

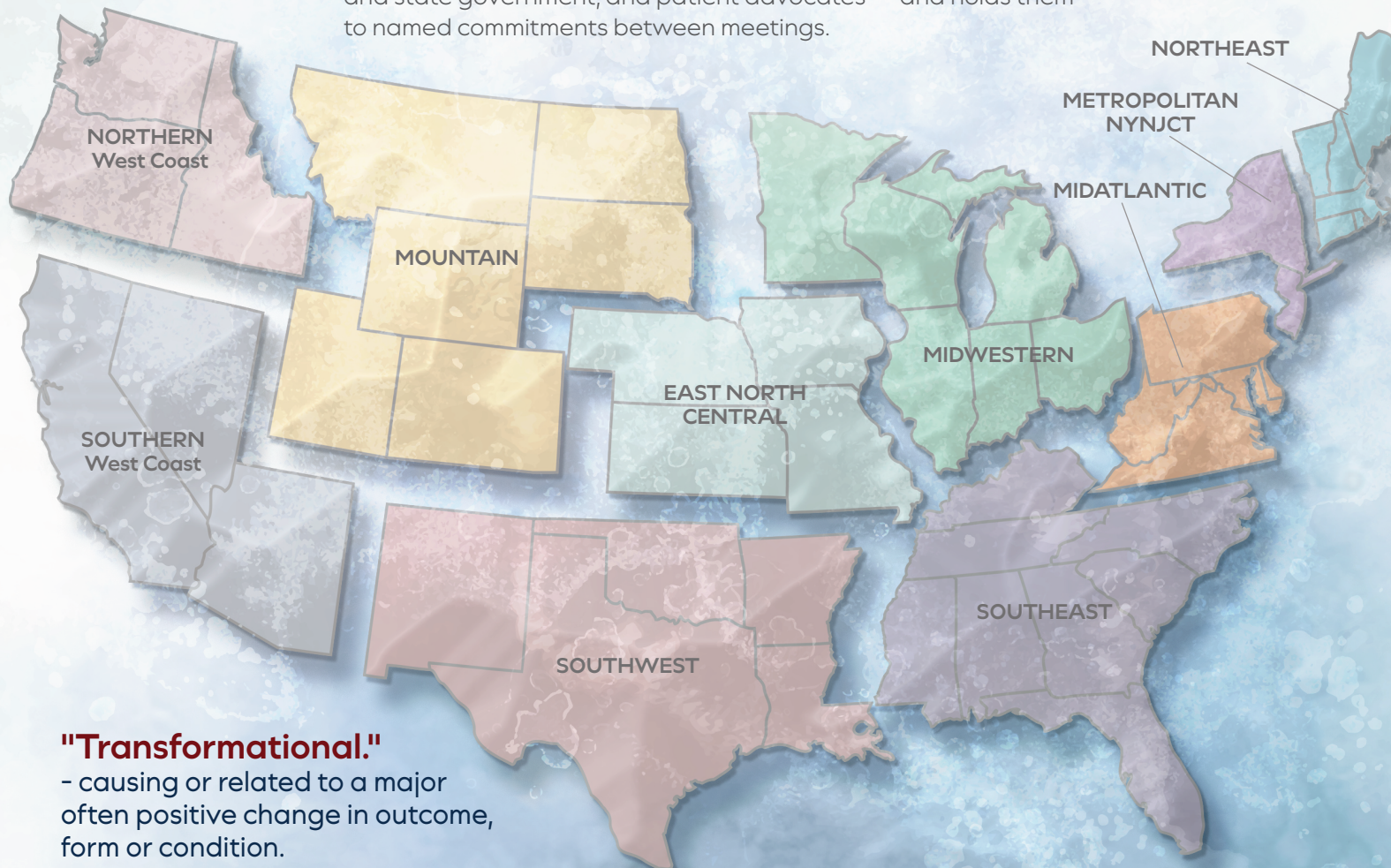
AVBCC

ASSOCIATION for
**VALUE-BASED
CANCER CARE**

REGIONAL COLLABORATIVES

**Cancer strategy is written nationally.
Cancer performance is decided locally.**

The AVBCC Regional Value-Based Cancer Care Collaboratives™ convene the organizations that actually control access, cost, and outcomes inside a single market — academic centers, community oncology, health plans, employers, life sciences, technology, public health, pharma, biotech developers, diagnostic companies, local and state government, and patient advocates — and holds them to named commitments between meetings.



"Transformational."

