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CONQUEST

MD Anderson Cancer Center

Albert B. and Margaret M. Alkek Hospital

THE UNIVERSITY OF TEXAS

MD Anderson
Cancer Center

Making Cancer History®

MISSION

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

VISION

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

We are Making Cancer History®.

CORE VALUES

Caring

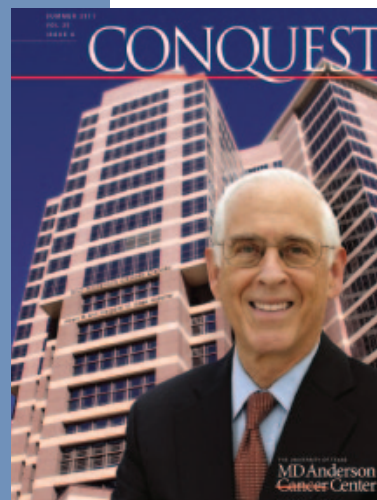
By our words and actions, we create a caring environment for everyone.

Integrity

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

Discovery

We embrace creativity and seek new knowledge.



On the cover: During the past 15 years as president, John Mendelsohn, M.D., has led MD Anderson to great heights.

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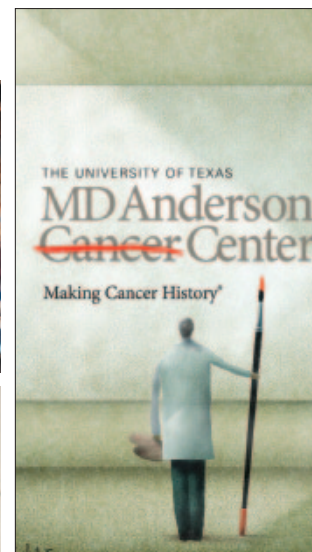
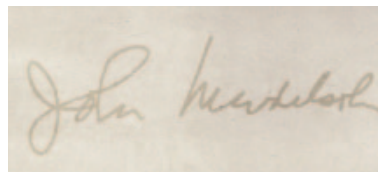
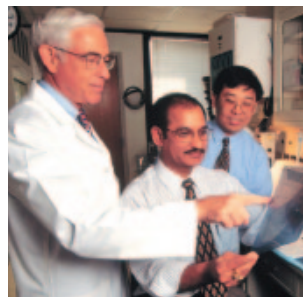
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FRONTLINE

FROM HARVARD TO HOUSTON

*EMINENT RESEARCHER, EDUCATOR TO BE
MD ANDERSON'S FOURTH PRESIDENT*

A worldwide search for MD Anderson's fourth president has ended with the appointment of Ronald A. DePinho, M.D., by The University of Texas System Board of Regents. He will be known as the president-designate until he officially assumes the position on Sept. 1.

"Dr. DePinho is a distinguished scientist and proven administrator capable of leading the nation's premier comprehensive cancer center," Regents' Chairman Gene Powell said. "He has an excellent background in teaching and research and a demonstrated ability to work effectively within complex medical institutions. The board is extremely confident he has the ability to advance the institution's mission of 'Making Cancer History®.'"

In accepting this post, DePinho leaves his positions as director of the Belfer Institute for Applied Cancer Science at the Dana-Farber Cancer Institute and professor of medicine (genetics) at Harvard Medical School, both in Boston.

He is a member of the Institute of Medicine and fellow of the American Academy of Arts and Sciences. He also has held numerous faculty positions at the Albert Einstein College of Medicine in New York.

The son of hard-working, Portuguese immigrants who believed in education, DePinho received a bachelor's degree in biological sciences from Fordham College and his medical degree with distinction in microbiology and immunology from the Albert Einstein College of Medicine.

His research interests are in the genetic aspects of cancer and the translation of this knowledge into clinical applications. He has authored more than 200 articles in peer-reviewed scientific journals.

Looking for answers

DePinho's interest in research grew from the reality that there were too many unanswered questions — too many "why's" of disease. He says his efforts to find a cure for cancer are in honor of his father, who died of colorectal cancer at the same time DePinho became a professor at Harvard.

"The complexity of cancer is astounding and there's a staggering unmet need for answers," he told Fordham magazine in fall 2003. "I decided to shift gears from being a clinician treating patients to learning and doing basic science because I got frustrated telling patients and their families, 'We just don't know enough right now.'"

While shifting his efforts to understanding the genetic basis of cancer, a cardinal feature of his research program has been to convert basic and clinical knowledge into advances for patients.

DePinho's wife, Lynda Chin, M.D., also will join the MD Anderson faculty. She most recently served as scientific director of the Belfer Institute for Applied Cancer Science, as well as professor of dermatology at the Harvard Medical School and professor of medical oncology at Dana-Farber Cancer Institute.



Ronald A. DePinho, M.D., succeeds John Mendelsohn, M.D., who announced last December his plans to step down as president of MD Anderson once his successor is in place. Mendelsohn served as president for the past 15 years.

"Ron DePinho is a visionary and energetic leader who is committed to achieving MD Anderson's mission. I'm confident that under his leadership, we will continue to pioneer advances in targeted cancer therapies."

— John Mendelsohn, M.D.

Note: An in-depth profile of DePinho will appear in the fall issue of Conquest.



Siyuan Zhang, M.D., Ph.D. (left), instructor and first author on the paper that coupled saracatinib with Herceptin, worked closely with mentor Dihua Yu, M.D., Ph.D.

ROADBLOCK CLEARS PATH FOR HERCEPTIN®

Breast cancer tumors take numerous paths to resist the targeted drug Herceptin. But a single roadblock at a crucial cross-roads may restore a tumor's vulnerability to treatment.

Adding the drug saracatinib to Herceptin shrinks previously resistant tumors by cutting off at least five different molecular pathways, each of which can be resistant, says senior author Dihua Yu, M.D., Ph.D., professor in MD Anderson's Department of Molecular and Cellular Oncology.

"Saracatinib didn't work as a single agent, but very few drugs work by themselves against late-stage disease," Yu says. "Our experiments confirmed its lack of efficacy as a sole treatment in Phase I and Phase II clinical trials against late-stage cancers. But combined with Herceptin, it works beautifully."

REPORTED IN THE APRIL 2011 EDITION OF NATURE MEDICINE.

A GENE, A PROTEIN AND BREAST CANCER

Mien-Chie Hung, Ph.D., and his colleagues are hot on the trail of genes and proteins — among them p53 and EZH2 — to understand their role in cancer. Do they block disease development or aid it? How can they be stopped or encouraged?

A BOUNTY-HUNTER GENE: P53

A newly discovered activity of the cancer-fighting gene p53 offers a potential avenue of attack on breast cancer stem cells, thought to play a central role in progression and spread of the disease. Like a bounty hunter returning escapees to custody, p53 converts organ cells — that change into highly mobile stem cells — back to their original, stationary state.

"Blocking this conversion is important because that change plays an essential role in cancer metastasis," says Hung, professor and chair of MD Anderson's Department of Molecular and Cellular Oncology and vice president for basic research.

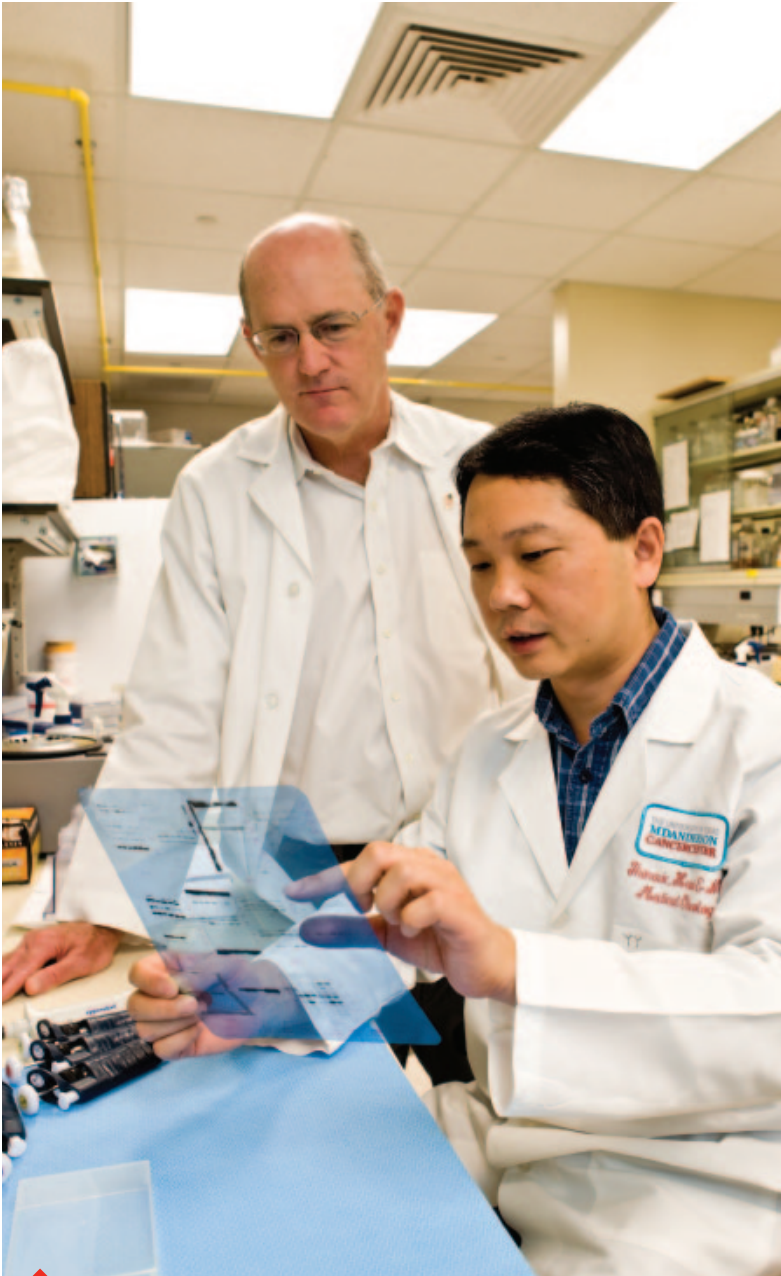
REPORTED IN THE MARCH 2011 EDITION OF NATURE CELL BIOLOGY.

AN ESSENTIAL PROTEIN: EZH2

An essential protein for normal stem cell renewal, EZH2 also promotes the growth of breast cancer stem cells when it's overproduced in those cells. However, in mouse and lab experiments, Hung and his team discovered that two drugs block the cascade of molecular events and thwart formation of breast tumor-initiating cells.

The team tested five anti-cancer drugs and found that sorafenib, also known as Nexavar®, eliminated more cancer stem cells and blocked tumor formation better than the other four. An experimental drug, AZD6244, eliminates EZH2-promoted breast cancer stem cells and blocks the formation of precancerous mammospheres.

REPORTED IN THE JAN. 18, 2011, EDITION OF CANCER CELL.



