Acknowledgements

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Liza Di Filippo, Cytotechnology, Program Director
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Mark Bailey, Histotechnology, Program Director
Mahsa Dehghanpour, Medical Dosimetry, Program Director
Peter Hu, Molecular Genetics Technology/Diagnostics Genetics, Program Director
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University of Texas Health Science Center – Houston Office of the Registrar

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A. About MD Anderson Cancer Center
The University of Texas MD Anderson Cancer Center
Mission Statement

The mission of The University of Texas MD Anderson Cancer Center is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public.

Vision

We shall be the premier cancer center in the world, based on the excellence of our people, our research-driven patient care and our science. We are Making Cancer History.

Core Values

Caring: By our words and actions, we create a caring environment for everyone.
Integrity: We work together to merit the trust of our colleagues and those we serve.
Discovery: We embrace creativity and seek new knowledge.

Strategic Plan

Patient Care: Enhance the quality and value of our patient care throughout the cancer care cycle.
Research: Enhance existing research programs and develop priority programs for the future.
Education: Provide educational programs of the highest quality to fully address the needs of all learners.
Prevention: Accelerate the discovery and translation of new knowledge about cancer risk assessment and prevention in the laboratory, the clinic and the community.
Our People: Enhance our most valuable asset, the people who work, volunteer and contribute to advancing our mission.
Collaboration: Enhance and disseminate our knowledge in all mission areas through collaborative and productive relationships locally, nationally and worldwide.
Resources: Safeguard and enhance our resources.
About The University of Texas MD Anderson Cancer Center

Celebrating seven decades of Making Cancer History®, The University of Texas MD Anderson Cancer Center is located in Houston on the sprawling campus of the Texas Medical Center. It is one of the world’s most respected centers devoted exclusively to cancer patient care, research, education and prevention.

The Texas Legislature created MD Anderson Cancer Center in 1941 as a component of The University of Texas. MD Anderson is one of the nation’s original three Comprehensive Cancer Centers designated by the National Cancer Act of 1971 and is one of 49 National Cancer Institute-designated comprehensive cancer centers today. U.S. News & World Report's "Best Hospitals" survey has ranked MD Anderson the nation's top hospital for cancer care. MD Anderson has been ranked the leading cancer hospital for the past 10 of 11 years. The institution has been named one of the nation's top two hospitals for cancer care every year since the survey began in 1990.

Since the first patient was registered in 1944, 1.4 million people have turned to MD Anderson for cancer care in the form of surgery, chemotherapy, radiation therapy, immunotherapy or combinations of these and other treatments. In last fiscal year, close to 146,600 cancer patients (nearly one-third of them new patients), received care at MD Anderson. Over 40% of all patients were Texans from outside Harris County and about 25% were from out-of-state. Many patients benefit from the multidisciplinary team approach to treatment that was developed by MD Anderson and now sets the standard for cancer care around the world with over 10,000 participants enrolled in 1,250-plus clinical trials exploring innovative treatments. MD Anderson provided more than $170 million in uncompensated care to Texans with cancer in FY18. This figure includes unreimbursed costs of care for patients who either have no insurance or are underinsured, or whose care was not fully covered by government-sponsored health programs.

Surgeons, medical oncologists, radiotherapists, prevention specialists and a broad range of other health professionals provide high quality care, including one of the nation’s largest programs of clinical trials that seek to improve therapies for all types of cancer. In fiscal year 2018, MD Anderson had 1,252 active clinical protocols. The results of a number of trials, with MD Anderson clinical investigators as leaders or leading contributors, have become standards of care for cancer treatment.

In Fiscal Year 2018, MD Anderson’s total research expenditure was $862 million, including over $84 million in state funding, approximately $171 million from philanthropy and foundations, and over $173 million in federal research funding. MD Anderson’s Moon Shots Program started in 2012 is a collaborative effort to more quickly turn scientific discoveries into clinical advances that save patients’ lives. The program has yielded notable discoveries across the spectrum of cancer care, including prevention, early detection and treatment. The program’s 13 Moon Shots™ are disease-focused initiatives targeting 20 types of cancer. The Moon Shots Program also established 10 platforms that provide unique expertise, technical capabilities and novel infrastructure to support the program’s team-science approach.
Strong educational programs are offered annually to over 7,000 students and trainees in medicine, science, nursing, pharmacy and many allied health specialties. MD Anderson offers bachelor’s degrees in nine health disciplines and master’s degree in Diagnostic Genetics and Radiologic Sciences. MD Anderson also provides public and patient education programs focusing on early detection of cancer and risk reduction that can help prevent cancer. Currently, more than 1,700 residents and fellows come to MD Anderson each year to receive specialized training and more than 1,700 research trainees worked at MD Anderson laboratories and clinics. The University of Texas MD Anderson Cancer Center School of Health Professions (SHP) and The University of Texas MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences (GSBS) are academically accredited through the Southern Association of Colleges and Schools Commission on Colleges to offer Bachelors, Masters, and Doctoral degrees. There are more than 400 graduate students enrolled in the GSBS, which is run jointly with The University of Texas Health Science Center at Houston (UTHSC-H). The relationship of the UTHSC-H with the GSBS is long standing and strong. In recent years there has also been a marked increase in collaborative activities with the UTHSC-H School of Public Health as MD Anderson’s prevention efforts have grown.

Numerous MD Anderson faculty members serve the GSBS as thesis advisors, student committee members, and on various faculty senate committees, including admissions and curriculum. The MD/PhD program conducted with UTHSC-H Medical School continues to receive MD Anderson monetary support as well as laboratory placement of participants. Several support activities, such as University of Texas Police are joint activities of MD Anderson and UTHSC-H.

The SHP is committed to the education of health care professionals, through formal academic programs that award bachelor of science degrees and a master’s in health sciences. Students in the SHP receive a unique educational experience within MD Anderson, located in the world’s largest medical center. The education of the students includes the entire spectrum of laboratory testing and patient treatment procedures, from the relatively uncomplicated to the highly specialized. The SHP programs graduated 155 students in 2017 in ten areas of study: Clinical Laboratory Science, Cytogenetic Technology, Cytotechnology, Diagnostics Genetics, Diagnostic Medical Sonography, Diagnostic Imaging, Histotechnology, Medical Dosimetry, Molecular Genetic Technology, and Radiation Therapy. All of the school’s programs are accredited and approved by nationally recognized agencies.

The Houston-based MD Anderson facilities in the Texas Medical Center cover more than 14 million square feet and feature the latest equipment and facilities to support growing needs in outpatient and inpatient care, research, prevention and education. MD Anderson has Houston-area locations in the Texas Medical Center, Bay Area, Katy, West Houston (diagnostic imaging), Sugar Land, The Woodlands, Bellaire (diagnostic imaging) and Memorial City (surgery). MD Anderson physicians also provide cancer care to patients at Lyndon B. Johnson Hospital in Houston. It is the exclusive provider of breast radiology services for five of Memorial Hermann’s 10 breast care centers in the Houston area - Memorial City, The Woodlands, Sugar Land, and Northeast and Southwest Houston. The institution also has developed a network of national and international locations.

MD Anderson employs more than 20,000 people and enjoys a volunteer workforce of over 1,000 on-site, trained volunteers and over 2,000 off site myCancerConnection trained survivor volunteers contributed over 117,000 hours of service in FY18. Faculty, staff, and volunteers are dedicated to the core values of Caring, Integrity, and Discovery. Together they work toward fulfilling the MD Anderson mission of eliminating cancer as a major health threat.
The University of Texas MD Anderson Cancer Center

Addresses

University of Texas MD Anderson Cancer Center
Office of the President
1515 Holcombe Blvd.
Unit 091
Houston, Texas 77030

University of Texas MD Anderson Cancer Center
Office of the Executive Vice President & Provost
1515 Holcombe Blvd.
Unit 113
Houston, Texas 77030

University of Texas MD Anderson Cancer Center
Office of the Senior Vice President of Academic Affairs
7007 Bertner Street
Unit 1722
Houston, Texas 77030

University of Texas MD Anderson Cancer Center School of Health Professions
Office of the Dean
1515 Holcombe Blvd.
Unit 0002
Houston, Texas 77030

University of Texas MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences
Office of the Dean
6767 Bertner Avenue
Unit 1011
Houston, Texas 77030
The University of Texas MD Anderson Organizational Chart

*These functions have an administrative reporting relationship to the SVP/Chief/VP and a functional reporting relationship to the President
# The University of Texas MD Anderson Cancer Center

## Executive Leadership Team

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<td>Peter WT Pisters, M.D.</td>
<td>President</td>
</tr>
<tr>
<td>Stephen Hahn, M.D.</td>
<td>Chief Medical Executive</td>
</tr>
<tr>
<td>Steven Haydon, J.D.</td>
<td>Senior Vice President, Regulatory Affairs</td>
</tr>
<tr>
<td>Christopher McKee</td>
<td>Senior Vice President, Strategy and Business Development</td>
</tr>
<tr>
<td>Ben Melson</td>
<td>Senior Vice President, Chief Financial Officer</td>
</tr>
<tr>
<td>Mark Moreno</td>
<td>Vice President, Governmental Relations</td>
</tr>
<tr>
<td>Ferran Prat, Ph.D., J.D.</td>
<td>Senior Vice President, Strategic Industry Ventures</td>
</tr>
<tr>
<td>Tadd Pullin</td>
<td>Senior Vice President, Institutional Advancement</td>
</tr>
<tr>
<td>Fatima Sheriff</td>
<td>Chief of Staff, Office of the President</td>
</tr>
<tr>
<td>Shibu Varghese</td>
<td>Senior Vice President, People and Business Operations</td>
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The University of Texas System Board of Regents

The Board of Regents (BOR), the governing body for The University of Texas System, is composed of nine members who are appointed by the Governor and confirmed by the Senate. Terms for Regents are scheduled for six years each and staggered so that three members’ terms will usually expire on February 1 of odd-numbered years.* In addition, the Governor appoints a Student Regent for a one-year term that expires on May 31.

Officers
Kevin P. Eltife, Chairman
Janiece Longoria , Vice Chairman
Regent James C. "Rad" Weaver, Vice Chairman

Members
Term Expires May 2019
Student Regent Brittany E. Jewell

Terms Expire February 2021
Regent David J. Beck
Regent R. Steven Hicks
Regent Nolan Perez

Terms Expire February 2023
Chairman Kevin P. Eltife
Vice Chairman Janiece Longoria
Vice Chairman James C. "Rad" Weaver

Terms Expire February 2025
Regent Christina Melton Crain
Regent Jodie Lee Jiles
Regent Kelcy L. Warren

* Each Regent’s term expires when a successor has been appointed, qualified, and taken the oath of office.
The University of Texas System Executive Offices

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<td>James B. Milliken</td>
<td>Chancellor</td>
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<tr>
<td>Office of Academic Affairs</td>
<td>Steven Leslie</td>
<td>Executive Vice Chancellor for Academic Affairs</td>
</tr>
<tr>
<td>Office of Health Affairs</td>
<td>Amy Shaw Thomas</td>
<td>Executive Vice Chancellor for Health Affairs ad Interim</td>
</tr>
<tr>
<td>Office of Business Affairs</td>
<td>Scott C. Kelley, Ed.D</td>
<td>Executive Vice Chancellor for Business Affairs</td>
</tr>
<tr>
<td>Office of General Counsel</td>
<td>Daniel H. Sharphorn, J.D.</td>
<td>Vice Chancellor and General Counsel</td>
</tr>
<tr>
<td>Office of Governmental Relations</td>
<td>Stacy Napier</td>
<td>Vice Chancellor and Chief Governmental Relations Officer</td>
</tr>
<tr>
<td>Office of External Relations</td>
<td>Randa S. Safady, Ph.D.</td>
<td>Vice Chancellor for External Relations, Communications, and Advancement Services</td>
</tr>
<tr>
<td>Office of Institutional Research and Analysis</td>
<td>Stephanie A. Bond Huie, Ph.D.</td>
<td>Vice Chancellor for Institutional Research and Analysis</td>
</tr>
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The University of Texas MD Anderson Board of Visitors

The MD Anderson Board of Visitors (BOV) is an appointive board of volunteers within the organizational structure of MD Anderson and the University Cancer Foundation, which assists the President and, upon request, the Board of Regents in an advisory capacity. The purpose of the BOV is to further the mission of MD Anderson and the objectives of the university.

Membership of the BOV consists of persons especially interested in the accomplishments of the mission of MD Anderson and the attainment of its objectives. The BOV consists of over 200 Members, Members-at-Large, Associate Members, Senior Members and Life Members. Members and Members-at-Large serve three year terms and Associate Members serve one year terms. Senior Members and Life Members are exempt from term limits.
The University of Texas MD Anderson Cancer Center Institutes

Multidisciplinary Care Centers
- Brain and Spine
- Breast
- Children's Cancer Hospital
- Colorectal
- Endocrine
- Gastrointestinal
- Genitourinary
- Gynecologic Oncology
- Head and Neck
- Leukemia
- Lymphoma and Myeloma
- Melanoma and Skin
- Sarcoma
- Thoracic

Centers of Excellence

Basic Sciences
- Center for Biological Pathways
- Center for Cancer Epigenetics
- Center for Environmental and Molecular Carcinogenesis
- Center for Genetics and Genomics
- Center for Inflammation and Cancer
- Center for Stem Cell and Developmental Biology

Duncan Family Institute
- Center for Energy Balance in Cancer Prevention and Survivorship
- Center for Translational and Public Health Genomics
- Center for Community-Engaged Translational Research (CCETR)

Institute for Cancer Care Innovation

McCombs Institute
- Center for Advanced Biomedical Imaging Research
- Center for Cancer Immunology Research
- Center for Global Cancer Early Detection
- Center for Radiation Oncology Research
- Center for RNA Interference and Non-coding RNAs
- Center for Targeted Therapy
- Metastasis Research Center
- Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer

Zayed Institute for Personalized Cancer Therapy
The University of Texas MD Anderson Core Facilities Cancer Center Support Grant (CCSG) Shared Resources*

The CCSG provides partial funding for shared resources that are available to all cancer center members. These include a variety of instruments and services to facilitate research. In prioritizing use of these facilities, precedence will be given to peer-reviewed investigators. If publications use data generated by the shared resources, the publications should cite the core grant in the acknowledgement section. The Shared Resources available through MD Anderson are as follows:

**Advanced Technology Genomics Core**
The Advanced Technology Genomics Core is the primary, "one-stop" genomics core facility for researchers at MD Anderson Cancer Center. Its goal is to use state-of-the-art instrumentation and innovative technical expertise in order to provide investigators with the highest quality genomic data from a comprehensive range of genomic services in a timely manner. Such a centralized facility minimizes duplication of expensive equipment and facilitates continued technical excellence.

**Assessment, Intervention and Measurement (AIM) Facility**
The Assessment, Intervention and Measurement (AIM) Facility is a shared resource that provides expertise in the science of collecting and managing patient-generated health data, and behavioral intervention development and implementation utilizing web, mobile and other technology applications.

**Bioinformatics Shared Resource**
The Bioinformatics Shared Resource (BISR) provides consultation and collaboration to research scientists in order to improve the design, conduct and data analysis of studies that use high-throughput molecular biology technologies. This resource operates out of the Section of Bioinformatics in the Department of Biostatistics. Although the first faculty members were recruited in 1999, the Bioinformatics Section itself was formally created in October 2000 as a joint effort of the Biostatistics Department and the Cancer Genomics Program. It is now easier, and often cheaper, to generate millions of data points on the molecular profiles of cancers than it is to analyze those data points statistically or interpret them biologically. With the revolution in DNA and RNA sequencing, the need for bioinformatics support throughout MD Anderson has increased exponentially, and the BISR is the institution’s principal resource for dealing with this data deluge. The BISR uses a heterogeneous computing environment supported across Windows, Unix/Linux, and Mac OS X operating systems, with access to more than 300 terabytes of in-house storage space for home directories, research data, and data mirrors. It accesses in-house parallel computing capability through a 48-processor Cray XD1 HPC cluster and a 290-processor distributed computing Condor pool of over 160 Windows workstations (each with ≥2GB of memory) and 8 servers (ranging from 4GB to 16GB of memory).

**Biostatistics Resource Group**
The Biostatistics Resource Group is a shared resource providing statistical collaboration and consultation to research scientists. The goal is to develop statistical designs for trial conduct and to provide data analysis of current and future therapeutic, diagnostic, prevention and intervention studies, while also improving the patient care that is provided through clinical trials.

*Source: CCSG Shared Resources Website*
Characterized Cell Line Core
The Characterized Cell Line Core was formed in response to a recent notice from the NIH which requires cell line validation for grant applications to be considered of the highest quality. Journals such as *Science*, *Nature* and *PNAS* are adopting requirements for cell line validation for publication. Cell lines that have been extensively characterized at the DNA, RNA and protein levels will allow investigators to choose the correct cell line for their research. Pre-characterized cell lines will decrease the cost to researchers since this will eliminate repeat analysis. Thus, cell line validation is a critical issue for both scientific publications and grant applications.

Clinical and Translational Research Center
The Clinical and Translational Research Center (CTRC), created in 1990, is MD Anderson’s dedicated unit in which to: Conduct early phase, complex, new drug research and develop new agents for the treatment of cancer and related diseases. CTRC is an on-site resource for M.D. Anderson investigators performing early clinical trials and where patients receive intensive monitoring for complex, early-phase clinical trials. The CTRC Laboratory is housed within the CTRC unit to provide sample collection, processing, storage, and shipping to conduct pharmacology studies. Clinical investigation technicians collect and process blood and urine specimens for clinical trials.

Flow Cytometry and Cellular Imaging Facility
The Flow Cytometry and Cellular Imaging (FCCI) Core Facility was established in 1982 with the goal of providing the large community of investigators at MD Anderson with access to state-of-the-art cell analysis technology. The Core has expanded the number of technologies offered and in use by cancer center members. The FCCI Core now includes two separate sites: the North Campus and South Campus facilities. The South Campus Flow Cytometry & Cell Sorting Core Laboratory (SCFC) was established in 2000. In 2008, The SCFC was awarded CCSG support to provide sufficient capacity to support the institution's investigators. Both the North and South Campus facilities are open to the entire MD Anderson research community.

Functional Genomics Core
Functional Genomics aims to study the complicated interactions between genotype and phenotype at a genome-wide scale. Genome-scale gain- and loss-of-function genetic screens are important approaches to conduct such studies. ShRNA knockdown and ectopic gene expression are important techniques to carry out loss- and gain-of-function experiments for biomedical research.

Functional Proteomics Reverse Phase Protein Array Core
The RPPA Core provides investigators with a powerful, high-throughput, quantitative, cost-effective technology for functional proteomics studies. Furthermore, we provide centralized, standardized and quality-controlled services to investigators not only throughout MD Anderson, but around the world, as well as to several national consortia, including TCGA, CCLE and ICBP. RPPA represents an antibody-based functional proteomic analysis for both tumor tissue and cultured cells. RPPA characterizes the basal protein expression and modification levels, growth factor- or ligand-induced effects, and time-resolved responses appropriate for systems biology analysis. It provides information to integrate the consequence of genetic aberrations in cancer, to validate therapeutic targets, to demonstrate on- and off-target activity of drugs, and to evaluate drug pharmacodynamics.
CCSG Shared Resources, continued

**Genetically Engineered Mouse Facility**
The purpose of the MD Anderson Genetically Engineered Mouse Facility (GEMF) is to provide technologically advanced and efficient mouse mutation resources to faculty members at the institution. Functional Genomics aims to study the complicated interactions between genotype and phenotype at a genome-wide scale. Genome-scale gain- and loss-of-function genetic screens are important approaches to conduct such studies. ShRNA knockdown and ectopic gene expression are important techniques to carry out loss- and gain-of-function experiments for biomedical research.

**High Resolution Electron Microscopy Facility**
The mission of the High Resolution Electron Microscopy Facility (HREMF) is to provide high quality electron microscopy services at an affordable price to research investigators at MD Anderson Cancer Center. The facility is located in the Smith Research Building (South Campus) and houses a JEOL JEM1010 transmission electron microscope (TEM), a JEOL JSM5900 scanning electron microscope (SEM), a TechnoTrade coating system, a Leica ultramicrotome, and a Leica ultrastainer. The HREMF personnel are available to provide research support for investigators who are interested in electron microscopy.

**Institutional Tissue Bank**
The Institutional Tissue Bank (ITB) at MD Anderson is a CLIA-certified research specimen repository developed for the purpose of collection, processing, storage and distribution of patient tissue samples, fluids, and related clinical data across the MD Anderson research investigators and on behalf of the institutional protocols.

**Laboratory Animal Genetic Services**
Laboratory Animal Genetic Services (LAGS), supported by the institutional Cancer Center Support Grant (P30 CA16672), provides investigators with cost-effective, customized genetic analysis for research laboratory animal studies. Polymorphic genetic markers are used to support speed congenic development, background strain characterization, and genetic quality control for mice and rats. PCR testing for infectious diseases of laboratory mice and rats is also provided, as is general consultation on the genetics of mice and rats.

**Metabolomics Facility**
The Metabolomics Facility at MD Anderson provides state-of-the-art mass spectrometry analysis of metabolites for basic and clinical cancer research. We offer our services to both MD Anderson and external investigators.

**Microbiome Facility**
The mission of the Microbiome Core Facility is to support the research at MD Anderson Cancer Center by providing high quality of sequencing technologies to profile microbiota for microbiome studies.

**Monoclonal Antibody Core Facility**
The Monoclonal Antibody Facility (MAF) provides newly generated custom monoclonal antibodies and purification from user's or commercially available hybridomas, plus additional services to researchers at MD Anderson and beyond.
CCSG Shared Resources, continued

ORION
The purpose of our core is to provide state-of-the-art immunoprofiling services to MDACC investigators as well as local investigators. Our services range from single service instrument use to entire project design and analysis. Researchers and Investigators will need to provide the samples for analysis. Samples can be stored short-term prior to assessment.

