We will ignite, catalyze, and amplify our world-class cancer research, academic, and clinical expertise; our ability to innovate; and our collaborative and bold advancements to prevent, detect, treat, control, and defeat cancer.

**Strategic Intent:**
Mission

Wilmot Cancer Institute is committed to providing the highest quality treatment and care, through expert and innovative medicine, science, and education, for any patient burdened by any cancer within our region and beyond.

Vision

Patients at Wilmot Cancer Institute will survive, and thrive following treatment and care, while dedicated clinicians, scientists, and researchers continue the quest to conquer all cancers.

Shared Values

- Patient Outcomes
- Pursuit of Excellence
- Cutting-Edge Discoveries
- Diversity, Inclusion, and Equality
- Teamwork and Collaboration
- Caring and Compassion
- Commitment to Our Region

Six Strategic Goals

Goal #1: Culture of Vitality and Collaboration
Goal #2: Breakthrough Cancer Research
Goal #3: Innovative Cancer Prevention and Control Science
Goal #4: Superior Cancer Treatment and Care
Goal #5: Center of Excellence in Education
Goal #6: Profound Impact in Diverse Communities
**Strategic Goals and Priorities**

We will ignite, catalyze, and amplify our world-class cancer research, academic, and clinical expertise; our ability to innovate; and our collaborative and bold advancements to prevent, detect, treat, control, and defeat cancer.

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### Strategic Goals and Priorities continued

#### Goal #4: Superior Cancer Treatment and Care

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<td><strong>4.2</strong></td>
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<td>Teach and mentor scientists, clinicians, and practitioners.</td>
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#### Goal #6: Profound Impact in Diverse Communities

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<td><strong>6.1</strong></td>
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<td>Mobilize mutually beneficial community engagement.</td>
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## Wilmot Cancer Institute

### 2021 – 2025 Strategy and Action Plan

**Goal #1: Culture of Vitality and Collaboration**

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<th>Strategy Lead: Hartmut “Hucky” Land PhD</th>
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<td><strong>1.4</strong> Project a strong Wilmot identity of thought-leadership and bold achievement.</td>
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### What (strategic priorities) | How (actions/deliverables/initiatives/key resources/investments) | Win (measures of success)

**1.1 Foster broad and deep collaboration.**

- Create cross-cutting opportunities for members of the Wilmot Cancer Institute (Wilmot) scientific and research programs, disease working groups (DWGs), and clinical services lines (CSLs) to work together with a specific focus on collaboration between basic scientists and clinical/population science investigators. (Refer to goals #2 and #3 below for more detail on research strategic priorities.)
  - Offer pilot grants to fund collaborative research.
  - Conduct retreats, symposiums, and other forums to exchange information and ideas and to generate collaborative opportunities.
  - Pursue opportunities to expand shared resources.

**1.3 Embrace diversity, inclusion, and equity across the Wilmot institution.**

- Increased collaborative program and Multiple Principal Investigator (MPI) grant funding on a Wilmot-wide basis.
- Attained and retained National Cancer Institute (NCI) designation.
- See below.
## Goal #1: Culture of Vitality and Collaboration

### continued

<table>
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</table>
| • Create cross-cutting opportunities for members of the Wilmot scientific and research programs, DWGs, and CSLs to work together. **continued**  
  o Invest in our research core technologies and clinic-based diagnostic and treatment technologies (refer to detail in the research and clinical domain action plans).  
  o Explore the creation of a Phase 1 Program to transform and translate research ideas into novel therapies, (i.e., a Developmental Therapeutics Program and/or other basic science directions; refer to goal #2 below for more detail).  
  o Empower the leadership of the DWGs to collaborate with basic scientists; arm them with the tools and resources they need to manage and achieve impactful clinical trials as evidenced by our clinical trial scorecards.  
  o Expand the number of researchers leading early phase clinical trial investigations focused on targeted subject areas, modalities, and diseases; hire and/or designate experts in the targeted areas of study (refer to goal #4 below for more detail). | • See above.  
• Increased inter- and intra-programmatic publications.  
• Advanced certification in Palliative Care by The Joint Commission (TJC).  
• Oncology Nursing Center of Excellence accreditation by the American Association of Colleges of Nursing (AACN).  
• Attendance at tumor boards from across the full mix of sub-specialties.  
• Faculty leadership actively engaged.  
  o Publication in national and international journals.  
  o Participation in scientific meetings and professional societies.  
  o Increased lectureship invitations. | • See below.  
• Collaborate with colleagues across the URMC clinical and academic systems to enhance Wilmot research, clinical, and education initiatives and to extend reciprocal benefits within the URMC systems. Leverage the URMC infrastructure:  
  o Counsel from our Internal Advisory Board.  
  o Promotion of our clinical teams with micro-branding, marketing, and public relations activities.  
  o An institutional scholar track to encourage, support, recognize, and promote individuals who effectively collaborate for the benefit of the institution.  
  o Representation for our philanthropic pursuits. |
## Goal #1: Culture of Vitality and Collaboration  
### continued

