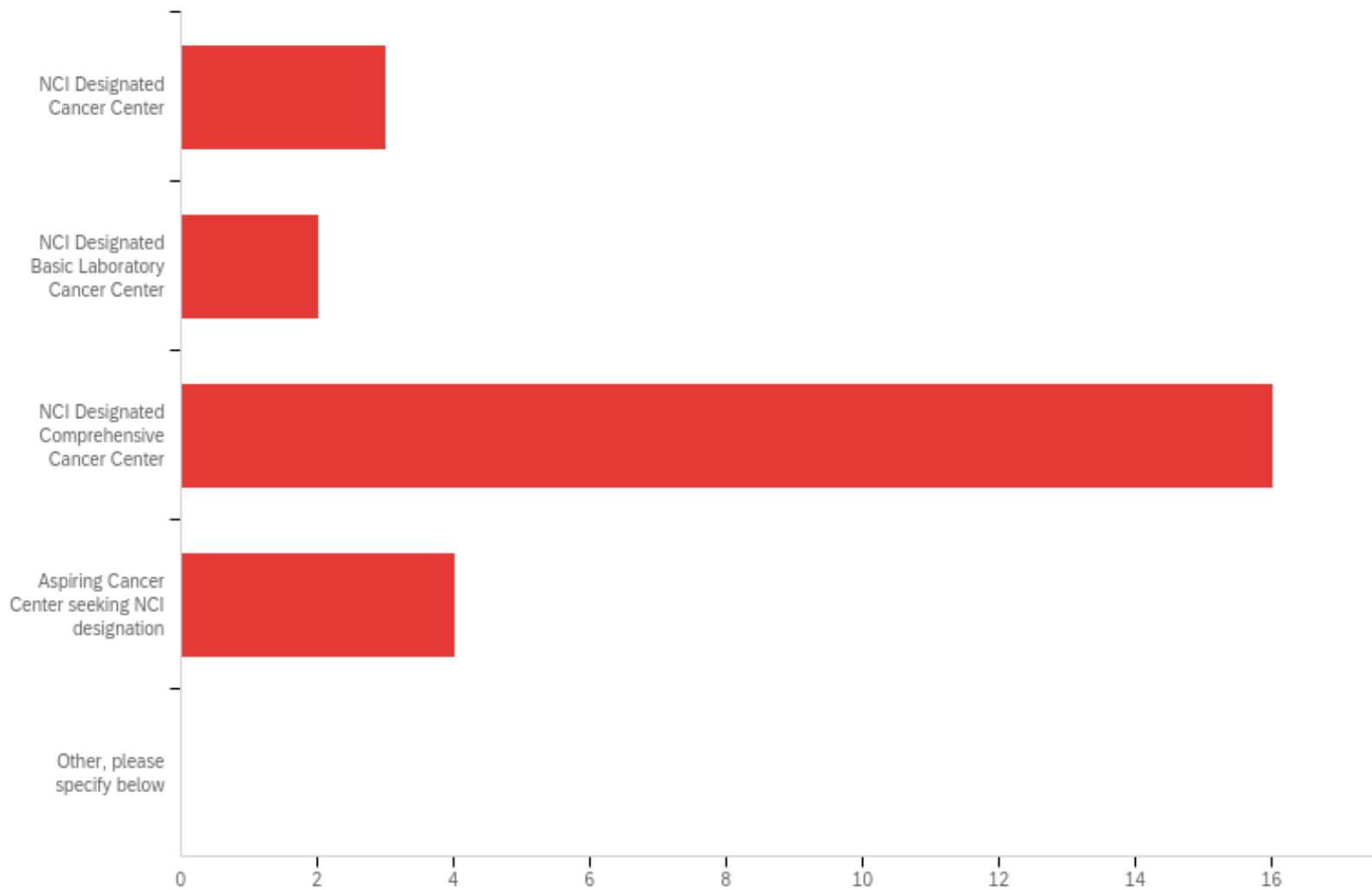# CABTRAC CRCE/CRTEC SURVEY ANALYSIS REPORT-2021

September 14th 2021, 11:00 am PDT

# Q1.At what kind of cancer center are you AD for CRCE/CRTEC?

# Q1.At what kind of cancer center are you AD for CRCE/CRTEC?

| # | Answer | % | Count |
|---|--------|------|-------|
| 1 | NCI Designated Cancer Center | 12.00% | 3 |
| 2 | NCI Designated Basic Laboratory Cancer Center | 8.00% | 2 |
| 3 | NCI Designated Comprehensive Cancer Center | 64.00% | 16 |
| 4 | Aspiring Cancer Center seeking NCI designation | 16.00% | 4 |
| 5 | Other, please specify below | 0.00% | 0 |
| | Total | 100% | 25 |

# Q2.Is your cancer center a stand-alone or matrix organization?
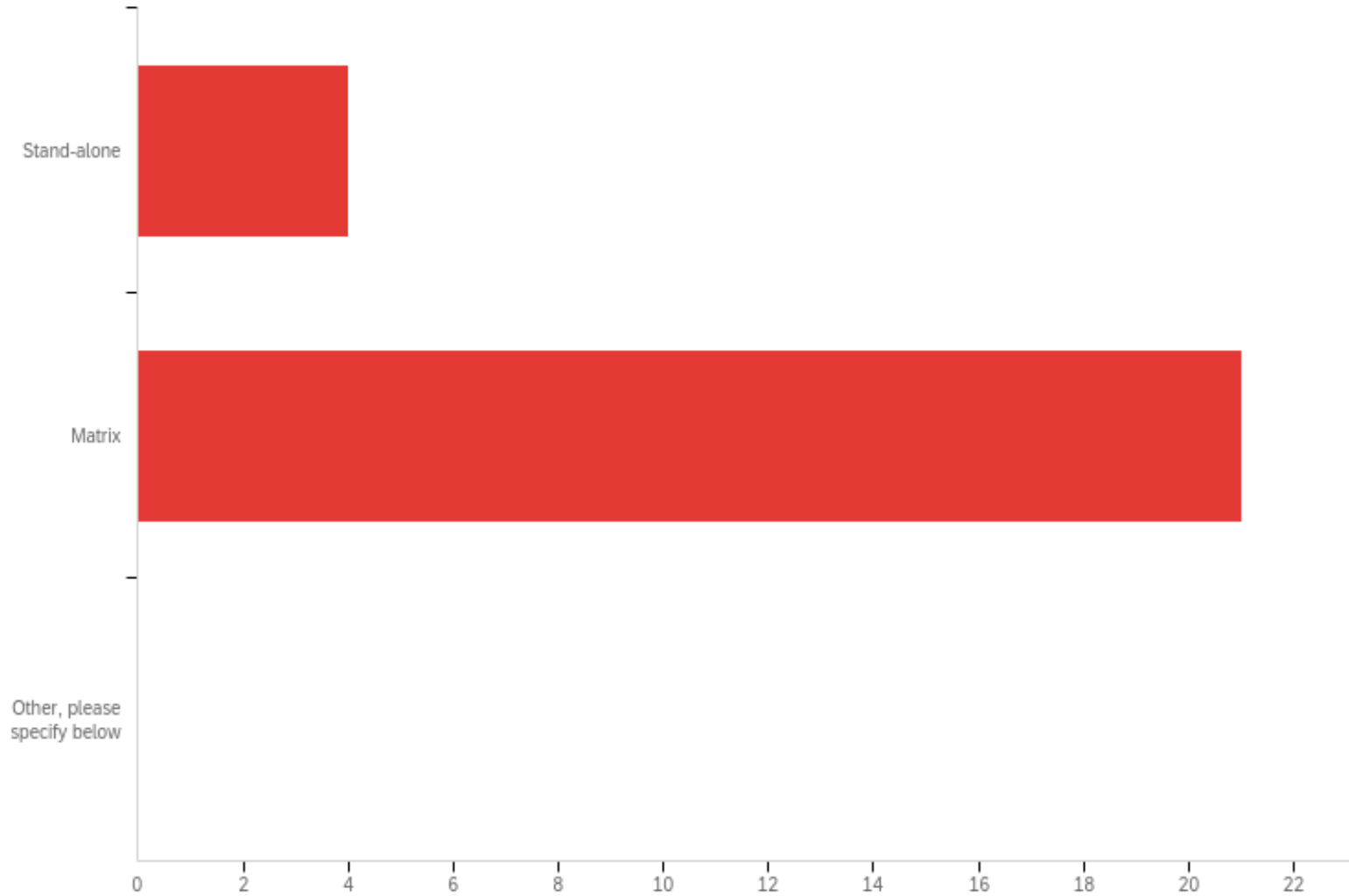
## Q2.Is your cancer center a stand-alone or matrix organization?

