

GW Cancer Center

Revolutionary Research and Care: Creating a Cancer-Free Future For All

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LETTER FROM THE DIRECTOR

Dear Members of the GW Community,

I am delighted to present our 2023-2027 strategic plan for the George Washington University Cancer Center, aptly titled Revolutionary Research and Care: Creating a Cancer-Free Future For All.



The GW Cancer Center is a testament to the synergistic efforts of the George Washington University, the GW Medical Faculty Associates, and the GW Hospital. Together, we're channeling our collective strengths toward innovative research, personalized patient care, and proactive cancer policy in the nation's capital.

A special note of gratitude: I want to sincerely thank each of you who volunteered ideas, shared experiences, and reviewed drafts. Your insights have been instrumental in shaping our future. Like the GW Cancer Center community, our strategic plan is adaptable, ready to meet the evolving challenges and advancements in cancer research and treatment. We've also developed an online presence that will enable us to be transparent in our progress.

Our vision extends beyond GW's footprint. We're actively reaching out, nurturing connections, and fostering partnerships to magnify our impact within our immediate catchment area and beyond. We aim for a future where groundbreaking research, world-class education, and compassionate care are within everyone's reach.

This "Revolutionary Research and Care" strategic plan is more than a plan — it's our shared commitment. As we focus on science-driven outcomes, deep community engagement, and impactful policy influence, I am heartened by the journey ahead and the difference we can make together.

With deepest gratitude,

Julie E. Bauman, MD, MPH

Dr. Cyrus Katzen Family Director of the GW Cancer Center

Professor of Medicine

Our Cancer Center

Since 2015, the GW Cancer Center has been a living example of collaboration in action. Established as a partnership among the George Washington University, the GW Medical Faculty Associates, and the GW Hospital, our collective mission is to fortify and amplify GW's efforts in the battle against cancer.

Merging all cancer-related activities at GW, we've worked consistently with a singular vision: to create a cancer-free world through pioneering research, transformative education, and equitable care for all.

Situated in the heart of Washington, D.C., the GW

Our Vision:

To create a cancer-free world through groundbreaking research, innovative education, and equitable care for all.

Cancer Center has showcased dynamic inter-disciplinary collaboration, focused on exceptional clinical care and team science. Today, we diagnose and treat patients with every type of cancer, from diagnosis, through treatment, to survivorship. Our multidisciplinary care teams are committed to the best of current therapies, as well as the promise of future therapies through clinical trials.

At the GW Cancer Center, cutting-edge research facilities serve as hubs for transformative partnerships among basic, clinical, and population scientists across our campus and the nation. We are pioneering discoveries in cancer biology and immunology, unraveling the individual and population determinants of cancer risk, and translating our

Our Mission:

To drive transformational research, personalized therapy, family-centered care, and cancer policy in the nation's capital.

discoveries into new strategies for cancer prevention and treatment.

Since the beginning, in addition to advancing care, research, and education, we have focused our efforts on the alarming cancer health disparities in our region. Ensuring our care and research is attuned to the needs of the communities we serve has been a cornerstone of our approach. We've dedicated ourselves to embedding equity in every facet of our work.

Our Catchment Area

Loudoun

The GW Cancer Center defines its catchment area, the geographic region that focuses our service priorities in patient care, research, and community outreach, based upon three principles: 1) the regions from which we draw our current patients; 2) our brick-and-mortar locations, including Foggy Bottom and soon, Cedar Hill; and 3) the persistence and severity of cancer health disparities. This geographic scope allows us to monitor cancer trends, understand the social determinants driving critical disparities, prioritize populations for bidirectional engagement, and focus strategic investments on high-impact research valued by our communities.

While the GW Cancer Center is located in the heart of the nation's capital, Washington, District of Columbia, we serve a significant number of patients from the greater "DMV" metro area, with 46% of our patients coming from adjacent counties in Maryland and Virginia. Cancer health disparities are pronounced across the DMV, with the rate of cancer-related deaths among Non-Hispanic Black individuals surpassing those of all other racial and ethnic groups in D.C., Maryland, and Virginia in 2020.

Figure 1. 2022 volume of GWCC patients with a new cancer diagnosis from the District of Columbia and surrounding counties

Montgomery

Patient Volume

by Zip Code

D.C

62

Prince

Washington, D.C. proper is an urban metropolis of nearly 672,000 individuals, 45% of whom identify as Black or African American. The

Washington metro area has one of the highest costs of living in the country, yet 13.3% of D.C. residents live below the poverty level. As the second leading cause of death in the District, cancer poses a particular threat to minoritized residents in our catchment area. In 2018, the D.C. Health Department found that African Americans in the District have a 22% higher incidence rate and a 62% higher mortality rate than Whites.