Research Animal Support Facility - Houston
The Research Animal Support Facility in Houston (RASFH) exists to serve the research programs of MD Anderson. Clinical and basic cancer research involving laboratory animals is conducted at MD Anderson. The Department of Veterinary Medicine and Surgery (DVMS) is the core of the RASFH. The primary mission is to provide the best possible veterinary care, facilities, consultation, and services in support of the institutional animal care and use program, in keeping with all applicable laws, regulations, guidelines, and Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) accreditation standards. The focus of the RASFH is the well being of all animals, the best interests of our researchers, and the best interest of MD Anderson and its animal care and use program. As the institution’s research mission evolves, and new animal research needs are identified, RASFH personnel identify new opportunities to participate in additional research support activities. Presently, the use of transgenic, SCID, and targeted mutant (knockout) mice and the associated new molecular programs represent such activities.

Research Animal Support Facility - Smithville
The Research Animal Support Facility (RASF) in the Department of Epigenetics and Molecular Carcinogenesis is supported in part by the institution’s Cancer Center Support Grant from the National Cancer Institute. This facility is one of approximately 900 worldwide that are accredited by Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) International, a private nonprofit organization that promotes the humane treatment of animals in science through voluntary accreditation and assessment programs. Our participation in this voluntary program is a demonstration of our commitment to responsible animal care and use. The RASF provides animal husbandry, veterinary care and consultation, surgical and technical support, and numerous research and diagnostic services.

Research Histopathology Core Facility
The Research Histology Core Laboratory (RHCL) provides histological and molecular expertise, technical support and consultation to research investigators, which in turn produces positive outcomes for their research protocols. The purpose of the RHCL is to allow researchers to concentrate their grant funds to their protocols, without the expense of hiring technical personnel or buying costly instrumentation. The services offered are all routine histology procedures along with some specialty services that include alcohol fixation, RNASE and DNASE preparation and sectioning, cell pellets and special stains.
CCSG Shared Resources, continued

Shared Decision Making Core
The Shared Decision Making Core (SDM Core) provides researchers with access to decision science expertise and state-of-the-art methods necessary to develop, evaluate, and disseminate SDM interventions to enhance the quality of cancer care delivery at MD Anderson and its partner institutions.

Small Animal Imaging Facility
The Small Animal Imaging Facility (SAIF) is a core MD Anderson research resource. The SAIF team provides comprehensive imaging support services for MD Anderson cancer investigators, including: assistance in experimental design; developing specialty equipment and innovative procedures for imaging; preparing animals for studies, inducing and maintaining appropriate anesthesia and immobilization of animals during imaging; harvesting and marking appropriate tissues for correlation of macroscopic, microscopic and imaging characteristics of the tissue or organ; and processing and interpreting data for publication or grant preparation.

Tissue Procurement & Pathology Resource
The maintenance of a flexible, sophisticated institutional tissue procurement and repository facility with informatics infrastructure is vital to all aspects of current and future intra- and extramural clinical, translational, basic, and population-based research efforts at MD Anderson. The Tissue Biospecimen and Pathology Resource (TBPR) is a well-established, mature CCSG-supported core facility that provides access by all basic science, translational, and clinical investigators to human tissues that have been removed by therapeutic resection or biopsy. Benign and malignant tumor and non-neoplastic and normal control tissue from the entire spectrum of available specimens are obtained and temporarily stored. The TBPR supports hypothesis-generating, -developing, and -testing studies, including both correlative and integrated marker studies in clinical trials.
A.1 Top Ten Newly Diagnosed Cancers at MD Anderson Cancer Center, FY 2013 – FY 2017*

<table>
<thead>
<tr>
<th>Top Ten Newly Diagnosed Cancer Cases</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>15.20%</td>
<td>16.52%</td>
<td>16.09%</td>
<td>15.40%</td>
<td>14.18%</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>9.50%</td>
<td>9.44%</td>
<td>9.70%</td>
<td>6.43%</td>
<td>7.13%</td>
</tr>
<tr>
<td>Prostate</td>
<td>8.60%</td>
<td>8.14%</td>
<td>8.42%</td>
<td>7.19%</td>
<td>7.16%</td>
</tr>
<tr>
<td>Melanomas of the Skin</td>
<td>5.40%</td>
<td>4.76%</td>
<td>5.30%</td>
<td>4.27%</td>
<td>3.98%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>4.60%</td>
<td>4.78%</td>
<td>4.47%</td>
<td>3.90%</td>
<td>4.03%</td>
</tr>
<tr>
<td>Non-Hodgkin's Lymphoma</td>
<td>4.90%</td>
<td>4.60%</td>
<td>5.03%</td>
<td>4.32%</td>
<td>4.49%</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>6.20%</td>
<td>5.97%</td>
<td>6.11%</td>
<td>5.81%</td>
<td>6.47%</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>4.30%</td>
<td>4.01%</td>
<td>4.32%</td>
<td>3.26%</td>
<td>3.33%</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>3.60%</td>
<td>4.26%</td>
<td>3.88%</td>
<td>2.73%</td>
<td>2.66%</td>
</tr>
<tr>
<td>Brain &amp; Other Nervous System</td>
<td>2.60%</td>
<td>2.94%</td>
<td>2.74%</td>
<td>3.51%</td>
<td>3.64%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3.30%</td>
<td>3.29%</td>
<td>3.05%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Top 10 disease sites based on the average disease site mix of cancer cases new to MDACC. Counts for disease sites based on SEER groupings using ICD-O site and Histology coding. Newly Diagnosed Cancer Cases: Total count of malignant neoplasms or malignancy-related conditions that have been addressed at MD Anderson for the first time (a subset of Cancer Cases New to MD Anderson) who were seen at MD Anderson in the same fiscal year or calendar year of diagnosis of that cancer case. Cases may have been diagnosed/treated at any facility during the specified fiscal/calendar year. This is a count of cancer cases, not patients.

A.2 Origin Mix of Total Patients Served, FY 2013 – FY 2017*

<table>
<thead>
<tr>
<th>Regions</th>
<th>% of Patients Served by Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2013</td>
</tr>
<tr>
<td>Harris County</td>
<td>30.5%</td>
</tr>
<tr>
<td>Texas (outside of Harris County)</td>
<td>41.9%</td>
</tr>
<tr>
<td>U.S. (outside of Texas)</td>
<td>25.4%</td>
</tr>
<tr>
<td>American Territories &amp; International</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

*Total Patients Served: The total count of patients newly or previously assigned a medical record who were diagnosed with and/or received care during a specified year for a malignant neoplasm or a malignancy-related condition, benign neoplasm, and/or a non-neoplastic condition identified in the Tumor Registry. This count excludes employee/visitor health, no-show, outreach, and bone marrow donor registrations, as well as any individual with a newly or previously assigned medical record number who only received a screening during the specified year. Patients are counted in only one category with priority given to cancer first, then benign, and finally non-neoplastic. After the first 4 months from the registration date, Tumor Registry usually updates a patient’s tumor registry record only when a new malignant primary is discovered or a patient has died. Therefore, all benign neoplasms and non-neoplastic conditions may not be captured in the Tumor Registry.
### A.3 Institutional Statistics, Current Month, Current Year to Date, Prior Fiscal Years*

<table>
<thead>
<tr>
<th>CFO - Hyperion, Statement of Operations</th>
<th>FY18</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operating Revenue</td>
<td>5,225,221,554</td>
<td>4,999,342,760</td>
<td>4,480,444,361</td>
<td>4,495,768,037</td>
<td>4,412,923,943</td>
<td>4,135,238,891</td>
</tr>
<tr>
<td>Total Operating Expense</td>
<td>4,438,334,915</td>
<td>4,299,888,209</td>
<td>4,272,911,647</td>
<td>3,928,889,508</td>
<td>3,683,180,248</td>
<td>3,589,179,436</td>
</tr>
<tr>
<td>Total Margin Contributed to Capital Plan</td>
<td>786,886,639</td>
<td>699,454,551</td>
<td>207,532,714</td>
<td>566,878,529</td>
<td>729,743,695</td>
<td>$546,059,455</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFO- Hyperion, Operating Statistics</th>
<th>FY18</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>29,118</td>
<td>28,793</td>
<td>27,391</td>
<td>28,167</td>
<td>27,761</td>
<td>27,905</td>
</tr>
<tr>
<td>Patient Days</td>
<td>207,071</td>
<td>202,411</td>
<td>198,080</td>
<td>202,483</td>
<td>202,636</td>
<td>202,553</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>587</td>
<td>577</td>
<td>561</td>
<td>574</td>
<td>571</td>
<td>569</td>
</tr>
<tr>
<td>Average Occupancy Rate</td>
<td>87%</td>
<td>85%</td>
<td>85%</td>
<td>86%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Average # of Operating Beds</td>
<td>673</td>
<td>681</td>
<td>661</td>
<td>665</td>
<td>654</td>
<td>656</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>7.1</td>
<td>7.0</td>
<td>7.2</td>
<td>7.2</td>
<td>7.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Outpatient Billable Visits</td>
<td>1,458,076</td>
<td>1,441,403</td>
<td>1,404,329</td>
<td>1,440,684</td>
<td>1,363,008</td>
<td>1,338,706</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFO- Hyperion, Operating Statistics</th>
<th>YTD FY18</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Surgeries</td>
<td>22,267</td>
<td>21,913</td>
<td>21,108</td>
<td>21,835</td>
<td>19,828</td>
<td>21,056</td>
</tr>
<tr>
<td>Surgery Hours</td>
<td>71,462</td>
<td>70,459</td>
<td>67,936</td>
<td>69,987</td>
<td>69,506</td>
<td>70,221</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFO- Hyperion, Operating Statistics</th>
<th>YTD FY18</th>
<th>FY17</th>
<th>FY16</th>
<th>FY15</th>
<th>FY14</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Med / Pathology Billed Procedures</td>
<td>13,280,436</td>
<td>12,700,333</td>
<td>12,073,679</td>
<td>12,334,917</td>
<td>12,005,766</td>
<td>11,718,405</td>
</tr>
<tr>
<td>Diagnostic Imaging Billed Procedures</td>
<td>611,190</td>
<td>574,018</td>
<td>524,044</td>
<td>530,590</td>
<td>523,297</td>
<td>501,887</td>
</tr>
<tr>
<td>Radiation Oncology Billed Procedures</td>
<td>266,619</td>
<td>228,974</td>
<td>207,425</td>
<td>254,361</td>
<td>283,536</td>
<td>284,740</td>
</tr>
<tr>
<td>Stem Cell Transplants</td>
<td>770</td>
<td>735</td>
<td>732</td>
<td>857</td>
<td>847</td>
<td>815</td>
</tr>
<tr>
<td>Public Affairs</td>
<td>YTD FY18</td>
<td>FY17</td>
<td>FY16</td>
<td>FY15</td>
<td>FY14</td>
<td>FY13</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>117,993</td>
<td>122,637</td>
<td>121,356</td>
<td>145,452</td>
<td>164,970</td>
<td>193,921</td>
</tr>
<tr>
<td>Internet Services</td>
<td>YTD FY18</td>
<td>FY17</td>
<td>FY16</td>
<td>FY15</td>
<td>FY14</td>
<td>FY13</td>
</tr>
<tr>
<td>Visits: <a href="http://www.mdanderson.org">www.mdanderson.org</a></td>
<td>12,933,438</td>
<td>12,532,707</td>
<td>15,135,175</td>
<td>17,043,853</td>
<td>12,023,983</td>
<td>11,299,378</td>
</tr>
<tr>
<td>Visits: inside.mdanderson.org</td>
<td>13,137,349</td>
<td>12,228,498</td>
<td>13,366,165</td>
<td>12,737,482</td>
<td>12,273,139</td>
<td>12,273,139</td>
</tr>
</tbody>
</table>

*Data provided by MD Anderson Annual Report, previous years based upon Hyperion reported data (Quickstats)
### MD Anderson Workforce Report- FY 2018

<table>
<thead>
<tr>
<th>MONTH</th>
<th>Total Employees</th>
<th>Change</th>
<th>Full-Time Employees</th>
<th>Change</th>
<th>Total Full-Time</th>
<th>Change</th>
<th>Total Part-Time</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>August, 2017</td>
<td>19,503</td>
<td></td>
<td>19,503.00</td>
<td></td>
<td>17,789</td>
<td></td>
<td>1,714</td>
<td></td>
</tr>
<tr>
<td>September, 2017</td>
<td>19,560</td>
<td>57</td>
<td>19,070.74</td>
<td>-432.26</td>
<td>-2.27%</td>
<td>17,806</td>
<td>17</td>
<td>0.10%</td>
</tr>
<tr>
<td>October, 2017</td>
<td>19,705</td>
<td>145</td>
<td>19,206.57</td>
<td>135.83</td>
<td>0.71%</td>
<td>17,931</td>
<td>125</td>
<td>0.70%</td>
</tr>
<tr>
<td>November, 2017</td>
<td>19,819</td>
<td>114</td>
<td>19,317.37</td>
<td>110.80</td>
<td>0.57%</td>
<td>18,042</td>
<td>111</td>
<td>0.62%</td>
</tr>
<tr>
<td>December, 2017</td>
<td>19,746</td>
<td>-73</td>
<td>19,241.56</td>
<td>-75.81</td>
<td>-0.39%</td>
<td>17,971</td>
<td>-71</td>
<td>-0.40%</td>
</tr>
<tr>
<td>January, 2018</td>
<td>19,888</td>
<td>142</td>
<td>19,353.65</td>
<td>112.09</td>
<td>0.58%</td>
<td>18,056</td>
<td>85</td>
<td>0.47%</td>
</tr>
<tr>
<td>February, 2018</td>
<td>19,965</td>
<td>77</td>
<td>19,424.62</td>
<td>72.77</td>
<td>0.37%</td>
<td>18,107</td>
<td>51</td>
<td>0.28%</td>
</tr>
<tr>
<td>March, 2018</td>
<td>20,021</td>
<td>56</td>
<td>19,483.01</td>
<td>56.59</td>
<td>0.29%</td>
<td>18,152</td>
<td>45</td>
<td>0.25%</td>
</tr>
<tr>
<td>April, 2018</td>
<td>20,151</td>
<td>130</td>
<td>19,611.69</td>
<td>128.68</td>
<td>0.66%</td>
<td>18,268</td>
<td>116</td>
<td>0.63%</td>
</tr>
<tr>
<td>May, 2018</td>
<td>20,248</td>
<td>97</td>
<td>19,706.39</td>
<td>94.70</td>
<td>0.48%</td>
<td>18,361</td>
<td>93</td>
<td>0.51%</td>
</tr>
<tr>
<td>June, 2018</td>
<td>20,377</td>
<td>129</td>
<td>19,850.62</td>
<td>144.23</td>
<td>0.73%</td>
<td>18,524</td>
<td>163</td>
<td>0.88%</td>
</tr>
<tr>
<td>July, 2018</td>
<td>20,483</td>
<td>106</td>
<td>19,950.63</td>
<td>100.01</td>
<td>0.50%</td>
<td>18,613</td>
<td>89</td>
<td>0.48%</td>
</tr>
<tr>
<td>August, 2018</td>
<td>20,318</td>
<td>-165</td>
<td>19,792.39</td>
<td>-158.24</td>
<td>-0.80%</td>
<td>18,465</td>
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<td>-0.80%</td>
</tr>
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</table>

**Reporting Source: PeopleSoft**

*Data provided as of last day of each month.*

*Includes Hourly and Temp Employees.*
B. Student Information
## B.1 SHP Applied, Admitted and Enrolled Data by Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Fall 2014</th>
<th>Fall 2015</th>
<th>Fall 2016</th>
<th>Fall 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS Clinical Laboratory Sciences</td>
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</tr>
<tr>
<td>BS Histotechnology*</td>
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</tr>
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<td><strong>184</strong></td>
<td><strong>184</strong></td>
<td><strong>454</strong></td>
</tr>
</tbody>
</table>

Source: SHP Dean’s Report  *MS in Diagnostics Genetics, BS in Diagnostic Medical Sonography, and CRT in Diagnostic Imaging implemented in 2013
### B.2 SHP Students by Mean Age and Level, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>MEAN STUDENT AGE BY CLASSIFICATION</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
<th>Fall 2015</th>
<th>Fall 2016</th>
<th>Fall 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>MEAN AGE</td>
<td>COUNT</td>
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</table>

Source: Certified CBM001
## B.3 SHP Students by Gender and Ethnicity, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
<th>GENDER</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
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<td>FEMALE</td>
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<td>20.8%</td>
<td>65</td>
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<td>28</td>
<td>9.2%</td>
<td>27</td>
<td>8.4%</td>
<td>24</td>
<td>7.1%</td>
<td>22</td>
<td>6.2%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
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<td>30.7%</td>
<td>80</td>
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<td>25.1%</td>
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<td>8.9%</td>
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<td><strong>Subtotal</strong></td>
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<td>25</td>
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<td>27</td>
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<tr>
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<td>30.3%</td>
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<td>28</td>
<td>9.2%</td>
<td>26</td>
<td>8.1%</td>
<td>20</td>
<td>5.9%</td>
<td>26</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
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<td>16.7%</td>
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<td>24.4%</td>
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</tr>
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<tr>
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</tr>
<tr>
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<td>8</td>
<td>2.4%</td>
<td>6</td>
<td>1.7%</td>
</tr>
<tr>
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</tr>
<tr>
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<td>8</td>
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<td>2.8%</td>
</tr>
<tr>
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</table>

Source: Certified CBM001
### B.4 SHP Students by Ethnicity, Fall 2013 – Fall 2017

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<th>ETHNIC ORIGIN</th>
<th>Fall 2013 Count</th>
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<th>Fall 2014 Count</th>
<th>% of Students</th>
<th>Fall 2015 Count</th>
<th>% of Students</th>
<th>Fall 2016 Count</th>
<th>% of Students</th>
<th>Fall 2017 Count</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>97</td>
<td>30.6%</td>
<td>93</td>
<td>30.7%</td>
<td>80</td>
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<td>85</td>
<td>25.1%</td>
<td>82</td>
<td>22.9%</td>
</tr>
<tr>
<td>BLACK NON-HISPANIC</td>
<td>40</td>
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<td>33</td>
<td>10.9%</td>
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<td>9.4%</td>
<td>39</td>
<td>11.5%</td>
<td>41</td>
<td>11.5%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>59</td>
<td>18.6%</td>
<td>73</td>
<td>24.1%</td>
<td>97</td>
<td>30.3%</td>
<td>100</td>
<td>29.5%</td>
<td>110</td>
<td>30.8%</td>
</tr>
<tr>
<td>ASIAN</td>
<td>53</td>
<td>16.7%</td>
<td>70</td>
<td>23.1%</td>
<td>78</td>
<td>24.4%</td>
<td>76</td>
<td>22.4%</td>
<td>83</td>
<td>23.2%</td>
</tr>
<tr>
<td>AMERICAN INDIAN OR ALASKAN NATIVE</td>
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<td>1</td>
<td>0.3%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
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<td>23</td>
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<td>6.5%</td>
<td>22</td>
<td>6.2%</td>
</tr>
<tr>
<td>UNKNOWN OR NOT REPORTED</td>
<td>43</td>
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<td>0.9%</td>
<td>8</td>
<td>2.4%</td>
<td>6</td>
<td>1.7%</td>
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<tr>
<td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
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<td>0.6%</td>
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<td>0.6%</td>
</tr>
<tr>
<td>TWO OR MORE RACES</td>
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<td>7</td>
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<td>7</td>
<td>2.1%</td>
<td>10</td>
<td>2.8%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>317</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>303</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>320</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>339</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>357</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: Certified CBM001

### SHP Students by Ethnicity

**Fall 2013 - 2017**

- WHITE NON-HISPANIC
- BLACK NON-HISPANIC
- HISPANIC
- ASIAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- INTERNATIONAL
- UNKNOWN OR NOT REPORTED
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- TWO OR MORE RACES
### B.5 SHP Students by Gender, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Fall 2013</th>
<th>% of Students</th>
<th>Fall 2014</th>
<th>% of Students</th>
<th>Fall 2015</th>
<th>% of Students</th>
<th>Fall 2016</th>
<th>% of Students</th>
<th>Fall 2017</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNT</td>
<td></td>
<td>COUNT</td>
<td></td>
<td>COUNT</td>
<td></td>
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<td>COUNT</td>
<td></td>
</tr>
<tr>
<td>FEMALE</td>
<td>204</td>
<td>64.4%</td>
<td>205</td>
<td>67.7%</td>
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<td>66.9%</td>
<td>235</td>
<td>69.3%</td>
<td>251</td>
<td>70.3%</td>
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<tr>
<td>MALE</td>
<td>113</td>
<td>35.6%</td>
<td>98</td>
<td>32.3%</td>
<td>106</td>
<td>33.1%</td>
<td>104</td>
<td>30.7%</td>
<td>106</td>
<td>29.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>317</td>
<td>100.0%</td>
<td>303</td>
<td>100.0%</td>
<td>320</td>
<td>100.0%</td>
<td>339</td>
<td>100.0%</td>
<td>357</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Certified CBM001

---

**SHP Students by Gender**

**Fall 2013 - Fall 2017**

- **Fall 2013**: Female 64.4%, Male 35.6%
- **Fall 2014**: Female 67.7%, Male 32.3%
- **Fall 2015**: Female 66.9%, Male 33.1%
- **Fall 2016**: Female 69.3%, Male 30.7%
- **Fall 2017**: Female 70.3%, Male 29.7%
### B.6a  SHP Students by Residency - International, Fall 2013 – Fall 2017

<table>
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<th>RESIDENCE</th>
<th>RESIDENCE TYPE</th>
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<th>Fall 2014</th>
<th>Fall 2015</th>
<th>Fall 2016</th>
<th>Fall 2017</th>
</tr>
</thead>
<tbody>
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<td>Bangladesh</td>
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International SHP Students by Residency Fall 2013-2017
### B.6b SHP Students by Residency - Out of State, Fall 2013 – Fall 2017

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*Source: Certified CBM001*
### B.7 SHP Students by Residency - Texas County, Fall 2013 – Fall 2017

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### B.7 SHP Students by Residency - Texas County, continued

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*Source: Certified CBM001*

*Fall 2012 counts may or may not represent accurate data*
SHP Students by Harris County* Area and Other Texas Counties
Fall 2013 - Fall 2017

