

open minds,

ANNUAL REPORT 2013

new frontiers

The University of Texas
MD Anderson Cancer Center

R. Lee Clark Clinic

Parkway

Campus

THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center

Making Cancer History®

open minds, new frontiers

MISSION

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

VISION

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

We are Making Cancer History®.

CORE VALUES

Caring

By our words and actions, we create a caring environment for everyone.





Integrity

We work together to merit the trust of our colleagues and those we serve.

Discovery

We embrace creativity and seek new knowledge.

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“May you live in interesting times.”

It's a saying that intends to convey despair upon those living in times of tumult. And with the Affordable Care Act, the decline in federal support for research and the acceleration of age-associated cancer incidence, these are challenging times in health care. But given our knowledge of cancer and game-changing technologies, it's also an era of unprecedented opportunity to bend the arc of the disease and bring true hope for the first time in history.



These scientific advances offer the real solutions to our national health care dilemma: prevent cancer from occurring in the first place; detect it early when the chance for cure is greatest (and less expensive); and apply curative therapies for advanced disease in a precise and personalized manner. As the nation's premier cancer center, we have the solemn responsibility to increase the effectiveness of care and reduce the costs of providing such care.

At the same time, MD Anderson is a rare institution with a critical mass of talent and resources that can drive a field toward new models of care delivery and research, which can alter the natural history of the disease itself.

I have often stated that “today, the one constant is the element of change,” and thus we must heed Darwin's comment that survival depends not on intelligence or fitness, but on the ability to adapt.

We're ready. With strategic planning underway, we're looking 10 years ahead and beyond. This past summer, more than 40 faculty and administrative leaders gathered to begin developing a bold, patient-oriented blueprint for the future. During that process, it was determined that investing our time, effort and resources in three critical areas will position us to have the biggest impact on one goal: ending cancer.

Those areas, which we call our Strategic Framework, are:

Innovative Clinical Care

Bringing medicine, science and technology together to develop customized treatments in the most caring and compassionate way possible. We seek to create a seamless patient experience that maximizes new technology but remains people-focused.

Expansion of Our Network and Knowledge

Continued growth, leading to a true global network that will allow us to share knowledge, improve the world's standard of care and, in turn, learn from a much broader patient population.

Transformative, Sustainable and Accountable Research

Fueled by the insights of multidisciplinary teams, **our unprecedented research will be transformational**. It will be sustainable and fueled through unique sources of revenue. We will be accountable. Our strong research portfolio and clear performance expectations will drive impactful results.

Additionally, in the fall of 2012, MD Anderson launched the Moon Shots Program with the goal of saving as many lives as possible, as quickly as possible. Over the past several months, our world-class clinicians and researchers have proven to be up to the task, helping us rapidly build momentum toward significantly reducing the impact of the eight cancers we chose to initially target. Our ultimate goal is for all cancers to become moon shots.

During our first-year progress report event this past October, we shared details of our tremendous strides in prevention, detection and treatment. Watch the press conference at www.mdanderson.org/MoonShotsProgress.

Here are a few details on how far our world-class moon shot teams have come in such a short time:

Melanoma Moon Shot

Advancements in prevention and early detection play a crucial role in creating a future without the burden of cancer, and one achievement I'm particularly proud of is MD Anderson's role in the Texas Legislature's passage of Senate Bill 329.

The legislation, which took effect Sept. 1, 2013, bans the use of tanning beds for anyone under the age of 18. Success involved partnerships with several other health advocacy organizations in the state to achieve the shared goal that will directly translate into lives saved. Coordinating through our Governmental Relations office, MD Anderson served as the primary scientific and clinical information resource for the bill. We're now working with other states to do the same.

Breast and Ovarian Cancers Moon Shot

Women with triple-negative breast cancer or high-grade serous ovarian cancer have a higher likelihood of mutations of the BRCA1 and BRCA2 genes. We're offering genetic testing for these aberrations to all patients with these cancers, which will help physicians tailor a more personalized therapy for them. Testing will direct patients to therapy specific to these mutations. In addition, counseling, screening and prevention are being offered to family members who are at risk of developing breast and ovarian cancers.

Acute Myeloid Leukemia (AML) and Myelodysplastic Syndrome (MDS) Moon Shot

Research is being conducted to understand how resistance to an important class of drugs called hypomethylating agents develops in MDS and how we can overcome it. These drugs target DNA and kill the rapidly dividing cells without harming healthy ones.

We've also created the world's first genetically engineered mouse model for MDS, identified new genes altered in AML and launched the development of therapies targeting these alterations. And we've created two new classes of drugs that will soon enter clinical trials for AML under the leadership of our Institute for Applied Cancer Science.

Chronic Lymphocytic Leukemia (CLL) Moon Shot

Jan Burger, M.D., Ph.D., associate professor in Leukemia, is leading a clinical trial to test the promising experimental drug ibrutinib with or without the existing antibody rituximab to further understand the way both drugs work against CLL. This trial also will evaluate how CLL cells behaved and changed before and after treatment.

Lung Cancer Moon Shot

With the launch of the Genomic Marker-Guided Therapy Initiative, we're extending groundbreaking MD Anderson research in targeted therapy for more effective, personalized treatment. Another team, spearheaded by Samir Hanash, M.D., Ph.D., professor in Clinical Cancer Prevention, has identified a promising panel of blood markers for the early detection of lung cancer and is initiating pivotal validation studies and diagnostic development efforts.

Prostate Cancer Moon Shot

With deep knowledge of the circuitry of prostate cancer, investigators have identified combination therapies to attack the disease's addiction to androgens. For the first time in the history of the field, Christopher Logothetis, M.D., chair of Genitourinary Medical Oncology and director of the David H. Koch Center for Applied Research of Genitourinary Cancers, and his team have launched "curative intent" trials with the goal of eradicating disease in a significant fraction of men with advanced prostate cancer. Wasting no time, the team already has enlisted scores of men in this targeted therapy clinical trial.

Moon Shots Program Platforms

To aid the moon shots — and the entire institution's cancer-fighting efforts — we've developed a number of "platforms": expertise, infrastructure and technology that bring together the best attributes of academia's scholarship and industry's execution to ensure that discoveries are systematically driven toward application for patient benefit.

We created the APOLLO (Adaptive Patient-Oriented Longitudinal Learning and Optimization) program, which combines more than 1 million patients' medical histories and data, research data and clinical knowledge to help determine the best treatment decisions for each patient.

Cutting-edge analytics technology is necessary to make this possible. In this arena, Lynda Chin, M.D., chair of Genomic Medicine, Andrew Futreal, Ph.D., professor in Genomic Medicine, and our Leukemia department are developing MD Anderson's Oncology Expert Advisor™ (OEA), powered by IBM Watson. The OEA is a very powerful and useful analytical tool that can rank potential treatment options based on up-to-date evidence and learn from MD Anderson experts such as Hagop Kantarjian, M.D., the nation's top leukemia doctor.

We're also seeing success using the body's immune system to fight cancer. Immunotherapy represents one of the most promising advances in cancer today, and MD Anderson is the leader. The immunotherapy platform supports investigators' work to modify immune cells so they attack and kill cancer, and make the body immune to recurrence. It's already a standard of care for metastatic melanoma at MD Anderson, and exciting results are emerging for a number of cancer types.

We've set our sights high. Our ambitions are lofty. But the expertise and commitment of our people give us confidence.

People such as James Allison, Ph.D., chair of Immunology, whose groundbreaking research is removing cancer's ability to evade the immune system.

And Helen Piwnicka-Worms, Ph.D., whose pioneering research in cell division has been turned into clinical advances. She was named vice provost for science and is overseeing preclinical and basic science research, as well as serving as a professor in Cancer Biology. She and Waun Ki Hong, M.D., head of Cancer Medicine, were elected to the Institute of Medicine of the National Academies. MD Anderson was the only institution in the country with two inductees into this prestigious academy.

You'll read about more of our extraordinary people in these pages.

Our future is full of promise. With our open minds, our caring hearts and our determined spirit, we're excited to embrace today's opportunities, seek out these new frontiers and eventually defeat cancer. We live in interesting times indeed.

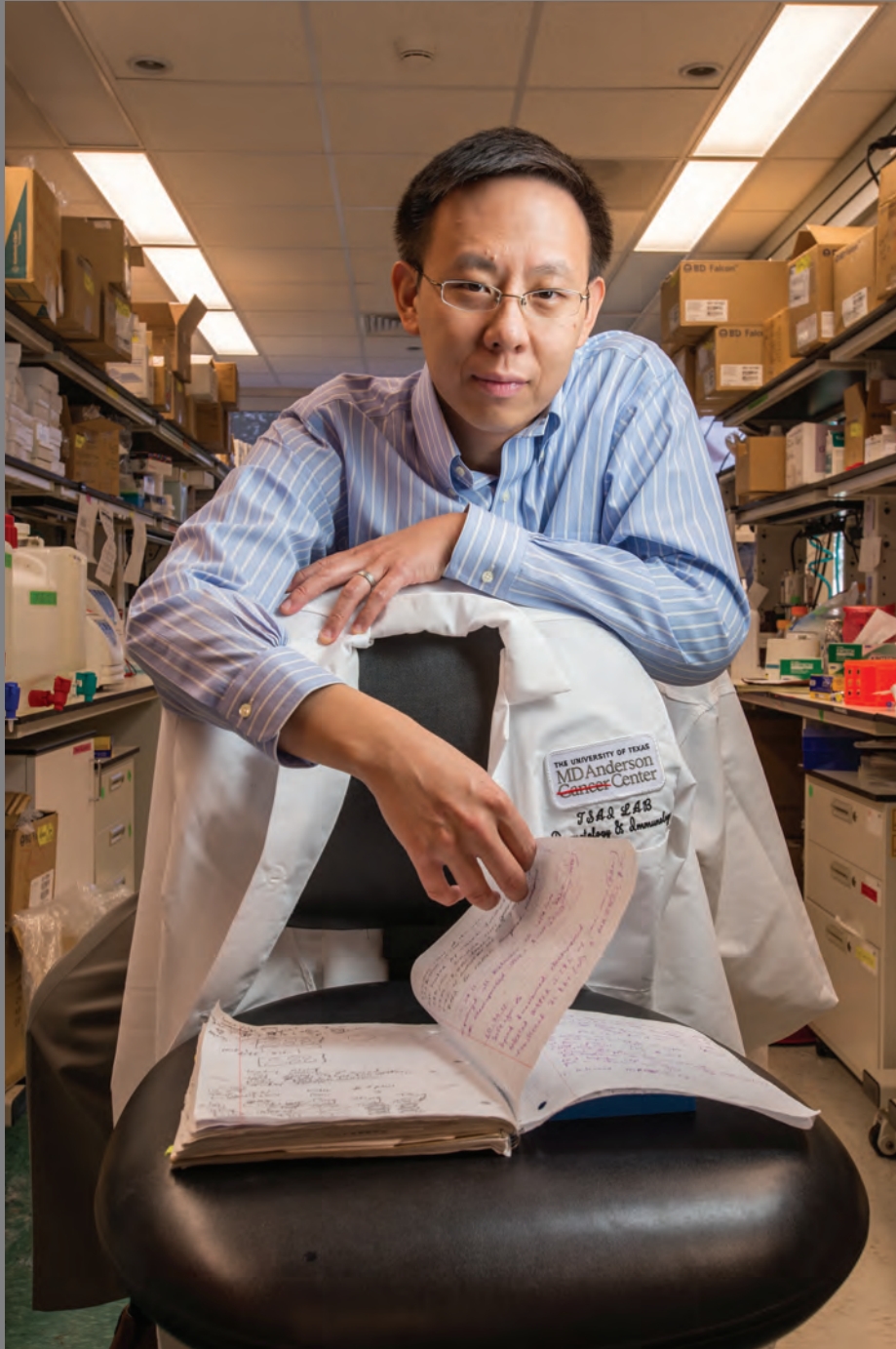




track the journey, lower the risk

The best defense is a good offense.

MD Anderson physicians and researchers are breathing new life into that old adage with their work in cancer prevention and risk assessment. They're discovering ways to detect the disease at its earliest stages by examining how genetic, environmental and behavioral factors contribute to its development. The earlier cancer is caught, the better our chances of curing it. In addition to detection, they're educating the public about lifestyle changes and choices that can help prevent the disease altogether.



“If we can identify the molecular events that drive the progression of cancer, we can then target the right vulnerabilities to interrupt the progression sequence, stopping skin cancer in its tracks.”

— Kenneth Tsai, M.D., Ph.D.

Going beyond skin-deep, to the molecular level

By Katrina Burton

Kenneth Tsai didn't develop a curiosity about the biology of skin until late in medical school.

What piqued his interest was realizing that every disease process plaguing the body also occurs in the skin — including genetic disorders; cancer; autoimmunity, inflammatory and infectious diseases; and interactions with environmental exposures.

"Like many people, I've had those close to me affected by cancer," says Tsai, M.D., Ph.D., an assistant professor in MD Anderson's Dermatology and Immunology departments. "Therefore, it's an important problem to me personally, as well as a vexing problem scientifically."

As a dermatologist and dermatopathologist, Tsai has set his sights on preventing squamous cell carcinoma — the second most common form of skin cancer in the United States — by closely monitoring its molecular progression from normal skin to precancerous lesions and eventually to skin cancer.

"Researchers are successfully using genomics to understand and treat metastatic cancers," Tsai says. "I want to use this kind of approach to develop a new model of targeted therapies that will prevent or reverse the skin damage that ultimately leads to skin cancer."

Tsai and his team examine matched samples from patients and couple this with work in mouse models to identify the most significant alterations in the genomes of cells as they progress from normal skin to invasive cancer. These alterations lead to molecular changes in damaged or precancerous cells that will serve as drug targets, thus enabling interventions designed to prevent further progression to cancer.

Tsai's research originally was funded by a seed grant from the Duncan Family Institute for Cancer Prevention and Risk Assessment within MD Anderson's Cancer Prevention and Population Sciences division.

"Molecularly targeted cancer prevention is quite feasible and achievable," Tsai says. "If we can identify the molecular events that drive the progression of cancer, we can then target the right vulnerabilities to interrupt the progression sequence, stopping skin cancer in its tracks."

Squamous cell carcinoma is ...

Less common than basal cell carcinoma but can be **more aggressive**.

More likely to grow deep below the skin and **spread** to other parts of the body.

Caused by ultraviolet light exposure, mainly from the sun.

There are around **700,000 cases** of squamous cell carcinoma diagnosed annually in the U.S.

Mysterious skin: Kenneth Tsai, M.D, Ph.D., became interested in skin because it's where every disease process plaguing the body also occurs.

Reaping the awards: His work earned him the Landon Foundation-AACR INNOVATOR Award for Cancer Prevention Research, which is worth \$100,000 over two years.

