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| Date: | Click here to enter a date. |

**Procedures for Application**

Membership applications may be submitted at any time. Please carefully review the [criteria for membership](https://www.aaci-cancer.org/Files/Admin/Membership/2022-AACI-Membership-Criteria.pdf) prior to completing the application. The AACI Board of Directors reviews all applications and formally approves all member institutions. Applicants will be notified of the board’s decision within 60 days of AACI’s receipt of the application. Applications should be submitted by email or mail to:

AACI Development Coordinator, Shelly Pocratsky: [shelly@aaci-cancer.org](mailto:shelly@aaci-cancer.org) *or*

Association of American Cancer Institutes

3708 Fifth Avenue  
Medical Arts Building, Suite 503  
Pittsburgh, PA 15213

**Membership Dues**

Annual membership dues are $9,500.

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| ***Cancer Center*** | | | | | | | | | | |
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| *Name (as it should appear in the AACI online membership directory and printed materials)* | | | | | | | | | | |
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| *Parent Institution (if applicable)* | | | | | | | | | | |
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| *Website URL* | | | | | | | | | | |
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| ***Cancer Center Director*** | | | | | | | | | | |
|  | | |  |  | | | | | | |
| *Name* | | |  | *Title* | | | | | | |
|  | | | | | | | | | | |
| *Street Address (line 1)* | | | | | | | | | | |
|  | | | | | | | | | | |
| *Street Address (line 2)* | | | | | | | | | | |
|  | | | | | | |  |  |  |  |
| *City* | | | | | | |  | *State* |  | *Zip* |
| (   )    -     *ext.* |  | (   )    - | | |  |  | | | | |
| *Phone* |  | *Fax* | | |  | *Email* | | | | |
|  | | |  |  | | | | | | |
| *Administrative Assistant’s Name* | | |  | *Title* | | | | | | |
| (   )    -     *ext.* |  | (   )    - | | |  |  | | | | |
| *Phone* |  | *Fax* | | |  | *Email* | | | | |

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| ***Cancer Center Organization*** | |
| Please indicate the organizational structure that best describes your cancer center: | |
| NCI-Designated Cancer Center | Emerging academic cancer center |
| NCI-Designated Comprehensive Cancer Center |  |
| Please provide a brief overview of your center and its organizational structure: | |
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| Cancer Center’s Mission: | |
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| Cancer Center’s Objectives: | |
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| ***Catchment Area*** |
| What is your catchment area? |
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| ***Patient Population: Catchment Area*** |
| What is the ethnic/racial breakdown of your catchment area? (An estimate is acceptable). |
| 1. Percent White/Non-Hispanic: |
| 1. Percent Hispanic/Latinx: |
| 1. Percent African American: |
| 1. Percent Asian/Pacific Islander: |
| 1. Percent American Indian/Alaskan Native: |
| 1. Percent Other/Mixed/Unknown: |

