THE TIME IS NOW
Moon Shots Program launches a decisive assault against cancer
When President John F. Kennedy challenged the nation with his famous “moon shot” speech in Houston 50 years ago, he recognized the unprecedented potential of his era. It was a time when new knowledge, emerging technologies and can-do spirit could converge to enable accomplishments once thought impossible. Inspired by that challenge and today’s similar opportunity for extraordinary achievement in the life sciences, MD Anderson has launched an all-out assault on cancer: the Moon Shots Program. This comprehensive initiative will integrate efforts across the entire cancer continuum — from prevention and early detection to treatment and survivorship — in a pioneering plan to drastically reduce cancer mortality and improve quality of life after cancer.

“Patients urgently need MD Anderson’s formidable knowledge and infrastructure, its courage to pursue great challenges in cancer medicine and its determination to defeat cancer,” says Ronald DePinho, M.D., president of MD Anderson. “Cancer is a global crisis, causing nearly 8 million deaths worldwide each year, and that toll will rise rapidly as the population grows and ages. The time to act is now, when an unparalleled convergence of deep knowledge and technological advances gives us the conceptual framework and the tools needed to make a real and measurable difference. It’s essential that we go beyond discovery and deliver solutions to finally put this disease in the history books.”

The multidisciplinary program begins with six “moon shots” aimed at overcoming eight cancers — breast and ovarian, lung, chronic lymphocytic leukemia (CLL), acute myeloid leukemia/myelodysplastic syndrome (AML/MDS), melanoma and prostate. These initial projects showed exceptional promise among proposals presented in July to a panel of internal and external experts led by Frank McCormick, Ph.D., president of the American Association for Cancer Research. Together, the proposals focused on a number of cancers that represent the majority of cancer mortality.

“These inaugural moon shots were selected because they have a mature understanding of the disease underpinnings, proof-of-concept in the clinic and existing technologies capable of driving progress quickly and decisively,” says DePinho.

“But those that were not chosen offer comprehensive strategies for advancing research in their areas. So while we pursue the first moon shots, we will support additional programs with the goal of elevating them also to moon shot status. The moon shot infrastructure will have broad impact across all programs. Ultimately, we want to apply this first-of-its-kind, action-oriented model to eradicating every type of cancer.”

Ambitious goals, results-oriented plans

The short-term goal for each moon shot is to lower mortality quickly by converting current knowledge into prevention methods, early-detection strategies and more effective combinations of existing drugs. In the long term, each moon shot team will also seek to discover the root causes of a particular cancer, identify all genetic targets that drive and sustain it, and translate resulting knowledge into risk-control strategies and new, more effective therapies with fewer long-term side effects.

The Moon Shots Program combines industrial-scale enterprise with academic expertise, integrating hundreds of MD Anderson researchers and clinicians across departments to rapidly move novel findings into clinical applications that work for patients. At every step, comprehensive, science-driven “go/no-go” work plans will stress results — positive or negative. This will enable moon shot teams to pursue
positive leads and abandon unpromising projects before they reach clinical trials. “This is critical because the current cancer drug development system offers only a 5% success rate, with most failures occurring in late-stage clinical testing. This is an unacceptable return on hugely expensive, time-consuming efforts and a terrible burden for thousands of patients and families who are counting on us,” says DePinho. “The collapse derives from a system that has failed to effectively move discoveries to clinical advances. At MD Anderson, we’re shaping a new system that we believe will accelerate and improve the process and change the dismal statistics.”

DePinho says research decisions will be driven by patient needs, not market potential — strengthening the program’s impact on all patients.

Partners in philanthropy

While achievements fueled by past philanthropy have helped lay the foundation for each moon shot, additional investment is required to advance an effort of this magnitude.

To succeed, the Moon Shots Program will need millions of dollars of private philanthropy and foundation support, as well as grants from federal and state research funding sources. Philanthropic resources will significantly impact the institution’s ability to build the necessary infrastructure. Platforms in such areas as cancer control and prevention, translational research, early detection and prognosis, drug discovery, data analytics and biospecimen collection (see graphic at right) will support each moon shot — and help ensure rapid progress in the fight against cancer.

“We must deliver on this promise,” says DePinho. “Philanthropic support has always played a crucial role in MD Anderson’s mission to eradicate cancer, and thanks to past contributions from generous donors, the institution has a strong foundation to articulate a bold plan and get the job done. There has never been a greater opportunity for community and industry leaders to help advance a lifesaving initiative that will reduce the cancer burden for everyone.”

