THE TIME IS NOW

ANNUAL REPORT 2011-2012
THE TIME IS NOW

MISSION
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.
From our President

Faculty

Board of Visitors

Donors

Financial and Statistical Data
My first year as president of this magnificent institution has come to an end. I thank everyone who helps make MD Anderson exceptional on so many levels—superlative care, academic excellence, world-class education and more. I am honored and delighted to be part of this incredible family.

A year has given me a good perspective on how MD Anderson can best move forward with much needed positive changes and investments, while preserving the wonderful collegiality and multidisciplinary culture that set this institution apart.

I view this year as one of traditional values affirmed, new aspirations advanced and bold opportunities seized. It’s been a year of moon shots, the creation of innovative departments and programs, renewed energy at our graduate school, vibrant partnerships with national and global reach, and much more — far beyond the scope of this letter and the stories featured in this Annual Report.

The time is now to control our own destiny

Now is the time for us to envision and prepare for our future — one of increased financial stability in the face of economic cross-currents, one of caring and mentorship despite less time, one of seizing entrepreneurial opportunities, and one of trying ideas and new ventures while remaining judicious about how we use our talents and our resources.

Our size and our singular focus on cancer place us in a much stronger position than nearly all medical institutions in the country, but it is important that we act now to control our own destiny to ensure continued success and impact.

Because we have the world’s best clinical care providers, MD Anderson is in high demand. Patients who come here from the world over recognize our superlative care and often make significant personal sacrifice to be treated here. We must continue to grow our clinical operation to meet this pressing need through our multidisciplinary care, sophisticated technologies and cutting-edge experimental therapeutics.

In our highly complex treatment environment, we also must balance our near-capacity hospital and busy clinics with the caring and attention our patients need and deserve. We continue to do that, with many new initiatives to speed admissions, optimize use of existing staff and infrastructure and build more, reduce wait times, and offer a broad array of services to meet the emotional and information needs of our patients.

In addition, our suburban network of care centers in the Greater Houston area continues to thrive and has expanded its range of services and participation in clinical trials.

MD Anderson also has created strong relationships around the country and the world that benefit our institution, partners and, most important, our patients. It’s critical for us to extend our knowledge to other caregivers and our quality care to patients who can’t come here but need our expertise. As we expand beyond Houston, we must remain committed to maintaining the quality of our far-flung clinical care enterprise. Quality care is the cornerstone of our recognition as the world’s leading cancer center. There can be no compromises.
The time is now to tap our resources
One relatively untapped resource is the intellectual property of our talented faculty. We’re improving our ability to maximize return on our discoveries by designing programs that create more mature assets here and make us more attractive to the pharmaceutical industry. A drug discovery must be commercialized to become part of the standard of care. The baton-passing relay race among academia, biotech and pharmaceutical companies has proven to be costly and inefficient — as reflected in the 95% failure rate in cancer drug development.

MD Anderson must do all it can to spare patients from experiencing those 19 out of 20 failures through better preclinical validation of concepts and generation of clearer clinical-path hypotheses. In return, the institution will be rewarded with capital from the private sector that can be reinvested in our mission areas.

The time is now to change our approach to research
This year, I was proud to introduce the concept of our Moon Shots Program to significantly reduce cancer mortality. Although it was a rigorous process, selecting the inaugural cancers was, of course, the easy part. Delivering on our promise will be harder. Hundreds of faculty members and other employees came together on moon shot projects, organizing themselves, choosing leaders and developing compelling presentations of their ideas.

Why and how is this program different from other strategic initiatives? While we continue to cherish and support the intellectual excitement of academic discovery by individual investigators, the Moon Shots Program will focus on team science.

The combination of the platforms of new technology and expertise — staffed with professionals accountable to deliver on aggressive milestones, with the strength of MD Anderson’s research and clinical engines — is also what differentiates this program from others.

I believe this program will lead a culture change in scientific research and clinical medicine at MD Anderson and provide a model for others.

The time is now to make big plans
Our mission and strategic plans are bold and critical to humanity. When we walk MD Anderson’s halls or sit in an exam or hospital room with patients and their family members, we are constantly reminded that lives are at stake. Many are counting on us to succeed.

As your new president, it’s been a treat for me to explore MD Anderson’s history and discover things that have contributed to our vibrant culture and sense of self over the decades. Many have told me of the quote by Daniel Burnham, master planner and architect of the first American skyscrapers, that inspired R. Lee Clark, M.D., as MD Anderson’s first leader:

“Make no little plans. They have no magic to stir men’s blood
and probably themselves will not be realized. Make big plans;
aim high in hope and work, remembering that a noble, logical diagram
once recorded will never die, but long after we are gone
will be a living thing asserting itself with ever-growing intensity.”

Dr. Clark adopted these words to explain his dream of building an internationally renowned cancer center. His “big plans,” and those of all who shared his vision, have indeed been realized. We look forward to building an even more noble diagram for the elimination of cancer.

Ronald A. DePinho, M.D.
President
THE TIME IS NOW TO EXCEL
THE TIME IS NOW TO COLLABORATE
THE TIME IS NOW TO IMPACT
THE TIME IS NOW TO EDUCATE
THE TIME IS NOW TO SUPPORT
Patients come first at MD Anderson as researchers develop therapies to strengthen the immune system; surgeons adapt even greater patient safety measures; emphasis is placed on nursing excellence and education; and volunteers help patients and caregivers navigate the journey through our hallways.
How the best get better
Advancing quality surgical care
By David Raffetto

It would be easy for surgeons at the top-ranked institution in cancer care to rest on their laurels. But within MD Anderson’s Division of Surgery, a team of physicians and clinical nurse reviewers has determined that room for improvement always exists.

In 2011, MD Anderson began participating in the National Surgical Quality Improvement Program (NSQIP), sponsored by the American College of Surgeons. More than 500 hospitals, including the 41 National Cancer Institute-designated comprehensive cancer centers, are on board.

The program tracks surgical patients for 30 days — even beyond discharge — and records instances of mortality, morbidity (cardiac complications, pulmonary problems, wound issues, etc.), reoperation and readmission. That data is then compared against national standards.

“Participating in this program is a great way to measure our outcomes against the country’s other surgical institutions,” says Thomas Aloia, M.D., assistant professor in the Department of Surgical Oncology. “Comparably, our data reflects many strengths, but there are always opportunities to be better.”

Aloia and his team are now working with other cancer centers to track the influence of risk factors unique to cancer patients: previous chemotherapy, radiation, operations and/or the involvement of multiple surgical specialties.

“NSQIP has done much to advance the quality of surgical care,” Aloia says. “Our hope is to take that model and refine it for surgical oncology.”

Keeping our surgical safety in check
Doctors and nurses become voice of patient
By David Raffetto

MD Anderson fosters a culture of safety.

In early 2012, the Division of Surgery and the Perioperative Enterprise team developed a surgical safety checklist to reduce mortality and surgery-related complications.

Studies show that standardization and formalization of accepted surgical safety practices can save lives and prevent unnecessary complications. Early pilot efforts at MD Anderson proved successful, and the checklist was rolled out to the institution in summer 2012.

“It’s more than fostering a general culture of safety, though that’s certainly a big part of it,” says Charles Levenback, M.D., professor and deputy chair of MD Anderson’s Department of Gynecologic Oncology and Reproductive Medicine. “It’s about recognizing patient-specific risks and taking every precaution against them.”

The checklist is divided into four sections:
- patient entry to the operating room (OR),
- prior to incision,
- prior to closure, and
- prior to surgeon leaving the OR.

The team confirms verifiable items — patient identity, known allergies, procedure site — and discusses important topics related to a successful surgery, such as the anesthesia plan, availability of blood products and potential difficulties.

“The checklist is just a starting point,” Levenback says. “Everyone in the OR needs to feel comfortable speaking up about safety issues. It’s those moments when our patients don’t have a voice that we must be the voice for them.”
Screenings: Key to catching cancer early

Screening exams help find cancer at its earliest stage, when chances for curing the disease are greatest. Based on age, gender and risk factors, MD Anderson has specific screening plans for men and women for:

Breast cancer
Cervical cancer
Colorectal cancer
Lung cancer
Ovarian and endometrial cancer

Prostate cancer
Skin cancer
Liver cancer* Guidelines are being established for a new liver screening program to be offered in the near future.

By the numbers
Screenings conducted in the Cancer Prevention Center in fiscal year 2012:

- **2,581** Gynecologic (cervical, ovarian, uterine)
- **2,071** Undiagnosed breast (evaluation of breast abnormalities)
- **1,648** Gastrointestinal/colonoscopy evaluation
- **9,465** Breast
- **8,398** Skin
- **1,181** Prostate
- **15** Lung (first year offered)

Cancer survivors
Screenings conducted for breast, colorectal and thyroid cancer survivors for second primary cancers in fiscal year 2012:

- **4,037** Breast
- **440** Thyroid
- **121** Colorectal

Steps you can take to assess your risk

Complete our Cancer Risk Check for a personalized plan
www.mdanderson.org/riskcheck

Learn about screening guidelines
www.mdanderson.org/screeningguidelines

Make an appointment to get screened
877-632-6789
www.mdanderson.org/ask
Change champions
Doubling down on doctoral nursing degrees
By Mindy Loya

Melissa McLenon, D.N.P, has been committed to her patients throughout her 20-year nursing career.

An acute care nurse practitioner in the Department of Critical Care, McLenon continued working full time when she began a doctoral program in 2009. In 2012, she earned her doctorate in nursing practice. And while she continues to be a vital part of a multidisciplinary team in the Intensive Care Unit, she has greater responsibility and a new set of tools that help her make an even greater impact.

McLenon says nurses have always been patient advocates, but advanced degrees that incorporate quality improvement, collaborative outcomes-driven research and leadership skills turn these advocates into innovators. She calls herself and other doctorate-level nurses “change champions” — expert clinicians and researchers passionate about improving the quality of care delivered around the world.

“With my degree, it’s not about solving an issue one patient at a time,” McLenon says. “Now, I can find solutions for entire patient populations.”

In 2010, the Institute of Medicine forecast the future of nursing, saying the United States will need nurses educated in research and evidence-based practice, system improvement and health policy to care for an aging population with increasingly complex and chronic conditions. The group issued a national challenge to double the number of doctorate-level nurses by 2020.

Promoting a ‘culture of always’
Nurses listen, bond, care
By Mindy Loya

For Tara Tatum, MD Anderson’s Always Awards recognize her unit’s focus on collaboration.

Tatum is an associate director of nursing for an inpatient unit that cares for gynecologic cancer patients. Her unit was among the first four to receive the award, which recognizes high-performing units that deliver satisfying care to patients — always.

Eligibility for the Always Award requires patient satisfaction scores to:
• reach or exceed the 50th percentile during 12 months, as compared to a national benchmark;
• have no individual score below the 50th percentile; and
• exceed the 75th percentile for at least five of the nine categories.

The Hospital Consumer Assessment of Healthcare Providers and Systems survey is used nationally to measure patient satisfaction on communication, pain management, response to call lights and more. The answer choices — never, sometimes, usually and always — mean the results reflect how consistently teams meet patients’ expectations compared with other health care institutions.

The Post Anesthesia Care Unit, Urology and Orthopedics, Mixed Hematology, and Rehabilitation and Neurosurgery units also received the award this year.

“Our leaders, physicians, nurses and other employees work together and take care of each other. That allows us to provide the best possible care to our patients,” Tatum explains, making the point that employee satisfaction often drives patient satisfaction. “We all take time to listen and bond with the people for whom we’re caring.”
Elizabeth Mittendorf, M.D., Ph.D., abandoned plans to become a pediatrician when she fell in love with the knowledge and skills a surgeon has.

“Surgeons can address just about anything that comes through a hospital door,” says the assistant professor in MD Anderson’s Department of Surgical Oncology. “I wanted to have that ability.”