| # | Answer | % | Count |
|---|--------|-----|-------|
| 1 | Stand-alone | 16.00% | 4 |
| 2 | Matrix | 84.00% | 21 |
| 3 | Other, please specify below | 0.00% | 0 |
| | Total | 100% | 25 |

# Q3.Approximately how many CCSG members are in your cancer center?

| Q3.Approximately how many CCSG members are in your cancer center? |
| --- |
| 105 |
| 380 (primary aka full members), 693 (including associate members)--These are faculty only counts and excludes trainees. |
| 300 |
| 50 |
| 120 |
| 195 |
| 550 |
| 125 |
| 115 |
| 120 |
| 175 |

# Q3.Approximately how many CCSG members are in your cancer center?

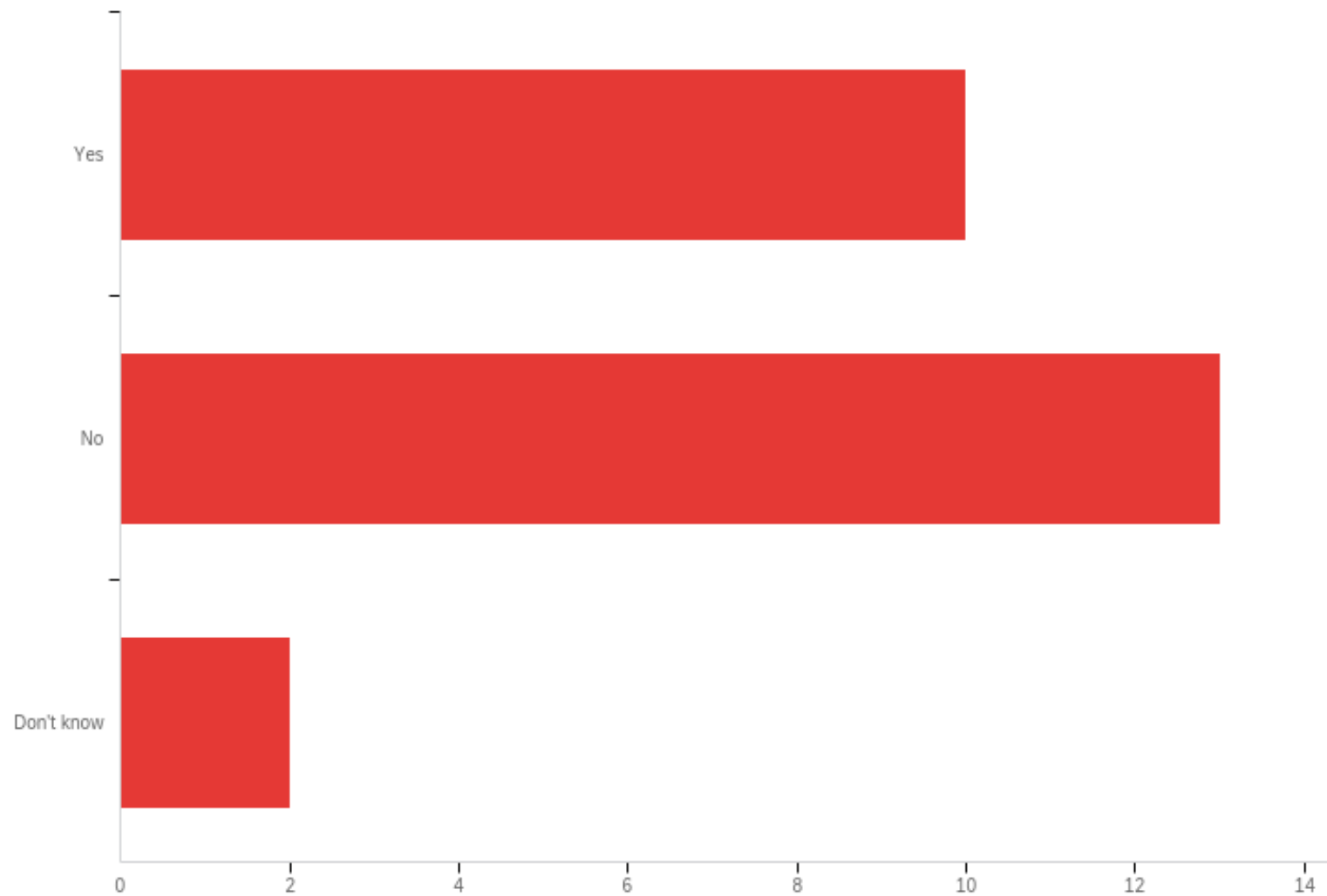| Q3.Approximately how many CCSG members are in your cancer center? |
| --- |
| 300 |
| 200 |
| 200 |
| 250 |
| 225 |
| 115 full members |
| 300 |
| 200 |
| 250 |
| 300 |
| 140 |
| 500 total, 150 "core" members |
| 280 |

# Q4.Does your cancer center EAB include an external AD for CRCE/CRTEC?

# Q4.Does your cancer center EAB include an external AD for CRCE/CRTEC?

| # | Answer | % | Count |
|---|--------|------|-------|
| 1 | Yes | 40.00% | 10 |
| 2 | No | 52.00% | 13 |
| 3 | Don't know | 8.00% | 2 |
|   | Total | 100% | 25 |

| Q5.When preparing your written CRCE/CRTEC proposal and oral presentation, did you seek guidance? If so, from whom (other ADs? the NCI?)? What information did you receive and was it helpful? |
|---|
| Yes, from an experienced Program Director at the Fred & Pamela Buffett Cancer Center.  She shared with me presentations that she had received at CABTRAC about the preparation of CRTEC proposals. |
| Proposal was internally developed by the AD at that time. The AD at that time had served as an EAB member at other cancer centers. |
| Currently preparing and reaching out to other ADs. This will be my first time doing the chapter and relying on director and senior leaders to help. |
| We received guidance from our EAB, members of which knew about the emergence of CRCE cores as a NCI CCSG requirement. We also discussed CRCE with 1 other Basic center and with a Comprehensive center CRCE AD |
| Guidance from: consultant group; other ADs; presentations at Cabtrac from other ADs and the NCI; current NCI P30 program announcement<br><br>The information I received from these various entities was often times conflicting. As a result, my written and oral presentations touch on many different aspects of CRTEC (without extensive depth in any one)--my goal was to try to include everything that might be critical. |
| EAB, other ADs, other UCs.<br>General comments on how addressing the metrics and what they included in both write up and presentation |

| Q5.When preparing your written CRCE/CRTEC proposal and oral presentation, did you seek guidance? If so, from whom (other ADs? the NCI?)? What information did you receive and was it helpful? |
|---|
| Rec'd guidance from our EAB and other ADs. At the time I was also AD for COE. That section received much more attention and took more of my time than CRCE. Having written this, though, the CRCE component was solid and long-standing. The advice I rec'd was to highlight past success and show how we were positioning ourselves to diversify the trainee pool. |
| yes, other ADs. Examples of grant sections - it was helpful. EAB has also given a lot of help. |
| received guidance from NCI and CCSG EAB |
| Not applicable yet. |
| No external guidance sought. |
| Yes; from NCI and other Cancer centers |
| Yes- our written and oral presentations were vetted by the Senior Leadership of our Cancer Center, the Program Leaders, the EAB and the IAB.  I also attended the 2019 CABTRAC meeting that had important information about CRCEC writeups.  Most of the information that I got from our Cancer Center Leaders and EAB/IAB were grantsmanship suggestions. |

