It’s time to
KICK THE HABIT

EndTobacco™ targets America’s most persistent health threat
KHALIFA INSTITUTE FOR PERSONALIZED CANCER THERAPY

New fellows, scholars focus on targeted therapies

By Sarah Watson

The Sheikh Khalifa Bin Zayed Al Nahyan Institute for Personalized Cancer Therapy has appointed the first six fellowships established as part of a transformative $150-million gift by the Khalifa Bin Zayed Al Nahyan Foundation in 2011. The recipients are:
- Lauren Byers, M.D., Khalifa Scholar, assistant professor, Thoracic/Head and Neck Medical Oncology
- Humaid Al-Shamsi, M.D., Khalifa Scholar, assistant professor, Gastrointestinal Medical Oncology
- Jianjun Gao, M.D., Ph.D., Khalifa Fellow, assistant professor, Genitourinary Medical Oncology
- Aubrey Carhill, M.D., Khalifa Fellow, assistant professor, Endocrine Neoplasia and Hormonal Disorders
- Mitchell Frederick, Ph.D., Khalifa Fellow, assistant professor, Head and Neck Surgery
- Ana Korngold, postdoctoral fellow, Khalifa Fellow, Pediatrics-Research

“This program is critical to our success in preparing the next generation of physician-scientists to lead personalized cancer care,” says John Mendelsohn, M.D., director of the Khalifa Institute for Personalized Cancer Therapy. “Our mission is to provide personalized cancer therapy for all of our patients and define the new standard of care by improving outcomes and reducing costs.”

The Khalifa Foundation’s gift is the largest in the institution’s history and the largest single contribution from a living person or family foundation to a Texas Medical Center institution or any Texas university. The President of the United Arab Emirates Foundation awarded it to advance personalized cancer therapy and accelerate pancreatic cancer research.

“The Khalifa Foundation’s generosity enables us to maximize the potential of these innovative scholars and fellows. The ultimate goal is to provide patients with personalized, more effective care by determining the specific genetic and molecular abnormalities in each patient’s cancer and prescribing the appropriate therapy that targets them,” says Robert Wolff, M.D., professor and ad interim chair of Gastrointestinal Medical Oncology and Sheikh Zayed Bin Sultan Al Nahyan Distinguished University Chair of Medical Oncology, Cancer Medicine.

The foundation’s gift is funding construction of the Sheikh Zayed Bin Sultan Al Nahyan Building for Personalized Cancer Care, a 600,000-square-foot building nearing completion on about five acres of MD Anderson’s Texas Medical Center campus. The building will house the Khalifa Institute for Personalized Cancer Therapy and the Sheikh Ahmed Bin Zayed Al Nahyan Center for Pancreatic Cancer Research.

UNIFIED TO END CANCER

15 business and community leaders join MD Anderson’s advisory board

By Miriam Spradling

The MD Anderson Cancer Center Board of Visitors (BOV) welcomes a new slate of officers and 15 new members:
- Nita Ambani, Mumbai, India: businesswoman, philanthropist and president of H.N. Hospital and Research Centre
- David Beck, Houston: founding partner of Beck Redden LLP, named as one of the top 10 trial lawyers by the National Law Journal
- Jon Brunley, Ft. Worth: private investor, 45-year veteran of the oil and gas industry and owner of Bounty Investments LLC
- Ted Collins Jr., Midland: chairman and CEO of Patriot Resource Partners LLC, an independent oil and gas producer
- William J. Doré Sr., Lake Charles, La.: CEO of Doré Energy Corporation, an oil and gas company; founder of Global Industries Ltd., an offshore oil and gas industry services provider; member of the Horatio Alger Board of Directors
- Gregg H. Falgout, Houston: founder, chairman, CEO and president of Island Operating Company Inc.
- Gilbert Garcia, Houston: managing partner of Garcia Hamilton & Associates, an institutional asset management company
- Jimmy I. Gibbs, Spartanburg, S.C. businessman, entrepreneur, philanthropist and founder of Gibbs International (textiles, energy, real estate, mining and demolition)
- George Y. Gonzalez, Spring, Texas: partner in the energy, mergers and acquisitions and international practice groups in the Houston office of Haynes and Boone LLP; named one of Hispanic Business magazine’s Top 100 Influential Hispanics in the U.S.
- Michael J. Medrano, Houston: president and CEO of Equivalent DATA, providing electronic delivery services to attorneys, investigators, corporations and legal professionals
- Laura Murillo, Ph.D., Houston: president and CEO of the Houston Hispanic Chamber of Commerce
- Reynaldo Reza, Houston: vice president, portfolio manager at Fayeza Sarofim & Co., responsible for pharmaceuticals industry research, a sector leader for the health care industry
- Alexander Rovt, Ph.D., New York: businessman, real estate investor, president of IBE Trade Corporation (agricultural fertilizer production, sales and marketing)
- Mark White Jr., Houston: Governor of Texas from 1983 to 1987, a business executive, attorney and chairman of Geovex Inc.

