The University of Texas MD Anderson Cancer Center

Fact Book 2012

Compiled by the Department of Institutional Research, Division of Academic Affairs

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Acknowledgements

This Fact Book is a compilation of data from across The University of Texas MD Anderson Cancer Center and from our joint program with The University of Texas Health Science Center - Houston. The MD Anderson Department of Institutional Research acknowledges the contributions of the following people:

MD Anderson Academic Affairs:
Oliver Bogler, Ph.D., Senior Vice President, Academic Affairs

School of Health Professions
Shirley Richmond, Ed.D., Dean
Brandy Greenhill, Clinical Laboratory Sciences, Program Director
Vicki Hopwood, Cytogenetic Technology, Program Director
Stephanie Hamilton, Cytotechnology, Program Director
Mark Bailey, Histotechnology, Program Director
Mahsa Dehghanpour, Medical Dosimetry, Program Director
Peter Hu, Molecular Genetics Technology, Program Director
Shaun Caldwell, Radiation Therapy, Program Director
Frances Franco, Office Manager

Department of Trainee & Alumni Affairs
Toya Candelari, Dr.PH, Associate Vice President
Deborah Mouton, Department Administrator
John Weinland, Associate Director - Graduate Medical Education

MD Anderson Office of the Chief Financial Officer
Hugh Ferguson Jr., Executive Director, State & System Reporting

MD Anderson Strategic Financial Planning,
William W. Cruz, Informatics Analyst

MD Anderson Office of Translational Research
Susanne Adams, Grant Program Manager

University of Texas Graduate School of Biomedical Sciences Dean's Office
Patricia Bruesch, Business Systems Analyst

University of Texas Health Science Center – Houston Office of the Registrar
Robert Jenkins, Director
Jerry McGauhey, Business Systems Analyst

The University of Texas MD Anderson Cancer Center Fact Book is published annually by the:
Department of Institutional Research
1400 Pressler Street; Unit 1420
Houston, TX 77030

The 2012 Fact Book is available on-line through the Institutional Research website at:
http://www.mdanderson.org/education-and-research/departments-programs-and-labs/departments-and-divisions/institutional-research/index.html

If you would like more information about data contained in the Fact Book, please contact:
Dr. Marilyn Greer, Director: (713) 563-6035; email: mjgreer@mdanderson.org
Jaime Garcia, Senior Metrics Analyst: (713) 563-6033; email: jrgarcia2@mdanderson.org

Table of Contents

Table of Contents
Continued

Table of Contents
Continued

A. About MD Anderson Cancer Center

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

The University of Texas MD Anderson Cancer Center Mission Statement

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

Vision

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

Core Values

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

Strategic Plan

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

About The University of Texas MD Anderson Cancer Center

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

The Texas Legislature created MD Anderson Cancer Center in 1941 as a component of The University of Texas. MD Anderson is one of the nation's original three Comprehensive Cancer Centers designated by the National Cancer Act of 1971 and is one of 40 such centers today. MD Anderson ranks in the top two cancer hospitals in *U.S. News & World Report's* annual "America's Best Hospitals" survey since the ranking's inception in 1990. For eight of the past ten years, MD Anderson has ranked number one in cancer care in "America's Best Hospitals".

Since the first patient was registered in 1944, almost 900,000 people have turned to MD Anderson for cancer care in the form of surgery, chemotherapy, radiation therapy, immunotherapy or combinations of these and other treatments. Last fiscal year over 108,000 cancer patients (over one-third of them new patients), received care at MD Anderson. Approximately 41% of all patients were Texans from outside Harris County and 26% were from out-of-state. Many patients benefit from the multidisciplinary team approach to treatment that was developed by MD Anderson and now sets the standard for cancer care around the world.

There are currently 2,007 faculty members, including M.D.s and Ph.Ds. Surgeons, medical oncologists, radiotherapists, prevention specialists and a broad range of other health professionals provide high quality care, including one of the nation's largest programs of clinical trials that seek to improve therapies for all types of cancer. In fiscal year 2012, MD Anderson had 1,078 active clinical protocols. The results of a number of trials, with MD Anderson clinical investigators as leaders or leading contributors, have become standards of care for cancer treatment. Examples include fludarabine and Campath® for chronic lymphocytic leukemia, Gleevec® for chronic myelogenous leukemia, and Tamoxifin® as prevention for breast cancer.

In Fiscal Year 2012, MD Anderson's total research expenditure was $647 million, a 33% increase in the past five years. This includes over $34 million in state funding, approximately $98 million from philanthropy and foundations, and over $236 million in federal research funding. MD Anderson Cancer Center received more National Cancer Institute (NCI) research grants and dollars than any other institution and is compared in the field of cancer to Memorial Sloan-Kettering Cancer Center, Dana-Farber Cancer Institute, the Fred Hutchinson Cancer Research Center, the Roswell Park Cancer Institute, and the Duke Comprehensive Cancer Center. MD Anderson holds eleven NCI Specialized Programs of Research Excellence (SPORE) grants: bladder, brain, breast, head and neck, leukemia, lung, melanoma, ovarian, pancreas, prostate, and uterus. In addition to research conducted in laboratories in the Houston complex, studies focusing on the environmental causes of cancer are under way at MD Anderson's Science Park in Bastrop County. A unit of the Science Park is devoted to the supply and production of research animals for many institutions in Texas.

Strong educational programs are offered annually to almost 7,000 students and trainees in medicine, science, nursing, pharmacy and many allied health specialties. MD Anderson offers bachelor's degrees in eight allied health disciplines and certificates in six allied health disciplines. MD Anderson also provides public and patient education programs focusing on early detection of cancer and risk reduction that can help prevent cancer. More than 1,100 residents and fellows come to MD Anderson each year to receive specialized training and more than 1,600 research fellows/assistants are trained at MD Anderson laboratories and clinics. The University of Texas

MD Anderson Cancer Center School of Health Professions (SHP) and The University of Texas Graduate School of Biomedical Sciences (GSBS) are academically accredited through the Southern Association of Colleges and Schools Commission on Colleges to offer Bachelors, Masters, and Doctoral degrees. There are more than 540 graduate students enrolled in the GSBS, which is run jointly with The University of Texas Health Science Center at Houston (UTHSC-H). The relationship of the UTHSC-H with the GSBS is long standing and strong. In recent years there has also been a marked increase in collaborative activities with the UTHSC-H School of Public Health as MD Anderson's prevention efforts have grown.

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

The SHP is committed to the education of health care professionals, through formal academic programs that award institutional certificates and bachelor of science degrees in health sciences. Students in the SHP receive a unique educational experience within MD Anderson, located in the world's largest medical center. The education of the students includes the entire spectrum of laboratory testing and patient treatment procedures, from the relatively uncomplicated to the highly specialized. The SHP programs graduated 112 students in 2011 in eight areas of study: Clinical Laboratory Science, Cytogenetic Technology, Cytotechnology, Diagnostic Imaging, Histotechnology, Medical Dosimetry, Molecular Genetic Technology, and Radiation Therapy. All of the school's programs are accredited and approved by nationally recognized agencies.

The Houston-based MD Anderson facilities are extensive and growing to meet the demand for state-of-the-art patient care and research. The size of the institution has increased about 50% in the last nine years. The physical plant includes an in-patient pavilion with more than 500 beds, research buildings, an outpatient clinic building, a faculty office building, and a patient-family hotel. From 2005 to present, the George and Cynthia Mitchell Basic Sciences Research Building, Proton Therapy Center, South Campus Research Building, Pickens Academic Tower, South Campus Vivarium, and the Braeswood Parking Garage have opened. Construction is currently underway on the Administrative Support Tower, the Alkek Tower of the Main Building, the Center for Advanced Biomedical Imaging Research, and the Center for Targeted Therapy.

MD Anderson employs more than 19,000 people and enjoys a volunteer workforce of approximately 1,100 volunteers who provide more than 200,000 hours of service each year, equivalent to another 96 full-time employees. Faculty, staff, and volunteers are dedicated to the core values of Caring, Integrity, and Discovery. Together they work toward fulfilling the MD Anderson mission of eliminating cancer as a major health threat.

The University of Texas MD Anderson Cancer Center Addresses

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

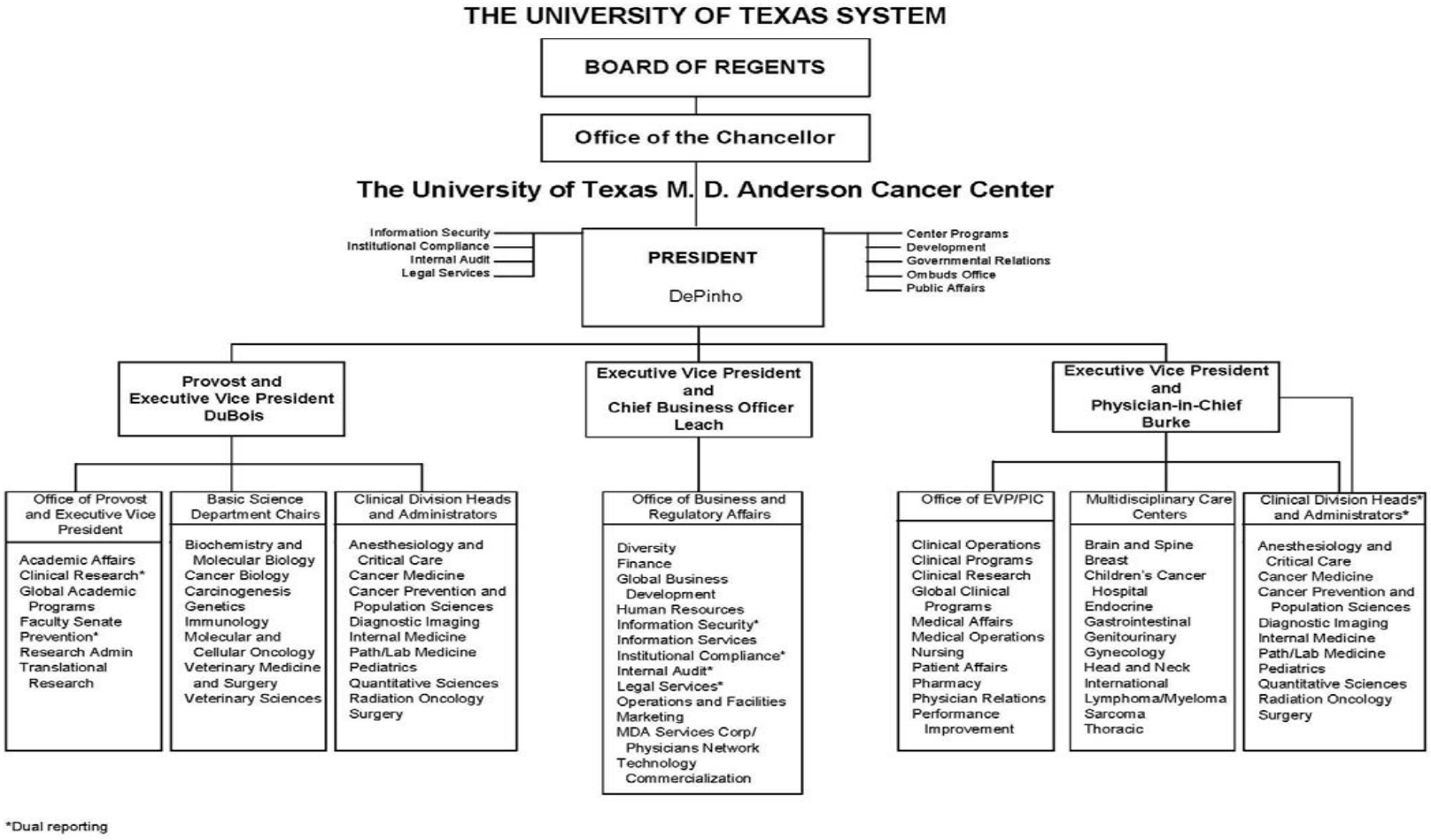
University of Texas MD Anderson Cancer Center
Office of the Executive Vice President & Provost
1515 Holcombe Blvd.
Unit 113
Houston, Texas 77030

University of Texas MD Anderson Cancer Center
Office of the Senior Vice President of Academic Affairs
1400 Pressler Street
Unit 1422
Houston, Texas 77030

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

The University of Texas Graduate School of Biomedical Sciences at Houston
Office of the Dean
6767 Bertner Avenue
Unit 1011
Houston, Texas 77030

The University of Texas MD Anderson Organizational Chart



*Dual reporting

The University of Texas MD Anderson Cancer Center
Senior Leadership

Name	Title
Ronald DePinho, M.D.	**President**
Robert C. Bast, Jr., M.D.	Vice President, Translational Research
John Bingham, M.H.A.	Vice President, Performance Improvement, and Chief Quality Officer
Oliver Bogler, Ph.D	Senior Vice President Academic Affairs, Vice President, Global Academic Programs
Barbara Bowman, J.D.	Vice President, Patient Services
Thomas Buchholz, M.D.	Provost and Executive Vice President (Interim)
Thomas W. Burke, M.D.	Executive Vice President and Physician-in-Chief
Christopher Capelli, M.D.	Vice President, Technology Transfer
Gerard Colman, M.H.A.	Senior Vice President and Chief of Clinical Operations
William A. Daigneau, M.B.A.	Vice President, Operations and Facilities Management
Eduardo Diaz, M.D.	Vice President, Global Clinical Programs
R. Dan Fontaine, J.D.	Senior Vice President, Business Affairs
Lewis Foxhall, M.D.	Vice President, Health Policy
Ernest Hawk, M.D.	Vice President, Cancer Prevention
Amy Hay	Vice President for Global Business Development (Interim)
Mien-Chie Hung, Ph.D.	Vice President, Basic Science
Joel Lajeunesse, M.S., R.P.H.	Vice President and Head, Pharmacy
Adrienne C. Lang, M.A.	Vice President for Executive Operations
Leon J. Leach, M.B.A.	Executive Vice President and Chief Business Officer
Paul Mansfield, M.D.	Vice President, Acute Care Services
Matthew Masek, J.D., LL.M.	Vice President and Chief Legal Officer
Spencer Moore	Vice President and Chief Facilities Officer
Mark A. Moreno	Vice President, Governmental Relations
Dwain Morris	Vice President and Chief Financial Officer
Patrick B. Mulvey, M.P.A.	Vice President, Development
J. Michael Peppers	Vice President and Chief Audit Officer
Jessica Quinn, J.D.	Vice President and Chief Compliance Officer
Shirley Richmond, Ed.D.	Dean, School of Health Professions
Alma Rodriguez, M.D.	Vice President, Medical Affairs
George M. Stancel, Ph.D.	Dean, Graduate School of Biomedical Sciences
Stephen C. Stuyck, M.P.H.	Vice President, Public Affairs
Barbara Summers, Ph.D.	Vice President and Chief Nursing Officer and Head of the Division of Nursing
Frank Tortorella, M.B.A., J.D.	Vice President, Clinical Support Services
Shibu Varghese, M.A.	Vice President, Human Resources

The University of Texas System Board of Regents

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

Officers

Wm. Eugene Powell, Chairman
Paul L. Foster, Vice Chairman
R. Steven Hicks, Vice Chairman
James D. Dannenbaum, P.E. Vice Chairman
Francie A. Frederick, General Counsel to the BOR

Members

Terms Expire February 2013
James D. Dannenbaum
Paul L. Foster
Printice L. Gary

Terms Expire February 2015
R. Steven Hicks
Wm. Eugene Powell
Robert L. Stillwell

Terms Expire February 2017
Alexis Cranberg
Wallace L. Hall, Jr.
Brenda Pejovich

Student Regent with term to expire May 2013
Ashley M. Purgason

* Each Regent's term expires when a successor has been appointed, qualified, and taken the oath of office.

The University of Texas System Executive Offices

Office	Name	Position
Office of the Chancellor	Francisco G. Cigarroa, M.D.	Chancellor
Office of Academic Affairs	Pedro Reyes, Ph.D.	Executive Vice Chancellor for Academic Affairs
Office of Health Affairs	Kenneth I. Shine, M.D.	Executive Vice Chancellor for Health Affairs
Office of Business Affairs	Scott C. Kelley, Ph.D., M.B.A.	Executive Vice Chancellor for Business Affairs
Office of General Counsel	Barry D. Burgdorf, J.D., M.B.A.	Vice Chancellor and General Counsel
Office of Governmental Relations	Barry McBee, J.D.	Vice Chancellor for Governmental Relations
Office of External Relations	Randa S. Safady, Ph.D.	Vice Chancellor for External Relations
Office of Strategic Management	Sandra K. Woodley, D.B.A	Vice Chancellor for Strategic Initiatives

The University of Texas MD Anderson Board of Visitors

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

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

The University of Texas MD Anderson Institutional Governance

Institutional governance at The University of Texas MD Anderson Cancer Center is supported by a system of councils, standing committees and advisory boards. As a whole, these bodies enhance communication both vertically and horizontally within the university; enable leaders and constituent representatives from each of the major mission areas to participate in exchange of information and decision making; and incorporate ideas and points of view from a variety of students, faculty and staff in the decision-making process. Deliberations and recommendations from those bodies provide assistance to executive leadership of the university as they make decisions about the university's future and well-being. The Management Committee is responsible for directly advising the President in matters of leadership and direction for strategic planning efforts that support MD Anderson's mission and vision. Important bodies are the Education Council, Research Council, Clinical Council, Diversity Council, and President's Advisory Board.

The University of Texas MD Anderson Standing Committees*

- Anderson Network Steering Committee
- Animal Resources and Facilities Advisory Committee at Science Park (Bastrop)
- Appointment and Promotions Committee - School of Health Professions
- Art Committee
- Bylaws/Rules & Regulations Committee (Medical Staff SubCommittee)
- Cancer Center Support Grant Executive Committee
- Cancer Prevention Research Training Program Advisory Committee
- Cardiopulmonary Resuscitation Committee (Medical Staff Subcommittee)
- Carol B. and Florence E. King Foundation Summer Program in the Biomedical Sciences
- Clinical Council
- Clinical Effectiveness Committee (Medical Staff Subcommittee)
- Clinical Ethics Consultation Committee (CECC)
- Clinical Faculty Review Committee
- Clinical Pastoral Education Professional Consultation Committee
- Clinical Research Committee I
- Clinical Research Committee II
- Clinical Research Committee III
- Clinical Research Committee IV
- Clinical Revenue Cycle Committee
- College Student Summer Program in the Biomedical Sciences
- Committee on Faculty Awards
- Conflict of Interest Committee
- Continuing Medical Education Advisory Committee
- Council of Committee Chairs (Medical Staff Committee)
- Credentials Committee of the Medical Staff
- Data and Safety Monitoring Committee
- Diversity Council
- Education Council Committee
- Education Recognition and Rewards Committee

**Source: On-Line Committee Membership Directory*

MD Anderson Standing Committees, *continued*

- Educational Resources Committee
- Effort Reporting Compliance Subcommittee
- Emergency Management Committee
- Endowed Positions and Awards Committee
- Endowment Compliance Committee
- Equipment Compliance Committee
- Executive Billing Compliance Committee
- Executive Committee of the Faculty Senate
- Executive Committee of the Medical Staff
- Executive Committee of the Science Faculty
- Executive Committee of the Science Faculty RFA Subcommittee
- Executive Institutional Compliance Committee
- Executive Research Compliance Committee
- Facilities Steering Committee
- Financial Compliance Committee
- Graduate Education Committee
- Graduate Medical Education Budget Subcommittee
- Graduate Medical Education Committee
- Graduate Medical Education Committee - Executive Subcommittee
- Graduate Medical Education Curriculum Subcommittee
- Graduate Medical Education Institutional Review Committee
- Infection Control Committee (Medical Staff Subcommittee)
- Information Security Compliance Committee
- Information Services Executive Team
- Institutional Animal Care and Use Committee (IACUC)
- Institutional Audit Committee
- Institutional Award Nomination Committee
- Institutional Biosafety Committee - HA Subcommittee
- Institutional Biosafety Committee - rDNA Subcommittee
- Institutional Biosafety Committee - rDNA/Microbial Agents
- Institutional Professional Liability Committee
- Institutional Research Grants Program Oversight Committee
- Institutional Research Grants Program Study Section Review Committee for Basic Research Projects
- Institutional Research Grants Program Study Section Review Committee for Clinical Research Projects
- Institutional Safety Committee
- Intensive Care Units Committee
- Intensive Care Unit (ICU) Subcommittee (Medical Staff Subcommittee)
- Interdisciplinary Documentation Subcommittee (Medical Staff SubCommittee)
- Medical Identity Theft Oversight Compliance Committee
- Medical Practice Committee (Medical Staff Subcommittee)
- Medical Record Committee (Medical Staff Subcommittee)

MD Anderson Standing Committees, *continued*

- Medical Student Summer Research Program Committee
- Multidisciplinary Research Advisory Committee
- Non-Physician Clinical Education Committee
- Odyssey Program Advisory Committee
- Operating Room Subcommittee (Medical Staff Subcommittee)
- Outstanding Employee The Heart of MD Anderson Award Committee
- PRS Budget and Finance Committee
- PRS Executive Council
- PRS Retirement Board
- Patient Safety Committee
- Pharmacy and Therapeutics Committee (Medical Staff Committee)
- Physician Relations Faculty Advisory Board
- Practitioner Peer Assistance Committee (Medical Staff Committee)
- Privacy Compliance Committee
- Promotion and Term Tenure Committee
- Psychosocial, Behavioral, Health Services, Research Committee
- Radiation Safety Committee
- Research Billing Compliance Subcommittee
- Research Council
- Science Park Committee - Subcommittee of Biosafety Committee (Research Division-Smithville)
- Sedation and Procedures Committee (Medical Staff Committee)
- Supply Chain Services Compliance Committee
- Technology Review Committee
- The MD Anderson Alumni and Faculty Association
- Tissue Transplantation Committee (Medical Staff Committee)
- Transfusion Committee (Medical Staff Committee)
- University Cancer Foundation Administrative Board
- Women's Faculty Advisory Committee

The University of Texas MD Anderson Cancer Center Institutes*

Multidisciplinary Care Centers

- Brain and Spine
- Breast
- Cancer Prevention
- Endocrine
- Gastrointestinal
- Genitourinary
- Gynecology
- Head and Neck
- Leukemia
- Lymphoma and Myeloma
- Melanoma and Skin
- Pediatrics (Children's Cancer Hospital)
- Sarcoma
- Stem Cell Transplantation
- Thoracic

Centers of Excellence

Existing in the McCombs Institute

- Center for Advanced Biomedical Imaging Research
- Cancer Metastasis Research Center
- Center for Cancer Immunology Research
- Robert J. Kleberg Jr. and Helen C. Kleberg Center for Molecular Markers
- Center for Targeted Therapy
- Proton Therapy Center (clinical)

Basic Sciences

- Center for Biological Pathways
- Center for Cancer Epigenetics
- Center for Environmental and Molecular Carcinogenesis
- Center for Genetics and Genomics
- Center for Immunology, Inflammation and Cancer
- Center for Stem Cell and Developmental Biology
- Center for Biomolecular Structure and Function

**Source: Into Focus: A shared vision for integrating research and clinical care 2008 and MD Anderson programs, centers and institute website*

The University of Texas MD Anderson Core Facilities
Cancer Center Support Grant (CCSG) Shared Resources*

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

Bioinformatics Shared Resource
The Bioinformatics Shared Resource (BISR) provides consultation and collaboration to research scientists in order to improve the design, conduct and data analysis of studies that use high-throughput molecular biology technologies. This resource operates out of the Section of Bioinformatics in the Department of Biostatistics. Although the first faculty members were recruited in 1999, the Bioinformatics Section itself was formally created in October 2000 as a joint effort of the Biostatistics Department and the Cancer Genomics Program. The initial focus of the section was the analysis of cDNA microarray data produced by the Genomics Core Facility. Our success in that area quickly led to requests from MD Anderson researchers to collaborate on projects involving other technologies. Members of the section are currently working on projects that involve cDNA microarrays, Affymetrix oligonucleotide microarrays, proteomics, serial analysis of gene expression (SAGE) and tissue microarrays (TMA).

Biostatistics Resource Group
The Biostatistics research group is a shared resource providing statistical collaboration and consultation to research scientists. The goal is to develop statistical designs for trial conduct and to provide data analysis of current and future therapeutic, diagnostic, prevention and intervention studies, while also improving the patient care that is provided through clinical trials. Other resources include numerical computing, which supports the Baysian statistical computing needs of MD Anderson; and database development, which supports academic and research computing through database design, development and administration, including systems providing automated extraction and transfer of information from clinical databases to research databases, are available.

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

**Source: CCSG Shared Resources Website*

Clinical and Translational Research Center

The Clinical and Translational Research Center (CTRC) and the CTRC laboratory form the designated institutional site for the delivery of outpatient clinical patient drug development research trials. The CTRC has the following functions: serves as a resource to investigators for the clinical protocol development process and the development of study budgets for use of the CTRC; implements novel, innovative, and often "first-in-man" drug programs; complies with mandated regulatory and monitor oversight requirements; administers investigational agents; and provides patient assessment, monitoring, and intervention. In addition, the CTRC laboratory consists of management and support staff to coordinate the efforts of the phlebotomy team and laboratory for; collection, processing, freezer storage of research blood, body fluids and tissue samples; tracking and shipping of samples to sponsor-designated testing laboratories across the nation and the world; and quality control monitoring of all processes surrounding samples handling for protocol compliance. The CTRC is supported by specialized pharmacy production services within the ATC 10 pharmacy in the often demanding, detailed and complex process of investigational preparation for Phase I and Phase II clinical trials.

Clinical Trials Support Resource

In 1995, The University of Texas MD Anderson Cancer Center initiated expansion of the infrastructure supporting clinical research in the Clinical Trials Shared Resource (CTSR). This entailed consolidating a number of functions, which had been dispersed across the institution, into a single office known as the Office of Protocol Research (OPR). The resources supporting clinical trials from the following three areas were integrated: administrative support, regulatory affairs, and information technology.

Flow Cytometry and Cellular Imaging Facility

The Flow Cytometry and Cellular Imaging (FCCI) Core Facility was established in 1982 with the goal of providing the large community of investigators at MD Anderson with access to state-of-the-art cell analysis technology. The Core has expanded the number of technologies offered and in use by cancer center members. The FCCI Core now includes two separate sites: the North Campus and South Campus facilities. The institutional needs for flow cytometry services were carefully evaluated and a decision was made to transition the operation of the CCIR FACS facility to an institutional core to provide the Flow Cytometry and Cellular Imaging Core with the additional capacity needed to support the institution's investigators. Now, both the North Campus and South Campus facilities are open to the entire MD Anderson research community. Currently, the combined facilities support over 169 institutional investigators including members of 19 CCSG programs as well as a small number of external users. Since 2002, 431 peer-reviewed papers have been published that utilized the Flow Cytometry and Cellular Imaging Core Facility.

Functional Proteomics Reverse Phase Protein Array Core

A cell-based functional proteomics approach is required to determine the consequence of genetic aberrations in cancer cells. Functional proteomics is the large-scale study of proteins at the functional activity level, such as expression and modification. Reverse phase protein array (RPPA) is a high-throughput antibody-based technique with the procedures similar to that of Western blots. Proteins are extracted from tumor tissue or cultured cells, denatured by SDS, printed on nitrocellulose-coated slides followed by antibody probe. Our RPPA platform currently allows for the analysis of >1000 samples using at least 130 different antibodies.

CCSG Shared Resources, *continued*

Genetically Engineered Mouse Facility

The purpose of the MD Anderson Genetically Engineered Mouse Facility (GEMF) is to provide technologically advanced and efficient mouse mutation resources to faculty members at the institution. Modifications to the genome utilizing direct DNA injection and ES cell mutagenesis, cryopreservation, *in vitro* fertilization and rederivation of mouse lines are all technologies supported by the facility.The facility is fully equipped with the latest instrumentation and staffed with highly skilled personnel trained specifically for the production of mutant mice.

High Resolution Electron Microscopy Facility

The High Resolution Electron Microscopy Facility (HREMF) provides a resource to the scientific community at MD Anderson for high resolution imaging of cells, tissues, organs or polymers containing cancer agents. The facility is located at the Smith Research Building (South Campus) and houses a JEM1010 transmission electron microscope (TEM), a JSM 5900 scanning electron microscope (SEM) equipped with electron backscatter detector, a Technotrade coating system, a Leica Ultramicrotome, Leica Ultrastainer and other accessories needed to prepare samples for SEM and TEM. A technician with histology training is available to assist researchers in defining their specific needs related to TEM and SEM.

Monoclonal Antibody Facility

The Monoclonal Antibody Facility (MABF) provides custom monoclonal antibody production and purification to researchers at MD Anderson and beyond. The main focus of the facility is to produce high-affinity antibodies in a high-throughput and effective manner, while concentrating on quality of product and service, as well as saving time and money for potential users.

Mutant Mouse Pathology Service

The Mutant Mouse Pathology Service provides MD Anderson investigators with cost-effective anatomical pathology assistance, including gross necropsy and histopathology performed by experienced veterinary pathologists. Consultation on animal models selection and validation is also provided.

Patient-Reported Outcomes, Survey & Population Research

The Patient-Reported Outcomes, Survey & Population Research (PROSPR) Shared Resource provides researchers with access to state-of-the-art patient-reported outcome (PRO), quality of life, psychological and behavioral questionnaires and assessment methods. Services include assisting investigators in identifying existing measures, developing new measures and designing data collection strategies and conducting psychometric analysis. The PROSPR Shared Resource will also develop databases for the questionnaire data entry, participant tracking databases and computer- and Web-based assessments. Additionally the PROSPR Shared Resource maintains a library of existing questionnaires, along with information pertaining to their reliability, validity and scoring.

Research Animal Support Facility - Houston

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

Research Animal Support Facility - Smithville

The Research Animal Support Facility in Smithville (RASFS) provides support for animal-based research at MD Anderson Science Park Research Division (SPRD), Department of Carcinogenesis. Located in central Texas near Austin, the AAALAC-accredited RASFS is 150 miles from the main MD Anderson complex in Houston. RASFS investigators use primarily rodent animal models, i.e., mice, rats and hamsters, and over 200 mutant, transgenic and knockout rodent lines are maintained in the RASFS. Included among these are models manifesting cancers of the prostate, mammary gland, uterus (fibroid), kidney, head and neck, skin (including the *Xiphophorus* fish melanoma model), biliary tract, urinary bladder and lymphoreticular system. The 30,000-square-foot RASFS is operated as a modified barrier and provides animal husbandry for conventional and immunosuppressed rodents, veterinary care and consultation, surgical and technical support, necropsy, radiation (X-ray or UV), chemical carcinogen or infectious biohazard exposure and numerous research and diagnostic services. We also provide animal health quality assurance testing, import/export services, embryo transfer rederivation, and custom breeding colony management.

Sequencing and Microarray Facility (SMF)

The CCSG-supported Genomics Facility (GF) and the DNA Analysis Facility (DAF) have consolidated their activities to form a comprehensive institutional genomics shared resource: the Sequencing and Microarray Facility (SMF). The mission of the consolidated Sequencing and Microarray Facility is to support genomics research at MDACC by providing investigators with access to state-of-the-art instrumentation and a high level of technical expertise in a centralized facility, thereby minimizing the duplication of expensive equipment, maintaining technical excellence and enhancing research collaborations. The facility's primary focus is sequencing and microarray technologies.

Small Animal Imaging Facility

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

CCSG Shared Resources, *continued*

Tissue Procurement & Banking Facility

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

At MD Anderson, peer-funded research projects that require histologic analysis have been provided with slide preparation by a shared resource facility since 1981. The Research Histopathology Facility (RHF) supplies technical support and consultation, develops and applies appropriate technologies, and maintains the consistency and high quality necessary to perform these techniques. In addition to standard histologic techniques, the spectrum of services provided by the RHF has been continually broadened to meet the requirements of MD Anderson investigators. This expansion of service includes an increase in special stains, frozen sectioning, LCM sectioning, RNAse procedures and immunohistochemical staining and preparations.

Translational Chemistry Core Facility

The Translational Chemistry Core Facility (TCCF), a program of the Center for Targeted Therapy, offers services in the design, synthesis, development and manufacture of compounds of biological interest that can assist MD Anderson investigators with their research efforts. Under the direction of Dr. William Bornmann, professor in the Department of Experimental Therapeutics, the TCCF can benefit investigators with NIH, ACS, other peer-reviewed grants, sponsored research contracts and institutionally-funded research projects (e.g., funded by the Technology Review Committee) by providing an accessible service for the synthesis of small molecule anticancer agents. Additionally, the TCCF maintains a stock of several compounds that are available on short notice. By utilizing the expertise of the TCCF, investigators can acquire compounds for less money, in less time and with better protection of intellectual property rights than is possible through outside vendors. We estimate the cost and time resources for every project and require no material transfer agreement.

A.1 Top Ten Newly Diagnosed Cancers* at MD Anderson Cancer Center, FY 2007 – FY 2011

	% of All Cancers - All Ages, Races, and Regions				
Top Ten Newly Diagnosed Cancer Cases	**FY 2007**	**FY 2008**	**FY 2009**	**FY 2010**	**FY 2011**
Breast	12.41%	13.12%	14.21%	13.90%	14.60%
Lung & Bronchus	11.03%	11.15%	10.15%	9.82%	10.10%
Prostate	11.71%	10.57%	10.00%	10.24%	10.60%
Melanomas of the Skin	5.63%	5.73%	5.76%	5.06%	4.90%
Leukemia	5.06%	4.54%	4.53%	5.03%	5.10%
Non-Hodgkin's Lymphoma	4.92%	4.78%	5.05%	5.47%	5.10%
Colon & Rectum	4.35%	4.65%	5.26%	5.54%	5.10%
Oral Cavity & Pharynx	4.38%	3.84%	4.00%	4.17%	4.40%
Kidney & Renal Pelvis	3.71%	4.08%	3.64%	3.54%	3.60%
Brain & Other Nervous System	3.00%	2.80%	2.71%	2.62%	2.80%

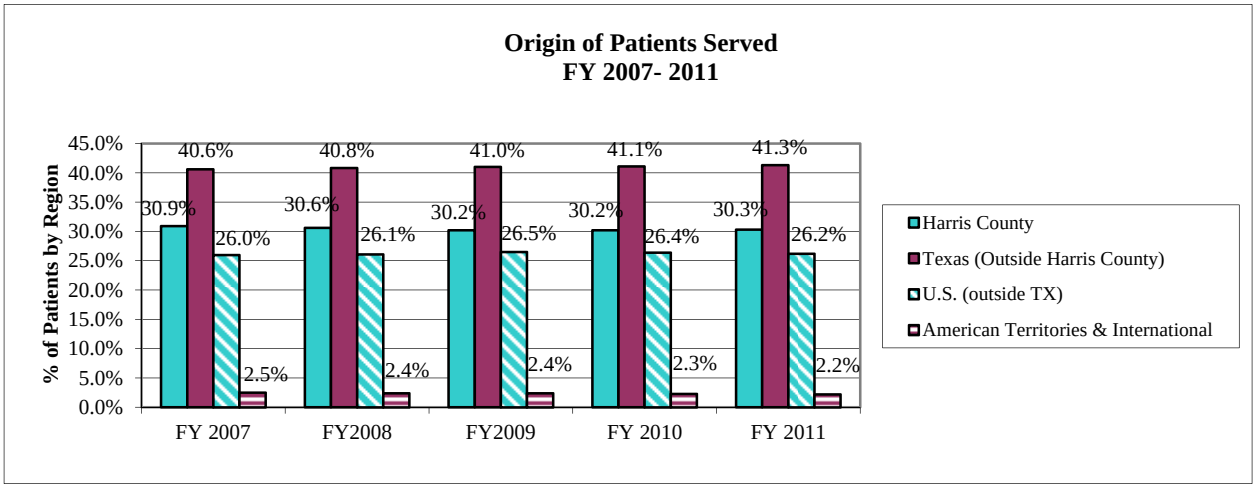
**Top 10 disease sites based on the FY 04-08 average disease site mix of cancer cases new to MDACC. Counts for disease sites based on SEER groupings using ICD-O site and Histology coding.*

Newly Diagnosed Cancer Cases: Total count of malignant neoplasms or malignancy-related conditions that have been addressed at MD Anderson for the first time (a subset of Cancer Cases New to MD Anderson) who were seen at MD Anderson in the same fiscal year or calendar year of diagnosis of that cancer case. Cases may have been diagnosed/treated at any facility during the specified fiscal/calendar year. This is a count of cancer cases, not patients.

