

# Promise

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## The BATTLE Toward Personalized Lung Cancer Therapy

Jerry Stutts is part of an innovative set of clinical trials in which principal investigator Edward Kim, M.D., is studying individual tumors to learn how best to treat each patient's lung cancer. Photo by John Everett

### By Scott Merville

After combination chemotherapy for lung cancer took his hair, Jerry Stutts and his wife Nancy decided it was time to let the grandkids know what was under that cap he always wore.

"We were worried that the younger ones might be afraid," Stutts says.

So Nancy shaved the tufts of hair that remained and drew a large smiley face that covered the top of Jerry's head to ease the shock when he finally doffed his cap. After dinner on a Sunday afternoon, the cap came off for the five grandchildren, ages 9 months to 8 years old.

"They all got so tickled," Nancy says.

When the chemotherapy stopped working in mid-2008, the retired farmer from Bonita, La., went on the second-line therapy Tarceva®.

The drug failed to control his cancer and made him feel miserable — a queasy stomach, nerve pain in his fingers and a general weak and wobbly feeling. Stutts thought it was somehow his fault that the Tarceva® wasn't

working. "I was starting to get a complex about my body — was it only me?" he says.

What's actually wrong with all second-line lung cancer treatments is that they only work for about 10 percent of patients, says Edward Kim, M.D., assistant professor in M. D. Anderson's Department of Thoracic/Head and Neck Oncology. "Right now, no one knows which 10 percent that is for any of these drugs. There are no predictive tumor biomarkers to guide this decision, so essentially you're selecting a drug based on possible side effects." Breast cancer, on the other hand, has several biomarkers that indicate which drug should be administered. Patients whose tumors overexpress a protein called HER2, for example, are treated with the drug Herceptin®.

Kim is principal investigator for an innovative set of clinical trials designed to match drugs to the molecular aspects of a patient's tumor.

The trial is called BATTLE, for Biomarker-based Approaches of Targeted Therapy for Lung Cancer Elimination. The effort is funded by the U.S. Department of Defense and began enrolling patients in November 2006.

"The idea is to learn from the tumor's biology how best to treat a patient's lung cancer," Kim says.

Stutts joined the trial in September 2008 and was randomized to Nexavar®, a drug approved by the U.S. Food and Drug Administration for liver and kidney cancer. Research shows it's also active against lung cancer.

Stutts' cancer has not progressed for three months. And there have been no side effects other than mild fatigue and nerve pain in his hands, but those have been with him since chemotherapy began more than a year ago.

"Stable disease is a good thing," Kim says.

## Funding the Best for the Brightest

### By Sarah Watson

Ask Keri Schadler, a graduate research assistant in experimental pediatrics at M. D. Anderson, to describe her work, and an infectious grin spreads over her face.

"I love it," she says. The fourth-year Ph.D. candidate in cancer biology at The University of Texas Graduate School of Biomedical Sciences is immersed in a study of the signaling protein Delta-like Ligand 4 and its role in vasculogenesis in Ewing's sarcoma. In lay terms, Schadler, 26, hopes to determine if this protein can be used to treat a rare form of pediatric bone cancer by blocking the development of blood vessels in tumors,

essentially starving them to death.

Schadler is one of approximately 550 students working on advanced degrees this year at the GSBS, located in M. D. Anderson's George and Cynthia Mitchell Basic Sciences Research Building. A collaboration of M. D. Anderson and The University of Texas Health Science Center at Houston, the GSBS boasts a faculty of almost 600 and attracts students from around the world, awarding master's and doctoral degrees in 21 established areas of study from biostatistics to virology. The GSBS also offers an interdisciplinary training program that

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BATTLE

## BATTLE

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"You aren't killing off all of the cancer, but you're stopping its growth. It's all about getting your hands around cancer and not letting go."

All patients in BATTLE have late-stage lung cancer that has persisted, grown or returned. Some have been through two or three different treatment regimens.

BATTLE's first step is a fine-needle biopsy of the patient's tumor. This is unique in that patients usually don't have additional biopsies beyond initial diagnosis.

"We believe the tumor after first- and second-line chemotherapy treatment is not the same as it was before treatment began," Kim says.

Drugs being evaluated in BATTLE are Tarceva®, Zactima®, Nexavar® and a combination drug called Targretin®. Patients early in the trial were assigned to one of 20 slots — four drugs against four groups of potential biomarkers and a group with no biomarkers.

Patients were placed in the 20 groups based on earlier research to determine which of the biomarkers each drug was likely to target. The four no-biomarker groups will help the researchers identify new biomarkers after the trial closes.

After the first 97 patients enrolled, a second unique feature of BATTLE began. In a process called adaptive randomization, subsequent patients are assigned to a drug based on information gained from the early patients. The statistical design is a well-established way of testing biomarkers in cancer. This aspect of the trial continues, with each patient adding more information for assigning those to come.

If one drug fails to help anyone, that particular arm of the study can be closed to new



Jerry Stutts and wife Nancy say the friendly patient-physician relationship they share with Stutts' oncologist, Edward Kim, M.D., helps put them at ease when they travel to M. D. Anderson for appointments. Photo by John Everett

patients. The percentage of patients assigned to one treatment arm might increase while others decrease. If the first drug is not working, a patient can choose to drop out of that trial, have a new biopsy and enter one of the others.

So far, none of the four options has been closed and 237 patients have enrolled over two years. The study will close at 250 patients, probably in late summer 2009.

The researchers know which drugs patients receive but are blinded as to the biomarker profiles that led to their assignments to those drugs. When the trial is unblinded, the research team can analyze how the original biomarkers worked and identify new ones that emerged during the trial.

The team collects patients' initial biopsies to compare them to their BATTLE biopsies to learn how lung cancer changes as treatment proceeds, Kim says.

Study participants get a CT scan every eight weeks to evaluate their tumors.

After BATTLE ends, a follow-up trial using the same design will test drugs in combination with standard chemotherapy as first-line treatment.

Other research institutions are investigating lung cancer biomarkers, says Kim, but they don't perform new biopsies and their

studies are small, with about 20 patients. M. D. Anderson's many patients allow for more powerful clinical trials.

Jerry Stutts came to M. D. Anderson from Louisiana after a persistent cough led eventually to a diagnosis of non-small cell lung cancer.

Stutts farmed full time from 1972 to 2002 before easing out of the operation and finally into full retirement last year. Sons Jason, 36, and Justin, 31, run the farm now, focusing on row crops such as rice, cotton and soybeans.

"My sons do real well — they love to farm, and they were ready for their dad to get out," Stutts deadpans.

"Mr. Stutts has a dry sense of humor," Kim says, noting the good-natured bantering that goes on between the two. A prolonged friendly dispute, for example, over whether Kim really goes home and cooks dinner for his family was settled when Stutts talked by phone with Kim's wife and got the answer for himself.

Such friendliness on the part of Kim and other M. D. Anderson staff helps patients and families adjust to such a large institution, Nancy Stutts says.

"Everyone at M. D. Anderson is so compassionate and courteous," she says. "And they really know what they're doing."

In the meantime Nancy and Jerry, that smiley face now replaced by a full head of hair, know they're in good hands.

**"It's all about getting your hands around cancer and not letting go."**

EDWARD KIM, M.D.

## From the President



More people die from lung cancer than from breast, prostate and colon cancers combined. M. D. Anderson's Lung Cancer Research Program is striving to change those statistics. We're working hard to speed innovative therapies to the clinic through an array of clinical trials funded by the U.S. Department of Defense and philanthropy.