Our catchment area is our strength: Continual assessment ensures that our research and outreach are driven by the needs of our population. The GW Cancer Center is actively working to address these health inequities through community-focused research and extensive outreach efforts.

The Planning Process

Our journey in crafting a strategic plan began with the clear intent to amplify our collective impact. Our process was centered around membership engagement and addressing community needs, as well as our pursuit of NCI designation. We outlined a process around four distinct, yet interconnected, phases, each designed to build upon the insights and achievements of the previous one.

Appreciative Inquiry First, we embarked on a journey of assessment and engagement, seeking a deeper understanding of our catchment's needs, expectations, and aspirations. Using an appreciative inquiry framework fostered a culture of optimism, enabling us to evaluate our current position and identify critical areas of focus.



Definition & Alignment Then we centered on definition and alignment. Drawing from diverse insights gathered during our initial assessments, we

Figure 2. Appreciative inquiry framework, adapted from Forming new futures through appreciative inquiry by Sharp et al., 2016

established the fundamental pillars of our strategic plan. Concurrently, we ensured that our goals were in alignment with other plans throughout the George Washington University.

Inaugural Action Planning We then developed our inaugural annual action plans, defining our initial priorities in concrete action steps. As part of our ongoing commitment to alignment and continuous improvement, each subsequent year will see the development of refreshed annual action plans.



The GW Cancer Center is committed to evolving our strategic plan together the communities we serve. We will revisit and refine our strategies, ensuring they remain responsive to evolving imperatives. Furthermore, we will promote accountability by measuring our progress on a public dashboard.

Engagement and Self-Assessment

Following her appointment as Director of the GW Cancer Center, Julie Bauman, MD, MPH, met with stakeholders across our enterprise and within our surrounding community to gather insight, forge collaborations, and align goals to contribute to the overall success of our organization. This engagement contributed to informed strategic development and community planning, such as the development of the Cedar Hill campus.

After assessing the landscape of our greater institutional and surrounding community, we initiated an engagement series with GW Cancer Center members. This was grounded in our conviction that those actively involved in our mission possess invaluable insights that are pivotal to our planning.

The discussions, anchored in the SOAR (Strengths, Opportunities, Aspirations, Results) framework, inspired our membership to reflect on past achievements, imagine promising future avenues, consider supportive infrastructures, and contemplate effective strategies.

Strengths

Diverse Catchment Area
Interest and Investment in Disparities
Capital Location
Quality of People
Institutional Capacity and Connectedness
Leadership Buy-In
Proximity to NCI, NIH, and FDA
Cultural/International Expertise
Strong Peds Partner

Aspirations

National Cancer Institute Designation
Meaningful Clinical & Community Impact
Mission- and Data-Driven Impact
Strong Interdisciplinary Collaboration
Equitable & Welcoming Network
Seamless & Coordinated Care
The Importance of "We"
Cancer Care in Your Neighborhood
Create a Culture of "Yes"

Opportunities

Strengthen Multidisciplinary Care
Advance Population Impact
Evolve Shared Resources
Increase Fundraising
Improve Workforce Development
Focus on Underserved Populations
Data-Driven Decision Making
Shared Governance
Become D.C. Destination Cancer Center

Results

Increased Patient Volumes/Satisfaction
Increased Peer-Reviewed Grant Awards
Intra- and Inter-Program Publications
Decreased Time to Trial Activation
Grad Student and Post Doc Success
Reduction in Cancer Disparities
Higher Staff Retention & Well-Being
Measure of Curiosity
Increased Pilot Funding

Figure 3. Summer 2022 SOAR dialogue results



By engaging our membership in these conversations, we ensured a focus on the Center's core strengths, opportunities, aspirations, and measurable results. Faculty members enriched the discussions with their diverse perspectives and experiences. This approach fostered a sense of shared purpose and direction for the GW Cancer Center. Through this inclusive and comprehensive engagement process, our strategic direction became a collaborative endeavor.

Aligning with Institutional Priorities

The GW Cancer Center strategic plan is anchored in the core values and overarching themes evident in the strategic plans across GW University, while laser-focused on uniting our efforts against cancer.

