CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

CPRIT University Advisory Committee: 2026 Annual Report

CPRIT Oversight Committee Meeting
May 20, 2026
Subhash C. Chauhan, PhD, Chair

Subhash C. Chauhan, Ph.D.
Chair
The University of Texas Rio Grande Valley

Abbey B. Berenson, M.D., MMS, Ph.D.
Vice-Chair
The University of Texas Medical Branch at Galveston

Carlos L. Arteaga, M.D.
The University of Texas Southwestern Medical Center

Deborah Clegg, Ph.D.
Texas Tech University Health Sciences Center, El Paso

Peter Davies, M.D., Ph.D.
Texas A&M Health Science Center

Eyal Gottlieb, Ph.D.
The University of Texas MD Anderson Cancer Center

Joseph "Joe" Heppert, Ph.D.
Texas Tech University

Shreek Mandayam, Ph.D.
Texas State University

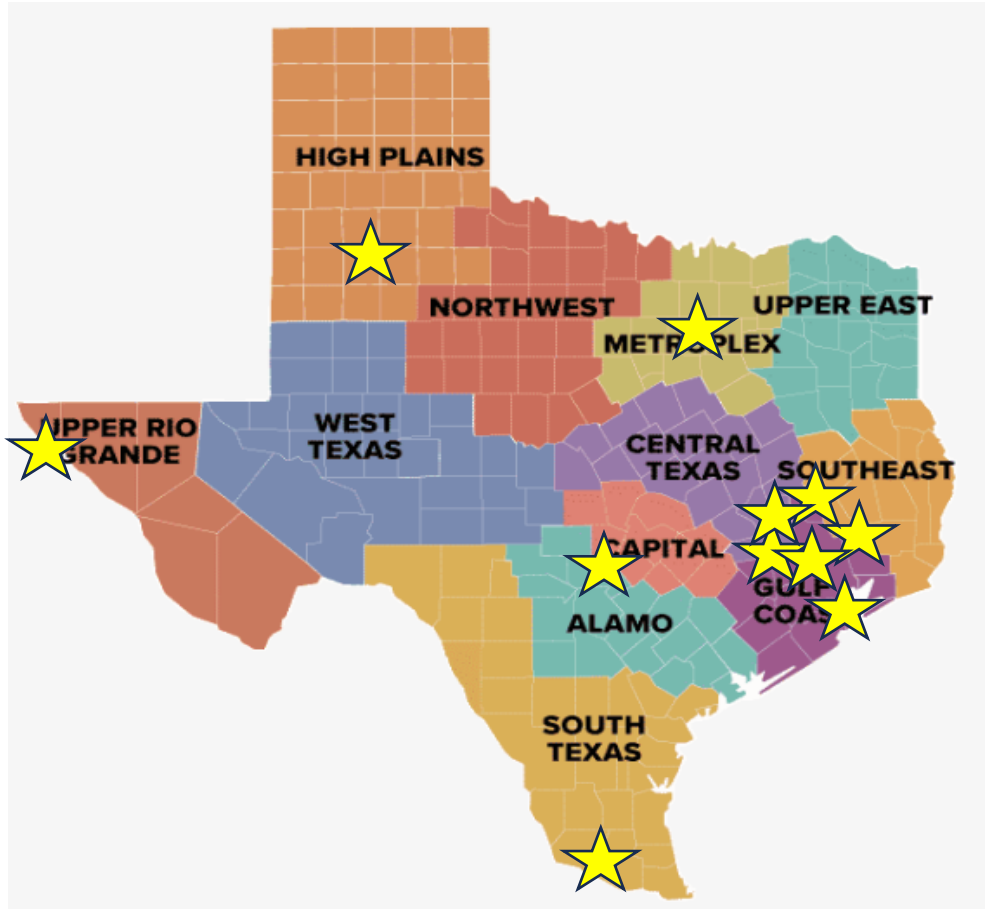
Claudia Neuhauser, Ph.D.
University of Houston/University of Houston System