One of them, featured in this issue, is aptly named BATTLE (Biomarker-Integrated Approaches of Targeted Therapy for Lung Cancer Elimination) as investigators continue their fight

to beat this deadly disease. BATTLE is open to patients with late-stage non-small cell lung cancer. Its goal is to establish molecular-based, personalized targeted therapy by first examining the biomarker profiles of individual tumors, then assigning therapies that offer the best benefits based on those characteristics.

I'd also like to direct you to pages 4 and 5 and the 10 steps I proposed for the nation's battle against cancer in a newspaper op-ed and at the National Press Club.

Your generosity, dedication and support are more important than ever before. Together, we can make a difference for cancer patients everywhere.

*John Mendelsohn*

John Mendelsohn, M.D.

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allows students to customize course work to individual career goals.

Funded by a translational grant, Schadler works in the laboratory of her mentor, Eugenie Kleinerman, M.D., head of the institution's Division of Pediatrics. Twice a month she follows Peter Anderson, M.D., Ph.D., professor of pediatrics and a specialist in osteosarcoma, on his clinical rounds at the Children's Cancer Hospital at M. D. Anderson. It's there that Schadler finds validation for the past eight years of study and motivation for those still to come.

"Seeing sick kids provides the inspiration to get right back in the lab," she says. "To do the research and to be exposed to the patient population we care about is a unique experience for a graduate student. That's part of why I came to M. D. Anderson."

Indeed, like Schadler, graduate students at M. D. Anderson enjoy a unique learning environment that pairs basic science training with clinical experience. Students work alongside renowned

researchers and clinicians and observe firsthand as research findings move out of the lab to directly benefit patients. In fact, more than 360 M. D. Anderson faculty members provide instruction and mentoring at the GSBS.

Extracurricular activities such as off-campus scientific meetings and seminars are essential to the GSBS experience. These events provide young researchers the opportunity to network and develop their careers outside the lab. They also help students better understand their field of research and enhance their credibility to future employers.

Travel and lodging expenses, however, added to the cost of lab supplies and other necessities for research, can be prohibitive to students who must work on limited budgets. GSBS students rely on stipends, grants awarded to their advisers and/or

limited funds available from federal training grants and/or philanthropy. The GSBS posts a number of supplemental travel awards, scholarships and fellowships for which students may apply. Competition is fierce, especially among international students, who represent a significant proportion of the GSBS student population. State and federal funds are restricted and frequently available only to U.S. citizens or permanent residents.

Raymond N. DuBois, M.D., Ph.D., provost and executive vice president of M. D. Anderson, created the Graduate Education Committee in 2007 to help recruit top-tier graduate students and ensure a rigorous and productive training environment. Following the GEC's analysis,



institutional stipends for domestic students now cover the first two years of study rather than the first nine months, says Stephanie S. Watowich, Ph.D., associate professor of immunology and vice chair of the GEC. Other committee recommendations include supplemental funds for graduate programs at M. D. Anderson, awards for exceptional faculty educators and incentives for faculty involvement in graduate training.

M. D. Anderson has set a philanthropic goal to supplement funding for graduate students who choose to train at the institution. Endowment funds would allow graduate students to participate in enrichment opportunities such as national and international scientific meetings and workshops, an annual research retreat and educational and career development workshops. Further, the monies would greatly enhance the institution's ability to attract the best and brightest domestic and international graduate students and to strengthen the caliber of their training environment, says Watowich.

"Philanthropy is enormously helpful in attracting new students and recognizing

excellent work. It gives students the opportunity to do what they couldn't otherwise," says Watowich, who directs the immunology graduate program at M. D. Anderson.

The benefits are reflected every day in students like Schadler, whose eyes light up as she talks about science that "really matters."

"There's nothing better than teaching somebody and watching that person grow," says Watowich, "particularly as you see a promising student progress into an accomplished cancer researcher."

Keri Schadler, a Ph.D. candidate at The University of Texas Graduate School of Biomedical Sciences, chose to train at M. D. Anderson because of the opportunity to work in the laboratory and interact with patients. Photo by Kent Creative

## Promise

**John Mendelsohn, M.D.** For more information about supporting cancer research and patient programs at M. D. Anderson, please visit: [www.mdanderson.org/gifts](http://www.mdanderson.org/gifts)  
PRESIDENT

**Patrick B. Mulvey** or contact:  
VICE PRESIDENT FOR DEVELOPMENT  
The University of Texas  
M. D. Anderson Cancer Center  
Development Office - Unit 705  
P.O. Box 301439  
Houston, TX 77230-1439  
713-792-3450  
800-525-5841  
Fax: 713-563-4070

**Stephen C. Stuyck**  
VICE PRESIDENT FOR PUBLIC AFFAIRS

**DeDe DeStefano**  
PROGRAM MANAGER

**Sarah Watson**  
EDITOR

**Eli Gukich**  
DESIGNER

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# Cancer in 2009: What Needs to Be Done

By John Mendelsohn, M.D., President  
The University of Texas M. D. Anderson Cancer Center

## Cancer Demands Our Attention Now

An American diagnosed with cancer today is very likely to join the growing ranks of survivors, who are estimated to total 12 million and will reach 18 million by 2020. The five-year survival rate for all forms of cancer combined has risen to 66 percent, more than double what it was 50 years ago.

Along with the improving five-year survival rates, the cancer death rate has been falling by 1 to 2 percent annually since 1990.

According to the World Health Organization, cancer will be the leading worldwide cause of death in 2010. Over 40 percent of Americans will develop cancer during their lifetime.

While survival rates improve and death rates fall, cancer still accounts for one in every five deaths in the U.S.A., and cost this nation \$89.0 billion in direct medical costs and another \$18.2 billion in lost productivity during the illness in 2007, according to the National Institutes of Health.

Here are 10 steps we can take to ensure that deaths decrease more rapidly, the ranks of survivors swell, and an even greater number of cancers are prevented in the first place.

### #1 Therapeutic cancer research should focus on human genetics and the regulation of gene expression.

Cancer is a disease of cells that have either inherited or acquired abnormalities in the activities of critical genes and the proteins for which they code. Most cancers involve several abnormally functioning genes — not just one — which makes understanding and treating cancer terribly complex. The good news is that screening for genes and their products can be done with new techniques that accomplish in days what once took years.

Knowledge of the human genome and mechanisms regulating gene expression, advances in technology, experience from clinical trials and a greater understanding of the impact of environmental factors have led to exciting new research approaches to cancer treatment, all of which are being pursued at M. D. Anderson:

- Targeted therapies. These therapies are designed to counteract the growth and survival of cancer cells by modifying, replacing or correcting abnormally functioning genes or their RNA and protein products, and by attacking abnormal biochemical pathways within these cells.
- Molecular markers. Identifying the presence of particular abnormal genes and proteins in a patient's cancer cells, or in the blood, will enable physicians to select the treatments most likely to be effective for that individual patient.
- Molecular imaging. New diagnostic imaging technologies that detect genetic and molecular abnormalities in cancers in individual patients can help select optimal therapy and determine the effectiveness of treatment within hours.

- Angiogenesis. Anti-angiogenesis agents and inhibitors of other normal tissues that surround cancers can starve the cancer cells of their blood supply and deprive them of essential growth-promoting factors, which must come from the tumor's environment.
- Immunotherapy. Discovering ways to elicit or boost immune responses in cancer patients may target destruction of cancer cells and lead to the development of cancer vaccines.