Moon shots leadership

**Acute Myeloid Leukemia/ Myelodysplastic Syndrome**
- Guillermo Garcia-Manero, M.D.
- Professor, Department of Leukemia
- Hagop Kantarjian, M.D.
- Chair and professor, Department of Leukemia

**Breast and Ovarian**
- Mien-Chie Hung, Ph.D.
- Chair and professor, Department of Molecular and Cellular Oncology
- Gordon Mills, M.D., Ph.D.
- Chair, Department of Systems Biology
- Anil Sood, M.D.
- Professor, Department of Gynecologic Oncology and Reproductive Medicine and Department of Cancer Biology

**Chronic Lymphocytic Leukemia**
- Michael Keating, M.B.
- Professor, Department of Leukemia
- William Plunkett, Ph.D.
- Professor, Department of Experimental Therapeutics

**Lung**
- Stephen Swisher, M.D.
- Chair and professor, Department of Thoracic and Cardiovascular Surgery
- John Heymach, M.D., Ph.D.
- Associate professor, Department of Thoracic/Head and Neck Medical Oncology

**Melanoma**
- Jeffrey Gershenwald, M.D.
- Professor, Department of Surgical Oncology
- Michael Davies, M.D., Ph.D.
- Assistant professor, Department of Melanoma Medical Oncology

**Prostate**
- Christopher Logothetis, M.D.
- Chair and professor, Department of Genitourinary Medical Oncology
- Timothy Thompson, Ph.D.
- Professor, Department of Genitourinary Medical Oncology — Research

Moon Shots Program platforms

Platforms provide elements of expertise, infrastructure and systems moon shot teams will use to analyze results, make go/no-go decisions, deliver results and advance all of MD Anderson’s cancer research initiatives.

Moon shots momentum

MD Anderson’s online donor community contributed approximately $6,000 in four days following the Sept. 20 launch of the institution’s moon shots website. Visit www.cancermoonshots.org and make your donation today.

LEARN MORE AT mdanderson.org/gifts
MD Anderson ranks No. 1 in cancer care

By Julie Penne

For the sixth consecutive year, MD Anderson ranks as the nation’s top hospital for cancer care, according to U.S. News & World Report’s annual “Best Hospitals” survey. Also nationally ranked are a number of the institution’s specialty services, including ear, nose and throat (No. 5); gynecology (No. 6) and urology (No. 23). Gastroenterology, geriatrics, nephrology and orthopedics earned “High Performing” rankings in the national survey.

In the past 11 years, MD Anderson has ranked as No. 1 in cancer care nine times. The institution has rated among the nation’s top two hospitals for cancer care since 1990, when the survey launched.

“It’s an honor we share with all of our patients, survivors and their loved ones, who challenge and motivate us every day to pursue our mission,” says Ronald DePinho, M.D., president of MD Anderson.

New BOV officers, Associate Members

By Sarah Watson

Since 1957, the MD Anderson Cancer Center Board of Visitors has served as an appointive group of volunteer advisers who help the Development Office raise funds, awareness and support for the institution. As of Sept. 1, the BOV welcomes a new slate of officers and 15 new associate members from across the country.

Chair: Harry J. Longwell, Dallas
Chair Elect: Melvyn N. Klein, Corpus Christi
Vice Chair: James J. Mulva, Houston
Immediate Past Chair: Nancy B. Loeffler, San Antonio

New Associate Members:
Mark Albers: The Woodlands, Texas
Cindy Citrone: Southport, Conn.
Lily Garfield: Aspen, Colo.
Marie Goradia, Ph.D.: The Woodlands, Texas
Katherine C. Hatcher: Houston
T. Mark Kelly: Houston
Pierre F. Lapèyre Jr.: New York
Karen R. Matthews: Dallas
William C. Montgomery: Houston
William C. Myers: Dallas
Melinda Hill Perrin: Houston
John Shields II: Ponte Vedra Beach, Fla.
Charles W. Stiefel: Raleigh, N.C.
Michel H. Williams: Bloomfield, Mich.

Claudine Jreissaty claims 30th annual Arceneaux Award

Surgical breast oncology nurse based in Sugar Land

By Sarah Watson

Claudine Jreissaty, RN, says one goal guided her as a nurse: “to help people through their journeys with cancer.” Such dedication has garnered her MD Anderson’s highest nursing honor, the Ethel Fleming Arceneaux Outstanding Nurse-Oncologist Award.

