



It takes a thousand voices to tell a single story.

— Native American proverb

Every day thousands of voices help tell a single story about what is happening at MD Anderson to fulfill our mission of Making Cancer History®.

Some of these voices belong to nearly 18,000 faculty and staff, who provide patient care, explore promising leads in research labs and the clinics, or work in an array of other settings here. Some are voices of employees who are just beginning their careers, while others speak with years of skill and experience.

These voices also belong to our patients and their caregivers, who place their trust and destinies in our hands. Still others show their faith in MD Anderson as volunteers making gifts of time or financial resources.

This annual report can only highlight a few such voices. They are a reflection of the skill, commitment and diversity of thousands more who contribute to our challenging goal — the elimination of cancer.





MISSION

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

VISION

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

CORE VALUES

Caring

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

Integrity

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

Discovery

We embrace creativity and seek new knowledge.

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Voices

For 15 years, my “voice” has introduced our annual report. No doubt, this will be the last time, as I have asked The University of Texas System Board of Regents to choose my successor, and that process has begun.

These have been among the happiest years of my life, mainly because I have been working with our faculty, employees and volunteers, along with our generous community supporters, to build an outstanding academic medical center that has risen to new heights.

Over a decade ago, we wrote this vision together: “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.” Indeed, today we are the premier cancer center, and we are widely perceived as such by patients, providers of health care and cancer researchers. That is due to the hard work of thousands who have rallied to our cause and share the credit for our achievements. We can be proud of that, but we are humbled, as well, because we know that people are counting on us to further unravel the mysteries that surround the disease and to reduce the toll cancer takes.

In the last 14-plus years, MD Anderson has doubled the number of patients served annually and tripled the number of patients on clinical trials of novel new therapies. Those clinical trials have become increasingly more complicated and sophisticated, and are yielding better results. We have greatly expanded our facilities and amenities for patients. The number of students and trainees here has tripled. We have experienced a huge increase in research support and are number one in grants from the National Cancer Institute. In a period of economic downturn, we completed a \$1 billion campaign to raise philanthropic funds for research, two years ahead of schedule. Our Board of Visitors and the Development Office deserve kudos.

Another fine accomplishment is our outreach to the community and our collaborations outside Houston. MD Anderson’s regional care centers around Houston are delivering high-quality cancer care for an increasing number of patients in convenient settings.



Taking steps

Specific steps should be taken to ensure that cancer deaths decrease more rapidly, the ranks of survivors swell and an even greater number of cancers are prevented in the first place.



Check out an online audio slideshow on this topic with John Mendelsohn, M.D., president of MD Anderson.

www.mdanderson.org/annualreport



Clinical programs bear the MD Anderson name in Orlando, Madrid, Istanbul, Albuquerque and soon in Phoenix. We have more than 20 sister institution agreements for research and training with outstanding cancer centers around the world that can learn from us, and we will learn from them. We have built exemplary programs addressing disparities in cancer incidence and mortality, and soon will embark on an ambitious program in health services research to answer fundamental questions about improving the value and efficiency of care.

In recent years, MD Anderson has built a fine School of Health Professions that now awards eight different bachelor's degrees leading to high-demand allied health jobs. And we have enhanced the quality of the Graduate School of Biomedical Sciences we share with the UT Health Science Center. An amazing 6,000 full-time and part-time trainees seek education here each year, including more than 2,000 nurses and more than 1,000 physicians.

Over 40% of Americans will be diagnosed with cancer during their lifetimes. And 150,000 cancer patients will succumb to their disease this year. At least 20% of Americans continue to smoke cigarettes. Too many people continue to be at risk for cancer because of their lifestyles and their environment. The aberrant genes and molecular pathways that lead to cancer are not fully defined or understood. There still is much work to be done.

I look forward to returning to clinical research full time as co-director of our new Institute for Personalized Cancer Therapy at the most exciting and encouraging time in history to be involved in cancer research and care. Our goal is to be able to detect the aberrant genes in each individual patient's cancer, and prescribe new therapies that are designed to target the products of these genes. This research is already under way at MD Anderson.

I am grateful for the opportunities MD Anderson has given me, and I am eager to continue contributing to the progress that is bound to come in the years ahead.

John Mendelsohn, M.D.

President

The Voices of Research



Tracking down, turning off cancer switches

By Scott Merville

Triple-negative breast cancer, one of the toughest types to treat because it lacks targets for three successful drugs, reminds Mien-Chie Hung, Ph.D., of another difficult type 20 years ago. We know it today as HER2-positive breast cancer, named for a cancer-fueling protein overly abundant in the tumor.

“It was considered very bad. But research uncovered the mechanism that drives the disease. Scientists and clinicians found a way to treat it,” Hung says.

As a postdoctoral fellow working with a team, Hung isolated *neu*, the culprit gene in rats, which is the homologue gene of the human HER2. That discovery, in turn, led to the development of Herceptin®, a drug that has improved survival of women with the disease.

“Research eventually will identify how to control the oncogenes or genes involved in triple-negative, and we will turn that around, too,” says Hung, professor and chair of MD Anderson’s Department of Molecular and Cellular Oncology, as well as the cancer center’s new vice president for basic science.

Hung’s lab and department routinely publish major findings. Most recently, they identified a crucial molecular network that differs between breast cancer cells and breast cancer stem cells — a small population of highly resistant tumor cells that are thought to drive recurrence. “We need to kill cancer stem cells, and there are drugs to inhibit that pathway,” he says.

