



**Stronger.  
Safer.  
Better.**

**The silver linings  
of FY20**

THE UNIVERSITY OF TEXAS  
**MD Anderson  
Cancer Center**

Making Cancer History®

## ANNUAL REPORT

# Stronger. Safer. Better.

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## THE SILVER LININGS OF FY20

### 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<sup>®</sup>.

### CORE VALUES

#### Caring

By our words and actions, we demonstrate caring toward everyone.

#### Integrity

We work together with professionalism to merit the trust of our colleagues and those we serve in all that we do.

#### Discovery

We embrace creativity and seek new knowledge from diverse perspectives.

#### Safety

We provide a safe environment – physically and psychologically – for our patients, for our colleagues and for our community.

#### Stewardship

We protect and preserve our institutional reputation and the precious resources – people, time, financial and environmental – entrusted to us.

Photo: Adolfo Chavez III



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### ON THE COVER

Roy Chemaly, M.D., chief infection control officer, has helped make MD Anderson one of the nation's safest health care environments, interpreting rapidly evolving data and information on COVID-19 to guide the institution's protocols and processes.

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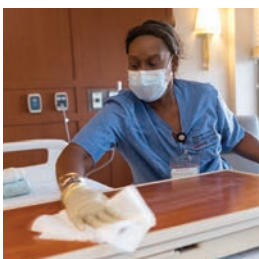
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## Stronger

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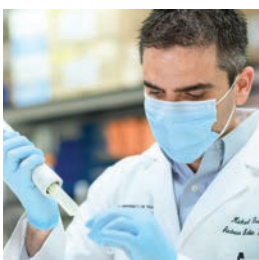
Cancer doesn't stop for a pandemic, and neither did MD Anderson. In a year when life as we knew it was upended, our 22,000+ employees responded with creativity, agility and compassion.



## Safer

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From day one of the pandemic, MD Anderson committed to holding ourselves to a higher standard to ensure the safety of our immunocompromised patients and our employees. That commitment has yielded one of the nation's safest health care environments – and new ways of supporting our patients and workforce.



## Better

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It takes a team to end cancer. And this year, more than ever, collaboration helped us expand our impact in cancer research, in Houston and even on the soccer field.

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# A year like no other

We have faced a year defined by the convergence of a once-in-a-century pandemic, economic headwinds and important social justice issues in the national spotlight. Through it all, MD Anderson stood resilient, vigilant and united, driven by our mission and a profound understanding that cancer doesn't stop for anything. While this chapter may go down in our institution's history as one of the toughest, I will remember it to be one of the most extraordinary – a year in which MD Anderson emerged **stronger, safer and better.**

From the outset of the global COVID-19 pandemic, we made thousands of difficult decisions. We committed to going above and beyond to protect our patients, one of the largest immunocompromised populations in the world, while ensuring the health and well-being of our employees and our community. We implemented screening protocols, ramped up in-house testing, paused laboratory research and limited visitors on our campuses. We transitioned nearly 10,000 employees to remote work, and transitioned others to new roles to support our response. We deployed virtual care, including on some clinical trials, leading to nearly 60,000 virtual visits, and worked with our MD Anderson Cancer Network® partners to coordinate treatments closer to home. These proactive and diligent steps offered our patients assurance their cancer care plans were safely on track. Finally, we used our expertise and role as health ambassadors to inform our patients and the community about meaningful ways to reduce the spread of the virus. Through these collective efforts, we believe we created one of the safest health care environments in the nation.

As a team, we grew stronger together, even while staying apart. Our teammates uplifted one another through creative



**Peter WT Pisters, M.D.**

and encouraging messages. We engaged in open dialogue, gained new perspectives on social issues and learned from one another. We strengthened our commitment to a culture of diversity, equity and inclusion. And, we mourned and shared moments of remembrance for those we lost, including members of our own MD Anderson family we lost to COVID-19.



**Plexiglass separates employees from patients who are checking in for appointments at the Texas Medical Center Campus. This is one of the measures MD Anderson took to ensure the health and safety of our workforce members and patients during the COVID-19 pandemic.**

Amid the difficulties and uncertainties of the year, we found ways to serve better. We extended our reach with the opening of MD Anderson The Woodlands; forged impactful community, academic and industry partnerships; welcomed a talented cohort of students and trainees; and celebrated new leaders. Through our culture of readiness, we successfully activated incident command structures and endured four major events. Among multiple national accolades, we once again were honored as the nation's top cancer hospital. And now, we are paving a path toward an exciting future as we prepare for the launch of our Strategy.

Through the inspiring stories and perspectives of our patients, faculty and staff in this annual report – a unique edition dedicated to our COVID-19 response – I hope you will feel the deep admiration I have felt reflecting on these remarkable moments. We leaned on one another and were

supported far and wide by our volunteers, donors and community members. This year was tough, but we proved to be tougher, and it has been the privilege of my career to witness this unyielding resolve, dedication and fortitude.

After all, that is why our patients and their families know they can count on MD Anderson. No matter what we face, our team, 22,000-strong, will do whatever it takes to achieve the extraordinary. As one MD Anderson, we will address obstacles, use them as opportunities to meet the needs of our patients and chart a path forward in unimaginable ways – all in the collective pursuit of our mission to end cancer.

**Peter WT Pisters, M.D.**  
President



Photo: Adolfo Chavez III

**Banners hang in The Pavilion lobby and throughout MD Anderson's campuses to encourage and celebrate the institution's employees and patients during the pandemic.**

# Whatever it takes

Fiscal Year 2020 introduced a global health crisis and challenged us all in ways we did not think possible. The COVID-19 pandemic has had a devastating impact on individuals, families and communities, and it has truly tested our collective resolve and resilience.

At the onset of the U.S. outbreak, this institution's executive leaders, faculty and staff came together swiftly, with courage and compassion, to care for patients and each other. They worked tirelessly to screen every individual arriving on campus, volunteered as navigators to help patients get to their appointments, donated blood and platelets, coordinated donations of PPE and meals to front-line workers – and so much more.

This remarkable, patient-centered response inspired the Board of Visitors and the Advance Team to issue our first-ever joint proclamation, commending the institution for its extraordinary efforts and recognizing the 22,000-strong workforce as health care heroes. The accolades are well-deserved as these dedicated employees continue to go above and beyond for the patients who entrust their care to MD Anderson.

When I think back on the trials and triumphs of the past year, one word comes to mind: focus. Throughout the pandemic, everyone at MD Anderson – from surgeons to shuttle drivers to social work counselors – has remained relentlessly focused on doing whatever it takes to end cancer. That focus and our shared commitment to caring for patients unites us and makes us stronger.

I am deeply honored and so proud to be part of MD Anderson. Let's continue Making Cancer History®.

With gratitude,



**Marsha M. Shields**  
Immediate Past Chair, Board of Visitors



Photo: Adolfo Chavez III

**FY20**  
IN ONE WORD

**Unprecedented**

— Neema Navai, M.D., Urology

**KINDNESS**

— Lisa Norman, Psychiatry

**Dynamic**

— Jennifer Mills, Ambulatory Access Operations

**Challenging**

— Nghi Do, School of Health Professions — Sherry Adkins, Lymphoma/Myeloma

**Compassion**

— Amy Kell, Development

**CARING Remarkable**

— Kathy Denton, Patient Experience

— Craig Owen, Information Services

**Intentional**

— Matt Berkheiser, Environmental Health & Safety, Sustainability & Emergency Management

**CONSIDERATE**

— Francine Beverly, Mail Services



# Opportunity

— Josiah Halm, M.D., General Internal Medicine

# Resilience

— Jennifer Litton, M.D., Clinical Research

— Shibu Varghese, People, Culture and Infrastructure — Sapna Amin, PharmD., Investigational Pharmacy Services

# Transformational

— Gale Kennebrew, D.Min, Spiritual Care and Education

# HOPE Grateful

— Victor Prieto, M.D., Ph.D., Anatomical Pathology

— Anita Ying, M.D., Ambulatory Medical Operations

# Leadership

— Deborah Mouton, Office of the Chief Education and Training Officer

# Unpredictable

— Caitlin Byler, Regional Program Development



Photo: Adolfo Chavez III

**Natasha Abu-Hatoum, a clinical nurse in the Head and Neck Center, wears a medical-grade face mask, which MD Anderson began asking everyone on its campuses to wear even before the Centers for Disease Control and Prevention recognized the effectiveness of wearing cloth masks in the community.**



All of us went the extra mile,  
and I think we should feel  
really proud of that.

**Roy Chemaly, M.D.**  
Chief Infection Control Officer

# Stronger

# What's changed in a year?

By Cynthia DeMarco

More than any year before, FY20 challenged and changed all of us at MD Anderson. It changed the way we work, the ways we connect and, in some cases, it even changed the work we do.

What hasn't changed is our drive to end cancer, and our commitment to our patients and their families, our community and each other.

Each of our 22,000 employees has a story about how their work changed in FY20 – sometimes in a matter of weeks, days or even hours.

Here are nine of them.



It's our duty to protect  
our patients and employees.  
Nothing else matters.

**Roy Chemaly, M.D.**  
Chief Infection Control Officer

**Chief Infection Control Officer Roy Chemaly, M.D., has played a key role in MD Anderson's COVID-19 response, providing guidance that has enabled the institution to implement and revise processes as the pandemic and our understanding of the coronavirus have evolved.**

## Roy Chemaly, M.D., Chief Infection Control Officer

Roy Chemaly, M.D., had been sharing his infectious diseases and infection control expertise at MD Anderson for 17 years by the time the novel coronavirus emerged in late 2019. As fate would have it, Chemaly and MD Anderson were uniquely positioned to deal with the threats this new virus posed.

"We had just finished revising our infection control processes," explains Chemaly, the institution's chief infection control officer. "Lessons learned from that experience had already taken us up to the next level of efficiency. So, MD Anderson was as ready as it could possibly be when the pandemic arrived."

When MD Anderson began planning its pandemic response in late January, senior leaders immediately sought Chemaly's guidance on how to continue safeguarding the health of our workforce and our patients.

"All of us went the extra mile, and I think we should feel really proud of that," Chemaly says. "We had to adapt our processes very quickly several times, but we always took the right actions based on science and common sense because it's our duty to protect our patients and employees. Nothing else matters."

Today, Chemaly strikes a balance between seeing patients, conducting research and completing administrative tasks associated with his role as chief infection control officer. About 90% of his time is still dedicated to providing expertise on coronavirus-related infection control measures, most recently including COVID-19 vaccination.

In fact, after MD Anderson received our first shipment of COVID-19 vaccines in mid-December 2020, Chemaly became the first employee to get vaccinated.

"I am so excited and very proud," he said at the time. "I strongly believe in the science that has gotten us to the point of having this vaccine."

But even with the arrival of a vaccine, Chemaly refuses to let his guard down as he works to ensure the safety and health of MD Anderson's patients and employees.

"Before coming to the U.S. in 1994, I lived through three different wars in Lebanon," he says. "In two of them, I worked as a Red Cross volunteer, responding to emergencies and treating people who'd been injured by bombs. I almost died myself on many occasions during those seven years. And I was still in medical school, too. So, if I could make it through all of that, no virus is going to break me." ♦



Minh Hue Mosley hands out medical-grade face masks at an entry point on MD Anderson's Texas Medical Center Campus.

## Minh Hue Mosley, Administrative Director, Institute for Cancer Care Innovation

As administrative director of MD Anderson's Institute for Cancer Care Innovation, Minh Hue Mosley is used to managing big projects with ambitious goals. She's worked on a number of value-based care initiatives. One was the Enhanced Recovery Program, which has shortened the amount of time patients need to heal from surgery. Another solicits patient feedback to better incorporate their desires in the decision-making processes.

When the pandemic arrived, it was only natural for Mosley's team to be tapped for help.

"We immediately stopped everything we were doing and pivoted our entire team to concentrate on COVID-19," says Mosley. "It was all hands on deck the first two months, and the coronavirus became our exclusive focus."



The spirit of cooperation  
reached a whole  
new level.

For Mosley, that meant coordinating the round-the-clock work shifts needed to staff our screening stations at entry points around the Texas Medical Center Campus. It also meant thinking more broadly about operations, and predicting which supplies might be needed, whether it was 4,000 gallons of hand sanitizer or updated signs explaining our visitor restrictions at each entrance.