Established by The Brown Foundation, Inc. in 1982, the award includes a cash award of $15,000, a crystal plaque and a commemorative pin, which she received at a June ceremony led by Ronald DePinho, M.D., president of MD Anderson.

“I consider MD Anderson my big family. I want to be part of a great change in this world by impacting those who may have lost hope.” — Claudine Jreissaty, Registered Nurse

Peggy Mays Clinic in February 2008.

“I consider MD Anderson my big family,” Jreissaty says. “I want to be part of a great change in this world by impacting those who may have lost hope.”

Her first experience with cancer occurred at age 8; her father was diagnosed with brain cancer and died a few months into his treatment.

Eighteen years later, her sister, Josiane, was also diagnosed with brain cancer. She was 22 when the disease took her life three weeks after surgery.

“Looking back, I always knew I wanted to help others,” Jreissaty says. “Showing empathy and understanding how patients feel is very important. Nursing helps me focus outside of myself. It’s rewarding when a patient’s family trusts you to care for their loved one.”

Video: youtube.com/mygivingtomdanderson
A message from Ronald DePinho, M.D.

It’s often said that MD Anderson is a place of hope. That has never been more true as we embark on the Moon Shots Program, an unprecedented mission to drastically reduce cancer mortality — during the next decade.

Our initial focus is on eight inaugural cancers that are poised for accelerated progress on the basis of genetic knowledge, refined testing systems, depth of talent from prevention to survivorship and more. The diseases we feel we have the best shots at conquering include melanoma, lung cancer, chronic lymphocytic leukemia, acute myeloid leukemia/myelodysplastic syndrome, prostate cancer and breast/ovarian cancers. In addition, we have identified opportunities in other cancers as well.

This comprehensive assault finds inspiration in President John F. Kennedy’s moving speech in September 1962 at Rice University, when he confirmed that the United States would endeavor to send a man to the moon — in that decade. The nation would accept the challenges ahead, he said, “not because they are easy, but because they are hard.”

Fifty years later, we’re at a similar point in the history of cancer science and cancer care. With a confluence of deep knowledge and myriad technological advances that have transformed science, the field has reached a level of conceptual and technical maturity where we can address the cancer problem once and for all. MD Anderson has — as the nation’s largest cancer center armed with the collective expertise and excellence of 19,000 employees, 7,000 trainees and a global collaborative network — the critical mass to get the job done. The question before us is: Will we harness our deep knowledge, the power of technology and the excellence of our people to embrace the challenge and seize the opportunity — now? To borrow the words of JFK on that historic day in Houston, we choose to conquer cancer “because that goal will serve to organize and measure the best of our energy and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone and one which we intend to win.”

It’s time to move the agenda forward. But we need your help. All of the great ideas in the world and all of the technological breakthroughs that exist today will have little impact without the resources to support this complex initiative. Your philanthropic commitment will drive discovery and drug development, bringing us closer to new and more effective prevention and early detection capabilities, diagnostic methods, personalized therapies and, ultimately, better quality of life for all who survive this dreaded disease and face the joys of a cancer-free future.

We’re picking a fight with cancer. With your help, we can wrestle this disease to its knees. This is our moment, a time of hope, courage and definitive accomplishment. Thank you for your generous support and for joining us in Making Cancer History®.

Video: youtube.com/mygivingtomdanderson
Survivors Say

Entrepreneur, fitness enthusiast and prostate cancer survivor John M. Floyd of Baytown, Texas, and his wife, Cher, recently contributed $50,000 to MD Anderson’s Proton Therapy Center to support the research of Thomas Pugh, M.D., assistant professor of radiation oncology. John, chairman and CEO of John M. Floyd & Associates, explains the couple’s decision to “pay it forward.”

“After a CAT scan last year indicated an enlarged prostate, I scheduled a PSA test. My brother had been diagnosed and treated for prostate cancer, and I knew it was a possibility. The results gave no cause for concern. But new tests during a physical eight months later reported an elevated PSA. After a biopsy and other tests, my wife, Cher, and I learned I had stage II prostate cancer.