A.2 Origin Mix of Total Patients Served, FY 2007 – FY 2011

	% of Patients Served by Region				
Regions	**FY 2007**	**FY 2008**	**FY 2009**	**FY 2010**	**FY 2011**
Harris County	30.9%	30.6%	30.2%	30.2%	30.3%
Texas (outside of Harris County)	40.6%	40.8%	41.0%	41.1%	41.3%
U.S. (outside of Texas)	26.0%	26.1%	26.5%	26.4%	26.2%
American Territories & International	2.5%	2.4%	2.4%	2.3%	2.2%

**Total Patients Served: The total count of patients newly or previously assigned a medical record who were diagnosed with and/or received care during a specified year for a malignant neoplasm or a malignancy-related condition, benign neoplasm,and/or a non-neoplastic condition identified in the Tumor Registry. Total hospital and clinic charges during the specified year are greater than $40. This count excludes employee/visitor health, no-show, outreach, and bone marrow donor registrations, as well as any individual with a newly or previously assigned medical record number who only received a screening during the specified year. Patients are counted in only one category with priority given to cancer first, then benign, and finally non-neoplastic. After the first 4 months from the registration date, Tumor Registry usually updates a patient's tumor registry record only when a new malignant primary is discovered or a patient has died. Therefore, all benign neoplasms and non-neoplastic conditions may not be captured in the Tumor Registry.*



A.3 Institutional Statistics, Current Month, Current Year to Date, Prior Fiscal Years

Chief Financial Officer (CFO)	YTD FY12*	FY11*	FY10*	FY09	FY08	FY07
Current Fiscal Year's Budgeted Total Operating Expense	N/A	N/A	N/A	$2,780,828,768	$2,617,694,447	$2,381,513,898
CFO - Hyperion, Statement of Operations	FY12*	FY11*	FY10*	FY09	FY08	FY07
Total Operating Revenue	$3,735,831,786	$3,661,217,668	$3,304,837,222	$3,510,416,591	$2,773,480,404	$2,528,293,672
Total Operating Expense	$3,332,936,703	$3,054,905,929	$2,816,668,327	$3,245,094,408	$2,623,640,109	$2,393,778,318
Total Margin Contributed to Capital Plan	$402,895,083	$606,311,739	$488,168,895	$306,879,758	$127,268,576	$288,677,273
CFO- Hyperion, Operating Statistics	FY12*	FY11*	FY10*	FY09	FY08	FY07
Admissions	26,726	25,230	23,995	23,277	22,194	22,257
Patient Days	191,735	180,354	178,651	174,740	167,451	163,007
Average Daily Census	536	504	498	984	464	452
Average Occupancy Rate	87%	85%	91%	98.4%	89.4%	88.38%
Average # of Operating Beds	616	594	546	507	520	512
Average Length of Stay	7.2	7.1	7.4	7.71	7.5	7.3
Outpatient Billable Visits	1,281,489	1,190,568	1,132,338	1,055,092	965,248	922,985
CFO- Hyperion, Operating Statistics	YTD FY12*	FY11*	FY10*	FY09	FY08	FY07
Total Surgeries	18,937	18,221	17,730	17,390	15,931	15,566
Inpatient Surgeries	8,656	8,764	8,534	8,791	8,387	8,232
Outpatient Surgeries	10,281	9,457	9,196	8,599	7,544	7,334
Surgery Hours	66,241	63,230	61,873	62,587	57,308	55,181
CFO- Hyperion, Operating Statistics	YTD FY12*	FY11*	FY10*	FY09	FY08	FY07
Lab Med / Pathology Billed Procedures	11,619,591	10,937,213	10,754,560	10,112,244	9,221,298	8,651,960
Diagnostic Imaging Billed Procedures	497,660	515,999	538,514	519,150	479,476	447,497
Radiation Oncology Billed Procedures	283,503	267,513	260,893	327,048	313,263	291,015
Stem Cell Transplants	848	865	837	711	686	703
Public Affairs	YTD FY12*	FY11*	FY10*	FY09	FY08	FY07
Volunteer Hours	193,400	201,199	196,483	207,651	227,488	252,104
Internet Services	YTD FY12*	FY11*	FY10*	FY09	FY08	FY07
Visits: www.mdanderson.org	7,796,562	6,161,284	5,274,905	3,212,789	1,777,353	N/A
Visits: inside.mdanderson.org	12,548,496	12,658,772	12,396,646	15,747,352	11,401,756	N/A

*Data provided by MD Anderson Annual Report, previous years based upon Hyperion reported data (Quickstats)

A.4 U.T. MD Anderson Work Report, Fiscal Year 2012

MONTH	Total Employees	Change #	Change %	Full-Time Equivalents	Change #	Change %	Total Full-Time	Change #	Change %	Total Part-Time	Change #	Change %
August, 2011	18,444			17,889.080			16,759			1,685		
September, 2011	18,492	48	0.26%	17,882.670	-6.410	-0.04%	16,381	-378	-2.26%	2,111	426	25.28%
October, 2011	18,592	100	0.54%	17,979.000	96.330	0.54%	16,473	92	0.56%	2,119	8	0.38%
November, 2011	18,639	47	0.25%	18,028.780	49.780	0.28%	16,527	54	0.33%	2,112	-7	-0.33%
December, 2011	18,631	-8	-0.04%	18,027.630	-1.150	-0.01%	16,523	-4	-0.02%	2,108	-4	-0.19%
January, 2012	18,755	124	0.67%	18,140.830	113.200	0.63%	16,626	103	0.62%	2,129	21	1.00%
February, 2012	18,771	16	0.09%	18,152.260	11.430	0.06%	16,629	3	0.02%	2,142	13	0.61%
March, 2012	18,841	70	0.37%	18,215.940	63.680	0.35%	16,675	46	0.28%	2,166	24	1.12%
April, 2012	18,951	110	0.58%	18,323.930	107.990	0.59%	16,770	95	0.57%	2,181	15	0.69%
May, 2012	19,033	82	0.43%	18,403.170	79.240	0.43%	16,851	81	0.48%	2,182	1	0.05%
June, 2012												
July, 2012												
August, 2012												
YEAR TO DATE CHANGE:		**589**	**3.19%**		**514.090**	**2.87%**		**92**	**0.55%**		**497**	**29.50%**

Total Institutional Open Positions: **3,037** **Open Positions Recruited by HR Recruitment:**

MOST RECENT FIVE YEARS (FY07, FY08, FY09, FY10, FY11, FY12):

August, 2007	16,843			16,331.040			15,706			1,137		
August, 2008	17,669	826	4.90%	17,141.630	810.590	4.96%	16,365	659	4.20%	1,304	167	14.69%
August, 2009	17,264	-405	-2.29%	16,734.060	-407.570	-2.38%	15,854	-511	-3.12%	1,410	106	8.13%
August, 2010	17,888	624	3.61%	17,325.700	591.640	3.54%	16,256	402	2.54%	1,632	222	15.74%
August, 2011	18,444	556	3.11%	17,889.080	563.380	3.25%	16,759	503	3.09%	1,685	53	3.25%
FY12 to date	19,033	589	3.19%	18,403.170	514.090	2.87%	16,851	92	0.55%	2,182	497	29.50%
		2,190	**13.00%**		**2,072.130**	**12.69%**		**1,145**	**7.29%**		**1,045**	**91.91%**

A.4 U.T. MD Anderson Work Report, Fiscal Year 2011, *continued*

MONTH	Total Employees	Change #	Change %	Full-Time Equivalents	Change #	Change %	Total Full-Time	Change #	Change %	Total Part-Time	Change #	Change %
PRIOR SIX YEARS:												
August, 2002	12,227			11,802.00			11,237			815		
August, 2007	16,843	4,616	37.75%	16,331.040	4,529.040	38.38%	15,706	4,469	39.77%	1,137	332	39.51%
Average Annual Change		923	7.55%		906	7.68%		894	7.95%		64	7.90%

Reporting source: PeopleSoft

Report effective April 2003, Total Part-Time includes Part-Time, Hourly and Temp employees

B. Student Information

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

Making Cancer History®

B.1 SHP Applied, Admitted and Enrolled Data by Program

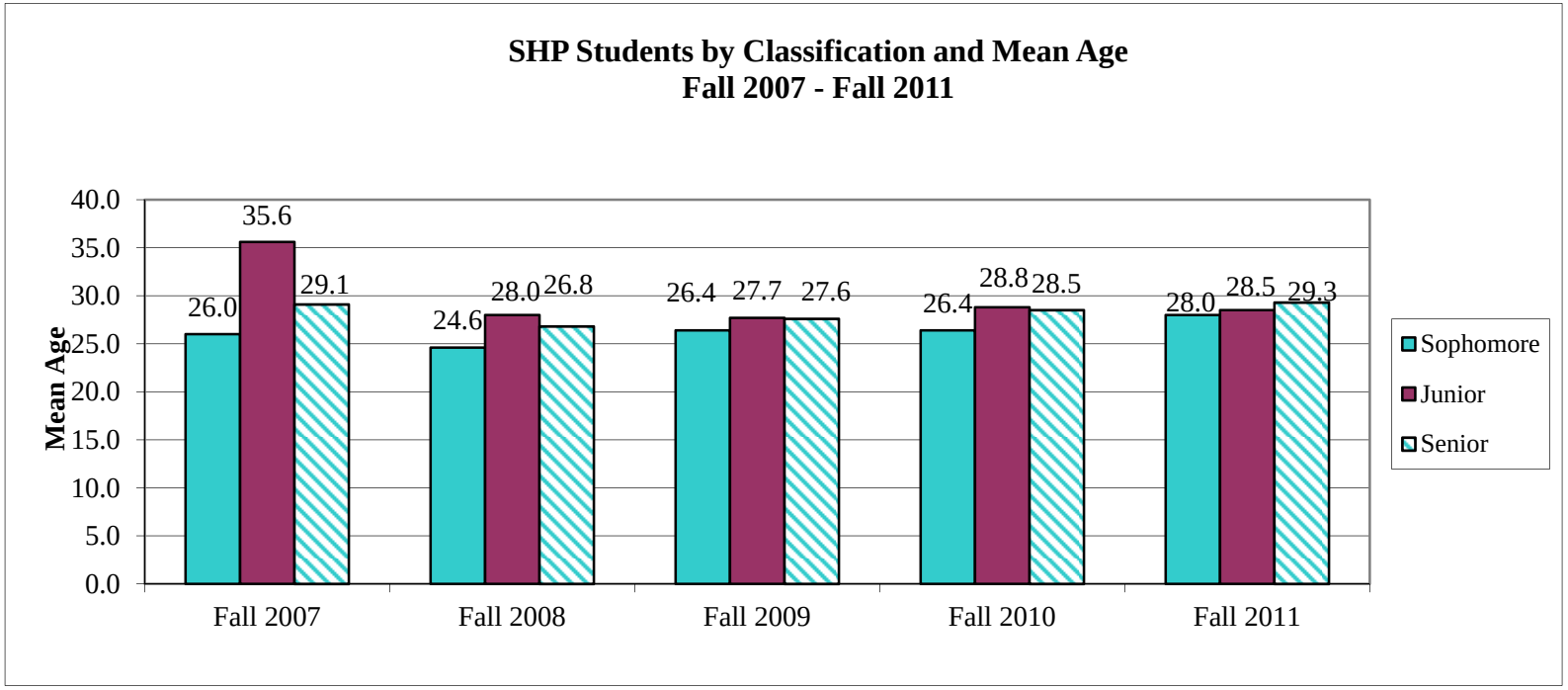
	Fall 2008			Fall 2009			Fall 2010			Fall 2011		
Program	**Applied**	**Admitted**	**Enrolled**	**Applied**	**Admitted**	**Enrolled***	**Applied**	**Admitted**	**Enrolled**	**Applied**	**Admitted**	**Enrolled**
BS Clinical Laboratory Sciences	75	33	31	38	19	14	77	20	20	79	34	23
CRT Clinical Laboratory Sciences	22	4	2	18	0	0	3	1	1	3	1	1
BS Cytogenetic Technology	48	29	23	40	29	20	49	28	24	49	37	13
CRT Cytogenetic Technology	0	0	0	0	0	0	0	0	0	0	0	0
BS Cytotechnology	31	12	11	26	10	8	30	10	10	26	14	6
CRT Cytotechnology	12	2	1	4	0	0	1	0	0	1	0	0
BS Diagnostic Imaging	70	30	26	39	18	16	98	31	29	98	49	23
BS Histotechnology**	N/A	N/A	N/A	N/A	N/A	N/A	16	14	10	16	14	9
CRT Histotechnology	21	10	9	21	13	10	10	0	0	10	0	0
BS[a] Medical Dosimetry	33	10	9	52	16	16	101	35	33	99	22	20
CRT[b] Medical Dosimetry	38	7	7	48	0	0	1	0	0	1	0	0
BS Molecular Genetic Technology	44	28	24	53	43	37	52	45	40	52	24	24
BS Radiation Therapy	118	45	40	99	24	24	124	24	20	77	25	18
CRT Radiation Therapy	9	0	0	0	0	0	0	0	0	0	0	0
Total	**521**	**210**	**183**	**438**	**172**	**145**	**562**	**208**	**187**	**511**	**220**	**137**

Source: SHP Dean's Report **Does not include 2 students carried over from prior year.*
*** BS in Histotechnology implemented in 2010*

B.2 SHP Students by Mean Age and Level, Fall 2007 – Fall 2011

MEAN STUDENT AGE	Fall 2007		Fall 2008		Fall 2009		Fall 2010		Fall 2011	
BY CLASSIFICATION	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT
SOPHOMORE	26.0	25	24.6	11	26.4	13	26.4	14	28.0	23
JUNIOR	35.6	16	28.0	76	27.7	81	28.8	103	28.5	131
SENIOR	29.1	98	26.8	116	27.6	120	28.5	131	29.3	162
OVERALL	**29.3**	**139**	**27.4**	**203**	**27.4**	**214**	**28.5**	**248**	**28.9**	**316**

Source: Certified CBM001



B.3 SHP Students by Gender and Ethnicity, Fall 2007 – Fall 2011

		Fall 2007	% of	Fall 2008	% of	Fall 2009	% of	Fall 2010*	% of	Fall 2011	% of
ETHNIC ORIGIN	**GENDER**	**COUNT**	**Students**	**COUNT**	**Students**	**COUNT**	**Students**	**COUNT**	**Students**	**COUNT**	**Students**
WHITE NON-HISPANIC	FEMALE	29	20.9%	48	23.6%	44	20.6%	0	0.0%	36	11.4%
	MALE	15	10.8%	22	10.8%	29	13.6%	1	0.4%	15	4.7%
Subtotal		44	31.8%	70	34.5%	73	34.1%	1	0.4%	51	16.1%
BLACK NON-HISPANIC	FEMALE	9	6.5%	14	6.9%	17	7.9%	2	0.8%	16	5.1%
	MALE	7	5.0%	12	5.9%	7	3.3%	0	0.0%	6	1.9%
Subtotal		16	11.5%	26	12.8%	24	11.2%	2	0.8%	22	7.0%
HISPANIC	FEMALE	15	10.8%	26	12.8%	30	14.0%	34	13.7%	42	13.3%
	MALE	3	2.2%	11	5.4%	13	6.1%	11	4.4%	18	5.7%
Subtotal		18	12.9%	37	18.2%	43	20.1%	45	18.1%	60	19.0%
ASIAN	FEMALE	21	15.1%	32	15.8%	19	8.9%	4	1.6%	20	6.3%
	MALE	22	15.8%	24	11.8%	31	14.5%	0	0.0%	12	3.8%
Subtotal		43	30.9%	56	27.6%	50	23.4%	4	1.6%	32	10.1%
AMERICAN INDIAN OR ALASKAN NATIVE	FEMALE	1	0.7%	2	1.0%	2	0.9%	0	0.0%	0	0.0%
	MALE	1	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Subtotal		2	1.4%	2	1.0%	2	0.9%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	11	7.9%	7	3.4%	11	5.1%	0	0.0%	0	0.0%
	MALE	5	3.6%	5	2.5%	10	4.7%	0	0.0%	0	0.0%
Subtotal		16	11.5%	12	5.9%	21	9.8%	0	0.0%	0	0.0%
UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	0.5%	121	48.8%	103	32.6%
	MALE	0	0.0%	0	0.0%	0	0.0%	74	29.8%	45	14.2%
Subtotal		0	0.0%	0	0.0%	1	0.5%	195	78.6%	148	46.8%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MALE	0	0.0%	0	0.0%	0	0.0%	1	0.4%	1	0.3%
Subtotal		0	0.0%	0	0.0%	0	0.0%	1	0.4%	1	0.3%
TWO OR MORE RACES	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%
Subtotal		0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.6%
TOTAL		**139**	100.0%	**203**	100.0%	**214**	100.0%	**248**	100.0%	**316**	100.0%

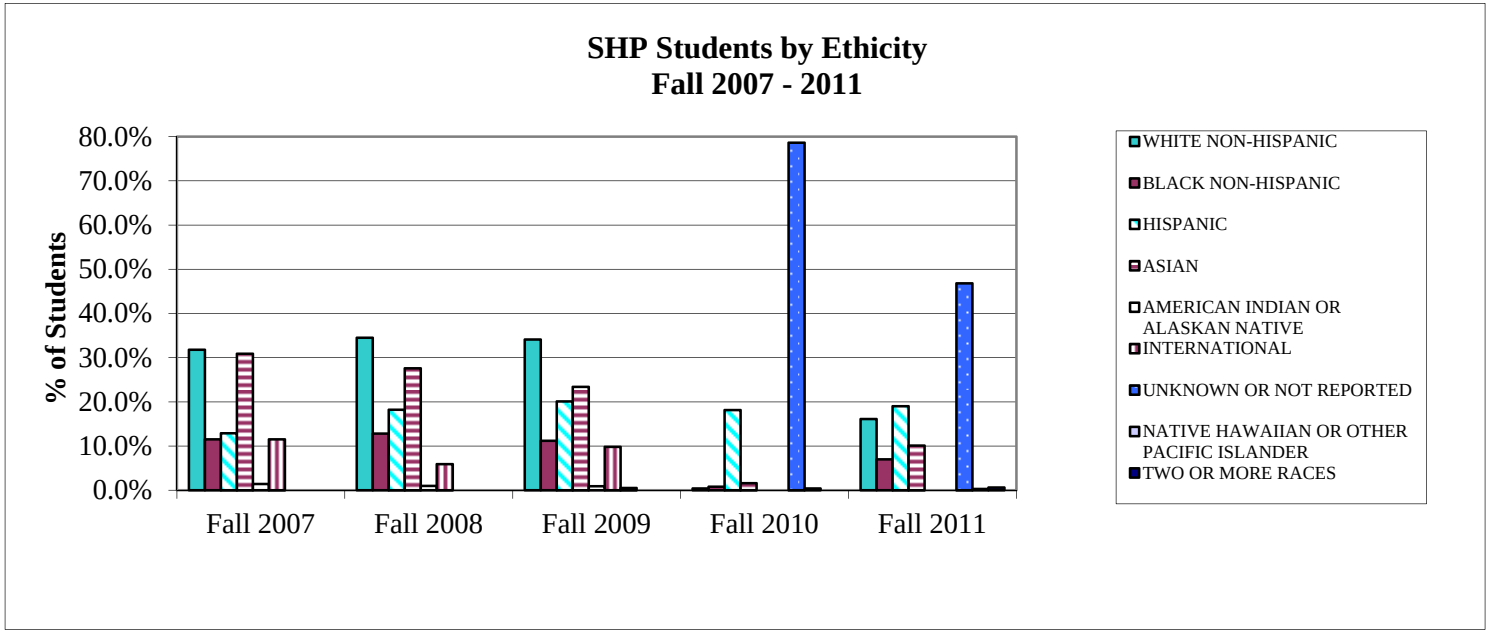
*New ethnicities were implemented including “Native Hawaiian or other Pacific Islander” and “Two or more races”

Source: Certified CBM001

B.4 SHP Students by Ethnicity, Fall 2007 – Fall 2011

ETHNIC ORIGIN	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010* COUNT	% of Students	Fall 2011 COUNT	% of Students
WHITE NON-HISPANIC	44	31.8%	70	34.5%	73	34.1%	1	0.4%	51	16.1%
BLACK NON-HISPANIC	16	11.5%	26	12.8%	24	11.2%	2	0.8%	22	7.0%
HISPANIC	18	12.9%	37	18.2%	43	20.1%	45	18.1%	60	19.0%
ASIAN	43	30.9%	56	27.6%	50	23.4%	4	1.6%	32	10.1%
AMERICAN INDIAN OR ALASKAN NATIVE	2	1.4%	2	1.0%	2	0.9%	0	0.0%	0	0.0%
INTERNATIONAL	16	11.5%	12	5.9%	21	9.8%	0	0.0%	0	0.0%
UNKNOWN OR NOT REPORTED	0	0.0%	0	0.0%	1	0.5%	195	78.6%	148	46.8%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0	0.0%	0	0.0%	0	0.0%	1	0.4%	1	0.3%
TWO OR MORE RACES	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.6%
TOTAL	**139**	100.0%	**203**	100.0%	**214**	100.0%	**248**	100.0%	**316**	100.0%

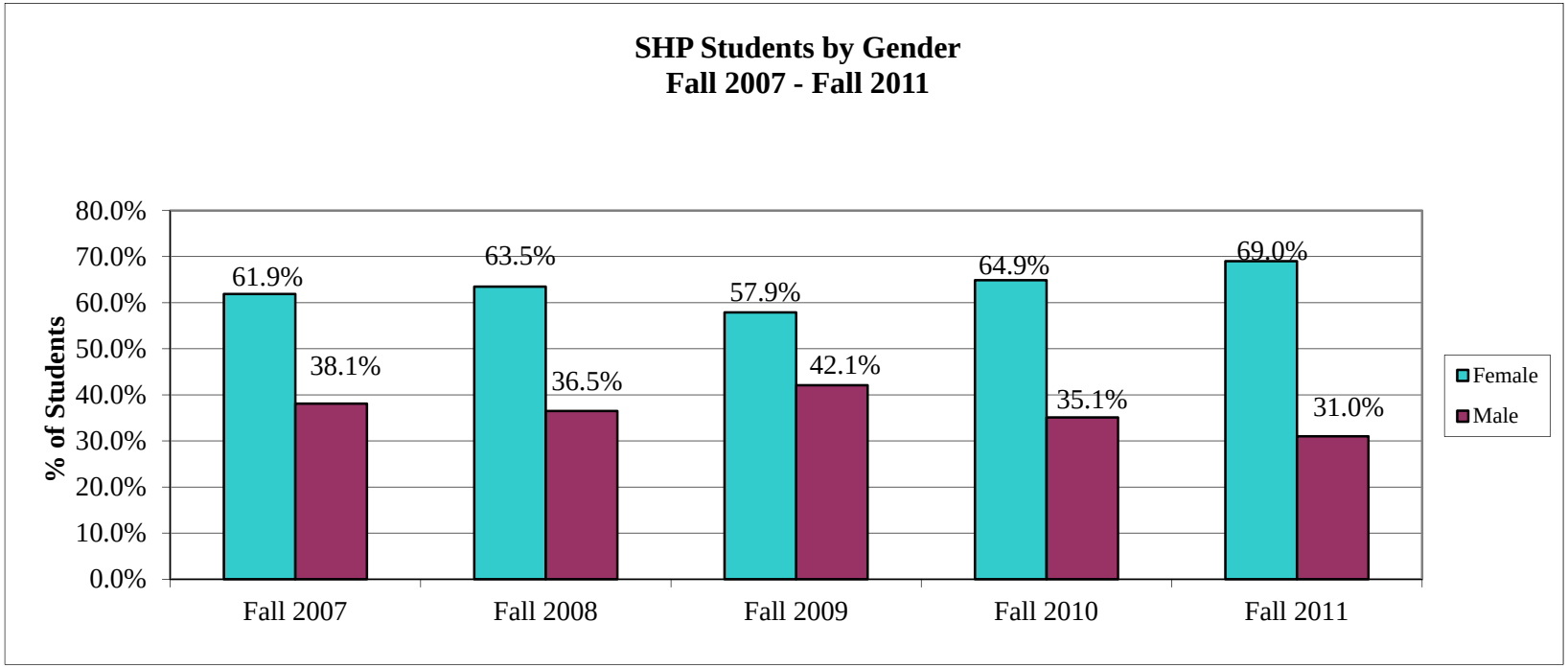
*New ethnicities were implemented including "Native Hawaiian or other Pacific Islander" and "Two or more races" *Source: Certified CBM001*



B.5 SHP Students by Gender, Fall 2007 – Fall 2011

GENDER	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010 COUNT	% of Students	Fall 2011 COUNT	% of Students
FEMALE	86	61.9%	129	63.5%	124	57.9%	161	64.9%	218	69.0%
MALE	53	38.1%	74	36.5%	90	42.1%	87	35.1%	98	31.0%
TOTAL	**139**	100.0%	**203**	100.0%	**214**	100.0%	**248**	100.0%	**316**	100.0%

Source: Certified CBM001



B.6a SHP Students by Residency - International, Fall 2007 – Fall 2011

		Fall 2007	Fall 2008	Fall 2009	Fall 2010	Fall 2011
RESIDENCE	**RESIDENCE TYPE**	**COUNT**	**COUNT**	**COUNT**	**COUNT**	**COUNT**
Angola	INTERNATIONAL	0	0	0	1	1
Bahamas	INTERNATIONAL	0	1	2	1	0
Belize	INTERNATIONAL	1	0	0	0	0
Cameroon	INTERNATIONAL	0	0	0	0	1
Canada	INTERNATIONAL	1	1	0	1	1
China	INTERNATIONAL	0	1	1	0	0
Colombia	INTERNATIONAL	0	0	2	1	0
Gabon Republic	INTERNATIONAL	0	1	0	0	0
Ghana	INTERNATIONAL	1	0	0	0	0
India	INTERNATIONAL	1	1	1	1	3
Indonesia	INTERNATIONAL	0	1	1	0	0
Israel	INTERNATIONAL	0	1	0	0	0
Jamaica	INTERNATIONAL	0	0	0	0	1
Jordan	INTERNATIONAL	0	0	0	0	1
Kenya	INTERNATIONAL	1	1	1	0	1
Korea, Republic of	INTERNATIONAL	0	0	1	1	0
Nigeria	INTERNATIONAL	0	0	1	0	0
Pakistan	INTERNATIONAL	1	0	0	0	1
Portugal	INTERNATIONAL	1	0	0	0	0
South Africa	INTERNATIONAL	0	0	1	1	0
Spain	INTERNATIONAL	0	1	0	0	0
Taiwan	INTERNATIONAL	0	0	2	0	0
Thailand	INTERNATIONAL	0	0	0	0	1
United Kingdom	INTERNATIONAL	0	0	1	1	0
Venezuela	INTERNATIONAL	1	0	0	0	0
Vietnam, North	INTERNATIONAL	0	0	0	1	1
Vietnam	INTERNATIONAL	0	1	2	3	4
SUBTOTAL, INTERNATIONAL		8	10	16	12	16

B.6b SHP Students by Residency - Out of State, Fall 2007 – Fall 2011

		Fall 2007	Fall 2008	Fall 2009	Fall 2010	Fall 2011
RESIDENCE	**RESIDENCE TYPE**	**COUNT**	**COUNT**	**COUNT**	**COUNT**	**COUNT**
Alabama	OUT OF STATE	0	0	0	1	1
Alaska	OUT OF STATE	0	1	1	1	0
California	OUT OF STATE	0	0	0	1	1
Florida	OUT OF STATE	0	2	2	1	0
Georgia	OUT OF STATE	0	1	0	0	1
Idaho	OUT OF STATE	0	1	0	0	0
Iowa	OUT OF STATE	1	1	0	0	0
Kansas	OUT OF STATE	1	0	0	0	0
Louisiana	OUT OF STATE	2	2	1	0	0
Massachusetts	OUT OF STATE	0	0	0	0	1
Michigan	OUT OF STATE	0	2	0	0	0
Mississippi	OUT OF STATE	0	0	0	0	1
New Mexico	OUT OF STATE	0	0	0	1	1
New York	OUT OF STATE	0	1	1	1	1
Ohio	OUT OF STATE	0	1	0	1	1
Oklahoma	OUT OF STATE	0	0	0	3	4
Tennessee	OUT OF STATE	0	1	1	0	0
Utah	OUT OF STATE	0	0	1	1	0
Virginia	OUT OF STATE	0	0	1	0	1
Washington	OUT OF STATE	1	1	0	1	1
West Virginia	OUT OF STATE	0	0	1	0	0
SUBTOTAL, OUT OF STATE		5	14	9	12	14

Source: Certified CBM001

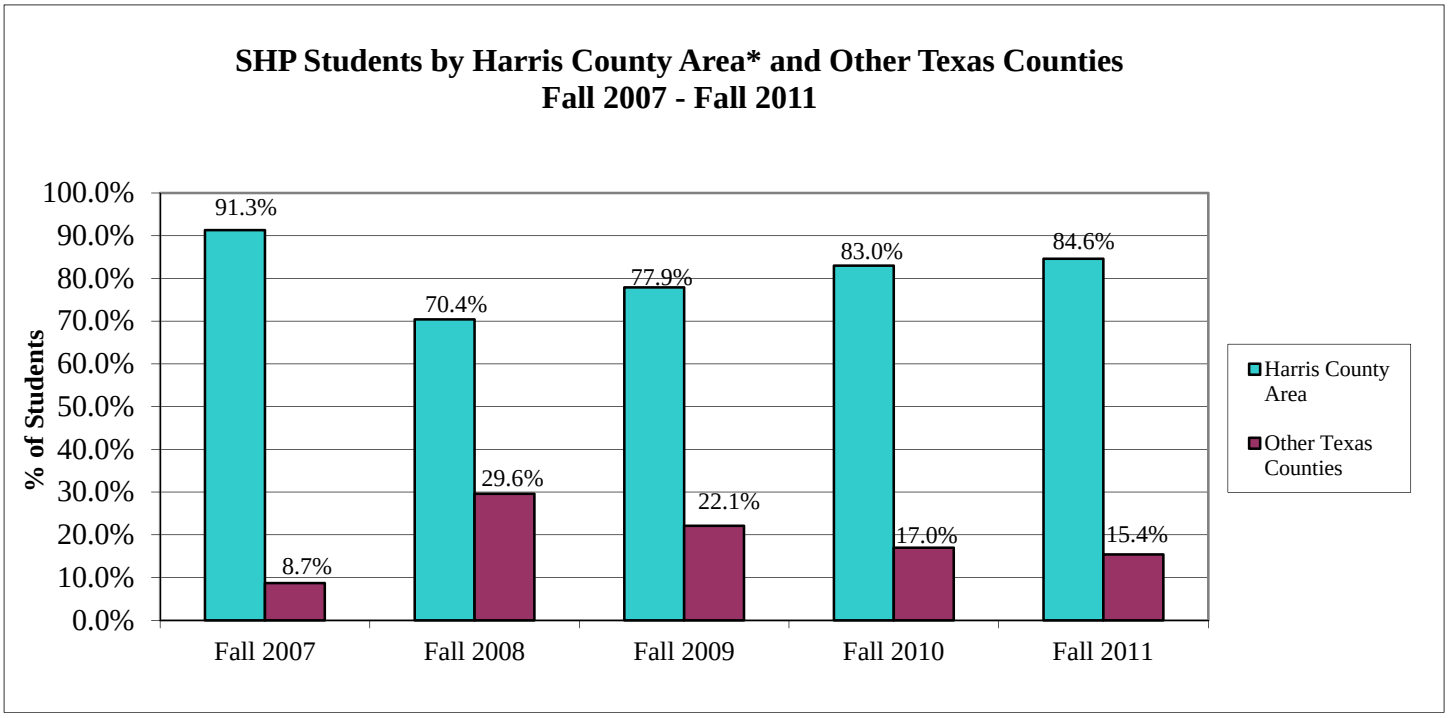
B.7 SHP Students by Residency - Texas County, Fall 2007 – Fall 2011

		Fall 2007	Fall 2008	Fall 2009	Fall 2010	Fall 2011
RESIDENCE	**RESIDENCE TYPE**	**COUNT**	**COUNT**	**COUNT**	**COUNT**	**COUNT**
Angelina County	TEXAS COUNTY	0	3	1	2	0
Bell County	TEXAS COUNTY	0	0	0	0	1
Bexar County	TEXAS COUNTY	3	2	2	3	5
Brazoria County	TEXAS COUNTY	3	4	9	10	10
Brazos County	TEXAS COUNTY	3	3	1	5	1
Brooks County	TEXAS COUNTY	0	1	1	0	0
Burnet County	TEXAS COUNTY	0	1	0	1	1
Calhoun County	TEXAS COUNTY	0	0	0	1	1
Cameron County	TEXAS COUNTY	0	4	2	1	0
Chambers County	TEXAS COUNTY	1	0	1	0	0
Collin County	TEXAS COUNTY	0	0	1	2	2
Colorado County	TEXAS COUNTY	1	2	1	0	0
Dallas County	TEXAS COUNTY	2	10	12	7	8
Dawson County	TEXAS COUNTY	0	0	0	0	0
Denton County	TEXAS COUNTY	0	3	1	1	2
Ector County	TEXAS COUNTY	0	0	0	0	0
Ellis County	TEXAS COUNTY	0	0	0	0	0
El Paso County	TEXAS COUNTY	0	1	0	1	1
Falls County	TEXAS COUNTY	0	1	1	0	0
Fayette County	TEXAS COUNTY	0	0	1	0	0
Fort Bend County	TEXAS COUNTY	24	19	23	31	44
Frio Country	TEXAS COUNTY	0	1	0	0	0
Gaines County	TEXAS COUNTY	0	0	1	1	0
Galveston County	TEXAS COUNTY	2	3	2	1	7
Gregg County	TEXAS COUNTY	0	0	0	0	0
Guadalupe County	TEXAS COUNTY	0	0	0	1	0
Hardeman County	TEXAS COUNTY	0	1	0	0	0
Hardin County	TEXAS COUNTY	0	0	0	0	1
Harris County	TEXAS COUNTY	84	96	105	130	170
Henderson County	TEXAS COUNTY	0	0	0	0	1
Hill County	TEXAS COUNTY	1	0	0	0	0
Houston County	TEXAS COUNTY	0	4	0	0	2
Jasper County	TEXAS COUNTY	0	0	0	0	1
Jefferson County	TEXAS COUNTY	0	1	0	0	1
Kaufman County	TEXAS COUNTY	0	0	0	1	1
Kerr County	TEXAS COUNTY	0	0	0	1	0
Lavaca County	TEXAS COUNTY	0	0	1	1	1
Lee County	TEXAS COUNTY	0	0	0	1	0
Liberty County	TEXAS COUNTY	0	0	0	0	1
Lubbock County	TEXAS COUNTY	0	1	0	0	1
Matagorda County	TEXAS COUNTY	0	0	0	1	1
Midland County	TEXAS COUNTY	0	0	1	1	0
Montague County	TEXAS COUNTY	0	0	0	0	1
Montgomery County	TEXAS COUNTY	1	4	8	14	10

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

		Fall 2007	Fall 2008	Fall 2009	Fall 2010	Fall 2011
RESIDENCE	**RESIDENCE TYPE**	**COUNT**	**COUNT**	**COUNT**	**COUNT**	**COUNT**
Nueces County	TEXAS COUNTY	0	1	0	0	1
Orange County	TEXAS COUNTY	0	0	0	0	0
Parker County	TEXAS COUNTY	0	0	0	1	1
Smith County	TEXAS COUNTY	0	1	0	0	2
Tarrant County	TEXAS COUNTY	0	3	4	1	3
Taylor County	TEXAS COUNTY	1	0	0	0	0
Travis County	TEXAS COUNTY	0	3	6	4	1
Van Zandt County	TEXAS COUNTY	0	1	0	0	1
Victoria County	TEXAS COUNTY	0	1	0	0	0
Walker County	TEXAS COUNTY	0	0	1	0	0
Wharton County	TEXAS COUNTY	0	2	1	0	2
Willacy County	TEXAS COUNTY	0	1	1	0	0
Williamson County	TEXAS COUNTY	0	0	1	0	0
Wise County	TEXAS COUNTY	0	1	1	0	0
SUBTOTAL, TEXAS COUNTY		126	179	190	224	286