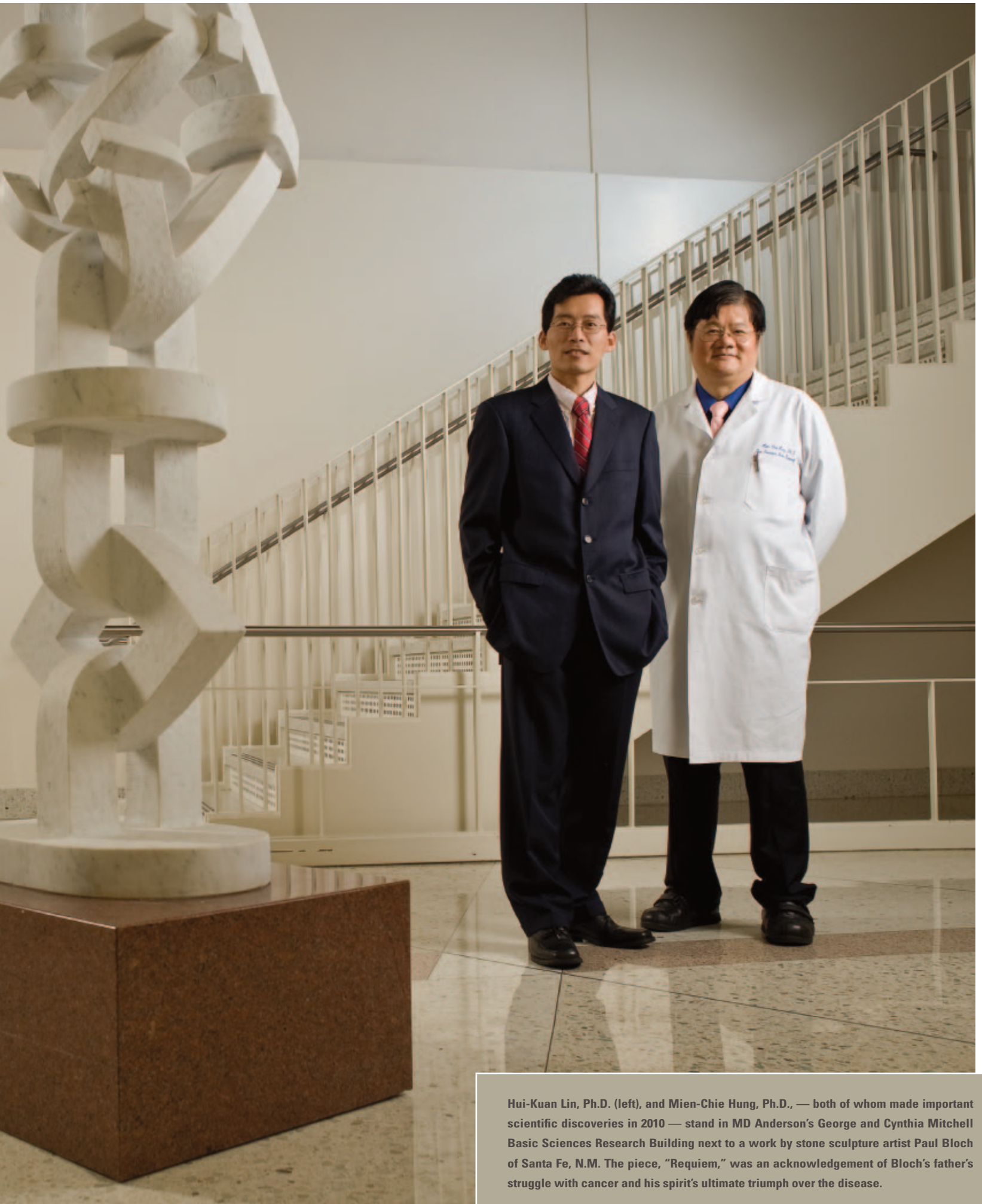
Hui-Kuan Lin, Ph.D., assistant professor in the department, tracks down other cancer-causing mechanisms. As a postdoctoral fellow, he focused on a protein that is overexpressed in human cancers, “but no one knew whether this was a coincidence or causative.”

Lin found Skp2 fuels tumor formation. Blocking it puts malignant cells to sleep — halting tumor growth because cells can no longer divide. Lin’s team identified a compound to target Skp2 and has started preclinical research.

He was awarded Trust Scholar start-up funding from MD Anderson to establish his lab. In three years, Lin has published in the journals *Nature*, *Science* and *Nature Cell Biology*, received two grants from the National Cancer Institute, one from the U.S. Department of Defense and another from the Cancer Prevention and Research Institute of Texas — all based on preliminary data generated using his MD Anderson funds.

“We have an important mission to accomplish,” Lin says. “MD Anderson and this excellent department provide a wonderful research environment, where we cooperate closely and stimulate each other’s ideas.”





Hui-Kuan Lin, Ph.D. (left), and Mien-Chie Hung, Ph.D., — both of whom made important scientific discoveries in 2010 — stand in MD Anderson’s George and Cynthia Mitchell Basic Sciences Research Building next to a work by stone sculpture artist Paul Bloch of Santa Fe, N.M. The piece, “Requiem,” was an acknowledgement of Bloch’s father’s struggle with cancer and his spirit’s ultimate triumph over the disease.

Voices of perseverance and innovation

Discoveries abound at MD Anderson as scientists uncover molecular pathways, track proteins and find keys that lock out cancer cells. They invent vaccines, investigate new drugs and study yeast. They use the latest technology, publish their findings and persevere in the search for treatments to save patients' lives.



Prime TIME for vaccine inventor

By Lori Baker

Each year, the minds at TIME magazine select 100 people they believe most affect our world. Making the 2010 list — alongside people like Barack Obama and Oprah Winfrey — was MD Anderson scientist Larry Kwak, M.D., Ph.D.

Professor and chair of the Department of Lymphoma and Myeloma, he is a leader in the field of therapeutic cancer vaccines, which are given as a treatment rather than for prevention. The honor by TIME was for his breakthrough vaccine for those with a form of cancer called follicular lymphoma.

“While standard chemotherapy doesn’t cure patients with lymphoma, we can usually get them into remission. Unfortunately, if you don’t give some treatment, almost 100% of patients have the disease come back,” he says.

Kwak’s approach shows exciting promise. Patients who received a personalized vaccine remained in remission an average of 47% longer than those who received chemotherapy alone. Some patients from earlier clinical trials have stayed in remission for 15 years after their vaccination.

“For many, this has been a dream: to have a treatment that works without causing many side effects,” Kwak says. “I think we finally have our foot in the door, and that opens up a whole host of opportunities for further optimizing the therapy and bringing it to reality for patients.”



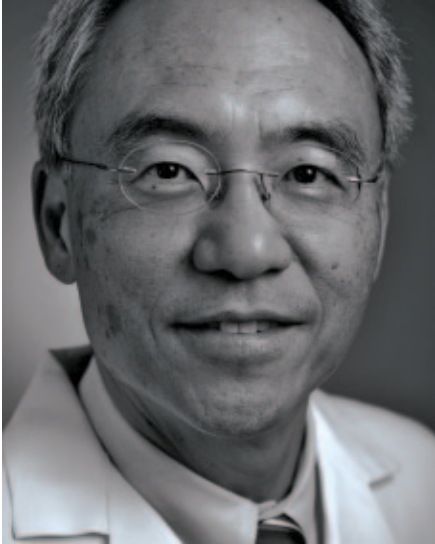
A personalized approach

With the ability to detect molecular defects in genetic material, it’s possible to evaluate some cancer patients’ tumors and prescribe more effective treatments based on those people’s specific genetic makeup.