<table>
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<tr>
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<tr>
<td>1.1 continued</td>
<td>- Collaborate with colleagues across the URMC clinical and academic systems to enhance Wilmot research, clinical, and education initiatives and to extend reciprocal benefits within the URMC systems. <strong>continued</strong>&lt;br&gt;  - Broaden the Wilmot reach throughout the catchment area with comprehensive support and access to resources within the URMC network of affiliates and regional locales. (Refer to the regional and clinical domain action plans for additional details.).&lt;br&gt;  - Enhance our Center of Excellence for Education (Refer to strategic goal #5 below for additional details.).&lt;br&gt;  - Support Wilmot research priorities for mutual benefit across the URMC system with services such as technology development and computing.&lt;br&gt;  - Forge strong relationships and partnerships across diverse communities and throughout the Wilmot catchment area.&lt;br&gt;  - Ensure that we are diverse and inclusive among our faculty and staff to build and strengthen connections with all populations of our catchment communities.&lt;br&gt;  - Partner with the Wilmot Community Cancer Action Council (CCAC) for shared intelligence about our communities and work together to amplify the collective impact of our joint and independent initiatives.&lt;br&gt;  - Focus on having a strong impact on our communities regarding health disparities; understand and recognized health disparities in our catchment area and develop strategies to overcome barriers. (Refer to goal #6 below and the detailed action plans of the Community Outreach and Engagement (COE) program and the Cancer Prevention and Control (CPC) program.)&lt;br&gt;  - Sustain a well-rounded Wilmot Advisory Board to help connect us to the community and support our mission.</td>
<td>- See above and below.</td>
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*Wilmot Cancer Institute  
Strategy and Action Plan  
Confidential Final: January 1, 2021*
<table>
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<tr>
<th>What</th>
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</table>
| | • Forge strong relationships and partnerships across diverse communities and throughout the Wilmot catchment area. *continued*  
  o Be good stewards of philanthropic interests and general appeal from donor groups and grateful patients.  
  o Create synergies with and benefit from the expertise and resources of selected community groups and other relevant organizations aligned with our focus on cancer and specific disease groups; build a network of aligned representatives.  
  o Build and strengthen our relationships with legislative, regulatory, and public service agencies locally and regionally (e.g., county health departments), and at the state level when working in concert with URMC/UR interests.  
  • Garner URMC/UR institutional support and investment as an integral element of the institutional strategy and strategic plan.  | • See above.  
  • Wilmot staff willingness to recommend rating, via the Press Ganey employee satisfaction survey, will meet and maintain a score of 4.5 or better.  
  • A culture that values a team-science approach.  
  • Tier-1 level of employee engagement across Wilmot via the Press Ganey survey.  
  • Meet or exceed national benchmarks for workforce retention.  
  • Leadership roles in the NCTN and NCORP, including leadership of definitive phase 3 trials.  
  • See below. |
<p>| | 1.2 Support the well-being, development, and satisfaction of faculty, staff, and trainees. | |</p>
<table>
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</table>
| **1.2 continued** Support the well-being, development, and satisfaction of faculty, staff, and trainees. | • Remain open-minded and flexible to potential solutions and actions recognizing the diverse needs and expectations of our colleagues/coworkers.  
• Support faculty, staff, and trainees with wellness offerings, training programs, professional and career development, leadership opportunities, mentoring options, and recognition for accomplishments. (Refer to goal #5 below for additional detail regarding training and education.).  
• Seek to excel at the Tier-1 Level and continually improve in employee satisfaction and engagement as measured by Press Ganey survey results.  
  o Utilize survey results to inform and guide our efforts to identify and address key cultural, workplace and workforce issues. | • See above.  
• Wilmot staff resilience index, via the Press Ganey employee satisfaction survey, will meet and maintain a score of 4.25 or better.  
• Increased recruitment, retention, and support of groups under-represented in science and medicine into all segments of the workforce.  
• Sustained awards, accolades, and recognition for Wilmot members.  
• Meet or exceed national rates of reduction in cancer-related mortality in the Wilmot catchment area. |
| **1.3** Embrace diversity, inclusion, and equity across the Wilmot institution. | • Partner with the URMC/UR Office of Diversity and Inclusion (OD/I) to develop and implement an integrated plan, with Wilmot specific actions to address diversity, inclusion, and equity goals.  
  o Refer to the detailed Wilmot diversity and inclusion plan developed in collaboration with the OD/I.  
  o Refer to goal #5 below regarding policies/practices related to trainees.  
  o Refer to domain action plans for additional details. | |
| **1.4** Project a strong Wilmot identity of thought-leadership and bold achievement. | • Develop and implement a comprehensive market strategy/tactical plan of action, including branding, messaging, promotional and collateral materials, with multi-media/social media support, and public relations representation.  
• Play a significant role in the work of National Comprehensive Cancer Network (NCCN) to drive clinical guidelines. | |
### Goal #1: Culture of Vitality and Collaboration continued