### #2 Better tests to predict cancer risk and enable earlier detection must be developed.

New predictive tests, based on abnormalities in blood, other body fluids or tissue samples, will be able to detect abnormalities in the structure or expression of cancer-related genes and proteins. Such tests may predict the risk of cancer in individuals and could detect early cancer years before any symptoms are present.

The prostate-specific antigen test for prostate cancer currently is the best known marker test to detect the possible presence of early cancer before it has spread. Abnormalities in the BRCA 1 and 2 genes predict a high risk for breast cancer, which can guide the decisions of physicians and patients on preventive measures. Many more gene-based predictors are needed to further our progress in risk assessment and early detection.

### #3 More cancers can and must be prevented.

In an ideal world, cancer "care" would begin with risk assessment and counseling of a person when no malignant disease is present. Risk factors include both inherited or acquired genetic abnormalities and those related to lifestyle and the environment.

The largest risk factor for cancer is tobacco smoking, which accounts for nearly one-third of all cancer deaths. Tobacco use should be discouraged with cost disincentives, and medical management of discontinuing tobacco use must be reimbursed by government and private sector payors.

Cancer risk assessment should be followed by appropriate interventions (either behavioral or medical) at a pre-malignant stage, before a cancer develops. Diagnosis and treatment of a confirmed cancer would occur only when these preventive measures fail.

A full understanding of cancer requires research to identify more completely the genetic, environmental, lifestyle and social factors that contribute to the varying types and rates of cancer in different groups in this country and around the world. A common cancer in Japan or India, for example, often is not a common cancer in the U.S. When prostate cancer occurs in African-Americans, it is more severe than in Caucasians. A better understanding of the factors that influence differences in cancer incidence and deaths will provide important clues to preventing cancer in diverse populations worldwide.

### #4 The needs of cancer survivors must become a priority.

Surviving cancer means many things: reducing pain, disability and stress related to the cancer or the side effects of therapy; helping patients and their loved ones lead a full life from diagnosis forward; preventing a second primary cancer or recurrence of the original cancer; treating a difficult cancer optimally to ensure achieving the most healthy years possible; and more. Since many more patients are surviving their cancers — or living much longer with cancer — helping them manage all the consequences of their disease and its treatment is critically important. It is an area ripe for innovative research and for improvement in delivery of care.

### #5 We must train future researchers and providers of cancer care.

Shortages are predicted in the supply of physicians, nurses and technically trained support staff needed to provide expert care for patients with cancer. On top of this, patient numbers are projected to increase. We are heading toward a "perfect storm" unless we ramp

up our training programs for cancer professionals at all levels. The pipeline for academic researchers in cancer also is threatened due to the increasing difficulty in obtaining peer-reviewed research funding. We must designate more funding from the NIH and other sources specifically for promising young investigators, to enable them to initiate their careers.

### **#6 Federal funding for research should be increased.**

After growing by nearly 100 percent from 1998 to 2002, the National Cancer Institute budget has been in decline for the past four years. Through budget cuts and the effects of inflation, the NCI budget has lost approximately 12 percent of its purchasing power. Important programs in tobacco control, cancer survivorship and support for interdisciplinary research have had significant cuts. The average age at which a biomedical researcher receives his or her first R01 grant (the gold standard) now stands at 42, hardly an inducement to pursue this field. This shrinks the pipeline of talented young Americans who are interested in careers in science but can find easier paths to more promising careers elsewhere. Lack of adequate funding also discourages seasoned scientists with outstanding track records of contributions from undertaking innovative but risky research projects. The U.S. leadership in biomedical research could be lost.

Biomedical research in academic institutions needs steady funding that at least keeps up with inflation and enables continued growth.

### **#7 The pace of clinical research must accelerate.**

As research ideas move from the laboratory to patients, they must be assessed in clinical trials to test their safety and efficacy. Clinical trials are complicated, lengthy and expensive, and they often require large numbers of patients. Further steps must be taken to ensure that efficient and cost-effective clinical trials are designed to measure, in addition to outcomes, the effects of new agents on the intended molecular targets. Innovative therapies should move forward more rapidly from the laboratory into clinical trials.

The public needs to be better educated about clinical trials, which in many cases may provide them with access to the best care available. Greater participation in trials will speed up drug development, in addition to providing patients with the best options if standard treatments fail. The potential risks and benefits of clinical trials must continue to be fully disclosed to the patients involved, and the trials must continue to be carefully monitored.

The issue of how to pay for clinical trials must be addressed. The nonexperimental portion of the costs of care in clinical trials currently are borne in part by Medicare, and should be covered fully by all payors. The experimental portion of costs of care should be covered by the owner of the new drug, who stands to benefit from a new indication for therapeutic use.

### **#8 New partnerships will encourage drug and device development.**

One way to shorten the time for drug and device development is to encourage and reward collaboration among research institutions and collaboration between academia and industry. Increasingly, partnerships are required to bring together sufficient expertise and resources needed to confront the complex challenges of treating cancer. There is enormous opportunity here, but many challenges as well.

Academic institutions already do collaborate, but we need new ways to stimulate increased participation in cooperative enterprises.

Traditionally, academic institutions have worked with biotech and pharmaceutical companies by conducting sponsored research and participating in clinical trials. By forming more collaborative alliances during the preclinical and translational phases prior to entering the clinic, industry and academia can build on each other's strengths to safely speed drug development to the bedside. The challenge is that this must be done with agreements that involve sharing but also protect the property rights and independence of both parties.

The results of all clinical trials must be reported completely and accurately, without any influence from conflicts of interest and with full disclosure of potential conflicts of interest.

### **#9 We must provide access to cancer care for everyone who lives in the U.S.A.**

More than 47 million Americans are uninsured, and many others are underinsured for major illnesses like cancer. Others are uninsurable because of a prior illness such as cancer. And many are indigent, so that payment for care is totally impossible.

Depending on where they live and what they can afford, Americans have unequal access to quality cancer care. Treatment options vary significantly nationwide. We must find better ways to disseminate the best standards of high quality care from leading medical centers to widespread community practice throughout the country.

Cancer incidence and deaths vary tremendously among ethnic and economic groups in this country. We need to address the causes of disparities in health outcomes and move to eliminate them.

We are unique among Western countries in not providing direct access to medical care for all who live here. There is consensus today among most Americans and both political parties that this is unacceptable. Especially for catastrophic illnesses like cancer, we must create an insurance system that guarantees access to care.

A number of proposals involving income tax rebates, vouchers, insurance mandates and expanded government insurance programs address this issue. Whatever system is selected should ensure access and include mechanisms for caring for underserved Americans. The solution will require give-and-take among major stakeholders, many of which benefit from the status quo. However, the social and economic costs have risen to the point that we have no choice.

### **#10 Greater attention must be paid to enhancing the quality of cancer care and reducing costs.**

New therapies and medical instruments are expensive to develop and are a major contributor to the rising cost of medical care in the U.S. The current payment system rewards procedures, tests and treatments rather than outcomes. At the same time, cancer prevention measures and services are not widely covered. A new system of payment must be designed to reward outcomes, as well as the use of prevention services.

Quality of care can be improved and costs can be reduced by increasing our efforts to reduce medical errors and to prescribe diagnostic tests and treatments only on the basis of objective evidence of efficacy.

A standardized electronic medical record, accessible nationwide, is essential to ensuring quality care for patients who see multiple providers at multiple sites, and we are far behind many other nations. Beyond that, a national electronic medical record could provide enormous opportunities for reducing overhead costs, identifying factors contributing to many illnesses (including cancer), determining optimal treatment and detecting uncommon side effects of treatment.