Check out an online audio slideshow on this topic with Raymond DuBois, M.D., Ph.D., provost and executive vice president.

www.mdanderson.org/annualreport



● Larry Kwak, M.D., Ph.D.



● Ruth Katz, M.D.



● Alan McClelland, Ph.D.

Perseverance wins

By Sandi Stromberg

As she stood in a dark room looking at cells through a microscope, Ruth Katz, M.D., had a eureka moment.

She realized she was looking at the same abnormalities in the sputum of an end-stage lung cancer patient that she had seen in his tumor. “I turned to a colleague and said, ‘I bet these have to be in the blood, too.’”

Based on this hypothesis, Katz, professor in the Department of Pathology, received her first grant from the National Cancer Institute in 1999 — \$1.2 million.

A month later, her husband was diagnosed with lung cancer. “We were in Yosemite, and he was short of breath,” she says. “He wasn’t a smoker, and he died 18 months later.”

That increased her commitment to investigate lung cancer using a technique called fluorescence *in situ* hybridization, or FISH, to detect abnormal circulating cells that have the same abnormalities found in non-small cell lung cancer.

What she discovered could be an important breakthrough for a disease that continues to defy early detection. “Blood tests for these circulating tumor cells could be used to diagnose lung cancer earlier, monitor response to therapy and detect residual disease in patients after treatment,” she says.

Work is under way to develop a clinical trial based on her findings.

REPORTED IN JULY 2010 IN THE JOURNAL CLINICAL CANCER RESEARCH.

Supporting research at core of ‘dream job’

By David Berkowitz

Alan McClelland, Ph.D., didn’t set out to become a globetrotter. His travels from Scotland to Texas — by way of England, Connecticut, California and Hawaii — were a matter of opportunity.

“I’ve always gone where the opportunities are ... where I can contribute,” he says.

After more than 20 years in drug discovery research and development for biotechnology and pharmaceutical companies, he joined the Cancer Research Center of Hawaii as associate director of scientific administration. Then, in 2009, McClelland accepted his greatest challenge — directing and managing all aspects of MD Anderson’s Cancer Center Support Grant.

Also known as the core grant, the five-year award for \$52.5 million from the National Cancer Institute (NCI) provides partial funding support for 24 shared resources (cores) and 22 research programs throughout the institution.

The competitive peer-reviewed award also confers NCI designation on MD Anderson as a comprehensive cancer center. The institution is now in its 35th year of core grant funding, with the next renewal due in 2012.

As associate vice president for programs, infrastructure and planning in the Office of Translational Research, McClelland is counting on his staff and the leadership of Robert Bast Jr., M.D., vice president for translational research, to help assemble 3,000 pages of text and prepare for a site visit as part of the renewal process.

“Working in this role at MD Anderson is a dream job for me,” McClelland says.



David Mitchell, Ph.D.



Flavio Lopes Ferraz and his wife Karina with their triplets

Decoding the mystery of melanoma

By Mary Brolley

Sixteen years ago, a scientific finding that exposure to ultraviolet A rays was the primary cause of melanoma in fish models surprised the scientific community.

It had been established that ultraviolet B rays — often absorbed in childhood — caused melanoma, but the new finding implied that researchers should also look at UVA. Sunscreens were reformulated to include protection against UVA. But many scientists were suspicious.

“It was controversial,” says David Mitchell, Ph.D., professor in the Department of Molecular Carcinogenesis at MD Anderson’s Science Park-Research Division in Smithville, Texas. “People questioned it.”

So Mitchell secured a National Cancer Institute grant to replicate the experiment in fish models. Last April, he published a paper from his larger study showing that fish exposed to UVA rays were no more likely than the control group to develop melanoma. Those exposed to UVB, however, were 240% more likely to develop melanoma.

This doesn’t mean that UVA plays no part in the growth of melanomas, Mitchell says. He’s working on a grant to study the effects of chronic UVA on the severity of melanoma and its progression after it has formed.

“The tanning industry worldwide uses UVA as a ‘safe’ alternative to full sunlight exposure,” he says. “We might help identify the causes of the dramatic increase in melanoma in the past 30 years and offer a scientific rationale for regulating the industry.”

REPORTED IN MAY 2010 IN THE ONLINE EARLY EDITION OF THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES.

Lifeline leads to cure

By Judy Overton

Flavio Lopes Ferraz’ life was saved by the same source that nurtured his children in the womb.

A patient of Marcos de Lima, M.D., professor in the Department of Stem Cell Transplantation and Cellular Therapy, Ferraz was diagnosed with acute lymphoid leukemia in early 2006.

Since no family donors surfaced, and no matches were found in the marrow bank in Brazil, Ferraz was not a candidate for either a bone marrow or a peripheral blood transplant. So after eight months of chemotherapy, the commercial attorney received a cord blood transplant.

Cord blood is collected from the umbilical cord and placenta after a baby is born. The blood, rich in blood-forming cells, is tested, frozen and stored at a cord blood bank for future use.

“Cord blood allows us to use donors who are not as well matched as those for bone marrow or peripheral treatments,” de Lima explains.

Ferraz responded well to the transplant. Moving forward, he and his wife, Karina, decided to start a family. Ferraz had banked sperm before his chemotherapy treatments began, and they opted for *in vitro* fertilization. Triplets, two boys and a girl, were born in March 2010.

Shortly after his children celebrate their first birthdays, Ferraz will reach a milestone of his own — his fifth year of survivorship.

▶ Drinking from a data fire hose

When it comes to understanding the tortured genetics of human cancers, modern technology assures that there is no lack of data to analyze. Channeling that tsunami into meaningful information is another matter.

The National Institutes of Health Cancer Genome Atlas (TCGA) is funding an approach by MD Anderson scientists to put new computational tools to work parsing the genetic pathways that fuel more than 20 types of cancer. Generating molecular portraits of cancer will make it easier to improve risk assessment, make diagnoses earlier, customize treatment and assess the likelihood of recurrence. The grant establishes the research team as a Genome Data Analysis Center of the TCGA.

PRINCIPAL INVESTIGATOR JOHN WEINSTEIN, M.D., PH.D., PROFESSOR AND CHAIR OF THE DEPARTMENT OF BIOINFORMATICS AND COMPUTATIONAL BIOLOGY.

▶ The BATTLE is on

With advanced lung cancer often resistant to second-line chemotherapy, researchers involved in the Biomarker-integrated Approaches of Targeted Therapy for Lung Cancer Elimination (BATTLE) study used an innovative statistical model to match four drugs to specific biomarkers in the tumors of previously treated, stage IV non-small cell lung cancer patients. Overall 46% of patients had disease control at eight weeks, compared with an historical experience of 30%. Median overall survival was nine months, and 38% survived one year. Future trials will test drug combinations and single agents in other lung cancer settings.