This alignment is crucial for fostering interdisciplinary collaboration, maximizing resources, and ensuring that the GW Cancer Center becomes an integral part of the GW community. Here, we outline how our strategic plan aligns with other components of our academic and clinical enterprise.

Clinical Excellence: As an integral part of the School of Medicine and Health Sciences (SMHS), Medical Faculty Associates (MFA), and the GW Hospital, the GW Cancer Center works to ensure the seamless delivery of cutting-edge cancer treatments and personalized patient care. In particular, the pillars of our strategic plan align with the vision outlined by the SMHS and the MFA, encompassing training health professionals, fostering clinician/scientist collaboration, and striving for advancement in equity, diversity, and inclusion.

Research Synergy: The GW Cancer Center's research agenda is closely integrated with the broader research priorities of the University. By working in tandem with GW's Colleges and Schools, as well as other research centers and institutes, GW Cancer Center leverages the University's cross-cutting expertise in various fields, such as genomics, bioinformatics, public health, and engineering sciences. This collaborative approach not only advances cancer research but also reinforces GW's position as a leading research institution.



Figure 4. GW SMHS and MFA pillars and values

Community Engagement: Our strategic plan emphasizes community outreach and partnerships, reflecting GW Cancer Center's commitment to overcoming the severe cancer health disparities within our community. The Cancer Center collaborates with local organizations, patient advocacy groups, and government agencies to provide access to cancer screening, education, and support services. These community partnerships align with GW's broader efforts to positively impact public health.

Educational Integration: Our strategic plan emphasizes educational initiatives aligning with GW's mission to provide world-class education. By collaborating with various schools within the University, including the School of Medicine and Health Sciences, the Milken Institute School of Public Health, and the School of Nursing, among others, the Cancer Center will offer unique educational opportunities for students at all levels. Research internships, clinical rotations, and courses in cancer biology and prevention contribute to a comprehensive and interdisciplinary educational experience.

In summary, the GW Cancer Center strategic directions are aligned with the goals and values of our partners to fortify our combined efforts to serve our community.

Pillars and Foundation



Pillar 1: Community Outreach and Engagement

Infuse inclusivity and equity through all GW Cancer Center endeavors in cancer care, research, and education in order to become a trusted partner that positively impacts the health of our richly diverse communities.

Pillar 2: Oncology Service Line

Establish the GW Cancer Center as a premier multidisciplinary oncology services program, recognized by our communities for providing compassionate, evidence-based, innovative, and equitable cancer care.





Pillar 3: Basic Science Discovery

Decode fundamental mechanisms of tumorigenesis and immune modulation in order to discover new targets for cancer prevention, diagnosis and treatment.

Pillar 4: Population Science

Unravel the individual and population level determinants of cancer risk in order to design interventions that reduce the cancer burden in our catchment, with a focus on disproportionately impacted communities.





Pillar 5: Clinical and Translational Research

Transform scientific discoveries into novel therapeutics and technologies for human application in order to reduce cancer morbidity and mortality.

Pillar 6: Diversity, Equity and Inclusion

Embrace and strengthen diversity, equity, and inclusion in all GW Cancer Center actions to build and empower a transformational cancer workforce.





Pillar 7: Education and Training

Create comprehensive education and training pathways across the continuum of learners in order to recruit and develop a new generation of cancer researchers.

Foundation: Infrastructure

Improve the fundamental physical and organizational structures essential for the continual growth of the GW Cancer Center.



Community Outreach and Engagement

Aspiration: Infuse inclusivity and equity through all GW Cancer Center endeavors in cancer care, research, and education in order to become a trusted partner that positively impacts the health of our richly diverse communities.

STRATEGIES

- Characterize and monitor the cancer burden within our catchment area.
- Develop and sustain bi-directional partnerships between our research programs and diverse communities to prioritize catchment-responsive research and translation to practice.
- Collaborate with community-based organizations focused on risk reduction, early detection, and survivorship to promote cancer health equity and cancer control.
- Enhance collaboration with DC Health and congressional leaders to influence local and federal policies that reduce the cancer burden across the GWCC catchment.
- Overcome structural barriers to representative participation of all people in clinical research, inclusive of race, ethnicity, sexual orientation, gender identity, and age across the lifespan.
- 6 Invest in the infrastructure to best support community outreach and bi-directional engagement.