### **What the future holds in store:**

I am optimistic. I see a future in which more cancers are prevented, more are cured and, when not curable, more are managed as effectively as other chronic, lifelong diseases. I see a future in which deaths due to cancer continue to decrease.

Achieving that vision will require greater collaboration among academic institutions, government, industry and the public. Barriers to quality care must be removed. Tobacco use must be eradicated. Research must have increased funding. Mindful that our priority focus is on the patient, we must continue to speed the pace of bringing scientific breakthroughs from the laboratory to the bedside.

# Accolades and Achievements

## Women Reveal Roads to Success in M. D. Anderson Book

Describing with sincerity and emotion the struggles and triumphs that have marked their paths to distinguished careers in their fields, 26 of M. D. Anderson's most accomplished women hope to inspire others with a new book, "Legends and Legacies: Personal Journeys of Women Physicians and Scientists at M. D. Anderson Cancer Center."

The recently released hardcover compiles autobiographical essays edited by Elizabeth Travis, Ph.D., associate vice president for Women Faculty Programs, and is available at M. D. Anderson gift shops, [www.mdanderson.org/departments/womenfaculty](http://www.mdanderson.org/departments/womenfaculty) and selected Houston bookstores (see Web site).

The 231-page book features a foreword by John Mendelsohn, M.D., president of M. D. Anderson, and an epilogue by



The women featured in "Legends and Legacies" left their white lab coats behind for this photograph that graces the center of the book. Photo by John Smallwood Photo illustration by Kelley Moore

Raymond N. DuBois, M.D., Ph.D., provost and executive vice president.

Developing the book has been "a joy," says Travis.

"While the authors chronicle their own unique experiences, collectively their stories provide an illuminating perspective on many

of the career and family life choices and challenges that other aspiring women inevitably will encounter," she says. "We hope the book entertains and motivates readers."

See a video at [www.mdanderson.org/departments/womenfaculty](http://www.mdanderson.org/departments/womenfaculty).

— **DeDe DeStefano**

## Rogers Award Lauds Wu for Cutting-Edge Research

The words "visionary" and "revolutionary" have been used to describe the work of Xifeng Wu, M.D., Ph.D., professor of epidemiology in the Division of Cancer Prevention and Population Sciences at M. D. Anderson. Recipient of the 2008 Julie and Ben Rogers Award for Excellence in Research, Wu has created a molecular epidemiology research program that bridges epidemiology, statistics, laboratory study and clinical research. With a focus on identifying cancer risk factors as well as markers that can predict an individual's response to treatment, her research is essential

in the quest to develop personalized cancer therapies and to improve prevention efforts.

"These models may help clinicians identify patients who are most and least likely to benefit from treatments, as well as those most likely to develop toxic reactions," she says.

Wu is the principal investigator on nine epidemiological studies funded by the National Institutes of Health. She is a collaborative investigator on many other NIH-funded grants, including a recent multi-institutional study of bladder cancer, which she directed.

"I see these integrative projects as the best way to translate science into medicine," she says. "They're only possible through close teamwork within a large multidisciplinary group of scientists."

Though Wu began her medical education in China, she has spent all of her academic career at M. D. Anderson. She received her medical degree from Shanghai Medical University in 1984 and her Ph.D. in epidemiology from The University of Texas School of

Public Health in 1994. She joined M. D. Anderson in 1995 as an assistant professor and by 2004 was a full professor. She held an Ashbel Smith Professorship from 2006 to 2008. She holds the Betty B. Marcus Chair in Cancer Prevention at M. D. Anderson and also is on the faculty of The University of Texas Graduate School of Biomedical Sciences.

Wu is internationally recognized for her pioneering work in genetic cancer susceptibility markers and germline genetic variations. One of her major interests is pharmacogenetics, a new field that identifies genetic variations that can help determine why some patients respond better than others to therapeutic drugs.

Somehow Wu also finds time to lead a multidisciplinary team of 35 people.

"Mentoring trainees and junior faculty members is a responsibility and a privilege," she says. "They are the future of science and discovery, and I take great pride in their every success. To me, their success is my success. It is my dream that they will cherish the institution's core values of caring, integrity and discovery as I do and spread them all over the world when they become independent investigators."

— **Sarah Watson**



Xifeng Wu, far right, marks the occasion with Regina Rogers, left, and her family, husband Dong Liang, Ph.D., son Alex and daughter Jian. Photo by Karen Hensley

## Ambassadors 'Experience' M. D. Anderson

Nancy G. Brinker, U.S. chief of protocol under President George W. Bush, brought almost 40 ambassadors and their spouses to M. D. Anderson in mid-January as part of Experience America, a program she created to transcend involvement of the diplomatic community beyond traditional Washington circles.

Experience America highlights communities around the nation and offers diplomats an opportunity to connect with private sector organizations, not-for-profit organizations, academia and state and local government officials.

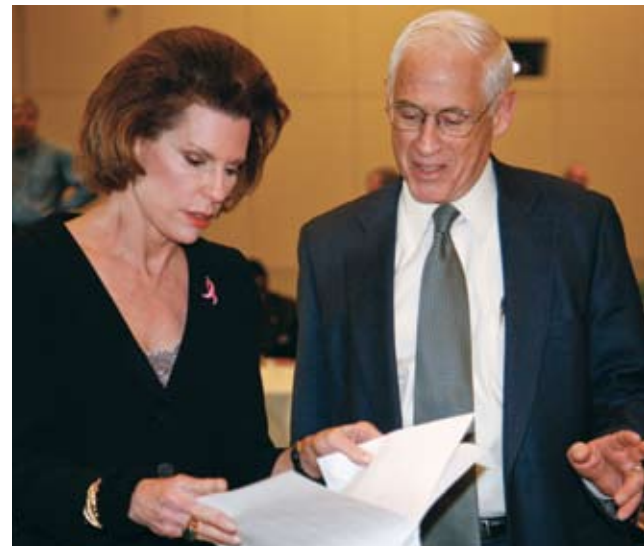
The ambassadors' program at M. D. Anderson included presentations by John Mendelsohn, M.D., president of

Countries represented on the Experience America visit to M. D. Anderson included Angola, Antigua and Barbuda, Austria, Bahrain, Congo, Côte d'Ivoire, Croatia, Estonia, Ghana, Guyana, Haiti, Iceland, Ireland, Jamaica, Kenya, Kosovo, Laos, Lesotho, Liberia, Luxembourg, Macedonia, Madagascar, Monaco, Mongolia, Montenegro, Nigeria, Papua New Guinea, Saint Lucia, Slovak Republic, Slovenia, South Africa, Swaziland, Tajikistan, Tanzania, Togo, Trinidad and Tobago, Uganda and Zambia.

M. D. Anderson; Garth Powis, D.Phil., director of the Center for Targeted Therapy and chair of the Department of Experimental Therapeutics; and Margaret Spitz, M.D., professor in the Department of Epidemiology. The delegates toured M. D. Anderson's Nellie B. Connally Breast Center and the International Center to learn about M. D. Anderson's multidisciplinary care, research programs and international outreach. They also saw the institution's Behavioral Sciences Center and heard about M. D. Anderson's Integrative Medicine Program designed to blend evidence-based complementary therapies with medical treatment.

"The Experience America tour enhances our relations with the diplomatic community and creates an environment of hospitality and good will that contributes in a unique and meaningful way to the conduct of diplomacy," said Brinker.