We met with an MD Anderson surgeon and radiation oncologist to discuss options. Thanks to Cher’s research, we were familiar with proton therapy. Soon we had an appointment with Dr. Thomas Pugh at the institution’s Proton Therapy Center. From the beginning, we knew we had made the right choice. Treatment began Feb. 20 of this year and ended April 12. The physicians and staff went out of their way to make my care and our entire experience the best possible. I was able to continue an active role in my company, going in for proton therapy in the mornings so that I could be in the office in the afternoons. I experienced no side effects, and I’ve returned to the hobbies I enjoy most: biking, cruising and traveling with Cher.

We were so pleased that at my ‘graduation’ — an informal ceremony celebrating the end of treatment — Cher and I presented a $50,000 check to the Proton Therapy Center in support of Dr. Pugh’s research.

We felt we were paying it forward. Someone else came before us to make this possible — we wanted to do the same for others.

Promise invites cancer survivors to share their reflections. Email Promise@mdanderson.org.

PHILANTHROPY IN ACTION

One patient’s rare cancer inspires collective effort

By Erica Quiroz

Jamie Gilmore is a fighter.

In 1996, she was diagnosed with acinic cell carcinoma (ACC), a rare cancer that affects the parotid gland, the largest of the salivary glands. She’s been in remission from it twice.

Now, the 30-year-old native Houstonian is in her third bout with ACC. She created Jamie’s Hope for a Cure with her husband, Garrick Glascok, in May to help fund research for targeted therapy at MD Anderson.

“My family and I were surprised that there haven’t been any new developments in ACC treatment,” Jamie Gilmore says. “We thought surely something would be different from 15 years ago.”

ACC affects an average of 135 people a year and accounts for 6-10% of all salivary gland cancers.

To help create awareness, Gilmore and her family promote Jamie’s Hope by selling maroon and white bracelets for $5. They also collect donations through the website jamieshope.org.

“The money we raise funds research for other rare forms of cancer and for people who don’t have a standard form of treatment,” Gilmore says.

Jamie’s Hope also partnered with the Texas Realtors’ Leadership Program (TRL), after Gilmore, who owns a real estate brokerage firm, joined in March.

With the TRL’s help, Jamie’s Hope organized an October gala, “Masquerade for a Cure,” at River Oaks Country Club in Houston, with all proceeds benefiting targeted therapy research at MD Anderson.

“Each year the TRL decides on a legacy project that will benefit the community,” Gilmore says. “Once they heard my story and what I’ve been through, they decided to help promote our event.”

Gilmore says Jamie’s Hope’s main goal is “to find more treatments for people whose current options are no longer working.”

“I would love to know why I have this rare form of cancer, but more than that I want to live, and I know other patients do too,” she says.

Read more about Jamie Gilmore and acinic cell carcinoma on MD Anderson’s blog, Cancerwise: www.mdanderson.org/cancerwise.

“I would love to know why I have this rare form of cancer, but more than that I want to live, and I know other patients do too.”

— Jamie Gilmore

Jamie Gilmore, sporting her Jamie’s Hope for a Cure shirt under a black blazer, joins husband Garrick Glascok, from left, and sister Cindy Gilmore in congratulating Apostolia Tsimeridou, M.D., Ph.D., after a recent presentation on her research in acinic cell carcinoma. Photo by John Everett
SCHOOL IS BACK IN STYLE

Style was in session Aug. 25 as MD Anderson Children’s Cancer Hospital and The Galleria in Houston hosted a back-to-school fashion show benefiting pediatric cancer patients. Radio personality Ayana Mack led the runway event, which featured kids rocking the mini-catwalk in trendy looks from Brooks Brothers Men, Brooks Brothers Women, Naartjie, The Children’s Place, GAP Kids, Macy’s and Original Penguin. Also that morning, families enjoyed a breakfast, interactive children’s activities and giveaways at the Little Galleria play area.

Rogers Award recognizes Pam Redden

Honors her expertise in patient-focused facilities

By Sarah Watson

Pam Redden, RN, director of clinical operations development at MDAnderson, is the recipient of the 2012 Julie and Ben Rogers Award for Excellence in Administration.

Redden led activation planning for the institution’s Lowry and Peggy Mays Clinic and Dan L. Duncan Building. She’s since applied her expertise to numerous renovation and expansion projects. She says her 15 years as an intensive care unit nurse and later as an outpatient nurse inform her daily interactions with clinical and business counterparts.