It wasn’t until after her clinical residency that she could pursue research questions — like how vaccines might arm the immune system to fight cancer. Then, after a three-year MD Anderson fellowship, which broadened her scientific base, she set up her own lab and continued her vaccine research.

“I became interested in vaccines and breast cancer patients for several reasons while I was in the Air Force,” she says. “I like the biology of the disease; I like working with breast cancer patients; and I like the multidisciplinary approach. Plus, this is a field that’s conducive to research, especially as a surgeon.”

The breast cancer vaccine she’s evaluating is a hybrid modified to increase its potency.

“It educates the immune system to recognize HER2 [an oncoprotein that promotes tumor growth] as an invader,” says Mittendorf, who is the trial’s national principal investigator. “By introducing it into women who have had breast cancer, our goal is to instruct the immune system to immediately recognize any recurring cancer cells and orchestrate an attack.”

Mittendorf is gratified and encouraged by results from a clinical trial that showed a powerful immune response in women with varying levels of HER2 expression and that the vaccine may have the ability to decrease recurrence rates.
Tanks that fight cancer
Melanoma therapies stimulate the immune system
By Sandi Stromberg

Patrick Hwu, M.D., wants to use his “flash of time” well.

“Life is short,” says the professor and chair of MD Anderson’s Department of Melanoma Medical Oncology, “We only have a flash of time to make an impact and help people. For me, cancer research puts meaning into that time.”

Knowing the power of the immune system, he wanted to see if it could be activated against cancer.

“Knowledge of the immune system has improved people’s health through the decades,” he says. “Vaccines stimulate the immune response against infectious disease. In fact, vaccines have saved more lives than antibiotics. We now want to develop methods to stimulate the immune response against cancer.”

He describes his research in military terms. The T-cells of our immune system fight foreign invaders. They act like tanks that can blow holes in cancer cells. Immune strategies work in a number of ways. Vaccines can stimulate the proliferation of tumor-fighting tanks. Antibodies can take the “brakes” off the tanks, and with T-cell transfer therapy, researchers grow large numbers of these tanks in the lab, then reinfuse them into patients.

“Immune therapies can be durable because T-cells can live for years in the body,” Hwu says. The future is in the rational combination of therapies, such as combining vaccines with interleukin-2, a growth factor for T-cells.

The results show that patients with advanced melanoma have improved response rates and progression-free survival with this combination. Hwu is working on other combinations of agents, such as targeted therapies and immunotherapies that may further improve upon these initial results.
Institute for Applied Cancer Science

- Brings innovative approach to cancer drug discovery and development
- Integrates best of cancer biology and drug discovery science
- Translates into improved clinical success

Singular focus...
- On development of new drugs
  - Small molecules
  - Biotherapeutics
- Thorough evaluation of 50+ internal programs in 2012 for
  - Disease relevance
  - Ease of therapeutic attack
  - Defined clinical trial path
- On clinical unmet needs
- On rapid translation into novel therapeutics
- On three inaugural programs and several exploratory programs

Critical mass
- 50 top-notch scientists
- 200+ years collective industry drug discovery experience
- State-of-the-art capabilities
- Academic collaborators from research communities inside and outside MD Anderson
- Fully integrated cross-functional project teams with robust drug discovery capabilities and cancer biology expertise

Funding
- Current: initial MD Anderson investment
- Future: philanthropy, grants, corporate partnerships
- Goal: self-sustaining drug discovery operation
Follow the leader
Volunteer helps patients and visitors find their way
By Gail Goodwin

With six children and six grandchildren, caregiving comes naturally to patient navigator volunteer Denise Taliaferro. However, acting in that same role to her husband was never on her list of things to do.

Taliaferro found herself in that position soon after returning from a family trip in late January 2009. What her husband, Woody, thought was just a sore back from too much golfing was soon diagnosed as metastatic melanoma.

By the time the Taliaferros arrived at MD Anderson from Dallas, Woody had trouble walking. Denise remembers well the volunteer who greeted them at the front door and guided them to Floor 9. “This place is huge and overwhelming,” she says. “We had no idea where to go.”

Seven months from diagnosis, Woody lost his cancer fight, and Denise soon returned to her native Houston. “Coming home felt good,” she says. “My family is very close, and they were all there for us when we needed them. They’re my anchor.”

She also returned to MD Anderson to volunteer. “It’s a blessing,” she says. And, she knew exactly which volunteer position interested her. The volunteer she met on her first visit to MD Anderson made a huge impression. Denise wanted to help others as she had been helped.

Now on Tuesdays, Denise stands at the entrance to the Main Building, ready to greet those entering MD Anderson. She spends Wednesdays at the MD Anderson Regional Care Center in Katy, a Houston suburb, where she enjoys visiting with patients and assisting staff.

When asked, Denise will admit that her family is very proud of her volunteer work. “My being there keeps the link to their dad alive,” she says.

Patient volunteer: Frank McCreary
By Gail Goodwin

Frank McCreary is not one to sit down on the job. Though he is a retired partner of a large Houston law firm, this 11-year survivor of T-cell lymphoma and MD Anderson volunteer has stood up to cancer and continues to represent survivors of the disease. McCreary currently serves as one of two survivor representatives on MD Anderson’s Cancer Survivorship Program Steering Committee. In addition, he is active in the Anderson Network, a program of the Department of Volunteer Services, and is not only the Steering Committee chair-elect, but also an active participant in the annual Anderson Network Survivorship Conference. McCreary’s steady demeanor and professional skills make him a natural to represent survivorship for all cancer patients.
TO COLLABORATE
Every day, teams of cancer experts work together across specialties and around the world to help patients at each step in the journey — from assessing cancer risk to early detection, advanced technology for early treatment evaluation and side effects management.
Program helps patient adjust to ‘new normal’
By Carol Bryce

Debbie Cally doesn’t mind when children ask about her missing left eye. “I just say, ‘I had a big bo-bo, but the doctors took it out. I feel really good now.’” Cally came to MD Anderson in 2010 for treatment of osteosarcoma of the maxilla, the upper jaw bone. She’s adjusted to her “new normal” thanks to a health care team that includes Michelle Fingeret, Ph.D., director of the Body Image Therapy Program. “I’ve done so well due in large part to Michelle,” she says. Today, Cally stays busy caring for her mother. She also is learning to knit, crochet and scrapbook. “If I hadn’t had surgery, the cancer probably would have spread to my brain. What’s the loss of your eye compared to your life?”

Beyond the visible
Helping patients deal with body-image concerns
By Carol Bryce

You can’t always see cancer’s side effects. Yet, changes in appearance or bodily functions sometimes lead to depression, anxiety and withdrawal.

MD Anderson’s Body Image Therapy Program, directed by Michelle Fingeret, Ph.D., assistant professor in the Department of Behavioral Science, is here to help. From its beginnings in 2008 with a staff of just Fingeret and a part-time research assistant, the program has grown to include a psychologist, two psychology fellows and five full-time researchers. The program consists of research and clinical components, and its staff works closely with multidisciplinary health care teams.

“We even have biomedical engineers because we look at body image from multiple perspectives, which include using three-dimensional modeling and visualization technologies,” Fingeret explains.

Most patients seen by Fingeret’s team have either head and neck cancer or breast cancer, since those two groups are known to experience considerable difficulties adjusting to body-image changes that result from cancer and its treatment. They can be referred to the program by any member of their health care team. Or they can refer themselves.

“That’s very important,” Fingeret says. “Some patients don’t feel comfortable talking to their physicians about body-image concerns. We want to do all we can to reduce barriers to patients accessing our services.”

Body Image Therapy Program stats

2008-2012 provided therapy services to 623 patients

4 extramural grants from agencies like National Institutes of Health and American Cancer Society
3 internal grants from MD Anderson

More than 900 patients enrolled in various research studies
Understanding body-image issues
Passionate interest leads to groundbreaking program
By Carol Bryce

Michelle Fingeret, Ph.D., thought something was lacking at MD Anderson. So she decided to fix the unmet need.

She had been keenly interested in the field of body image since her graduate school days in the late 1990s. Back then, researchers primarily studied body image as it related to people with eating disorders, like anorexia and bulimia.

Fingeret sought out a postdoctoral fellowship at MD Anderson because she knew another group of people often had these issues: cancer patients. She understood much more could be done to help them deal with body-image concerns.

“We had counseling services here, but we didn’t address coping with disfigurement and other bodily changes that can occur after treatment,” recalls Fingeret, assistant professor in MD Anderson’s Department of Behavioral Science and director of the program. “So I went to the chairs of the departments of Plastic Surgery [Geoffrey Robb, M.D.] and Head and Neck Surgery [Randal Weber, M.D.], and told them ‘I think your patients could use help with body image.’”

Those initial conversations led to the development of MD Anderson’s Body Image Therapy Program. Some five years later, Fingeret still works closely with Robb and Weber. “They’ve always been active partners and champions of our services,” she says.

Fingeret remains fascinated by her chosen field. “This is fulfilling and energizing work,” she says. “Our patients are very inspiring.”
Bringing art to life
Program nurtures young patients
By Sara Farris

When Ian Cion dreams up an idea for a project, he dreams big.

Since joining MD Anderson Children’s Cancer Hospital as director of the Arts in Medicine Program, Cion has collaborated with hundreds of pediatric patients and their families on large-scale projects. These have included constructing an 8-foot-tall Tree of Life made of paper and beading, painting a live elephant and horse, and creating a digital mural for a construction wall.

It’s no wonder that when he met childhood cancer survivor Steven Gonzalez, the two immediately made a connection. Gonzalez’s skills with animation and 3D computer models have allowed him to collaborate with Cion on another artistic project — an animated feature film. The two work together turning artwork and plots created by other patients into a digital story.

“I’m interested in making art with patients that is grand in scale and requires teamwork between patients and families,” Cion says. “Working on these projects provides our patients with a chance to be part of something big and can shift their sense of identity from being a patient to being an artist.”

Begin with some, benefit all
Moon Shots Program launches
By Maria Ward McIntosh

With a pledge to accelerate advances ultimately aimed at ending all cancers, MD Anderson launched the Moon Shots Program on Sept. 21, 2012.

The initiative forges a new, more effective approach to research with great potential for widespread application.

This new brand of team science and unprecedented integration and comprehensiveness — from prevention through survivorship — paves the way for eventual extension of its novel approaches to all cancer research programs at MD Anderson and ultimately worldwide.

To launch the program, a panel of 25 internal and external experts meticulously reviewed proposals from across the institution and selected six projects that focus on eight cancers. These are acute myeloid leukemia/myelodysplastic syndrome, chronic lymphocytic leukemia, lung cancer, melanoma, prostate cancer, and triple-negative breast/high-grade serous ovarian cancers.

“While we pursue the first wave of moon shots, we also support additional programs with the goal of elevating them to moon shot status,” says Ronald DePinho, M.D., MD Anderson’s president. “Ultimately, we plan to apply this first-of-its-kind, goal-oriented model to eradicating every type of cancer.”

Today’s cancer experts focus increasingly on specific mutations that drive and sustain each disease and how best to target and disable them. Because certain genetic mutations arise in multiple cancers, discoveries in one cancer can lead to advances against others.

MD Anderson will use these new and promising research blueprints as the program continues groundbreaking studies — and results — for all cancers.
Where in the world is MD Anderson?

MD Anderson has come a long way since its creation in 1941. From its first home on the James A. Baker estate near downtown Houston, its mission to eliminate cancer in Texas, the nation and the world now influences the care of countless patients through a growing number of locations in 11 states and 21 countries.
MD Anderson Radiation Treatment Center at American Hospital
Istanbul, Turkey

MD Anderson Cancer Center Madrid
Madrid, Spain

MD Anderson Cancer Network™
Partner members*
Co-branded extension of MD Anderson fully integrated with local hospital to further clinical and research missions

MD Anderson affiliates

MD Anderson Cancer Network™
provides expertise to health systems and hospitals through three types of memberships, ranging from quality management and specialty programs to full clinical integration.