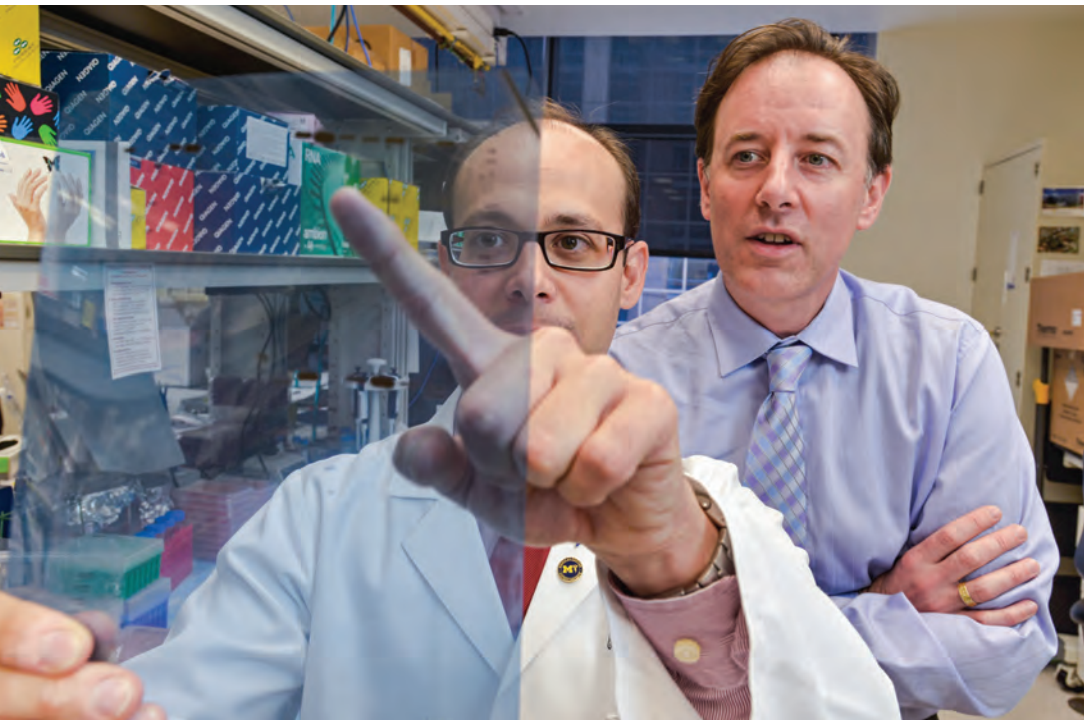
Working for inheritors of higher risk

By Katrina Burton

People with inherited conditions that raise their risk of developing certain cancers, such as colon cancer, deal with a lot of anxiety that comes from uncertainty about their health. Hopefully, the work of Eduardo Vilar-Sanchez will one day alleviate that risk.

Identifying targeted preventive therapies in the lab and transferring those discoveries to the clinic have long been a focus of Vilar-Sanchez, M.D., Ph.D., assistant professor in Clinical Cancer Prevention.

His primary research focuses on those who are genetically susceptible to colorectal cancer. Vilar-Sanchez and Paul Scheet, Ph.D., associate professor in Epidemiology, are using the latest genomic technologies to study premalignant lesions (polyps) in the large bowel.



Eduardo Vilar-Sanchez, M.D., Ph.D, left, and Paul Scheet, Ph.D.

“We know that polyps are the first step in the process that leads to colon cancer development,” Vilar-Sanchez says.

Familial adenomatous polyposis (FAP) is a genetic condition in which hundreds to thousands of polyps form in the colon and rectum. If left untreated, polyps become malignant.

“Among the general population, the vast majority of polyps detected during a colonoscopy are benign or still at premalignant stages of development,” Vilar-Sanchez says. “But we still need to better understand the biological mechanisms that transform these polyps into cancer. This is especially important for people with FAP because they grow hundreds of polyps. Therefore the chances of polyps becoming cancer are very high.”

With seed funding from the Duncan Family Institute for Cancer Prevention and Risk Assessment, Vilar-Sanchez and his team are examining polyps from FAP patients to develop preventive strategies and stop their growth.

His other research interest focuses on Lynch syndrome — a rare inherited condition caused by a germline mutation in genes responsible for repairing mistakes in DNA. This research, supported by the Feinberg Family Gift, is a collaborative research study with Albert Einstein College of Medicine in New York. Vilar-Sanchez and his team are using genetically engineered mice to identify and develop new chemoprevention drugs to target this disease.

“We need to determine which drug, or combination of commonly used drugs, will most effectively stop the development of polyps in Lynch syndrome patients,” he says.

But his research program has a broader goal. Vilar-Sanchez says not only will his studies benefit those with a high risk of colon cancer because of inherited conditions, but also the discoveries have the potential to help those with an average risk.

Improving odds by making cancer more predictable

By Katrina Burton

“Explaining to mingling wedding guests what you do for a living can be challenging. I usually just say ‘genetics’ and then gauge from their reaction how far I can take it,” jokes Paul Scheet, Ph.D., associate professor in Epidemiology at MD Anderson.

Scheet’s role in the cancer prevention process is a unique and important one. His background in population genetics led to his current research: developing new statistical methods that clinicians and geneticists can use to profile tumors and, ultimately, evaluate cancer risk.

Under normal circumstances, when a cell divides, an identical copy of its DNA is created. However, mistakes — known as mutations — may occur during this copying process. Mutations can accumulate with age and exposure to certain environmental factors such as ultraviolet (UV) radiation. A mutation such as a deletion of a portion of a chromosome can turn off a tumor-suppressing gene in a cell, increasing cancer risk.

“Loss of heterozygosity (LOH) — for example, from deletions — is difficult to measure when it exists in a small portion of the cells because standard technologies survey the entire heterogeneous mixture of cells,” Scheet says. “To increase our ability to detect LOH, we incorporate knowledge of a person’s two inherited chromosomes to inform specific patterns expected from losing part of one of them.”

Scheet says studies show that genetic mosaicism (different forms of the genome in one person) may predict cancer risk. Think of it as a warning signal. The earlier the warning, the fewer mutations. Therefore the signal is very weak. Scheet’s goal is to provide statistical methods that pick up the weaker signals.

Scheet is collaborating with Kenneth Tsai, M.D., Ph.D., assistant professor in Dermatology and Immunology, to identify early genetic changes in skin exposed to UV radiation as a way to quantify a person’s risk for developing cancer. His seed-funding award comes from the Duncan Family Institute for Cancer Prevention and Risk Assessment.

“Sun-induced changes in the DNA of otherwise normal skin may predict whether a person develops skin cancer,” Scheet says. “If true, this may suggest a relatively simple test with which a clinician could personalize prevention strategies such as surgery and screening.”

Genetic mutations can accumulate with age and exposure to certain environmental factors such as ultraviolet radiation.

Protect your skin and reduce your risk

Your sunscreen should:

Protect against both UVA and UVB rays

Have a **sun protection factor (SPF)** of at least **30**

Be applied **30 minutes before** going outdoors

Be **reapplied every 1-2 hours**

Be **reapplied** after swimming, sweating or towel drying

Don’t forget:

Use a **lip balm that’s SPF 30 or higher**

Cover as much **skin** as possible with **hats and clothing**

Stay in the shade



Paving the way for trailblazers

By Sarah Watson

Dallas' Lyda Hill is determined to help solve "the mystery that is cancer."

To that end, she's pledged an astounding \$50 million to MD Anderson's Moon Shots Program.

"It represents a different direction for research that crosses disciplines and offers new hope for breaking cancer's codes," Hill says. "I'm pleased to offer my support to this historic effort."

In recognition of Hill's enormous generosity, the institution will name the Lyda Hill Cancer Prevention Center in her honor.

A senior member of the MD Anderson Cancer Center Board of Visitors, Hill is a longtime proponent of scientific research and biomedical advancement. She's president of LH Holdings and the Lyda Hill Foundation, which supports initiatives that increase the understanding of nature and science.

The breast cancer survivor says her family has been impacted tremendously by cancer. And she's encouraged by today's strengthened focus on prevention.

"Since my first mastectomy more than 31 years ago, we now have the word 'prevention.' Prevention was never in the same sentence with cancer back then," she says. "It's our hope for the future. I'm honored that the Cancer Prevention Center will carry my name."

Funding the fight

Thanks to the generosity of donors such as Lyda Hill, the Moon Shots Program received more than \$139 million in private philanthropic commitments in its first year. Other major gifts include:

Jho Low, \$50 million *(see related story on Page 22)*

Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation, \$10 million

Marathon Oil Corporation, \$3 million

The Cullen Trust for Health Care, \$2 million

Bosarge Family Foundation, \$2 million

Mr. and Mrs. William J. Kyte, \$2 million

The John G. and Marie Stella Kenedy Memorial Foundation, \$1.5 million

Lyda Hill talks about her commitment to the Moon Shots Program at www.mdanderson.org/LydaHillGift.

Innovation grows from seed money

By Katrina Burton

In 1976, two men named Steve pulled together \$1,300 by selling a Volkswagen bus and a scientific calculator, and started a company. Their last names were Jobs and Wozniak, and the start-up was Apple, which is worth billions of dollars today.

This story illustrates the importance of seed money in transforming great ideas into big advancements.

MD Anderson's Duncan Family Institute for Cancer Prevention and Risk Assessment provides this same type of early support to scientists, researchers and clinicians across the institution to launch innovative cancer prevention research projects.

"The institute created its seed-funding program to fill a gap in resources, providing prevention researchers funds to develop new ideas," says Jennifer Tektiridis, the institute's executive director.

Through its Seed-funding Research Program, investigators receive support to advance their research ideas and gather preliminary data. This funding helps them compete for additional grants from outside funding sources such as the National Institutes of Health.

With an initial \$35 million gift from the Duncan Family Foundation, the institute has backed scientists who are discovering ways to gauge cancer risk and developing strategies to prevent the disease.

Since 2008, the institute has awarded 30 seed grants, and six investigators have gone on to earn additional grant funding.

Researcher Kenneth Tsai, M.D., Ph.D., received a \$75,000 seed-fund grant in 2011 for his proposal to examine the development of skin cancer at the genetic level.

His work earned him the Landon Foundation-AACR INNOVATOR Award for Cancer Prevention Research, which provides an additional \$100,000 to support his research.

"Dr. Tsai is a good example of how funding provided by the institute serves as the seed to grow ideas into new knowledge with the potential to lower a person's risk for cancer," Tektiridis says.

Today's ideas, tomorrow's advancements:

Since 2008, the Seed-funding Research Program has ...

Received **162** submissions

Awarded **30** grants to MD Anderson investigators

19 winners from the Cancer Prevention and Population Sciences division

11 from outside the division

2013's awards each provided **\$50,000 per year for two years** for a total of \$100,000

Tanning bed ban for minors is a major step

By shining a light on critical clinical and research implications, collaborators from the Melanoma Moon Shot, the Cancer Prevention and Control platform and outside advocates attacked a deadly disease on an unexpected front: state health policy.

MD Anderson joined advocacy organizations from across the state to educate legislators about the dangers of tanning beds, and, on Sept. 1, 2013, a new Texas law took effect prohibiting anyone under the age of 18 from using them.



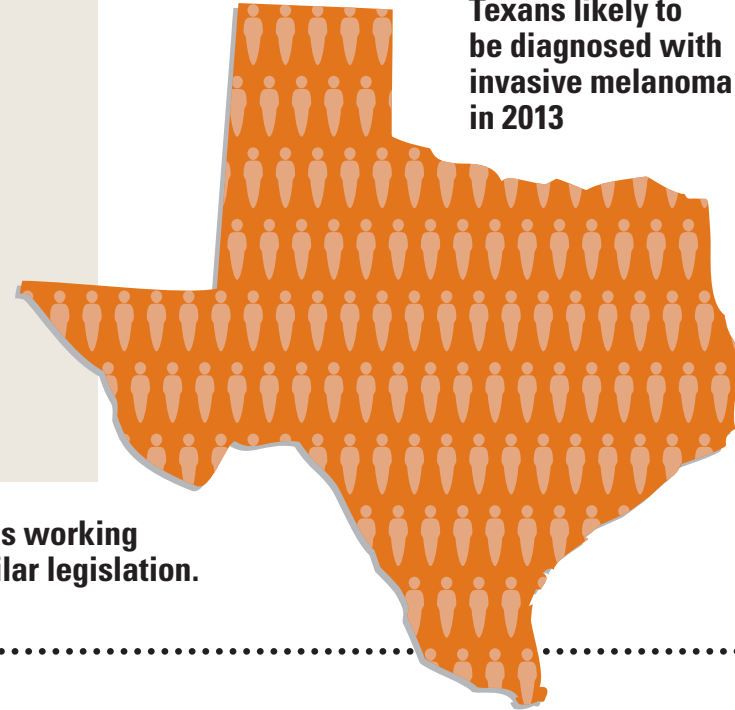
1,454

The number of tanning beds (or tanning salons) in Texas affected by the law

(Salons with current tanning licenses in Texas, according to the Texas Department of State Health Services)

Nearly 4,000

The number of Texans likely to be diagnosed with invasive melanoma in 2013



▶ **MD Anderson currently is working with other states on similar legislation.**

“When I was 16 years old growing up in West Texas, it was a big deal to be tan for prom and other big events. I thought a tan was a symbol of beauty, and I wanted to look like my friends. Now, after two surgeries for two melanomas, three children and many years of thinking back on my tanning bed experience, beauty is not found in the color of your skin. It’s about living a long life well.”

Susanna Cutrone of Austin

Melanoma survivor who told her story to the Texas Senate Health and Human Services Committee

▶ **In addition to MD Anderson, supporters of the Texas tanning bed legislation included:**

- Texas Dermatological Society
- American Cancer Society
- Texas Medical Association
- Texas Academy of Family Physicians
- Texas Pediatric Society
- Texas Hospital Association
- Texas Association of Health Plans
- Blue Cross Blue Shield of Texas

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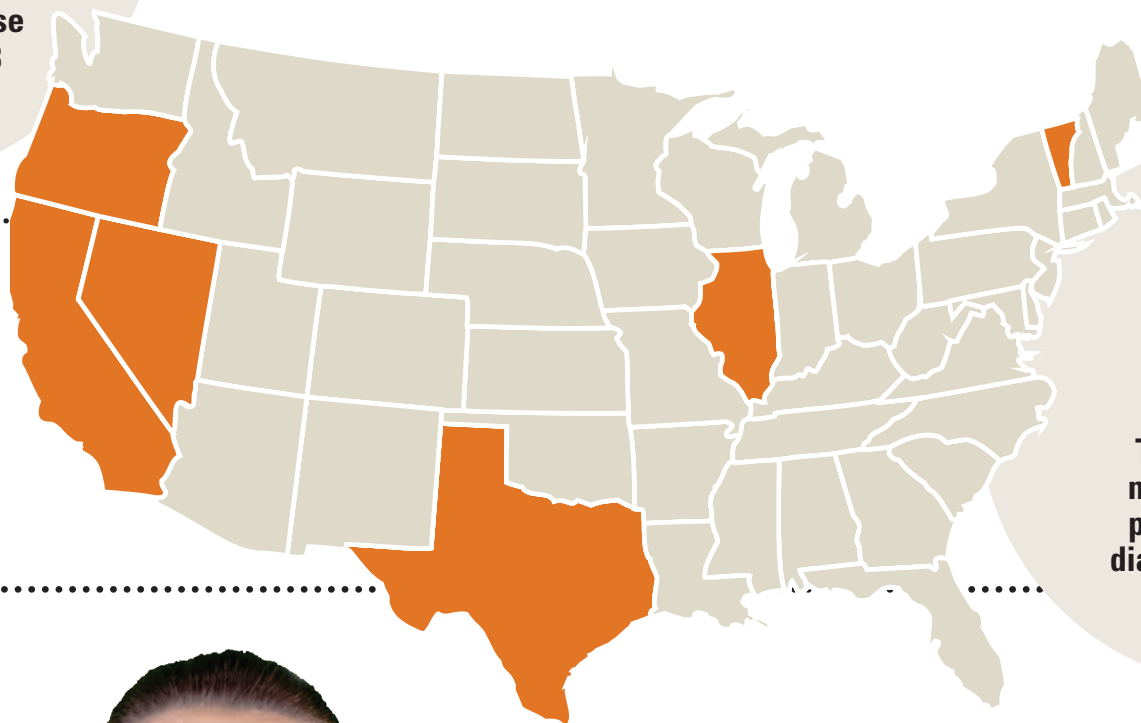
The number of states that ban access to tanning beds for those under the age of 18

170,000

The number of extra cases of skin cancer per year in the United States for which tanning beds are responsible

\$5 billion

The estimated overall financial burden for diagnosing and treating melanoma and other skin cancers in the U.S.



3%

Approximate increase in the incidence of melanoma per year in the U.S.

4

Texas' rank in the nation for the most people with newly diagnosed melanoma

▶ The average 17-year-old girl in the U.S. tans about 25 times a year, and the risk of melanoma goes up with increased tanning.



85%

Increase in melanoma risk for people starting indoor tanning before the age of

18

▶ UV radiation and UV-emitting tanning devices are classified as **carcinogens** and are on the same World Health Organization list of carcinogens as tobacco smoke and plutonium.