"It was a little rough at first," says Mosley. "But by May, we went from working 18-hour days to a more normal 9 or 10. And by July, we had handed off the staffing portion of it to Human Resources, so only about half of our workload was related to COVID-19."

Today, Mosley feels grateful for the experience. It gave her a greater appreciation for her colleagues and MD Anderson's culture of caring.

"People at MD Anderson have always been helpful," she says. "But during this, the spirit of cooperation reached a whole new level. It was amazing how many people pulled together and how the whole organization pivoted to get the job done." ♦

## Alberina Green, Supervisor, Food Services

Before the pandemic, Food Services Supervisor Alberina Green oversaw cafeteria operations at one of our administrative buildings in the Texas Medical Center. But foot traffic there quickly dwindled in March, after almost a third of our employees began working remotely.

“In less than a week, we went from serving breakfast and lunch to hundreds of people a day to serving maybe a few dozen,” says Green.



Our goal is  
to take care of our  
patients when their  
family members can't.

She and other cafeteria managers began to significantly scale back operations, closing some specialty stations and discontinuing other offerings to reduce waste. When MD Anderson implemented visitor restrictions to prevent the spread of COVID-19 on our campuses, Food Services Director Leisa Bryant noticed a pressing patient need that Green and her staff could help fill.

The result was the Inpatient Personal Delivery Program, which launched March 28. Here's how it works: friends and family members drop off patients' belongings or other items at the Aquarium entrance of MD Anderson's Texas Medical Center Campus. Then, Green and her staff hand-deliver those items to patients, sometimes in a matter of minutes.

“We bridge the gap,” says Green. “Our goal is to take care of our patients when their family members can't. We try to give them the love and support they're accustomed to. Because people cope better with being in the hospital when they can receive the electronics, homemade comfort foods, or flowers and balloons their loved ones bring them.”

Green and her staff handle about 100 deliv-



Photo: Adolfo Chavez III

**Alberina Green, supervisor in Food Services, prepares to deliver items that patients' family members have dropped off for them.**

eries a day, while observing strict sanitation procedures to minimize the risk of infection to both patients and employees.

“The original plan was to serve only the patients who were staying overnight,” says Green. “But we quickly realized we needed to branch out. Sometimes, day visitors need a change of clothing because they've had an accident. Other times, people forget their cell phones in their cars. And they need those,

because that's the main way they communicate with loved ones who can't be with them.”

Green's staff is very careful to ensure that all items dropped off are delivered in the same condition in which they arrived.

“When you leave,” she says, “we want you to feel secure, knowing that your loved ones will receive their belongings safely and in a timely manner.” ♦



O'Neak Henigan uses two puppets, Joanne and Eric, to teach kids about the dangers of tobacco in MD Anderson's "Too Cool to Smoke" puppet show, which she recorded to keep everyone safe.

## O'Neak Henigan, Senior Community Relations Specialist

For Senior Community Relations Specialist O'Neak Henigan, few things illustrate the importance of avoiding tobacco more effectively than two props she uses in her tobacco prevention presentations for kids.

One is Mr. Gross Mouth – a slightly oversized anatomical model that shows the negative effects of smoking on the oral cavity, including tooth loss, gum disease, and cancerous ulcers on the tongue and palate. The other is the Tar Jar – a clear container filled with the same amount of that sticky black substance generated by smoking 10 cigarettes a day for one year.

But when schools abruptly switched to virtual learning in the spring, both of these items lost a lot of their “oomph” in Henigan’s presentations.

“I can hear the children gasp and mutter to themselves when I hold up the Tar Jar or Mr. Gross Mouth in person,” she explains. “I love



It’s really important for kids to keep hearing these prevention messages, even during a pandemic.

watching them wrinkle up their noses and say, ‘Ewwwww! I am NEVER doing that!’ But it was hard to get these objects close enough to my laptop’s camera that the kids could really appreciate them. And sometimes, teachers didn’t have their cameras on, so even though I knew the kids were there and listening, I couldn’t see them or hear them, so I felt like I was talking to myself.”

To resolve the issue, Henigan filmed a

series of videos that would allow her audiences to see the props clearly, even during remote performances. She also recorded the “Too Cool to Smoke” puppet show with a colleague.

“It’s hard to keep puppeteers six feet apart when you’re doing a live show in front of the camera for Zoom,” she says. “So we recorded the program to keep our staff from having to perform multiple times a day in close quarters.”

Henigan first used the new videos a few weeks after coronavirus-related social distancing restrictions shut down her in-person presentations.

“It’s really important for kids to keep hearing these prevention messages, even during a pandemic,” she says. “We had been thinking about filming a few of our demonstrations for some time. COVID-19 just moved that project from the back burner to front and center.” ♦





Photo: Thomas Campbell

**Mara Antonoff, M.D., associate professor of Thoracic Surgery, uses a headlamp for illumination during an operation.**

## **Mara Antonoff, M.D., Thoracic and Cardiovascular Surgery**

Five years ago, cardiothoracic surgeon Mara Antonoff, M.D., decided to take a new approach to monthly thoracic surgery journal club meetings at MD Anderson. Previously, trainees had presented published research articles for discussion. But that strategy was limited in both the breadth and depth of material covered. So, why not assign them controversial patient scenarios instead, and ask them to defend their proposed solutions in a debate-style forum?

“There were so many advantages to having our meetings this way,” says Antonoff. “First, it enabled our trainees to explore numerous papers on a given topic, rather than just one. Second, it allowed them to apply those papers to an actual patient situation. And third, because trainees defended their choices using the latest evidence-based data and literature, our faculty were able to provide them with feedback and expert opinions.”

The new meeting format proved so successful that Antonoff and her team published



**In a virtual setting,  
we could have all of our  
own faculty on hand.**

an article about it in 2017, and shared the curriculum through the Thoracic Education Cooperative Group. Soon, educators from around the country were re-creating the same thing at their own institutions.

But then, COVID-19 forced the cancellation of the March and April meetings, leaving the fate of the remaining 2020 meetings in question, too. It was then Antonoff realized that if she conducted the May meeting as a webinar, she wouldn't have to cancel it.

“In a virtual setting, we could have all of our own faculty on hand, plus colleagues and specialists from other locations and institu-

tions,” she says. “Anyone we invited could attend, no matter where they were. And, we could showcase our training programs, too, by demonstrating all the opportunities aspiring thoracic surgeons could have if they came here.”

Antonoff was quick to embrace the flexibility that virtual communication provides.

“Now, there's a dial-in option for almost everything, so I can make better use of my time,” she says. “I can take many work meetings from home while still being visible to my four kids. And, on the flip side, I can attend virtual meetings at my kids' schools from the hospital.”

But it's not just Antonoff's family that benefits from virtual options.

“My patients can have their entire families with them during virtual visits if they want, even when their spouses are at work or their children live out of state. We can all take our masks off and see each other's faces,” says Antonoff. “It's really improved our communication. And that's a wonderful thing.” ♦

## Ramez Kouzy, M.D., Research Assistant

When research assistant Ramez Kouzy, M.D., first heard that MD Anderson's lab facilities might be shut down due to the coronavirus, his first order of business was prioritizing current research projects so that resources could be reallocated and experiments could be preserved.

"It was important not just from our individual researchers' viewpoints, but for the institution as a whole," says Kouzy, who works in the lab of Cullen Taniguchi, M.D., Ph.D. "We were trying to prevent terabytes worth of data from being lost and years of work from being compromised. It took a lot of collaboration and team effort, but I think we did a good job. We all transitioned to a work-primarily-from-home model fairly quickly, so we could shut things down safely until the restrictions were lifted."



COVID-19 is serious,  
but cancer doesn't wait.

MD Anderson's research labs started reopening in May, through a carefully phased reopening plan that has limited the number of people allowed on campus at any given time. Clinical trials began ramping back up soon after that.

"COVID-19 is serious, but cancer doesn't wait," Kouzy explains. "We know how important our clinical trials are, especially to patients with difficult-to-treat cancers. Sometimes, clinical trials can be a literal lifeline. Our patients still need the largest amount of research we can do, so that we can continue to provide them with new interventions." ♦

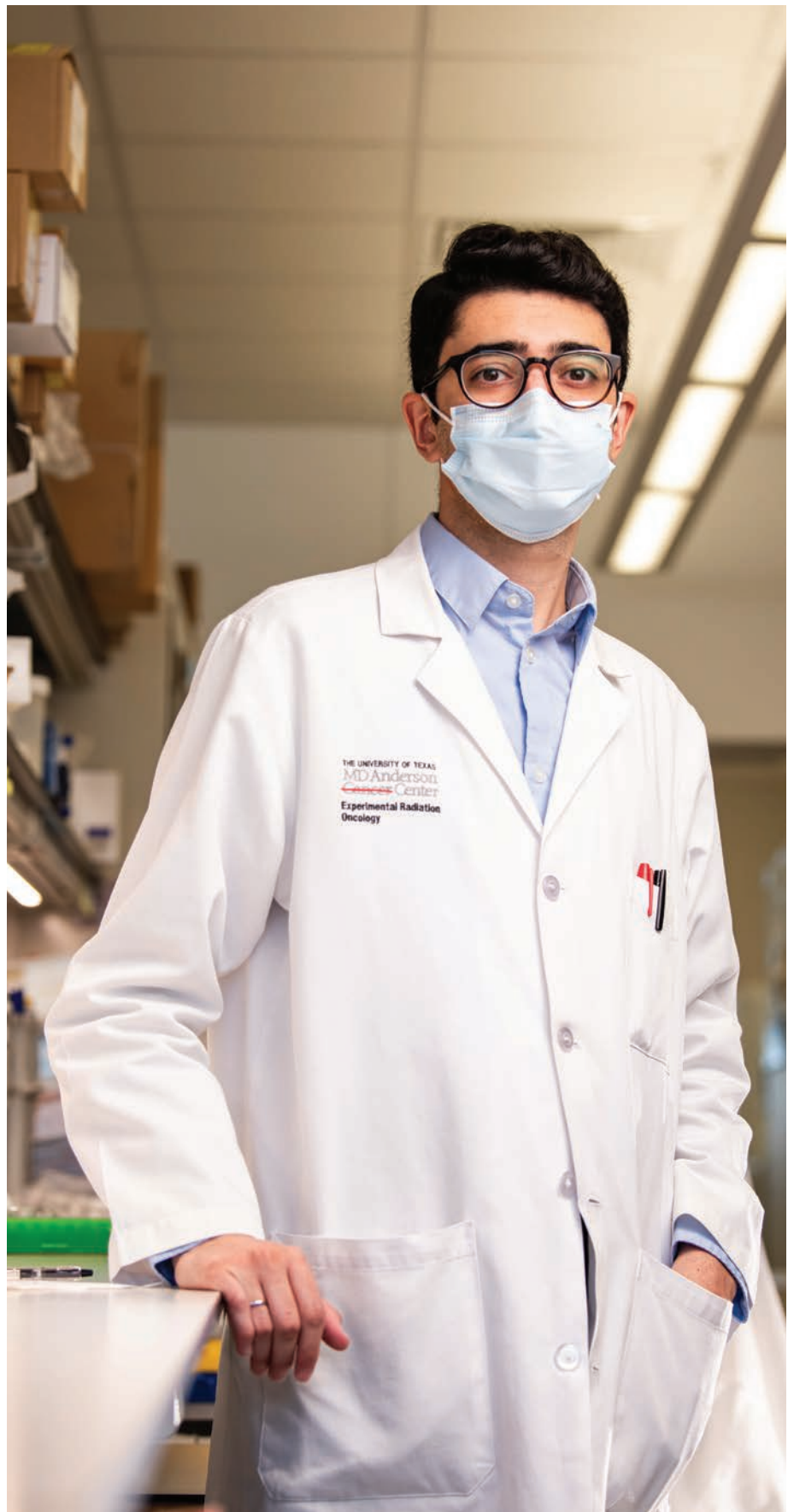


Photo: Adolfo Chavez III

Ramez Kouzy, M.D., stands in the lab of principal investigator Cullen Taniguchi, M.D., Ph.D., where he works as a research assistant.