| Q5.When preparing your written CRCE/CRTEC proposal and oral presentation, did you seek guidance? If so, from whom (other ADs? the NCI?)? What information did you receive and was it helpful? |
|---|
| EAB, IAC, NCI |
| no |
| we just renewed our CCSG and there was no education or trainers on the panel |
| we met with NCI and got some guidance at CABTRAC |
| In general no. We did speak to the NCI but their focus was on the research programs, leadership criteria, and in many ways I had the impression that an effective CRCE was expected but there was not a lot of dialog as to what was expected. Although our last CCSG application scored a 31 it was not funded. However, the CCSG site visitors scored our CRCE program as Outstanding and provided no specific criticisms but also provided no information as to why it was not scored higher. Our most recent EAB review noted that our CRCE program had become even stronger since our NCI site visit. |
| Yes - other ADs, our EAB, and other CCSG directors.  We also talked to relevant NCI Program staff |
| I sought guidance from my EAB members, two of whom are ADs for CRTEC at their home institutions. |

| Q5.When preparing your written CRCE/CRTEC proposal and oral presentation, did you seek guidance? If so, from whom (other ADs? the NCI?)? What information did you receive and was it helpful? |
| --- |
| EAB...not particularly helpful. |
| Yes, external advisor from another institution |
| EAB and Huron.  The advice from Huron was very helpful. |
| Preparing it right now, i have talked to at least one other AD |
| Other AD's EAB |

## Q6. What questions would you have liked answered before writing your CCSG document and/or preparing your presentation?

It would have been helpful to focus on/enumerate the core education and training programs that the NCI/Office of Cancer Centers had in mind, instead of reporting on all of the education and training activities at our cancer center.

Would like to understand better what outline works best to present the activities in the page limit.

A major challenge was figuring out priorities for CRCE, especially given that we only had 6 pages. So we had to prioritize internal training efforts, external facing training efforts, diversity recruitment, career development for faculty and outreach.

More clarity on what "data" will be used by reviewers to evaluate the success of my programs. With only 6 pages, we clearly cannot provide the types of detailed tables as one would in a training grant, for instance.

More information on tracking metrics.

How other matrix cancer centers integrated their specific training components with ongoing ones at the departmental/institutional levels.

what % of time this was going to take me... more about tracking and evaluation.

| Q6.What questions would you have liked answered before writing your CCSG document and/or preparing your presentation? |
| --- |
| What are the benchmarks, milestones and criteria upon which CRCE will be evaluated. how can we assure objectivity in those evaluation metrics as opposed to individual preferences or agendas |
| 1) Examples of successful CCSG documentation & presentation<br>2) FAQ by the reviewers and at-site visit<br>3) Most helpful figures + data presentation formats. |
| Examples of a diverse array of portfolios of activities from high-ranked programs. |
| N/A |
| That the CCSG review panels have focused upon at the site visits. |
| What is expected in terms of institutional commitment and how is that calculated--what can be included?<br>What is reasonable in terms of number of T32's based on size of the cancer center?<br>What information is necessary for tracking of trainees? |
| This is the first year that CRTEC was a scored/required element and criteria were not well explained (especially to the review panel). |
| level of detail required. 6 pages is a pretty tight squeeze. |

| Q6.What questions would you have liked answered before writing your CCSG document and/or preparing your presentation? |
| --- |
| - why is it not considered a "program"? it is nothing like a "core".<br>- why the current page limitation compared to the research programs? does this mean it is not as important as a research program? perhaps it is not |
| 1. Points that have come up in prior reviews.<br>2. Items of special emphasis in the review. (diversity seems to be increasingly emphasized) |
| Do we really need to provide metrics of trainees at each and every stage? the metrics of how many physician scientists trained in total, whether CRTEC plays a role in increasing the diversity of the trainee pool and in their career growth (I would think that these latter two points are mainly things for the institution and the home department) - but I get a sense that this is expected from CRTEC - too many ambiguities. |
| How much focus was on standard medical education (i.e. IM residents and hem/onc fellows) as part of the training spectrum |
| It would be helpful to have standard practices in the field, guidelines on how to describe institutional training (other basic science departments and clinical training, for example) vs. cancer center specific training. |
| all accurate data, numbers, etc.  Integration with COE. |

# Q7.Did your EAB provide helpful recommendations for developing the CRTEC document and presentation? Please elaborate
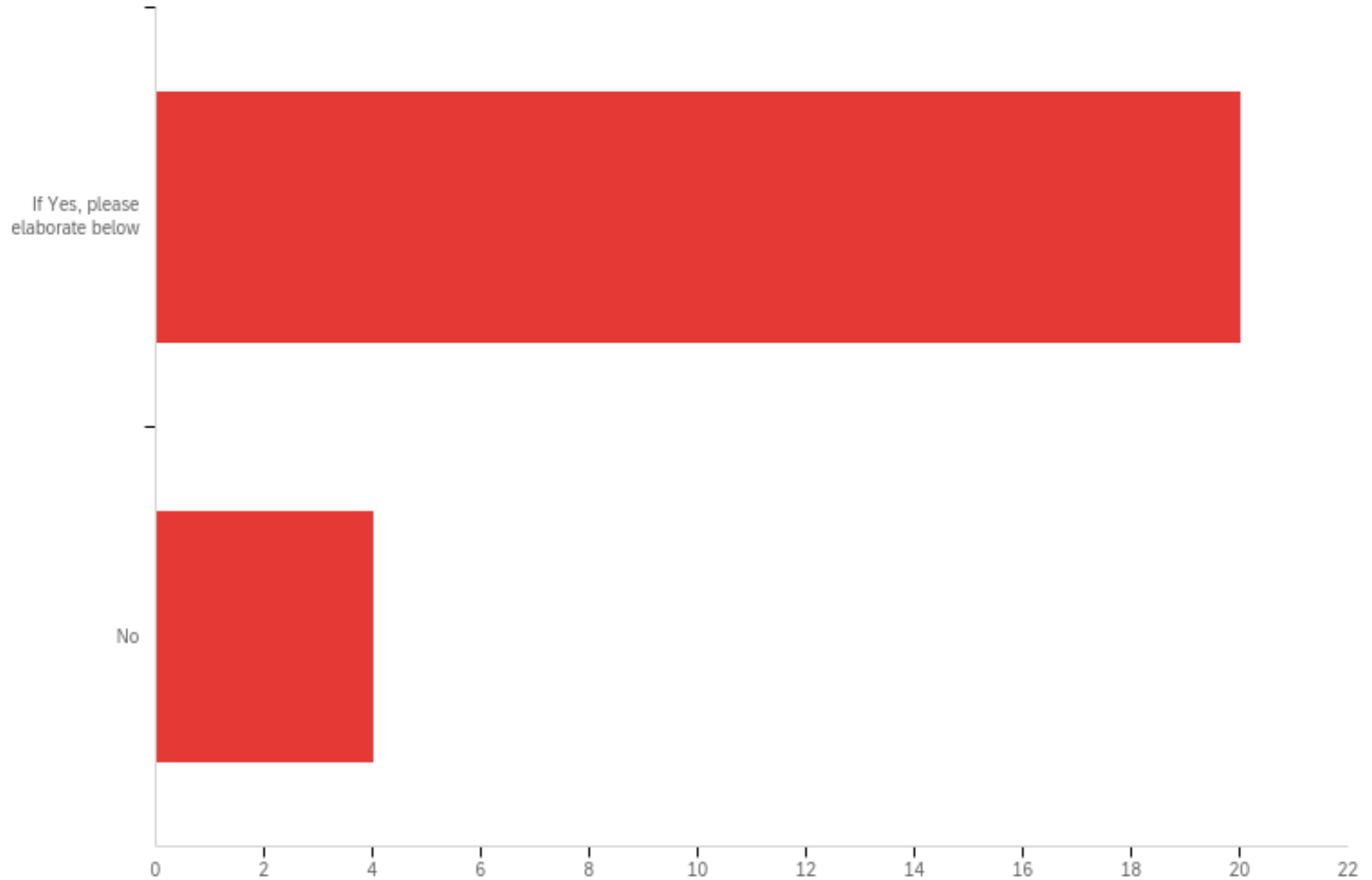
Q7.Did your EAB provide helpful recommendations for developing the CRTEC document and presentation? Please elaborate

| # | Answer | % | Count |
|---|---|---|---|
| 1 | If Yes, please elaborate below | 83.33% | 20 |
| 3 | No | 16.67% | 4 |
|  | Total | 100% | 24 |