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#### 1.4 continued
Project a strong Wilmot identity of thought-leadership and bold achievement.

- Create national visibility of Wilmot members.
  - Actively pursue Wilmot representation on national committees and associations.
  - Refer to detailed domain action plans for specific affiliations.
- Enable and support bold achievements in cancer research, treatment, and survivorship.
  - Recruit high-caliber talent.
  - Provide a solid foundation and infrastructure.
- Promote and celebrate collective and individual success; recognize team and individual accomplishments.

- See above.

This is the last page for Goal #1 of the Wilmot Strategy and Action Plan.
<table>
<thead>
<tr>
<th>Goal #2: Breakthrough Cancer Research</th>
<th>Strategy Lead: Paula Vertino PhD</th>
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<td><strong>2.2</strong> Build bridges and synergies between basic and clinical research.</td>
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<td><strong>2.1</strong></td>
<td>• Continue investing in aging-related cancer research across all research programs.</td>
<td>• Breakthrough discoveries in aging, epigenetics and metabolism of cancer cells, tumor microenvironment, and treatment resistance.</td>
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<tr>
<td></td>
<td>• Recruit and retain the requisite faculty and expertise to advance and expand innovative research.</td>
<td>• Creation of a Developmental Therapeutics Program (DTP), with enhanced infrastructure to perform early phase investigator-initiated clinical trials stemming from Wilmot laboratories.</td>
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<td></td>
<td>o Innate immunity.</td>
<td>• See below.</td>
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<td></td>
<td>o Cancer-focused RNA-omics.</td>
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<td></td>
<td>o Bioinformatics.</td>
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<td></td>
<td>o Physician/scientist with radiation oncology expertise to provide a link for the radiation mitigation team.</td>
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<td></td>
<td>• Consider and evaluate recruitment of additional faculty expertise.</td>
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<td></td>
<td>o Lymphoma microenvironment research.</td>
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<tr>
<td></td>
<td>o Functional genomics, epigenetics, and tumor immunology.</td>
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<td></td>
<td>o Cancer-related biostatistics.</td>
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### Goal #2: Breakthrough Cancer Research  
**continued**

| **What**  
| (strategic priorities) | **How**  
| (actions/deliverables/initiatives/key resources/investments) | **Win**  
| (measures of success) |
|------------------------|------------------------------------------------|------------------|
| **2.1 continued**      | Advance and accelerate innovative cellular and molecular research. | • Invest in shared resources and continually expand access to advanced techniques.  
  | | o Invest in and expand biobanking capacity and expertise, including primary and longitudinal sampling.  
  | | o Enable advanced tumor modeling (PDX, 3D organoids, etc.).  
  | | o Enable novel technologies (e.g., single cell/spatial genomics and epigenomics).  
  | | o Expand systems biology, informatics, and computational modeling expertise and support.  
  | | o Expand bioimaging expertise and capabilities.  
  | | o Establish a metabolism core.  
  | | o Develop chemical and biological screening capabilities.  
  | | • See above.  
  | | • Increase annual direct, peer-reviewed cancer-related funding to $35M by 2025.  
  | | • At least one SPORE grant award.  
  | | • At least two P/U and/or multi-component grant awards.  
    | | o Gastrointestinal cancer.  
    | | o Myelodysplastic syndromes.  
    | | o Radiation.  
    | | o Aging.  
  | | • At least five MPI grant awards.  
  | | • An increase in Genetics, Epigenetics and Metabolism (GEM) and Cancer Microenvironment (CM) members using the biorepository shared resource.  
  | | • At least five new investigator-initiated trials funded by external sources.  
  | | • See below.  

| **2.2** | Build bridges and synergies between basic and clinical research. | • Create and significantly invest in a Developmental Therapeutics Program (DTP).  
  | | o Recruit an experienced DTP program leader, ideally positioned at the full professor level, with a requisite package to develop and implement the program.  
  | | o Recruit clinical/translational researchers and physician scientists with solid tumor expertise and solid tumor clinical trials, (e.g., colon, prostate, lung, breast, treatment resistance, and cross-cutting phase 1).  
  | | • See above.  
  | | • Increase annual direct, peer-reviewed cancer-related funding to $35M by 2025.  
  | | • At least one SPORE grant award.  
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  | | • See below.  