Joining incoming chair Mel Klein as BOV officers for Fiscal Year 2015 (Sept. 1, 2014–Aug. 31, 2015) are:
- Chair-Elect — James J. Mulva, Austin
- Vice Chair — Nancy Loeffler, San Antonio
- Immediate Past Chair — Harry J. Longwell, Dallas
- MD Anderson President — Ron DePinho, M.D.
Breast cancer research pioneer Craig Jordan joins MD Anderson

By Sarah Watson

Craig Jordan, Ph.D., is known as the “father of tamoxifen,” the drug that has saved countless lives. Jordan, who was born in New Braunfels, Texas, and raised in England, reinvented a failed contraceptive, created in the 1960s to block estrogen, as a breast cancer treatment. Jordan developed the strategy of long-term adjuvant tamoxifen therapy and deciphered the properties of a new group of medicines called selective estrogen receptor modulators. He also discovered the preventive abilities of tamoxifen and raloxifene, both Food and Drug Administration-approved for reducing breast cancer incidence in high-risk women.

As a professor in Breast Medical Oncology and Molecular and Cellular Oncology, Jordan will focus on the new biology of estrogen-induced cell death. He joined MD Anderson in October.

Dominica Anderson wins Rogers Award

Nursing assistant honored for excellence in patient care

By Sarah Watson

Dominica Anderson, a certified nursing assistant in post-anesthesia care, is the 2014 recipient of the Julie and Ben Rogers Award for Excellence in Patient Care. The $15,000 award recognizes employees who excel in their work and dedication to MD Anderson’s mission to end cancer. Its focus rotates annually among patient care, research, education, prevention and administration.

This year’s finalists, who received $1,500, are: Thomas Aloi, M.D., associate professor of Surgery, Surgical Oncology; deputy chair for Education; associate director, Gastrointestinal Center Program; director, Hepato-Pancreato-Biliary Surgery and International Surgical Oncology Fellowships; Maria Cielo Foudray, RN, senior research nurse, Leukemia; Ellen Manzullo, M.D., professor, deputy division head (clinical), Internal Medicine; deputy chair (clinical), General Internal Medicine; chief, section for General Internal Medicine; Nancy Perrier, M.D., Walter and Ruth Sterling Endowed Professor; professor of Surgical Oncology; chief, Surgical Endocrinology; director, Surgical Endocrinology Fellowship Training Program; associate director, Multidisciplinary Endocrine Center; Regina Rogers, a senior member of the MD Anderson Cancer Center Board of Visitors, established the award in 1987 to honor her parents, the late Julie and Ben Rogers, and to show appreciation for the treatment her brother and her mother received at the institution.