David Sholl, Ph.D.
Rice University

Pavan Reddy, M.D.
Baylor College of Medicine

UAC Membership - broad representation

- Institutional Representatives- senior administrative leaders, Cancer Center Directors
- Health-related Institutions and Academic Campuses
- Active researchers – CPRIT Scholars and funded investigators
- Regional representation



UAC Meetings – 2025/2026

August 8, 2025

- Discussed Recruitment FY26.1 RFAs in relation to budget allocation and number of cycles
- Discussed posted FY26.2 RFA Mechanisms
- Discussed submission data for FY26.1 RFAs

January 15, 2026

- Discussed submission data for 26.2 RFA mechanisms
- Discussed potential FY27.1 RFA Mechanisms
- Discussed potential changes in High Impact/High Risk RFA

April 23, 2026

- Discussed potential FY27.2 RFA Mechanisms
- Discussed the role of Artificial Intelligence

Table 1: FY26 Academic Research Program Data Funding Information

Cycle	Mechanism	No. of Applications Submitted	Total Funding Requested	# Applications Recommended by SRC	Total Funding Recommended by SRC	Success Rate
26.1	Individual Investigator Research Awards (IIRA)	332	$296,911,855	32	$28,782,212	10%
	IIRA for Children and Adolescents	48	$56,669,391	6	$6,899,142	13%
	IIRA for Clinical Trials	31	$48,010,878	7	$11,162,132	23%
	IIRA for Computational & Systems Biology	53	$54,822,218	3	$3,147,217	6%
	IIRA for Early Onset of Cancer	12	$10,086,578	0	$0	N/A
	IIRA for Prevention and Early Detection	39	$45,156,123	3	$3,599,096	8%
26.1	**IIRA Totals**	**515**	**$511,657,043**	**51**	**$53,589,799**	**10%**
26.2	Core Facility Support Awards- Comp. Renewal	9	$17,978,599	6	$11,987,958	67%
	Research Training Awards- Comp Renewal	8	$39,381,009	7	$34,513,168	88%
	Multi-Investigator Awards	10	$49,454,986	2	$9,995,254	20%
	Rural Oncology Trials Accelerator Awards	6	$5,103,129	5	$4,203,136	83%
	High Impact/High Risk Research Awards	127	$31,679,030	29	$7,218,998	23%
	Totals	**160**	**$143,596,753**	**49**	**$67,918,514**	**31%**
FY26 Aggregate Totals		**675**	**$655,253,796**	**100**	**$121,508,313**	**15%**

Table 2: FY26.1 Recruitment Data and Funding Information

Cycle	Mechanism	No. of Applications Submitted	Total Funding Requested	# Applications Recommended by SRC	Total Funding Recommended by SRC	Success Rate
26.1	Recruitment of Established Investigators	11	$51,700,000	7	$36,000,000	64%
	Recruitment of Rising Stars	9	$30,000,000	7	$25,000,000	78%
	Recruitment of First-Time, Tenure-Track Faculty Member	23	$46,000,000	12	$24,000,000	52%
	Total	**43**	**$127,700,000**	**26**	**$85,000,000**	**60%**

*Through cycle 6

Table 3: Research IIRA RFAs by Mechanism, Award Funding, and Metrics

RFA	No. of Awards	Award Funding (Million)	Follow-On Funds (Million)	Patents Filed	Pubs	No. of Clinical Trials	No. of Patients Enrolled
Individual Investigator Research Awards (IIRA)	581	$543	$507	95	1909	37	4,674
IIRA for Children and Adolescents	72	$94	$43	9	197	12	5,591
IIRA for Clinical Translation/Clinical Trials	25	$44	$1.8	0	94	19	1,820
IIRA for Computational Systems Biology	23	$23	$6.2	7	134	0	0
IIRA for Prevention and Early Detection	44	$59	$20.5	4	141	20	15,568
Total	**745**	**$763**	**$579**	**115 Filed/29 Granted**	**2475**	**88**	**27,653**