- causing or related to a major
often positive change in outcome,
form or condition.

Sponsored by

welcome letter

Welcome to the Regional Value-Based Cancer Care Collaborative™

Dear Colleague,

Cancer continues to be one of the most complex and devastating challenges of our time—clinically, economically, and emotionally. While medical science has made extraordinary strides, our ability to deliver timely, equitable, and value-based cancer care remains deeply fragmented. Every region possesses the tools and talent to make real progress—but too often, those assets operate in silos.

The **Regional Value-Based Cancer Care Collaborative™** strives to change that. Our mission is to unite the full spectrum of local healthcare stakeholders—academic centers, community providers, health plans, technology and life sciences innovators, public health leaders, and patient advocates—into a coordinated force for change. Together, we aim to build models of care that are not only more effective, but also financially sustainable and socially just.

The **economic case** is clear: cancer care is one of the highest-cost drivers in healthcare, often without corresponding improvements in outcomes. When we align around shared goals, we can reduce unnecessary variation, advance smarter payment models, and reallocate resources toward what truly works.

The **social imperative** is just as urgent. Where someone lives, their income, race, or language should not dictate whether they survive a cancer diagnosis. Equity demands that we build systems rooted in trust, cultural competency, and access for all—not just the privileged.

And the **moral imperative?** Cancer doesn't wait. Neither should we. Patients deserve care when they need it. Clinicians deserve tools that reduce friction. Families deserve systems that listen. And communities deserve to know we've done all we can to build something better.

We are grateful for your interest, and we look forward to the possibility of partnering with you to transform cancer care—together.

Sincerely,
The AVBCC Regional Collaborative Co-Chairs



Michael Kolodziej, MD
Chief Medical Officer
Canopy



Sibel Blau, MD
President & CEO
ONCare Alliance/Exigent
Research; President, Northwest
Medical Specialties



Lalan Wilfong, MD
Chief Medical Officer, Navista



Jon Zimmerman
Executive Director, AVBCC
Regional
Collaboratives
CEO, Holon Solutions



Alti Rahman, MHA,
MBA, CSSBB
Chief Strategy & Innovation Officer
American Oncology Network



Burt Zweigenhaft, PhD
Executive Director, AVBCC



Jack Salerno
Co-Chair, AVBCC Regional
Collaboratives



Barry Russo, MBA,
CEO, The Center for Cancer
& Blood Disorders



Deirdre Saulet, PhD,
Chief Strategy Officer,
Jasper Health



Lucio Gordan, MD
President & Managing Physician
Florida Cancer Specialists &
Research Institute

The gap you cannot close from headquarters

The economics of oncology are national. The friction is regional. You cannot measurably improve regional friction with a national plan.

Two patients with the same diagnosis, the same insurance, and the same guideline-concordant pathway will receive materially different care depending on which side of a county line they live on. Time from suspicion to biopsy. Whether comprehensive biomarker testing is ordered before first-line therapy. How long prior authorization takes, and how often it is abandoned. Whether a trial is offered. Whether a financial navigator ever calls. None of these are set by national strategy. All of them are set by local operating conditions.

That is uncomfortable for every organization in oncology, because nearly every organization in oncology plans nationally. Brand teams build a launch plan for the country. Payers write policy for a book of business. Technology vendors sell a platform. Health systems set enterprise standards. Each of those plans then meets a market where a referral pattern, a staffing shortage, a prior authorization rule, and a benefits design combine into a bottleneck that no single participant can see in full — and that none of them can remove alone.

This is why the Regional Collaborative exists, and why it is not a conference. A conference produces a day of insight and a badge. A Collaborative produces a shared map of where the region actually loses value, a set of named parties who agree to remove specific obstructions, and a schedule for reporting whether they did.

WHAT SEPARATES THIS FROM EVERY OTHER ROOMS YOU HAVE PAID TO SIT IN



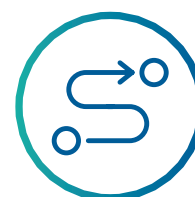
The full stakeholder set is present. Academic and community providers, plans, employers, pharma and diagnostics, technology, public health, and advocacy — in one room, in one market, on one agenda. Fragmented convening reproduces fragmented care.



The work is chartered, not concluded. Every Collaborative exits with standing workgroups, named leads, and dated deliverables. Named obligations convert drift into choice.



The output travels upward. Regional findings are consolidated into the AVBCC National Readout and carried into a federal convening in Washington. Local evidence becomes national argument.