Jonathan Kurie, M.D. (left), mentored Yanan Yang, Ph.D., postdoctoral fellow, in the discovery of the role of the Jagged2 protein.

LUNG CANCER: INHIBITING A METASTASIS-DRIVING PROTEIN

Researchers have discovered a new, key component in the spread of lung cancer in the protein Jagged2 — which silences protective microRNA (miR-200) — as well as a likely way to block it with drugs now in clinical trial.

“We think metastasis is initiated by the tumor microenvironment,” says Jonathan Kurie, M.D., professor in MD Anderson’s Department of Thoracic/Head and Neck Medical Oncology and senior author on the paper.

“Cells metastasize in response to external cues, one of which is Jagged2,” says Yanan Yang, Ph.D., Kurie’s postdoctoral fellow and the study’s first author.

REPORTED IN THE MARCH 14, 2011, EDITION OF THE JOURNAL OF CLINICAL INVESTIGATION.

SPECIAL DELIVERY VIA ‘GOOD CHOLESTEROL’

New research suggests that “good cholesterol” can act as a special delivery vehicle of destruction for cancer. Synthetic nanoparticles of high-density lipoprotein (HDL) loaded with small interfering RNA (siRNA) to silence cancer-promoting genes selectively shrunk or destroyed ovarian cancer tumors in mice.

“RNA interference has great therapeutic potential, but delivering it to cancer cells has been a problem,” says Anil Sood, M.D., the study’s senior author, co-director of MD Anderson’s Center for RNA Interference and Non-Coding RNA and co-director of its Blanton-Davis Ovarian Cancer Research Program. “Combining siRNA with HDL provides an efficient way to get these molecules to their targets. This study has several important implications in the ability to fight certain cancers.”

REPORTED BY A TEAM OF RESEARCHERS FROM MD ANDERSON AND THE UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER IN FORT WORTH IN THE APRIL 2011 EDITION OF NEOPLASIA.

FURTHER STUDY OF ANCIENT TRADITIONAL CHINESE MEDICINE

Xerostomia (dry mouth) affects more than 80% of head and neck cancer patients undergoing radiation. This side effect makes it difficult to speak, eat, sleep and often results in taste changes. To see if it can be prevented when acupuncture is part of a patient’s treatment regimen, researchers at MD Anderson have received a \$2.7 million grant from the National Cancer Institute.

“Previous studies, including research conducted at MD Anderson, examined acupuncture to treat xerostomia after it developed. Our new research is unique because we’re incorporating acupuncture during radiation to see if we can prevent the condition in the first place, and, should it develop, try to diminish the severity,” says funding recipient Lorenzo Cohen, Ph.D., professor in MD Anderson’s departments of General Oncology and Behavioral Science and director of the Integrative Medicine Program.

THIS RESEARCH IS IN COLLABORATION WITH MD ANDERSON’S SISTER INSTITUTION, FUDAN UNIVERSITY SHANGHAI CANCER CENTER IN SHANGHAI, CHINA.

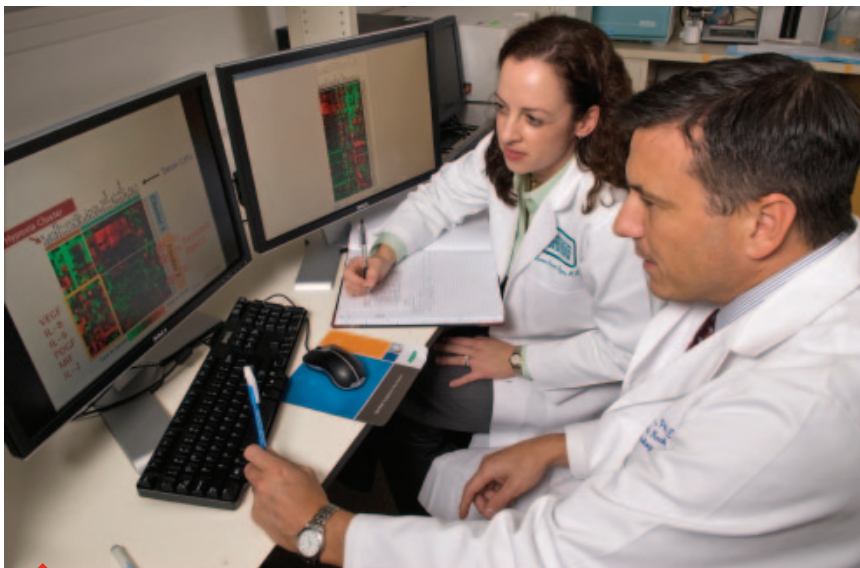
TEXAS LATINOS FOCUS OF NEW NETWORK

To reduce cancer-related health disparities among Texas Latinos, the National Cancer Institute has awarded a \$4 million, five-year grant to create a Texas regional Community Networks Program Center, *Latinos Contra El Cancer*.

The center is a joint project of MD Anderson and The University of Texas Health Science Center at Houston School of Public Health. It will engage the community to develop effective and culturally appropriate cancer prevention and control programs among Latinos.

The goal is to develop and evaluate innovative approaches to the three leading behavioral risk factors for cancer: smoking, poor diet and physical inactivity.

“The number of Latino cancer cases is projected to increase dramatically in the next several decades. The center’s efforts are designed to build capacity in the Latino community throughout the state to deliver evidence-based cancer prevention and control policies, as well as interventions,” says David Wetter, Ph.D., professor and chair of MD Anderson’s Department of Health Disparities Research.



Lauren Averett Byers, M.D., and John Heymach, M.D., Ph.D., worked together to better understand gene response to Tarceva.

LUNG CANCER: GENES PREDICT RESPONSE TO TARCEVA®

Approximately 12% of lung cancer patients benefit from erlotinib, commercially known as Tarceva. By checking for certain mutations and amplifications of the epidermal growth factor receptor (EGFR), clinicians can identify this group. Fortunately, recent discoveries show that response to treatment with Tarceva also can be predicted for patients who have no guiding indicators for their treatment.

“Two biomarker sets have potentially broad impact by covering the 88% of patients who lack the EGFR mutations,” says John Heymach, M.D., Ph.D., associate professor in MD Anderson’s Department of Thoracic/Head and Neck Medical Oncology.

REPORTED IN APRIL 2011 AT THE 102ND ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH.

ANOTHER KEY TO BLADDER CANCER RISK

A common genetic variation links to both bladder cancer risk and to the length of protective caps found on the ends of chromosomes. These endings or tips, called telomeres, guard against damage of chromosomes and instability of genes that can lead to cancer and other diseases.

“Telomere length diminishes with age and short telomeres are associated with age-related diseases such as stroke, Alzheimer’s disease, diabetes, cardiovascular disease and cancer,” says Jian Gu, Ph.D., assistant professor in MD Anderson’s Department of Epidemiology.

“Understanding the complex genetic regulation of telomere length and its relation to the causes of bladder and other types of cancer will help develop therapies or lifestyle changes that reduce cancer risk,” says senior author Xifeng Wu, M.D., Ph.D., professor and chair of MD Anderson’s Department of Epidemiology.

REPORTED IN APRIL 2011 AT THE 102ND ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH.



In his research, Jian Gu, Ph.D., has uncovered another key to bladder cancer risk.



Picture This

President's home away from home

By David Berkowitz

When he's not in meetings on campus, attending events in the community, or traveling the country and the world on behalf of MD Anderson, John Mendelsohn, M.D., makes his home on the 20th floor of Pickens Academic Tower.

Here, decisions are made every day that impact the world's largest comprehensive cancer center.

For most of his 15 years as president, Mendelsohn reported to work across the street on the 11th floor of the Main Building. When his office moved to Pickens Academic Tower in August 2010, Mendelsohn brought with him many of the reference materials and items of inspirational and sentimental significance that he's collected during his career.



Here's what the office looked like one spring afternoon when Mendelsohn returned from a business meeting:

1. John Mendelsohn, M.D.: Following Charles LeMaistre, M.D., in 1996, Mendelsohn is the third full-time president in the institution's 70-year history. R. Lee Clark was MD Anderson's first president.

2. Cancer journals: Among a large collection of cancer-related publications is *Clinical Cancer Research*, for which Mendelsohn served as the founding editor for 10 years. He has been on editorial boards for numerous other journals.

3. Framed photos: These images show Mendelsohn with larger-than-life figures such as philanthropist T. Boone Pickens; President George H.W. Bush and First Lady Barbara

Bush; President George W. Bush and First Lady Laura Bush; professional golfer Jack Nicklaus; cyclist and cancer survivor Lance Armstrong; boxer George Foreman; and Secretaries of State Henry Kissinger, Colin Powell and James Baker.

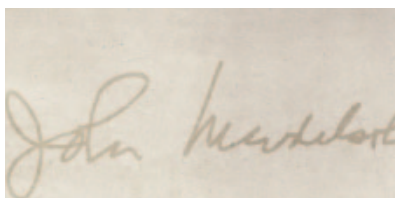
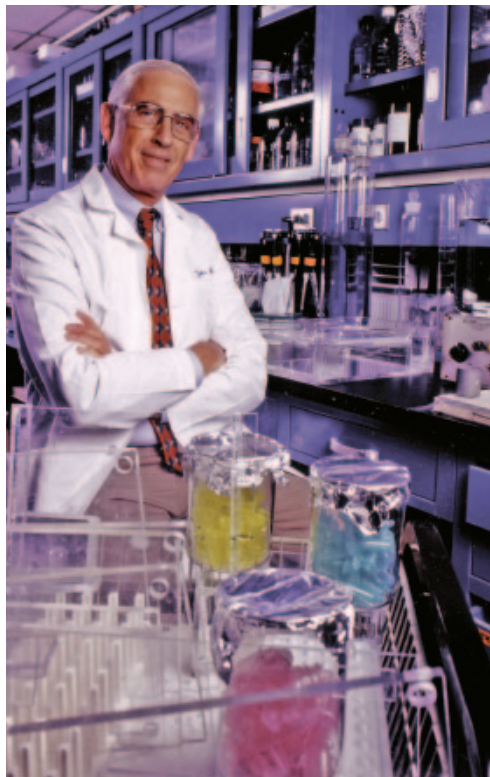
4. Wire baskets: As an organizational device, these baskets offer some insight to Mendelsohn's priorities at any given time. They contain topic-specific information, and their placement within the office generally indicates how active a subject or project is.

5. Awards: Mendelsohn has received a number of significant honors during his nearly 50-year career, including the 2006 Dan David Prize in Cancer Therapy (6.) that recognized innovation in cancer research.

7. Panoramic view: The 20th floor vantage point provides Mendelsohn and visitors with a wonderful view of MD Anderson's main campus, as well as the Texas Medical Center and beyond toward downtown Houston.

8. Framed lithograph: This image portrays the Greek god Prometheus, who represents forethought and knowledge kindling, and serves as a source of inspiration for Mendelsohn.