Q7 - Did your EAB provide helpful recommendations for developing the CRTEC document and presentation? Please elaborate

| If Yes, please elaborate below |
| --- |
| Yes.  Some recommendations that I recall were that we should emphasize our efforts to teach grant proposal preparation and our efforts in the area of diversity/equity/inclusion. |
| Have not sent to eab yet. |
| Yes they did. EAB provided insight into the relative importance of diversity pipeline efforts. Because NCI was not clear about whether very early training and course experiences really were important |
| Assisted in prioritizing elements of CRTEC and directing to measurable metrics. Recommendation to highlight specific individuals who had participated in CRTEC activities |
| Yes, they stressed the importance of showing how we were diversifying our trainee pool, how we responded to current trainees' concerns, and what innovative approaches we could take. |
| yes - lots of details about missing parts and focus. |
| yes and we followed them. they indicated that a focus on funded efforts as well as physician scientists who harness discovery science to solve problems of cancer in patients (POR).  In fact, for a new cancer center we had significantly increased our educational funded and related publications of novel programs. no one commented on this. Instead, the review committee critiqued us for not enough established efforts/programs for non funded basic science cancer biology postdocs, completely the opposite of what we were advised. |

Q7. Did your EAB provide helpful recommendations for developing the CRTEC document and presentation? Please elaborate

| If Yes, please elaborate below |
| --- |
| Yes, they reviewed all presentations and the written document. |
| As addressed above, the recommendations were more focused on what items to emphasize in the grant and at the site visit, organization of the written document and the quality of our figures. What did not come through was the need to demonstrated a robust tracking system for the success of our previous trainees, especially those of color. |
| yes<br>made practical suggestions on IAC, evaluation process. They read and review the written document and contributed to the mock site visit |
| They said we have to keep track of DEI efforts and do more tracking but that is a bit vague. |
| not really |
| We had an EAB meeting and went through our presentations. Most of the comments for the CRTEC section were general in nature. The EAB found our glaring weakness, no NCI-funded T32.  That was the only real concern of the site visit team.  We have a good score on a submitted T32 that should remedy that problem |
| Our most recent EAB meeting post NCI CCSG site visit offered a couple of suggestions to make our CRCE initiative even better:<br>1) Explain how the program will work with the DEI component (and new AD for DEI if appointed);<br>2) Emphasize the opportunities for students to learn statistics and bioinformatics; |

Q7.Did your EAB provide helpful recommendations for developing the CRTEC document and presentation? Please elaborate

| If Yes, please elaborate below |
|---|
| Guidance based on their review of areas of emphasis and items that needed to be addressed - e.g., outcome tracking, justifying selection of training grants include in the relevant funding table for CRTEC. |
| The EAB members helped me better organize the write-up, take out too much verbiage and focus on the substance, edit out too much of 'global education' that my institution is engaged in (since that apparently is a COE aspect), and to focus more on future directions.<br>Overall, extremely helpful! |
| EAB suggested parameters for support from the cancer center for education endeavors |
| Overall, their opinions and questions were very helpful. |
| They have been helpful with their experiences and what needed to be emphasized (tracking! URM, providing help with grant applications) |
| yes |

Q8. Briefly describe the types and scope of CRTEC data you included in your written document and oral presentation, and what metrics you used to evaluate them.

| K-12 Level - Types of Activities (include separated by comma) |
|---|
| cancer education programs |
| Summer program |
| SHE oncology, one day of in person experience |
| Teacher PD, HS student edu |
| research experiences for teachers, summer internships for high school students |
| outreach, summer research fellowship, surgical summer fellowship, |
| CURE program |
| training programs |
| KL2 Scholars program |
| symposia |
| Presentations at local Boys and Girls Clubs, High school students working in Cancer Center labs |

| K-12 Level - Types of Activities (include separated by comma) |
| --- |
| x |
| 3 different summer programs specific to cancer |
| yes |
| R25, community outreach |
| school visits, on campus visits |
| summer research programs, outreach, teachers |
| summer research programs |
| 2 |
| K12, KL2, individual K awards |
| high school programs, |
| R25 to fund summer big data analysis for middle school UR girls, high school summer program |
| follow-ups on participants |
| descriptive |
| complete 4-yr college, progression to graduate or professional school. |
| yearly surveys |

| K-12 Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| numbers and outcomes i.e. current positions |
| We proposed developing the metrics/evaluation in the CCSG renewal |
| Interest in science/cancer |
| # participants, content delivered |
| current positions of former trainees |
| survey of STEM college education |
| tbd |
| grants, awards, publications, added degrees |
| effectiveness; impact on goals; future career options |
| # and frequency of these activities |
| participation |
| demographics, raw numbers |
| numbers, genders, URim status |
| # of student (annual and overall) |
| working on this |

| Undergraduate Level - Types of Activities (include separated by comma) |
|---|
| research experience programs |
| Summer program |
| Cancer internship |
| Mentored res exp |
| summer internship, independent study (for credit) |
| outreach, research training, diversity efforts, distinguished lectureships, cancer center retreat, cancer curriculum, peer to peer fundraising efforts, summer surgical fellowships |
| internships |
| same |
| URiMS programs, Sherman ScholarsSURP, PREP |
| summer research, diversity |
| Summer program for minority (R25) |
| ACS funded program for UR students, 4+1 BS/MS program |

| Undergraduate Level - Types of Activities (include separated by comma) |
|---|
| research internships |
| Cancer Med Society, undergraduate research partnerships with local HBCUs, numerous undergraduate research experiences in members' labs |
| x |
| UG concentration in cancer, 2 summer programs for URMs |
| yes |
| Summer research program |
| scholars program, undergrad cancer biology course |
| Cancer Biology curriclum, summer research programs (R25) |
| Cancer Biology Major degree, and lab-based research |
| 1 |
| summer interships. medical students engaged in cancer research |

| Undergraduate Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
|---|
| numbers and outcomes i.e. current positions |
| We proposed developing the metrics/evaluation in the CCSG renewal |
| Interest in cancer career, specific activities like paper co author |
| #, demographics ie diversity |
| authorship on pubs, current positions, fellowships, travel awards |
| percentage biomedical research or career track, remaining in cancer research |
| tbd |
| STEM majors; college attainement; careers in research |
| Dollars spent, number of students |
| effectiveness; impact on goals; future career options |
| # and frequency of activities; examples of successful undergraduate research projects |

| Undergraduate Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| participation/evaluation |
| yearly surveys |
| surveys pre and post participation |
| R25 data, decriptive |
| Presentations, publications |
| demographics, number, enrollement in medical/graduate school |
| numbers, genders, URim status |
| Same as above + admission to grad school |
| outcomes from 4+1 program |