26 sister institutions
Leading research and medical organizations from around the world work collaboratively with MD Anderson to lessen cancer’s impact. Activities include:

- Student and faculty exchanges
- Grant-funded research
- Annual conference
Gaming up against cancer
Video games a bridge to normalcy
By Sara Farris

Power-up. FPS. RPG. MMO.
This may sound like a foreign language for many, but for 18-year-old Steven Gonzalez, they’re words that helped get him through cancer as a sixth grader.

Facing a slim survival chance against an aggressive form of acute myeloid leukemia, Gonzalez found himself isolated from his school and friends as he received intense treatment. When a cord-blood transplant required a lengthy inpatient stay at MD Anderson Children’s Cancer Hospital, he turned to video games to help cope.

“I learned that as a cancer patient the one thing you want but can hardly get is normalcy. Just to talk about and focus on something normal, like video games, and not cancer is all you really want,” Gonzalez says.

While an inpatient, the young teen learned how to make video games and animation. He soon developed a video game about beating cancer and began sharing that game with other cancer patients.

Now a five-year survivor, Gonzalez uses his experience to help other young patients facing cancer. He focused his Eagle Scout project on collecting video games for kids in the hospital. He also founded a non-profit organization, The Survivor Games, which connects teen cancer patients through gaming and social networking.

In August, he presented his concept of healing through video games at a TEDx event (which offers opportunities to stimulate dialogue around “ideas worth spreading” at the local level) in Sugar Land, Texas.

“Anyone can be ripped away from the world they know, but through the healing power of art and video games, I believe we can help create a bridge between the cancer world and non-cancer world for young patients,” Gonzalez says.
Spying on the body

Innovation in imaging

By Scott Merville

The six-story Center for Advanced Biomedical Imaging Research (CABIR) on the South Campus is a rarity — a basic science building with a clinic on the first floor.

Opened for clinical trials in spring 2012, the center has improved access to state-of-the-art imaging equipment to better locate tumors, characterize them and spy on their biological activity, including treatment response.

“Designed for innovative translational research, CABIR allows us to do the preclinical research and then take the imaging agent or technique into the clinic,” says Marshall Hicks, M.D., professor and head of MD Anderson’s Division of Diagnostic Imaging and director of CABIR.

The center is a collaboration of MD Anderson, GE Healthcare Technologies (GEHT) and The University of Texas Health Science Center at Houston. The GEHT “in kind-contribution” included a new magnetic resonance imaging unit, a volume computerized tomography, dual energy CT and a combination positron emission tomography PET/CT unit for the Translational Research Imaging Facility.

MD Anderson and GEHT have 14 joint preclinical or technical research projects under way, says CABIR Medical Director Donald Podoloff, M.D., professor in the departments of Nuclear Medicine and Diagnostic Radiology. Clinical projects are in the pipeline. These research projects will help to pay down the cost of the equipment provided by GEHT.

MD Anderson researchers with grant funding are conducting a variety of clinical studies. Availability of equipment on South Campus is a relief to investigators, who previously relied on scarce time slots at odd hours on imaging equipment dedicated mainly to patient care on the main campus.

Facility speeds up research

Francesco Versace, Ph.D., assistant professor in the Department of Behavioral Science, is conducting a pilot study using functional MRI to determine whether treatment-induced chemobrain in breast cancer survivors suppresses sexual desire.

“Having this facility is fantastic for researchers,” Versace says. “It’s going to speed up research because we’ll have more access to scanners, and more participants are likely to enroll in our studies.”

Other studies under way include MRI imaging projects for prostate cancer and brain tumors. Podoloff is examining the use of a non-glucose-based radioactive tracer for PET scans of brain tumors, prostate and breast cancer.

Most cancers rely heavily on glucose metabolism for energy, but prostate and subtypes of breast cancer don’t. PET scans that employ a glucose-based tracer to measure metabolic activity don’t work very well for those tumors. The brain poses a different problem: Brain cells are heavy glucose metabolizers, so the tumor’s use of glucose gets lost in the background.

“A PET scan after treatment can be like a noninvasive biopsy of the tumor to see if treatment is working.” Podoloff says.

CABIR has the capacity to manufacture radiopharmaceuticals at its Cyclotron-Radiochemistry Core Facility, also provided by GE, under Good Manufacturing Practice and Good Laboratory Practice guidelines required to produce agents for human use.
TO IMPACT
Cancer research increasingly focuses on what we eat, our physical activity, the support of friends and family — and the role that our individual genetic make-up plays in our health. As the depth and breadth of research data increases, so do the possibilities of bringing the right drugs to the right patient at the right time.
Walking the walk
Behavioral scientist models healthy lifestyle
By Katrina Burton

A modest serving of peanut butter on whole grain toast, a ripe pear and a tall glass of skim milk is the breakfast of champions.

At least, it is for cancer prevention expert Karen Basen-Engquist, Ph.D., professor in MD Anderson’s Department of Behavioral Science. These good eating habits, paired with walking, tackling the elliptical machine when time allows and reducing her sitting time, help balance her life.

“A healthy diet, physical activity and maintaining a healthy weight are crucial to lowering your risk for developing cancer,” Basen-Engquist says.

She speaks from experience as the lead investigator and collaborator on several research studies and clinical trials surrounding diet and exercise. Her passion for helping others has led to her recent appointment as director of a new energy-balance center, funded by MD Anderson and its Duncan Family Institute for Cancer Prevention and Risk Assessment.

“The center will allow us to examine the effect of exercise and weight management interventions on biomarkers of cancer prognosis and recurrence,” she says.

She hopes that interventions developed under the new center will eventually be used as models for lifestyle behavior change to prevent cancer and cancer recurrence.

Turning over a new leaf
Drug and lifestyle changes may make a difference
By Katrina Burton

Taking the road less traveled to lower the risk of endometrial cancer is a challenge that MD Anderson researchers Karen Lu, M.D., and Karen Basen-Engquist, Ph.D., are ready to take on. Endometrial cancer, the fourth most common cancer in women in the United States, and the most common gynecologic cancer, is primarily linked to obesity.

“We’re seeing an increase in this type of cancer as the number of obese women increases,” says Lu, professor and chair of MD Anderson’s Department of Gynecologic Oncology and Reproductive Medicine. “We need to stop the rising incidence of this disease and that starts with addressing the obesity problem.”

With support from the Duncan Family Institute for Cancer Prevention and Risk Assessment, Basen-Engquist, professor in the Department of Behavioral Science, focuses on diet and physical activity and how they relate to outcomes for people with cancer and those at risk for cancer. She teamed up with Lu on a new clinical trial that combines the diabetes prevention drug, metformin, and a lifestyle intervention.

“We’re looking to see if a diet-and-exercise intervention combined with metformin will reduce the risk of women developing this type of cancer,” Basen-Engquist says. “We already know being obese and physically inactive increase the risk of some cancers.”

Project LEAP (Lowering risk of Endometrial cancer through Activity, nutrition and Preventive medicines) targets non-diabetic menopausal women with a body mass index of 35 or greater.

“This is a unique study because we’re not just looking at a drug, but also lifestyle,” Lu says. “We hope the trial will show there’s synergy between both metformin and the lifestyle.”
Turning the question upside down
Physical inactivity as bad for health as smoking
By Erica Quiroz

Exercise enthusiasts have an ally in Xifeng Wu, M.D., Ph.D., professor and chair of MD Anderson’s Department of Epidemiology.

Her recent study of more than 400,000 participants in a Taiwan cohort evaluated different volumes of physical activity and questioned whether fewer than the currently recommended 150 minutes a week of exercise is enough to reduce mortality and increase life expectancy.

What she and her team found is that people who are inactive increase their risk of cancer, heart disease, stroke and diabetes by 20% to 30%.

“Physical inactivity as bad for health as smoking,” Wu says. “People should know that physical activity can increase their lifespan.”

She used her background in epidemiology, statistics, laboratory study and clinical research to develop a new approach that stresses the harms of inactivity rather than the benefits of exercise.

Wu says smoking and physical inactivity each contributes to more than 5 million deaths a year.

By repurposing the World Health Organization’s MPOWER, a package of six tobacco control measures, Wu has designed a strategy to educate the public about the risks of inactivity.

- Monitor inactivity prevalence and factors behind it.
- Protect safety of exercisers.
- Offer services for inactive people to gain skills for sustainable exercise.
- Warn the public of the hazards of inactivity.
- Ensure the medical community fulfills its responsibility to reduce inactivity.
- Raise money or find funding to encourage physical activity and discourage inactivity.

Unusual responder: Erin Bond
By Julie Penne

She’s an enthusiastic young professional, a vocal advocate for sun protection before her diagnosis, a fun-loving 26-year-old living in the St. Louis area — and now, an unusual responder. In 2008, while a senior at Eastern Illinois University, Erin Bond was diagnosed with stage IV melanoma. After surgery and chemotherapy, she came to MD Anderson to investigate new options to stop her disease from progressing. She was enrolled in a trial through MD Anderson’s Center for Targeted Therapy, and her care team has been pleasantly surprised with her great progress during the past three years. While they’re not sure why she’s doing so well with two daily pills, Bond’s team learns from patients who buck expectations. Regardless of the reasons, Bond will take the result.
An inquiring mind
Neighborhood characteristics may affect outcomes
By Erica Quiroz

Curiosity has led Lorraine Reitzel, Ph.D., to ask novel questions.

Her recent paper posed the query: Does a cancer patient’s neighborhood have an effect on his or her survival or development of a second primary malignancy?

Reitzel, assistant professor in MD Anderson’s Department of Health Disparities Research, studied 1,151 head and neck squamous cell carcinoma patients who lived in Texas and Louisiana and came to MD Anderson for treatment from 1996 to 2009.

With the help of geographic information system technology and census data, Reitzel found that patients with oropharyngeal cancer (cancers in the middle part of the throat) — and who lived in neighborhoods with a high level of socioeconomic deprivation — had an increased risk for negative clinical outcomes. This was regardless of patients’ personal income levels.

“If the treatment team knows a patient comes from a socioeconomically deprived area and is at higher risk, they can help that patient stay connected with MD Anderson resources after returning home,” Reitzel says. “Knowing more about where a person lives can signal the need for more comprehensive recommendations and follow-up to prevent the development of second primary malignancies and increase overall survival.

“Our next step is to do more research and determine what it is about these areas that contributes to negative clinical outcomes so we can better help these patients.”
Survivorship algorithms

The Cancer Survivorship Program has 40 clinical practice algorithms to help monitor the continuing care of cancer survivors. Each one has four concurrent components of a follow-up visit. This example gives an idea of how these algorithms function and how they help physicians make continuing care decisions for survivors.

Eligibility

POST TREATMENT

NO EVIDENCE OF DISEASE

Concurrent components of care

SURVEILLANCE

History, physical annually
Tests as deemed necessary, depending on the primary type of cancer

MONITORING FOR LATE EFFECTS

For example:
Close attention to eyesight
Hearing
Fatigue
Chemobrain

RISK REDUCTION COUNSELING

For example:
Cancer screenings
Diet/weight management
Tobacco cessation

PSYCHOSOCIAL FUNCTION ASSESSMENT

For example:
Distress
Financial stressors
Body image
Social support

POSITIVE FINDINGS

NO
YES

Continue monitoring
Return to primary oncology team

Refer for consultation as indicated
A half-marathon runner with a thriving career in the medical field, Rachel Midgett didn’t have breast cancer on her radar when she was diagnosed with metastatic disease at just 37 years young.

Rather, she and her husband, Clint, were trying to start a family. After her first round of fertility treatments and a miscarriage, they soon tried again when she noticed a cyst in her left breast. A mammogram confirmed the stunning diagnosis.