The trip was bittersweet for Brinker, whose sister, Susan, was treated at M. D. Anderson before she succumbed to breast cancer in 1980. Brinker founded Susan G. Komen for the Cure in her honor. Today, the foundation is recognized as the nation's leading catalyst in the fight against breast cancer, with more than 100,000 volunteers working through a network



Nancy G. Brinker and John Mendelsohn, M.D., president of M. D. Anderson, confer during the Experience America visit by U.S. ambassadors representing Angola to Zambia. Photo by John Everett

of 125 U.S. and international affiliates.

Brinker also founded the Susan G. Komen for the Cure's signature program, Race for the Cure®, the largest series of 5K run/fitness walks in the world. Since its 1983 origin in Dallas, the program has grown from one local race with 800 participants to a national series of 112 races with more than 1 million participants.

— **DeDe DeStefano**

## SPOTLIGHT | Jim Chastain



It takes an optimist to laugh during the worst moments of illness. While his experience with cancer has been serious, author Jim Chastain of Norman, Okla., has used it to

make people laugh.

"You really have to live it to be able to explain it well," he says.

Diagnosed in 2001 with malignant fibrous hystiocytoma, a soft tissue sarcoma, Chastain writes about the highly specialized care he receives at M. D. Anderson.

His book, "I Survived Cancer, but Never Won the Tour de France" (Hawk Publishing Group, 2006) is for "the common guy" with cancer. Chastain says he wrote the book, a collection of essays and poetry, to tell people what it's like to live through cancer.

"I think that for everybody cancer is a very lonely thing, even if you have a great group of people around you," says Chastain.

It seems even a little reassurance, through books like Chastain's, can help alleviate that

loneliness. Chastain says people often write to him about the book and reveal their own or a loved one's struggle with cancer.

The humorous aspects of the book allow him to delve into more somber issues to "help people understand what the bad days truly look like."

"When I make people laugh, it kind of gives me permission to go further and tell people the darker side," he says. "I really wanted it to be an honest book."

Chastain says he never imagined himself as a cancer spokesman, but the story was too important to remain untold.

"It became clear to me that it was meant for me to make sense of cancer," he says.

"Poetry is how I process life," says Chastain. "Sometimes, when dark things are happening all around you, it helps to write about them. It reduces part of the stress. And if you write with an audience in mind and later share the poems, you can have that wonderful experience of connecting with someone who has had similar experiences."

Chastain posts his poetry, music, blog entries and more at [www.jimchastain.com](http://www.jimchastain.com).

— **Bayan Raji**

## Spitz Named to Hall of Fame

For her research in cancer prevention and efforts to encourage women in science, Margaret Spitz, M.D., professor of epidemiology, is one of eight women named to the inaugural Greater Houston Women's Chamber of Commerce Hall of Fame.

"Our women faculty are superb scientists, dedicated mentors and inspirational role models for fellows and trainees," says Spitz, who retired in 2008 as founding chair of the Department of Epidemiology at M. D. Anderson. "To be recognized for promoting their advancement in the field honors their contributions as much as mine."

Research led by Spitz focuses on how individual genetic makeup affects susceptibility to tobacco carcinogens. She currently is special adviser to Ernest T. Hawk, M.D., vice president for prevention and head of the Division of Cancer Prevention and Population Sciences.

In 2004, Spitz was the first woman in The University of Texas System selected for the Olga Keith Wiess Distinguished University Chair for Cancer Research. In 1991, she was the first recipient of the Julie and Ben Rogers Award for Excellence in the area of cancer prevention.

— **Robin Davidson**

# Donors Make a Difference

## CYCLISTS LOG 4,500 MILES IN 70 DAYS TO FUND CANCER RESEARCH

Don't try to tell Chris Condit it's impossible for one person to have an impact in the fight against cancer.

Condit is founder of Sense Corp Texas 4000, a nonprofit organization that has raised more than \$1 million for cancer research through an annual 4,500-mile, 70-day bike ride from Texas to Alaska.

Texas 4000 has pledged \$500,000 through 2011 to M. D. Anderson. In January the organization presented \$175,000 to the institution, including \$125,000 to establish the Texas 4000 Distinguished Professorship for Basic Science Research and \$50,000 toward the Adolescent and Young Adult Clinical and Translational Research Fund at the Children's Cancer Hospital at M. D. Anderson.

Condit came up with the idea for the journey in 2003 as a student at The University of Texas

at Austin. Sense Corp signed on as a major corporate sponsor in 2006.

Each fall Texas 4000 recruits potential riders from UT Austin for the journey to be made the following summer. Riders spend the year training, raising money and spreading cancer awareness. Each rider is required to raise a minimum of \$4,500 to participate, but riders often come up with much more, Condit says.

This year riders will depart from Austin June 6 in hopes of reaching Anchorage by Aug. 14. In Alaska the group will celebrate the journey at a bash organized by the Anchorage Texas Exes chapter.

For Condit, a cancer survivor, presenting the check to M. D. Anderson was a moment that he'd anticipated for a long time.

"We're proud to support M. D. Anderson and to be a small part

of its mission," he says.

Learn more at [www.texas4000.org](http://www.texas4000.org).

— **Bayan Raji**



Texas 4000 cyclists visit with patients at the Hoglund PediDome at the Children's Cancer Hospital at M. D. Anderson after presenting a check for \$175,000 to the institution. Photo by Barry Smith

## SOUTH TEXAS WOMEN'S GROUP SERVES HOPE FOR BREAST CANCER PATIENTS

It was a dinner party that required months of preparation, 29 tables to set and 275 people to feed. But that didn't faze members of the A.W.A.R.E. Department of the Woman's Club of Kingsville, whose Designs for a Cure event Oct. 25 at the Henrietta Memorial Center raised \$30,000 for breast cancer research at M. D. Anderson.

As for those table settings, each represented the creative efforts of civic organizations, businesses, churches and people dedicated to the cause. The imaginative tables ranged in design from traditional florals to over-the-top themed productions featuring skeletons, hats and gloves, teapots, playing cards, cowboy boots and hunting motifs.

Sylvia Woelfel, a breast cancer survivor soon to celebrate her fifth cancer-free anniversary, presented the unique fundraising idea two years ago, when she and fellow members of A.W.A.R.E. (Always Working at Rewarding Experiences) tackled all of the preparations, including the menu. This year the women left the cooking to a local catering company, serving as wait staff instead.

Ana Maria Gonzalez-Angulo, M.D., assistant professor of breast medical oncology at M. D. Anderson, offered remarks. After dinner John Ford, Kleberg County agriculture extension agent, led bidders in a live auction offering an array of items from San Antonio Spurs tickets to hunting packages to yard flamingos decorated by local celebrities. A silent auction supplemented the proceeds.

Among guests were state and district officers of the Texas Federation of Women's Clubs, whose history of support for M. D. Anderson dates to the institution's earliest days. The Kingsville chapter also has been a longtime contributor to its cancer research and patient care programs.

Woelfel says that of the 30 current members of A.W.A.R.E., five have had breast cancer and that all have been touched by the disease.

"Our first fundraiser for the institution was a celebrity auction that benefited brain cancer research," says Woelfel. "We've also organized antiques shows that attracted dealers from all over Texas. We're really pleased with the success of this year's Designs for a Cure."

Underwriters included Patsy and Charles Winn of Winn Exploration; King Ranch Inc.; Jane Dodds; Melinda Clement; Davis, Trant, Ramirez and Flores; and Riviera Telephone Company.