PRINCIPAL INVESTIGATOR EDWARD KIM, M.D., ASSOCIATE PROFESSOR IN THE DEPARTMENT OF THORACIC/HEAD AND NECK MEDICAL ONCOLOGY.

REPORTED IN APRIL AT THE 2010 AMERICAN ASSOCIATION FOR CANCER RESEARCH ANNUAL MEETING.



From left: Jennifer Texada, Jessica Tyler, Ph.D., Gábor Balázsi, Ph.D.

Human voices, savvy audience

By Mary Brolley

If the medium is the message, the message is getting out.

MD Anderson has embraced social media in a big way, including a dynamic presence on Facebook, Twitter, YouTube and iTunes. And a mere 18 months after its launch, the institution's Cancerwise blog has gone from 13,000 to 20,000 page views a month.

Two things about Cancerwise's first year have surprised Jennifer Texada (photo: far left), program manager in the Communications Office, who leads the social media efforts.

"First: what our contributors write about. They're such human voices. Did you see Dr. Anas Younes' post about the rescue of the Chilean miners?" she asks. "He compared the resilience and grace of the miners to that of his patients."

"Second: how savvy the audience is. We have very educated readers. They're smart, and they're searching." Her team, including a videographer and a web support person, and her communications colleagues strive to "bring the research down to a digestible level," she says.

In its second year, how do they keep Cancerwise relevant? "We have to stay authentic, honest and transparent — and know what our audience is seeking. Helping researchers tell their stories is crucial. The purpose of the research is to improve patient care. Patients should know that we're looking hard for solutions."

Going against the curve

By Fauzeyya Rahman

Gábor Balázsi, Ph.D., wants to understand how things work.

A physicist by training, he strives to figure out how certain genes control cell populations and how this process relates to cancer treatment.

"We'd like to understand how genes talk to cells," says Balázsi (photo: far right), assistant professor in the Department of Systems Biology. "What we're doing isn't mainstream. We're doing something basic that would be applicable for cancer treatment."

Balázsi's unconventional research helped him become the first MD Anderson person to win the National Institutes of Health Director's New Innovator Award. "The goal is to give investigators independence so they can try out new ideas that could have major impact on the treatment of diseases and human health."

With this award, Balázsi says his lab can "ask unconventional questions, which is always more interesting." His group works with yeast cells because they relate to human cells. Two mechanisms are very similar: cell cycle and drug resistance. There are commonalities between how yeast resists antibiotic treatment and how cancer cells resist chemotherapy.

"If we understand this similarity, then we can understand how genes change to make cancer grow abnormally or resist treatment. Not only are we watching and understanding how genes behave, but hopefully we'll be able to control the decisions that they make."

A big-picture woman

By Sandi Stromberg

Marriage and triplets haven't changed Jessica Tyler's passion for research one bit. They've just added balance to her life, she says.

A newly appointed professor in the Department of Biochemistry and Molecular Biology, Tyler, Ph.D. (photo: center), studies how genetic information in our chromosomes is used by cells. And she does it in a novel way.

"DNA is buried in special DNA packaging proteins," she explains. "When these proteins are removed, the DNA is exposed to things like aging and disease — at least, in the yeast model we use. Out of all the proteins that occur in nature, these are most similar between yeast and humans."

This makes her research fundamental to all cancers. By studying yeast in every possible way, from X-ray crystallography to genetics, she hopes to discover how things occur normally in our bodies and figure out what goes wrong in cancer. Each technique informs the bigger picture.

"We showed that if we added more DNA packaging proteins to a cell, we could extend the life span in yeast by 50%," she says. "This could be relevant to humans since the biggest risk factor for most adult cancers is age."

Funding for Tyler and her research comes from MD Anderson's Senior Trust Award, allowing investigators to follow new ideas and areas of research; The University of Texas System Board of Regents Stars Award, for recruiting star-level faculty members; and the Cancer Prevention and Research Institute of Texas (CPRIT) "Rising Star" Recruitment Award. Texas voters established CPRIT with a constitutional amendment that authorized \$3 billion to fund research and prevention. CPRIT awarded MD Anderson \$39 million in 2010.

▶ Locking out cancer

Picture a door that, left ajar, would have lethal consequences. Closing and locking it requires the right key from an enormous pile. Then that key soon melts in the house's key-recycling system.

A drug development process crafted by MD Anderson researchers screens millions of peptide keys to find one that locks down a troublesome protein and then makes a new key from tougher material. This approach employed in mouse experiments produced drugs that block two receptor proteins, one fueling cell growth and one supplying blood to tumors. Up next: early stage clinical trials of new drugs.

WADIH ARAP, M.D., PH.D., AND RENATA PASQUALINI, PH.D., OF THE DAVID H. KOCH CENTER FOR APPLIED RESEARCH OF GENITOURINARY CANCERS. REPORTED IN MARCH 2010 IN THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES.



Peter Pisters, M.D. (left), and Kent Postma visit MD Anderson's Sugar Land facility each Monday, staying in close touch with personnel at this regional care center. Together, they oversee the institution's four centers in the greater Houston area, as MD Anderson strives to bring its quality care to convenient locations.

The Voices of Patient Care



On the (regional) road again

By David Berkowitz

If you're looking for Peter Pisters, M.D., or Kent Postma, your best bet would be to check the highways and byways of the greater Houston area. Directing MD Anderson's regional care centers demands a lot of the pair — and their cars.

If it's Monday morning, this must be Sugar Land, southwest of Houston. Tuesday brings a trip north to The Woodlands. Thursday, it's off to the Bay Area near Galveston. And Friday means a stop in Katy to the far west.

As the medical director and business operations director of the institution's growing regional health care system, Pisters and Postma are constantly on the go.

"It's important that everyone associated with the regional care centers understands the vision. This is the essence of transformational leadership. Being on site each week to communicate in person with our outstanding physicians, nurses and staff is a key part of that," says Pisters, professor and longtime MD Anderson surgical oncologist, who was called on about a year ago to lead the regional initiative.

The regional care center concept traces its roots to 1999, when MD Anderson began providing radiation therapy in the community. That single-discipline treatment center approach has blossomed into multidisciplinary programs at four suburban locations with timely access to care.

In Fiscal Year 2010, more than 2,700 new patients and consultations were seen at the centers, which have a total staff of more than 150 employees, including 20 faculty members.

The regional care centers feature MD Anderson-trained experts in medical oncology and hematology, surgical oncology, radiation therapy, laboratory services and pharmacy.