*Consists of Harris and contiguous counties
### B.8 SHP Students by Residency Type, Fall 2013 – Fall 2017

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<td>International Students</td>
<td>5</td>
<td>1.6%</td>
<td>9</td>
<td>3.0%</td>
<td>16</td>
<td>5.0%</td>
<td>23</td>
<td>6.8%</td>
<td>15</td>
<td>4.2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>317</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>303</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>320</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>339</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>357</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Source: Certified CBM001*
## B.9 UT Graduate School of Biomedical Sciences at Houston (GSBS) Applications, Accepted, and Admitted, by Program and Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Completed Application</th>
<th>Admitted Applicant</th>
<th>Enrolled Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M.D./Ph.D.</td>
<td>Individualized</td>
<td>Specialized</td>
</tr>
<tr>
<td></td>
<td>(M.S.)Ph.D.</td>
<td>M.S.</td>
<td>M.S.</td>
</tr>
<tr>
<td>2013</td>
<td>-</td>
<td>521</td>
<td>66</td>
</tr>
<tr>
<td>2014</td>
<td>-</td>
<td>672</td>
<td>56</td>
</tr>
<tr>
<td>2015</td>
<td>-</td>
<td>575</td>
<td>51</td>
</tr>
<tr>
<td>2016</td>
<td>-</td>
<td>584</td>
<td>39</td>
</tr>
<tr>
<td>2017</td>
<td>-</td>
<td>563</td>
<td>52</td>
</tr>
</tbody>
</table>

*Excludes M.D./Ph.D. applicants and admissions  
**Average undergrad GPA for Ph.D. applicants  
Source: UT Graduate School of Biomedical Sciences
### B.10  GSBS Students by Ethnicity, Fall 2013– Fall 2017*

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
<th>Fall 2013 COUNT</th>
<th>% of Students</th>
<th>Fall 2014 COUNT</th>
<th>% of Students</th>
<th>Fall 2015 COUNT</th>
<th>% of Students</th>
<th>Fall 2016 COUNT</th>
<th>% of Students</th>
<th>Fall 2017 COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>193</td>
<td>39.7%</td>
<td>179</td>
<td>36.8%</td>
<td>163</td>
<td>33.5%</td>
<td>155</td>
<td>31.9%</td>
<td>157</td>
<td>32.3%</td>
</tr>
<tr>
<td>BLACK NON-HISPANIC</td>
<td>12</td>
<td>2.5%</td>
<td>13</td>
<td>2.7%</td>
<td>13</td>
<td>2.7%</td>
<td>12</td>
<td>2.5%</td>
<td>17</td>
<td>3.5%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>42</td>
<td>8.6%</td>
<td>30</td>
<td>6.2%</td>
<td>43</td>
<td>8.8%</td>
<td>41</td>
<td>8.4%</td>
<td>34</td>
<td>7.0%</td>
</tr>
<tr>
<td>ASIAN OR PACIFIC ISLANDER</td>
<td>43</td>
<td>8.8%</td>
<td>33</td>
<td>6.8%</td>
<td>32</td>
<td>6.6%</td>
<td>25</td>
<td>5.1%</td>
<td>30</td>
<td>6.2%</td>
</tr>
<tr>
<td>AMERICAN INDIAN OR ALASKAN NATIVE</td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
<td>3</td>
<td>0.6%</td>
<td>4</td>
<td>0.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>INTERNATIONAL</td>
<td>175</td>
<td>36.0%</td>
<td>167</td>
<td>34.4%</td>
<td>144</td>
<td>29.6%</td>
<td>145</td>
<td>29.8%</td>
<td>143</td>
<td>29.4%</td>
</tr>
<tr>
<td>MULTIRACIAL</td>
<td>12</td>
<td>2.5%</td>
<td>15</td>
<td>3.1%</td>
<td>14</td>
<td>2.9%</td>
<td>8</td>
<td>1.6%</td>
<td>10</td>
<td>2.1%</td>
</tr>
<tr>
<td>UNKNOWN OR NOT REPORTED</td>
<td>8</td>
<td>1.6%</td>
<td>9</td>
<td>1.9%</td>
<td>19</td>
<td>3.9%</td>
<td>17</td>
<td>3.5%</td>
<td>20</td>
<td>4.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>486</td>
<td>100.0%</td>
<td>447</td>
<td>100.0%</td>
<td>417</td>
<td>100.0%</td>
<td>407</td>
<td>100.0%</td>
<td>411</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.
### GSBS Students by Gender, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Fall 2013 COUNT</th>
<th>% of Students</th>
<th>Fall 2014 COUNT</th>
<th>% of Students</th>
<th>Fall 2015 COUNT</th>
<th>% of Students</th>
<th>Fall 2016 COUNT</th>
<th>% of Students</th>
<th>Fall 2017 COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALE</td>
<td>277</td>
<td>57.0%</td>
<td>261</td>
<td>58.4%</td>
<td>231</td>
<td>55.4%</td>
<td>233</td>
<td>57.2%</td>
<td>237</td>
<td>57.7%</td>
</tr>
<tr>
<td>MALE</td>
<td>209</td>
<td>43.0%</td>
<td>186</td>
<td>41.6%</td>
<td>186</td>
<td>44.6%</td>
<td>174</td>
<td>42.8%</td>
<td>174</td>
<td>42.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>486</td>
<td>100.0%</td>
<td>447</td>
<td>100.0%</td>
<td>417</td>
<td>100.0%</td>
<td>407</td>
<td>100.0%</td>
<td>411</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Data excludes non-degree students. Source: UT Graduate School of Biomedical Sciences.
### B.12 GSBS Students by Age Range, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>Fall 2013 COUNT</th>
<th>% of Students</th>
<th>Fall 2014 COUNT</th>
<th>% of Students</th>
<th>Fall 2015 COUNT</th>
<th>% of Students</th>
<th>Fall 2016 COUNT</th>
<th>% of Students</th>
<th>Fall 2017 COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 TO 29 YEARS OF AGE</td>
<td>337</td>
<td>69.3%</td>
<td>315</td>
<td>70.5%</td>
<td>291</td>
<td>69.8%</td>
<td>287</td>
<td>70.5%</td>
<td>295</td>
<td>71.8%</td>
</tr>
<tr>
<td>30 TO 39 YEARS OF AGE</td>
<td>134</td>
<td>27.6%</td>
<td>121</td>
<td>27.1%</td>
<td>113</td>
<td>27.1%</td>
<td>112</td>
<td>27.5%</td>
<td>112</td>
<td>27.3%</td>
</tr>
<tr>
<td>40 TO 49 YEARS OF AGE</td>
<td>14</td>
<td>2.9%</td>
<td>10</td>
<td>2.2%</td>
<td>11</td>
<td>2.6%</td>
<td>7</td>
<td>1.7%</td>
<td>3</td>
<td>0.7%</td>
</tr>
<tr>
<td>50 TO 59 YEARS OF AGE</td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
<td>2</td>
<td>0.5%</td>
<td>1</td>
<td>0.2%</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>OVER 59 YEARS OF AGE</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>486</td>
<td>100.0%</td>
<td>447</td>
<td>100.0%</td>
<td>417</td>
<td>100.0%</td>
<td>407</td>
<td>100.0%</td>
<td>411</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.
### B.13 GSBS Students by Residency Type, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>RESIDENCE TYPE</th>
<th>Fall 2013 COUNT</th>
<th>% of Students</th>
<th>Fall 2014 COUNT</th>
<th>% of Students</th>
<th>Fall 2015 COUNT</th>
<th>% of Students</th>
<th>Fall 2016 COUNT</th>
<th>% of Students</th>
<th>Fall 2017 COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Residents</td>
<td>154</td>
<td>31.7%</td>
<td>155</td>
<td>34.7%</td>
<td>136</td>
<td>32.6%</td>
<td>123</td>
<td>30.2%</td>
<td>125</td>
<td>30.4%</td>
</tr>
<tr>
<td>Out of State</td>
<td>131</td>
<td>27.0%</td>
<td>125</td>
<td>28.0%</td>
<td>137</td>
<td>32.9%</td>
<td>139</td>
<td>34.2%</td>
<td>143</td>
<td>34.8%</td>
</tr>
<tr>
<td>International</td>
<td>201</td>
<td>41.4%</td>
<td>167</td>
<td>37.4%</td>
<td>144</td>
<td>34.5%</td>
<td>145</td>
<td>35.6%</td>
<td>143</td>
<td>34.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>486</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>447</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>417</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>407</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>411</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.*

---

**GSBS Students by Residency**

*Fall 2013 - Fall 2017*

- Texas Residents
- Out of State Residents
- International Students

---

*Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.*
C. Degrees
<table>
<thead>
<tr>
<th>School/Program</th>
<th>Certificate</th>
<th>Bachelors</th>
<th>Master’s</th>
<th>Doctoral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Graduate School of Biomedical Sciences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. in Biomedical Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Biology/Clinical Translational Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Physics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutics and Pharmacology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph.D. in Biomedical Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biochemistry and Cell Biology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomedical Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Biology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetics &amp; Epigenetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genes and Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunology</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Medical Physics</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Microbiology &amp; Infectious Diseases</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Neuroscience</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Quantitative Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutics &amp; Pharmacology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School of Health Professions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Laboratory Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytogenetic Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytotechnology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Genetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Medical Sonography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Disparities, Diversity and Advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Histotechnology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Dosimetry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molecular Genetic Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiologic Sciences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The University of Texas MD Anderson Cancer Center Accreditation

The University of Texas MD Anderson Cancer Center is accredited to award baccalaureate degrees by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS), which is located at 1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone (404) 679-4501, [http://www.sacs.org](http://www.sacs.org). Many of the academic degree programs offered at MD Anderson undergo accreditation by specialized accrediting bodies*. They are as follows:

<table>
<thead>
<tr>
<th>School/Program</th>
<th>Degree</th>
<th>Accrediting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Health Professions (SHP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Laboratory Sciences</td>
<td>B.S.</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences</td>
</tr>
<tr>
<td>Cytogenetic Technology</td>
<td>B.S.</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences</td>
</tr>
<tr>
<td>Cytotechnology</td>
<td>B.S.</td>
<td>Commission on Accreditation of Allied Health Education Programs</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>B.S.</td>
<td>Joint Review Committee on Education in Radiologic Technology</td>
</tr>
<tr>
<td>Diagnostic Genetics</td>
<td>M.S</td>
<td>National Accrediting Agency for Clinical Laboratory Technology Sciences</td>
</tr>
<tr>
<td>Health Care Disparities, Diversity and Advocacy</td>
<td>B.S.</td>
<td>Southern Association of Colleges and Schools</td>
</tr>
<tr>
<td>Histotechnology</td>
<td>B.S.</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences</td>
</tr>
<tr>
<td>Medical Dosimetry</td>
<td>B.S.</td>
<td>Joint Review Committee on Education in Radiologic Technology</td>
</tr>
<tr>
<td>Molecular Genetic</td>
<td>B.S.</td>
<td>National Accrediting Agency for Clinical Laboratory Technology Sciences</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>B.S.</td>
<td>Joint Review Committee on Education in Radiologic Technology</td>
</tr>
<tr>
<td>Radiologic Sciences</td>
<td>M.S.</td>
<td>Joint Review Committee on Education in Radiologic Technology</td>
</tr>
<tr>
<td>Resident/Fellows Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate School of Biomedical Sciences (GSBS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.S. with specialization in Genetic Counseling</td>
<td></td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>M.S. with specialization in Medical Physics</td>
<td></td>
<td>American Board of Genetic Counseling</td>
</tr>
<tr>
<td>Ph.D.</td>
<td></td>
<td>Commission on Accreditation of Medical Physics Educational Programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Southern Association of Colleges and Schools</td>
</tr>
</tbody>
</table>

*The University of Texas MD Anderson Cancer Center at Houston is also accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Graduate Medical Education (ACGME).

The University of Texas Health Science Center at Houston Accreditation

The University of Texas Health Science Center at Houston is accredited to award certificates, baccalaureate, master, doctoral, and professional degrees by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS), which is located at 1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone (404)-679-4501, [http://www.sacs.org](http://www.sacs.org). The U.T. Graduate School of Biomedical Sciences master and doctoral degrees are jointly awarded through the accreditation of the UT Health Science Center-Houston and MD Anderson by SACS.
## C.1 School of Health Professions Degrees by Level, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>SHP PROGRAM</th>
<th>DEGREE CONFERRED</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
<th>% Inc/Dec</th>
<th>Fall 2015</th>
<th>% Inc/Dec</th>
<th>Fall 2016</th>
<th>% Inc/Dec</th>
<th>Fall 2017</th>
<th>% Inc/Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL LABORATORY SCIENCE</td>
<td>BACCALAUREATE</td>
<td>15</td>
<td>16</td>
<td>6.7%</td>
<td>14</td>
<td>-12.5%</td>
<td>11</td>
<td>-21.4%</td>
<td>16</td>
<td>45.5%</td>
</tr>
<tr>
<td>CYTOGENETIC TECHNOLOGY</td>
<td>CERTIFICATE</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>BACCALAUREATE</td>
<td>19</td>
<td>15</td>
<td>-21.1%</td>
<td>18</td>
<td>20.0%</td>
<td>10</td>
<td>-44.4%</td>
<td>14</td>
<td>40.0%</td>
</tr>
<tr>
<td>CYTOTECHNOLOGY</td>
<td>CERTIFICATE</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
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Source: SHP Dean’s Report
C.2 SHP Degrees Awarded by Type, Fall 2013 – Fall 2017

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*Source: Certified CBM009

**SHP Degrees Awarded by Type**  
**Fall 2013 - Fall 2017**

![Bar Chart: SHP Degrees Awarded by Type](chart.png)
### C.3 SHP Degrees by Program, Fall 2013 - Fall 2017

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<th>PROGRAM</th>
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<th>% Inc/Dec</th>
<th>Fall 2016</th>
<th>% Inc/Dec</th>
<th>Fall 2017</th>
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Source: SHP Dean’s Report

**SHP Degrees by Program**

Fall 2013 - Fall 2017
C.4 SHP Degrees Awarded by Program and Average Age, Fall 2013 – Fall 2017

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Source: UT Houston Health Science Center Registrar’s Office
## C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2013 – Fall 2017

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<th>% of All</th>
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*Source: UT Houston Health Science Center Registrar’s Office*
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**TOTAL BACCALAUREATE DEGREES**

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Source: UT Houston Health Science Center Registrar’s Office
### C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2013 – Fall 2017

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**Total Baccalaureate Degrees**

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*Source: UT Houston Health Science Center Registrar’s Office*
## C.5  SHP Degrees by Program, Ethnicity, and Gender, Fall 2013 – Fall 2017

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Source: UT Houston Health Science Center Registrar’s Office
### C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2013 – Fall 2017*

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**TOTAL, BACCALAUREATE DEGREE:**

|                | 3 | 100.0% | 6 | 100.0% | 10 | 100.0% | 10 | 100.0% |

*Diagnostic Genetics program began conferring master’s degrees in 2014

Source: UT Houston Health Science Center Registrar’s Office
## C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2013 – Fall 2017*

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*Diagnostic Medical Sonography program began conferring baccalaureate degrees in 2014
Source: UT Houston Health Science Center Registrar’s Office
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Health Disparities, Diversity and Advocacy program began conferring baccalaureate degrees in 2017

Source: UT Houston Health Science Center Registrar’s Office
### C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2013 – Fall 2017

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*Source: UT Houston Health Science Center Registrar’s Office*
C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2013 – Fall 2017

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**TOTAL, CERTIFICATE & BACCALAUREATE DEGREES**

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Source: UT Houston Health Science Center Registrar’s Office
### C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2013–Fall 2017

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**TOTAL, BACCALAUREATE DEGREE:**

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*Source: CBM009 per UT Houston Health Science Center Registrar’s Office*
### C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2013 – Fall 2017

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**TOTAL, CERTIFICATE AND BACCALAUREATE DEGREES:**

|                  | 20 | 100.0% | 20 | 100.0% | 21 | 100.0% | 23 | 100.0% | 16 | 100.0% |

Source: UT Houston Health Science Center Registrar’s Office
### C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2013 – Fall 2017

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*Radiological Sciences program began conferring master's degrees in 2017

Source: UT Houston Health Science Center Registrar's Office
### C.6 SHP Total Degrees by Level, Ethnicity, and Gender, Fall 2013 – Fall 2017

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**SUBTOTAL BACCALAUREATE DEGREES**

|                |            |        | 148        | 100.0%       | 144       | 100.0%       | 137       | 92.0%         | 144       | 93.5%         | 139       | 82.2%         |

Source: UT Houston Health Science Center Registrar’s Office
### C.6 SHP Total Degrees by Level, Ethnicity, and Gender, Fall 2013 – Fall 2017

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</tr>
<tr>
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</table>

**TOTAL MASTER’S DEGREE:**
- Female: 3, 2.0%
- Male: 6, 4.0%

**TOTAL, DEGREES BY YEAR**
- 148, 100.0%
- 147, 100.0%
- 149, 100.0%
- 154, 100.0%
- 169, 100.0%

*Source: UT Houston Health Science Center Registrar’s Office*
C.7  SHP Graduates by Gender and Ethnicity, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>ETHNICITY</th>
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<th>% of Students</th>
<th>Fall 2014</th>
<th>% of Students</th>
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<th>% of Students</th>
<th>Fall 2016</th>
<th>% of Students</th>
<th>Fall 2017</th>
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<tr>
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<tr>
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<td>149</td>
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</tbody>
</table>

Source: UT Houston Health Science Center Registrar’s Office
### C.8 SHP Graduates by Ethnicity, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Fall 2013</th>
<th>% of Students</th>
<th>Fall 2014</th>
<th>% of Students</th>
<th>Fall 2015</th>
<th>% of Students</th>
<th>Fall 2016</th>
<th>% of Students</th>
<th>Fall 2017</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>49</td>
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<td>19</td>
<td>11.2%</td>
</tr>
<tr>
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<td>1.9%</td>
<td>5</td>
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</tr>
<tr>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>147</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>149</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>154</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>169</strong></td>
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Source: UT Houston Health Science Center Registrar’s Office

---

**SHP Graduates by Ethnicity**  
**Fall 2013 - Fall 2017**
C.9 SHP Graduates by Gender, Fall 2013 – Fall 2017

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Fall 2013</th>
<th>% of Students</th>
<th>Fall 2014</th>
<th>% of Students</th>
<th>Fall 2015</th>
<th>% of Students</th>
<th>Fall 2016</th>
<th>% of Students</th>
<th>Fall 2017</th>
<th>% of Students</th>
</tr>
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<td>34.4%</td>
<td>48</td>
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</tr>
<tr>
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<td>149</td>
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<td>154</td>
<td>100.0%</td>
<td>169</td>
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</table>

Source: UT Houston Health Science Center Registrar’s Office
### C.10 GSBS Degrees Awarded, Calendar Years 2013 – 2017*

<table>
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<tr>
<th>DEGREE AWARDED</th>
<th>2013</th>
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<th>% Inc/Dec</th>
<th>2015</th>
<th>% Inc/Dec</th>
<th>2016</th>
<th>% Inc/Dec</th>
<th>2017</th>
<th>% Inc/Dec</th>
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<tbody>
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<tr>
<td>Ph.D.</td>
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<td>-23.5%</td>
<td>76</td>
<td>-28.9%</td>
<td>95</td>
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</table>

*Data for each calendar year includes graduates in Spring, Summer, and Fall Semesters

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences

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**GSBS Degrees Awarded**

**Calendar Years 2013 - 2017**

- **M.S.**
  - 2013: 40.2%
  - 2014: 26.4%
  - 2015: 25.5%
  - 2016: 26.6%
  - 2017: 16.7%

- **Ph.D.**
  - 2013: 59.8%
  - 2014: 73.6%
  - 2015: 74.5%
  - 2016: 73.4%
  - 2017: 83.3%
### C.11 GSBS Graduates by Area of Research Concentration, Calendar Years 2013 – 2017

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<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<td>MS</td>
<td>PhD</td>
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<td>2</td>
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<tr>
<td>Clinical and Translational Sciences</td>
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<tr>
<td>Epigenetics and Molecular Carcinogenesis</td>
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<tr>
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*Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences*
### C.12 GSBS M.S. Program Top Areas of Research Concentration, Calendar Year 2013 – 2017

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<th>2016</th>
<th>2017</th>
</tr>
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<td>Genetic Counseling</td>
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<tr>
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<td>Genetic Counseling</td>
<td>Medical Physics</td>
<td>Medical Physics</td>
<td>Clinical and Translational Sciences</td>
<td>Medical Physics</td>
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</tbody>
</table>

*Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences*

### C.13 GSBS Ph.D. Program Top Areas of Research Concentration, Calendar Year 2013 – Fall 2017

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<th>Year</th>
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<th>2015</th>
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<th>2017</th>
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<td>Medical Physics</td>
<td>Neuroscience</td>
</tr>
<tr>
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<td>Genes &amp; Development*</td>
<td>Medical Physics</td>
<td>Genes &amp; Development*</td>
<td>Epigenetics and Molecular Carcinogenesis*</td>
<td>Genes &amp; Development*</td>
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<tr>
<td></td>
<td>Medical Physics*</td>
<td>Immunology*</td>
<td>Experimental Therapeutics*</td>
<td>Immunology*</td>
<td>Microbiology &amp; Molecular Genetics*</td>
</tr>
</tbody>
</table>

*Same number of graduates within given year.

*Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences*
C.14 GSBS Graduates by Ethnicity, Calendar Years 2013 – 2017

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>2013 COUNT</th>
<th>% of Students</th>
<th>2014 COUNT</th>
<th>% of Students</th>
<th>2015 COUNT</th>
<th>% of Students</th>
<th>2016 COUNT</th>
<th>% of Students</th>
<th>2017 COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>45</td>
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<td>45</td>
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<td>47</td>
<td>45.2%</td>
<td>31</td>
<td>37.3%</td>
<td>38</td>
<td>38.8%</td>
</tr>
<tr>
<td>BLACK NON-HISPANIC</td>
<td>2</td>
<td>1.9%</td>
<td>4</td>
<td>3.7%</td>
<td>3</td>
<td>2.9%</td>
<td>0</td>
<td>0.0%</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>11</td>
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<td>13</td>
<td>11.9%</td>
<td>6</td>
<td>5.8%</td>
<td>9</td>
<td>10.8%</td>
<td>11</td>
<td>11.2%</td>
</tr>
<tr>
<td>ASIAN OR PACIFIC ISLANDER</td>
<td>13</td>
<td>12.3%</td>
<td>14</td>
<td>12.8%</td>
<td>10</td>
<td>9.6%</td>
<td>8</td>
<td>9.6%</td>
<td>9</td>
<td>9.2%</td>
</tr>
<tr>
<td>BLACK NON-HISPANIC</td>
<td>2</td>
<td>1.9%</td>
<td>4</td>
<td>3.7%</td>
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<td>2.9%</td>
<td>0</td>
<td>0.0%</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>11</td>
<td>10.4%</td>
<td>13</td>
<td>11.9%</td>
<td>6</td>
<td>5.8%</td>
<td>9</td>
<td>10.8%</td>
<td>11</td>
<td>11.2%</td>
</tr>
<tr>
<td>ASIAN OR PACIFIC ISLANDER</td>
<td>13</td>
<td>12.3%</td>
<td>14</td>
<td>12.8%</td>
<td>10</td>
<td>9.6%</td>
<td>8</td>
<td>9.6%</td>
<td>9</td>
<td>9.2%</td>
</tr>
<tr>
<td>AMERICAN INDIAN OR ALASKAN NATIVE</td>
<td>1</td>
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<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>1.0%</td>
<td>0</td>
<td>0.0%</td>
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<td>27.4%</td>
<td>33</td>
<td>30.3%</td>
<td>32</td>
<td>30.8%</td>
<td>32</td>
<td>38.6%</td>
<td>36</td>
<td>36.7%</td>
</tr>
<tr>
<td>MULTI-RACIAL</td>
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<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>1.2%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>UNKNOWN OR NOT REPORTED</td>
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<td>0</td>
<td>0.0%</td>
<td>5</td>
<td>4.8%</td>
<td>2</td>
<td>2.4%</td>
<td>2</td>
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</tr>
<tr>
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<td>109</td>
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<td>104</td>
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<td>83</td>
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<td>98</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences

*Starting 2012, GSBS students could declare more than one ethnicity, therefore, ethnicity and degree totals may not match
### C.15 GSBS Graduates by Gender, Calendar Years 2013 – 2017

<table>
<thead>
<tr>
<th>GENDER</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
<th>COUNT</th>
<th>% of Students</th>
</tr>
</thead>
<tbody>
<tr>
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<td>57.0%</td>
<td>64</td>
<td>65.3%</td>
<td>46</td>
<td>57.5%</td>
<td>58</td>
<td>61.1%</td>
</tr>
<tr>
<td>MALE</td>
<td>48</td>
<td>47.1%</td>
<td>52</td>
<td>43.0%</td>
<td>34</td>
<td>34.7%</td>
<td>34</td>
<td>42.5%</td>
<td>37</td>
<td>38.9%</td>
</tr>
<tr>
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<td>121</td>
<td>100.0%</td>
<td>98</td>
<td>100.0%</td>
<td>80</td>
<td>100.0%</td>
<td>95</td>
<td>100.0%</td>
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</tbody>
</table>

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences
D. Faculty Demographics
D.1 SHP Faculty by Rank and Mean Age, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>MEAN AGE BY RANK</th>
<th>COUNT</th>
<th>MEAN AGE</th>
<th>COUNT</th>
<th>MEAN AGE</th>
<th>COUNT</th>
<th>MEAN AGE</th>
<th>COUNT</th>
<th>MEAN AGE</th>
<th>COUNT</th>
<th>MEAN AGE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0</td>
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<td>48.0</td>
</tr>
<tr>
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<td>1</td>
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<td>1</td>
<td>46.0</td>
<td>1</td>
<td>47.0</td>
<td>0</td>
<td></td>
</tr>
<tr>
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<td>0</td>
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<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>OTHER FACULTY</td>
<td>33</td>
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<td>54</td>
<td>52.7</td>
<td>62</td>
<td>53.4</td>
<td>71</td>
<td>54.0</td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog
Age at Time of CBM008 Report Submission; Faculty with unknown age are not included

---

**SHP Faculty by Rank and Mean Age**
**Fall 2013 - Fall 2017**
### D.2 SHP Faculty by Age Range, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>Fall 2013 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2014 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2015 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2016 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2017 COUNT</th>
<th>% of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 TO 29 YEARS OF AGE</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>30 TO 39 YEARS OF AGE</td>
<td>6</td>
<td>12.2%</td>
<td>8</td>
<td>13.1%</td>
<td>6</td>
<td>10.2%</td>
<td>4</td>
<td>6.3%</td>
<td>5</td>
<td>6.8%</td>
</tr>
<tr>
<td>40 TO 49 YEARS OF AGE</td>
<td>15</td>
<td>30.6%</td>
<td>16</td>
<td>26.2%</td>
<td>16</td>
<td>27.1%</td>
<td>22</td>
<td>34.4%</td>
<td>17</td>
<td>23.0%</td>
</tr>
<tr>
<td>50 TO 59 YEARS OF AGE</td>
<td>18</td>
<td>36.7%</td>
<td>21</td>
<td>34.4%</td>
<td>18</td>
<td>30.5%</td>
<td>19</td>
<td>29.7%</td>
<td>29</td>
<td>39.2%</td>
</tr>
<tr>
<td>OLDER THAN 59 YEARS OF AGE</td>
<td>6</td>
<td>12.2%</td>
<td>12</td>
<td>19.7%</td>
<td>15</td>
<td>25.4%</td>
<td>18</td>
<td>28.1%</td>
<td>21</td>
<td>28.4%</td>
</tr>
<tr>
<td>UNKNOWN/NOT REPORTED</td>
<td>4</td>
<td>8.2%</td>
<td>4</td>
<td>6.6%</td>
<td>4</td>
<td>6.8%</td>
<td>1</td>
<td>1.6%</td>
<td>2</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>49</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>61</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>59</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>64</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>74</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty

*Source: Certified CBM008 and SHP Web Catalog*
### D.3 MD Anderson Faculty by Rank and Mean Age, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>RANK</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
<th>Fall 2015</th>
<th>Fall 2016</th>
<th>Fall 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNT</td>
<td>MEAN AGE</td>
<td>COUNT</td>
<td>MEAN AGE</td>
<td>COUNT</td>
</tr>
<tr>
<td>PROFESSOR</td>
<td>334</td>
<td>49.0</td>
<td>339</td>
<td>56.8</td>
<td>333</td>
</tr>
<tr>
<td>ASSOCIATE PROFESSOR</td>
<td>145</td>
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<td>142</td>
<td>47.1</td>
<td>134</td>
</tr>
<tr>
<td>ASSISTANT PROFESSOR</td>
<td>117</td>
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<td>120</td>
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<td>120</td>
</tr>
<tr>
<td>OTHER FACULTY</td>
<td>1553</td>
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<td>1693</td>
</tr>
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<td>2187</td>
<td>47.4</td>
<td>2280</td>
</tr>
</tbody>
</table>

Source: Certified CBM008
Age at Time of CBM008 Report Submission; Faculty with unknown age are not included

---

**MD Anderson Faculty by Rank and Mean Age**
**Fall 2013 - Fall 2017**

![Mean Age Chart](chart.png)

- **PROFESSOR**
- **ASSOCIATE PROFESSOR**
- **ASSISTANT PROFESSOR**
- **OTHER FACULTY**
D.4 MD Anderson Faculty by Age Range, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>Fall 2013</th>
<th>% of Faculty</th>
<th>Fall 2014</th>
<th>% of Faculty</th>
<th>Fall 2015</th>
<th>% of Faculty</th>
<th>Fall 2016</th>
<th>% of Faculty</th>
<th>Fall 2017</th>
<th>% of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 TO 29 YEARS OF AGE</td>
<td>10</td>
<td>0.5%</td>
<td>8</td>
<td>0.4%</td>
<td>8</td>
<td>0.3%</td>
<td>4</td>
<td>0.2%</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>30 TO 39 YEARS OF AGE</td>
<td>552</td>
<td>25.1%</td>
<td>578</td>
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<td>607</td>
<td>26.1%</td>
<td>561</td>
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<td>522</td>
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</tr>
<tr>
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<td>777</td>
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<td>34.6%</td>
<td>803</td>
<td>34.1%</td>
</tr>
<tr>
<td>50 TO 59 YEARS OF AGE</td>
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<td>551</td>
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<td>580</td>
<td>24.6%</td>
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</tr>
<tr>
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<td>15.2%</td>
<td>387</td>
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<tr>
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<td>2.0%</td>
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</tr>
</tbody>
</table>

Source: Certified CBM008
### D.5 SHP Faculty by Ethnicity and Gender, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>GENDER</th>
<th>Fall 2013 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2014 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2015 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2016 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2017 COUNT</th>
<th>% of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>FEMALE</td>
<td>12</td>
<td>24.5%</td>
<td>19</td>
<td>31.1%</td>
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<td>32.2%</td>
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<td>23.7%</td>
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<td>27.0%</td>
</tr>
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<td>6.8%</td>
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<td>11.5%</td>
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<td>10.2%</td>
<td>7</td>
<td>10.9%</td>
<td>8</td>
<td>10.8%</td>
</tr>
<tr>
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</tr>
<tr>
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<td>0.0%</td>
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<td>3.1%</td>
<td>6</td>
<td>8.1%</td>
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<td>3.4%</td>
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<td>6.3%</td>
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</tr>
<tr>
<td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
<td>FEMALE</td>
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<td>0</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
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<td><strong>61</strong></td>
<td><strong>100.0%</strong></td>
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<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty.

Source: Certified CBM008 and SHP Web Catalog
D.6  MD Anderson Faculty by Ethnicity and Gender, Fall 2013 - Fall 2017*

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>GENDER</th>
<th>Fall 2013 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2014 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2015 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2016 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2017 COUNT</th>
<th>% of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>691</td>
<td>29.8%</td>
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</tr>
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<td>42</td>
<td>1.9%</td>
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<td>4.2%</td>
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<td>123</td>
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<td>99</td>
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<td>10</td>
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<td>12</td>
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<td>0.1%</td>
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</tr>
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<td>0.0%</td>
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<td>0.0%</td>
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</tr>
<tr>
<td>TWO OR MORE RACES</td>
<td>FEMALE</td>
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</tr>
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<td><strong>100.0%</strong></td>
<td><strong>2322</strong></td>
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<td><strong>2353</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>2347</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty
Source: Certified CBM008
### D.7 SHP Faculty by Ethnicity, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Fall 2013 Count</th>
<th>% of Total</th>
<th>Fall 2014 Count</th>
<th>% of Total</th>
<th>Fall 2015 Count</th>
<th>% of Total</th>
<th>Fall 2016 Count</th>
<th>% of Total</th>
<th>Fall 2017 Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>27</td>
<td>55.1%</td>
<td>33</td>
<td>54.1%</td>
<td>33</td>
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<td>36</td>
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</tr>
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<td>10.8%</td>
</tr>
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<td>1.6%</td>
<td>1</td>
<td>1.7%</td>
<td>1</td>
<td>1.6%</td>
<td>2</td>
<td>2.7%</td>
</tr>
<tr>
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<td>11</td>
<td>18.0%</td>
<td>10</td>
<td>16.9%</td>
<td>12</td>
<td>18.8%</td>
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<td>17.6%</td>
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<td>6</td>
<td>9.4%</td>
<td>11</td>
<td>14.9%</td>
</tr>
<tr>
<td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
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<td>0</td>
<td>0.0%</td>
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<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TWO OR MORE RACES</td>
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<td>1</td>
<td>1.7%</td>
<td>2</td>
<td>3.1%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>49</strong></td>
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<td><strong>61</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>59</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>64</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>74</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

![SHP Faculty by Ethnicity](image_url)
D.8 MD Anderson Faculty by Ethnicity, Fall 2013 - Fall 2017*

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Fall 2013 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2014 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2015 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2016 COUNT</th>
<th>% of Faculty</th>
<th>Fall 2017 COUNT</th>
<th>% of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>1078</td>
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<td>46.9%</td>
<td>1079</td>
<td>45.9%</td>
<td>1109</td>
<td>47.3%</td>
</tr>
<tr>
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<td>6.7%</td>
<td>158</td>
<td>6.7%</td>
</tr>
<tr>
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<td>728</td>
<td>32.6%</td>
<td>742</td>
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<td>4</td>
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<td>4</td>
<td>0.2%</td>
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<td>34</td>
<td>1.5%</td>
<td>46</td>
<td>2.0%</td>
<td>52</td>
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</tr>
<tr>
<td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
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<td>3</td>
<td>0.1%</td>
<td>3</td>
<td>0.1%</td>
<td>3</td>
<td>0.1%</td>
<td>3</td>
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</tr>
<tr>
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<td>0.5%</td>
<td>11</td>
<td>0.5%</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>2235</td>
<td>100.0%</td>
<td>2322</td>
<td>100.0%</td>
<td>2353</td>
<td>100.0%</td>
<td>2347</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*New ethnicities were implemented including “Native Hawaiian or other Pacific Islander” and “Two or more races”
Source: Certified CBM008

![MD Anderson Faculty by Ethnicity](image_url)
### D.9 SHP Faculty by Gender, Fall 2013 – Fall 2017*

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<th>% of Total</th>
<th>Fall 2015 COUNT</th>
<th>% of Total</th>
<th>Fall 2016 COUNT</th>
<th>% of Total</th>
<th>Fall 2017 COUNT</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMALE</td>
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<td>44.9%</td>
<td>35</td>
<td>57.4%</td>
<td>34</td>
<td>57.6%</td>
<td>34</td>
<td>53.1%</td>
<td>36</td>
<td>48.6%</td>
</tr>
<tr>
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<td>55.1%</td>
<td>26</td>
<td>42.6%</td>
<td>25</td>
<td>42.4%</td>
<td>30</td>
<td>46.9%</td>
<td>38</td>
<td>51.4%</td>
</tr>
<tr>
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<td>61</td>
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<td>59</td>
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<td>64</td>
<td>100.0%</td>
<td>74</td>
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</tr>
</tbody>
</table>

*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

---

**SHP Faculty by Gender**

**Fall 2013 - Fall 2017**

![Bar chart showing the percentage of female and male faculty from Fall 2013 to Fall 2017. The chart displays the following percentages: 44.9%, 55.1%, 57.4%, 57.6%, 53.1%, 46.9%, 48.6%, and 51.4% for female and male faculty respectively.](chart_image)
### MD Anderson Faculty by Gender, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Fall 2013 COUNT</th>
<th>% of Total</th>
<th>Fall 2014 COUNT</th>
<th>% of Total</th>
<th>Fall 2015 COUNT</th>
<th>% of Total</th>
<th>Fall 2016 COUNT</th>
<th>% of Total</th>
<th>Fall 2017 COUNT</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
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<td>857</td>
<td>38.3%</td>
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<td>46.9%</td>
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<td>911</td>
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<td>2235</td>
<td>100.0%</td>
<td>1964</td>
<td>100.0%</td>
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<td>2347</td>
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</tbody>
</table>

Source: Certified CBM008
### D.11 SHP Faculty by Rank, Fall 2013 – Fall 2017*

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<th></th>
<th>Fall 2015</th>
<th></th>
<th>Fall 2016</th>
<th></th>
<th>Fall 2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNT</td>
<td>% of ALL</td>
<td>FTE</td>
<td>COUNT</td>
<td>% of ALL</td>
<td>FTE</td>
<td>COUNT</td>
<td>% of ALL</td>
<td>FTE</td>
<td>COUNT</td>
</tr>
<tr>
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<td>0.0%</td>
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<td>0.00</td>
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</tr>
<tr>
<td>ASSOCIATE PROFESSOR</td>
<td>4</td>
<td>8.2%</td>
<td>2.00</td>
<td>1</td>
<td>1.6%</td>
<td>1.00</td>
<td>1</td>
<td>1.7%</td>
<td>1.00</td>
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</tr>
<tr>
<td>ASSISTANT PROFESSOR</td>
<td>2</td>
<td>4.1%</td>
<td>0.00</td>
<td>0</td>
<td>0.0%</td>
<td>0.00</td>
<td>0</td>
<td>0.0%</td>
<td>0.00</td>
<td>0</td>
</tr>
<tr>
<td>OTHER FACULTY</td>
<td>36</td>
<td>73.5%</td>
<td>23.00</td>
<td>60</td>
<td>98.4%</td>
<td>28.00</td>
<td>58</td>
<td>98.3%</td>
<td>26.00</td>
<td>63</td>
</tr>
<tr>
<td>TOTAL</td>
<td>49</td>
<td>100.0%</td>
<td>28.00</td>
<td>61</td>
<td>100.0%</td>
<td>29.00</td>
<td>59</td>
<td>100.0%</td>
<td>27.00</td>
<td>64</td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog
### D.12 MD Anderson Faculty by Rank, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>FACULTY RANK</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
<th>Fall 2015</th>
<th>Fall 2016</th>
<th>Fall 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COUNT</td>
<td>% OF ALL</td>
<td>FTE</td>
<td>COUNT</td>
<td>% OF ALL</td>
</tr>
<tr>
<td>PROFESSOR</td>
<td>346</td>
<td>15.8%</td>
<td>259.31</td>
<td>339</td>
<td>15.2%</td>
</tr>
<tr>
<td>ASSOCIATE PROFESSOR</td>
<td>149</td>
<td>6.8%</td>
<td>110.37</td>
<td>142</td>
<td>6.4%</td>
</tr>
<tr>
<td>ASSISTANT PROFESSOR</td>
<td>121</td>
<td>5.5%</td>
<td>91.40</td>
<td>120</td>
<td>5.4%</td>
</tr>
<tr>
<td>OTHER FACULTY</td>
<td>1579</td>
<td>71.9%</td>
<td>1256.51</td>
<td>1634</td>
<td>73.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2195</td>
<td>100.0%</td>
<td>1717.59</td>
<td>2235</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Certified CBM008
### D.13 SHP Mean Faculty* Salaries by Rank, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>RANK</th>
<th>Fall 2013</th>
<th></th>
<th></th>
<th>Fall 2014</th>
<th></th>
<th></th>
<th>Fall 2015</th>
<th></th>
<th></th>
<th>Fall 2016</th>
<th></th>
<th></th>
<th>Fall 2017</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
</tr>
<tr>
<td>PROFESSOR</td>
<td>$114,024</td>
<td>3</td>
<td>3.00</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
<td>$0</td>
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<td>$0</td>
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<td>0.00</td>
<td>$141,797</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>ASSOCIATE PROFESSOR</td>
<td>$167,831</td>
<td>2</td>
<td>2.00</td>
<td>$122,101</td>
<td>1</td>
<td>1.00</td>
<td>$126,069</td>
<td>1</td>
<td>1.00</td>
<td>$130,797</td>
<td>1</td>
<td>1.00</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>ASSISTANT PROFESSOR</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
<td>$0</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>OTHER FACULTY</td>
<td>$108,088</td>
<td>23</td>
<td>23.00</td>
<td>$118,080</td>
<td>28</td>
<td>28.00</td>
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<td>$121,905</td>
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<td>25.00</td>
<td>$126,468</td>
<td>26</td>
<td>26.00</td>
</tr>
<tr>
<td>OVERALL</td>
<td>$112,991</td>
<td>28</td>
<td>28.00</td>
<td>$118,219</td>
<td>29</td>
<td>29.00</td>
<td>$118,219</td>
<td>27</td>
<td>27.00</td>
<td>$122,247</td>
<td>26</td>
<td>26.00</td>
<td>$127,035</td>
<td>27</td>
<td>27.00</td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

### D.14 MD Anderson Cancer Center Mean Faculty* Salaries by Rank, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>RANK</th>
<th>Fall 2013</th>
<th></th>
<th></th>
<th>Fall 2014</th>
<th></th>
<th></th>
<th>Fall 2015</th>
<th></th>
<th></th>
<th>Fall 2016</th>
<th></th>
<th></th>
<th>Fall 2017</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
<td>MEAN SALARY</td>
<td>COUNT</td>
<td>FTE</td>
</tr>
<tr>
<td>PROFESSOR</td>
<td>$236,794</td>
<td>259</td>
<td>257.81</td>
<td>$368,869</td>
<td>338</td>
<td>338.00</td>
<td>$377,678</td>
<td>328</td>
<td>328</td>
<td>$395,709</td>
<td>333</td>
<td>332.74</td>
<td>$392,393</td>
<td>342</td>
<td>341.95</td>
</tr>
<tr>
<td>ASSOCIATE PROFESSOR</td>
<td>$235,044</td>
<td>111</td>
<td>109.48</td>
<td>$226,042</td>
<td>142</td>
<td>142.00</td>
<td>$242,935</td>
<td>134</td>
<td>134</td>
<td>$246,703</td>
<td>143</td>
<td>143</td>
<td>$241,026</td>
<td>146</td>
<td>145.98</td>
</tr>
<tr>
<td>ASSISTANT PROFESSOR</td>
<td>$233,434</td>
<td>91</td>
<td>91.00</td>
<td>$190,556</td>
<td>120</td>
<td>120.00</td>
<td>$186,666</td>
<td>120</td>
<td>120</td>
<td>$196,586</td>
<td>113</td>
<td>113</td>
<td>$198,740</td>
<td>108</td>
<td>107.99</td>
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<tr>
<td>OTHER FACULTY</td>
<td>$219,443</td>
<td>1257</td>
<td>1251.41</td>
<td>$199,450</td>
<td>1126</td>
<td>1118.65</td>
<td>$211,772</td>
<td>1151</td>
<td>1143.23</td>
<td>$227,605</td>
<td>1178</td>
<td>1170.02</td>
<td>$230,079</td>
<td>1198</td>
<td>1186.2</td>
</tr>
<tr>
<td>OVERALL</td>
<td>$223,808</td>
<td>1,718</td>
<td>1,709.70</td>
<td>$234,196</td>
<td>1,726</td>
<td>1,718.65</td>
<td>$243,844</td>
<td>1,733</td>
<td>1,725.23</td>
<td>$258,847</td>
<td>1,767</td>
<td>1,758.76</td>
<td>$260,026</td>
<td>1,794</td>
<td>1,782.12</td>
</tr>
</tbody>
</table>

*Includes only faculty with non-zero salary and total appointment greater than or equal to 50%.