## Goal #2: Breakthrough Cancer Research continued

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### 2.2 continued
Build bridges and synergies between basic and clinical research.

- Create and significantly invest in a Developmental Therapeutics Program (DTP).
  - Foster investigator-initiated phase 1 trials through investment in appropriate administrative, data management, and translation laboratory support, including a comprehensive Protocol Development Unit.
  - Foster the integration of research with Wilmot DWGs via team building, information sharing, (e.g., MDS/AML lung and breast), and shared learning.
- Collaborate with Community Outreach and Engagement (COE) and contribute to community outreach and education; expand research directly impacting the catchment area.
- Take the lead in driving cancer integration with UR Aging Institute.
- Support thematic retreats and workshops.

### 2.3
Establish a broad portfolio of transdisciplinary research and high-impact clinical trials.

- Provide developmental funds and administrative support for the following:
  - Intra/inter-programmatic SPORE/P01 and multi-PI grants.
  - New research collaboratives.
  - Catchment-relevant research.
- Engage the Clinical Trials Office (CTO) to help researchers develop a working knowledge of the clinical trials process, (e.g., design pre-clinical models that work for the clinic).

- See above.
- Collaborative grants between the COE program and the GEM and/or CM programs to decrease disparities and the cancer burden in responsive to catchment area needs.

This is the last page for Goal #2 of the Wilmot Strategy and Action Plan.
## Goal #3: Innovative Cancer Prevention and Control Science

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<td><strong>3.3</strong> Integrate with basic science to define and interrogate mechanisms.</td>
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<td><strong>3.4</strong> Leverage research to engage diverse communities and improve the standard of care.</td>
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**What** (strategic priorities) | **How** (actions/deliverables/initiatives/key resources/investments) | **Win** (measures of success)
---|---|---

### 3.1 Enhance research on cancer prevention.
- Recruit the requisite faculty expertise to advance and expand innovative CPC research.
  - Primary prevention research in cancer screening, genetic screening, and genetic counseling.
  - Cancer epidemiology.
- Invest in shared resources and expand access to health informatics.
  - Human bio-physiology core including biobanking capacity.
  - eHealth capabilities to improve remote data collection and processing.
  - EMR research infrastructure and expertise.
- Focused attention on cancer prevention studies to overcome catchment area health disparities.

### 3.3 Integrate with basic science to define and interrogate mechanisms.

### 3.4 Leverage research to engage diverse communities and improve the standard of care.

- **Practice-changing Cancer Prevention and Control (CPC) research.**
- At least $3M annual direct, peer-reviewed funding in catchment area focused CPC research.
  - At least four new R01 grants focused on catchment area needs and integrated with the community.
  - An intra-programmatic P01 grant with emphasis on aging, exercise, and supportive care.
  - Increased external funding for cancer health disparities research studies.
- See below.
# Goal #3: Innovative Cancer Prevention and Control Science  
## What (strategic priorities)

### 3.2
Expand outstanding supportive care and survivorship research.

- Recruit and retain the requisite faculty expertise to advance and expand innovative CPC research.
  - Exercise genomics and epigenomics.
  - Evidence-based palliative and survivorship care.
- Promote catchment-relevant research and increased clinical trial accrual.

### 3.3
Integrate with basic science to define and interrogate mechanisms.

- Dedicate developmental funds and administrative support for CPC basic science collaboration.
- Support thematic retreats and workshops.

### 3.4
Leverage research to engage diverse communities and improve the standard of care.

- Expand collaboration with the Wilmot COE program; expand research directly impacting the catchment area.
- Improve clinical trial accessibility and increase enrollment, including high-risk, underserved, and under-represented populations in the Wilmot catchment area.
- Translate greater numbers of Wilmot catchment area CPC clinical trial discoveries into definitive phase III nationwide trials.
- Foster participation of CPC members in oncology treatment guidelines and public health policy development.
- Develop partnerships among community-based stakeholders, agencies, and foundations with CPC investigators and clinicians to disseminate and implement effective discoveries in the region, nationally, and globally.