— **Sarah Watson**

## LATIN RECORDING ARTISTS SHARE MUSIC FROM 'EL CORAZÓN'



Three stars from the Latin music industry, in Houston for the Latin GRAMMY® Awards, stepped into M. D. Anderson for an hour or so and forever into the hearts of patients, caregivers and employees. An enthusiastic audience at Alkek Hospital delighted to the music of Gian Marco, from left, Noel Schajris and Jon Secada. The musicians were accompanied by representatives of the Latin Academy of Recording Arts and Sciences, including Gabriel Abaroa, president, who described music as "a powerful tool to heal, to help and to give something back." The artists donated four signed guitars to the institution's music therapy program for pediatric and adult patients and their families. See a video of the performance on the M. D. Anderson Cancer Center News Facebook page. Photo by Brenda K. Gunter

## PLANNED GIVING DRIVES COUPLE'S PHILANTHROPIC DECISIONS

When Pat and Jerry Abbott of Pharr, Texas, dreamed of retirement, they imagined themselves with time on their hands, touring the country in a shiny new RV outfitted with all the comforts of home. Little did they know they'd be making a road trip — make that several road trips — to M. D. Anderson.

Two years ago, acting on a hunch, Jerry asked his doctor to order a colonoscopy, though a previous sigmoidoscopy, a minimally invasive examination of the large intestine, had found nothing wrong. Despite questions as to the need for further screening, the test was scheduled at a facility in Corpus Christi. The diagnosis: colon cancer. Facing surgery, Jerry knew his next decision would be one of the most important in his life. He insisted on heading straight for M. D. Anderson, where, he says, "cancer is what they do."

"I wanted to go to M. D. Anderson because of its reputation as a world-class cancer center," says Jerry. "The doctors there perform more surgeries to treat specific cancers in one week than others do in a year. I wanted to go where cancer is the specialty."

Today Jerry is cancer-free. He says if he ever wins the Texas Lottery, "I'll give it all to M. D. Anderson."

In the meantime, the couple has structured their planned giving to include three charitable gift annuities to M. D. Anderson, plus an additional gift through their estate.

The Abbotts continue to travel, occasionally parking their RV in Houston for Jerry's six-month checkups. They covered 11 states last summer, and the next big trip on their calendar is a month-long visit to Australia.

With renewed interests in holistic medicine, nutrition and prevention, they're proud that one day their planned giving will support meaningful research, such as that conducted by Lorenzo Cohen, Ph.D., director of the institution's Integrative Medicine Program, and Frank C. Marini, Ph.D., associate professor of stem cell transplantation research.

"It's exciting to think that Pat and I can make a difference in their work," says Jerry.

— **Sarah Watson**

Pat and Jerry Abbott find planned giving an opportunity to support research at M. D. Anderson that reflects their interests in nutrition and cancer prevention. Photo by John Everett



## 'DIVAS' REV UP BREAST CANCER AWARENESS

They call themselves "Divas For A Cure," but their work is far from glamorous.

Jan Emanuel-Costley, founder and president of the California-based nonprofit organization, and a band of biker buddies are helping fund breast cancer research at M. D. Anderson through cross-country motorcycle rides, with the support of corporate sponsor Harley-Davidson Motor Company.

Last summer's third annual Divas For A Cure Breast Cancer Motorcycle Run found Emanuel-Costley and 2008 DFAC core group riders enduring the elements on an 18-day, 6,014-mile journey. Emanuel-Costley and fellow divas Michelle Hampton, Elaine Thomas, Cynthia Marcy and Aj Coffee, DFAC vice president and ride coordinator, biked from Atlanta to Canada to the East Coast and back, collectively raising \$35,000 through registrations, sales of

"Real Divas Ride" patches, sponsorships and donations. Members of local chapters of the National Association of Buffalo Soldiers &



Michelle Hampton, from left, Elaine Thomas, Jan Emanuel-Costley, Cynthia Marcy and Aj Coffee supported M. D. Anderson through the 2008 Divas For A Cure Breast Cancer Motorcycle Run.

Troopers Motorcycle Club escorted the women in and out of major stopping points, helping spread their awareness campaign to participants and supporters along the way.

An Oct. 25 check presentation at the Harley-Davidson of Ocean County dealership in Lakewood, N.J., celebrated the successful ride. Since 2006, Divas For A Cure has raised \$110,000 for research at M. D. Anderson.

Emanuel-Costley, a breast cancer survivor, says the organization also is dedicated to promoting early detection through education and screenings.

"The 2009 ride will be another test of endurance, but it also will be a journey from the heart," she says.

Learn more at [www.divasforacure.org](http://www.divasforacure.org).

— **Sarah Watson**

## MEHTA FAMILY FOUNDATION SUPPORTS HEMATOPATHOLOGY RESEARCH

The Department of Hematopathology at M. D. Anderson provides diagnostic services and specialized testing for patients with all types of leukemia, lymphoma and benign hematologic disorders. Yet, when it comes to competitive research funds, pathology in general is an under-appropriated area despite its far-reaching impact. That's why the Bhupat and Jyoti Mehta Family Foundation recently chose to expand its giving to include hematopathology research at M. D. Anderson.

"We realized that we could make a donation and make a difference," says foundation board member Jay Mehta.

An experience at M. D. Anderson sparked the Mehta Family Foundation's interest in hematopathology, explains Bernard Luksich, executive director. A year ago pathologist John T. Manning Jr., M.D., professor of hematopathology at M. D. Anderson, correctly diagnosed Mehta's brother's cancer after a number of incorrect diagnoses elsewhere. In this case, pathology was key in the treatment decision, setting him on the road to recovery. Thus, the members of the foundation came to see the significance of pathology and its role in determining the best cancer treatment.

One hematopathology research project

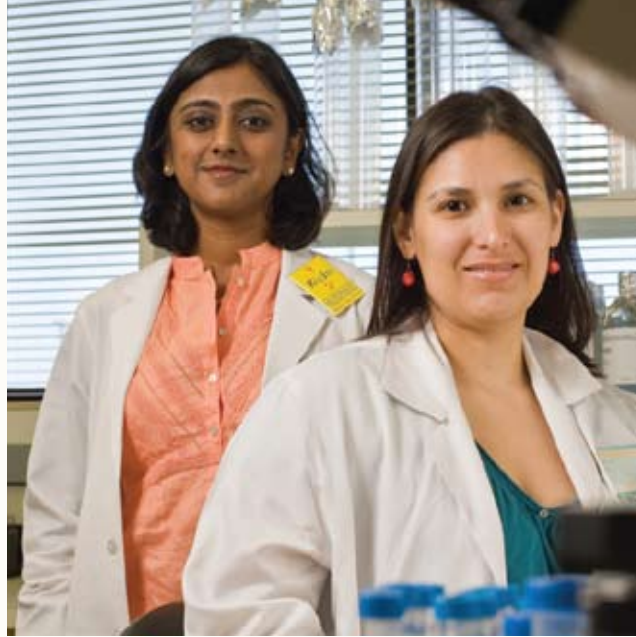
under way at M. D. Anderson is identifying targeted biomarker assessments in diffuse large B-cell lymphoma. Its goal is to reveal specific molecular events that play a role in progression and therapeutic response," says Timothy J. McDonnell, M.D., Ph.D., professor of hematopathology and principal investigator.