“...my parents would be proud that this award recognizes MD Anderson employees who reflect their own genuine concern for others,” says Rogers.
A greeting that gives
Cards send cheer with message of hope
By Miriam Spradling

MD Anderson’s Holiday Giving Program lets friends show appreciation for others with a memorable holiday card while supporting programs that make a difference in the lives of cancer patients. Each year, a pediatric patient designs the holiday card through the Children’s Art Project. The program received a record-breaking $710,000 in 2013 and has raised $4.9 million since 1990. It helps with patient assistance, education, prevention and community outreach programs. Donations convert scientific discoveries into clinical advances, reducing cancer’s devastating effects. For the second year, part of these funds will award college scholarships through the MD Anderson Blood Bank High School Scholarship Program. Recipients attend schools that host two or more blood drives a year with the MD Anderson High School Donors Program. Fifteen graduating high school seniors who promote blood donations within their communities earn $20,000 in scholarships, with one recipient winning the $5,000 grand prize.

The Holiday Program also supports the Anderson Network Cancer Survivorship Conference, the “Too Cool to Smoke” Puppet Show, psychiatry services for patients and family members, and many other initiatives that are Making Cancer History® all year long.

You’ve got options
Choose between two options for sending this year’s featured Children’s Art Project giving card:

1. Provide a mailing list, and MD Anderson will send a card to each honoree; or

2. Have cards sent to your address, add a personal greeting and mail them yourself.

For more information and to support the Holiday Giving Program, visit www.mdanderson.org/holiday.

STACKING THE DECK AGAINST CANCER
Jeanne F. Shelby Estate funds regiment of researchers

By Victor Scott

The pain of losing her first grandchild to pancreatic cancer was something Jeanne F. Shelby carried for the rest of her life. “Quite a few of our family members have survived cancer,” says Shelby, Jeanne’s daughter. “When my son, Richard, was diagnosed with pancreatic cancer 20 years ago, the survival rate was about 2%. We were hopeful that he’d be in that percentage, but his diagnosis came too late.”

Now, the five-year survival rate is only about 7%, and while it’s moving in the right direction, says Shelby, the pace is “just too slow.” To honor her grandson and other family members who’ve suffered from cancer, Jeanne left instructions in her will for a $3.4 million donation: $1.7 million to create the Richard K. Lavine Pancreatic Fund, to support pancreatic cancer research, and $1.7 million to create the Jeanne F. Shelby Scholarship Fund, which provided initial funding for the R. Lee Clark Fellows Award Program (see story at right).

“You have to use every avenue possible when it comes to finding a cure,” says Sharon, Jason B. Fleming, M.D., professor in Surgical Oncology, leads the innovative pancreatic cancer research supported by the Lavine fund.

“Pancreatic cancer is predicted to become the second leading cause of cancer-related deaths in the United States by 2020,” says Fleming. “The fund provides resources necessary to expand research to develop and test first-in-kind methods to monitor and treat pancreatic cancer. We’re grateful to the Shelby family for giving our team the opportunity to perform research that could save lives in the future.”

In addition to funding the inaugural R. Lee Clark Fellows Award Program, the Shelby Scholarship Fund also supports the Investigational Cancer Therapeutics Fellowship Program, which focuses on developing novel drugs and drug combinations.

“The Shelby Scholarship Fund has been crucial in establishing the program’s capacity to train talented physicians over the next two years,” says David S. Hong, M.D., deputy chair of Investigational Cancer Therapeutics. “It enables them to experience early drug development training in clinical trials that will improve patient outcomes through personalized cancer therapy.”

Sharon says her mother would be excited to know her donation has touched the lives of so many already. “Mother knew that supporting research and education is how we’re going to beat cancer, and as a parent who lost a child to cancer, it means a lot to me personally.”
DRIVEN TO MAKE A DIFFERENCE

Triple-negative breast cancer survivor helps others celebrate life’s priceless moments

By Miriam Spradling

In 2007, after a desperate, four-month search for a diagnosis, Terry Arnold received the news. Her doctor had discovered not one, but two of the most deadly and aggressive forms of breast cancer: triple-negative breast cancer (TNBC) in both breasts and inflammatory breast cancer in her right breast. With his eyes full of tears, Arnold’s doctor told her she had a few months at best.