Table 4: Research RFAs by Mechanism, Award Funding, and Key Metrics

RFA	No. of Awards	Award Funding (Million)	Follow-On Funds (Million)	Patents Filed	Pubs	No. of Clinical Trials	No. of Patients Enrolled
Core Facility	96	$363	$1.77B	57	2193	46	8708
High-Impact, High Risk	254	$55	$92	43	435	7	819
Multi-Investigator	57	$296	$353	34	1282	36	12,516
Total	**407**	**$718**	**$2.2B**	**134 Filed/25 Granted**	**3910**	**89**	**22,043**

Source: Annual Progress Reports, Self-Reported Data by Scholars (5/07/2025)

Table 5: TREC - Research RFAs by Mechanism, Award Funding, and Key Metrics

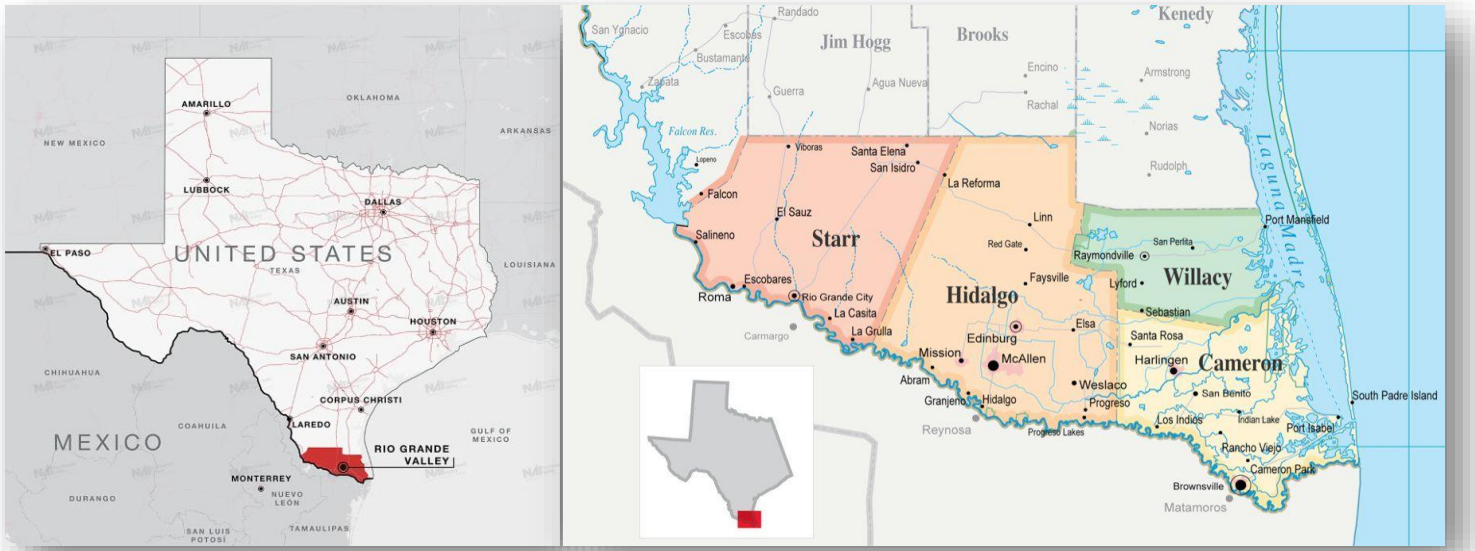
RFA	No. of Awards	Award Funding	Follow-On Funds	Patents Filed	Pubs
Texas Regional Excellence in Cancer Awards	5	$29,888,000	$39,994,955	6	108
TREC Major Instrumentation Awards	3	$2,890,000	$1,756,814	0	4
TREC Pilot Study Award	9	$1,800,000	0	1	2
TREC Institutional Postdoctoral Training Award	1	$850,000	0	0	1
TREC Core Facility Support Awards	1	$2,000,000	0	0	0
TREC: Advancing Innovative Individual Research Awards (offered in 2024)	1	$750,000	0	0	0
Total	**20**	**$38,178,000**	**$41,751,769**	**7**	**115**

