



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

FY2020 Conflict of Interest Documentation

Sign Out Sheets
Post-Review Statements
Conflict of Interest Disclosure Tables
Conflict of Interest Waivers



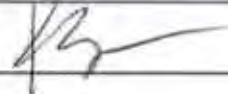
CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

FY2020 Conflict of Interest Sign Out Sheets

Scientific Research and Prevention Programs Committee

**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: Basic Cancer Research-1
Meeting: 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	GDIT Name/Initials*
10/18/19	RP200436	YANG, FENG-CHUN	The University of Texas Health Science Center at San Antonio	Swanson, Kristin		EMD

GDIT Approval:

Name (PRINT):

Signature:

Date:

Eder DeLeon



10-18-2019

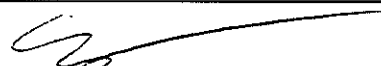

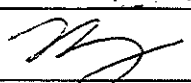
Comments:

No additional COIs

*A GDIT 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
Panel: Basic Cancer Research-2
Meeting: 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	GDIT Name/Initials*
10-17-19	RP200092	Huse, Jason	The University of Texas M. D. Anderson Cancer Center	Petrini, John		EMD
10-17-19	RP200166	Millward, Steven	The University of Texas M. D. Anderson Cancer Center	Tomkinson, Alan		EMD
10-11-19	RP200254	Paull, Tanya	The University of Texas at Austin	Petrini, John	See note	EMO
10/17/19	RP200279	Lee, Sang Eun	The University of Texas Health Science Center at San Antonio	Tomkinson, Alan	Not discussed	EMD
10-17-19	RP200391	Wang, Y. Alan	The University of Texas M. D. Anderson Cancer Center	Bardeesy, Nabeel		EMD


* John Petrini signed on the wrong line was suppose to sign RP200254 but sign on RP200092 which was not discussed.
* RP200092 was not discussed John Petrini signature was for RP200254.

GDIT Approval:

Name (PRINT):

Signature:

Date:

Eder DeLeon

10-17-19

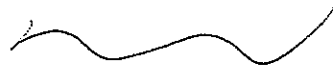



Comments:

No additional COIs

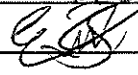
*A GDIT representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application

**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: Cancer Biology
Meeting: 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	GDIT Name/Initials*
6/24/19	RP200056	Conacci Sorrell, Maralice	The University of Texas Southwestern Medical Center	Christofk, Heather		EMD
6/21/19	RP200077	Zuo, Xiangsheng	The University of Texas M. D. Anderson Cancer Center	Issa, Jean-Pierre		EMD*
6/21/19	RP200197	Liang, Shuang	The University of Texas Southwestern Medical Center	Christofk, Heather		EMD
10/21/19	RP200221	Martinez, Elisabeth	The University of Texas Southwestern Medical Center	Christofk, Heather	Not discussed	EMD
10/21/19	RP200315	PARK, JAE-IL	The University of Texas M. D. Anderson Cancer Center	Issa, Jean-Pierre	Reviewer Not Present during discussion	EMD
10/21/19	RP200408	Taniguchi, Cullen	The University of Texas M. D. Anderson Cancer Center	Tonachel, Anne		EMD

* Heather Christofk inadvertently signed wrong COI line; however, application was not discussed.

GDIT Approval: Eder DeLeon
 Name (PRINT): Eder DeLeon
 Signature: 
 Date: 10/21/2019



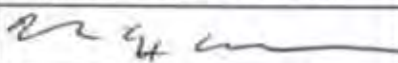

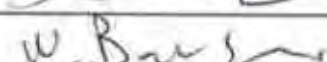
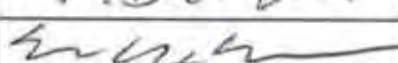
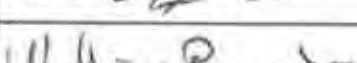
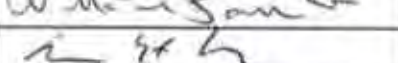
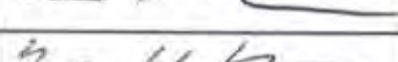
Comments:

No additional COIs

*A GDIT 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
Panel: Cancer Prevention Research
Meeting: 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	GDIT Name/Initials*
10/22/19	RP200025	Sturgis, Erich	The University of Texas M. D. Anderson Cancer Center	Li, Christopher		VRC
10/22/19	RP200094	Chen, Ru	Baylor College of Medicine	Petersen, Gloria		VRC
10/23/19	RP200099	Pan, Sheng	The University of Texas Health Science Center at Houston	Petersen, Gloria	Application not discussed	VRC
10/22/19	RP200145	Deshmukh, Ashish	The University of Texas Health Science Center at Houston	Brandon, Thomas		VRC
10/22/19	RP200141	Cowell, Lindsay	The University of Texas Southwestern Medical Center	Li, Christopher		VRC
10/22/19	RP200141	Cowell, Lindsay	The University of Texas Southwestern Medical Center	Barlow, William		VRC
10/22/19	RP200159	Shastri, Surendranath	The University of Texas M. D. Anderson Cancer Center	Brandon, Thomas		VRC
10/22/19	RP200193	Ghosh, Rita	The University of Texas Health Science Center at San Antonio	Barlow, William		VRC
10/22/19	RP200238	Patel, Divya	The University of Texas Health Center at Tyler	Brandon, Thomas		VRC
10/22/19	RP200305	Robinson, Jason	The University of Texas M. D. Anderson Cancer Center	Brandon, Thomas		VRC

GDIT Approval:

Name (PRINT): Viniceia Carter
 Signature: Viniceia Carter
 Date: 10/22/19

Comments:

No additional COIs

*A GDIT 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
Panel: Cancer Prevention Research
Meeting: 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	GDIT Name/Initials*
10/22/19	RP200336	Scheet, Paul	The University of Texas M. D. Anderson Cancer Center	Mucci, Lorelei	Reviewer Reviewer had not yet joined call - Verified Telephonically	VRE
10/22/19	RP200441	Sen, Subrata	The University of Texas M. D. Anderson Cancer Center	Petersen, Gloria	Application not discussed	VRE

GDIT Approval:

Name (PRINT): Viniceia Carter
 Signature: Viniceia Carter
 Date: 10/22/19

Comments:

No additional COIs

*A GDIT 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
Panel: Cancer Prevention Research
Meeting: 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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): Viniceia Carter
 Signature: Viniceia Carter
 Date: 10/22/19

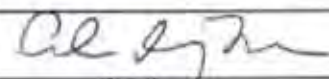
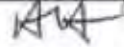

Comments:

No additional COIs

*A GDIT 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 applications

**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: Clinical and Translational Cancer Research
Meeting: 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	GDIT Name/Initials*
10/24/19	RP200291	Konopleva, Marina	The University of Texas M. D. Anderson Cancer Center	Mullighan, Charles		VRC
10/24/19	RP200356	Dusari, Arvind	The University of Texas M. D. Anderson Cancer Center	Hochster, Howard		VRC
10/24/19	RP200432	Reynolds, Charles	Texas Tech University Health Sciences Center	Kast, W. Martin		VRC

GDIT Approval:

Name (PRINT):

Vi Niceia Carter

Signature:

Vi Niceia Carter

Date:

10/24/19

Comments:

No Additional COIs

*A GDIT 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
Panel: Clinical and Translational Cancer Research
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): V. Niceia Carter

Signature: V. Niceia Carter

Date: 10/24/19

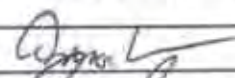


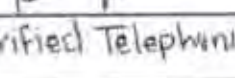
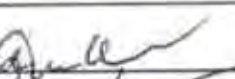
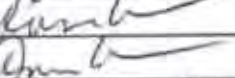
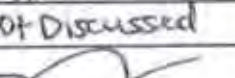
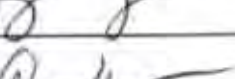
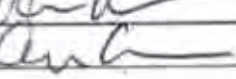

Comments:

No Additional COIs

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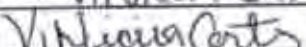
**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: Imaging Technology and Informatics
Meeting: Onsite Meeting**

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	GDIT Name/Initials*
10/23/19	RP200021	Zhang, Li	The University of Texas at Dallas	Wu, Anna		VRE
10/23/19	RP200021	Zhang, Li	The University of Texas at Dallas	Berbeco, Ross		VRE
10/23/19	RP200161	Mason, Ralph	The University of Texas Southwestern Medical Center	Wu, Anna		VRE
10/23/19	RP200161	Mason, Ralph	The University of Texas Southwestern Medical Center	Berbeco, Ross		VRE
10/23/19	RP200167	Pagel, Mark	The University of Texas M. D. Anderson Cancer Center	Basilion, James	Verified Telephonically	VRE
10/23/19	RP200192	Jia, Xun	The University of Texas Southwestern Medical Center	Wu, Anna		VRE
10/23/19	RP200214	Fei, Baowei	The University of Texas at Dallas	Wu, Anna		VRE
10/23/19	RP200233	Zheng, Jie	The University of Texas at Dallas	Wu, Anna		VRE
10/23/19	RP200351	Nguyen, Kytai	The University of Texas at Arlington	Wu, Anna	Not Discussed	VRE
10/23/19	RP200375	Lin, Lilie	The University of Texas M. D. Anderson Cancer Center	Mankoff, David		VRE
10/23/19	RP200456	Choi, Changho	The University of Texas Southwestern Medical Center	Wu, Anna		VRE
10/23/19	RP200479	Zoldan, Janet	The University of Texas at Austin	Wu, Anna		VRE

GDIT Approval:

Name (PRINT): Viniceia Carter

Signature: 

Date: 10/23/19

Comments:

No Additional COIs

*A GDIT representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed this 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
Panel: Imaging Technology and Informatics
Meeting: 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	GDIT Name/Initials*
10/23/19	RP200497	Jaworski, Justyn	The University of Texas at Arlington	Wu, Anna	Not discussed	VRE

GDIT Approval:

Name (PRINT): V. Nickiea Carter
 Signature: V. Nickiea Carter
 Date: 10/23/19

Comments:

No Additional COIs

*A GDIT representative will add their name and initials to this 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
Panel: Imaging Technology and Informatics
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

V. Nicolson Carter

Signature:

V. Nicolson Carter

Date:

10/23/19

Comments:

No Additional COI's

*A GDIT 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 2020 Cancer Prevention and Research Institute of Texas Academic Research Program**

20.1 Scientific Review Council 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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): Viniceia Carter

Signature: Viniceia Carter

Date: 12/12/19

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Basic Cancer Research-2
Meeting: 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	GDIT Name/Initials*
4/17/20	RP200570	Cisneros, Gerardo	University of North Texas	Weitzman, Matthew	Application Not Discussed	VRC

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: *ViNiceia Carter*

Date: April 17, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Basic Cancer Research-2
Meeting: 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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: *ViNiceia Carter*

Date: April 17, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Cancer Biology
Meeting: 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	GDIT Name/Initials*
4/22/2020	RP200604	Chapkin, Robert	Texas AgriLife Research	Fearon, Eric	Verified telephonically	EMD

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: April 22, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Cancer Biology
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: April 22, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Cancer Prevention Research
Meeting: 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	GDIT Name/ Initials*
4/20/20	RP200524	Hassan, Manal	The University of Texas M. D. Anderson Cancer Center	Parker, Alexander	Application not discussed	VRC
4/20/20	RP200537	Thrift, Aaron	Baylor College of Medicine	Haiman, Christopher	Verified telephonically	VRC

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: ViNiceia Carter

Date: April 20, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Cancer Prevention Research
Meeting: 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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: ViNiceia Carter

Date: April 20, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Clinical and Translational Cancer Research
Meeting: 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	GDIT Name/Initials*
4/23/2020	RP200628	Zaki, Hasan	The University of Texas Southwestern Medical Center	Engelhard, Victor	Application not discussed	EMD

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: 4/23/2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Clinical and Translational Cancer Research
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: 4/23/2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Imaging Technology and Informatics
Meeting: 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	GDIT Name/Initials*
4/21/20	RP200538	Hoyt, Kenneth	The University of Texas at Dallas	Zinn, Kurt	Application not discussed	VRC
4/21/20	RP200607	Xiao, Han	Rice University	Lewis, Jason	Verified telephonically	VRC
4/21/20	RP200614	Pinney, Kevin	Baylor University	Pomper, Martin	Verified telephonically	VRC
4/21/20	RP200634	Alexandrakis, Georgios	The University of Texas at Arlington	Chatziioannou, Arion-Xenofon	Verified telephonically	VRC

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: ViNiceia Carter

Date: April 21, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: 20.2 Imaging Technology and Informatics
Meeting: 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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: ViNiceia Carter

Date: April 21, 2020

Comments:

No additional COIs

*A GDIT 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 2020 Cancer Prevention and Research Institute of Texas Academic Research Program**

20.2 Scientific Review Council 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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: Eder De Leon

Date: July 9, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20 Cycle 1
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	GDIT Name/Initials*
8/15/19	RR190108	Draetta, Gulio	The University of Texas M. D. Anderson Cancer Center	Jones, Peter	Verified telephonically by GDIT (reviewer not present)	VRC

GDIT Approval:

Name (PRINT): Viniceia Carter

Signature: Viniceia Carter

Date: 8/15/19

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 2 and 3
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	GDIT Name/Initials*
10/10/2019	RR200009	Kuspa, Adam	Baylor College of Medicine	Sellers, Thomas	Verified telephonically by GDIT	EMO

GDIT Approval:

Name (PRINT):

Signature:

Date:

Eder DeLeon
[Signature]
10/6/2019

Comments:

No additional COIs

*A GDIT 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
Panel: 2020 - CPRIT REC Recruitment FY20_Cycle 4 and 5
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	GDIT Name/Initials*
12/12/19	RR200029	Draetta, Gulio	The University of Texas M. D. Anderson Cancer Center	O'Reilly, Richard	Verified Telephonically	VRC

GDIT Approval:

Name (PRINT): Viniceia Carter
 Signature: Viniceia Carter
 Date: 12/12/2019

Comments:

No additional COIs

*A GDIT 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
Panel: 2020 - CPRIT REC Recruitment FY20_Cycle 4 and 5
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Viniceia Carter

Signature: Viniceia Carter

Date: 12/12/2019

Comments:

No additional COIs

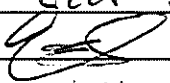
*A GDIT representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application

**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: Recruitment FY20_Cycle 6
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	GDIT Name/Initials*
1/16/2020	RR200035	Lee, W. P. Andrew	The University of Texas Southwestern Medical Center	Brown, Myles	Verified telephonically by (GDIT)	EMD

GDIT Approval:

Name (PRINT): Eder De Leon
Signature: 
Date: 1-16-2020

Comments:

No additional COLs

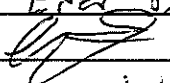
*A GDIT representative will add their name and initials to the form to acknowledge that the reviewer identified as a Conflict of Interest has signed the form and left the panel room during the discussion of the application

**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: Recruitment FY20_Cycle 6
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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT): Eder De Leon
 Signature: 
 Date: 1-16-2020

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 7
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Viniceia Carter

Signature: Viniceia Carter

Date: 2/13/20

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 8
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	GDIT Name/Initials*
3/12/2020	RR200048	Dickinson, Mary	Baylor College of Medicine	Tempero, Margaret	Verified telephonically by GBLT	EMD
3/12/2020	RR200057	Draetta, Gulio	The University of Texas M. D. Anderson Cancer Center	Tempero, Margaret	Verified telephonically by GBLT	EMD

GDIT Approval:

Name (PRINT):

Eder DeLeon

Signature:

[Handwritten Signature]

Date:

3/12/2020

Comments:

No additional
COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 8
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Eder DeLeon

Signature: [Signature]

Date: 3/12/2020

Comments:

No additional COIS

*A GDIT 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
Panel: Recruitment FY20_Cycle 10
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	GDIT Name/Initials*
5/14/2020	RR200084	Lee, W. P. Andrew	The University of Texas Southwestern Medical Center	Brown, Myles	Verified telephonically	EMD

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: 5/14/2020

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 10
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: 5/14/2020

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 11
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): ViNiceia Carter

Signature: ViNiceia Carter

Date: June 11, 2020

Comments:

No additional COIs

*A GDIT 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
Panel: Recruitment FY20_Cycle 12
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Eder De Leon

Signature: *Eder De Leon*

Date: July 9, 2020

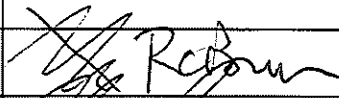
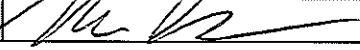
Comments:

No additional COIs

*A GDIT 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
Panel: 20.1_Prevention Panel-1
Meeting: 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	AMC Reviewer Signature	GDIT Name/Initials*
12/11	PP200016	Calmbach, Walter	The University of Texas Health Science Center at San Antonio	Brownson, Ross		AMC
12/10	PP200036	Pignone, Michael	The University of Texas at Austin	Plescica, Marcus		AMC

AMC

GDIT Approval:

Name (PRINT): Aaron Chumbris

Signature: 

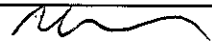
Date: 12-11-19

Comments:

*A GDIT 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

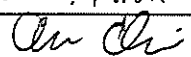
**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: 20.1 Prevention Panel-1
Meeting: Onsite Meeting**