"We're grateful to the Mehta Family Foundation for its support," says McDonnell. "The progress of the lymphoma biomarkers project demonstrates the power of philanthropy to provide the means to follow through on cutting-edge research projects that can result in new and better therapies in the clinic."

## SCIENTIFIC BREAKTHROUGHS For complete news releases regarding these studies, please visit M. D. Anderson's online newsroom at [www.mdanderson.org/departments/newsroom](http://www.mdanderson.org/departments/newsroom).

### Leukemia Drugs Promising in Preclinical Tests

Two specific drugs have crossover similarities and appear to be five times more effective against leukemia when combined than when either agent is administered alone, report researchers from the Children's Cancer Hospital at M. D. Anderson. Joya Chandra, Ph.D., associate professor of pediatrics at M. D. Anderson and senior author on the study, and Claudia Miller, first author of the paper and a graduate student at M. D. Anderson through The University of Texas Graduate School of Biomedical Sciences, report in the journal *BLOOD* on the synergy between NPI-0052, a novel proteasome inhibitor, and vorinostat, a histone deacetylase inhibitor. In preclinical tests the two drugs used together increased cell death in chronic lymphocytic leukemia fivefold. For acute leukemia, the efficacy was even greater.



Joya Chandra, Ph.D., left, and Claudia Miller report on two drugs used together in preclinical tests to treat leukemia. Photo by Wyatt McSpadden

### SELECT Results on Selenium, Vitamin E

Findings from one of the largest cancer chemoprevention trials ever conducted have concluded that selenium and vitamin E taken alone or in combination for an average of five and a half years did not prevent prostate cancer.

A team of researchers coordinated by the Southwest Oncology Group and led by scientists at M. D. Anderson and Cleveland Clinic published findings from the Selenium and Vitamin E Cancer Prevention Trial (SELECT) in the Dec. 9 issue of the *Journal of the American Medical Association*. The study, which followed 35,533 participants from 427 sites in the United States, Canada and Puerto Rico, found no evidence of benefit from selenium, vitamin E or both.

"Although supplementation has been discontinued, we will continue to follow these men and monitor their health for approximately three more years, conducting regular prostate screening tests and questioning them about diabetes and other health issues," says Scott M. Lippman, M.D., chair of the Department of Thoracic/Head and Neck Medical Oncology at M. D. Anderson and national study coordinator.

### Laughter Is Indeed the Best Medicine



Moshe Frenkel, M.D.

The Place ... of wellness at M. D. Anderson has added laughter yoga to its extensive list of complementary and integrative therapies. Created by Indian physician and holistic enthusiast Madan Kataria in 1995, laughter yoga combines humor, gentle exercises and stretches and yogic breaths. The Place ... of wellness sessions involve participants in rhythmic clapping and chanting, laughter exercises and meditation.

"Laughter yoga brings a unique element to the Place ... of wellness," says Moshe Frenkel, M.D., medical director of the Integrative Medicine Program at M. D. Anderson. "We know from multiple studies that laughter causes a positive physiological response and above all reduces stress and anxiety. This complementary therapy allows us to incorporate humor in cancer care and help patients discover a playfulness that reduces stress and anxiety while increasing their pain tolerance."

See a video at <http://tinyurl.com/laughteryoga>.

### Protein Helps 'E. coli' Resist Antibiotics

Like bears going into winter hibernation, bacteria hunker down and become dormant when a certain protein flips a chemical switch in response to antibiotic treatment, researchers at M. D. Anderson report in the Jan. 16 edition of *Science*.

"For antibiotics to work, bacteria have to be growing. Dormancy stops everything, allowing some bacteria to persist after treatment," says senior author Richard Brennan, Ph.D., professor in M. D. Anderson's Department of Biochemistry and Molecular Biology.

By demonstrating how the HipA protein freezes bacterial activity, in this case that of *Escherichia coli* or *E. coli*, the researchers raise the possibility of a new class of drugs to fight chronic and multidrug-resistant bacterial infection.



Richard Brennan, Ph.D.

### Genes May Predict Pancreatic Cancer Risk

Abnormalities in certain DNA repair genes may indicate a person's high risk of developing pancreatic cancer, a research team from M. D. Anderson reports in the Jan. 15 issue of *Clinical Cancer Research*.

Defects in these critical genes may act alone or in combination with traditional risk factors, such as diabetes, cigarette smoking or family history of the disease, known to increase an individual's likelihood of being diagnosed with this aggressive cancer.

The ultimate goal of this research, says lead author Donghui Li, Ph.D., professor in the Department of Gastrointestinal Medical Oncology at M. D. Anderson, is to identify high-risk people for closer scrutiny and follow-up through a "quick genetic test."

### 'Self-eating' Sustains Dormant Cancer Cells

A single tumor-suppressing gene is a key to understanding, and perhaps killing, dormant ovarian cancer cells that awaken years after initial treatment, M. D. Anderson researchers report in the December issue of the *Journal of Clinical Investigation*.



Robert C. Bast Jr., M.D.

The team found that a gene called ARHI acts as a switch for autophagy, or self-cannibalization, in ovarian cancer cells. Often a mechanism for cancer cell death, "self-eating" in this case acts as a survival mechanism for dormant cancer cells, perhaps helping them avoid starvation, says senior author Robert C. Bast Jr., M.D., vice president for translational research at M. D. Anderson.

"We often see ovarian cancer removed, leaving no remaining sign of disease. After two or three years, the cancer grows back," Bast says. "The assumption is that some cells remain dormant without dividing and without developing a blood supply, but the mechanism for this has not been well understood."

# Events and Fundraisers

## A Conversation With a Living Legend: Hot Topics in Dallas, Houston

Since 1990, A Conversation With a Living Legend events in Houston, Dallas and Washington, D.C., have raised more than \$8 million for M. D. Anderson's research, patient care and educational initiatives. Dallas and Houston luncheons in 2008 added another successful chapter to the popular event.

The 19th annual A Conversation With a Living Legend in Dallas raised a record \$1 million. The Oct. 24 luncheon at the



Madeleine and T. Boone Pickens Photo by Dana Driensky

Hilton Anatole featured oil and gas industry entrepreneur and longtime philanthropist T. Boone Pickens in an interview with Evan Smith, president and editor-in-chief of Texas Monthly magazine.

As some 800 guests found their places, the event's fundraising tally topped \$905,000, including a \$100,000 contribution from the T. Boone Pickens Foundation. Pickens and wife Madeleine, escorted by the Oklahoma State University Cowboy Marching Band, entered to the tune of a Pickens' favorite, his alma mater's fight song.

A surprise announcement from John Mendelsohn, M.D., president of M. D. Anderson, revealed that Madeleine Pickens had moments before offered a donation bringing the total to \$1 million.

Mendelsohn presented Pickens the institution's Making Cancer History® Award, given to individuals who reflect the institution's core values of caring, integrity and discovery.

Andrews Distributing and AT&T were presenting sponsors, and Lana and Barry Andrews served as co-chairs.

Dynamic presidential campaign duo Mary Matalin and James Carville headlined the second annual A Conversation With a Living Legend Dec. 9 at the Hilton Americas-Houston, raising more than \$400,000. Veteran ABC News correspondent Sam Donaldson interviewed the



Mary Matalin and James Carville Photo by Richard Carson

couple, while former Houston television news anchor Shara Fryer led the program as mistress of ceremonies.

Matalin and Carville co-authored the New York Times best seller, "All's Fair: Love, War and Running for President" in 1994. Between them, they've worked for every U.S. president during the past 25 years.