| Graduate/Predoc Level - Types of Activities (include separated by comma) |
| --- |
| M.S. and Ph.D. degree programs and training grants |
| 9 PhD programs with cancer-relevant training, training grants |
| T32s, Seminars, grant opportunities |
| training programs, R25 courses or workshops, grad students in CCSG labs |
| cancer biology PhD, DrPH, MPH, MD/PhD |
| all of undergraduate activities plus, T32s, R25s, MSTP, ICTS activities related to cancer, applied innovation (entrepreneurship), seminars and retreats, clubs (e.g women in science) |
| T32s |
| same, grant writing training |
| T32 in Cancer Biology and Translational Immunology; Clinical Encounter Program; TCI Summer Scholars Program |
| classes, writing, funding |

| Graduate/Predoc Level - Types of Activities (include separated by comma) |
|---|
| symposia;workshops;research; educational training;career development |
| Multiple NCI T32 training grants and their associated activities, annual awards for successful graduate students |
| x |
| programs for health disparities |
| yes |
| cancer biology concentration, awards, education committee, career development seminars |
| Grad school, T32s |
| Cancer Biology PhD Theme, and other students who do cancer research (outside of the Cancer Biology Theme), institutional investment as small grants |
| 4 |
| T32s, F awards |
| all data as usual for T32 |
| Cancer bio PhD program, mention of non-NCI T32s that have had cancer-focused trainees |

| Graduate/Predoc Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| numbers and outcomes i.e. current positions |
| We proposed developing the metrics/evaluation in the CCSG renewal |
| Where they go next, Attendance, satisfaction with seminar topic, number of grants awarded,what grants led to |
| # participants, demographics, % CCSG trainees engagement in courses/workshops |
| first authorship, fellowships, awards, current position |
| number participants, number and proportion remaining in cancer research or training at prescribed time points, participant feedback on activities |
| tbd |
| publications, grants, awards |
| Dollars spent. numbers of students |
| graduation; postdoc position |

| Graduate/Predoc Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
|---|
| # and frequency of events |
| Class evaluation/career outcome/mentyored publications |
| collecting data similar to that collected for T32's |
| awards, publications, tracking of subsequent positions, publications, honors |
| data, fudning detail, limited follow-up |
| Publications, F30, F31, T32 appointment |
| demographics, number, first position |
| numbers, genders, URim status |
| outcomes, F awards, F99 awards |

| Postdoc/Fellows/Residents Level - Types of Activities (include separated by comma) |
|---|
| training at UNMC and at global sites |
| Training grants |
| T32s, Seminars, grant opportunities, mentoring |
| fellowship grants (K99)ibid predoc level |
| T32 postdoc, clinician-scientist training |
| residencies, fellowships, T32s, ICTS Ks, Fs, R25s, lectureships, courses, retreats, peer to peer fund raising, applied innovation (entrepreneurship) |
| T32s |
| same |
| 3 T32 Training Grants, NRSA TL1, Leadership Training, Hackathon |
| Funding support, promotion of interdisciplinary research |
| travel and research awards; symposia;workshops;research; educational training;career development |

| Postdoc/Fellows/Residents Level - Types of Activities (include separated by comma) |
|---|
| Mock study sections, patient advocacy training, annual Postdoc-Faculty retreats, Monthly Postdoc Seminar Series, multiple NCI T32 grants and their associated activities |
| x |
| T32's |
| yes |
| career development |
| Cancer-focused GME programs, K12 |
| Institutional investment as small grants |
| 3 |
| Postdocs were challenging as data are not well collected |
| same as T32 |
| K99/early K99 awards, internal fellowships |

| Postdoc/Fellows/Residents Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| numbers and outcomes i.e. current positions |
| We proposed developing the metrics/evaluation in the CCSG renewal |
| Same as above, where they go afterward |
| # grants, ibid predoc level |
| first author pubs, fellowships, academic positions |
| number of participants remaining in cancer research careers or training thereof, number of participants obtaining external funding for fellowships and/or research projects, |
| tbd |
| publications, awards, next steps in careers, research as part of the career |
| Dollars spent, resulting funding and papers |
| career trajectory; papers; grant applications and awards |
| # and frequency of events |

| Postdoc/Fellows/Residents Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| mentored publications/career outcome |
| collecting data using Linked In and google searches |
| tracking of awards and positions, publications |
| Descriptive, K12 follow-up metrics, funding |
| F32 awrads, any other postdoc awards. publications, career progression |
| demographics, numbers, first position |
| outcomes |

| Junior Faculty Level - Types of Activities (include separated by comma) |
| --- |
| mentoring and pilot funding |
| Faculty development and mentoring program |
| Career development- grant writing, networking, mentoring, srminars |
| grants, publications |
| ACS-IRG |
| Intramural and extramural funding, pilot award programs, available R25s, mentorship programs |
| K awards |
| grant writing training, seed grants |
| Mentorship Initiatives, MSCR and PHD in CR; KL2 Scholars program, Leadership |
| Funding support |
| seed grants; symposia;workshops;research; educational training;career development |

| Junior Faculty Level - Types of Activities (include separated by comma) |
|---|
| Faculty mentoring groups |
| x |
| mentoring |
| yes |
| mentoring teams, committee involvement |
| K- and other training grantsm grant writing programs, mentoring programs |
| Cancer focused grant-writing course, mebtoring committees |
| 5 |
| see K level |
| mentoring, grant writing, |
| K12 in clinical oncology, ACS-IRG |

| Junior Faculty Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| numbers and outcomes i.e. promotions and grant funding |
| We proposed developing the metrics/evaluation in the CCSG renewal |
| Where they go next, papers, grants , |
| mtgs with CCSG leaders, mentoring training events, grant applications, grants awarded |
| grants received, publications, promotion, tenure |
| extramural grant funding, remaining in cancer research field (especially clinical investigators), number of clinical trials, entrepreneurship, success in mentorship |
| tbd |
| K series awards and RO1, publications, |
| grant success |
| manuscripts,; meetings presented - oral or poster; grant applications and awards |
| Success of junior faculty in obtaining grant funding |

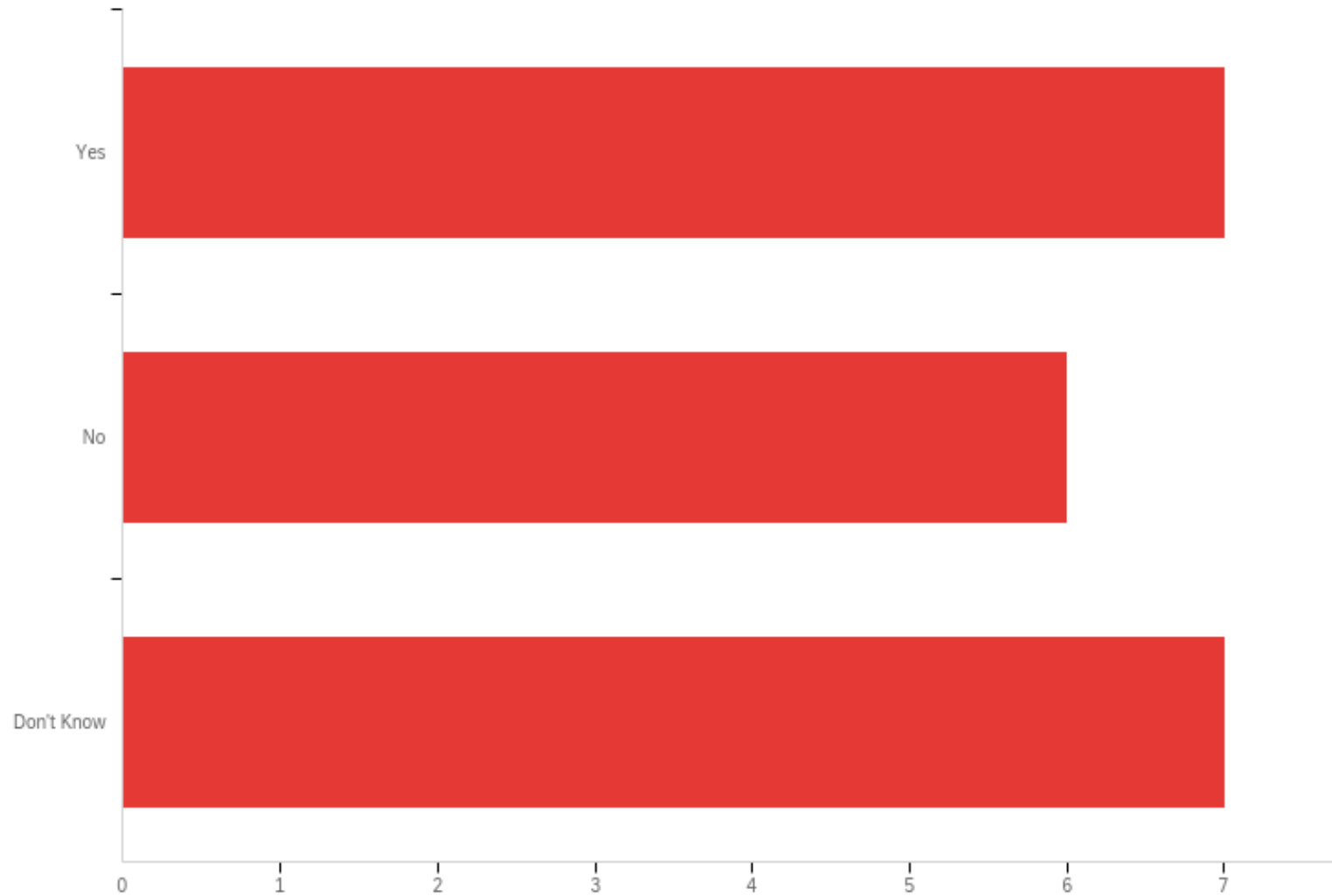| Junior Faculty Level - Types of Data/Metrics included for Evaluation (include separated by comma) |
| --- |
| Success in grant submission |
| new awards, promotions |
| grant data, descriptive |
| Peer-reviewed grant awards |
| demographics, numbers, promotion |
| numbers, genders, URim status |
| successful examples |