- Define the GW Cancer Center catchment area and disseminate to membership.
- · Identify priority populations and cancers in our catchment.
- Restructure the community advisory board into a community action council (CAC).
- · Design a cancer-focused community needs assessment.
- Formulate a community-driven research agenda addressing cancer health disparities.
- Establish a strategic prioritization and implementation process with the CAC.
- Launch the Office of Community Outreach and Engagement (COE).
- Develop an annual calendar with strategic and prioritized community events for the GW Cancer Center to engage with community members.
- Hire a policy expert to guide local and national policy engagement with professional organizations, elected representatives, and community groups.
- Design a community-informed plan to enhance clinical trial awareness and enrollment.
- Offer an educational series on trial barriers for GW Cancer Center members.
- Define optimal data elements on race, ethnicity, sexual orientation, gender identity, and other demographics to be collected across the cancer enterprise.
- Host community focus groups to support the design of the GWCC Cancer Prevention and Wellness Center.
- Design prevention and wellness programming based on community needs.
- Coordinate screenings across the GW Cancer Center enterprise.



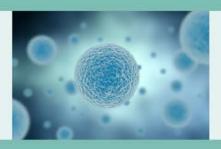
Oncology Service Line

Aspiration: Establish the GW Cancer Center as a premier multidisciplinary oncology services program, recognized by our communities for providing compassionate, evidence-based, innovative, and equitable cancer care.

STRATEGIES

- Establish the leadership, governance, and practice structures of the oncology service line (OSL).
- Establish nationally renowned multidisciplinary teams, prioritizing the high incidence, high disparity cancers within the GW Cancer Center catchment.
- Deliver world-class cancer care with a continuous focus on access, equity, and the patient experience.
- Integrate clinical trials into standard of care operations within the oncology service line.
- 5 Establish an integrated oncology quality program across inpatient and outpatient domains.

- · Develop a three-year oncology service line strategic plan.
- Evolve the OSL leadership structure to encompass all cancer clinical activities across the enterprise.
- · Define spheres of ownership vs. influence.
- Evolve the compensation model to support clinical research.
- Initiate strategic recruitment of physicians in breast, genitourinary, thoracic, and gastrointestinal cancers.
- Ensure major tumor types in our catchment have active tumor boards with clinical research integration.
- Launch a primary malignant hematology and cellular therapy inpatient service.
- · Initiate a clinical pharmacy program.
- · Establish a patient advisory board.
- · Plan the oncology service model at the Cedar Hill campus.
- · Integrate equity and navigation practice models with COE.
- Establish methodology to integrate patient satisfaction data into operations review.
- Enhance systematic data collection on race, ethnicity, sexual orientation, gender identity, and other demographics across the cancer enterprise.
- · Develop onboarding for clinical research nurses.
- · Develop a clinical trials awareness campaign.
- Streamline clinical research labs and their integration into the electronic medical record.
- Strengthen the disease-based clinical research teams.
- · Determine quality data sources.
- Implement routine tracking and reporting of four quality measures.



Basic Science Discovery

Aspiration: Decode fundamental mechanisms of tumorigenesis and immune modulation in order to discover new targets for cancer prevention, diagnosis, and treatment.

STRATEGIES

- Increase the effectiveness of the basic science Research Programs by enhancing engagement, leadership, and systems/processes.
- Increase the scientific impact of the basic science research programs, emphasizing team science and cancers of high priority and relevance to the catchment area.
- 3 Strengthen the basic science workforce through recruitment, retention, mentorship, and training.

4 Invest in the technology and shared resources essential to basic cancer research.

- · Recruit and/or reappoint basic science Program leaders.
- Hold a retreat to support the Cancer Biology and Immunology Program (CBIP) for self-evaluation against National Cancer Institute (NCI) metrics.
- Host a joint CBIP COE workshop for communityaligned scientific activity.
- Launch a focused pilot funding call for proposals addressing disparities in our catchment.
- Assess and support the Prostate Cancer Working Group's needs.
- Assess and support the Breast Cancer Working Group's needs.
- Recruit a senior basic science faculty member focusing on cancer immunology.
- Recruit a basic science faculty member with expertise in environmental carcinogenesis.
- Design a proactive faculty retention framework with system leadership.
- Review the score-driving elements of the Institutional Research Training Grant (T32) program in preparation for the renewal application.
- Increase the efficiency and breadth of the flow cytometry shared resource.
- Formalize the small animal imaging lab shared resource (SAIL).
- Design the immune discovery and monitoring resource.
- Evaluate the on-campus needs and resources for bioinformatics services.
- Ensure GW Cancer Center representation on universitywide shared resource committees.