## How (actions/deliverables/initiatives/key resources/investments)

### 3.2
- See above.
- At least $3M annual direct, peer-reviewed funding in catchment area focused CPC research, continued
  - At least two new collaborative grants focused on tobacco control in the catchment area.

### 3.3
- Intra-programmatic manuscripts and high-impact papers in the fields of supportive care and survivorship.
- Increased impact of basic science inter-programmatic efforts and publications.

### 3.4
- At least two new team-science inter-programmatic MPI grants.
## Goal #4: Superior Cancer Treatment and Care

**Strategy Leads:** Aram Hezel MD, Yuhchyau Chen MD PhD, and David Linehan MD

### Strategic Priorities:

| 4.1 | Optimize cancer diagnosis, treatment, and supportive care. |
| 4.2 | Improve outcomes across the cancer care continuum. |
| 4.3 | Deliver the ideal patient, family, and caregiver experience. |
| 4.4 | Elevate the Wilmot position as a high-value, complex care destination. |

### What (strategic priorities)

| 4.1 Optimize cancer diagnosis, treatment, and supportive care. |

- Targeted recruitments based upon demand, with clinical trials expertise including:
  - Plasma cell dyscrasias.
  - Cellular therapy.
  - ENT/Head and Neck.
  - Gastrointestinal cancers.
  - Clinical Cancer Genetics.
  - Gynecology Oncology.

- Leverage new technologies toward precision clinical care and research, including:
  - Personalized screening.
  - Advanced diagnostic and therapeutic imaging.
  - Immunotherapy.

### How (actions/deliverables/initiatives/key resources/investments)

- Strong recognition of Wilmot as a destination center across NYS.
  - Exceed 5% year-over-year increase in referrals and higher patient volumes for rare and complex cancers.
  - Increased clinical trials (see below).
  - Exceed 60% of index cases for each cancer type in Monroe County.
  - Regional: maintain status as the #1 cancer provider.

### Win (measures of success)

- Breast Cancer Surgery.
- Phase 1 clinical research.
- Palliative Care.
- Pediatric solid tumors.
- Lung Cancer.

- See below.
**Goal #4: Superior Cancer Treatment and Care continued**

<table>
<thead>
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<th>How (actions/deliverables/initiatives/key resources/investments)</th>
<th>Win (measures of success)</th>
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<tr>
<td>• Leverage new technologies toward precision clinical care and research, including: continued</td>
<td>• Marketing, promotion, and education to encourage broad community participation in cancer screening, (e.g., mammography, colonoscopy, cervical and lung cancer screening). Ensure robust process for screening follow through and navigation to appropriate Wilmot clinics.</td>
<td>• See above.</td>
</tr>
<tr>
<td>o Molecular pathology and diagnostics.</td>
<td>• Identify, promote, and celebrate mutual benefits of the Wilmot regional site relationships.</td>
<td>• Increased clinical trial accruals with greater than 1000 annual interventional accruals by 2025.</td>
</tr>
<tr>
<td>o Cutting-edge radiation cancer treatment technology.</td>
<td>• Participate in the National Mammography Database and Lung Cancer Screening Database.</td>
<td>o Each DWG has active clinical trials.</td>
</tr>
<tr>
<td>o Surgical techniques.</td>
<td>• Enhance regional expertise and clinical trial accrual, and evaluate potential sub-specialty multidisciplinary clinics in regional locations.</td>
<td>o At least 10% of analytic cases are enrolled annually in each DWG.</td>
</tr>
<tr>
<td>o Simulation.</td>
<td>• Expand nursing involvement in clinical trial management and execution.</td>
<td>o Increased investigator-initiated interventional clinical trials originating from Wilmot science.</td>
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<tr>
<td>4.1 continued Optimize cancer diagnosis, treatment, and supportive care.</td>
<td>• Deliver multispecialty, multi-disciplinary team care in physical and virtual settings, (e.g., clinics and telehealth).</td>
<td>o Top-50 status in pediatric clinical trial enrollment as defined by Children’s Oncology Group (COG) enrollment numbers.</td>
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<td>• Establish a walk-in FNA clinic in at the Wilmot main campus.</td>
<td>• Wilmot Cancer Center regional expansion.</td>
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<td>o New Webster, NY location.</td>
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<td>o At least five Wilmot community oncology network member groups.</td>
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<td>o Care delivery as close-to-home as possible and/or desired for patients.</td>
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### Goal #4: Superior Cancer Treatment and Care  
\textit{continued}