Source: Certified CBM001

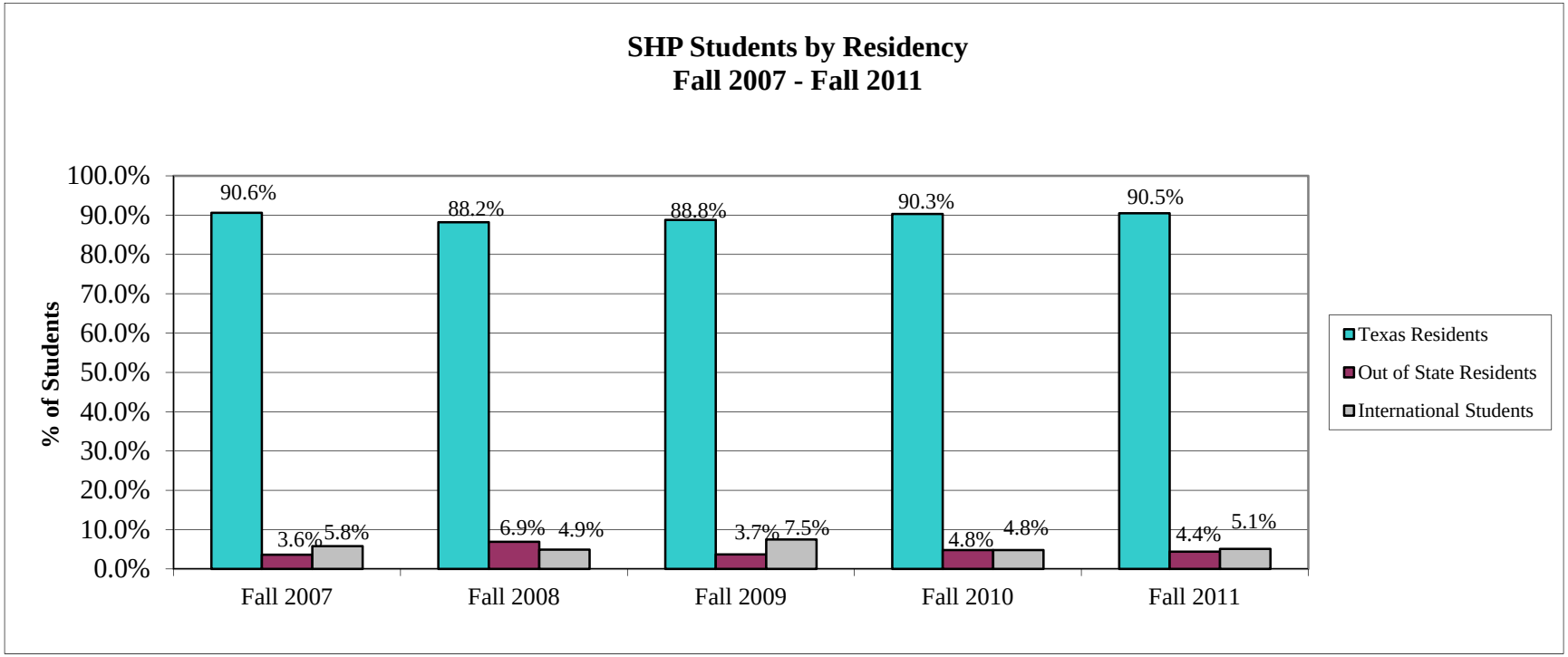


*Consists of Harris and contiguous counties

B.8 SHP Students by Residency Type, Fall 2007 – Fall 2011

RESIDENCE TYPE	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010 COUNT	% of Students	Fall 2011 COUNT	% of Students
Texas Residents	126	90.6%	179	88.2%	190	88.8%	224	90.3%	286	90.5%
Out of State Students	5	3.6%	14	6.9%	8	3.7%	12	4.8%	14	4.4%
International Students	8	5.8%	10	4.9%	16	7.5%	12	4.8%	16	5.1%
TOTAL	**139**	100.0%	**203**	100.0%	**214**	100.0%	**248**	100.0%	**316**	100.0%

Source: Certified CBM001



B.9 UT Graduate School of Biomedical Sciences at Houston (GSBS) Applications, Accepted, and Admitted, by Program and Year

	Year	M.D./ Ph.D.*	(M.S.)Ph.D.	Individualized M.S.	Specialized M.S.	Non-degree	Total	Average GPA**
Completed Application	2007	-	408	52	65	13	538	-
Admitted Applicant	2007	-	162	33	13	11	219	3.4
Enrolled Applicant	2007	5	90	22	12	10	139	3.4

	Year	M.D./ Ph.D.*	(M.S.)Ph.D.	Individualized M.S.	Specialized M.S.	Non-degree	Total	Average GPA**
Completed Application	2008	-	439	40	67	11	557	-
Admitted Applicant	2008	-	154	20	16	10	200	3.5
Enrolled Applicant	2008	5	76	15	12	9	117	3.4

	Year	M.D./ Ph.D.*	(M.S.)Ph.D.	Individualized M.S.	Specialized M.S.	Non-degree	Total	Average GPA**
Completed Application	2009	-	498	54	89	12	653	-
Admitted Applicant	2009	-	159	26	16	12	213	3.5
Enrolled Applicant	2009	5	96	20	14	8	143	3.5

	Year	M.D./ Ph.D.*	(M.S.)Ph.D.	Individualized M.S.	Specialized M.S.	Non-degree	Total	Average GPA**
Completed Application	2010	-	483	38	92	9	622	-
Admitted Applicant	2010	-	141	18	16	6	181	3.5
Enrolled Applicant	2010	5	104	16	14	5	144	3.4

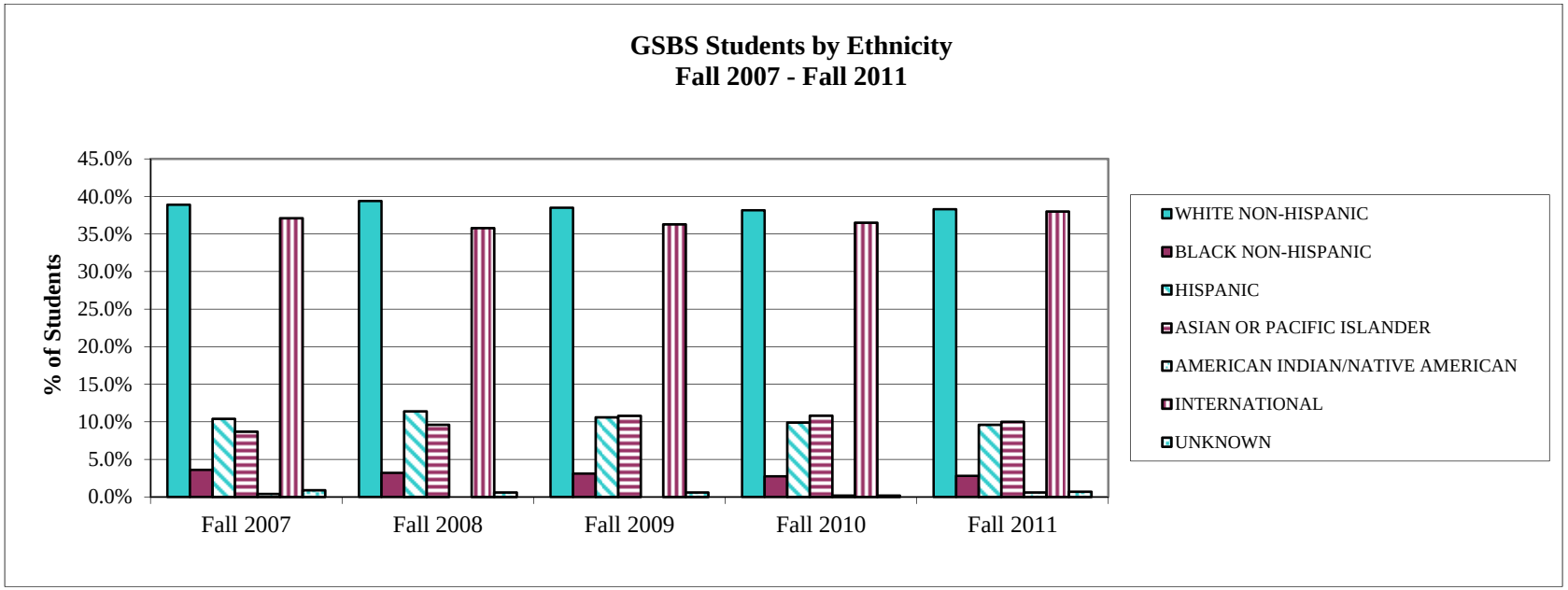
	Year	M.D./ Ph.D.*	(M.S.)Ph.D.	Individualized M.S.	Specialized M.S.	Non-degree	Total	Average GPA**
Completed Application	2011	-	446	44	115	10	615	-
Admitted Applicant	2011	-	106	32	20	10	168	3.5
Enrolled Applicant	2011	4	68	27	13	10	122	3.3

**Excludes M.D./Ph.D. applicants and admissions*
*** Average undergrad GPA for Ph.D. applicants*
Source: UT Graduate School of Biomedical Sciences

B.10 GSBS Students by Ethnicity, Fall 2007– Fall 2011*

ETHNIC ORIGIN	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010 COUNT	% of Students	Fall 2011 COUNT	% of Students
WHITE NON-HISPANIC	206	38.9%	211	39.4%	210	38.5%	208	38.2%	207	38.3%
BLACK NON-HISPANIC	19	3.6%	17	3.2%	17	3.1%	15	2.8%	15	2.8%
HISPANIC	55	10.4%	61	11.4%	58	10.6%	54	9.9%	52	9.6%
ASIAN OR PACIFIC ISLANDER	46	8.7%	51	9.6%	59	10.8%	59	10.8%	54	10.0%
AMERICAN INDIAN OR ALASKAN NATIVE	2	0.4%	0	0.0%	0	0.0%	1	0.2%	3	0.6%
INTERNATIONAL	196	37.1%	191	35.8%	198	36.3%	199	36.5%	205	38.0%
UNKNOWN OR NOT REPORTED	5	0.9%	3	0.6%	3	0.6%	1	0.2%	4	0.7%
TOTAL	**529**	100.0%	**534**	100.0%	**545**	100.0%	**537**	100.0%	**540**	100.0%

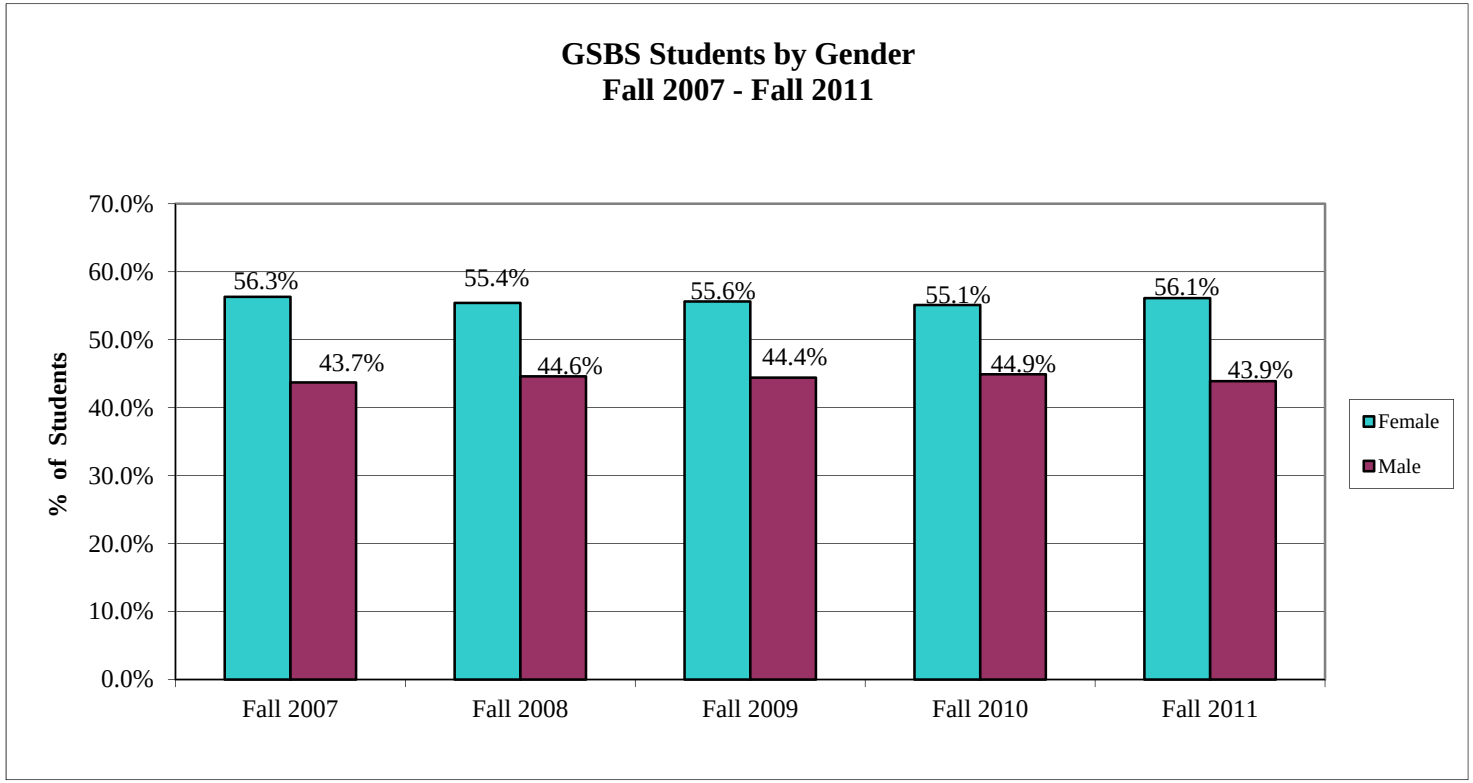
**Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.*



B.11 GSBS Students by Gender, Fall 2007 – Fall 2011*

GENDER	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010 COUNT	% of Students	Fall 2011 COUNT	% of Students
FEMALE	298	56.3%	296	55.4%	303	55.6%	296	55.1%	303	56.1%
MALE	231	43.7%	238	44.6%	242	44.4%	241	44.9%	237	43.9%
TOTAL	**529**	100.0%	**534**	100.0%	**545**	100.0%	**537**	100.0%	**540**	100.0%

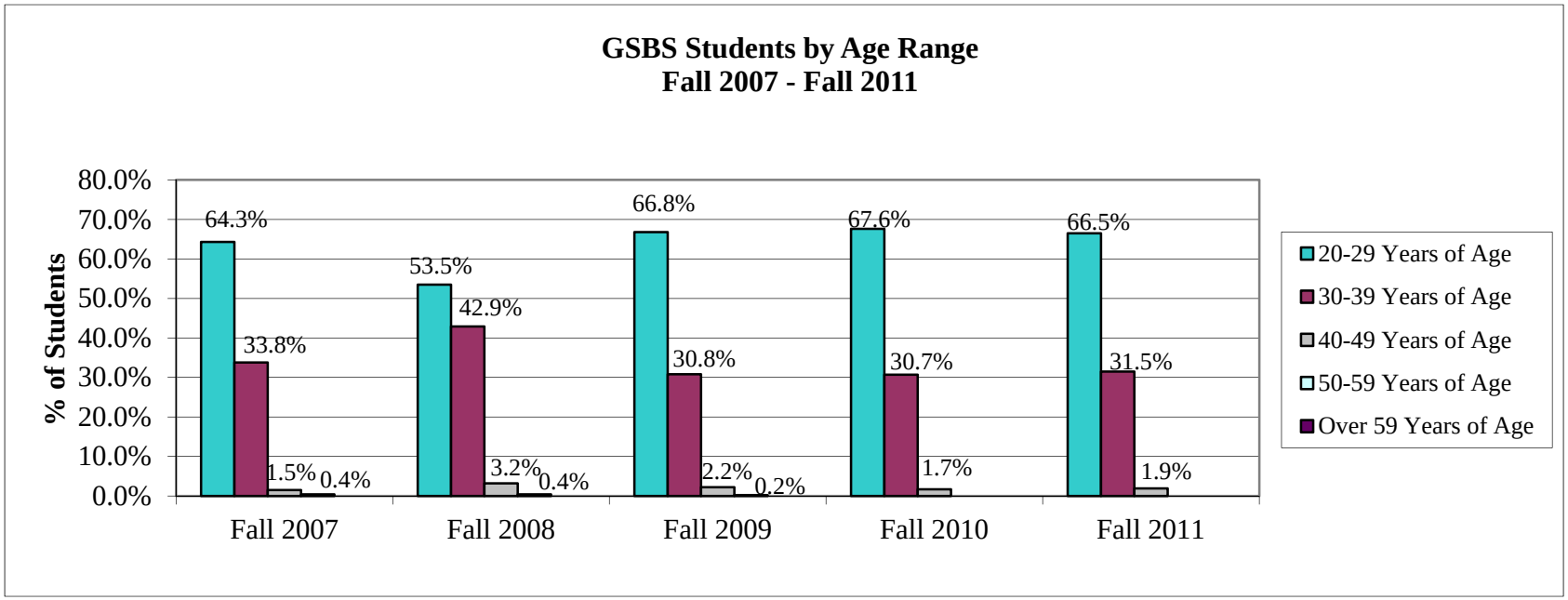
**Data excludes non-degree students. Source: UT Graduate School of Biomedical Sciences.*



B.12 GSBS Students by Age Range, Fall 2007 – Fall 2011*

AGE RANGE	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010 COUNT	% of Students	Fall 2011 COUNT	% of Students
20 TO 29 YEARS OF AGE	340	64.3%	286	53.5%	364	66.8%	363	67.6%	359	66.5%
30 TO 39 YEARS OF AGE	179	33.8%	229	42.9%	168	30.8%	165	30.7%	170	31.5%
40 TO 49 YEARS OF AGE	8	1.5%	17	3.2%	12	2.2%	9	1.7%	10	1.9%
50 TO 59 YEARS OF AGE	2	0.4%	2	0.4%	1	0.2%	0	0.0%	1	0.2%
OVER 59 YEARS OF AGE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	**529**	100.0%	**534**	100.0%	**545**	100.0%	**537**	100.0%	**540**	100.0%

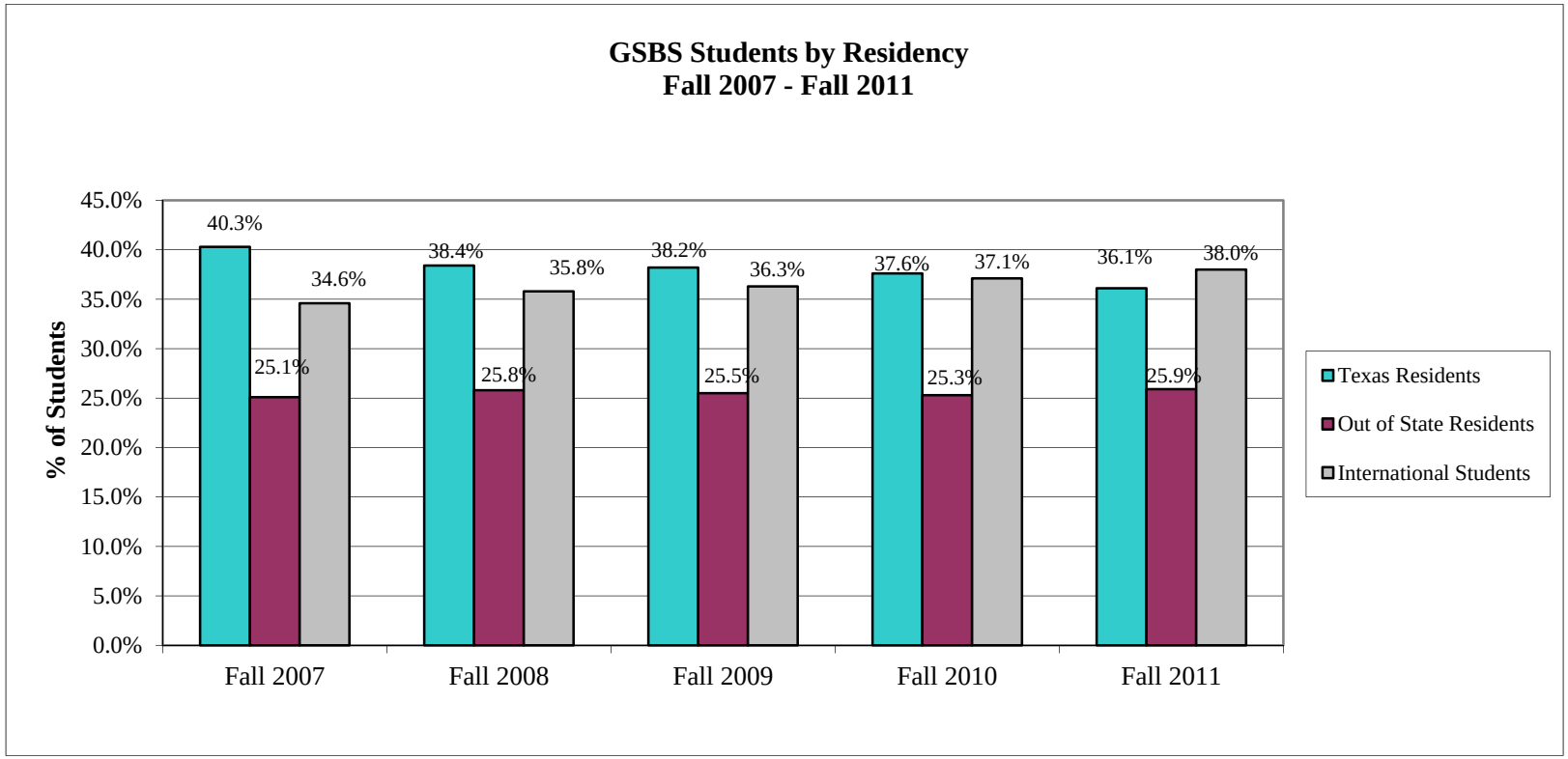
**Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences, Patricia Bruesch.*



B.13 GSBS Students by Residency Type, Fall 2007 – Fall 2011

RESIDENCE TYPE	Fall 2007 COUNT	% of Students	Fall 2008 COUNT	% of Students	Fall 2009 COUNT	% of Students	Fall 2010 COUNT	% of Students	Fall 2011 COUNT	% of Students
Texas Residents	192	36.3%	205	38.4%	208	38.2%	202	37.6%	195	36.1%
Out of State Students	142	26.8%	138	25.8%	139	25.5%	136	25.3%	140	25.9%
International Students	195	36.9%	191	35.8%	198	36.3%	199	37.1%	205	38.0%
Total	**529**	100.0%	**534**	100.0%	**545**	100.0%	**537**	100.0%	**540**	100.0%

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



C. Degrees

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Exhibit C.1
Degrees Offered at The University of Texas MD Anderson Cancer Center

School/Program	Certificate	Bachelors	Masters	Doctoral
Graduate School of Biomedical Sciences				
M.S. in Biomedical Sciences (with concentration in Biochemistry and Molecular Biology, Biomathematics and Biostatistics, Biomedical Sciences, Cancer Biology, Cell and Regulatory Biology, Cell Biology, Experimental Therapeutics, Genes and Development, Genetic Counseling, Human and Molecular Genetics, Immunology, Medical Physics, Microbiology and Molecular Genetics, Molecular Biology, Molecular Carcinogenesis, Molecular Pathology, Neuroscience, Physiology, Virology and Gene Therapy). Notes: Integrative Biology deleted in 2010 Oral Biomaterials deleted in 2011			■	
Ph.D. in Biomedical Sciences (with concentration in Biochemistry and Molecular Biology, Biomathematics and Biostatistics, Biomedical Sciences, Cancer Biology, Cell and Regulatory Biology, Cell Biology, Experimental Therapeutics, Genes and Development, Human and Molecular Genetics, Immunology, Medical Physics, Microbiology and Molecular Genetics, Molecular Biology, Molecular Carcinogenesis, Molecular Pathology, Neuroscience, Physiology, Virology and Gene Therapy). Notes: Integrative Biology deleted in 2010 Oral Biomaterials deleted in 2011				■
School of Health Professions				
Clinical Laboratory Science	■	■		
Cytogenetic Technology	■	■		
Cytotechnology	■	■		
Medical Dosimetry	■	■		
Radiation Therapy	■	■		
Molecular Genetic Technology		■		
Diagnostic Imaging		■		
Histotechnology	■	■		

The University of Texas MD Anderson Cancer Center Accreditation

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

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

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

The University of Texas Health Science Center at Houston Accreditation

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

C.1 School of Health Professions Degrees by Level, Fall 2007 – Fall 2011

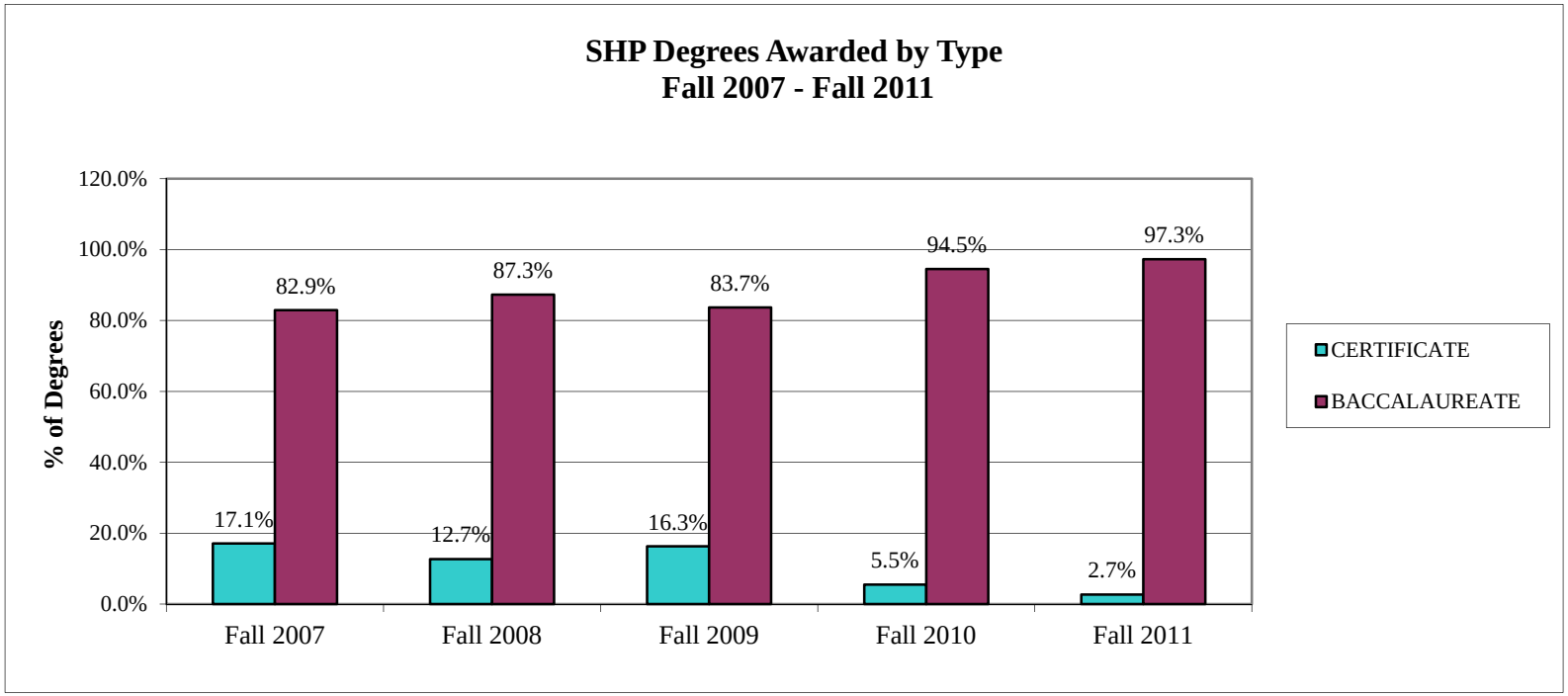
SHP PROGRAM	DEGREE CONFERRED	Fall 2007	Fall 2008	% Inc/Dec	Fall 2009	% Inc/Dec	Fall 2010	% Inc/Dec	Fall 2011	% Inc/Dec
CLINICAL LABORATORY SCIENCE	CERTIFICATE	3	1	-66.7%	2	100.0%	0	-100.0%	0	0.0%
	BACCALAUREATE	14	18	28.6%	14	-22.2%	19	35.7%	14	-26.3%
CYTOGENETIC TECHNOLOGY	CERTIFICATE	1	0	-100.0%	0	0.0%	0	0.0%	0	0.0%
	BACCALAUREATE	11	15	36.4%	16	6.7%	14	-12.5%	14	0.0%
CYTOTECHNOLOGY	CERTIFICATE	0	1	100.0%	1	0.0%	0	100.0%	0	0.0%
	BACCALAUREATE	5	7	40.0%	6	-14.3%	8	33.3%	7	-12.5%
DIAGNOSTIC IMAGING	BACCALAUREATE		3		24	700.0%	12	-50.0%	12	0.0%
HISTOTECHNOLOGY	CERTIFICATE	6	6	0.0%	8	33.3%	6	-25.0%	2	-66.7%
	BACCALAUREATE								6	
MEDICAL DOSIMETRY	CERTIFICATE	4	6	50.0%	9	50.0%	0	-100.0%	0	0.0%
	BACCALAUREATE	9	10	11.1%	7	-30.0%	13	85.7%	16	23.1%
MOLECULAR GENETIC TECHNOLOGY	BACCALAUREATE	8	18	125.0%	16	-11.1%	20	25.0%	24	20.0%
RADIATION THERAPY	CERTIFICATE	0	0	0.0%	0	0.0%	0	0.0%	1	0.0%
	BACCALAUREATE	21	25	19.0%	20	-20.0%	18	-10.0%	16	-11.1%
TOTAL WITHIN YEAR		**82**	**110**	34.1%	**123**	11.8%	**110**	-10.6%	**112**	1.8%

Source: SHP Dean's Report

C.2 SHP Degrees Awarded by Type, Fall 2007 – Fall 2011

DEGREE AWARDED	Fall 2007	Fall 2008	% Inc/Dec	Fall 2009	% Inc/Dec	Fall 2010	% Inc/Dec	Fall 2011	% Inc/Dec
CERTIFICATE	14	14	0.0%	20	30.0%	6	-70.0%	3	-50.0%
BACCALAUREATE	68	96	41.2%	103	6.8%	104	1.0%	109	4.8%
Total	**82**	**110**	**34.1%**	**123**	**10.6%**	**110**	**-10.6%**	**112**	**1.8%**

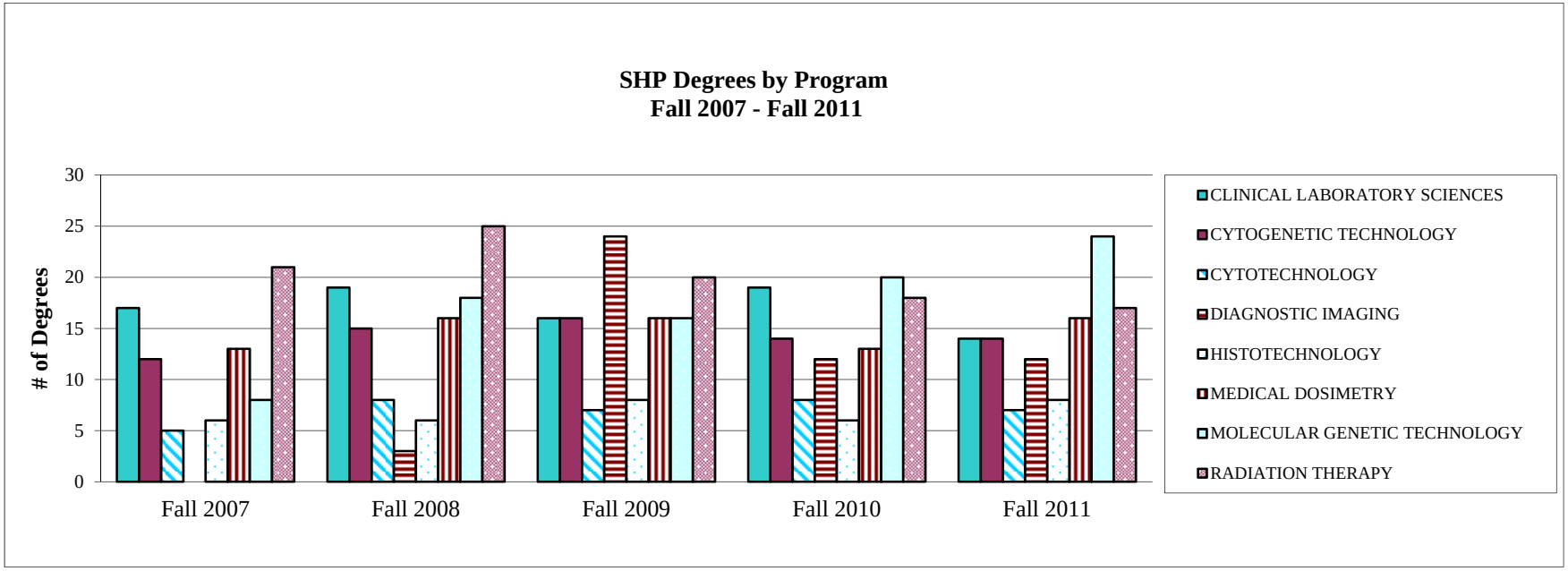
**Source: Certified CBM009*



C.3 SHP Degrees by Program, Fall 2007 - Fall 2011

PROGRAM	Fall 2007	Fall 2008	% Inc/Dec	Fall 2009	% Inc/Dec	Fall 2010	% Inc/Dec	Fall 2011	% Inc/Dec
CLINICAL LABORATORY SCIENCES	17	19	11.8%	16	-15.8%	19	18.8%	14	-26.3%
CYTOGENETIC TECHNOLOGY	12	15	25.0%	16	6.7%	14	-12.5%	14	0.0%
CYTOTECHNOLOGY	5	8	60.0%	7	-12.5%	8	14.3%	7	-12.5%
DIAGNOSTIC IMAGING		3		24	700.0%	12	-50.0%	12	0.0%
HISTOTECHNOLOGY	6	6	0.0%	8	33.3%	6	-25.0%	8	33.3%
MEDICAL DOSIMETRY	13	16	23.1%	16	0.0%	13	-18.8%	16	23.1%
MOLECULAR GENETIC TECHNOLOGY	8	18	125.0%	16	-11.1%	20	25.0%	24	20.0%
RADIATION THERAPY	21	25	19.0%	20	-20.0%	18	-10.0%	17	-5.6%
OVERALL	**82**	**110**	34.1%	**123**	11.8%	**110**	-10.6%	**112**	1.8%

Source: SHP Dean's Report



C.4 SHP Degrees Awarded by Program and Average Age, Fall 2007 – Fall 2011

PROGRAM	DEGREE CONFERRED	Fall 2007		Fall 2008		Fall 2009		Fall 2010		Fall 2011	
		Avg. Age	COUNT	Avg. Age	COUNT	Avg. Age	COUNT	Avg. Age	COUNT	Avg. Age	COUNT
CLINICAL LABORATORY SCIENCE	CERTIFICATE	23.7	3	21.0	1	22.5	2	0.0	0	0.0	0
	BACCALAUREATE	28.6	14	24.7	18	22.2	14	27.2	19	23.6	14
CYTOGENETIC TECHNOLOGY	CERTIFICATE	31.0	1							0.0	0
	BACCALAUREATE	23.6	11	29.7	15	25.1	16	26.0	14	23.7	14
CYTOTECHNOLOGY	CERTIFICATE	0.0	0	39.0	1	26.0	1	0.0	0	0.0	0
	BACCALAUREATE	26.6	5	28.9	7	24.5	6	28.9	8	23.0	7
DIAGNOSTIC IMAGING	BACCALAUREATE			28.0	3	29.8	24	25.9	12	27.6	12
HISTOTECHNOLOGY*	CERTIFICATE	28.8	6	42.0	6	36.3	8	34.2	6	24.0	2
	BACCALAUREATE									35.6	6
MEDICAL DOSIMETRY	CERTIFICATE										
	BACCALAUREATE	35.0	4	36.7	6	24.6	7	0.0	0		
		29.6	9	28.5	10	27.1	9	29.8	13	27.6	16
MOLECULAR GENETIC TECHNOLOGY	BACCALAUREATE										
		25.4	8	26.3	18	22.8	16	25.1	20	22.6	24
RADIATION THERAPY	CERTIFICATE										
	BACCALAUREATE									31.0	1
TOTAL WITHIN YEAR		**27.6**	**82**	**29.8**	**110**	**29.8**	**123**	**27.3**	**110**	**25.5**	**112**

Source: UT Houston Health Science Center Registrar's Office
**Histotechnology program began conferring baccalaureate degrees in 2011*

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
CLINICAL	WHITE NON-HISPANIC	FEMALE	2	66.7%	1	100.0%	1	50.0%	0		0	
LABORATORY SCIENCE		MALE	0	0.0%	0	0.0%	1	50.0%	0		0	
CERTIFICATE	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	ASIAN OR PACIFIC ISLANDER	FEMALE	1	33.3%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
SUBTOTAL, CERTIFICATE			*3*	100.0%	*1*	100.0%	*2*	100.0%	*0*		*0*	
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	2	14.3%	6	33.3%	7	50.0%	7	36.8%	1	7.1%
		MALE	3	21.4%	2	11.1%	1	7.1%	1	5.3%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	1	7.1%	2	11.1%	0	0.0%	4	21.1%	3	21.4%
		MALE	0	0.0%	0	0.0%	0	0.0%	2	10.5%	1	7.1%
	HISPANIC	FEMALE	0	0.0%	0	0.0%	2	14.3%	1	5.3%	2	14.3%
		MALE	0	0.0%	0	0.0%	1	7.1%	1	5.3%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	4	28.6%	5	27.8%	1	7.1%	3	15.8%	5	35.7%
		MALE	1	7.1%	1	5.6%	1	7.1%	0	0.0%	2	14.3%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	2	14.3%	2	11.1%	0	0.0%	0	0.0%	0	0.0%
		MALE	1	7.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	7.1%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL BACCALAUREATE DEGREES			*14*	100.0%	*18*	100.0%	*14*	100.0%	*19*	100.0%	*14*	100.0%
TOTAL, CERTIFICATE & BACCALAUREATE DEGREES			**17**		**19**		**16**		**19**		**14**	