“This focus on working together, accomplishing goals and creating positive outcomes for patients, staff, care providers and the health care community has been at the core of my success,” she says. “It’s a huge honor to receive this award and represent the administrative efforts of my colleagues to support MD Anderson’s mission areas. To be recognized by this prestigious award is less about me personally, and more about validating administration as a foundation of MD Anderson.”

The $10,000 award rotates annually among the areas of patient care, research, education, prevention and administration. Regina Rogers, a senior member of the MD Anderson Cancer Center Board of Visitors, established it in 1987 to honor her parents, the late Julie and Ben Rogers of Beaumont, Texas, and show appreciation for the treatment her brother and her mother received at the institution. Ben Rogers served on the Board of Visitors from 1978 until his death in 1994, when his daughter and wife established the Julie & Ben Rogers Breast Diagnostic Clinic in his memory. Julie Rogers died in 1998.

Regina Rogers’ relationship with the institution dates to 1960, when her brother, Arvey Rogers, M.D., was diagnosed with thyroid cancer at age 25. “After a lengthy and successful surgery, performed by Dr. Edgar C. White and Dr. R. Lee Clark, he was able to continue leading a normal life,” says Rogers. “Then, in 1987, our mother was diagnosed with breast cancer. Thanks to the surgical expertise of Dr. Richard Martin and Dr. Fred Ames, her recovery was good and served to reinforce our family’s commitment to MD Anderson. I’m grateful for the opportunity to continue this award in honor of my parents and to recognize excellence at an institution that’s played such an important role in eliminating cancer as a major health threat.”
Survivor stands strong with faith
New foundation aims to create awareness for kidney cancer

By Erica Quiroz

Since 2010, Chris Johnson has approached his diagnosis of renal cell carcinoma with one thought in mind: Fight with faith.

When his back pain first started, Johnson thought it was from an old football injury from his running back days at the University of New Mexico. A CT scan revealed a mass, however, and his right kidney was removed.

During treatments at MD Anderson, Johnson noticed a lack of advocacy for renal cell carcinoma. Earlier this year he established the CJ Foundation and started selling baseball caps to pay for his medical bills and create awareness for kidney cancer.

In the future, Johnson hopes to raise enough money for research at MD Anderson.

“While waiting for my appointments, I would see a lot of ladies wearing hats for other cancers,” says Johnson, of Sugar Land, near Houston. “I didn’t see anyone wearing one for the type I have, or a lot of men wearing them. So I wanted to create awareness.”

A friend helped him come up with the logo of an intertwining “C” and “J” for the front of the $26 caps. Johnson’s motto, “fighting with faith,” is emblazoned on the back.

Johnson says getting a foundation off the ground has been a challenge, especially with his current chemotherapy schedule. But he’s determined to help fund research for a cure.

“I take it day by day,” he says. “When I look at the caps, it’s something to help keep me going.”

For information: chrisjohnson cancerfoundation@gmail.com.

Patient’s spirit inspires others to continue fight

By Victor Scott

The Beth Allison DiPardo Memorial Fund has raised more than $38,000 for pediatric brain cancer research at MD Anderson Children’s Cancer Hospital (CCH). It’s a shining example of how one company’s matching gifts program, in a relatively short amount of time, can accelerate the power of giving. It honors the memory of a bright young woman whose warm, caring nature was an inspiration to all who knew her. What’s more, it continues her fight against the brain cancer that took her life at age 30.

Beth’s battle began with headaches at age 12. Tests over several years couldn’t determine a cause.

“We decided a change of environment might help and moved from Mont Belvieu (Texas) to Lamesa, near Midland,” says her father, Larry Allison.

Beth joined the Lamesa High School Lady Tornadoes basketball team. During a game she missed catching a simple pass. Her father knew something was wrong.

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By Erica Quiroz

More tests revealed astrocytoma, a type of brain cancer. Following surgery in Lubbock, she received six weeks of radiation at CCH. After treatment, Beth resumed life as a teenager: basketball player, cheerleader, National Honor Society member, community volunteer. To help pay her medical expenses, she worked in a flower shop, where she discovered a passion for floral design.

“Beth had quite a flair and a way of inspiring people,” says her sister, Becky Allison Barton of Marble Falls, Texas. “As beautiful as she was on the outside, she was even more beautiful on the inside.”

After college, Beth began a finance career in Dallas, got married and moved to Los Angeles, landing a job with Teleflora. In 2004, the couple returned to Dallas, where Beth continued to work for the floral company.

