Despite the unknowns, we saw we were in this together. We felt gratitude.

And the list goes on: Our HCI Cancer Screening and Education Bus supported community-based COVID testing. HCI fundraising events that used to draw thousands now saw donors participate virtually. We announced a rural expansion of our nationally recognized Huntsman at Home™ services. With partnerships in technology innovation and pharmacy at the University of Utah, we announced a new therapeutics accelerator, designed to speed the process of developing lifesaving drugs for patients. We recruited new faculty from across the globe to be part of our world-renowned cancer research and clinical care programs.

In a year that challenged us, our character was revealed. Even a pandemic cannot stop us from putting cancer patients and our community first. Thank you for being part of this incredible community.

In this 2021 Report to Our Community, read how HCI teams used fortitude, aptitude, and gratitude to advance our vision:

PASSIONATE INDIVIDUALS AND TEAMS
DELIVERING A CANCER-FREE FRONTIER THROUGH SCIENTIFIC DISCOVERY AND HUMAN TOUCH
The statistics prove it: cancer screening saves lives. From 1991 to 2017, cancer mortality in the United States went down by 29%, and that decline can be attributed in large part to improvements in cancer screening, early detection, and prevention.

But during the COVID-19 pandemic, people have postponed or canceled routine screening appointments—and that has led to a reduction in new cancer diagnoses in the United States. In February 2021, University of Utah Health reported a 4% drop in breast cancer screenings and a 2% drop in colorectal cancer screenings compared to rates before the pandemic.

“We know there was a drop in breast cancers diagnosed in the early stages of the pandemic. This is not due to an actual drop in breast cancer incidence, but it is because of the decline in diagnosis due to fewer patients coming in for mammograms to detect their cancer,” says Phoebe Freer, MD, a radiologist at Huntsman Cancer Institute (HCI) and associate professor of radiology and imaging sciences at the University of Utah (U of U). “Those cancers, if they sit for another year, will eventually present at a more aggressive stage than they would have with earlier detection.”

Delays in cancer screening and diagnosis can have a devastating impact on cancer mortality because it is much more challenging to treat cancers detected at late stages. The National Cancer Institute released predictive models for breast and colorectal cancer incidence suggesting the United States will experience 10,000 more deaths in the next decade from just these two types of cancer. These deaths are predicted to occur as a direct consequence of the reduction in screening and treatment anticipated to result from just a six-month COVID-19-related disruption.

“Catching cancer early can save lives and reduce side effects of treatment as well as the amount of treatment required,” says Sachin Apte, MD, MS, MBA, HCI chief clinical officer and cancer hospital physician-in-chief. “I strongly recommend that patients see their doctors and resume the screening they may have put off or rescheduled. We really want...
to catch these problems before they become much bigger."

In January 2021, HCI collaborated with the National Comprehensive Cancer Network, the American Cancer Society, and other leading organizations across the country to endorse resuming cancer screening and treatment during the pandemic. The coalition of 76 organizations released an open letter reminding the public that cancer still poses a major threat to people’s health.

HCI is leading efforts, in collaboration with other health systems, to help make it easier for patients to access lifesaving mammography screenings, including extended scheduling hours and Saturday appointments at multiple locations. Most mammogram results are available within 24 hours.

HCI’s Cancer Education and Screening Bus, which was temporarily redeployed in 2020 to support community COVID-19 testing, resumed mobile mammography screening across the Wasatch Front. HCI community health educators adapted to provide at-home colorectal cancer screening tests and virtual education to rural and Pacific Islander communities throughout the state, ensuring cancer screening is more convenient than ever.

In addition, HCI has many added safety protocols in place to keep patients safe during the pandemic. These include required facial coverings for all who enter HCI, physical distancing in all areas, and rooms and equipment disinfected between every patient. Many providers, hospital staff, and other frontline workers have been vaccinated against COVID-19 to not only protect themselves, but also patients.

Jessica Rivera, a breast cancer patient at HCI, wants other women to know how important her cancer screening was. Jessica scheduled her first mammogram when she turned 40, following screening guidelines. The mammogram turned out to be crucial—doctors diagnosed early-stage breast cancer. Had she delayed this screening, her treatment path could have been much more challenging.

“I believe with all my heart that my mammogram saved my life,” says Jessica. “Cancer is still happening. It doesn’t care that we have a pandemic. I just can’t speak to it enough about how critical cancer screening is regardless of the current circumstances.”

Learn more about the cancer screenings that are right for you: HUNTSMANCANCER.ORG/SCREENING

Dock employees unload the first batch of a five-ton supply of hand sanitizer made possible by Huntsman Corporation and LyondellBasell. | June 2020

HCI Patients*
IN FIRST 6 MONTHS OF THE PANDEMIC

30% HAD TO CHANGE OR CANCEL AN APPOINTMENT FOR TREATMENT
47% REPORTED CHANGES TO THEIR EXERCISE HABITS
49% REPORTED FINANCIAL STRESS

*OF 1,253 SURVEYED; TOTAL CANCER CARE STUDY

5 gallons OF HAND SANITIZER USED
500 MASKS DISTRIBUTED
Awareness to Action

OUR COMMITMENT TO BECOME AN ANTI-RACIST CANCER CENTER

In response to a national reckoning on racism in the wake of the murder of George Floyd, Huntsman Cancer Institute (HCI) made a major commitment to create meaningful changes that would result in a more just, equitable, and inclusive environment. The commitment was direct: to become an anti-racist cancer institute.

“We were very intentional in describing our goal with the term ‘anti-racist’ cancer center,” says Kola Okuyemi, MD, MPH, HCI executive director of equity, diversity, and inclusion (EDI) and professor and chair of family and preventive medicine at the University of Utah (U of U). “Anti-racist means taking action to oppose injustice and deliberately remove barriers rooted in systemic racism. At HCI, this means creating a culture where each of us actively works to eliminate racism that is pervasive in our society.”

Okuyemi was asked to co-chair HCI’s EDI Commission, convened in July 2020. He was charged to oversee recommendations that support the creation of an anti-racist, equitable, diverse, and inclusive culture at HCI. Okuyemi worked alongside Commission co-chair Brad Cairns, PhD, HCI chief academic officer and professor and chair of oncological sciences at the U of U. “Anti-racist means taking action to oppose injustice and deliberately remove barriers rooted in systemic racism. At HCI, this means creating a culture where each of us actively works to eliminate racism that is pervasive in our society.”

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The Commission reviewed comments and suggestions submitted by staff, as well as feedback gathered in listening sessions. In response, they identified six categories:

Clinical Policies: To create clinical policies on par with protections patients already have that protect employees from discrimination by patients.

Education, Training, and Awareness: To educate, train, and raise awareness of equity, diversity, and inclusion for the HCI community with a zero-tolerance for racism.

Hiring and Retention Practices: To identify and recommend best practices in hiring and retention in the HCI community and to achieve a diverse faculty and staff that values and celebrates equity, diversity, and inclusion.

Safety and Refuge: To provide members of the HCI community who face acts of racism or other discriminatory mistreatment a structure for safe reporting, support, and advocacy.

Trainee Concerns: To recommend practices that address trainee concerns regarding transparency, accountability, and safety, and advance HCI’s mission to promote equity, diversity, and inclusion within our community.

Vision, Definitions, and Culture: To develop a shared and consistent definition of equity, diversity, and inclusion within the context of HCI’s mission and vision and further educate and empower each member of the HCI community regarding our dedicated commitment toward equity, diversity, and inclusion.