9. Dictionary: A lover of just the right word, Mendelsohn often refers to this Webster's Third New International Dictionary, copyright 1976. Resting on a lectern, it provides 2,662 pages of definitions.



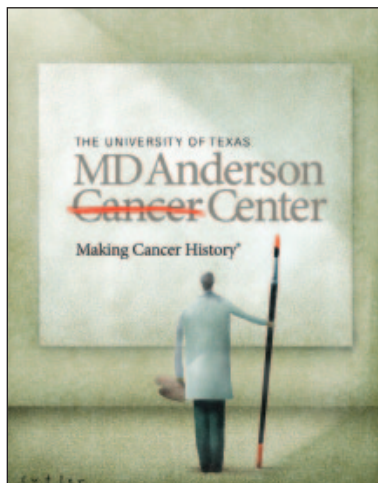
through whirlwind and calm

mendelsohns
take a team approach
to marriage, conquering cancer

By DeDe DeStefano



May 5, 2011, was a night of celebration. It featured celebrities, festivities and a baseball field full of friends contributing funds to cancer research and paying tribute to MD Anderson's 70 years of progress toward eliminating the disease.



But the evening's big stars were neither the entertainers, nor the 2,000 attendees. Rather it was a team of two whose lives are dedicated to conquering cancer.

As he prepares to step down after 15 years as MD Anderson's president, John Mendelsohn, M.D., and his wife, Anne, were the event's honorees. They have also been recognized with the establishment of the Anne and John Mendelsohn Personalized Cancer Therapy Fund.

John Mendelsohn will carry on his dedication to cancer research as co-director of MD Anderson's Sheikh Khalifa Bin Zayed Al Nahyan Institute for Personalized Cancer Therapy.

"In 1980, I began a research program that targeted the product of an abnormal gene that can cause cancer," he says. "I'm very excited to be returning to this area of research, armed with the huge advances in technology and understanding that have occurred during the past 30 years.

"I also am extraordinarily grateful for the trust that MD Anderson and generous donors are putting in us by establishing a fund in our names for this institution-wide venture in personalized therapy."

"The fund is wonderfully generous and very meaningful," Anne Mendelsohn says. "Whatever can be done to help decrease the suffering and the toll cancer takes is really important to me. I feel strongly about this great institution because it has such dedicated, mission-oriented people."

From the beginning

Anne and John Mendelsohn met during a "massive blizzard," according to Anne, at Harvard Yard during an engagement party of mutual friends. And it's as if the snowstorm symbolized the whirlwind of activity that would accompany the calm in their lives.

"It was apparent to me almost immediately that I wanted to share my life with this woman," he says. Within a few days, they'd gone on their first date. That very night, two of John's friends told him that he was going to marry Anne.

"An observation I didn't dispute," he says.

A year and a half later, the Mendelsohns married in 1962, between John's junior and senior years in medical school.

We're in this together

It is common knowledge that teamwork is essential to a good marriage, but it often takes time to learn. The Mendelsohns got it right from the start.

"We used the team approach planning the personal and professional aspects of our lives together. We've been doing this for nearly 50 years. Teamwork is part of the commitment we made in creating a family and sharing love and life together," he says.

"Whenever we've moved, we've always not only analyzed the opportunities, but also the community because we agreed that wherever we are, we're going to be very active joiners. Anne is incredibly flexible because the prime mover each time was an opportunity for my career."

Initially, the Mendelsohns moved frequently during his specialty training, until they landed in La Jolla, Calif., at the new medical school of the University of California at San Diego for 15 years. After that, there was an 11-year stint in New York City at Memorial Sloan-Kettering Cancer Center. During that time, they were blessed with three sons, Andrew, Jeffrey and Eric.

"When it would come time to take the next move, it was always an interesting challenge for me," Anne says. "What am I going to do when I grow up this time?" I would ask myself. I'd also have to analyze where we were as a family because I wanted to be there for the children. That sometimes meant engaging in work, such as freelance photography, during their nap times."

A winning combination and tradition

They attribute their successes to a combination of "thorough planning, karma, sharing all challenges together, good health and good luck," according to John.

Tradition is important to them, too.

"Every summer for 50 years, we've gotten together in August at our family camp. It's part of a nature preserve formed more than 100 years ago around a lake in Pennsylvania," Anne says. "It's a wonderful multi-generational place where everyone interacts. With our sons and their families spread out in New York, London and San Francisco, it's an important and meaningful time of the year for us to be together."

Their eight grandchildren, ranging from ages 3 to 16, are the sixth generation to take part in this tradition that goes back to her great-grandmother.

In the community

In addition to the extraordinary amount of time they commit to MD Anderson, the Mendelsohns also are active in the community, particularly in initiatives supporting the arts and education.

“Education is important to me because I think it’s one of the underpinnings of our country. It has to be available for all and is critical for the future,” Anne says. “My great-grandparents went to college, and supporting education has always been a traditional family commitment.”

Anne has chaired the boards of the Museum of Natural Science in Houston, as well as the Houston Chapter of Teach for America. She also has served on the executive committee of the Greater Houston Community Foundation and the Buffalo Bayou Partnership, in addition to serving on the board of what is now the Hermann Park Conservancy, as well as the Alley Theatre.

John has been active in many local, state and national organizations and serves on the boards of the Houston Grand Opera, the Center for Houston’s Future and BioHouston. The couple has been honored together with eight awards, including the Woodrow Wilson International Center for Scholars Award for Public Service in 2005.

Personal interests

Beyond MD Anderson and their community involvement, the Mendelsohns share an interest in sports, including tennis, biking and hiking.

“We enjoy exploring on many levels. We explore the arts together, we explore countries together, we explore civilizations together,” John says. “I travel a great deal, and we often take time out to get to know the countries that I’m privileged to visit.”

They also are proud that they’ve instilled that same sense of exploration and adventure in their children.

“We are very close to our children and their families and fortunate in that they always seem to seek our advice and help,” Anne says.

Their passion for MD Anderson

The Mendelsohns are very generous with their time to MD Anderson. In fact, it’s around the clock.

“We’re always on the run. We don’t spend more than 10 hours a year watching television,” John says.

“And we rarely go to the movies,” Anne chimes in. “Our service to MD Anderson is another part of the team approach.”

Part of that passion is personal. Anne’s family has not been immune to cancer diagnoses.

“I lost my mother, my father and my brother to cancer. When we came here, I decided not to pursue another professional career. Part of that was to be free to help the cancer cause and John in whatever way I could. We really believe in what we’re doing for the institution.”

“We’re very proud of MD Anderson,” John says. “We don’t hesitate to brag about it and its people, and what it accomplishes. We couldn’t be ambassadors for a place we didn’t believe in.”

Cancer becomes the focus

“Cancer has always interested me intellectually,” Anne says. “When we first discussed focusing on it, it kept rearing its ugly head in my family. I felt that it was important to be an advocate for getting the very best possible treatment, and living a healthy lifestyle.”

The Mendelsohns are ambassadors, as well as good role models, for healthy living. John speaks routinely about the importance of smoking prevention and cessation, along with healthy diet and exercise. Anne agrees.

“My grandparents and my parents ate whole grains, fruits and vegetables,” Anne says. “I never saw a piece of white bread at my house. Desserts tended to be applesauce or fresh fruit. But it’s tragic because, even though they lived in an otherwise healthy way, that generation smoked.”

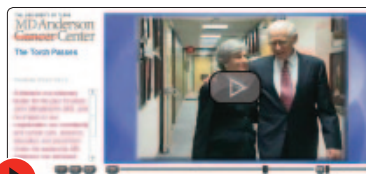
Into the future

As their commitment to eradicating cancer continues, so does their enthusiasm for escalating progress that, in part, is fueled by philanthropic support. As a result of the 70th anniversary event, MD Anderson has raised \$4.3 million for the Anne and John Mendelsohn Personalized Cancer Therapy Fund.

“Because of the recent progress science has made, particularly at the genetic and molecular level, there’s never been a more exciting time to be in cancer research,” John says. “I am committed to doing what I can to translate the many new scientific discoveries about cancer into better treatments to ease the burden of cancer on future generations. We’re extremely grateful for the trust so many donors place in us.”

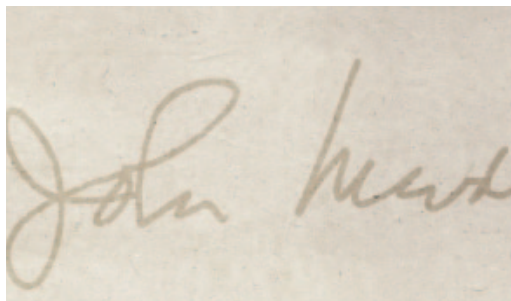
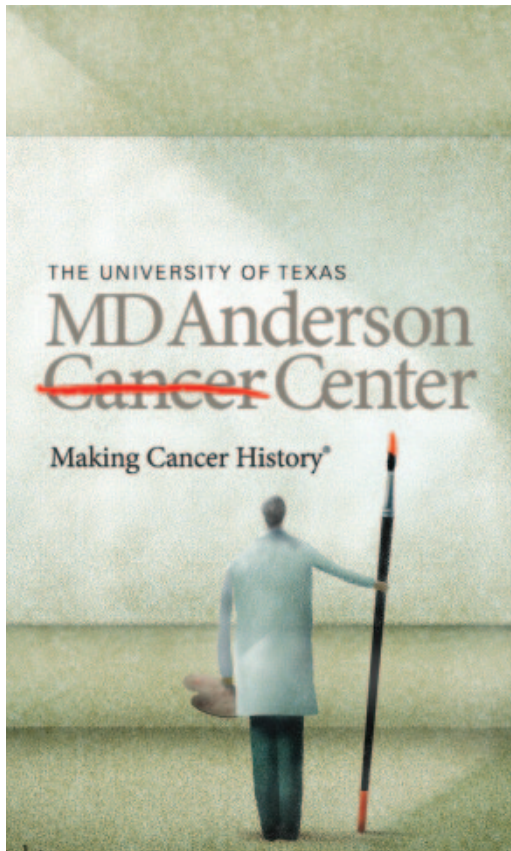
“I’ve had the best job imaginable, working with amazing faculty, administrators and employees, along with our many volunteers and supporters in the community.”

— John Mendelsohn, M.D.



View tribute videos for John and Anne Mendelsohn at www.mdanderson.org/conquest.





visionary ^a belief in possibility

By Laura Sussman

BY THE NUMBERS

	FY1996	FY2010*	Increase
Patients registered since 1944	343,896	798,385	2.3x
New patients served that year	15,136	32,380	2.1x
Patients in therapeutic clinical trials	3,466	9,606	2.8x
Percent of budget from Texas general revenue	18.1%	6.4%	
Gross square feet of facilities	3,362,330	12,466,573	3.7x
Educational trainees	1,847	6,975	3.8x
Number of faculty	708	1,386	1.9x
Number of employees (total)	8,006	17,888	2.2x

*Aug. 31, 2010



By any measure, MD Anderson's growth in size, stature and scientific progress during the past 15 years is staggering.