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<tr>
<th>What (strategic priorities)</th>
<th>How (actions/deliverables/initiatives/key resources/investments)</th>
<th>Win (measures of success)</th>
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</table>
| \textbf{4.2} Improve outcomes across the cancer care continuum. | • Establish mechanisms to collect, manage, analyze, and glean insights from patient related data to improve cancer treatment and care, and the patient/family experience.  
• Leverage technology, (e.g., telehealth, web-based patient education, and PRO tracking) to improve care and enhance outcomes.  
• Implement quality and safety improvements based on best-in-class benchmarking from NCI designated cancer centers, and implement new approaches and models.  
• Enhance urgent care options for Wilmot patients to avoid the emergency room (ER) and unnecessary hospitalizations; promote urgent care with marketing and patient education. | • See above.  
• Exceed benchmarks for screening of colon, lung, breast, and cervical cancers for increased prevention, early detection, and treatment referral.  
• Adherence to national guidelines for cancer surveillance based upon genetic screening.  
• Patients receive primary modality treatment within four weeks of initial visit.  
• At least 15% reduction in ER visits for Wilmot patients at Strong Memorial Hospital.  
• Wilmot \textit{patient experience} rating, via the Press Ganey survey, will meet and maintain a score of 95 or better.  
• See below. |
| \textbf{4.3} Deliver the ideal patient, family, and caregiver experience. | • Enhance patient navigation across different specialties and regional sites; embed a nurse navigator at each regional site to manage care delivery.  
• Expand supportive services across the region including financial services, chaplaincy, transportation services, integrative oncology, cancer genetics, palliative care, geriatric oncology, survivorship, rehabilitation medicine, social work, cardiology, and community resources; co-localize in Wilmot locations when supported by regional need. | |
### Goal #4: Superior Cancer Treatment and Care continued

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<tr>
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<td><strong>4.3 continued</strong></td>
<td>• Spearhead innovative patient engagement and education materials.</td>
<td>• See above.</td>
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<td>Deliver the ideal patient,</td>
<td>• Create additional dedicated pharmacy space in the Wilmot building.</td>
<td>• Tier one BMT program with survival rates in the top category and a nationally recognized as a high-volume, high-quality advanced cellular therapy program (CAR-T); as indicated by high-impact publications, clinical trial participation, and quality outcomes.</td>
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<td>family, and caregiver</td>
<td>• Develop new mechanisms for Press Ganey and HCAHPS data capture, assessment, action plan development, and ratings maintenance and/or improvement.</td>
<td>• Meet or exceed patient outcome benchmarks as reported to ACS Committee on Cancer.</td>
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<td>experience.</td>
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<td>• See below.</td>
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| **4.4**                    | • Explore creation of a community oncology network to formalize interaction with referring providers across the region, enhance provider relationships, increase educational offerings, standardized quality, and facilitate tertiary/quaternary referrals. |                                                                  |
| Elevate the Wilmot position | • Develop and implement a direct-to-consumer marketing campaign; promote and leverage our excellent standing among patients. |                                                                  |
| as a high-value, complex   | • Create capacity and throughput for molecular pathology services for all tumors, with increased in-house expertise. |                                                                  |
| care destination.          | • Establish a Wilmot Adolescent and Young Adult (AYA) clinical program including social workers, Advanced Practice Providers (APPs), data managers, clinical trial expertise, and translational research. |                                                                  |
|                            | • Foster and promote the collaborative and symbiotic relationship between Golisano Children’s Hospital and Wilmot, (e.g., continually advance integration, double branding, and support philanthropic appeals) |                                                                  |
### Goal #4: Superior Cancer Treatment and Care continued

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| 4.4 continued               | • Seek regional partnerships and continually evaluate demand for cutting-edge radiation cancer treatment technologies, including biology-guided radiotherapy (BgRT) and a proton radiation facility.  
  • Increase regional CME course offerings for referring providers.  
  • Reinforce early referrals to palliative care for patients with advance stage cancer.  
  • Maximize value for patients and optimize value-based approaches for the system.  
    o Further integrate pathways program, (i.e., Elsevier), into care across the region and across disciplines; create individual provider dashboards based upon disease-based metrics.  
    o Demonstrate and promote superior outcomes achieved in a cost-effective environment.  
    o Evaluate and consider participation in the Centers for Medicare and Medicaid Services (CMS) oncology care model.  
    o Develop meaningful metrics to support value-based payment models and beneficial contractual arrangements with payers. | • See above.  
• All newly diagnosed patients with cancer will receive an appointment with a Wilmot provider within one week.  
• Higher-impact quality improvement projects led by multi-disciplinary teams.  
• Full integration of pathways program with metrics at the provider level.  
• A comprehensive understanding of episode-of-care costs. |