# Q9.Did your site visit panel included an AD for CRCE/CRTEC?

# Q9.Did your site visit panel included an AD for CRCE/CRTEC?

| # | Answer | % | Count |
|---|--------|-----|-------|
| 1 | Yes | 35.00% | 7 |
| 2 | No | 30.00% | 6 |
| 3 | Don't Know | 35.00% | 7 |
|   | Total | 100% | 20 |

# Q10.Approximately how much time was allotted during the site visit to the CRCE/CRTEC:
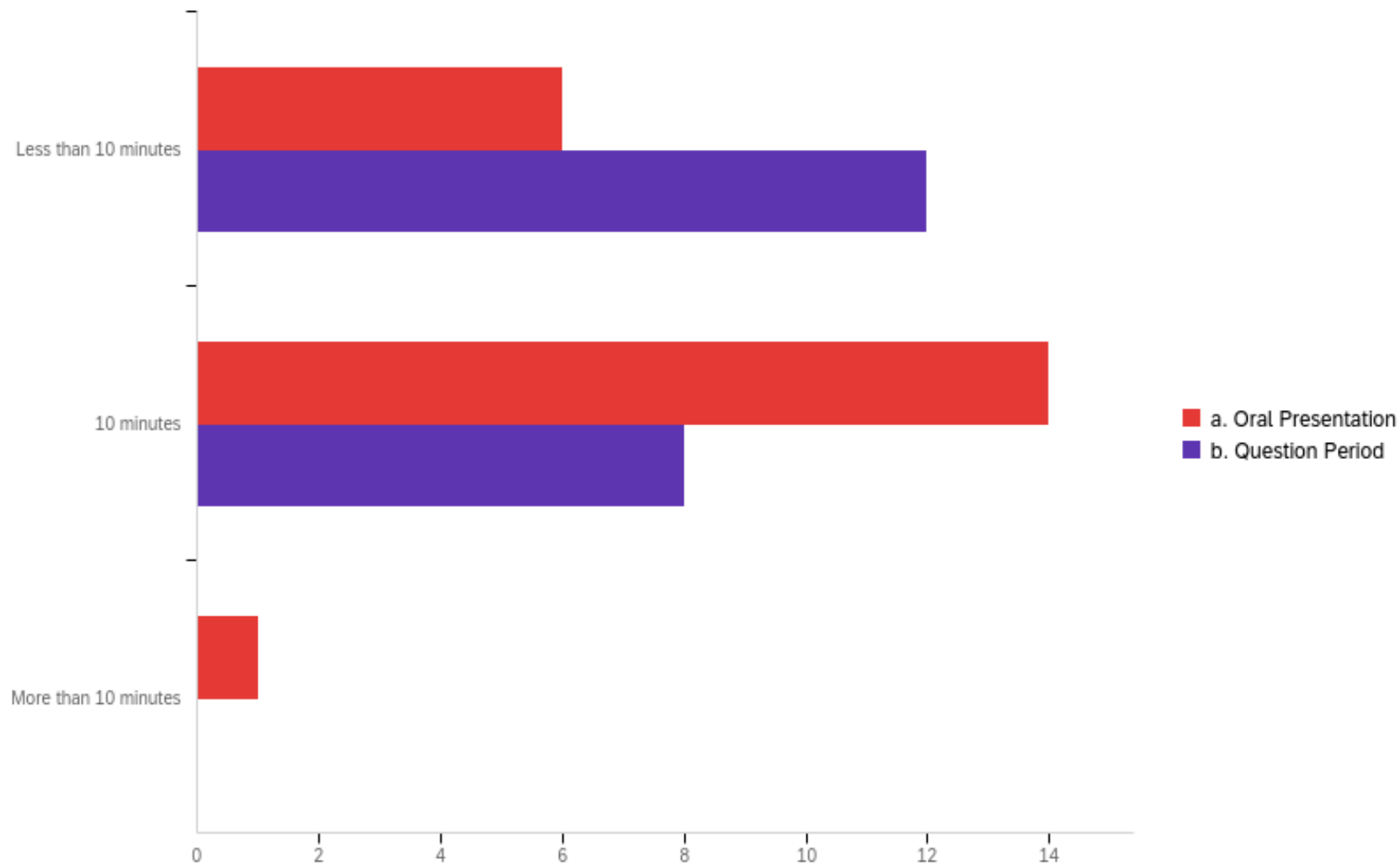
Q10.Approximately how much time was allotted during the site visit to the CRCE/CRTEC:

| # | Question | Less than 10 minutes | | 10 minutes | | More than 10 minutes | | Total |
|---|----------|---------------------|---|-----------|---|---------------------|---|-------|
| 1 | a. Oral Presentation | 28.57% | 6 | 66.67% | 14 | 4.76% | 1 | 21 |
| 2 | b. Question Period | 60.00% | 12 | 40.00% | 8 | 0.00% | 0 | 20 |

Q11.Which reviewer questions seemed particularly relevant and thoughtful to you during the site visit?

| Q11.Which reviewer questions seemed particularly relevant and thoughtful to you during the site visit? |
| --- |
| There was a question about how education program planning was accomplished at the Buffett Cancer Center. |
| None--Questions we had were to provide some additional details regarding our faculty demographics and programs. |
| This was from last round and I was not the AD so I can't tecall |
| Questions about RCR training program, duration and offerings caught us by surprise |
| Interactions of CRTEC with COE and programs. |
| questions largely focused on what we do for nonfunded postdocs |
| None. |
| The AD that was at the site review was a different person than current AD. |
| I think we only had one question that I was not prepared to answer well.  We were asked about the success of our previous trainees, especially those of color.  While I could give some examples, I did not have actual numbers.  That clearly left the reviewer unsatisfied. |

| Q11.Which reviewer questions seemed particularly relevant and thoughtful to you during the site visit? |
| --- |
| number of T32 training grants<br>methods for evaluation of accomplishments<br>success in supporting junior faculty in obtaining first R01 |
| questions about tracking |
| most were standard type questions |
| Questions that allowed the opportunity to delve deeper into our interactions with our trainees |
| 1. Outcome data - especially for K12.<br>2. Diversity efforts.  Why our faculty make-up was behind diversity efforts of our training programs. |
| I had 2 questions: one about what system we were using for tracking (none) and what exactly we were doing to facilitate medical resident oncology education (nothing...outside of our usual rotations and when they have dedicated time to research, their time is not their own). |
| Questions related to diversity |
| most questions were just clarifications |