Source: Certified CBM008
### D.15 SHP Faculty Salaries by Source of Funds, Fall 2013 – Fall 2017*

<table>
<thead>
<tr>
<th>SOURCE OF FUNDING</th>
<th>Fall 2013</th>
<th></th>
<th>Fall 2014</th>
<th></th>
<th>Fall 2015</th>
<th></th>
<th>Fall 2016</th>
<th></th>
<th>Fall 2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sum</td>
<td>% OF ALL</td>
<td>Sum</td>
<td>% OF ALL</td>
<td>Sum</td>
<td>% OF ALL</td>
<td>Sum</td>
<td>% OF ALL</td>
<td>Sum</td>
<td>% OF ALL</td>
</tr>
<tr>
<td>STATE APPROPRIATIONS</td>
<td>$2,853,532</td>
<td>90.2%</td>
<td>$3,331,857</td>
<td>97.2%</td>
<td>$3,116,594</td>
<td>96.9%</td>
<td>$3,074,568</td>
<td>96.7%</td>
<td>$3,235,469</td>
<td>94.3%</td>
</tr>
<tr>
<td>DESIGNATED</td>
<td>$217,100</td>
<td>6.9%</td>
<td>$0</td>
<td>0.0%</td>
<td>$0</td>
<td>0.0%</td>
<td>$0</td>
<td>0.0%</td>
<td>$87,000</td>
<td>2.5%</td>
</tr>
<tr>
<td>RESTRICTED</td>
<td>$93,126</td>
<td>2.9%</td>
<td>$96,482</td>
<td>2.8%</td>
<td>$100,824</td>
<td>3.1%</td>
<td>$103,849</td>
<td>3.3%</td>
<td>$107,484</td>
<td>3.1%</td>
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<td>TOTAL</td>
<td>$3,163,758</td>
<td>100.0%</td>
<td>$3,428,339</td>
<td>100.0%</td>
<td>$3,217,418</td>
<td>100.0%</td>
<td>$3,178,417</td>
<td>100.0%</td>
<td>$3,429,953</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

---

**SHP Faculty Salaries by Source of Funding**

**Fall 2013 - Fall 2017**

<table>
<thead>
<tr>
<th>% of Salary</th>
<th>STATE APPROPRIATIONS</th>
<th>DESIGNATED</th>
<th>RESTRICTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2013</td>
<td>90.2%</td>
<td>6.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Fall 2014</td>
<td>97.2%</td>
<td>0.0%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>96.9%</td>
<td>0.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Fall 2016</td>
<td>96.7%</td>
<td>0.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Fall 2017</td>
<td>94.3%</td>
<td>2.5%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>
D.16 MD Anderson Faculty Salaries by Source of Funds, Fall 2013 - Fall 2017

<table>
<thead>
<tr>
<th>SOURCE OF FUNDING</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
<th>Fall 2015</th>
<th>Fall 2016</th>
<th>Fall 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sum (Million)</td>
<td>% of Total</td>
<td>Sum (Million)</td>
<td>% of Total</td>
<td>Sum (Million)</td>
</tr>
<tr>
<td>STATE APPROPRIATIONS</td>
<td>$69,612,503</td>
<td>18.0%</td>
<td>$69,073,177</td>
<td>17.0%</td>
<td>$67,937,456</td>
</tr>
<tr>
<td>DESIGNATED</td>
<td>$276,803,555</td>
<td>71.6%</td>
<td>$294,333,847</td>
<td>72.4%</td>
<td>$331,107,637</td>
</tr>
<tr>
<td>RESTRICTED</td>
<td>$40,196,501</td>
<td>10.4%</td>
<td>$43,220,286</td>
<td>10.6%</td>
<td>$46,502,305</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$386,612,559</td>
<td>100.0%</td>
<td>$406,627,310</td>
<td>100.0%</td>
<td>$406,627,310</td>
</tr>
</tbody>
</table>

Source: Certified CBM008
D.17  MD Anderson Faculty American Association for Advancement of Science Fellows Appointments Fiscal Year 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Gershenwald, M.D</td>
<td>Surgical Oncology</td>
</tr>
<tr>
<td>Patrick Hwu, M.D.</td>
<td>Cancer Medicine</td>
</tr>
</tbody>
</table>
E. Academic Assessments
E.1 Accreditation Status

E.1.1 School of Health Professions (SHP) Program Accreditation Schedule

<table>
<thead>
<tr>
<th>Program</th>
<th>Accrediting Agency</th>
<th>Date of Last Review</th>
<th>Length of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytogenetic Technology</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
<td>April 2014</td>
<td>7 years</td>
</tr>
<tr>
<td>Histotechnology</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
<td>April 2015</td>
<td>7 years</td>
</tr>
<tr>
<td>Clinical Laboratory Sciences</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
<td>March 2013</td>
<td>7 years</td>
</tr>
<tr>
<td>Molecular Genetic Technology</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
<td>September 2010</td>
<td>7 years</td>
</tr>
<tr>
<td>Cytotechnology</td>
<td>Commission on Accreditation of Allied Health Education Programs (CAAHEP)</td>
<td>November 2015</td>
<td>10 years</td>
</tr>
<tr>
<td>Medical Dosimetry</td>
<td>Joint Review Committee on Education in Radiologic Tech. (JRCERT)</td>
<td>April 2014</td>
<td>8 years</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>Joint Review Committee on Education in Radiologic Tech. (JRCERT)</td>
<td>November 2015</td>
<td>8 years</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Joint Review Committee on Education in Radiologic Tech. (JRCERT)</td>
<td>August 2011</td>
<td>8 years</td>
</tr>
<tr>
<td>Diagnostics Genetics</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
<td>September 2010</td>
<td>7 years</td>
</tr>
</tbody>
</table>

E.1.2 Graduate School of Biomedical Sciences (GSBS) Program Accreditation Schedule

<table>
<thead>
<tr>
<th>Program</th>
<th>Accrediting Agency</th>
<th>Date of Last Review</th>
<th>Length of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS and PhD Program</td>
<td>Southern Association of Colleges and Schools (SACS)</td>
<td>2010</td>
<td>10 years</td>
</tr>
<tr>
<td>MS with specialization in Genetic Counseling</td>
<td>American Board of Genetic Counseling (ABGC)</td>
<td>2014</td>
<td>8 years</td>
</tr>
<tr>
<td>MS and PhD with specialization in Medical Physics</td>
<td>Commission on Accreditation of Medical Physics Educational Programs (CAMPEP)</td>
<td>2018</td>
<td>5 years</td>
</tr>
</tbody>
</table>
### E.1.3 Accredited Medical Programs Schedule

**Institutional ACGME* Review: March 16, 2019**

<table>
<thead>
<tr>
<th>Program</th>
<th>Accrediting Agency</th>
<th>Accreditation Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Banking &amp; Transfusion Medicine</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Chemical Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Complex General Surgical Oncology</td>
<td>ACGME</td>
<td>January 17, 2019</td>
</tr>
<tr>
<td>Cytopathology</td>
<td>ACGME</td>
<td>J</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Gynecologic Oncology</td>
<td>ACGME</td>
<td>Initial Accreditation – April 27, 2017</td>
</tr>
<tr>
<td>Hematology and Oncology</td>
<td>ACGME</td>
<td>September 28, 2018</td>
</tr>
<tr>
<td>Hematopathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Hospice and Palliative Care</td>
<td>ACGME</td>
<td>January 16, 2019</td>
</tr>
<tr>
<td>Molecular Genetics Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Musculoskeletal Oncology</td>
<td>ACGME</td>
<td>January 18, 2018</td>
</tr>
<tr>
<td>Ophthalmic Plastic &amp; Reconstructive Surgery</td>
<td>ACGME</td>
<td>January 3, 2019</td>
</tr>
<tr>
<td>Pain Management</td>
<td>ACGME</td>
<td>January 28, 2019</td>
</tr>
<tr>
<td>Pediatric Hematology/Oncology</td>
<td>ACGME</td>
<td>January 28, 2019</td>
</tr>
<tr>
<td>Micrographic surgery and dermatologic oncology (formerly known as Procedural Dermatology)</td>
<td>ACGME</td>
<td>January 4, 2019</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>ACGME</td>
<td>January 16, 2019</td>
</tr>
<tr>
<td>Breast Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Cancer Biomarker Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Gastrointestinal &amp; Liver Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Genitourinary Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Gynecologic Oncology Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Head &amp; Neck Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Soft Tissue Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Surgical Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Thoracic Pathology</td>
<td>ACGME</td>
<td>January 14, 2019</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>ACGME</td>
<td>January 11, 2019</td>
</tr>
<tr>
<td>Vascular and Interventional Radiology</td>
<td>ACGME</td>
<td>October 8, 2018</td>
</tr>
</tbody>
</table>

*Accreditation Council for Graduate Medical Education*
E.1.4 Texas Medical Board Approved Programs

- Advanced Colorectal Surgery
- Advanced Dermatopathology
- Advanced Hematopathology
- Advanced Interventional Radiology
- Advanced Musculoskeletal Oncology
- Advanced Pediatric Hematology/Oncology
- Advanced Radiation Oncology
- Advanced Therapeutic Endoscopy
- Body Imaging
- Breast Imaging
- Breast Surgical Oncology
- Cancer Anesthesia
- Cancer Rehabilitation
- Consultation-Liaison Psychiatric Oncology
- Diagnostic Radiology
- General Internal Medicine
- Head and Neck Surgery
- Head and Neck Surgical Oncology & Reconstruction
- Hepatopancreatobiliary (HPB) Surgery
- Histocompatibility and Immunogenetics
- Immunotherapy
- Interventional Pulmonology
- Investigational Cancer Therapeutics
- Leukemia
- Lymphoma
- Maxillofacial Prosthetics & Oncologic Dentistry
- Medical Oncology International
- Melanoma Oncology
- Microvascular Reconstructive Surgery
- Musculoskeletal Radiology
- Multidisciplinary Pathology
- Neuro-Oncology
- Neurosurgical Oncology
- Oncologic-based Maxillofacial Dental Implant
- Oncologic Cardiology
- Oncologic Emergency Medicine
- Oncologic Endocrinology
Texas Medical Board Approved Programs, continued

- Onco-Hospitalist
- Oncologic Nephrology
- Oncologic Neuroradiology
- Pediatric Neuro Oncology
- Pediatric Surgical Oncology
- Sarcoma Medical Oncology
- Stem Cell Transplantation & Cellular Therapy
- Surgical Endocrinology
- Surgical Oncology
- Surgical Oncology International
- Symptom Control & Palliative Care
- Thoracic/Head & Neck Medical Oncology
- Thoracic Pathology
- Thoracic Imaging
- Urinary Tract & Pelvic Reconstruction
- Urologic Oncology

Source: Graduate Medical Education
E.2 Results of Selected National Certification Exams

E.2.1 Program in Clinical Laboratory Science

<table>
<thead>
<tr>
<th>Year</th>
<th># of Graduates</th>
<th># Graduates Taking BOC Exam</th>
<th>% Passing</th>
<th>Program Mean BOC Score</th>
<th>National Mean BOC Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>17</td>
<td>17</td>
<td>91%</td>
<td>581</td>
<td>488</td>
</tr>
<tr>
<td>2009</td>
<td>17</td>
<td>17</td>
<td>94%</td>
<td>545</td>
<td>492</td>
</tr>
<tr>
<td>2010</td>
<td>19</td>
<td>19</td>
<td>90%</td>
<td>514</td>
<td>498</td>
</tr>
<tr>
<td>2011</td>
<td>14</td>
<td>14</td>
<td>100%</td>
<td>536</td>
<td>502</td>
</tr>
<tr>
<td>2012</td>
<td>17</td>
<td>17</td>
<td>100%</td>
<td>599</td>
<td>499</td>
</tr>
<tr>
<td>2013</td>
<td>16</td>
<td>16</td>
<td>94%</td>
<td>548</td>
<td>502</td>
</tr>
<tr>
<td>2014</td>
<td>13</td>
<td>13</td>
<td>80%</td>
<td>524</td>
<td>485</td>
</tr>
<tr>
<td>2015</td>
<td>16</td>
<td>14</td>
<td>64%</td>
<td>509</td>
<td>488</td>
</tr>
<tr>
<td>2016</td>
<td>15</td>
<td>15</td>
<td>100%</td>
<td>631</td>
<td>495</td>
</tr>
<tr>
<td>2017</td>
<td>14</td>
<td>11</td>
<td>91%</td>
<td>548</td>
<td>509</td>
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</table>

E.2.2 Program in Cytogenetic Technology - Registry Exam Scores

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Part I</strong></td>
<td>81.00</td>
<td>75</td>
<td>590</td>
<td>516</td>
<td>456</td>
<td>495</td>
<td>484</td>
<td>544</td>
<td>527</td>
<td>512</td>
</tr>
<tr>
<td>National Part I</td>
<td>78.83</td>
<td>73.72</td>
<td>516</td>
<td>468</td>
<td>456</td>
<td>494</td>
<td>455</td>
<td>480</td>
<td>453</td>
<td>458</td>
</tr>
<tr>
<td><strong>Program Part II</strong></td>
<td>92.15</td>
<td>77*</td>
<td>700</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Part II</td>
<td>91.02</td>
<td>73.71</td>
<td>714</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The cytogenetics exam is given by National Credentialing Agency for Laboratory Personnel (NCA). The exam is signified by the following designation CLSp(CG). There are two parts to the examination. Part one is a 100 theory question exam. Part two is a practical exam that was 100 questions in length until 2001 when it was changed to an 80 question exam. This explains why the scores appear to be much lower when in fact they are very good scores. (2001 – 90.31%; 2002 – 92.8%).

*No national data is available for Part II after exam was converted to a computer exam format in 2001. Part II scores for 2001 – 2003 are raw scores, all others are scaled scores.

**NCA was merged with ASCP (different scoring system)

***In 2011 the ASCP revised the Cytogenetic BOC from a two part to only a single exam.
## E.2.3 Program in Histotechnology

### Performance on ASCP Board of Certification Exam

<table>
<thead>
<tr>
<th>Year</th>
<th># of Graduates</th>
<th># Graduates Taking BOC Exam</th>
<th>% Passing</th>
<th>Program Mean BOC Score Written Exam</th>
<th>National Mean BOC Score Written Exam</th>
<th># of Programs in Nation</th>
<th>National Ranking</th>
<th>Program Mean BOC Score Practical Exam</th>
<th>National Mean BOC Score Practical Exam</th>
<th>National Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3 HT</td>
<td>3 HT</td>
<td>100%</td>
<td>619</td>
<td>455</td>
<td>19</td>
<td>1</td>
<td>676</td>
<td>548</td>
<td>3</td>
</tr>
<tr>
<td>2007</td>
<td>3 HTL</td>
<td>3 HTL</td>
<td>100%</td>
<td>560</td>
<td>433</td>
<td>NA</td>
<td>NA</td>
<td>498</td>
<td>552</td>
<td>NA</td>
</tr>
<tr>
<td>2008</td>
<td>4 HTL</td>
<td>4 HTL</td>
<td>100%</td>
<td>632</td>
<td>463</td>
<td>24</td>
<td>1</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2009</td>
<td>2 HT</td>
<td>2 HT</td>
<td>100%</td>
<td>506</td>
<td>448</td>
<td>28</td>
<td>16</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2010</td>
<td>2 HT</td>
<td>2 HT</td>
<td>100%</td>
<td>454</td>
<td>480</td>
<td>28</td>
<td>6</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2011</td>
<td>7 HTL</td>
<td>7 HTL</td>
<td>100%</td>
<td>478</td>
<td>597</td>
<td>33</td>
<td>22</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2012</td>
<td>1 HT</td>
<td>2 HT</td>
<td>100%</td>
<td>491</td>
<td>461</td>
<td>NA</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2013</td>
<td>9 HTL</td>
<td>9 HTL</td>
<td>100%</td>
<td>440</td>
<td>460</td>
<td>NA</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2014</td>
<td>11 HTL</td>
<td>11 HTL</td>
<td>82%</td>
<td>425</td>
<td>478</td>
<td>6</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2015</td>
<td>13 HTL</td>
<td>11 HTL</td>
<td>85%</td>
<td>427</td>
<td>527</td>
<td>7</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2016</td>
<td>14 HTL</td>
<td>11 HTL</td>
<td>79%</td>
<td>456</td>
<td>462</td>
<td>8</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2017</td>
<td>15 HTL</td>
<td>15 HTL</td>
<td>91%</td>
<td>446</td>
<td>485</td>
<td>8</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
## Performance on HTL and HT ASCP Board of Certification Exam
### MDACC Program/National Programs Pass Rates

<table>
<thead>
<tr>
<th>Year</th>
<th># Graduates</th>
<th># Graduates Taking MCQ (BOC)</th>
<th>% Pass</th>
<th>Total # of Programs</th>
<th># Examinees Taking MCQ (BOC) First Time</th>
<th>% Pass</th>
<th># Graduates Taking Practical BOC</th>
<th>% Pass</th>
<th># Examinees Taking Practical BOC First Time</th>
<th>% Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3 HT</td>
<td>3</td>
<td>100%</td>
<td>19</td>
<td>174</td>
<td>70%</td>
<td>3</td>
<td>100%</td>
<td>160</td>
<td>92%</td>
</tr>
<tr>
<td>2007</td>
<td>2 HTL</td>
<td>2</td>
<td>100%</td>
<td>NA</td>
<td>53</td>
<td>70%</td>
<td>2</td>
<td>100%</td>
<td>39</td>
<td>90%</td>
</tr>
<tr>
<td>2008</td>
<td>3 HT</td>
<td>3</td>
<td>100%</td>
<td>24</td>
<td>217</td>
<td>65%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2009</td>
<td>3 HTL</td>
<td>4</td>
<td>100%</td>
<td>NA</td>
<td>99</td>
<td>59%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2009</td>
<td>2 HT</td>
<td>2</td>
<td>100%</td>
<td>28</td>
<td>264</td>
<td>75%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
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<tr>
<td>2010</td>
<td>7 HTL</td>
<td>7</td>
<td>100%</td>
<td>NA</td>
<td>131</td>
<td>58%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2011</td>
<td>1 HT</td>
<td>2</td>
<td>100%</td>
<td>33</td>
<td>312</td>
<td>73%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2011</td>
<td>9 HTL</td>
<td>9</td>
<td>100%</td>
<td>NA</td>
<td>109</td>
<td>69%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2012</td>
<td>11 HTL</td>
<td>11</td>
<td>82%</td>
<td>NA</td>
<td>183</td>
<td>66%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2013</td>
<td>12 HTL</td>
<td>12</td>
<td>100%</td>
<td>NA</td>
<td>324</td>
<td>58%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2014</td>
<td>13 HTL</td>
<td>11</td>
<td>85%</td>
<td>7</td>
<td>426</td>
<td>65%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2015</td>
<td>14 HTL</td>
<td>11</td>
<td>79%</td>
<td>8</td>
<td>456</td>
<td>70%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2016</td>
<td>15 HTL</td>
<td>11</td>
<td>91%</td>
<td>8</td>
<td>320</td>
<td>73%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
<tr>
<td>2017</td>
<td>15 HTL</td>
<td>15</td>
<td>93%</td>
<td>9</td>
<td>176</td>
<td>66%</td>
<td>Discontinued</td>
<td>NA</td>
<td>Discontinued</td>
<td>NA</td>
</tr>
</tbody>
</table>

**NOTE:**
- Program = Results of U.T. MD Anderson Cancer Center School of Health Sciences Program in Histotechnology test results.
- MCQ = Computerized test results.
- Practical = Practical exam of blocks and slides results.
- National = Refers to all individuals taking the certification exam.
- HT = Histologic Technician; HTL = Histotechnologist
E.3 Summary of Surveys

E.3.1 Summary of School of Health Professions Course/Rotation, Faculty, and Lecturer Evaluations

<table>
<thead>
<tr>
<th>Semester</th>
<th>Number of Courses/Rotations</th>
<th>Number of Faculty/Lecturers</th>
<th>Number of Course/Rotation Evaluations</th>
<th>Number of Faculty/Lecturer Evaluations</th>
<th>Number of Total Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2014</td>
<td>95</td>
<td>191</td>
<td>1,412</td>
<td>2,713</td>
<td>3,585</td>
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<tr>
<td>Spring 2015</td>
<td>98</td>
<td>240</td>
<td>1,340</td>
<td>3,008</td>
<td>4,348</td>
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<tr>
<td>Summer 2015</td>
<td>67</td>
<td>121</td>
<td>586</td>
<td>1,000</td>
<td>1,586</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>91</td>
<td>505</td>
<td>1,535</td>
<td>2,746</td>
<td>4,281</td>
</tr>
<tr>
<td>Spring 2016</td>
<td>87</td>
<td>119</td>
<td>1,120</td>
<td>1,556</td>
<td>2,676</td>
</tr>
<tr>
<td>Summer 2016</td>
<td>53</td>
<td>63</td>
<td>552</td>
<td>702</td>
<td>1,254</td>
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<tr>
<td>Fall 2016</td>
<td>92</td>
<td>58</td>
<td>1,172</td>
<td>1,576</td>
<td>2,748</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>88</td>
<td>50</td>
<td>755</td>
<td>1,232</td>
<td>2,000</td>
</tr>
<tr>
<td>Summer 2017</td>
<td>64</td>
<td>35</td>
<td>360</td>
<td>384</td>
<td>744</td>
</tr>
<tr>
<td>Fall 2017</td>
<td>96</td>
<td>47</td>
<td>35</td>
<td>884</td>
<td>919</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>87</td>
<td>52</td>
<td>19</td>
<td>676</td>
<td>695</td>
</tr>
<tr>
<td>Summer 2018</td>
<td>54</td>
<td>37</td>
<td>111</td>
<td>428</td>
<td>539</td>
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</tbody>
</table>

E.3.2 School of Health Professions Surveys

SHP* Program Evaluation by Program and Year

<table>
<thead>
<tr>
<th>FY</th>
<th>CLS</th>
<th>CGT</th>
<th>CT</th>
<th>DI</th>
<th>HT</th>
<th>MD</th>
<th>MGT</th>
<th>RT</th>
<th>DG</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>16</td>
<td>19</td>
<td>8</td>
<td>30</td>
<td>12</td>
<td>16</td>
<td>29</td>
<td>20</td>
<td>NA</td>
<td>150</td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>19</td>
<td>11</td>
<td>35</td>
<td>11</td>
<td>3</td>
<td>13</td>
<td>15</td>
<td>NA</td>
<td>119</td>
</tr>
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<td>2015</td>
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<td>2016</td>
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<td>2017</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*SHP Program Legend
CLS = Clinical Laboratory Science; CGT = Cytogenetic Technology; CT = Cytotechnology
DI = Diagnostic Imaging; DG = Diagnostic Genetics; HT = Histotechnology; MD = Medical Dosimetry
MGT = Molecular Genetic Technology; RT= Radiation Therapy
F. Administrative & Academic Reporting Measures
History of the State of Texas Strategic Planning Process

Beginning in 1991, Texas embarked on a comprehensive strategic planning process for all state agencies within the executive branch of government. House Bill 2009, Seventy-second Legislature, Regular Session, 1991, which inaugurated the process, established the requirements and time frame under which Texas completed its first planning cycle. House Bill 2009 was subsequently codified as Chapter 2056 of the Government Code.