This is the last page for Goal #4 of the Wilmot Strategy and Action Plan.
## Goal #5: Center of Excellence in Education

**Strategy Lead:** Ruth O'Regan MD

### Strategic Priorities:

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| **5.1** Teach and mentor scientists, clinicians, and practitioners. | • Leverage the Wilmot education office and established institutional expertise.  
• Further develop and expand the multi-disciplinary Cancer Research Interest Group for pre-and post-doctoral trainees.  
• Create a formal concentration in cancer biology in the graduate student programs.  
  o New courses in cancer biology and epidemiology.  
  o Laboratory rotations.  
  o Seminar series for participants.  
• Provide integrated, multi-disciplinary cancer research, education, training, and mentoring opportunities for undergraduates, MS, PhD, nursing, and medical students. | • A robust and sustainable cancer education identity and brand; trainees consider themselves affiliated and aligned with Wilmot.  
• At least four new individual K (or equivalent) awards; and conversion of at least three K grants to R grants.  
• Increased training grants of all forms, including at least one T32, at least one K-12, at least one R25, and four or more F32 grants.  
• See below. |
## Goal #5: Center of Excellence in Education continued

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### 5.1 continued
Teach and mentor scientists, clinicians, and practitioners.

- Deliver transdisciplinary career enhancing educational programming for postdoctoral trainees, residents, and fellows on topics including:
  - Cancer biology.
  - Translational sciences and clinical oncology.
  - Clinical trial development and management.
  - Intellectual property and patent development.
  - Grantsmanship, writing, and presentation.
  - Leadership and mentoring.

- Integrate clinical residents and fellows into basic and translational laboratories, (e.g., Wilmot fellows, medical oncology fellows, surgical residents, and clinical junior faculty).

- Develop advanced fellowships in targeted areas of expertise, (e.g., hematological malignancies, surgical oncology, and genetics/genomic medicine).

- Develop core curriculums for clinicians and practitioners including:
  - Cardiology Oncology.
  - Geriatric Oncology.
  - Palliative Care.

- Provide URMC trainees with greater exposure to regional and rural opportunities during rotations.

- Track education outcomes across learners at all levels.

- See above.

- Achieve a 10% increase in the number of students with under-represented backgrounds that are embedded in cancer research programs.

- A welcoming environment for all under-represented groups.

- Trainee graduates continue independent investigations in cancer related science.

- Increased programming for early learners to encourage engagement in cancer related science.

- See below.
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| **5.2** Exemplify diversity, inclusion, and equity in education programs and among learners across the training spectrum. | • Create a diversity fellowship program to recruit, educate, and mentor trainees from under-represented groups.  
• Collaborate with the COE program:  
  o Focus explicitly on the career and leadership development of minority scientists already at Wilmot to improve their retention.  
  o Create cancer education and training opportunities based on the needs of our diverse communities.  
• Facilitate education and dissemination regarding cancer needs and disparities in the Wilmot catchment area. | **See above.** |
| **5.3** Foster a love of discovery and science among early learners and encourage career-long learning. | • Update and create new learning modules in cancer for early learners, (e.g., Life Sciences Learning Center).  
• Establish an exchange forum, (e.g., regularly scheduled social and learning events) for post-doctoral fellows and clinical fellows to share expertise regarding research methods and applications.  
• Organize seminars and symposia including outside experts.  
• Furnish continued education and mentoring for faculty and health care professionals (i.e., CME).  
• Work with COE to establish a strong mentoring program for trainees of under-represented groups regarding cancer disparities research across the learner continuum from high-school through ongoing career progression. | **See above.** |

This is the last page for Goal #5 of the Wilmot Strategy and Action Plan.
### Goal #6: Profound Impact in Diverse Communities