TNBC differs from more common forms of breast cancer in that its cells lack estrogen and progesterone receptors. It spreads more quickly and doesn’t respond to standard hormone therapy treatments. TNBC accounts for 10 to 20% of breast cancer cases in the U.S. and one of every four breast cancer-related deaths.

While TNBC disproportionately strikes younger women, Arnold was 49 when she decided to get a second opinion at MD Anderson.

“My doctor reran the tests and said, ‘It’s worse than your first doctor thought, but we think we can help you.’ To have someone say that was incredibly incredible,” Arnold recalls. “I was excited because he said, ‘You’ll be in treatment for 18 months, and it will be brutal.’ I remember thinking that means he thinks I’m going to live 18 months. I was the happiest woman in the world because they had a plan. I just floated home.”

It’s been seven years since Arnold’s diagnosis, and she’s cancer-free. She’s used this time to form The IBC Network Foundation, which donates to MD Anderson breast cancer research ($160,000 to date – see related story, page 8) and mentors hundreds of women fighting the disease.

“I’ve been with women from their first appointment to the day they rang that bell (to celebrate the end of treatment) and every step in between. To see them live when they were so ill, you just can’t put a price tag on that,” Arnold says. “I’ve also been with women minutes before they’ve died, and the privilege of being in a place that’s so deep in their lives is something that drives me. The joys and the memories I share with these women provide encouragement and push me forward.”

My Moon Shot

Terry Arnold, of Houston, was diagnosed with triple-negative breast cancer (TNBC) and inflammatory breast cancer (IBC) in 2007. A mother of five whose sixth grandchild is due in December, Arnold is the founder of The IBC Network Foundation (www.theibcnetwork.org). She’s cancer-free today and believes strongly in the value of supporting breast cancer research at MD Anderson.

Terry Arnold listened from the audience at the Moon Shots Program’s launch in 2012. She was overjoyed to hear that MD Anderson had selected her cancer, TNBC, as one of the six initial moon shots.

MD Anderson’s Breast and Ovarian Cancers Moon Shot aims to combine the latest technology and genetic knowledge to identify the most promising new treatments and move them to the clinic more quickly and efficiently. It’s a mission Arnold celebrates.

“What this means to me is that women are going to live longer to raise their babies and have the impact on society they were meant to have. Without this research, none of that would be possible,” Arnold says. “This disease is so brutal and progresses so quickly. We desperately need more TNBC research.”

“I’m alive and well after seven years. That’s not common. I think, however, it can be.”

Arnold believes MD Anderson is the place to make that happen.

“Private funding for research is more important than ever,” she says. “And if MD Anderson is giving its time and resources to champion such a brutal disease, we need to support these efforts all the way.”

Video: cancermoonshots.org

What’s your moon shot? Contact us at promise@mdanderson.org and tell us why MD Anderson’s Moon Shots Program is important to you.
As the United States recognized the 50th anniversary of the Surgeon General’s initial Report on Smoking and Health earlier this year, then Health and Human Services Secretary Kathleen Sebelius made an important observation:

“To free the next generation from [the burden of the health consequences of tobacco use], we must redouble our tobacco control efforts and enlist nongovernmental partners — and society as a whole — to share in this responsibility. Ending the devastation of tobacco-related illness and death is not in the jurisdiction of any one entity.”

Many MD Anderson faculty and staff members in the cancer prevention and control field share this team-based philosophy. The sentiment also serves as the foundation of MD Anderson’s EndTobacco™ program, formed to more rapidly decrease tobacco-related cancers through collaborative strategies geared to ignite real change.

It’s time to kick the habit

The need for additional change is great.

In the U.S., tobacco use remains responsible for 30% of all cancers and 90% of lung cancer cases. Lung cancer is the world’s deadliest form of the disease. Even more devastating, over 43 million people still smoke, and twice as many are exposed to secondhand smoke, making them susceptible not only to lung cancer and eight other cancers, but also several other diseases.