The architecture is explicit. The work is organized against a published reference model of the oncology journey rather than an agenda assembled from available speakers.

the operating model

How a Regional Collaborative actually works

FIVE PHASES. THE CONVENING IS ONE OF THEM.

1 Regional diagnostic — before the day

We profile the market before we convene it: who delivers care, who pays for it, where volume concentrates, which access barriers are documented, and which stakeholders have never been in a room together. The agenda is built from that diagnostic, not from speaker availability. Legacy-level sponsors participate in shaping it.

2 The convening — one full day

Structured working sessions rather than sequential panels. Participants are assigned to sessions by role and by the region's specific gaps. The objective of the day is not consensus; it is a defensible list of obstructions and a set of parties willing to be named against them.

3 Chartered workgroups — the months after

Four standing workgroups carry the work forward with identified leads, defined action points, dated deliverables, and periodic reporting. This is where sponsor participation converts from visibility into influence: requirements get written here.

4 National Readout — the annual consolidation

Regional findings are consolidated and presented at the AVBCC national meeting, where patterns that appear in three or four regions become an industry position rather than a local complaint.

5 Federal channel — Washington

Consolidated findings are carried into a federal convening with agency leadership, where regional evidence informs the design and evaluation of national programs. Few sponsors have a credible mechanism for moving a documented local finding into a federal conversation. This is one.



THAT CHAIN IS THE PRODUCT. THE CONVENING IS THE ENTRY POINT TO IT.

Why this improves your performance in oncology

DIFFERENT ORGANIZATIONS BUY DIFFERENT THINGS HERE. THE HONEST VERSION, BY STAKEHOLDER:

If a competitor sponsors a region and you do not, they participate in defining the standards, the requirements, and the evidence that will govern that market. You inherit the result.



PHARMACEUTICAL AND BIOTECHNOLOGY

Your therapy's performance in a market is governed by conditions you do not control: whether comprehensive biomarker testing precedes first-line decisions, how long authorization takes, whether the referral reaches the site of care that can deliver your product, and whether the patient can afford to stay on it. Those conditions are set regionally and are rarely visible from a national dashboard. Sponsorship puts your medical and access leadership inside the group that documents and dismantles them — legitimately, transparently, and alongside the payers and providers who share the problem.



DIAGNOSTICS AND LABORATORY

Testing rates are a workflow problem far more often than an evidence problem. The Patient Journey and Access Gaps workgroups examine exactly where ordering, turnaround, and result-to-decision handoffs break. If your growth depends on testing appearing earlier in the pathway, this is the room where earlier is decided.



HEALTH PLANS AND EMPLOYERS

A day with your provider network outside of a rate negotiation is rare and disproportionately valuable. The Aligned Economics workgroup is a low-risk venue for testing payment design against provider reality before you write it into contract, and for demonstrating that your organization can convene rather than only adjudicate.



TECHNOLOGY AND SERVICES

Requirements are written before requests for proposal are issued. Sponsorship seats you where regional buyers define what capability they need and what evidence would justify adopting it. Shaping a requirement is a materially better position than responding to one.



HEALTH SYSTEMS, COMMUNITY ONCOLOGY, AND ADVOCACY

Comparative visibility into how peer institutions in your region handle the same bottlenecks, a documented seat in the region's reform agenda, and a route from local evidence to national and federal audiences that no single institution can build alone.

the architecture

Structured work, not structured networking

The Collaboratives run against a published reference architecture of the oncology ecosystem — the framework that makes it possible to say precisely where a region is losing value rather than agreeing in general terms that it is.

23

steps in the patient journey, from first suspicion through survivorship or end of life — each one a place where time, information, or continuity can be lost.

15

classes of party with a role in that journey — because most failures in cancer care occur at a seam between two organizations, not inside either one.

97

named action points where a specific party can remove a specific obstruction — the unit of work a workgroup adopts, owns, and reports against.