Ovarian cancer screening is put to the test, with encouraging results

By Laura Sussman

An old blood test now offers new hope and possibility.

CA-125, the protein long recognized for its use in predicting ovarian cancer response to treatment and recurrence, now is showing promise as a screening tool for the disease in its early stages.

“Finding a screening mechanism would be the Holy Grail in the fight against ovarian cancer,” says Karen Lu, M.D., chair of Gynecologic Oncology and Reproductive Medicine at MD Anderson. “When caught early, it’s not just treatable, it’s curable.”

Led by MD Anderson, an 11-year study enrolled 4,051 women across the country. All were healthy, post-menopausal and had no family history of ovarian or breast cancers.

The women received baseline CA-125 blood tests. Using a mathematical model based on age and CA-125 score, study participants were placed into one of three risk groups: low, intermediate or high. Medical follow-up corresponded accordingly.

Based on their CA-125 change over time, cumulatively, 117 study participants were determined to be high risk. They received a trans-vaginal ultrasound and were referred to a gynecologic oncologist. Of those, 10 women underwent surgery. Four had early-stage, invasive, high-grade epithelial tumors, which were caught at the earliest, most curable stage. Two women had borderline disease, one had endometrial cancer and three had benign ovarian tumors.

While encouraging, the findings are neither definitive nor practice-changing, stresses Lu. A large, randomized prospective screening trial of more than 200,000 women is ongoing in the United Kingdom. Results should be known by 2015.

“As a clinician treating women with this disease for more than a decade, I’m an admitted skeptic of ovarian cancer screening,” Lu says. “With these findings, I’m cautiously optimistic that in the not-too-distant future, we may offer a screening method that detects the disease in its earliest stages and makes a difference in the lives of women in need.”

“Finding a screening mechanism would be the Holy Grail in the fight against ovarian cancer. When caught early, it’s not just treatable, it’s curable.”

— Karen Lu, M.D.

MD Anderson's 'protein pioneer'

By Laura Sussman

In 1983, Robert Bast Jr., M.D., and his colleagues published a seminal paper in the *New England Journal of Medicine* detailing his discovery of the protein CA-125 and its value in helping to predict if ovarian cancer might recur.

"We developed an antibody recognizing the high-molecular-weight protein that's shed from about 80% of ovarian cancers," the vice president for Translational Research explains. "It wasn't designed as a screening test, but rather to follow women with known ovarian cancer and determine their response to treatment and to detect recurrence."

That didn't stop ovarian cancer researchers, however. Since Bast's discovery more than 30 years ago, many have studied CA-125's role in early detection, but with little success.

Both Bast and Karen Lu, M.D., chair of Gynecologic Oncology and Reproductive Medicine, thought a better biomarker, coupled with new technologies, ultimately would trump CA-125. Yet in head-to-head scientific studies, no better marker was found. That finding, together with the CA-125 change-over-time mathematical model, again renewed interest.

Thus the MD Anderson-led study of CA-125 was born. More than 4,000 healthy women are enrolled from seven sites across the country, and more than 20,000 blood samples have been collected. To date, all but one of the ovarian cancers have been found in their earliest, most curable stages.

Such trials take an abundance of resources. Despite MD Anderson's large Specialized Programs of Research Excellence grant from the National Cancer Institute, which served as seed funding, philanthropic support is paramount to the study's success, Bast says.

"Without the year-in, year-out generosity from Golfers Against Cancer, the Tracy Jo Wilson Ovarian Cancer Foundation, the Mossy Foundation, the Norton Family, and Stuart and Gaye Lynn Zarrow, in particular, a trial of this scope and size just isn't possible," he insists.

Each of the screening sites across the country also depends on local donors.

Time will soon tell if CA-125 finally answers the need for an early ovarian cancer screening tool — the results of the large United Kingdom trial are due in 2015.

"After 32 years, we'll all be delighted if CA-125 detects ovarian cancer earlier," Bast says. "But moving forward, we really need to discover how to accelerate further development of screening tests."





“We choose to go to the moon in this decade ... because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win ...”

President John F. Kennedy delivered those powerful words to a crowd of 35,000 people at Rice University more than 50 years ago.

Today his message is once again a source of inspiration as MD Anderson continues the quest to eliminate cancer.

In 1962, the frontier was space.

In 2014, the frontier is ending cancer.

An ambition this big requires big ideas and big commitment.

To borrow again from President Kennedy: “Its conquest deserves the best of all mankind ...”



“We imagine that we can use the connectivity of today’s society to transform the health care model from one that focuses on providers to a more effective one that focuses on patients.”

— Lynda Chin, M.D.

A revolutionary war against cancer

By Hilary Graham

Imagine if oncologists around the world had access to the expertise of MD Anderson's physicians. The standard of cancer care would be greatly improved, and lives would be saved.

To achieve this, the institution's vast supply of knowledge would have to be combined, processed and better organized to make it more shareable. New technologies can help turn this into a reality.

Lynda Chin, M.D., chair of Genomic Medicine, envisions a health care system armed with cutting-edge technology, one that makes use of our increasingly connected world to improve patient outcomes at a faster pace.

In the face of rising cancer rates, an aging demographic, escalating health care costs and a growing shortage of physicians and sub-specialists, the challenges in cancer care are larger than ever. Chin believes a leapfrog approach is necessary to lead the way in overcoming such challenges.

"We need to harness advances in technologies and develop innovative solutions that will address these issues," she says. "In particular, we imagine that we can use the connectivity of today's society to transform the health care model from one that focuses on providers to a more effective one that focuses on patients."

With this aim, Chin launched the "N-of-All" program, a department initiative to collect and aggregate genomic research and clinical data from all patients in an effort to bridge the gap between the laboratory bench and the patient's bedside. As part of this, the APOLLO (Adaptive Patient-Oriented Longitudinal Learning and Optimization) platform was established. It serves as a cohesive system with standardized procedures for gathering information, integrating data from research and patient care, as well as sharing knowledge. It can organize data to ensure that the information it provides — medical and clinical data and genomic profiles — is relevant to each patient and collected in a way that allows for analyses to generate new ideas that improve survival rates and quality of life for patients.

A pilot project is underway in collaboration with MD Anderson's Leukemia department — the largest practice of its kind in the country. Since its launch on Oct. 1, 2013, the project, led by Hagop Kantarjian, M.D., chair of Leukemia, has collected clinical data from more than 1,300 newly diagnosed leukemia patients, surpassing the original goal of 1,000. Also, it has gathered more than 3,000 patient samples using standardized procedures and clinical information over time, including transcripts of physician reports.

All of this information can be examined by advanced analytics such as MD Anderson's Oncology Expert Advisor™ (OEA), powered by IBM Watson. The OEA mines new discoveries and insights to help locate treatments showing the most promise for each patient and improve outcomes. Watson is the IBM third-generation cognitive computing system that gained fame for winning television quiz show "Jeopardy!" in 2011.

Using Watson's ability to understand "natural language," the OEA is trained by MD Anderson experts as a clinical decision support tool that ingests, analyzes and organizes complex patient data to recommend appropriate evidence-based therapies for each patient.

Chin and her colleagues hope the OEA will one day make MD Anderson's high level of cancer knowledge and expertise available to doctors around the world, transforming patient care and diminishing the disease's devastating impact on humanity.

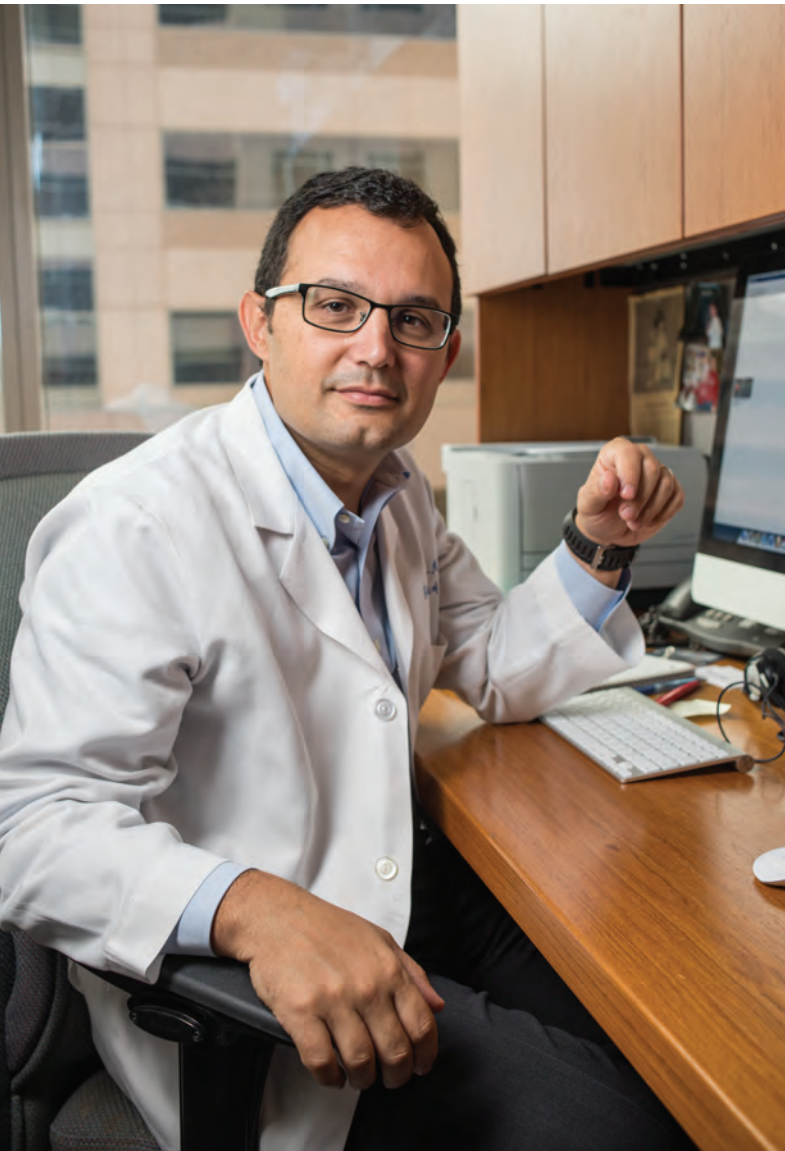
For a more complete picture of the Oncology Expert Advisor, see pages 24-25.

N-of-All program

Democratization of care

Patient-oriented research

Conversion of knowledge into a new standard of care



The resistance fighter

By Hilary Graham

Historically, research and patient care have been kept separate or “siloed.” Guillermo Garcia-Manero wants to change that.

An expert in blood cancers and translational medicine, Garcia-Manero, M.D., professor in Leukemia, notes that patients with myelodysplastic syndromes (MDS), in which the bone marrow doesn't produce enough blood cells, often build a resistance to frontline drugs such as hypomethylating agents.

In turn, these patients develop acute myeloid leukemia (AML), which happens when there aren't enough mature blood cells to prevent anemia, infection or bleeding. Hypomethylating agents, which target DNA, eliminate rapidly dividing cells without harming normal ones.

Through MD Anderson's AML /MDS Moon Shot, Garcia-Manero is uncovering the molecular basis for the development of resistance to these agents. In other words, he's seeking to discover what changes occur when the patient's body resists a drug and it stops working.

Understanding these changes is critical, according to Garcia-Manero, because resistance to hypomethylating agents also correlates with resistance to other drugs and, ultimately, poor patient prognosis.

Unlike the genome, the presence and activity of proteins vary in each cell to support its unique functions. Garcia-Manero anticipates that identifying changes in protein type, levels and modifications in cells — a process called proteomic analysis — will reveal biomarkers that predict sensitivity, response and/or resistance to drugs. It also may uncover targets for new therapies.

48,610

people diagnosed with leukemia in the U.S. in 2013

MD Anderson Leukemia Center

- Largest leukemia program in the world
- Internationally known physicians
- More than 150 active clinical trials
- Access to investigational agents

15,680
cases of
chronic
lymphocytic
leukemia

14,590
cases of
acute
myeloid
leukemia

6,070
cases of
acute
lymphocytic
leukemia

5,920
cases of
chronic
myeloid
leukemia

Triumph after a trial and tribulations

By Andy Olin

When Mary Cates was told she had cancer, she didn't flinch . . . either time.

"I told my doctor, 'You better not lie to me.'"

That was in 1969, when her physician informed her she had uterine cancer, her first bout with the disease. She fully recovered after a complete hysterectomy.

She faced the news again in 2011 when Guillermo Garcia-Manero, M.D., professor in Leukemia, told her she had acute myeloid leukemia (AML).

"I told Dr. Garcia-Manero the same thing," says the 81-year-old Cates, referring to her demand for directness. "They don't sugarcoat anything. That's the way I want it to be."

Garcia-Manero was honest. He informed Cates that the survival rate for someone her age was very, very low.

"I told him, 'I'm not going to die.'"

Cates, who lives in Converse, La., a tiny town 55 miles south of Shreveport on the Louisiana/Texas border, never felt any of the symptoms related to AML. She wasn't fatigued or anemic. "I never felt bad," she says.

But in 2010, tests showed her white blood count was low. She visited an oncologist in Lake Charles, La., who diagnosed her with "pre-leukemia," now known as myelodysplastic syndrome. A year of chemotherapy later, her condition was "not any better, not any worse."

At that point, Cates, who describes herself as a woman who can't sit down and do nothing, decided to come to MD Anderson for a second opinion.

Here, Garcia-Manero discovered she had a mutation of the FLT3 gene that was causing her body to produce blast cells — immature cells that don't develop into mature white blood cells. He placed her in a clinical trial for sorafenib, an inhibitor that "turns FLT3 off," allowing healthy cells to produce.

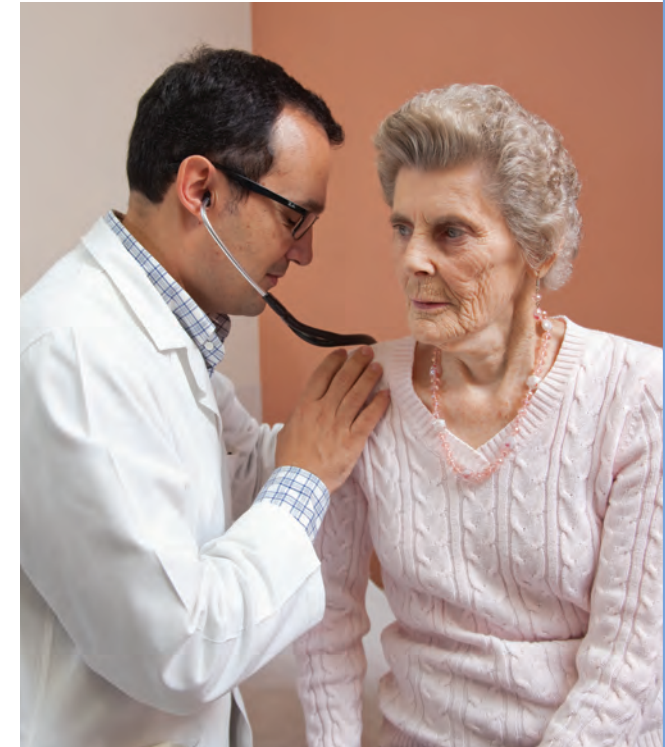
"They gave me powerful cancer pills," Cates recalls. "They nearly killed me . . . but they saved my life."

Cates was taking four pills a day. Her weight dwindled from 116 pounds to just 78. Over time her dose was decreased, and now she only takes one pill every other day, and the pills no longer make her sick. She also began chemotherapy seven days every month, a regimen that remains unchanged.

It hasn't been easy, but Cates credits being alive to her optimism, her doctor and her faith.

"I thank God for giving him the ability to know what was wrong," she says.

"The pills, the prayer and Dr. Garcia-Manero are what have brought me through."



Mary Cates credits being alive to her optimism, her doctor and her faith.



Taking MD Anderson to the world

By Victor Scott

Jho Low is helping fund a health care revolution.