"The degree of energy and enthusiasm Ms. Matalin and Mr. Carville bring to the political arena is exceptional, and it is matched by our appreciation for their participation," said Mendelsohn.

Luncheon chairs were Elyse and Bob Lanier and Courtney and Christopher Sarofim. Patsy and Greg Fourticq, Barbara and Charles Hurwitz, Joan Schnitzer Levy and Irvin Levy and Beth Sanders Moore and Jess Moore served as honorary chairs.

## Donors Take Action Against Bone Disease

In 2000, Berdon Lawrence, a member of M. D. Anderson's Board of Visitors, and his wife, Rolanette, gave \$2 million to establish the Bone Disease Program of Texas. A milestone in collaborations between M. D. Anderson and Baylor College of Medicine, the program focuses on bone disease research. Some 10 million people suffer from bone disease in the United States.

Recently the two institutions announced the Lawrences' additional \$4 million gift to the program to help expand clinical care and research into the area of bone disease. In honor of their commitment, advocacy and support, John Mendelsohn, M.D., president of M. D. Anderson, announced the program's new name: the Rolanette and Berdon Lawrence Bone Disease Program of Texas.

Through the generosity of the Lawrences and the hard work of those involved in the program, M. D. Anderson and Baylor have established core facilities enabling microCT scanning for small bones, histologic analysis of bone samples and other services. In addition, the program has funded numerous research grants, attracting scientists from outside the field of bone research whose expertise has in turn led to the program's steady growth.

Future plans include expanding the annual awards and clinical programs and recruiting additional research faculty.

— **DeDe DeStefano**

## Santa's Elves Spread Holiday Cheer

A children's choir singing carols, a soaring Christmas tree, festive decorations throughout and a feast of sweet and savory treats: Paige and Tilman Fertitta's Houston home set the scene for the Santa's Elves Party benefiting the Children's Cancer Hospital at M. D. Anderson.

Nearly 200 guests ushered in the holiday season by joining in the celebration and raising more than \$67,000 to support two research programs at the Children's Cancer Hospital:

- ON to Cure, or Optimizing Nutrition to Cure, a program using biochemical measurements to determine the link between nutrition and response to therapy
- PAL for Childhood Cancer Survivors, or the Promoting and Assessing Lifestyles program, a multidisciplinary effort to personalize nutrition and exercise regimens and to foster healthy habits

The Santa's Elves tradition began in 2006, when Gregory Fourticq Jr. surprised his parents, Patsy and Greg Fourticq, with a party to celebrate the Norman Jaffe Professorship in Pediatrics in honor of their 50th wedding

anniversary. Joining the Fourticqs as founding chairs were Diane and John B. Connally III, Courtney Hill Fertitta and Jason Fertitta and Beth Sanders Moore and Jess Moore.

Event chairs for 2008 included members of M. D. Anderson's Advance Team and their spouses: Katie Earthman Cullen and Harry Cullen, Jill and Brad Deutser, Ashley and Lance Loeffler, Kathryn and Tom Wilson and Nancy and Don Woo.

— **Sarah Watson**



Santa's Elves Tilman and Paige Fertitta, from left, and Patsy and Greg Fourticq Photo by Pete Baatz

# Promise

## SAVE THESE DATES!

- March 28: Houston — SCOPE Run**
- March 29: Houston — Dr. Marnie Rose Foundation Run for the Rose**
- April 1: Houston — Girls' Night Out**
- April 15: Houston — Advance Team Annual Meeting**
- April 30: Houston — Loving Hearts/Caring Hands Dinner**
- May 2: Albany, Texas — Polo on the Prairie**
- May 9: Houston — Sprint for Life**
- June 18: Houston — Ethel Fleming Arceneaux Outstanding Nurse-Oncologist Award Presentation**
- Sept. 9: San Antonio — Teal Lunch for Life**
- Oct. 30: Houston — Board of Visitors Annual Meeting**

For more information, please visit [www.mdanderson.org/gifts](http://www.mdanderson.org/gifts) or call 800-525-5841.

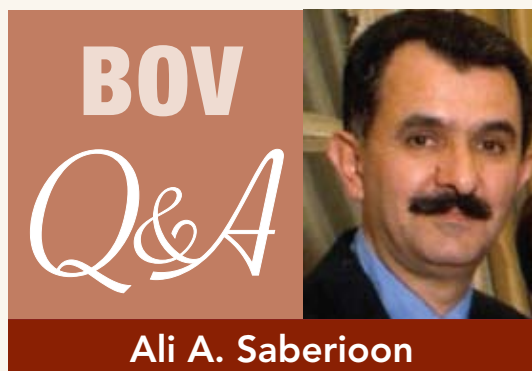
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**President and CEO, Sabco Oil and Gas Corp.**  
**Vice Chair, The University Cancer Foundation Board of Visitors**

### What inspired you to join the Board of Visitors?

I believe anyone who has a strong and focused conviction about any idea in life should roll up his or her sleeves and get involved in making that idea evolve into reality. The noble goals and mission of M. D. Anderson sit well with my philanthropic ideas. Therefore, I had to become part of the effort to reach its goals.

### As BOV vice chair, what are your goals?

We should become ambassadors at large for M. D. Anderson around the world. The board also should strive to provide practical and innovative ideas for implementation by the institution's leadership.

### Please describe your role as chairman of the Membership and Board Development Committee.

In this function I channel all energies in recruiting like-minded philanthropists to join our effort and to get involved not only financially but also intellectually.

### What is most rewarding about the BOV?

For me it's the satisfaction that I've made a difference as a member of a team of dynamic and progressive visionaries, as well as to see the ideas and guidelines we've developed and implemented at work right before my eyes.

### What motivates you to devote your time and resources to M. D. Anderson?

Back in 1999, I chaired a fundraising effort for a young Iranian student in Houston who was diagnosed with

leukemia. Obviously, the best choice for his treatment was M. D. Anderson, so I initiated contacts with the institution. I found everyone to be extremely courteous, cooperative and welcoming. This initial experience prompted me to expand our charity effort into a nonprofit organization with a broader mission to assist cancer patients with limited or no financial means.

Through the activities of this organization, I became far more educated about M. D. Anderson's services and facilities and its mission to reach out to all cancer patients without prejudice and discrimination. The faculty and staff with whom I came in contact convinced me that M. D. Anderson is indeed a worthy cause

in serving humanity and an excellent institution for research toward eliminating cancer. This was reason enough for my motivation to devote my personal and financial resources to promote its mission.

### What challenges lie ahead for the BOV?

The most stimulating short-term challenge for the Board of Visitors is to help navigate M. D. Anderson through the current uncharted economic downturn. The ultimate challenge, however, is to help the institution reach its goal of eradicating cancer. In the meantime, we must continue to spread awareness of M. D. Anderson as the best cancer research and treatment institution in the world.

## Good Things Come in Small Packages



The November 2008 annual meeting of the Board of Visitors was packed with agenda items. But surely one impromptu presentation made a lasting impression on all assembled. Just before adjournment, Dennis Hughes, M.D., popped in with pediatric patient Jacey Bagwell. Jacey had just presented him with a check for more than \$200 for osteosarcoma research at the Children's Cancer Hospital at M. D. Anderson, and they wanted to share the news. The money came from family and friends in lieu of gifts for her ninth birthday party. Jacey, a student at the in-hospital school while undergoing treatment, was proud to report that she's making all As at her school back home in South Carolina. After the meeting, she and Hughes posed with former President George H.W. Bush, BOV life member. *Photo by Barry Smith*