**Tennille Campbell enjoys her new workspace at MD Anderson The Woodlands. The nurse manager supported a project to redistribute patients to The Woodlands and our other Houston-area locations, reducing the number of people on our Texas Medical Center Campus.**

## Tennille Campbell, Nurse Manager, MD Anderson The Woodlands

Tennille Campbell was still savoring her workspace at MD Anderson The Woodlands' new facility. Then, in early March, "The bottom dropped out," says the nurse manager of clinics and ambulatory treatment centers.

Campbell and her staff had to adopt new protocols immediately to protect both themselves and our patients from the coronavirus. They also had to complete 22 hours of continuing education so that any nurse could fill in for any other in the event of a surge in COVID-19 cases.

"I could not be more proud of our team," she says. "They are such an amazing representation of what makes the heart of a nurse. They all worked so hard. And they never complained – not even when they lost loved ones themselves to the coronavirus. Instead, they'd ask, 'What else can I do? How can I help?' It was such a beautiful thing to witness."



**Our patients are thrilled to be able to get their lab work and infusions done so much closer to home.**

Campbell was also asked to collaborate on a project that would divert the bulk of outpatient cancer care away from MD Anderson's Texas Medical Center Campus and redistribute it among our other Houston-area locations. This massive undertaking would involve the reallocation of staff, equipment and supplies.

"The idea was to create a kind of 'moat' around the main hospital," says Campbell.

"By reducing foot traffic and preserving our capacity for both a possible surge in COVID-19 cases and the cancer patients who really needed to be seen there, we could better protect our patients, our staff and our entire community."

Thousands of MD Anderson patients' cases were analyzed to determine which ones would benefit most from having care transferred to another one of our locations. And while the changes were unnerving for some initially, patient feedback quickly turned positive.

"Humans are creatures of habit, so we knew there would be some challenges," says Campbell. "But our patients are thrilled now to be able to get their lab work and infusions done so much closer to home. And when they recognize some of the nurses from our Texas Medical Center Campus at the other locations, that just gives them an added sense of security." ♦

## Meredith Perkins, Senior Associate Director, Development

After the Boot Walk to End Cancer® is over each fall, Meredith Perkins surveys participants of the annual fundraiser to see what can be improved.

“We find out what they liked and what they didn’t, and use that information to make the following year’s event even better,” says Perkins, a senior associate director in the Development Division.

The camaraderie walkers experience while fundraising for MD Anderson always ranks high on their “like” lists. But as the pandemic progressed, Perkins and her team realized they wouldn’t be able to replicate that in-person experience for the 2020 Boot Walk to End Cancer presented by LyondellBasell.



The Boot Walk has always had a virtual component. COVID-19 just challenged us to make it more robust.

“We realized this event would have to be entirely virtual,” she says. “We had to start thinking about which elements could be tweaked or recreated to provide that same sense of community, while also keeping it fun.”

The Boot Walk team hosted weekly webinars that highlighted research, prevention and other aspects of MD Anderson’s mission. Team members also created stickers that participants could add to social media posts in the Boot Walk app, as well as digital badges they could earn for completing tasks, such as watching a video or taking a quiz.

“The Boot Walk has always had a virtual component,” says Perkins. “COVID-19 just challenged us to make it more robust.”

To energize the thousands of participants before they walked in their neighborhoods



Photo: Adolfo Chavez III

**While Boot Walk participants couldn’t gather in person this year, Meredith Perkins made sure they felt connected to MD Anderson as they walked in neighborhoods around the world.**

on event day, the Boot Walk team worked with MD Anderson videographers and local radio personality George Lindsey to produce an opening ceremony video. And it worked. As Perkins and her team discovered, people around the world were eager to participate.

“Even though we couldn’t all converge on the Texas Medical Center Campus this year,

we could still give cancer the boot together,” says Perkins, noting that the virtual event had participants in 40 states and 20 countries, and raised more than \$900,000. “One woman used the single hour she was allocated to go outside in Paris while the city was on lockdown to snap a selfie in front of the Eiffel Tower. That’s the power of MD Anderson.” ♦



After carefully donning PPE with the assistance of a fellow nurse, Quena Moore pauses before entering the room of a cancer patient with COVID-19.

## Quena Moore, Nurse, COVID-19 Unit

“The patients here are more critical and the PPE is different, but that doesn’t change the core of what I’m doing – nursing,” says Quena Moore of MD Anderson’s COVID-19 unit, where she’s been working since March 2020.

“I haven’t stopped learning,” Moore says. “My knowledge is always evolving.”

It was the challenge of working on the COVID-19 unit that appealed to Moore, who’d previously worked with head and neck cancer patients.

“I’ve always been a person who wants to learn, and I knew that on the COVID-19 unit, I’d see things I hadn’t seen before,” she says. “I wanted to take a leap of faith and be a part of history.”



Every time a patient leaves our unit, it’s a celebration.

That experience has given her a new appreciation for the role each member of her team plays in keeping MD Anderson running smoothly.

“On a regular unit, you can go in and out of a patient’s room whenever you want,” she explains. “But when you’re caring for patients

with COVID-19, you have to cluster care and minimize exposure, so your role suddenly becomes everyone’s role. You have to anticipate everything the patient might want or need, and get all of their medications and linens ready before you go in their room.”

Moore is proud of how nimble she and her colleagues have become, as they’ve learned to care for our COVID-19 patients.

“It’s amazing to see how everyone has adapted,” she says. “And every time a patient leaves our unit, it’s a celebration. Just knowing you were a part of making that happen – that is your reward.” ♦

National recognition  
for our talent  
and commitment



# Supporting our people

At MD Anderson, our people are our greatest asset. Along with our exceptional clinical care and drive to find new ways to diagnose, prevent and treat cancer, it's our commitment to each other, to our patients and families and to our mission to end cancer that make MD Anderson the nation's No. 1 hospital for cancer care.

To ensure our workforce members could continue to bring their best each day as they work to fulfill our mission, MD Anderson stepped up with new policies, programs and leadership development offerings.

**Expanding the Caring Fund:** The Caring Fund Policy was expanded to provide financial assistance to eligible employees who are carrying out essential duties required by MD Anderson during a public health emergency. The Caring Fund helps with costs associated with transportation, temporary housing and childcare. With the generous support of charitable donations from employees and the public, **\$212,167** was dispersed to **145** employees in FY20.

**Donating leave hours:** A newly developed Major Disaster Donation Pool allowed employees to donate their accrued time in support of colleagues who exhausted their leave hours due to being unable to work because of COVID-19. **830 employees** donated **68,321 hours** of accrued time to help colleagues, and **17,296 hours** of leave was dispersed to **277 employees**.

**Encouraging self-care:** To enable employees to make their own health a priority, MD Anderson began providing employees with direct access to **16 hours** of time from their Extended Illness Banks to use each fiscal year for wellness activities, like annual wellness exams, mental and physical health support, and preventive screenings. In FY20, **4,742 employees** used this new benefit.



Leadership Institute External Advisory Board members Stefanie Johnson, Ph.D., from the University of Colorado – Boulder and R. Kevin Grigsby from the Association of American Medical Colleges speak at Leadership Day on Sept. 13, 2019. This annual event brings together leaders from across MD Anderson.

## Developing our people

Development of our people and leaders is fundamental to MD Anderson’s success – now and for years to come. That is why MD Anderson once again invested in employee and leadership programs for workforce members across the organization in FY20.

At the onset of the pandemic, our HR Employee Development and Leadership Institute teams shifted all learning programs from in-person to live virtual and/or online formats. With teams experiencing dramatic and rapid changes to how they work and how they connect with each other, the Leadership Institute adapted to provide our leaders with

guidance, tools and programs focused on how to lead and connect with teams through change and uncertainty. HR Employee Development updated its programs to ensure that our employees could continue to serve effectively and remain connected to our mission, no matter where they are working – onsite or remotely. The virtual programs for all employees provide interactive and engaging experiences led by live instructors. The use of break-out groups, in-depth discussions and application activities make participants feel like they’re all in a room together. ♦

## TALENT DEVELOPMENT BY THE NUMBERS

**40,483**

hours of training

**28,417**

hours devoted to employee development

**12,654**

training participants

**12,066**

hours devoted to leadership development

**976**

formal mentoring relationships

**326**

employee development courses taught

**229**

leadership development courses taught

**46**

talent development courses offered virtually

**22**

classes offered to help navigate COVID-19 challenges



**William Wierda, M.D., Ph.D., professor of Leukemia, wears both a medical-grade face mask and a face shield to protect our immunocompromised patients. MD Anderson requires clinicians to wear face shields, in addition to face masks, during all patient encounters to standardize eye protection and prevent transmission of the coronavirus.**





While I was on  
MD Anderson's Texas  
Medical Center  
Campus, I felt as safe  
as I could feel outside  
of my own home.

**Constance Porter, Ph.D.**  
Survivor

# Safer

# Taking COVID-19 safety in-house

By Jacqueline Mason

MD Anderson has one of the world's largest concentrations of immunocompromised patients. From the beginning of the pandemic, that meant we could not hold out for a national COVID-19 testing strategy or rely on limited commercial supplies of disinfectants or personal protective equipment (PPE).

Instead, we used our own scientific knowledge, clinical resources, medical supplies and facilities to ensure the health and safety of our patients and workforce members on our campuses.

"We have held ourselves to a higher standard from day one of the pandemic. We have at every step along the way met or exceeded CDC and State of Texas guidelines, taking all necessary precautions to make sure that our patients and employees feel safe when they are on our campuses," says Welela Tereffe, M.D., MD Anderson's chief medical executive. "We know cancer doesn't stop because of COVID-19, and it's our responsibility to provide cancer screening and care in the safest way possible."

## Eight days in March

In March, we made a commitment to provide on-campus COVID-19 diagnostic testing by converting space in our Molecular Diagnostics Laboratory on the Texas Medical Center Campus. At a time when many states were struggling to initiate COVID-19 testing



**Micah Bhatti, M.D., Ph.D., assistant professor of Laboratory Medicine, works with a molecular instrument used to test nasal swab specimens and search for the coronavirus. This is one of MD Anderson's many platforms that performs COVID-19 testing for the institution.**

sites for the public, MD Anderson's laboratory technologists ramped up internal capacity, supplies and their own personal endurance to process up to 150 tests per day.

"The rapid availability of test results – less than 24 hours for MD Anderson patients and employees experiencing symptoms – meant

those with confirmed infection could safely be quarantined and medically treated before spreading the virus to others," says Micah Bhatti, M.D., Ph.D., assistant professor of Laboratory Medicine.

Within six months, we expanded diagnostic testing to our Clinical Microbiology



Before employees enter MD Anderson’s Microbiology Laboratory, where COVID-19 tests are processed, they place their masks in the paper bags hanging here. Then they don new masks and separate protective equipment as part of our rigorous infection control protocols.



We have held ourselves to a higher standard from day one of the pandemic.

**Welela Tereffe, M.D.**  
Chief Medical Executive

Laboratory, giving us enough in-house capacity within the two laboratories to perform up to 1,200 tests per day.

“It started over a period of only eight days in March,” Bhatti says. “In that short time, our molecular laboratory technologists who normally perform testing for genetic variances in cancer cells pivoted to polymerase chain reaction (PCR) testing, the gold standard for detecting COVID-19.”

The effort involved intense collaboration

among MD Anderson experts in finance, human resources, information technology, security, environmental science and supply chain management, and enabled our laboratories to perform more than 55,000 COVID-19 tests by the end of August with an average turnaround time of less than 18 hours.

“For a time, we also accepted specimens from the Texas Division of Emergency Management as well as Harris Health System,” Bhatti says. “We essentially were providing a volume of testing for the state of Texas to support our community as a whole.”

**Testing our patients and workforce**

Today, in-house PCR testing is required for all patients admitted to our hospital or scheduled for a surgery or invasive procedure.

For patients arriving at MD Anderson campuses for other appointments, robust entry screening through a limited number of entry points is used to identify anyone with potential symptoms or exposure to COVID-19.

Employees have volunteered or have been assigned or hired to serve as entry screeners since the beginning of the pandemic, and nursing swab teams have mobilized throughout our Texas Medical Center Campus to collect nasopharyngeal samples for patients who require rapid testing.

MD Anderson workforce members can request COVID-19 testing for any reason using a dedicated employee mobile app.

“COVID-19 testing of our employees for any reason, including exposure to someone within their household or someone in the community, means we can quickly identify employees with potential infection before they arrive on campus,” says Elizabeth Frenzel, M.D., professor of Employee Health Services. “We then instruct them on self-quarantining at home to prevent the spread of infection on campus.”

