/P1 Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
DAVIE	RP180777-C3	Cook, Jason	NanaHybrids, Inc.	Berbeco, Ross	Not Discussed	AMD
ND 841	RP180777-P1	Sokolov, Konstantin	The University of Texas M. D. Anderson Cancer Center	Berbeco, Ross	Not Discussed	AMD
24/1	RP180777-P2	Bankson, James	The University of Texas M. D. Anderson Cancer Center	Berbeco, Ross	Not Discussed	AMD
ND SAHE	RP180777-P3	Najjar_Amer	The University of Texas M. D. Anderson Cancer Center	Berbeen, Ross	Not Discussed	AMD
ND	RP180780	Bouchard, Richard	The University of Texas M. D. Anderson Camper Center	Berbeco, Ress	Not Discussed	AMD

CSRA Approval:		Comments:	
Name (PRINT):	Alison Darling		
Signature	ahon Dut		
Date:	5/24/18		

^{*} A CSRA Representative will add their more and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has support the form and left the panel room during the discussion of the application.

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
ND 124/18	RP180820	Alexandrakis, Georgios	The University of Texas at Arlington	Charzionnnou, Arion-Xenofon	Not Discussed	AMO
ND	RP180820	Alexandrakis, Georgios	The University of Texas at Arlington	Wu, Anna	Not Discussed	AMO

CSRA Approval:		Comments:	
Name (PRINT):	Alisson Darling		
Signature:	ahan Dell		
Date:	5/24/18		

Procurement Sensitive Document

* A CSRA Representative will add their amou and during to clim to acknowledge that the reviewer identified as a Conflict of internal loss signed the form and left the panel room during the discussion of the application.

Do not copy or circulate without written permission.

Panel: Imaging Technology and Informatics

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
-						
SRA Appre	eval:			Comments:		
Name (PRIN	IT):	Alisa Dout	pri	10	110	111+3
Signature:		aling P	Jerts.	1/0	Additional	1 COT
Date		5/24/18	//			

Procurement Sensitive Document

18.2 Scientific Review Council Meeting

Meeting Type: Teleconference Review

This is to certi	fy that I was not presen	t and did not participate in the re	eview of the following application	s:		
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
			- 100000000			·
	7,416.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		- Walani	
CSRA Approv	/al:			Comments:		
Name (PRINT): Alisan Darling		·				
Signature:		1: A	\bigcup \bigcup \bigcap \bigcap	1015		
Date:		7/12/2018 /		,		

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Signature:		Date: 5/21	18
Printed Name: 10 M	CURPAN		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Alexandra Date: 05/21/18

Printed Name: ALEXANDER ANDERSON

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: $\frac{5/21/2018}{}$

Printed Name: JOSE R. CONEJO-GARCIA

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Jun .	Date:	5/21/18

Printed Name: Steve Flering

Signature:	Soul In	Date: _	5/17/2018	2.
Printed Name:	Touch (Tius		-	

Signature:	Ht.	Date: _	5/21/8
			, •
Printed Name: _	KEVIN HAIGIS		

Signature:	Date: _	5/30/18	
Printed Name: Lin He			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Printed Name: Philip W Hinds

Date: 5/21/18

Signature:	Jul & Hamh		Date:	5/21/18
Printed Name: _	David	P. Houchers		

Signature:	Date: 5/21/18
	1 /
Printed Name: Kent Hunter	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

Signature:	yn V	L	Date:	5/21	118
/	The ser	X.			
Printed Name:	Gallal	<u>Č.</u>	PRENDERGA	57.	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date: 5 21

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Heide	Schatter	Date:	May 21-	2018
_					

Printed Name: HEIDE SCHATTEN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

1 ____

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 🧐

Printed Name

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Signature:	2		Date: _	5/>1/18
Printed Name: _	Xiav-Fan	Wang		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Kobert Wechsler-Reya

Signature:	_Date:	05/21/18
Printed Name: BART WILLIAMS		

Signature:	Carol Anum Date:	Maj 03/18
Printed Name: _	CAROL PRIVES	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name

Date:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	Tilley	Bayer	Date:	Mry	30,2018
			-	-	

Printed Name: Shelley Berger

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: _	Walter!	. Cario	Date: _	05/23/	[20[8
_	- Application of the Control of the	0		•	