Yet, to truly appreciate the institution's unmatched transformation under the tenure of President John Mendelsohn, M.D., it's important to reflect on 1996.

Then and now

Upon his arrival, the institution was at a crossroads — not unlike today. It was a time of national discussions around changes in how health care would be provided and where cancer care would fall into that equation.

“Predictions from outside consultants suggested MD Anderson would face an austere time in terms of patients and payments. Rather than take the advice of outsiders who suggested that we dramatically downsize, Dr. Mendelsohn listened to those within who said they could do more with more resources,” says Leon Leach, executive vice president and chief business officer.

It was the right choice, Leach says.

“We also made a lot of changes to how we measured ourselves financially. Ultimately, the issues we were concerned about didn't transpire, and we were able to go through a remarkable period of expansion,” he says.

According to Adrienne Lang, vice president for center programs, who has worked alongside him during most of his 15-year tenure, Mendelsohn said then, as he does now, “I always see the glass half full.”

“And he always does. If there's an obstacle, he'll go around it, or under it, or even build over it to be the greatest cancer center with research-driven patient care for our patients.”

A vision of excellence

Build he did. Yet his vision was never really about the massive growth and expansion, believes Margaret Kripke, Ph.D., former executive vice president and chief academic officer.

“Rather, it was about excellence, a belief that anything was possible and delivering the best MD Anderson for patients. The growth was a consequence of that vision. It's the end result of his belief in where the institution should go, what it should look like and how we were going to get there,” Kripke says.

Despite that simplistic-sounding quest, he forever changed Houston's landscape, moving beyond the walls of the original campus. He also brought the institution into focus as a national name and as the place patients come for the very best in cancer treatment, Kripke adds.

Thomas Burke, M.D., remembers when the Faculty Center — the first facility built during Mendelsohn's tenure — was under construction. Some were concerned about simply walking across the street for the first time during a workday.

“Now, MD Anderson's presence can be felt throughout the Greater Houston community. We're soon to open a center near Phoenix. We have a presence in Albuquerque, Orlando, Istanbul and Madrid, to name a few. Dr. Mendelsohn forever changed the mindset of the institution,” says Burke, MD Anderson's executive vice president and physician-in-chief. “That first step across the street was a way to step out of the Main Building and into our global mission and vision.”

A great communicator

Buildings in support of clinical care and research tripled. The number of patients served doubled, and those on clinical trials tripled. Faculty and employees, as well as the institution's budget, increased accordingly.

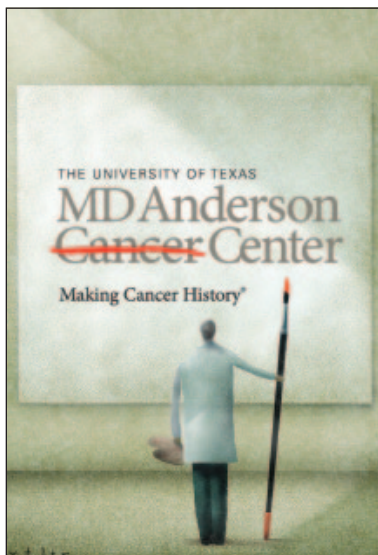
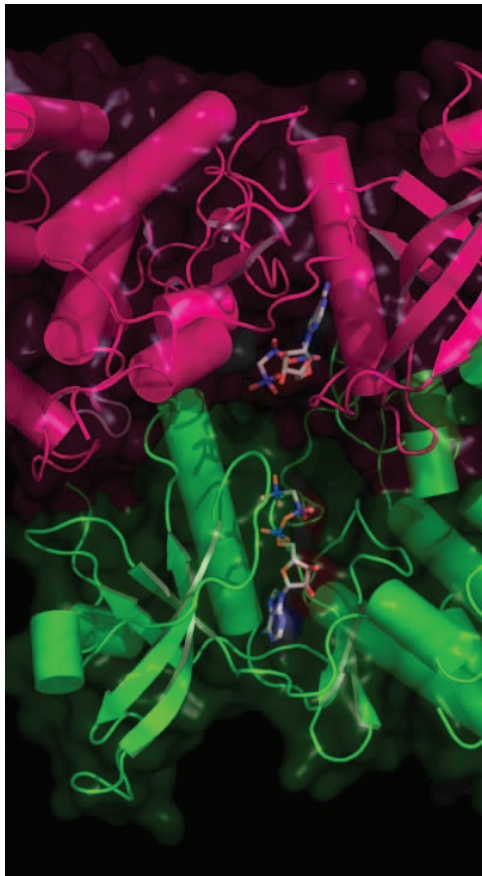
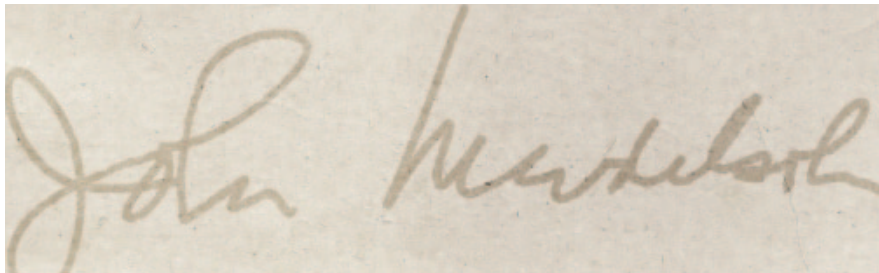
But these advances didn't come about because of Mendelsohn's commitment to excellence alone. It was paramount that he convey the critical need for an expansion of MD Anderson's research-driven patient care to those who could support the institution's quest for Making Cancer History®.

This expertise in communication is one of the secrets to his success, says Raymond DuBois, M.D., Ph.D., provost and executive vice president at MD Anderson.

“Dr. Mendelsohn has a masterful way of clearly explaining both MD Anderson's and cancer's complex research approaches and findings to the community — philanthropic supporters, state and national political leaders and the general public — in a way that they can all understand why it's important and why it needs to be supported,” DuBois says. “Ultimately, this allowed MD Anderson to have a much bigger footprint in the greater field of cancer.”

Moving on and preparing for the future

Now, Mendelsohn and his scientific gravitas will come full circle, as he returns to his first passion: research (see related story, page 16). No doubt his vision of excellence will continue to inspire his belief that, for MD Anderson, anything is possible.



researcher ^a golden beacon

By Scott Merville



When John Mendelsohn returns to research at MD Anderson, he'll open a new chapter in his career at a cancer center vastly different from the one he came to Houston to lead in 1996.



Then known principally for its high-quality patient care, MD Anderson under Mendelsohn's leadership heightened that clinical reputation, built up biomedical research and became a leader in connecting laboratory findings to patient treatment.

"John has done a tremendous job transforming MD Anderson into a cancer center with strong, research-driven patient care through an outstanding translational research effort," says Waun

Ki Hong, M.D., head of the Division of Cancer Medicine and a leader in personalized cancer treatment.

Research expenditures jumped more than threefold, from \$121 million in 1996 to \$547 million in 2010. MD Anderson became the nation's leading recipient of grants from the National Cancer Institute, greatly increased institutional research funding from clinical operations and boosted external funding via philanthropy.

Space for research expanded with construction of the George and Cynthia Mitchell Basic Sciences Research Building and creation of the South Campus. It's home to four state-of-the-art buildings and the Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer.

An innovative commitment to prevention research built what is now the Dan L. Duncan Building to house the Division of Cancer Prevention and Population Sciences and established the Duncan Family Institute for Cancer Prevention and Risk Assessment to support research.

A strategic system of institutes and centers brings together scientists and physicians across MD Anderson departments to focus on critical areas of research.

A passion for research spurs progress

"John Mendelsohn has always known that research is important. Just look at his background," says Mien-Chie Hung, Ph.D., vice president for basic research.

By the time Mendelsohn arrived at MD Anderson, he had pioneered the field of targeted therapy, taking an entirely new type of cancer drug from basic research concept all the way to the clinic. (See related story, page 16.)

"John had the translational research vision to build the South Campus program," Hung says. "In addition to bringing in

accomplished scientists, he created an environment to promote research excellence. One example is his support of the Institute for Basic Science with seven centers focusing on different aspects of cancer biology. And published research has almost doubled in the last decade."

As a stand-alone cancer center, MD Anderson started out at a disadvantage in basic science, says Richard Schilsky, M.D., professor of medicine and section chief for hematology/oncology at the University of Chicago and chair of MD Anderson's external advisory board for research programs and initiatives.

Other cancer centers are based in universities and benefit from the basic science programs present at medical schools. MD Anderson lacked that connection. "Basic science components have been strengthened," Schilsky says. "John recruited great people and has developed a great program. In many ways, MD Anderson is in front of the field in translational research and in prevention research in particular."

Schilsky cites the BATTLE clinical trial for lung cancer, which relied on biopsies of patients' tumors, swift analysis of those biopsies to identify drug targets, and then matched tumor to targeted treatment. "BATTLE established a new paradigm for the way to do drug and biomarker co-development," he says.

"Today, MD Anderson has the most innovative clinical trials with the most interesting drugs," Schilsky says. "It has enormous capacity to develop its own drugs based on targets identified in its own labs and the ability to bring them all the way to patients."

SPORE grants underpinning of research

The gold standard of translational research is the Specialized Programs of Research Excellence (SPORE) grant awarded by the National Cancer Institute. These large grants to teams of clinicians and scientists move discoveries on to clinical trials.

When Mendelsohn arrived, MD Anderson had two SPOREs, says Hong. "Now we have 12." There are only 67 active SPOREs nationally.

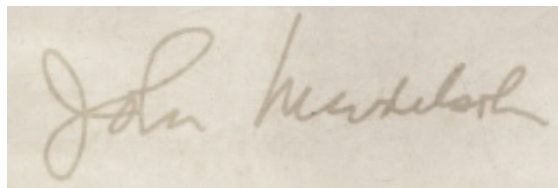
Hagop Kantarjian, M.D., chair of the Department of Leukemia, has worked for each of MD Anderson's first three full-time presidents.

"Dr. Mendelsohn expanded our basic and translational research tremendously, strengthening our reputation, visibility and the power of our research," he says. "He's one of the hardest working people I know. Almost every evening he's out with philanthropists trying to convince them to support projects and issues important to MD Anderson."

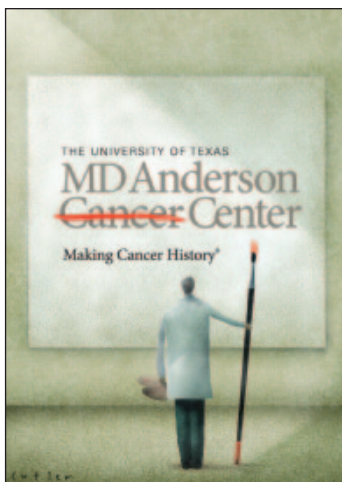
Leukemia made many seminal discoveries during Mendelsohn's tenure, Kantarjian says. "This has been our golden period."

pioneer a new approach to cancer treatment

By Scott Merville



In the 1980s, he and his colleagues took advantage of new discoveries and laboratory research tools to develop one of the first approaches to targeted cancer therapy.