Q12.Were there any questions that seemed notably off-target, and if so, what were they?

| Q12.Were there any questions that seemed notably off-target, and if so, what were they? |
|---|
| No |
| None--We received fairly routine questions regarding our CRCE/CRTEC. |
| Can't recall |
| Did we have an example of one individual who had participated in all of the programs from high school through to post graduate training? |
| Emphasis was on diversity and on faculty mentoring, which was a surprise. |
| No. |
| Not really. |
| The question re: medical education of residents.  There was also a written question about "training in big data" which seemed outside the scope of CRTEC. |
| review panel did not carefully review the data tables<br>reveiw panel seemed to have a monofocur on population health and integration into the overall CRTEC plans going forward |
| not really but i felt probing the role of CRCE in clinical training programs was a bit of the mark |
| Questions about high schools and middle schools in the community - while we have small programs enabling these students to observe or spend a couple of weeks in labs, community education is beyond the mandate of a cancer center. |
| All questions were relevant. |

Q13.To what extent do you feel CRTEC was a priority for the site visit panelists? Please elaborate.

| Q13.To what extent do you feel CRTEC was a priority for the site visit panelists? Please elaborate. |
| --- |
| The CRTEC did not seem to be more or less of a priority than other areas. |
| Unknown. It was not clear that we had an AD of Education present in our site visit panel. Questions about our oral presentation were routine. No panelist stopped by our poster for our T32s/training programs. |
| Did not seem to be a priority relative to other programs and COE. Less time and attention given. This is despite the huge charge of coordinating programming from k-12 through faculty and community physicians. |
| Seemed to be a priority to review group but did not get much air time in formal presentation and discussion |
| Seemingly a significant priority |
| It was of moderate priority. |
| was valued but not the focus. Also, the person best equipped to evaluate was not the assigned reviewer as far as we could tell. |
| CRTEC seemed primarily to be an opportunity to criticize.  Very little funding is provided for CRTEC as we are a matrix center and it is a new emphasis.  Rather than recognize what we had done with the resources we had, it seemed as if we were criticized for not having the scope of activities found in a comprehensive center. |

| Q13.To what extent do you feel CRTEC was a priority for the site visit panelists? Please elaborate. |
|---|
| It appeared to be a major priority to our site visit. |
| I think it was an important item for the reviewers but not a critical one. |
| medium |
| I think there is a lot of confusion about what is considered in terms of the final score. There are places that did better than our institution but I would consider that they do much less in terms of cancer education. |
| was not a priority |
| somewhat of an afterthought. Its definitely not score driving, particularly at our matrix center where most of the educational activities occur at the departmental or school of medicine level. |
| I didn't feel it was really a major priority; i.e. it is something that's needed, (required by the NCI), the sense that CRCE being good and effective should be a given in the overall assessment but I did not get the sense that it was a significant factor swaying the site visit team. |
| Moderately. It was important but perhaps not as much emphasize as other itmes like Programs, COE, clinical trial data. |
| Low. The minute that center directors heard that CRTEC was not "score driving" this effort dropped to low priority. |
| High priority |
| Not much---still programs are the most important. |

# Q14.If you are willing to share this information, what rating did your CRTEC section receive?
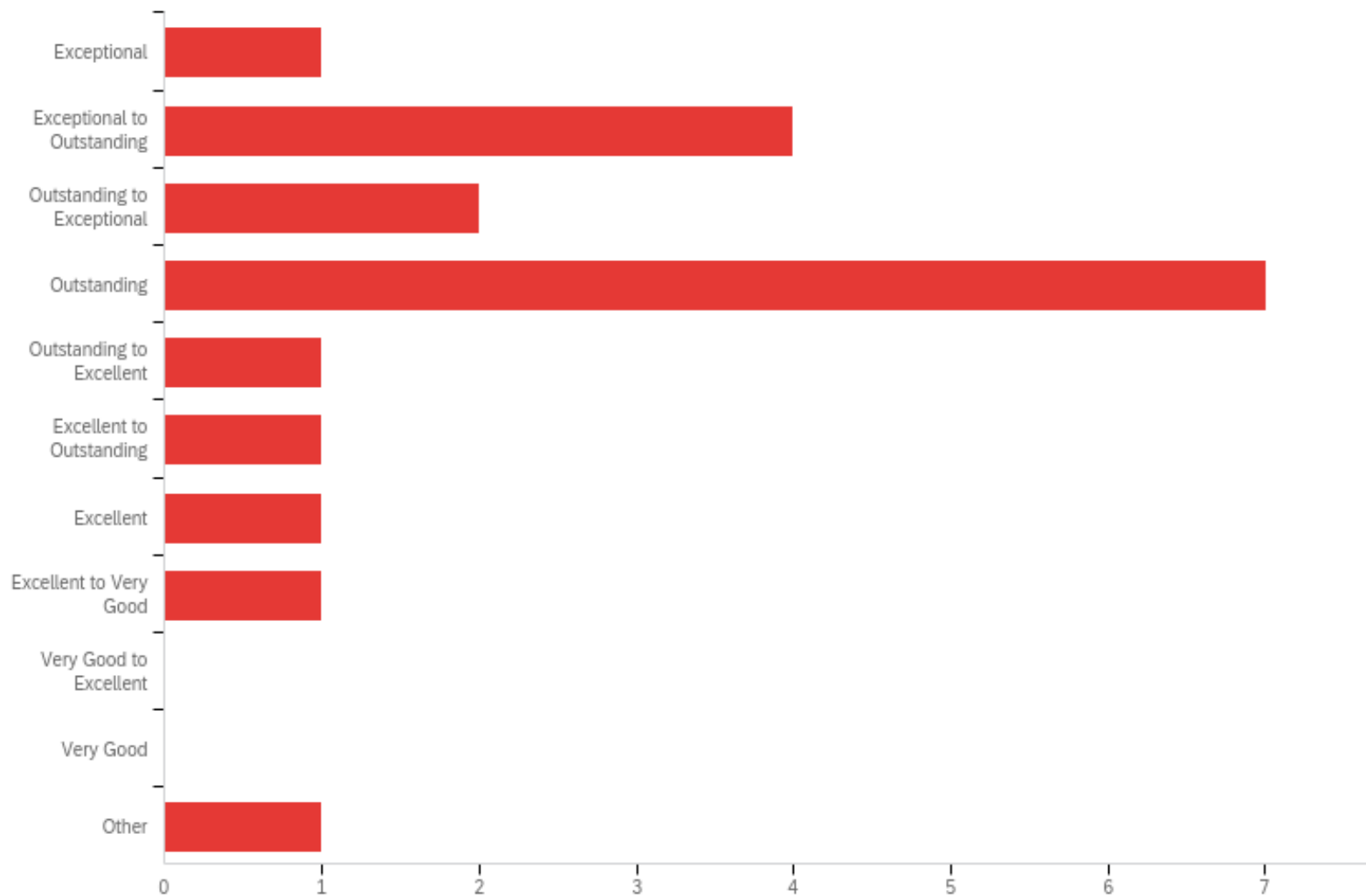
Q14.If you are willing to share this information, what rating did your CRTEC section receive?