Low learned firsthand about the importance of access to MD Anderson's cancer knowledge and expertise.

"Early in 2013, my grandfather was living in Malaysia and was diagnosed with acute myeloid leukemia," says Low, the chief executive officer of the global investment firm Jynwel Capital. "Fortunately, my family was able to connect halfway around the world with MD Anderson's Dr. Hagop Kantarjian (chair of Leukemia), who consulted with my grandfather's local physicians and guided his care."

Through the Jynwel Charitable Foundation, Low has committed an extraordinary gift of \$50 million to support the development of MD Anderson's Oncology Expert Advisor™ (OEA), powered by IBM Watson. The OEA is a leading-edge clinical decision support tool that ingests, analyzes and organizes vast amounts of data to help physicians determine the most promising treatment options for each patient.

In time, it's believed that the OEA can optimize patient care, speed new discoveries and allow doctors throughout Texas, the U.S. and around the globe to tap into MD Anderson's superior level of cancer care expertise.

"MD Anderson's innovative partnership with IBM is a tremendous step in the global fight against cancer," Low says. "The OEA can potentially provide patients around the world with access to the best possible cancer care. I'm proud and humbled to lend my support to this game-changing effort."

Meet Jho Low

Jho Low is co-director of the Jynwel Charitable Foundation, which seeks to fund breakthrough programs that work to solve the toughest problems in global health, education and conservation. Low is a frequent visitor to the Houston area for ongoing business and philanthropic initiatives.

Low talks about why he is giving to MD Anderson at www.mdanderson.org/JhoLowGift.

Cracking the cancer code

By Hilary Graham

Cancer is a genomic disease, and Harshad Mahadeshwar's job is to decode its weaknesses.

Drawn to cutting-edge technology, Mahadeshwar, scientist, traveled from Mumbai, India, to Lubbock, Texas, for his graduate studies at Texas Tech University. There he worked to identify genomic signatures that vary between species of mammals. His objective was to better understand the gene material's evolutionary descent.

Mahadeshwar used sequencing technology to read the genetic code letter by letter. He also used bioinformatic tools to interpret the massive amounts of data and provide important insights. The skills he acquired in West Texas were directly transferable to the work he does today. Expanding upon his graduate training, he soon found himself transitioning from basic science to applied research at a biotechnology company and then at Dana-Farber Cancer Institute in Boston.

Since joining MD Anderson two years ago, Mahadeshwar has supported sequencing efforts for the Cancer Genome Atlas, a research program that identifies cancer-causing genomic mutations, and for the Moon Shots Program's APOLLO platform.

Mahadeshwar captains a suite of advanced instrumentation that integrates sample preparation automation with next-generation sequencing technology. In just five days, he can process approximately 100 patient samples for research

studies. In comparison, it took researchers nearly a decade to complete the Human Genome Project, in which just one genome was sequenced. But sequencing the human genome is just the beginning. The real challenge is uncovering and interpreting the genetic changes that lead to disease.

DNA from matched patient samples (both cancerous and non-cancerous) is sequenced and then analyzed by bioinformaticians, who specialize in managing and interpreting large amounts of data. These information experts identify genes altered in the cancer sequence, which furthers the understanding of cancer genomics, supports drug discovery efforts and improves human health.

Other moon shot targets

In addition to the innovative work supporting the Acute Myeloid Leukemia (AML) and Myelodysplastic Syndrome (MDS) Moon Shot, five other teams of MD Anderson researchers and clinicians are carrying out comprehensive assaults on six other cancers:

- chronic lymphocytic leukemia
- melanoma
- lung cancer
- prostate cancer
- triple-negative breast and high-grade serous ovarian cancers

Each moon shot team's projects are prioritized for greatest patient impact. They range from basic and translational research and biomarker-driven novel clinical trials to prevention, education and research.

Visit cancermoonshots.org to learn more.



Fact:

There were 14.1 million new cancer cases worldwide in 2012.

Most cancer patients can't travel to MD Anderson for the expert care that comes from more than 70 years of institutional expertise fighting the disease. In the short term, the fastest way to improve patient outcomes on a global level is to elevate and standardize cancer care in communities served by MD Anderson's network of partners throughout the U.S. and around the world.

Question:

If patients can't come to MD Anderson, can we take MD Anderson to them?

Answer:

By combining **science, engineering and medicine**, and by making use of **advances in technologies**, MD Anderson can share its knowledge base and bridge the gap in treatment.

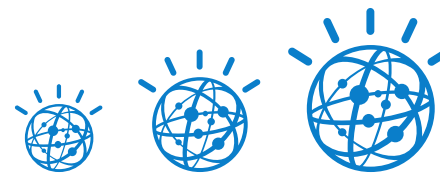
The MD Anderson Oncology Expert Advisor™, powered by IBM Watson, can help do that.

The Oncology Expert Advisor is capable of:



Reading and remembering millions of pages of medical literature and practice guidelines.

Matching patients to clinical-trial protocols



Continually "learning" over time from aggregated genomic research and clinical data from all patients.

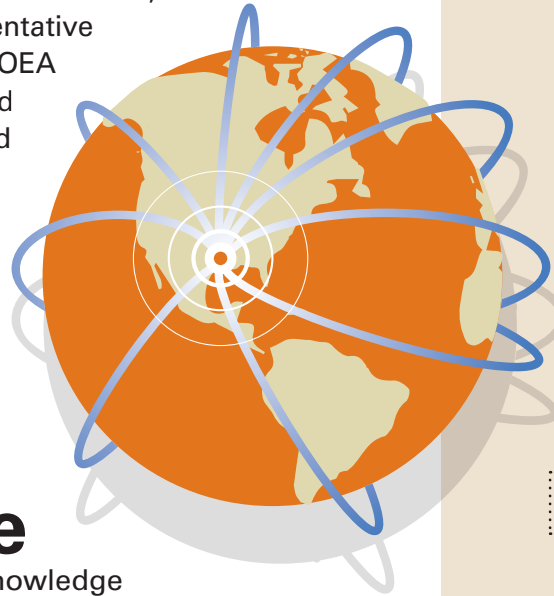
Ranking potential treatment options based on the most up-to-date medical evidence.



Offering care advice to help manage a patient's treatment by alerting less-experienced physicians or nonspecialists to aspects of therapy they might not be aware of or overlook.

What OEA can do tomorrow:

Extend the reach of MD Anderson care beyond Houston, the state of Texas and the United States by capturing its oncology expertise and delivering it to a larger group of patients. In turn, that rising sea of patient data, which is increasingly more representative of the world's population, informs OEA to continuously supply patients and providers with the best options and improve outcomes.



Share up-to-date knowledge about treatment plans, clinical trials and potential complications with oncologists worldwide. Global access to MD Anderson's expertise can raise the standard of cancer care for all. As it serves as a virtual advisor, OEA collects data from a larger and more diverse patient population.

When we succeed, we can create a more effective patient-centric care model by:

Elevating and standardizing universal cancer care by providing up-to-date knowledge to oncologists

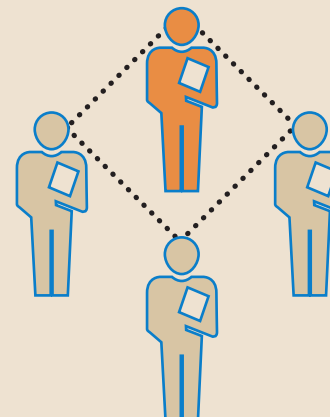
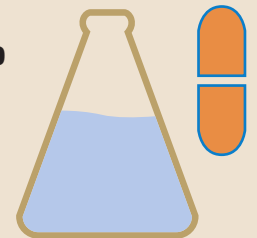
Increasing access to higher-quality care

Decreasing the cost of access to this improved care



Mitigating the problem of physician shortage

More efficiently turning research discoveries into real-world care



Learning from every patient by sharing treatment response data

See what can happen in a year at www.mdanderson.org/MoonShotsMilestones.

Training days

MD Anderson system is bolstered by Graduate Medical Education's homegrown experts

By Madylan Eskridge

Thanks to the addition of new trainee positions, there will be even more MD Anderson-trained doctors to provide patients with the highest quality of care.

"Every new trainee slot is valuable given the challenges of funding these positions," says Diane Bodurka, M.D., vice president, Medical Education, and professor in Gynecologic Oncology and Reproductive Medicine. "And the addition of 12 new positions brings us to 272."

Increasing the number of physicians trained through Graduate Medical Education (GME) creates a larger pool of "home-grown" experts for affiliate practices such as Banner MD Anderson Cancer Center in Arizona, MD Anderson Cancer Center at Cooper in



New Jersey and our regional care centers in the Houston area.

MD Anderson offers 76 GME training programs, including diagnostic radiology, cancer rehabilitation, hospice and palliative medicines, cancer anesthesia and dermatology. Some have more than 40 participants, while other very specialized areas have just one or two. The length of training also varies, ranging from one to four years, depending on the specialty.

Trainees gain experience by working with and learning from MD Anderson physicians. Many trainees contribute to the scientific advancement of cancer research.

"We take great pride in delivering the highest quality training, and it's reassuring that there will be even more doctors providing MD Anderson's standard of care," Bodurka says.

Educational trainees

Research	1,743
Student programs	1,396
Clinical	1,231
Special programs	507
School of Health Professions	291
Nursing programs	1,306
Total	6,474

Degrees awarded

Graduate School of Biomedical Sciences



Master of Science 25



Ph.D. 66

Most degrees awarded:

Biomedical sciences	30
Medical physics	11
Cancer biology	9

School of Health Professions



Bachelor of Science 148

Most degrees awarded:

Diagnostic imaging	35
Molecular genetic technology	30
Radiation therapy	20

Funding for trainees

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

Federal grants/fellowships

52/\$12,724,041

Nonfederal grants/fellowships

60/\$4,625,948

Internal awards

60/\$119,250

Top 5 sources of rotating trainees

UT Health Science Center at Houston	49%
Baylor College of Medicine	23%
UT Medical Branch at Galveston	7%
Methodist Hospital	4%
Memorial Hermann Hospital System	2%

Top 5 countries of origin

Clinical residents/fellows:

United States	68%
India	6%
China	3%
Canada	2%
Brazil	2%

Postdoctoral fellows:

China	32%
United States	17%
India	11%
South Korea	6%
Japan	6%

Graduate School of Biomedical Sciences students:

United States	51%
China	17%
India	10%
Taiwan	5%
South Korea	3%

With two, they've won

A year in, this duo of deans is racking up the accomplishments

By Lori Baker

It turns out that two heads really are better than one. In a year's time, a pair of deans have teamed up to make the Graduate School of Biomedical Sciences even better.

Co-deans Michelle Barton, Ph.D., and Michael Blackburn, Ph.D., decided the best place to start making improvements was at the beginning, so they rolled out a two-week boot camp for new students this past fall. The basic training offers students tips on everything from how to keep a notebook and presentation preparation to effective communication and lab safety, as well as a slate of seminars ... even a bus tour of Houston.

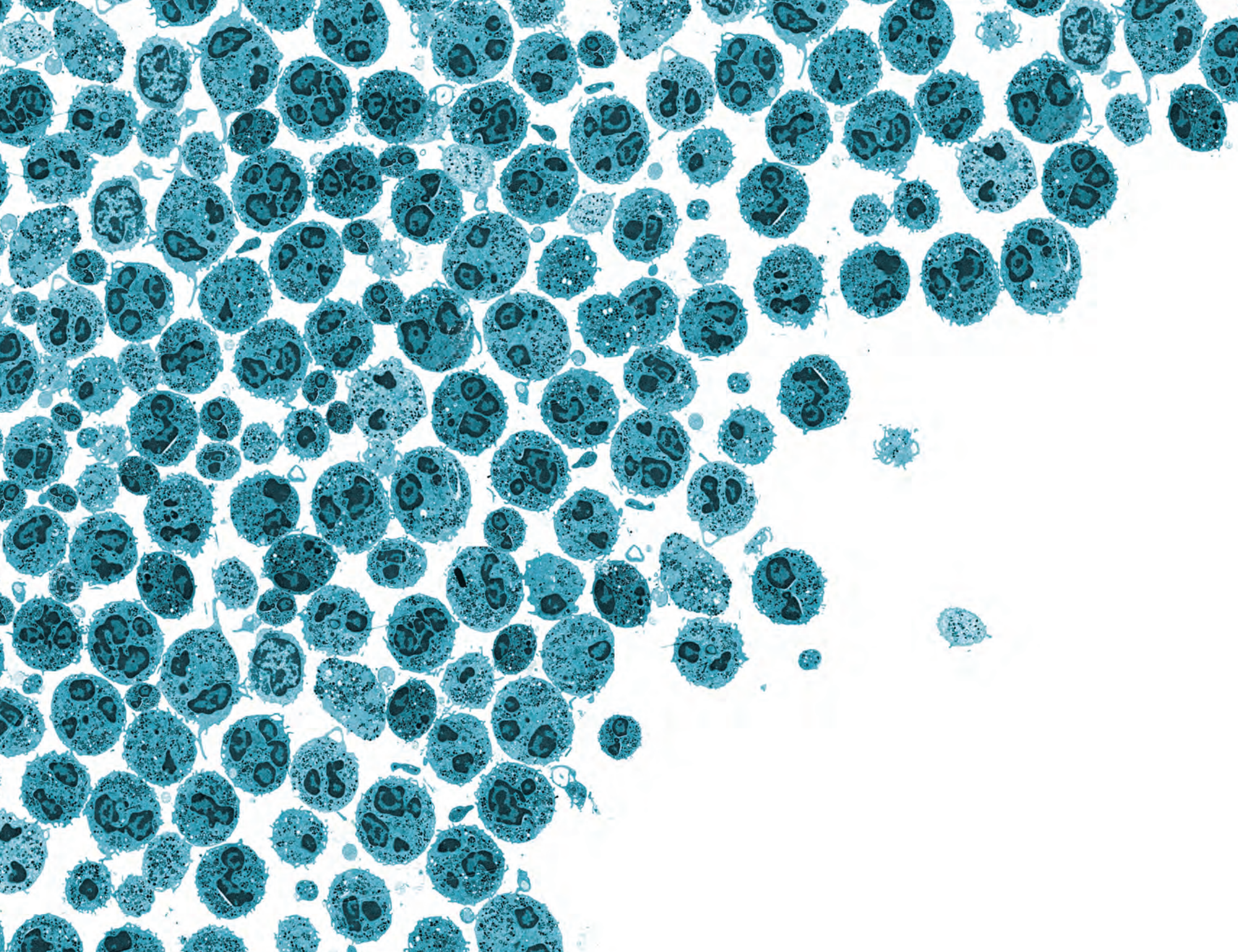
This year marks the school's 50th anniversary. The milestone, being celebrated with special events throughout the year, also serves as a launching pad for a new brand — Synergy in Science™ — to enhance the school's image.

And thanks to new recruiting efforts, this incoming class includes a record number of top-ranked applicants.

To help ensure success in school and beyond, each student now creates a development plan to discover his or her scientific and career passions early on. Recognizing that not all graduates will pursue academic careers, a Center for Professional Development and Entrepreneurship has been established to provide information and opportunities for careers in government and industry.