After more than six months of rigorous effort, the Commission presented recommendations to HCI leadership, who took responsibility for carrying forward and implementing priorities. HCI leaders held a virtual town hall, where the Commission co-chairs shared recommendations with the HCI community. More than 400 faculty, staff, and students attended this virtual event.

The work by the Commission is just the beginning. Many recommendations are now being implemented. This includes expanding the HCI office of equity, diversity, and inclusion, which Okuyemi will lead as executive director. Efforts are also being coordinated across the U of U campus, including with the School of Medicine and University EDI office.

“At HCI, we are familiar with tackling major and complex challenges, like cancer. We will similarly dedicate ourselves to tackling racism. Meaningful action is long overdue. We will fall short of our vision to deliver a cancer-free frontier if we do not succeed in our efforts to achieve equity, diversity, and inclusion at HCI,” says Mary Beckerle, PhD, HCI CEO.
Since 1999, Huntsman Cancer Institute (HCI) has served as a beacon of hope for those facing the uncertainty of a cancer diagnosis. What started as a lone building on a barren mountainside has now developed into a robust cancer campus with state-of-the-art research and clinical care facilities. HCI’s clinical care teams, research faculty, staff, and trainees work every day to achieve our ultimate goal of making a cancer-free frontier possible.

The dedicated work conducted every day at HCI is showcased every five to seven years during the renewal process for our Cancer Center Support Grant (CCSG), consisting of an approximately 1,600-page grant application and a formal site visit by a panel of expert reviewers. In 2014, HCI achieved Comprehensive Cancer Center status—the highest designation given by the National Cancer Institute—with an impact score of 19. In 2019, we maintained that status and improved our impact score to 16 (the lower, the better). This is the best score in HCI’s history.

The year 2020 brought many challenges for everyone, including the researchers and clinical teams at HCI. When the coronavirus pandemic reached Utah early on in the year, our teams had to move quickly to adjust to remote work, add safety precautions, and restrict in-person research and clinical activities. Despite these challenges, HCI proved to be resilient.

Our postdocs, trainees, research staff, and coordinators changed their approaches to move toward a cancer-free frontier through many new procedures. HCI’s Shared Resources continued to serve, whether inside the building or virtually. We launched new initiatives, including surveys of effects of the COVID-19 pandemic on our patients’ lives and care. Our investigators got to work writing grants, and, together with HCI research administration teams, submitted an impressive 261 grants—the highest number ever in a year.

Our Clinical Trials Office (CTO) worked tirelessly to keep trials open and available to patients. Despite the pandemic, in 2020 the CTO team was able to obtain consent from 900 patients and ultimately accrue 578 patients. This work, coupled with the care of our amazing clinicians, allowed approximately 1,800 patients to receive care on treatment trials in 2020.

Overall, these achievements during the pandemic demonstrate the deep dedication of HCI’s research community to our mission. A pandemic year cannot slow us down—and we are poised to head into a bright future together!
In order to support collaborative cancer research and bring innovative treatments to patients more quickly, the National Cancer Institute established Specialized Programs of Research Excellence (SPOREs). Each SPORE involves scientists from the lab and the clinic who work together on the same cancer type or theme.

The aspiring SPORE team at Huntsman Cancer Institute (HCI) at the University of Utah (U of U), known as USPORE, focuses on melanoma and includes investigators from U of U basic science and clinical departments who meet on a weekly basis as part of the Melanoma Disease Center at HCI. USPORE builds on the strengths of established, ongoing, collaborative scientific and clinical investigations within U of U and HCI, with the long-term goal of contributing to melanoma prevention and treatment strategies.

Melanoma is the leading cause of cancer death in young women ages 25–30, and Utah has the most cases, per capita, in the United States.

“I have dedicated my career to furthering our understanding of melanoma so therapies can be developed to improve outcomes for these women, who are in the prime of their lives,” says Sheri L. Holmen, PhD, co-leader of both the Cell Response and Regulation Program and the Melanoma Disease Center, as well as professor of surgery at the U of U.

The research team has identified three short-term goals for this research. The first project will evaluate the potential UV-protective effects of aspirin in mice and humans at high risk for melanoma. The second project will focus on developing the best dosing schedule to prevent drug resistance in melanoma patients with a mutation of the BRAF gene. Finally, the third project will look for a way to improve melanoma immunotherapy and investigate brain metastases.

The USPORE team received funding for the first project from a Department of Defense team science award, and the third project was funded by an NIH R21 grant and NIH R01 grant. The team will propose new projects for SPORE funding in the near future.

“We are confident our USPORE team will build on an outstanding history and foundation of melanoma research,” Holmen adds.
MERGING METABOLISM RESEARCH WITH STEM CELL BIOLOGY TO UNDERSTAND COLON CANCER

Showing the importance of collaboration, a group of researchers at Huntsman Cancer Institute (HCI) studying metabolism and another exploring stem cell biology converged to create the gut stem cell team. The team studies the metabolism of intestinal stem cells in mice, fruit flies, and humans, with a focus on how it alters the way stem cells multiply and differentiate.

The team’s hypothesis is that stem cells in the gut are unique from other cells. The metabolism of these stem cells shares characteristics with the metabolism of gastrointestinal (GI) cancer cells.

“Intestinal stem cells give rise to colon cancer, and we believe alterations in their metabolism contribute to cancer development and progression. We aim to figure out precisely how by addressing development and progression. We aim to figure out precisely how by addressing their metabolism contribute to cancer,” says Bruce Edgar, PhD.

The team submitted a P01 grant to the National Cancer Institute in January 2021. The proposal investigates how intestinal stem cell metabolism impacts stem cell function during gut homeostasis, regeneration, and tumor development. The goal of the project is to identify new nutritional, medicinal, and genetic approaches for the prevention, diagnosis, and treatment of GI cancers.

The four project leaders each have a different area to analyze. Rutter’s group examines carbohydrate metabolism; Summers’s inspects fats and lipids, Tantin’s studies amino acids, and Edgar’s probes how epidermal growth factor signaling affects metabolism.

“This collaboration has generated a lot of synergy,” Edgar says. “Three groups are specialists in mice genetics. I am not. The others depend on my group for expertise in flies. Sheetal Hardikar, PhD, MBBS, and Ellen J. Beswick, PhD, are our experts on human GI diseases; James Cox, PhD, is our dedicated metabolism expert; Beatrice Knudsen, MD, PhD, is our histology and imaging specialist; and there are many others. We have all learned different aspects of metabolism and that speaks to the collaborative nature at HCI.”

The team is working on a program project involving multiple principal investigators. The team is working on a program project grant application.

JOINING TOGETHER TO UNDERSTAND HOW CELLS DIVIDE

Cancer happens when cells divide uncontrollably and spread into surrounding tissues. Researchers at Huntsman Cancer Institute (HCI) from different specialties have teamed up with each other and with investigators outside HCI to better understand cell division pathways—the set of actions that lead to changes in the cell.

“Studying cell division is important because cancer often starts due to deregulation of these pathways,” says Katharine S. Ullman, PhD, a member of the Cell Response and Regulation (CRR) program at HCI and professor of oncological sciences at the University of Utah (U of U). “When we look at these steps, we begin to understand how cancer cells get around these barriers.”