That September, Beth’s childhood enemy returned. She began treatment at MD Anderson and, despite an arsenal of chemotherapy, died in January 2006 at home, surrounded by family.

Teleflora employees, led by friend and former co-worker Jenny Kayano of Los Angeles, established the Beth Allison DiPardo Memorial Fund in her memory. Roll Global, Teleflora’s parent company, has added the fund to its matching gifts program.

“Roll Global’s matching gifts program is one part of our broader commitment to giving back to the communities where we work and where our employees live,” says Jessica Aronoff, vice president of philanthropy at Roll Global. “We match our employees’ donations dollar-for-dollar, up to $1,000 per year.”

Learn about MD Anderson’s matching gifts program: mdanderson.org/gifts/ways-of-giving.

Greet the holiday with ease

MD Anderson’s Holiday Giving Program is officially under way. Make your holiday greeting card list and check it twice — then let the elves at MD Anderson handle the rest. The Holiday Giving Program is an opportunity to honor family, friends and clients in a memorable way while supporting programs that directly benefit patients. Last year the program raised more than $475,000, funding patient assistance, education, prevention and community outreach initiatives.

Choose between two options for sending this year’s featured Children’s Art Project giving card:
• Provide a mailing list, and MD Anderson will send a card to each honoree.
• Have them sent to your address, add a personal greeting and mail them yourself.

For information, please visit www.mdanderson.org/holiday.
Hosts with the most

Board of Visitors leads friend-raising efforts in five states

Scottsdale

A cocktail reception and dinner April 30 at the Scottsdale, Ariz., home of MD Anderson Cancer Center Board of Visitors member Julie Kyte and husband Bill offered area supporters the opportunity to meet Ronald DePinho, M.D., president of MD Anderson, and Thomas Burke, M.D., executive vice president and physician-in-chief. Also on hand was Edgardo Rivera, M.D., medical director of Banner MD Anderson Cancer Center, a collaboration of Banner Health and MD Anderson at the Scottsdale, Ariz., home of MD Anderson. DePinho thanked guests and emphasized the impact of philanthropy on the institution’s research and patient care initiatives and the more than 100,000 patients treated at MD Anderson each year.

Beaumont

A June 11 luncheon at the MCM Eleganté Hotel and Conference Center in Beaumont attracted more than 200 MD Anderson supporters. Host committee members included Charline Dauphin, Camille and Christopher Ohmstede, Sharon and Scott Parker, Linda and Joe Penland and Regina Rogers. DePinho recognized the continued generosity and commitment of residents of the southeast Texas area known as the Golden Triangle (Beaumont, Port Arthur, Orange) and congratulated community physicians on their collaborative role in MD Anderson’s mission of eradicating cancer. Following DePinho’s remarks, Beaumont resident Judi Sachitano Rawls offered a story of hope as she recounted her experiences as a caregiver.

El Paso

Board of Visitors members from El Paso introduced DePinho to area residents at a luncheon June 15 at the El Paso Country Club. On the host committee were Myrna and Ray Deckert, Nancy and Steve Fox, Tyche and Ron Stading, Gayle and Woody Hunt and Marian and Edward Azar. Lung cancer survivor Ron Stading touched the hearts of the approximately 100 guests with reflections on his cancer journey and his experiences at MD Anderson. DePinho thanked the El Paso community for its loyalty and support, congratulating the local BOV members on their efforts to raise almost $5 million for the institution’s recent Making Cancer History: The Campaign to Transform Cancer Care.

Aspen

More than 200 friends and supporters of MD Anderson gathered July 23 at Barbara and Gerald Hines’s Aspen home on the banks of the Roaring Fork. The cocktail reception celebrated the eve of MD Anderson’s 14th annual Making Cancer History Seminar at Aspen Meadows Resort. More than 200 people attended the July 24 seminar, which featured presentations by DePinho; Lynda Chin, M.D., chair of the Department of Genomic Medicine; and Andy Futreal, Ph.D., who recently joined MD Anderson’s Department of Genomic Medicine from the Wellcome Trust Sanger Institute in England. The Hon. Stuart A. Bernstein, of Washington, D.C., and former U.S. ambassador to Denmark, made the winning bid of $9,000 in a silent auction of Barbara Hines’s oil on canvas, “Maroon Bells Lake.” All of the proceeds will benefit MD Anderson.