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	GDIT Name/Initials*
12/10	PP200028	Basen-Eggquist, Karen	The University of Texas M.D. Anderson Cancer Center	Eriksen, Michael		AMC

GDIT Approval:

Name (PRINT): Aaron Chumbris

Signature: 

Date: 12-11-19

Comments:

No Additional COIs

*A GDIT 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
Panel: 20.1 Prevention DI
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

Aaron Chumbris

Signature:

aw (Di)

Date:

1/17/20

Comments:

No Additional COIs

*A GDIT 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
Panel: 20.1 Prevention Review Council Meeting
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	GDIT Name/ Initials*
1/17	PP200016	Calmach, Walter	The University of Texas Health Science Center at San Antonio	Brownson, Ross	Not discussed	AMC

GDIT Approval:

Name (PRINT):

Aaron Chambris

Signature:

A. Chambris

Date:

1/17/20

Comments:

*A GDIT 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
Panel: 20.1 Prevention Review Council Meeting
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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT):

Aaron Chumbris

Signature:

AC

Date:

1/17/20

Comments:

No Additional COIs

*A GDIT 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
Panel: 20.2_Prevention Panel-1
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Aaron Chumbris

Signature: 

Date: 5/12/20

Comments:

No Additional COIs

*A GDIT 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
Panel: 20.2 Prevention Review Council Meeting
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Aaron Chumbris

Signature: 

Date: 6/15/20

Comments:

No additional COIs

*A GDIT 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
Panel: Product Development Panel-1
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	GDIT Name/Initials*
9/24/19	DP200023	Syed, Sohail	Theracle, Inc.	Saxberg, Bo	Verified telephonically by GDIT	[Signature]
9/24/19	DP200059	Gelber, Cohava	Stromatis Pharma, LLC	Moore, Marcia	Verified telephonically by GDIT	[Signature]
9/24/19	DP200059	Gelber, Cohava	Stromatis Pharma, LLC	Saxberg, Bo	Verified telephonically by GDIT	[Signature]
9/24/19	DP200059	Gelber, Cohava	Stromatis Pharma, LLC	Spector, Neil	Verified telephonically by GDIT	[Signature]

GDIT Approval:

Name (PRINT):

Kat Weilminster

Signature:

[Signature]

Date:

9-24-19

*Document was revised on 2/11/20 to correct meeting

Comments: type error

No Additional COIs

* A GDIT 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
Panel: Product Development Panel-1
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

Kat Weilminster

Signature:

[Handwritten Signature]

Date:

9-24-19

*Document was revised on 2/11/20 to correct

Comments: meeting type error

No additional COIs

* A GDIT 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
Panel: Product Development Panel-1
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

Signature:

Date:

Comments:

Kal Westminster
[Signature]
 10-23-19

No additional COIs

*A GDIT 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
Panel: Product Development Panel-1
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

Signature:

Date:

Kat Weilmaster
[Signature]
10-23-19

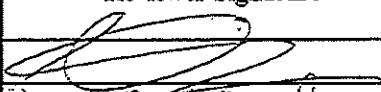

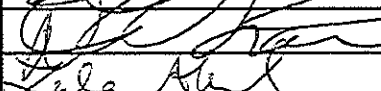
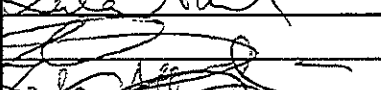
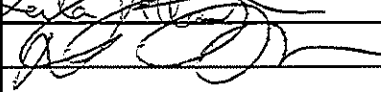
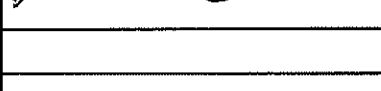
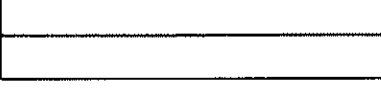

Comments:

No additional COIS

*A GDIT 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
Panel: Product Development Panel-2
Meeting: Onsite Meeting**

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

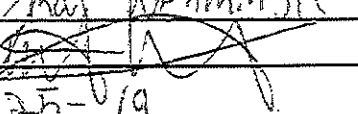
Date	Application Number	Applicant/PD/PI Name	Applicant/PD/PI Organization	Reviewer Name	Reviewer Signature	GDIT Name/Initials*
10/24/19	DP200005	Marathi, Upendra	7 Hills Pharma LLC	Trainor, George		KW
10/24/19	DP200005	Marathi, Upendra	7 Hills Pharma LLC	Alland, Leila		KW
10/25/19	DP200037	DiMascio, Leah	DGD Pharmaceuticals, Corp.	Trainor, George		KW
10/25/19	DP200037	DiMascio, Leah	DGD Pharmaceuticals, Corp.	Trainor, Diane Amy		KW
10/24/19	DP200037	DiMascio, Leah	DGD Pharmaceuticals, Corp.	Alland, Leila		KW
10/25/19	DP200056	Thapar, Neil	Barricade Therapeutics, Corp.	Trainor, George		KW
10/25/19	DP200056	Thapar, Neil	Barricade Therapeutics, Corp.	Alland, Leila		KW
10/25/19	DP200056	Thapar, Neil	Barricade Therapeutics, Corp.	Trainor, Diane Amy		KW

GDIT Approval:

Name (PRINT):

Signature:

Date:

That Westminster

10-25-19

Comments:

No additional COIs

*A GDIT 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
Panel: Product Development Panel-2
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

Signature:

Date:

Kat Weidmeyer
[Signature]
10-25-19

Comments:

No additional COIs

*A GDIT 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
Panel: Product Development Panel-2
Meeting: 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	GDIT Name/Initials*
9/25	DP200005	Marathi, Upendra	7 Hills Pharma LLC	Trainor, George	Verified Telephonically by GDIT	AKW
9/25	DP200005	Marathi, Upendra	7 Hills Pharma LLC	Alland, Leila	Verified telephonically by GDIT	AKW
9/25	DP200016	Stojanovic, Alex	Oncolyze, Inc.	Li, Yueming	Verified telephonically by GDIT	AKW
9/25	DP200021	Morris, Stephan	Ohm Oncology Inc.	Li, Yueming	Verified telephonically by GDIT	AKW
9/25	DP200026	Leopold, Judith	Mekanistic Therapeutics	Fox, Judith	Verified telephonically by GDIT	AKW
9/25	DP200026	Leopold, Judith	Mekanistic Therapeutics	Alland, Leila	Verified Telephonically by GDIT	AKW
9/25	DP200037	DiMascio, Leah	DGD Pharmaceuticals, Corp.	Trainor, George	Verified telephonically by GDIT	AKW
9/25	DP200037	DiMascio, Leah	DGD Pharmaceuticals, Corp.	Trainor, Diane Amy	Verified Telephonically by GDIT	AKW
9/25	DP200037	DiMascio, Leah	DGD Pharmaceuticals, Corp.	Alland, Leila	Verified Telephonically by GDIT	AKW
9/25	DP200049	Zhang, Eric	AKSO Biopharmaceutical, Inc.	Alland, Leila	Verified Telephonically by GDIT	AKW
9/25	DP200056	Thapar, Neil	Barricade Therapeutics, Corp.	Trainor, George	Verified Telephonically by GDIT	AKW
9/25	DP200056	Thapar, Neil	Barricade Therapeutics, Corp.	Alland, Leila	Verified telephonically by GDIT	AKW

GDIT Approval:

Name (PRINT):

Signature:

Date:

Comments:

No Additional COIs

* A GDIT 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
Panel: Product Development Panel-2
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT):

Signature:

Date:

Katherine Weismesser

9/25/19

Comments:

No Additional GOI's

* A GDIT 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
Panel: 20.1 Due Diligence Panel-2
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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 3/17/20

Comments:

No additional COIs

* A GDIT 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
Panel: CPRIT PDEV 20.1 DDP
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	GDIT Name/ Initials*

GDIT Approval:

Name (PRINT):

Kat Weiminster

Signature:

[Handwritten Signature]

Date:

1-13-20

Comments:

No Additional COIs

* A GDIT 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
Panel: 20.2 Product Development Panel-1
Meeting: 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	GDIT Name/Initials*
3/23/20	DP200063	Louw, Johan	Immunicom	Wilkins, Robert	Not discussed	KW
3/23/20	DP200083	Levine, Jeff	Advanced Scanners, Inc.	Ginsberg, Mara	Not discussed	KW

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 3/23/20

Comments:

No additional COIs

* A GDIT 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
Panel: 20.2 Product Development Panel-1
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 3/23/20

Comments:

No additional COIs

* A GDIT 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
Panel: 20.2 Product Development Panel-1
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 4/21/20

Comments:

No additional COIs

* A GDIT 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
Panel: 20.2 Product Development Panel-2
Meeting: 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	GDIT Name/Initials*
3/24/20	DP200074	Clarke, Christine	Tachyon Therapeutics, Inc.	Gardner, Phyllis	Not discussed	KW
3/24/20	DP200094	Curran, Michael	Immunogenesis, Inc.	Swiderek, Kristine	Verified telephonically by GDIT	KW

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 3/24/20

Comments:

No additional COIs

* A GDIT 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
Panel: 20.2 Product Development Panel-2
Meeting: 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	GDIT Name/Initials*

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 3/24/20

Comments:

No additional COIs

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**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: 20.2 Product Development Panel-2
Meeting: 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	GDIT Name/Initials*
4/24/20	DP200094	Curran, Michael	Immunogenesis, Inc.	Swiderek, Kristine	Verified telephonically	KW

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 4/24/20

Comments:

No additional COIs

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Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: 20.2 Product Development Panel-2
Meeting: Teleconference Meeting**

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GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 4/24/20

Comments:

No additional COIs

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**Peer Review Certification of Non-Participant in
Evaluation of Individual Applications Because of Real or Apparent Conflict of Interest
Panel: CPRIT PDEV 20.2 DDP
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	GDIT Name/Initials*
7/6/20	DP200094DD	Curran, Michael	Immunogenesis, Inc.	Swiderek, Kristine	Verified telephonically	KW

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 07/06/2020

Comments:

No additional COIs

* A GDIT 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
Panel: CPRIT PDEV 20.2 DDP
Meeting: Teleconference**

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

GDIT Approval:

Name (PRINT): Kat Weilminster

Signature: *Kat Weilminster*

Date: 07/06/2020

Comments:

No additional COIs

* A GDIT 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



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

FY2020 Post-Review Statements

Scientific Research and Prevention Programs Committee;
Program Integration Committee

October 18, 2019

**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: 10/18/19

Printed Name: TOM CUPREAN

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

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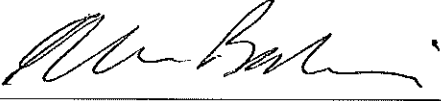
Signature: Alexander Anderson Date: 10/18/19

Printed Name: ALEXANDER ANDERSON

October 18, 2019

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

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Signature:  Date: 10/18/2019

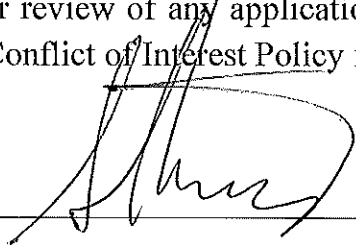
Printed Name: ALAN BAZMAIN.

October 18, 2019

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

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Signature: _____



Date: _____

10/18/19

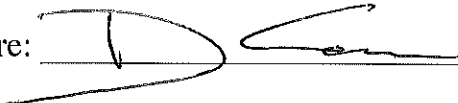
Printed Name: _____

Steve Fiering

October 18, 2019

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

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Signature:  Date: 10/18/2019

Printed Name: David Gius

October 18, 2019

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

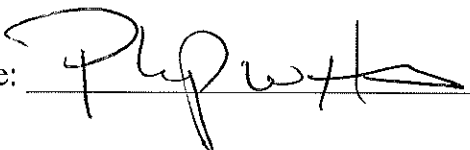
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Signature:  Date: 10/18/19

Printed Name: KEVIN HAIGIS

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

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Signature:  Date: 10/18/19

Printed Name: Philip W Hinds

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature: *David P. Houchens* Date: *10/18/2019*

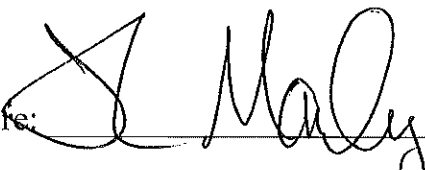
Printed Name: *David P. Houchens*

October 18, 2019

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

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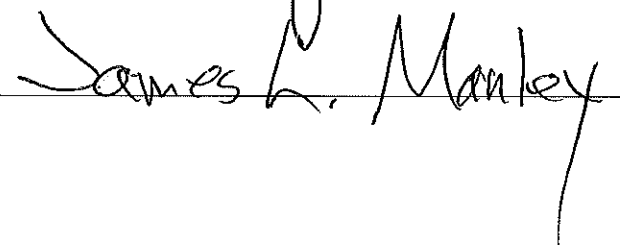
Signature: _____



Date: _____

10/18/19

Printed Name: _____



October 18, 2019

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature: Martin McMahon Date: 10/18/19

Printed Name: MARTIN McMAHON

October 18, 2019

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


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Signature:  Date: Oct 18/19

Printed Name: Paul Northcott

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

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Signature:  Date: 10/18/19

Printed Name: Laura D. Porter

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

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Signature: Heide Schatten Date: Oct 18 - 2019

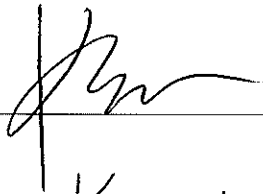
Printed Name: HEIDE SCHATTEN

October 18, 2019

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature: _____



Date: _____

10/18/19

Printed Name: _____

Kristin Swanson

October 18, 2019

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature: _____



Date: _____

10/18/19

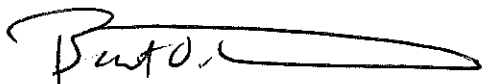
Printed Name: _____

Robert Wechsler-Reya

October 18, 2019

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

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Signature:  Date: 10/18/19

Printed Name: BART O. WILLIAMS

October 17, 2019

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

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Signature: Carol Prives Date: Oct 17/2019

Printed Name: CAROL PRIVES

October 17, 2019

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature:  Date: 10/17/19

Printed Name: Vahel Bardeesy

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

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Signature: Walter J. Chazin Date: 10/17/2019

Printed Name: Walter J. Chazin

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

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Signature:  Date: 10/17/2019

Printed Name: Xinbin Chen

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

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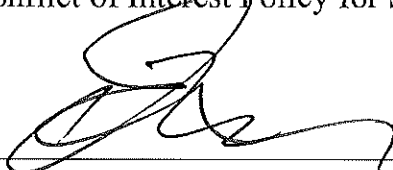
Signature: W. Edelmann Date: 10/17/19

Printed Name: W. Edelmann

October 17, 2019

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

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Signature:  Date: 2019/01/7

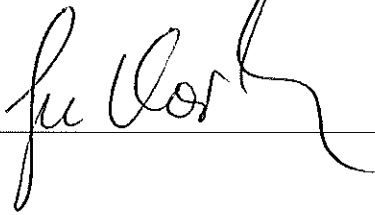
Printed Name: David Feldser

October 17, 2019

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

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Signature: _____

Date: Oct 17, 2019

Printed Name: _____

SAM KARLSEDER

October 17, 2019

**POST REVIEW STATEMENT FOR CPRIT
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Signature: Thomas Kodadek Date: 10/17/19

Printed Name: THOMAS KODADEK

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

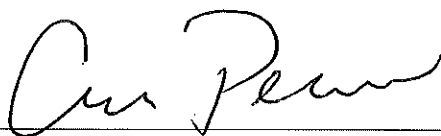
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Signature: James J Manfredi Date: 10/17/19

Printed Name: James Manfredi

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

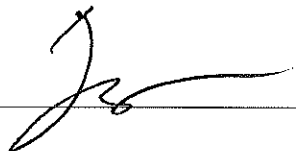
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Signature:  Date: 10-17-19

Printed Name: CURTIS PESMEN

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

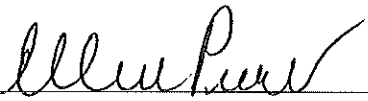
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Signature:  Date: 10/17/2019^{EMO}

Printed Name: JOHN PETRIN.

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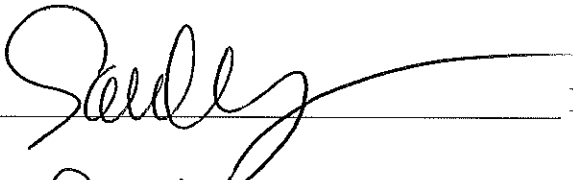
Signature:  Date: 17 Oct. 2019.

Printed Name: Ellen Pure

October 17, 2019

**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: October 17, 2019

Printed Name: Sandra Ryeom

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

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Signature: _____

Date: _____

Printed Name: _____

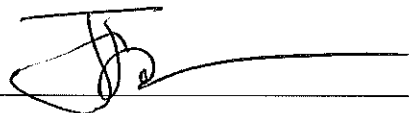
NAHUM SONENBERG

October 17, 2019

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

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Signature: _____



Date: _____

17 OCT 2019

Printed Name: _____

JAMES TAYLER

October 17, 2019

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

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Signature: Al Tomlin Date: October 17, 2019.