"These efforts and many more are part of a strategic plan Mike and I created with our leadership team based on a comprehensive review by internal and external experts conducted early in our leadership tenure," Barton says. "We're pleased with what's been accomplished in this first year and know it will bring about additional changes to further enhance the school and what we offer to students — and the world — through their future achievements."





treat the
immune
system,
attack the
cancer

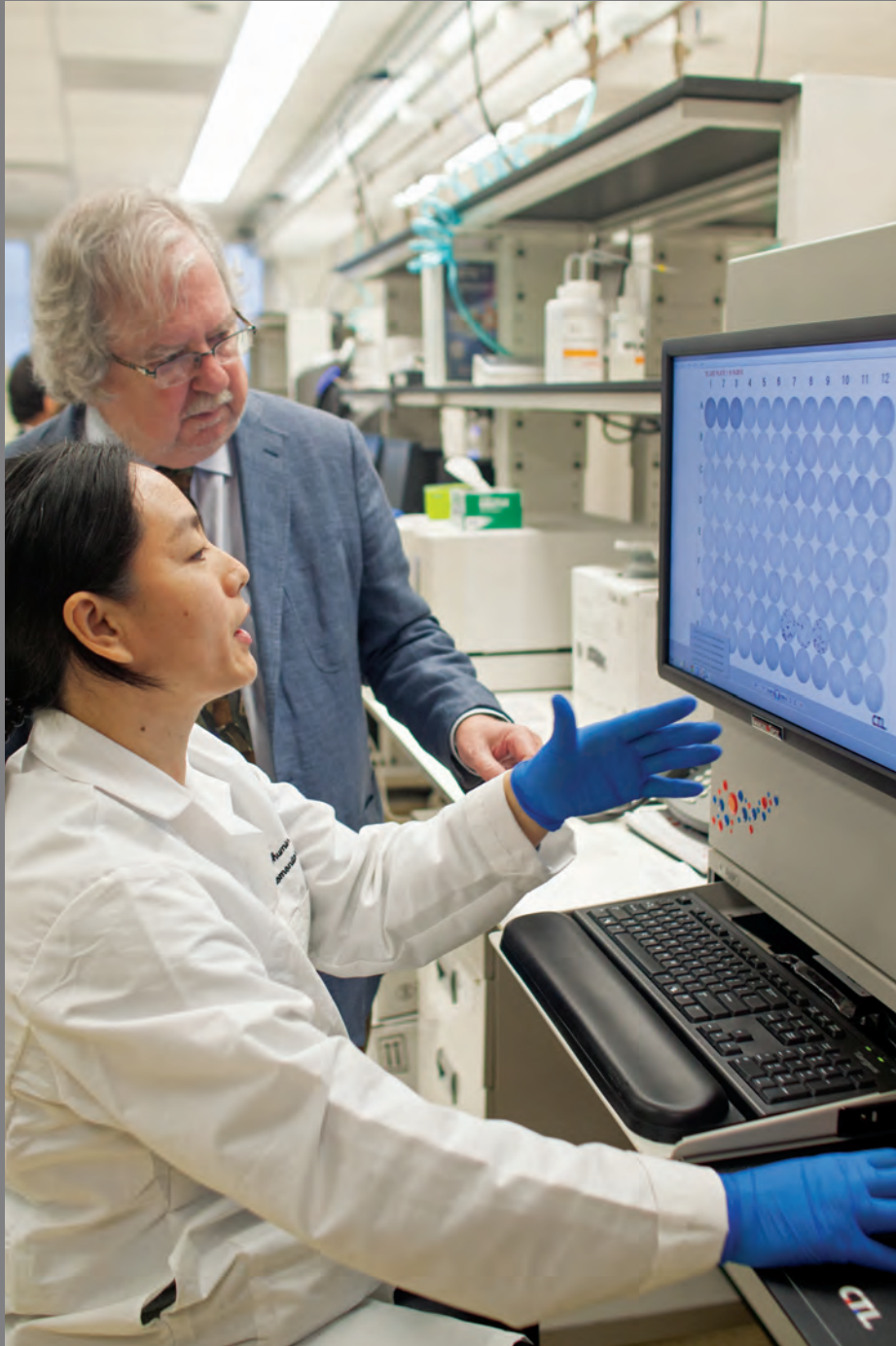
Detect. Destroy. Remember.

Those words serve as our immune system's mantra.

It applies both to invaders, such as viruses and bacteria, and to our own defective cells.

So how does cancer evade or defeat such a vigilant and versatile foe?

Scientist James Allison uncovered an answer, developed a breakthrough cancer treatment and now leads MD Anderson's efforts to let loose the immune system on cancer.



“There are people on the early trials who remain disease-free up to 12 years later.”

– James Allison, Ph.D., referring to the unprecedented response to immune checkpoint blockade drugs by patients whose melanoma has metastasized to other organs.

Unleashing the immune system's attack dogs

By Scott Merville

The first drug to improve the survival of people with end-stage melanoma works because of what it doesn't do: attack tumors directly.

"Immune checkpoint blockade treats the immune system, not the tumor, so there's a strong basis for expecting this approach to succeed across cancer types," says James Allison, Ph.D., MD Anderson chair of Immunology, and recipient of The Economist's 2013 Innovation Award for bioscience. "Clinical trials at MD Anderson explore that possibility right now, and there will be more to come."

Yervoy (ipilimumab), a first-of-its-kind drug that extinguishes metastatic melanoma for years in 24% of patients, is built upon Allison's basic science research on the biology of T cells, the attack dogs of the immune system.

"There are people on the early clinical trials who remain disease-free up to 12 years later," Allison notes, an unprecedented response for patients whose melanoma has metastasized to other organs. Metastasis — the spread of cancer — causes 85% of all cancer deaths.

T cells are white blood cells that recognize and bind to antigens — distinctive abnormalities of invading infections or defective cells — and launch a customized attack to destroy and remember them. So why don't they try to destroy foreign tissue such as cancer cells?

Through the discovery of how T cells do their job, Allison found a molecule that turns off the T cell, stopping the immune attack. This led to an antibody drug to block this molecule, or "checkpoint," freeing T cells to attack. Federal regulators approved ipilimumab in 2011.

Based on his significant findings, the American Association for Cancer Research awarded Allison its first AACR-CRI Lloyd J. Old Award in Cancer Immunology in April 2013, and he recently won the Breakthrough Prize for Biosciences from the Breakthrough Foundation. In December, the journal Science named cancer immunotherapy, a field led by Allison's pioneering treatments, its 2013 Breakthrough of the Year.

Allison arrived at MD Anderson in November 2012 to build and direct the Moon Shots Program's immunotherapy platform, which blends expertise, technology and procedures to improve research and patient care.

"Our immunotherapy platform allows us to take the newest immune system-modifying drugs and test them in both preclinical and clinical settings, applying exceptionally strong and deep analyses of the mechanisms involved," he says. "We expect to attract drug companies to test their most exciting immunotherapies across cancer types here at MD Anderson."

Clinical trials are underway at the institution for melanoma, lung, breast, gastric and prostate cancers. A phase I trial tests a combination of these drugs for patients with advanced cancers. With patients' permission to collect tumor and blood samples, investigators will learn more efficiently.

"We'll be able to compare immune responses to a particular immunotherapy drug across tumor types and from patient to patient, allowing us to generate better responses," says Padmanee Sharma, M.D., Ph.D., associate professor in Genitourinary Clinical Oncology and scientific director of the platform.

Clinical Trials

Immune checkpoint blockade drugs (CTLA-4 blocker ipilimumab, PD-1 blockers, nivolumab and MK-3475) are being tested in 14 clinical trials against:

- Kidney cancer
- Non-small cell lung cancer
- Small cell lung cancer
- Melanoma
- Uveal melanoma (eye)
- Prostate cancer
- Gastric cancers
- Triple-negative breast cancer
- Advanced cancers (Phase I trial)

Trial fits attack on melanoma to a T

By boosting the number of T cells in his patients, Patrick Hwu is watching their immune systems defeat cancer

By Scott Merville

Cancer suppresses or evades immune system responses to survive, but some T cells manage to find and penetrate it anyway. There just aren't enough of them to finish the job.

What if you could collect a patient's tenacious T cells — white blood cells customized to find and kill a given infection or a type of abnormal cell — multiply them in the lab, then infuse them back into patients by the billions?

Patrick Hwu, M.D., chair of Melanoma Medical Oncology, leads a clinical trial using this approach for patients whose melanoma has spread to other organs.

"We've had durable responses, including complete responses, in about half of patients with metastatic melanoma, an impressive result for this group of patients," Hwu says.

In the first part of the clinical trial, patients received infusions of their tumor-infiltrating T cells after receiving high-dose interleukin-2, an immune-system signaling molecule that stimulates T cell activity. Hwu and colleagues reported that 15 of 31 patients had an objective — or measurable — response to therapy.

Patients participating in a new arm of the clinical trial also receive an infusion of their own, expanded dendritic cells. These cells present T cells with antigens, which they recognize and attack.

"We're working continually to improve this approach by making it more efficient, effective and available to more patients," Hwu says.



The clone wars

By Mary Brolley

Michael Gunter's had time to think about melanoma.

Who gets it and why. Ways to battle it. Its silent and destructive nature.

Late in 2007, the St. Louis resident noticed a tiny, colorless bump on his left cheek. "It looked so innocent," he recalls.

Following surgery in early 2008, the bump was diagnosed as a stage IIB desmoplastic melanoma, a rare form of skin cancer most commonly found on the head and neck.

After another surgery to look for the spread of cancer to his lymph nodes, Gunter opted for 26 rounds of high-dose radiation at the spot on his face where the cancer first surfaced.

Despite those efforts, the disease returned a year later. And various grueling treatments couldn't stop its eventual spread to his lungs, brain, spine and kidney.

Then, in 2011, Gunter entered a clinical trial led by Patrick Hwu, M.D., chair of Melanoma Medical Oncology.

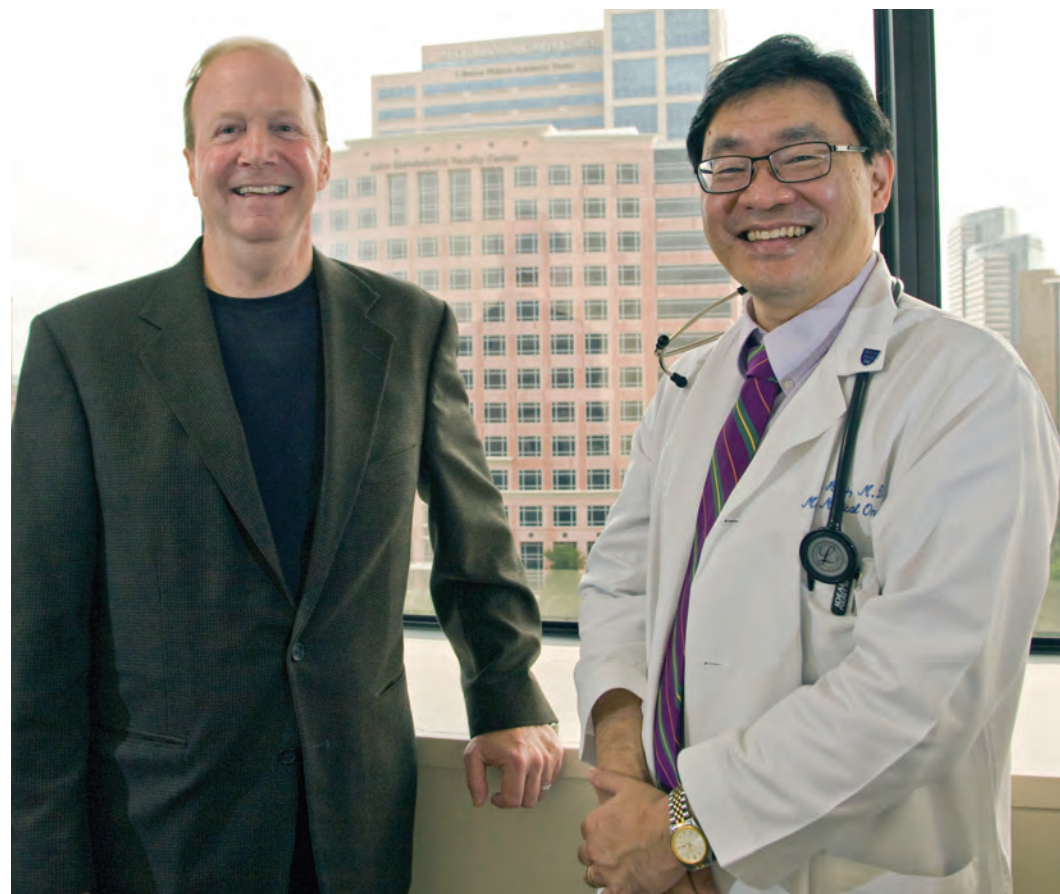
Killer T cells extracted from Gunter's tumor were cloned to vastly expand their number. They were then put back into his body, with positive results.

"It worked," he says. "I'm not NED (no evidence of disease), but I'm stable."

"I have an appetite. I can work. I have a whole new appreciation for life."

Recently, Gunter took a tour of the Tumor Infiltrating Lymphocyte (TIL) Laboratory at MD Anderson, where he met the researchers who cloned his T cells.

"They're trying to grow cells for patients," he says. "They literally hold people's lives in their hands."



Michael Gunter and Patrick Hwu, M.D.

"They call him the
czar of melanoma.
I call him my hero."

— Michael Gunter, speaking about Patrick Hwu, M.D.



Born to beat cancer

Marit Peterson may be genetically predisposed to melanoma, but the disease was no match for her and her team

By Miriam Smith

"We match, mommy!"

That was 4-year-old melanoma survivor Marit Peterson's response when her mother, Candy, explained her breast cancer diagnosis.

Marit's positive outlook on life not only melted Candy's heart, but also saw the young girl through some tough times in early childhood.

Marit, who's now 9, was born with a small pink bump on her right ring finger. Pediatricians dismissed it as nothing, but a mother's intuition prodded Candy to insist on a biopsy. The results were inconclusive, and a visit to MD Anderson was recommended.

Soon they met Jeffrey Lee, M.D., chair of Surgical Oncology. Lee diagnosed Marit with stage IIIB metastatic melanoma and started treatment immediately. After surgery and injections of Interferon, an antiviral protein produced by the body, for a year, Marit, then 2, was deemed a survivor.

"I love Dr. Lee. He saved my life," Marit says. "He took all my cancer away, and he's looking for clues to take the cancer away for everybody. I'm lucky to have him as my doctor."

To show their appreciation and contribute to the fight, the Petersons, who live in Dallas, founded the Marit Peterson Fund for Melanoma Research in 2007. Through the fund's annual golf tournament, they've raised more than \$1 million to support Lee's research.

The success only strengthens the Petersons' commitment to MD Anderson.

"All of the players on a football team can't be exactly the same. You need the best people at every position, and that's what MD Anderson has," Candy says. "We had the surgeons, the dermatologists and the pediatric oncologists, all working together for the win, which was getting our little girl back."

Marit and Candy, who call themselves best friends, continue to match. Both are cancer free: Candy for five years and Marit for seven.

Strength in numbers: Send in the reinforcements

By Scott Merville

When immune system T cells that can't kill a patient's cancer get a shot at those same tumor cells in the lab, it's another story altogether.

"T cells try to attack, but tumors secrete things to inhibit immune response and protect themselves," says Chantale Bernatchez, Ph.D., assistant professor in Melanoma Medical Oncology. "Remove the tumor and T cells from that suppressive environment, and you can grow lots of T cells."

Indeed, three to five weeks after a patient's tumor sample with infiltrating T cells is put in culture, there's nothing left but T cells. After an additional two weeks of rapid expansion, the amassed T cells are ready to go back into the patient — this time with a much better shot at success.