Table 6: Recruitment of Scholars by Mechanism, Award Funding, and Metrics

RFA	Accepted	Award Funding (Million)	Follow-On Funds (Million)	Patents Filed	Pubs	No. of Clinical Trials	No. of Patients Enrolled
Established Investigator	71	$411	$599	214	1445	43	6414
Rising Star	36	$132	$173	6	554	24	2110
First-Time, Tenure Track	241	$478	$587	61	1618	13	1971
Total	**348**	**$1B**	**$1.4B**	**281 Filed/12 Granted**	**3617**	**80**	**10,495**

Source: Annual Progress Reports, Self-Reported Data

IMPACT OF CPRIT-TREC IN THE RIO GRANDE VALLEY



- 1.5 – 2 million residents in a 4-county area (NM has 2.1 million); ~5000sq miles; 48 cities/towns & 1266 colonias
- Average age is 26
- Physician supply across specialties is below state and national benchmarks (NM has 70-75 Heme/Onc)
- Significant health disparities, higher poverty rate
- 38.6% uninsured; underinsurance is substantial

COLONIAS IN THE RIO GRANDE VALLEY: KEY DEFINING FEATURES

- No potable drinking water
- No adequate sewage/wastewater systems
- No paved roads, Inadequate drainage
- Unsafe, substandard, indecent, or unsanitary housing

These deficiencies contribute to major challenges in:

- Public health, Environmental safety
- Transportation access, Flooding vulnerability
- Overall quality of life

CANCER BURDEN IN THE RGV

- Annual Cancer Incidence: approximately 6-9k cancer cases; 16% growth over 10 years (MD Anderson, Market Analysis 2020)

- Incidence rates remain substantial despite being below the Texas average and the average age of 26

- Age-adjusted all-cancer incidence rates for 2018–2022 were 370.6 per 100,000 in Hidalgo, 378.6 in Cameron, 401.8 in Starr, and 362.1 in Willacy, compared with 430.6 per 100,000 for Texas overall

- 50,000 cancer survivors

- Cervical cancer screening: 40% RGV versus 63.9 % Texas; Colo-rectal 43% RGV vs 66% Texas

Texas DSHS

CANCER CLINICAL TRIALS IN THE RIO GRANDE VALLEY: LIMITED ACCESS AND THE NEED FOR INFRASTRUCTURE

- In a region with approximately 6-9K new cancer cases per year, a reasonable planning estimate is that roughly 1,000 patients annually could be potential candidates for **some form** of cancer clinical research, while a well-functioning regional program might realistically enroll about 250–500 patients per year on cancer clinical trials, depending on infrastructure and trial availability.
- Enrollment of RGV cancer patients in clinical research trials is very low.
- Representation RGV cancer patients national data bases like TCGA, is negligible.

National Estimates of the Participation of Patients With Cancer in Clinical Research Studies Based on Commission on Cancer Accreditation Data: JCO 2024

U.S. population vs TCGA Representation

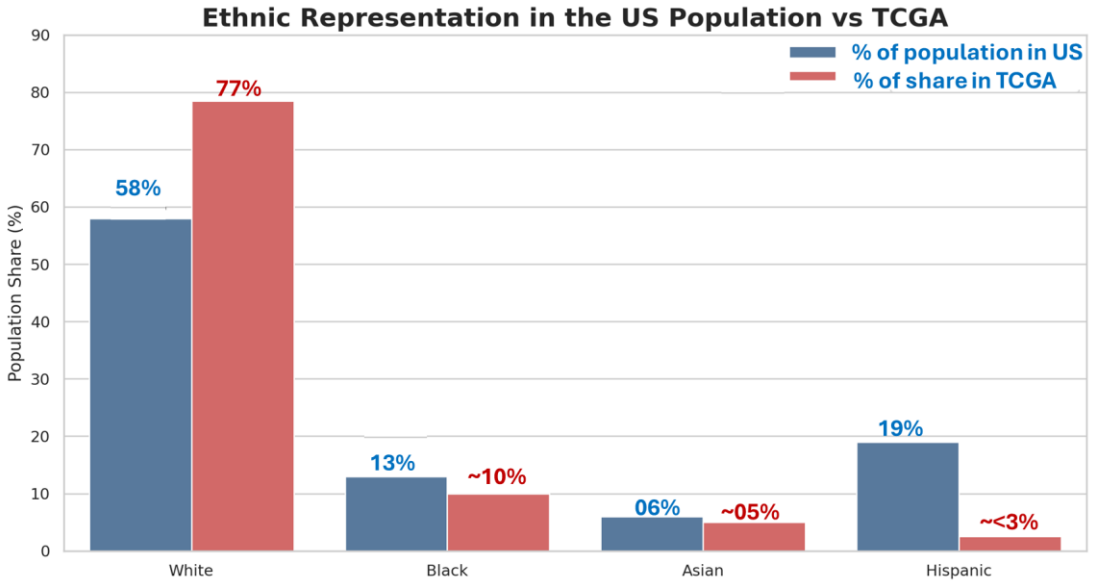
Why is there a need for a genomic database for Rio Grande Valley cancer patients (Hispanics)?