Ullman and Wesley I. Sundquist, PhD, a CRR member and professor of biochemistry at the U of U, collaborated with Adam Frost, MD, PhD, at the University of California San Francisco, and Juan Martin-Serrano, PhD, a scientist and vice dean of Research and Impact at King’s College in London, on topics relating to cell division. One of the group’s projects focused on how a cell’s nucleus is formed and other changes that occur as the cell divides. The research was published in Nature in 2020.

Ullman and Sundquist mentor two trainees, Lauren Williams, PhD, and Genevieve Couldwell, who study abscission—the step of cell division that physically separates the two new cells.

Ullman and Sundquist also guide a larger collaborative team looking at abscission and its regulation. CRR provided pilot funds that spurred on much of this cross-collaboration.

“The collaboration has been productive because we all have different backgrounds and specialties,” Ullman says. “Wesley is an expert in biochemistry and structural biology, which allows him to clarify the pathway for the abscission process. My team is focused on imaging cell division processes. Combining these different disciplinary backgrounds has been crucial to our research.”

KATHARINE ULLMAN, PHD, WITH LAB MEMBER DOLLIE LAJOIE

Ullman and Sundquist now have an R01 grant from the National Institutes of Health involving multiple principal investigators. The team is working on a program project grant application.

“Understanding cell division is extremely fundamental,” Ullman states. “Yet surprisingly, there has not been a lot of attention paid to the last step of cell division, when cells disconnect, and how it is regulated. To create new tools to stop cell division, we need to know what keeps it going.”
What happens to a research lab when a pandemic shuts things down? In mid-March 2020, COVID-19 brought restrictions to on-site activities at Huntsman Cancer Institute (HCI). Anyone who could work from home had to start telecommuting. But lab bench work is in-person work, from performing procedures to maintaining organisms to making sure equipment is functioning.

HCI leaders, following guidelines from the University of Utah Vice President for Research Office, developed a plan to keep lab research functional and operational while restricting the number of people on site as much as possible. Principal investigators (PIs) of HCI labs had to identify which employees were considered essential for in-person work.

Trudy Oliver, PhD, who leads a lung cancer lab at HCI, says that was nearly all her staff. “We had mice that were alive and human lung cancer cells that were alive that had to be tended to,” she explains.

But if an employee were to get COVID, protocols dictated almost everyone in that area of the building had to vacate for 14 days. And it happened early on in an area housing eight labs.

“That was the worst of the pandemic from the standpoint of our research,” says Martin McMahon, PhD, whose lab was one of the eight. Experiments had to be put on hold. Some trainees froze their live cells and others moved cells to incubators in unaffected lab areas before heading home to quarantine.

There’s only so much lab-based employees can do remotely, McMahon says. Trainees had to find ways to occupy their time while doing their best to keep working on their graduate school research projects.

“I used the time away to write a fellowship application, prepare a paper for submission, and read voraciously,” says Dilru Silva, PhD candidate in the McMahon Lab. This had its benefits, Silva says: “Reading more papers has helped me develop better ideas to test in the lab.”

Even when not quarantining, labs still faced major restrictions over who could come to work and how many people could occupy a given area. Employees staggered their schedules, with some coming in at night or on weekends.

For graduate student researcher Kayla O’Toole, this was a challenging time to begin working in a lab. As a new employee, O’Toole says, “I had to navigate finding reagents and protocols, as well as designing my project, without some key people physically in the lab to help. There were a lot of days when I had to Zoom or FaceTime someone on the fly to help me at that moment.”

With two young kids unable to attend daycare, Gennie Parkman, a PhD candidate in the McMahon Lab and Sheri Holmen Lab, had no choice but to work from home most of the time. She used the opportunity to write papers and grant applications. But that was easier said than done—as evidenced when she was writing a review on a tight deadline.

“I was trying to type and at the same time put in references on another computer and my daughter was literally climbing all over me,” Parkman says.

Trudy Oliver says another challenge labs faced was ordering supplies.

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“COVID-19 caused a significant delay in shipping,” Oliver says. “We found it very difficult to find some of our critical lab supplies in stock. Items were back-ordered for months. Over the holidays, we ended up scouring Amazon for certain items.”

Despite the challenges, the situation turned up some unexpected positives. “I have had multiple opportunities to participate in trainings and classes I would not have even known about previously,” says Silva. “For example, the National Institutes of Health (NIH) puts on a seminar series that used to be available only for NIH staff, but now that they’ve transitioned to an online format, they’ve invited all trainees to participate.”

Silva, O’Toole, and Parkman say the circumstances have made them appreciate the help of their coworkers. And the flexibility, understanding, and support of their mentors has been crucial.

“We still needed to keep our research going. It’s not like patients are able to wait on a year of us not doing anything,” says Parkman. “But I always felt like I had the support and the backing of the cancer center and I’ve never felt unsafe coming to work.”

“I have been very impressed at how dedicated our lab personnel are to making a difference for cancer,” says Oliver. “They have adjusted to make sure their productivity is just as strong as ever. They have not given up.”

Amanda Truong, who studies melanoma in HCI’s Martin McMahon Lab, defends her thesis virtually. Amanda is in the University of Utah’s MD-PhD program. She is the first in her family to graduate from college and become a doctor.

“I did it! Virtual thesis defense completed.
@huntsmancancer

Thanks to all of my friends, family, and mentors who tuned in and have supported me throughout the years. One doctorate degree down, one more to go! #PhDone #PhinisheD #almost #doubledocs #firstgendoc.”
At its core, Huntsman Cancer Institute (HCI) is dedicated to creating an environment that not only promotes—but insists upon—equity, diversity, and inclusion. Here are a few highlights of noteworthy programs and research from the Cancer Control and Population Sciences Program that advance HCI’s quest to create a cancer-free frontier for all communities, no matter their location, income, or insurance status.

When HCI launched the Huntsman at Home™ program in 2018 to deliver clinical-level care to patients in their homes, no one could have guessed just how vital the program would become in 2020. HCI’s desire to improve care to cancer patients outside the walls of its facilities was validated because of precautions due to the global pandemic.

“A group of us were intrigued when we first learned about the hospital-at-home concept, which is more common in other countries, especially those with a single-payer health system,” says Kathi Mooney, PhD, RN, co-leader of the Cancer Control and Population Sciences Program at HCI and distinguished professor of nursing at the University of Utah (U of U). “It had yet to be tried in the cancer population, but we knew that many of the supportive care needs of patients could be provided at home on an acute-level basis rather than through emergency department visits and hospitalizations.”

The Huntsman at Home™ program was developed by a team of dedicated clinicians and researchers at HCI. It is currently available to those who live within a 20-mile radius. Specifically designed for cancer patients, the program was started to test whether acutely ill patients—some recovering from chemotherapy and others dealing with the effects of cancer progression—could avoid emergency room visits and unplanned hospital stays.

Through the Huntsman at Home™ program, nurse practitioners with acute care oncology expertise and palliative care skills partnered with registered nurses from Community Nursing Services to regularly make home visits to patients to monitor their symptoms and help them manage their illnesses.

Visits through the Huntsman at Home™ program have been covered by HCI and Huntsman family funding in hopes of demonstrating to insurance companies that such programs can save money by preventing hospital stays or expensive emergency department visits. The U of U was among the first six institutions to receive a Centers for Medicare and Medicaid (CMS) waiver during the pandemic to allow reimbursement for acute level, hospital at home care at the same rate as hospitalization.