Printed Name: ALAN TOMKINSON

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

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Signature: Ann K Thacher Date: 10/17/2019

Printed Name: Ann K Thacher

October 17, 2019

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

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Signature: Matthew W. W. W. Date: 10/17/19

Printed Name: MATTHEW W. W. W.

October 17, 2019

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

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Signature:  Date: Oct. 17, 2019

Printed Name: Jeff Wrana

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

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Signature: Peter Jones Date: 10/24/19

Printed Name: PETER JONES

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

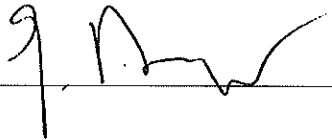
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Signature: Steven Belinsky Date: 10/21/19

Printed Name: Steven Belinsky

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

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Signature:  Date: 10/21/2019

Printed Name: Gabriele Bergers

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


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Signature: Heather Christak Date: 10/21/19

Printed Name: Heather Christak

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

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Signature:  Date: OCT 21, 2019

Printed Name: DANIEL DE CARVALHO

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

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Signature: _____

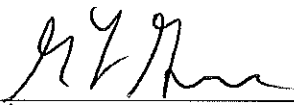
Date: 10.21.2019

Printed Name: _____

DECLERCK

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

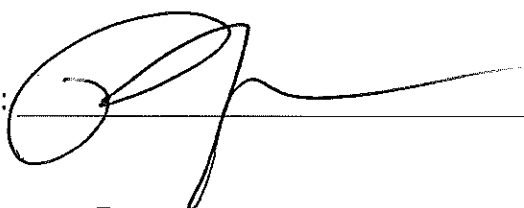
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Signature:  Date: 10/21/19

Printed Name: Geoffrey L Greene

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

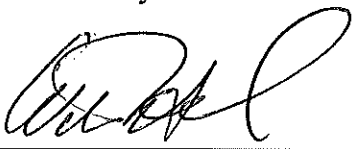
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Signature:  Date: 10/21/19

Printed Name: Patrick J. Groher

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

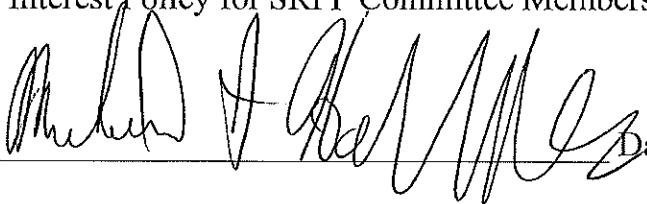
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Signature:  Date: 10/21/19

Printed Name: William Hahn

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

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Signature:  Date: 10/21/2019

Printed Name: Michael A. Hollingsworth

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


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Signature:  Date: 11/5/2019

Printed Name: JEAN-PIERRE ISSA, MD

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

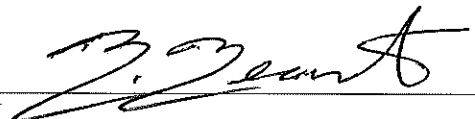
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Signature:  Date: 10/22/2019

Printed Name: Alexander Meissner

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

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Signature:  Date: 10/21/2019

Printed Name: Nouri Neamati

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

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Signature:  Date: 10/21/19

Printed Name: Keith Robertson

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

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Signature: Anne R Tonachel Date: Oct 21, 2019

Printed Name: Anne R Tonachel

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

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Signature: Carol Vallett Date: 10-21-19

Printed Name: CAROL VALLETT

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

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Signature: _____  _____ Date: October 21, 2019

Printed Name: Ting Wang

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

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Signature: Zena Werb Date: 10/21/19

Printed Name: Zena Werb

**POST REVIEW STATEMENT FOR CPRIT
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COMMITTEE MEMBERS**

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Signature: Thomas A. Sellers Date: 10/22/19

Printed Name: Thomas A. Sellers

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

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Signature: William Barlow Date: 22 Oct. 2019

Printed Name: William Barlow

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

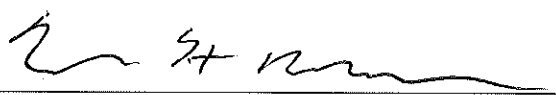
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Signature: Brian Booker Date: 10/22/2019

Printed Name: Brian Booker

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

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Signature:  Date: 10-22-19

Printed Name: Thomas H. Brandon

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

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Signature: Brooke Fridley Date: 10/23/2019

Printed Name: Brooke Fridley

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

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Signature: Michal Judith Gillman Date: 10/22/2019

Printed Name: Michal-Judith Gillman

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

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Signature: _____

Date: _____

10/22/19

Printed Name: _____

Chris Haiman

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COMMITTEE MEMBERS**

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Signature: Nagi B Kumar Date: Oct 22, 2019

Printed Name: NAGI B KUMAR

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


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Signature: Lawrence H. Kushi Date: 10/22/2019

Printed Name: Lawrence H. Kushi

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

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Signature:  Date: 10/22/19

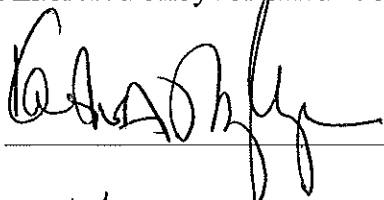
Printed Name: Christopher Li

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Printed Name: Maria E Martinez

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

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Signature:  Date: 10-22-19

Printed Name: Katherine A. McGlynn

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

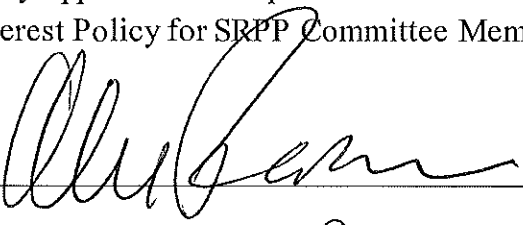
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Signature: Lorelei Mucci Date: 10/25/19

Printed Name: Lorelei Mucci

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

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Signature:  Date: 10/22/19

Printed Name: Alex Parker

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

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Signature: Electra D. Paskett Date: 10-22-19

Printed Name: Electra D. Paskett

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


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Signature: *Gloria Petersen* Date: *10/22/19*

Printed Name: *Gloria Petersen*

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

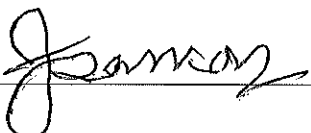
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Signature:  Date: 10/22/2019

Printed Name: Chinthalapally V. Rao

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

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Signature:  Date: 10/21/19

Printed Name: FAZZUL H. SARKAR

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

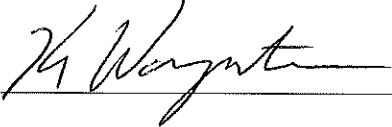
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Signature: Robert Schnell Date: 10-22-19

Printed Name: Robert Schnell

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

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Signature:  Date: 10/22/19

Printed Name: Kirk Wingensteen

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

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Signature:  Date: 10/29/19

Printed Name: Richard J. O'Reilly, MD

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

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Signature: Margaret Lynne Date: 10/24/19

Printed Name: Margaret Lynne

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

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Signature:  Date: 10/24/19

Printed Name: Stephen Balk

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

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Signature: Paul A. Bunn MD Date: 10/24/2019

Printed Name: PAUL A. BUNN MD

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

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Signature:  Date: 10/24/19

Printed Name: Walter Curran MD

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


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Signature: Victor Engelhard Date: 10/24/19

Printed Name: Victor H. Engelhard

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

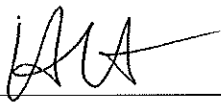
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Signature:  Date: 10/24/19

Printed Name: Samantha R Guild

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

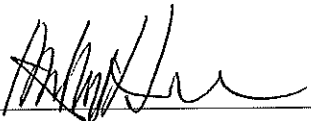
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Signature:  Date: 10/24/19

Printed Name: W. Goettker

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

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Signature:  Date: 10/24/2019

Printed Name: MICKEY HU

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


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Signature:  Date: 10-24-19

Printed Name: WIJBE MARTIN KAST

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

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Signature:  Date: 10/24/2019

Printed Name: YING Lu

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

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Signature:  Date: 10-24-19

Printed Name: ROBERT MESLOH

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

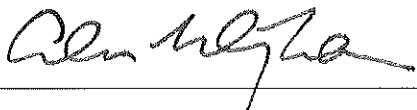
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Signature: Donna Nichols Threlkeld Date: 10/24/19

Printed Name: Donna Nichols Threlkeld

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

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Signature:  Date: 24 OCT 19

Printed Name: CHARLES MULLIGAN

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

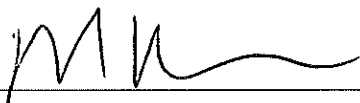
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Signature: Donna Niedzwiecki Date: 10/24/2019

Printed Name: Donna Niedzwiecki

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

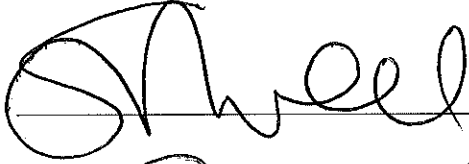
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Signature:  Date: 10/24/19

Printed Name: RIKESON PAXMAN

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

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Signature:  Date: 10/24/19

Printed Name: SIMON PORTEN

**POST REVIEW STATEMENT FOR CPRIT
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COMMITTEE MEMBERS**

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Signature: _____



Date: _____

10/24/19

Printed Name: _____

Garth Pows

**POST REVIEW STATEMENT FOR CPRIT
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Signature: Michael Prados Date: 10/24/2019

Printed Name: MICHAEL PRADOS

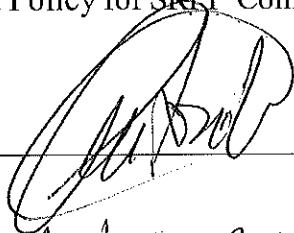
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Signature: _____

Date: _____

Printed Name: _____



10/24/19

Antoni Ribes

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

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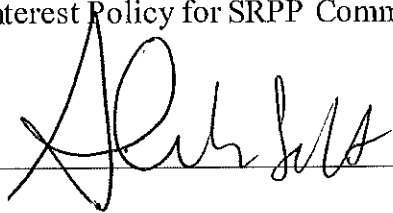
Signature: Carolyn D. Jensen Date: 10/24/19

Printed Name: Carolyn D. Jensen

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

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Signature: _____



Date: _____

10/24/2019

Printed Name: _____

ALESSANDRO SETTE

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


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Signature: Neil Shah Date: 10/24/19

Printed Name: NEIL SHAH

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

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Signature:  Date: 10/24/19

Printed Name: WALTER STROUSE

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

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Signature: Taylor, Barry S./HOPP Digitally signed by Taylor, Barry S./HOPP
DN: cn=Taylor, Barry S./HOPP, o=Memorial
Sloan Kettering Cancer Center,
ou=Human Oncology and Pathogenesis
Program, email=taylorb@mskcc.org, c=US
Date: 2019.10.24 09:27:02 -04'00' Date: 10/24/19

Printed Name: Barry S. Taylor

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

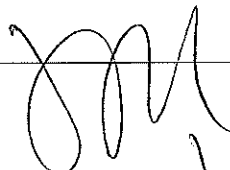
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Signature: David Uehling Date: 10/29/19

Printed Name: David Uehling

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


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Signature:  Date: 10/24/2019

Printed Name: Jen-Sen Yeh

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SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
COMMITTEE MEMBERS**

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Signature:  Date: 10/23/19

Printed Name: SANJIV GAMBHIR

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature: Carolyn J. Anderson Date: 10-23-19

Printed Name: Carolyn J Anderson

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


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Signature:  Date: 10/23/19

Printed Name: James P. Basilion

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

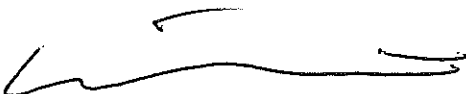
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Signature:  Date: 10/23/19

Printed Name: Ross Barbeco

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

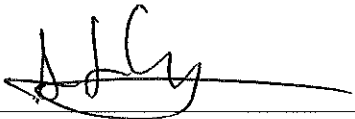
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Printed Name: Wesley Carr

**POST REVIEW STATEMENT FOR CPRIT
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Signature:  Date: 10/23/2019

Printed Name: ARION F. HADJIOANNOU (CHATZIOANNOU)

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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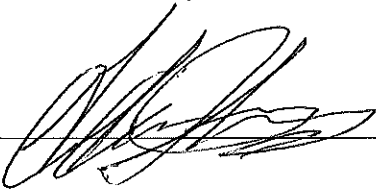
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Signature: John Gore Date: 10/23/19

Printed Name: JOHN GORE

**POST REVIEW STATEMENT FOR CPRIT
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COMMITTEE MEMBERS**

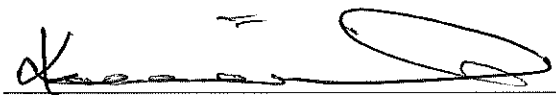
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Signature:  Date: 10/23/2019

Printed Name: G. Allan Johnson

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COMMITTEE MEMBERS**

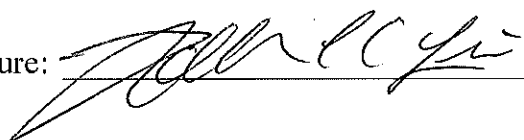
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Signature:  Date: 10/23/2019

Printed Name: KATTESH KATTI

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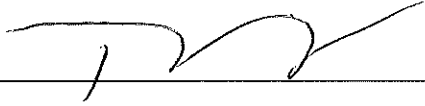
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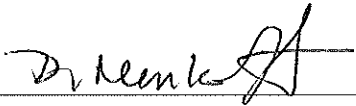
Signature:  Date: 10/23/2019

Printed Name: Jonathan T.C. Liu

**POST REVIEW STATEMENT FOR CPRIT
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COMMITTEE MEMBERS**

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Signature:  Date: 10/23/19

Printed Name: 

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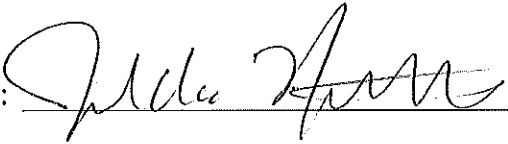
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Signature: Eva A. May Date: 10/24/2019

Printed Name: Eva A. May

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

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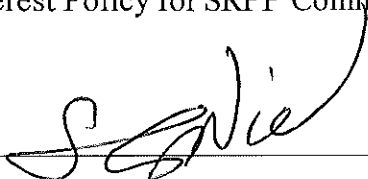
Signature:  Date: 10/23/19

Printed Name: Silda Nettleton

**POST REVIEW STATEMENT FOR CPRIT
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COMMITTEE MEMBERS**

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Signature: _____

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Date: _____

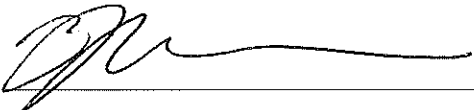
10-23-19

Printed Name: _____

Shuming Nie

**POST REVIEW STATEMENT FOR CPRIT
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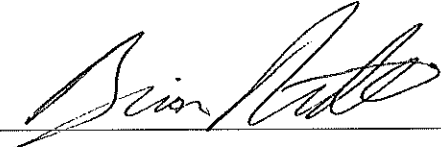
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Signature:  Date: 10/23/19

Printed Name: MARTIN POMPER

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

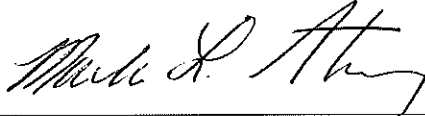
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Signature:  Date: 10/23/2019

Printed Name: BRIAN RUTT

**POST REVIEW STATEMENT FOR CPRIT
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Signature:  Date: 10/23/19

Printed Name: MARK L. STOLWITZ

**POST REVIEW STATEMENT FOR CPRIT
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Signature:  Date: 10/23/19

Printed Name: JULIE SUTCLIFFE

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Signature:  Date: 10/23/19

Printed Name: Henry VanBrocken

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

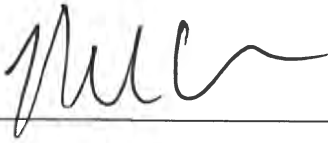
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Signature: Anna M. W Date: Oct 23, 2019

Printed Name: Anna M. W

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

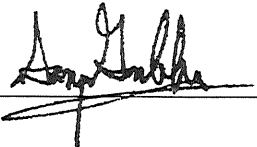
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Signature:  Date: 12-13-19

Printed Name: Richard D. Colodner

**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: 12/13/19

Printed Name: Sanjiv Gambhir

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

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Signature: Peter Jones Date: 12/13/19

Printed Name: Peter A. Jones

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


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Signature:  Date: 12/13/19

Printed Name: Richard J. O'Reilly, MD

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

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Signature:  Date: Dec 13, 2019

Printed Name: Carol Prives

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

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Signature: Margaret Tempero Date: 12/13/19

Printed Name: Margaret Tempero

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

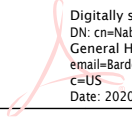
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Signature:  Date: April 17 2020

Printed Name: Carol Prives

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

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Signature: Nabeel Bardeesy  Digitally signed by Nabeel Bardeesy
DN: cn=Nabeel Bardeesy, o=Massachusetts
General Hospital, ou=Cancer Center,
email=Bardeesy.Nabeel@mgh.harvard.edu,
c=US
Date: 2020.04.17 15:09:34 -04'00' Date: 4/17/2020

Printed Name: Nabeel Bardeesy

April 17, 2020

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

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Signature: _____  _____ Date: ____5/5/2020_____

Printed Name: _____Shelley L. Berger_____

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

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Walter J. Chazin

Signature: _____

Digitally signed by Walter J. Chazin
DN: cn=Walter J. Chazin, o=Vanderbilt University, ou=Center for
Structural Biology, email=walter.chazin@vanderbilt.edu, c=US
Date: 2020.04.17 13:10:10 -06'00'

Date: _____

4/17/2020

Printed Name: Walter J. Chazin

April 17, 2020

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

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Signature: Xinbin Chen Date: 4/17/2020

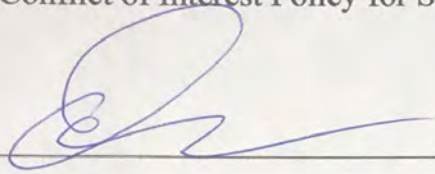
Printed Name: Xinbin Chen

April 17, 2020

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

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Signature: _____



Date: _____


2020/4/17

Printed Name: _____

David Feldser

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

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Signature:  Date: April 17, 2020

Printed Name: Jan Karlseder

April 17, 2020

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

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Signature: James J Manfredi Date: 4/17/20

Printed Name: James J Manfredi

April 17, 2020

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

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Signature:  Date: 04-18-20

Printed Name: CURTIS PESMEN

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

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Signature: *John Petrini* Date: April 17, 2020

Printed Name: John Petrini

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

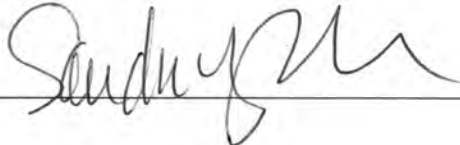
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Signature:  Date: 5/5/20

Printed Name: Ellen Puré

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

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Signature:  Date: April 17, 2020

Printed Name: Sandra Ryeon

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

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Signature:..