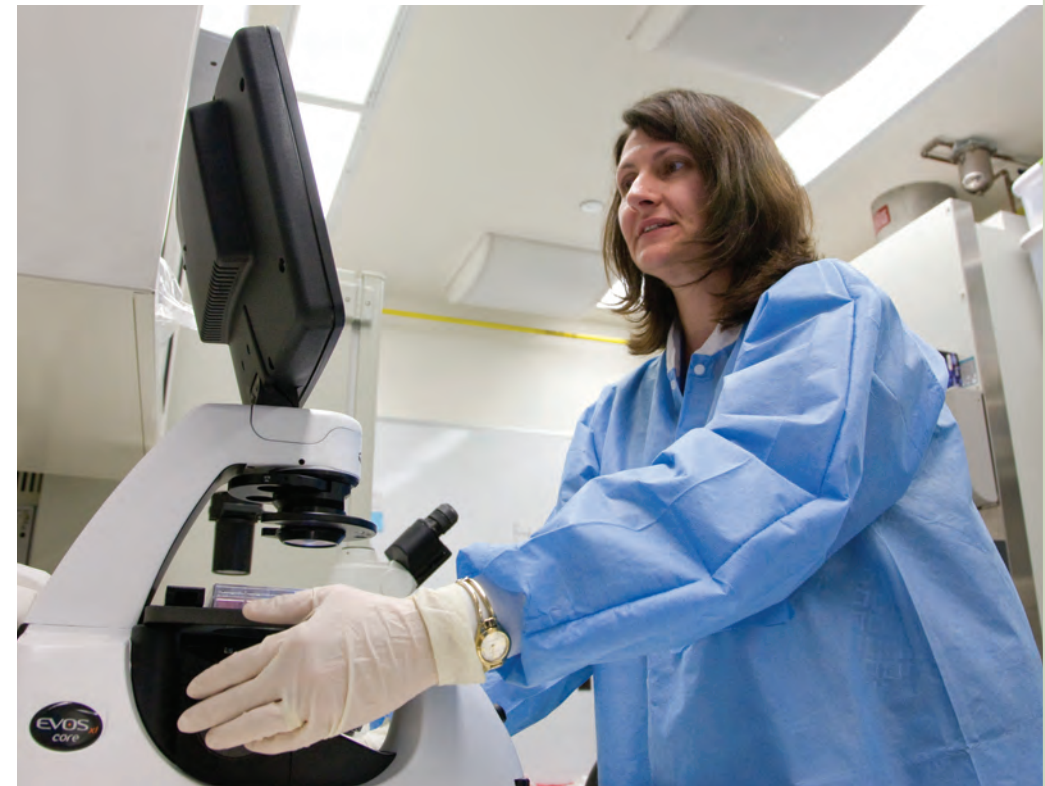
"Infusing 50 billion cells is good; 100 billion is better," Bernatchez says.

She operates the Tumor Infiltrating Lymphocyte (TIL) Laboratory in Melanoma Medical Oncology, where T cells, white blood-cells that attack invaders such as viruses and tumors, are grown for a clinical trial on metastatic melanoma.

So far, 79 patients have been treated in three arms of the trial, with about half of them responding well. Among the latter is Michael Gunter (see his story on page 33), who came to the lab last year to thank and support the people who grew his T cells.

"Michael's visit was awesome," Bernatchez recalls. "Many of our patients would like to see more people get this therapy."

Laszlo Radvanyi, Ph.D., professor in Melanoma Medical Oncology and TIL lab scientific director, Bernatchez and their colleagues are supremely focused on improving and expanding this approach.



The Cancer Center Support Grant...

Every five years, the National Cancer Institute (NCI) evaluates the research programs and facilities at MD Anderson to determine if its status as a comprehensive cancer center will be renewed. Following an extensive application process and a site visit by a panel of external experts assembled by the NCI's Scientific Review Office, MD Anderson received an extension of the Cancer Center Support Grant, also known as "the Core Grant," in May 2013.

is worth **\$48.7 million** over **5 years...** **\$9.3 million** annually

supports **19** specific research programs and **16** shared resources

2,963:
Number of pages in the grant-renewal application



24:
Months it took to prepare the application



"Exceptional" **14:**
impact score of
the highest possible rating

2: Days the NCI panel's visit lasted

41: NCI experts who visited the institution for review

37: Years that MD Anderson has maintained a comprehensive cancer center designation

1971: First year of designation

How the grant was won...

During the five years since the last renewal, MD Anderson:

Led clinical trials
that contributed to

22 of **71**
cancer-drug approvals

by the U.S. Food and Drug Administration.



Published more than

12,000 papers

in distinguished journals
to significantly expand the
understanding of cancer prevention,
detection, treatment and survivorship.

Remained the top recipient of grants and
funding from the NCI, with more than

220 grants, **\$120** million
totaling annually.

Won
more
than

50 multi-investigator
grants,

including

12

Specialized Programs in Research Excellence,
awarded by the NCI to translate preclinical research
discoveries into clinical trials for new treatments.

Increased the
annual research
budget from

\$450 million

to

\$624 million.

Where the money goes...

Programs funded by the Core Grant include:

4 in basic science
programs

focused on cancer metastasis,
cancer genetics and
epigenetics, cell biology
and immunology.

9 disease site
programs

that cover all
major cancers.

3 thematic clinical/
translational
programs

that address targeted
therapy, radiation
oncology physics and
biology, and stem cell
transplantation and
cell therapy.

3 population-based research programs
in clinical cancer prevention, epidemiology, and
behavioral and health disparities research.



Building a better T cell

By Scott Merville

Treatments relying on T cells, a key component of the body's immune system, have had significant success, but a new experimental method customizes naturally produced cells to sharpen their attack on cancer.

"Instead of relying on the body's own ability to create the right T cell, we insert designer receptors generated in the lab to reprogram T cells and improve their ability to target tumors," says Laurence Cooper, M.D., Ph.D., professor in Pediatrics.

A team of scientists and clinicians developed the therapy, which now is employed in clinical trials for various blood cancers. A new gene transfer system initially developed by a scientist at the University of Minnesota to modify fish has been adapted by Cooper and his group to install genes that create a receptor on T cells. That receptor, called a chimeric antigen receptor (CAR), is a molecule on the surface of a cell that can bind with other cells. When the CAR docks with cancer cells, it triggers a T cell attack to kill tumor cells.

Early clinical trial results have been promising when these CAR-modified T cells are given to patients after they receive a blood stem cell transplant to treat their leukemia or lymphoma. The idea, Cooper says, is to provide an added boost to the anti-cancer response.

A clinical trial opened in late 2013 that provides CAR therapy immediately after chemotherapy for leukemia. These trials lay the foundation for targeting solid tumors such as pancreatic cancer.

For now, access to CAR T cells, which are made in a highly specialized lab environment, is limited — something Cooper hopes to change.

"Our vision is to streamline this process so that these cells can be broadly available at reduced cost," he says.

The CAR key

What it is: **C**himeric **A**ntigen **R**eceptor

How it works: The CAR allows a T cell to dock with cancer cells and triggers an attack.

The doctor says: "We insert designer receptors generated in the lab to reprogram T cells and improve their ability to target tumors."

When good genetic mutation goes bad

By Scott Merville

Generally speaking, hypermutation and DNA damage in a cell are bad things. That is, unless you're talking about an immune system B cell.

B cells craft antibodies to precisely fit onto antigens — targets on invading viruses, bacteria or defective cells that the adaptive immune system wants to destroy.

In that case, massive mutations, DNA strand breaks and recombination help B cells mix and match characteristics necessary to generate the perfect antibody.

"Everything you want to prevent in cancer, B cells do," says Kevin McBride, Ph.D., assistant professor in Molecular Carcinogenesis. "So this process usually is very tightly controlled."

It's also necessary. All vaccines work by generating antibodies that fit into the target like a key in a lock. Each B cell makes a completely different antibody, and the immune system can make "quadrillions of types of antibodies," McBride points out.

Problems occur when massive genetic mutations and DNA damage veer off course and impact genes that regulate cell growth and function. The result: B cell leukemias and lymphomas.

McBride's research at the Virginia Harris Cockrell Cancer Research Center at MD Anderson's Science Park in Smithville, Texas, focuses on the molecular processes used by B cells to make antibodies.

In particular, his team studies activation-induced deaminase (AID), an enzyme that launches hypermutation and double-strand breaks, usually in a beneficial manner.

"The vast majority of lymphomas occur in B cells that have gone through the process in which they express AID," McBride says.

By understanding the basic science, McBride and colleagues are illuminating both proper immune system function and the path to B cell malignancies.

"Everything you want to prevent in cancer, B cells do."

— Kevin McBride, Ph.D.





enhance
patient

For most people with cancer, it's the toughest fight of their lives.

MD Anderson is committed to doing everything possible to make the experience easier. From providing multiple therapeutic options and making treatment more convenient, to simply having a friendly face there to offer a smile and a cup of coffee, reducing stress and improving quality of life are important to overcoming the disease.

experience,
build
networks



“The Nocturnal Program has reduced the number of night calls to physicians at home by at least half, possibly more.”

— Karen Chen, M.D.

Care, uninterrupted

The Nocturnal Program ensures a seamless transition from day to night for patients

By Julie Penne

In the still of the night, MD Anderson traffic slows, hallways hush and quiet sets in. But when it comes to the critical needs of patients in the hospital, there's no downtime.

Every evening, holiday and weekend, MD Anderson's Nocturnal Program provides an extra layer of care. The teams of six physicians, two trainees and nine midlevel providers complement the overnight nursing teams on each unit and respond to a wide range of calls from colleagues on inpatient floors, the Intensive Care Units and the Children's Cancer Hospital.

They see adult and pediatric patients contending with their individual cancer battles: spiked fevers, fluctuating blood pressures and electrolyte imbalances. The team also is called to units to update patients' families with the latest information on loved ones, clarify orders written by the dayshift or check out an attentive nurse's hunch that something isn't right.

Launched two years ago, the program expanded its reach in 2013 to include pediatric and surgical services, as well as the size of its staff. The ratio of patients to physicians during the overnight hours now is 50 to 1. The national average for an overnight program is 60-70 to 1.

The Nocturnal Program

Ratio of patients to physicians: 50:1

Number of providers: 150

24/7 quality: "We make sure the same quality of care is delivered to our patients at night as during the day."

While you were sleeping

Karen Chen, M.D., spends the majority of her time in the busy Intensive Care Unit treating patients who are among the sickest at MD Anderson.

Working nights as medical director for the Nocturnal Program, Chen, professor in Critical Care, may be anywhere in the 600-bed Alkek Hospital caring for a variety of patients with a range of symptoms or conditions.

She may be found consulting with an attending physician by telephone, discussing a change in a patient's condition. She may be seen talking to a family member who just got off work and is eager for an update on a loved one. Or she may be comparing notes with a trainee about his or her assessment of a patient.

Her role carries as many responsibilities as there are phases of the moon.

"We make sure the same quality of care is delivered to our patients at night as during the day," Chen says. "We're focused on individual episodes of care, taking care of patients who are sick or who could get sick very suddenly. So we must collaborate effectively with those team members who work during the day, including the attending physician or surgeon, who often is at home."

Chen built the Nocturnal Program from the ground up, starting with 90 MD Anderson physicians and fellows, moonlighting physicians from around the Texas Medical Center and trainees. She later added a cadre of midlevel providers. Now with a pool of more than 150 providers available for overnights, they're scheduled well in advance of their shifts and day jobs so there's ample time for rest. Plus there are on-call rooms with sleeping quarters.

"We want our colleagues who work during the day to be very comfortable with the care we provide when they're not here, and that means close collaboration and solid medical decisions," Chen says. "We work toward that goal every night."



Nights are a good fit for Day

by Julie Penne

When Lakeisha Day sees a patient in the wee hours, she knows she needs to make the most of their limited time together.

As the midlevel supervisor for the Nocturnal Program, Day, physician assistant, understands that patients immediately need her critical clinical thinking for an acute problem. She also understands the chances of seeing those patients more than once are remote.

“Because our patients’ conditions can improve once we’re called in or they’re discharged, rarely do we get the opportunity to develop the kind of relationships with them as our colleagues on the day side,” Day says. “You value your time and interaction with them right then and there, and you make the most of that snapshot of time. It’s very different to work overnight, but incredibly worthwhile.”

Day is one of nine midlevel providers who triage calls from the inpatient units each night. They’re the first to see a patient and start assessing what may be causing a fever, rash, change in blood pressure or pain. She

and her team stay in constant communication through instant messaging and collaborate closely with the staff of each floor or unit and, when necessary, the attending physician, who may be at home.

Day came to MD Anderson almost three years ago after caring for patients who had complex heart and chest surgeries. She wanted to work with the Nocturnal Program because the new role of the midlevel provider was so positive and welcoming.

“Midlevel providers at MD Anderson are great independent clinical thinkers who have strong communication skills,” she says. “But working overnight, you get to do so many different things and care for so many different patients. When working with patients who are so sick, it helps to have backup, and we provide that backup. Our patients should feel very good about their care at night.”

Acts of kindness are completely voluntary

By Will Fitzgerald

They’re known as the heart of MD Anderson. The 1,200 volunteers in blue jackets are true warriors in the battle to eliminate cancer.

They provide support to patients and families, offering words of encouragement. They staff gift shops and welcome centers. They volunteer in clinics. And so much more.

Since the day MD Anderson opened its doors in 1941, the volunteer spirit has permeated the hospital’s culture. Volunteer Services formally was organized in 1954 when the hospital relocated to where it stands now. In the time since, the program has grown and diversified, always remaining focused on the patient.

“Last year, our volunteers provided more than 190,000 hours of service, which is equivalent to the work of 93 full-time employees,” says Susan French, executive director of Volunteer Services. “This support makes a substantial difference in the lives of our patients and caregivers.”

For those walking through the doors of MD Anderson, it doesn’t matter who you are or where you’re from, a volunteer will be waiting to help.

Patient services and support

The spirit of giving also is manifested in the broad range of programs supported through Volunteer Services, including:

Volunteer Endowment for Patient Support (VEPS):

Provides funding for patient-oriented programs and special amenities not covered by traditional sources, such as patient education materials, caregiver support programs, and patient conferences and special events.

- In 2013, VEPS had an endowment corpus of \$2,838,112.
- \$188,364 in VEPS funds were disbursed to 27 institutional programs.

Anderson Network:

This program offers hope and understanding to cancer patients, survivors and caregivers from those who have been there. Most programs are available to all cancer patients and caregivers, no matter where they receive treatment.

- 124,799 Hospitality Center visitors
- 1,309 patient/caregiver one-on-one support/matches
- 865 attended PIKNIC (Partners in Knowledge, News in Cancer), an educational forum on the Texas Medical Center campus and at the regional care centers
- 2,028 active patient/caregiver members

The Beauty/Barber Shop:

Located on Floor 6 of the Main Building, the shop offers services such as shampoos, scalp treatments, haircuts, shaves, head coverings and wigs to patients at no charge.

- 6,624 patients served
- 8,069 complimentary hats, scarves and wigs distributed

Getting a lot out of giving

By Will Fitzgerald

Gloria Ayala walked into a hospital room and found a mother pacing while her daughter lay in bed. When Ayala was greeted with a big hug, she realized the experience was what being an MD Anderson volunteer was all about.

“Watching a family member battle this disease is difficult because their loved ones often feel helpless,” Ayala says. “I knew right away this patient just needed someone to talk with, so I told her that she’s not alone.”

Even before her own breast cancer diagnosis five years ago, Ayala was an MD Anderson volunteer, splitting time between gift shop and coffee cart duties. These days she can be found working as a floor host and manning the book cart (turns out people really enjoy celebrity news magazines), both of which allow for a lot of patient interaction.

When she first started volunteering, co-workers and friends couldn’t understand why Ayala chose MD Anderson. They knew people with cancer and understood the realities of the disease. They thought it would be sad and depressing, she recalls.

“I kept telling everyone it’s different than they imagine because MD Anderson is a place of hope,” Ayala says. “People are so grateful to see someone like me, who once walked in their shoes, continuing with life.”

While each person has his or her own reasons for joining the volunteer ranks, all are united in one regard: serving patients and families.

As Ayala enjoys saying: It’s about treating patients like your own family.





A convenient truth

By Beth Dombrowa

Sonia Byrd is one tough lady.

Less than a year after a double mastectomy and reconstructive surgery, the mother of two and marketing professional competed in her first bodybuilding competition, earning second place.

She trained for the event at the encouragement of her friends and physicians, who were amazed at how well she looked throughout her treatment.

Convenient access to the Regional Care Center in Sugar Land helped Byrd juggle family, career, her breast cancer battle and a rigorous training schedule. It's one of the four regional centers in suburban Houston providing almost 14,000 people with MD Anderson-quality care close to where they live and work.

In Fiscal Year 2013, 29% more patients sought care at one of these centers than the year before. And about 10% of all new patients began their relationship with MD Anderson through the regional system, which also has locations in Katy, The Woodlands and the Bay Area.