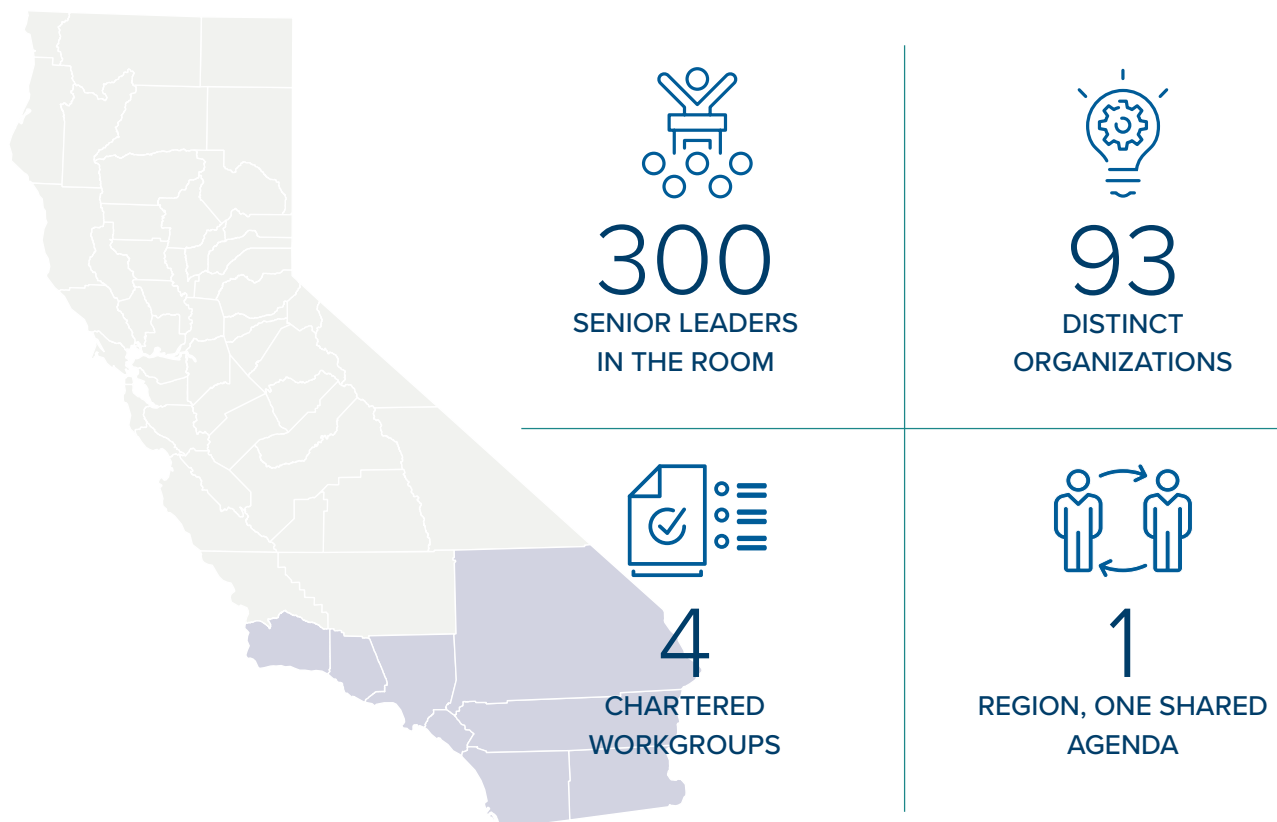
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workgroups that carry those action points forward between convenings, with modality-specific overlays for medical oncology, radiation, surgical, and cellular therapy.

The practical consequence for a sponsor is precision. Instead of “we support value-based oncology,” your organization can point to the action points it adopted, the region in which it adopted them, the parties it worked with, and what changed. That is a defensible internal story and a credible external one.

What happened in Southern California

The inaugural Regional Collaborative convened at City of Hope in June 2026. It was designed as a test of a straightforward proposition: that a region's competing institutions will do real work together if the work is structured, the obligations are named, and the outputs are published.



Most convenings end when the room empties. This one produced a body of work that is still in motion, and a regional cohort that now expects to be asked what it accomplished.

FOUR WORKGROUPS WERE CHARTERED ON THE DAY AND REMAIN ACTIVE:

- **Patient Journey** — mapping where time, information, and continuity are lost between the first suspicion of cancer and survivorship or end of life.
- **Access Gaps** — identifying the specific administrative, geographic, financial, and coverage obstructions that delay or divert care in the region.
- **Aligned Economics** — testing which payment and contracting structures actually reward the behavior the region says it wants.
- **Innovation** — determining what new capability is required, where it should sit, and what evidence would justify adopting it.

Each workgroup operates against named action points with identified owners and reporting dates. Sponsors are seated in this work — not briefed on it afterward.

regional collaboratives

A New Model of Collaborative Leadership

To transform cancer care at the local level, we must break through traditional boundaries and reimagine how we work together:

Academic and Community Providers must shift from competition to collaboration—*sharing referrals, data, and clinical standards* so patients receive the right care, at the right time, in the right setting. This partnership ensures continuity, trust, and faster adoption of best practices.