“I was in shock,” Midgett says. “I couldn’t understand how it could happen when I was so healthy. I instantly felt this fear of the unknown.”

When she referred herself to MD Anderson, she was paired with Jennifer Litton, M.D., assistant professor in the Department of Breast Medical Oncology, whose research focuses on young women with breast cancer.

“You have emotional ups and downs and go through so much with your doctor,” Midgett explains. “Dr. Litton is always fighting for me. We feed off each other. My husband says watching us together is like watching a great tennis match.”

Sharing her blessings

Midgett has endured myriad regimens — both standard therapies and clinical trials. One trial included everolimus, a then-investigational drug now approved for metastatic breast cancer. Midgett’s response was nothing short of dramatic: Almost immediately, her liver lesions shrunk by more than 50%. She continued on the trial for more than a year before they started to grow.

Despite the progression, that initial dramatic response and the contained nature of the metastasis made her eligible for one of her next therapies: a liver resection. MD Anderson’s Steven Curley, M.D., professor in the Department of Surgical Oncology, removed her metastatic lesions and the majority of the organ. This procedure is still rare, but becoming increasingly common for stage IV breast cancer patients.

Time will tell what her long-term response will be. Still, Midgett feels blessed to have been a candidate for such an opportunity.

She’s also grateful to live minutes from MD Anderson, as many travel from all over the world for care at the institution. With such travel can come emotional and financial hardship, so she and her husband bought an apartment close by and started a foundation, Suites of Hope.

“Suites of Hope will allow breast cancer patients to stay free with their families while undergoing a clinical trial at MD Anderson,” she says. “I see women with their suitcases and hear them worried about flights or hotel costs, and I just want to help.”
Behind addiction
The role of emotional cues
By Katrina Burton

Ever wonder why your brain makes decisions you later regret, like continuing to smoke?

Better yet, why does your brain see smoking as a pleasurable experience when you know it can lead to cancer and a host of other medical problems?

Francesco Versace, Ph.D., assistant professor in MD Anderson’s Department of Behavioral Science, may have the answer. As a researcher and former Duncan Family Institute fellow focused on examining the relationship between emotional and cognitive processes, Versace studies brain responses to emotional cues to understand smoking behavior, cessation and relapse.

“Nicotine increases the brain’s dopamine, which produces feelings of pleasure,” Versace says. “Many smokers associate smoking with a pleasurable outcome, making it harder to quit and easier to relapse.”

In a recent study published in the European Journal of Neuroscience, Versace and his colleagues looked at smokers enrolled in a tobacco-cessation program. The study compared smokers’ brain responses from cigarette cues to non-drug-related cues, including unpleasant images like mutilations, pleasant images like erotica and romance, and neutral images.

Although researchers anticipated that cigarette cues, when compared to neutral images, would produce a bolder response from smokers, Versace found that responses to erotic stimuli exceeded the depth of responses to cigarette cues in all activation areas, except the insula — an area of the brain closely linked to cravings.

“The insula was the only place where cigarette cues prompted a greater response than all other picture categories,” he says. “This finding is significant for future studies involving nicotine addiction and the link between smoking cues and relapse.”
Sequencing the genes
New initiatives drive personalized cancer care
By William Fitzgerald

Gordon Mills, M.D., Ph.D., recalls a proposal he wrote 18 years ago detailing the concept of personalized cancer therapy and its potential impact. Today, that idea is no longer a proposal, but a reality, and it’s about to get a boost.

Under a new and innovative institutional protocol called Clearing House, which started in March 2012, scientists are delving deeper into the biology of patients’ tumors, with hopes of identifying specific genetic markers and prescribing therapies to attack those markers directly.

Funda Meric-Bernstam, M.D., professor in MD Anderson’s Department of Surgical Oncology, and Mills, professor and chair of the institution’s Department of Systems Biology, are leading the effort that will test up to 200 genes known to influence cancer in patients with aggressive or recurring disease.

“In the first year, we’ll have sequenced the genes of far more than 1,000 MD Anderson patients and are targeting to have more than 3,000 by the second year,” Meric-Bernstam says. “This will accelerate our discovery approaches, and we can develop new clinical trials, in which we already have patients pre-identified to enroll.”

While the research began with solid tumors, the Clearing House protocol has expanded to all diseases that have ongoing genomically selected trials, Meric-Bernstam says.

A transformation in cancer care
This undertaking is made possible through a revolution taking place in oncology. The costs to conduct these complicated tests have plummeted, and emerging technologies are making them easier and faster. To this end, researchers have developed another program, Unusual Responders, geared toward understanding more specific patient populations. (See patient stories on pages 28 and 31.)

“For generations, some patients have shown exciting and almost unbelievable responses to therapy,” Mills says. “It became absolutely clear that patients were trying to teach us something important, if we only paid attention and had the tools to learn from their responses.”

For example, when an MD Anderson patient displays an exceptional response, Mills and his team will work to identify the possible genetic rationale. Then, they’ll employ that knowledge to determine if the same drug will elicit a response in patients with similar circumstances.

Collectively, the two programs represent an integrated approach that begins on a level only visible through high-powered microscopes, but with an eventual impact that no loved one, friend or companion can deny.
TO EDUCATE
Elementary school students, college graduates, health care professionals, tomorrow’s scientists and doctors, surgeons and nurses are among the many who take the training and knowledge gained at MD Anderson into the community, the region, the nation and the world.
A passion for research
Taiwanese student broadens his scientific knowledge
By Mary Jane Schier

The path that Chien-Hung Chen, Ph.D., followed to figure out his career goals started while pursuing a master’s degree in life sciences at the National Tsing Hua University in his native Taiwan.

“My master’s degree adviser was a great role model who encouraged me to come to the United States for advanced scientific studies,” Chen says.

When he was accepted as a research intern at MD Anderson in 2005, Chen was thrilled. Then, two years later, he enrolled in the Graduate School of Biomedical Sciences (GSBS), a joint partnership of MD Anderson and The University of Texas Health Science Center at Houston (UTHealth). He recently earned his Ph.D. in cancer biology.

His fervor for conducting formidable laboratory research amazes his mentor, Dos Sarbassov, Ph.D., assistant professor in MD Anderson’s Department of Molecular and Cellular Oncology.

“From the first day, he has demonstrated a real passion for research. It’s been a pleasure to be his mentor throughout his GSBS studies and now as he continues as a postdoctoral fellow in my laboratory,” Sarbassov says.

Chen won several GSBS awards for his research focusing on the role of the mTOR pathway in cell signaling, including the Presidents’ Research Scholarship and the Andrew Sowell-Wade Huggins Scholarship. The former is funded by MD Anderson President Ronald DePinho, M.D., and UTHealth President Giuseppe Colasurdo, M.D.

Paying it forward
Scientist opens lab to trainees from Kazakhstan
By Mary Jane Schier

Dos Sarbassov, Ph.D., was considering becoming an ichthyologist (fish farmer) when a teacher suggested he switch to scientific research.

Born and educated through college in Kazakhstan, he obtained his doctorate in biochemistry and molecular biology at the University of Arkansas for Medical Sciences and then took postgraduate training at the Whitehead Institute for Biomedical Research in Cambridge, Mass. He joined MD Anderson in 2006.

“I was fortunate to have wonderful mentors … and am trying to pay that forward by helping students training in my lab,” Sarbassov notes. The assistant professor in MD Anderson’s Department of Molecular and Cellular Oncology has served on several Graduate School of Biomedical Sciences student committees. He also trains visiting graduate students from Kazakhstan.
Behind the fun and games
Health Adventures opens up a new world
By Jenny Montgomery

Volunteer Ted Bowen admits he is a mischief maker.

He figures that’s why he gets along so famously with the fifth-graders he mentors as part of MD Anderson’s Health Adventures program. “We’re the loud table, singing or playing some crazy game when we should be on our best behavior,” Bowen says.

The 35-year-old sales manager, who also volunteers at the Houston Zoo and Houston Museum of Natural Science, doesn’t see how anyone can resist having fun with these kids, but that is not why he has been volunteering as a mentor for the past six years. He was moved by the caring he saw at MD Anderson when he received treatment for a rare skin disease.

“I was really taken aback about the way people here genuinely care,” Bowen says. “Having someone care makes all the difference. I want to make a difference.”

Health Adventures’ program coordinator, Frances Snipes, says Bowen’s brand of caring is just what the kids he mentors need. No one hanging out with Bowen remains shy or withdrawn for long.

“He’s a big kid himself,” she says. “He’s not embarrassed to be silly, and he’s going to make sure that each child has a good time. It puts a smile on your face just to see him coming.”

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MD Anderson trainees: The next generation

MD Anderson has a rich tradition of preparing the next generation of physicians, scientists, nurses and allied health professionals through a range of educational programs.

The first formal training program began in 1949, when four histotechnology students learned how to prepare human or animal tissue samples for microscopic examination. Since then, MD Anderson has trained more than 91,000 people.

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Funding for trainees

Financial support from external and internal sources provides training and educational grants and fellowships.

52 Federal grants/fellowships
$8,139,024

43 Non-federal grants/fellowships
$2,951,544

85 Internal awards
$206,500

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*All data is for fiscal year 2012*
Adventures in learning
Creating interest at an early age
By Jenny Montgomery

For 20 fifth-graders and the volunteers who mentor them, one Saturday morning a month is anything but lazy.

As part of the Health Adventures program, wheelchair races may be on the schedule, as well as trying out a treadmill, performing surgery on a stuffed animal or touring a lab.

The program is a collaborative effort of MD Anderson’s Department of Volunteer Services, the nonprofit organization Communities in Schools-Houston and The Junior League of Houston, Inc.

Begun 16 years ago to show kids how math and science can lead to careers at hospitals, Health Adventures brings in students who are bright and motivated but considered at risk for dropping out. They come from two Houston schools, Bastian Elementary and KIPP 3D Academy.

Each student is paired with a supportive mentor and provided information on careers that require hard work to achieve. If the year’s lessons stick, each child will leave with a backpack full of reasons to stay in school.
Staying ahead of the curve
Physician assistants in high demand
By Madylan Eskridge

Physician assistants (PAs) are critical members of the cancer care team — licensed to practice medicine with the supervision of a physician. And as the population of older adults increases, more are needed.

“We must work hard now for future success in recruiting and retaining PAs,” says Maura Polansky, program director of MD Anderson’s physician assistant education and a PA in the Gastrointestinal Center.

The institution employs 230 PAs, more than any other hospital in the country. However, the worldwide incidence of cancer is expected to increase 75% by 2030, according to a May 31, 2012, report in The Lancet Oncology, meaning cancer care providers will be in high demand.

Polansky studies national PA career trends and continuously enhances and expands her educational programs accordingly. Knowing where to direct these efforts is half the battle, but Polansky has a vision.

“My knack for recognizing opportunities and inefficiencies allows me to increase the quality of our educational offerings,” she says.

Ten years ago, she established the only accredited oncologic PA fellowship program in the nation. Aligned with MD Anderson’s mission for science-driven patient care, fellows complete clinic rotations in a wide range of specialties while learning to interpret research material and understand its importance in patient care.

Approximately half of the fellows are hired at MD Anderson upon completion of the fellowship — another way Polansky, winner of the institution’s 2012 Educator of the Year Award, addresses the increasing demand for PAs.

Attracting students from coast to coast
Fellows fill current and future needs
By Madylan Eskridge

Often, physician assistants are willing to travel great distances to take advantage of the unique training offered through MD Anderson’s fellowship. New York native Elizabeth Reinhardt is the most recent example.

After earning her master’s degree in physician assistant studies at LeMoyne College in Syracuse, N.Y., she was ready to fulfill her dream of helping people with cancer, a passion that grew from her childhood experiences volunteering with the Ronald McDonald House.

The opportunity to have specialized training in oncology made the decision to leave home for Houston an easy one when Reinhardt was accepted in 2011.