Huntsman at Home™ care has shown significant reductions in unplanned hospitalizations and emergency department visits, as well as lower health care costs. Cambia Health Foundation supported this evaluation. Huntsman at Home™ is funded by HCI and Huntsman Cancer Foundation. An expansion of the program to three rural counties is expected in 2021, supported by the Huntsman Foundation and the Rita & Alex Hillman Foundation.

CONTINUED ON NEXT PAGE
Huntsman Cancer Institute (HCI) was awarded a five-year, $3 million grant from the Centers for Disease Control and Prevention (CDC) to improve Utah’s colorectal cancer screening rates. The program builds on an ongoing partnership between HCI’s Center for Health Outcomes and Population Equity (HOPE) led by David Wetter, PhD, professor of population health sciences; the U of U’s Department of Biomedical Informatics; and the Association for Utah Community Health (AUCH). The goal is to deliver health information technology to residents across the state who are most in need, including those who are uninsured and those living in poverty.

“Lower screening rates directly contribute to higher death rates from colorectal cancer,” says Guilherme Del Fiol, MD, PhD, a member of HCI’s Cancer Control and Population Sciences Program and associate professor of biomedical informatics at the University of Utah. “This funding ensures more Utahns will have access to lifesaving colorectal cancer screening, regardless of income, insurance status, or location. We have a great opportunity to improve access to preventive care through statewide collaboration and the optimal use of electronic health record systems.”

Despite strong evidence that colorectal cancer screening saves lives, only 72% of Utahns report being up to date with colorectal cancer screening. That rate is much lower for more economically disadvantaged populations. Currently, only 59% of individuals living below the federal poverty level and 28% of individuals who are uninsured report being up to date with screening.

“We have an enormous opportunity to improve access to preventative care through statewide collaboration.”

**GUILHERME DEL FIOl, MD, PHD**

The new project will include three customized interventions: provider reminders, provider assessment and feedback, and patient reminders. The project will partner with dozens of community health centers and primary care clinics across the state to provide preventive care to more than 30,000 underserved patients.

“These evidence-based interventions build on years of expertise and demonstrate real-world impact,” says Del Fiol. “We are eager to adapt this work and screen as many individuals as possible.”

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Research shows people who live in small towns and sparsely populated areas have poorer cancer outcomes than those who live in bigger cities. Population science researchers at Huntsman Cancer Institute (HCI) formed a rural working group to understand why these disparities exist and how to achieve health equity for all communities HCI serves.

Kathi Mooney, PhD, RN, co-leader of the Cancer Control and Population Sciences Program at HCI and distinguished professor of nursing at the University of Utah (U of U), and Neil Ulrich, PhD, HCI Comprehensive Cancer Center executive director and professor of population health sciences at the U of U, initiated the rural working group. In July 2020, Mia Hashibe, PhD, an investigator in the Cancer Control and Population Sciences program at HCI and professor of family and preventive medicine at the U of U, received a grant to focus on long-term adverse health outcomes among rural cancer survivors in Utah.

A rural area is defined as having fewer than 100 people per square mile. That’s 96% of Utah. Rural areas in the United States have higher rates of obesity and smoking, lower health insurance coverage rates, and decreased access to primary care. These factors contribute to higher rates of chronic diseases among rural cancer survivors.

Hashibe is investigating whether rural prostate, breast, and colorectal cancer patients are more often diagnosed with heart disease, depression, diabetes, and other health problems.

“Our study is the first large-scale population-based cohort in Utah and of the elderly in the nation,” Hashibe says. “We would like to understand whether distances to health care contribute to adverse health outcomes, which may in turn contribute to lower survival. Ultimately, we would like to prevent cancer survivors from having any difficulty receiving the treatment they deserve.”

As part of her work, Hashibe and her team will also evaluate the risk of opioid use among rural breast, prostate, and colorectal cancer patients in comparison to urban cancer patients. They want to identify possible solutions such as tobacco cessation programs and access to care through telemedicine.

**DETECTION AND REMOVAL OF CANCER IN.prepend**
The year 2020 was designated as the international Year of the Nurse in celebration of Florence Nightingale’s 200th birthday. And what a year it was for nursing on the local, national, and world stage. We are always grateful for the role nursing plays in the care of our oncology patients, their families, the community, and each other. Our 500-plus nurses at Huntsman Cancer Institute (HCI) have shined during an unprecedented time that included a pandemic, social unrest and injustice, and emergency responses during an earthquake and hurricane-force winds.

With compassion, resilience, and grit, our nursing workforce faced COVID-19 head on, implementing multiple changes and updates of guidelines to keep our patients and staff safe. We supported each other through the emotional impacts we faced from visitor policy changes—all the while caring for our patients and their families. We learned how to care for patients remotely and connect them with their families through electronic platforms and devices. When we learned we could care for COVID patients safely, our nurses contributed their professional expertise caring for those patients at the bedside at University Hospital. We also deployed our outpatient staff to testing sites. We worked with our colleagues to retrofit nine inpatient beds to make a respiratory isolation flex intensive care unit.

And, we forged ahead with the critical work of the Compassionate Workplace Committee, with the intent to provide an environment for all staff members that promotes joy in work, fosters resiliency and personal growth and development while respecting their individual uniqueness, and celebrates the impact they make in the lives of those we serve. After the social unrest and the magnification of health disparities due to COVID-19 in the year 2020, we are shining a light on the importance of equity, diversity, and inclusion to tackle systemic racism and create a safe work environment.

Despite all of these challenges, our nurses continue to provide the highest quality compassionate care to our cancer patients and their families. Although COVID-19 continues to impact us at work, at home, and in our communities, our nurses continue to persevere. And it truly takes a village. Nursing could not provide compassionate care without our partners: health care and medical assistants, environmental services, dietary services, social workers, chaplains, infection prevention and control, physicians, advanced practitioners, pharmacy, respiratory care, IT, therapy services, security, facilities and biomed, researchers, radiology, labs, the Wellness and Integrative Health Center, transport, customer service, administrative support, finance, financial services, and more.

HCI nurses truly put our patients and community first; are united in their efforts for all patients, their families, and each other; and are excellent in everything they do.

It gives me great pride to say that since the inception of the 1999 Gallup poll, nursing has been the most trusted, ethical, and honest profession every year, with the exception of 2001—when firefighters were ranked number one. HCI nurses exemplify the qualities named in this poll. It is an honor and a humbling experience to help lead the HCI nursing team.”
Finding a Way to Celebrate

DURING A TIME OF NO VISITORS

George Morales had been to every appointment, surgery, and cancer treatment that his wife, Rikki, had received. That is, until the 2020 coronavirus pandemic forced hospitals like the University of Utah and Huntsman Cancer Institute (HCI) to establish a zero-visitor policy.

"Not being there physically makes me feel like I’m not 100% supporting her," George says. "It’s hard when you go in with someone every time and all of a sudden you can’t. It’s rough for her too."

Rikki was first diagnosed with melanoma in 2010 after she had a birthmark removed. She had the cancer treated until there was no evidence of disease. For seven years, Rikki was in remission. But in April 2019, melanoma appeared again. It was the same spot.

"I went with her to most treatments," George says, "but unfortunately, I was unable to go to the last four because of COVID."

When patients finish their infusion treatment at HCI, they have a small ceremony by ringing a gong to celebrate. Normally, patients are able to bring family and friends.