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
CYTOGENETIC	WHITE NON-HISPANIC	FEMALE	0	0.0%	0		0		0		0	
TECHNOLOGY		MALE	0	0.0%	0		0		0		0	
CERTIFICATE	BLACK NON-HISPANIC	FEMALE	0	0.0%	0		0		0		0	
		MALE	0	0.0%	0		0		0		0	
	HISPANIC	FEMALE	0	0.0%	0		0		0		0	
		MALE	0	0.0%	0		0		0		0	
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	0		0		0		0	
		MALE	0	0.0%	0		0		0		0	
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0		0		0		0	
	NATIVE	MALE	0	0.0%	0		0		0		0	
	INTERNATIONAL	FEMALE	1	100.0%	0		0		0		0	
		MALE	0	0.0%	0		0		0		0	
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0		0		0		0	
		MALE	0	0.0%	0		0		0		0	
SUBTOTAL, CERTIFICATE			*1*	100.0%	*0*		*0*		*0*		*0*	
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	2	18.2%	5	33.3%	3	18.8%	4	28.6%	0	0.0%
		MALE	1	9.1%	1	6.7%	0	0.0%	1	7.1%	3	21.4%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	1	6.3%	1	7.1%	1	7.1%
		MALE	0	0.0%	0	0.0%	1	6.3%	0	0.0%	2	14.3%
	HISPANIC	FEMALE	0	0.0%	1	6.7%	2	12.5%	1	7.1%	1	7.1%
		MALE	2	18.2%	0	0.0%	2	12.5%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	3	27.2%	1	6.7%	3	18.8%	1	7.1%	5	35.7%
		MALE	2	18.2%	6	39.9%	4	25.0%	3	21.4%	2	14.3%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	9.1%	1	6.7%	0	0.0%	1	7.1%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	2	14.3%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL BACCALAUREATE DEGREES			*11*	100.0%	*15*	100.0%	*16*	100.0%	*14*	100.0%	*14*	100.0%
TOTAL, CERTIFICATE & BACCALAUREATE DEGREES			**12**		**15**		**16**		**14**		**14**	

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
CYTOTECHNOLOGY	WHITE NON-HISPANIC	FEMALE	0		0	0.0%	0	0.0%	0		0	
CERTIFICATE		MALE	0		0	0.0%	0	0.0%	0		0	
	BLACK NON-HISPANIC	FEMALE	0		0	0.0%	1	100.0%	0		0	
		MALE	0		0	0.0%	0	0.0%	0		0	
	HISPANIC	FEMALE	0		0	0.0%	0	0.0%	0		0	
		MALE	0		0	0.0%	0	0.0%	0		0	
	ASIAN OR PACIFIC ISLANDER	FEMALE	0		1	100.0%	0	0.0%	0		0	
		MALE	0		0	0.0%	0	0.0%	0		0	
	AMERICAN INDIAN/ALASKAN	FEMALE	0		0	0.0%	0	0.0%	0		0	
	NATIVE	MALE	0		0	0.0%	0	0.0%	0		0	
	INTERNATIONAL	FEMALE	0		0	0.0%	0	0.0%	0		0	
		MALE	0		0	0.0%	0	0.0%	0		0	
	UNKNOWN OR NOT REPORTED	FEMALE	0		0	0.0%	0	0.0%	0		0	
		MALE	0		0	0.0%	0	0.0%	0		0	
SUBTOTAL, CERTIFICATE			*0*		*1*	100.0%	*1*	100.0%	*0*		*0*	
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	2	40.0%	1	14.3%	2	33.3%	2	25.0%	1	14.3%
		MALE	0	0.0%	1	14.3%	0	0.0%	1	12.5%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	1	20.0%	3	42.8%	1	16.7%	0	0.0%	2	28.6%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
	HISPANIC	FEMALE	2	40.0%	1	14.3%	1	16.7%	3	37.5%	2	28.6%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	1	14.3%	0	0.0%	1	12.5%	0	0.0%
		MALE	0	0.0%	0	0.0%	1	16.7%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	1	16.7%	1	12.5%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL BACCALAUREATE DEGREES			*5*	100.0%	*7*	100.0%	*6*	100.0%	*8*	100.0%	*7*	100.0%
TOTAL, CERTIFICATE & BACCALAUREATE DEGREES			**5**		**8**		**7**		**8**		**7**	

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
DIAGNOSTIC	WHITE NON-HISPANIC	FEMALE			0	0.0%	3	12.5%	0	0.0%	3	25.0%
IMAGING		MALE			0	0.0%	2	8.3%	1	8.3%	3	25.0%
BACCALAUREATE	BLACK NON-HISPANIC	FEMALE			0	0.0%	1	4.2%	1	8.3%	0	0.0%
		MALE			0	0.0%	3	12.5%	2	16.7%	1	8.3%
	HISPANIC	FEMALE			2	66.7%	4	16.7%	3	25.0%	2	16.7%
		MALE			0	0.0%	1	4.2%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE			0	0.0%	2	8.3%	2	16.7%	2	16.7%
		MALE			1	33.3%	5	20.8%	2	16.7%	1	8.3%
	AMERICAN INDIAN/ALASKAN	FEMALE			0	0.0%	0	0.0%	1	8.3%	0	0.0%
	NATIVE	MALE			0	0.0%	1	4.2%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE			0	0.0%	1	4.2%	0	0.0%	0	0.0%
		MALE			0	0.0%	1	4.2%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE			0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE			0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL, BACCALAUREATE DEGREE:					**3**	100.0%	**24**	100.0%	**12**	100.0%	**12**	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
HISTOTECHNOLOGY	WHITE NON-HISPANIC	FEMALE	2	33.3%	1	16.7%	1	12.5%	3	50.0%	0	0.0%
CERTIFICATE		MALE	0	0.0%	0	0.0%	1	12.5%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	3	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	1	12.5%	1	16.7%	0	0.0%
	HISPANIC	FEMALE	1	16.7%	2	33.3%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	2	33.3%	3	37.5%	2	33.3%	2	100.0%
		MALE	0	0.0%	1	16.7%	1	12.5%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	1	12.5%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL, CERTIFICATE			**6**	100.0%	**6**	100.0%	**8**	100.0%	**6**	100.0%	**2**	100.0%
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE									1	16.7%
		MALE									0	0.0%
	BLACK NON-HISPANIC	FEMALE									2	33.3%
		MALE									0	0.0%
	HISPANIC	FEMALE									1	16.7%
		MALE									1	16.7%
	ASIAN OR PACIFIC ISLANDER	FEMALE									0	0.0%
		MALE									0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE									0	0.0%
	NATIVE	MALE									0	0.0%
	INTERNATIONAL	FEMALE									0	0.0%
		MALE									0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE									1	16.7%
		MALE									0	0.0%
SUBTOTAL BACCALAUREATE DEGREES											*6*	100.0%
TOTAL, CERTIFICATE & BACCALAUREATE DEGREES											**8**	

Source: UT Houston Health Science Center Registrar's Office
**Histotechnology program began conferring baccalaureate degrees in 2011*

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
MEDICAL DOSIMETRY	WHITE NON-HISPANIC	FEMALE	1	25.0%	2	33.3%	4	57.1%	0		0	
CERTIFICATE		MALE	2	50.0%	2	33.3%	2	28.6%	0		0	
	BLACK NON-HISPANIC	FEMALE	0	0.0%	1	16.7%	0	0.0%	0		0	
		MALE	1	25.0%	0	0.0%	0	0.0%	0		0	
	HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	0	0.0%	1	14.3%	0		0	
		MALE	0	0.0%	1	16.7%	0	0.0%	0		0	
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0		0	
		MALE	0	0.0%	0	0.0%	0	0.0%	0		0	
SUBTOTAL, CERTIFICATE			*4*	100.0%	*6*	100.0%	*7*	100.0%	*0*		*0*	
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	3	33.3%	2	20.0%	3	33.3%	1	7.7%	5	31.3%
DEGREES		MALE	3	33.4%	2	20.0%	1	11.1%	5	38.5%	3	18.8%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	12.5%
		MALE	0	0.0%	1	10.0%	1	11.1%	1	7.7%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	12.5%
		MALE	1	11.1%	0	0.0%	1	11.1%	2	15.4%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	1	11.1%	2	20.0%	2	22.2%	1	7.7%	3	18.8%
		MALE	0	0.0%	2	20.0%	0	0.0%	1	7.7%	1	6.3%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	1	10.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	1	11.1%	0	0.0%	1	11.1%	1	7.7%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	1	7.7%	0	0.0%
SUBTOTAL BACCALAUREATE DEGREES			*9*	100.0%	*10*	100.0%	*9*	100.0%	*13*	100.0%	*16*	100.0%
TOTAL, CERTIFICATE & BACCALAUREATE DEGREES			**13**		**16**		**16**		**13**		**16**	

Source: CBM009 per UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	Fall 2010	% of All	Fall 2011	% of All
MOLECULAR GENETIC	WHITE NON-HISPANIC	FEMALE	3	37.5%	4	22.2%	1	6.3%	6	30.0%	4	16.7%
TECHNOLOGY		MALE	1	12.5%	1	5.6%	2	12.5%	3	15.0%	5	20.8%
BACCALAUREATE	BLACK NON-HISPANIC	FEMALE	2	25.0%	1	5.6%	0	0.0%	0	0.0%	1	4.2%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.2%
	HISPANIC	FEMALE	0	0.0%	2	11.1%	1	6.3%	1	5.0%	2	8.3%
		MALE	0	0.0%	0	0.0%	2	12.5%	1	5.0%	4	16.7%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	25.0%	4	22.2%	5	31.3%	0	0.0%	2	8.3%
		MALE	0	0.0%	2	11.1%	4	25.0%	7	35.0%	2	8.3%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	1	6.3%	1	5.0%	0	0.0%
		MALE	0	0.0%	4	22.2%	0	0.0%	1	5.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	8.3%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.2%
TOTAL, BACCALAUREATE DEGREE:			**8**	100.0%	**18**	100.0%	**16**	100.0%	**20**	100.0%	**24**	100.0%

Source: CBM009 per UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2007 – Fall 2011

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2007	% of All	Fall 2008	% of All	Fall 2009	% of All	2010 Fall	% of All	Fall 2011	% of All
RADIATION THERAPY	WHITE NON-HISPANIC	FEMALE	0		0		0		0		0	0.0%
CERTIFICATE		MALE	0		0		0		0		0	0.0%
	BLACK NON-HISPANIC	FEMALE	0		0		0		0		0	0.0%
		MALE	0		0		0		0		1	100.0%
	HISPANIC	FEMALE	0		0		0		0		0	0.0%
		MALE	0		0		0		0		0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0		0		0		0		0	0.0%
		MALE	0		0		0		0		0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0		0		0		0		0	0.0%
	NATIVE	MALE	0		0		0		0		0	0.0%
	INTERNATIONAL	FEMALE	0		0		0		0		0	0.0%
		MALE	0		0		0		0		0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0		0		0		0		0	0.0%
		MALE	0		0		0		0		0	0.0%
SUBTOTAL, CERTIFICATE			*0*		*0*		*0*		0		**1**	100.0%
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	10	47.6%	7	28.0%	8	40.0%	5	27.8%	5	31.3%
DEGREES		MALE	5	23.8%	4	16.0%	3	15.0%	2	11.1%	3	18.8%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	1	4.0%	0	0.0%	0	0.0%	1	6.3%
		MALE	0	0.0%	3	12.0%	1	5.0%	0	0.0%	1	6.3%
	HISPANIC	FEMALE	2	9.5%	2	8.0%	1	5.0%	4	22.2%	3	18.8%
		MALE	1	4.8%	1	4.0%	1	5.0%	3	16.7%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	9.5%	2	8.0%	4	20.0%	2	11.1%	0	0.0%
		MALE	1	4.8%	4	16.0%	2	10.0%	1	5.6%	3	18.8%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	1	4.0%	0	0.0%	1	5.6%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL, BACCALAUREATE DEGREES			*21*	100.0%	*25*	100.0%	*20*	100.0%	*18*	100.0%	*16*	100.0%
TOTAL, CERTIFICATE AND BACCALAUREATE DEGREES:			**21**		**25**		**20**		**18**		**17**	

Source: UT Houston Health Science Center Registrar's Office

C.6 SHP Total Degrees by Level, Ethnicity, and Gender, Fall 2007 – Fall 2011 *(Source: UT Houston Health Science Center Registrar's Office)*

DEGREE	ETHNICITY	GENDER	Fall 2007	% of Students	Fall 2008	% of Students	Fall 2009	% of Students	Fall 2010	% of Students	Fall 2011	% of Students
CERTIFICATE	WHITE NON-HISPANIC	FEMALE	5	6.1%	4	3.6%	6	4.9%	3	2.7%	0	0.0%
		MALE	2	2.4%	2	1.8%	4	3.3%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	3	3.7%	1	0.9%	1	0.8%	0	0.0%	0	0.0%
		MALE	1	1.2%	0	0.0%	1	0.8%	1	0.9%	1	0.9%
	HISPANIC	FEMALE	1	1.2%	2	1.8%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	1	1.2%	3	2.7%	4	3.3%	2	1.8%	2	1.8%
		MALE	0	0.0%	2	1.8%	1	0.8%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	1.2%	0	0.0%	1	0.8%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL, CERTIFICATE			*14*	17.1%	*14*	12.7%	*18*	14.6%	*6*	5.5%	*3*	2.7%
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	22	26.8%	25	22.7%	27	22.0%	25	22.7%	20	17.9%
DEGREES		MALE	13	15.9%	11	10.0%	9	7.3%	14	12.7%	17	15.2%
	BLACK NON-HISPANIC	FEMALE	4	4.9%	7	6.4%	3	2.4%	6	5.5%	12	10.7%
		MALE	0	0.0%	4	3.6%	6	4.9%	5	4.5%	7	6.3%
	HISPANIC	FEMALE	4	4.9%	8	7.3%	11	8.9%	13	11.8%	15	13.4%
		MALE	4	4.9%	1	0.9%	8	6.5%	7	6.4%	5	4.5%
	ASIAN OR PACIFIC ISLANDER	FEMALE	12	14.6%	15	13.6%	17	13.8%	10	9.1%	17	15.2%
		MALE	4	4.9%	16	14.5%	17	13.8%	14	12.7%	11	9.8%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	0.9%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	1	0.8%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	3	3.7%	5	4.5%	3	2.4%	4	3.6%	0	0.0%
		MALE	2	2.4%	4	3.6%	2	1.6%	4	3.6%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	0.8%	0	0.0%	4	3.6%
		MALE	0	0.0%	0	0.0%	0	0.0%	1	0.9%	1	0.9%
SUBTOTAL BACCALAUREATE DEGREES			*68*	82.9%	*96*	87.3%	*105*	85.4%	*104*	94.5%	*109*	97.3%
TOTAL, DEGREES BY YEAR			**82**	100.0%	**110**	100.0%	**123**	100.0%	**110**	100.0%	**112**	100.0%

C.7 SHP Graduates by Gender and Ethnicity, Fall 2007 – Fall 2011

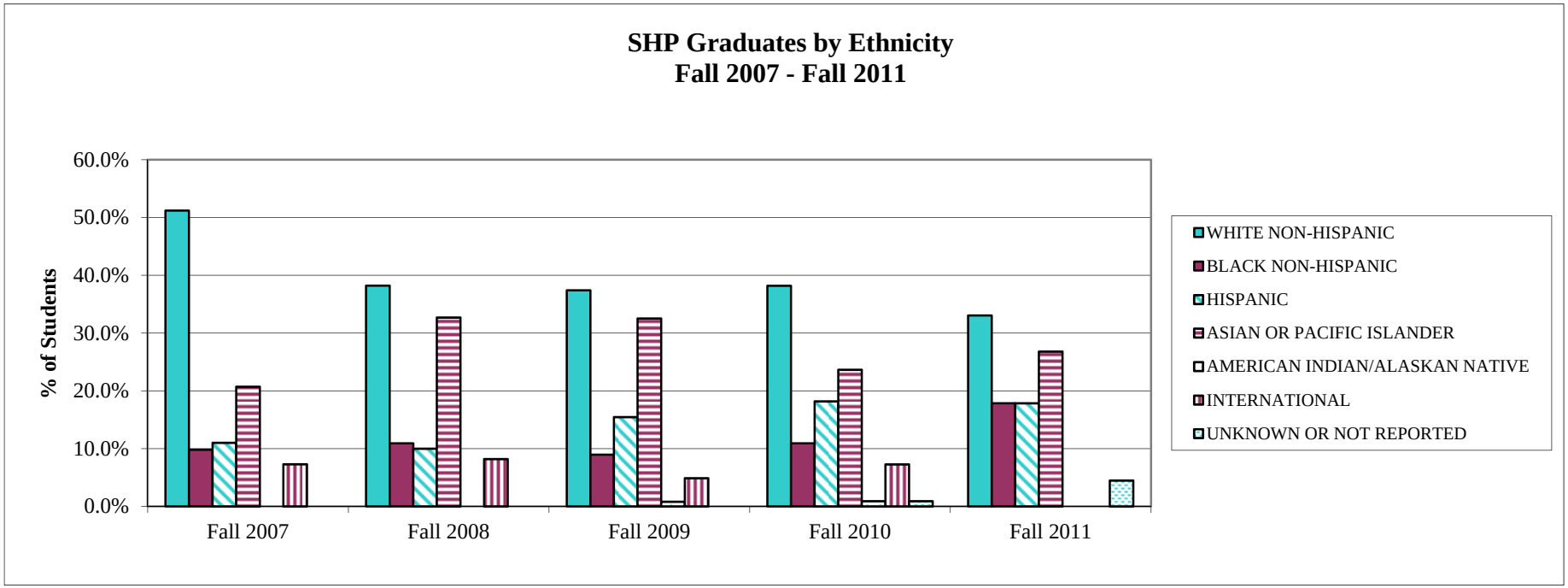
ETHNICITY	GENDER	Fall 2007	% of Students	Fall 2008	% of Students	Fall 2009	% of Students	Fall 2010	% of Students	Fall 2011	% of Students
WHITE NON-HISPANIC	FEMALE	27	32.9%	29	26.4%	33	26.8%	28	25.5%	20	17.9%
	MALE	15	18.3%	13	11.8%	13	10.6%	14	12.7%	17	15.2%
BLACK NON-HISPANIC	FEMALE	7	8.5%	8	7.3%	4	3.3%	6	5.5%	12	10.7%
	MALE	1	1.2%	4	3.6%	7	5.7%	6	5.5%	8	7.1%
HISPANIC	FEMALE	5	6.1%	10	9.1%	11	8.9%	13	11.8%	15	13.4%
	MALE	4	4.9%	1	0.9%	8	6.5%	7	6.4%	7	6.3%
ASIAN OR PACIFIC ISLANDER	FEMALE	13	15.9%	18	16.4%	21	17.1%	12	10.9%	17	15.2%
	MALE	4	4.9%	18	16.4%	18	14.6%	14	12.7%	11	9.8%
AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	0.9%	0	0.0%
NATIVE	MALE	0	0.0%	0	0.0%	1	0.8%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	4	4.9%	5	4.5%	4	3.3%	4	3.6%	0	0.0%
	MALE	2	2.4%	4	3.6%	2	1.6%	4	3.6%	0	0.0%
UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	0.8%	0	0.0%	4	3.6%
	MALE	0	0.0%	0	0.0%	0	0.0%	1	0.9%	1	0.9%
TOTAL		**82**	100.0%	**110**	100.0%	**123**	100.0%	**110**	100.0%	**112**	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.8 SHP Graduates by Ethnicity, Fall 2007 – Fall 2011

ETHNICITY	Fall 2007	% of Students	Fall 2008	% of Students	Fall 2009	% of Students	Fall 2010	% of Students	Fall 2011	% of Students
WHITE NON-HISPANIC	42	51.2%	42	38.2%	46	37.4%	42	38.2%	37	33.0%
BLACK NON-HISPANIC	8	9.8%	12	10.9%	11	8.9%	12	10.9%	20	17.9%
HISPANIC	9	11.0%	11	10.0%	19	15.4%	20	18.2%	20	17.9%
ASIAN OR PACIFIC ISLANDER	17	20.7%	36	32.7%	40	32.5%	26	23.6%	30	26.8%
AMERICAN INDIAN/ALASKAN NATIVE	0	0.0%	0	0.0%	1	0.8%	1	0.9%	0	0.0%
INTERNATIONAL	6	7.3%	9	8.2%	6	4.9%	8	7.3%	0	0.0%
UNKNOWN OR NOT REPORTED	0	0.0%	0	0.0%	0	0.0%	1	0.9%	5	4.5%
Total	**82**	100.0%	**110**	100.0%	**123**	100.0%	**110**	100.0%	**112**	100.0%

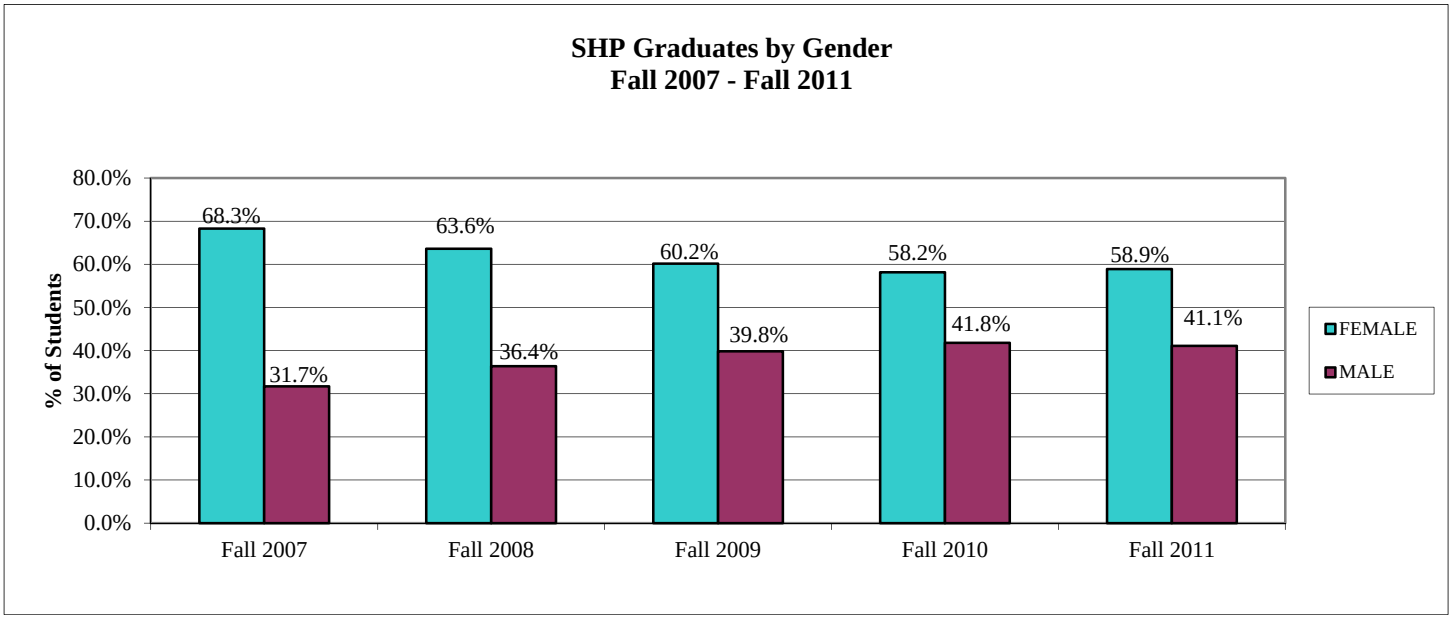
Source: UT Houston Health Science Center Registrar's Office



C.9 SHP Graduates by Gender, Fall 2007 – Fall 2011

GENDER	Fall 2007	% of Students	Fall 2008	% of Students	Fall 2009	% of Students	Fall 2010	% of Students	Fall 2011	% of Students
FEMALE	56	68.3%	70	63.6%	74	60.2%	64	58.2%	66	58.9%
MALE	26	31.7%	40	36.4%	49	39.8%	46	41.8%	46	41.1%
Total	**82**	100.0%	**110**	100.0%	**123**	100.0%	**110**	100.0%	**112**	100.0%

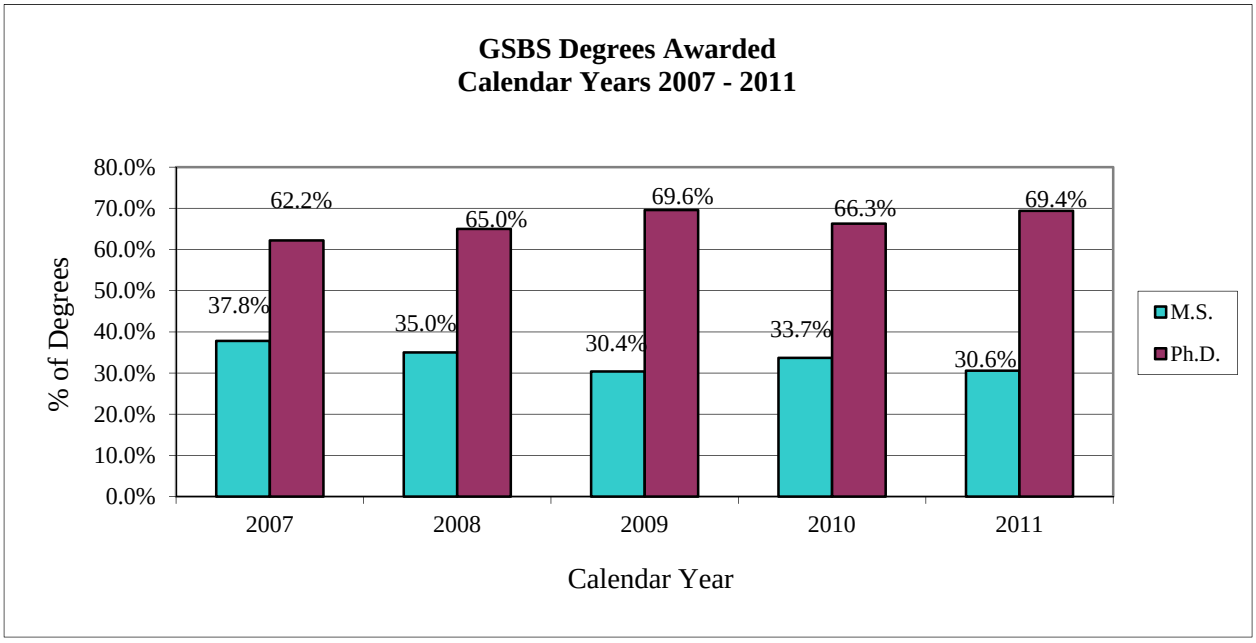
Source: UT Houston Health Science Center Registrar's Office



C.10 GSBS Degrees Awarded, Calendar Years 2007 – 2011*

DEGREE AWARDED	2007	2008	% Inc/Dec	2009	% Inc/Dec	2010	% Inc/Dec	2011	% Inc/Dec
M.S.	34	35	2.9%	31	-11.4%	35	12.9%	34	-2.9%
Ph.D.	56	65	16.1%	71	9.2%	69	-2.8%	77	10.4%
OVERALL	**90**	**100**	11.1%	**102**	2.0%	**104**	2.0%	**111**	6.3%

**Data for each calendar year includes graduates in Spring, Summer, and Fall Semesters*
Source: UT Graduate School of Biomedical Sciences



C.11 GSBS Graduates by Area of Research Concentration, Calendar Years 2007 – 2011

Area of Research Interest	2007		2008		2009		2010		2011	
	MS	PhD	MS	PhD	MS	PhD	MS	PhD	MS	PhD
Biochemistry	-	3	1	10	1	3	-	-	1	5
Biochemistry and Molecular Biology							-	5	-	-
Biomathematics & Biostatistics	1	1	1	-	2	-	1	2	1	2
Biomedical Sciences	-	-	-	-	-	-	12	11	14	27
Biophysics	-	-	1	-	-	-	-	-	-	-
Cancer Biology	7	11	10	12	7	26	2	13	1	9
Cell Biology	1	5	0	1	-	-	1	1	-	1
Experimental Therapeutics							-	-	1	-
Genetic Counseling	6	-	5	-	7	-	6	-	6	-
Genes & Development	1	9	2	8	3	9	-	8	1	8
Human & Molecular Genetics	1	4	-	4	2	3	-	2	-	1
Immunology	1	3	1	7	2	3	-	6	-	6
Integrative Biology (deleted in 2010)	-	1	-	-	-	-	-	-	-	-
Medical Physics	7	5	6	3	4	1	9	6	8	6
Microbiology & Molecular Genetics	2	2	1	4	1	4	2	5	-	1
Molecular Biology	-	3	2	1	-	3	-	-	-	-
Molecular Carcinogenesis	1	3	1	1	-	4	-	3	-	5
Molecular Pathology	1	1	1	4	-	4	-	-	-	1
Neuroscience	2	2	3	4	2	7	2	6	1	5
Pharmacology	-	1	-	-	-	-	-	-	-	-
Physiology	2	-	-	1	-	-	-	-	-	-
Virology & Gene Therapy	1	1	1	-	2	-	1	2	-	-
Total	34	56	35	65	31	71	35	69	34	77

Source: UT Graduate School of Biomedical Sciences

C.12 GSBS M.S. Program Top Areas of Research Concentration, Calendar Year 2007 – 2011

2007	2008	2009	2010	2011
Cancer Biology*	Cancer Biology	Cancer Biology*	Biomedical Sciences	Biomedical Sciences
Medical Physics*	Medical Physics	Genetic Counseling*	Medical Physics	Medical Physics
Genetic Counseling	Genetic Counseling	Medical Physics	Genetic Counseling	Genetic Counseling

*Same number of graduates within given year.
Source: UT Graduate School of Biomedical Sciences

C.13 GSBS Ph.D. Program Top Areas of Research Concentration, Calendar Year 2007 – Fall 2011

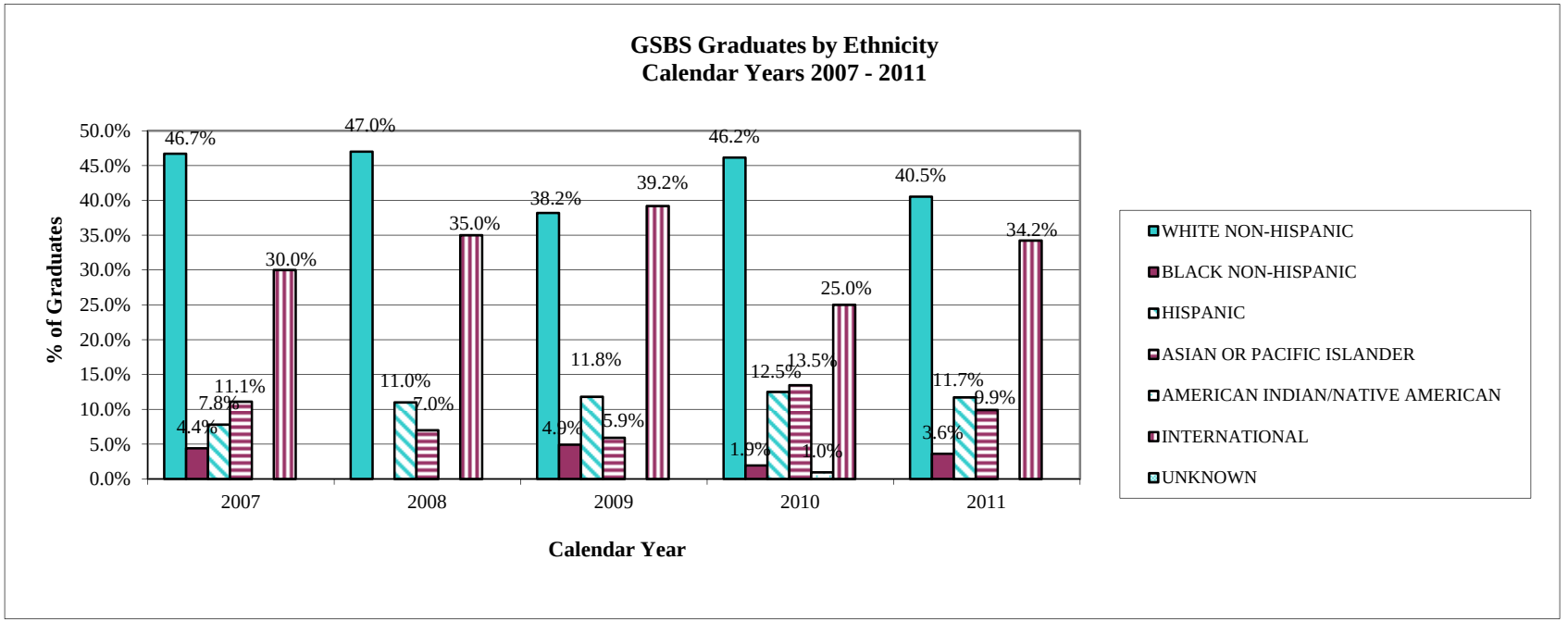
2007	2008	2009	2010	2011
Cancer Biology	Cancer Biology	Cancer Biology	Cancer Biology	Biomedical Sciences
Genes & Development	Biochemistry	Genes & Development	Biomedical Sciences	Cancer Biology
Cell Biology*	Genes & Development	Neuroscience	Genes & Development	Genes & Development
Medical Physics*		Cancer Biology	Cancer Biology	

*Same number of graduates within given year.
Source: UT Graduate School of Biomedical Sciences

C.14 GSBS Graduates by Ethnicity, Calendar Years 2007 – 2011

ETHNICITY	2007 COUNT	% of Students	2008 COUNT	% of Students	2009 COUNT	% of Students	2010 COUNT	% of Students	2011 COUNT	% of Students
WHITE NON-HISPANIC	42	46.7%	47	47.0%	39	38.2%	48	46.2%	45	40.5%
BLACK NON-HISPANIC	4	4.4%	0	0.0%	5	4.9%	2	1.9%	4	3.6%
HISPANIC	7	7.8%	11	11.0%	12	11.8%	13	12.5%	13	11.7%
ASIAN OR PACIFIC ISLANDER	10	11.1%	7	7.0%	6	5.9%	14	13.5%	11	9.9%
AMERICAN INDIAN OR ALASKAN NATIVE	0	0.0%	0	0.0%	0	0.0%	1	1.0%	0	0.0%
INTERNATIONAL	27	30.0%	35	35.0%	40	39.2%	26	25.0%	38	34.2%
UNKNOWN OR NOT REPORTED	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	**90**	100.0%	**100**	100.0%	**102**	100.0%	**104**	100.0%	**111**	100.0%

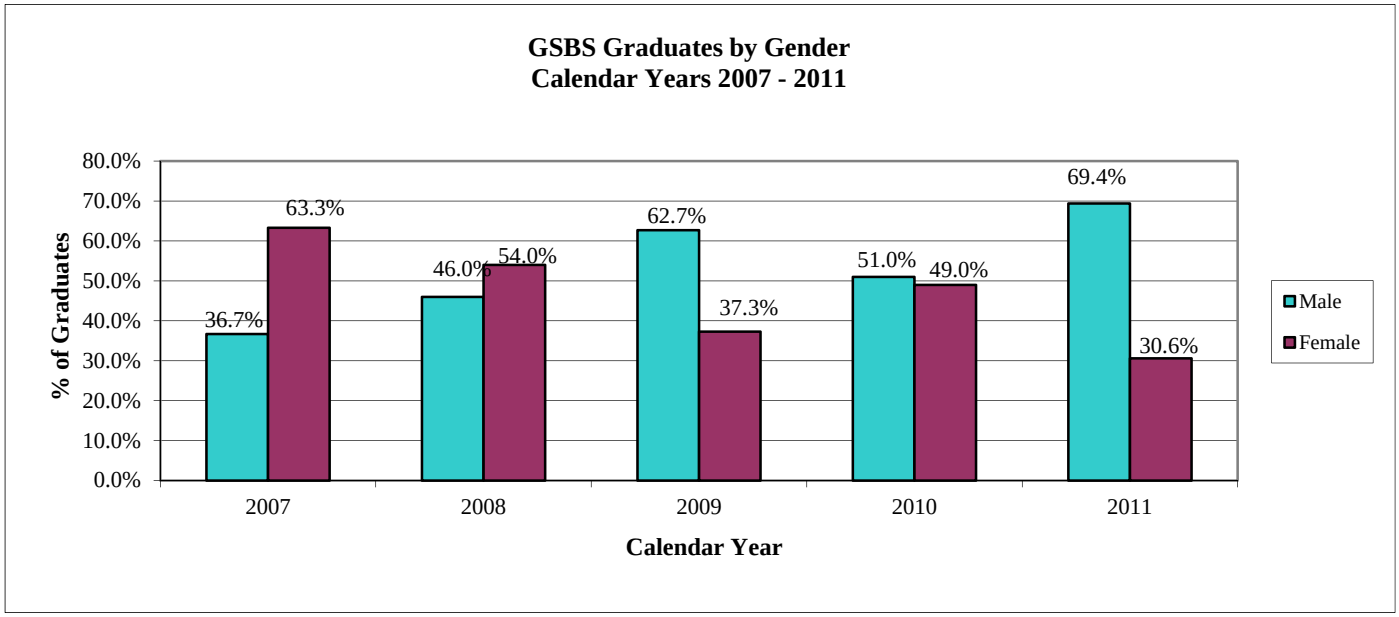
Source: UT Graduate School of Biomedical Sciences