In 1993, Chapter 2056 of the Government Code was amended (Senate Bill 1332, Seventy-third Legislature, 1993) to consolidate certain planning requirements and to change the required planning horizon from six years to five years (i.e., the second year of the current biennium and the next two biennia). Formal plans must be completed and submitted every two years; however, agencies may engage in planning on a continual basis and may adjust plans internally as changing conditions dictate.

Conceptual Framework

Strategic planning is a long-term, iterative, and future-oriented process of assessment, goal setting, and decision-making that maps an explicit path between the present and a vision of the future. It includes a multiyear view of objectives and strategies for the accomplishment of agency goals. Clearly defined outcomes and outputs provide feedback that leads to program performance that influences future planning, resource allocation, and operating decisions. The strategic planning process incorporates and sets direction for all agency operations.

A Strategic Plan is a formal document that communicates an agency's goals, directions, and outcomes to various audiences, including the Governor and the Legislature, client and constituency groups, the general public, and the agency's employees. The Strategic Plan serves as the starting point for developing the agency's budget structure, which will be used for an appropriations request for how fiscal resources will be allocated.

Purposes of Strategic Planning

The ultimate goal of strategic planning is to anticipate and accommodate the future by identifying issues, opportunities, and problems. Strategic planning for Texas state government serves a number of distinct, though interrelated, purposes:

- to establish state-wide direction in key policy or functional areas to move away from crisis-driven decision-making;
- to provide a starting point for aligning resources in a rational manner to address the critical issues facing the state now and in the future;
- to make state government more responsive to the needs of Texans by placing greater emphasis on benefits and results than on simply service efforts and workload;
- to bring/focused issues to policymakers for review and debate;
- to provide a context to link the budget process and other legislative processes with priority issues, and to improve accountability for the use of state resources;
- to establish a means of coordinating the policy concerns of public officials with implementation efforts and to build interagency, intergovernmental, and public/private/nonprofit partnerships; and
- to provide a forum for communication between service providers and the constituents they serve.

The performance measures adopted by health related institutions are included following the actual UTMDACC Performance Measure Report submitted annually to the Legislative Budget Board. The performance measures are in the order of the submission to the Legislative Budget Board.
F.1

MD Anderson Performance Measures Reported to the Legislative Budget Board*

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of outpatient visits</td>
<td>1,338,706</td>
<td>1,363,008</td>
<td>1,440,684</td>
<td>1,404,329</td>
<td>1,441,403</td>
</tr>
<tr>
<td>Total number of inpatient days</td>
<td>207,555</td>
<td>202,636</td>
<td>202,483</td>
<td>198,080</td>
<td>202,411</td>
</tr>
<tr>
<td>Net revenue as a percent of gross revenues</td>
<td>52.42%</td>
<td>51.32%</td>
<td>51.58%</td>
<td>49.73%</td>
<td>48.89%</td>
</tr>
<tr>
<td>Net revenue per equivalent patient day</td>
<td>4,275.19</td>
<td>4,483.74</td>
<td>4,733.62</td>
<td>4,689.28</td>
<td>4,889.49</td>
</tr>
<tr>
<td>Operating expenses per equivalent patient day</td>
<td>3,735.14</td>
<td>3,776.00</td>
<td>3,837.72</td>
<td>4,269.33</td>
<td>4,102.10</td>
</tr>
<tr>
<td>Personnel expenses as a percent of operating expenses</td>
<td>58.15%</td>
<td>58.08%</td>
<td>67.80%</td>
<td>57.03%</td>
<td>57.67%</td>
</tr>
<tr>
<td>Total number of residents</td>
<td>168</td>
<td>166</td>
<td>169</td>
<td>156</td>
<td>153</td>
</tr>
<tr>
<td>Minority residents as a percent of total residents</td>
<td>10.12%</td>
<td>7.23%</td>
<td>5.92%</td>
<td>8.97%</td>
<td>10.46%</td>
</tr>
<tr>
<td>Percent of residency completers practicing in Texas</td>
<td>49.10%</td>
<td>42.00%</td>
<td>38.00%</td>
<td>33.00%</td>
<td>29.00%</td>
</tr>
<tr>
<td>Total gross patient charges for un-sponsored charity care provided in state facilities</td>
<td>163,452,884</td>
<td>130,077,190</td>
<td>106,306,319</td>
<td>213,856,290</td>
<td>102,467,082</td>
</tr>
<tr>
<td>State support for patient care as a percent of estimated cost of uncompensated care</td>
<td>61,892,267</td>
<td>66,666,187</td>
<td>65,221,977</td>
<td>73,425,489</td>
<td>76,907,485</td>
</tr>
<tr>
<td>Administrative cost as a percent of total expenditures</td>
<td>7.56%</td>
<td>7.72%</td>
<td>3.10%</td>
<td>2.87%</td>
<td>2.95%</td>
</tr>
<tr>
<td>Outpatient-related charges as a percent of all charges by faculty</td>
<td>75.72%</td>
<td>95.15%</td>
<td>116.43%</td>
<td>57.87%</td>
<td>129.21%</td>
</tr>
<tr>
<td>Percent of charges to managed care contracts by faculty</td>
<td>52.06%</td>
<td>57.87%</td>
<td>53.10%</td>
<td>53.55%</td>
<td>54.88%</td>
</tr>
<tr>
<td>Total external research expenditures</td>
<td>373,522,114</td>
<td>406,622,738</td>
<td>447,077,363</td>
<td>451,384,835</td>
<td>539,621,032</td>
</tr>
<tr>
<td>External research expenditures as percent of total state appropriations</td>
<td>15.30%</td>
<td>16.39%</td>
<td>17.06%</td>
<td>15.87%</td>
<td>19.26%</td>
</tr>
<tr>
<td>External research expenditures as percent of state appropriations for research</td>
<td>3463.31%</td>
<td>3241.21%</td>
<td>3254.59%</td>
<td>3598.02%</td>
<td>3928.28%</td>
</tr>
<tr>
<td>Value of lost or stolen property</td>
<td>85,593</td>
<td>260,000</td>
<td>203,169</td>
<td>204,118</td>
<td>247,808</td>
</tr>
<tr>
<td>Lost or stolen property as a percent of total inventoried property lost or stolen</td>
<td>0.03%</td>
<td>0.11%</td>
<td>0.04%</td>
<td>0.06%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Allied health enrollment</td>
<td>291</td>
<td>318</td>
<td>317</td>
<td>339</td>
<td>357</td>
</tr>
<tr>
<td>Percent of allied health graduates passing the certification/licensure exam on the first attempt</td>
<td>92.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
</tr>
<tr>
<td>Percent of allied health graduates licensed or certified in Texas</td>
<td>84.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>90.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Graduate Training in Biomedical Sciences</td>
<td>384</td>
<td>384</td>
<td>350</td>
<td>309</td>
<td>295</td>
</tr>
<tr>
<td>MD Anderson students attending GSBS; from GSBS Data Tables</td>
<td>747</td>
<td>730</td>
<td>774</td>
<td>775</td>
<td>756</td>
</tr>
<tr>
<td>Total Number of Post-doctoral Trainees</td>
<td>1,743</td>
<td>1,853</td>
<td>1,890</td>
<td>1,847</td>
<td>1,779</td>
</tr>
</tbody>
</table>

* Courtesy of Tomas Guajardo, Executive Director of State and System Reporting
F.2 Health Related Institutions Performance Measures Definitions

Total Number of Outpatient Visits

Definition: A “patient visit” occurs when an individual receives health care services from institutional faculty, post-graduate trainees, or pre-doctoral dental students at a hospital or clinic, affiliated with, contracted with, or owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. An “outpatient visit” occurs when the individual receives health care services, including emergency room services, but is not admitted to a hospital bed. One patient who initially visits an emergency room and is then referred to and receives health care services from another affiliated, or contracted, or owned outpatient facility would be counted as two outpatient visits. The definition includes visits to both on-site (on the premises of the hospital or institution) and off-site outpatient facilities. It includes outpatient visits previously reported as a separate measure under the Dental School.

Data Limitations: Some outpatient visits are not recorded, resulting in potential underreporting of this institutional volume indicator.

Data Source: Hospitals and clinics affiliated with, contracted with, or owned, operated, and funded by the health-related institutions will collect this data. To the extent possible, data should be gathered from the institutions’ patient accounting, patient registration or medical records information systems.

Methodology: The total number of outpatient visits during the fiscal year. To the extent possible, the total should exclude outpatient visits associated with health care providers who are not employed by the institution but may teach residents and students.

Purpose/Importance: This measure is an indicator of the number of outpatients who are treated and not admitted to a hospital bed (inpatient).

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year. In some cases, affiliated institutions will provide year-end data which reflect different reporting periods.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
**Total Number of Inpatient Days**

*Definition:* An “inpatient day” occurs when an individual, who is admitted by institutional faculty, or post-graduate trainee, occupies a hospital bed at the time that the official census is taken at each hospital affiliated with, contracted with, or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. One patient occupying one room for two nights would be counted as two inpatient days.

*Data Limitations:* None.

*Data Source:* Hospitals affiliated with, contracted with, or owned, operated, and funded by the health-related institutions will collect this data. This data should be gathered from the hospitals’ patient accounting, patient registration or medical records information systems.

*Methodology:* The total number of inpatient days during a fiscal year. To the extent possible, the total should exclude outpatient visits associated with health care providers who are not employed by the institution but may teach residents and students.

*Purpose/Importance:* This measure is an indicator of the number of inpatient days provided by an affiliated hospital.

*Reporting Period:* Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year. In some cases, affiliated institutions will provide year-end data which reflect different reporting periods.

*Calculation Type:* Non-cumulative.

*New Measure:* No.

*Desired Performance:* Higher than target.

**Net Revenue as a Percent of Gross Revenues**

*Definition:* “Net revenue” is the total dollar amount of gross patient charges, less un-sponsored charity care, bad debts, contractual allowances and other deductions, earned by hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period.

*Data Limitations:* None.

*Data Source:* Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.
Methodology: The dollar amount of net revenue during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year.

Purpose/Importance: This measure is an indicator of the net revenue generated by state-owned hospitals or clinics.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Net Revenue per Equivalent Patient Day

Definition: The dollar amount of net revenue per inpatient day adjusted for equivalent outpatient activity provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. “Net revenue” is gross patient charges, less un-sponsored charity care, bad debts, contractual allowances and other deductions. “Equivalent patient days” is the combination of (actual) patient days for inpatient revenue and the calculated (equivalent) patient days for outpatient revenue.

Data Limitations: While commonly used by hospitals to evaluate cost per unit of performance, significant differences in the mix of outpatients against inpatients can make comparisons between hospitals difficult. Furthermore, reimbursement methodologies employed by payors are often significantly different for inpatient and outpatient care, complicating inter-institutional comparisons, and even year-to-year comparisons of the single institution.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: The dollar amount of net revenue during the fiscal year, divided by equivalent patient days during the fiscal year.

Purpose/Importance: This measure is an indicator of the net revenue generated per patient day.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.
Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

**Operating Expenses per Equivalent Patient Day**

**Definition:** The dollar amount of operating expenses per inpatient day adjusted for equivalent outpatient activity provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. “Equivalent patient days” is the combination of (actual) patient days for inpatient revenue and the calculated (equivalent) patient days for outpatient revenue.

**Data Limitations:** None.

**Data Source:** Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

**Methodology:** The dollar amount of operating expenses during the fiscal year, divided by equivalent patient days during the fiscal year.

**Purpose/Importance:** This measure is an indicator of the amount of operating expenditures per patient day.

**Reporting Period:** Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

**Calculation Type:** Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

**Personnel Expenses as a Percent of Operating Expenses**

**Definition:** The dollar amount of personnel expenses as a percentage of total operating expenses in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. “Personnel expenses” are full-time and part-time employee’s salaries and all related employee benefits plus expenses for contracted labor.
Data Limitations: None.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: The dollar amount of personnel expenses during the fiscal year, divided by the total dollar amount of operating expenses during the fiscal year.

Purpose/Importance: This measure is an indicator of the proportion of the operating budget expended on personnel expenses.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Total Number of MD or DO Residents

Definition: M.D. or D.O. filled positions at any level in ACGME or AOA accredited residency programs including sub-specialty programs as of July 1 of the current calendar year. Do not include physicians undertaking post-residency training that is not considered to be part of the accredited residency program. Do not include podiatry residents.

Data Limitations: None.

Data Source: Institutional records.

Methodology: The total number of residents as of September 1 of the current calendar year.

Purpose/Importance: Long-term data of this measure can be analyzed to evaluate trends in the number of residents in Texas medical schools.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of September 1 of the current calendar year.

Calculation Type: Non-cumulative.
New Measure: Yes.

Desired Performance: Higher than target.

Minority M.D. and D.O. Residents as a Percent of Total M.D. or D.O. Residents

Definition: M.D. or D.O. residents as of July 1 of the current calendar year who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: Institutional records.

Methodology: The number of minority residents as of July 1 of the current calendar year, divided by the total number of residents as of July 1 of the current calendar year.

Purpose/Importance: This measure is an indicator of the effectiveness of the institution’s efforts to attract minorities to its post-graduate residency training programs.

Reporting Period: This measure is reportable in November and represents the results of data compiled as of July 1 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Percent of Medical Residency Completers Practicing in Texas

Definition: The percentage of physicians who are practicing medicine at a Texas address two years after completing an institutionally-affiliated and accredited residency training program in Texas as of August 31 of the current calendar year.

Data Limitations: The decision of practice location by a physician who completes a residency training program at the University of Texas MD Anderson Cancer Center is not controlled by the institution.
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Data Source: Licensure and practice data provided by the Texas State Board of Medical Examiners to the reporting institution.

Methodology: The number of physicians who are practicing medicine in Texas two years after completing training in Texas as of August 31 of the current calendar year, divided by the total number of physicians who completed training in Texas two post-graduate years prior.

Purpose/Importance: This measure is an indicator of the number of physicians trained in Texas who remain in the state to practice medicine.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for residents completing training two post-graduate years prior. (e.g., results as of August 31, 1998 for resident completing training during the 1996 post-graduate year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Total Gross Patient Charges for Un-sponsored Charity Care Provided in State Facilities

Definition: The total dollar amount of gross patient charges for un-sponsored charity care provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

Data Limitations: Annual charges include inflationary adjustments that make year-to-year comparisons difficult. Furthermore, changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. The total should be consistent with the total reported in Schedule C-1A of the institution’s Annual Financial Report.

Methodology: The total dollar amount of gross patient charges for un-sponsored charity care provided during the fiscal year. Do not include faculty practice plan charges.

Purpose: This measure identifies the total un-sponsored charity care provided in the hospital and clinics of the institution.
Total Uncompensated Care Provided in State-owned Facilities

*Definition*: The total dollar amount of uncompensated care provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. Use the definition of uncompensated care included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

*Data Limitations*: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. The total should be consistent with the total reported in Schedule C-1A of the institution’s Annual Financial Report.

*Methodology*: The total dollar amount of uncompensated care provided during the fiscal year. Do not include faculty practice plan.

*Purpose*: This measure identifies the total uncompensated care provided in the hospital and clinics of the institution.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

*Calculation Type*: Non-cumulative.

*New Measure*: Yes.

*Desired Performance*: Higher than target.

Total Gross Patient Charges for Un-sponsored Charity Care Provided by Faculty

*Definition*: The total dollar amount of gross patient charges for un-sponsored charity care provided through faculty physician practice plans (i.e., PRS, MSRDP, PIP) during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period. If an institution chooses to use a statistical sample in determining indigent care status as allowed under this definition, the sample methodology must be: (1) consistent with the methodology used by all other academic health centers; and (2) pre-filed with the Legislative Budget Board and the Governor’s Office of Budget and Planning. The State Auditor will not certify the measure unless the methodology meets these two
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Total Uncompensated Care Provided by Faculty

Definition: The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e., PRS, MSRDP, PIP) during the reporting period. Use the definition of uncompensated care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period. The definition applies to all practice plans, including medical, dental, allied health, nursing or other health care discipline.

Data Limitations: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing uncompensated care.


Methodology: The total dollar amount of uncompensated care provided during the fiscal year. Do not include facility charges.

Purpose: This measure identifies the total uncompensated care provided by the faculty of the institution through the practice plan.

Reporting Period: This measure is reportable in November.

Calculation Type: Non-cumulative.

New Measure: Yes
Desired Performance: Higher than target.

State Support for Patient Care as a Percent of Un-Sponsored Charity Care

Definition: Total dollar amount of General Revenue Fund appropriations expended for patient care in hospitals and clinics owned, operated and funded by a health-related institution as a percentage of un-sponsored charity care provided during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period.

Data Limitations: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.

Methodology: Total dollar amount of the General Revenue Fund appropriations expended for patient care during the fiscal year, divided by the total gross charges for un-sponsored charity care provided during the fiscal year.

Purpose: This measure indicates the proportionality of the state contribution to the cost of providing patient care at the institution to the total gross charges for un-sponsored charity care.

State General Revenue Support for Uncompensated Care as a Percent of the estimated cost of Uncompensated Care

Definition: Total dollar amount of General Revenue Fund appropriations expended for Uncompensated Care in hospitals and clinics owned, operated and funded by a health-related institution as a percentage of the estimated cost of Uncompensated Care provided during the reporting period. The definition of estimated cost of Uncompensated Care is that which is included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

Data Limitations: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ accounting information system.
Methodology: Total dollar amount of the General Revenue Fund appropriations expended for patient care during the fiscal year, divided by the total uncompensated care provided during the fiscal year.

Purpose: This measure indicates the proportionality of the state contribution to the cost of providing patient care at the institution to the total uncompensated care.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.

Administrative Cost as Percent of Total Expenditures

Definition: The dollar amount of expenditures for Institutional Support as a percentage of Total Current Funds expenditures, excluding auxiliary enterprises and the results of service department operations during the reporting period. “Institutional Support” includes costs associated with executive management, fiscal operations, general administration and logistical services, administrative computing support, and public relations/development as defined by the National Association of College and University Business Officers.

Data Limitations: Determination of certain administrative expenses is made by a judgment of primary purpose, and is therefore subjective in interpretation.


Methodology: The amount of Institutional Support Expenses divided by the Total Expenses, excluding auxiliary enterprises and the results of service department operations.

Purpose/Importance: This measure is an indicator of the proportion of the operating budget expended on administrative costs.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.
Outpatient-related Charges as a Percent of All Charges by Faculty

**Definition:** The dollar amount of gross patient charges provided by faculty to outpatients as a percentage of the total dollar amount of gross patient charges provided by faculty to all patients seen in a hospital or clinic affiliated with, contracted with, or owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. An outpatient is an individual receiving health care services, including emergency room services, but is not admitted to a hospital bed. The dollar amount should include charges for both on-site (on the premises of the hospital or institution) and off-site clinic activities.

**Data Limitations:** None.

**Data Source:** Hospitals and clinics affiliated with, contracted with, or owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ patient accounting information system.

**Calculation:** The dollar amount of gross outpatient-related charges during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year. Do not include facility charges.

**Purpose:** This measure is an indicator of the amount of services provided on an outpatient basis.

Percent of Patient Charges to Managed Care Contracts by Faculty

**Definition:** The dollar amount of gross patient charges by faculty provided to patients whose third-party insurance is with a managed care company as a percentage of total gross patient charges by faculty during the reporting period. “Patients” are individuals who are seen or admitted by institutional faculty, or post graduate trainees, in a hospital or clinic affiliated with, contracted with or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. A managed care company is defined as any HMO or PPO that has contracted to reimburse a hospital or clinic for less than billed charges. The definition includes contracts with Medicare and Medicaid HMOs but excludes traditional Medicare and Medicaid. The definition also includes contracts on correctional managed health care.

**Data Limitations:** None.

**Data Source:** Hospitals and clinics affiliated with, contracted with, or owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions’ patient accounting information system.
Calculation: The dollar amount of gross managed care-related charges during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year. Do not include facility charges.

Purpose: This measure is an indicator of the percent of patients of an affiliated hospital or clinic who are enrolled in a managed care plan.

Total External Research Expenditures

Definition: The total expenditures for the conduct of research and development from external sources during the reporting period. The definition excludes expenditures of dollars appropriated directly to the institution or state funds transferred from other state agencies and institutions (e.g., Advanced Research or Advanced Technology Program Funds) or institutionally-controlled funds. The exclusion of “expenditures of dollars appropriated directly to the institution” applies to both general revenue funds and local funds. The total may include indirect costs and fringe benefits.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

Methodology: The total dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year. The total should equal the sum of federal and private expenditures for the conduct of research and development that is reported to the Texas Higher Education Coordinating Board in the Survey of Research Expenditures.