More than 7,000 faculty and staff have taken advantage of on-campus COVID-19 testing since the program began.

*Continued on next page*

# COVID-19 SAFETY

## BY THE NUMBERS

12m+

square feet of space configured to support social distancing protocols

3.7m

medical-grade face masks distributed

60,000

virtual visits

55,000+

COVID-19 tests performed

21,000+

workforce members completed personal protective equipment online training

1,000+

employees worked at entry screening locations

70+

quality tests performed on 30 N95 respirator models

30%

percentage of employees who began working remotely 3+ days/week



Photo: Adolfo Chavez III

Building attendant Juliana Williams carefully disinfects a patient room.

*Continued from previous page*

### Prioritizing PPE – and innovation

Among MD Anderson's greatest safety initiatives since the beginning of the pandemic is ensuring we have sufficient and appropriate PPE.

Even before the Centers for Disease Control and Prevention recognized the effectiveness of wearing cloth masks in the community, MD Anderson secured enough inventory to distribute medical-grade face masks to everyone entering our campuses. And MD Anderson has continued to refine our PPE requirements as the pandemic evolved. Thanks to a coordinated procurement and distribution effort, our campus mask requirements remain among the strongest in the United States.

Our employees have also continuously developed new ways to ensure the safety of

our patients during the pandemic, including:

- ◆ A diagnostic imaging team in our Cyclotron Radiochemistry Facility formulated ethanol and peroxide-based cleaning solutions when commercial disinfectants were in short supply.
- ◆ A task force for alternative COVID-19 technologies developed prototypes for 3D-printed face shields.
- ◆ Team leaders in Environmental Services identified better ways to educate employees on the proper sequence for putting on and removing PPE to prevent the spread of infection.

"Everyone came together, and continues to come together, to envelop our patients in a protective bubble so they can continue their cancer treatment journey and recovery," Bhatti says. "It has been an unprecedented model of teamwork." ◆

## Raising the bar

Building on insight and progress attained with recent regulatory surveys, the Quality Assessment and Performance Improvement (QAPI) Council further prioritized hospital-wide quality and safety efforts in FY20.

For the first time, those efforts were routinely reported to and monitored by the council's multidisciplinary representatives on a

12-month schedule. Along with ongoing focus areas like preventing transfusion reactions and deep tissue injuries in hospitalized patients, new initiatives demonstrated MD Anderson's commitment to improvement efforts involving hyperglycemia control, sepsis and anticoagulation, as well as our COVID-19 response. ◆



MD Anderson President Peter WT Pisters, M.D., records a video in March 2020 to update employees on the institution's COVID-19 response.

## Keeping employees healthy – and informed

By Laura Harvey

When news of an epidemic virus broke in January 2020, MD Anderson began proactively preparing to safely protect our patients, our workforce and our community.

Though we could not yet predict the severity of the coronavirus pandemic, crisis communication and incident command protocols were instituted early (and remain in place) to effectively disseminate information and implement change throughout the organization. As president and communicator-in-chief, Peter WT Pisters, M.D., focused on his five principles when sharing MD Anderson's data-driven, strategic plans: frequent, transparent, factual, thankful and multi-channel communications.

“When I set up our COVID-19 communication outcomes, I outlined the following for all of you. We want everyone at MD Anderson to

be able to say: ‘My organization has a proactive plan and I understand it. My organization has PPE supplies and I understand my role in stewardship. My organization is protecting me and my family. My organization understands how stressful this is,’” Pisters said in a video address to staff.

Institutional strategies included targeted messages and fact sheets, daily leadership briefings and weekly livestreamed meetings, and a comprehensive COVID-19 internal website with pages dedicated to PPE, testing, travel precautions and self-care resources – all accessible through our employee mobile app. ♦

## COVID-19 response communications

**90 emails** and **28 videos** were sent from Dr. Pisters to all **22,000 employees** with the latest information and resources. **10 pulse surveys** helped determine what support resources our employees needed. Virtual all-workforce town halls drew high viewership, with one drawing **16,000 viewers**. Daily virtual leadership briefings brought more than **1,000 leaders** together, followed by both clinical and research Core COVID-19 Leadership Teams designed to quickly escalate change. A dedicated internal COVID-19 site received more than **260,000+ views**. **20,000 informational signs** were displayed on our campuses.



Photo: Adolfo Chavez III

**Jolyn Taylor, M.D., assistant professor of Gynecologic Oncology and Reproductive Medicine, conducts a video visit with a patient from one of MD Anderson West Houston's telehealth rooms.**

# Going virtual

When the pandemic arrived, MD Anderson quickly enabled 54% of our employees to work remotely, with 30% working remotely three or more days per week. That didn't just change where we worked; it also dramatically changed how we work with one another, with our patients and their families, and with the broader community, including researchers and clinicians beyond MD Anderson.

# Video visits bring silver linings for patient care

By Ronda Wendler

When JuanDiego Mata-Ornelas was diagnosed with Hodgkin lymphoma at age 16, he was too young to travel alone from his home in south Texas to MD Anderson in Houston. Instead, his dad drove him to and from appointments.

“The trip was four hours there and four hours back,” says Juan. “I’d miss school and my dad would miss work, but that’s how it had to be.”

After Juan was treated with immunotherapy, the cancer disappeared. Now 19, he undergoes blood and imaging tests every four months to check for signs of recurrence. Then he meets with his MD Anderson doctors to discuss the results.

Those meetings began taking place via video in March, when MD Anderson started providing virtual visits to limit the number of people on our campuses.

## Fast and efficient appointments

When a nurse called to ask Juan if he wanted a video visit instead of an in-person appointment, he eagerly said yes.

“Even though I knew MD Anderson was being careful to protect patients against COVID-19, I was nervous about making the trip to Houston in the middle of the pandemic,” he says. “Staying home gave me peace of mind.”

The nurse explained how to use the technology and even did a test session to make sure Juan was comfortable using it before his first video appointment.

Juan’s dad joins the appointments and chimes in with questions and comments from his living room couch.

“It’s fast and efficient,” says Juan. “Instead of driving four hours, we log on, talk for 20 minutes and we’re done.”

## Community collaboration means better care

Endocrinologist Anita Ying, M.D., treats Juan for thyroid problems related to his cancer. She says virtual visits have many benefits for patient care.

“Our patients are more able to keep their appointments when they’re not faced with taking off work, navigating Houston traffic, booking hotel rooms or arranging child-care,” notes Ying, vice president of Ambulatory Medical Operations. “Also, many patients have found it’s easier to stay on schedule with virtual medical appointments, which is appreciated by both patients and health care providers.”

Some of Ying’s patients are intimidated by virtual health care after a lifetime of in-office visits.



Photo: Thomas Campbell

**JuanDiego Mata-Ornelas, a Hogkin lymphoma survivor, participates in a virtual visit while he’s at work.**



Many patients have found it’s easier to stay on schedule with virtual medical appointments.

**Anita Ying, M.D.**

“I tell them to think of it as an additional tool they can use to get excellent medical care without making themselves vulnerable to infection during the pandemic,” she says. “Many patients realize after their first video visit that they still feel very connected with their MD Anderson team.”

When out-of-town patients like Juan need in-person procedures such as lab tests or imaging, MD Anderson can contact a patient’s hometown doctor and have the testing done there. The results are sent to MD Anderson.



Photo: Thomas Campbell

**Anita Ying, M.D., vice president of Ambulatory Medical Operations, has found that virtual visits offer many benefits for patients like JuanDiego Mata-Ornelas, as well as opportunities to collaborate with community providers.**

Ying has noticed a strengthened connection and collaboration with community physicians – something she believes will last long after the pandemic ends.

“We’re becoming better partners,” she says. “We’re learning to work together for the benefit of our patients.”

### Family matters

Virtual visits also enable patients to include friends and family in their appointments – regardless of where they are located. They may be sitting next to the patient, or thousands of miles away.

“Everyone attends from the comfort and safety of their own home via the computer,” says clinical psychotherapist Carmella Wygant.

This makes it easy for patients to include loved ones who might not have otherwise been able to actively participate in their care. “Patients feel reassured when their family members are present,” says Wygant. “They also feel less pressured to remember precisely what their doctor told them about their condition and treatment.”

### Supporting her mom

Brissa Castillo has seen the benefits of joining a virtual visit first-hand. She participated in a video appointment with her mom, Julia, early in the pandemic.

Julia completed treatment for ocular melanoma, a type of eye cancer, two years ago. MD Anderson doctors check her every six months for signs of recurrence.

“I sat with my mom at the computer and helped her talk with her doctor,” says Brissa. “My mom is from Guatemala and is still learning English. She needs me.”



File photo/Dec. 16, 2019: Wyatt McSpadden

**Clinical psychotherapist Carmella Wygant says virtual visits make appointments accessible for patients’ family members near and far.**

Before the pandemic, in-person appointments required some coordination for the family. Julia’s husband would take two days off work to drive her from their Dallas-area home to Houston. Brissa, a sophomore at Texas A&M University, would miss classes to come along.

Now, Julia’s appointments and Brissa’s classes are virtual. Everything they need to do can be done from home.

“Virtual visits have made life so much easier for my family,” Brissa says. “They’ve allowed my mom to continue receiving excellent care at home, and my dad and I can participate in her appointments. I’m happy I can be there to support my mom.” ♦





Jenn Myers, a cervical cancer survivor, participates in an MD Anderson support group – something that wasn't possible for her to do from her Pennsylvania home prior to the pandemic.

# Patient support gets virtual boost

By Ronda Wendler

Jenn Myers was scrolling through Facebook while waiting for her chemotherapy session to start last April when a post caught her attention.

“MD Anderson announced its support groups were going virtual during the pandemic,” says Jenn, a cervical cancer survivor. “I signed up on the spot.”

Jenn had wanted to participate since she first became an MD Anderson patient two years ago, but the timing was never right. The meetings were only held in person, and Jenn lived in Pennsylvania.

“Whenever the support groups met, I was invariably home,” she explains, “or at MD Anderson, but tied up in appointments.”

When the online support groups launched on April 13, she could finally attend – from anywhere.

“I’ve participated from Pennsylvania, from my hotel room in Houston, and even during



Virtual meetings  
really opened up  
a new world for me.

**Jenn Myers**  
Survivor

my chemotherapy sessions,” she says. “Virtual meetings really opened up a new world for me.”

## A vital outlet

Teresa Van Oort, clinical program manager for Social Work, says the online support groups have been “a vital outlet for many patients and caregivers.”

“Dealing with cancer can be overwhelming, but the pandemic makes it even harder,” she says. “Cancer patients must isolate to protect

themselves at a time when they need emotional support the most.”

Van Oort teamed up with her Social Work colleagues to quickly launch virtual group meetings to ensure cancer patients could still get the support they need.

The online sessions were a near-instant success. Within a few weeks, the groups, which are open to all, had grown. MD Anderson patients from across the country started to join. And people who used to miss meetings because they were feeling ill or couldn't make the drive became regular participants. Additional groups were added to meet the demand.

Today, MD Anderson offers 28 different support groups – one of the broadest selections in the country. Participants can choose from larger groups open to all cancer patients and caregivers, or smaller groups for specific cancer types or populations, including Spanish-speaking, teens and young adults, parents with cancer, and LGBTQ.

*Continued on next page*

# VIRTUAL SUPPORT BY THE NUMBERS

1,400

virtual Tobacco Treatment Program participants got help quitting smoking

379

patients and caregivers attended virtual Lunch & Learn sessions

302

virtual support group meetings

300+

hours of virtual counseling provided by social work counselors

28

virtual support groups offered

*Continued from previous page*

## Connections energize caregivers

Olivia Corona works as a speech language pathologist at an elementary school in Austin, Texas. She lives with her mom, Minerva, who's facing stage IV lung cancer.

Every Thursday at 6 p.m., Olivia logs into a support group for caregivers.

"The group is like an oasis where I go to get re-energized," she says. "I've learned some great stress-reduction techniques, and I've made some great friends."

She calls the virtual format a "much-needed blessing."

"It's so easy and accessible," she says. "I hop on the computer, log into Zoom, and participate while dinner's in the oven."