“What sets Maura Polansky apart is her enthusiasm for making educational resources readily available to all PAs, including students, fellows and employees, through student training programs, a one-of-a-kind fellowship, and continuing education courses,” she says.

Reinhardt recently accepted a PA position in MD Anderson’s Department of Melanoma Medical Oncology, where she spent a six-month rotation during her training.
Build it and they will learn
Hands-on environment for practicing vital operating skills
By Jacqueline Mason

Nicholas Levine, M.D., calls the Microsurgical and Endoscopic Center for Clinical Applications his field of dreams.

Hands-on cadaver training had, after all, been critical to his own development as an expert in skull-base surgery. He envisioned a dedicated space where MD Anderson’s residents and fellows could hone their surgical skills on anatomic specimens and rehearse complex, multidisciplinary cases without venturing far from campus.

Raymond Sawaya, M.D., encouraged Levine to think big. As professor and chair of neurosurgery at MD Anderson and Baylor College of Medicine, Sawaya helped secure space for the visionary laboratory at Baylor, which offers access to its cadaver program.

Levine tapped his ingenuity and donor relationships to fill the space with 11 modular workstations that could be configured for various disciplines of neurosurgery.

He won the support of colleagues like Franco DeMonte, M.D., professor in the Department of Neurosurgery, who contributed funding from the Mary Beth Pawelek Chair in Neurosurgery for MD Anderson; and he negotiated discounts with surgical equipment providers to outfit the space in the style of today’s advanced operating rooms.

“We ended up having a state-of-the-art facility akin to private surgery centers,” Levine says, reasonably surprised he didn’t face greater obstacles in its development. “The center’s truly grander than I imagined it would be. I set out raising the money after I came up with the idea. I didn’t give myself a budget and say this is what I want to accomplish.”

The laboratory welcomed its first neurosurgical trainees in January 2012, and other surgical disciplines have followed, hosting courses in plastic surgery, head and neck dissection and thoracic study.

Sawaya commends Levine’s efforts to bring the high-tech learning space into fruition: “It’s masterful, I would say.”

Surgical training goes modular
New thinking on a staple facet of surgical education
By Jacqueline Mason

The David C. Nicholson Microsurgical and Endoscopic Center for Clinical Applications brings cadaveric learning into the 21st century.

Modular workstations — Each of its 11 stations (soon to expand to 17) can be configured to support almost any surgical specialty or approach. Stations can be moved, modeled and removed from the 1,500-square-foot space to support the educational goal.

Integrated technology — Students never have to leave their workstations to gather around a proctor station. Each work station is equipped with overhead cameras attached to LED surgical lights, enabling one workstation to broadcast to the entire room and outside audiences via captured recordings. The same holds true for robotic and endoscopic observations.

Conferencing support — Adjacent conference rooms provide opportunities for follow-up discussions and distance learning.

“The foundation for surgical education is anatomy,” says Nicholas Levine, M.D., assistant professor in MD Anderson’s Department of Neurosurgery. “The beauty of having one space that’s modular is that you bring everyone together instead of having them use separate spaces with no cross-fertilization between activities.”
Two as good as one
Dynamic duo co-leads graduate school
By Lori Baker

It’s run by two schools: Why not have two deans? This new leadership formula at the Graduate School of Biomedical Sciences (GSBS) is one that mixes equal parts logic and irrationality.

“Some think we’re crazy to do this,” confides Michelle Barton, Ph.D., who began co-leading GSBS with Michael Blackburn, Ph.D., on July 1. “But, experimentation is part of our DNA as scientists, so I view this as an exciting opportunity to prove this non-traditional arrangement is not just viable, but preferred.”

Both Barton and Blackburn hold the title of dean. They each have full authority individually, but know that collaboration and consensus are key to making a dual-deanship work.

“Within days, we realized how much we were going to interact, so we immediately set up a time to meet with our spouses,” Barton laughs.

Although both are professors of biochemistry and molecular biology, they didn’t know each other well before July. That’s because they work at different institutions: Barton at MD Anderson since 2000, Blackburn at The University of Texas Health Science Center at Houston (UTHealth) since 1997. The two neighboring institutions jointly operate GSBS.

“We both know our institutions’ strengths, and together we bring a new level of understanding and synergy to the school’s leadership,” Blackburn says. “This model also will help ensure balance of institutional responsibilities.”

Respected scientists, new methodology

Both are highly accomplished scientists who plan to continue their research pursuits while setting a new trajectory for the school. Fueling their ambitious plans are added resources committed by both institutions’ presidents: Ronald DePinho, M.D. (MD Anderson), and Giuseppe Colasurdo, M.D. (UTHealth).

“Both presidents believe GSBS plays a critical role in achieving the missions of their institutions, and they’ve committed unprecedented funding to take the school to new levels of excellence,” Barton says.

The duo’s first order of business has been conducting a comprehensive assessment of the school and putting into motion their 12-point vision. Their initial priorities focus on recruitment, admissions and career development for students.

A common response to hearing about this uncommon leadership strategy has been: “If any two people can make it work, it’s Shelley and Mike.”

Both are unassuming, approachable and have a good sense of humor, as evidenced at their introductory townhall, where they quipped they would resolve differences of opinions using the rock-paper-scissor methodology.

Their commitment, however, is no laughing matter. “We — along with many of the GSBS faculty — have wanted to build on the school’s success, and what better time to accelerate our efforts than now, as we celebrate GSBS’s 50th anniversary in 2013,” Barton concludes.
A patchwork of partners
First Cervical Cancer Summit

COLLABORATORS
• MD Anderson’s Cervical Comprehensive Cancer Control Workgroup
• Cervical Cancer-Free Texas
• Houston Community College Coleman College
• Latinos Contra El Cancer

ATTENDEES
• 150 people from 40 Texas organizations
• University/school-based nurses
• Community health providers
• Academic health professionals
• Cervical cancer survivors
• Community and political leaders

ATTENDEES LEARNED ABOUT:
• Incidence/prevalence of cervical cancer in Houston/surrounding area
• Human papilloma virus vaccination
• Evidence-based practices of CPRIT* grant awardees
• How to increase Texas Breast and Cervical Cancer Services participation
• How to participate in the Cervical Comprehensive Cancer Control Workgroup
• HPV-related education in public schools and a university

* Cancer Prevention and Research Institute of Texas

CONTINUING EDUCATION
• 40 community health workers received credits
• 2 hours (CEUs)
• 5 hours (non-certified CEUs)

MD ANDERSON LEAD FACILITATOR:
Lois Ramondetta, M.D., professor, Department of Gynecologic Oncology and Reproductive Medicine at MD Anderson, and chief, Division of Gynecologic Oncology at Lyndon B. Johnson General Hospital

Texas State Representative Carol Alvarado opened the summit by presenting a resolution in honor of the 2012 Cervical Cancer Summit.
THE TIME IS NOW TO SUPPORT
As government funding and grants dwindle, philanthropy becomes more essential for developing new prevention strategies and novel treatments. Fundraising groups find creative ways to raise money, for example, through cattle auctions. They also educate the community by supporting programs such as Too Cool to Smoke.
True Grit
BOV member grateful for experience as patient
By Mary Brolley

In the event of a war, you want Nancy Loeffler on your side.

Even more so if the war’s on cancer.

In 1995, when the civic and community leader from San Antonio was asked to join the MD Anderson Cancer Center Board of Visitors (BOV), she jumped at the chance.

“My sister lost her husband to cancer when he was just 31. I was so … incensed by that,” she says. “I wanted to be involved.”

In 2005, Loeffler was asked to become an officer of the board, eventually serving as chair from 2009 to 2012.

In the meantime, she’d begun to see MD Anderson from a different perspective.

Diagnosed in 2007 with a rare gastrointestinal stromal tumor, she had surgery, then spent months in treatment, coming to the institution frequently for tests and scans.

“I thought I knew so much about MD Anderson — until the day I walked in as a patient,” she says. “I knew about the physicians’ skills and the wonderful research. But I didn’t know how caring the people are.”

Loeffler is proud of the philanthropic work of the BOV. And she’s grateful for other donors who’ve funded patient care initiatives — one in particular.

“During treatment, I was always chilled. The Volunteer Endowment for Patient Support furnishes blanket warmers all over the institution. I loved those warm blankets,” she laughs.

Board of Visitors
Caring, committed ambassadors for MD Anderson
By Mary Brolley

During the late 1950s, MD Anderson’s first full-time president, R. Lee Clark, M.D., had an idea of how to take the institution from good to great. To meet MD Anderson’s needs for growth and research funding, he invited a small number of civic and business leaders to be a resource to the cancer center.

More than 50 years later, the MD Anderson Cancer Center Board of Visitors includes 259 volunteers from all over the United States. They contribute greatly to MD Anderson’s mission through fundraising, community involvement and providing counsel on crucial issues.

The first woman to chair the Board of Visitors was Nancy Loeffler of San Antonio. After serving from 2009 to 2012, she handed the reins to Harry Longwell of Dallas in the fall of 2012.

Loeffler, who calls it “a pleasure and an honor” to have served MD Anderson on the board since 1995, will finish her six-year stint as an officer in 2014.

“Then they’ll put me out to pasture,” she jokes.
Coming full circle
Creative fundraiser finds himself a patient
By Victor Scott

Sitting just a few blocks from MD Anderson in the apartment they temporarily call home, Glynda and J.P. Schroeder share the ironic story of how their most recent battle with cancer has come full circle. Glynda, a 20-year breast cancer survivor, snuggles next to her husband on a sofa as he explains.

“I had a cough that kept getting worse, but I didn’t hurt anywhere,” J.P. says. “A biopsy determined I had small cell lung cancer. We immediately called MD Anderson.”

Years earlier she and her husband became co-founding members of the Cattlemen for Cancer Research (CCR), an organization that provides funding for research at MD Anderson’s Michale E. Keeling Center for Comparative Medicine and Research in Bastrop, Texas. The Schroeders, natives of Elgin, Texas, never imagined how someday that commitment would touch their own lives.

“Dr. Michale Keeling was a friend of ours. In 1998, he asked us to help start a cattle auction to fund his cancer research,” Glynda says.

CCR had its first auction in 1999. To date, the grass-roots organization has raised more than $1.3 million.

“It’s ironic how we’ve come full circle,” Glynda says. “We’ve supported MD Anderson for so many years through CCR, and now J.P.’s benefiting from it as a patient.”
Easing the burden and honoring compassion
By Victor Scott

In addition to providing funding for cancer research at the Michale E. Keeling Center for Comparative Medicine and Research, Cattlemen for Cancer Research (CCR) offers financial support for patients from central Texas. The fundraiser has also created a special way to recognize the compassionate care given to MD Anderson patients during treatment.

“Each year, 20% of the funds raised by the CCR are designated for the Patient Assistance Program,” says Glynda Schroeder, who serves as chair of the program. “Patients from Bastrop, Hays, Lee, Travis and Williamson counties are eligible.”

The program provides patients financial assistance with lodging, meals and similar services.

In 2010, CCR announced the debut of the Hero Award. This annual award honors an MD Anderson clinician or scientist for outstanding contributions to the care of patients from central Texas.

“I learned a long time ago from my parents to treat others as you want to be treated,” says Monica Campbell, a radiation oncology nurse and winner of the 2012 Hero Award. “So, all my patients are VIPs.”

Previous gifts have provided support to:

RESEARCH
including hard-to-acquire start-up dollars for exploring new approaches to treating cancer; research equipment; and construction of new basic science laboratory space.

PATIENTS AND FAMILIES
from Bastrop, Hays, Lee, Travis and Williamson counties. These funds ($240,000-plus to date) help with lodging, meals and other expenses that families face while their loved ones receive cancer care at MD Anderson.
Humanitarian with a heart
Family’s inspiring legacy continues
By Sarah Watson

Regina Rogers’ middle name must surely be Love.
The Beaumont, Texas-based philanthropist, lawyer and community activist embodies the word, from the hugs she dispenses with every hello to the hands-on programs she oversees for the benefit of thousands each year.