From specialized surgery to chemotherapy and radiation, most community-based patients such as Byrd can receive their full treatment from MD Anderson fellowship-trained physicians. Services such as pain management, counseling and dietitians are available, as well as support groups to help with the emotional toll of the disease. Community patients also now have access to clinical trials, allowing them to benefit more fully from, and contribute to, MD Anderson's mission to end cancer.

As more people choose to work throughout their treatments, the regional centers are likely to continue to grow in popularity among those who want MD Anderson care but also want to stay close to home — or perhaps close to the neighborhood gym.

Nowhere to hide

By exposing cancer cells, fluorescence makes surgeons' jobs easier

By Jacqueline Mason

It's easy to see, pardon the pun, why urologists and gynecologic surgeons would be excited by the promise of medical fluorescence.

With it, surgeons can light up hard-to-see cancer cells during minimally invasive surgery.

"It illuminates the target, not the entire surgical field, when you activate the fluorescent light," explains Nicole Fleming, M.D., assistant professor in Gynecologic Oncology and Reproductive Medicine at MD Anderson's regional care center in Sugar Land.

She uses indocyanine green (ICG) dye to help illuminate the patient's blood supply and lymphatic system. Fleming is looking specifically for tumor perfusion and lymph nodes affected by cervical or endometrial cancer cells.

H. Barton Grossman, M.D., a clinical professor in Urology, injects hexaminolevulinate hydrochloride, a colorless solution, to turn bladder tumors pink under blue light.

"This technology highlights cancers that, under white light alone, look perfectly normal," Grossman says.

He led a 2007 randomized study that followed more than 800 patients over nine months. Blue-light cystoscopy better distinguished carcinoma *in situ* (cancer that hasn't metastasized), as well as the parameters of papillary tumors in study participants, making the tumors easier to find and remove. Participants later showed improved time to recurrence (16.4 months) than those exposed only to traditional white-light cystoscopy (9.4 months).

While fluorescence is not appropriate for every surgical case, Grossman estimates it benefits one out of five bladder cancer patients in which it's used.

Fleming, too, is excited by the potential for medical fluorescence. "I think this is just the start of where we're going with this."



Ashish Kamat, M.D.

Team is the heart of the Head and Neck Center

Treating cancer while preserving form and function

By Julie Penne

Enjoying Thanksgiving dinner with family.

Hearing a child's uncontrollable laughter.

Taking part in a lively book club discussion.

Posing for a photograph with glowing confidence.

These are simple joys that require senses, functions and structures that can be taken for granted. But to the team in MD Anderson's Head and Neck Center, they're always cherished.



Jan Lewin, Ph.D., and Randal Weber, M.D.

It's a mindset that has been ingrained since the 1950s, when the institution led research that refined surgery, radiation oncology and chemotherapy for cancers of the throat, larynx, nasal cavity, thyroid, salivary glands and oral cavity. Even then, when treatment was focused mainly on removing the cancer, MD Anderson researchers explored ways to preserve a patient's appearance and ability to swallow, speak, hear and chew.

That culture is one of the many reasons the Head and Neck Center has been consistently ranked in the top 12 nationally by U.S. News and World Report's "Best Hospitals" survey since 1992. The service also is ranked in the broad surgical specialty of ear, nose and throat — not just cancer — and in 2013 was rated third in the country.

Randal Weber, M.D., chair of Head and Neck Surgery, says that, like so many departments and clinics at MD Anderson, a team approach is the core of the center's strength.

"We have now — and always have had — the best surgical, medical and radiation oncologists, nurses and midlevel providers, who work alongside the best specialists in rehabilitation, speech pathology, dentistry and plastic surgery," Weber says. "Our team takes great pride in our legacy and reputation, but we also know that we have to uphold both every day, with every patient."

Jan Lewin, Ph.D., professor in Head and Neck Surgery and section chief of Speech Pathology and Audiology, leads a group of 25 professionals that provides integral services to help patients recover, as much as possible, the capabilities they had before treatment. The multidisciplinary team's programs are applied early in the process.

"It's just not acceptable to cure patients of their disease and leave them disabled," Lewin says. "Treatments have advanced so much, but because of HPV and its relationship to head and neck cancers, we're seeing many more patients being diagnosed, and they're younger. We must continue to think ahead and help restore our patients' quality of life as much as we can."

Free of cancer and full of thanks

Gift of gratitude boosts head and neck cancer research

By Sarah Watson

Charles Stiefel says he owes his life to the physicians and staff at MD Anderson's Head and Neck Center. In return, he and his wife, Daneen, have pledged \$10 million to help the institution turn research into more effective treatments with fewer side effects.

Charles sought treatment at MD Anderson after being diagnosed in Miami in 2006 with squamous cell carcinoma of the head and neck.

"Daneen and I visited four top cancer centers, and we chose MD Anderson as the place that would give me the highest chance of survival," says Charles, former chair and chief executive officer of Stiefel Laboratories and a member of the MD Anderson Cancer Center Board of Visitors. "All of my doctors are highly respected global thought leaders in their areas of oncology."

Charles is cancer-free today — thanks, he says, to his care team: Merrill Kies, M.D., professor in Thoracic/Head and Neck Medical Oncology; David Rosenthal, M.D., professor in Radiation Oncology; and Randal Weber, M.D., chair of Head and Neck Surgery.

"If not for the incredibly dedicated and skilled oncologists from the Head and Neck Center, I'm certain I wouldn't be alive today," he says. "Daneen and I feel humbled and thankful to be able to make this gift."

The funds will support research and treatment programs within MD Anderson's Head and Neck Cancer Program, under Weber's direction.

The Raleigh, N.C., couple previously established the Charles and Daneen Stiefel Chair in Cancer Research with a \$1 million gift in 2009. In honor of their most recent generosity,

the center will be renamed the Charles and Daneen Stiefel Center for Head and Neck Cancer.

"Dr. Weber has conceived several game-changing ideas to improve patient outcomes for future generations," says Charles. "I'm confident that this gift will help transform these ideas into reality."



Areas of expertise

Growing network of hospitals expands opportunities to end a global crisis

By La Chanda Ricks

MD Anderson is the greatest cancer center in the galaxy.

At least according to George Norcross III, chairman of the board of Cooper Health System, it is. He told New Jersey Gov. Chris Christie as much when the two were discussing a new partnership to bring MD Anderson's signature, multidisciplinary care to the Garden State.

While MD Anderson can't substantiate these cosmic claims, it's arguably a global leader in cancer research and treatment, with a mission to influence care across the United States and around the world.

"Cancer is an enemy that respects no border, no geography, no age and no gender," says MD Anderson President Ronald DePinho, M.D.

MD Anderson Cancer Center at Cooper opened in Camden, N.J., on Oct. 7, 2013, as the newest partner member in the MD Anderson Cancer Network™. Partner members are co-branded clinical extensions of MD Anderson that bring the institution's knowledge and expertise to their communities. The network, which was created in 2012, includes 12 members — two partner members and 10 certified members — in nine states.

Through its expansive — and strategically growing — network, the institution has a presence on almost every continent. MD Anderson has locations in Spain and Turkey, and consults with health care providers around the world, from China to Brazil, where it's helping South America's leading hospital develop a comprehensive cancer center.

In addition to these clinical relationships, global academic collaborations are facilitated through the Sister Institution Network, a group of 27 leading research and medical institutions in 20 countries working collaboratively to reduce the world's cancer burden.

While there's only one MD Anderson, its global network ensures that millions of people have access to the distinctive care that has made it the most respected cancer center in the world — and some say, the galaxy.



Navigating MD Anderson? There's an app for that

By Laura Nathan-Garner

When welcoming patients and their families to Mays Clinic as part of MD Anderson's employee Greeter Program, Megan Maisel often sees people trying to pull up appointment schedules on their phones. In most cases, this involves a lot of scrolling and pinching.

But that's changing, thanks to the launch of MD Anderson's mobile application for patients, caregivers and others visiting the institution's Texas Medical Center campus.

"People expect world-class organizations like MD Anderson to have mobile apps," says Maisel, director of Integrated Media Communications. "We know this will improve the patient experience."

The app — available for the iPhone, iPad, iPod touch, Android phones and tablets — helps users easily access:

- Appointment schedules
- Secure messages to and from their care teams
- Personal health records
- Patient education materials, including videos
- Patient and family resources and support services
- The latest MD Anderson news, expert insight and patient stories
- Upcoming events
- A notes feature for jotting down important information and taking photos

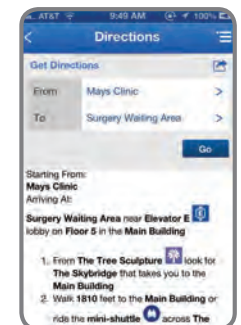
The app also offers the option to call or submit a question to askMDAnderson, a team of health information specialists that helps initiate the appointment-scheduling process and answers cancer- and MD Anderson-related questions.

Users also can connect to the institution's communities on Facebook, Twitter, Pinterest, YouTube, Instagram and other social media networks.

Perhaps most notably, the app will help people more easily navigate the MD Anderson campus. Just select a starting point and destination, and the app will provide directions.

"Directions were the number one thing visitors wanted from the app," says Maisel, who, along with Internet Services, tested the app with patients and caregivers before the launch.

To download the application for free, visit the iTunes store (iOS users) or Google Play (Android users) and search for MD Anderson.



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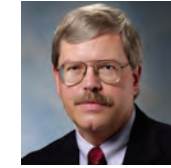


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In October 2012, the third annual A Conversation With a Living Legend® in San Antonio honored former President George W. Bush. The event raised more than \$390,000 for the Blanton-Davis Ovarian Cancer Research Program and the Breast and Ovarian Cancers Moon Shot. From left: Co-chairs Clyde Johnson III, Kim Johnson, President Bush, Paula Johnson and Clyde Johnson IV.

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MD Anderson President Ronald DePinho, M.D., right, presented Jim and Miriam Mulva with a piece of Georgia pink Etowah marble from the institution's original facade during the January 2012 dedication ceremony of the conference center named in honor of their \$5 million donation to melanoma research. © Barry Smith

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In 2007, Terry Arnold, left, was diagnosed with inflammatory breast cancer (IBC) at MD Anderson's Morgan Welch Inflammatory Breast Cancer Research Program and Clinic. In 2013, Arnold, founder of The IBC Network Foundation, celebrated five years without an IBC recurrence. Last year, her organization donated \$75,000 to IBC research at MD Anderson. She's pictured here in New York with her daughters, Natalie Arneson, center, and Veronica Arnold, and her granddaughter, Julian. While in New York, Terry spoke to the American Cancer Society's reach for recovery group on IBC patient needs. 📷 Terry Arnold

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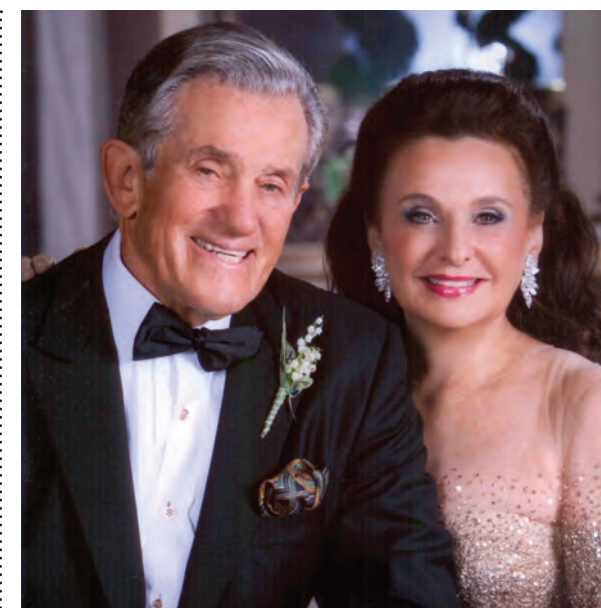
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 Mr. James P. Johnson
 Mr. Jared Johnson
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 Dr. Martha Johnson and Mr. Lawrence Johnson
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 Mr. Jack G. Jones
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 Margie K. Jones
 Ms. Mary Kay Jones
 Richard B. and Linda Wallace Jones in Memory of Susan Baughman for the Baughman Family Lung Cancer Fund
 Mr. Roland Jones, Jr.
 Mr. Scott P. Jones



Myles Rose and daughter Madison participate in the April 2013 Run for the Rose, which benefits The Dr. Marmie Rose Foundation. The foundation has raised more than \$3.5 million for MD Anderson and Children's Memorial Hermann Hospital, where Dr. Rose was a resident. She died in 2002 after battling brain cancer. Myles and Madison are Rose's brother and niece. 📷 Karen Thibodeaux


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 The Curt Kamradt Family
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 Glenda and Jerry Kane
 Mr. Spikes Kangerga
 Kansas City Southern Industries, Inc.



Jamie Gilmore, sporting her Jamie's Hope for a Cure T-shirt under a black blazer, joined husband Garrick Glascock, from left, and sister Cindy Gilmore in congratulating Apostolia Tsimberidou, M.D., Ph.D., after a presentation on her research in acinic cell carcinoma, a rare cancer that affects the parotid gland. Jamie's Hope organized an October 2012 gala, "Masquerade for a Cure," to raise money for targeted therapy research at MD Anderson.  John Everett

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Kanzius Cancer Research Foundation
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 Estate of Rachel Lyman
 Lymphoma Research Foundation
 LyondellBasell Industries

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 Mr. Tamotsu Mabuchi
 Mr. and Mrs. Jeffrey N. MacDowell
 Mr. and Mrs. C. Robert Mace

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 Main Family Foundation
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 The Craig Malorzo Foundation
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 L. Manning
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 Marek Family Foundation
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 Mr. and Mrs. Rodney H. Margolis
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 Foundation

MONROE DUNAWAY ANDERSON SOCIETY

New members, Sept. 1, 2012-Aug. 31, 2013

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

Dr. Frances E. Arrighi
 Ms. Loisella Card
 Ms. Valerie A. Casey
 Mr. Henry Connor
 Mr. Thomas Crothers
 Mr. Henry Ford Davis
 Mrs. George S. Deutsch
 Ms. Debra Dickinson
 Ms. Ruth Sharp Doyle
 Mr. Dale Eckard
 Mr. Bill C. Edwards
 Ms. Alice Evard
 Ofelia E. Gallardo, M.D.
 Wolfgang Trust
 Mr. Jeffrey S. Geuther
 Dr. Ronald Gifler
 Mrs. Sammie Nguyen Hart
 Ms. Myrtie Hoffman
 Ms. Janet Jackson
 Robert and Lisa Kessler
 Paula and Peter Klante
 Mrs. Marie L. Krishna
 Mrs. Junice C. Leckrone

Mrs. Delores Mayernik
 Mr. and Mrs. McClellan
 Ms. Caroline Meirs
 Mr. and Mrs. Howard Moreland
 Mr. and Mrs. John Noble
 Mr. and Mrs. William Olson
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 Mrs. Rita A. Spohnholtz
 Mr. Raymond B. Stephens
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 Mr. Bruce Turczynski and Ms.
 Randa Middleton
 Mr. and Mrs. Harry L. Wagner
 Mrs. Dwane L. Wallace
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The memory of Samuel Hassenbusch III, M.D., Ph.D., was honored by his granddaughter, Sydney Hassenbusch-Soar; his widow, Rhonda Hassenbusch; and members of the Riders for the Cure at the fifth annual Sam's Jam in October 2012. The group's biannual motorcycle rides raise funds to battle brain cancers such as glioblastoma multiforme, which caused the death of the neurosurgeon and researcher in 2008. 📷 Pam Samuels

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In December 2012, Anthony Lucci Jr., M.D., went on the Rod Ryan Show to thank radio personality Ryan, Bull Shirts owner Joe Dotterweich and 94.5 The Buzz listeners for raising \$76,000 for breast and prostate cancer research at MD Anderson in that year. 📺 The Rod Ryan Show

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Luci Baines Johnson, from left, Patsy Fourticq, Barbara Hurwitz, Diane Lokey Farb and Elizabeth Epley toured the newly renovated and expanded MD Anderson Children's Cancer Hospital in May 2013.  *F. Carter Smith*

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From left: John B. Connally IV, Diane Connally, Nell Frances Connally and John B. Connally III were among the 300 guests who attended the seventh annual Santa's Elves Party at the Houston home of Paige and Tilman Fertitta. The event raised more than \$50,000 to benefit patient nutrition research at the MD Anderson Children's Cancer Hospital.