“The ability to reduce and eliminate tobacco use is key to cancer prevention and control,” says Ernest Hawk, M.D., vice president for Prevention and head of Cancer Prevention and Population Sciences at MD Anderson. “Sharing the knowledge we already have and forming partnerships is what we need to make a huge impact on cancer.”

Hawk is co-leader of the cancer prevention and control platform, a component of MD Anderson’s Moon Shots Program. The platform focuses on community-based efforts in cancer prevention, screening, early detection and
Survivorship. It aims to measurably reduce the cancer burden, particularly among the poor and underserved. Hawk and his colleagues are targeting the tobacco epidemic through EndTobacco, with three major goals:

• Reduce smoking in youths
• Reduce the proportion of non-smokers exposed to secondhand smoke
• Increase counseling and smoking-cessation attempts among current smokers

Behind those ambitious goals are at least 100 recommendations, many modeled on best practices in tobacco control from the Centers for Disease Control and Prevention and the World Health Organization. Unsurprisingly, all require a team approach. One strategy, for example, focuses on reducing the tobacco burden from the local to the international level by providing cessation expertise for the general public and targeted populations. This type of effort will require coordination among public health programs serving special populations whose tobacco use is disproportionately higher than in the general population.

Moving forward

With the launch of EndTobacco this past summer, MD Anderson experts hope that, despite limited resources, the state’s tobacco fighting efforts can continue to have a growing effect. In June, MD Anderson’s first Texas Tobacco Summit brought together tobacco prevention and control experts from across the country to plan coordinated efforts and discuss the next steps. The results of that work and the new and strengthened collaborations to accomplish it will continue expanding.

Ultimately, EndTobacco aims to reduce and hopefully eliminate the suffering and death tobacco causes. This demands renewed commitments, enhanced collaborations and additional resources targeted toward the single greatest health threat we face. After more than five decades of combating tobacco use, there’s still much to be done, but there’s also room for optimism.

“Simply knowing what must be done isn’t enough,” says Mark Moreno, vice president for Governmental Relations and co-leader of the cancer prevention and control platform. “There must be collaborative efforts in policy, education and legislative action if we want to enact real change that will end tobacco use.”
Survivors Say

Andrew Davison, of Boulder, Colo., is president of Gaiam Inc., a leading producer of fitness accessories that’s dedicated to healthy and eco-conscious living. He and his wife, Brooke, have a daughter and a son. Andrew was diagnosed with stage I lung cancer in August 2013.

I was riding on top of the world on a mountain bike in Colorado when I crashed and had to get checked out. After a few stitches, I was cleared to go home with some ice and ibuprofen.

That night I received a voicemail from my doctor noting a spot on my lung. He said it was probably nothing, but I should schedule a CT scan. I did so the next day.

The physician’s assistant informed me there was a mass, but it was nothing to worry about since I was a young, healthy, active nonsmoker.

Two days later, a biopsy revealed a positive diagnosis for stage I lung cancer. I was stunned. It was the same disease that took my dad’s life 13 years earlier. He smoked two packs a day for 57 years, and while I smoked occasionally in college, that was more than 25 years ago.

I quickly became familiar with the question: ‘Did you smoke?’ It’s a logical question. We all know smoking causes lung cancer. But when people ask this, it brings up a range of emotions, usually annoyance and defensiveness of the three years I smoked.

Though my doctors don’t know what caused my lung cancer, they say those few years likely weren’t a factor.

Until recently, like millions of others I thought lung cancer only affected smokers. I feel compelled to educate people about the increasing numbers of nonsmokers who contract lung cancer.

Lung cancer is a focus of MD Anderson’s Moon Shots Program. Learn more about the Lung Cancer Moon Shot at www.cancermoonshots.org.

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

CAN-DO SPIRIT DRIVES CAMPAIGN TO FIGHT

Survivor creates foundation for hope, one donation at time

By Terry Arnold

It was fall 2011, and I didn’t know how I would mentally get through another October. Some find comfort in the “pinkness” of the month. But after I received a triple negative inflammatory breast cancer (TN IBC) diagnosis in 2007, I didn’t. My experience has not been a bump in the road. Sometimes, it’s hard to relate to all the survivor stories.