**Teresa Van Oort, clinical program manager for Social Work, teamed up with colleagues to develop virtual support groups where patients and their families could feel connected, safe and supported.**

Group members recently cheered and applauded when Olivia shared that scans showed her mom's cancer was shrinking.

"We're like a family," she says, "a virtual family."

## Kindred spirits

Jenn knows that feeling. She's forged close friendships with three women in her virtual support group.

"We just clicked," she says.

The "fearless foursome," as their group leader calls them, message each other daily.

"We talk about movies, current events, food – and so much more than cancer," Jenn says.

On Mondays, they eat lunch together on Zoom and toast each other's health.

"We're on the same path," Jenn says. "We get each other."

## Apart, but together

Van Oort says virtual meetings feel a bit different than traditional ones. Social work counselors can't read the room like they did during in-person groups. And they may miss some nonverbal cues because they can only see participants from the shoulders up.

"But the online groups provide an invaluable connection," Van Oort says. "And they help normalize what people are going through."

For Jenn, the virtual group has been just as helpful as an in-person meeting.

"I don't feel like I'm missing anything," she



Whether meetings are virtual or face-to-face, cancer survivors can still know they're not alone.

**Teresa Van Oort**

says. "We still get to talk to each other and get guidance from our social worker counselors. All of that helps us feel connected, even when we're not physically together."

When the pandemic ends, Van Oort says MD Anderson will make support groups a hybrid of in-person and online meetings, to let people access therapy in whatever way is most comfortable and convenient for them.

"That way," says Van Oort, "whether meetings are virtual or face-to-face, cancer survivors can still know they're not alone."

## More patient programs that have gone virtual

Support groups aren't the only patient programs to go virtual during the pandemic. Here are a few more support programs that have gone virtual to keep patients and caregivers engaged, informed and healthy – no matter where they are.



Photos: Adolfo Chavez III

**Stacy Mitchell leads a virtual class via Zoom for the Active Living after Cancer (ALAC) program, which helps survivors stay healthy and active after cancer treatment.**

## Lunch & Learns

At these lunchtime information sessions, experts provide patients, caregivers and survivors with the latest cancer news and information. Recent presentations include “Getting the most out of your virtual appointment,” “Battling social isolation during COVID-19,” and “Finding reliable health information.”

Sessions were previously held on MD Anderson’s Texas Medical Center Campus the second and third Tuesdays of the month from 12:30 to 1:30 p.m. They’re still offered at the same time – but on Zoom.

“Patients and family members used to schedule their appointments and Houston visits around these Lunch & Learns,” says Diana Leipold, manager of Volunteer and Patient Programs. “Now attendees can log in from home or other locations.”

Breast cancer survivor Estelle Racusin attended Lunch & Learns in person before the pandemic arrived.

“I had to be at MD Anderson on Tuesdays to attend,” she says. “But with the virtual sessions, I can participate from anywhere.”

She recently logged in to a session from her car while her husband was driving.

“I love the convenience and flexibility of the virtual sessions,” she says.

## Support for young adults

In addition to making its support group virtual, MD Anderson’s Adolescent and Young Adult Program (AYA) has taken its social activities virtual, including educational webinars, art and cooking classes, game and movie nights, and beauty and skin care classes.

“Everything we used to do in person is now being done virtually,” says program manager Wendy Griffith. “The virtual format has actually improved access and made it possible for more patients to connect.”

Colorectal cancer survivor Allison Rosen agrees. “It’s great seeing some new faces who maybe weren’t willing or able to come in person,” she says.

## Active Living After Cancer

Active Living After Cancer is a 12-week program that motivates cancer survivors to

exercise and make healthy lifestyle changes.

When the COVID-19 pandemic hit, the program transitioned to Zoom.

“We’d been thinking about developing virtual options for a while to help us reach survivors who live in more rural areas,” says Karen Basen-Engquist, Ph.D., the program’s director. “The need for social distancing gave us a chance to try it out.”

Cancer survivors have embraced the change, Basen-Engquist says, and are continuing their participation.

*Read more at [mdanderson.org/ALAC](http://mdanderson.org/ALAC).*

## Tobacco Treatment Program

MD Anderson’s Tobacco Treatment Program has seen a steady increase in enrollment since going remote in March.

Noting that COVID-19 often targets the lungs, the program’s medical director Maher Karam-Hage, M.D., says: “We believe more people are motivated to quit smoking during the pandemic, because smokers have been affected by COVID-19 more than non-smokers, and in worse ways.” ♦

# Keeping kids connected

By Ronda Wendler

Pediatric patients at MD Anderson Children's Cancer Hospital normally participate in a variety of kid-friendly group activities to take their minds off illness and hospitalization. But when the COVID-19 pandemic arrived, in-person offerings were cancelled.

"Kids by nature are social, but the pandemic required them to be isolated," says Nicole Rosburg, manager of the Child, Adolescent and Young Adult Life Program. "Group activities were cancelled, the playroom and teen recreation center were closed, and siblings and friends could no longer visit."

To keep kids connected, Rosburg and her colleagues quickly transitioned the in-person gatherings – including group art classes, summer camps, holiday parties and more – into virtual ones.

"If the kids couldn't come to the activities," Rosburg says, "we'd bring the activities to the kids."

## Virtual art lessons

Children's Art Project classes moved to Zoom, allowing kids to log on and participate from their homes or hospital beds. Led by program supervisor Kasey Marsh, the classes teach children to create colorful freestyle or theme-driven art.

"During each session, kids talk with each other and comment on each other's artwork," Marsh says. "That human connection is so important, because they've been missing their communities, classmates and playdates."

## Camps go virtual

The hospital's in-person summer camps went virtual, too, and became "Camp on the Go." Crates full of arts and crafts, science experiments, cooking supplies, magic tricks and more were shipped to participants' homes or delivered to their hospital rooms.

When it was time for camp, they opened the boxes and found everything they needed inside. Camp counselors led live morning and afternoon sessions.

"At the end of each day, the kids didn't want to log off," explains Tomika Gamble, program manager for Camps and Special Events. "Virtual camps allowed them to connect with



Photo: Thomas Campbell

**Laura Rodriguez, a teacher in MD Anderson's accredited K-12 school, reads stories to patient Adam Alshalabi and his twin sister, Celeen, on Zoom.**



This is my way of showing how much I care.

**Laura Rodriguez**

each other, forget about cancer, and just be kids again."

## Games, music, sports and more

Bingo games, karaoke sessions, group music classes, movie nights with friends, and visits from local sports figures all transitioned to virtual events. The Houston Dynamo FC and Houston Dash soccer teams held virtual coaching sessions for patients during Childhood Cancer Awareness Month. The kids practiced soccer moves in real time from their homes or hospital rooms.

## School's in session

The Pediatric Education and Creative Arts Program, which houses the hospital's K-12

accredited school, also began offering virtual classes and hands-on science experiments.

Laura Rodriguez, who leads the school's early childhood education program, started reading bedtime stories to children at home over Zoom.

"I miss seeing them in the schoolroom," Rodriguez says. "This is my way of showing how much I care, and that I haven't forgotten them."

*Read more about Rodriguez's Zoom story sessions at [mdanderson.org/bedtimestories](https://mdanderson.org/bedtimestories).*

## A family affair

While siblings aren't able to join patients at appointments during the pandemic, they are always encouraged to log on and participate in our programs. "The more, the merrier," says Rosburg.

For parents, the hospital hosts a virtual coffee bar where they can meet others who are facing similar circumstances.

"This entire experience has definitely been eye-opening," Rosburg says. "It's shown us that virtual programming is a great way to stay connected. It's something we can continue long after the pandemic is over." ♦



Chief Nursing Officer and Senior Vice President Carol Porter, D.N.P. (left), and Magnet Program Director and Director of Nursing Quality Jackie Anderson, Ph.D., celebrate the news that MD Anderson received its fifth Magnet designation on Oct. 13, 2020.

# Nursing hosts virtual visit for Magnet accreditation

By KirstiAnn Clifford

As part of MD Anderson's quest for a fifth consecutive Magnet designation, our nursing community hosted a virtual site visit over four days in August. Magnet designation is the highest distinction for nursing excellence granted by the American Nurses Credentialing Center's Magnet Recognition Program. During the unconventional visit, Magnet appraisers utilized iPads on wheels and virtual meetings to visit inpatient units, ambulatory centers and procedural areas.

More than 1,000 nurses, leaders, providers and staff across MD Anderson spoke with appraisers in meetings and area visits, logging

over 57,000 minutes on Zoom. Appraisers validated MD Anderson's written application, which included more than 80 source documents highlighting examples of evidence-based interdisciplinary practice, nurse-driven excellence in quality measures, and nursing research. They also verified that Magnet standards are enculturated throughout the institution.

MD Anderson received a unanimous vote from the Magnet Commission and officially received our fifth Magnet designation in October 2020. With only about 20 hospitals nationwide recognized five times during the Magnet program's 26-year history, this designation put MD Anderson in an elite group. ♦



**57,000+**  
minutes with appraisers on Zoom

**1,000+**  
nurses, leaders, providers and staff spoke with appraisers

**20**  
hospitals nationwide recognized five times in Magnet history

# CANCER PREVENTION EDUCATION

Each year, thousands of people learn about MD Anderson and how to lower their cancer risk through community programs and events.

But the usual ways of reaching the community were no longer options when the pandemic arrived in March. Our Community Relations and Education team quickly pivoted, using digital tools to increase MD Anderson's connections in the community and raise awareness about how to prevent cancer.

480

virtual activities

98

community organizations collaborated

26

education programs adapted for virtual use in English, Spanish and Vietnamese



**Chelsea Pinnix, M.D., Ph.D., associate professor of Radiation Oncology, speaks with a trainee. Pinnix leads MD Anderson's Radiation Oncology residency program, which made changes from onboarding to graduation.**

## Reenvisioning residency

By Cynthia DeMarco

Graduation ceremonies for many organizations looked very different this past summer. MD Anderson was no exception.

To ensure residents graduating from our Radiation Oncology residency program still got to mark this milestone, Chelsea Pinnix, M.D., Ph.D., and her colleagues got creative.

"We organized a drive-by, socially distanced parade in June," says Pinnix, who leads our Radiation Oncology residency program. "Faculty and residents formed a caravan and drove past the homes of our new graduates in decorated cars. We also had an online ceremony where we created personalized emojis for a virtual graduate procession, integrated video well wishes from their family and friends, and

invited their loved ones from all around the world to join us."

MD Anderson educators have been making the most of virtual technology in the classroom, too, giving many resident physicians the ability to work entirely remotely in the earliest days of the pandemic. For new Radiation Oncology residents who started this past summer, onboarding was almost entirely virtual.

"Thankfully, with the safeguards implemented by MD Anderson, our trainees were able to resume in-person clinical rotations," says Pinnix. "They are now able to interact directly with supervising faculty members while participating in the care of our patients." ♦

## Training and education in a virtual world

The ways we educated and trained the next generation of cancer researchers and clinicians changed dramatically in FY20, but our dedication to education and knowledge sharing didn't waver.

**186** School of Health Professions students graduated in a virtual ceremony. **50** students from our Graduate School of Biomedical Sciences successfully defended their master's and doctoral theses over virtual platforms. **78 incoming** GSBS students and **359 enrolled** School of Health Professions students began the 2020-2021 school year with online orientation and virtual classwork. **669 alumni** and current **trainees** connected with

MD Anderson for mentoring, continuing education and networking through our new Alumni Association online portal. **700+** people participated in our first Virtual Education Week, celebrating education and learning new ways to connect with students virtually. **40+** local **first-generation students** participated in the adapted virtual Partnership for Careers in Cancer Science and Medicine program, where they heard from scientists and clinicians about cancer research and what it's like to work in an academic medical center. **69 undergraduates** connected with faculty for research projects through the CPRIT CURE Summer Program.



MD Anderson's Employee Choir came together virtually to sing Bruno Mars' "Count on Me" in April. The choir's uplifting performance was featured by dozens of media outlets, including the TODAY Show.

# Coming together while apart

By Lindsey Garner

With all in-person meetings and events cancelled for the second half of FY20, MD Anderson employees found new ways to stay connected, have fun and lift each other up while apart.