C.15 GSBS Graduates by Gender, Calendar Years 2007 – 2011

GENDER	2007 COUNT	% of Students	2008 COUNT	% of Students	2009 COUNT	% of Students	2010 COUNT	% of Students	2011 COUNT	% of Students
FEMALE	57	63.3%	54	54.0%	64	62.7%	51	49.0%	34	30.6%
MALE	33	36.7%	46	46.0%	38	37.3%	53	51.0%	77	69.4%
TOTAL	**90**	100.0%	**100**	100.0%	**102**	100.0%	**104**	100.0%	**111**	100.0%

Source: UT Graduate School of Biomedical Sciences



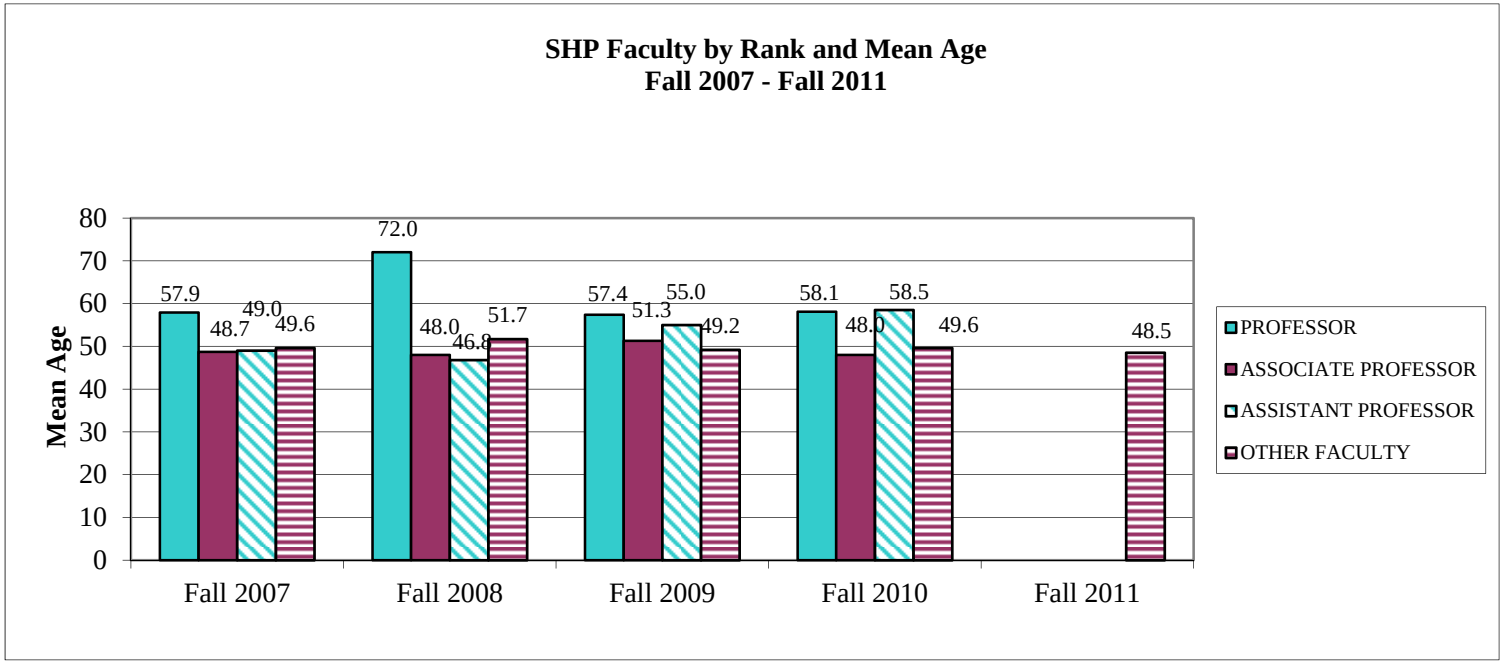
D. Faculty Demographics

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

D.1 SHP Faculty by Rank and Mean Age, Fall 2007 – Fall 2011

	Fall 2007		Fall 2008		Fall 2009		Fall 2010		Fall 2011*	
MEAN AGE BY RANK	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE
PROFESSOR	8	57.9	1	72.0	11	57.4	9	58.1	0	
ASSOCIATE PROFESSOR	6	48.7	2	48.0	3	51.3	2	48.0	0	
ASSISTANT PROFESSOR	3	49.0	10	46.8	1	55.0	2	58.5	0	
OTHER FACULTY	48	49.6	52	51.7	57	49.2	64	49.6	43	48.5

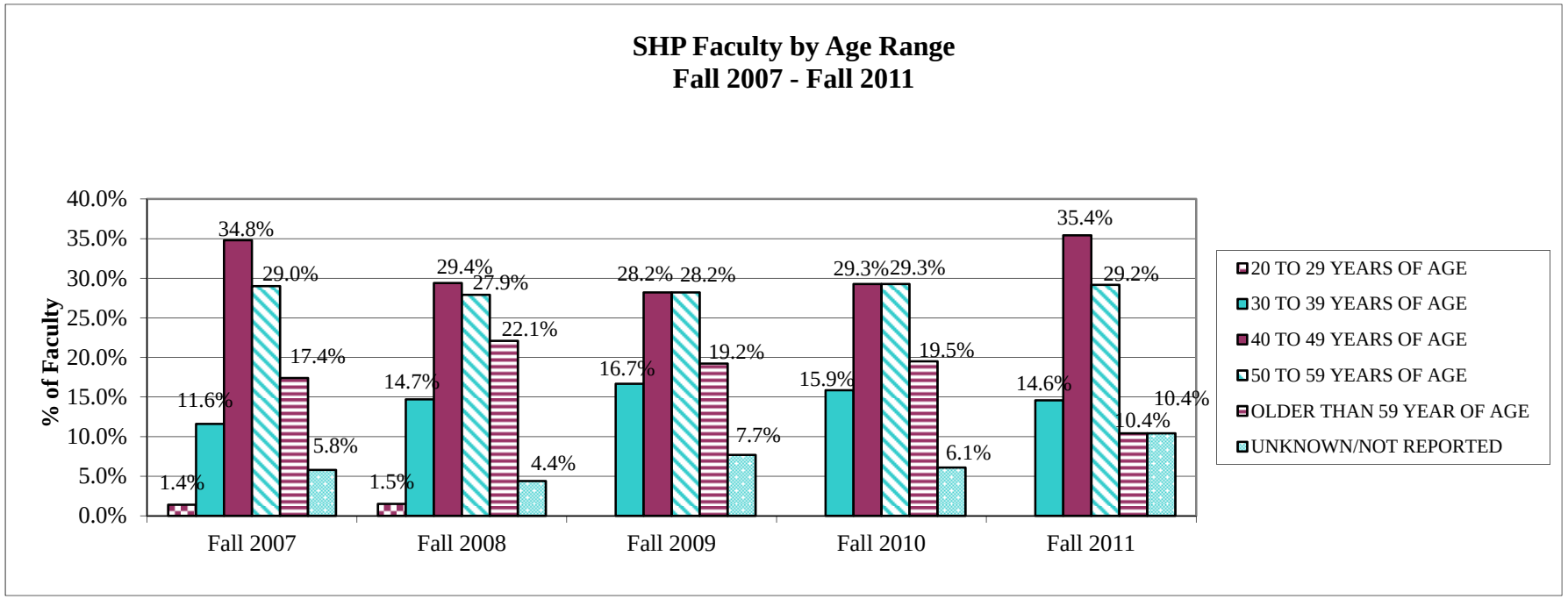
**Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog
Age at Time of CBM008 Report Submission; Faculty with unknown age are not included



D.2 SHP Faculty by Age Range, Fall 2007 – Fall 2011

AGE RANGE	Fall 2007 COUNT	% of Faculty	Fall 2008 COUNT	% of Faculty	Fall 2009 COUNT	% of Faculty	Fall 2010 COUNT	% of Faculty	Fall 2011* COUNT	% of Faculty
20 TO 29 YEARS OF AGE	1	1.4%	1	1.5%	0	0.0%	0	0.0%	0	0.0%
30 TO 39 YEARS OF AGE	8	11.6%	10	14.7%	13	16.7%	13	15.9%	7	14.6%
40 TO 49 YEARS OF AGE	24	34.8%	20	29.4%	22	28.2%	24	29.3%	17	35.4%
50 TO 59 YEARS OF AGE	20	29.0%	19	27.9%	22	28.2%	24	29.3%	14	29.2%
OLDER THAN 59 YEAR OF AGE	12	17.4%	15	22.1%	15	19.2%	16	19.5%	5	10.4%
UNKNOWN/NOT REPORTED	4	5.8%	3	4.4%	6	7.7%	5	6.1%	5	10.4%
TOTAL	**69**	100.0%	**68**	100.0%	**78**	100.0%	**82**	100.0%	**48**	100.0%

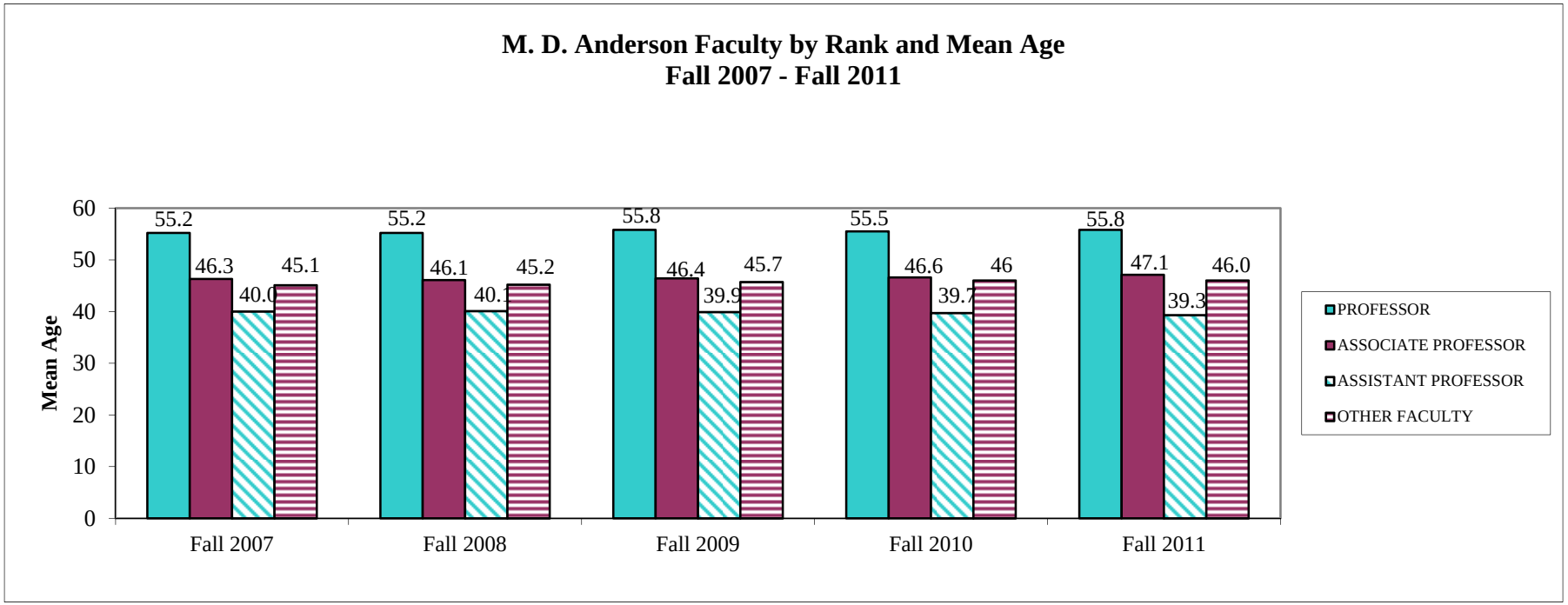
**Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog



D.3 MD Anderson Faculty by Rank and Mean Age, Fall 2007 - Fall 2011

RANK	Fall 2007		Fall 2008		Fall 2009		Fall 2010		Fall 2011	
	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE
PROFESSOR	307	55.2	308	55.2	327	55.8	336	55.5	334	55.8
ASSOCIATE PROFESSOR	161	46.3	156	46.1	156	46.4	154	46.6	145	47.1
ASSISTANT PROFESSOR	150	40.0	153	40.1	136	39.9	131	39.7	126	39.3
OTHER FACULTY	1019	45.1	1063	45.2	1219	45.7	1289	46.0	1361	46.0
TOTAL/OVERALL	1637	46.7	1680	46.7	1838	47.0	1910	47.3	1966	47.4

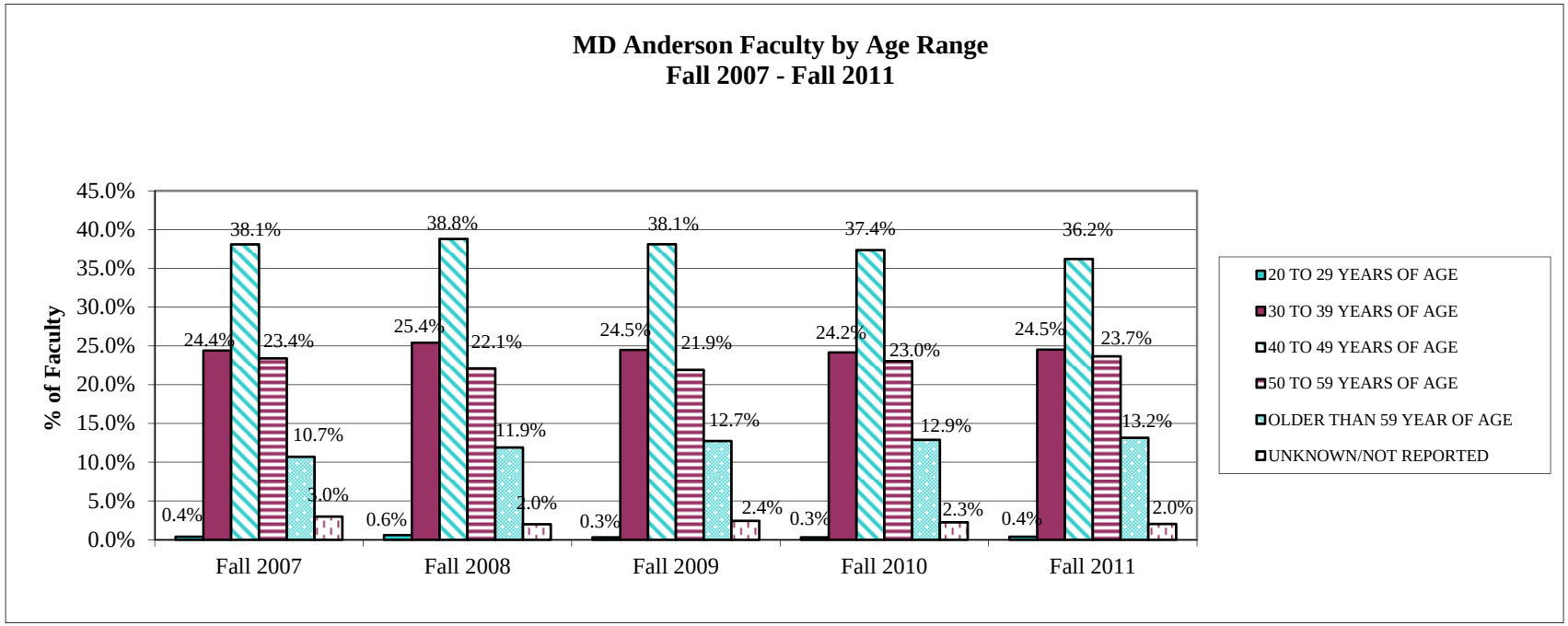
Source: Certified CBM008
Age at Time of CBM008 Report Submission; Faculty with unknown age are not included



D.4 MD Anderson Faculty by Age Range, Fall 2007 - Fall 2011

AGE RANGE	Fall 2007 COUNT	% of Faculty	Fall 2008 COUNT	% of Faculty	Fall 2009 COUNT	% of Faculty	Fall 2010 COUNT	% of Faculty	Fall 2011 COUNT	% of Faculty
20 TO 29 YEARS OF AGE	7	0.4%	11	0.6%	6	0.3%	6	0.3%	8	0.4%
30 TO 39 YEARS OF AGE	412	24.4%	435	25.4%	461	24.5%	472	24.2%	492	24.5%
40 TO 49 YEARS OF AGE	642	38.1%	658	38.3%	718	38.1%	730	37.4%	727	36.2%
50 TO 59 YEARS OF AGE	395	23.4%	378	22.1%	413	21.9%	450	23.0%	475	23.7%
OLDER THAN 59 YEAR OF AGE	181	10.7%	198	11.6%	240	12.7%	252	12.9%	264	13.2%
UNKNOWN/NOT REPORTED	50	3.0%	34	2.0%	46	2.4%	44	2.3%	41	2.0%
TOTAL	**1687**	100.0%	**1714**	100.0%	**1884**	100.0%	**1954**	100.0%	**2007**	100.0%

Source: Certified CBM008



D.5 SHP Faculty by Ethnicity and Gender, Fall 2007 – Fall 2011

ETHNICITY	GENDER	Fall 2007 COUNT	% of Faculty	Fall 2008 COUNT	% of Faculty	Fall 2009 COUNT	% of Faculty	Fall 2010* COUNT	% of Faculty	Fall 2011** COUNT	% of Faculty
WHITE NON-HISPANIC	FEMALE	14	23.3%	20	29.1%	21	30.9%	23	29.5%	19	39.6%
	MALE	25	41.7%	26	37.7%	24	35.3%	24	30.8%	9	18.8%
BLACK NON-HISPANIC	FEMALE	3	5.0%	3	4.3%	3	4.4%	3	3.8%	3	6.3%
	MALE	2	3.3%	3	4.3%	3	4.4%	3	3.8%	3	6.3%
HISPANIC	FEMALE	0	0.0%	0	0.0%	2	2.9%	3	3.8%	0	0.0%
	MALE	0	0.0%	2	2.9%	2	2.9%	2	2.6%	1	2.1%
ASIAN	FEMALE	8	13.3%	7	10.1%	6	8.8%	9	11.5%	6	12.5%
	MALE	7	11.7%	8	11.6%	7	10.3%	7	9.0%	4	8.3%
AMERICAN INDIAN/NATIVE	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	1.3%	1	2.1%
AMERICAN	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	1	1.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
UNKNOWN	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	1.3%	1	2.1%
	MALE	0	0.0%	0	0.0%	0	0.0%	2	2.6%	1	2.1%
NATIVE HAWAIIAN OR OTHER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
PACIFIC ISLANDER	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TWO OR MORE RACES	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL		**60**	**100.0%**	**69**	**100.0%**	**68**	**100.0%**	**82**	**100.0%**	**48**	**100.0%**

**New ethnicities were implemented including "Native Hawaiian or other Pacific Islander" and "Two or more races"*
***Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog

D.6 MD Anderson Faculty by Ethnicity and Gender, Fall 2007 - Fall 2011

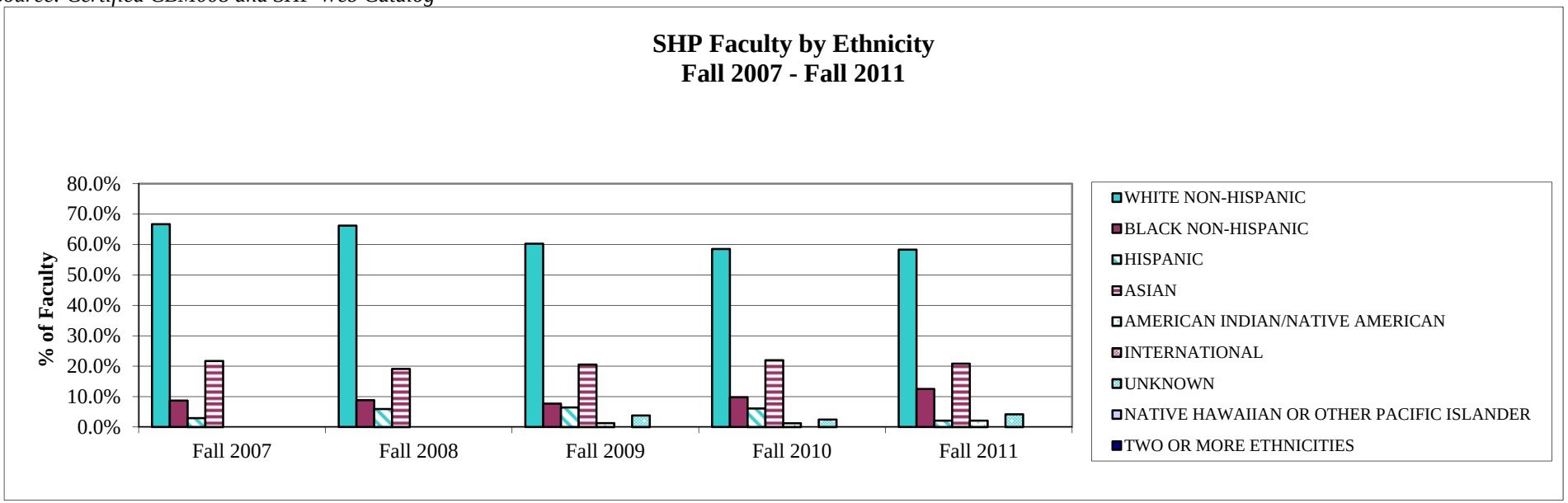
ETHNICITY	GENDER	Fall 2007 COUNT	% of Faculty	Fall 2008 COUNT	% of Faculty	Fall 2009 COUNT	% of Faculty	Fall 2010* COUNT	% of Faculty	Fall 2011** COUNT	% of Faculty
WHITE NON-HISPANIC	FEMALE	314	18.6%	311	18.1%	354	18.8%	367	18.8%	365	18.2%
	MALE	663	39.3%	635	37.0%	672	35.7%	690	35.3%	684	34.1%
BLACK NON-HISPANIC	FEMALE	24	1.4%	25	1.5%	27	1.4%	28	1.4%	31	1.5%
	MALE	19	1.1%	19	1.1%	18	1.0%	20	1.0%	20	1.0%
HISPANIC	FEMALE	28	1.7%	32	1.9%	35	1.9%	43	2.2%	47	2.3%
	MALE	47	2.8%	47	2.7%	57	3.0%	74	3.8%	74	3.7%
ASIAN	FEMALE	159	9.4%	167	9.7%	185	9.8%	195	10.0%	217	10.8%
	MALE	300	17.8%	309	18.0%	343	18.2%	353	18.1%	380	18.9%
AMERICAN INDIAN/NATIVE	FEMALE	2	0.1%	1	0.1%	3	0.2%	3	0.2%	3	0.1%
AMERICAN	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	32	1.9%	46	2.7%	46	2.4%	1	0.1%	0	0.0%
	MALE	85	5.0%	109	6.4%	120	6.4%	0	0.0%	0	0.0%
UNKNOWN	FEMALE	3	0.2%	3	0.2%	6	0.3%	7	0.4%	9	0.4%
	MALE	11	0.7%	10	0.6%	18	1.0%	20	1.0%	17	0.8%
NATIVE HAWAIIAN OR OTHER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
PACIFIC ISLANDER	MALE	0	0.0%	0	0.0%	0	0.0%	2	0.1%	2	0.1%
TWO OR MORE RACES	FEMALE	0	0.0%	0	0.0%	0	0.0%	47	2.4%	55	2.7%
	MALE	0	0.0%	0	0.0%	0	0.0%	104	5.3%	103	5.1%
TOTAL		**1687**	100.0%	**1714**	100.0%	**1884**	100.0%	**1954**	100.0%	**2007**	100.0%

**New ethnicities were implemented including "Native Hawaiian or other Pacific Islander" and "Two or more races"*
***Does not including adjunct faculty*
Source: Certified CBM008

D.7 SHP Faculty by Ethnicity, Fall 2007 – Fall 2011

ETHNICITY	Fall 2007 COUNT	% of Total	Fall 2008 COUNT	% of Total	Fall 2009 COUNT	% of Total	Fall 2010* COUNT	% of Total	Fall 2011** COUNT	% of Total
WHITE NON-HISPANIC	46	66.7%	45	66.2%	47	60.3%	48	58.5%	28	58.3%
BLACK NON-HISPANIC	6	8.7%	6	8.8%	6	7.7%	8	9.8%	6	12.5%
HISPANIC	2	2.9%	4	5.9%	5	6.4%	5	6.1%	1	2.1%
ASIAN	15	21.7%	13	19.1%	16	20.5%	18	22.0%	10	20.8%
AMERICAN INDIAN/NATIVE AMERICAN	0	0.0%	0	0.0%	1	1.3%	1	1.2%	1	2.1%
INTERNATIONAL	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
UNKNOWN	0	0.0%	0	0.0%	3	3.8%	2	2.4%	2	4.2%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TWO OR MORE RACES	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	**69**	100.0%	**68**	100.0%	**78**	100.0%	**82**	100.0%	**48**	100.0%

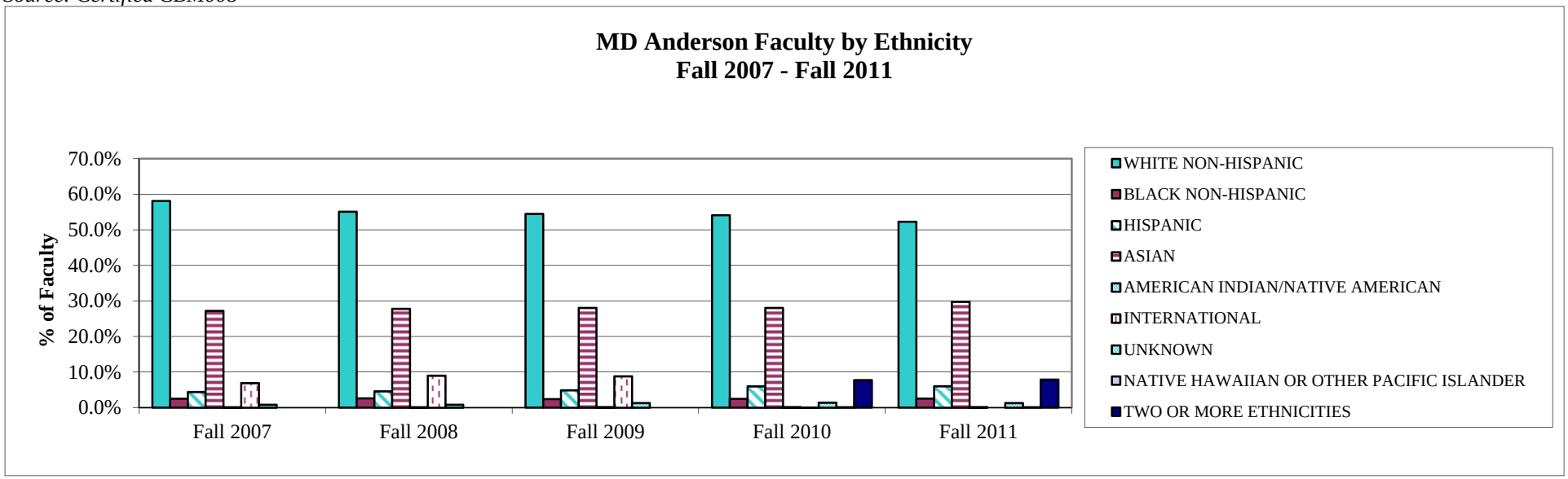
**New ethnicities were implemented including "Native Hawaiian or other Pacific Islander" and "Two or more races"*
***Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog



D.8 MD Anderson Faculty by Ethnicity, Fall 2007 - Fall 2011

ETHNICITY	Fall 2007 COUNT	% of Faculty	Fall 2008 COUNT	% of Faculty	Fall 2009 COUNT	% of Faculty	Fall 2010* COUNT	% of Faculty	Fall 2011 COUNT	% of Faculty
WHITE NON-HISPANIC	977	58.1%	946	55.1%	1026	54.5%	1057	54.1%	1049	52.3%
BLACK NON-HISPANIC	43	2.5%	44	2.6%	45	2.4%	48	2.5%	51	2.5%
HISPANIC	75	4.4%	79	4.6%	92	4.9%	117	6.0%	121	6.0%
ASIAN	459	27.2%	476	27.8%	528	28.0%	548	28.0%	597	29.7%
AMERICAN INDIAN/NATIVE AMERICAN	2	0.1%	1	0.1%	3	0.2%	3	0.2%	3	0.1%
INTERNATIONAL	117	6.9%	155	9.0%	166	8.8%	1	0.1%	0	0.0%
UNKNOWN	14	0.8%	13	0.8%	24	1.3%	27	1.4%	26	1.3%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0	0.0%	0	0.0%	0	0.0%	2	0.1%	2	0.1%
TWO OR MORE RACES	0	0.0%	0	0.0%	0	0.0%	151	7.7%	158	7.9%
TOTAL	**1687**	100.0%	**1714**	100.0%	**1884**	100.0%	**1954**	100.0%	**2007**	100.0%

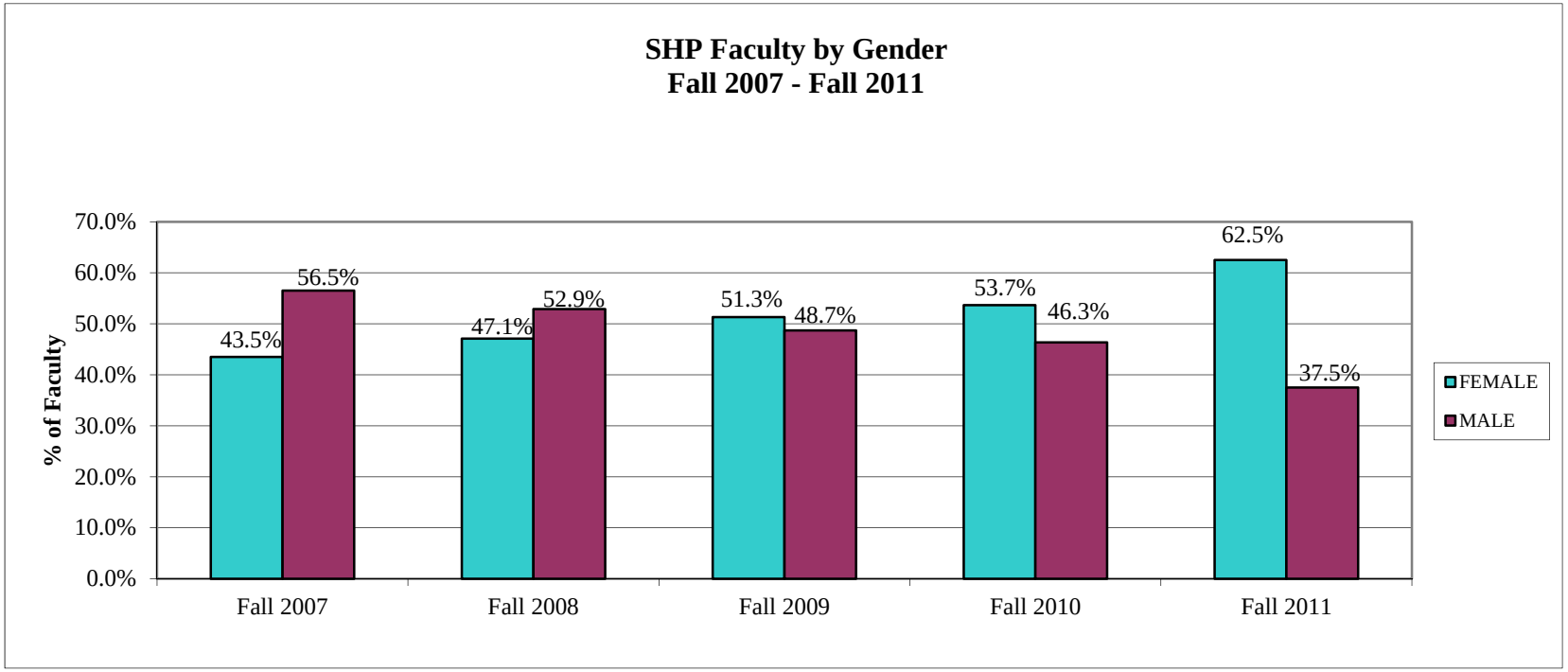
**New ethnicities were implemented including "Native Hawaiian or other Pacific Islander" and "Two or more races"*
Source: Certified CBM008



D.9 SHP Faculty by Gender, Fall 2007 – Fall 2011

GENDER	Fall 2007 COUNT	% of Total	Fall 2008 COUNT	% of Total	Fall 2009 COUNT	% of Total	Fall 2010 COUNT	% of Total	Fall 2011* COUNT	% of Total
FEMALE	30	43.5%	32	47.1%	40	51.3%	44	53.7%	30	62.5%
MALE	39	56.5%	36	52.9%	38	48.7%	38	46.3%	18	37.5%
TOTAL	**69**	100.0%	**68**	100.0%	**78**	100.0%	**82**	100.0%	**48**	100.0%

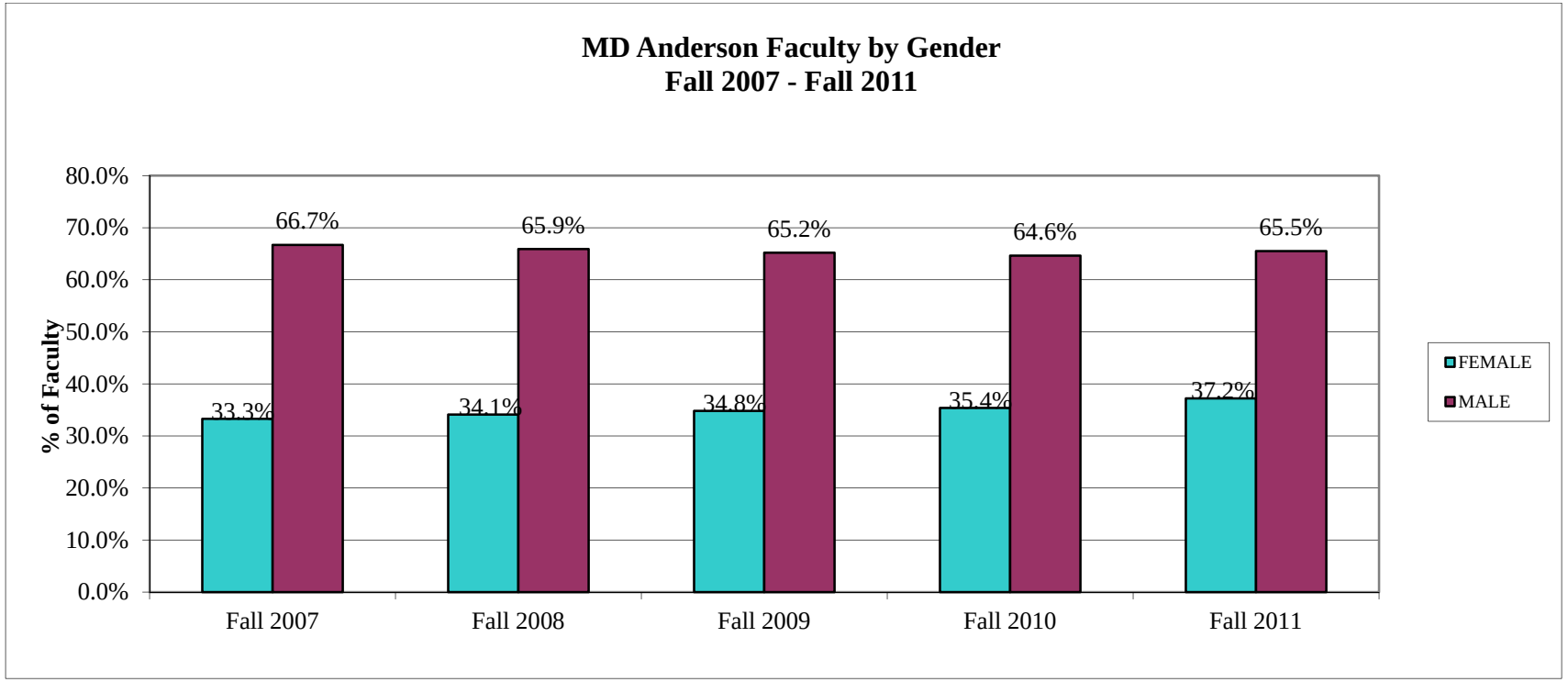
**Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog



D.10 MD Anderson Faculty by Gender, Fall 2007 - Fall 2011

GENDER	Fall 2007 COUNT	% of Total	Fall 2008 COUNT	% of Total	Fall 2009 COUNT	% of Total	Fall 2010 COUNT	% of Total	Fall 2011 COUNT	% of Total
FEMALE	562	33.3%	585	34.1%	656	34.8%	691	35.4%	727	37.2%
MALE	1125	66.7%	1129	65.9%	1228	65.2%	1263	64.6%	1280	65.5%
TOTAL	**1687**	100.0%	**1714**	100.0%	**1884**	100.0%	**1954**	100.0%	**2007**	102.7%

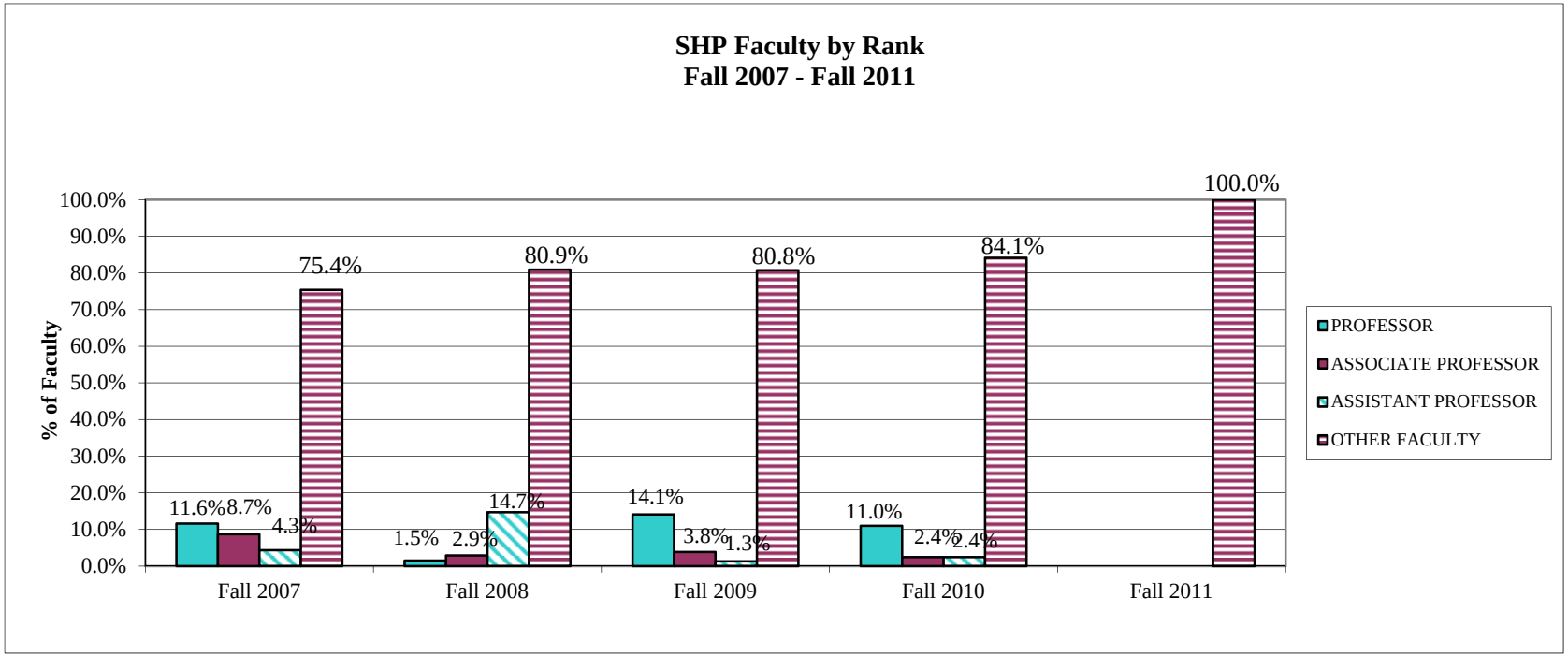
Source: Certified CBM008



D.11 SHP Faculty by Rank, Fall 2007 – Fall 2011

RANK	Fall 2007			Fall 2008			Fall 2009			Fall 2010			Fall 2011*		
	COUNT	% of ALL	FTE	COUNT	% of ALL	FTE	COUNT	% of ALL	FTE	COUNT	% of ALL	FTE	COUNT	% of ALL	FTE
PROFESSOR	8	11.6%	8.00	1	1.5%	1.00	11	14.1%	11.00	9	11.0%	9.00	0	0.0%	0.00
ASSOCIATE PROFESSOR	6	8.7%	6.00	2	2.9%	2.00	3	3.8%	3.00	2	2.4%	2.00	0	0.0%	0.00
ASSISTANT PROFESSOR	3	4.3%	3.00	10	14.7%	10.00	1	1.3%	1.00	2	2.4%	2.00	0	0.0%	0.00
OTHER FACULTY	52	75.4%	34.83	55	80.9%	43.58	63	80.8%	42.56	69	84.1%	46.08	48	100.0%	28.00
TOTAL	**69**	100.0%	**51.83**	**68**	100.0%	**56.58**	**78**	100.0%	**57.56**	**82**	100.0%	**59.08**	**48**	100.0%	**28.00**

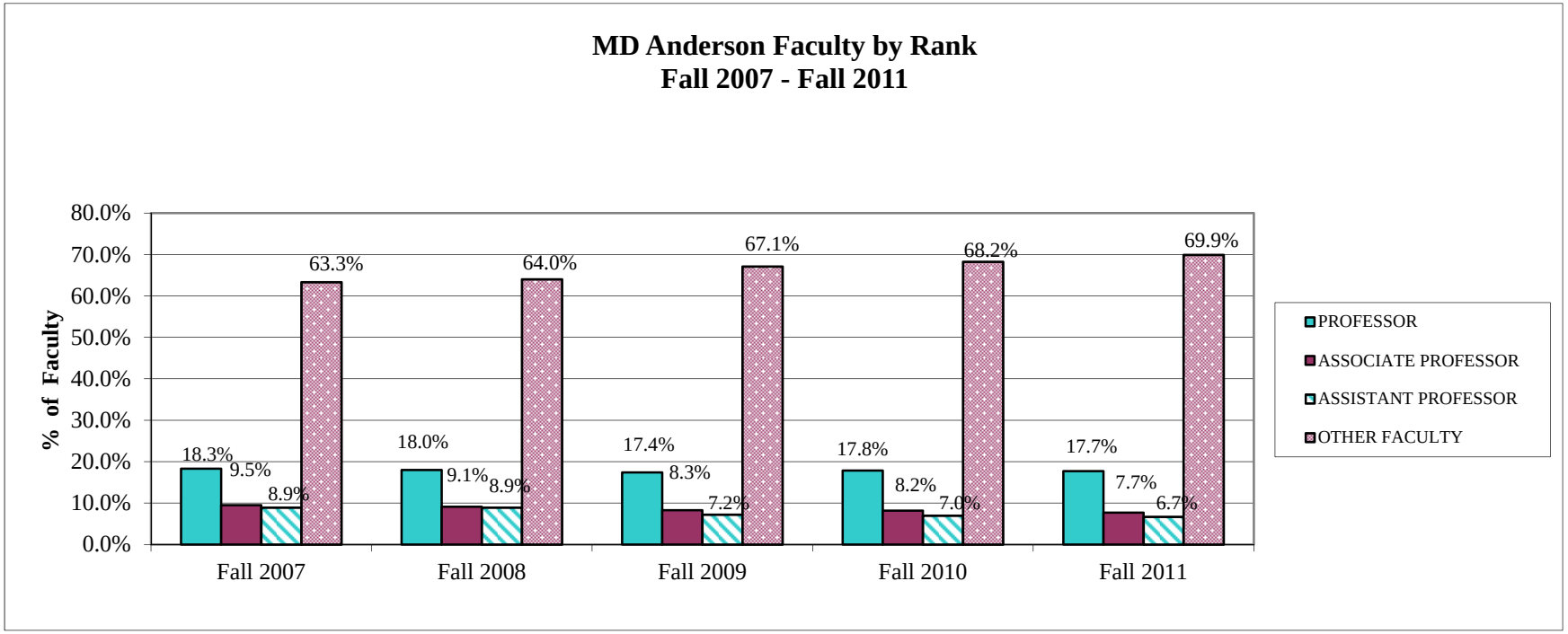
**Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog



D.12 MD Anderson Faculty by Rank, Fall 2007 - Fall 2011

	Fall 2007			Fall 2008			Fall 2009			Fall 2010			Fall 2011		
FACULTY RANK	**COUNT**	**% OF ALL**	**FTE**	**COUNT**	**% OF ALL**	**FTE**	**COUNT**	**% OF ALL**	**FTE**	**COUNT**	**% OF ALL**	**FTE**	**COUNT**	**% OF ALL**	**FTE**
PROFESSOR	308	18.3%	305.27	309	18.0%	306.51	328	17.4%	326	336	17.8%	334.2	334	17.7%	334
ASSOCIATE PROFESSOR	161	9.5%	160.89	156	9.1%	155.90	156	8.3%	156.00	154	8.2%	154.00	145	7.7%	145.00
ASSISTANT PROFESSOR	150	8.9%	149.60	153	8.9%	152.60	136	7.2%	136.00	131	7.0%	130.70	126	6.7%	126.00
OTHER FACULTY	1068	63.3%	825	1096	64.0%	903.4	1264	67.1%	936.59	1333	68.2%	954.45	1402	69.9%	1001.41
TOTAL	**1687**	100.0%	**1440.76**	**1714**	100.0%	**1518.41**	**1884**	100.0%	**1554.59**	**1954**	100.0%	**1573.35**	**2007**	100.0%	**1606.41**

Source: Certified CBM008



D.13 SHP Mean Faculty* Salaries by Rank, Fall 2007 - Fall 2011

	Fall 2007			Fall 2008			Fall 2009			Fall 2010			Fall 2011**		
RANK	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**
PROFESSOR	$342,975	8	8.00	$192,200	1	1.00	$332,894	11	11.00	$349,634	9	9.00	$0	0	0.00
ASSOCIATE PROFESSOR	$222,742	6	6.00	$155,235	2	2.00	$247,751	3	3.00	$217,570	2	2.00	$0	0	0.00
ASSISTANT PROFESSOR	$176,105	3	3.00	$99,278	10	10.00	$191,178	1	1.00	$193,820	2	2.00	$0	0	0.00
OTHER FACULTY	$129,559	35	34.50	$202,585	43	43.00	$137,885	42	42.00	$138,382	46	46.00	$105,585	28	28.00
OVERALL	**$175,830**	**52**	**51.50**	$182,261	**56**	**56.00**	$182,236	**57**	**57.00**	$175,171	**59**	**59.00**	$105,585	**28**	**28.00**

**Includes only faculty with non-zero salary and total appointment greater than or equal to 50%.*
***Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog

D.14 MD Anderson Cancer Center Mean Faculty* Salaries by Rank, Fall 2007 - Fall 2011

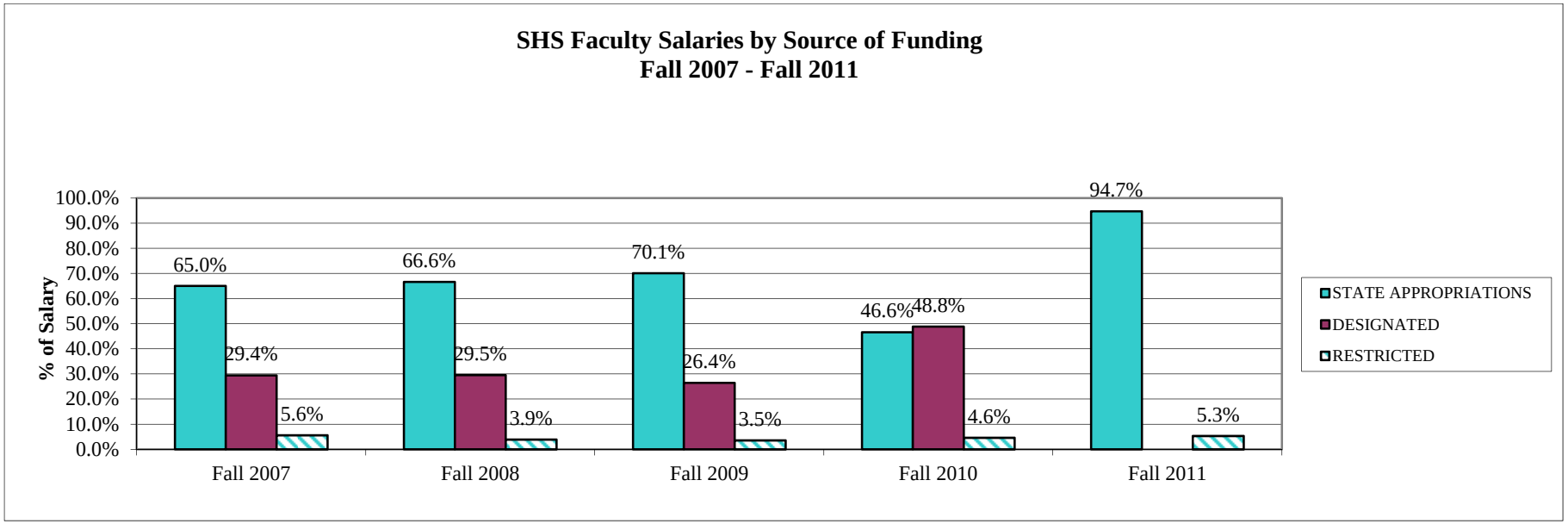
	Fall 2007			Fall 2008			Fall 2009			Fall 2010			Fall 2011		
RANK	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**	**MEAN SALARY**	**COUNT**	**FTE**
PROFESSOR	$290,879	306	305.27	$298,526	307	306.51	$279,626	303	303.00	$316,278	334	334.00	$329,466	332	332.00
ASSOCIATE PROFESSOR	$191,810	161	160.89	$195,730	156	155.90	$184,323	158	158.00	$201,886	154	154.00	$211,847	145	145.00
ASSISTANT PROFESSOR	$153,318	150	149.60	$162,345	153	152.60	$151,369	166	166.00	$184,098	131	130.70	$180,880	126	126.00
OTHER FACULTY	$150,803	824	816.35	$161,596	900	894.96	$142,711	779	772.21	$168,088	953	946.74	$179,935	997	991.92
OVERALL	**$185,392**	**1,441**	**1,432.11**	**$192,913**	**1,516**	**1,509.97**	**$177,915**	**1,406**	**1,399.21**	**$204,219**	**1,572**	**1,565.44**	**$204,219**	**1,600**	**1,594.92**

**Includes only faculty with non-zero salary and total appointment greater than or equal to 50%.*
Source: Certified CBM008

D.15 SHP Faculty Salaries by Source of Funds, Fall 2007 – Fall 2011

SOURCE OF FUNDING	Fall 2007		Fall 2008		Fall 2009		Fall 2010		Fall 2011*	
	Sum	% OF ALL	Sum	% OF ALL	Sum	% OF ALL	Sum	% OF ALL	Sum	% OF ALL
STATE APPROPRIATIONS	$5,971,061	65.0%	$6,798,973	66.6%	$7,300,579	70.1%	$4,818,338	46.6%	$2,798,661	94.7%
DESIGNATED	$2,700,639	29.4%	$3,012,988	29.5%	$2,753,611	26.4%	$5,050,716	48.8%	$0	0.0%
RESTRICTED	$511,447	5.6%	$394,644	3.9%	$367,751	3.5%	$476,015	4.6%	$157,711	5.3%
TOTAL	**$9,183,147**	100.0%	**$10,206,605**	100.0%	**$10,421,941**	100.0%	**$10,345,069**	100.0%	**$2,956,372**	100.0%

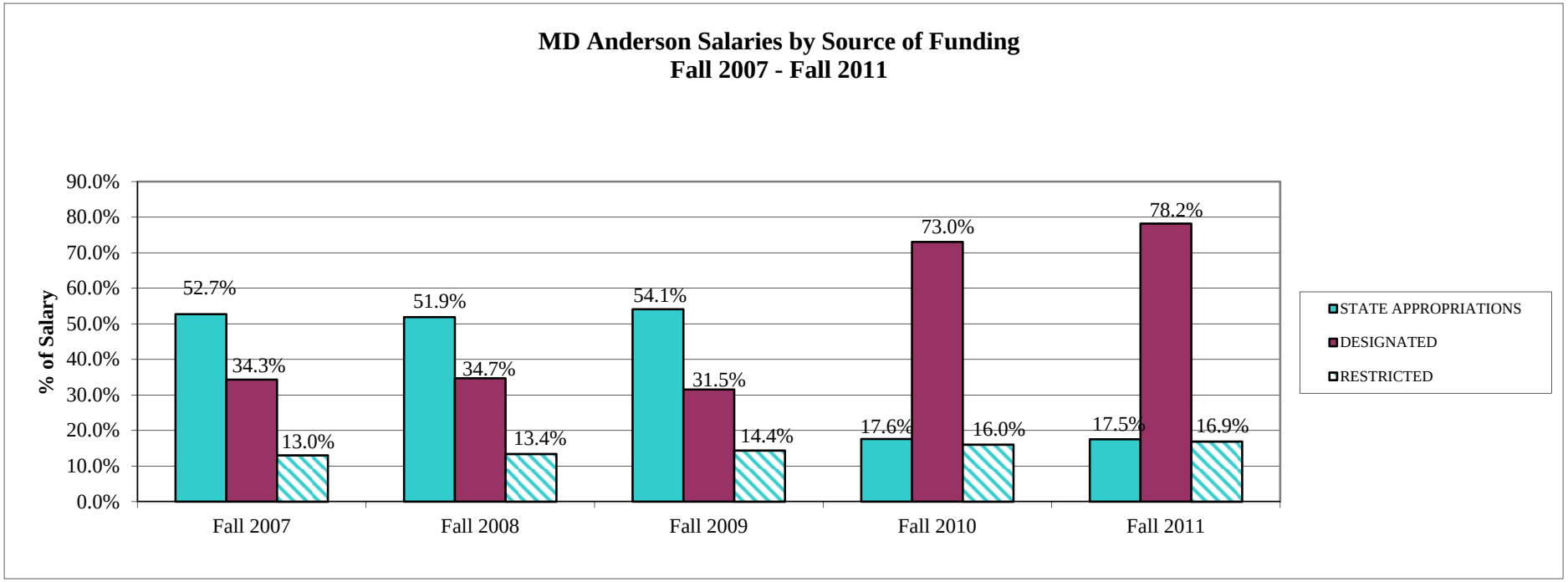
**Does not including adjunct faculty*
Source: Certified CBM008 and SHP Web Catalog



D.16 MD Anderson Faculty Salaries by Source of Funds, Fall 2007 - Fall 2011

SOURCE OF FUNDING	Fall 2007		Fall 2008		Fall 2009		Fall 2010		Fall 2011	
	Sum	% of Total	Sum	% of Total	Sum	% of Total	Sum	% of Total	Sum	% of Total
STATE APPROPRIATIONS	$141,881,138	52.7%	$152,650,485	51.9%	$161,755,026	54.1%	$56,928,948	17.6%	$60,472,396	17.5%
DESIGNATED	$92,477,031	34.3%	$102,337,468	34.7%	$94,300,581	31.5%	$218,319,967	73.0%	$233,755,162	78.2%
RESTRICTED	$34,884,642	13.0%	$39,542,947	13.4%	$42,946,675	14.4%	$47,923,516	16.0%	$50,560,682	16.9%
TOTAL	**$269,242,811**	100.0%	**$294,530,900**	100.0%	**$299,002,282**	100.0%	**$323,172,431**	100.0%	**$344,788,240**	100.0%

Source: Certified CBM008



D.17 MD Anderson Faculty Awards Fiscal Year 2012

Award	Name	Department
American Academy of Arts and Sciences	Ronald A. DePinho	President's Office
National Academy of Sciences	Ronald A. DePinho	President's Office
American Association for Advancement of Science Fellows	Chen Dong	Immunology
American Association for Advancement of Science Fellows	Cheryl Lyn Walker	Systems Biology
American Association for Advancement of Science Fellows	Gordon Mills	Systems Biology
American Association for Advancement of Science Fellows	Dihua Yu	Molecular & Cellular Oncology

E. Academic Assessments

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

E.1 Accreditation Status

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

Program	Accrediting Agency	Date of Last Review	Length of Certification
Cytogenetic Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	April 2007	7 years
Histotechnology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	April 2010 (HT) April 2010 (HTL)	7 years 5 Years
Clinical Laboratory Sciences	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	September 2006	7 years
Molecular Genetic Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	April 2006	7 years
Cytotechnology	Commission on Accreditation of Allied Health Education Programs (CAAHEP)	March 2005	10 years
Medical Dosimetry	Joint Review Committee on Education in Radiologic Tech. (JRCERT)	April 2006	8 years
Radiation Therapy	Joint Review Committee on Education in Radiologic Tech. (JRCERT)	April 2007	8 years
Diagnostic Imaging	Joint Review Committee on Education in Radiologic Tech. (JRCERT)	June 2012	3 years

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

Program	Accrediting Agency	Date of Last Review	Length of Certification
MS and PhD Program	Southern Association of Colleges and Schools (SACS)	2010	10 years
MS with specialization in Genetic Counseling	American Board of Genetic Counseling (ABGC)	2006	8 years
MS and PhD with specialization in Medical Physics	Commission on Accreditation of Medical Physics Educational Programs (CAMPEP)	2007	5 years

E.1.3 Accredited Medical Programs Schedule

Institutional ACGME* Review: March 6, 2012

Program	Accrediting Agency	Date of Last Review
Blood Banking & Transfusion Medicine	ACGME	March 2012
Chemical Pathology	ACGME	May 2009
Cytopathology	ACGME	April 2012
Dermatopathology	ACGME	June 2010
Hematology and Oncology	ACGME	May 2011
Hematopathology	ACGME	June 2007
Hospice and Palliative Care	ACGME	February 2011
Molecular Genetics Pathology	ACGME	March 2012
Musculoskeletal Oncology	ACGME	September 2007
Ophthalmic Plastic & Reconstructive Surgery	ACGME	July 2010
Pain Management	ACGME	November 2007
Pediatric Hematology/Oncology	ACGME	October 2010
Procedural Dermatology	ACGME	September 2010
Radiation Oncology	ACGME	February 2012
Selective (Breast) Pathology	ACGME	January 2010
Selective (Cancer Biomarker) Pathology	ACGME	April 2008
Selective (Gastrointestinal & Liver) Pathology	ACGME	November 2009
Selective (Genitourinary) Pathology	ACGME	November 2009
Selective (Gynecologic Oncology) Pathology	ACGME	June 2011
Selective (Head & Neck) Pathology	ACGME	September 2009
Selective (Soft Tissue) Pathology	ACGME	April 2008
Selective (Surgical) Pathology	ACGME	March 2010
Thoracic Surgery	ACGME	February 2012
Vascular and Interventional Radiology	ACGME	October 2006

** Accreditation Council for Graduate Medical Education*

E.1.4 Texas Medical Board Approved Programs

- Advanced Dermatopathology
- Advanced Hematopathology
- Advanced Interventional Radiology
- Advanced Musculoskeletal Oncology
- Advanced Pediatric Hematology/Oncology
- Advanced Radiation Oncology
- Advanced Surgical Dermatology
- Advanced Therapeutic Endoscopy
- Blood and Marrow Transplantation
- Body Imaging
- Breast Imaging
- Breast Surgical Oncology
- Cancer Anesthesia
- Cancer Rehabilitation
- Consultation-Liaison Psychiatric Oncology
- Dermatology
- Diagnostic Radiology
- General Internal Medicine
- Genitourinary Medical Oncology
- Gynecologic Oncology
- Head and Neck Surgery
- Head and Neck Surgical Oncology & Reconstruction
- Histocompatibility and Immunogenetics
- Interventional Pulmonology
- Investigational Cancer Therapeutics
- Leukemia
- Maxillofacial Prosthetics & Oncologic Dentistry
- Melanoma Oncology
- Microvascular Reconstructive Surgery
- Musculoskeletal Radiology
- Neuro-Oncology
- Neurosurgical Oncology
- Oncologic-based Maxillofacial Dental Implant
- Oncologic Emergency Medicine
- Oncologic Endocrinology
- Pediatric Neuro Oncology
- Sarcoma Medical Oncology
- Surgical Endocrinology
- Surgical Oncology
- Surgical Oncology International
- Susan G. Komen Interdisciplinary Breast Cancer
- Symptom Control & Palliative Care

Texas Medical Board Approved Programs, *continued*

- Thoracic/Head & Neck Medical Oncology
- Thoracic Pathology
- Thoracic Radiology
- Urinary Tract & Pelvic Reconstruction
- Urologic Oncology

E.2 Results of Selected National Certification Exams

E.2.1 Program in Clinical Laboratory Science

American Society for Clinical Pathology (Board of Certification Exam)
Medical Laboratory Scientist Generalist Exam

Year	# of Graduates	# Graduates Taking BOR Exam	% Passing	Program Mean BOR Score	National Mean BOR Score
2002	7	7	100%	596	498
2003	12	12	100%	583	473
2004	12	12	100%	570	493
2005	13	13	100%	602	479
2006	17	17	88%	497	480
2007	18	17	94%	564	477
2008	17	17	91%*	581	488
2009	17	17	94%	545	492
2010	19	19	90%	514	498
2011	14	14	100%	536	502

* National Percentage Passing: 77%

E.2.2 Program in Cytogenetic Technology - Registry Exam Scores

	2002	2003	2004	2005	2006	2007	2008	2009	2010**	2011***
Program Part I	86.75	83.5	88.83	83.29	80.17	81.00	81.00	75	590	516
National Part I	81.35	77.44	78.85	80.34	77.23	78.03	78.83	73.72	516	468
Program Part II	74.25*	75.50*	93.00	90.71	92.50	95.92	92.15	77*	700	
National Part II			88.31	88.78	89.39	90.14	91.02	73.71*	714	

The cytogenetics exam is given by NCA. The exam is signified by the following designation CLSp(CG). There are two parts to the examination. Part one is a 100 theory question exam. Part two is a practical exam that was 100 questions in length until 2001 when it was changed to an 80 question exam. This explains why the scores appear to be much lower when in fact they are very good scores. (2001 – 90.31%; 2002 – 92.8%).
* No national data is available for Part II after exam was converted to a computer exam format in 2001. Part II scores for 2001 – 2003 are raw scores, all others are scaled scores.
**NCA was merged with ASCP (different scoring system)
***In 2011the ASCP revised the Cytogenetic BOC from a two part to only a single exam.

E.2.3 Program in Histotechnology

Program in Histotechnology
Performance on ASCP Board of Registry

Year	# of Graduates	# Graduates Taking BOC Exam	% Passing	Program Mean BOC Score Written Exam	National Mean BOC Score MCQ Exam	# of Programs in Nation	National Ranking	Program Mean BOC Score Practical Exam	National Mean BOC Score Practical Exam	National Ranking
2002	3	3	100%	586	426	20	1	570	451	-
2003	3	3	100%	628	433	20	1	503	485	-
2004	4	4	100%	613	378	25	2	602	476	-
2005	3	3	100%	626	478	18	2	589	551	-
2006	3 HT	3 HT	100%	619	455	19	1	676	548	3
	3 HTL	3 HTL	100%	560	433	NA	NA	498	552	NA
2007	3 HT	3 HT	100%	632	463	24	1	Discontinued	NA	NA
	4 HTL	4 HTL	100%	520	422	NA	NA			
2008	2 HT	2 HT	100%	506	448	28	16	Discontinued	NA	NA
	4 HTL	4 HTL	100%	454	422	NA	NA			
2009	2 HT	2 HT	100%	549	480	28	6	Discontinued	NA	NA
	7 HTL	7 HTL	100%	597	435	NA	NA			
2010	1 HT	2 HT	100%	446	478	33	22	Discontinued	NA	NA
	5 HTL	5 HTL	100%	461	432	NA	NA			
2011	9 HTL	9 HTL	100%	491	454	NA	NA	Discontinued	NA	NA

Performance on HTL and HT ASCP Board of Registry Exam
MDACC Program/National Programs Pass Rates

Year	MD ANDERSON Program in Histotechnology			NATIONAL Programs in Histotechnology			MD ANDERSON Program in Histotechnology		NATIONAL Programs in Histotechnology	
	# Graduates	# Graduates Taking MCQ (BOC)	% Pass	Total # of Programs	# Examinees Taking MCQ (BOC) First Time	% Pass	# Graduates Taking Practical BOC	% Pass	# Examinees Taking Practical BOC First Time	% Pass
2002	3	3	100%	20	349	58%	3	100%	387	67%
2003	3	3	100%	20	417	59%	3	100%	485	78%
2004	4	4	100%	25	926	42%	4	100%	964	76%
2005	3	3	100%	18	95	75%	3	100%	72	86%
2006	3 HT	3	100%	19	174	70%	3	100%	160	92%
	2 HTL	2	100%	NA	53	70%	2	100%	39	90%
2007	3 HT	3	100%	24	217	65%	Discontinued	NA	Discontinued	NA
	3 HTL	4	100%	NA	99	59%				
2008	2 HT	2	100%	28	264	75%	Discontinued	NA	Discontinued	NA
	4 HTL	4	100%	NA	95	63%				
2009	2 HT	2	100%	28	271	75%	Discontinued	NA	Discontinued	NA
	7 HTL	7	100%	NA	131	58%				
2010	1	2	100%	33	312	73%	Discontinued	NA	Discontinued	NA
	5	5	100%	NA	101	70%				
2011	9 HTL	9	100%	NA	109	69%	Discontinued	NA	Discontinued	NA

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

E.3 Summary of Surveys

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

Semester	Number of Courses/Rotations	Number of Faculty/Lecturers	Number of Course/Rotation Evaluations	Number of Faculty/Lecturer Evaluations	Number of Total Evaluations
Spring 2010	104	265	**822**	**2,365**	**3,187**
Summer 2010	52	235	**504**	**1,452**	**1,956**
Fall 2010	64	126	**1,118**	**3,018**	**4,136**
Spring 2011	70	217	**1,008**	**2,877**	**3,885**
Summer 2011	72	278	**714**	**2,410**	**3,124**
Fall 2011	64	181	**1,605**	**3,319**	**4,924**
Spring 2012	75	239	**1,302**	**3,688**	**4,990**
Summer 2012	59	265	**826**	**2,287**	**3,113**
Fall 2012	63	122	**1,327**	**3,013**	**4,340**

E.3.2 School of Health Professions Surveys

SHP* New Student Survey by Program and Year

FY	CLS	CGT	CT	DI	HT	MD	MGT	RT	Blank	TOTALS
2010	17	21	7	23	5	16	34	17	27	**167**

SHP* Program Evaluation by Program and Year

FY	CLS	CGT	CT	DI	HT	MD	MGT	RT	TOTALS
2010	18	16	8	12	6	15	17	15	**107**
2011	13	13	8	20	9	14	20	13	**110**
2012	17	25	6	25	10	12	24	17	**136**

SHP* Career Development Seminar Evaluations by Month and Year

FY	Sep	Oct	Nov	Jan	Feb	Mar	Apr	May	TOTALS
2010	9	15	16	N/A	30	N/A	18	13	**101**
2011	14	9	10	21	14	16	19	N/A	**103**
2012	19	25	18	25	29	7	26	19	**168**

SHP* Alumni Surveys by Program and Year

FY	CLS	CGT	CT	DI	HT	MD	MGT	RT	TOTALS
2011	N/A	N/A	N/A	10	N/A	N/A	38	49	**97**
2012	32	12	N/A	N/A	15	N/A	N/A	N/A	**59**

SHP* Employer Surveys by Program and Year

FY	CLS	CGT	CT	DI	HT	MD	MGT	RT	TOTALS
2011	N/A	N/A	N/A	11	N/A	N/A	20	22	**53**
2012	11	0	N/A	N/A	10	N/A	N/A	N/A	**21**

*SHP Program Legend
CLS = Clinical Laboratory Science; CGT = Cytogenetic Technology; CT = Cytotechnology
DI = Diagnostic Imaging; HT = Histotechnology; MD = Medical Dosimetry
MGT = Molecular Genetic Technology; RT= Radiation Therapy

E.3.3 Graduate School of Biomedical Sciences Surveys

Course and Faculty Evaluations – Fall, Spring, Summer

Semester	Course Counts	Faculty Counts	Scanned Course Evaluations	Scanned Faculty Evaluations	Scanned Total Evaluations	Scanned Total Evaluations
Spring 2010	3	20	64	480	66	**610**
Summer 2010	11	49	80	422	72	**574**
Fall 2010	66	441	452	4,349	395	**5,196**
Spring 2011	36	465	308	3,653	301	**4,262**
Summer 2011	9	75	98	578	95	**771**
Fall 2011	36	375	409	3,829	422	**4,660**
Spring 2012	34	449	286	3,526	286	**4,098**
Summer 2012	9	73	105	738	102	**945**
Fall 2012	35	389	411	3,784	416	**4,611**

GSBS Orientation by Year

Fiscal Year	Totals
2010	96
2011	77
2012	80
TOTALS	**253**

GSBS Career Development Seminar Evaluations by Month and Year

FY	Sep	Oct	Nov	Jan	Feb	Mar	Apr	May	TOTALS
2010	19	8	7	N/A	61	47	4	N/A	**146**
2011	48	24	47	30	40	39	17	31	**276**
2012	6	42	21	33	N/A	35	N/A	N/A	**137**

GSBS Exit Survey by Year

Fiscal Year	Totals
2010	124
2011	62
TOTALS	**186**

E.4 End of the Year Survey Abstracts

E.4.1, SHP Program Evaluation, Summer 2011

The University of Texas MD Anderson Cancer Center School of Health Professions (SHP) is committed to the education of health care professionals, through formal academic programs that award institutional certificates and bachelor of science degrees in health sciences. The following eight programs are part of the SHP: Clinical Laboratory Science (CLS), Cytogenetic Technology (CGT), Cytotechnology, Diagnostic Imaging (DI), Histotechnology, Medical Dosimetry (MD), Molecular Genetic Technology (MGT), and Radiation Therapy (RT).

All graduating students were given a program evaluation survey to assess their educational program, student services, and student programs. The survey was administered at the end of the summer 2011 semester. There were 110 survey respondents, resulting in a response rate of 89.4%**.** The following objectives are addressed in this report: 1) to determine student satisfaction with their program curriculum; 2) to determine student satisfaction with student services and programs; and 3) to determine general student information and demographics. Only programs with ten or more respondents were individually analyzed in the report, while all programs were analyzed for the overall results. The following results exclude "not applicable" and don't use responses.

The first objective of this study was to determine how the students evaluated their program curriculum. Students were asked to rate their level of satisfaction with thirteen areas such as the curriculum, faculty advising, school administration, staff, and clinical rotations. Overall, nine of the thirteen areas had levels of satisfaction at or above 85%. The following four areas had combined levels of satisfaction less than 85%: the overall quality of the Dean's Office (84.1%); financial aid (75.8%); International/Visa office (73.4%); and the overall quality of the Registrar's Office (70.5%).

When the results were analyzed by program, 85% or more of the Molecular Genetic Technology students were *very satisfied* or *satisfied* with all thirteen areas listed under program curriculum, while students in the Histotechnology program were over 85% *very satisfied* or *satisfied* in twelve of the thirteen areas. Respondents in the six other programs (CLS, CGT, Cytotechnology, DI, MD, RT) were less than 85% satisfied in two or more areas. In addition, over 30% of the respondents in Radiation Therapy, Medical Dosimetry, and Clinical

Laboratory Science were *neither satisfied nor dissatisfied* with certain program curriculum areas. Specifically, 33.3% of the Radiation Therapy respondents were *neither satisfied nor dissatisfied* with their program's quality of teaching, while 36.4% of the Medical Dosimetry respondents were *neither satisfied nor dissatisfied* with the overall quality of their program's financial aid. Results also show that 36.4% of the Clinical Laboratory Science students indicated that they were *neither satisfied nor dissatisfied* with the overall quality of the Registrar's Office.