Printed Name: Walter J. Chazin

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5/23/2018

Printed Name: Xinbin Chew

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

_____Date: 5 23 18

Printed Name: Stephaniel Haney

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5-23-18

Printed Name:

SAH KARLSZDEV

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature James Mount

Date: 5/23/18

Printed Name: James

Manfredi

Signature:	Cu Yeu	_Date: _	5/23/18
Printed Name:	CURTIS PESMEN		

Signature: <u>Illu</u>	Purl	_ Date: _	5/23/18
Printed Name: Ellen F	Pure		

Signature:	A A M	Date:	5/31/18	
Printed Name:F	Raul Rabadan			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5/31/2018

Printed Name: Ali Shilatifurd

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 23/20/8

Printed Name:

NA HUM SONENBERC

Signature:	A Ton	l	Date:	May	23, 2018
Printed Name: _	ALAN	TOMKINSON			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name: MATTHEW WETUMS

Signature:	leff fr	ary	Date: _	May	23, 2018
Printed Name: _	Teff	Wrang			

Signature: Poly Jo.	Date:	5/25/18
•		/ //
Printed Name: Will Forb		

Signature: Hew Belinky	Date: 5/25/18
Printed Name: Steven Belinsky	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5/25/2018

Printed Name: 643K1

1SERGERS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Meather Christoffe Date: 5/25/18

Printed Name: Wather Christoffe

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: 1910 H ONTING Date: 5/25/1

Printed Name: SHRA A COURTNEIDGE

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Date:	25/MAY/2018
2.6	 	

Printed Name: DANIEL D. DE CARVALHO

Signature:	Then	Date:	25 May 2018
Printed Name:	Eric R. Fearon		

Signature:	17 There	Date: _	5/25/18
Printed Name:	Gertfrey Greene		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: /

Date: 5/25/18

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5/24/18

Printed Name: WMIAM HAHN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Michael A. Holling sworter

Signature:	dean Level be	Date: _	5/26/18'	
Printed Name:	JEAN PIOPRE ISSA			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name: MEISS M

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5/25/2018

Printed Name: NOUT, Neamati

Signature:	Nath Seles Date:		Date:	5/25/18	
Printed Name:	Keith	Robertson	-)		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: <u>Ouns Frachel</u> Date: <u>May 25, 2018</u>
Printed Name: <u>Anne</u> R Tonachel

Signature:	Can Vailet	Date: _	5-25-18
Printed Name:	CAROL VALLETT		

Signature:		Date: _	5-25-18
Printed Name:	Ting Wang		

Signature: <u>Zeno Werl</u>			Date:	5/25/18	
Printed Nar	ne:	Zena	Werb		

Signature:	OL M.	Jul_	Date: <u>5/18/18</u>
			•
Printed Name: _	Thomas	A. Sellers	

Signature:	Win Bar		Date:	05/18/18
Printed Name: _	William &	iar low		

Signature: Brun Bother	Date: _	5 18/2018
Printed Name: Brian Booker		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Thomas H. Brandon

Signature:	A OS		_ Date: _	5/18/2018
Printed Name: _	ZIGANG	Dong	<u>.</u>	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

Daie,

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Michal-Judith Gillman

Date: 05/18/2018

Printed Name: Michal-Judith Gillman

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 🏒 ^/

Printed Name:

MIMAN

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Naci B. Kumpe

Printed Name: Naci B. Kumpe

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: <u>Jawrence H. Kushi</u> Date: <u>5/18/2018</u>
Printed Name: <u>Lawrence H. Kushi</u>

Signature:	Clara C.	Date: _	5/18/2018
Printed Name	: Christopher Li		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Man E. Mart - Date: 5/18/18

Printed Name: Maria Eleva Wartinet

Signature:(1	2.	 _Date: _	5/1	8/18
Printed Name:	Loreki	Much			

Signature:	um F. an	_ Date:	5/30/18
-			
Printed Name:	Andrew F. Olshan		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

Nexander Parken

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Electra D. Paskett Date: 5-18-18

Printed Name: Electra D. Paskett

Signature:	More feteren	_ Date:	5/18/18
Printed Name: __	Gloria Petersen		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	· Oly	_ Date:	5/18/2018
	O(1 + O(1))	* .	0.0