☐ Pete Baatz

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 Ms. Stacia Turner
 Mr. Jack A. Turpin
 Mrs. Vernita J. Turpin
 TXI
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U

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 Mr. and Mrs. Charles Valentine
 Valero Energy Foundation
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 Mr. Kenneth B. Walker
 Mrs. Eva S. Wall
 Estate of Mrs. Dwane L. Wallace
 Mr. H. Dalton Wallace
 Mrs. Marsha J. Wallace
 Ms. Nancy V. Wallace
 Wayne and Margaret Wallace
 Mr. and Mrs. William F. Wallace
 Wallace Family Limited Partnership
 Mr. and Mrs. James H. Waller
 Wallgren Environmental Services, Inc.
 Mr. Harold H. Walling
 Mr. and Mrs. William Wallwin
 Mrs. Mary Kathleen Walt
 Ms. Elisse Barbara Walter and Mr. Ronald Alan Stern



MD Anderson's Tobacco Outreach Education Program and Gloria Hicks, a member of the MD Anderson Cancer Center Board of Visitors, teamed up to encourage 5,000 Corpus Christi-area middle school students to "kick the butts" at a Corpus Christi Ice Rays hockey game in February 2013.
 ☐ *Miriam Smith*

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Z

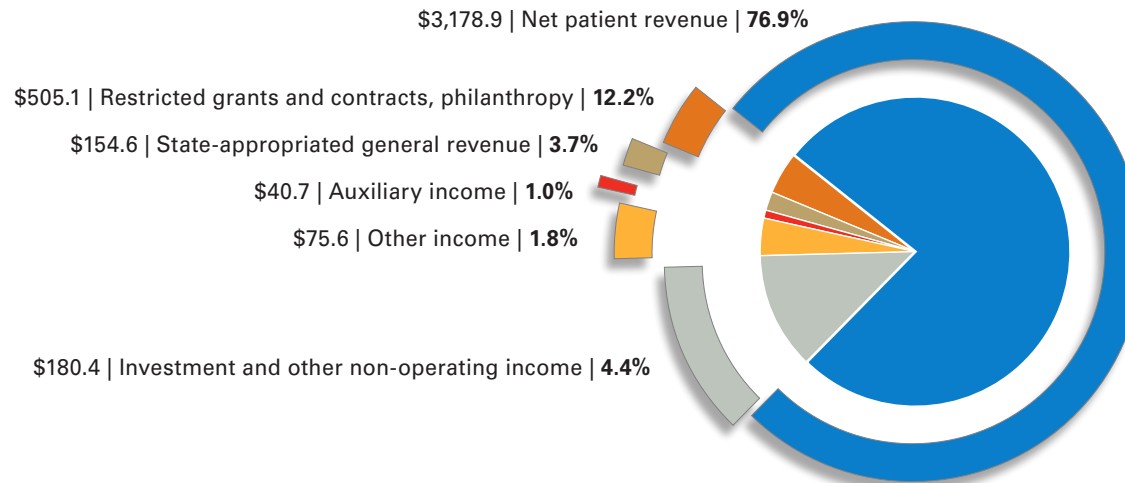
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 Mr. and Mrs. Eric S. Zorn
 Mr. and Mrs. Robert R. Zubek
 Mr. and Mrs. Joseph F. Zullo

Fiscal Year 2013
financial and statistical data
Sept. 1, 2012 – Aug. 31, 2013

SOURCES OF REVENUE (unaudited)

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Patient Revenue					
Gross patient revenue (Includes inpatient, outpatient and professional services)	\$4,692,510,650	\$5,167,618,550	\$5,544,009,390	\$6,144,132,636	\$6,582,112,827
Deductions from gross patient revenue ¹	2,358,290,606	2,675,088,480	2,813,830,643	3,185,346,342	3,403,247,816
Net patient revenue	\$2,334,220,044	\$2,492,530,070	\$2,730,178,747	\$2,958,786,294	\$3,178,865,011
Restricted grants and contracts, philanthropy	\$358,610,391	\$414,066,098	\$436,638,273	\$426,455,579	\$505,144,559
State-appropriated general revenue	171,265,817	179,818,473	168,730,376	170,383,019	154,562,093
Auxiliary income ²	29,797,216	30,700,522	33,232,458	36,957,473	40,674,618
Other income ³	43,731,386	46,491,784	52,954,731	56,151,131	75,564,178
Investment and other non-operating income	(126,798,902)	141,230,275	239,483,083	87,098,290	180,428,432
TOTAL REVENUE	\$2,810,825,952	\$304,837,222	\$3,661,217,668	\$3,735,831,786	\$4,135,238,891

FY 2013
SOURCES OF REVENUE
(in millions)



¹Amounts discounted from established rates as a result of agreements with third-party payors, including Medicare, Medicaid and insurance companies. Also includes deductions associated with indigent care and bad debt.

²Funds received from parking fees, valet services, dining facilities, hotel charges, gift shop sales and vending-machine sales

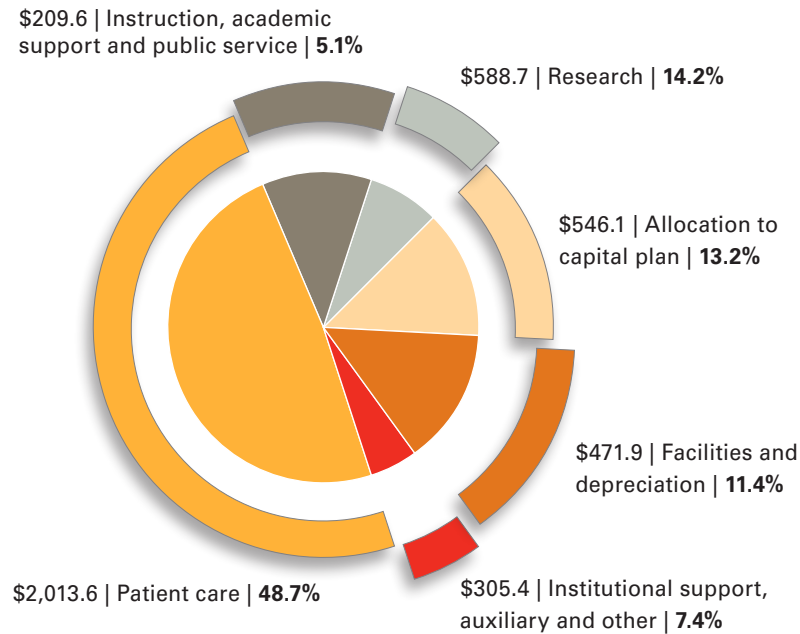
³Includes tuition and student fees, Children's Art Project sales, management fees and other sources

USES OF REVENUE

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Research	\$431,058,983	\$463,104,671	\$520,582,209	\$546,836,560	\$588,664,553
Instruction, academic support and public service	152,175,328	147,158,551	153,409,591	164,580,132	209,633,502
Patient care	1,512,759,959	1,579,735,295	1,704,851,239	1,880,230,560	2,013,554,826
Facilities and depreciation	424,817,880	400,068,414	427,461,242	460,445,328	471,935,938
Institutional support, auxiliary and other ⁴	230,471,382	226,601,396	248,601,648	280,844,123	305,390,616
Allocation to capital plan (For future projects to replace and improve facilities and technology)	59,542,420	488,168,895	606,311,739	402,895,083	546,059,455
TOTAL EXPENSES	\$2,810,825,952	\$3,304,837,222	\$3,661,217,668	\$3,735,831,786	\$4,135,238,891

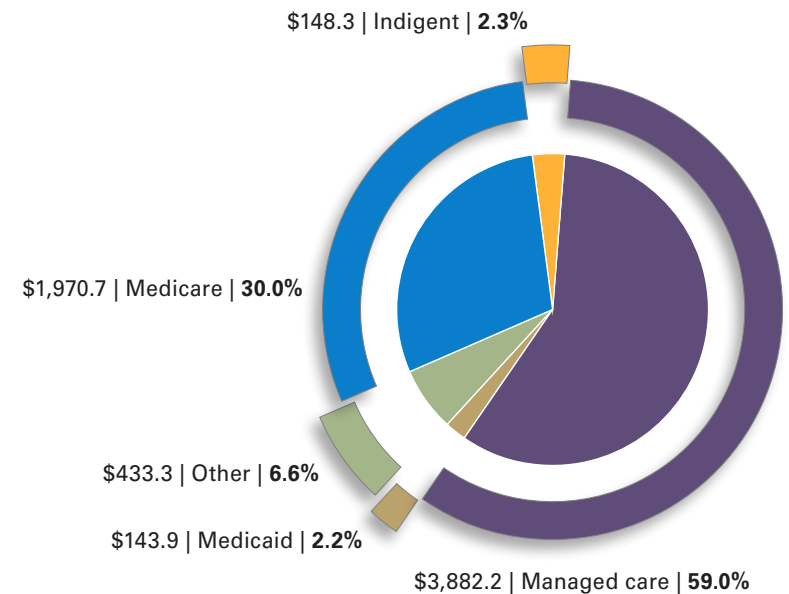
FY 2013

USES OF REVENUE (in millions)



FY 2013

GROSS REVENUE BY PAYOR CLASSIFICATION (in millions)



⁴Includes support for parking, food and gift shop services, as well as general institutional support (e.g. information technology, human resources, administration, development activities, etc.)

CLINICAL PROFILE

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Hospital admissions	23,277	23,995	25,230	26,726	27,905
Patient days	174,740	178,651	180,354	191,735	202,553
Average daily census	486	498	504	536	569
Average length of stay	7.5	7.4	7.1	7.2	7.3
Average number of inpatient beds	507	546	594	616	656
Outpatient clinic visits, treatments, procedures	1,055,092	1,132,338	1,190,568	1,281,489	1,338,706
Pathology/laboratory medicine procedures	10,112,244	10,754,560	10,937,213	11,619,591	11,718,405
Diagnostic imaging procedures	519,150	538,514	515,999	497,660	501,887
Surgery hours	62,587	61,873	63,230	66,241	70,221
Total active clinical protocols	1,073	1,009	1,048	1,078	1,065

FY 2013 WORKFORCE



MD Anderson provided \$225 million in uncompensated care to Texans with cancer in FY13.*

**This figure includes unreimbursed costs of care for patients who either have no insurance or are underinsured, or whose care was not fully covered by government-sponsored health programs.*

FY 2013

TOTAL PHILANTHROPIC GIFT SUPPORT BY TYPE

Cash gifts	Amount
Corporations	\$7,689,873
Foundations	25,621,200
Individuals	53,372,716
Organizations	1,776,894
Trusts and estates	18,567,944
Subtotal	\$107,028,627

Pledge gifts

Corporations	\$5,394,018
Foundations	30,602,406
Individuals	65,125,102
Organizations	15,729,738
Trusts and estates	23,598,827
Subtotal	\$140,450,091

Gifts-in-kind

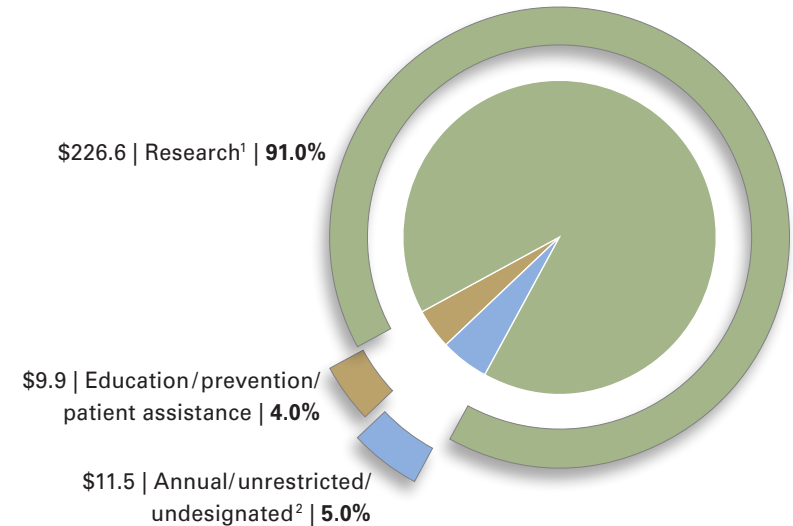
Corporations	\$338,366
Foundations	537
Individuals	156,468
Organizations	210
Subtotal	\$495,581

TOTAL	\$247,974,299
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FY 2013

TOTAL PHILANTHROPIC GIFT SUPPORT BY PURPOSE

(in millions)



¹ Donor-targeted gifts to research conducted in all mission areas.

² These dollars fund institutional peer-reviewed research.

SOURCES OF RESEARCH EXPENDITURES

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
External funding for research					
Federal grants, contracts	\$194,632,638	\$206,664,447	\$236,413,656	\$196,753,104	\$182,970,502
Private industry grants, contracts	43,688,603	50,712,121	59,582,449	68,413,794	65,579,036
Philanthropy, foundations	83,046,345	81,656,207	98,150,749	100,794,491	101,642,898
Total external funding	\$321,367,586	\$339,032,775	\$394,146,854	\$365,961,389	\$350,192,436
State funding allocated for research					
State-appropriated general revenue	\$13,715,898	\$14,752,806	\$14,767,719	\$11,618,126	\$11,776,785
Tobacco settlement receipts	7,969,779	8,451,929	10,654,928	8,854,774	5,837,249
CPRIT			8,670,289	19,546,278	24,262,525
Total state funding	\$21,685,677	\$23,204,735	\$34,092,936	\$40,019,178	\$41,876,559
Internal funding allocated for research					
Hospital operating margins	\$142,414,379	\$161,708,956	\$175,424,228	\$215,527,886	\$182,770,342
Institutional grants*	24,805,099	23,088,278	20,239,439	26,032,444	95,730,271
Total internal funding	\$167,219,478	\$184,797,234	\$195,663,667	\$241,560,330	\$278,500,613
TOTAL RESEARCH EXPENDITURES	\$510,272,741	\$547,034,744	\$623,903,457	\$647,540,897	\$670,569,608

*Philanthropic donations to the institution internally designated to support research and PRS funds internally allocated to support research activities. Source - THECB Report (Research Finance)

EDUCATION PROFILE

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Clinical residents, fellows	1,043	1,124	1,109	1,141	1,187	1,231
Research trainees	1,536	1,602	1,612	1,629	1,714	1,743
Observers, visitors, special programs	600	415	401	429	431	507
Nursing trainees	1,778	2,098	2,776	2,320	2,531	1,306*
Student programs participants	830	914	930	1,102	1,317	1,396
School of Health Professions students	139	205	214	248	316	291
TOTAL TRAINEES	5,926	6,358	7,042	6,869	7,496	6,474

*Total includes academic credit clinical placement only. Previous data included outreach and CPRIT education programs.

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In addition to MD Anderson's campus in the Texas Medical Center in Houston, four regional care centers in the greater Houston area (Bay Area, Katy, Sugar Land, The Woodlands) and two research campuses in Bastrop County, Texas, the institution has developed a network of national and international locations.

MD ANDERSON CANCER NETWORK™

www.mdanderson.org/cancernetwork

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- Banner MD Anderson Cancer Center (Gilbert, Ariz.)
- MD Anderson Cancer Center at Cooper (New Jersey)

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- 10 health systems and hospitals in nine states

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WRITERS

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DESIGNER

Michael Clarke

PHOTOGRAPHERS

John Everett (pages 32, 33, 35), Wyatt McSpadden (cover, pages 4, 6, 8, 14-16, 18, 20, 21, 23, 38-40, 42, 44, 45, 48), F. Carter Smith (pages 22, 30, 34, 47), Sugar Land Magazine (page 46), David Woo (page 10)

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Winter 2014

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