Date: April, 19, 2020

Printed Name: Nahum Sonenberg

April 17, 2020

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

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Signature: Ann K Tracher Date: 5/17/2020

Printed Name: Ann K Tracher

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

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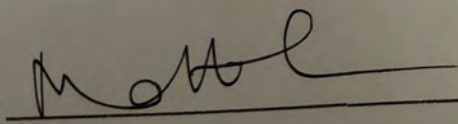
Signature: Al Tomh Date: 04/20/20

Printed Name: ALAN TOMKINSON

April 17, 2020

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

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Signature:  Date: 4/17/20

Printed Name: MATTHEW WATRMAN

April 17, 2020

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

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Signature:  Date: April 17, 2020 *VRC*

Printed Name: Jeff Wrana

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

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Signature: Peter Jones Date: 4/22/2020

Printed Name: PETER JONES

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

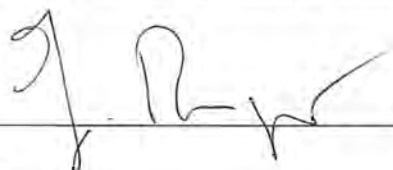
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Signature: Steven Belinsky Date: 4/22/20

Printed Name: Steven Belinsky

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

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Signature:  Date: 4/22/2020

Printed Name: GABRIELE BERGERS

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


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Signature: Heather Christofk Date: 4/22/20

Printed Name: Heather Christofk

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

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Signature: _____  Date: April 22, 2020

Printed Name: Daniel De Carvalho

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


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Signature: _____ Date: May 18, 2020

Printed Name: Yves A DeClerck

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

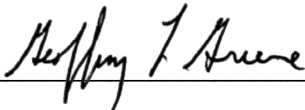
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Signature:  Date: April 22, 2020

Printed Name: Eric R. Fearon

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

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Signature:  Date: 4/22/20

Printed Name: Geoffrey L. Greene

**POST REVIEW STATEMENT FOR CPRIT
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COMMITTEE MEMBERS**

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Signature: Patrick Grohar Date: 04/24/2020

Printed Name: Patrick J. Grohar, MD, PhD

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

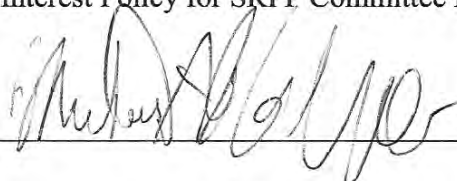
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Signature:  Date: April 22, 2020

Printed Name: William C. Hahn, M.D., Ph.D.

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

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Signature:  Date: 06/03/2020

Printed Name: Michael A. Hollingsworth

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

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Signature: Jean-Pierre Issa Date: April 22, 2020

Printed Name: Jean-Pierre Issa

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

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Signature:  Date: 04/22/2020

Printed Name: Alexander Meissner

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

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Signature: Nouri Neamati Date: 4/22/2020

Printed Name: Nouri Neamati

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

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Signature:  Date: 4/22/20

Printed Name: Keith Robertson

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

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Signature: Anne R Tonachel Date: April 22, 2020

Printed Name: Anne R Tonachel

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

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Signature: Carol M. Vallett Date: 4 / 22 / 2020

Printed Name: Carol M Vallett

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


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Signature: _____  _____ Date: 4/22/2020

Printed Name: Ting Wang

**POST REVIEW STATEMENT FOR CPRIT
SCIENTIFIC RESEARCH AND PREVENTION PROGRAM (SRPP)
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Signature:  Date: 04/22/2020

Printed Name: Zena Werb

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

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Signature: William Barlow Date: 20 April 2020

Printed Name: William Barlow

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

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Signature: B. W. Booker Date: 4/20/2020

Printed Name: Brian W. Booker

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

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Karen Emmons

May 19, 2020

Signature: Karen Emmons (May 19, 2020 17:45 EDT)

Date: _____

Printed Name: Karen Emmons

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

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Signature: Michael-Judith Gillman Date: 04/20/2020

Printed Name: Michael-Judith Gillman

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

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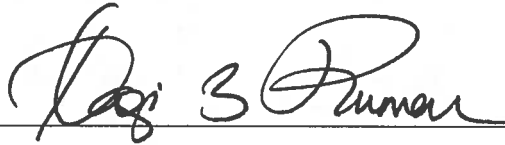
Signature: Chris Haiman Date: April 20, 2020

Printed Name: Chris Haiman

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

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Signature: _____



Date: _____

4/20/20

Printed Name: _____

NAGESH B. KUMAR

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

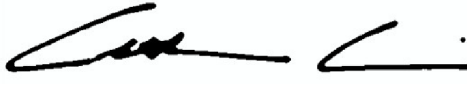
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Signature: Lawrence H. Kushi Date: April 20, 2020

Printed Name: Lawrence H. Kushi

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

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Signature:  Date: 4/20/2020

Printed Name: Christopher Li

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

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Maria Elena Martinez

Signature: Maria Elena Martinez (May 19, 2020 06:44 PDT)

May 19, 2020

Date: _____

Printed Name: Maria Elena Martinez

**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: Katherine A. McGlynn Date: April 20, 2020

Printed Name: Katherine A. McGlynn

**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: 4/20/20

Printed Name: Andrew F. Olshan

**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: 4/20/2020

Printed Name: Alexander Parker

**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: Electra D. Paskett Date: 4-20-2020

Printed Name: Electra D. Paskett

**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: C.V. Rao Date: April 20, 2020

Printed Name: Chinthalapally V Rao

**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: 4/20/2020

Printed Name: FAZLUL H. SARKAR

**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: April 20, 2020

Printed Name:  Kirk Wangenstein

**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: Carolyn Anderson Date: 21 April 2020

Printed Name: Carolyn J Anderson

**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: James P. Babilion Digitally signed by James P. Babilion
DN: cn=James P. Babilion, o, ou=CWRU,
email=james.babilion@case.edu, c=US
Date: 2020.04.21 08:27:55-05'00' Date: 4/21/2020

Printed Name: James P. Babilion

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

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Signature:  Date: 4/21/2020

Printed Name: Weibo Cai

**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: 4/21/2020

Printed Name: Arion F Hadjioannou (Chatziioannou)

**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: 4/22/2020

Printed Name: Hossein Jadvar

**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: G Allan Johnson Date: May 18, 2020

Printed Name: G Allan Johnson

**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: April 21 2020

Printed Name: KATTESH V. KATTI

**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: April 21, 2020

Printed Name: Jason Lewis.

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

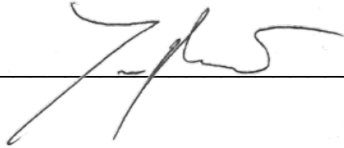
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Signature: Eva Q. May Date: 4/23/20

Printed Name: Eva A. May

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

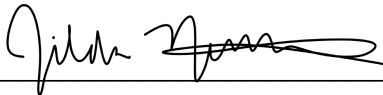
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Signature:  _____ Date: 5/6/2020

Printed Name: Duane Mitchell

**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: 4/21/20

Printed Name: Jilda Nettleton

**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: April 21, 2020

Printed Name: Martin Pomper

**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: Mark L. Stolowitz Date: 4/21/20

Printed Name: MARK L. STOLOWITZ

**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: 5/5/20 _____

Printed Name: Julie Sutcliffe _____

**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: 04/21/2020

Printed Name: Henry F. VanBrocklin

**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: 4/21/2020

Printed Name: Warren S. Warren

**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: Anna M. W. Date: Apr 21, 2020

Printed Name: Anna M W

**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: Kurt R Zinn Date: 4/21/20

Printed Name: Kurt R. Zinn

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

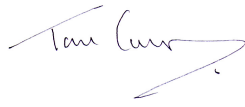
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Signature:  Date: 7-9-2020

Printed Name: Richard Kolodner

**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: July 9, 2020

Printed Name: Tom Curran

**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: Peter Jones Date: 7/9/2020

Printed Name: PETER JONES

**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: 7/15/20

Printed Name: Richard J. O'Reilly, MD

**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: July 15 2020

Printed Name: Carol Prives

**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: Margaret Tempero Date: 7/9/2020

Printed Name: Margaret Tempero

**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: 8-16-2019

Printed Name: Richard Kolodner

**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: 8/16/19

Printed Name: TOM CURRAN

**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: Aug 16, 2019

Printed Name: Carol Prives

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

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Signature: Thomas A. Sellers Date: 8/16/19

Printed Name: Thomas A. Sellers

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

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Signature: Margaret Tempore Date: 8/16/19

Printed Name: Margaret Tempore

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

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Signature:  Date: 10-14-2019

Printed Name: Richard Kolodner

**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: T.C. Date: 10/14/2019

Printed Name: TOM CURRAN

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

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Signature:  Date: 10/14/19

Printed Name: Sanjiv Sam Gambhir

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

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Signature: Peter Jones Date: October 14, 2019

Printed Name: Peter A. Jones

**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: 10/14/19

Printed Name: Richard J. O'Reilly, MD

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

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Signature: Carol Prives Date: Oct 13, 2019

Printed Name: Carol Prives

October 10, 2019

**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: OL A Sellers Date: 10/17/19

Printed Name: Thomas A. Sellers

**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: Margaret Temporo Date: 10/18/19

Printed Name: Margaret Temporo

December 12, 2019

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

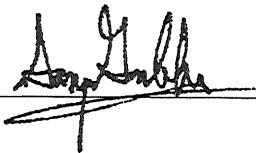
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Signature:  Date: 12-13-19

Printed Name: Richard D. Kolodner

**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: 12/13/19

Printed Name: Sanjiv Gambhir

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

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Signature: Peter Jones Date: 12/13/19

Printed Name: Peter A. Jones

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

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Signature:  Date: 12/13/19

Printed Name: Richard J. O'Reilly, MD

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

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Signature:  Date: Dec 13, 2019

Printed Name: Carol Prives

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

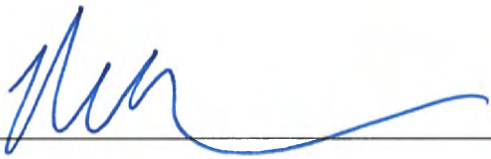
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Signature: Margaret Temporo Date: 12/13/19

Printed Name: Margaret Temporo

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

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Signature:  Date: 1-16-20

Printed Name: Richard D. Koludner

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

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Signature:  Date: 1/20/2020

Printed Name: Myles Brown

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

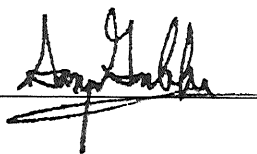
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Signature:  Date: 1/16/2020

Printed Name: TOM CUBAN

**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: 1/16/2020

Printed Name: Sanjiv Gambhir

**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: Margaret Tempero Date: 1/16/20

Printed Name: Margaret Tempero

**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: 2/13/20

Printed Name: Richard D. Kolodner

**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: 2/20/20

Printed Name: Myles Brown

**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: 2/13/2020

Printed Name: TOM CURRAN

**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: Peter Jones Date: 02/13/2020

Printed Name: Peter A. Jones

**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: 2/13/20

Printed Name: Richard J. O'Reilly, MD

**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: Carol Prives Date: Feb 20, 2020

Printed Name: Carol Prives

**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: Margaret Tempero Date: 2 | 13 | 20

Printed Name: MARGARET Tempero

**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: 3-13-2020

Printed Name: Richard Kolodnev

**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: 3/13/20

Printed Name: Myles Brun

**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: T. C. Date: 5/13/2020

Printed Name: TOM COBBAN

**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: 03/13/2020

Printed Name: Peter A. Jones

**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: 3/16/20

Printed Name: Richard J. O'Reilly, MD

**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: March 13, 2020

Printed Name: Carol Prives

**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: Margaret Tempero Date: 3/13/20

Printed Name: Margaret Tempero

**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: 05/14/2020

Printed Name: Richard Kolodner

**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: 5/18/20

Printed Name: Myles Brown

**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: Tom Curran Date: 5/14/2020

Printed Name: Tom Curran

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

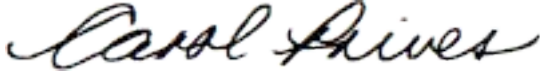
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature: Peter Jones Date: 5/14/2020

Printed Name: Peter Jones

**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: May 14 2020

Printed Name: Carol Prives _____

**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:

A handwritten signature in black ink, appearing to read "Margaret Tempero". The signature is fluid and cursive, with the first name "Margaret" and last name "Tempero" clearly distinguishable.

Date: 5/14/2020

Printed Name: Margaret Tempero

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

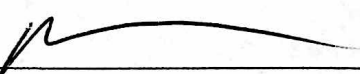
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature:  Date: June 16, 2020

Printed Name: Richard Kolodner

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

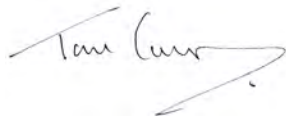
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature:  Date: 6/12/20

Printed Name: Myra Brown

**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: _____ JUNE 11, 2020 _____

Printed Name: _____ TOM CURRAN _____

**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: Peter Jones Date: 6/11/2020

Printed Name: PETER JONES

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

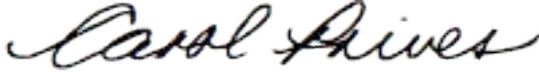
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Signature:  Date: 6/11/20

Printed Name: Richard J. O'Reilly, MD

**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: June 11, 2020

Printed Name: Carol Prives

**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: 6/11/2020

Printed Name: Margaret Tempero

July 9, 2020

**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: 7-9-2020

Printed Name: Richard Kolodner

**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: 7/9/20

Printed Name: Mykes Brown

**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: July 9, 2020

Printed Name: Tom Curran

**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: Peter Jones Date: 7/9/2020

Printed Name: PETER JONES

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

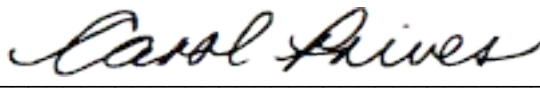
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature:  Date: 7/15/20

Printed Name: Richard J. O'Reilly, MD

**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: July 15 2020

Printed Name: Carol Prives

**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: Margaret Tempero Date: 7/9/2020

Printed Name: Margaret Tempero

**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: Stephen W. Wyatt Date: 01/20/2020

Printed Name: Stephen W. Wyatt

**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: January 17, 2020

Printed Name: Ross C. Brownson

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

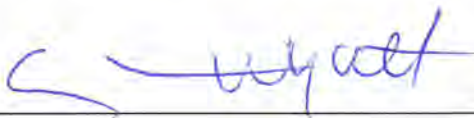
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Signature: _____
 _____ Date: 1/17/2020 _____

Printed Name: Nancy C. Lee _____

**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: 1/20/2020

Printed Name: Stephen W. Wyatt

**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: January 17, 2020

Printed Name: Ross C. Brownson

**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: 1/17/2020 _____

Printed Name: Nancy C. Lee _____

**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: Rc Brunsen Date: 12-11-2019

Printed Name: Ross Brunsen

**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: 12/11/19

Printed Name: JASJIT S. AHLUWALIA

**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: 12/11/19

Printed Name: Eva Arellano

**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: Michael Erikson Date: 12/11/19

Printed Name: Michael Erikson

**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: _____

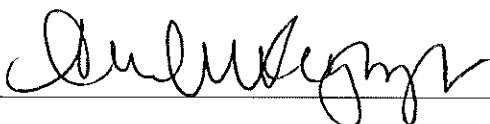
Date: 12-17-19

Printed Name: _____

Louise Galaska

**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: 12/11/19

Printed Name: Andrea V. Kuzbyt

**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: 12/11/19

Printed Name: Martin C. Mahoney MD

**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: David C. Morrow Date: 12/11/2019

Printed Name: DAVID C. MORROW

**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: Lillian M. Nail Date: 12/11/19

Printed Name: Lillian M. Nail

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

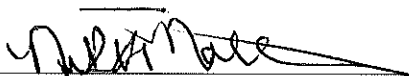
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Signature: Charlotte E. Naschinski Date: 12-11-19