N

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Samo

Printed Name: FAZLUL SARKAR

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: ______ Date: 5/20/18

Printed Name: Rocka 20 J. O. Keilly

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 5/22/18

Printed Name: Macagnet Tempero

Signature:	-ADuf-	Date: 5/30/2018
Printed Name:	ALEX A. ADJEI	

Signature:	MBall	Date: _	5/12/18
Printed Name:	Steven Balk		

Signature:	Pala, Bun	Date: 5/22/2015
Printed Name:	PAUL A. BUNN	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: <u>Whn Dipersio</u>

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: MA Zemmel Date: 5/22/18

Printed Name: VICTY H Englhard

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

Signature:	3		Date:	5	22	18
Printed Name:	Lawtence	For				

Signature:	A		_Date:	5/22/18
Printed Name:	Stephan	Com		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

_____ Date: 5/22/18

Printed Name: Samontha K Guld

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Howard Hochet Date: 5/20/18

Printed Name: Howard Hocheter

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: MICKEY C. HU

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: W. MARTIN KAST

Signature:	42		Date: _	5/4/2018
Printed Name:	Yina	Lu		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Chale Me Then Date: 5/31/18

Printed Name: Oranges Mollighan

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Donna Niedzwiecki

Signature:/	Mh	Date: _	5/22/16
Printed Name:	R. PARKIMON		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

SUNOT At 10WL

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

Signature:	axoup	Date: <u>\$\langle 22/18</u>
Printed Name:	Antoni RiBAS	

Signature:	J- RS	Date: <u>ら〜22/</u> 8
Printed Name:	JEROME RITZ	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: (Maly 1)

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature

Date:

Printed Name: AUSCAND R

Signature:	UN SC	Date: 5/22/18
Printed Name:	NEIL SHAM	

Signature:	Walter	Stada	Date:	5/30/18
Printed Name:	Walter Stadler			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: S/zz/18

Printed Name

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name: Johna Nichols Threlkeld

Signature:	Date:/8
Printed Name: CITURE	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: David Clery Date: 5/21/188

Printed Name: David Wehling

Signature:		Date:	5/22/14
Printed Name: _) 1011		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

o 1- 11

Signature:	Carely of and	Date: _	5/24/18
Printed Name:	carolyn Anderson		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date:

Pasilion

Signature:	1			Date:	5/24/18
-	}	V			
Printed Name		R055	Berbeco		

Signature:			Date: _	5/24/18
Printed Name: _	Weibo	Car		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

	1 / /	24 AMD	
Signature:	444	Date: $5/\sqrt{20}$	18

Printed Name: ARION HADIOANNON

Signature:	Jours	'1 ~ ·	Date: _	5-24-18
Printed Name:	JOHN	GORE		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Dell Date:

Printed Name: Daphne Haas Kogan

Signature:	Mamba	Date:	5/24/18
Printed Name:	Hossen Jadvar		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 5/29/2018

Printed Name: 6. Man John Sow

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: KATTESH KATTI

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Some Date: 24 May 18

Printed Name: JASON S. LEWIS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: John Han T.C. Liu

Signature:		Date: _	5/24/18
	t 0 11A		·
Printed Name:	D. Men Ut		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: <u>Juda</u> Nettlota

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Date: May 24, WO

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: $\sqrt[6]{24/18}$

Printed Name: MARTIN PUMPER

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:		fria Milo	Date:	5/24/228
· ·	//	/ 		

Printed Name: BRIAN RUTT

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Muk this Date: 5/24/18

Printed Name: MARK L. STOLOWITZ

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: Date:	Signature:	() Suff	Date: _	5/24/18
------------------------	------------	----------	---------	---------

Printed Name: JOCIE SUTCLIKE

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

e: 05/24/18

Printed Name:

HENRY F. VANBROCK UN

Signature:	Marin Illorin	Date: _	5/24/8
Printed Name:	Warren S. Warren		

Signature:	annath, he	Date: May 21,20 R
Printed Name:	Anna MWh	

Signature:	KAP Ju	Date:	5-24-18
Printed Name:	Kurt R. Zinn		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 7-12-18

Printed Name:

MOLODNER

Signature:	Date:	7-12-18
Printed Name: Jom Curcan		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Sanjiv Gambhir