"It was a big thing for me to see her ring the gong. She finished a whole year, thirteen sessions, and I was going to be there for that lucky thirteen," George says. George called a few different nurses on the infusion team to try to get an exception to see Rikki ring the gong. He was eventually referred to Ryan Doering, manager of the infusion treatment center.

"I talked to my clinical nurse coordinator, Mary, and we came up with a surprise plan to do everything outside," Doering says. "We decided to wait for her outside and ring the gong right there. Mary got a rolling table, put a nice drape over it, and brought the gong down. Along with the gong was a certificate and a blanket, which the infusion team gives to patients on their last chemo day.

After Rikki finished her treatment, she walked out the big glass doors and saw George standing there. "At first she said, ‘They didn’t let me hit the gong!’" George chuckled. Her eyes then moved to everyone else.

"And then she noticed everything and realized it was for her," George says. "We had the celebration and banged the gong right outside the front doors. It was so special."

"The no-visitor policy is one of the harder things for a manager," Doering says, "because the patient is at the root of everything we do at HCI. Supporting our patients often means supporting their family."

George says, "I didn’t think it was going to happen, to be honest. I thought maybe they would come down and try to let me in, but I didn’t think they were going to go through all that. It made me realize there’s a lot of big hearts and a lot of people care. They made a memory we’ll never forget."

But in April 2019, melanoma appeared again. It was the same spot.

Lori, one of our infusion nurses, received a card from a patient’s wife who could not accompany him due to the zero-visitor policy during the pandemic. Inside the card was a list of ideas for us to help comfort her “best friend.” Needless to say, her thoughtfulness brought tears of joy and hope to all of us. It also inspired a patient care card initiative that continues today.

HUSBAND CARE CARD

1. He will say no to a blanket, but bring him one with an extra pillow.
2. He will say no to food, but he will drink water. Can you bring him one even if he says no?
3. Be gentle with him. This is the first time I can’t be with him.
4. He might get sad and lonely. If you ask him about his daughter that will make him happy.
5. Tell him his wife thinks he’s hot. That will make him smile.
6. Thank you for taking care of him! He’s my best friend.

Love, His Wife

SOCIAL SPOTLIGHT

APRIL 13, 2020
A typical day finds Tiana N. Rogers, PhD, sitting down at her computer and diving into community-engaged research and social impact measurement. As director of the Data, Policy, and Performance Innovation team at the University of Utah (U of U) Sorensen Impact Center, Tiana leads a variety of portfolios focused on capacity building in the various sectors, including health equity, criminal justice, and social services. She uses a systems approach to investigate the net effect of philanthropy, government, and nonprofit entities’ activity on a community and the well-being of individuals and families. More simply put, she says that her role is that of a translator: to help people understand how to use research to address complex social problems, such as homelessness and racism. She uses data to make a difference.

But it’s been a long time since Tiana has had a typical day.

In February 2020, before COVID-19 dominated headlines in the United States, Tiana made a doctor’s appointment. She had a lump in her breast. “Before then, my focus was on family building,” she says. “My husband and I were trying to have a baby.” The year before, Tiana learned she was pregnant. At nine weeks, she had a miscarriage. Later that fall, she again felt her hopes build before a trip to the emergency department showed her new and unexpected pregnancy to be ectopic, where the fertilized egg was growing outside the uterus.

“As my doctor did my exam, she asked if I had a family history of breast cancer,” Tiana recalls. “I didn’t.” Her doctor was also surprised that Tiana was only in her early 30s.

Then, her physician said something Tiana will never forget. All indicators pointed to the lump being nothing to worry about, “but she also said she knew Black women are more likely to die from breast cancer than White women, even though Black and White women get breast cancer at about the same rate.” So, Tiana’s medical provider explained, she didn’t feel comfortable watching and waiting. She sent Tiana to Huntsman Cancer Institute (HCI) for images and more tests.

“My husband and I were trying to have a baby.” The year before, Tiana learned she was pregnant. At nine weeks, she had a miscarriage. Later that fall, she again felt her hopes build before a trip to the emergency department showed her new and unexpected pregnancy to be ectopic, where the fertilized egg was growing outside the uterus.

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“To have a provider who is culturally competent and able to say, ‘I know the...
disparities and would hate for you to be the outlier”—that is what should be happening. But I also know that is not the norm.” From her experience researching health disparities, Tiana knew the statistics very well. In addition to cancer inequities, Black women are three times more likely to die from a pregnancy-related cause than White women in the United States.

At HCI, Tiana was diagnosed with stage II breast cancer. She and her care team were relieved to catch it early. “We talk a lot about inequities,” Tiana says. “And I believe we have to talk about when things go well, too. I had textbook care. I know that if my doctor and I had decided to watch and wait, it would have impacted my [outcome and] choices.”

Those choices included a recommendation for genetic testing. Research shows Black women are not referred for genetic tests as often as White women, she adds. Though Tiana had no genetic markers explaining why she had breast cancer so young, she still found the information useful. Especially as she and Charles looked to build a family.

At 34, Tiana was in the adolescent and young adult (AYA) cancers category, which includes patients ages 15–39. But unlike people on the younger end of that spectrum, fertility was not a distant desire. She and her husband wanted to have a child as soon as she safely could. So when Tiana and Charles met with U of U Health’s cancer treatment and infertility (oncofertility) team to learn about treatment options, they prioritized expedience.

“In my first appointment with the reproductive office, we met with Dr. Letourneau. He was so kind and gracious. He sat down with us and literally drew images of everything: this is what it would look like for IVF and this is what it would look like if we froze embryos.” And even with two PhDs between Tiana and Charles, they found they still had a lot of questions. “My husband does cancer research and understands this jargon,” Tiana says of Charles’s work as a colorectal cancer researcher at HCI. “I was so blessed to have someone who knew what questions to ask. But even so, we're not experts at treatment and fertility options. It just highlighted for me the need for advocacy, particularly for underrepresented communities. I wholeheartedly believe that knowing what questions to ask would help reduce some health disparities. Many people just don’t have the information.”

Tiana pursued a treatment that had lower odds of cancer recurrence and would still allow her to have biological children. “There’s something to be said for providers who respect the autonomy of their patients,” she says. “You’re the expert of yourself and what values and priorities matter to you. I don’t feel like you should have to choose whether you live through cancer treatment or have children. I think you should be able to have both.”

Tiana is currently on oral chemotherapy continuously for a year. As long as she takes this medication for a total of five years, she can pause for pregnancy and breastfeeding. And after the first year?

“I can take as many breaks as I want and have as many babies as I want.”

Meanwhile, Tiana’s experience professionally and personally led her to an esteemed fellowship in research methods and supportive oncology at Harvard University, which will complement her work at the U of U. “I submitted a proposal for a study around BIPOC [Black, Indigenous, and people of color] women who have cancer diagnoses and fertility. My proposal is rooted in a recent study that revealed only about 40% of patients are told that cancer treatment could affect their fertility. And of the patients sampled, most of them were White women.” Tiana’s research will examine if or how fertility options are communicated to people with breast cancer, especially to BIPOC women.

“I believe that to whom much is given, much is required,” Tiana says. “Serving other people is the rent you pay to be part of a community. I just hope I can touch somebody and be a glimmer of hope.”
At the beginning of the COVID-19 pandemic, as hospitals worked to keep patients safe, preserve personal protective equipment, and reduce unnecessary appointments, Huntsman Cancer Institute (HCI) confronted a major challenge: how to ensure patients had access to promising new cancer treatments in the form of clinical trials.