Although I had an outstanding response to treatment and was living NED (no evidence of disease), I couldn’t celebrate. I was seeing so many women, my TN IBC sisters, some the age of my daughters, struggling to live. I cared about them, and I couldn’t forget them.

An urge to ‘do something’

One day, I reached my breaking point. I had to do something. I was walking down a hall at MD Anderson, my mind a whirl, remembering the shared frustration of doctors and patients lamenting the lack of research. I thought, “That’s it. I’ll help fund research.”

I headed to the radiology department, walked up to the window and asked the clerk if I could see Wendy Woodward, M.D., Ph.D., associate professor in Radiation Oncology. There must have been something in my face or tone, because the nurse looked at me with such compassion. Within seconds I was ushered to Dr. Woodward’s office. My plan? I didn’t know. I was on auto-pilot.

I was invited to sit. Dr. Woodward had her back to me, typing on her computer. All around her were stacks of medical journals and paperwork, and it hit me that I’d just crashed into the office of a respected IBC researcher. Gulp. No going back now.

“I want to fund research!” I blurted out. The words hung in the air as I wondered what I’d done. I didn’t have money or connections. I didn’t know how, but I was going to do it.

I asked Dr. Woodward to tell me about some small need, something she thought was important but a goal that I could hit. She told me about a project that needed about $30,000, but no one was interested in funding it.

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Did she say $30,000?

I left MD Anderson wondering what I’d gotten myself into. Then it hit me. I have five children. In all my years of parenting, I’ve surely spent $30,000 on fast food. Sure, the burgers, fries and shakes didn’t cost much each time I placed an order. But over time, it added up. Raising research dollars would be the same way. All of a sudden, the number didn’t seem so huge. My mind was set.

Now, The IBC Network Foundation’s goals are a long way from that $30,000 first project. To date, we’ve funded $160,000 in IBC research. We’ll continue to fund as fast as our supporters will allow. Together, we’re strong.
**Survival Instinct**

Researchers discover a metabolic mechanism for resistant pancreatic cancer

By Scott Merville

Knock out a genetic mutation that’s a driving force behind pancreatic cancer, and a few cells hunker down in the resulting scar tissue, nibbling on themselves to survive before roaring back as a therapy-resistant disease that taps their normal powerhouses to thrive.

In a paper published online in the journal Nature, MD Anderson scientists reveal this mode of metabolic resistance to targeted cancer therapy and a way to attack it. Their findings raise the possibility of combining a drug that inhibits the function of mitochondria, the cell’s main energy producers, with targeted therapies to thwart pancreatic cancer recurrence.

“Targeting mitochondrial function with drugs called OXPHOS inhibitors to overcome resistance to targeted therapies would be an entirely new paradigm in cancer treatment,” says senior author Giulio Draetta, Ph.D., M.D., professor in Molecular and Cellular Biology and in Genomic Medicine.

This research was funded by the Hirshberg Foundation for Pancreatic Cancer Research, the Harvard Stem Cell Institute, the Sheikh Ahmed Bin Zayed Al Nahyan Center for Pancreatic Cancer Research at MD Anderson, the American Italian Cancer Foundation, the National Cancer Institute (NCI) of the National Institutes of Health, The Viragh Family Foundation, a Pancreatic Cancer Action Network-AACR Pathway to Leadership Fellowship and MD Anderson's NCI Cancer Center Support Grant.

**New route for ovarian cancer spread**

Focus on HER3-positive circulating tumor cells, omentum

By Scott Merville

Circulating tumor cells spread ovarian cancer through the bloodstream, homing in on the omentum, a sheath of abdominal fatty tissue, where it can grow and metastasize to other organs, MD Anderson scientists report in Cancer Cell. The circulating tumor cells rely on the receptor protein HER3 to find their way.