Health Plans must go beyond transactional contracts—*building models rooted in trust, shared risk, and real-world outcomes*. When aligned with providers and patients, payers become essential enablers of innovation and accountability.

Pharma and Life Sciences Partners must step beyond conventional access models—*co-creating local pilots that prove clinical value in real-world settings*. This approach drives uptake, equity, and continuous learning between treatment innovators and care deliverers.

Technology Innovators must think beyond interoperability—*deploying solutions where they truly reduce friction, improve navigation, and address critical gaps*. Whether it's clinical decision support, patient engagement, or care coordination, technology must meet the moment.

Equity Leaders and Advocates must be embedded from day one—not as late-stage validators but as *architects and evaluators of system design*. Their perspectives drive trust, relevance, and population-level impact.

Public Health and Government Agencies must bridge statewide goals with local implementation—*scaling what works, sunseting what doesn't*, and ensuring that promising models receive the policy air cover they need to thrive.

Together, this cross-sector collaboration ensures that transformation isn't theoretical—it's operational, measurable, and rooted in the lives of the people we serve.

AVBCC Regional Collaboratives bring this vision to life by providing a forum where key industry stakeholders from a specific geographic region can collaborate for a day of in-depth discussion and planning aimed to translate local challenges into positive action and create transformational change for local cancer care and patient outcomes.

Please feel free to reach out to arrange a time for us to connect and discuss this exciting collaboration further. Thank you for considering our proposal. We eagerly anticipate the opportunity to partner with you to drive innovation and progress in oncology.



sponsorship opportunities

LEGACY SINGLE REGIONAL SPONSORSHIP - \$50,000

- Invitation to Executive Committee meetings to provide feedback on agenda topics and presenters
- 2 private meetings with leadership
- Showcase Exhibitor Table on Site
- Company logo displayed prominently on all marketing materials
- 12 live/24 virtual full conference access tickets (\$36,000 value)

PRINCIPAL SINGLE REGIONAL SPONSORSHIP - \$30,000

- Opportunity to submit feedback on agenda topics and sponsors
- Showcase Exhibitor Table on Site
- Company logo displayed prominently on all marketing materials
- 8 live/16 virtual full conference access tickets (\$24,000 value)

INCUBATOR SINGLE REGIONAL SPONSORSHIP - \$20,000

- Opportunity for interaction regarding program and agenda
- Company logo displayed prominently on all marketing materials
- Showcase Exhibitor Table on Site
- 4 live/8 virtual full conference access tickets (\$12,000 value))

ADVOCACY, FRIENDS & FAMILY SPONSORSHIP - \$10,000

- Company logo displayed prominently on all marketing materials
- Showcase Exhibitor Table on Site
- 3 live/6 virtual full conference access tickets (\$9,000 value)

Annual support levels for multiple regionals available upon request



sponsorship opportunities

Wi-Fi SPONSOR - \$7,500 per meeting (1 sponsorship available per location)

As the Wi-Fi sponsor at the symposium, your company name could be the answer to the most frequently asked question we receive, "What is the Wi-Fi password?" This sponsorship level allows you to increase attendee awareness of your company at the 2027 Regional Collaborative(s).

This sponsorship includes:

- Logo display on 2027 Regional Collaborative(s) website and meeting signage
- 2 live/4 virtual full conference access tickets
- Sponsor-defined Wi-Fi password
- Company logo on signage for Wi-Fi on site

EVENT MEAL - \$15,000 (2 sponsorships available per location)

As the Breakfast, Lunch or Networking Break Sponsor at the 2027 Regional Collaborative(s), your company logo will be highlighted when people are ready to mingle throughout the day.