These core services are complemented by physical and occupational therapy, nutritional assessment and education, integrative medicine programs, social work services and support groups.

A navigation team guides patients and referring physicians through the referral and treatment processes.

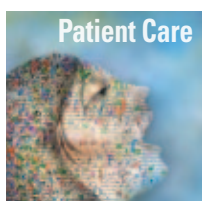
While Postma has been involved in MD Anderson's regional activities for more than 10 years, he's most excited about the future.

"Dr. Pisters and I work a lot of long days, often starting at 6:30 a.m. and finishing with e-mail and phone calls well into the evening," he says. "But it's worth every minute to be part of an effort that touches the lives of more and more people across the Houston region."



Voices of dedication and caring

Patient care at MD Anderson is about treating the whole person. In addition to new surgical methods, novel drugs and innovative radiation treatments, there are departments devoted to other important health issues, like pain, diabetes and heart failure. Now, these treatments and services can be found beyond the main campus.



Combining interest in engineering and biology

By Laura Sussman

Kie-Kian Ang’s interest in engineering attracted him to radiation oncology. But it was the disease’s biology that drew him to his specialty, head and neck cancers.

With more than 25 years experience at MD Anderson, Ang, an M.D., Ph.D., is at the forefront of the field’s modern milestones, including the discovery of how to sensitize head and neck cancers to radiation and the improvement of radiation technologies, such as intensity modulated radiation therapy and proton therapy.

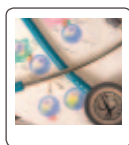
Recently, an analysis of an international Phase III clinical trial led by Ang — the largest, most definitive study to date — found that a strong and independent prognostic factor for survival in head and neck cancer patients is the presence of the human papilloma virus.

When researchers adjusted for other significant determinants of survival, oropharyngeal cancer patients with advanced HPV-positive cancer had a 58% reduction in risk of death, compared to patients with HPV-negative tumors.

“This is the strongest factor we’ve identified for head and neck cancer,” says Ang, professor in the Department of Radiation Oncology. “Its value is stronger than any other prognostic factors, such as size of tumor or lymph node involvement. Knowing that the tumor is associated with HPV is telling patients that their prognosis is excellent with currently available treatments.”

REPORTED IN JUNE AT THE 2010 ANNUAL MEETING OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY.

Although MD Anderson focuses on cancers of the head and neck, it was rated No. 6 among all types of ear, nose and throat programs in the nation in the U.S. News & World Report’s 2010 “Best Hospitals” survey.



Watch us grow

MD Anderson is bringing its excellent level of cancer care to greater numbers of patients through two key expansion projects.



Check out an online audio slideshow on this topic with Thomas Burke, M.D., executive vice president and physician-in-chief.

www.mdanderson.org/annualreport



• Kie-Kian Ang, M.D., Ph.D.



• Paul Mansfield, M.D.



• Veronica Brady

Responding to emergencies

By Julie Penne

In the past few years, MD Anderson's growing and changing patient population led the Emergency Center to take on characteristics of a general hospital with overcrowding, long waits and stretched staff.

Changing these traits has taken a task force and ongoing efforts to meet these challenges and those of increasingly sophisticated clinical trials and complex patients.

A year after the task force went to work, MD Anderson's vital 24/7 unit not only sees more and sicker patients than ever, but they are also treated faster with better outcomes. More than 1,700 patients are seen monthly, and the percentage of severely ill has increased from about 4% to 7%. Wait times have decreased from about 15 hours to eight hours.

"To turn around the Emergency Center and deliver the best care possible in the most efficient manner, we needed to better align our clinical and staff resources, transition care more effectively, streamline work flow and processes, integrate information technology and renew the motivation of the faculty and staff who care for our critically ill patients," says Paul Mansfield, M.D., professor in the Department of Surgical Oncology and head of Emergency Services.

A new academic Department of Emergency Medicine also was established to prepare physicians and other health care professionals for this critical discipline, and seize research and education opportunities to improve how emergency care is rendered.

Improving patient outcomes, with humor and grace

By Mary Brolley

There are many ways to greet a medical professional at that first appointment.

Veronica Brady has heard a few. "One patient's first words were, 'Are you as mean as you look?'" she recalls. "I looked right back at him and said, 'Every bit.'"

An advanced practice nurse in the Diabetes Program in the Department of Endocrine Neoplasia and Hormonal Disorders, Brady rarely encounters resistance from patients. In fact, many are eager to take control of this aspect of their health, she says.

Patients referred to the program receive education about diabetes and glucose monitoring, counseling on diet and exercise, and a dose of reassurance that diabetes can be managed.

Brady is uniquely suited to this calling, having worked as an oncology nurse for more than a dozen years before switching into diabetes care. She was one of the first nurse practitioners recruited into the four-year-old program, which is attracting increased notice nationally.

And the patient who thought she looked mean? Brady laughs. "At the end of the appointment, he said, 'You know what? I'm in your hands.'"

Although MD Anderson's Department of Endocrine Neoplasia and Hormonal Disorders is dedicated solely to treatment of cancer patients, it rose in ratings to No. 21 in the nation among all hospitals treating endocrine disorders in U.S. News & World Report's 2010 "Best Hospitals" survey.



Lindsey Chase, a double major in biology and math



Susan Fister



Jean-Nicolas Vauthey, M.D. (left), and Steven Wei

Chasing her dream

By Sara Farris

Lindsey Chase considers herself an introvert.

One wouldn't know, though, by her involvement with MD Anderson's new Adolescent and Young Adult (AYA) Advisory Council or her participation in a half-marathon with the Leukemia and Lymphoma Society.

Chase, 20, was diagnosed three years ago with non-Hodgkin's lymphoma and began treatment at MD Anderson Children's Cancer Hospital. Along the way, she lost some friends and her long hair, and she developed some side effects from treatment, but she still says cancer was the best thing that has happened to her.

Now, Chase is using her experience to help other teens and young adults at MD Anderson. Every month, she joins young adult survivors and hospital staff on the AYA Advisory Council to discuss issues that patients face during and after treatment. Serving on the hospital's first patient advisory council, she has formed new friendships with fellow members.

"I hope to improve on the things I didn't like as a patient so that someone else's experience can be that much better," Chase says. "We're working hard to connect AYA patients through social activities with their peers being treated at MD Anderson, and we're educating staff on how to talk with AYA patients. It's been fun."

Caring for the caregivers

By Gail Goodwin

Susan Fister is an experienced volunteer who has literally given her life's blood to the patients at MD Anderson.

She began by donating platelets to help two friends diagnosed with breast cancer. Almost 13 years later, she is a fixture in the surgery waiting area.