Rogers contributes her time to numerous nonprofit advisory boards, including the MD Anderson Cancer Center Board of Visitors, of which she’s a senior member. Her spirit of volunteerism spans health care, sports, hurricane and disaster relief, education, rehabilitation and more.

Among the endeavors she helped establish is the Julie Rogers “Gift of Life” Program, a cancer prevention and awareness initiative that was started in 1994 in honor of her mother, a breast cancer survivor. The organization, which has saved hundreds of lives by providing extensive education and breast and prostate cancer screenings, as well as access to treatment, for medically underserved people in seven southeast Texas counties, reaches approximately 20,000 of them annually.

Award for excellence
Outstanding employees recognized
By Sarah Watson

In 1987, Regina Rogers established an endowment to fund the Julie and Ben Rogers Award for Excellence at MD Anderson.

The award honors her father, Ben Rogers, a business and civic leader who served on the Board of Visitors from 1978 until his death in 1994, and her mother, Julie, a breast cancer survivor who died in 1998. The award also commemorates Rogers’ appreciation for the care her brother and mother received at the institution, in 1960 for thyroid cancer and in 1987 for breast cancer, respectively.

Each year, the award recognizes an outstanding MD Anderson employee and rotates among the areas of research, patient care, education, prevention and administration. The endowment provides $10,000 for each year’s winner and recognizes the achievement of four finalists at $250 each.

To date, 26 men and women have received the prestigious honor; 2011 marked the 25th anniversary of the award, to Lorna McNeill, Ph.D., for excellence in prevention. Pam Redden received the 2012 award for administration.

At each award presentation ceremony, Rogers reflects on her longstanding esteem for the institution. “I am continually inspired by the dedication, excellence and integrity of everyone at MD Anderson,” Rogers says. “I consider them an extension of my family, so it seems fitting to perpetuate this award and convey appreciation for the love my parents expressed through their constant concern for others.”
‘Too Cool to Smoke’
Showing elementary school students the dangers of smoking
By Erica Quiroz

Jeanette Lastrape is often called the queen of tobacco prevention.
Since 2000, the health education specialist has earned her reputation by informing residents in Houston and surrounding areas about living a smoke-free lifestyle.

“Tobacco prevention became my passion after I realized some of the deceitful tactics the tobacco industry uses to target children,” Lastrape says. “Some of my family members have died from tobacco-related diseases, and most of them started smoking young.”

Lastrape’s experience helps her spread the messages in Too Cool to Smoke, a 30-minute puppet show that educates children in kindergarten to fourth grade on the dangers of smoking. In March 2012, the program celebrated reaching 100,000 children since it was developed in 2004 by MD Anderson’s Public Education Office.

Based on curriculum from The Kids on the Block, Inc. — a national education program for children — the show is performed at schools, churches and other venues in and around Houston. Originally funded by Aileen Gordon, a patient diagnosed with lung cancer in 2002, the program is now underwritten by the Development Office’s Holiday Letter Program.

Puppets get the message across
A small group of rotating puppeteers operates the lead characters, Eric and Joanne, but if a puppeteer can’t perform, Lastrape is happy to fill in.

“I feel like my experience in tobacco prevention brings a personal perspective to the shows that I do,” she says.

Each show clarifies misconceptions about tobacco use, and every child is given a card to sign, promising not to smoke.

She says the intention of the promise card is to open a dialogue between parents and children on the dangers of smoking since 60% of smokers start before the age of 14.

To reinforce tobacco prevention messages, a Bingo game was developed for third- and fourth-graders based on the information presented in Too Cool to Smoke.

“We know the tobacco industry targets children at young ages, so we want them to know this information before they fall prey to advertising and peer pressure,” Lastrape says. “Children see smoking ads and people in their family who smoke. The sooner we can circumvent those messages in their environment, the better.”
Halliburton Employees Fellowship in Cancer Prevention


MD Anderson’s Division of Cancer Prevention and Population Sciences is included on the list of charities and causes to which Halliburton employees can donate through payroll deduction. The company matches their contributions dollar for dollar. The fellowship, awarded through a competitive process, is open to postdoctoral fellows regardless of citizenship, to study cancer prevention research at MD Anderson.

Awardees specialties:
- Michael Scheurer, Ph.D.: The role of viruses in cancer
- Adrian Cassidy, Ph.D.: The effect of obesity and cigarette smoking on bladder cancer development
- Hua Wei, Ph.D., current postdoctoral fellow: The renal cell carcinoma pathway
- Li Xu, Ph.D., current postdoctoral fellow: The risks leading to thyroid cancer
- Irene Tami-Maury, D.M.D., Dr.P.H., current postdoctoral fellow: Tobacco prevention and cessation competencies for Latin American and Caribbean students

Awardees:
- Five with multi-year appointments

Where they came from:
- UNITED STATES
- UNITED KINGDOM
- LATIN AMERICA
- CHINA

Where are they now?
- Michael Scheurer, Ph.D., assistant professor, Department of Pediatrics, Baylor College of Medicine
- Adrian Cassidy, Ph.D., director, GlaxoSmithKline Vaccines, Discovery and Early Development, United Kingdom

Amount raised through matching program: $632,694.43

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</tbody>
</table>
Taiping Chen, Ph.D., started reading medical research in college while pursuing a master’s degree in immunology in his native China. He hasn’t stopped, but now he’s writing it, too. And he hopes his research will right the wayward course of genes that form disease.

“It brings me great joy and satisfaction to develop hypotheses, design experiments to test them and see the results,” says Chen, associate professor in MD Anderson’s Department of Molecular Carcinogenesis at Science Park in Smithville, Texas.

His lab is also part of the Center for Cancer Epigenetics, for which MD Anderson, through the Development Office, raises funds.

Epigenetics is the study of changes in gene expression that happen without altering DNA sequence. This field of research includes chemical modifications of DNA and histone proteins that regulate chromatin structure and gene expression.

“I’m particularly interested in understanding the role of epigenetic alterations in diseases, including cancer,” Chen says. “Unlike genetic changes [mutations], epigenetic alterations are potentially reversible. This raises the intriguing possibility of correcting epigenetic states as a therapeutic strategy or epigenetic therapy, if you will.”

**Truth in advertising**

Researchers benefit from country setting

By Wendy Mohon

Many businesses call their facilities parks. Not only is the term in the name of Science Park, but the Virginia Harris Cockrell Cancer Research Center is also in the middle of Buescher State Park near Smithville, Texas. That’s truth in advertising.

Established in 1977, the facility is now the professional home to nearly 300 employees, including 35 faculty, 19 postdoctoral fellows and 11 research investigators and research scientists.

But being in a pastoral setting surrounded by acres of trees does not always bring peace and serenity. In September 2011, Texas wildfires threatened Science Park. While several employees’ homes were destroyed, the research facilities were spared.

Programs at Science Park center around the cause and prevention of cancer and include disciplines such as cell biology, molecular biology, immunology, genetics, virology, microanatomy, epigenetics, stem cells and pathology.

Science Park provides post-doctoral, graduate and undergraduate research education in molecular carcinogenesis, toxicology and related fields.

**ABOUT SCIENCE PARK:**

The Friends of Science Park is an appointive board established to further the mission of Science Park through public relations and financial assistance.

A summer program allows academically talented high school students to participate in scientific research at the Smithville campus.
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UP, UP AND AWAY

Broadcast journalist Miles O'Brien interviews Richard Branson, founder of the Virgin Group, before more than 750 guests during the 22nd annual A Conversation With a Living Legend® in Dallas. The discussion covered aviation, space travel and the Virgin brand, among other topics. The event raised more than $855,000.
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A SECOND HELPING

Amid fanfare and enthusiastic applause, the Right Honourable Tony Blair makes a grand entrance with Amanda Bush, chair of the 23rd annual A Conversation With a Living Legend® in Dallas. Gretta Vana Susteren of the Fox News Channel interviewed Blair during the event, which raised more than $773,000 for research and patient care initiatives at MD Anderson. It was the second such event in Dallas in four months.
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Mr. and Dr. Fred Ensmian III
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MD ANDERSON CANCER CENTER | ANNUAL REPORT 2011-2012

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HONORING KATIE COURIC

At the fifth annual A Conversation With a Living Legend® in Houston, Katie Couric received MD Anderson’s Making Cancer History® Award in recognition of her contributions to colon cancer awareness. The event, which raised more than $340,000, featured Couric being interviewed by Sanjay Gupta, M.D., CNN chief medical correspondent.
ADVANCE TEAM 2012-2013

The following people compose a volunteer leadership board focused on advancing MD Anderson's mission to eliminate cancer through community-based initiatives centered on basic science research, education and cancer prevention. This year's focus has been on the Children's Cancer Hospital.

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DONORS PONY UP SUPPORT

Polo mallets were swinging from Florida to Texas in 2012, raising more than $600,000 for cancer research and patient care programs at MD Anderson. Polo Under the Palms in Florida (above) and Polo on the Prairie in Texas are unique fundraising events with championship polo matches as main attractions.
THE ANDERSON ASSEMBLY

Since its inception in 1989, The Anderson Assembly has recognized those whose support and financial contributions have enabled MD Anderson's continued growth and progress. Listed here are members who have committed $1 million or more to support MD Anderson programs.

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Estate of Mary E. Montrose
Estate of Louise J. Moran
Estate of Frances Morse
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Mr. Hanns Pielenz
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R. E. “Bob” and Vivian L. Smith
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Timken Foundation of Canton
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The Wortham Foundation
Mr. and Mrs. Oscar S. Wyatt, Jr.
The Anne and Henry Zarrow Foundation

*This historical listing reflects the original names of individuals, foundations and corporations as they were brought into The Anderson Assembly.*
HONORARY CHAIR

At a reception honoring major supporters of the 2011 A Conversation With a Living Legend® in San Antonio, Jan Donaldson (from left), Ronald DePinho, M.D., Cokie Roberts and Sam Donaldson thank Lowry May (seated) for serving as one of the event’s honorary chairs. The second annual event, which raised more than $205,000, featured Roberts and Donaldson interviewing Tom Johnson, former CEO of CNN News Group.
TAKING A SHOT AT CANCER

The Jarrells (from left), Skylar, Daniell, Jason and Grace, who is a patient at MD Anderson Children’s Cancer Hospital, explore the latest LG smart phones at the 2012 NCAA Men’s Final Four® in New Orleans. LG’s Home Court Challenge, at the NCAA’s Bracket Town®, celebrated the spirit of competition between two college rivals while raising awareness of the need for pediatric cancer research funding.

Ms. Leslie E. McNeill
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MONROE DUNAWAY ANDERSON SOCIETY


Established in 1995, the Monroe Dunaway Anderson Society recognizes individuals and families who have selected the programs at MD Anderson to benefit from a planned gift such as a bequest, life insurance policy or other similar vehicle. Listed here are new members of the society who recently named the institution in their estate plans.

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Ms. Janet L. Schneider
Ms. Elizabeth P. Scott
Ms. Keri Scruggs
Dr. Arthur Seski
Ms. Keri Scruggs
Mr. David Neil Roberts
Mrs. Mary Ann Qualia
Ms. Catalanina Valdes
Mr. and Mrs. Joseph A. Valdivieso
Mr. and Mrs. Hertha Velten
Mr. and Mrs. Jerry Moser
Mr. and Mrs. Mary A. Webster
Mrs. Lee W. Weiss
Mr. and Mrs. William E. Weiss
Mr. William Wilson Sharpe
Mrs. Tommie C. Shaugnessy
Don and Lori Smart
Ms. Kirk J. Smith
Major Robert Sokol
Mr. Thomas A. Sullivan
Mr. John L. Suty
Mrs. Mary W. Tyler
Ms. Mary Ucci
Mr. Carroll J. Wallace
Mr. Walt Wardell
Mrs. Louise Warner
Mr. James A. Williams
Ms. Margorie R. Wilson
Eric and Lois Zorn

Ms. Sandra Nachman
Nada Knights of Columbus, No. 3371
Mrs. Vargis Naggi
Dr. Roy Y. Nakamoto
Mr. and Mrs. Glynn D. Nance, Jr.
Mr. and Mrs. Albert Narath
Narula Research
Mr. Chip Nash
Mr. Edward C. Nash, Jr.