Clinical trials help find better ways to prevent, diagnose, or treat cancer. These trials evaluate whether drugs shown to be promising and safe in the lab are effective for use by people. For physician-scientists and clinical research staff, conducting a trial means gathering data to determine whether a drug offers some or all patients a more effective approach than the current standard of treatment.

Thanks to ongoing communication between HCI’s clinical and research leaders and nimble efforts of staff, including research coordinators, infection control specialists, medical oncologists, and nurses, HCI was able to safely keep clinical trials open during COVID-19. Despite the pandemic’s many disruptions, patients could still access a large number of clinical trial options to consider as part of their cancer treatment.

Clinical Trials: BRINGING HOPE CLOSER TO CANCER PATIENTS

HCI made major strides in bringing our clinical trials to cancer patients at more locations:

- Grand Valley Oncology, Community Hospital of Grand Junction, Colorado
- Huntsman Cancer Institute at Sugar House Health Center
- Salt Lake City Veterans Administration Hospital

We prioritized clinical research during the pandemic:

- Rapidly transitioned 140 clinical trial staff to remote work
- Revised operating procedures, contracts, and safety monitoring plans
- Facilitated ways to safely ensure cancer patients could enroll in and stay on clinical trials
- Opened 112 new trials in 2020, giving patients access to more than 200 trials at any given time

We continued to be recognized nationally as a clinical research leader:

- Received a National Cancer Institute grant for early therapeutics research
- Maintained national leadership in clinical trial operations, with Theresa Werner, MD, serving as chair of the Association of American Cancer Institutes Clinical Research Innovation Steering Committee
- Sustained our Phase I clinical research program, one of only a handful of such programs in the country. Led by Ignacio Garrido-Laguna, MD, PhD, the program includes clinical trials in early phases (Phase I and Phase II), which give patients a chance to access some of the newest cancer therapies before they are widely available.

2020 CLINICAL RESEARCH HIGHLIGHTS

Theresa Werner, MD
Associate Professor, Medicine

Ignacio Garrido-Laguna, MD, PhD
Associate Professor, Oncological Sciences
In October 2020, a new initiative started to drive the process of bringing lifesaving medical drug discoveries made in University of Utah (U of U) laboratories to patients. Huntsman Cancer Institute (HCI), the College of Pharmacy, and the Partners for Innovation, Ventures, Outreach and Technology (PIVOT) Center established the U of U Therapeutic Accelerator Hub (U2TAH or the Accelerator). The Accelerator provides resources and expertise to researchers, supporting the process of translating new discoveries into clinical applications.

“We are giving investigators better tools so they can ask more therapeutic questions in their labs,” says David Bearss, PhD, senior managing director of The Accelerator. The goal is eliminating hurdles that hinder the process of translating discoveries into clinical applications.

“We are giving investigators better tools so they can ask more therapeutic questions in their labs,” says David Bearss, PhD, senior managing director of The Accelerator. The goal is eliminating hurdles that hinder the process of translating discoveries into clinical applications. Federal government and private industry research often support lab and clinical research that tests whether new medicines effectively treat patients. However, between the discovery research and clinical research phases, a process called preclinical development must occur, wherein drug candidates are refined and tested for safety. Relatively little funding exists to support the challenging process of preclinical development, so at many universities, promising new drug candidates languish. The Accelerator provides vital preclinical development expertise to help bridge the gap between lab discoveries and clinical research.

“This whole project comes down to the idea of reaching patients who need innovative therapies in a more efficient manner. It is what drives us. We want to see all the great work being done at the University of Utah reach more people. We want to know that something discovered here benefits a person. To be involved in that process is amazing. Every time I was involved with a project that got into clinical trials and eventually benefited even a single person, well, there is nothing more satisfying.”

The Accelerator was seeded with a commitment to invest $22.5 million from HCI and the College of Pharmacy. The Accelerator links University of Utah scientists with key internal and external resources and expertise in order to assist the process of bringing new lifesaving drugs to patients. The PIVOT Center manages the process of bringing new discoveries to market through partnerships, licensing, start-up companies, and other strategic efforts. Although cancer treatments are of great interest to the Accelerator, all disease areas are eligible for support.

“The Accelerator provides a team. We go to the investigators and collaborate with them. We are here to provide the expertise, project management and funding to move this process along.”

An industry veteran, Bearss knows how important one discovery can be. During his career, he has managed research teams to bring 16 new drugs to clinical-stage testing, several of which went on to become approved drugs.

“Any success means big things for the future of the university. We have an opportunity to make an impact on patients. We hope this becomes a virtuous cycle where we have success and then can invest it back into the program and create more success, and so on.”

Despite starting this program during the middle of a global pandemic, Bearss has been pleased with the group’s progress and sees a silver lining with the utilization of new technology.

“Our funding goes directly to the investigators and the research, not to a physical building. We now have technology that allows us to meet with over 200 investigators, all in a virtual space. The pandemic has pushed the adoption of this technology, creating an environment where it is much easier to collaborate. Just a year ago, the technology was clunky and everyone was averse to it, and now, everyone knows how to get on a Zoom. We can throw data on a screen and no one has to leave their home. It has changed everything for the better in terms of collaboration. It is so promising for the future.”
The year 2020 will be most remembered in the realm of non-profits as the year that COVID-19 roared and forced us all to envision performing our work in completely new ways. It was a record-setting year for declining donations at non-profits across the nation, and also one for record-setting loss of jobs in the field.

Huntsman Cancer Foundation (HCF) transformed from an in-person workplace to a virtual workplace smoothly and skillfully, and seemingly did not miss a beat. I congratulate the team on a job well done.

Donors continued to give frequently and generously throughout the pandemic, allowing the lifesaving research at Huntsman Cancer Institute (HCI) to continue. Our Utah State Legislature stepped in to help, appropriating much-needed funds to purchase lifesaving medical equipment. And HCF secured a loan to sustain continuous operations thanks to the Small Business Administration and aid from the federal government.

Finally, as I write this message, we have just received word that HCI’s CEO, Mary Beckerle, PhD, has been named as a member of the prestigious National Academy of Sciences (NAS). Of its more than 2,400 current members, approximately 190 have received a Nobel Prize, according to the NAS. Our heartfelt congratulations, Dr. Beckerle! With our strong fundraising team, our world-class researchers and caregivers, and you, we are on a strong path forward to creating a cancer-free frontier. Thank you for all you do to make this possible.

Message from
HUNTSMAN CANCER FOUNDATION CHAIRMAN AND CEO

“I want to personally thank the HCF team for its flexibility, agility, and fortitude in the face of unprecedented circumstances. I thank the caregiving teams and the researchers at HCI for never once pausing in delivering exceptional care and groundbreaking scientific discovery. And as important, I thank our loyal donors who remained dedicated to our goal of eradicating cancer, even as our world worked on the eradication of a new and frightening virus. The Huntsman family continues to garner too much credit and many accolades for its support of HCI. But please know that our family believes the credit must be broadly shared with each of you. Without your support, none of our accomplishments are possible.”