Printed Name: Charlotte E. Naschinski

**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: 12-11-19

Printed Name: NIKKI NOLLEN

**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: 12/11/2019

Printed Name: Folakemi Odedina

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

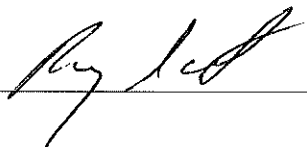
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Signature:  Date: 12/11/19

Printed Name: Marcus Plescoe

**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: 12/11/19

Printed Name: RANDY SCHWARTZ

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

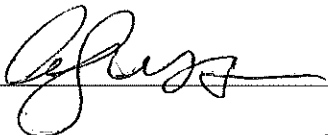
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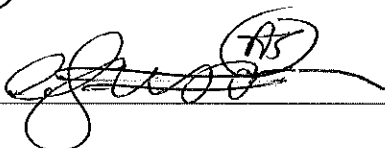
Signature: Jane Segelken Date: 12-11-2019

Printed Name: Jane Segelken

**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: 12.11.19

Printed Name:  ANDRE W FOSSUM

**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: Stephen W. Wyatt Date: 6/15/2020

Printed Name: Stephen W. Wyatt

**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: June 15, 2020

Printed Name: Ross C. Brownson

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

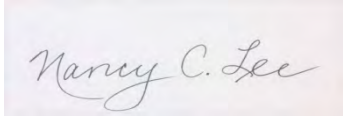
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Signature:  _____ Date: June 15, 2020

Printed Name: Nancy C. Lee

**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: 5/13/2020 _____

Printed Name: Nancy C. Lee _____

**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: 5/12/20_____

Printed Name: _____ Jasjit S. Ahluwalia _____

May 12, 2020

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

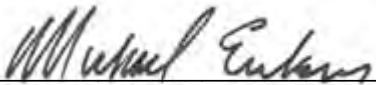
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Signature: Kevin Brady Date: 5/12/2020

Printed Name: Kevin Brady

**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: 5/12/2020

Printed Name: Michael Eriksen

**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: Michael Holtz Date: 5/13/2020

Printed Name: Michael Holtz

May 12, 2020

**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: Kathleen L. Irwin

Date: 5/13/20

Printed Name: Kathleen L. Irwin

**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: 5/12/2020

Printed Name: Andrea Kuzbyt

**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: ____ May 12, 2020 ____

Printed Name: ____ DeAnn Lazovich _____

**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: __May 13, 2020_____

Printed Name: _____Nikki Nollen_____

**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: _May 12, 2020

Printed Name: Randy Schwartz_____

**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: Jane Baker Segelken Date: 05-12-2020

Printed Name: Jane Baker Segelken

**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: 5.12.20

Printed Name: ANDREW FUSSMAN

**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.



Karen Patricia Williams, PhD

Signature: _____ Date: 5/12/2020

Printed Name: Karen Patricia Williams, PhD

**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:  MD PhD Date: 4/23/2020

Printed Name: Dr. Kelly Bolton MD PHD

**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: _____

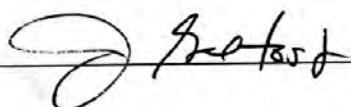
Date: _____

Printed Name: _____

20.1 Due Diligence Panel-2 (DDP-2)
March 17, 2020

**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: 3/27/20

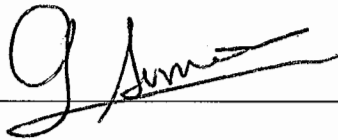
Printed Name: G Z L Sorky

March 17, 2020

**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: _____

3/26/2020

Printed Name: _____

GINETTE SERRERO

**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: 30 Mar '20

Printed Name: David G. Shoemaker

**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: Kristine Swiderek Date: 3/27/2020

Printed Name: Kristine Swiderek

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

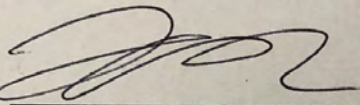
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Signature: CPT Date: 4.29.20

Printed Name: Carol Turnbull

**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: 1/20/2020

Printed Name: Kelly Bottom

**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: Judith A. Britz Date: 4/21/20

Printed Name: JUDITH A. BRITZ

**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: Gabriel Cipau Date: 1/16/2020

Printed Name: GABRIEL CIPAU

**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: 1/13/20

Printed Name: ROY COSAN

**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: 21 JAN 2020

Printed Name: Jody Fox

**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: 1/14/2020

Printed Name: Jack Grestor

**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: James F. Jordan Date: 1-15-20

Printed Name: James F. Jordan

**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: 01/14/2020

Printed Name: Mark M. Moasser

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

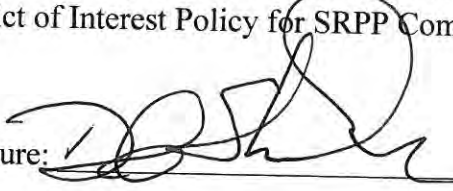
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Signature:  Date: January 17, 2020

Printed Name: Beth H. Saxberg

**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: 17 Jan '20

Printed Name:

David G. Shoemaker

**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: January 19, 2020

Printed Name: Neil Spector

**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: *Kristine Swiderek* Date: January 14, 2020

Printed Name: Kristine Swiderek

**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: _____

1.16.20

Printed Name: _____

COLIN TURNBULL

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

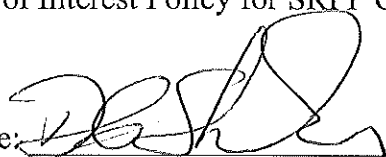
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Signature:  Date: Jan 14, 2020

Printed Name: Grant W. Lechner

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

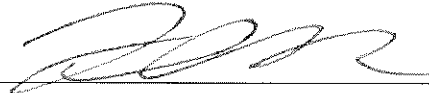
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Signature:  Date: 23 Oct '18

Printed Name: David G. Shoemaker

**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: 10/23/19

Printed Name: Kelly Bolton

**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.

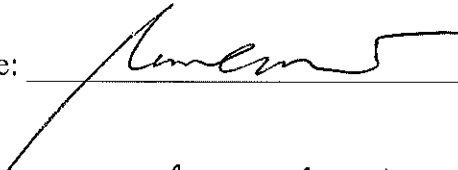
Signature: Judith A. Britz Date: 10/23/19 KW
10/27/19

Printed Name: JUDITH A. BRITZ

October 22-23, 2019

**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: Oct 23, 2019

Printed Name: Renzo Conetta, MD

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

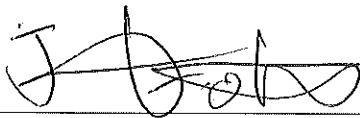
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Signature: Chitra Edwar Date: 10/24/19

Printed Name: Chitra Edwar

**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: 10/23/19

Printed Name: James Foley

**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: 

e: Oct 24 2019

Printed Name: Stanton L. Gerson MD

**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: Mara Ginsberg Date: 10/23/19

Printed Name: Mara Ginsberg

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

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Signature: James F Jordan III Date: 10-23-19

Printed Name: James F Jordan III

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

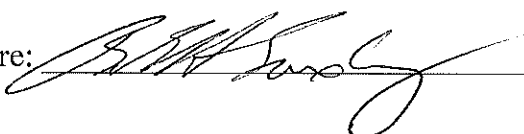
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Signature: Marcia D. Moore Date: 10/23/2019

Printed Name: Marcia D. Moore

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

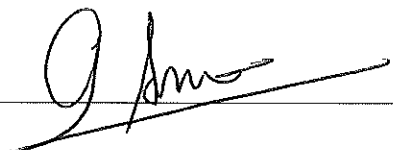
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Signature:  Date: October 23, 2019

Printed Name: Bo E H Saxberg

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

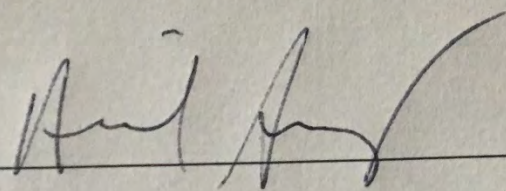
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Signature:  Date: 10/23/2019

Printed Name: GINETTE SERRERO

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

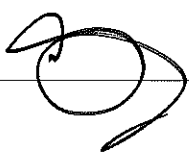
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Signature:  Date: 11/4/2019

Printed Name: NEIL SPECTOR

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

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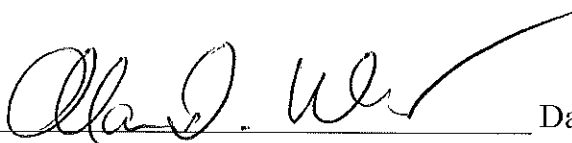
Signature:  Date: ^{10/23/19 KW} ~~10.22.19~~

Printed Name: Colin Turnbull

October 22-23, 2019

**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: 10-23-2019

Printed Name: Alan I. West

**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: _____

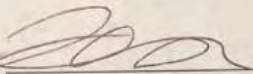
Date: _____

Printed Name: _____

David G. Shoemaker

**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: 9/30/18

Printed Name: Kelly Bo Hon

**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: Judith A. Britz Date: 9/30/19

Printed Name: JUDITH A. BRITZ

**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: 09.24.2019

Printed Name: RENZO CANETTA, M.D.

September 24, 2019

**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.

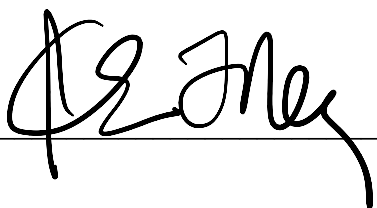
Signature: Chitra Edwin Date: 9/25/19

Printed Name: CHITRA EDWIN

September 24, 2019

**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: September 30, 2019

Printed Name: J.E. Foley

**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: Alt ZGC Date: Sept 30 2019

Printed Name: Stacy L Gerson MD

September 24, 2019

**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: Mara Ginsberg Date: 9/25/19

Printed Name: Mara Ginsberg

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

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Signature:  Date: 9/25/19

Printed Name: Denise Smith

**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: James F. Jordan Date: 9-25-19

Printed Name: James F. Jordaw

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

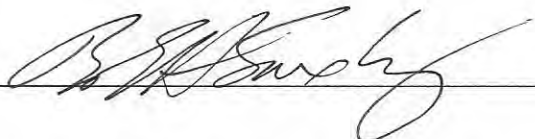
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Signature: Marcia D Moore Date: 9/30/2019

Printed Name: Marcia D. Moore

**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: Sept 24, 2019

Printed Name: B. E. H. Saxberg

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

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Signature: _____



Date: _____

02 Oct 2019

Printed Name: _____

Ginette Serrero

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

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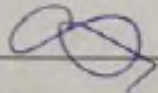
Signature:  Date: 9/30/2019

Printed Name: NEIL SPECTOR

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

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Signature: _____



Date: _____

9.26.19

Printed Name: _____

COLIN TURNBULL

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

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Signature: Alan I. West Date: Sept. 25, 2019

Printed Name: Alan I. West

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

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Signature: J. Beltrami Date: 10/25/19

Printed Name: Ge - Tovsky

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

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Signature: Leila Alland Date: 25 oct 2019.

Printed Name: Leila Alland

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

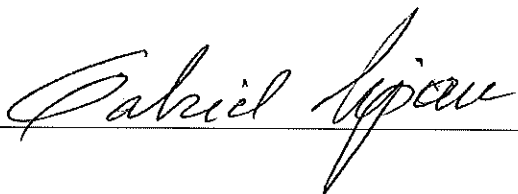
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Signature: Nora E. Carbine Date: 10/25/19

Printed Name: Nora E. Carbine

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

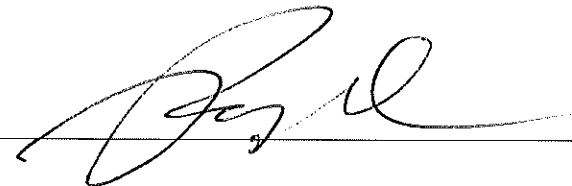
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Signature:  Date: 10/25/2019

Printed Name: GABRIEL CIPAU

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

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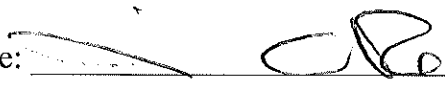
Signature:  Date: 10/25/2019

Printed Name: Roy Cosan

October 24-25, 2019

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

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Signature:  Date: 25 Oct 2019

Printed Name: Judy Fea

October 24-25, 2019

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

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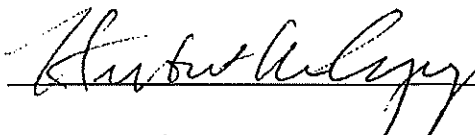
Date: _____

Printed Name: _____

Yueming Li

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

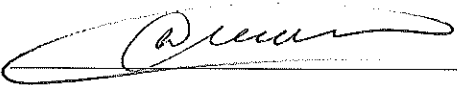
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Signature:  Date: 10/30/2019

Printed Name: Herbert Kim Lyerly

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

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Signature:  Date: 10/25/19

Printed Name: MARK MOISSON

October 24-25, 2019

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

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Signature:  Date: 10/25/19

Printed Name: Kristine Swiderski

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

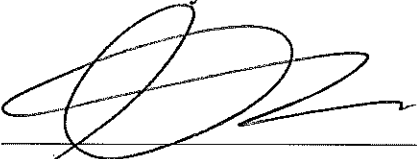
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Signature:  Date: 10/25/19

Printed Name: DIANE A. TRANTER

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

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Signature:  Date: 10/25/19

Printed Name: George Trainer

October 24-25, 2019

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

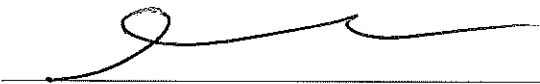
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Signature: Meryl Weeneb Date: 10/25/19

Printed Name: MERYL WEENE B

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

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Signature:  Date: 10/25/2019

Printed Name: Gratwicke

September 25, 2019

**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: 9/30/19

Printed Name: Gelting

September 25, 2019

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

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Signature: Leila Alland Date: 26 Sep 2019

Printed Name: Leila Alland

**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: Nora E. Carbine Date: 9/26/19

Printed Name: Nora E. Carbine

**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.

A handwritten signature in black ink, reading "Gabriel Cipau". The signature is written in a cursive style with a large, stylized 'G' and 'C'.


Signature: _____ Date: 9/27/19

Printed Name: Gabriel Cipau

September 25, 2019

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

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Signature: Date: 9/26/2019 _____

Printed Name: Roy Cosan_____

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

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Signature:  Date: 10/22/19

Printed Name: Judy Fox

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

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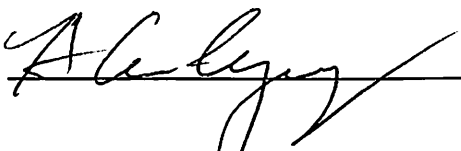
Digitally signed by Yueming Li, Ph.D.
DN: cn=Yueming Li, Ph.D., o=MSKCC, ou=Chemical
Biology, email=liy2@mskcc.org, c=US
Date: 2019.09.26 13:53:21 -0400

Signature: _____ Date: 09/26/2019

Printed Name: Yueming Li

**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: 10/1/2019

Printed Name: H. Kim Lyealy

September 25, 2019

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

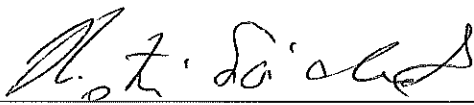
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Signature:  Date: 9/26/19

Printed Name: Mark M. Moasser

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

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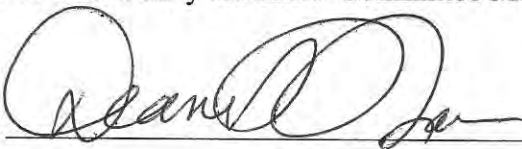
Signature:  Date: 10/24/19

Printed Name: Kristine Swider

September 25, 2019

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

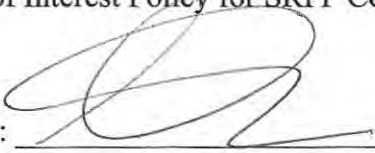
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Signature:  Date: 10/1/19

Printed Name: Diane Ann Trivette

**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: 10/1/19

Printed Name: GERGER TRAUER

**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: 9/30/2019

Printed Name: Pin Wang

**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: Meryl Weinreb Date: 9/26/2019

Printed Name: MERYL WEINREB

**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: Sept 27, 2019

Printed Name: Grant Williams

**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:  MD PhD Date: 7/15/2020

Printed Name: Dr. Kelly Bolton

July 6, 2020

**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: _____

Printed Name: _____

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

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Signature:  Date: July 18, 2020

Printed Name: Phyllis Gardner

**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: 7/7/22

Printed Name: CELTAK

July 6, 2020

**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: James F. Jordan Date: 7/8/20

Printed Name: James Jordan

**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: Herbert Kim Lyerly MD. Date: July 15, 2020

Printed Name: Herbert Kim Lyerly

**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: _____

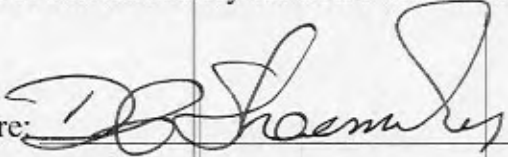
7/14/2020

Printed Name: _____

Ginette SERRERO

**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: 7 Jul '20

Printed Name: David G. Shoemaker

**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: Kristine Strider Date: 7/7/2020

Printed Name: Kristine Strider

**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: 7.23.20

Printed Name: COLIN TURNBULL

**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: 4/3/20

Printed Name: G. G. G. G. G.