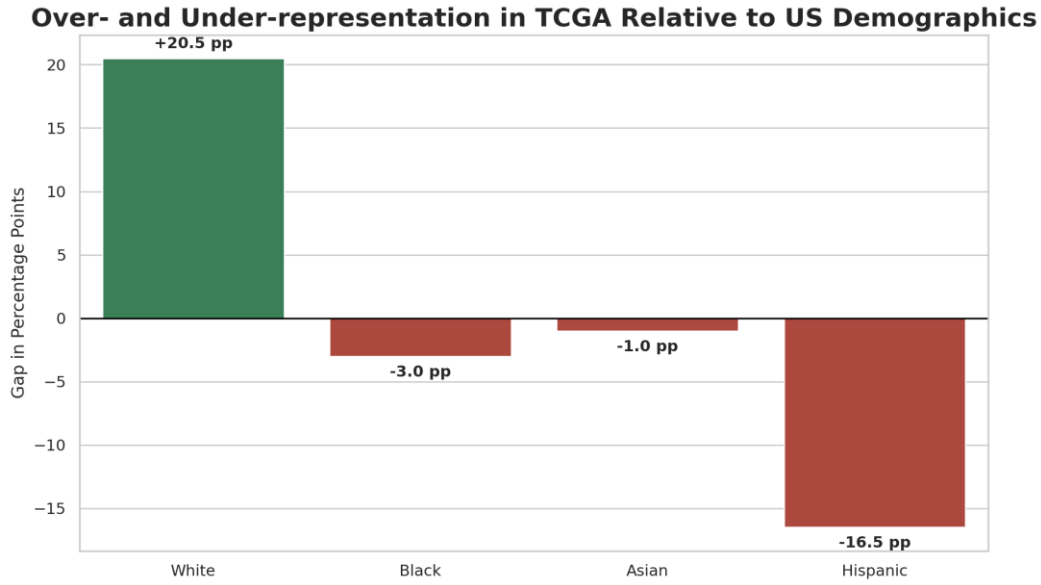
a) Higher incidence of liver, stomach, and cervical cancers.

b) Distinct ancestry admixture (Indigenous, European, African).