The second objective was to determine student satisfaction with student services and programs, including classrooms, research medical library, school/institutional support programs, laboratory facilities, student access areas, student government organization and aspects of the Trainee and Alumni Affairs office. Overall, Over 85% of the respondents were satisfied with the five areas related to classrooms. However, Diagnostic Imaging respondents indicated that they were less than 85% satisfied with all five areas: housekeeping (84.2%); maintenance (83.3%); adequate space; (75.0%); technology availability (75.0%); and AV equipment technology (68.3%). Regarding the areas of the research medical library, 85% of the respondents were satisfied with all six areas. By program, Medical Dosimetry and Molecular Genetic Technology respondents indicated they were 85% or more satisfied with all six areas.

Respondents were also asked to rate the aspects of the school/institutional programs. Overall, more than 85% were satisfied with the fitness center (94.0%) and security (UT police) (85.9%), while 84.5% of the respondents indicated that they were *very satisfied* or *satisfied* with the student health facilities. Molecular Genetic Technology was the only department in which more than 85% of respondents were satisfied with all three aspects of school/institutional programs. In the two areas of student laboratory facilities, over 85% of the overall respondents were satisfied with both the quality of equipment (89.2%), and the safety of the laboratories (93.6%). Diagnostic Imaging respondents were the most dissatisfied respondents with 71.5% indicating that they were *very satisfied* or *satisfied* with the quality of equipment while 73.3% were satisfied with the safety of the laboratories.

Another area of the student services and program areas that were evaluated involved the three aspects of the student access areas. Respondents were 91.9% *very satisfied* or *satisfied* with the break areas, followed by study areas at 88.0% and internet access (84.3%). Clinical Laboratory Sciences and Molecular Genetic Technology respondents rated all three areas less than 85% satisfied. When students were asked about their awareness of the student government organization and specific programs, a majority (71.3%) did acknowledge that they were aware of their student government representatives. Additionally, 67.0% of respondents indicated that they were satisfied with their government representatives. Cytogenetic Technology and Medical Dosimetry respondents were the least satisfied with 38.5% of CT respondents and 61.6% of MD respondents signified that they were either *very satisfied* or *satisfied* with their representatives. Also, over 30% of respondents in these two programs *were neither satisfied nor unsatisfied* with their student representatives. Regarding school sponsored activities, less than half (46.3%) knew about the Adopt-a-Family activity and 41.7% of the respondents indicated that they were familiar with the Habitat for Humanity program. Students in Cytogenetic Technology were the least aware of school sponsored activities with 83.3% indicating that they did not know the existence of both the Adopt-a-Family and Habitat for Humanity programs.

When students were also asked to evaluate aspects of Trainee and Alumni Affairs office, results revealed that all four areas rated less than 85% satisfied: Student Affairs Office staff (82.3%); career development seminars (79.8%); Student Affairs resource information (78.5%); and sale items in Student Affairs (77.9%). Diagnostic Imaging students had the lowest rates of satisfaction with three of the four aspects rated less than 70% satisfied. Furthermore, 30% of the Cytogenetic Technology respondents indicated that they were *neither satisfied nor dissatisfied* with the sale items in Student Affairs while 30.8% of the Diagnostic imaging students were *neither satisfied nor dissatisfied* with Student Affairs resource information.

Respondents were asked to rate areas of the classrooms, MD Anderson Research Medical Library, school/institutional support programs, laboratory facilities, student access areas, student government organization, school sponsored activities, and aspects of Trainee and Alumni Affairs.

Overall, when asked to rate the five aspects of the classrooms, respondents indicated that most were satisfied with the adequate space provided (94.6%), followed by maintenance (92.5%), AV equipment technology (91.5%), housekeeping (89.9%) and technology availability (87.1%). Students in Medical Dosimetry were 100.0% satisfied with all five areas while in contrast, Diagnostic Imaging respondents rated all five areas less than 85% *very satisfied* or *satisfied.*

The third objective was to determine respondent demographics. The majority of respondents (92.3%), indicated their goal after leaving SHP was to obtain full-time employment, while 61.5% indicated their goal was to also continue their education. Over 90% of the respondents were U.S. citizens/permanent residents (94.5%), between 21 to 30 years old (74.8%), and female (62.7%). Regarding ethnicities, 26.4% of students identified themselves as White, while 24.5% were Asian and 18.2% Hispanic. There were significant differences in response patterns by several of the demographic groups. There were 81 significant differences by program (only programs with ten or more respondents were compared), six by gender, 40 by ethnicity, and fourteen by age groups.

Three of the four questions in the area of satisfaction with Trainee and Alumni Affairs had at least five of eight SHP programs with combined satisfaction levels of less than 85%, while in the administrative support section, at least five of eight programs had satisfaction levels below 85% in the areas of satisfaction with the International/Visa and Registrar's Offices. At least five of eight programs had satisfaction rates less than 85% in the library classes of the research medical library, student health facilities, and internet access availability. Furthermore, all eight programs were less than 85% satisfied with their student representatives. These student outcomes should be addressed with priority in order to comply with the SACS compliance standards which will be reviewed in 2015.

The study response rate for the Cytogenetic Technology program was above 100.0%, indicating that the survey may have been completed by students who were not graduating from the program. Thus, the survey response rate of 89.4% may not be an accurate reflection of graduating respondents. The results from the 2011 survey were not compared to the results from the 2010 survey due to changes in the survey questionnaire. Although the number of respondents (less than ten) for two of the programs is not statistically significant, the results for the overall program are useful for program outcomes guidance.

We recommend that the program evaluation continue to be administered on an annual basis at the end of the summer session to evaluate student programs and services and to improve student outcomes. The rationale for the student perceptions reported in the areas of student services and programs and program curriculum should be addressed by the SHP through focus groups and additional student surveys. In addition, future analysis should focus on the existence of any longitudinal changes in satisfaction levels so that programs can better assess changes in their respective programs over time.

E.4.2, GSBS Exit Questionnaire, Summer 2011

As part of the University of Texas Graduate School of Biomedical Sciences' (GSBS) efforts to provide the best educational opportunities and training for their students, the GSBS administers exit questionnaires to graduating students to learn about their experiences as a student at the GSBS in an effort to improve the services provided by the institution and to better prepare the students in their future academic and professional careers. The objectives of the questionnaire are as follows: 1) to evaluate the graduates' perception of the following GSBS areas: coursework, qualifying exams, research, support personnel, student services, facilities, overall program, and employment; 2) to gather information regarding graduates' plans after graduation; 3) to determine respondents' demographic information; and 4) to compare results of the FY 2011 GSBS Exit Questionnaire with results of the FY 2010 GSBS Exit Questionnaire.

Areas that had a very favorable evaluation (at or above 85% very satisfied/satisfied) included: qualifying exams (assessment of), facilities (classrooms); research (effectiveness of research training); support personnel (satisfaction with service provided by academic advisors, advisory/supervisory committee and departmental staff, GSBS Dean's Office staff, and program staff); and coursework (appropriateness of qualifying exams and research, and quality of lecture courses). A slight majority of the students (51.6%) indicated that they would pursue additional education rather than seek permanent employment. There were significant statistical differences as to how the graduates evaluated services provided, especially by pathway pursued after graduation (those pursuing employment versus those pursuing additional education), and employment status after graduation.

Those students pursuing permanent employment were more satisfied with certain GSBS services (dining and recreational facilities), career counseling received from their advisor, and with the overall education received from the GSBS than those pursuing additional education. Respondents who had a place after employment were more satisfied with services provide by departmental staff and other students, than those that did not have a place of employment after graduation.

In comparing data across years, there were no substantial differences in respondents being overall more or less satisfied with the general areas addressed in the GSBS Exit survey. However, this year's respondents appeared to be more reliant on the different sources of financial assistance compared to last year, especially pertaining to outside employment, parents/family, and other sources, with percentage *not used* in these areas dropping by more than ten percent. Also, this year's students indicated that they are using more Student Affairs services. In 2010, there were four areas that had percentages *not used* of more than 60% (ombudsman function, sale items in the Student Affairs Office, the buddy program, and tutoring assistance). In 2011, there was one area with *not used* percentages of more than 60% (sale items in the Student Affairs Office). Similar to 2010, respondents that had a place of employment after graduation were more likely to be satisfied with services provided by the departmental staff compared to those that did not have a place of employment after graduation. In addition, those who received a doctoral degree were more likely to be satisfied with GSBS travel awards than those who received a master's degree.

We recommend the GSBS continue the annual Exit Survey and document changes made to improve their student learning outcomes for the purpose of improving their institutional effectiveness. Results indicate that although most areas of the GSBS program are well received, there are differences among pathways after graduation and by employment status after graduation, indicating there are distinct views of how effective these areas as it pertains to certain GSBS services. Future research and findings of such differences should be noted as a developing pattern with how certain students view the effectiveness of the programs, especially if these differences are unintended and undesirable.

F. Administrative & Academic Reporting Measures

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

History of the State of Texas Strategic Planning Process

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

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

Conceptual Framework

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

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

Purposes of Strategic Planning

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

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

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

F.1

MD Anderson Performance Measures Reported to the Legislative Budget Board*

Performance Measure	FY2007	FY 2008	FY 2009	FY 2010	FY 2011
Total number of outpatient visits	939,500	1,000,885	1,082,565	1,175,577	1,190,568
Total number of inpatient days	163,007	165,961	174,740	179,895	180,354
Net revenue as a percent of gross revenues	56.36%	57.46%	54.23%	52.02%	53.85%
Net revenue per equivalent patient day	3,979.12	4,127.80	4,325.05	4,372.78	4,143.98
Operating expenses per equivalent patient day	3,709.61	3,741.10	3,856.94	4,014.71	3,489.46
Personnel expenses as a percent of operating expenses	61.16%	63.68%	63.57%	56.87%	60.70%
Total number of residents	111	134	127	121	135
Minority residents as a percent of total residents	10.00%	8.96%	7.87%	7.44%	7.40%
Percent of residency completers practicing in Texas	44.00%	41.38%	52.24%	42.02%	40.00%
Total gross patient charges for un-sponsored charity care provided in state facilities	167,625,952	169,089,877	215,932,855	223,199,697	-
Total uncompensated charity care provided in state facilities (costs)					*154,233,340
Total gross patient charges for un-sponsored charity care provided by faculty	28,117,633	41,978,565	50,033,210	60,513,354	-
Total uncompensated charity care provided by faculty (costs)					*60,413,721
State support for patient care as a percent of un-sponsored charity care	62.77%	65.01%	50.39%	52.73%	-
State support for patient care as a percent of estimated cost of uncompensated care					*66.05%
Administrative cost as a percent of total expenditures	7.25%	7.18%	7.62%	7.35%	7.43%
Outpatient-related charges as a percent of all charges by faculty	63.77%	63.90%	66.69%	63.53%	67.96%
Percent of charges to managed care contracts by faculty	53.64%	55.00%	53.41%	50.99%	52.21%
Total external research expenditures	285,902,918	309,032,700	321,367,586	344,230,603	394,146,854
External research expenditures as percent of total state appropriations	17.87%	18.02%	17.63%	18.44%	19.57%
External research expenditures as percent of state appropriations for research	219.26%	223.03%	230.68%	219.23%	220.01%
Value of lost or stolen property	72,966	123,590	34,641	75,785	81,667
Lost or stolen property as a percent of total inventoried property lost or stolen	0.03%	0.05%	0.01%	0.04%	0.03%
Allied health enrollment	139	203	227	249	248
Percent of allied health graduates passing the certification/licensure exam on the first attempt	94.00%	94.00%	97.00%	94.00%	93.00%
Percent of allied health graduates licensed or certified in Texas	88.00%	86.00%	88.00%	86.00%	89.00%
Graduate Training in Biomedical Sciences	358	357	453	456	438
1 MD Anderson students attending GSBS; from GSBS Data Tables					
Total Number of Post-doctoral Trainees	673	692	679	676	725
2 Number not reported to LBB; from MD Anderson Trainee Support Services					
Total Number of Research Trainees	1,452	1,536	1,602	1,612	1,629
3 Number not reported to LBB; from MD Anderson Trainee Support Services					

** Courtesy of Hugh R. Ferguson., Executive Director of State and System Reporting*

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

F.2 Health Related Institutions Performance Measures Definitions

Total Number of Outpatient Visits

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

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

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Total Number of Inpatient Days

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

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Net Revenue as a Percent of Gross Revenues

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Data Limitations: None.

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

Methodology: The dollar amount of net revenue during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year.

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Net Revenue per Equivalent Patient Day

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

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

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Operating Expenses per Equivalent Patient Day

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

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

New *Measure*: No.

Desired Performance: Higher than target.

Personnel Expenses as a Percent of Operating Expenses

Definition: The dollar amount of personnel expenses as a percentage of total operating expenses in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. "Personnel expenses" are full-time and part-time employee's salaries and all related employee benefits plus expenses for contracted labor.

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Total Number of MD or DO Residents

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Data Limitations: None.

Data Source: Institutional records.

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

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

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

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.

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

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

Data Limitations: None.

Data Source: Institutional records.

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

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

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Percent of Medical Residency Completers Practicing in Texas

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

Data Limitations: The decision of practice location by a physician who completes a residency training program at the University of Texas MD Anderson Cancer Center is not controlled by the institution.

Data Source: Licensure and practice data provided by the Texas State Board of Medical Examiners to the reporting institution.

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

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

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

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

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

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

Purpose: This measure identifies the total un-sponsored charity care provided in the hospital and clinics of the institution.

Total Uncompensated Care Provided in State-owned Facilities

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

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

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

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

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

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

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.

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

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

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

Data Source: Annual Financial Report, Schedule D-6.

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Purpose: This measure identifies the total un-sponsored charity care provided by the faculty of the institution through the practice plan.

Total Uncompensated Care Provided by Faculty

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

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

Data Source: Annual Financial Report, Schedule D-6.

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

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

Reporting Period: This measure is reportable in November.

Calculation Type: Non-cumulative.

New Measure: Yes

Desired Performance: Higher than target.

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

Definition: Total dollar amount of General Revenue Fund appropriations expended for patient care in hospitals and clinics owned, operated and funded by a health-related institution as a percentage of un-sponsored charity

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

care provided during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period.

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

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

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

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

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

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

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

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

Methodology: Total dollar amount of the General Revenue Fund appropriations expended for patient care during the fiscal year, divided by the total uncompensated care provided during the fiscal year.

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

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

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.

Administrative Cost as Percent of Total Expenditures

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

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

*Data Source***:** Institutional records and the Annual Financial Report**.**

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Outpatient-related Charges as a Percent of All Charges by Faculty

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

Data Limitations: None.

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

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

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

Percent of Patient Charges to Managed Care Contracts by Faculty

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

Data Limitations: None.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

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

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

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

Total External Research Expenditures

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

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Desired Performance: Higher than target.

External Research Expenditures as Percent of Total State Appropriations

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

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

External Research Expenditures as a Percent of State Appropriations for Research

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Value of Lost or Stolen Property

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

Data Limitations: None.

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

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

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

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.

Percent of Property Lost or Stolen

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

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.

Allied Health Enrollment

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

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Data Limitations: None.

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

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

Purpose: This measure indicates the number of students enrolled in the allied health school at the institution. Long-term data can be analyzed to evaluate trends in allied health enrollment.

Percent of Allied Health Graduates Passing Certification/Licensure Examination on the First Attempt

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

Data Limitations: None.

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

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

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

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

Percent of Allied Health Graduates Licensed or Certified in Texas

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

Data Limitations: None.

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

Methodology: The number of graduates who are licensed or certified to practice in Texas two years after completing their degrees as of August 31 of the current calendar year, divided by the total number of graduates in a discipline that offers or requires an external certificate or licensure two academic years prior.

Purpose/Importance: This measure is an indicator of the number of allied health school graduates who remain in Texas to practice.

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

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

Legislative Budget Board
Health Related Institutions Performance Measures Definitions
Definitions Report
81st Regular Session, Performance Reporting
Automated Budget and Evaluation System of Texas (ABEST)

F.3 Definitions of Performance Measures Not Submitted to the Legislative Budget Board

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

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

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

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

Total External Research Expenditures: The projected target was estimated in August 2008 and did not take into account the actual growth since that date.

Total Number of M.D. or D.O Residents: The actual number of residents is less than the projection for 2011 developed in August 2008.

Minority Residence as Percent of Total Residence: The actual percentage of minority students in 2011was less than the projection provided in August 2008.

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

F.5 The University of Texas MD Anderson Cancer Center Accountability Report

Participation - Key Measures

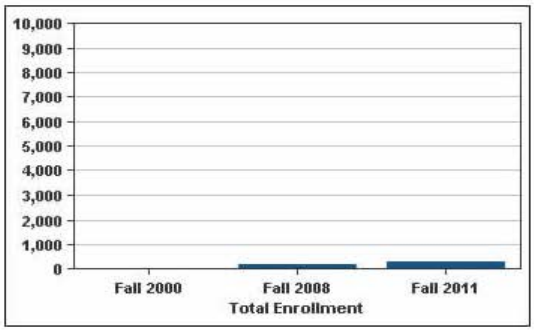
Enrollment

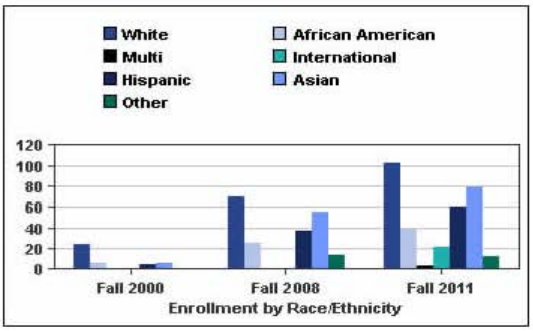
1. Enrollment of undergraduate, graduate, and professional students.

	Fall 2000	Fall 2010	Fall 2011	% Change Fall 2000 to Fall 2011	Institutional Closing the Gaps Target-Fall 2015	Closing the Gaps Completion
Total*	41	248	316	670.7%	262	120.6 %
White	24 (58.5%)	80 (32.3%)	102 (32.3%)	325.0%	85	120.0%
African American	6 (14.6%)	35 (14.1%)	39 (12.3%)	550.0%	37	105.4%
Multi-racial one of which is African American	0 (0.0%)	0 (0.0%)	3 (0.9%)	N/A	N/A	0.0%
Hispanic	5 (12.2%)	45 (18.1%)	60 (19.0%)	1100.0%	48	125.0%
Asian	6 (14.6%)	71 (28.6%)	79 (25.0%)	1216.7%		
International	0 (0.0%)	15 (6.0%)	21 (6.6%)	N/A	N/A	0.0%
Other	0 (0.0%)	2 (0.8%)	12 (3.8%)	N/A		

*Hispanic students, except international ones, are counted as Hispanic. Students who are "Multi-Racial one of which is African American" are non-international, non-Hispanic students who selected two or more races. Asian includes Asian, Hawaiian, and Pacific Islanders. "Other" includes American Indian, Alaskan Native, Unknown, and two or more races, excluding African American. International students are shown as a separate category. In Institutional Targets, "Multi-Racial one of which is African American" are included in the African American target.

Doctor's - Professional Practice	0	0	0	N/A
Pharmacy	0	0	0	N/A
Dental	0	0	0	N/A
Medical	0	0	0	N/A
Audiology	0	0	0	N/A
Physical Therapy	0	0	0	N/A
Nursing Practice	0	0	0	N/A





'Source: Coordinating Board Management (CBM) Report 00'

'Source: Coordinating Board Management (CBM) Report 00'

Participation - Contextual Measures

	Fall 2000	Fall 2010	Fall 2011	% Change Fall 2000 to Fall 2011
2. Enrollment by School				
The University of Texas M.D. Anderson Cancer Center	41 (100.0%)	248 (100.0%)	316 (100.0%)	670.7%

3. Number of Post-Doctoral Scholars	FY 2010	FY 2011
	N/A	N/A

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Fall 2011 Enrollment Detail - The University of Texas M.D. Anderson Cancer Center

By Level, Age:

Age Group	Undergraduate	Master's	Doctor's Research/Scholarship	Professional Specialty	Post-Baccalaureate	Pharmacy	Medical	Dental	Audiology	Physical Therapy	Nursing Practice	Total
Under 18	0	0	0	0	0	0	0	0	0	0	0	0
18 to 21	35	0	0	0	0	0	0	0	0	0	0	35
22 to 24	91	0	0	0	0	0	0	0	0	0	0	91
25 to 29	90	0	0	0	0	0	0	0	0	0	0	90
30 to 34	40	0	0	0	0	0	0	0	0	0	0	40
35 and over	60	0	0	0	0	0	0	0	0	0	0	60

By Level, Race/Ethnicity:

Race/Ethnicity	Undergraduate	Master's	Doctor's Research/Scholarship	Professional Specialty	Post-Baccalaureate	Pharmacy	Medical	Dental	Audiology	Physical Therapy	Nursing Practice	Total
White	102	0	0	0	0	0	0	0	0	0	0	102
African American	39	0	0	0	0	0	0	0	0	0	0	39
Multi-racial one of which is African American	3	0	0	0	0	0	0	0	0	0	0	3
Hispanic	60	0	0	0	0	0	0	0	0	0	0	60
Asian	79	0	0	0	0	0	0	0	0	0	0	79
International	21	0	0	0	0	0	0	0	0	0	0	21
Other	12	0	0	0	0	0	0	0	0	0	0	12

By Level, Gender:

Gender	Undergraduate	Master's	Doctor's Research/Scholarship	Professional Specialty	Post-Baccalaureate	Pharmacy	Medical	Dental	Audiology	Physical Therapy	Nursing Practice	Total
Male	98	0	0	0	0	0	0	0	0	0	0	98
Female	218	0	0	0	0	0	0	0	0	0	0	218

Fall 2011 Enrollment Detail - The University of Texas M.D. Anderson Cancer Center

By Level, Age:

Age Group	Undergraduate	Master's	Doctor's Research/Scholarship	Professional Specialty	Post-Baccalaureate	Pharmacy	Medical	Dental	Audiology	Physical Therapy	Nursing Practice	Total
Under 18	0	0	0	0	0	0	0	0	0	0	0	0
18 to 22	35	0	0	0	0	0	0	0	0	0	0	35
22 to 25	91	0	0	0	0	0	0	0	0	0	0	91
25 to 30	90	0	0	0	0	0	0	0	0	0	0	90
30 to 35	40	0	0	0	0	0	0	0	0	0	0	40
Over 35	60	0	0	0	0	0	0	0	0	0	0	60

By Level, Race/Ethnicity:

Race/Ethnicity	Undergraduate	Master's	Doctor's Research/Scholarship	Professional Specialty	Post-Baccalaureate	Pharmacy	Medical	Dental	Audiology	Physical Therapy	Nursing Practice	Total
White	102	0	0	0	0	0	0	0	0	0	0	102
African American	39	0	0	0	0	0	0	0	0	0	0	39
Multi-racial one of which is African American	3	0	0	0	0	0	0	0	0	0	0	3
International	21	0	0	0	0	0	0	0	0	0	0	21
Hispanic	60	0	0	0	0	0	0	0	0	0	0	60
Asian	79	0	0	0	0	0	0	0	0	0	0	79
Other	12	0	0	0	0	0	0	0	0	0	0	12

By Level, Gender:

Gender	Undergraduate	Master's	Doctor's Research/Scholarship	Professional Specialty	Post-Baccalaureate	Pharmacy	Medical	Dental	Audiology	Physical Therapy	Nursing Practice	Total
Male	98	0	0	0	0	0	0	0	0	0	0	98
Female	218	0	0	0	0	0	0	0	0	0	0	218

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Success - Key Measures

Degrees Awarded

4. Awards by race/ethnicity, level and specialty.

	FY 2000	FY 2010	FY 2011	% Change FY 2000 to FY 2011	Institutional Closing the Gaps Target-Fall 2015	Closing the Gaps Completion
Total Degrees[1] (does not include certificates)	**N/A**	**104**	**109**	**N/A**		
White	N/A	39	38	N/A		
African American	N/A	10	16	N/A		
Multi-racial one of which is African American	N/A	0	0	N/A		
Hispanic	N/A	19	20	N/A		
Asian	N/A	26	28	N/A		
International	N/A	8	7	N/A		
Other	N/A	2	0	N/A		
Level						
Certificate	N/A	6	3	N/A		
Associate	N/A	0	0	N/A		
Baccalaureate	N/A	6	3	N/A		
Graduate	N/A	0	0	N/A		
Baccalaureate	N/A	104	109	N/A	138	79.0%
Master's	N/A	0	0	N/A		
Doctor's Research/Scholarship	N/A	0	0	N/A	0	N/A
Doctor's Professional Practice	N/A	0	0	N/A		
Doctor's Professional Practice						
Pharmacy	N/A	0	0	N/A		
Dental	N/A	0	0	N/A		
Medical	N/A	0	0	N/A		
Audiology	N/A	0	0	N/A		
Physical Therapy	N/A	0	0	N/A		
Nursing Practice	N/A	0	0	N/A		
Degrees by Specialty (does not include certificates)						
The University of Texas M.D. Anderson Cancer Center	N/A	104	109	N/A		

[1]Hispanic students, except international ones, are counted as Hispanic. Students who are "Multi-Racial one of which is African American" are non-international, non-Hispanic students who selected two or more races. Asian includes Asian, Hawaiian, and Pacific Islanders. "Other" includes American Indian, Alaskan Native, Unknown, and two or more races, excluding African American. International students are shown as a separate category. In Institutional Targets, "Multi-Racial one of which is African American" are included in the African American target.

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Nursing and Allied Health

5. Degrees and certificates awarded in nursing

	FY 2000	FY 2010	FY 2011	% Change FY 2000 to FY 2011	Closing the Gaps Target-FY 2015*	Closing the Gaps Completion*
Nursing (Degrees Only)	**N/A**	**0**	**0**	**N/A**		
Certificate	N/A	0	0	N/A		
Associates	N/A	0	0	N/A		
Baccalaureate	N/A	0	0	N/A		
Graduate	N/A	0	0	N/A		
Baccalaureate	N/A	0	0	N/A	**0**	**N/A**
Master's	N/A	0	0	N/A		
Doctor's Research/Scholarship	N/A	0	0	N/A		
Doctor's Professional Practice	N/A	0	0	N/A		

Note: Total is for degrees only and does not include certificates.

* CTG target includes baccalaureate degrees and associates certificates.

6. Degrees and certificates awarded in allied health.

	FY 2000	FY 2010	FY 2011	% Change FY 2000 to FY 2011	Closing the Gaps Target-Fall 2015*	Closing the Gaps Completion*
Allied Health (Degrees Only)	**N/A**	**91**	**93**	**N/A**		
Certificate	N/A	6	3	N/A		
Associates	N/A	0	0	N/A		
Baccalaureate	N/A	6	3	N/A		
Graduate	N/A	0	0	N/A		
Baccalaureate	N/A	91	93	N/A	**138**	**69.6%**
Master's	N/A	0	0	N/A		
Doctor's Research/Scholarship	N/A	0	0	N/A		
Doctor's Professional Practice	N/A	0	0	N/A		

Note: Total is for degrees only and does not include certificates.

* CTG target includes baccalaureate degrees and associates certificates.

Success - Contextual Measures

7. Graduation Rates for graduate programs

	Fall1995 Cohort	Fall 2005 Cohort	Fall 2006 Cohort	Point/% Change Fall 1995 to Fall 2006 Cohorts
Master's Graduation Rate				
First-time entering cohort	N/A	N/A	N/A	N/A
Percent Master's or Above	N/A	N/A	N/A	N/A

	FY 1991 Cohort	FY 2001 Cohort	FY 2002 Cohort	Point/% Change FY 1991 to FY 2002 Cohorts
Doctoral Graduation Rate				
First-time entering cohort	N/A	N/A	N/A	N/A
Percent Master's Received	N/A	N/A	N/A	N/A
Percent Ph.D. Received	N/A	N/A	N/A	N/A

	Fall 1995 Cohort	Fall 2005 Cohort	Fall 2006 Cohort	Point/% Change Fall 1995 to Fall 2006 Cohorts
Pharmacy				
First-time entering cohort	N/A	N/A	N/A	N/A
Graduation Rate	N/A	N/A	N/A	N/A
Medical				
First-time entering cohort	N/A	N/A	N/A	N/A
Graduation Rate	N/A	N/A	N/A	N/A
Dental				
First-time entering cohort	N/A	N/A	N/A	N/A
Graduation Rate	N/A	N/A	N/A	N/A

	FY 2008	FY 2009	FY 2010	FY 2011	% Change FY 2008 to FY 2011
8. Student Satisfaction Medical Schools	N/A	N/A	N/A	N/A	N/A

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Success - Out-of-State Peers

	The University of Texas M.D. Anderson Cancer Center	Institution's Out-of-State Peers		
		DANA - FARBER CANCER INSTITUTE	MEMORIAL ALOAN KETTING CANCER CENTER	SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHN HOPKINS
Degrees Awarded: Number of graduates by level, race/ethnicity and gender.				
Health Professions	119	N/A	N/A	N/A
White	46	N/A	N/A	N/A
African American	11	N/A	N/A	N/A
Hispanic	16	N/A	N/A	N/A
Asian	40	N/A	N/A	N/A
Other	6	N/A	N/A	N/A
Medicine	0	N/A	N/A	N/A
White	0	N/A	N/A	N/A
African American	0	N/A	N/A	N/A
Hispanic	0	N/A	N/A	N/A
Asian	0	N/A	N/A	N/A
Other	0	N/A	N/A	N/A
Level				
Associates	N/A	N/A	N/A	N/A
Bachelors	101	N/A	N/A	N/A
Master's	N/A	N/A	N/A	N/A
Doctor's Research/Scholarship	N/A	N/A	N/A	N/A
Doctor's Professional Practice	N/A	N/A	N/A	N/A
Gender				
Male	47	N/A	N/A	N/A
Female	72	N/A	N/A	N/A
Nursing and Allied-Health Graduates: Number of degrees awarded in nursing/allied-health by level.				
Total Degrees	103	N/A	N/A	N/A
Certificate	11	N/A	N/A	N/A
Associates	0	N/A	N/A	N/A
Bachelors	92	N/A	N/A	N/A
Master's	0	N/A	N/A	N/A
Doctor's Research/Scholarship	0	N/A	N/A	N/A

Source: IPEDS, Fall 2010

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Graduates Detail (FY 2011)- The University of Texas M.D. Anderson Cancer Center

Success
By 2015, increase by 50 percent the number of degrees, certificates, and other identifiable student successes from high quality programs.

By Level, Race/Ethnicity:

Race/Ethnicity	Certificate	Bachelor's	Master's	Doctor's Research/Scholarship	Doctor's Professional Practice	Total
White	0	38	0	0	0	38
African American	1	16	0	0	0	16
Multi-racial one of which is African American	0	0	0	0	0	0
Hispanic	0	20	0	0	0	20
Asian	2	28	0	0	0	28
International	0	7	0	0	0	7
Other	0	0	0	0	0	0

By Level, Gender:

Gender	Certificate's	Bachelor's	Master's	Doctor's Research/Scholarship	Doctor's Professional Practice	Total
Male	1	45	0	0	0	45
Female	2	64	0	0	0	64

FY 2011 Degree Detail - The University of Texas M.D. Anderson Cancer Center

By Level, Race/Ethnicity:

Race/Ethnicity	Certificate*	Bachelor's	Master's	Doctor's Research/Scholarship	Doctor's Professional Practice	Total
White	0	38	0	0	0	38
African American	1	16	0	0	0	16
Multi-racial one of which is African American	0	0	0	0	0	0
International	0	7	0	0	0	7
Hispanic	0	20	0	0	0	20
Asian	2	28	0	0	0	28
Other	0	0	0	0	0	0

*Certificates not included in the total

By Level, Gender:

Gender	Certificate*	Bachelor's	Master's	Doctor's Research/Scholarship	Doctor's Professional Practice	Total
Male	1	45	0	0	0	45
Female	2	64	0	0	0	64

*Certificates not included in the total

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Excellence - Key Measures

Certification and Licensure

9. Licensure/certification rate on state or national exams.

	FY 2000	FY 2009	FY 2010	FY 2011	Point Change FY 2000 to FY 2011
Nursing pass rate	N/A	NA%	NA%	NA%	N/A
Allied Health pass rate	N/A	97.0%	94%	93%	N/A
Medical pass rate	N/A	NA%	NA%	NA%	N/A
Dental pass rate	N/A	NA%	NA%	NA%	N/A
Pharmacy pass rate	N/A	NA%	NA%	NA%	N/A

Nursing Baccalaureate Graduate Success

	FY 2000	FY 2008	FY 2009	FY 2010	% Change FY 2000 to FY 2010
10. Nursing baccalaureate graduates employed and/or enrolled	N/A	N/A	N/A	N/A	N/A

Faculty Awards

	Fall 2000	Fall 2010	Fall 2011	% Change Fall 2000 to Fall 2011
11. Nobel Prize Winners and National Academies.				
National Academy of Science				N/A
National Academy of Engineering				N/A
Nobel Prize				N/A
Academy of Arts and Sciences			1	N/A
Institute of Medicine		2		N/A
American Academy of Nursing				N/A
American College of Dentists				N/A
American College of Medicine				N/A
Howard Hughes Medical Institute				N/A

Quality Enhancement Plan

12. Quality Enhancement Plan

Excellent Programs

13. Excellent Programs

Highlighted Excellent Programs 1

The Institute for Cancer Care Excellence is a collaborative effort among physicians, nurses, pharmacists, healthcare administrators, centers and institutes. It focuses on systematic improvement in patient safety, quality improvement, cost-effective care, and facilitates comparative effectiveness research in anticipation of public reporting of quality measures.. http://www.mdanderson.org/education-and-research/research-at-md-anderson/cancer-care-excellence/index.html

Highlighted Excellent Programs 2

Investigational Cancer Therapeutics (Phase I Clinical Trials Program)
The Department of Investigational Cancer Therapeutics has developed a world-class Phase I (first in human) clinical trials program. Our objective is to perform molecular profiling and match patients with novel, targeted drugs in the early clinical trials setting.
http://www.mdanderson.org/education-and-research/departments-programs-and-labs/departments-and-divisions/investigational-cancer-therapeutics/index.html

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Excellence - Contextual Measures

	Fall 2000	Fall 2010	Fall 2011	%/Point Change Fall 2000 to Fall 2011
14. Faculty by Race/Ethnicity*				
White	42	1,057	1,049	2397.6%
African American	6	48	51	750.0%
Multi-racial one of which is African American	0	0	0	N/A
Hispanic	3	117	121	3933.3%
Asian	12	550	599	4891.7%
International	0	150	156	N/A
Other	0	32	31	N/A
Faculty by Gender				
Male	22	1,263	1,280	5718.2%
Female	41	691	727	1673.2%

*Hispanic faculty, except international ones, are counted as Hispanic. Faculty who are "Multi-Racial one of which is African American" are non-international, non-Hispanic faculty who selected two or more races. Asian includes Asian, Hawaiian, and Pacific Islanders. "Other" includes American Indian, Alaskan Native, Unknown, and two or more races, excluding African American. International faculty are shown as a separate category. In Institutional Targets, "Multi-Racial one of which is African American" are included in the African American target.