**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: Michelle Arkin Date: 03/30/2020

Printed Name: Michelle Arkin

**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: 04/03/2020

Printed Name: Lior Braunstein

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

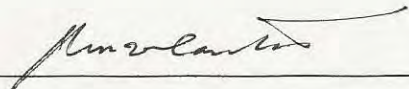
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Signature:  _____ Date: 3/30/20

Printed Name: Judith A. Britz

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

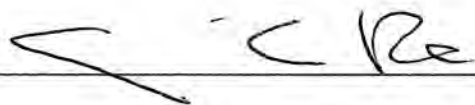
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Signature:  Date: 03.24.2020

Printed Name: Renzo Canetta, MD

**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: 30 Mar 2020

Printed Name: Judith A Beck

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

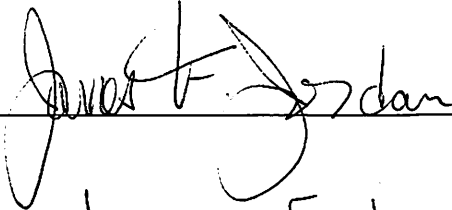
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature: Mara Ginsberg Date: 4-22-2020

Printed Name: Mara Ginsberg

**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: 3/30/20

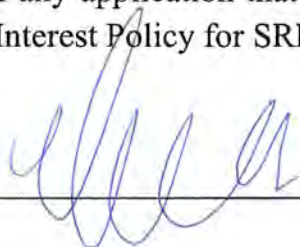
Printed Name: James F Jordan

March 23, 2020

**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: _____

3/25/20

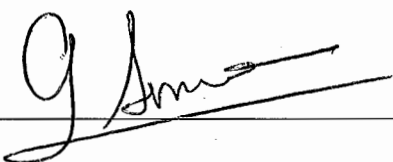
Printed Name: _____

VIVIAN LEE

March 23, 2020

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

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Signature:  Date: 3/23/2020

Printed Name: GINETTE SERRERO

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

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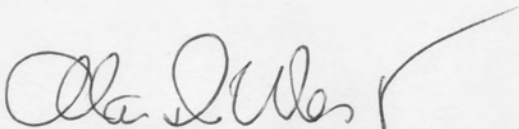
Signature:  Date: 12.24.20

Printed Name: Colin Turnbull

March 23, 2020

**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: March 24, 2020

Printed Name: Alan I. Wes

March 23, 2020

**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: March 24, 2020

Printed Name: Robert G Wilkins

April 21, 2020

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

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Signature:  Date: 4/22/20

Printed Name: J G C 1054

**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: Michelle Arkin Date: 04/21/2020

Printed Name: Michelle Arkin

April 21, 2020

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

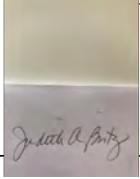
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Signature:  Date: 04/21/2020

Printed Name: Lior Braunstein

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

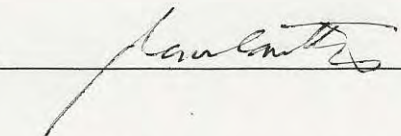
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Signature: _____  _____ Date: 4/21/20

Printed Name: Judith A Britz

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

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Signature:  Date: 04. 21. 2020

Printed Name: RENZO CANETTA, M.D.

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

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Signature:  Date: 21 April 2020

Printed Name: 
JUSTIN A FOR

**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.

4/21/2020 KW

Signature: Mara Ginsberg Date: 4-20-2020

Printed Name: Mara Ginsberg

April 21, 2020

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

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Signature: James F. Jordan Date: 4-22-20

Printed Name: James F Jordan

April 21, 2020

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

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Signature: _____

Date: _____

Printed Name: _____

April 21, 2020

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

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Signature:  Date: 4/21/2020

Printed Name: GINETTE SERRIERO

April 21, 2020

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

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Signature: _____



Date: _____

4.23.20

Printed Name: _____

COLIN TURNBULL

April 21, 2020

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

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Signature: Alan I. West Date: 4-21-2020

Printed Name: Alan I. West

**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: RG Wilkins Date: 22 APRIL 2020

Printed Name: ROBERT G. WILKINS

**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: 10 Apr '20

Printed Name: _____

David G. Shoemaker

**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: 03/30/2020

Printed Name: Stephen F. Amato

**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: 3/30/20

Printed Name: KAREN ANDERSON

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

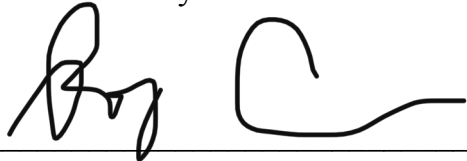
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature:  MD PHD Date: 4/27/2020

Printed Name: Dr. Kelly Bolton, MD PHD

**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: 3/29/2020 *KW*

Printed Name: Roy Cossan

**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: March 25, 2020

Printed Name: James E. Foley

**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: Jeri Francoeur Date: 4-10-2020

Printed Name: TERI FRANCOEUR

**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: 3/29/2020

Printed Name: Phyllis Gardner

**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: 03/25/20

Printed Name: Yueming Li

March 24, 2020

**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: Herbert Kim Lyerly Date: April 13, 2020

Printed Name: Herbert Kim Lyerly

**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: 30 Nov 2020

Printed Name: CLAUDE NICAISE

**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: *Kristine Swiderek* Date: April 30, 2020

Printed Name: Kristine Swiderek

March 24, 2020

**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.

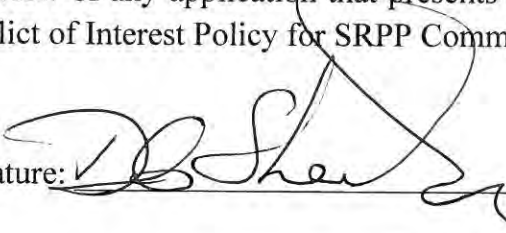
Signature: Meryl Weinreb Date: 3/25/2020

Printed Name: Meryl Weinreb.

April 23 - 24, 2020

**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.

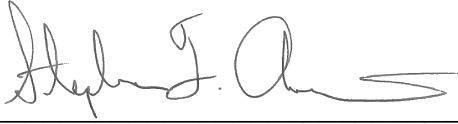
Signature: 

Date: 24 Apr '20

Printed Name: David G. Shoemaker

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

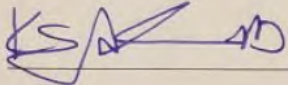
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature:  Date: 04/26/2020

Printed Name: Stephen Francis Amato

**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: 5/8/20

Printed Name: KAREN ANDERSON

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

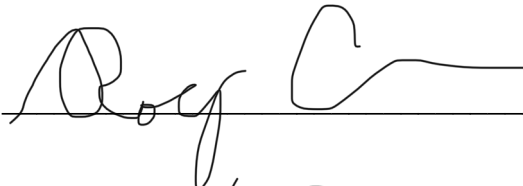
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature:  MD PhD Date: 4/28/2020

Printed Name: Dr. Kelly Bolton, MD PHD

**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.

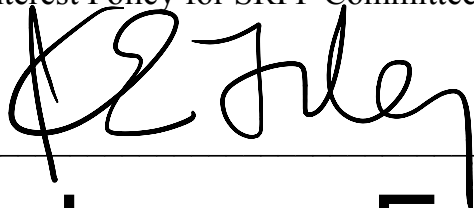
Signature:  Date: 4/25/20

Printed Name: ROY COSAN

**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: _____

2020-05-31

Printed Name: _____

James E Foley

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

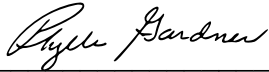
I understand the conflict of interest policies of CPRIT and have reported any conflicts of interest that I may have with respect to applications submitted to my assigned SRPP committee for review. By my signature, I affirm that I did not participate in the discussion or review of any application that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

Signature: Jer Francoeur Date: 4-26-2020

Printed Name: JER FRANCOEUR

**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: 05/21/2020

Printed Name: Phyllis Gardner

**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: 04/26/2020

Printed Name: Yueming Li

**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: Herbert Kim Lyerly Date: May 7, 2020

Printed Name: Herbert Kim Lyerly

**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: 4/24/2020

Printed Name: Mark M. Moasser, MD

**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: *Kristine Swiderek* Date: April 27, 2020

Printed Name: Kristine Swiderek

**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: Meryl Wehner Date: 4/24/20

Printed Name: MERYL WEHNER

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

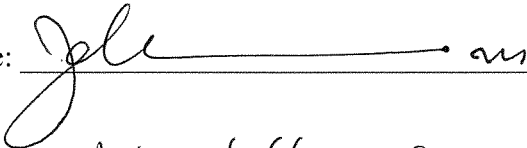
I understand CPRIT's conflict of interest policies and have reported any conflicts of interest that I may have with respect to applications submitted to the PIC for review. By my signature, I affirm that I did not participate in the discussion or review of any application that presents a conflict of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

Signature:  Date: 04 Nov 19

Printed Name: Cindy R. WalkerPeach

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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:  an Date: 11/4/2015

Printed Name: John Hollsreiter, MD

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: J. Willson Date: 11/4/2019

Printed Name: J. Willson

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Ramona S. Magid Date: 11-4-19

Printed Name: RAMONA S. MAGID

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Wayne R. Roberts Date: 11-4-19

Printed Name: Wayne R. Roberts

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Cindy R. WalkerPeach Date: 01 Feb 2020

Printed Name: Cindy R. WALKERPEACH

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Julia Date: 2/4/2020

Printed Name: Willson

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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Signature: Ramona Magid Date: 2-4-20

Printed Name: RAMONA S. MAGID

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Wayne R. Roberts Date: 2-4-20

Printed Name: Wayne R. Roberts

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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:  Date: 05 May 2020

Printed Name: Cindy R. Walker Peach

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: James Willson Date: May 5, 2020

Printed Name: James Willson

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Ramona S. Magid Date: 5/5/20

Printed Name: RAMONA S. MAGID

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Wayne R. Roberts Date: 5-5-20

Printed Name: Wayne R. Roberts

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: CR WalkerPeach Date: 6 Aug 2020

Printed Name: CR WALKERPEACH

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: _____ Date: _____

Printed Name: _____

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Ramona S Magid Date: 8/4/20

Printed Name: RAMONA S MAGID

**POST REVIEW STATEMENT FOR CPRIT
PROGRAM INTEGRATION COMMITTEE (PIC) MEMBERS**

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: Wayne R. Roberts Date: 8-4-20

Printed Name: Wayne R. Roberts



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

FY2020 Conflict of Interest Disclosure Tables

Academic Research;
Prevention;
Product Development Research

Conflicts of Interest Disclosure

CPRIT Academic Research 20.1 Applications

Academic Research Cycle 20.1 Awards Announced at February 19, 2020, 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 Cycle 20.1 include *Individual Investigator Research Awards*, *Individual Investigator Research Awards for Cancer in Children and Adolescents*, *Individual Investigator Research Awards for Clinical Translation*, and *Individual Investigator Research Awards for Prevention and Early Detection*. 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee:			
RP200166pe	Steven Millward	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson
RP200166	Steven Millward	The University of Texas M. D. Anderson Cancer Center	Alan Tomkinson
RP200254pe	Tanya Paull	The University of Texas at Austin	John Petrini
RP200254	Tanya Paull	The University of Texas at Austin	John Petrini
RP200197pe	Shuang Liang	The University of Texas Southwestern Medical Center	Heather Christofk
RP200197	Shuang Liang	The University of Texas Southwestern Medical Center	Heather Christofk
RP200315pe	JAE-IL PARK	The University of Texas M. D. Anderson Cancer Center	Eric Fearon; Jean-Pierre Issa
RP200315	JAE-IL PARK	The University of Texas M. D. Anderson Cancer Center	Jean-Pierre Issa
RP200233pe	Jie Zheng	The University of Texas at Dallas	Anna Wu; James Willson

*=not discussed

Application ID	Applicant/PI	Institution	Conflict Noted
RP200233	Jie Zheng	The University of Texas at Dallas	Anna Wu; James Willson
RP200456	Changho Choi	The University of Texas Southwestern Medical Center	Anna Wu
RP200058pe	Dmitri Ivanov	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200432pe	Charles Reynolds	Texas Tech University Health Sciences Center	W. Martin Kast
RP200432	Charles Reynolds	Texas Tech University Health Sciences Center	W. Martin Kast
RP200356pe	Arvind Dasari	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP200356	Arvind Dasari	The University of Texas M. D. Anderson Cancer Center	Howard Hochster
RP200025pe	Erich Sturgis	The University of Texas M. D. Anderson Cancer Center	Christopher Li
RP200025	Erich Sturgis	The University of Texas M. D. Anderson Cancer Center	Christopher Li
RP200021pe	Li Zhang	The University of Texas at Dallas	Anna Wu; Ross Berbeco; James Willson
RP200021	Li Zhang	The University of Texas at Dallas	Anna Wu; Ross Berbeco; James Willson
Applications not considered by the PIC or Oversight Committee:			
RP200006pe	Yogesh Gupta	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200018pe	Alexander Pertsemlidis	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200089pe	Raushan Kurmasheva	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200111pe	Xiaojing Wang	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia

Application ID	Applicant/PI	Institution	Conflict Noted
RP200114pe	Luiz Penalva	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200143pe	David Libich	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200144pe	Katsumi Kitagawa	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200215pe	Ratna Vadlamudi	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200239pe	Yidong Chen	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200382pe	Patricia Dahia	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200398pe	Ann Griffith	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia
RP200416pe	Kyuson Yun	The Methodist Hospital Research Institute	Kristin Swanson
RP200436pe	FENG-CHUN YANG	The University of Texas Health Science Center at San Antonio	Jose Conejo-Garcia ; Kristin Swanson
RP200436	FENG-CHUN YANG	The University of Texas Health Science Center at San Antonio	Kristin Swanson
RP200063pe	WEIXING ZHAO	The University of Texas Health Science Center at San Antonio	Alan Tomkinson;W. Chazin
RP200092pe	Jason Huse	The University of Texas M. D. Anderson Cancer Center	John Petrini
RP200092	Jason Huse	The University of Texas M. D. Anderson Cancer Center	John Petrini
RP200107pe	Samy Habib	The University of Texas Health Science Center at San Antonio	Alan Tomkinson
RP200169pe	Guo-Min Li	The University of Texas Southwestern Medical Center	Alan Tomkinson
RP200279pe	Sang Eun Lee	The University of Texas Health Science Center at San Antonio	Alan Tomkinson

*=not discussed

Application ID	Applicant/PI	Institution	Conflict Noted
RP200279*	Sang Eun Lee	The University of Texas Health Science Center at San Antonio	Alan Tomkinson
RP200367pe	Elizabeth Goldsmith	The University of Texas Southwestern Medical Center	Alan Tomkinson
RP200391pe	Y. Alan Wang	The University of Texas M. D. Anderson Cancer Center	Nabeel Bardeesy
RP200391	Y. Alan Wang	The University of Texas M. D. Anderson Cancer Center	Nabeel Bardeesy
RP200056pe	Maralice Conacci Sorrell	The University of Texas Southwestern Medical Center	Heather Christofk
RP200056	Maralice Conacci Sorrell	The University of Texas Southwestern Medical Center	Heather Christofk
RP200077pe	Xiangsheng Zuo	The University of Texas M. D. Anderson Cancer Center	Eric Fearon;Jean-Pierre Issa
RP200077	Xiangsheng Zuo	The University of Texas M. D. Anderson Cancer Center	Jean-Pierre Issa
RP200221pe	Elisabeth Martinez	The University of Texas Southwestern Medical Center	Heather Christofk
RP200221*	Elisabeth Martinez	The University of Texas Southwestern Medical Center	Heather Christofk
RP200094pe	Ru Chen	Baylor College of Medicine	Gloria Petersen
RP200094	Ru Chen	Baylor College of Medicine	Gloria Petersen
RP200099pe	Sheng Pan	The University of Texas Health Science Center at Houston	Gloria Petersen
RP200099*	Sheng Pan	The University of Texas Health Science Center at Houston	Gloria Petersen
RP200115pe	Ashish Deshmukh	The University of Texas Health Science Center at Houston	Thomas Brandon
RP200115	Ashish Deshmukh	The University of Texas Health Science Center at Houston	Thomas Brandon