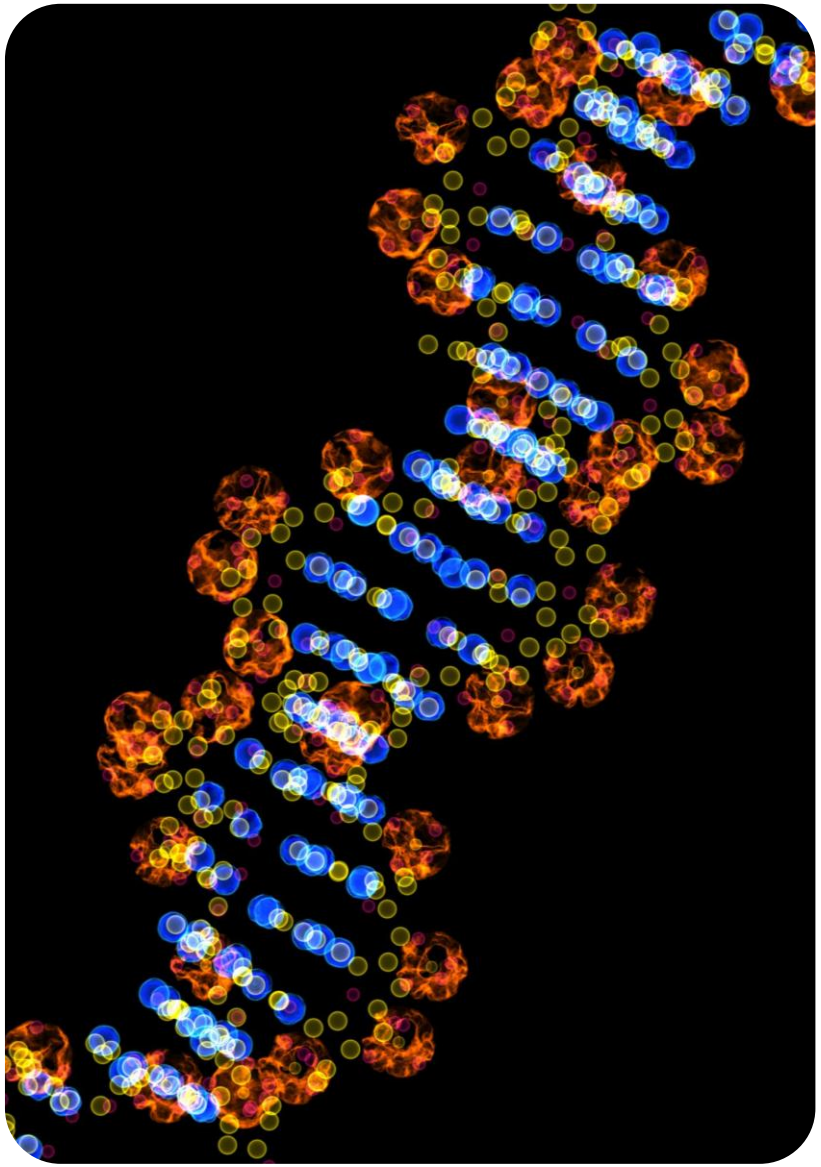
c) Different environmental exposures.

d) Unique tumor biology patterns.





The TCGA Representation Gap and Its Consequences



TCGA (GDC Data Release 45.0, Dec 2025) comparison across all 33 cancer types

Across **11,428 TCGA cases** in the current GDC release

- White (race) 8,561 cases (74.91%)
- Black (race) 985 cases (8.62%)
- Asian (race) 685 cases (5.99%)
- Hispanic (ethnicity) 401 cases (3.51%)

TCGA Data Inequity

TCGA predominantly includes samples from European ancestry, with Hispanic representation below four percent.