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| ***Patient Population: Ethnic/Racial Breakdown*** | | | | | | | | | | | | | |
| What is the ethnic/racial breakdown of the patient population? (An estimate is acceptable). | | | | | | | | | | | | | |
| 1. Percent White/Non-Hispanic: | | | | | | | | | | | | | |
| 1. Percent Hispanic/Latinx: | | | | | | | | | | | | | |
| 1. Percent African American: | | | | | | | | | | | | | |
| 1. Percent Asian/Pacific Islander: | | | | | | | | | | | | | |
| 1. Percent American Indian/Alaskan Native: | | | | | | | | | | | | | |
| 1. Percent Other/Mixed/Unknown: | | | | | | | | | | | | | |
| ***Cancer Center Budget (Please use actual figures – not projected)*** | | | | | | | | | | | | | |
| 1. Please indicate the 12-month period for actual funding data provided below: | | | | Begin: | | | | | | | | End: | |
|  | | | | Click here to enter a date. | | | | | | | | Click here to enter a date. | |
| 1. What is the cancer center’s annual research budget from all sources? | | | | | | | | | | | $0.00 | | |
| 1. Please indicate the amount of the cancer center’s research budget that is received from each of the following sources: | | | | | | | | | | | | | |
|  | Parent Institution | | | | | | | $0.00 | |  | | | |
|  | Federal Government | | | | | | | $0.00 | |  | | | |
|  | State Government | | | | | | | $0.00 | |  | | | |
|  | American Cancer Society | | | | | | | $0.00 | |  | | | |
|  | Other Peer-Reviewed | | | | | | | $0.00 | |  | | | |
|  | Industry | | | | | | | $0.00 | |  | | | |
|  | Philanthropy (e.g. foundations, individuals, etc.) | | | | | | | $0.00 | |  | | | |
|  |  | | | | | | | $ 0.00 | | 🡸 *Upon completing lines 3a through 3g, please click and select “update field” to display the total. It should match the answer to question 2 in this section.* | | | |
| 1. Please indicate the amount of the cancer center’s research budget that is received from each of the following federal government sources: | | | | | | | | | | | | | |
|  | National Cancer Institute (NCI) | | | $0.00 | | | | | |  | | | |
|  | Other National Institutes of Health (NIH) | | | $0.00 | | | | | |  | | | |
|  | Department of Defense (DOD) | | | $0.00 | | | | | |  | | | |
|  | National Science Foundation (NSF) | | | $0.00 | | | | | |  | | | |
|  | Other Federal Sources (peer-reviewed) | | | $0.00 | | | | | |  | | | |
|  |  | | | $ 0.00 | | | | | | 🡸 *Upon completing lines 4a through 4e, please click and select “update field” to display the total. It should match the answer to question 3b in this section.* | | | |
| 1. Please indicate the amount of the cancer center’s research budget that is allocated to the following areas: | | | | | | | | | | | | | |
|  | Basic Research | | | $0.00 | | | | | |  | | | |
|  | Clinical Research | | | $0.00 | | | | | |  | | | |
|  | Population Sciences | | | $0.00 | | | | | |  | | | |
|  | Shared Resources | | | $0.00 | | | | | |  | | | |
|  | Administrative and Support Services | | | $0.00 | | | | | |  | | | |
|  |  | | | $ 0.00 | | | | | | 🡸 *Upon completing lines 5a through 5e, please click and select “update field” to display the total. It should match the answer to question 2 in this section.* | | | |
| 1. If applicable, what is the amount of the cancer center’s NCI Cancer Center Support Grant (CCSG)? | | | | | | | | | $0.00 | | | | |
| 1. Please attach a listing of all actively funded, cancer center-related projects competitively awarded by external sources to the fiscally responsible institution the cancer center is part of. You may substitute the [NCI CCSG Data Table 2A](http://cancercenters.cancer.gov/documents/CCSGDataGuide508C.pdf) form if applicable. | | | | | | | | | | | | | |
| ***Cancer Center Research Programs*** | | | | | | | | | | | | | |
| **What are the cancer center’s basic and clinical research programs? (Please check all that apply.)** | | | | | | | | | | | | | |
| Angiogenesis | | Apoptosis | | | | Biostatistics | | | | | | | Breast Cancer |
| Cancer Biology | | Cancer Cell Biology | | | | Cancer Epidemiology | | | | | | | Cancer Genetics |
| Cancer Stem Cells | | Carcinogenesis | | | | Cell Signaling | | | | | | | Cellular Proliferation |
| Cellular Structure  Gastrointestinal Cancer | | Developmental Biology  Gene Expression | | | | DNA Damage/Cell Defense  Gene Regulation | | | | | | | Endocrinology  Genitourinary Cancer |
| Genomics | | Glycobiology | | | | Gynecologic Cancer | | | | | | | Genitourinary Cancer |
| Hematologic Cancers | | Hematopoiesis | | | | Immunology | | | | | | | Head & Neck Cancer |
| Lung Cancer | | Lymphoma | | | | Melanoma | | | | | | | Leukemia |
| Molecular Biology | | Molecular Carcinogenesis | | | | Molecular Genetics | | | | | | | Migration & Metastasis |
| Ovarian Cancer | | Pediatric Cancer | | | | Prostate Cancer | | | | | | | Molecular Imaging |
| Renal Cancer | | Signal Transduction | | | | Solid Tumors | | | | | | | Radiation Biology |
| Structural Biology | | Tobacco Related Malignancies | | | | Translational Research | | | | | | | Stem Cell Biology |
| Transplantation Biology | | Tumor Biology | | | | | | | | | | | Tumor Imaging |
| Breast Oncology | | Cancer Imaging | | | | Cancer Immunology | | | | | | | Women’s Cancers |
| Cancer Pharmacology | | | Clinical Research Informatics | | | | | | | Developmental Therapeutics | | | |
| Experimental Therapeutics | | | GI Oncology | | | | | | | Gene Targeting & Therapy | | | |
| Genitourinary Oncology | | | Head & Neck Oncology  Pediatric Oncology | | | | | | | Molecular Oncology  Radiation Oncology | | | |
| **Other basic and clinical research programs:** | | | Head & Neck Oncology  Pediatric Oncology | | | | | | | Molecular Oncology  Radiation Oncology | | | |
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| ***Cancer Center Research Programs (continued)*** | | |
| What are the cancer center’s **population science/cancer control research** programs?  (e.g. tobacco, disparities, survivorship, etc.) | | |
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| ***Cancer Related Community Activities*** |
| Please provide a brief description of ways your center contributes to and actively participates in the community: |
| 1. Prevention activities: |
| 1. Education activities: |
| 1. Screening activities: |