Purpose/Importance: This measure is an indicator of the level of research dollars generated and of the scope of the institution’s research mission.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
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External Research Expenditures as Percent of Total State Appropriations

Definition: The total expenditures for the conduct of research and development from external sources as defined by Outcome Measure R-1 as a percentage of total expenditures of dollars appropriated directly to the institution during the reporting period. “Dollars appropriated directly to the institution” includes both general revenue funds and local funds. It excludes appropriated funds transferred from other state agencies and institutions.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

Methodology: The dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year, divided by the total expenditures of dollars appropriated directly to the institution during the fiscal year.

Purpose/Importance: This measure is an indicator of the proportion of the institution’s expenditures on research.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

External Research Expenditures as a Percent of State Appropriations for Research

Definition: The total expenditures for the conduct of research and development from external sources as defined by Outcome Measure R-1 as a percentage of total research dollars appropriated directly to the institution during the reporting period. Dollars appropriated directly to the institution” includes both general revenue funds and local funds. It excludes appropriated funds transferred from other state agencies and institutions.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

Methodology: The dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year, divided by the total expenditures of dollars appropriated directly to the institution during the fiscal year.
**Purpose/Importance:** This measure is an indicator of the proportion of the institution’s expenditures on research.

**Reporting Period:** Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

**Calculation Type:** Non-cumulative.

**New Measure:** No.

**Desired Performance:** Higher than target.

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**Value of Lost or Stolen Property**

**Definition:** The total net book value of inventoried property that is reported to the Comptroller of Public Accounts as lost or stolen for the fiscal year being reported.

**Data Limitations:** None.

**Data Source:** Institutional data files and State Property Accounting System reports.

**Methodology:** The total net book value of inventoried property reported as lost or stolen (SPA codes 17, 18, 20, or 21) during the fiscal year. Net book value is defined as historical cost [plus or minus any appropriate increases or reductions in value] less accumulated depreciation.

**Purpose/Importance:** This measure is an indicator of the value of property lost or stolen during a fiscal year.

**Reporting Period:** Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

**Calculation Type:** Non-cumulative.

**New Measure:** No.

**Desired Performance:** Lower than target.
Percent of Property Lost or Stolen

**Definition:** The percent of the total net book value of inventoried property that is reported to the Comptroller of Public Accounts as lost or stolen for the fiscal year being reported.

**Data Limitations:** None.

**Data Source:** Institutional data files and State Property Accounting System (SPA) records.

**Methodology:** The total net book value of property reported as lost or stolen (SPA codes 17, 18, 20, or 21) during the fiscal year divided by the total depreciated cost of inventoried property at the end of the fiscal year being reported. Net book value is defined as historical cost [plus or minus any appropriate increases or reductions in value] less accumulated depreciation.

**Purpose/Importance:** This measure is an indicator of the magnitude of property lost or stolen during a fiscal year.

**Reporting Period:** Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

**Calculation Type:** Non-cumulative.

**New Measure:** No.

**Desired Performance:** Lower than target.

Allied Health Enrollment

**Definition:** Students enrolled in Coordinating Board-approved allied health degree or certificate programs during the reporting period.

**Data Limitations:** None.

**Data Source:** Office of the Registrar at the reporting institution.

**Methodology:** The total unduplicated number of students enrolled on the official census day of each semester of the academic year.

**Purpose:** This measure indicates the number of students enrolled in the allied health school at the institution. Long-term data can be analyzed to evaluate trends in allied health enrollment.
Percent of Allied Health Graduates Passing Certification/Licensure Examination on the First Attempt

**Definition:** Allied health graduates or eligible students in a discipline that offers or requires an external certification or licensure who pass the examination on the first attempt during the reporting period.

**Data Limitations:** None.

**Data Source:** Records of licensure exam performance provided by the applicable licensing/certifying agencies to the reporting institution. Those records may be supplemented by information provided directly by graduates.

**Methodology:** The number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during the fiscal year.

**Purpose/Importance:** This measure is an indicator of the effectiveness of the institution’s instructional program in preparing graduates for licensure.

**Reporting Period:** Fiscal year. This measure is reportable in November and represents the calculation of results compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

**Calculation Type:** Non-cumulative.

**New Measure:** No.

**Desired Performance:** Higher than target.

Percent of Allied Health Graduates Licensed or Certified in Texas

**Definition:** Allied health graduates in a discipline that offers or requires an external certificate or licensure who are licensed or certified to practice in Texas two years after completing their certificate or degree programs as of August 31 of the current calendar year.

**Data Limitations:** None.

**Data Source:** Records of licensure status provided by the applicable licensing/certifying agencies to the reporting institution. Those records may be supplemented by information provided directly by graduates.

**Methodology:** The number of graduates who are licensed or certified to practice in Texas two years after completing their degrees as of August 31 of the current calendar year, divided by the total number of graduates in a discipline that offers or requires an external certificate or licensure two academic years prior.
Purpose/Importance: This measure is an indicator of the number of allied health school graduates who remain in Texas to practice.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates during the previous academic year. (e.g., results as of August 31, 1999 for graduates during the 1998 academic year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.
F.3 Definitions of Performance Measures Not Submitted to the Legislative Budget Board

Graduate School of Biomedical Sciences (GSBS) Students - This is the number of students that have an advisor from MD Anderson. Currently the UTHSC-H reports all GSBS students. MD Anderson does not report their students to prevent duplication of numbers.

Postdoctoral Fellow/Trainee - Any individual holding a Ph.D. or the equivalent degree required for the research position held. A Postdoctoral Fellow usually works with a mentor for three, but no more than 6 years.

Research Trainee - A broad category that includes Interns/students/graduate students holding a Bachelor's degree or higher who may be from an external institution or enrolled in an advanced educational program and are at MDACC to acquire practical experience or to receive academic credit from their sponsoring institution.

F.4 Explanation for Significant Variances in Legislative Budget Board Measures

TOTAL # MD OR DO RESIDENTS:
The total actual residents for 2018 was lower than the target due to lack of funding. The MD Anderson Department of Clinical Education did not receive any additional funding to support new positions.

TOTAL # OUTPATIENT VISITS:
During FY 2016, the institution embarked on one of its largest clinical and business transformations: the Electronic Health Record (EHR) OneConnect effort. The optimization of the EHR returned the institution to pre-implementation productivity levels, however slightly below the target.

AVG COST TUITION AND FEES 15 SCH:
Tuition and fee rates as approved by the Board of Regents.

MINORITY ADMISSIONS AS % 1ST-YEAR:
Minority admission as a percent of 1st year increased from last year and is above the target.

% STUDENTS RECEIVING FINANCIAL AID:
The percent of students receiving financial aid increased as compared to last year, but it is slightly lower than target.

MINORITY RESIDENTS AS % TOTAL:
Percentage increased as compared to last year. Slightly exceeding the target.

% ALLIED HEALTH GRADS LICENSED – TX:
Our graduates exceeded the target for passing board certifications. Students need this certification to practice in Texas.
The University of Texas MD Anderson Cancer Center
Accountability Report
January 2018

% RESID COMPLETERS PRACTICE IN TX:
While the rate is slightly lower than the target, it improved as compared to the previous fiscal year. The institution is not a medical school, and as such does not have primary care residents.

TOTAL UNCOMPENSATED CARE PROV. FAC.:
The variance resulted from the shift in the payor mix - with Medicare increasing as compared to the prior year.

ADM COST AS % TOTAL EXPENDITURES:
As a result of hospital and clinic expenditures increasing at a faster rate than institutional support expenditures.

TTL UNCOMP. CARE PROV. ST. FACILITY: MDACC experienced a significant decrease in the actual FY 2017 Uncompensated Care, particularly Technical related as compared to the Technical related target. Of the three areas comprising Technical related UCC, i.e. Medicare, Medicaid and Indigent, the decrease was mainly Medicare.

TOTAL EXTERNAL RESEARCH EXPENDITURE: Increasing research expenditures for the institution. The FY 2018 amount is similar to that reported in FY 2017.
The University of Texas MD Anderson Cancer Center
Accountability Report
January 2018
F.5 The University of Texas MD Anderson Cancer Center Accountability Report

Degrees and Certificates Awarded

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>148</td>
<td>154</td>
<td>165</td>
<td>14.2 %</td>
</tr>
<tr>
<td>Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
<td>142</td>
<td>144</td>
<td>139</td>
<td>-2.1 %</td>
</tr>
<tr>
<td>Master's</td>
<td>6</td>
<td>10</td>
<td>30</td>
<td>400.0 %</td>
</tr>
<tr>
<td>Doctoral Research Scholarship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral Professional Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Degrees and Certificates Awarded (Economically Disadvantaged)

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>Undergraduates Receiving an Award</td>
<td>91</td>
<td>75</td>
<td>73</td>
<td>-19.8 %</td>
</tr>
</tbody>
</table>

Fall Headcount

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>339</td>
<td>357</td>
<td>376</td>
<td>10.9 %</td>
</tr>
<tr>
<td>Male</td>
<td>104</td>
<td>106</td>
<td>92</td>
<td>-11.5 %</td>
</tr>
<tr>
<td>Female</td>
<td>235</td>
<td>251</td>
<td>284</td>
<td>20.9 %</td>
</tr>
<tr>
<td>Total</td>
<td>339</td>
<td>357</td>
<td>376</td>
<td>10.9 %</td>
</tr>
<tr>
<td>White</td>
<td>85</td>
<td>84</td>
<td>94</td>
<td>10.6 %</td>
</tr>
<tr>
<td>African American</td>
<td>41</td>
<td>42</td>
<td>28</td>
<td>-31.7 %</td>
</tr>
<tr>
<td>Hispanic</td>
<td>96</td>
<td>108</td>
<td>122</td>
<td>21.1 %</td>
</tr>
<tr>
<td>Asian</td>
<td>78</td>
<td>86</td>
<td>96</td>
<td>13.5 %</td>
</tr>
<tr>
<td>International</td>
<td>27</td>
<td>25</td>
<td>31</td>
<td>14.8 %</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>0.0 %</td>
</tr>
</tbody>
</table>
Completion by Selected Program Area

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Working or Enrolled in Texas within One Year after Award

Students found working or enrolled in Texas within one year after earning a degree or certificate. Note that this measure was revised to match the 60x30TX state strategic plan. Percentage point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Percent Change</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
<td>101</td>
<td>96</td>
<td>-10.5</td>
</tr>
<tr>
<td>Working Only</td>
<td>89</td>
<td>92</td>
<td>88</td>
<td>-9.0</td>
</tr>
<tr>
<td>Enrolled Only</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>-1.8</td>
</tr>
<tr>
<td>Working and Enrolled</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Undergraduate Student Debt as Percentage of First Year Wage

Median of undergraduate student loan debt as a percentage of first year wage for graduates of Texas public institutions. Point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Point Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pct</td>
<td>45.7%</td>
<td>52.2%</td>
<td>42.0%</td>
<td>-0.0371</td>
</tr>
</tbody>
</table>
The University of Texas MD Anderson Cancer Center
Accountability Report
January 2018

Percent of Undergraduates Completing with Debt

Percent of undergraduate students earning an associate or bachelor's degree with student loan debt. Percentage point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2018 Pct Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
<td>57.0%</td>
<td>56.8%</td>
<td>51.8%</td>
<td>-5.2%</td>
</tr>
<tr>
<td>Total</td>
<td>57.0%</td>
<td>56.8%</td>
<td>51.8%</td>
<td>-5.2%</td>
</tr>
</tbody>
</table>

Tuition and Fees

Average cost of mandatory tuition and fees charged to a student taking 30 semester credit hours. Percent change is from first year to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2019 % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Tuition and Fees</td>
<td>$5,165</td>
<td>$5,274</td>
<td>$5,637</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Resident Physicians in Accredited Programs

M.D. or D.O. filled positions in the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency programs. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funded ACGME/AOA Resident Physicians (Total for years 1-7)</td>
<td>135</td>
<td>151</td>
<td>147</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Physicians Practicing in Texas

Percentages of medical school graduates and residency completers practicing in Texas. Percent change is from first to last year displayed. State-level data not available for this measure.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Medical School Graduates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Med Grad Entering Prim Care Res</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Med Residency Completers</td>
<td>33.0%</td>
<td>29.0%</td>
<td>31.0%</td>
<td>-6.1%</td>
</tr>
</tbody>
</table>
## Students Receiving Pell Grants

Fall undergraduate students receiving a Pell grant as reported in THECB's Financial Aid Database. Percentage point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pell</td>
<td>115</td>
<td>39.1%</td>
<td>106</td>
<td>34.0%</td>
<td>112</td>
<td>34.9%</td>
<td>4.2</td>
</tr>
<tr>
<td>No Pell</td>
<td>185</td>
<td>60.0%</td>
<td>210</td>
<td>66.0%</td>
<td>209</td>
<td>65.1%</td>
<td>4.2</td>
</tr>
</tbody>
</table>

## Graduation Rates for Graduate Programs

Students in medical professional practice receiving a doctorate degree within five years. Percentage point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2016 Entering Fall Cohort Count</th>
<th>2016 Entering Fall Cohort Percent</th>
<th>2017 Entering Fall Cohort Count</th>
<th>2017 Entering Fall Cohort Percent</th>
<th>2018 Entering Fall Cohort Count</th>
<th>2018 Entering Fall Cohort Percent</th>
<th>Point Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Graduated with Doctorate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Graduated with Doctorate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Graduated with Doctorate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Graduation Rates for Master's Programs

Master's students receiving a master's degree within five years. Percentage point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Master's
  - Graduated with Master's
  - Did not graduate

### Graduation Rates for Doctoral Programs

Doctoral students receiving a doctorate within ten years. Percentage point change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Doctoral
  - Graduated with Doctorate
  - Graduated with Master's
  - Did not graduate

### Degrees Awarded by Level

Degrees awarded by level for out-of-state peer comparison. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>Associate</th>
<th>Bachelor's</th>
<th>Master's</th>
<th>Doctoral Research Scholarship</th>
<th>Doctoral Professional Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
</tr>
</tbody>
</table>

| UT M.D. Anderson Cancer Center | | 143 | 6 | | | |
### Degrees Awarded by Ethnicity

Degrees awarded by ethnicity for out-of-state peer comparison. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>African American</th>
<th>Hispanic</th>
<th>Asian</th>
<th>International</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td>44</td>
<td>11</td>
<td>41</td>
<td>37</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>

### Degrees by Gender

Degrees awarded by gender for out-of-state peer comparison. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td>46</td>
<td>103</td>
</tr>
</tbody>
</table>

### Degrees for Medicine

Degree awarded in medicine for out-of-state peer comparison. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Fall Headcount

Fall headcount for out-of-state peer comparison. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>African American</th>
<th>Hispanic</th>
<th>Asian</th>
<th>International</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td>84</td>
<td>41</td>
<td>110</td>
<td>94</td>
<td>23</td>
<td>5</td>
</tr>
</tbody>
</table>
# Certification and Licensure Pass Rates

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Point Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pct</td>
<td>Pct</td>
<td>Pct</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>Allied Health</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>0.0</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
</tbody>
</table>

# Average Debt of Graduates with Loans

Each student’s debt at time of receiving an applicable degree, based on the highest degree earned. Percent change from first year to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Amount</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>Same</td>
<td>$28,185</td>
<td>$30,103</td>
<td>$25,910</td>
<td>-8.1%</td>
</tr>
<tr>
<td>Other</td>
<td>$25,902</td>
<td>$26,755</td>
<td>$25,310</td>
<td>-2.1%</td>
</tr>
<tr>
<td>Total</td>
<td>$54,087</td>
<td>$56,858</td>
<td>$51,220</td>
<td>-8.6%</td>
</tr>
</tbody>
</table>

# Tuition and Fees

Tuition and fees for out-of-state peer comparison. Percent change is from first year to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Amount</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td>$5,337</td>
<td>$5,655</td>
<td>$5,655</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

# Federal and Private Research Expenditures per Research FTE Faculty

Federal and private research expenditures divided by the number of fall tenured/tenure-track full-time-equivalent faculty (ranks 1-5) with research responsibilities. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Amount</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>Federal and Private Research Expenditures per Research FTE faculty</td>
<td>$702,858</td>
<td>$810,275</td>
<td>$643,865</td>
<td>20.1%</td>
</tr>
</tbody>
</table>
Research Expenditures by Source of Funds

Total research expenditures by source of funds (federal, state, institutional, and private). Percent change is from first to last year displayed. Peer groups displayed as an average.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>Amount</td>
<td>Amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$787,298,147</td>
<td>$838,432,765</td>
<td>$657,950,511</td>
<td>9.0 %</td>
</tr>
<tr>
<td>Federal</td>
<td>$155,043,568</td>
<td>$156,551,536</td>
<td>$173,896,855</td>
<td>12.2 %</td>
</tr>
<tr>
<td>State Appropriations</td>
<td>$248,300,750</td>
<td>$255,560,301</td>
<td>$259,701,431</td>
<td>4.6 %</td>
</tr>
<tr>
<td>Private</td>
<td>$255,828,769</td>
<td>$318,872,685</td>
<td>$313,010,565</td>
<td>22.4 %</td>
</tr>
</tbody>
</table>

Faculty Headcount by Race/Ethnicity and Gender

Fall faculty by total, race/ethnicity and gender. Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2,322</td>
<td>100.0 %</td>
<td>2,353</td>
<td>100.0 %</td>
<td>2,347</td>
<td>100.0 %</td>
<td>1.1 %</td>
</tr>
<tr>
<td>Male</td>
<td>1,400</td>
<td>60.3 %</td>
<td>1,432</td>
<td>60.2 %</td>
<td>1,436</td>
<td>61.2 %</td>
<td>2.6 %</td>
</tr>
<tr>
<td>Female</td>
<td>922</td>
<td>39.7 %</td>
<td>921</td>
<td>39.1 %</td>
<td>911</td>
<td>38.8 %</td>
<td>-1.2 %</td>
</tr>
<tr>
<td>Total</td>
<td>2,322</td>
<td>100.0 %</td>
<td>2,353</td>
<td>100.0 %</td>
<td>2,347</td>
<td>100.0 %</td>
<td>1.1 %</td>
</tr>
<tr>
<td>White</td>
<td>1,069</td>
<td>46.9 %</td>
<td>1,079</td>
<td>45.9 %</td>
<td>1,109</td>
<td>47.3 %</td>
<td>1.7 %</td>
</tr>
<tr>
<td>African American</td>
<td>68</td>
<td>2.9 %</td>
<td>73</td>
<td>3.1 %</td>
<td>71</td>
<td>3.0 %</td>
<td>4.4 %</td>
</tr>
<tr>
<td>Hispanic</td>
<td>132</td>
<td>5.7 %</td>
<td>151</td>
<td>6.4 %</td>
<td>150</td>
<td>6.4 %</td>
<td>13.8 %</td>
</tr>
<tr>
<td>Asian</td>
<td>745</td>
<td>32.1 %</td>
<td>775</td>
<td>32.9 %</td>
<td>784</td>
<td>33.4 %</td>
<td>5.2 %</td>
</tr>
<tr>
<td>International</td>
<td>246</td>
<td>10.3 %</td>
<td>216</td>
<td>9.2 %</td>
<td>166</td>
<td>7.2 %</td>
<td>-30.0 %</td>
</tr>
<tr>
<td>Other</td>
<td>47</td>
<td>2.0 %</td>
<td>59</td>
<td>2.5 %</td>
<td>66</td>
<td>2.8 %</td>
<td>38.3 %</td>
</tr>
</tbody>
</table>

Total Uncompensated Care Provided by Faculty

The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e. PRS, MSROP, PIP). Percent change is from first to last year displayed.

<table>
<thead>
<tr>
<th></th>
<th>2016 Amount</th>
<th>2017 Amount</th>
<th>2018 Amount</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Uncompensated Care</td>
<td>$65,221,977</td>
<td>$70,907,485</td>
<td>$63,573,013</td>
<td>26.1 %</td>
</tr>
</tbody>
</table>
## Research Expenditures

Research Expenditures for out-of-state peer comparison.

<table>
<thead>
<tr>
<th></th>
<th>2015 Amount</th>
<th>2016 Amount</th>
<th>2017 Amount</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td>$1000</td>
<td>$13,089</td>
<td>$8,607</td>
<td>760.7 %</td>
</tr>
</tbody>
</table>

## Research Funds

Research funds for out-of-state peer comparison.

<table>
<thead>
<tr>
<th></th>
<th>2015 Amount</th>
<th>2016 Amount</th>
<th>2017 Amount</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Expenditures Per FTE Student

Expenditures per FTE student for out-of-state peer comparison.