Soon, John Mendelsohn, M.D., returns to research to help propel a highly personalized approach to cancer treatment, based on targeted drugs, from experimental or rare use into common practice.

“In the final endeavor of my academic career, I’m excited to participate in the effort to make personalized treatment become standard practice for our cancer patients,” Mendelsohn says.

When Mendelsohn and colleague Gordon Sato, Ph.D., set out to improve cancer treatment, drugs were blunt instruments that stymied reproduction of rapidly growing cells — both cancerous and normal.

The University of California at San Diego scientists decided to try something different by gumming up the connection between growth factors associated with cell reproduction and their receptor, found in abundance on some cancer cells.

“To put it most simply, we thought that if we were lucky, we could make an antibody to prevent that connection and block cell proliferation,” Mendelsohn says.

The arrival of C225

They identified one that did the trick. Moving the humanized version of the antibody, C225, into the clinic proved arduous.



“I have amazing memories of that time,” says José Baselga, M.D., Ph.D., then a fellow in Mendelsohn’s lab, which by then had moved to Memorial Sloan-Kettering Cancer Center in New York.

Baselga became hooked on Mendelsohn’s research while preparing to interview for that fellowship. Their discussion moved quickly to an exciting exchange “about experiments and things that needed to be done next,” Baselga recalls.

Baselga worked with Mendelsohn to complete the first clinical trial for C225, now called cetuximab, and preclinical work to try cetuximab with chemotherapy, among other projects.

All the while, Baselga notes, Mendelsohn led the Department of Medicine at Memorial Sloan-Kettering and was “beating on doors” to find companies to move.

Eventually, cetuximab advanced through a number of companies to emerge as Erbitux®, which is approved by the U.S. Food and Drug Administration for colon and head and neck cancer treatment.

“John moved science forward, but he also trained many guys like me, postdocs, how to analyze data, how to think,” Baselga notes.

Baselga is chief of the Division of Hematology/Oncology at Massachusetts General Hospital, one of the nation’s premier hospitals.

Mendelsohn is still moving the science forward.

growing our way to success

leader

By Mary Brolley

He came, he saw, he listened. And then he began to help build a workforce uniquely suited to conquering cancer in the 21st century.

When John Mendelsohn, M.D., arrived at MD Anderson in 1996, there were approximately 8,000 employees. A recent downsizing had left them wary and discouraged.

So he initiated a series of meetings with employees all over the institution.

“He listened to many, many employees,” says Martin Raber, M.D., clinical professor in the Department of Gastrointestinal Medical Oncology, who was physician-in-chief when Mendelsohn arrived.

“He also consulted members of the Board of Visitors. As business leaders, they stressed employee morale.”

So Mendelsohn continued the meetings, aiming for a wide consensus on the institution’s values, mission and vision.

The goal was that the three core values eventually agreed upon — caring, integrity and discovery — would inform every decision and guide future growth.

Employees challenged, encouraged to speak up

For the first time, Raber notes, caring, integrity and discovery became the gold standard for employee performance — both how they interacted with patients and how they treated each other.

“John told employees, ‘These values are so important, we’re going to use them to evaluate you.’”

In 2002, Mendelsohn supported the creation of the first employee opinion survey, in which employees were encouraged to weigh in — anonymously — about their satisfaction, growth opportunities, support from management and ability to express opinions without reprisal.

Three more surveys have followed, with another scheduled for 2012. Results are analyzed and acted upon.

Opportunities opened

Barbara Summers, Ph.D., vice president and chief nursing officer, believes Mendelsohn’s most lasting legacy may be in the research opportunities, training and education he’s championed for employees.

She marvels at the number of opportunities MD Anderson nurses have today.

“A nurse can have a career here. He or she can work here 30 years, and have a different role every three years.”

As MD Anderson has expanded into new buildings in the Texas Medical Center and far beyond, the workforce has grown to more than 18,000.

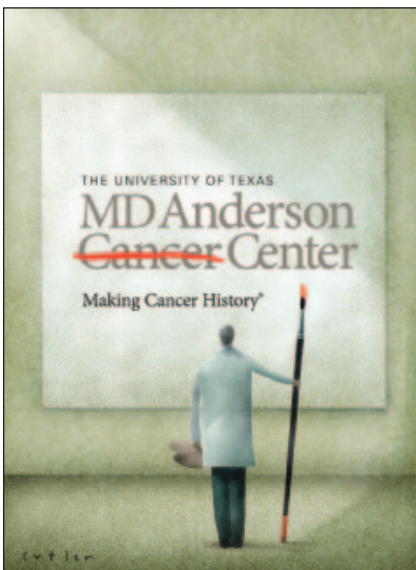
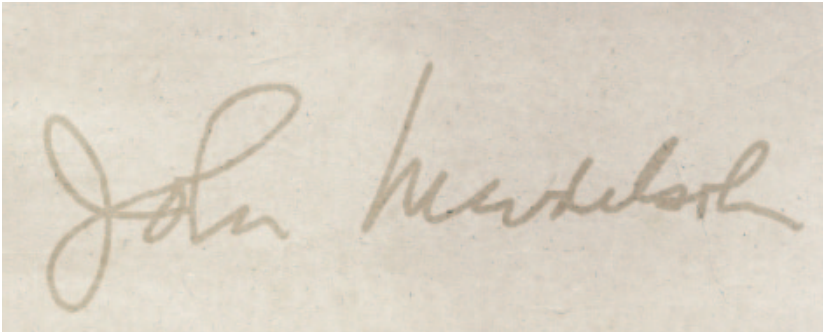
Summers, who arrived at the institution just a year after Mendelsohn, admires his forethought.

“Looking at the tremendous needs for excellence in cancer treatment, research, education and prevention, he decided to grow our way to success,” she says.



BIOHOUSTON

BUILDING THE LIFE SCIENCE FUTURE



INSTITUTE OF MEDICINE

OF THE NATIONAL ACADEMIES

ambassador with portfolio

By Sandi Stromberg



CENTER FOR HOUSTON'S FUTURE

The Region's Think Tank



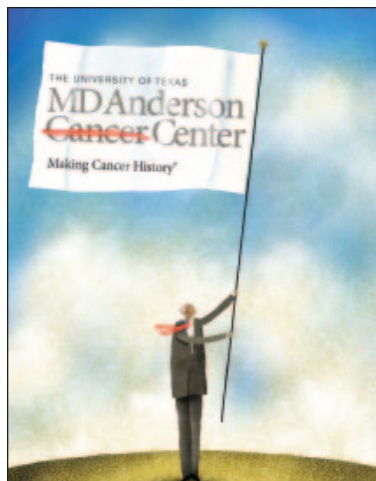
GREATER HOUSTON PARTNERSHIP

houston.org



HoustonGrandOpera

Anthony Freud, former general director of Houston Grand Opera, claims that John Mendelsohn has an extraordinarily powerful voice.



But it's not for singing the roles of Don Carlos or Cavaradosi, Falstaff or Figaro.

"When he talks, people listen — and they listen for good reason," Freud says. "He has tremendous wisdom, authority and knowledge of how organizations work and succeed. He also has a great passion for opera, so I was delighted to have him on the board. He truly understands and values world-class quality in the artistic and cultural realm and knows what makes good business sense."

Freud isn't alone in his praise and appreciation of Mendelsohn. Local, regional, state and national leaders speak highly of the qualities he brings to his commitments — in the arts, science, medicine and business.

Secrets of success

In his 15 years as president, Mendelsohn has taken MD Anderson's name far beyond the Houston campus.

"Under John's leadership, MD Anderson greatly increased its national and international profile and sphere of influence," says Patrick Oxford, immediate past chairman of the Greater Houston Partnership, who also served on The University of Texas System Board of Regents from 1997 to 2003.

Oxford attributes MD Anderson's success to Mendelsohn's three most outstanding characteristics.

"First, John and the entire MD Anderson team are sharply focused on curing cancer. I've been in meetings when John kindly asked, 'OK, and how does that help us cure cancer?' Second, he has the gift of translating science into language that even non-scientific types like me can understand. This has endeared him to many in the giving community and state government. Finally, he and his wife never, ever quit working for MD Anderson."

Defining national and state policies

At the Institute of Medicine (IOM), Mendelsohn's contributions span the spectrum of cancer science and patient care — from nanotechnology to large-scale research to personalized medicine — and include his prominent role in defining national policies for continuing care of cancer survivors, says Harvey Fineberg, M.D., president of the institute.

"Since his election to the IOM in 1997, Dr. Mendelsohn has brought deep experience, expertise and creative talent to IOM's

National Cancer Policy Board and Forum and to many IOM studies and workshops," Fineberg says.

With a career-long focus on improving the quality of cancer clinical trials, Mendelsohn most recently chaired an IOM committee that offered guidance on reinvigorating, restructuring and streamlining the Cooperative Group Program of cancer clinical trials being implemented throughout the United States by the National Cancer Institute.

He also has made significant contributions at the state level. For example, he has helped secure for MD Anderson \$100 million for cancer research from the tobacco industry settlement, bonds to build new facilities or make improvements and approval of a constitutional amendment that enabled legislation to establish the Cancer Prevention and Research Institute of Texas with funding for cancer research.

A vibrant life science industry

In 2002, Mendelsohn founded and serves as vice chair of BioHouston, Inc. This organization helps connect scientists working toward commercializing their discoveries with the funding and development expertise required to turn great ideas into marketable products.

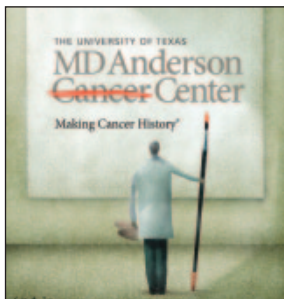
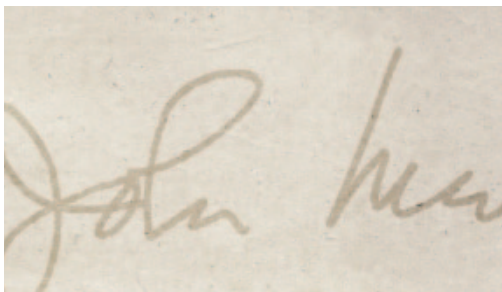
"Over the years, Dr. Mendelsohn has provided an equal amount of vision and support," says Jacqueline Northcut, the company's president and CEO. "Without his vision, we would not be poised to create a vibrant life science industry in Houston. As this industry grows, not only will it produce products that save and improve lives, but it also will drive growth in the city's economy — positively impacting lives. He saw that potential when he arrived and has paved the way for it to become a reality."