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| ***Cancer Center Patient Care*** | | | | | |
| If applicable, please provide the number of new patients\* seen at the cancer center: | | |  | | |
| Please indicate the 12-month reporting period: | Begin: | End: | | | |
|  | Click here to enter a date. | Click here to enter a date. | | | |
| \*Reportable patients are those seen face-to-face and *first registered* at the cancer center, whether as inpatients or outpatients, *during the reporting period*, as defined in the [NCI CCSG Data Table 3](http://cancercenters.cancer.gov/documents/CCSGDataGuide508C.pdf). | | | | | |
| ***Cancer Center Clinical Trials*** | | | | | |
| The following section on clinical research is based on the [NCI CCSG Data Table 4](http://cancercenters.cancer.gov/documents/CCSGDataGuide508C.pdf). Please provide the number of open clinical trials and patients accrued to trials in each of the following categories: | | | | | |
| **Clinical Research Category** | | **# of Open Protocols** | | | **# of Patients Accrued** |
| Interventional | |  | | |  |
| Observational | |  | | |  |
| Ancillary or Correlative | |  | | |  |
| *Upon completing the questions above, please right click and select “update field” to display the totals*🡺 | | 0 | | | 0 |
| Please provide the center’s average annual patient accrual to therapeutic clinical trials: | | | | % | |
| For clinical trials involving an agent or device or intervention *only*, please provide the number of open trials organized by trial sponsor: | | | | | |
| **Clinical Trial Sponsor Type** | | **# of Open Protocols** | | | **# of Patients Accrued** |
| National Cooperative Group Trials | |  | | |  |
| Other Externally Peer-Reviewed Trials | |  | | |  |
| Institutional Trials | |  | | |  |
| Industry Trials | |  | | |  |
| *Upon completing the questions above, please right click and select “update field” to display the total*🡺 | | 0 | | | 0 |
| Please indicate the 12-month reporting period: | Begin: | End: | | | |
|  | Click here to enter a date. | Click here to enter a date. | | | |

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| ***AACI Programs and Initiatives*** |
| To assist AACI leadership in planning future programs and initiatives, please describe **specific issues** of greatest concern to your cancer center: |
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| ***For the questions below, please describe your priority populations, risk factors, screening priorities, and how you currently address cancer disparities.*** |
| ***Priority Populations*** |
| What are the **top priority populations** of your cancer center? |
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| ***Risk Factors and Screening Priorities*** |
| What are the **top risk factors and screening priorities** of your cancer center? |
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| ***Addressing Cancer Disparities*** |
| Tell us about an initiative(s) at your cancer center that was *highly effective* in addressing or reducing a cancer disparity that you ranked as a priority. To what do you attribute its effectiveness? (Limit 500 words.) |
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