Ms. Sandy Nachman
Nada Knights of Columbus, No. 3371
Mrs. Vargis Naggi
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Mr. John L. Suty
Mrs. Mary W. Tyler
Ms. Mary Ucci
Mr. Carroll J. Wallace
Mr. Walt Wardell
Mrs. Louise Warner
Mr. James A. Williams
Ms. Margorie R. Wilson
Eric and Lois Zorn
MAKING GREAT STRIDES

Alexis DePinho (from left), Lynda Chin, M.D., Carolyn DePinho, Joseph DePinho and Kay Chin make it a family affair at the 2012 SCOPE fun run/walk, where almost 2,000 fellow participants supported colorectal cancer awareness and research. Founded by MD Anderson’s Kimberly Tripp and Cathy Eng, M.D., SCOPE has raised more than $100,000, increased screening efforts and raised awareness for colorectal cancer.
Mr. and Mrs. Wayne T. Roberts
Mr. and Mrs. Thomas C. Roberts
The Honorable and Mrs. Charles S. Robb
The Roach Foundation, Inc.
Jean and John Roach
Mr. William Rivers
Mr. John Rippel
Mr. and Mrs. H. John Riley, Jr.
Riggs Family Foundation
Mr. and Mrs. William S. Riggins
The RIG III Family Foundation
Mr. and Mrs. James D. Rieker, Jr.
Mrs. Josephine H. Ricketts
Mr. and Mrs. Louis H. Rickert
Mr. and Mrs. Larry R. Rickard
Gail and Gene Richter
Frank and Marilyn Richardson Family
Mr. and Mrs. William A. Richardson
Mr. Scott Richardson
Mr. and Mrs. Robert B. Richardson
Mr. and Mrs. Richie Richardson
Ms. Lou Ann Richardson
Mr. and Mrs. Frank H. Richardson
Mr. and Mrs. Jessie G. Richardson
Ms. LouraAnn Richardson
Mr. and Mrs. Richle Richardson
Mr. and Mrs. Robert B. Richardson
Mr. Scott Richardson
Mr. and Mrs. William A. Richardson
Frank and Marilyn Richardson Family
Foundation
Gail and Gene Richter
Lisa A. Richard
Mr. and Mrs. Robert D. Reynolds
Mr. and Mrs. Robert L. Rewey, Jr.
Miss Nancie L. Rettig
Ms. Francy Renz
Mrs. Renfro’s Salsas
Renfro Foods, Inc.
Mr. and Mrs. Tim Riethe
Mr. and Mrs. T. Radcliff Reckling IV
Mr. Jim Ream
Realan Foundation, Inc.
Mr. and Mrs. John A. Ratcliffe
Dr. and Mrs. Karl Eric Rathjen
Mr. and Mrs. Lyle J. Ratner
Dr. and Mrs. W. T. Read
Evie Read Charitable Trust
Realan Foundation, Inc.
Mr. Jim Ream
Beata Pharmaceuticals, Inc.
Mr. and Mrs. T. Radcliff-Reckling IV
Mr. and Mrs. Thomas R. Reckling III
Redding Lindon Burr
Mr. Harry L. Reed
Mr. and Mrs. Joe G. Reed
The Reed Foundation
Mr. and Mrs. Jordan W. Reese, III
Katherine Perrot Revels
Mr. Alan James Reid
Mrs. Alejandra Reid
Mr. and Mrs. Andrew J. Reid
Mrs. James H. Reid, Jr.
Royce H. Reid
Mr. and Mrs. William P. Reid
Mr. Walter Reifel, Jr.
Mr. and Mrs. Michael Reilly
Reilly Family Foundation
Mrs. Diane C. Reimann
and Donna Jo Reynolds
Mr. and Mrs. Matthew J. Reinjes
Mr. Owen A. Reishman
Mr. and Mrs. Rick Reitz
The Reliable Specialty Company
Reliant Energy Foundation
Reliant Energy, Inc.
Dr. and Mrs. Tim Reihe
Mr. W. J. Renfro
Renfro Foods, Inc.
Mrs. Renfro’s Salinco
Ms. Franzy Renz
Estate of B. J. Ressort
Retina Research Foundation
Miss Nancie L. Retting
Mr. and Mrs. Lavenae F. Reu
Mr. Jacqueline Reuther
Riew-USA LLC
Mr. and Mrs. Robert L. Rewey, Jr.
Reynolds Foundation for Fighting Lung Cancer
Mr. and Mrs. Charles T. Reynolds
Mr. and Mrs. Fred N. Reynolds
Mr. and Mrs. Randy R. Reynolds
Mr. and Mrs. Robert D. Reynolds
RGK Foundation
Mr. Philip Rhee
Mr. and Mrs. James Rotenberg
Colonel and Mrs. James W. Rice, Jr. (Ret.)
Ms. Hilda Rich
Mr. and Mrs. Jerome A. Rich
Martin D. and Barbara H. Rich Family Charitable Foundation
Mr. and Mrs. Charles A. Richards
Mr. and Mrs. Frank H. Richardson
Mr. and Mrs. Jessie G. Richardson
Ms. Lou Ann Richardson
Mr. and Mrs. Richle Richardson
Mr. and Mrs. Robert B. Richardson
Mr. Scott Richardson
Mr. and Mrs. William A. Richardson
Frank and Marilyn Richardson Family
Foundation
Gail and Gene Richter
Lisa A. Richard
Mr. and Mrs. Larry R. Rickard
Mr. and Mrs. Louis H. Rickert
Mrs. Josephine H. Rickets
Mr. and Mrs. Ray L. Rudge
Mr. and Mrs. John J. Riedmueller
Mr. and Mrs. James D. Reiker, Jr.
The RIG III Family Foundation
Mr. and Mrs. William S. Riggins
Dr. and Mrs. Leonard M. Riggs, Jr
Riggs Family Foundation
Mr. and Mrs. H. John Riley, Jr.
Mr. John Rippel
Mr. and Mrs. William R. Ritchie
Mr. William Rivers
Ms. Karl K. Rives
Jean and John Roach
Estate of Lee Gardner Roach
The Roach Foundation, Inc.
The Honorable and Mrs. Charles S. Robb
Mr. and Mrs. Edward E. Robbins
Mr. and Mrs. Braxton L. Roberts, Jr.
Mr. Dorothy N. Roberts
Mr. Garth Roberts
Mr. and Mrs. Rogers A. Roberts
Mr. and Mrs. Thomas C. Roberts
Mr. and Mrs. Wayne T. Roberts
Mr. Jack Robertson
Mr. and Mrs. Jack Y. Robertson
Mr. and Mrs. James S. Robertson
Lilli E. Robertson
Mr. and Mrs. Frank Robin
Mr. Nancy G. Robbott and Mr. John J. Hamlin
Mr. Craig H. Robinson
Mrs. Edgar A. Robinson
J. Mack Robinson
Mr. and Mrs. Ray Robinson
The Judith Liebelt-Robinson Ovarian Cancer Foundation
Robinson Ranch
Dr. and Mrs. Warren Roche, Jr.
Mr. and Mrs. Stephen L. Rocher
Rock ‘N Roll Coal Co.
Carolyn Jones Roden
Mr. and Mrs. Michael C. Rodriguez
Dr. Ricardo Rodriguez
Mr. and Mrs. J. Hugh Ruff, Jr.
Mr. Darren B. Rogers
Mr. and Mrs. Jordan Rogers
Ms. Kelly A. Rogers
Pat and Glenda Rogers
Regina Rogers
Sandra Rogers in Loving Memory of Bobby Rogers
The Katherine Estes Rogers Foundation
The Rokle Foundation, Inc.
Mr. and Mrs. Clark Roland
Mr. and Mrs. William R. Rolinson, Jr.
Mr. John N. Rooney
Mrs. Sybil F. Ross
Mr. and Mrs. Jerome R. Rose
The Rose
Dr. Marnie Rose Foundation
Mr. and Mrs. Norman C. Rosen
Mr. and Mrs. Leonard B. Rosenberg
Mr. Stanley D. Rosenberg
Rozanne and Billy Rosenhalh
The Rosewood Corporation
Mr. David N. Rosner
David N. Rosner Charitable Foundation
Mr. and Mrs. James E. Ross
Mr. William F. Ross
Mr. and Mrs. David Rossi
The Rotary Club of Houston Foundation
Mr. Jim C. Roth
Mr. James J. Rouse
Arch and Stella Rowan Foundation, Inc.
Mr. and Mrs. Paul Rowley
Roy Gurey Oil & Gas
Mr. and Mrs. Scott E. Ruzell
Mr. and Mrs. Jerry Rubenstein
Mr. and Mrs. Mansel M. Rubenstein
The Jerry and Maury Rubenstein Foundation
The Charles J. Ruhnken Foundation
Max and Ruth Ruhmert
Nancy and Clive Rummel
Nancy and Clive Rummel Foundation
Estate of William A. Runnells II
Mrs. Jill M. Rumm
Diamond Runyon Cancer Research Foundation
Mr. and Mrs. Edward J. Ruppert
Mrs. Marvin Rush
Mr. and Mrs. Thomas V. Rushing
Mr. and Mrs. David Russell
Mr. and Mrs. Genie K. Russell
Mr. and Mrs. James D. Russell
Mrs. Rebecca A. Russell
Ms. Shannon Russell
Mr. Stephen Dale Russell and Ms. Cathy L. Layton
Mrs. William G. Russell, Jr.
David Russell DBA Big Country Packer Service
Keith and Christina Retherford
Ms. and Mrs. Patrick R. Rutherford, Jr.
Mr. Timothy Rutowski
The RMM Foundation
Mr. and Mrs. Nolan Ryan
The Ryan Foundation
Mr. and Mrs. Joseph W. Rybanski
Mr. John David Rydlick
Mr. and Mrs. Anthony M. Rye
Plyland Title Company
Mr. Dan, Alone, and Wonderful Russell
Mr. and Mrs. John W. Rutledge
Mr. and Mrs. Robert Rutledge
Mr. and Mrs. Bruce Rutledge
Mr. and Mrs. Brad Rutledge
Mr. and Mrs. Toby Rutledge
Mr. and Mrs. Barry Rutledge
Mr. and Mrs. John Rutledge
Mr. and Mrs. Lyndal Rutledge
Mr. and Mrs. Robert Rutledge
Mr. and Mrs. William Rutledge
Mr. and Mrs. Noah Rutledge
Mr. and Mrs. Mark Rutledge
Mr. and Mrs. Michael Rutledge
Mr. and Mrs. Allan Rutledge
PARTNERS IN MAKING CANCER HISTORY®
Students from First Baptist Christian School in Marble Falls, Texas, are all energy and enthusiasm at the 2011 TeamKaren children’s relay race. During the third annual event, they helped raise $26,000 for the Morgan Welch Inflammatory Breast Cancer Program and Clinic at MD Anderson.
2011-2012 FINANCIAL AND STATISTICAL DATA
**SOURCES OF REVENUE (unaudited)**

<table>
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<tbody>
<tr>
<td><strong>Patient revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross patient revenue(^1)</td>
<td>$4,094,053,649</td>
<td>$4,692,510,650</td>
<td>$5,167,618,550</td>
<td>$5,544,009,390</td>
<td>$6,144,132,636</td>
</tr>
<tr>
<td>Deductions from gross patient revenue(^2)</td>
<td>1,935,375,659</td>
<td>2,358,290,606</td>
<td>2,675,088,480</td>
<td>2,813,830,643</td>
<td>3,185,346,342</td>
</tr>
<tr>
<td><strong>Net patient revenue</strong></td>
<td>$2,158,677,990</td>
<td>$2,334,220,044</td>
<td>$2,492,530,070</td>
<td>$2,730,178,747</td>
<td>$2,958,786,294</td>
</tr>
</tbody>
</table>
| **Restricted grants and contracts, philanthropy** | $374,765,267 | $358,610,391 | $414,066,098 | $436,638,273 | $426,455,579 |}
| **State-appropriated general revenue** | 167,894,635 | 171,265,817 | 179,818,473 | 168,730,376 | 170,383,019 |}
| **Auxiliary income\(^3\)** | 26,514,386 | 29,797,216 | 30,700,522 | 33,232,458 | 36,957,473 |}
| **Other income\(^4\)** | 38,374,559 | 43,731,386 | 46,491,784 | 52,954,731 | 56,151,131 |}
| **Investment and other non-operating income** | (11,018,492) | (126,798,902) | 141,230,275 | 239,483,083 | 87,098,290 |}
| **TOTAL SOURCES OF REVENUE** | $2,755,208,345 | $2,810,825,952 | $3,304,837,222 | $3,661,217,668 | $3,735,831,786 |

\(^1\) Includes inpatient, outpatient and professional services.