## The show must go on

Anderson's Got Talent – our annual employee talent show – is the highlight of Employee Appreciation Month in May. An "At Home Edition" allowed employees to submit video entries. From 50 entries, a committee chose the top five participants, whose videos were shown in their entirety as part

of a recorded program. Participants' talents included a group TikTok challenge, a cartoon sketch, singing performances and a traditional Indonesian dance. Nearly 3,000 employees tuned in to watch the livestreamed event.

## We're in this together

Made up of 100 singers from across the institution, our Employee Choir give their time and talent each year at various events. In April, members came together virtually to sing "Count on Me" by Bruno Mars to spread hope and remind patients, caregivers and our workforce members that we're in this together – even when we're apart.

## Virtual singing telegrams

Melissa Sandoval, a music therapist in the pediatric Arts in Medicine Program, used music to brighten employees' days. She recorded videos of herself singing uplifting and inspirational songs with special guest

appearances from her Pediatrics teammates. These virtual singing telegrams were then sent to colleagues along with personalized messages and art pieces. The lighthearted gesture helped colleagues and friends connect, spreading joy and positivity.

## Maintaining camaraderie

Before the pandemic, the Employee Assistance Program team had a longstanding tradition of casually gathering in the break-room each morning to chat about work and what was going on in their personal lives. When the team began working from home in March, nobody wanted to lose those valuable interactions. Now, a daily 7:30 a.m. meeting allows them to start their day by joining a virtual team breakfast via phone or video conference. Many teams have similar standing calendar invitations for informal coffee breaks or conversations to maintain camaraderie. ♦



Photo: Adolfo Chavez III

**With visitor restrictions limiting the number of people on our campuses during the pandemic, clinical nurse Han Do and her colleagues in our Post Anesthesia Care Unit have stepped in to provide extra comfort and support for patients after surgery.**





The teams all stepped up  
and worked creatively and  
more closely than ever  
before to keep the research  
moving forward.

**Philip Jones, Ph.D.**  
Vice President,  
Therapeutics Discovery

# Better



Researchers in the joint labs of Khandan Keyomarsi, Ph.D., and Kelly Hunt, M.D., conduct breast cancer and sarcoma studies during the pandemic.

# New ways of collaborating move research forward

By Lori Baker

It takes a team to make discoveries. But MD Anderson has taken this concept well beyond the traditional partnership between students, scientists and research support staff.

“The COVID-19 pandemic required us to think differently about how we could keep our important research efforts going while ensuring the highest possible safety for our scientists, our colleagues who care for patients, and the immunocompromised patients who continue to need us to treat their cancer,” says Giulio Draetta, M.D., Ph.D.,

MD Anderson’s chief scientific officer. “Every solution came from a team of decision-makers and relied on a new level of collaboration to execute.”

## Unprecedented teamwork in the lab

Early in the pandemic, leaders made the incredibly difficult decision to temporarily suspend laboratory research. When it was determined safe to do so, research labs began to slowly ramp back up. At first, this involved working in shifts to reduce the number of people in buildings, keeping the research teams in cohorts to ensure research could continue if one shift had to be quarantined.

“Some experiments take many hours to complete and our researchers had to start them during one shift and have the next shift complete them,” says Philip Jones, Ph.D., vice president for Therapeutics Discovery and leader of our COVID-19 response related to research activities. “A lab



MD Anderson Video Services

**Vivek Subbiah, M.D., associate professor of Investigational Cancer Therapeutics, participates in a virtual visit with a clinical trial patient.**

team is already a tight-knit group, but this took collaboration to a whole new level. The teams all stepped up and worked creatively and more closely than ever before to keep the research moving forward.”

### **Creativity keeps clinical trials going**

New levels of collaboration also kept life-saving clinical trials available to our patients.

“We had to ensure our patients on experimental therapies continued to receive their medications and see the providers they needed despite the pandemic,” says Jennifer Litton, M.D., vice president for Clinical Research.

Our Investigational Pharmacy Services department not only mailed medication to patients on clinical trials, but also sent notes to each one assuring them that they would receive the medications they depend upon. And when travel was restricted, MD Anderson’s clinical researchers ensured patients could get the care they needed. We collaborated at new levels with MD Anderson Cancer Network® partner institutions across the country to enable clinical trial patients who live in different states to get their treatments and tests at an MD Anderson partner institution close to home. Clinical researchers also used virtual visits to ensure patients could remain on clinical trials.

After flying to Houston from Chicago every month to get her clinical trial drug and see her care team, lung cancer survivor Alexa DiVenere in March began getting the medications mailed to her and having monthly virtual visits with clinical trial leader Vivek Subbiah, M.D. “It’s been really amazing to get the life-saving medicine that I need even if I’m not going to MD Anderson physically at this point in time,” Alexa says.

Subbiah agrees, noting how the pandemic has created a major shift in the way clinical trials are conducted.



**This is a major shift toward trials becoming more patient-centric.**

**Vivek Subbiah, M.D.**

“The pandemic has opened new doors for clinical trials by reducing or eliminating the need for patients to travel to trial sites,” he explains.

Because of the leading-edge treatments offered at MD Anderson, many of our clinical trial participants have had to travel – sometimes from long distances – and miss work, make hotel reservations and spend hours in clinics to participate in person. All of which have been barriers to joining trials, Subbiah says. Virtual visits and the ability of new technology to capture data from patient-worn devices are making trials more convenient for patients and lessening the enrollment barrier.

“This is a major shift toward trials becoming more patient-centric, and it is a welcome and necessary shift that is likely to become the norm for future trials,” Subbiah says.

### **Harnessing the power of data**

Our people are MD Anderson’s most valuable asset. After that, some might argue our data is our next most valuable asset. In FY20, we made great strides to better harness the power of our data through several collaborations.

One collaboration is between three UT System institutions – MD Anderson, as well as The University of Texas at



**Michael Green, Ph.D.,** associate professor of Lymphoma/Myeloma Research, at work in the lab, where he studies the molecular basis for B-cell lymphoma.

Austin's Oden Institute for Computational Engineering and Sciences and the Texas Advanced Computing Center (TACC). Together, they are supporting the development of teams that bring together MD Anderson's oncology expertise and data with novel mechanism-based computational modeling techniques led by researchers at the Oden Institute and TACC.

"Integrating and learning from the massive amount of largely unstructured data in cancer care and research is a formidable challenge," says David Jaffray, Ph.D., chief technology and digital officer at MD Anderson. "The oncological data and computational sciences collaboration will bring together teams that can place quantitative data in context and inform state-of-the-art computational models of the disease to accelerate progress in our mission to end cancer."

#### **Insight from COVID-19 and cancer data**

Other data science collaboration efforts were sparked in FY20 by a diverse team that quickly assembled to enable scientists to learn as much as possible about COVID-19 and cancer by collecting and aggregating data from many sources. The Data-Driven Determinants for COVID-19 Oncology Discovery (D3CODE) protocol allows researchers studying different aspects of these diseases to visit one resource to access data for their studies. More than 30 research projects have taken advantage of D3CODE since it launched in early 2020.

"It's truly been remarkable how quickly so many diverse experts came together to make this happen," says Genom-



It's truly been remarkable  
how quickly so many diverse  
experts came together to make  
this happen.

**Andrew Futreal, Ph.D.**

ics Medicine Chair Andrew Futreal, Ph.D., who co-leads D3CODE with Jaffray. "Typically, it would take six months or more to accomplish what D3CODE's focused effort and energy produced in one to two weeks."

From D3CODE, other collaborations formed to establish structures and processes to better enable data to drive research beyond COVID-19 studies.

"Data is so powerful," says Futreal. "We are building an infrastructure to enable scientists to benefit from each other's data – ensuring it will be high quality, used in the proper context and credited appropriately. This data science ecosystem promises to greatly accelerate the rate and number of discoveries." ♦

# Expanding our impact



Photo: F. Carter Smith

The recently opened MD Anderson The Woodlands is four times the size of our previous location serving The Woodlands, Spring, Conroe and communities north of Houston.

## Convenient access to cancer care

On Oct. 14, 2019, we opened the doors of our new MD Anderson The Woodlands location to provide local, convenient access to comprehensive cancer care for patients in The Woodlands, Spring, Conroe and communities north of Houston. Four times the size of our previous location serving the area, the new facility offers everything from suspicion of cancer screenings and treatment to

survivorship care. All care is provided in one convenient location. Patients can access the same medical, surgical and radiation oncology services as before, plus an expanded Ambulatory Treatment Center. Diagnostic Imaging and a Women's Imaging Center are offered on-site, along with endoscopy, interventional radiology and procedural services. ♦



Houston Dash players Kristie Mewis, Jane Campbell and Rachel Daly sport their MD Anderson-branded jerseys at the partnership launch announcement on Feb. 19, 2020.

## Teaming up for one goal: end cancer

In February 2020, MD Anderson announced the Houston Dash would join the Houston Dynamo FC in supporting our mission to end cancer. Building on the partnership launched with Dynamo FC the previous year, MD Anderson became the official jersey partner and cancer center of the Houston Dash – the only cause-focused partnership in the National Women’s Soccer League (NWSL).

Teaming up with both of Houston’s professional soccer teams provides MD Anderson the opportunity to educate players and fans on ways to reduce their cancer risks and to support our mission to end cancer. It also enables us to reach even more soccer fans in our local community, across the nation and all over the world, with MD Anderson’s logo appearing on the players’ jerseys during games that are broadcast nationally and streamed around the globe.

In a typical Dash season, MD Anderson will educate attendees about cancer prevention and build awareness about MD Anderson through community events, stadium signage

and public service announcements. Similar to Dynamo FC, the Dash will engage player ambassadors in cancer prevention education initiatives and will support fundraising opportunities, which include contributing a portion of the club’s ticket sales to MD Anderson.

The 2020 Dash and Dynamo seasons didn’t start as planned due to the pandemic. Both teams played in “bubble” tournaments, with the Dash going on to win the NWSL’s Challenge Cup, and MD Anderson ambassador Rachel Daly named tournament MVP. This series of games broke all league ratings records and drove unexpected value for MD Anderson, including significant national broadcast and social media exposure. Dynamo FC and Dash also supported our mission to end cancer by hosting blood drives for MD Anderson patients, sharing videos and social media posts to educate soccer fans about cancer prevention, hosting virtual experiences to support and encourage our patients, and participating in our Boot Walk to End Cancer®. ♦

Photo: Thomas Campbell



Donors safely give blood and platelets for cancer patients at MD Anderson Blood Bank, filling a need that has been especially great during the pandemic.

# We're stronger, safer, better – together

MD Anderson is grateful for our donors, community partners and supporters. From donating blood and platelets for our patients to supporting our employees by providing meals and contributing to the Caring Fund, you have helped us weather the challenges of FY20 – and fueled our mission to end cancer.

**\$153m+**

donated to support our mission to end cancer

**\$379,403**

contributed to the Caring Fund to help employees facing hardship

**29,082**

registered blood donors

**133**

fundraisers set up through our new Fundraise to End Cancer platform

## COVID-19 DONATIONS

BY THE NUMBERS

**33,097**

surgical masks

**27,364**

face shields

**22,095**

N95/KN95 respirators

**10,000+**

individual meals for front-line workers

**1,500**

surgical gloves

**1,000**

protective gowns

**425**

gift cards

**300+**

gallons of hand sanitizer

**152**

individuals, corporations and organizations donated supplies

**133**

pairs of goggles

# FY20

BY THE NUMBERS

**151,133**

patients

**1.4m**

outpatient visits

**18,000**

surgeries

**11.8m+**

pathology/laboratory  
medicine procedures

**528,112**

diagnostic imaging procedures

**1,412**

clinical trials

**8,279**

patients in clinical trials

**18**

drugs tested at MD Anderson  
received FDA approval\*

**194**

patents awarded to MD Anderson

# HONORED



to be ranked No. 1  
in the nation  
for cancer care

**\$5.4b**

operating budget

**22,262**

employees

**\$973m+**

spent on research

**1,788**

faculty

**\$254m+**

donated care

**839**

on-site volunteers\*\*\*

**324**

cancer prevention education  
programs in the community

**1,360**

off-site myCancerConnection  
trained volunteers

**5,161**

trainees\*\*

**57,375**

volunteer hours

\* From Jan. 1-Dec. 31, 2020

\*\*Number of trainees dropped in FY20 due to COVID-19 protocols and international travel restrictions.