Fister explains that she's always tried to identify with the caregivers while accompanying patients on their appointments at MD Anderson. "Somehow, they just seemed to be a little left out. I believe cancer is a family disease. It affects every person who loves that patient."

Volunteering, she feels, is like training for any event in life. "It's an emotional and spiritual challenge for me."

Fister says that caregivers are never certain how they will be affected by the events that may occur the day of surgery. "In the surgery waiting area, the atmosphere can range from tears to jokes. It's a position where experience is the best teacher — you have to live it to react appropriately.

"I learn something new every time I volunteer," she says. "Families need someone to talk to. Part of my job is to listen, to provide them with information and to help resolve any problems. You can't panic. You just love your way through it."

Easing 'an emergency of the mind'

By Mary Brolley

The news is sobering, stunning.

"All our patients are stage IV," says Jean-Nicolas Vauthey, M.D., professor in the Department of Surgical Oncology and eminent liver surgeon. Physician assistant Steven Wei nods.

Vauthey mentions "the valued moment" when he meets a patient for the first time. "We have just 15 to 45 minutes. There's a lot to say, and I want it to be quality time." So he relies on Wei to do the advance work that will make the appointment both productive and reassuring.

"My role is to prepare for the weekly clinic by researching each patient's case, then summarizing it for Dr. Vauthey," Wei says. Then, just before clinic, Vauthey, Wei and a group of surgical and research fellows gather to review each patient's diagnosis and discuss strategy. "We look at all the scans, talk about them," Wei says. "We might page the radiologist to ask a question or even pose a challenge."

"And because we can review each patient's complete history, it's not a snapshot, it's dynamic over time," Vauthey adds.

"Before we meet the patient, it's an objective assessment," Wei says. "Afterward, it's more subjective, an individualized plan of action."

The team has pioneered several innovative surgical approaches. One is two-stage liver surgery, which minimizes the trauma to the patient and allows the liver to heal before a final surgery. And since two-thirds of their cases are secondary cancers — usually metastases from colorectal cancer — another emerging practice is the reverse approach, where the metastasis to the liver is removed before the tumors in the primary location.

Both Vauthey and Wei are proud of their team's record of success. "We're focused," Vauthey says. "We publish all the time — and immediately update our treatments based on our findings." Most of all, he wants patients to know that the team is focused on their particular case.

"Often patients think they must rush into surgery, when perhaps starting with chemotherapy might be best," he says. "I tell them, 'Cancer is an emergency of the mind.' We try to calm their anxiety."

▶ Costly tests not necessary

Costly tests added to the current standard screening — cystoscopy — to check for recurrence of non-muscle invasive bladder cancer may not be so helpful after all. Besides adding to the cost, the tests also produce an increased number of false positives.

"Our findings should encourage clinicians to make more judicious use of the available ancillary 'urinary markers,' which would mean less anxiety for bladder cancer patients as well as cost savings for the entire community," says Ashish Kamat, M.D., associate professor in the Department of Urology and director of MD Anderson's Urologic Oncology Fellowship Program.

REPORTED IN MARCH 2010 IN ADVANCE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY GENITOURINARY CANCER SYMPOSIUM.

Although MD Anderson's Department of Urology is dedicated solely to cancer treatment, it was rated No. 10 among all types of urology programs in the nation in U.S. News & World Report's 2010 "Best Hospitals" survey.



As part of its family-centered care philosophy, MD Anderson Children's Cancer Hospital has developed a resource for families facing end-of-life care for their child with cancer. "My Child Isn't Getting Better" was co-written by parents and staff who serve together on the Children's Cancer Hospital Supportive Care Committee. The question-and-answer booklet provides parent-to-parent advice for families making decisions regarding end-of-life care. Hospital staff use the booklet as they counsel families.



Rolling, rolling, rolling — the Hat Cart moves out of the Department of Volunteer Services and on toward the Ambulatory Treatment Center and even the Rotary House International Hotel. The volunteers who push the cart, stocked with scarves, turbans, caps and other headgear, share these complimentary head coverings, conversation, resources and scarf-tying demonstrations with patients. Collaborating with the Beauty/Barber Shop, this evening program is a labor of love for (left to right) Cyndi Pfeifer, Elizabeth Lucas, Janet Bennett and Christine Haman.

Getting to the heart of the matter

By Judy Overton

Like a skilled archer, Aarif Khakoo, M.D., zeroes in on his target.

Through his research on cardiotoxicity, Khakoo, assistant professor in the Department of Cardiology, has discovered a growth factor targeted by cancer drugs that also helps the heart deal with stress.

The growth factor, platelet-derived growth factor receptor (PDGFR), is a protein that allows cancer cells to grow uncontrollably. In a study published in January 2010, Khakoo and his colleagues reported that while chemotherapy agents such as Sutent® (sunitinib) and Nexavar® (sorafenib) target and inhibit PDGFR, they also impair the heart's ability to respond to stress.

Since then, they've made another discovery. Sutent appears to weaken the heart muscle by attacking the coronary microvasculature, the blood vessels that supply heart muscle cells.

"Because the cancer drug damages the coronary microvasculature," he says, "we're looking at ways to protect the heart's blood vessel supply while not preventing Sutent's ability to treat cancer."

The next step, says Khakoo, is to understand how Sutent damages the blood vessels that supply the heart and figure out ways to prevent it.

Ultimately, his research has a dual purpose: to discover how to prevent cardiotoxicity in cancer therapy and also identify treatments for multiple forms of heart disease within the general population.

REPORTED IN THE FEBRUARY 2010 ISSUE OF THE JOURNAL OF CLINICAL INVESTIGATION.



● Aarif Khakoo, M.D.



● Diane Novy, Ph.D.



● Sherry Pierce

Award-winning team tackles cancer pain

By Julie Penne

Diane Novy, Ph.D., is a member of MD Anderson's Pain Management Center's award-winning team.

In fact, she was the driving force that led the multidisciplinary group through the process of applying for and being honored in 2010 with a Clinical Center of Excellence in Pain Management Award from the American Pain Society.

While the designation alone is noteworthy, it is especially significant because MD Anderson's Pain Management Center is the only pain service at a cancer institution to have received this honor. The other four awardees for the year were broad-based pain services.

"The differentiating factor for MD Anderson's team is its practice of bringing together specialists from a range of disciplines to consult with patients and treat pain," says Novy, professor in the Department of Pain Management.

Like her colleagues, Novy, a psychologist, collaborates daily with pain specialists, anesthesiologists, chaplains, neurologists, psychologists, social workers and physical medicine and rehabilitation practitioners to acknowledge and treat patients' acute and chronic pain that can result from the cancer itself or the treatment.