| # | Answer | % | Count |
|---|--------|---|-------|
| 1 | Exceptional | 5.26% | 1 |
| 2 | Exceptional to Outstanding | 21.05% | 4 |
| 3 | Outstanding to Exceptional | 10.53% | 2 |
| 4 | Outstanding | 36.84% | 7 |
| 5 | Outstanding to Excellent | 5.26% | 1 |
| 6 | Excellent to Outstanding | 5.26% | 1 |
| 7 | Excellent | 5.26% | 1 |
| 8 | Excellent to Very Good | 5.26% | 1 |
| 9 | Very Good to Excellent | 0.00% | 0 |
| # | Answer | % | Count |
| 10 | Very Good | 0.00% | 0 |
| 11 | Other | 5.26% | 1 |
|  | Total | 100% | 19 |

Q15.What was listed as your primary strength, and primary shortcoming?

| Strengths | Shortcomings |
|---|---|
| From the Summary Statement:  "The level of coordination, depth, and breadth of the reach of the training and education programs is admirable." | From the Summary Statement:  "It may have been helpful to provide more detail of how the coordination is achieved (e.g., meetings, retreats, strategic planning with center leadership." |
| Extent and quality of existing cancer research education, training, and career development; Large number of PhD students in different programs pursuing cancer-relevant research; Range of training grants/resources, mentoring efforts | Plan for coordination and advancement not fully developed; Integration with CCSG research programs; Additional FTEs were recommended |
| Strong set of programs across continuum. Good leadership (now different), string set of T32 and R25s | Could have more support from cancer center, could do more to identify underrepresented minorities |

| Strengths | Shortcomings |
|---|---|
| Wide range of trainees, innovation and promotion of mentorship | Promoting diversity in training programs, lack of edu on health disparities...which is a challenge for a basic center |
| extent of CRTEC activities | metrics for all the activities, integration of CRTEC into cancer center elements |
| A major strength of the MCC effort is the seamless expanse of training and education initiatives that range from high school students to faculty professional development. | The goal of this effort is to ensure that there is a "pipeline of cancer researchers flowing strongly and smoothly in Minnesota." A more ambitious goal would be to contribute to the national cancer work force. It seems likely that many trainees at the MCC ultimately hold professional positions outside of the state. |
| breadth of programs from high school to junior faculty<br>Diversity and Inclusion efforts and accomplishments | absence of structure educational activities for basic science postdocs NOT funded on a T32<br><br>Absence of centralized tracking |

| Strengths | Shortcomings |
|---|---|
| graduate training | faculty mentoring |
| Leveraging and integration of university and campus-wide systems and operations. | Poor pipeline developed for training new and junior faculty. |
| Activities have great depth and breadth and the cancer center provides substantial support and makes significant investments to strengthen the CRTEC, a strong mentoring and career development program for junior faculty | although data showing 33% URM pre-doctoral trainees in 2017-2018 were presented as the evidence of success, more recent data on trainee diversity are limited, more detail on the strategic planning and coordination on the efforts to diversify the trainee workforce is needed |
| In the almost four years since its inception, the CRTEC has made notable progress with each of these aims. <br> There are an impressive number of K awards (10), along with four T32 training grants and two R25 grants. In addition, one U54 grant (TCORS) includes a career enhancement core, and another U54 grant (Center for Health Equity) also has a Research Education Core. <br> In addition, the CRTEC has a good organizational structure, which includes working committees (a T32 Coordinating Committee and an Education Liaison Committee) and an Internal Advisory Committee. Each of these structures have broad representation from within NCCC (working committees) as well as from outside NCCC (the IAC). <br> A strength of the CRTEC is its program evaluation, which includes a set of metrics to measure success and importantly, the CRTEC with support of NCCC established a centralized mechanism for data collection and report generation – the Cancer Research Education and Training Evaluation (CREATE) database. <br> In sum, the CRTEC has a strong organization with outstanding leaders that helps to support an impressive number of training and career development initiatives across the career pipeline, with a strong record of inclusion and training of minorities in the early stages of the pipeline. | lack of T32 in basic science <br> lack of plans for research education of research staff and community members (??) |

| Strengths | Shortcomings |
| --- | --- |
| Leadership, programming for URMs, high school programming | tracking |
| to many to list | lack of integrations of pop science and COEE with our training plan was the score driving component (our review panel was heavily stacked with pop science reviewers) |
| good programs across the training continuum particularly in the EDI space | no T32 |
|  | there were no criticisms |
| breadth and depth of portfolio; organization; funding and institutional support, involvement across campus | tracking and faculty diversity (minor but kept us out of clean Exceptional) |
| Me: highly qualified to lead the CRTEC; they have been a leader of Educational and Training activities since 2016 | Sorry, listing them all so others may learn from our shortcomings:<br>1. Limited mention of medical student training in oncology or cancer research<br>2. Limited mention of oncology fellow training in cancer research<br>3. Inadequate mention of cross training in disciplines<br>4. Inclusion of underrepresented minorities is not adequately noted<br>5. Junior faculty mentoring appears loosely reviewed by the Center<br>6. The role of CRTEC and its leadership in coordinating the activities is not explicitly stated and its relationship with the leadership of the center is not sufficiently detailed<br>7.  What metrics are tracked and what threshold of success is not mentioned<br>8. Limited resources given the size and scope of the programs |
| Strong cancer biology programs, success of trainees. | Diversity, insufficient involvement of community middle and high schools, insufficient metrics |
| Training grants, mentoring record. | stand alone high school program |

Q16.What advice would you offer other ADs for CRCE/CRTEC who are preparing for their CCSG renewal?

| Q16.What advice would you offer other ADs for CRCE/CRTEC who are preparing for their CCSG renewal? |
|---|
| Spending a great deal of time in communication with the Program Directors and other Associate Directors was useful for me.  I think it contributed to a sense of integration for the application as a whole. |
| Focus on academic mentorship/development programs--Junior faculty development (around first R01), student/postdoc/GME trainee fellowship/career development award development, support for URM pipeline; Quantify investments made for education and training as well as metrics/evaluation on returns or success; Plans for continuous development/improvement |
| It's a huge undertaking! Seek help from leadership and other ADs If possible. Understand the metrics for review. Understand how to link training to COE. |
| Start early |
| Clearly define the metrics you are using to measure outcomes of all activities.<br>Emphasize the integration of CRTEC within the cancer center and university.<br>Emphasize what CRTEC itself brings to the table, as many activities are supported by other programs and elements within the university. |
| Establish outreach programs starting in middle school and progressing through local community colleges and universities. |

## Q16.What advice would you offer other ADs for CRCE/CRTEC who are preparing for their CCSG renewal?

Come prepared with positive stories of center-owned programs and notable outcomes (correlative relationships are fine).

We have not submitted a renewal for our CCSG as ours was funded initially in 2018.

Talk with other ADs for CRCEC who recently had a CCSG site visit to see what the latest focal points are from reviewers.

make sure you cover the entire spectrum
make sure you have a good plan for evaluation (metrics) of accomplishments
make sure you have NVI funded education/career development grant (R25. T32. K12 etc...)
make sure you have good URM data and can address diversity/disparity
make sure you have joint activities with COE

Look at all the criteria used for rating CRTEC and make sure you include everything.
Important to have a team of individuals to help with different facets of education.
Mentoring of junior faculty and tracking grants as a result is important.

We should advocate to have a CRTEC AD on each cancer center review panel

report meaningful metrics, highlight your strengths and if your center has glaring weakness make addressing that concern a strategic priority for the next award period. In terms of the presentation, don't wing it.  Our center went overboard with the number of practice sessions, but our site visit went well. The extra effort was worth it.

**Q16.What advice would you offer other ADs for CRCE/CRTEC who are preparing for their CCSG renewal?**

1. Talk to others who have been through it recently
2. Talk to the NCI about review emphasis - still evolving
3. Pay attention to DEI efforts at all levels of E/T.

Start early!! Reach out to your EAB members, and CABTRAC members who are ADs of CRTEC for advice.

Focus on process, metrics, and future plans

Emphasis on metrics

Accurate data/number is the single most important thing.  Integration to COE is needed. Huron's advice were most helpful.