This sponsorship includes:

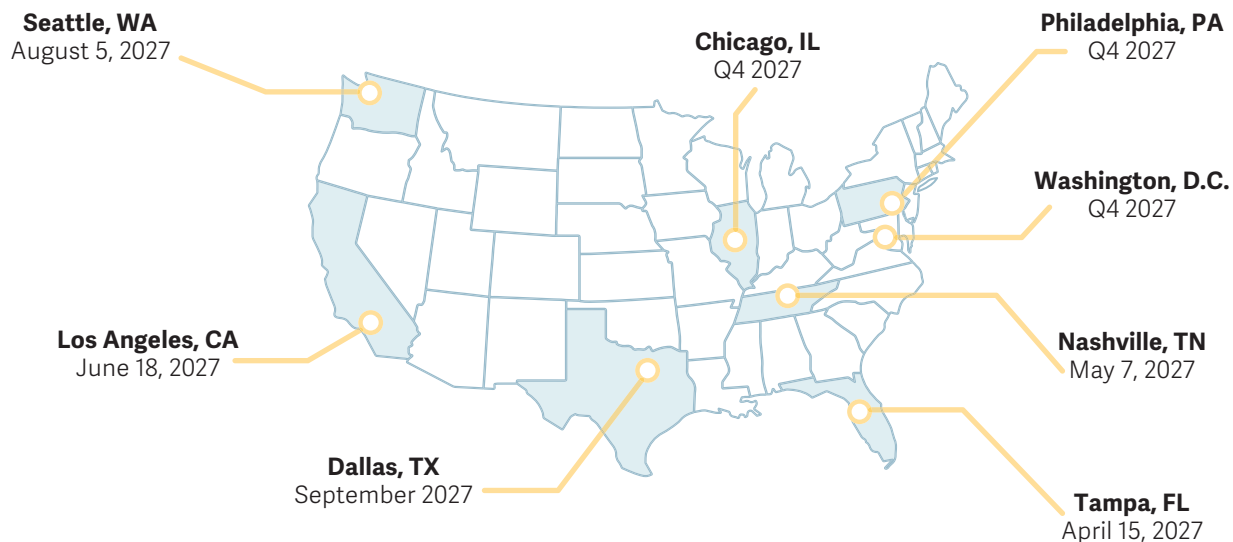
- Logo display on 2027 Regional Collaborative(s) website and meeting signage
- 2 live/1 virtual full conference access tickets (\$3,000 value)
- Company logo on breakfast/lunch networking area signage

RECEPTION SPONSOR - \$25,000 (Exclusive Support)

Closing Date: 30 days from event

- Sponsor recognition at event
- Includes table at entrance of reception
- 5 minute introduction during reception

FEATURED 2027 LOCATIONS*



sponsorship agreement

Supporter Information: Complete company name, address, etc., exactly as it should appear in publications and website.

Company Name _____ Website _____

Address _____

City _____ State _____ Zip _____

Company Phone _____ Company Fax _____

Briefly list the type of business/product/service your company provides: _____

Contact: All information will be sent to the person listed below. It is this person's responsibility to share all information with the representatives, including third-party companies, involved with the meeting. Contact's e-mail is required.

Name _____ Title _____

Address (if different) _____

City _____ State _____ Zip _____

Contact Phone _____ Fax _____ E-mail (required) _____

AGREEMENT

I agree to comply with the rules and regulations as outlined in this agreement. This completed form is considered binding on both the sponsor and 2027 Regional Collaborative(s).

Company-Authorized Signature _____ Date _____

SPONSORSHIPS

\$50,000 Legacy Sponsorship \$ _____

\$30,000 Principal Sponsorship \$ _____

\$20,000 Incubator Sponsorship \$ _____

\$10,000 Advocacy, Friends & Family Sponsorship \$ _____

SPONSORSHIP ITEMS

\$7,500 Wi-Fi Sponsorship (1 available) \$ _____

\$15,000 Event Meal Sponsor (2 available) \$ _____

RECEPTION SPONSOR

\$25,000 Exclusive Support \$ _____

TOTAL \$ _____

Contact us for customized sponsorships and support opportunities.

Shannon Sweeney
973.670.7095 Shannon.Sweeney@avbcc.org

Rachael Baranoski
732.744.4692 Rachael.Baranoski@avbcc.org

Stephanie Miranda
609.649.2641 Stephanie.Miranda@avbcc.org

PAYMENT FOR SPACE

All accounts receivable must be paid in full 30 days before the program(s)

Make check(s) payable to:
Association for Value-Based Cancer Care
ATTN: REGIONAL COLLABORATIVES
721 Fifth Ave - 62D
New York, NY 10022

Full payment must be received 30 days before the program.

PAYMENT

☐ Check: # _____ ☐ Purchase Order: # _____

Credit Card*

☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number _____

Name on Credit Card _____

_____/____/____

Expiration Date _____ CSC Code _____

*3% processing fee for credit card payments

AVBCC

ASSOCIATION for
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CANCER CARE®**

REGIONAL COLLABORATIVES

Thank You to our Supporters