Looking 'over the horizon'

For Eugene Vaughan, founding chairman of the Center for Houston's Future, "John Mendelsohn is a consummate community-enhancer, whose inspiring leadership creates a wider vision of life and possibilities in Houston.

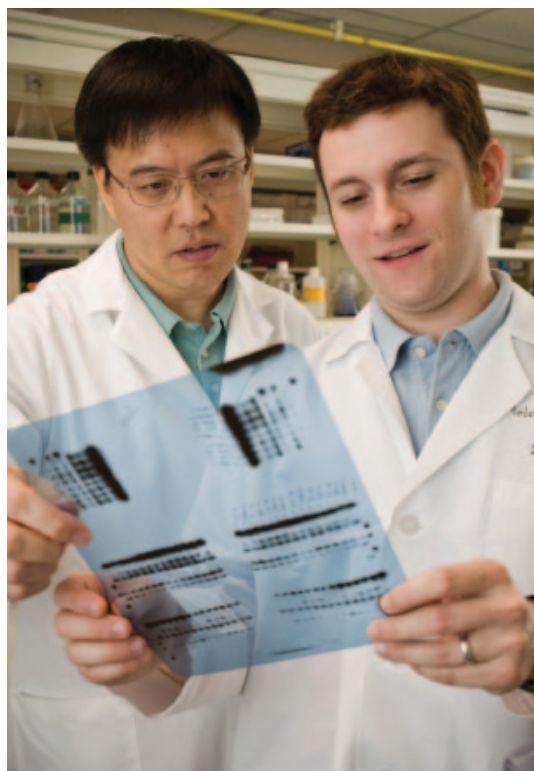
"In 1999, we were having dinner before an opera and toward the end of the meal, I asked John if I could tell him about an idea I was hatching. I laid out the concept for the center. John became animated and said, 'That is exactly what Houston needs. May I be your first director?'"

Vaughan attributes the center's realization to Mendelsohn's "zestful embrace of the idea, accompanied by his amazing offer of personal involvement. Today, he is an active board member of the center — the only organization of its kind, concentrated on looking 'over the horizon' to prepare the Houston region for the problems and opportunities hurtling at it."



educator key to the future

By Mary Jane Schier



Understanding how academic mentors helped shape his career, John Mendelsohn has often stressed: “We must do everything possible to strengthen training for the next generation of oncology and other health care professionals.”



The result has been a prolific expansion of MD Anderson’s educational programs — a major milestone of his presidency.

“As part of The University of Texas System, MD Anderson has always placed a high priority on education. From the first, Dr. Mendelsohn was enthusiastic about enhancing our teaching activities at all levels, and, most important, he was front and center in our efforts to attain degree-granting status,” explains Stephen Tomasovic, Ph.D., senior vice president for academic affairs.

Mendelsohn has emphasized excellent training for future physicians and scientists, nurses and allied health professionals. He has encouraged mentoring across the teaching spectrum, broader continuing education for faculty and adding services aimed at motivating people to reduce their cancer risk through healthier lifestyles and regular screening exams.

But it was Mendelsohn’s commitment to MD Anderson’s status as an academic university that long-time faculty leaders most appreciate.

Achieving degree-granting status

Soon after assuming the presidency in 1996, Mendelsohn began working closely with senior leaders to convince the Texas Legislature and the Texas Higher Education Coordinating Board that MD Anderson should grant degrees.

In 2001, the institution conferred its first 13 baccalaureate degrees in five allied health disciplines. Until then, students completing those programs received only certificates.

“Obtaining degree-granting status recognized the excellence of our allied health training, which MD Anderson began in 1949 with a program in histotechnology. Dr. Mendelsohn’s role in this achievement was enormous,” notes Michael Ahearn, Ph.D., dean of the School of Health Professions, which now awards degrees in eight disciplines.

Mendelsohn “put his full weight behind our goal of becoming an academic university,” Ahearn says. “He made numerous trips to Austin to meet with legislators and Coordinating Board members before we received approval to grant degrees.”

Allied health students have increased from 35 in 2000 to 300 expected for the 2011 classes. About 40% of the school’s 2010 graduates were hired at MD Anderson, while others were in high demand across the country.

‘A celebratory day’ and accreditation

The next historic educational event occurred May 11, 2002, when MD Anderson awarded advanced degrees jointly with The University of Texas Health Science Center at Houston to students at the Graduate School of Biomedical Sciences (GSBS).

Mendelsohn proclaimed the GSBS commencement “a truly celebratory day” for students receiving 33 doctoral and 12 master of science degrees as well as for MD Anderson and its faculty. They have provided substantial support and laboratories for GSBS students since the graduate school was established in 1963.

Tomasovic says Mendelsohn “was very helpful as we prepared our application for accreditation.”

Receiving the initial five-year accreditation from the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) in 2005 affirmed MD Anderson as a leading educational institution. Besides the prestige factor, accreditation is required for students to obtain financial aid from the federal government and other funding sources.

SACS approved re-accreditation for MD Anderson last December.

Education for surgeons, nurses and the public

Raphael Pollock, M.D., Ph.D., head of the Division of Surgery, is always happy when Mendelsohn states that MD Anderson’s postgraduate training programs are among the most competitive and productive in the country.

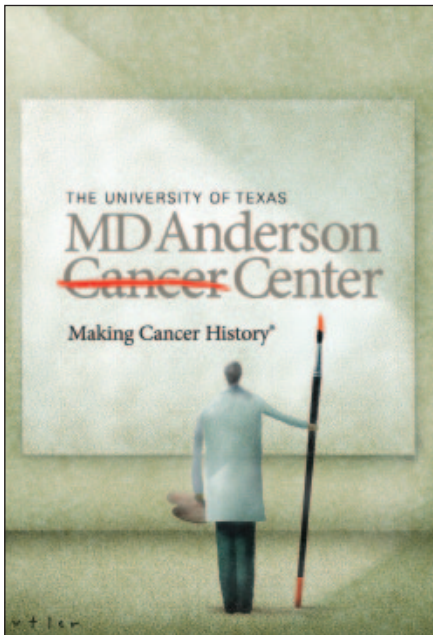
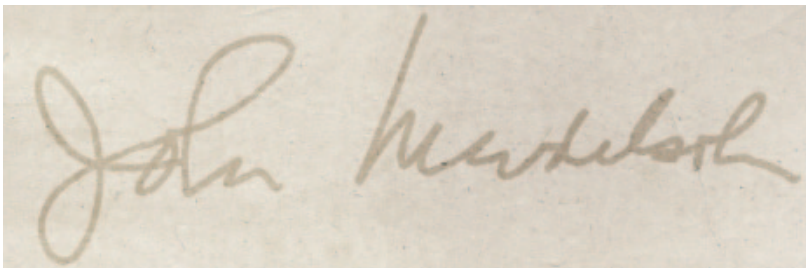
“That’s especially true for our surgical oncology fellowships. Typically, we can accept only 8% of the applicants. In the past 15 years, about 85% of our graduates have gone to academic institutions, and many are in leadership positions,” Pollock says.

Almost 7,000 students and trainees took part in MD Anderson’s diverse teaching programs in 2010. Since 1996, the number of clinical residents and fellows has nearly doubled, while research trainees and postdoctoral fellows have tripled.

Nursing students receiving clinical training reached a record 2,776 last year, up more than 1,000% from a decade ago.

During Mendelsohn’s tenure, the Public Education Office has shared crucial cancer awareness messages with more than seven million people reached through community events, materials about cancer risk reduction, website links, health fair exhibits, school and worksite presentations, tours and other specialized programs.

“Dr. Mendelsohn understood that education was a key component of MD Anderson’s mission and ensured that it remained strong and grew with the institution’s other mission components,” Tomasovic says.



architect structured, global relationships

By Marisol Espinosa



Eliminating cancer in Texas, the nation and the world always has been an institution-wide pursuit.



However, in the past 15 years, this global part of MD Anderson's mission has played a noticeably larger role in the growth of the institution, taking what it means to eliminate cancer on an international scale to a whole new level.

"Early in his tenure as president, Dr. Mendelsohn had a vision of how to make our international engagements more strategic," explains Dan Fontaine, senior vice president for Business Affairs and founding member of MD Anderson's Center for Global Oncology (CGO). "He wanted to do more than share our knowledge with others; he wanted to

extend what we do in those environments and have more structured relationships."

Centro Oncológico MD Anderson International España in Madrid, founded in 2000, was MD Anderson's first international affiliation. Prior to that, in 1991, MD Anderson Cancer Center-Orlando was created as the first national affiliate of MD Anderson.

Enter Global Academic Programs

In the early 2000s, MD Anderson signed three formal agreements with leading international cancer centers and institutions. Today, the network of sister institutions stands at 23.

Oliver Bogler, Ph.D., vice president for Global Academic Programs, credits the network's soaring growth to Mendelsohn. "Everywhere he goes he raises a lot of enthusiasm. He's such an inspirational figure in cancer research that many people want to work with us because of him, which makes it easy to form relationships."

Such was the case in 2008, when the German Cancer Research Center (DKFZ) was added to the sister network. While the two institutions had a long-standing relationship for more than 15 years, the formal agreement provided clearer parameters on future projects.

"Complementing expertise is one of the decisive factors for a successful partnership," says Prof. Dr. Otmar D. Wiestler, director of DKFZ. "Our translational research is of increasing importance. Here, we learn from MD Anderson. In turn, MD Anderson benefits from our basic research expertise."

A small step outside 1515 Holcombe

Although the CGO was officially established in 2008, the genesis of what the center is tasked with today began with the Radiation Treatment Center in Bellaire in Greater Houston,

according to Amy Hay, associate vice president for Global Business Development.

"From the moment we were brave enough to step outside our walls, we were redefining what it means to eliminate cancer on a global scale. We may not have known it at the time, but we were starting it," she says.

The Bellaire facility opened in 2000, offering the institution's brand of radiation therapy to the community for the convenience of patients.

"Over time, patients seeking our services increased, employee satisfaction went through the roof, and it became a little Mecca of success," Hay recalls.

Soon after, they replicated the winning model in five more locations around the Greater Houston area to accommodate patient growth and ease of access. These have grown to encompass other modalities of cancer care and are known collectively today as MD Anderson's regional care centers.

During the next 10 years, MD Anderson's radiation oncology programs would travel beyond Texas and outside the U.S. borders: in 2007, to Presbyterian Kaseman Hospital in Albuquerque, N.M.; and, a year later, to the first overseas location, launched with American Hospital in Istanbul, Turkey.