Population Science

Aspiration: Unravel the individual and population level determinants of cancer risk in order to design interventions that reduce the cancer burden in our catchment, with a focus on disproportionately impacted communities.

STRATEGIES

- Increase the effectiveness of the population science Research Programs by enhancing engagement, leadership, and systems/processes.
- Increase the scientific impact of the population science Research Programs, emphasizing team science and cancers of high priority and relevance to the catchment area.
- Build population science research capacity by strengthening recruitment, retention, mentorship, and training.

Invest in technology and shared resources essential to population sciences research

- Recruit two co-leaders with complementary expertise for the Cancer Control and Health Equity (CCHE) Program.
- Hold a retreat to support the CCHE Program selfevaluation against NCI metrics.
- Hold a population science-focused retreat to develop programmatic aims and opportunities for team science collaboration.
- Create mechanisms to stimulate and support the Tobacco-Related Cancer Working Group.
- Identify and survey population scientists with expertise in cancer prevention, control, and policy.
- Enhance relationships and engagement with the Schools of Medicine and Health Sciences, Public Health, and Nursing to further promote recruitment and retention.
- Develop a population science-focused internal grant review process for extramural submissions.
- Develop training grant applications in cancer-focused population sciences (e.g., Institutional Research Training Grant - T32, Education Research Grant - R25).
- Design and develop the Catchment and Epidemiology Shared Resource (CESR).
- · Design the biostatistics shared resource.



Clinical and Translational Research

Aspiration: Transform scientific discoveries into novel therapeutics and technologies for human application in order to reduce cancer morbidity and mortality.

STRATEGIES

- Increase the effectiveness of the clinical and translational research programs by enhancing engagement, leadership, and systems/processes.
- Increase the scientific impact of the clinical and translational research programs, emphasizing team science and cancers of high priority and relevance to the catchment area.
- Build clinical and translational research capacity by strengthening recruitment, retention, mentorship, and training.
- Invest in the technology and shared resources essential for clinical and translational research.
- Leverage an integrated clinical protocol and data management system and strengthen data safety and monitoring processes across the life cycle of cancer clinical trials.
- Recruit, train, and retain a qualified Clinical Trials Office workforce to optimize compliance and safety.

- Recruit two co-leaders with complementary expertise for the Clinical and Translational Oncology Program (CTOP).
- · Hold a retreat to support CTOP's self-evaluation against NCI metrics.
- · Establish Clinical Research Advisory/Oversight Committee.
- Define roles between the GW Cancer Center Clinical Trials Office and the SMHS Office of Clinical Research.
- Create a joint molecular therapeutics working group to strengthen the links between the clinical and laboratory activities.
- Identify the needs of the Cellular Engineering and Tumor Immunology (CETI) Working Group in order to formalize support mechanisms.
- · Recruit clinical faculty with a clinical-translational research track record.
- Develop a curriculum for onboarding new clinical principal investigators.
- Initiate Association of Clinical Research Professionals (ACRP) certification for clinical research coordinators.
- Complete construction and commissioning of the Academic Cellular Therapy Processing and Manufacturing Facility (cGMP).
- Develop the biospecimen collection, processing, and analysis shared resource.
- Design the immune discovery and monitoring shared resource.
- Outline collaboration scope with Children's National Medical Center as it relates to clinical research activity.
- Implement Florence eBinder for managing regulatory documents.
- Expand oversight of the GW Cancer Center protocol review and monitoring committee to all cancer trials on campus.
- Publish the GW Cancer Center safety and monitoring plan.
- Establish a GW Cancer Center safety and monitoring committee.
- Create career pathways for clinical research coordinators, nurses, and regulatory specialists.
- Develop robust programs for training and maintenance of competencies for all Clinical Trials Office personnel.



Diversity, Equity and Inclusion

Aspiration: Embrace and strengthen diversity, equity, and inclusion in all GW Cancer Center actions to build and empower a transformational cancer workforce.

STRATEGIES

- Establish the GW Cancer Center Office for Diversity, Equity and Inclusion.
- Recruit and retain staff, faculty, and leaders from populations historically underrepresented in the cancer workforce.
- Create engagement opportunities that support continuous learning and selfdevelopment to enable all GW Cancer Center team members to serve as champions for diversity, equity and inclusion.
- 4 Leverage institutional and national opportunities in career and leadership development for individuals underrepresented in the cancer workforce.
- 5 Continually assess and implement structural improvements to GW Cancer Center processes and policies that enable a diverse, equitable, and inclusive workplace.