\*\*\*All on-site volunteer shifts were cancelled on March 13, 2020 due to the pandemic.



### Ringin' Out

Ring this bell  
Three times well  
Its toll to clearly say,

My treatment's done  
This course is run  
And, I am on my way!

— Irve Le Moyne —



Patients at MD Anderson The Woodlands ring this bell to mark the end of their radiation therapy or chemotherapy.



Photo: Adolfo Chavez III

**Along with his colleagues, Stephen McRae, M.D., professor of Interventional Radiology, is committed to taking every necessary precaution to protect our patients and one another throughout and beyond the pandemic.**



While this chapter may go down  
in our institution's history  
as one of the toughest,  
I will remember it to be  
one of the most extraordinary.

**Peter WT Pisters, M.D.**  
President

# FY20

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**Institutional leadership,  
financial and  
statistical data**  
**Sept. 1, 2019 - Aug. 31, 2020**



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Chief Scientific Officer*



**Carin Hagberg, M.D.**  
*Chief Academic Officer*



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Chief Diversity Officer*



**Darrow Zeidenstein, Ph.D.**  
*Senior Vice President,  
Chief Development Officer*

*Current as of Jan. 15, 2021*

# The University of Texas MD Anderson Cancer Center

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# The University of Texas MD Anderson Cancer Center

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Current as of Jan. 15, 2021

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DEPARTMENT OF VETERINARY MEDICINE AND SURGERY  
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Current as of Jan. 15, 2021



# MD Anderson Cancer Center

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*The MD Anderson Cancer Center Board of Visitors is an appointed board committed to helping MD Anderson achieve its mission to end cancer. Board programs emphasize private fund development, public relations and outreach on behalf of the institution.*

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Officers and Executive Committees*

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*Vice Chair, Cancer Prevention Committee*

**Alan R. Batkin**

*At Large Member*

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*Chair, Audit Committee*

**J. Robert Brown**

*At Large Member*

**Clarence P. Cazalot Jr.**

*Chair-Elect, Officers Committee  
and Chair, Finance and  
Capital Planning Committee*

**Don Childress**

*At Large Member*

**David A. Cockrell**

*At Large Member*

**Cheryl Creuzot**

*Vice Chair, Finance and  
Capital Planning Committee*

**Rachel Cruz Auwarter**

*Chair, Advance Team*

**Christopher Damico**

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and Commercialization Committee*

**Walter W. Driver Jr.**

*At Large Member*

**Gregg H. Falgout**

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**Steve L. Fox**

*At Large Member*

**James L. Gallogly**

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and Chair, Clinical Operations  
and Patient Affairs Committee*

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and Public Affairs Committee  
Life Member*

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*At Large Member*

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and Board Governance Committee*

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and Patient Affairs Committee*

**Ben A. Guill**

*At Large Member*

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*Vice Chair, Officers Committee  
and Chair, Philanthropy Committee*

**Winell Herron**

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Board Governance Committee*

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*At Large Member*

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and Chair, Joint Government Relations  
and Public Affairs Committee*

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*Vice Chair, Strategic Projects Committee*

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*Life Member, Officers Committee*

**Nancy B. Loeffler**

*At Large Member*

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*At Large Member*

**Linda Mays McCaul**

*At Large Member*

**Michael J. Medrano**

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Board Governance Committee*

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*At Large Member*

**Walker N. Moody**

*At Large Member*

**Mary Martha Pickens**

*At Large Member*

**John T. Raymond**

*At Large Member*

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*At Large Member*

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and Commercialization Committee*

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*At Large Member*

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and Public Affairs Committee*

**Don M. Woo**

*At Large Member*

**Eric S. Zorn**

*At Large Member*

# MD Anderson Cancer Center

## Board of Visitors and Advance Team

*The MD Anderson Cancer Center Board of Visitors (BOV), a nonfiduciary, appointed advisory board of volunteers, together with MD Anderson's Advance Team, a volunteer board of next-generation leaders, work together to collectively advance the institution's mission to end cancer.*

### BOARD OF VISITORS MEMBERS

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Lyda Hill, Dallas, TX  
Melvyn N. Klein, Executive Committee, Corpus Christi, TX  
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Red McCombs, San Antonio, TX  
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Regina J. Rogers, Beaumont, TX

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Judy Ley Allen, Houston, TX  
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Glynn Andrews, McAllen, TX  
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Shirley Coskey, Houston, TX  
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Cheryl Creuzot, Executive Committee, Houston, TX  
Linnet F. Deily, Houston, TX  
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Jan E. Duncan, Houston, TX

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Patsy S. Fourticq, Houston, TX  
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Michael C. Linn, Houston, TX  
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Houston, TX  
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Sarasota, FL

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Greenwich, CT  
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Houston, TX  
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Houston, TX  
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Dallas, TX  
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Houston, TX  
Laura Sayavedra, Houston, TX  
Lynn H. Smith, Dallas, TX  
Delia W. Stroud, Executive Committee,  
Houston, TX  
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Washington, DC  
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Cynthia Erickson Zaninovich, Paducah, KY

#### ADVANCE TEAM MEMBERS

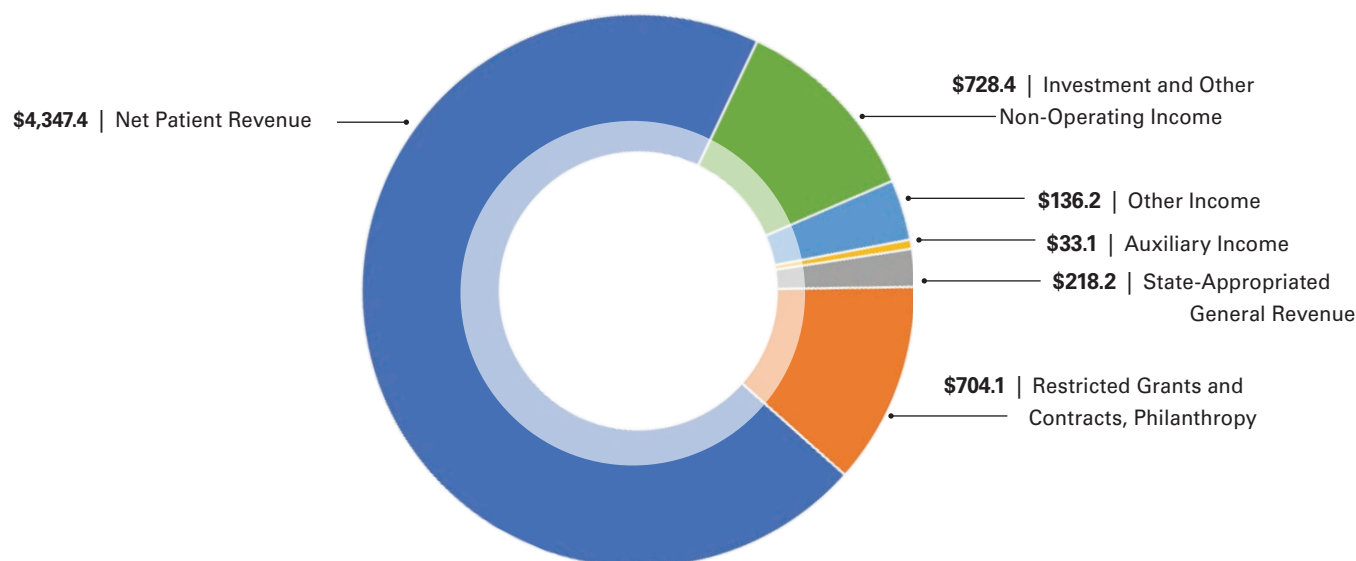
Rahul Agrawal, Sugar Land, TX  
David Ahlquist, Houston, TX  
Holly Alvis, Houston, TX  
Margot Athon, Houston, TX  
Daniel E. Blum, Chair-Elect, Houston, TX  
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Amanda M. Boswell, Denver, CO  
Caroline Stouffer Brown, Outreach Chair,  
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Holly H. Cauble, Fort Worth, TX  
Rachel Cruz Auwarter, Chair, Bellaire, TX  
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Danny David, Houston, TX  
Margaret P. Doyal, Houston, TX  
Ann Margaret H. Dudley, Houston, TX  
McComb Dunwoody, Houston, TX  
Courtney Duphorne, San Antonio, TX  
Robert A. Elliott, Dallas, TX  
Cari Ezell, Austin, TX  
Christine Falgout-Gutknecht, Houston, TX  
Louisa Fikes, Midland, TX  
Kristin C. Hamilton, Events Chair, Houston, TX  
Bradfield W. Heiser, Austin, TX  
Mullaney Nichols Heiser, Austin, TX  
Catherine Herr, Bellaire, TX  
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Ryan Hughes, Houston, TX  
Jocelyn Johnson, Austin, TX  
Randy D. Jones, Richmond, TX  
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Barry R. Kessler, Houston, TX  
Jenna K. Klein, Houston, TX  
Lisa D. Kurtz, Houston, TX  
Gentry Lee Jr., Houston, TX  
Meghan Leggett, Houston, TX  
Misty V. Lindenberger, Houston, TX  
Chuck Matthews, Houston, TX  
Sarah Moffitt, Midland, TX  
Laura B. Nelson, Corpus Christi, TX  
Thomas P. Nguyen, Katy, TX  
Kathleen Perley, Houston, TX  
Ashley Petersen, Houston, TX  
Margaret Pinkston, Bellaire, TX  
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Jessica H. Ramsey, Houston, TX  
Anson M. Reilly, Dallas, TX  
Jamilie W. Ruebsahm, Austin, TX  
Thomas Holden Rushing, Houston, TX  
Samuel Tyler Sabin, New York, NY  
William P. Sanders, El Paso, TX  
Laine Santamaria, Houston, TX  
Kimberly A. Scheele, Houston, TX  
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Courtney Somerville Becker, Austin, TX  
Carolyn Starr, Houston, TX  
Claire C. Thielke, Houston, TX  
Brandon Trama, Old Greenwich, CT  
Chris Wallace, Houston, TX  
Neshat Yazdi, D.D.S., Houston, TX

# Fiscal Year 2020

## Sources of revenue

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
<b>Patient Revenue</b>					
Gross patient revenue (Includes inpatient, outpatient and professional services)	\$7,571,426,899	\$8,214,974,402	\$8,926,301,959	\$10,082,677,115	\$9,659,114,081
Deductions from gross patient revenue <sup>1</sup>	\$4,044,324,615	\$4,460,335,552	\$4,842,147,440	\$5,508,836,828	\$5,311,739,877
<b>Net patient revenue</b>	<b>\$3,527,102,284</b>	<b>\$3,754,638,850</b>	<b>\$4,084,154,519</b>	<b>\$4,573,840,287</b>	<b>\$4,347,374,204</b>
Restricted grants and contracts, philanthropy	\$466,883,217	\$491,038,777	\$498,042,406	\$516,682,091	\$704,072,112
State-appropriated general revenue	\$201,848,484	\$203,439,111	\$210,130,778	\$209,733,872	\$218,244,173
Auxiliary income <sup>2</sup>	\$42,462,462	\$44,137,660	\$44,292,397	\$45,855,795	\$33,096,205
Other income <sup>3</sup>	\$112,515,085	\$113,187,342	\$120,376,674	\$130,000,233	\$136,152,343
Investment and other non-operating income	\$129,632,830	\$392,901,020	\$268,224,779	\$402,329,745	\$728,360,042
<b>TOTAL REVENUE</b>	<b>\$4,480,444,362</b>	<b>\$4,999,342,760</b>	<b>\$5,225,221,553</b>	<b>\$5,878,442,023</b>	<b>\$6,167,299,079</b>

## Sources of revenue (in millions)



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

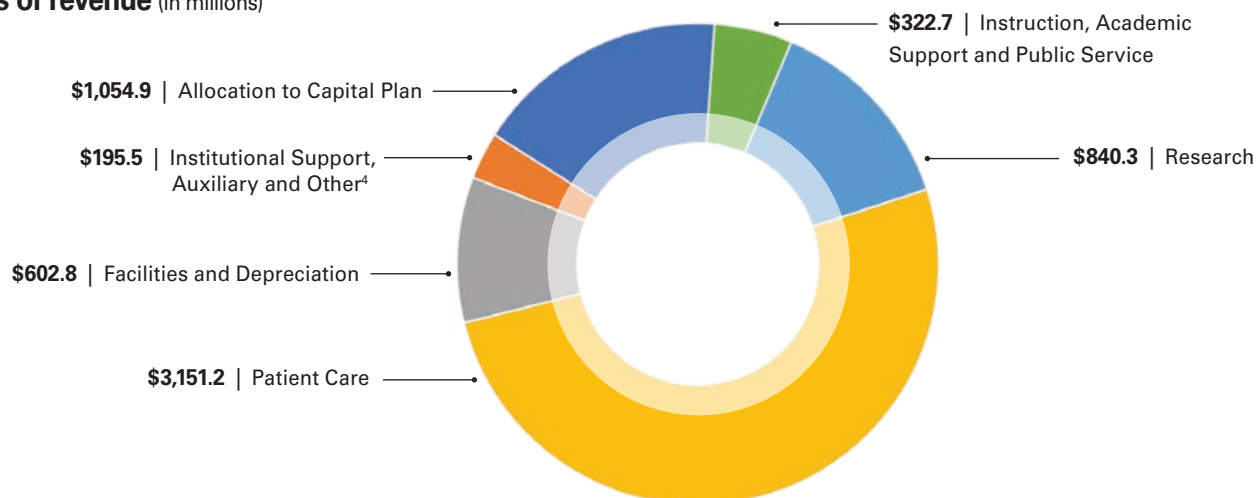
<sup>2</sup> Funds received from parking fees, valet services, dining facilities, hotel charges, gift shop sales and vending machine sales.