Signature LL Ja.	Date: 7/12/18
Printed Name: PETER ADNES	,

Signature: Rued Hay	Date: _7/12/18
Printed Name: Richard J. O'Reilly, MD	

Signature:	Carol Prives	Date:	July 13 2018	
Printed Name:	Carol Prives			

Conflicts of Interest Disclosure Product Development Research 18.1 Applications

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. Applications reviewed in Product Development Research Cycle 18.1 include *Texas Company Product Development Awards* and *Company Relocation Product Development Awards*. 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/PI	Institution	Conflict Noted				
Applications considered by the PIC and Oversight Committee							
No applications recommended.							
Ap	plications not considered	by the PIC or Oversight Co	ommittee				
DP180017	Tania Fernandez	Midissia Therapeutics	Neil Spector				
DP180018*	David Wilson	Omnitura Therapeutics	Mark Pegram				
DP180004*	Ana Tari Ashizawa	Bio-Path Holdings, Inc.	Gabriel Cipau;Ginette Serrero;Mark Pegram				
DP180005	Josiah Hornblower	Shattuck Labs, Inc.	Sarah Silberman; Neil Spector				
DP180007*	Siu Kit Lam	Immunophotonics, Inc.	Gabriel Cipau; Ginette Serrero; Mark. Pegram				
DP180010	Upendra Marathi	7 Hills Interests LLC	Gabriel Cipau; Ginette. Serrero; Mark Pegram				
DP180012*	Manijeh Goldberg	Privo Technologies, Inc.	Gabriel Cipau; Ginette Serrero;Leila Alland; Mark Pegram				
DP180015*	Rey Calderon	NHC LLC	Gabriel Cipau; Ginette Serrero; Mark Pegram				
DP180016*	Chad Groer	AvuraBio LLC	Gabriel Cipau; Ginette Serrero; Mark Pegram				

Application ID	Applicant/PI	Institution	Conflict Noted
DP180019	Robert Proulx	Imagion Biosystems, Inc	Gabriel Cipau; Ginette
			Serrero; Mark Pegram
DP180020	Robert Igarashi	Cyto-Sen Therapeutics,	Gabriel Cipau; Ginette.
		Inc.	Serrero; Mark Pegram
DP180024	Daniel Garner	Bastion Biologics, Inc.	Gabriel Cipau; Ginette
			Serrero; Mark Pegram

Panel: FY18.1 Due Diligence Panel

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:						
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
CSRA Approval: Comments:						
Name (PRIN	г):	Aaron Chumbri	5	No Additional COIs		
Signature:	****	Aaron Chumbri Ca Ca 1/16/18	-			
Date:		1/16/18				

Procurement Sensitive Document

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: FY18.1 Due Diligence Panel

Meeting Type: Teleconference Review

		ent and did not participate in the rev				
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
						į

CSRA Approv	val:			Comments:		
Name (PRINT	Г):	Aaron Chumbri	S	Na	No Additional COIs	
Signature:		an Ca) 	100	100 /TUU/TIVNAI CO 15	
Date:		1-23-18				

Procurement Sensitive Document

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
	DP180004	Tari Ashizawa, Ana	Bio-Path Holdings, Inc.	Cipau, Gabriel	Not discussed	AMC
	DP180004	Tari Ashizawa, Ana	Bio-Path Holdings, Inc.	Pegrant, Mark	Not discussed	AMC
	DP180004	Tari Ashizawa, Ana	Bio-Puth Holdings, Inc.	Serrero, Gineste	Na+ discussed	AMC
	DP180005	Horoblower, Josiah	Shattuck Lubs, Inc.	Silbermun, Sundra	Reviewer not present at meeting	AMC
	DP180007	Lam, Shi Kit	Immunophotonics, Inc.	Cipau. Cabriel	Not discussed	AMC

CSRA Approval:

Name (PRINT)	Aaron Chumbris
Signature	an Cli
Date:	10/25/17

Comments:

Post-mtg note: Reviewers Cipau, Pegram and Serrero were added to the PDP-2 panel as ad hocs to review application DP180005. They were also marked as COIs on applications DP180004, DP180007, DP180010, DP180012, DP180015, DP180016, DP180019, DP180020, and DP180024. This was done to ensure they could only view their one assigned application, DP180005.