—Peter Huntsman
Chairman and CEO, Huntsman Cancer Foundation

The Kathryn F. Kirk Center
FOR COMPREHENSIVE CANCER CARE AND WOMEN’S CANCERS

CONSTRUCTION FACTS

320 TONS OF REBAR USED, THE WEIGHT OF TWO BLUE WHALES

37,995 FEET OF DUCT WORK, 26 TIMES THE HEIGHT OF THE EMPIRE STATE BUILDING

327,642 FEET OF CONDUIT, 11.28 TIMES THE HEIGHT OF MOUNT EVEREST

3,500 HOURS OF WORK PER WEEK

PETER HUNTSMAN
Chairman and CEO, Huntsman Cancer Foundation

SOCIAL SPOTLIGHT

@huntsmancancer
Executive Director Don Milligan and Director of Nursing Lawrence Marsco watching the bridge to [the Kathryn F. Kirk Center for Comprehensive Cancer Care and Women’s Cancers] drop perfectly into place. A good RN could finish this job in a sec!”

@ANNABECKMD
Huntsman SportsFest

GOES VIRTUAL IN 2020

Thirteen-year-old Allee Curby was looking forward to her second year raising funds for cancer research by running in the Huntsman SportsFest on June 20, 2020. But COVID-19 turned the lively in-person event, filled with cyclists, runners, supporters, and volunteers, into an individual virtual affair. Some people opted out altogether—but Allee wasn’t one of them.

“I couldn’t stop doing what I started back in 2019,” she says. “Although we’re in a pandemic, cancer doesn’t stop. People still go to the hospital, they still get treatment, they’re still battling this horrible disease every day.”

Allee’s motivation is personal. Two of her grandparents were diagnosed with cancer—a grandpa with multiple myeloma in 2015 and a grandma with glioblastoma, a type of brain cancer, in 2019.

“Fundraising helps give me hope that we can fight cancer together and hopefully no one will have to go through what my grandpa and grandma have had to fight,” she says.

Allee began fundraising for the 2020 SportsFest by holding a yard sale and going door to door to collect donations. But when COVID came along, she moved her efforts to an online fundraising page. By June 2020, she had raised $4,208.

Allee came up with a special way to honor her grandparents through the 5K route she designed for the virtual SportsFest. The route started at her grandparents’ house, wound through their neighborhood, and ended at her grandmother’s gravesite.

Allee’s family cheered her on as she ran, ringing cowbells as they drove alongside her. Her uncle had written encouraging messages in chalk on the sidewalks, and the family stood with balloons at the finish line.

Allee’s mom, Holly, says she is amazed by her young daughter’s efforts. “I’m so humbled by her strength and tenacity,” says Holly. “Allee sees the bigger picture and sees that other people are impacted by the disease. She amazes me—how she steps up to help others and to serve.”

In 2021, we were grateful to have the Huntsman SportsFest in person again.

Allee Curby
Generous Fundraiser

Huntsman Cancer Foundation staff decorate the patient patio at HCI during their virtual SportsFest event. | June 2020

Allee and her family celebrate her run.
More than 20 years ago, J. Christopher "Chris" and Erlynn Lansing made a business decision guided by an encounter with Jon M. Huntsman, Sr. They discussed whether or not they should sell their successful business, Lansing Building Products, so they could support their church and other causes important to their family.

Mr. Huntsman’s advice was an emphatic “No way.” He further advised they should continue to build the business, spread their positive influence to employees, vendors, and suppliers, and watch for opportunities to help those around them.

The Lansing family lives in Virginia, but Utah is their second home. They had been looking for the chance to get involved in philanthropy in Utah. So, in 2020, they made a $2.5 million gift supporting the new Kathryn F. Kirk Center for Comprehensive Cancer Care and Women’s Cancers at Huntsman Cancer Institute (HCI). They did this to honor dear friends of theirs who have also made the Kathryn F. Kirk Center a central focus of their giving.

The Lansing family chose to make the gift for multiple reasons, including that long-ago guidance from Mr. Huntsman. They are motivated to contribute because of the impact cancer has had on their family, including Chris’s mother and sister, and close friends. But more than that, they have subscribed to a lifelong philosophy: learn, earn, and return. The Lansings are in the “return phase” of life, Erlynn says.

From the first weeks of their marriage, Erlynn and Chris committed to giving back. In the beginning, giving was in the form of time. As their business grew, they began to give financially as well.

Erlynn and Chris passed along this idea to their children and grandchildren. Erlynn says, “Giving is part of the Lansing culture.” They provide a small stipend to each of their grandchildren for Christmas and task them with donating that sum to charity. They know the specific memories of gifts will fade, but the ability to help someone will stay with them.

The Lansings hope their donation to HCI will help people. And they have already seen HCI help a loved one who travels from Idaho to HCI to receive treatment, including cutting-edge reconstruction surgery that isn’t offered anywhere else in the region.

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Lansing Building Products has been in business for 47 years. The Lansings say Mr. Huntsman was right. They took his advice and haven’t looked back.

See a complete list of our generous donors and fundraisers:
HUNTSMANCANCER.ORG/ANNUALREPORT

Expressing Gratitude
THROUGH DOLLARS AND WORDS

Joanne Bloom Tanzer underwent treatment for non-Hodgkin lymphoma for 11 years. During that time, she received the best possible care at Huntsman Cancer Institute (HCI) before passing away in April 2020.

“Everything at Huntsman Cancer Institute is first class,” says Thomas “Tommy” Tanzer, Joanne’s husband, “Your people are heroes.”

Tommy faced his own cancer diagnosis and received treatment at HCI as well. He says whenever he and Joanne walked down the hall to the chemo infusion center and looked out over the Salt Lake Valley, they knew they would be provided with hope.

In gratitude for the care and compassion Joanne received during her treatment at HCI, Tommy donated $10,000 in the summer of 2020 and wrote a letter expressing his gratitude to the teams at HCI. A part of that letter is shared here, with permission.

As part of Tommy’s letter of gratitude, he named many of those involved in Joanne’s care, including her primary care doctor, Anna Beck, MD, and her nurse, Vicki, Jonathan Tward, MD, PhD, David Gaffney, MD, PhD, Renee Vadeboncoeur, MS, APRN, FNP, and the infusion and radiology staff.

Tommy says he knows this gift will be used in the best way possible and has the utmost trust in HCI.

My wife has been treated by your team for the last 11 years in her bout with non-Hodgkin lymphoma. We have gotten to know many of your staff. Their kindness, care, and devotion to their patients are unmatched.

These brave men and women all took Joanne and me under their wings. They welcomed us each day as we went for exams and radiation therapy. They looked out for us like we were their family. They consolated us when appropriate and kicked us in the pants when that was called for.

They prolonged her life for many years. When she finally succumbed in mid-April 2020, they cried and mourned along with our family. Huntsman Cancer Institute gave us every drop of care, love, and expertise possible.

Even though we eventually lost Joanne, her life was prolonged by the fabulous and caring efforts of her doctors and the entire support staff. Their kindness and involvement in our lives and our battle will never be forgotten. Your staff are heroes who we will always be indebted to for their loving and competent care.
Trainee Spotlights

BUILDING ON THE LIFESAVING WORK OF CANCER RESEARCH

From the beginning, Huntsman Cancer Institute (HCI) has made it part of our mission to educate and train the next generation of scientists and physicians in order to continue the lifesaving work of cancer research. Here, some of our trainees share what drives their research, why they chose HCI, and how the COVID-19 pandemic emphasized the importance of collaboration and mentor support as they begin and build upon their careers.