Santa Fe

Approximately 125 guests attended a July 30 educational seminar at the Club at Las Campanas in Santa Fe, N.M. Presenters included DePinho, on “Curing Cancer: In Our Sight;” and Richard Lee, M.D., medical director of MD Anderson’s Integrative Medicine Program, on “The Potential of Integrative Oncology: A Holistic Approach to Cancer Care.” Guests also enjoyed dinner planned by hosts Cathy and Kevin O. Butler, Dianne and Don Chalmers, Bob Clarke, Lynn and Pete Coneway, Jan E. Duncan, Susan Foote and Stephen Feinberg, Jeff Fort, Mary Ellen and Tom Gordon, Roddie and Steve Harris, Janiece Longoria and Stephen Lasher, Kathy and Jeff Love, Kate and Bob Moss, Kay Onstead, Pam and Randall Onstead, Meg Osman and Martin Levion and Susan Sumner and Rob McLeod. DePinho offered more informal remarks at a reception the following evening at the Zaplin Lampert Gallery, hosted by Elyse and Mark Zaplin, who shared reflections on his lung cancer treatment at MD Anderson.
An ironic twist

DNA deletions promote cancer, but scientists see opportunity in collateral damage they inflict

By Scott Merville

Genomic deletions promote cancer by carving up or eliminating tumor-suppressor genes. But the damage neighboring genes incur exposes cancer cells to vulnerabilities and new avenues for attack, scientists report in the journal Nature.

The research began at Dana-Farber Cancer Institute in Boston and continued at MD Anderson after Ronald DePinho, M.D., became president in September 2011. Working with cell lines of glioblastoma multiforme, the most lethal type of brain tumor, investigators looked at passenger deletions — genes co-deleted along with tumor-suppressor genes, but not directly involved in cancer promotion. They wiped out glioblastoma cells that had deletions of the metabolic gene ENO1 on both copies of chromosome one when they also inhibited the function of ENO2 on chromosome seven. Both genes encode for an enzyme crucial to glycolysis, the processing of glucose into energy that is particularly important to solid tumors. Cells can tolerate the loss of ENO1 or ENO2, but not both. Although ENO1 deletions occur in a small subset of glioblastoma patients, passenger deletions are frequent in the cancer genome and occur in most cancer types.

"Passenger deletions occur in hundreds of genes in many types of cancer," says DePinho, senior author of the paper. "Our model for glioblastoma multiforme should apply to developing personalized treatments for other cancers as well."

Funding was from the National Cancer Institute, the American Cancer Society and the Howard Hughes Medical Institute, as well as a Harvard PRISE fellowship, the Dana-Farber Cancer Center/Harvard Cancer Center Myeloma SPORE (Specialized Programs of Research Excellence) grant and the Ben and Catherine Ivy Foundation.

Depression affects cancer survival

Inflammatory pathways hold the key

By Will Fitzgerald

Symptoms of depression can affect survival among patients recently diagnosed with metastatic kidney cancer, report MD Anderson researchers in the journal PLoS ONE. The key to explaining this link, they find, may be inflammatory gene regulation.

"Our findings, along with others, suggest that mental health and social well-being can affect biological processes, which influence cancer-related outcomes," says Lorenzo Cohen, Ph.D., professor in the institution’s departments of General Medicine Program.

Cohen, the lead author, says the findings suggest that standard care should include mental health screening.

"We now understand some of the possible biological pathways that explain the association between depression and survival," says Cohen.

Research funding came from the Dana Foundation, the Mary and David Wolff Family Foundation, the U.S. Department of Health and Human Services, the National Institutes of Health and the MD Anderson Cancer Center Support Grant.

Radiation and mastectomy

Findings contradict guidelines for older patients with early-stage breast cancer

By Laura Sussman

For the majority of older, early-stage breast cancer patients, radiation therapy following breast-conserving surgery may help prevent the need for a later mastectomy, say MD Anderson researchers.

The findings, published in the journal Cancer, are contrary to national treatment guidelines, which recommend that older women with early-stage, estrogen-positive disease undergo lumpectomy followed by estrogen blocker therapy alone — and forgo radiation therapy post-surgery.

The researchers also found that radiation did not benefit patients 75 to 79 years of age who had their lymph nodes assessed and did not have high-grade tumors.