^{*}A CSRA Representative will add their name and ratiols to the form as acknowledge that the reviewer identified as a Conflict of linearity has reposed the form and left the panel room during the discussion of the application.

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
	DP180007	Lam, Siu Kit	Immunophotonics, Inc.	Pegram, Mark	Not discussed	AMC
	DP1R0007	Lam, Sio Kit	Immunophotonies, Inc.	Serroro, Ginette	Not discussed	AMC
	DP180010	Marathi, Upendra	7 Hills Interests LLC	Cipau. Gabriel	Verified telephonically by CSRA	AMC
	DP180010	Marathi, Upcodra	7 Hills Interests LLC	Pegram, Mark	Larrified telephonically by CSRA	AMC
	DP180010	Marathi, Upendra	7 Hills Interests LLC	Serroro, Ginette	Verified telephonically by CSRA	AMC

Name (PRINT): Aaron Chumbris Signature: Un Cli Date: 10/35/17

Procurement Sensitive Document

^{*}A CSRA Repronuences will add from summand initials to the form to acknowledge that the exvision should not be form and left the powel mion during the discussions of the application

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
	DP180012	Goldberg, Manijeh	Privo Technologies, Inc.	Atland, Leila	Nat discussed	AMC
	DP180012	Goldberg, Manijeli	Privo Technologies, Inc.	Cigan, Gabriel	Not discussed	AMC
	DP180012	Goldberg, Manijeh	Privo Technologies, Inc.	Pegrum, Mark	Not discussed	AMC
	DP180012	Goldberg, Manijeh	Privo Technologies, Inc.	Serrero, Ginette	Not discussed	AMC
	DP180015	Caldeeon, Rey	NHCLLC	Cipau, Gabriel	No+ discussed	AMC

CSRA Approval:		Comments:	
Name (PRINT):	Agron Chumbris		
Signature:	an Chi		
Date:	10/25/17		

Procurement Sensitive Document

^{*}A CSRA Representative will add from norm and familis to the form to acknowledge that the reviewer identified as a Conflux of linearest has vigned the form and left the panel recon therma the shownesses of the approximan

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
	DP180015	Calderon, Rey	NHCLLC	Pegram, Mark	Not discussed	AMC
	T)P180015	Calderon, Rey	NHCLLC	Serrero, Ginette	Not discussed	AMC
	DP180016	Greer, Chad	AvuraBio LLC	Cipau, Gabriel	Not discussed	AMC
	DP180016	Groer, Chad	AvuraBio LLC	Pegram, Mark	No+ discussed	AMC
	DP180016	Greet, Chad	AvuraBio LLC	Serrem, Ginette	Not discussed	AMC
SRA App	rovali	1		Comments:	•	
Name (PRINT):		Agron Chumbris On Clai				
Signature:		anc	li			
Date:	Date: 10/25/		/17			

^{*}A CSRA Representative will add their name and invision the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discounce of the application

Procurement Sensitive Document

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
	DP180019	Prouls, Robert	Imagion Biosystems, Inc.	Cipux, Cabriel	by CSRA	AMC
	DP180019	Prouls, Robert	Imagion Biosystems, Inc	Pegyam, Mark	Verified telephonically by CSRA	AMC
	DP180019	Proulx, Robert	Imagion Biosystems, Inc	Serrero, Ginette	by CSRA	AMC
	DP180020	Igarashi, Robert	Cyus-Sen Therapeutics, Inc.	Cipau, Gabriel	Verified telephonically by CSRA	AMC
	DP180020	Igarashi, Robert	Cyto-Sen Therapouties, Inc.	Pegram, Mark	Verified tolephonically by CSRA	AMC
SRA Appr	roval:		4	Comments:		

an Clai

Procurement Sensitive Document

Signature:

Date:

^{*}A CSRA Representative will add their name and initials to the flow to acknowledge that the reviewer identified as a Conflict of Interest has rigned the form and left the panel topos during the discussion of the application.