<table>
<thead>
<tr>
<th></th>
<th>2015 Amount</th>
<th>2016 Amount</th>
<th>2017 Amount</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT M.D. Anderson Cancer Center</td>
<td>$20,790</td>
<td>$20,720</td>
<td>$21,240</td>
<td>2.2 %</td>
</tr>
</tbody>
</table>
F.6 Health Related Accountability Measures and Definitions

**COMPLETION - KEY MEASURES**

**C01UH - Degrees and Certificates Awarded**
Definition: Number of certificates, associate degrees, bachelor's (baccalaureate) degrees, master's degrees, doctoral degrees (doctoral research scholarship), and professional (doctoral professional practice) degrees awarded by Texas public institutions of higher education. Certificates are lower-level undergraduate certificates. Note that this measure includes doctoral degrees (doctoral research scholarship) and professional (doctoral professional practice) degrees when reported for individual sectors; however, doctoral and professional degrees are not included for tracking progress toward the 60x30TX statewide completion goal. Source: CMB009

**C01UH- Degrees and Certificates Awarded (Econ Dis)**
Definition: Number of undergraduates who received a certificate, associate degree, or bachelor's (baccalaureate) degree from a Texas public institution of higher education. Certificates are lower-level undergraduate certificates. Economically disadvantaged students are those receiving Pell at any time (from 1997 through the most current fiscal year data is available). Source: CMB009, Financial Aid Database System (FADS)

**C04UHC - Enrollment**
Definition: Number of students enrolled in fall at a Texas public institution. Dual credit students are included (if dual credit is offered); flex entry students are not included. Source: CBM001

**C05H - Completion by Selected Program Area**
Definition: Number of degrees for selected levels awarded by specialty, including Pharmacy, Dental, Medical, Audiology, Physical Therapy, and Nursing Practice. Source: CMB009

**COMPLETION - CONTEXTUAL MEASURES**

**C08UH - Students Receiving Pell Grants**
Definition: Percentage and number of undergraduate students who received any amount of Pell Grant as reported in the THECB financial aid database (FADS). Matches the fall undergraduate enrollment by valid Social Security Number (SSN) to FADS and includes all students who received a Pell Grant at any time in the academic year. The percentage reported is the number of Pell grant students divided by the fall undergraduate enrollment. Source: CBM001, Financial Aid Database (FADS)
C13UH - Graduation Rates for Graduate Programs
Definition: The cohort was developed by pulling all of the students coded on the CBM001 at a specific level in the fall semester and then checking the five prior years to determine if they had been coded at that level in those prior years. If students were coded at that level in the prior years, they were dropped from the cohort. The doctoral cohort was tracked for 10 years. The master’s cohort was tracked for 5 years. The master’s cohort does not include students who received a master’s level certificate or were classified as a doctorate student within the next 5 years (and did not earn a master’s degree). Source: CBM001, CBM009, CBM00N

C99U - Out-of-State Peer Comparison
Definition: Comparison data for out-of-state peer measures. Source: IPEDS

MARKETABLE SKILLS - KEY MEASURES

M01A - Working or Enrolled within One Year
Definition: Number and percentage of students awarded a degree or certificate in a given year who are employed in the 4th quarter of the calendar year in which the program (fiscal) year ends or enrolled in a Texas public or private (independent) institution in the fall semester after receiving the award. Students are considered employed if they are reported in the Texas Unemployment Insurance (UI) or the U.S. Office of Personnel Management (OPM) wage records. Note that this measure was revised to match the 60x30TX state strategic plan; enrollment is no longer dependent on degree level. Source: CBM001, CBM009, Unemployment Insurance (UI) wage records, Office of Personnel Management (OPM) wage records

MARKETABLE SKILLS - CONTEXTUAL MEASURES

M02H - Certification and Licensure Pass Rates
Definition: Licensure/certification rate on state or national exams. For medical, dental, allied health, nursing and pharmacy programs, eligible students are those in a discipline that offers or requires an external certification or licensure who pass the examination on the first attempt during the reporting period. Calculated as the number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during the fiscal year. Source: Legislative Budget Board (LBB)
STUDENT DEBT - KEY MEASURES

S01A - Student Debt as Percentage of Wage
Definition: Median of individual student loan debt as a percentage of first year wage for students awarded a certificate, associate degree, or bachelor's degree in a given year from a Texas public institution. Individual must have student loan debt at time of award and wages in first year following award. Each student's loan debt includes all loans reported in the THECB financial aid database (FADS) report by any institution for that student in the last 15 years. First year wages are based on UI wage data reported to the Texas Workforce Commission. Bachelor's degrees awarded at community colleges are not included. Source: CBM009, Unemployment Insurance (UI) wage records, Financial Aid Database System (FADS)

S02UH - Excess Semester Credit Hours
Definition: Average number of semester credit hours (SCH) attempted by graduates of bachelor's degree programs from a Texas public institution in excess of the degree plan. To determine SCH attempted, compile all college level semester credit hours a graduate attempted for up to 10 years prior to the time of college graduation. Developmental education SCH attempted and dual credit SCH attempted are not included. Two breakouts are also shown: average attempted SCH accumulated by graduates who began and graduated at the same institution and average attempted SCH accumulated among graduates who began at another public institution. Source: CBM001, CBM009, CBM00N

S03UH - Percent of Graduates with Debt
Definition: Percentage of students awarded an associate or bachelor's degree from a Texas public or private (independent) 4-year institution in a given year who have student loan debt. Each student's loan debt includes all loans reported in the THECB financial aid database (FADS) report by any institution for that student in the last 15 years. Source: CBM009, Financial Aid Database System (FADS)

S04UH - Tuition and Fees
Definition: Statutory tuition (state required tuition), designated tuition (set by institutional governing boards), and mandatory fees (charged to all students), for resident undergraduate students at 30 semester credit hours (SCH) for a fall and spring semester. Many institutions charge additional fees that vary by field of study and/or major. The actual cost for 30 SCH of tuition and fees may be higher for some students as only statutory tuition, designated tuition, and mandatory fees are included. Source: College Student Budget

STUDENT DEBT - CONTEXTUAL MEASURES

S06UCH - Average Debt of Graduates with Loans
Definition: Average debt is calculated by averaging each student's loan debt, accumulated at all Texas institutions up to the time of receiving an applicable degree, based on the student's highest degree earned. Only students with debt are included. Each student's loan debt includes all loans reported in the THECB financial aid database (FADS) report by any institution for that student in the last 15 years, such as federal
and state loans, parent Plus loans, and private educational loans. Two breakouts are also shown: average
debt accumulated among graduates who began and graduated at the same institution and average debt
accumulated among graduates who began at another public institution. Source: CBM001, CBM009,
Financial Aid Database System (FADS)

S99U - Out-of-State Peer Comparison
Definition: Comparison data for out-of-state peer measures. Source: IPEDS

SECTOR-SPECIFIC/OTHER - KEY MEASURES

X01H - Residents in Accredited Programs
Definition: M.D. or D.O. filled positions at any level in Accreditation Council for Graduate Medical
Education (ACGME) or American Osteopathic Association (AOA)-accredited residency programs
including sub-specialty programs. This does not include physicians undertaking post-residency training that
is not considered part of the accredited residency program. Source: CBM00R for 1-7 years; institutions
provide data for 8 years or more

X02H - Physicians Practicing in Texas
Definition: Percentage of medical school graduates practicing in Texas (LBB: I-5 & H-2) are M.D. or D.O.
graduates practicing medicine at a Texas address as of August 31 of the current calendar year. Percentage
of medical school graduates entering a primary care residency (LBB: M-3) are the M.D. or D.O. students
who report just prior to graduation that they are entering an accredited post-graduate program in primary
care. Percentage of medical residency completers practicing in Texas (LBB: I-4 & HC-1) are physicians
who are practicing medicine at a Texas address two years after completing an institutionally-affiliated and
accredited residency training program in Texas as of August 31 of the current calendar year. Source:
Institutions; Legislative Budget Board (LBB)

SECTOR-SPECIFIC/OTHER - CONTEXTUAL MEASURES

X05H - Research Expenditures per FTE Faculty
Definition: Federal and private research expenditures divided by the number of fall tenured/tenure-track
full-time-equivalent faculty (ranks 1-5) with research responsibilities. Source: Institutions’ Annual
Financial Reports. CBM008

X06UH - Research Expenditures by Source of Funds
Definition: Total research expenditures by source of funds (federal, state, private, and institutional). To
qualify as research, the primary purpose of the contract, gift, or grant must be research. Source:
Institutions’ Annual Financial Reports
X09H - Faculty Headcount
Definition: Number of faculty by total, race/ethnicity and gender. Tenure/tenure-track data come from CBM008 Faculty Report using rank codes 1-4 and coded for a tenure/tenure-track position and non-tenure/tenure-track faculty are those faculty coded as non-tenure. Source: CBM004, CBM008

X10H - Total Uncompensated Care by Faculty
Definition: The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e. PRS, MSRDP, PIP) during the reporting period. Uncompensated care definition provided by the Legislative Budget Board (LBB) (and located in Article III, Special Provisions of the General Appropriations Act). The definition applies to all practice plans, including medical, dental, allied health, nursing, or other health care discipline. Source: Institutional data reported to the LBB

X99U - Out-of-State Peer Comparison
Definition: Comparison data for out-of-state peer measures. Source: IPEDS
G. Other MD Anderson Academic Programs
## G.1 MD Anderson Educational Trainees, 2016 - 2017

### Clinical

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology Fellow</td>
<td>2</td>
</tr>
<tr>
<td>Fellows</td>
<td>277</td>
</tr>
<tr>
<td>Medical Physics Fellows</td>
<td>4</td>
</tr>
<tr>
<td>Medical Physics Residents</td>
<td>10</td>
</tr>
<tr>
<td>Pharmacy Residents</td>
<td>18</td>
</tr>
<tr>
<td>Physician Assistant Fellows &amp; Residents</td>
<td>5</td>
</tr>
<tr>
<td>Psychology Fellows</td>
<td>1</td>
</tr>
<tr>
<td>Residents</td>
<td>26</td>
</tr>
<tr>
<td>Rotating Affiliated Pharm Tr</td>
<td>1</td>
</tr>
<tr>
<td>Rotating Fellows</td>
<td>203</td>
</tr>
<tr>
<td>Rotating Fellow Research</td>
<td>4</td>
</tr>
<tr>
<td>Rotating Medical Students</td>
<td>304</td>
</tr>
<tr>
<td>Rotating Pharmacy Residents</td>
<td>9</td>
</tr>
<tr>
<td>Rotating Psychology Fellow</td>
<td>1</td>
</tr>
<tr>
<td>Rotating Residents</td>
<td>815</td>
</tr>
<tr>
<td>Rotating Residents Research</td>
<td>74</td>
</tr>
<tr>
<td>Rotating Veterinary Residents</td>
<td>1</td>
</tr>
</tbody>
</table>

**Subtotal** 1,755

### Research

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Research Assistants-GSBS</td>
<td>293</td>
</tr>
<tr>
<td>Graduate Research Assistants-UTHSCH</td>
<td>86</td>
</tr>
<tr>
<td>Graduate Student-non-UTHSCH</td>
<td>261</td>
</tr>
<tr>
<td>MD/PhD Student – GSBS</td>
<td>1</td>
</tr>
<tr>
<td>Odyssey Fellows</td>
<td>14</td>
</tr>
<tr>
<td>Postdoctoral Fellows</td>
<td>756</td>
</tr>
<tr>
<td>Research Interns</td>
<td>160</td>
</tr>
<tr>
<td>Research Medical Students</td>
<td>176</td>
</tr>
<tr>
<td>Rosalie B. Hite Graduate Research Assts.</td>
<td>5</td>
</tr>
<tr>
<td>Visiting Postdoctoral Fellows</td>
<td>9</td>
</tr>
<tr>
<td>Visiting Research Collaborator</td>
<td>18</td>
</tr>
</tbody>
</table>

**Subtotal** 1,779

### School of Health Professions

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Laboratory Science Students</td>
<td>29</td>
</tr>
<tr>
<td>Cytogenetic Technology Students</td>
<td>18</td>
</tr>
<tr>
<td>Cytotechnology Students</td>
<td>3</td>
</tr>
<tr>
<td>Diagnostic Genetics Students</td>
<td>21</td>
</tr>
<tr>
<td>Diagnostic Imaging Students</td>
<td>81</td>
</tr>
<tr>
<td>Diagnostic Medical Sonography Students</td>
<td>17</td>
</tr>
<tr>
<td>Health Disp. Diversity &amp; Advocacy Students</td>
<td>8</td>
</tr>
<tr>
<td>Histotechnology Students</td>
<td>32</td>
</tr>
<tr>
<td>Medical Dosimetry Students</td>
<td>39</td>
</tr>
<tr>
<td>Molecular Genetic Technology Students</td>
<td>47</td>
</tr>
<tr>
<td>Radiation Therapy Students</td>
<td>44</td>
</tr>
</tbody>
</table>

**Subtotal** 339

### Special Programs

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Fellows</td>
<td>4</td>
</tr>
<tr>
<td>Business Administrative Intern</td>
<td>1</td>
</tr>
<tr>
<td>Chaplaincy Interns</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Chemistry Fellow</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Ethics Fellow</td>
<td>2</td>
</tr>
<tr>
<td>Dietetic Interns</td>
<td>2</td>
</tr>
<tr>
<td>Social Work Interns</td>
<td>8</td>
</tr>
<tr>
<td>Veterinary Residents</td>
<td>5</td>
</tr>
<tr>
<td>Veterinary Students</td>
<td>8</td>
</tr>
</tbody>
</table>

**Subtotal** 43

### Observers

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observers</td>
<td>453</td>
</tr>
<tr>
<td>STEP Observers</td>
<td>410</td>
</tr>
</tbody>
</table>

**Subtotal** 863

### Student Programs

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Students</td>
<td>413</td>
</tr>
<tr>
<td>Genetics Counseling Students</td>
<td>10</td>
</tr>
<tr>
<td>High School Students</td>
<td>119</td>
</tr>
<tr>
<td>Pharmacy Students</td>
<td>57</td>
</tr>
<tr>
<td>Physical/Occupational Therapy Students</td>
<td>37</td>
</tr>
<tr>
<td>Physician Assistant Students</td>
<td>58</td>
</tr>
<tr>
<td>Psychology Graduate Students</td>
<td>6</td>
</tr>
<tr>
<td>Social Work Students</td>
<td>2</td>
</tr>
<tr>
<td>Speech Pathology Students</td>
<td>2</td>
</tr>
<tr>
<td>Technology Students</td>
<td>102</td>
</tr>
</tbody>
</table>

**Subtotal** 806

### Nursing Programs

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Outreach Education**</td>
<td>0</td>
</tr>
<tr>
<td>Academic Undergraduate</td>
<td>964</td>
</tr>
<tr>
<td>Academic Graduate Students</td>
<td>385</td>
</tr>
<tr>
<td>Academic Doctoral Students</td>
<td>29</td>
</tr>
<tr>
<td>Academic High School</td>
<td>102</td>
</tr>
<tr>
<td>Academic Observation</td>
<td>7</td>
</tr>
<tr>
<td>Professional Student Nurse Externs</td>
<td>19</td>
</tr>
<tr>
<td>Professional Student Nurse Externs - Summer***</td>
<td>0</td>
</tr>
<tr>
<td>PEPED ****</td>
<td>0</td>
</tr>
</tbody>
</table>

**Subtotal** 1,506

**TOTAL** 7,091

* Annual metrics are provided by the Div. of Nursing.
** Nursing Outreach Education program is no longer in place.
*** This program was not offered in FY12
**** PEPED program ended subsequent to completion of CPRIT grant funding, August 2012
### G.2 Trainee Demographics by Group, 2016 - 2017

<table>
<thead>
<tr>
<th>Demographic Profile</th>
<th>Clinical Residents &amp; Fellows</th>
<th>Postdoctoral Fellows*</th>
<th>GSBS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Description</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Number of Trainees</td>
<td>Total Population</td>
<td>303</td>
<td></td>
</tr>
<tr>
<td>Number of Programs Served</td>
<td>Total Programs</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>White, Non-Hispanic</td>
<td>127</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>65</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Foreign</td>
<td>71</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>18</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Black, Non-Hispanic</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>2+race</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>American Indian Alaskan Native</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>162</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>141</td>
<td>47%</td>
</tr>
<tr>
<td>Average Age</td>
<td>35 years old</td>
<td>34 years old</td>
<td>29 years old</td>
</tr>
</tbody>
</table>

*Postdoctoral Fellows include Postdoctoral Fellows, Odyssey Fellows, Odyssey Scholars and Veterinary Fellows. Total head count may not be equal to the total number of postdoctoral on this report because some trainees had more than one title during this reporting period.

Source: Trainee & Alumni Affairs

### G.3 Trainee Country of Origin & Visa Types, 2016 – 2017

<table>
<thead>
<tr>
<th>Demographic Profile</th>
<th>Clinical Residents &amp; Fellows</th>
<th>Postdoctoral Fellows*</th>
<th>GSBS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Country/Visa</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Top 5 Countries of Origin</td>
<td>USA</td>
<td>196</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>India</td>
<td>19</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>13</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Lebanon</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>China</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Citizennships and Most Frequent Visa Types</td>
<td>US Citizen</td>
<td>196</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>US Permanent Resident</td>
<td>36</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>H1-B</td>
<td>15</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>J-1</td>
<td>52</td>
<td>17%</td>
</tr>
</tbody>
</table>

*Postdoctoral Fellows include Postdoctoral Fellows, Odyssey Fellows, Odyssey Scholars and Veterinary Fellows. Total head count may not be equal to the total number of postdoctoral on this report because some trainees had more than one title during this reporting period.

Source: Trainee & Alumni Affairs
G.4 Five Year Trainee Growth Pattern, FY 2013 – FY 2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>1,231</td>
<td>1,276</td>
<td>1,236</td>
<td>1,693</td>
<td>1,755</td>
<td>4%</td>
</tr>
<tr>
<td>Research</td>
<td>1,743</td>
<td>1,854</td>
<td>1,890</td>
<td>1,847</td>
<td>1,779</td>
<td>-4%</td>
</tr>
<tr>
<td>Special Programs &amp; Observers</td>
<td>507</td>
<td>452</td>
<td>489</td>
<td>838</td>
<td>906</td>
<td>8%</td>
</tr>
<tr>
<td>Student Programs</td>
<td>1,396</td>
<td>1,204</td>
<td>1,084</td>
<td>810</td>
<td>806</td>
<td>0%</td>
</tr>
<tr>
<td>School of Health Professions</td>
<td>291</td>
<td>318</td>
<td>303</td>
<td>317</td>
<td>339</td>
<td>7%</td>
</tr>
<tr>
<td>Nursing Students/Rotations</td>
<td>1,306</td>
<td>1,238</td>
<td>1,352</td>
<td>1,499</td>
<td>1,506</td>
<td>0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>6,474</td>
<td>6,342</td>
<td>6,354</td>
<td>7,004</td>
<td>7,091</td>
<td>1%</td>
</tr>
<tr>
<td>Grand Total (excluding Nursing)</td>
<td>5,168</td>
<td>5,104</td>
<td>5,002</td>
<td>5,505</td>
<td>5,585</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: Trainee & Alumni Affairs
G.5  Trainee Classifications Graph, 2016 – 2017

Source: Trainee & Alumni Affairs
## G.6 Summary of Internal Awards, 2016 - 2017

<table>
<thead>
<tr>
<th>Type of Award</th>
<th>Number Awarded</th>
<th>Total Funding Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Survivorship Research Award - Bristol-Myers Squibb Award in Clinical Research</td>
<td>1</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - Bristol-Myers Squibb Award in Basic Science Research</td>
<td>1</td>
<td>$750.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - AMGEN Award in Basic Science Research</td>
<td>1</td>
<td>$750.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - AMGEN Award in Basic Science Research</td>
<td>1</td>
<td>$500.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - Bayer HealthCare Pharmaceuticals, Inc. Award in Population Science</td>
<td>1</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - Bayer HealthCare Pharmaceuticals, Inc. Award in Population Science</td>
<td>1</td>
<td>$500.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - Bristol-Myers Squibb Award in Clinical Research</td>
<td>1</td>
<td>$750.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - Bristol-Myers Squibb Award in Translational Research</td>
<td>1</td>
<td>$500.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - The Cancer Survivorship Research Award</td>
<td>1</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - The Cancer Survivorship Research Award</td>
<td>1</td>
<td>$750.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - The Cancer Survivorship Research Award</td>
<td>1</td>
<td>$500.00</td>
</tr>
<tr>
<td>Cancer Survivorship Research Award - Bristol-Myers Squibb Award in Translational Research</td>
<td>1</td>
<td>$750.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - Jesse H. Jones Fellowship in Cancer Education</td>
<td>2</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - Susan Papizan Dolan Fellowship in Breast Oncology</td>
<td>1</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The A. Lavoy Moore Endowment Fund</td>
<td>1</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Connie and Jim Walter Fellowship in Sarcoma Research</td>
<td>2</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Daniel Bendict Gazan Fellowship in Sarcoma Research</td>
<td>1</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Diane Denson Tobola Fellowship in Ovarian Cancer Research</td>
<td>2</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Janice Davis Singletary Fellowship for Lymphoma</td>
<td>1</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Jeffrey Lee Cousins Fellowship in Lung Cancer Research</td>
<td>1</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Kimberly Patterson Fellowship in Leukemia Research</td>
<td>3</td>
<td>$12,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Linda K. Manning Fellowship in Ovarian Cancer Research</td>
<td>1</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Marion D. Edwards Fellowship in Hepatic Oncology</td>
<td>1</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Shannon Timmins Fellowship for Leukemia Research</td>
<td>2</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The Thomas H. and Mayme P. Scott Fellowship in Cancer Research for FY15</td>
<td>2</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>Clinical Fellowship Award - The William L. Pippin, Jr. Fellowship in Genitourinary Research</td>
<td>1</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Bio-Innovation Fellowship</td>
<td>1</td>
<td>$4,900.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Cancer Biology</td>
<td>1</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Cancer Biology</td>
<td>1</td>
<td>$7,562.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Molecular and Cellular Oncology</td>
<td>1</td>
<td>$2,156.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Pathology Research</td>
<td>1</td>
<td>$3,600.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Surgical Oncology</td>
<td>1</td>
<td>$9,440.00</td>
</tr>
<tr>
<td>One-time Trainee Cash Award - Symptom Research</td>
<td>1</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - Maryanne Rosenstein Family Fellowship in Merkel Cell Carcinoma Research</td>
<td>2</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Anne Eastland Spears Fellowship for GI Cancer Research</td>
<td>1</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Ben F. Love Fellowship in Innovative Cancer Therapies</td>
<td>3</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Diane Denson Tobola Fellowship in Ovarian Cancer Research</td>
<td>5</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Harold C. and Mary L. Daily Endowment Fund</td>
<td>5</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Jeffrey Lee Cousins Fellowship in Lung Cancer Research</td>
<td>2</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Kimberly Patterson Fellowship in Leukemia Research</td>
<td>1</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Lupe C. Garcia Fellowship in Cancer Research</td>
<td>3</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Sheskey Family Fellowship for Breast Cancer Research</td>
<td>1</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Postdoctoral Fellowship Award - The Thomas H. and Mayme P. Scott Fellowship in Cancer Research for FY15</td>
<td>2</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

**TOTAL**                                                                 68  | **$206,408.00**

Source: Trainee & Alumni Affairs