The next big step

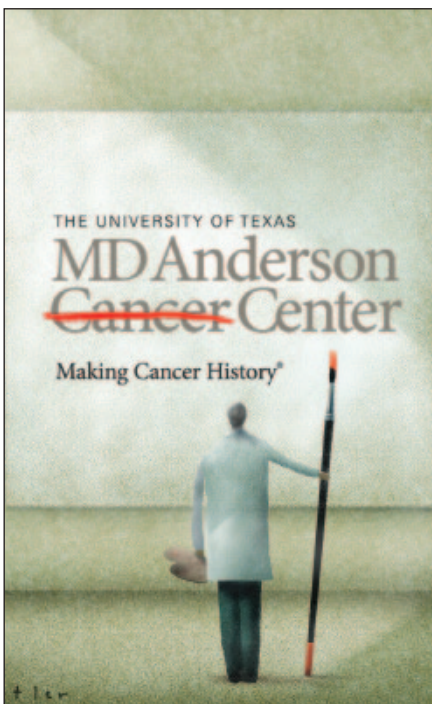
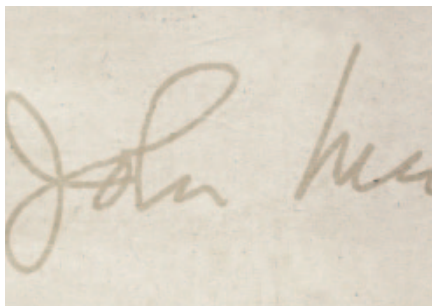
CGO's formation was the result of recognizing a need to concentrate global research, and clinical and business efforts into one area.

Today, expansion efforts are evolving to include collaboration with other premier institutions offering more of the full spectrum of MD Anderson's renowned patient care services.

The opening of Banner MD Anderson Cancer Center in September in Arizona will be the first of its kind — a comprehensive, integrated, multidisciplinary center that is co-branded with MD Anderson in another state.

"It was always Dr. Mendelsohn's belief that curing cancer is not going to happen by staying in Houston," Hay says, "but we had to go about doing it in a 'stepped' approach. We had to prove to our faculty and staff that we're committed and dedicated to ensuring that those programs are of MD Anderson quality."

Fontaine agrees that Mendelsohn's core legacy is growing the institution and its global mission. "Right from the start, Dr. Mendelsohn wanted to have a big impact. He recognized without global engagement MD Anderson would fall behind other institutions. His vision positioned us prominently in the scientific and medical world, which will continue to help eliminate cancer around the world."



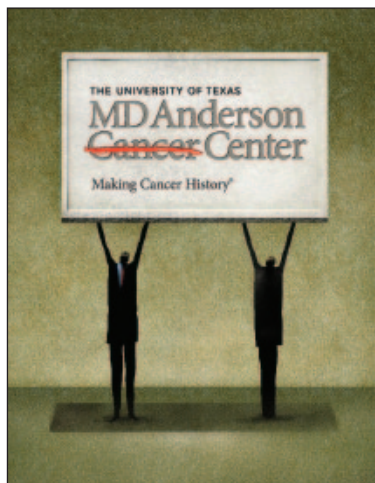
fundraiser on the money

By Sarah Watson



B

usiness entrepreneur and philanthropist Red McCombs of San Antonio tells a story about his family foundation's \$30 million gift to MD Anderson in 2005.



Fascinated by the announcement of a \$135 million South Campus Research Initiative (SCRI) and its potential impact on cancer care and research, he decided to give MD Anderson an unsolicited \$25 million to jump-start donations.

“John was gracious and excited,” McCombs says. “And being the great salesman he is, he called me back in a couple of days and said, ‘If there’s any way you can make that \$30 million, it would exponentially increase the value.’”

McCombs thought about the difference the extra \$5 million could make for cancer patients and their families everywhere.

“Then, suddenly, a light came on,” he quips. “I realized I’d better get this settled because John may call again.”

Today, the Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer is an important part of MD Anderson’s South Campus.

An indelible mark

Mendelsohn’s arrival was a great moment for MD Anderson, says former President George H.W. Bush, a life member of MD Anderson’s Board of Visitors (BOV).

“Not only did he bring his unequalled expertise in cancer to the job, but he also brought his energy and creativity,” Bush says. “It was an honor to serve as chair of the BOV under his leadership.”

According to Patrick Mulvey, vice president for development, who has watched philanthropy dollars increase during the past 15 years, it’s hard to put a price on Mendelsohn’s fundraising efforts.

“He’s worked hand-in-hand with the Development Office, giving generously of his time to ensure we meet and often exceed our fundraising goals,” Mulvey says. “His active role in clearly defining the institution’s philanthropic objectives and in securing financial resources for programs that need funding has made an indelible mark on the institution.

“A key component of that expertise is his ability to communicate to donors the significance of their gifts — whether \$25 or \$25 million — to MD Anderson’s mission to eradicate cancer. He inspires confidence in this mission, a key ingredient in our donors’ decisions to invest their philanthropic dollars in our institution.”

MD Anderson’s current fundraising initiative, Making Cancer History®: The Campaign to Transform Cancer Care, publicly

launched in 2010, with a \$1 billion goal. Ten months later, the institution extended the goal to \$1.2 billion by December 2011.

“On John Mendelsohn’s watch, MD Anderson met its original \$1 billion goal two years early,” says Nancy Loeffler, chair of the BOV. “What an extraordinary accomplishment that speaks to Dr. Mendelsohn’s phenomenal skills as a leader and a motivator. We owe much to this great man and his wife, Anne, who have contributed enormously, not only to MD Anderson, but also to the world.”

Extraordinary gifts

In 2007, oil and gas industry leader and philanthropist T. Boone Pickens gave MD Anderson \$50 million. Pickens, a life member of the BOV, attached a unique requirement to the gift. The institution was expected to grow the \$50 million to \$500 million within 25 years. In October 2008, MD Anderson formally dedicated its 21-story, 730,000-square-foot T. Boone Pickens Academic Tower in Pickens’ honor.

In September 2010, MD Anderson announced it had raised the \$500 million, more than 20 years ahead of deadline.

Another superlative gift came from Jan and Dan L. Duncan through their family foundation in spring 2008: \$35 million — the largest gift ever made to a cancer prevention program in the nation. The Dan L. Duncan Family Institute for Cancer Prevention and Risk Assessment builds on MD Anderson’s achievements as a pioneer in cancer prevention.

“John Mendelsohn is a remarkable leader and visionary, and we’re thrilled that our family has had the opportunity to work with him, and with the MD Anderson family, to bring hope to our world,” says Jan Duncan, an associate member of the BOV and a director of the Dan L. Duncan Family Foundation, who continues her husband’s legacy of giving since his death in March 2010.

Earlier this year, the Khalifa Bin Zayed Al Nahyan Foundation gave \$150 million to MD Anderson. The gift will enable the institution to make significant advances in personalized cancer therapies and accelerate the pace of pancreatic cancer research. Mendelsohn will serve as co-director of the new Sheikh Khalifa Bin Zayed Al Nahyan Institute for Personalized Cancer Therapy.

Other significant gifts have come from George and Cynthia Mitchell, \$20 million in 2001, and from Peggy and Lowry Mays, \$20 million in 2005.

Ernie Cockrell, former BOV chair who led the SCRI in 2005, sums it up: “John Mendelsohn will be remembered as a builder. He’s had audacious goals, and he’s achieved them. That’s the real mark of Dr. Mendelsohn.”



Barbara Summers, Ph.D., vice president and chief nursing officer (left), talks with Debra Adornetto-Garcia, M.S.N., executive director of Nursing Professional Practice, about Adornetto-Garcia's new role providing leadership and oversight of nursing professional education, nursing workforce development, nursing quality and Magnet programs, and strategic professional practice initiatives.

QUESTIONING

traditions, standards, basics

How can we
make care
better?

By Julie A. Penne

Are MD Anderson nurses caring for patients in the best way possible?

It's a welcome question that more and more nurses at MD Anderson are asking.

It's also the starting point for evidence-based practice projects, which can lead to changes, updates, reversals and refinements of traditional nursing practice. Ultimately, these projects lead to better patient care and an authoritative advocate voice.

This key question led Barbara Summers, Ph.D., professor and chair of the newly established academic Department of Nursing and vice president and chief nursing officer, to create an initiative dedicated to evidence-based nursing practice. To begin the journey, in 2005, Summers recruited Geri LoBiondo-Wood, Ph.D., associate professor in the Department of Nursing, and charged her with formulating the evidence-based program together with the nursing leadership team.



Gerri LoBiondo-Wood, Ph.D. (second from right), associate professor in the Department of Nursing, reviews a research question with Jill Galinato Fryer, clinical nurse (left), Katie Lewis, associate director of Clinical Nursing, and Shaiji Asokan, clinical nurse.

Evidence-based nursing key to better patient care

According to LoBiondo-Wood, evidence-based practice is an interdisciplinary project that works to improve patient care and has been a vital element of nursing practice.

“Nurses who participate in evidence-based practice question their practice. They constantly ask, ‘What’s the best way to do this? Why do we do this? Is there a better way?’” says LoBiondo-Wood, who is one of four faculty members in the Department of Nursing.

“They have ideas and want someone to listen to them. The best way to get someone’s attention about changing a practice is a well-done scientific study. What we do is teach nurses how to use published research so nursing practice can continue to be evidence-based and advance with contemporary thinking.”

Since the formal program began, 192 projects have been presented, many of which have led to policy or unit-based changes (see related articles, pages 28-31). Plus, many other projects have been presented at national nursing meetings, such as the Oncology Nursing Society, American Society of Blood and Bone Marrow Transplantation and the Nursing Magnet Conference, either as poster or podium presentations.

The American Nurses Credentialing Center (ANCC), which recognizes outstanding nursing practice and programs with Magnet designation, complimented MD Anderson’s evidence-based nursing practice this past year. The ANCC, which designated the institution as a Magnet hospital for the third straight time, noted that MD Anderson had a “well-defined and integrated” program.

An example of this integration is the weave of evidence-based projects with the Nursing Practice Congress, MD Anderson’s formal nursing governance model. Evidence-based practice serves as a launching pad for encouraging nurses to return to school for advanced degrees and for developing mentorships.

“Evidence-based practice is probably the purest form of nursing because it looks for new ways to improve patient care,” says Summers, who is working on an evidence-based project on patient and family engagement. “One of the best ways we can promote and encourage this kind of work is to demonstrate and talk about the positive change that comes and the autonomy it breeds.”

This is the third installment of a three-part Conquest series on nursing that began with the fall 2010 issue.



Mary Cline, advanced practice nurse (left), and Cristina Zita, clinical nurse, measure a patient's leg to ensure she gets the proper compression stocking to prevent venous thromboembolisms.

THIGH-HIGH versus knee-high

Evidence gives legs
to policy change

By Julie A. Penne

When it comes to compression stockings, less can be more.

That's what Cristina Zita and her team found this past year when they questioned and researched the use of thigh-high compression stockings over the more comfortable and cost-effective knee-highs.

After a year of research and working through the operational and policy channels, knee-high compression stockings now are the standard of care for MD Anderson's non-surgical adult patients in the hospital. In addition, nurses are better educated on the proper sizing, measurement and application of the snug-fitting stockings.