<sup>3</sup> Includes tuition and student fees, Children's Art Project sales, management fees and other sources.

## Uses of revenue

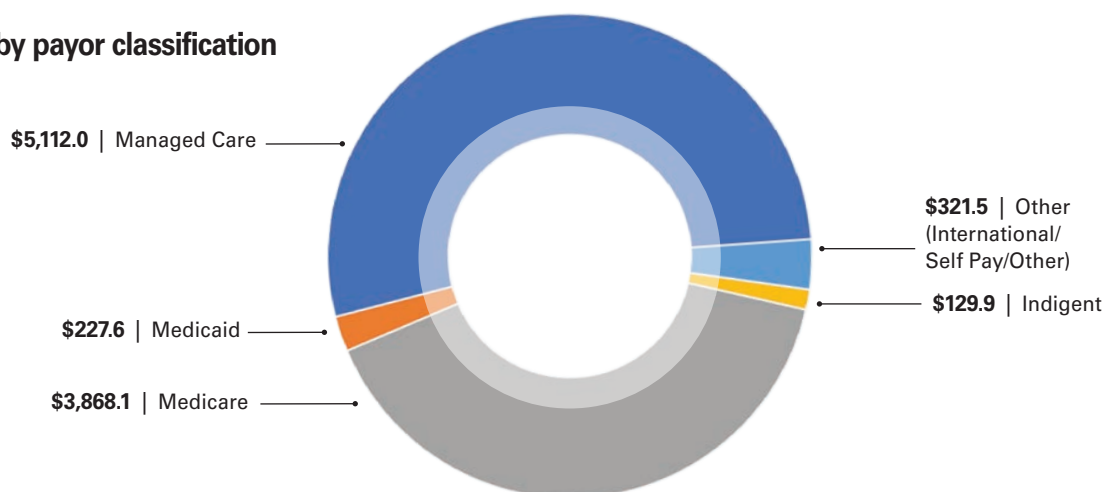
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Research	\$687,940,063	\$745,481,237	\$750,400,862	\$784,212,601	\$840,274,380
Instruction, academic support and public service	\$234,488,229	\$248,155,843	\$237,216,678	\$262,166,575	\$322,663,647
Patient care	\$2,642,145,329	\$2,585,835,231	\$2,723,124,887	\$3,088,325,453	\$3,151,164,460
Facilities and depreciation	\$550,277,895	\$563,364,679	\$572,430,565	\$585,654,058	\$602,797,854
Institutional support, auxiliary and other <sup>4</sup>	\$158,060,132	\$157,051,220	\$155,161,923	\$203,016,040	\$195,540,458
Allocation to capital plan (For future projects to replace and improve facilities and technology)	\$207,532,714	\$699,454,551	\$786,886,639	\$955,067,297	\$1,054,858,281
<b>TOTAL EXPENSES</b>	<b>\$4,480,444,362</b>	<b>\$4,999,342,761</b>	<b>\$5,225,221,554</b>	<b>\$5,878,442,024</b>	<b>\$6,167,299,080</b>

## Uses of revenue (in millions)



## Gross revenue by payor classification

(in millions)



MD Anderson provided more than **\$254 million** in uncompensated care to Texans with cancer in FY20.\*

\*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.

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



**Colorectal cancer patient Al Thomas meets with Y. Nancy You, M.D., associate professor of Surgical Oncology. His wife, Demetria Thomas, participates in the appointment virtually.**

### Sources of research expenditures

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
External funding for research					
Federal grants, contracts	\$155,043,499	\$167,061,117	\$173,899,855	\$179,497,413	\$186,488,139
Private industry grants, contracts	\$92,434,701	\$137,084,791	\$149,517,715	\$169,457,886	\$194,527,930
Philanthropy, foundations	\$166,374,314	\$191,181,214	\$171,352,085	\$164,633,426	\$168,585,124
<b>Total external funding</b>	<b>\$413,852,514</b>	<b>\$495,327,122</b>	<b>\$494,769,655</b>	<b>\$513,588,725</b>	<b>\$549,601,193</b>
State funding allocated for research					
State-appropriated general revenue	\$14,991,640	\$15,021,736	\$14,720,920	\$14,686,051	\$15,834,743
Tobacco settlement, other state support	\$12,188,092	\$13,143,222	\$20,560,115	\$15,295,590	\$12,942,481
CPRIT	\$40,227,040	\$53,292,732	\$48,999,398	\$44,155,637	\$43,877,531
<b>Total state funding</b>	<b>\$67,406,772</b>	<b>\$81,457,690</b>	<b>\$84,280,433</b>	<b>\$74,137,278</b>	<b>\$72,654,755</b>
Internal funding allocated for research					
Hospital operating margins	\$193,071,901	\$187,850,299	\$198,667,225	\$205,863,625	\$238,879,871
Institutional grants*	\$112,957,959	\$79,539,071	\$85,165,071	\$108,669,448	\$112,176,320
<b>Total internal funding</b>	<b>\$306,029,860</b>	<b>\$267,389,370</b>	<b>\$283,832,296</b>	<b>\$314,533,073</b>	<b>\$351,056,191</b>
<b>TOTAL RESEARCH EXPENDITURES</b>	<b>\$787,289,146</b>	<b>\$844,174,182</b>	<b>\$862,882,384</b>	<b>\$902,259,076</b>	<b>\$973,312,139</b>

\*Philanthropic donations to the institution internally designated to support research and PRS funds internally allocated to support research activities.

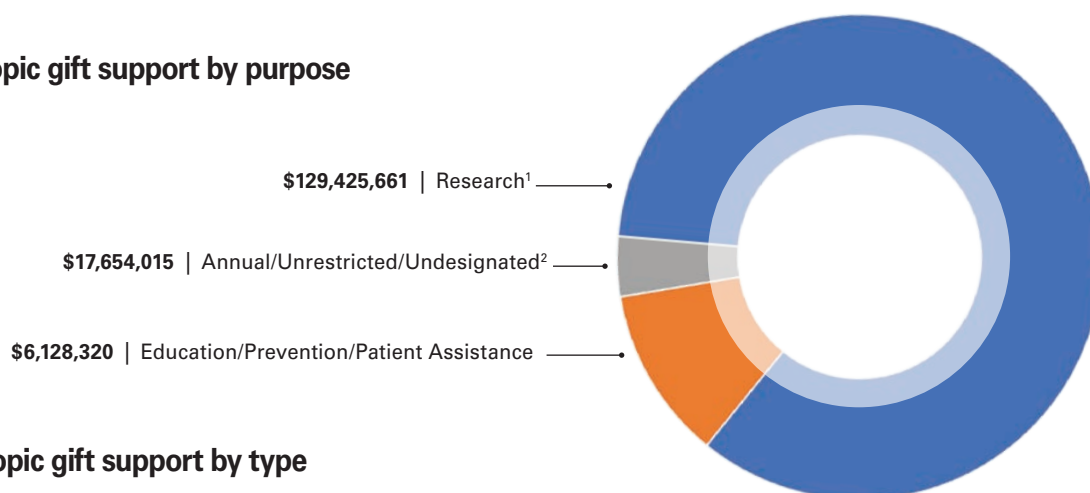
## Clinical profile

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Admissions	27,391	28,793	29,118	30,339	25,748
Patient days	198,080	202,411	207,071	218,217	194,491
Average daily census	561	577	587	618	557
Average length of stay	7.2	7.0	7.1	7.2	7.6
Average number of operating beds	661	681	673	669	732
Outpatient clinic visits, treatments, procedures	1,404,329	1,441,403	1,458,076	1,547,197	1,394,800
Pathology/laboratory medicine procedures	12,073,679	12,700,333	13,280,436	13,262,586	11,809,893
Diagnostic imaging procedures	524,044	574,018	611,190	615,053	528,112
Surgery hours	67,936	70,460	71,462	71,701	65,114
Total active clinical protocols	1,202	1,255	1,252	1,364	1,412

## Education profile

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Clinical residents, fellows	1,693	1,693	1,775	1,968	1,796
Research trainees	1,847	1,779	1,791	1,600	1,329
Observers, visitors, special programs	838	906	831	876	412
Nursing trainees	1,499	1,506	1,440	1,150	753
Student programs participants	810	806	888	900	477
School of Health Professions students	317	339	357	393	394
<b>TOTAL TRAINEES</b>	<b>7,004</b>	<b>7,091</b>	<b>7,082</b>	<b>6,887</b>	<b>5,161</b>

## Total philanthropic gift support by purpose



## Total philanthropic gift support by type

Cash gifts	Amount
Corporations	\$ 12,785,565
Foundations	\$25,842,876
Individuals	\$39,485,811
Organizations	\$1,474,490
Trusts and estates	\$17,049,421
<b>Subtotal</b>	<b>\$96,638,163</b>

Pledge gifts	Amount
Corporations	\$3,272,103
Foundations	\$26,538,432
Individuals	\$5,147,841
Organizations	\$1,568,197
Trusts and estates	\$19,870,884
<b>Subtotal</b>	<b>\$56,397,457</b>

Gifts-in-kind	Amount
Corporations	\$152,288
Foundations	\$1
Individuals	\$20,059
Organizations	\$28
<b>Subtotal</b>	<b>\$172,376</b>

<b>TOTAL</b>	<b>\$153,207,996</b>
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<sup>1</sup> Donor-targeted gifts to research in all mission areas.

<sup>2</sup> These dollars fund institutional peer-reviewed research.

Upon MD Anderson's engagement in a comprehensive fundraising campaign, ensuing reports will follow campaign reporting standards established by the Council for Advancement and Support of Education.



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MD Anderson provides cancer care at several convenient locations throughout the Greater Houston area, including the Texas Medical Center, League City, Memorial City, Sugar Land, West Houston, The Woodlands, and the Gynecologic Oncology Clinic at the Woman's Hospital of Texas. As part of the MD Anderson Oncology Program at Lyndon B. Johnson Hospital, a team of MD Anderson doctors provides cancer care to underserved Texans in collaboration with Harris Health System. MD Anderson also collaborates with community hospitals and health systems across the U.S. and around the globe through MD Anderson Cancer Network®.

**MD ANDERSON CANCER NETWORK®**

[mdanderson.org/cancernetwork](http://mdanderson.org/cancernetwork)

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- Banner MD Anderson Cancer Center (Greater Phoenix, AZ)
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- MD Anderson Cancer Center at Cooper (Camden, NJ)
- Scripps MD Anderson Cancer Center (La Jolla, CA)
- UTHealth San Antonio MD Anderson Cancer Center (San Antonio, TX)

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- Banner MD Anderson Cancer Center at North Colorado Medical Center (Greeley, CO)
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The annual report is published on behalf of MD Anderson Cancer Center to share yearly updates about the institution. For the latest news and stories from MD Anderson throughout the year, visit [mdanderson.org/cancerwise](http://mdanderson.org/cancerwise).

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