\(^2\) Amounts discounted from established rates as a result of agreements with third-party payors, including Medicare, Medicaid and insurance companies. Also includes deductions associated with indigent care and bad debt.

\(^3\) Funds received from parking fees, valet services, dining facilities, hotel charges, gift shop sales and vending machine sales.

\(^4\) Includes tuition and student fees, Children’s Art Project sales, management fees and other sources.
## USES OF REVENUE (unaudited)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>$414,772,468</td>
<td>$431,058,983</td>
<td>$463,104,671</td>
<td>$520,582,209</td>
<td>$546,836,560</td>
</tr>
<tr>
<td>Instruction, academic support and public service</td>
<td>146,620,811</td>
<td>152,175,328</td>
<td>147,158,551</td>
<td>153,409,591</td>
<td>164,580,132</td>
</tr>
<tr>
<td>Patient care</td>
<td>1,435,254,577</td>
<td>1,512,759,959</td>
<td>1,579,735,295</td>
<td>1,704,851,239</td>
<td>1,880,230,560</td>
</tr>
<tr>
<td>Facilities and depreciation</td>
<td>400,706,162</td>
<td>424,817,880</td>
<td>400,068,414</td>
<td>427,461,242</td>
<td>460,445,328</td>
</tr>
<tr>
<td>Allocation to capital plan</td>
<td>154,205,016</td>
<td>59,542,420</td>
<td>488,168,895</td>
<td>606,311,739</td>
<td>402,895,083</td>
</tr>
</tbody>
</table>

**TOTAL USES OF REVENUE**

|                      | $2,755,208,345 | $2,810,825,952 | $3,304,837,222 | $3,661,217,668 | $3,735,831,786 |

1 Includes support for parking, food and gift shop services, as well as general institutional support (e.g., information technology, human resources, administration, development activities).

2 For future projects to replace and improve facilities, equipment and technology.
### CLINICAL PROFILE

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Hospital admissions</td>
<td>22,194</td>
<td>23,277</td>
<td>23,995</td>
<td>25,230</td>
<td>26,726</td>
</tr>
<tr>
<td>Patient days</td>
<td>167,451</td>
<td>174,740</td>
<td>178,651</td>
<td>180,354</td>
<td>191,735</td>
</tr>
<tr>
<td>Average daily census</td>
<td>464</td>
<td>486</td>
<td>498</td>
<td>504</td>
<td>536</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>7.5</td>
<td>7.5</td>
<td>7.4</td>
<td>7.1</td>
<td>7.2</td>
</tr>
<tr>
<td>Average number of operating beds</td>
<td>510</td>
<td>507</td>
<td>546</td>
<td>594</td>
<td>616</td>
</tr>
<tr>
<td>Outpatient clinic visits, treatments, procedures</td>
<td>965,248</td>
<td>1,055,092</td>
<td>1,132,338</td>
<td>1,190,568</td>
<td>1,281,489</td>
</tr>
<tr>
<td>Pathology/laboratory medicine procedures</td>
<td>9,221,298</td>
<td>10,112,244</td>
<td>10,754,560</td>
<td>10,937,213</td>
<td>11,619,591</td>
</tr>
<tr>
<td>Diagnostic imaging procedures</td>
<td>479,476</td>
<td>519,150</td>
<td>538,514</td>
<td>515,999</td>
<td>497,660</td>
</tr>
<tr>
<td>Surgery hours</td>
<td>57,308</td>
<td>62,587</td>
<td>61,873</td>
<td>63,230</td>
<td>66,241</td>
</tr>
<tr>
<td>Total active clinical protocols</td>
<td>1,108</td>
<td>1,073</td>
<td>1,009</td>
<td>1,048</td>
<td>1,078</td>
</tr>
</tbody>
</table>

### FY 2012 WORKFORCE

19,290 Total employees
1,644 Faculty
1,248 Hospital-based volunteers
192,152 On-site volunteer hours

### FY 2012 UNCOMPENSATED CARE

MD Anderson provided $212 million in uncompensated care to Texans with cancer in FY 2012.*

*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. It does not reflect a one-time $53 million refund, which was the result of a Medicare settlement to MD Anderson for prior years and was recorded as a lump sum in the FY 2012 financial report.
**FY 2012**

**TOTAL PHILANTHROPIC GIFT SUPPORT BY TYPE**

<table>
<thead>
<tr>
<th>Cash gifts</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporations</td>
<td>$8,224,750</td>
</tr>
<tr>
<td>Foundations</td>
<td>$24,830,464</td>
</tr>
<tr>
<td>Individuals</td>
<td>$28,525,882</td>
</tr>
<tr>
<td>Organizations</td>
<td>$1,627,616</td>
</tr>
<tr>
<td>Trusts and estates</td>
<td>$7,292,409</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$70,501,121</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pledge gifts&lt;sup&gt;1&lt;/sup&gt;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporations</td>
<td>$5,145,715</td>
</tr>
<tr>
<td>Foundations</td>
<td>$53,859,513</td>
</tr>
<tr>
<td>Individuals</td>
<td>$10,512,976</td>
</tr>
<tr>
<td>Organizations</td>
<td>$16,548,955</td>
</tr>
<tr>
<td>Trusts and estates&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$33,208,704</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$119,275,863</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gifts-in-kind</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporations</td>
<td>$441,633</td>
</tr>
<tr>
<td>Foundations</td>
<td>2</td>
</tr>
<tr>
<td>Individuals</td>
<td>$75,398</td>
</tr>
<tr>
<td>Organizations</td>
<td>100</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$517,133</strong></td>
</tr>
</tbody>
</table>

**TOTAL** | **$190,294,117**

---

<sup>1</sup> Pledge gifts are not reported here at net present value.

<sup>2</sup> Discounted value of trusts and estates, including all planned gifts, is $28,270,083.99.

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**FY 2012**

**TOTAL PHILANTHROPIC GIFT SUPPORT BY PURPOSE**

(in millions)

- **Research**<sup>1</sup> $168.9 (88.8%)
- **Annual, unrestricted, undesignated**<sup>2</sup> $13.8 (7.2%)
- **Education, prevention, patient assistance** $7.6 (4.0%)

---

<sup>1</sup> Donor-targeted gifts to research conducted in all mission areas.

<sup>2</sup> These dollars fund institutional peer-reviewed research.
## Sources of Research Expenditures

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>External funding for research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal grants, contracts</td>
<td>$194,889,144</td>
<td>$194,632,638</td>
<td>$206,664,447</td>
<td>$236,413,656</td>
<td>$196,753,104</td>
</tr>
<tr>
<td>Private industry grants, contracts</td>
<td>40,625,360</td>
<td>43,688,603</td>
<td>50,712,121</td>
<td>59,582,449</td>
<td>68,413,794</td>
</tr>
<tr>
<td>Philanthropy, foundations</td>
<td>73,518,196</td>
<td>83,046,345</td>
<td>81,656,207</td>
<td>98,150,749</td>
<td>100,794,491</td>
</tr>
<tr>
<td>Total external funding</td>
<td>$309,032,700</td>
<td>$321,367,586</td>
<td>$339,032,775</td>
<td>$394,146,854</td>
<td>$365,961,389</td>
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<tr>
<td>State funding allocated for research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>State-appropriated general revenue</td>
<td>$14,261,756</td>
<td>$13,715,898</td>
<td>$14,752,806</td>
<td>$14,767,719</td>
<td>$11,618,126</td>
</tr>
<tr>
<td>Tobacco settlement receipts</td>
<td>8,832,133</td>
<td>7,969,779</td>
<td>8,451,929</td>
<td>10,654,928</td>
<td>8,854,774</td>
</tr>
<tr>
<td>CPRIT¹</td>
<td></td>
<td></td>
<td>$6,670,289</td>
<td></td>
<td>$19,546,278</td>
</tr>
<tr>
<td>Total state funding</td>
<td>$23,093,889</td>
<td>$21,685,677</td>
<td>$23,204,735</td>
<td>$34,092,936</td>
<td>$40,019,178</td>
</tr>
<tr>
<td>Internal funding allocated for research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital operating margins</td>
<td>$132,880,036</td>
<td>$142,414,379</td>
<td>$161,708,956</td>
<td>$175,424,228</td>
<td>$215,527,886</td>
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<tr>
<td>Institutional grants²</td>
<td>23,648,202</td>
<td>24,805,099</td>
<td>23,088,278</td>
<td>20,239,439</td>
<td>26,032,444</td>
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<tr>
<td>Total internal funding</td>
<td>$156,528,238</td>
<td>$167,219,478</td>
<td>$184,797,234</td>
<td>$195,663,067</td>
<td>$241,560,330</td>
</tr>
</tbody>
</table>

### Total Research Expenditures

<table>
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</thead>
<tbody>
<tr>
<td>Total research expenditures</td>
<td>$488,654,827</td>
<td>$510,272,741</td>
<td>$547,034,744</td>
<td>$623,903,457</td>
<td>$647,540,897</td>
</tr>
</tbody>
</table>

¹ Cancer Prevention and Research Institute of Texas grants.  
² Philanthropic donations to the institution internally designated to support research and Physicians Referral Service funds internally allocated to support research activities.

## Education Profile

<table>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical residents, fellows</td>
<td>1,043</td>
<td>1,124</td>
<td>1,097</td>
<td>1,141</td>
<td>1,187</td>
</tr>
<tr>
<td>Research trainees</td>
<td>1,536</td>
<td>1,602</td>
<td>1,612</td>
<td>1,629</td>
<td>1,714</td>
</tr>
<tr>
<td>Observers, visitors, special programs</td>
<td>600</td>
<td>415</td>
<td>401</td>
<td>429</td>
<td>431</td>
</tr>
<tr>
<td>Nursing trainees</td>
<td>1,778</td>
<td>2,098</td>
<td>2,778</td>
<td>2,320</td>
<td>2,531</td>
</tr>
<tr>
<td>Student programs participants</td>
<td>830</td>
<td>914</td>
<td>930</td>
<td>1,102</td>
<td>1,317</td>
</tr>
<tr>
<td>School of Health Professions students</td>
<td>139</td>
<td>205</td>
<td>214</td>
<td>248</td>
<td>316</td>
</tr>
<tr>
<td><strong>Total trainees</strong></td>
<td><strong>5,926</strong></td>
<td><strong>6,358</strong></td>
<td><strong>7,042</strong></td>
<td><strong>6,869</strong></td>
<td><strong>7,496</strong></td>
</tr>
</tbody>
</table>
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