The American Pain Society also recognized MD Anderson for its active pain research programs, training programs for residents and fellows, and involvement with state and national pain initiatives.

An avid ambassador

By Carol Bryce

Sherry Pierce's colleagues in the Department of Leukemia tease her about her tendency to boast about their department.

"I really enjoy what I do, and I guess that's obvious," the research nurse manager says with a smile.

You might not expect such unbridled enthusiasm from someone who's worked in the same department for 31 of her 33 years at MD Anderson.

But Pierce has found a job that's a perfect fit, because it lets her combine her nursing skills with her interest in database management and data analysis and interpretation.

"We analyze clinical trial data for patient toxicity and response and follow patients throughout their history," she explains. With approximately 125 active treatment protocols at any time, the Department of Leukemia, led by Professor and Chair Hagop Kantarjian, M.D., offers ample data to study.

Encouraging results from two of the studies — using second-line drugs nilotinib and dasatinib for patients with chronic myeloid leukemia — were reported in June 2010 in the *New England Journal of Medicine*.

Pierce also manages two research nurse supervisors, three data supervisors and eight data analysts.

While the native Houstonian marvels at MD Anderson's growth, she says that when it comes to clinical trials, one thing hasn't changed.

"We're always looking for better drugs to treat leukemia."



Keenya Harrold



Jennifer Litton, M.D.



Pam Redden (left) and Patty Johnston

A mother's instinct

By Lana Maciel

Some MD Anderson doctors might consider Keenya Harrold's 2-year-old son a miracle. And, indeed, he is.

Peyton Anthony George was born a healthy baby on Feb. 9, 2009, something doctors initially didn't think would be possible. That's because when Harrold found out she was pregnant, she had just completed radiation treatment for stage III breast cancer, her second bout with the disease, and was still taking Herceptin®.

Doctors informed her that the timing of her pregnancy shortly after radiation posed a potential threat to the baby's health.

"There were doctors who suggested I have an abortion," she says.

But Harrold — who was treated at MD Anderson's Regional Care Center in the Bay Area near Galveston — had always wanted to be a mother. Being a woman of strong faith, she followed her heart and did what she thought was right.

Now cancer-free, she spends most of her time keeping up with Peyton, whose smile and laughter remind her daily that miracles really do happen.

"My son has been such a joy to me," she says. "Every time I see him it gives me hope. When I look back at all that happened, my little man was definitely worth it."

A life of learning

By Laura Sussman

Jennifer Litton, M.D., loves learning.

It's a value instilled by her parents, who felt the greatest gift they could give her was the best education possible.

An English and history major, it wasn't until after graduation while working for a breast cancer researcher by day and a homeless shelter's health clinic by night that Litton decided to go back to school to pursue medicine.

It was also that learning experience that inspired Litton to specialize in breast cancer, with a specific interest in young women and those at greatest risk for the disease.

In her research, Litton, assistant professor in the Department of Breast Medical Oncology, discovered that women with the deleterious gene mutation, BRCA, are diagnosed with the disease six years earlier than relatives who also had BRCA-related cancers. The findings could have an impact on how women at highest risk are counseled and screened in the future.

"Currently, BRCA-positive women are counseled that they don't need to worry about breast cancer until a certain age. Our findings show that we actually might see disease even earlier in future generations. We must change to best advise and care for women at greatest risk."

REPORTED AT THE 2009 BREAST CANCER SYMPOSIUM.

Designing nurses

By Laura Harvey

They've been joined at the hip since 2006.

That's when Pam Redden and Patty Johnston were chosen to lead a multi-year design and activation team for the new inpatient floors in the Albert B. and Margaret M. Alkek Hospital. Combining nearly 40 years of inpatient and outpatient oncology nursing experience, they brought first-hand clinical knowledge that proved crucial in designing new patient rooms to maximize time nurses have with patients.

Redden, building planning director for clinical facilities development in the Department of Clinical Operations and former outpatient administrative director, gained invaluable insight into the construction process as she led the Lowry and Peggy Mays Clinic opening in 2004. Johnston, director of clinical nursing, brings expertise in specialized inpatient areas such as leukemia, lymphoma and stem cell transplantation, where services and the patient population continue to expand.

While the Department of Facilities Management oversaw the engineering feat, adding nine floors atop a bustling 12-floor hospital, Redden and Johnston led a nursing team focused on providing spaces that reflect MD Anderson's commitment to patient- and family-centered care. They gathered valuable patient and caregiver input and wish lists from faculty and staff — and they worked with architects to incorporate these details.

"We challenged operational assumptions, instead of doing things the way we've always done them," Redden explains. "We paid attention at the bedside. We've relocated supplies, incorporated computers and charts, and voice-activated communication that we've adapted to our relationship-centered care delivery model."

"I considered oncology care from administering chemotherapy and conducting research to delivering care and anticipating what the future holds," Johnston says.

There's a reason these new areas stand out. "We used evidence-based design, along with clinicians' expertise," Redden says. Johnston adds, "We focused on our patients and families with the goal of providing the highest quality care every day."

Old test, new possibility

Evaluating its change over time, CA-125, the protein long recognized for predicting ovarian cancer recurrence, now shows promise as a screening tool for early-stage disease. Used since the 1980s, it was discovered by MD Anderson's Robert Bast Jr., M.D., professor and vice president for translational research.

Healthy, post-menopausal women participated in the ongoing study and returned annually for the simple blood test. Note: Of the five women in the study who were found to have ovarian cancer, all were early stage.

"With these findings, I'm cautiously optimistic that, in the not-too-distant future, we may have a method that detects the disease in its earliest, curable stages," says Karen Lu, M.D., professor in the Department of Gynecologic Oncology and Reproductive Medicine and the trial's principal investigator.

REPORTED IN MAY 2010 IN ADVANCE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY ANNUAL MEETING.



David Wetter, Ph.D., and Lorna McNeill, Ph.D., stand in the eighth-floor garden of the Lowry and Peggy Mays Clinic, a respite for patients and caregivers. They work together in the Department of Health Disparities Research, focusing on translating MD Anderson scientific discoveries into real-world interventions and programs.



The Voices of Prevention



Making the innovative customary

By Rakhee Sharma

For the Department of Health Disparities Research, progress is measured in real-world impact.

“A lot of folks are perfectly happy to do great science,” says David Wetter, Ph.D., professor and chair of the department. “Then there are those who are passionate about having something better happen out in the community, based on the science they do. We recruit those people.”