"The national guidelines, while well-intended and important, may gloss over certain nuances needed for making critical decisions with patients," says Benjamin Smith, M.D., assistant professor in the institution’s Department of Radiation Therapy and the study’s corresponding author. "Our study provides data that physicians can use when talking to their patients about whether to go forward with radiation."

Varian Medical Systems, the U.S. Department of Health and Human Services, the National Cancer Institute and the Cancer Prevention and Research Institute of Texas were among funding sources for this research.
Among Friends

Patients fill MD Anderson’s first waiting room at the Baker Estate in this archive photo featuring a white-capped Anna Hanselman at the telephone.

Heirs Apparent

MD Anderson Foundation board members nurture a heritage of historic proportions

By Ruhee Momin

More than 75 years ago, one man and his vision inspired the origins of MD Anderson. Today, the board members of the MD Anderson Foundation enthusiastically continue that philanthropic tradition.

In 1907, Monroe D. Anderson, a banker and businessman from Jackson, Tenn., moved to Houston, where he and partners in Anderson, Clayton and Co. oversaw what would become the world’s largest cotton merchant. In 1936, he established the MD Anderson Foundation with $300,000 and the commitment of two other trustees, John H. Freeman and William B. Bates. Anderson died in 1939, leaving a fortune to the foundation.

The foundation’s purposes, according to the charter, include “the establishment, support and maintenance of hospitals, homes and institutions for the care of the sick” and “the promotion of health, science, education and advancement and diffusion of knowledge.” Its first major step in fulfilling those goals occurred in 1941, when the Texas legislature appropriated $500,000 to establish a cancer research hospital in the state (see related story). Thanks to the foundation’s proposal to match those funds and its stipulation that the hospital be located in Houston and bear its founder’s name, the institution now known as The University of Texas MD Anderson Cancer Center was born.

Today, four board members head the foundation: Charles Hall, Gibson Gayle Jr., Uriel Dutton and Leo Linbeck Jr. Gus Blackshear serves as advisory director.

President Charles Hall has more than 15 years of experience at MD Anderson for treatment. Gayle’s experience has been so positive that he’s referred more than 200 people in the past 15 years, all of whom express “deep gratitude that they’re treated like family.”

“What makes our cancer center the finest in the world is not only the superb physicians, but also the skill, dedication and care of the support staff,” says Gayle, who served as foundation president from 1990 to 2009. “The founding members of the MD Anderson Foundation would be proud to see the results of their endeavors of many years ago.”

The foundation supports numerous other charitable and educational institutions. From 1959 to 2011, it made 131 gifts and pledges totaling more than $11,306,000 to MD Anderson. These funds have supported a variety of initiatives, from personalized cancer therapy to post-doctoral fellowships.

Hall describes MD Anderson as nothing short of “exceptional” and says he and fellow board members are proud to be a part of the foundation that helped the institution — not to mention the 1,300-acre Texas Medical Center — get its start.

“It’s an honor to be a part of a foundation with such heritage,” he says.

Foundation played significant role

The MD Anderson Foundation’s original board members were Monroe Dunaway Anderson as well as John H. Freeman and William B. Bates, partners in a law firm once known as Fulbright, Crooker, Freeman, Bates and Jaworski.

Two years after Anderson’s death in 1939, Freeman, Bates and Horace Wilkins, Anderson’s board successor, decided to establish a medical center in Houston. In 1941, the Texas legislature passed a statute, signed by Gov. W. Lee O’Daniel, establishing the first cancer hospital in Texas and placing it under the jurisdiction of the Board of Regents of The University of Texas. Since the state did not have sufficient funds to build the hospital on its own, Freeman and Bates contacted Gov. O’Daniel and Homer Rainey, president of The University of Texas, and offered to put up the needed funds to build the cancer hospital and to provide a place for it in the Texas Medical Center. The foundation was negotiating with the City of Houston to purchase a 134-acre tract of land. In the meantime, the cancer center would be set up in property the foundation purchased from Rice University (then known as Rice Institute), the former home of Capt. James A. Baker, grandfather of James A. Baker, III. The only requirement Freeman and Bates insisted on was that Anderson’s name be permanently displayed on the hospital and any other buildings subsequently erected. The institution admitted its first cancer patients at the former Baker home on March 1, 1944.

— Gibson Gayle Jr.
PROMISE
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A publication for friends of
The University of Texas MD Anderson Cancer Center

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