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/P1 Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
	DF180020	Iganishi, Robert	Cyto-Sen Therapenties, Inc.	Serroro, Cinette	by CSRA	AMC
	DP180024	Garner, Daniel	Bastion Biologies, Inc.	Cipau, Gabriel	Not discussed	AMC
	DP180024	Garner, Duniel	Bastion Biologies, Inc.	Pegram, Mark	Not discussed	AMC
	DP180024	Garner, Daniel	Bastion Biologies, Inc.	Serroro, Ginette	Not discussed	AMC

CSRA Approval:		Comments:	
Name (PRINT):	Aaron Chumbris		
Signature:	an Clei		
Date:	10/25/17		

Procurement Sensitive Document

[&]quot;A CSRA Representative will add thoronous and mittals to the form to acknowledge that the reviewer identified as a Conflict of lineral has signed the form and left the pased room during the discussion of the application.

Panel: 18.1 Product Development Panel-2

Meeting Type: Onsite Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials
		1				
		1				
				40.000		
CSRA Appro	vaf:			Comments		
Name (PRINT):		Aaron Chumbris		No Additional COIS		5
Signature:		an Oi 10/25/17				
Date		10/25/	17			

Procurement Sensitive Document

Panel: 18.1 Product Development Panel-1

Meeting Type: Teleconference Review

Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
9/25/17	DP180005	Homblower, Josiah	Shattuck Labs, Inc.	Spector, Neil	Verified telephonically by CSRA	AMC
9/25/17	DP180017	Fernandez, Tania	Midissia Therapeutics	Spector, Neil	Verified telephonially by CSRA	AMC
9/25/17	DP180018	Wilson, David	Omnitura Therapeutics	Pegram, Mark	Not discussed	AMC

CSRA Approval:		Comments:
Name (PRINT):	Aaron Chumbris	
Signature:	An Cli	
Date:	9-25-17	

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and imitials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: 18.1 Product Development Panel-1

Meeting Type: Teleconference Review

This is to certi	fy that I was not pres	ent and did not participate in the rev	iew of the following application	s:			
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*	

CSRA Approval: Comments:							
Name (PRINT):		Aaron Chumbris		NO ALL LOCAL			
Signature:		9-25-17		No	No Additional COIs		
Date:		9-25-17					

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

Panel: 18.1 Product Development Panel-2

Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:						
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*
9/26/17	DP180012	Goldberg, Manijeh	Privo Technologies, Inc.	Alland, Leila	Verified telephonically by CSRA	AMC
-						
CSRA Approval:						
Name (PRINT):		Aaron Chumbris				
Signature:		Aaron Chumi	-			
Date:		9-26-17				

Procurement Sensitive Document

^{*} A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 1/23/18

Printed Name: Jak Geriasg

Signature: Tula Illand	Date: 23 Jan 2018
Printed Name: Leila Alland	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Printed Name:

Date: 1/24/2018

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 23 Jan 18

Printed Name:

Signature: _	Sandra Silberman	Date: _	23 January 2018
Printed Nar	me: Sandra Silberman		

Signature:		Date: _	1.23.18	
	0- 2-			
Printed Name:	COLIN TURNBULL	_		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Truk Geriosy Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Zula 1	Klan	Date: 16 Jan 2018
Printed Name:	Leila	Alland	

0

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

Signature:	JAmes -		_Date: _	1/16/2018
Printed Name:	GINETTE	SERRERD		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 16 Jan 18

Printed Name: David G. Shoemaker

Signature: <u>Sa</u>	andra Silberman	Date: 22 January 2018
Printed Name:	Sandra Silberman	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	Colin	(well)	Date:	1,17,18
_	****	and.		

Printed Name: COLIN TURNBULL

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature

Date: 25 Oct 117

Printed Name:

Signature:	Zela blak	Date: 25 Oct 2	el 7
Printed Name	: Lerla Alland		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: Ocho 20, 25, 2017

Printed Name: Renzo Cometto, M.D.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Cahiel lipan Date: 10/25/2017

Printed Name: GABRIEL CIPAU

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature

Date: 10/25/2017

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Printed Name:

rectoky

Signature:	Mara b	inskerg	Date:	10-25-17
Printed Name:	Mara	6 insberg		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 10/85/17

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

Date:

Printed Name:

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 10/25/1

Printed Name: MARK MOASSEN

Signature:	Made D. Pegram	Date: _	10.25.17	.17
Printed Name:	Mark Pegram			

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	G A	V	Date:	10/25/26/7
-	-market library		•	omitiotistisminista sestantistismini <mark>tti</mark> tärenoosuurun fijamisessaaren ¹⁹