15. Endowed Professorships and Chairs	Fall 2000	Fall 2010	Fall 2011	%/Point Change Fall 2000 to Fall 2011
Endowed Professorships	48	62	62	29.2%
Percent unfilled	33%	21%	19%	- 13.9
Percent of total tenured/tenure-track faculty	8%	0%	0%	0.0
Endowed Chairs	53	72	76	43.4%
Percent unfilled	17%	7%	9%	- 7.8
Percent of total tenured/tenure-track faculty	6%	0%	0%	- 6.0

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Research - Key Measures

Federal and Private Research Expenditures

	FY 2001	FY 2010	FY 2011	% Change FY 2001 to FY 2011
16. Sponsored (federal and private) research expenditures ($ Million)	$ 139.660	$ 339.033	$ 394.147	182.2%

Federal and Private Research Expenditures per FTE Faculty

	FY 2001	FY 2010	FY 2011	% Change FY 2001 to FY 2011
17. Sponsored (federal and private) research expenditures per FTE	$7,980,560	$545,946	$634,799	- 92.0%

Research as a Percent of General Revenue

	FY 2001	FY 2010	FY 2011	Point Change FY 2001 to FY 2011
18. Sponsored (federal and private) research as a percent of total general revenue	96.4%	188.2%	222.3%	125.9

Source: THECB Annual Research Expenditures Report

Source: THECB Annual Research Expenditures Report

Research - Contextual Measures

	FY 2007	FY 2010	FY 2011	%/Point Change FY 2007 to FY 2011
19. Tenure/tenure-track FTE faculty with extramural grants				
Number	408	411	412	1.0%
Percent	65.1%	66.2%	66.1%	1.0

	FY 2001	FY 2010	FY 2011	% Change FY 2001 to FY 2011
20. Research Expenditures ($ Millions)	$ 210.237	$ 547.035	$ 623.903	196.8%
Federal	$ 91.543	$ 206.664	$ 236.414	158.3%
State	$ 58.853	$ 176.806	$ 198.912	238.0%
Private	$ 48.117	$ 132.368	$ 157.733	227.8%
Institutional	$ 11.723	$ 31.196	$ 30.845	163.1%

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Research - Out-of-State Peers

	The University of Texas M.D. Anderson Cancer Center	Institution's Out-of-State Peers: DANA - FARBER CANCER INSTITUTE	MEMORIAL ALOAN KETTING CANCER CENTER	SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHN HOPKINS
Research Expenditures Current year research expenditures in millions of dollars.				
Research Expenditures	$-			
Research Funds Percent of sponsored (external/federal) research funds.				
Percent of sponsored (external/federal) research funds				

Source: IPEDS, Fall 2010

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

The University of Texas M.D. Anderson Cancer Center — Health-Related Performance Complete Report

Institutional Effectiveness - Key Measures

Administrative Cost

	FY 2000	FY 2010	FY 2011	Point Change FY 2000 to FY 2011
21. Institutional support as a percent of total expenditures	N/A	7.4%	7.4%	N/A
Hospital administrative costs as a percent of hospital total expenditures	8.64%	8.23%	7.38%	- 1.3

Instruction and Operations Formula Funding

22. Formula funding per full-time equivalent student.*

	FY 2002	FY 2010	FY 2011	% Change FY 2002 to FY 2011
Medical Education	N/A	$N/A	$N/A	N/A
Dental Education	N/A	$N/A	$N/A	N/A
Biomedical Sciences	N/A	$N/A	$N/A	N/A
Health Professions Education	N/A	$10,342	$8,510	N/A
Nursing Education	N/A	$N/A	$N/A	N/A
Public Health Education	N/A	$N/A	$N/A	N/A
Pharmacy Education	N/A	$N/A	$N/A	N/A

*Due to a fiscal year reporting basis for FTSE and the inclusion of the Small Class Supplement in appropriated dollars, funding per FTSE may differ from published rates.

Facilities

	Fall 2002	Fall 2009	Fall 2010	% Change Fall 2002 to Fall 2010
23. Facilities replacement cost of educational and general assignable space	$830,488,562	$2,941,229,713	$2,882,738,505	247.1%

Operating Expenses per FTE Student and per FTE Faculty

24. Operating expenditures divided by full-time equivalent students.

	FY 2002	FY 2010	FY 2011	% Change FY 2002 to FY 2011
Operating expenses per FTE Student	$854,892	$9,358,942	$8,679,156	915.2%
Operating expenses per FTE Faculty	$1,063,005	$1,662,599	$1,796,125	69.0%

Institutional Effectiveness - Contextual Measures

	FY 2002	FY 2011	FY 2012	% Change FY 2002 to FY 2011
25. Average cost of (resident undergraduate) tuition and fees for 30 SCH.	$N/A	$3,732	$3,932	N/A

	FY 2007	FY 2009	FY 2010	FY 2011	% Change FY 2007 to FY 2011
26. True and Term Endowment ($ millions)	N/A	N/A	$294,377,311.0	$363,875,789.0	N/A
27. Quasi Endowment ($ millions)	N/A	N/A	$668,146,191.0	$695,915,489.0	N/A
28. Total Endowment ($ millions)	$ 581.2	$ 504.8	$962,523,502.0	$1,059,791,278.0	182342130.5%

	FY 2002	FY 2009	FY 2010	FY 2011	% Change FY 2002 to FY 2011
29. Institutional revenue including hospital operations*	$1,554,159,718	$2,942,316,905	$3,166,375,677	$3,451,466,402	122.1%
Tuition and fees	$122,086	$886,930	$932,454	$1,093,490	795.7%
State appropriations	$36,168,637	$172,408,117	$180,110,173	$177,305,633	390.2%
Hospitals and Clinics	$3,215,522	$2,044,986,165	$2,149,256,264	$2,391,945,718	74287.5%
Federal Grants	$119,689,322	$202,265,154	$210,731,120	$233,027,652	94.7%
Professional Fees	$161,489,505	$289,233,879	$317,441,308	$338,233,029	109.4%
Institutional Funds Revenue	$81,894,276	$232,536,660	$307,904,358	$309,860,880	278.4%
Constitutional Funds	$N/A	$N/A	$0	$0	N/A

*Does not include constitutional funds

30. Historically Underutilized Business (HUB)	FY 2000	FY 2010	FY 2011	% Change FY 2000 to FY 2011
HUB Expenditures without construction (Thousands)	$24,240.944	$40,472.048	$52,900.188	118.2%
Percent of total expenditures	9.4%	3.8%	4.9%	- 4.5
HUB Expenditures with construction (Millions)	$ 31.520	$ 94.756	$ 85.034	169.8%
Percent of total expenditures	12.2%	9.0%	7.8%	- 4.4

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Institutional Efficiency and Effectiveness - Out-of-State Peers

	The University of Texas M.D. Anderson Cancer Center	Institution's Out-of-State Peers		
		DANA - FARBER CANCER INSTITUTE	MEMORIAL ALOAN KETTING CANCER CENTER	SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHN HOPKINS
Administrative Cost Ratio Amount expended for administrative costs as a percent of operative expenses				
Administrative costs as a percent of operating budget	1%	N/A	N/A	N/A
Appropriations State and local government appropriation revenues per FTE student.				
Appropriations per FTE student	$9,554	N/A	N/A	N/A
Expenditures Instruction expenses per FTE student.				
Instruction expenses per FTE student	$9,026	N/A	N/A	N/A

Source: IPEDS, Fall 2010

The University of Texas MD Anderson Cancer Center
Accountability Report
January 2012

Patient Care - Key Measures

Medical Resident Physicians

	FY 2002	FY 2011	FY 2012	Percent Change FY 2002 to FY 2012
31. Residents/Physicians in accredited programs	N/A	123	129	N/A
32. Primary care residents in accredited programs	N/A	N/A	N/A	N/A

Patient Care - Contextual Measures

	FY 2000	FY 2010	FY 2011	% Change FY 2000 to FY 2011
33. Outpatient visits	440,000	1,175,577	1,190,568	170.6%
34. Inpatient days	131,771	179,895	180,354	36.9%
35. Ratio of Admissions to General Revenue				
To admissions	4562.2	4899.73	4037.87	- 11.5%
To charity care	83.1	74.51	66.05	- 20.5%
To hospital days	605.65	654.28	564.86	- 6.7%
To clinic visits	181.38	100.12	85.57	- 52.8%
36. TDCJ care provided by on-campus facilities				
Number of inpatient days provided annually at the on campus hospital (When Appropriate)		N/A	N/A	N/A
Number of outpatient visits provided annually at the on campus clinic (When Appropriate)		N/A	N/A	N/A

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

F.6 Health-Related Accountability Measure and Definitions

PARTICIPATION -- KEY MEASURES

1. Enrollment

Enrollment of undergraduate, graduate, and professional students.

Definition: Unduplicated fall headcount/enrollment by level, age, race/ethnicity and gender; Student's age is as of September 1 of the year. Inter-institutional are included, flex entry students are not included.

Source: Texas Higher Education Coordinating Board (THECB) Coordinating Board Management Report (CBM) CBM001, for fall semester.

PARTICIPATION -- CONTEXTUAL MEASURES

2. Enrollment by Specialty

Enrollment by School

Definition: Number and percent of undergraduate, graduate, and professional students enrolled on the 12th day of class, unduplicated fall headcount. Student's age is as of September 1 of the year. Post-baccalaureate students are in a separate category.
Inter-institutional are included, flex entry students are not included.

Source: CBM001.

3. Number of Post-Doctoral Research Trainees

Number of Post-Doctoral Scholars

Definition: Ph.D., M.D./D.O., D.S.N., D.P.H., and D.D.S. research positions filled as of July 1 of the current calendar year. Only those filled research positions or fellows directly involved in research-related activities for a maximum of three reporting periods are counted. The definition includes positions or fellows in all schools within the institution but excludes medical and dental residents. Purpose/Importance: This measure is an indicator of the amount of research positions provided by an institution. The total number of post-doctoral trainees as of July 1 of the current calendar year. Definition is from LBB; data is from institutions since LBB only receives budgeted.

Source: Institutions

SUCCESS -- KEY MEASURES

4. Degrees Awarded

Awards by race/ethnicity, level and specialty.

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

Definition: Number of degrees of all levels awarded by race/ethnicity and gender and by specialty.

Source: CBM009.

5. Nursing and Allied Health

Degrees and certificates awarded in nursing

Definition: Number of degrees and certificates awarded in nursing. The CIP codes for nursing are 5116 (2000 CIP Codes) and 5138 and 5139 (2010 Codes). The total does not include certificates.

Source: CBM009.

6. Allied Health

Degrees and certificates awarded in allied health.

Definition: Number of degrees and certificates awarded in allied health. The allied health CIPs, as in Closing the Gaps, are 51.02, 51.06, 51.07, 51.08, 51.09, 51.10, 51.18, 51.23, 51.26, 51.27, 51.31, 51.32, 51.33, 51.34, 51.99. The total number does not include certificates.

Source: CBM009.

SUCCESS -- CONTEXTUAL MEASURES

7. Graduation Rates for graduate programs

Graduation Rates for graduate programs

Definition: The master's degree and doctoral cohorts were determined with all students by level in the fall semester and for three previous years. Those at the same level in prior years were removed from the cohort as not first-time entering students at that degree level. The doctoral cohort was tracked for 10 years. The master's cohort was tracked for 5 years. Entering cohort, number of graduates and 5-year graduation rates are calculated for medical, dental and pharmacy students. Doctoral percentages do not include students who received a master's level award. Master's certificates are separate. All students, whether attending part-time or full-time, are included.

Source: CBM001 and CBM009.

8. Student Satisfaction Medical Schools

Student Satisfaction Medical Schools

Definition: Student Satisfaction Medical Schools: Satisfaction results obtained from Association of American Medical Colleges (AAMC) Graduation Questionnaire (and a school-sponsored satisfaction survey for University of North Texas Health Science Center Ft. Worth).

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

Source: Institutions.

EXCELLENCE -- KEY MEASURES

9. Certification and Licensure

Licensure/certification rate on state or national exams.

Definition: For medical, dental, allied health, nursing and pharmacy programs, eligible students are those in a discipline that offers or requires an external certification or licensure who pass the examination on the first attempt during the reporting period. Calculation is the number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during the fiscal year.

Source: Legislative Budget Board.

10. Nursing Baccalaureate Graduate Success

Nursing baccalaureate graduates employed and/or enrolled

Definition: Percentage of baccalaureate nursing graduates who are employed in Texas in the fourth quarter of the calendar year following the graduation school year or enrolled in a Texas graduate program in the following fall after graduation. Public and independent institutions data are included. Only information on students who are employed in Texas are included. Students, who are self-employed, leave the state to work or continue their education are not found. * 'Employed' is not qualified as 'employed in the profession' and may include some employed out-of-state as well as military personnel.

Source: CBM001 and CBM009, UI (Unemployment Insurance) wage records and FEDES (Federal Employment Database Exchange Service include military records DOD (Department of Defense) and records for USPS (United States Postal Services) and OPM (Office of Personnel Management)

11. Faculty Awards

Nobel Prize Winners and National Academies.

Definition: Number of awards to faculty in: National Academy of Science, National Academy of Engineering, Nobel Prize winners, Academy of Arts and Sciences, Institute of Medicine, American Academy of Nursing, American College of Dentists, American College of Medicine, Howard Hughes Medical Institute.

Source: Institutions.

12. Quality Enhancement Plan

Quality Enhancement Plan

Definition: Quality Enhancement Plan Text Box: Summarize your institution’s current QEP (or proposed Plan if one has never been approved) for SACS accreditation. The QEP describes a carefully designed course of action that addresses a well-defined and focused topic or issue related to enhancing student learning. The QEP

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

is required to be embedded within the institution's ongoing integrated institution-wide planning and evaluation process.

Source: Institutions

13. Excellent Programs

Excellent Programs

Definition: Give the name, a short statement about program (limit 200 characters), and a link for more information.

Source: Institutions

EXCELLENCE -- CONTEXTUAL MEASURES

14. Faculty by Race/Ethnicity

Faculty by Race/Ethnicity

Definition: Number of faculty; Tenure/tenure-track data come from CBM008 Faculty Report using rank codes 1-4 and coded for a tenure/tenure track position and
non-tenure/tenure-track faculty are those faculty coded as non-tenure. This measure shows institutions' progress in diversifying their faculty.

Source: CBM008.

15. Endowed Professorships and Chairs

Endowed Professorships and Chairs

Definition: Total number of endowed professorships and chairs fully funded by endowment funds, number and percent of those unfilled, and percent of total tenure/tenure-track faculty positions.

Source: Institutions.

RESEARCH -- KEY MEASURES

16. Federal and Private Research Expenditures

Sponsored (federal and private) research expenditures ($ Million)

Definition: Sponsored (federal and private) research and development expenditures. Source: THECB

Annual Research Expenditures Report.

17. Federal and Private Research Expenditures per FTE Faculty

Sponsored (federal and private) research expenditures per FTE

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

Definition: Sponsored (federal and private) expenditures divided by the number of fall tenured/tenure-track full-time equivalent faculty.

Source: THECB Annual Research Expenditures Report and fall full-time tenure/tenure-track equivalent faculty.

18. Research as a Percent of General Revenue

Sponsored (federal and private) research as a percent of total general revenue

Definition: Sponsored (external/federal and private) research funds as a percent of general revenue appropriations.

Source: THECB Annual Research Expenditures Report for research funds & Sources and Uses for general revenue appropriations.

RESEARCH -- CONTEXTUAL MEASURES

19. FTE faculty with extramural grants

Tenure/tenure-track FTE faculty with extramural grants

Definition: Number and percent of FTE tenured/tenure-track faculty holding extramural (all sources) funding are divided by the number of FTE tenured/tenure-track faculty.

Source: Institutions.

20. Research Expenditures ($ Millions)

Research Expenditures ($ Millions)

Definition: Total expenditures for research and development as reported in the annual research expenditures report from federal, state, private and institutional sources.

Source: Annual Research Expenditures Report.

INSTITUTIONAL EFFICIENCY AND EFFECTIVENESS -- KEY MEASURES

21. Administrative Cost

Institutional support as a percent of total expenditures

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

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

Source: Legislative Budget Board.

22. Instruction and Operations Formula Funding

Formula funding per full-time equivalent student.

Definition: Instruction and Operations formula funding (all funds) for the fiscal year divided by full-time equivalent student by type of program. Formula appropriated dollars include the Small Class Supplement. The reporting basis for FTSE is a fiscal year basis as opposed to a formula funding basis.

Source: Appropriations bill and formula funding reports.

23. Facilities

Facilities replacement cost of educational and general assignable space

Definition: Total net assignable square feet replacement value of existing Education & General assignable space.

Source: THECB Campus Planning annual report on replacement cost.

24. Operating Expenses per FTE Student and per FTE Faculty

Operating expenditures divided by full-time equivalent students.

Definition: Operating expenses (including state-owned or General Revenue-supported hospitals) divided by full-time equivalent students and by full-time equivalent faculty. FTE students are those used for formula funding from the CBM001 student report or the CBM004 class report. In some fields, full-time is based on student headcount. In fields where student semester credit hours (SCH) are utilized for funding purposes, the standard CB annual measures are used: 30 SCH at the undergraduate level, 24 SCH at the master's level and 18 SCH at the doctoral level. Faculty FTEs are for ranks 1 through 6 with appointment codes 01, 03, 11, 12, 13.

Source: Sources and Uses Report and FTSE are annual from CBM001 & annual FTE faculty from CBM008.

INSTITUTIONAL EFFICIENCY AND EFFECTIVENESS -- CONTEXTUAL MEASURES

25. Average cost of (resident undergraduate) tuition and fees for 30 SCH.

Average cost of (resident undergraduate) tuition and fees for 30 SCH.

Definition: Mandatory tuition (state legislated tuition), designated tuition (set by institutional governing boards) and mandatory fees (those charged of all students), for resident undergraduate students at 30 semester credit hours (SCH) for a fall and spring semester.

Source: College Student Budget: Survey of public colleges and universities.

26. True and Term Endowment ($ millions)

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

True and Term Endowment ($ millions)

Definition: True or sometimes called permanent endowment is a fund created by a donor (or other external party) with the stipulation, as a condition of the gift instrument (or other directions), that the principal is to be maintained and invested in perpetuity to produce income, investment growth, or both. A term endowment is created when a donor (or other external party) specifies that the funds must be held and invested until the passage of a specified time or the occurrence of a specified event. The donor (or other external party) also specifies what is to be done with the income and investment growth during the specified period. In some cases, those earnings are subject to a purpose restriction established in the gift instrument. Endowment funds held by a foundation for the express use of the university should be included.

Source: Institutions.

27. Quasi Endowment ($ millions)

Quasi Endowment ($ millions)

Definition: A quasi-endowment fund is created when an institution's governing board elects to invest currently available resources as if they were subject to endowment restrictions. Quasi-endowments also are referred to as funds functioning as endowments.

Source: Institutions.

28. Endowment

Total Endowment ($ millions)

Definition: Total dollar amount of endowment and ratio per full-time-equivalent (FTE) student and FTE faculty.

Source: Institutions (should match what is reported to the Council on Aid to Education).

29. Institutional revenue including hospital operations

Institutional revenue including hospital operations

Definition: Operating funds are classified on the "Sources and Uses" report in the Total Sources and Total Uses Sections, modified by the exclusion of Auxiliary Funds and the estimation of Capital Outlay expense attributable to non-operating sources of funds. Operating funds do not include funds classified as "Other Sources and Uses" or “Other items not for Current Operating Use" in the Sources and Uses report. “State general revenue appropriations" includes state appropriations, state grants and contracts. State appropriations includes health and retirement benefits. Constitutional funds are included. Higher education assistance funds and available university excellence funds are excluded. All dollar figures are extracted from the "Sources and Uses" reports. A large part, but not all, of operating funds would have been reported under general funds, designated funds, and restricted funds in the old NACUBO reporting format. State and Constitutional appropriations are presented as part of operating funds for the purposes of presenting an institutional "stand-alone" regulatory view in this system." Operating funds are generally expendable for current operating purposes, which are

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

essential to, or commonly associated with, teaching, research or the preservation of knowledge. Examples of revenue sources include state appropriations, unrestricted gifts and restricted Federal research contracts. Additional classifications have been added for "Professional Fees" and "Hospitals and Clinics." State appropriations reported include those for the hospital (if any) as well as the medical school. Total Institutional Revenues include net hospital operations.

Source: Sources and Uses Report.

30. Historically Underutilized Business (HUB)

Historically Underutilized Business (HUB)

Definition: Total HUB expenditures as a percent of total expenditures.

Source: State Comptroller's Office

PATIENT CARE -- KEY MEASURES

31. Medical Resident Physicians

Residents/Physicians in accredited programs

Definition: M.D. or D.O. filled positions at any level in and Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)-accredited residency programs including sub-specialty programs. This does not include physicians undertaking post-residency training that is not considered part of the accredited residency program.

Source: CBM00R from FY 2008 on. From FY 2005 to FY 2007, institutions from ACGME or AOA end of June survey.

32. Medical Resident Physicians

Primary care residents in accredited programs

Definition: M.D. or D.O. filled positions at any level in ACGME or AOA-accredited primary care residency programs. This does not include physicians undertaking post-residency training that is not considered part of the accredited residency program. Primary care includes family medicine, obstetrics and gynecology, internal medicine and pediatrics.

Source: Institutions.

PATIENT CARE -- CONTEXTUAL MEASURES

33. Outpatient visits

Outpatient visits

Definition: The total number of outpatient visits during the fiscal year. An 'outpatient visit' occurs when the

The University of Texas MD Anderson Cancer Center
Health-Related Accountability Measures and Definitions
January 2012

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

Source: Institutions.

34. Inpatient days

Inpatient days

Definition: The total number of inpatient days during a fiscal year. An 'inpatient day' occurs when an individual, who is admitted by an institutional faculty or post-graduate trainee, occupies a hospital bed at the time that the official census is taken at each hospital affiliated with, contracted with, or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. One patient occupying one room for two nights would be counted as two inpatient days. To the extent possible, the total should exclude inpatient days associated with health care providers who are not employed by the institution but may teach residents and students.

Source: Institutions.

35. Ratio of Admissions to General Revenue

Ratio of Admissions to General Revenue

Definition: Ratio of admissions, charity care, inpatient hospital days, and clinic visits to General Revenue for state-owned hospitals.

Source: Institutions.

36. TDCJ care provided by on-campus facilities

TDCJ care provided by on-campus facilities

Definition: TDCJ inpatient and outpatient care when provided in both on-campus and off-campus settings (i.e., at the prisons). Institutions will provide FY TDCJ inpatient care and outpatient care provided ON-campus.

Source: Institutions.

G. Other MD Anderson Academic Programs

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

G.1 MD Anderson Educational Trainees, 2010 - 2011

Clinical	
Fellows	237
Residents	23
Medical Physics Residents	6
Music Therapy Intern	1
Pharmacy Fellows	2
Pharmacy Residents	13
Physician Assistant Fellows & Residents	2
Population Sciences Fellows	7
Psychology Fellows	4
Radiation Physics Proton Therapy Fellows	3
Radiation Physics Residents	8
Rotating Fellow Research	6
Rotating Fellows	169
Rotating Pharmacy Residents	18
Rotating Psychology Fellow	1
Rotating Residents	611
Rotating Residents Research	27
Rotating Veterinary Residents	3
Subtotal	**1,141**
Research	
Postdoctoral Fellows	725
Odyssey Fellows	9
Graduate Research Assistants-GSBS	438
Graduate Research Assistants-UTHSCH	118
Graduate Student-non-UTHSCH	228
Research Aide	23
Research Interns	78
Rosalie B. Hite Graduate Research Assistants	4
Science Educators	6
Subtotal	**1,629**
School of Health Professions	
Clinical Lab Science Students	30
Cytogenetics Students	29
Cytotechnology Students	11
Diagnostic Imaging Students	46
Histotechnology Students	12
Medical Dosimetry Students	33
Molecular Genetic Students	53
Radiation Therapy Students	34
Subtotal	**248**

Special Programs	
Affiliated Trainee – Clinical	22
Affiliated Trainee – Research	18
Chaplaincy Fellows	4
Chaplaincy Intern	4
Dietetic Interns	10
Ethics Fellow	3
Ethics Intern	8
Global Academic Programs Assoc	41
Hospital Administration Fellows	7
Legal Interns	3
Observers	164
Short-Term Observers	126
Sister Institution Associates	2
Social Work Interns	6
Veterinary Residents	2
Veterinary Fellows Research	4
Veterinary Students	5
Subtotal	**429**
Student Programs	
Anesthesia Technology Student	7
College Students	284
High School Students	84
IAEA Fellow	1
Language Assistant Student	1
Nuclear Medical Technology Students	2
Phlebotomy Technology Student	4
Physical/Occupational Therapy Students	6
Population Sciences Graduate Student	9
Psychology Graduate Students	5
Rotating Medical Students	310
Rotating Medical Students Research	107
Rotating Pharmacy Students	64
Rotating Physician Assistant Students	92
Rotating Psychology Students	6
Rotating Speech Pathology Students	2
Speech Pathology Students	2
Summer Science Programs	116
Subtotal	**1,102**
Nursing Programs	
Nursing Outreach Education	904
Academic Undergraduate	580
Academic Graduate Students	113
Academic High School	50
Professional Student Nurse Externs	81
Post Graduate Nurses Oncology Fellowship	3
PEPED	589
Subtotal	**2,320**
TOTAL	**6,869**

Source: Trainee & Alumni Affairs

G.2 Trainee Demographics by Group, 2010 - 2011

Demographic Profile	Clinical Residents & Fellows			Postdoctoral Fellows*			GSBS		
	Description	N	Percent	Description	N	Percent	Description	N	Percent
Number of Trainees	Total Population	260		Total Population	736		Total Population	438	
Number of Programs Served	Total Programs	58		Total Programs	60		Total Programs	46	
Ethnicity	White, Non-Hispanic	107	41	White, Non-Hispanic	102	14	White, Non-Hispanic	167	38
	Black, Non-Hispanic	7	3	Black, Non-Hispanic	19	3	Black, Non-Hispanic	9	2
	Asian/Pacific Islander	83	32	Asian/Pacific Islander	47	7	Asian/Pacific Islander	44	10
	Hispanic	13	5	Hispanic	32	4	Hispanic	36	8
	International	50	19	International	536	73	International	182	42
	American Indian/ Alaskan Native	0	0	American Indian/ Alaskan Native	0	0	American Indian/ Alaskan Native	0	0
Gender	Male	156	60	Male	407	55	Male	194	44
	Female	104	40	Female	329	45	Female	244	56
Average Age	34 years old			32 years old			28 years old		

*Postdoctoral Fellows include Postdoctoral Fellows, Odyssey Fellows, Odyssey Scholars and Veterinary Fellows.
Source: Trainee & Alumni Affairs

G.3 Trainee Country of Origin & Visa Types, 2010 – 2011

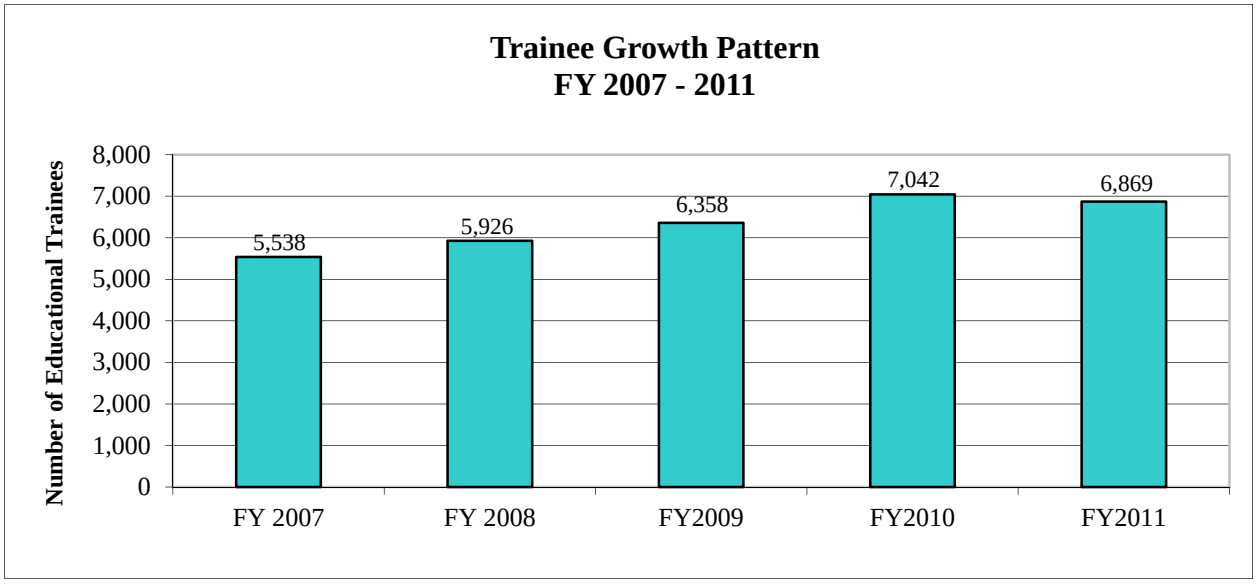
Demographic Profile	Clinical Residents & Fellows			Postdoctoral Fellows*			GSBS		
	Country/Visa	N	Percent	Country/Visa	N	Percent	Country/Visa	N	Percent
Top 5 Countries of Origin	USA	183	70	China	210	29	USA	232	53
	India	9	3	USA	152	21	China	81	18
	Canada	7	3	India	70	10	India	29	7
	China	6	2	South Korea	59	8	Taiwan	26	6
	Syria	5	2	Japan	43	6	South Korea	17	4
	Turkey	5	2						
Citizenships and Most Frequent Visa Types	US Citizen	183	70	US Citizen	152	21	US Citizen	232	53
	US Permanent Resident	27	10	US Permanent Resident	48	7	US Permanent Resident	24	5
	J-1	32	12	J-1	342	46	J-1	9	2
	H1-B	15	6	H1-B	133	18	F-1	169	39

*Postdoctoral Fellows include Postdoctoral Fellows, Odyssey Fellows, Odyssey Scholars, and Veterinary Fellows.
Source: Trainee & Alumni Affairs

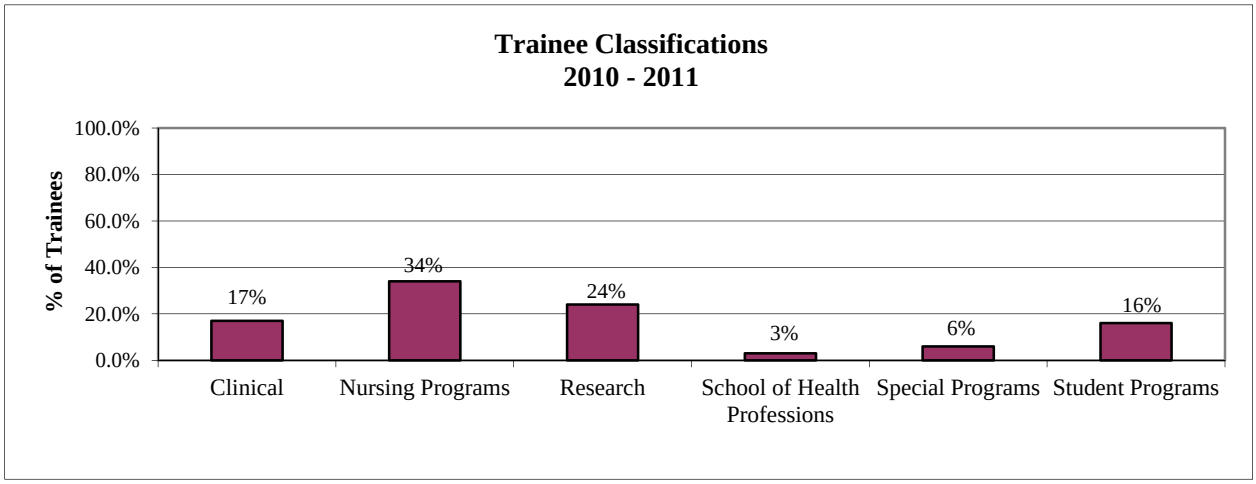
G.4 Five Year Trainee Growth Pattern, FY 2007 – FY 2011

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Percent of Growth 2007 - 2011
Clinical	977	1043	1124	1,109	1,141	17%
Research	1452	1536	1602	1,612	1,629	12%
Special Programs	715	600	415	401	429	-40%
Student Programs	571	830	914	930	1,102	93%
School of Health Professions	96	139	205	214	248	158%
Nursing Students/Rotations	1727	1778	2098	2,776	2,320	34%
Total	**5,538**	**5,926**	**6,358**	**7,042**	**6,869**	**24%**

Source: Trainee & Alumni Affairs



G.5 Trainee Classifications Graph, 2010 – 2011



Source: Trainee & Alumni Affairs

G.6 Training and Educational Grants and Fellowships, Fiscal Year 2011

Type of Grant or Fellowship	Number of Active Grants and Fellowships	Total Funds Awarded (Includes Direct and Indirect Costs)
Federal Training and Educational Grants & Fellowships:		
NIH T32 Training Grant	10	2,210,422
NIH U10 Training Grant	1	32,870
NIH R25 Educational Grant	7	2,400,476
NIH K12 Educational Grant	1	497,310
NIH P30 Educational Grant	1	113,861
NIH P50 Educational Grant	3	198,000
Total Federal Training and Educational Grants & Fellowships	**23**	**5,452,939**
Individual Federal Training Grants & Fellowships:		
NIH K01 Educational Grant	2	160,842
NIH K07 Educational Grant	6	905,797
NIH K08 Educational Grant	6	917,649
NIH K22 Educational Grant	1	133,449
NIH K23 Educational Grant	3	449,292
NIH K24 Educational Grant	1	231,787
NIH K25 Educational Grant	1	146,880
NIH K99 Educational Grant	5	449,255
KL2 University of Texas Health Science Center - Houston	1	271,512
NIH F32 Educational Grant	1	48,206
T42 University of Texas Health Science Center - Houston	1	10,000
Others:		
US Department of Defense	13	1,016,978
US Department of the Army	1	41,842
Total Individual Federal Training Grants & Fellowships	**42**	**$4,783,489**

Source: Trainee & Alumni Affairs

G.6 Training and Educational Grants and Fellowships, Fiscal Year 2011, *continued*

Type of Grant or Fellowship	Number of Active Grants and Fellowships	Total Funds Awarded (Includes Direct and Indirect Costs)
Individual Non-Federal Training Grants & Fellowships:		
American Academy of Otolaryngology	1	10,000
American Association for Cancer Research	1	35,000
American Association of Physicists in Medicine	1	18,000
American Cancer Society, National	4	198,000
American Heart Association - Texas	1	40,000
American Society of Clinical Oncology - Cancer Foundation	3	150,000
American Society of Hematology	1	52,714
Amschwand Sarcoma Cancer Foundation	1	40,000
Breast Cancer Research Foundation	1	40,000
Bristol-Myers Squibb	1	20,000
Cancer Prevention Research Institute of Texas	1	855,263
Clara Blackford and W. Aubrey Smith Charitable Foundation	1	180,000
CLL Global Research Foundation	1	83,712
Foundation for Anesthesia Education and Research (FAER)	1	4,200
Hirshberg Foundation for Pancreatic Cancer Research	1	50,000
Hope Foundation	1	50,000
International Atomic Energy Agency	1	33,950
Johns Hopkins University	1	37,500
Khalifa Bin Zayed Al Nahyan Foundation	1	70,000
Medtronic, Inc.	1	25,000
Multiple Myeloma Research Foundation	1	37,500
National Foundation for Cancer Research	1	75,000
North American NeuroEndocrine Tumor Society	1	50,000
Ovarian Cancer Research Fund	2	123,000
Susan G. Komen for the Cure	1	59,992
United Negro College Fund.	1	85,000
University of Houston	2	98,993
University of Texas Health Science Center - Houston	3	163,765
Total Individual Non-Federal Grants & Fellowships	**37**	**$2,686,589**
GRAND TOTAL (Grants & Fellowships)	**102**	**$12,923,017**

Source: Trainee & Alumni Affairs

G.7 Summary of Internal Awards, 2010 - 2011

Type of Award	Number Awarded	Total Funding Awarded
AMGEN Award in Basic Science Research - Poster Winner	2	$500
AMGEN Award in Basic Science Research - Abstract Winner	2	$1,750
Bayer Healthcare Pharm, Inc. Award in Population/Patient-Oriented Research - Abstract Winner	2	$1,750
Bayer Healthcare Pharm, Inc. Award in Population/Patient-Oriented Research - Poster Winner	2	$500
Bristol-Myers Squibb Award in Clinical/Translational Research - Abstract Winner	2	$1,750
Bristol-Myers Squibb Award in Clinical/Translational Research-Poster Winner	2	$500
MD Anderson Alumni & Faculty Association	20	$10,000
MD Anderson Alumni and Faculty Association Award in Basic Science Research - Abstract Winner	2	$1,250
MD Anderson Alumni and Faculty Association Award in Clinical Translational Research - Abstract Winner	2	$1,250
MD Anderson Alumni and Faculty Association Award in Clinical Translational Research - Poster Winner	1	$175
MD Anderson Alumni and Faculty Association Award in Non-Radiologic Science Research - Abstract Winner	2	$850
MD Anderson Alumni and Faculty Association Award in Non-Radiologic Science Research - Poster Winner	1	$100
MD Anderson Alumni and Faculty Association Award in Population Translational Research - Abstract Winner	2	$1,250
MD Anderson Alumni and Faculty Association Award in Radiologic Science Research - Abstract Winner	2	$850
MD Anderson Alumni and Faculty Association Award in Radiologic Science Research - Poster Winner	1	$100
MD Anderson Alumni and Faculty Association Graduate Student Award in Basic Science Research - Poster Winner	1	$175
MD Anderson Alumni and Faculty Association Graduate Student Award in Population/Patient - Poster Winner	1	$175
Odyssey Award	1	$53,164
Odyssey Fellowship	9	$457,051
The A. Lavoy Moore Endowment Fund	1	$1,500
The Connie & Jim Walter Fellowship in Sarcoma Research	1	$1,500
The Diane Denson Tobola Fellowship in Ovarian Cancer Research	2	$3,000
The Jeffrey Lee Cousins Fellowship in Lung Cancer Research	2	$4,000
The Jesse H. Jones Fellowship in Cancer Education	4	$4,000
The Kimberly Patterson Fellowship in Leukemia Research	2	$3,000
The Linda K. Manning Fellowship in Ovarian Cancer Research	1	$1,000
The Lupe C. Garcia Fellowship in Cancer Research	1	$1,000
TOTAL	**72**	**$553,140**

Source: Trainee & Alumni Affairs