- Recruit the Associate Center Director of Diversity, Equity and Inclusion.
- Draft the GW Cancer Center Plan to Enhance Diversity (PED) in accordance with NCI criteria.
- Conduct a self-assessment of current staff, faculty, and leader demographics.
- Design a plan that identifies barriers and solutions for retaining underrepresented staff and faculty.
- Partner with COE and the Office of Faculty Affairs and Diversity to offer training in workforce diversity across our membership.
- Formulate a plan to periodically evaluate and update DEI training content based on feedback and evolving best practices.
- Inventory institutional leadership development programs.
- Draft a strategy to link professional development opportunities with underrepresented individuals in the GW Cancer Center community.
- Align search committee processes with the Office of Faculty Affairs and Diversity.
- Outline a plan for continuous review and improvement of internal GW Cancer Center policies with a DEI lens.



Education and Training

Aspiration: Create comprehensive education and training pathways across the continuum of learners in order to recruit and develop a new generation of cancer researchers.

STRATEGIES

- Strengthen, expand and coordinate GW Cancer Center education, training, and career development programs tailored to learners across the continuum.
- Enhance pathways to recruit and sustain diverse learners within GW Cancer Center research and clinical training programs.
- Grow and disseminate professional community educational offerings to become the leading resource for cancer education.
- Work with program-specific mentorship programs to cultivate a culture of mentorship that supports successful career development across the GW Cancer Center.
- Invest in the education and training infrastructure to support cancer workforce capacity development.

- Submit R25 to develop a GW Cancer Research
 Summer Program for undergraduates and medical students linking cancer health equity to basic science.
- Complete implementation and begin planning annual Summer Program to Advance Research on Cancer (SPARC).
- Coordinate the Children's National Hospital Youth Enjoy Science (CNH YES) application.
- Evaluate the existing professional education infrastructure and design a new model of support to enhance efficiencies.
- Implement annual American Cancer Society Institutional Research Grant.
- · Implement annual Tucker Fellowship.
- Administratively support Cancer Biology Training Grant NCI T32.
- Evaluate a process to support NIH biosketch development for clinical faculty to increase inclusion in applications.
- Integrate and align the GW Cancer Center more closely with the existing NIH Career Development (K) scholar programs on campus.



Infrastructure

Aspiration: Improve the fundamental physical and organizational structures essential for the continual growth of the GW Cancer Center.

STRATEGIES

- Evolve the GW Cancer Center organizational model and financial systems to effectively manage operations and facilitate growth.
- 2 Position the GW Cancer Center to achieve successful NCI designation.
- Formulate a communications strategy to consistently share our story both internally and externally.
- 4 Evolve the relationship with Children's National Medical Center (CNMC) to ensure faculty integration within a unified GW Cancer Center.
- 5 Expand the fundraising capacity of the GW Cancer Center.
- Optimize existing GW Cancer Center space while also developing plans for building expansion.
- 7 Foster cross-program innovation to further collaborative activity across the GW Cancer Center enterprise.

- Create consolidated financial reporting, blending the academic and clinical enterprise.
- Establish performance metrics for each strategic plan pillar and ensure ongoing reporting.
- Improve Cancer Center information systems to track and manage critical metrics for NCI designation.
- · Streamline grant data within the university system.
- · Reconstitute the Executive Advisory Board.
- · Hire a Senior Communications Associate.
- Update the 2023 2024 marketing and communications plan.
- Reinstate the GW Cancer Center membership newsletter.
- · Launch a dedicated webpage detailing the strategic plan.
- Formulate a strategy to revitalize the GW Cancer Center website and its integration with enterprise partners.
- Reinstitute the CNMC/GW Cancer Center leadership meetings.
- · Institute mechanisms to routinely integrate CNMC grant data.
- Develop a comprehensive compilation of GW Cancer Center fundraising priorities.
- Curate a list of foundations with cancer activity funding preferences in the DC region.
- · Draft the GW Cancer Center master facilities plan.
- Formulate an office plan for the oncology service line.
- Create a staffing plan and space program for oncology services at the Cedar Hill campus.
- Initiate construction of the GWCC Cancer Prevention and Wellness Center.
- Redesign pilot funding program to support emerging Research Program aims and trans-center themes.
- Sponsor thematic retreats with associated pilot funding to support intra- and inter-programmatic team science and trans-center themes.





GW Cancer Center

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