*=not discussed

Application ID	Applicant/PI	Institution	Conflict Noted
RP200141pe	Lindsay Cowell	The University of Texas Southwestern Medical Center	Christopher Li;William Barlow
RP200141	Lindsay Cowell	The University of Texas Southwestern Medical Center	Christopher Li;William Barlow
RP200159pe	Surendranath Shastri	The University of Texas M. D. Anderson Cancer Center	Thomas Brandon
RP200159	Surendranath Shastri	The University of Texas M. D. Anderson Cancer Center	Thomas Brandon
RP200193pe	Rita Ghosh	The University of Texas Health Science Center at San Antonio	William Barlow
RP200193	Rita Ghosh	The University of Texas Health Science Center at San Antonio	William Barlow
RP200238pe	Divya Patel	The University of Texas Health Center at Tyler	Thomas Brandon
RP200238	Divya Patel	The University of Texas Health Center at Tyler	Thomas Brandon
RP200260pe	Yi-Qian Nancy You	The University of Texas M. D. Anderson Cancer Center	Thomas Brandon
RP200305pe	Jason Robinson	The University of Texas M. D. Anderson Cancer Center	Thomas Brandon
RP200305	Jason Robinson	The University of Texas M. D. Anderson Cancer Center	Thomas Brandon
RP200336pe	Paul Scheet	The University of Texas M. D. Anderson Cancer Center	Lorelei Mucci
RP200336	Paul Scheet	The University of Texas M. D. Anderson Cancer Center	Lorelei Mucci
RP200441pe	Subrata Sen	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP200441*	Subrata Sen	The University of Texas M. D. Anderson Cancer Center	Gloria Petersen
RP200057pe	Kenneth Hoyt	The University of Texas at Dallas	Anna. Wu
RP200154pe	Kevin Burgess	Texas A&M University	Weibo Cai

*=not discussed

Application ID	Applicant/PI	Institution	Conflict Noted
RP200161pe	Ralph Mason	The University of Texas Southwestern Medical Center	Anna Wu;Ross Berbeco
RP200161	Ralph Mason	The University of Texas Southwestern Medical Center	Anna Wu;Ross Berbeco
RP200167pe	Mark Pagel	The University of Texas M. D. Anderson Cancer Center	James Basilion
RP200167	Mark Pagel	The University of Texas M. D. Anderson Cancer Center	James Basilion
RP200180pe	Joseph Maldjian	The University of Texas Southwestern Medical Center	Anna Wu
RP200192pe	Xun Jia	The University of Texas Southwestern Medical Center	Anna Wu
RP200192	Xun Jia	The University of Texas Southwestern Medical Center	Anna Wu
RP200214pe	Baowei Fei	The University of Texas at Dallas	Anna Wu
RP200214	Baowei Fei	The University of Texas at Dallas	Anna Wu
RP200256pe	Dawid Schellingerhout	The University of Texas M. D. Anderson Cancer Center	James Basilion
RP200280pe	Guiyang Hao	The University of Texas Southwestern Medical Center	Anna Wu
RP200351pe	Kytai Nguyen	The University of Texas at Arlington	Anna Wu
RP200351*	Kytai Nguyen	The University of Texas at Arlington	Anna Wu
RP200375pe	Lilie Lin	The University of Texas M. D. Anderson Cancer Center	David Mankoff
RP200375	Lilie Lin	The University of Texas M. D. Anderson Cancer Center	David Mankoff
RP200479pe	Janet Zoldan	The University of Texas at Austin	Anna Wu
RP200479	Janet Zoldan	The University of Texas at Austin	Anna Wu
RP200495pe	Yujie Chi	The University of Texas at Arlington	Anna Wu

*=not discussed

Application ID	Applicant/PI	Institution	Conflict Noted
RP200497pe	Justyn Jaworski	The University of Texas at Arlington	Anna Wu
RP200497	Justyn Jaworski	The University of Texas at Arlington	Anna Wu
RP200291	Marina Konopleva	The University of Texas M. D. Anderson Cancer Center	Charles Mullighan
RP200408	Cullen Taniguchi	The University of Texas M. D. Anderson Cancer Center	Anne Tonachel

Conflicts of Interest Disclosure

CPRIT Academic Research 20.2 Applications

Academic Research Cycle 20.2 Awards Announced at August 19, 2020, 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 Cycle 20.2 include *Collaborative Action Program to Reduce Liver Cancer Mortality in Texas: Investigator-Initiated Research Awards*; *Early Clinical Investigator Award*; *Core Facility Support Awards*; and *High-Impact/High-Risk 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee:			
RP200604	Robert Chapkin	Texas AgriLife Research	Eric Fearon
RP200614	Kevin Pinney	Baylor University	Martin Pomper
Applications not considered by the PIC or Oversight Committee:			
RP200570*	Gerardo Cisneros	University of North Texas	Matthew Weitzman
RP200524*	Manal Hassan	The University of Texas M. D. Anderson Cancer Center	Alexander Parker
RP200537	Aaron Thrift	Baylor College of Medicine	Christopher Haiman
RP200628*	Hasan Zaki	The University of Texas Southwestern Medical Center	Victor Engelhard
RP200538*	Kenneth Hoyt	The University of Texas at Dallas	Kurt Zinn
RP200607	Han Xiao	Rice University	Jason Lewis
RP200634	Georgios Alexandrakis	The University of Texas at Arlington	Arion- Xenofon Chatziioannou

* Not discussed

Conflicts of Interest Disclosure
Academic Research Recruitment Cycles 19.10-19.12 Applications
(Academic Research Recruitment Cycles 19.10-19.12 Awards
Announced at August 21, 2019, and November 20, 2019, Oversight Committee Meetings)

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 19.10-12 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee			
RR190069	Adam Kuspa	Baylor College of Medicine	Richard O'Reilly
RR190089	Adam Kuspa	Baylor College of Medicine	Myles Brown
Applications not considered by the PIC or Oversight Committee			
No conflicts reported.			

Conflicts of Interest Disclosure
Academic Research Recruitment Cycles 20.1-20.3 Applications
(Academic Research Recruitment Cycles 20.1-20.3 Awards
Announced at November 20, 2019, 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 20.1-20.3 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee			
RR190108	Gulio Draetta	The University of Texas M. D. Anderson Cancer Center	P. Jones
RR200009	Adam Kuspa	Baylor College of Medicine	T. Sellers; J. Willson
RR190084	Joseph J. Pancrazio	The University of Texas at Dallas	J. Willson
RR190110	Randall J Urban	The University of Texas Medical Branch at Galveston	J. Willson
RR200007	W. P. Andrew Lee	The University of Texas Southwestern Medical Center	J. Willson
RR200023	W. P. Andrew Lee	The University of Texas Southwestern Medical Center	J. Willson
Applications not considered by the PIC or Oversight Committee			
No conflicts reported.			

Conflicts of Interest Disclosure

CPRIT Academic Research Recruitment Cycles 20.4-6 Applications

Academic Research Recruitment Cycles 20.4-6 Awards Announced at February 19, 2020, 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 20.4-20.6 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee			
RR200029	Draetta, Gulio	The University of Texas M.D. Anderson Cancer Center	Richard O'Reilly
RR200035	W. P. Andrew Lee	The University of Texas Southwestern Medical Center	Myles Brown
Applications not considered by the PIC or Oversight Committee			
No conflicts reported.			

Conflicts of Interest Disclosure

CPRIT Academic Research Recruitment Cycles 20.7-9 Applications

Academic Research Recruitment Cycles 20.7-9 Awards Announced at May 20, 2020, 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 Cycles 20.7-20.9 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee			
RR200057	Gulio Draetta	The University of Texas M. D. Anderson Cancer Center	Margaret Tempero
RR200072	W. P. Andrew Lee	The University of Texas Southwestern Medical Center	Myles Brown
Applications not considered by the PIC or Oversight Committee			
RR200048	Mary Dickinson	Baylor College of Medicine	Margaret Tempero
RR200068	W. P. Andrew Lee	The University of Texas Southwestern Medical Center	Carol Prives

Conflicts of Interest Disclosure

CPRIT Academic Research Recruitment 20.10-20.12 Applications

Academic Research Recruitment 20.10-20.12 Awards Announced at August 19, 2020, 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 Cycles 20.10-20.12 include *Recruitment of Rising Stars*; *Recruitment of First-Time, Tenure-Track Faculty Members*; and *Recruitment of Established Investigators*. 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee:			
RR200084	W. P. Andrew Lee	The University of Texas Southwestern Medical Center	M. Brown
Applications not considered by the PIC or Oversight Committee:			
No Conflicts Reported.			

Conflicts of Interest Disclosure

CPRIT Prevention Cycle 20.1 Applications

Prevention Cycle 20.1 Applications Announced at the February 19, 2020, 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 20.1 include *Evidence-Based Cancer Prevention Services; Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations; Tobacco Control and Lung Cancer Screening; and 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PD	Institution	Conflict Noted
Applications considered by the PIC and Oversight Committee			
PP200028	Karen Basen-Engquist	The University of Texas M. D. Anderson Cancer Center	Michael Eriksen
PP200036	Michael Pignone	The University of Texas at Austin	Marcus Plescia
Applications not considered by the PIC or Oversight Committee			
PP200016	Walter Calmbach	The University of Texas Health Science Center at San Antonio	Ross Brownson

Conflicts of Interest Disclosure

CPRIT Prevention Cycle 20.2 Applications

Prevention Cycle 20.2 Applications Announced at the August 19, 2020, 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 20.2 include *Evidence-Based Cancer Prevention Services*; *Expansion of Cancer Prevention Services to Rural and Medically Underserved Populations*; and *Tobacco Control and Lung Cancer Screening*. 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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PD	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.			

Conflicts of Interest Disclosure

CPRIT Product Development Research Cycle 20.1 Applications

Product Development Research Cycle 20.1 Applications Announced at the February 19, and May 20, 2020, Oversight Committee Meetings

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 20.1 include *Seed Awards for Product Development Research*, *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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Organization/Company	Conflict Noted
Applications considered by the PIC and Oversight Committee			
DP200056	Neil Thapar	Barricade Therapeutics, Corp.	Diane Amy Trainor; George. Trainor; Leila Alland
Applications not considered by the PIC or Oversight Committee			
DP200023	Sohail Syed	Theracle, Inc.	Bo Saxberg
DP200059	Cohava Gelber	Stromatis Pharma, LLC	Bo Saxberg; Marcia Moore; Neil Spector
DP200005	Upendra Marathi	7 Hills Pharma LLC	George Trainor; Leila. Alland
DP200016	Alex Stojanovic	Oncolyze, Inc.	Yueming Li
DP200021	Stephan Morris	Ohm Oncology Inc.	Yueming Li
DP200026	Judith Leopold	Mekanistic Therapeutics	Judith Fox; Leila Alland
DP200037	Leah DiMascio	DGD Pharmaceuticals, Corp.	Diane Amy Trainor; George. Trainor; Leila Alland
DP200049	Eric Zhang	AKSO Biopharmaceutical, Inc.	Leila Alland

Conflicts of Interest Disclosure

CPRIT Product Development Research Cycle 20.2 Applications

Product Development Research Cycle 20.2 Applications Announced at the August 19, 2020, 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 20.2 include *Seed Awards for Product Development Research*, *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 General Dynamics Information Technology, CPRIT's third party grant administrator, and by CPRIT.

Application ID	Applicant/PI	Organization/Company	Conflict Noted
Applications considered by the PIC and Oversight Committee			
DP200094	Michael Curran	Immunogenesis, Inc.	Kristine Swiderek
Applications not considered by the PIC or Oversight Committee			
DP200063*	Johan Louw	Immunicom	R.obert Wilkins
DP200083*	Jeff Levine	Advanced Scanners, Inc	Mara Ginsberg
DP200074*	Christine Clarke	Tachyon Therapeutics, Inc.	Phyllis Gardner

* Not discussed



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

FY2020 Conflict of Interest Waivers

Donald Brandy;
Dr. John Hellerstedt;
Will Montgomery;
Dr. James Willson;
Review Council Members



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE CHAIR WILL MONTGOMERY
FROM: WAYNE ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT: SECTION 102.1062 WAIVER—BRANDY FY 2020
DATE: AUGUST 1, 2019

Waiver Request and Recommendation

I request that the Oversight Committee approve a conflict of interest waiver for FY 2020 for Mr. Donald Brandy, CPRIT's Purchaser and HUB Coordinator, pursuant to Health & Safety Code Section 102.1062 "Exceptional Circumstances Requiring Participation." The Oversight Committee approved the same waiver for Mr. Brandy since FY 2015.

Mr. Brandy is not involved in the grant application or reporting process in his official capacity as purchaser of goods and services for the agency. However, the waiver ensures transparency regarding Mr. Brandy's relationship with some universities that receive CPRIT grants. Furthermore, CPRIT's Code of Conduct makes it clear that the agency's conflict of interest provisions apply to any expenditure of CPRIT funds. Although it is unlikely that CPRIT will procure goods and services from a university receiving grant funds from CPRIT, having the conflict of interest waiver in place ensures that Mr. Brandy can perform his duties. Together with the waiver's proposed limitations, adequate protections are in place to mitigate the opportunity for a conflict of interest to unduly influence agency purchases.

Background

Mr. Brandy serves as the agency purchaser, responsible for planning, organizing, coordinating, and preparing bid specifications and procurement documents to acquire goods and services from vendors and outside contractors used by the agency. The agency purchaser role requires little, if any, involvement with CPRIT's grant award process because CPRIT's grant award contracts are not vendor or outside service contracts.

At the time CPRIT hired Mr. Brandy, he requested approval to continue his outside employment as a referee for tennis tournaments held in and around Austin. In addition to refereeing for adult and junior-level tournaments, he serves occasionally as a referee for NCAA tennis matches held at area universities, including The University of Texas at Austin. The university athletic

department pays Mr. Brandy for his services as an independent contractor when he referees collegiate matches.

CPRIT employees may engage in outside employment so long as the employment does not detract from the employee's ability to fulfill his or her responsibilities to CPRIT. Employees must receive written approval from the CEO to engage in outside employment and I notify the Audit Subcommittee regarding any approvals. I also annually report to the Oversight Committee all approved outside employment. I notified the Audit Subcommittee regarding my approval for Mr. Brandy's outside employment and the subcommittee first discussed it at the December 18, 2014, subcommittee meeting.

Exceptional Circumstances Requiring Mr. Brandy's Participation

To approve a conflict of interest waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process or other expenditure of CPRIT funds.¹

This conflict of interest waiver is different than other waivers I have requested in that it is not seeking a waiver for actions related to CPRIT's grant review or grant monitoring process. As CPRIT's purchaser, I do not anticipate that Mr. Brandy will play any role in the review process for grant applications or grant reports. The purchaser deals only with agency procurement matters and has no influence over the grant award processes of the agency. To the extent that his outside employment necessitates involvement with university personnel, it is with collegiate athletic department staff that have no interaction with researchers working on or applying for grants. Nevertheless, if Mr. Brandy must be part of the review process or grant monitoring activities, he will comply with CPRIT's conflict of interest notification and recusal requirements.

However, as part of his official duties there may be circumstances requiring Mr. Brandy to procure goods or services on CPRIT's behalf from a university that has also employed him as a tennis referee. This is unlikely to occur; to date, CPRIT has had only two service contracts (both now closed) with an academic institution, Texas Tech University and the University of Texas at Austin LBJ School of Public Affairs. However, as CPRIT's lead contact for agency purchases, Mr. Brandy should be able to perform his official duties as fully as possible. Any involvement with university athletic department personnel resulting from his outside employment is unlikely to be the same individuals at the university responsible for contracting with CPRIT.

¹ CPRIT's Code of Conduct Section III.B(2) states that, "The conflict of interest statutory and administrative rule provisions **apply to any decision to commit CPRIT funds**, whether or not the commitment is part of the grant award process or to a Grant Applicant." (emphasis added)

Proposed Waiver and Limitations

In granting the waiver of the conflict of interest set forth in Health & Safety Code Section 102.106(c)(3), I recommend that the Oversight Committee permit Mr. Brandy to perform all duties assigned as purchaser, subject to the limitations stated below:

1. Provide the Chief Operating Officer a list of universities that have used his services as referee during the past twelve months;
2. Notify the Chief Operating Officer prior to taking any action on a contract or other procurement document that would result in payment of CPRIT funds to a university on the list referenced above; and
3. The Chief Operating Officer, in conjunction with the CEO, Chief Compliance Officer and General Counsel, can review the circumstances and determine whether Mr. Brandy should be recused from involvement in the procurement.

Important Information Regarding this Waiver and the Waiver Process

- The Oversight Committee may amend, revoke, or review this waiver, including but not limited to the list of approved activities and duties and the limitations on duties and activities. Approval of any change to the waiver granted shall be by a vote of the Oversight Committee in an open meeting.
- CPRIT limits this waiver to the conflict of interest specified in this request. To the extent that Mr. Brandy has a conflict of interest not addressed in this waiver, then Mr. Brandy will follow the required notification and recusal process.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: WAYNE ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT: SECTION 102.1062 WAIVER – DR. JOHN HELLERSTEDT
DATE: AUGUST 1, 2019

Waiver Request and Recommendation

I request that the Oversight Committee approve a conflict of interest waiver for FY 2020 for Program Integration Committee (PIC) member DSHS Commissioner Dr. John Hellerstedt, pursuant to Health & Safety Code Section 102.1062 “Exceptional Circumstances Requiring Participation.” The waiver is necessary for Commissioner Hellerstedt to participate in CPRIT’s review process as a PIC member. Together with the waiver’s proposed limitations, adequate protections are in place to mitigate factors other than merit and the established grant criteria affecting the award of grant funds. The waiver is the same as approved by the Oversight Committee for FY 2019.

