

The research enterprise at Cedars-Sinai Department of Surgery has demonstrated remarkable growth over the last decade. In 2006, our department had negligible National Institutes of Health funding, ranked 104th in the U.S. By 2016, we had increased to \$5.8M in funding with a national rank of 18. In 2020, we have \$11.3M in federal funding and are in the top 12 of all academic departments of surgery based on 2019 data. Surgery research funding from all sources exceeds \$13M overall and has substantially contributed to the overall growth in the research portfolio of our institution. Cedars-Sinai has received more than \$220M of external research funding this year with a fivefold increase in NIH funding over the last eight years.

This ascent was clearly aided by strong institutional investments, which provided research space and infrastructure as well as the needed salary support for new investigators. With this help, we expanded the number of surgical research faculty from four in 2006 to more than 35 scientists in 2020. Areas of particular strength include a remarkably strong group in cancer, especially genitourinary disease (more than \$2.5M per year) and breast cancer. Our efforts in stem cell biology are likewise outstanding and have led to practical applications in a wide range of musculo-skeletal disorders.

The department has focused on translational research and fostered interdepartmental interactions with our scientific institutes. We have invested heavily in such collaborative efforts, especially in our support of junior faculty. Importantly, we are consistently biased toward team science in an effort to eliminate “silos” in our intellectual pursuits. Scientific leaders at Cedars-Sinai Surgery have committed toward a nonhierarchical structure in their laboratories; this makes us an attractive place for bright and ambitious young postdoctoral students and junior faculty. As well, we have seen substantial achievement from surgical residents in all fields who spend one to two years in our laboratories as part of their basic residencies.

Ironically, these achievements to date have been largely concentrated in basic and translational work. Given the extraordinary clinical volume of our main hospital and the continuing expansion of our new health system, clinical trials remain a great and largely untapped area for growth. For example, in cancer, we report nearly twice as many cancer procedures and new diagnoses of malignancies as any other University Health Consortium (UHC) hospital in California. Realizing our potential in this area alone is one of our highest priorities in the continued evolution of the Samuel Oschin Comprehensive Cancer Institute.

The next few years should even be more exciting based on our excellent track record to date and strong senior leadership in our laboratories. As our history indicates, the advantages we have are a strong commitment to **research that makes a difference for patients**, an orientation shared by the NIH and other important funding sources. We will look toward expanding the successes in cancer and stem cell biology while identifying other areas of growth.