Zita and her team started the project last year after making simple observations in her unit: Thigh-high compression stockings often slipped down the patient's leg to the knee. If the stockings weren't comfortable or didn't fit properly, patients weren't wearing them.

Preventing VTE is serious business

She and her colleagues knew that if patients weren't wearing the compression stockings, they were at increased risk for venous thromboembolism (VTE), a potentially life-threatening circulatory condition common to cancer patients.

"So often, we would see a patient with compression stockings that had rolled down and produced a tourniquet effect or that had been removed completely," Zita says. "Either of those situations could have been dangerous for the patient."

As one of MD Anderson's nursing rising stars, Zita elected to take on this question as part of her research component in the year-long clinical nursing leadership development program.

When the extensive literature review was completed, the project advanced for further study and action with a multidisciplinary Professional Action Coordinating Team* (PACT), as assigned by MD Anderson's Nursing Practice Congress*.

Switching the primary choice to knee-highs

Zita chaired the PACT, with her mentor, Advanced Practice Nurse Mary Cline, as co-chair. The group recommended early this year that the primary choice for the compression hose on the VTE institutional order set be knee-high length.

The recommendation was approved by a series of institutional clinical leadership committees.

Since the adjustment in standard and the new choice on the institutional order set, updated educational materials and patient and nurse trainings have complemented the change.

In the coming months, the group will submit a paper on their findings and add to the collection of literature they once reviewed on the topic.

"An evidence-based project like this makes you feel you've improved care for patients not only at MD Anderson, but also at hospitals all over the world. This process gives nurses a voice, and you contribute that much more to patient care but in a very different way," Zita says.



When David Conlon, clinical nurse (left), identified problems with blood pressure machines, he worked with several people in the institution, including Ellen Anguiano Aguirre (right), a materials use evaluation specialist in the Department of Sourcing and Contract Management, to make sure the equipment worked properly. Conlon demonstrates the new blood pressure cuff to her and Abiodyn Sanni, nursing assistant.

The undeniable **PRESSURE** of evidence

By Julie A. Penne

MD Anderson is home to the most sophisticated technologies in the world, but for David Conlon it's all about the simple blood pressure cuff.

Conlon, a clinical nurse, has worked in MD Anderson's Nursing Resource Pool since he joined the institution 12 years ago. He had confidence in his and his colleagues' abilities when it came to taking the all-important blood pressure measurement, but he sometimes doubted the equipment.

On occasion, the machine wobbled on the wall or didn't act properly when the bulb was pumped. Portable blood pressure machines were available, but it often was difficult to step away from a patient's bedside to retrieve one.

When he wrapped the cuffs around patients' arms, Conlon saw they sometimes were the wrong size and also wondered if they could potentially be a source of infection.

What concerned him most was getting an accurate reading of patients' blood pressures, which were literally and figuratively, vital.

BP is de rigueur, until equipment falters

"Taking a patient's blood pressure is something all nurses do every day, but for those of us on the inpatient units, we may take vitals several times during a shift or even every hour," Conlon says. "We must have proper readings so we can properly monitor patients. They may be getting chemotherapy, new immunotherapies or other IVs, recovering from surgery or experiencing complications."

Conlon took his concerns — and initial research consisting of a literature review and two evidence tables — to the Nursing Practice Congress* in 2006. He hoped it would assign a Professional Action Coordinating Team (PACT)* and consider advocating a policy change. The congress had just formed as MD Anderson's formal shared governance structure, and the PACT addressing the blood pressure equipment issues was among the first appointed; Conlon was the chair.

"Were there none who were discontented with what they have, the world would never reach anything better."

— Florence Nightingale

A year later, the PACT answered all four of the original research questions and worked to establish these new standards and procedures to:

- change clinical practice to single-use cuffs and reduce the risk of infection;
- ensure that all hospital rooms have properly calibrated wall-mounted blood pressure devices in good working order;
- teach the nursing staff how to properly size a cuff; and
- educate the nursing staff that manual blood pressure machines are preferable in some emergencies.

To move the recommendations into reality, Conlon led a task force in 2009 composed of representatives from materials management, biomedical engineering, procurement and an equipment vendor. They explored a wide range of issues from outfitting machines with an adapter to accommodate the new single-use blood pressure cuff to developing a regular maintenance and repair schedule.

Spurring action

As a result of the PACT's work, 164 manual blood pressure machines were either repaired or replaced from a total of 486 that were inspected. Another 130 blood pressure machines were replaced last year.

An additional offshoot of the project was that yet another nurse experienced the value and effect of evidence-based research.

Now, Conlon is pursuing his master's degree in nursing education and has ideas for future projects related to infection control. He has already published a paper on the blood pressure cuff initiative in *Oncology Nursing Forum*.

A SAMPLING OF COMPLETED EVIDENCE-BASED PROJECTS:

- Prevention of Falls on the Neuro/Rehabilitation Unit
- Are Cooling Blankets Effective for Pediatric Patients With Fever?
- Dealing With Nurse Grief
- Bathing Practices in Critical Care Unit
- Management of Arterial Lines in Post-Anesthesia Care Unit
- Post-Operative Incision Care: Establishing Best Practices
- Tanning Beds and the Risk of Melanoma
- Stress Factors for Caregivers
- Role of Palliative Care Nurses in Symptom Control at the End of Life (Multidisciplinary Study)

TOGETHER

when they need each other most

Nurses sway long-standing child visitation policy

By Julie A. Penne

Most evidence-based nursing practice projects begin with a clinical question or observation. But one such project began with a promise to a patient's husband.

Inspired by their experience of caring for a mother separated from her two young children — and so many other parents and grandparents like her — a team of nurses tackled the question of child visitation and why 12 was the magic age for children to be restricted from inpatient leukemia, lymphoma, myeloma and stem cell transplant units.

They questioned a child visitation policy in place at MD Anderson for many years.

The query originally was posed by the husband of a 34-year-old mother frequently admitted to the hematology units with aggressive B-cell lymphoma. The unit nurses — most of whom are parents — didn't feel they had substantive answers for the father. They often struggled ethically when critically ill patients requested to see their young children.

After the young mother died, five nurses from the unit set out to fulfill their promise to her husband to review the policy.

Looking for published studies on young children as infection carriers, the team found no evidence that children pose a greater risk to immunocompromised patients than adults.

They continued their research, meeting with experts from the Department of Infectious Disease, surveying other institutions and informally polling MD Anderson physicians.

With the initial research complete, the team saw the potential for changing the policy.

“Let us never consider ourselves finished nurses ... we must be learning all of our lives.”

— Florence Nightingale



Jane Falk (second from left), associate director of Clinical Nursing, worked with clinical nurses Cory Wongsa (left), Melissa Gonzalez and Michelle Ortiz to review the child visitation policy, which now allows healthy children under 12 to visit parents in most inpatient units.

Change on the horizon?

They presented their research to MD Anderson's Nursing Practice Congress* and a multidisciplinary Professional Action Coordinating Team (PACT)* was assigned to further explore the issue and possible policy revisions.

"We knew that evidence-based research was our first recourse for advancing a change in the visitation policy," says Jane Falk, associate director of clinical nursing, who led the PACT. "As nurses, we support the family throughout the cancer journey. We see the joy that children can bring to a parent or grandparent."

When the study found no evidence to support child visitation restrictions, the PACT shifted its focus to researching and developing evidence-based policies and guidelines to prevent the spread of infection by visitors, regardless of age.

Guidelines for young visitors

Today, after multiple clinical committees signed off on the policy change, children younger than 12 can visit patients in most areas of the hospital, though some restrictions remain.

As part of the policy, children are screened for colds, coughs or fevers. They also must wash their hands and wear gloves and masks as instructed, be supervised by an adult and remain only in the family member's room.

"This was my first evidence-based research project, and I want to participate in future projects because of the great experience and impact of what we could do for our patients and their families. We were committed to seeing this project through but, ultimately, the evidence spoke for itself," says Lisa Comer, clinical nurse.

Comer, Falk and others were the authors of a paper on the new guidelines recently published in the *Clinical Journal of Oncology Nursing*.

**For more information about MD Anderson's Nursing Practice Congress and the Professional Action Coordinating Teams, see the spring 2011 Conquest.*

Moving Forward: John Holland

By Lindsey Garner

Faith and spirituality weave themselves through all aspects of John Holland's life — family man, business manager, community leader, outdoor enthusiast and cancer survivor.

“God gave me adversity, and while it was difficult day-to-day, over time I saw my cancer as a blessing,” Holland says. “It’s encouraged me to spend the years since my diagnosis really living — balancing family, my business and the outdoors, all with God at the center.”

Holland was diagnosed in 1997 at MD Anderson with chronic myelogenous leukemia (CML), a slowly progressing blood and bone marrow disease.

At the start of his treatment, he decided to pursue skiing as a serious hobby while adjusting to the aggressive drug therapy. A group ski trip to British Columbia scheduled near the one-year anniversary of diagnosis gave him a goal and “something to look forward to.” Today, the adventure is an annual event for Holland and his Powder Hound Alpine Adventure Team.

Life at great heights

After 3 1/2 years on the treatment protocol, his blood counts returned to normal, and the disease was barely detectable. He skied across North America with family and friends, pushed his limits with heli-skiing and perfected his skills in the backcountry.

In 2008, shortly before his annual ski trip, he came to MD Anderson for his routine six-month blood test. He left the country with what he thought was a persistent chest cold and expectations for normal blood test results upon return.

In the remote backcountry of British Columbia, his fatigue increased, and he struggled to ski. The deterioration accelerated and soon he was checked into a rural hospital. Tests revealed his CML was back in blast crisis.

After a drug therapy-induced remission and seven months of chemotherapy, Holland underwent a stem cell transplant performed by Stefan Octavian Ciurea, M.D., assistant professor in the Department of Stem Cell Transplantation and Cellular Therapy.

Ciurea supported his desire to get back on the slopes. With much caution and only four months after his transplant, Holland celebrated Christmas skiing with his wife, daughter, son and their friends in Rossland, British Columbia.

Recently appointed to the institution's Board of Visitors, Holland feels that “MD Anderson is one of the most important places in my life.”



John Holland with the Powder Hound Alpine Adventure Team and with his wife, Laura.



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LOCATIONS

In addition to MD Anderson's main campus in the Texas Medical Center in Houston and two research campuses in Bastrop County, Texas, the institution has developed a number of local, national and international affiliations.

Houston Area

Regional care centers: Bay Area (Nassau Bay), Katy, Sugar Land, The Woodlands

Outside of Texas

MD Anderson Cancer Center-Orlando (Fla.)

MD Anderson Radiation Treatment Center at Presbyterian Kaseman Hospital (Albuquerque, N.M.)

Banner MD Anderson Cancer Center (Gilbert, Ariz.), opening in September 2011

International

Centro Oncológico MD Anderson International España (Madrid, Spain)

MD Anderson Radiation Treatment Center at American Hospital (Istanbul, Turkey)

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