I enjoy the supportive environment as well as the exposure to cutting-edge research at HCI. Because of the COVID-19 pandemic, I have shifted from being in the lab space 8–10 hours a day and frequently collaborating with scientists in my immediate area to focusing on critical experiments and navigating online resources such as Zoom for collaborations. Being part of a department that thrives on collaboration, community, and trainee development has been invaluable.

ZANNEL BLANCHARD, BS
PhD Candidate, Oncological Sciences and Molecular Biology
HCI Mentor: Jay Gertz, PhD

I hope to combine my interests in symptom management research and clinical trials with the goal of improving the quality of life for patients with cancer. Patients often have to make the difficult decision of pursuing treatment or focusing on quality of life when we should be able to provide both. I want to be part of the next generation of physician researchers who move the needle forward.

LINDSAY HUNTER, MD
Clinical Fellow, Hematology and Oncology
HCI Mentor: Heloisa Soares, MD, PhD

I was interested in Utah for my training because of the high quality of work produced here and the resources available through HCI. The Utah research community holds itself to a high standard of excellence while also being nurturing and supportive. The people here genuinely care about the impact of their research and go above and beyond to help trainees in their development as scholars.

HELEN LILLIE, PHD
Postdoctoral Fellow, Health Communication and Technology
HCI Mentor: Jakob D. Jensen, PhD

The pandemic has made research work feel more isolated. It can be difficult to establish connections for collaboration in the virtual world. I feel fortunate that I was already well established with my research mentor prior to the onset of the pandemic. Having a great mentor is essential to the success of any researcher.

KRISTEN KELLEY, MD
Clinical Fellow, Hematology and Oncology
HCI Mentor: Christos Vaklavas, MD

Because of the infrastructure set up by my mentors, the combination therapy we discovered in my pancreatic cancer research was used to treat an HCI patient and led to the extension of his life. Knowing my work impacted a patient and has the power to help many more feels Unreal and highlights that the prioritization of the patient extends to the research community.

DILRU SILVA, BS
PhD Candidate, Bioscience Program
HCI Mentors: Martin McMahon, PhD, and Conan Kinsey, MD, PhD

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Each year, Huntsman Cancer Institute hires faculty to join our research teams. New hires include medical doctors, laboratory researchers, and population scientists—each of whom collaborate across disciplines to advance our understanding of how cancer begins, how to treat it most effectively, how to improve outcomes for patients, and, whenever possible, how to prevent it. These talented individuals joined our team in 2020:

**New Faculty**

- **Yazan Aboou-Ismail, MD**
  - Hematology/BMT

- **Melissa W. Brackmann, MD**
  - Gynecologic Oncology

- **Robert L. Dood, MD, MSCE**
  - Gynecologic Oncology

- **Sarah M. Drejet, MD**
  - Head & Neck
  - Surgical Oncology

- **Amandeep Godara, MBBS**
  - Hematology/BMT

- **Joanne M. Jeter, MD**
  - Medical Oncology

- **Kathleen C. Kerrigan, DO**
  - Oncology

- **Rebecca Y. Kim, MD, MPH**
  - Liver, Biliary, & Pancreas Surgical Oncology

- **Manish Kohli, MD**
  - Medical Oncology

- **Brian Mitzman, MD**
  - Cardiothoracic Surgery

- **Tracy Onega, PhD, MPAS**
  - Population Sciences

- **Aafaf E. Osman, MD**
  - Hematology/BMT
Selected Awards and Honors

HIGHLIGHT OF AWARDS RECOGNIZING CLINICAL RESEARCH LEADERSHIP

National Cancer Institute Experimental Therapeutics Clinical Trials Network
Ignacio Garrido-Laguna, MD, PhD

National Cancer Institute Cancer Clinical Investigator Team Leadership Award (CCITLA)
Siwen Hu-Lieskovan, MD, PhD

North American Neuroendocrine Tumor Society (NANETS) Theranostics Investigator Grant
Helosia Soares, MD, PhD

HIGHLIGHTS OF NEW NATIONAL GRANTS AND CONTRACTS

American Cancer Society Research Scholar Grant
Yelena Wu, PhD
Minna Roh-Johnson, PhD

Damon Runyon-Rachleff Innovation Award
Kimberley Evason, MD, PhD
Gregory Ducker, PhD

St. Baldrick’s Grants for Pediatric Cancer Research
Lauri Linder, PhD, APRN, CPON
Xiaoyang Zhang, PhD

SELECTED AWARDS TO SUPPORT CAREER DEVELOPMENT OF STUDENTS AND JUNIOR FACULTY

National Cancer Institute Pathway to Independence Award for Outstanding Early Stage Postdoctoral Researchers (K99/R00) Grant
Aria Vaishnavi, PhD

Five For The Fight Fellows
Siwen Hu-Lieskovan, MD, PhD
Adriana Coletta, PhD, MS, RD
Robert Judson-Torres, PhD
Ben Myers, PhD
Sonam Puri, MD
Katie Basham, PhD
Samuel Cheshier, MD, PhD
Charles R. Rogers, PhD, MPH
Sheetal Hardikar, MBBS, PhD, MPH

INSTITUTIONAL RECOGNITION

U.S. News & World Report
Best Cancer Hospitals
National Cancer Institute Comprehensive Cancer Center Designation
Press Ganey Pinnacle of Excellence Award for Outpatient Clinics Performance
American College of Surgeons Commission on Cancer
CEO Cancer Gold Standard

SELECTED STAFF HONORS

University of Utah Staff Excellence Awards
Jonathan Martinez, Visual Communications Specialist
Stella Mason, Pharmacy Technician

HIGH-IMPACT RESEARCH RECOGNITION FROM THE NATIONAL INSTITUTES OF HEALTH

National Cancer Institute Method to Extend Research in Time (MERIT) Awards
Hunter Underhill, MD, PhD
Allie Grossmann, MD, PhD

National Institute of General Medical Sciences Outstanding Investigator Award
Awarded jointly to Raphael Franzini, PhD, Kent Golic, PhD, and Michael McIntosh, MD

National Cancer Institute Research Project Cooperative Grant
Trudy Oliver, PhD

National Cancer Institute Cancer Research Education Award
Awarded jointly to Mia Hashibe, PhD, and Kola Okuyemi, MD, MPH

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Samuel Cheshier, MD, PhD
Charles R. Rogers, PhD, MPH
Sheetal Hardikar, MBBS, PhD, MPH
A crisis creates the opportunity to dip deep into the reservoirs of our very being, to rise to levels of confidence, strength, and resolve that otherwise we didn’t think we possessed.

JON M. HUNTSMAN SR.
Winners Never Cheat: Even in Difficult Times
Huntsman Cancer Institute Locations

FARMINGTON
SALT LAKE CITY
SOUTH JORDAN
SUGAR HOUSE

Affiliate Hospitals

CARSON TAHOE CANCER CENTER
Carson City, Nevada

COMMUNITY HOSPITAL GRAND VALLEY ONCOLOGY
Grand Junction, Colorado

MADISON MEMORIAL HOSPITAL CANCER CARE CENTER
Rexburg, Idaho

MEMORIAL HOSPITAL SWEETWATER REGIONAL CANCER CENTER
Rock Springs, Wyoming

ST. JOHN’S CANCER CARE
Jackson, Wyoming

ST. PETER’S HEALTH CANCER TREATMENT CENTER
Helena, Montana