Printed Name: GIVE HE SERRERO

Signature:		_ Date: _	11.8.17
Printed Name:	COLIN TURNBULL		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date:

AMA

Printed Name:

NERYL WEIN REB

FY18.1 Product Development Panel – 1 (PDP-1) September 25, 2017

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

Signature: She fist	Date: 10 (3/17
	- la
Printed Name: Jack Ge	27017

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:		Date: 9/25/17
	Gabriel Cipau	
Printed Name:		

Sabrid lipan

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: 10 4 4. Carlin Date: 9/15/17

Printed Name: Nora E. Corbine

Signature: Kely A	Date: _	9/25/17
Printed Name: Robert Fighin MO		
Printed Name: Kobster Fighin Mo		

Signature:	Mara	berkeeg	Date:	<u>'-25-17</u>
Printed Name:	Mara	Girdon		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: Mark Pegcam Date: 9/25/17

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:	y Amo	Date: 25 September 2017	
	and the state of t		

Printed Name: Ginette Serrero____

Signature:	And April		Date: _	10/04/2017	
Printed Name: _	Neil Spector, M.D.				



FY18.1 Product Development Panel – 1 (PDP-1) September 25, 2017

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Date: 9, 24, 17

Printed Name: COLIN TURNSTAL

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 26 Sep 19

Printed Name:

David G. Shoemaker

Signature: Zula Hlad	Date: 26 Sep 2017
Printed Name: Laila Alland	

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Name: Nento Conetto, M.D.

Printed Name: Nento Conetto, M.D.

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Printed Name: KOY COSAV

Signature: DW W	
Printed Name: VOCOIC GUIU	<i>y</i>

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature:

Date: 9-26-1)

Printed Name: /

terbert kim Lyenly

Signature:	Sandra Silberman	Date:	26 September 2017
Printed Name:	Sandra Silberman		

I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Spery Carusel Date: 9/26/17

Printed Name: MERYL COEINREB

Conflicts of Interest Disclosure Prevention Cycle 18.4 Applications

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. Applications reviewed in Prevention Cycle 18.4 include *Dissemination of CPRIT-Funded Cancer Control Interventions*. 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/PI	Institution	Conflict Noted		
App	Applications considered by the PIC and Oversight Committee				
No applications recommended. No conflicts reported.					
Applications not considered by the PIC or Oversight Committee					
No applications recommended. No conflicts reported.					

Peer Review Certification of Non-Participant in Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest 2018 Cancer Prevention and Research Institute of Texas Prevention Program

Panel: 18.4 Prevention DI Panel Meeting Type: Teleconference Review

This is to certify that I was not present and did not participate in the review of the following applications:							
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	CSRA Name/Initials*	
CSRA Approval: Comments:							
Name (PRINT):		ViNiceia Carter		No Add	No Additional COIs		
Signature:		Villiceia Carter			J J J J		
Date: 7/20/2018							

Procurement Sensitive Document

Do not copy or circulate without written permission.

6/14/2018 2:23:42PM Page 1 of 1

^{*}A CSRA Representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application.

ر. ح	Hephen W. Wyatt		07/02/40	
Signature:	0	Date:	07/23/18	
Printed Name: _	Stephen W. Wyatt, DMD, MPH			