“This new way of thinking provides new potential avenues to predict and prevent recurrence or metastasis,” says senior author Anil Sood, M.D., professor of Gynecologic Oncology and Reproductive Medicine and Cancer Biology.

HER3’s heavy presence on these cells makes it a biomarker candidate and suggests possible therapeutic options to thwart ovarian cancer progression, the researchers noted.

Funding came from the Ovarian Cancer Research Fund, Foundation for Women’s Cancer, Cancer Prevention and Research Institute of Texas, the National Cancer Institute of the National Institutes of Health, the U.S. Department of Defense, The Marcus Foundation, RGK Foundation, The Gilder Foundation, the Judi A. Rees Ovarian Cancer Research Fund, the H.A. and Mary K. Chapman Charitable Foundations, Mr. and Mrs. Daniel P. Gordon, the Ann Rife Cox Chair in Gynecology, the Blanton-Davis Ovarian Cancer Research Program and MD Anderson’s Small Animal Imaging Facility.

**Breast cancer research breakthrough**

Study finds protein interferes with radiation therapy

By Ron Gilmore

Li Ma, Ph.D., assistant professor in Experimental Radiation Oncology, reports in Nature Cell Biology that the protein ZEB1 may help breast cancer cells repair DNA damage caused by radiation treatment.

Ma’s team has demonstrated how ZEB1 helps the wily tumor cells push the panic button.

“The cancer stem cells have been shown to promote radioresistance through activation of the DNA damage response system,” says Ma. “Our studies have shown that ZEB1 can induce a process that allows certain tumors to acquire cancer stem cell properties, including radioresistance.”

The study was funded by the National Institutes of Health and a scholar award from the Cancer Prevention Research Institute of Texas.

**Hepatitis C**

Computer simulation forecasts favorable trends

By Katrina Burton

Effective new drugs and screening would make hepatitis C a rare disease by 2036, according to a computer simulation conducted by MD Anderson and the University of Pittsburgh Graduate School of Public Health.

“Hepatitis C (HCV) is the leading cause of liver cancer and accounts for more than 15,000 deaths in the U.S. each year,” says Jagpreet Chhatwal, Ph.D., assistant professor of Health Services Research at MD Anderson and corresponding author on the study. HCV, a virus transmitted through the blood, is spread by sharing needles, using contaminated medical equipment, and using inadequately sterilized tattoo and piercing equipment.

The National Institutes of Health funded this research.
He said,“I moved and energized by Mike and his wife, Linda, who take time to raise funds to support our research programs,” says Gilbert. “We use these funds to jump-start innovative programs that explore new cancer treatments and evaluate their impact on patient function and quality of life, important considerations for these new treatments.”

“Probably one of the most memorable times of my life was when Dave came up to me, threw his arm around me and asked me to sit on the board of his foundation.”

We set a goal at $50,000 the first year but never thought we’d meet it, and we surpassed that. Within two weeks, I had an appointment at MD Anderson.”

“Penny is a magnificent woman,” Benjamin says. “Her community is smaller than the MD Anderson faculty, yet by reaching out to neighbors, it’s done an unbelievable job in helping our research.”

Hundreds of participants from multiple states geared up for C-TREC this year, but one important person was missing: Penny. In January, she was diagnosed with myelodysplastic syndromes, a form of leukemia that’s common in people with prior chemotherapy treatment. Garrett began a stem cell transplant just days before the event.

There are only six of us at MD Anderson who deal with sarcoma treatment, but that’s more than exist at any other cancer facility in the world,” Benjamin says. “We only see things that are rare, so to us, they’re common.”

“Churches opened for days to pray for Penny,” says Olivia French, Garrett’s sister. “Words can’t express the gratitude we have for the outpouring of love and support.”

“It’s been tough, but the support means so much when you’re going through something hard like this,” Garrett says. “I feel fortunate that I can come to MD Anderson, and I feel like that’s the reason I’m still alive.”