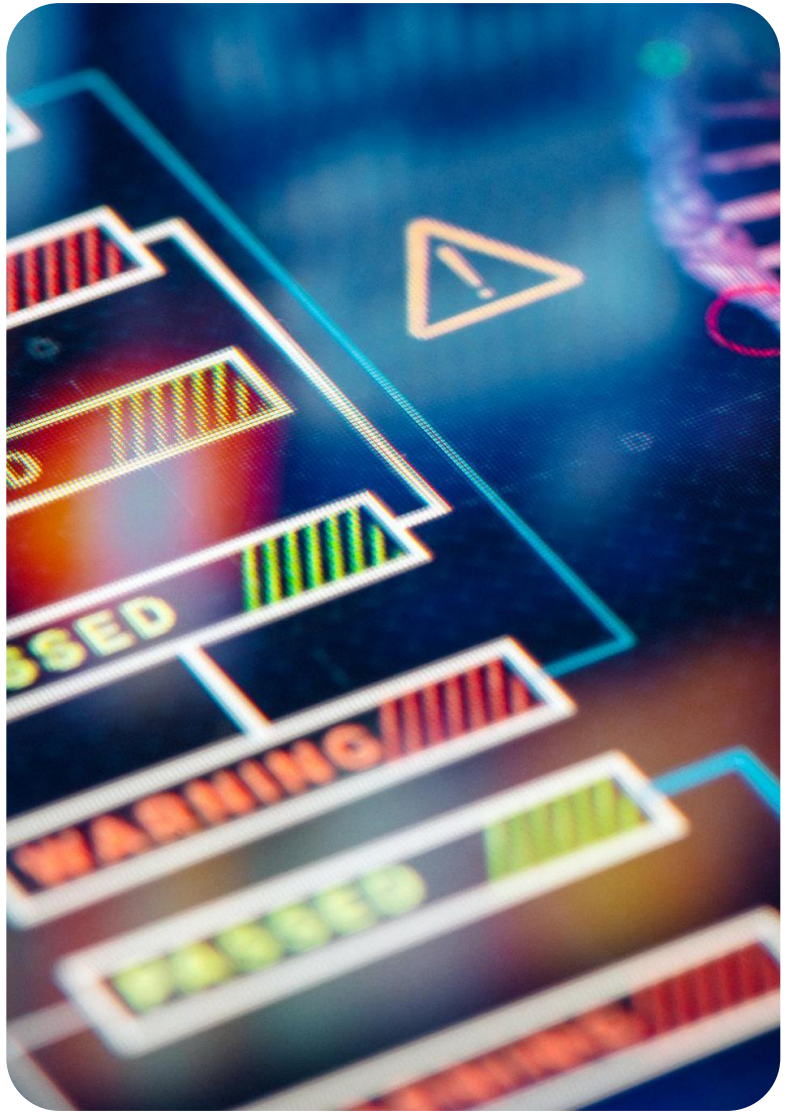
Scientific and Clinical Impacts

Underrepresentation leads to biomarkers and therapies that may not effectively serve Hispanic populations.

Need for Regional Tumor Genomics

Regionally focused projects like the Rio Grande Valley initiative address data gaps by generating population-specific tumor genomic data.

Mapping the Genetic Landscape of RGV Cancers



Sample Collection and Processing:

From FFPE tissue blocks, tumor samples will be collected and processed to extract high-quality DNA and RNA

Genetic Characterization of Tumors:

Whole-genome and exome sequencing identify variants and alterations in tumor and normal tissue samples.

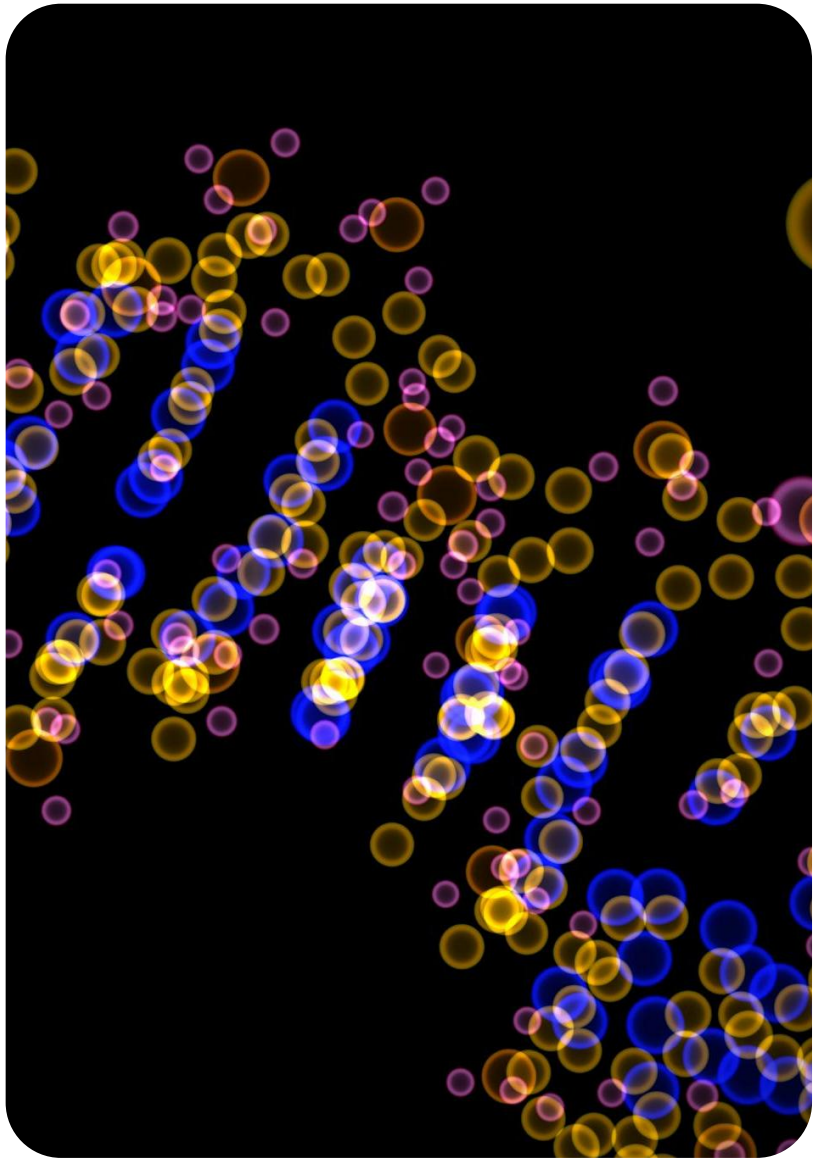
Population-Specific Variants:

Focus on identifying genetic variants enriched in RGV Hispanic patients due to ancestry or regional exposures.

Comparative Cancer Analysis:

Comparisons with TCGA datasets distinguish universal cancer drivers from RGV-specific genetic patterns.

Epigenetic and Transcriptomic Landscapes



Mapping DNA Methylation:

High-density methylation arrays identify differentially methylated regions linked to tumor characteristics and clinical outcomes.

Gene Expression Profiling:

RNA sequencing data reveals gene upregulation or silencing corresponding to methylation states affecting tumor behavior.

Non-Coding RNA Roles:

Analysis includes non-coding RNA species that influence gene regulation and contribute to tumor development.

Integrated Multi-Omics Analysis:

Combines genomic, epigenomic, and transcriptomic data to provide a comprehensive systems-level understanding of cancer.

Economic Impact of CPRIT Investment in RGV

THE NEWSROOM

Friday, October 18, 2024

Headlines | In the News | About Us | Multimedia

UTRGV awarded $18.4M NIH grant to establish cancer research center

In the front row, seated from left to right: Dr. Everardo Cobos, chair of medicine and oncology; Dr. Subhash C. Chauhan, director of the South Texas Center of Excellence in Cancer Research; Dr. Michael Hocker, dean of the UTRGV School of Medicine and senior vice president for UT Health RGV; U.S. Rep. Vicente González (TX-34); UTRGV President Guy Bailey; and Dr. Can (John) Saygin, senior vice president for research and dean of the Graduate College. Researchers from the South Texas Center of Excellence in Cancer Research stand behind them. (UTRGV photo by Jesús Alférez)

Impact of CPRIT Investment in RGV Communities

ST-CECR Seminar Series

ST-CECR Conference

2026 Recommendations

- Core Facility Support RFAs
- Clinical Trial Focused RFAs
- RFA focusing on emergent cancers impacting Texans
- Scholar Recruitment RFAs for TREC-eligible institutions
- RFAs targeted to TREC-eligible institutions
- Small idea development grants related RFAs

Summary and Conclusions

- From the UAC perspective, the Academic Research Program is a remarkable accomplishment – a stable, valuable program supporting all aspects of cancer research in Texas.
- The academic research community, through the UAC, expresses its gratitude to the leadership of CPRIT for their support and the very inclusive approach they have taken to engage the opinion of key stakeholders in the research enterprise.
- Considering current NIH funding situation, CPRIT is in a unique position to provide important opportunities to take stock of priorities and recalibrate existing programs as well as new programs.
- CPRIT has leveraged remarkable accomplishments the last 17 years.
- CPRIT funding in changing the face of cancer research in the low and mid tier institutions through TREC mechanisms.

Thank You