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

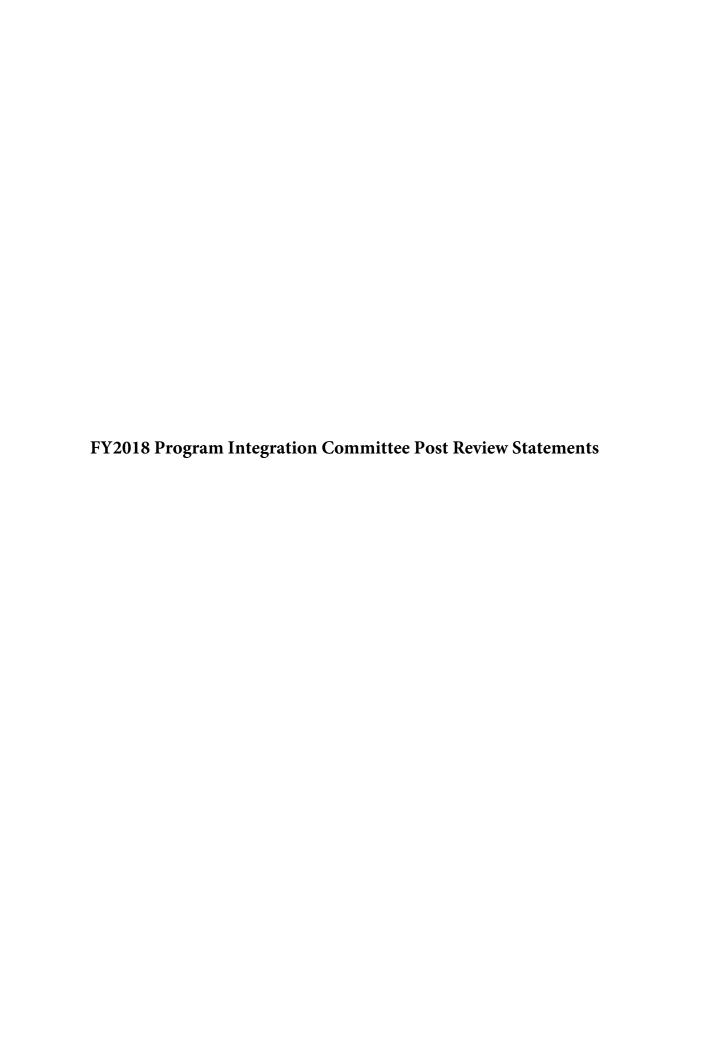
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for SRPP Committee Members.

Signature: Ros C Brown Date: July 20, 2018

Printed Name: Ross C. Brownson

POST REVIEW STATEMENT FOR CPRIT SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP) COMMITTEE MEMBERS

Signature:	ancy (. Lee	Date:	7/20/2018
Printed Name:	Nancy C. Lee		



Signature: Belin Dra-	Date:	10, 31.	17
Printed Name: Rebecca GARCIA	_		

Signature:	Jullson	Date:	10/31	12017.
Printed Name:	Willsow			

Signature: Michael Xay	Date:	10/31	2017	
Printed Name: Michael LANG	_			

Signature:	Rayers	Date:	10-31-17	
Printed Name:	Wayre R. Roberts			

I understand CPRIT's conflict of interest policies and have reported any conflicts of interest that I may have with respect to applications submitted to the PIC for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for PIC Members.

Signature: 2.6.18

Printed Name: Kebecca Garcia

Signature:	Date: _	3/6/3018	
Printed Name: John Hallszerelt, My	2		

Signature:	Sw	llsm	_ Date:	2 /	6	12018
Printed Name: _	7	Willson	_			

I understand CPRIT's conflict of interest policies and have reported any conflicts of interest that I may have with respect to applications submitted to the PIC for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for PIC Members.

Signature: Michael Vany Date: 2/6/2018

Printed Name: Michael LANG

Signature:	nangest	_ Date:	2-6-18
Printed Name: _	Wayne R. Reperts		

Signature:	Ca She-	Date:	4.30.18
Printed Name: _	Rebecca GARCH		

I understand CPRIT's conflict of interest policies and have reported any conflicts of interest that I may have with respect to applications submitted to the PIC for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of interest as defined by the CPRIT Conflict of Interest Policy for PIC Members.

Printed Name: John Hallszersbt, MD

Signature:	fully	Date: _	4130118	_
Printed Name:	willson			

Signature: Michael	day	Date:	4/30 1	2018
	9			
Printed Name: Muhael	LANG			

Signature:	Transports	Date:	4-20-18	
Printed Name: _	Wayre R. Roberts			

Signature: Holen In -	Date:	7.31.18
Printed Name: Rebecca GARCIA		

Signature:	_ Date: _	7/31/2018	
Printed Name: John Hellssquat,	my		

Signature:	pulls	_ Date: _	7131	12.15
Printed Name:	Willson	_		

Signature: Michael C	lang	Date:	7/3/	72018	
Printed Name: Muhael	LANG				

Signature:	nagent	Date:7-31-18	
Printed Name: _	Wage R. Robert		