“To date, C-TREC has contributed more than $450,000 to research efforts. This year’s event raised more than $70,000.”

“The Garretts have been extraordinarily helpful to us,” Benjamin says. “On behalf of Penny and all of the other ‘Penny’s out there who don’t have the same kind of support she does, I thank them from the bottom of my heart.”
Revving up the race to end cancer
MD Anderson Cancer Center Speedway accelerates fight

By Sarah Watson

The Grand Prix of Houston, June 27-29, brought more than IndyCar drivers, thrilling speeds and large crowds to NRG Park. The “Three Day Festival of Speed” also fueled MD Anderson’s race to end cancer.

MD Anderson was a sponsor and the official charity of the event. Grand Prix Charities of Houston once again supported the institution through sales of commemorative flags that lined the 1.7-mile MD Anderson Cancer Center Speedway. New this year were the 20-foot-by-30-foot Big Flag to End Cancer and the Big Flag, emblazoned with donors and loved ones who’ve been touched by cancer. The Big Flag will feature MD Anderson’s strike-through-cancer logo wall at this year’s Grand Prix of Houston.

An additional $25,000 came from the Yellow Party, a VIP kickoff event of Racing for Cancer, IndyCar driver Ryan Hunter-Reay’s foundation.

Marcus Goodnho, a lifelong race fan from Arkansas and a patient at MD Anderson Cancer Center Children’s Cancer Hospital, served as honorary grand marshal of the Sunday race. Marcus met all the drivers and presented the first-place trophy to Ric Peterson and Davey Hamilton, owners of Simon Pagenaud’s winning car.

Below: Shell Oil Company representatives Frazier Wilson, vice president of Shell Oil Company Foundation and manager of Social Investment, and Peggy Montana, executive vice president of U.S. Pipelines, are the first to fill in MD Anderson’s strike-through-cancer logo wall at this year’s Grand Prix of Houston. At a ribbon-cutting event kicking off the weekend, Shell and Motiva announced a $3 million gift to the cancer control and prevention platform, a key component of MD Anderson’s Moon Shots Program. The corporate gift will support the Healthy Community Initiative, a collaborative effort involving organizations such as schools, workplaces, clinics, social service agencies, faith-based organizations and neighborhood centers to help children and families reduce their risk of developing cancer and other chronic diseases.

On Sept. 6, 2009, my husband woke in excruciating pain. Scans at the emergency room revealed stage IV colon cancer metastasized to the liver. The doctor told us he had six months and the cancer must have been growing five to seven years. Thank God we went to MD Anderson and met Dr. Scott Kopetz. He gave us hope, not an expiration date. Dr. Kopetz and his staff did everything possible, even trying experimental drugs. He and two of his receptionists came to my husband’s celebration of life the Sunday before he died. We felt loved and overwhelmed.

My husband passed in February 2013, four and a half years later than the ER doctor predicted. During that time, we cared for our son, Ruel Alexander, who was diagnosed with neuroendocrine stomach cancer in the spring of 2011. We cared for each other when I was diagnosed with follicular lymphoma in May of 2012. I’ve been in remission for a year. I must live for my one remaining son.

Ruel Alexander took his diagnosis well. He said he was ‘in the club’ and going to fight it, which he did. He had chemotherapy and radiation and about 100 blood transfusions during his 10-month fight. It was hard. I wanted to exchange my life for his.

Dr. Alexandria Phan adored Ruel Alexander, and he loved her. He passed a year and six days before his dad on Feb. 25, 2012.

Dr. Kopetz and Phan became part of our family. They did everything in their power to save my husband and son. To have doctors who give all they have to a patient, who love you and move heaven and earth to help you, those are the kind of doctors we find at MD Anderson.

MD Anderson is a big organization, but it’s welcoming and it makes you feel safe. Help was always available. Now, it’s my turn to help others by sharing my experiences, even the losses.

I saw what MD Anderson offers. Their doctors and staff are the best there is, and their dedication is admirable. I’m eternally grateful.

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