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<th>Strategic Priorities:</th>
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<tr>
<td><strong>6.1</strong> Mobilize mutually beneficial community engagement.</td>
<td><strong>6.2</strong> Eliminate disparities in cancer detection, treatment, and patient outcomes.</td>
<td><strong>6.3</strong> Implement cancer prevention, detection, and education initiatives.</td>
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| 6.1 Mobilize mutually beneficial community engagement. | • Obtain automated reports on cancer risk factors, (e.g., physical activity, smoking, environmental factors, and screening rates) across the catchment area to inform outreach efforts and development of tailored interventions using geo-coding and novel technologies.  
• Empower the CCAC to inform and advise on basic, clinical, and behavioral research efforts responsive to catchment area priorities.  
  o Engage under-represented communities in all of the steps involved in Wilmot science from defining research questions to dissemination of results.  
• Convene African American community action stakeholders to address structural inequities that contribute to cancer health disparities and lack of access to Wilmot's cancer care, clinical trials, and outreach experienced by the community. | • Reduced incidence of cancer in our catchment area.  
  o Smoking cessation mobile/virtual treatment integrated in routine care of 13 cancer center locations.  
  o 10% year-over-year increase in Wilmot smoking cessation mobile/virtual treatment program enrollment.  
• See below. |
<table>
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<tr>
<th><strong>Goal #6: Profound Impact in Diverse Communities continued</strong></th>
<th><strong>What</strong> (strategic priorities)</th>
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<tr>
<td>6.1 continued Mobilize mutually beneficial community engagement.</td>
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<td>• Use qualitative approaches, (e.g., photo voice project, community studios, and world café) to bring community needs back to Wilmot.</td>
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<td>• Increase nurse participation in community-based projects and studies; and promote research collaborations between nursing and research programs.</td>
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<td>• A sophisticated and geographically nuanced understanding of the cancer disparities, burden, and detection-to-outcome continuum throughout the catchment area.</td>
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<td>o At least one comprehensive report broadly disseminated each year.</td>
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<td>o Broad access to data regarding the catchment area through the use of Wilmot COE tools and resources.</td>
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<td>• At least a 10% year-over-year increase in clinical trials enrollment among African American and Latino groups and from rural geographic areas.</td>
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<td>• Diminished disparities with a demonstrable positive impact in the Wilmot catchment area.</td>
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<td>• Increase by at least 20% per year the number of CCAC-led community outreach activities and benefitted individuals.</td>
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<tr>
<td>6.2 Eliminate disparities in cancer detection, treatment, and patient outcomes.</td>
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<td>• Hire at least two faculty with expertise in reducing cancer disparities.</td>
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<td>• Optimize Wilmot regional and local data infrastructure to best understand disease and disparities and address referral patterns in the region.</td>
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<td>• Provide pilot funding to support development of health disparities research focused both on Wilmot scientists and community stakeholders, (e.g., Community Ambassador certificates, CPBR program).</td>
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<td>• Restructure how information is conveyed for other-than-English language users including American Sign Language.</td>
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<td>o Translate informational materials into other languages.</td>
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<td>o Engage other-than-English speaking groups to promote access and remove barriers to clinical trials.</td>
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<td>o Collaborate with NCDHR to determine and implement other high-impact initiatives.</td>
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### Goal #6: Profound Impact in Diverse Communities

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| **6.2** **continued**  
Eliminate disparities in cancer detection, treatment, and patient outcomes. | - Partner with CPC to support recruitment and mentoring of new research faculty from under-represented group backgrounds, and those with interest in health disparities.  
- Amplify our engagement in the Geographic Management of Cancer Health Disparities Program (GMaP) region 5 and American Association for Cancer Research (AACR) Cancer Health Disparities in Racial and ethnic minorities. | - See above.  
- Wilmot and CCAC collaborate to drive data-driven policy and planning decisions.  
- Expanded social network of cancer care locations supporting information dissemination, outreach opportunities, and clinical trial availability.  
- At least one R01-level collaborative MPI grant emerging from the COE pilot grants program.  
- Increased presence of Wilmot branded programs serving the broad catchment area.  
  o At least four community grand rounds per year.  
  o COE activities in Elmira, Utica and Danville.  
  o Educational programs tailored for low-income, African American, Latino, and rural communities. |}

| 6.3 **Implement** cancer prevention, detection, and education initiatives. | - Provide robust education of our communities about cancer research and clinical trials in collaboration with the CCAC.  
- Coordinate services, (i.e., cancer screenings, education, physical activity, and tobacco cessation) for the communities that need it most.  
- Execute NY cancer services programs.  
- Host quarterly community grand rounds, developing communication channels to inform the community about Wilmot science.  
- Use social media and other novel approaches to broadcast research findings for implementation.  
- Organize and increase community-driven screening programs in the low-income, African American, Latino, and rural communities. | - See below. |
### Goal #6: Profound Impact in Diverse Communities continued

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</table>
| Implement cancer prevention, detection, and education initiatives. | **6.3 continued**  
- Engage local and state agencies, (e.g., county health departments and NYS Department of Health) to inform and influence policy decision making.  
- Partner with every county health department in the catchment area around screening efforts. |  
- See above.  
- Cancer screening program with a targeted focus on low-income, African American, Latino, and rural communities.  
- Increased breast, colorectal, and lung screening across African American, Latino, low-income, and rural communities.  
- Fortified relationships and partnerships with local and state public health and cancer control entities.  
- Policy change is enacted at the state and national levels regarding e-cigarettes. |