Background

Governor Abbott appointed Dr. Hellerstedt as Commissioner of the Department of State Health Services (DSHS) on January 1, 2016. The DSHS Commissioner is a statutorily designated member of the PIC. As a PIC member, Commissioner Hellerstedt must exercise discretion related to whether to recommend applications proposed for grant awards to the Oversight Committee for final approval.

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

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

Exceptional Circumstances Requiring Commissioner Hellerstedt's Participation

To approve a conflict of interest waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process. The statute compels Commissioner Hellerstedt's participation in the review process. The Oversight Committee should grant the proposed waiver so that CPRIT may fulfill legislative intent that the DSHS Commissioner serve as a PIC member. The proposed limitations will substantially mitigate any potential for bias.

Proposed Waiver and Limitations

In granting the waiver of the conflict of interest set forth in Section 102.106(c)(3), I recommend that the Oversight Committee permit Commissioner Hellerstedt to continue to perform the following activities and duties associated with CPRIT's review process subject to the stated limitations:

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

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

Important Information Regarding this Waiver and the Waiver Process

- The Oversight Committee may amend, revoke, or revise this waiver, including but not limited to the list of approved activities and duties and the limitations on duties

and activities. Approval for any change to the waiver granted shall be by a vote of the Oversight Committee in an open meeting.

- CPRIT limits this waiver to the conflict of interest specified in this request. To the extent that Commissioner Hellerstedt has a conflict of interest with an application that is not the conflict identified in Section 102.106(c)(3), then Commissioner Hellerstedt will follow the required notification and recusal process.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: WAYNE ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT: SECTION 102.1062 WAIVER—MONTGOMERY FY 2020
DATE: AUGUST 1, 2019

Waiver Request and Recommendation

I request that the Oversight Committee approve a conflict of interest waiver for FY 2020 for Mr. Will Montgomery, presiding officer of the CPRIT Oversight Committee, pursuant to Health & Safety Code Section 102.1062 “Exceptional Circumstances Requiring Participation.” Mr. Montgomery’s waiver is the same as the one approved by the Oversight Committee for FY 2019. The waiver is necessary for Mr. Montgomery to fully participate in the grant award approval process. Together with the waiver’s proposed limitations, adequate protections are in place to mitigate the opportunity for factors other than merit and established criteria to affect the award of grant funds.

Background

Mr. Montgomery is a partner at Jackson Walker L.L.P., a long-time, Texas-based law firm that employs more than 350 attorneys. Mr. Montgomery’s legal practice focuses on disputes related to the financial services industry, including regulatory investigations, enforcement proceedings, and internal investigations relating to securities, options, derivatives, commodities, and futures. Mr. Montgomery does not personally represent CPRIT grant recipients; however, some lawyers employed by Jackson Walker provide legal services to the following grant applicants and grant recipients:

- Rice University
- Texas A & M University System
- Texas A & M System Technology Commercialization
- Texas A & M Institute for Biosciences & Technology
- Methodist Hospital System (Houston)
- The University of Texas Southwestern Medical Center
- The University of Texas School of Public Health
- The University of Texas Medical Branch, Galveston
- Children's Medical Center Research Institute

- The University of Texas San Antonio
- The University of Texas at Austin
- The University of Texas Health Science Center at Houston
- The University of Texas M.D. Anderson Cancer Center
- Texas Association of Nurse Anesthetists
- University General Health system
- MHMR Tarrant County
- Texas Tech University
- Texas Tech University Health Science Center
- UNT Health Science Center
- Baylor University
- Baylor College of Medicine

Health & Safety Code Section 102.106(c)(4) mandates that a professional conflict of interest exists if an Oversight Committee member represents an entity applying to receive or receiving CPRIT funds. Similarly, Texas Administrative Code Section 702.11(d) finds that there is a professional conflict of interest if an Oversight Committee member “represents in business or law an entity receiving or applying to receive money from the Institute...”

The entities listed above were clients of the law firm prior to Mr. Montgomery’s appointment to the Oversight Committee. Although Mr. Montgomery does not perform legal work for these entities or supervise anyone who does so, he has previously recused himself from participating in the grant award process related to these entities out of an abundance of caution. He does not have an economic interest in the revenues paid to Jackson Walker by these entities, aside from his position as a partner of the firm. However, Mr. Montgomery’s percentage of ownership interest in the law firm is not impacted whether these entities are clients of the firm.

It is reasonable to expect that the same conflict will affect Mr. Montgomery’s participation in more than one grant review cycle in the 2020 fiscal year as well. CPRIT’s administrative rule Section 702.17(3) authorizes the Oversight Committee to approve a waiver that applies for all activities affected by the conflict during the fiscal year.

Exceptional Circumstances Requiring Mr. Montgomery’s Participation

To approve a waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual’s participation in the review process. There are compelling reasons warranting Mr. Montgomery’s participation in the review process when he would otherwise recuse himself because of the conflict. One of the principal duties for an Oversight Committee member is to approve grant award recommendations submitted by the Program Integration Committee. The statute requires a two-thirds vote of the Oversight Committee to approve a grant

award. The significant majority of CPRIT's grant applicants and grant recipients are academic institutions, including many of the entities listed above. Excluding Mr. Montgomery from participation in the decision-making process related to grant awards reduces the number of Oversight Committee members able to perform the critical task of reviewing information about potential grantees and the review process associated with the grant recommendations.

The proposed limitations and CPRIT's existing process and procedures will mitigate substantially any potential for bias.

Proposed Waiver and Limitations

In granting the waiver of the conflict of interest set forth in Health & Safety Code Section 102.106(c)(4), I recommend that the Oversight Committee permit Mr. Montgomery to participate in the review process for applications submitted by the following entities, subject to the limitations stated below:

- Rice University
- Texas A & M University System
- Texas A & M System Technology Commercialization
- Texas A & M Institute for Biosciences & Technology
- Methodist Hospital System (Houston)
- UT Southwestern
- UT School of Public Health
- UT Medical Branch, Galveston
- Children's Medical Center Research Institute
- UT San Antonio
- UT Austin
- UT Health Science Center at Houston
- UT M.D. Anderson Cancer Center
- Texas Association of Nurse Anesthetists
- University General Health system
- MHMR Tarrant County
- Texas Tech University
- Texas Tech University Health Science Center
- UNT Health Science Center
- Baylor University
- Baylor College of Medicine

Important Information Regarding this Waiver and the Waiver Process

- The Oversight Committee may amend, revoke, or revise this waiver. Approval for any change to the waiver granted shall be by a vote of the Oversight Committee in an open meeting.
- CPRIT limits this waiver to the conflict of interest specified in this request, Health & Safety Code Section 102.106(c)(4). To the extent that Mr. Montgomery has a conflict of interest with an application submitted by an entity listed herein that is not the conflict identified in Section 102.106(c)(4), then Mr. Montgomery will follow the required notification and recusal process.
- CPRIT limits the waiver to the entities specified in the request and based upon the circumstances stated herein. If circumstances change such that Mr. Montgomery personally represents one of the entities listed herein or supervises the work of someone representing the entity, he will notify the Chief Executive Officer and the presiding officer of the Oversight Committee.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE MEMBERS
FROM: WAYNE ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT: SECTION 102.1062 WAIVER – DR. JAMES WILLSON
DATE: NOVEMBER 13, 2019

Waiver Request and Recommendation

I request that the Oversight Committee approve a conflict of interest waiver for FY 2020 for Chief Scientific Officer and Program Integration Committee (PIC) member Dr. James Willson, pursuant to Health & Safety Code Section 102.1062 “Exceptional Circumstances Requiring Participation.” Dr. Willson’s son is a senior lecturer in the computer science department at The University of Texas at Dallas (UTD). The waiver is necessary for Dr. Willson to participate in CPRIT’s review process as a PIC member. I recommend approval because together with the waiver’s proposed limitations, adequate protections are in place to mitigate factors other than merit and the established grant criteria affecting the award of grant funds.

Background

Dr. Willson’s son is an employee of UTD, which is an active grant recipient and may apply for additional CPRIT awards in the future. Texas Health & Safety Code § 102.106(c)(3) makes it a professional conflict of interest for a PIC member when a relative of the member is an employee of a grant recipient or grant applicant. Dr. Willson’s son falls within the definition of “relative” because he is related within the second degree of consanguinity to Dr. Willson.

Furthermore, CPRIT’s administrative rule §702.13(c) classifies this type of professional conflict of interest as one that raises the presumption that the existence of the conflict may affect the impartial review of all other grant applications submitted pursuant to the same grant mechanism in the grant review cycle. A person involved in the review process that holds one of the conflicts included in the § 702.13(c) “super conflict” category must be recused from participating in the “review, discussion, scoring, deliberation and vote on all grant applications competing for the same grant mechanism in the entire grant review cycle, unless a waiver has been granted...”

It is reasonable to expect that the same conflict will affect Dr. Willson’s participation in more than one grant review cycle in this fiscal year as well as other grant monitoring activities that Dr. Willson will undertake. CPRIT’s administrative rule § 702.17(3) authorizes the Oversight Committee to approve a waiver that applies for all activities affected by the conflict during the fiscal year.

Exceptional Circumstances Requiring Dr. Willson's Participation

To approve a conflict of interest waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process. In this case, the statute requires the Chief Scientific Officer to participate in the review process as a PIC member. Granting the proposed waiver fulfills legislative intent that Dr. Willson serve a role in recommending grant applications for the Oversight Committee's consideration. In addition, the proposed limitations mitigate any potential for bias.

Dr. Willson's expertise and experience is important not only to address scientific and technical questions raised by the PIC and Oversight Committee, but also when he acts as the Oversight Committee's "eyes and ears" into the peer review process. Peer review committees are primarily responsible for the work necessary to evaluate grant applications and recommend awards. CPRIT employees may attend peer review meetings but cannot participate in the peer review panel's discussion or scoring of grant applications. By attending the peer review committee meetings, Dr. Willson can credibly relay the peer reviewers' impression of the grant applications and effectively address questions the Oversight Committee may have related to a grant recommendation. Without the waiver Dr. Willson will be unable to attend some peer review committee meetings, limiting his ability to successfully perform his job.

Dr. Willson's attendance at peer review meetings is valuable even for those applications that the review panel does not recommend for grant awards. Grant applicants often contact the program officer after receiving the peer reviewers' written comments and overall score for their applications. Dr. Willson can provide meaningful guidance and feedback to the applicant on the proposal's strengths and weaknesses because he attended the peer review committee meeting when the review panel discussed the application.

Proposed Waiver and Limitations

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

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

general information related to the overall grant application process and not advocate specifically for a UTD grant application at the expense of another recommended application.

6. Following the Oversight Committee's approval of a grant award to UTD, Dr. Willson may review and approve programmatic requests associated with UTD grant contracts and grant monitoring activities.

Regarding item number 2, Dr. Willson will continue to follow CPRIT's established policy that prohibits CPRIT employees from actively participating in peer review committee meetings. Dr. Willson may attend the peer review committee meetings as an observer but may not participate in substantive discussion of any grant application, may not score any application, and may not vote on any application. CPRIT contracts with an independent third-party observer to document that all participants follow CPRIT's observer policy. The independent third-party observer report is available to the Oversight Committee prior to any action taken related to the grant award recommendations. Following Oversight Committee action, the independent third-party observer report is publicly available.

LIMITATION ON DUTIES AND ACTIVITIES

Dr. Willson is a member of the PIC. As a PIC member, Dr. Willson exercises discretion related to recommending to the Oversight Committee which applications proposed for grant awards by the peer review committees should receive final approval. Dr. Willson shall not vote on any award recommendation for a grant to UTD.

CPRIT's Chief Compliance Officer attends PIC meetings to document compliance with CPRIT's rules and processes, including adherence to this limitation. Additionally, CPRIT will maintain records documenting any necessary recusal by Dr. Willson under this waiver.

Important Information Regarding this Waiver and the Waiver Process

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



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

MEMORANDUM

TO: OVERSIGHT COMMITTEE CHAIR WILL MONTGOMERY
FROM: WAYNE ROBERTS, CHIEF EXECUTIVE OFFICER
SUBJECT: SECTION 102.1062 WAIVER—REVIEW COUNCILS FY 2020
DATE: AUGUST 1, 2019

Waiver Request and Recommendation

I request that the Oversight Committee approve a fiscal year 2020 conflict of interest waiver for review council members pursuant to Health & Safety Code § 102.1062 “Exceptional Circumstances Requiring Participation.” Unlike other conflict of interest waivers that the Oversight Committee has approved previously, this waiver is not granted for a specific conflict of interest or person. Instead, CPRIT intends to invoke this waiver as necessary to address the unusual scenario when a review council member has a conflict with a grant application that is part of the larger group of proposals that the review panel or review council must act upon (usually to recommend for awards). The waiver is necessary for a review council member to participate in the overall discussion and vote on the slate of award recommendations. This waiver is the same waiver the Oversight Committee approved for FY 2019.

Although it would be ideal to consider each instance individually before granting the conflict of interest waiver, a prospective waiver is necessary in this scenario given the timing of the review process and scheduled Oversight Committee meetings. It is unlikely that review panel schedules will align with Oversight Committee meeting dates such that CPRIT will be able to secure a conflict of interest waiver in time for the review council member to participate in the review process. However, adequate protections are in place that, together with the waiver’s proposed limitations, mitigate the opportunity for factors other than merit and established criteria to influence review council members’ decisions regarding the award of grant funds.

Background

Health & Safety Code § 102.1062 directs the Oversight Committee to adopt administrative rules governing the waiver of the conflict of interest requirements of the statute in exceptional circumstances. CPRIT’s administrative rule § 702.17(3) authorizes the Oversight Committee to approve a waiver that applies for all activities affected by the conflict during the fiscal year. The rules require that a majority of the Oversight Committee members must vote to approve the waiver. CPRIT must report any approved waiver to the lieutenant governor, speaker of the

house of representatives, the governor, and the standing committees of each house of the legislature with primary jurisdiction over CPRIT matters.

The issue addressed by this waiver results from the role review council members play in the review process. At the review panel level, the review council member chairs the review panel meeting. Occasionally, a review council member will identify a conflict of interest with an application assigned to the member's panel. If CPRIT is unable to reassign the application to a different panel, then the review council member follows the process set forth in CPRIT's conflict of interest rules and recuses himself or herself from any discussion, scoring, deliberation, or vote on the application. The proposed waiver will not change the review council member's responsibility to disclose the conflict or to recuse from the review of the application.

The difficulty arises when the review council member must lead the discussion, in his or her role as chair of the review panel, about the group of applications the panel recommends moving forward to the review council. If the application with which the review council member is in conflict advances as part of the group that scored well enough to move forward, the review council member's participation in the discussion on the group as a whole violates the member's agreement to not participate in "any discussion" of the conflicted application.

A similar challenge arises at the review council level. If the application with which the member is in conflict is part of the group considered by the review council, the conflict of interest rules prohibit the member from participating in the review council's discussion or vote on the group of awards. The review council member is unable to address questions about other applications heard by his or her panel due to his or her recusal from the process, potentially disadvantaging the other applications.

Exceptional Circumstances Requiring the Review Council Member's Participation

In order to approve a conflict of interest waiver, the Oversight Committee must find that there are exceptional circumstances justifying the conflicted individual's participation in the review process. In this case, exceptional circumstances exist due to the necessity of the review council member's participation in the process to develop the overall award recommendation slates and the Oversight Committee should grant the proposed waiver. The limitations mitigate the potential for bias.

CPRIT's administrative rules require the Chief Compliance Officer to attend or designate an independent third party to attend peer review meetings and review council meetings when the panel discusses grant applications. The third-party observer must document that the reviewers follow CPRIT's grant review process consistently, including observing CPRIT's conflict of interest rules. The third-party observer will document any violation of this waiver in his or her written report, which CPRIT provides to the Oversight Committee prior to the vote on the award recommendations.

Proposed Waiver and Limitations

In granting the conflict of interest waiver, I recommend that CPRIT permit the review council member to continue to perform the following activities and duties associated with CPRIT's review process subject to the stated limitations:

1. The review council member must disclose any conflict in writing pursuant to the electronic grant management process CPRIT has in place.
2. The review council member must recuse himself or herself from participation in the review, discussion, scoring, deliberation, and vote on the specific grant(s) identified as the conflict.
3. When the review panel or review council takes up the grant applications as a group, the review council member may participate in the discussion and vote on the proposed awards, so long as the review council member does not advocate for or against the application that the member has identified as a conflict.
4. Whenever CPRIT invokes this waiver, the Chief Compliance Officer will provide information about the use of the waiver, including the name of the review council member and the identified conflict, in the Chief Compliance Officer's Certification report. I will also include this information in the CEO affidavit I submit for the grant award mechanism.

Due to the nature of the conflict or the type of review process, this conflict of interest waiver will not apply to following:

- When the review council member's conflict of interest is a conflict described by T.A.C. § 702.13(c); or
- When the review council is acting as the only review panel in the review process (e.g. CPRIT recruitment awards and prevention dissemination awards.)

Important Information Regarding this Waiver and the Waiver Process

- The Oversight Committee may amend, revoke, or revise this waiver, including but not limited to the list of approved activities and duties and the limitations on duties and activities. Approval for any change to the waiver granted shall be by a vote of the Oversight Committee in an open meeting.
- CPRIT limits this waiver to review council members operating under the circumstances specified in this request.