Wetter spearheads MD Anderson’s Center for Community, Implementation and Dissemination Research, funded under the Duncan Family Institute for Cancer Prevention and Risk Assessment. The focus is to translate MD Anderson scientific discoveries into real-world interventions and determine how effective those interventions are.

Enter Lorna McNeill, Ph.D., assistant professor in the department. While she moved to Houston not knowing much about the city, she had a solid understanding of the role African-American churches play in a community.

“It’s a delicate relationship, but what we do know is that churches are impactful places in which to conduct research on health promotion because many already provide wellness information to their members and the public,” McNeill confirms.

Wetter agrees, “We wanted to conduct research in African-American churches, but just needed the right catalyst to do it. Lorna was that person.”

McNeill developed Project CHURCH, which stands for Creating a Higher Understanding of Cancer Research and Community Health, in collaboration with Houston’s Windsor Village, one of the largest United Methodist Churches in the United States. The goal is to better understand the role of behavioral, social and environmental factors on minority health and cancer-related disparities.

Participants receive prevention services, referrals, educational materials and assistance in finding health services and resources. A major research contribution of Project CHURCH is the provision of 1,200 biospecimens to a national consortium studying the genetics of lung cancer in African-Americans.

The original plan was to enroll 1,200 members. Under Senior Pastor Kirbyjon Caldwell’s guidance, the study expanded to 1,501 members, exceeding all expectations.

McNeill encourages others to partner with faith communities for cancer prevention and offers her expertise to those who seek it.

“We need to innovatively approach different communities,” she says. “Eventually, we’ll have a whole cadre of people working directly with their communities to eliminate health disparities, and it won’t seem innovative. It’ll be customary.”

Voices raising awareness

At MD Anderson, prevention is the best policy. Studies carried out by epidemiologists, behavioral scientists, cancer prevention experts and those researching health disparities are revealing the importance of a healthful lifestyle and raising the awareness of cancer risk, especially among the underserved.



Technology meets cancer prevention

By Katrina Burton

Little did Jermaine McMillan know that his previous job as program coordinator of the Tobacco Treatment Program at MD Anderson — one of the most comprehensive and successful smoking cessation programs in the country — would sharpen his skills to direct a state-of-the-art service designed specifically for researchers.

In his new role as project director of e-Health Technology, funded by the Duncan Family Institute for Cancer Prevention and Risk Assessment, McMillan and his team help MD Anderson scientists integrate technology into research projects to help people adopt more healthful lifestyles. Streamlining information exchange between researchers and study participants can improve effectiveness of interventions focusing on health behavior change.

“We have projects in our pipeline that range from a tool to capture information about a person’s exercise activity, mood or eating habits in real-time using smart phones, to a product that uses web-based tools to help people stop smoking,” he says. “The e-Health Technology resource is a new service that is proving to be invaluable to our researchers.”

As more proposals come in, McMillan, the technologically savvy partner, is constantly developing ways to aid researchers.



Risky business

Through the Duncan Family Institute, MD Anderson is accelerating the discovery and translation of new knowledge about cancer risk factors and developing innovative ways to reduce cancer risks.



Check out an online audio slideshow on this topic with Ernest Hawk, M.D., vice president for cancer prevention.

www.mdanderson.org/annualreport



● Jermaine McMillan



● Mark Evans



● Randa El-Zein, M.D., Ph.D.

Saying 'no' to nicotine

By Katrina Burton

In 2006, when Mark Evans saw one of the first patients in MD Anderson's Tobacco Treatment Program, he never imagined that the program would become the model for smoking and tobacco cessation.

With more than 20 years of clinical and social work experience, Evans' primary responsibilities in the program are to assess, evaluate and treat people for nicotine addiction.

This is no easy feat.

"Depending on the patient, the process may involve dealing with psychosocial issues like depression, anxiety and adjustment disorders, as well as behavioral, motivational and sometimes crisis counseling," he says.

An average day for him consists of meeting with patients in person or follow-up visits via telephone, as a large number of patients live outside the greater Houston area, sometimes on the other side of the world.

As patients come to the program through referrals made by employees, physicians or even themselves, Evans handles it all with a resilient and calm demeanor that implies "no patient left behind."

When he's not busy seeing patients, Evans also supervises master's level counselors. "The beauty of what we do is so unusual. Not having to charge for these types of services make it invaluable to patients, employees and their families."

Following the genetic markers

By Katrina Burton

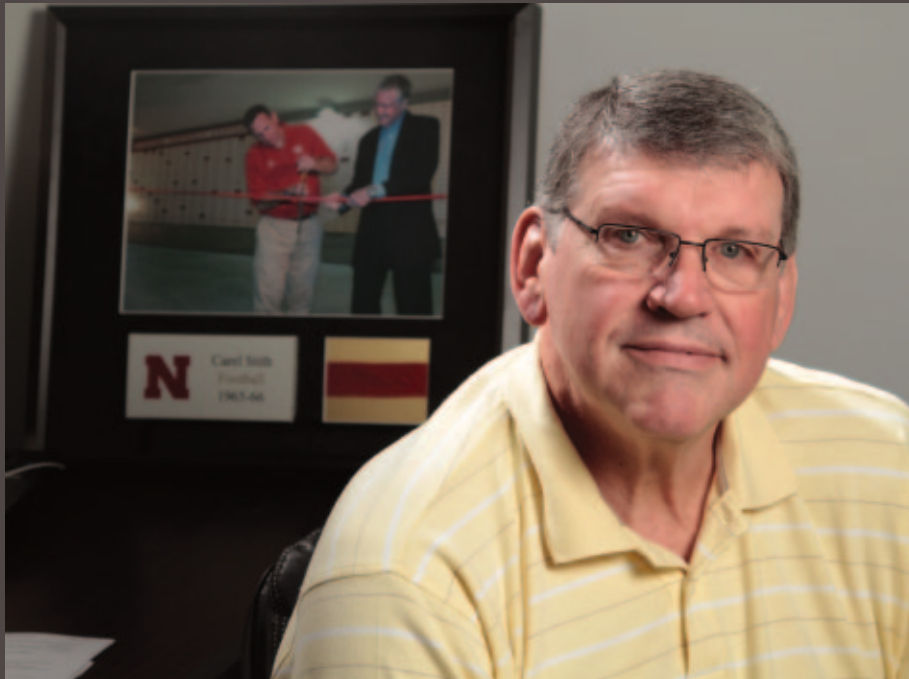
Five minutes with Randa El-Zein, M.D., Ph.D., will change how you see yourself and those around you.

Associate professor in the Department of Epidemiology, she takes you on a virtual journey that makes you curious about genetic make-up and the characteristics that put some people at increased risk for developing cancer.

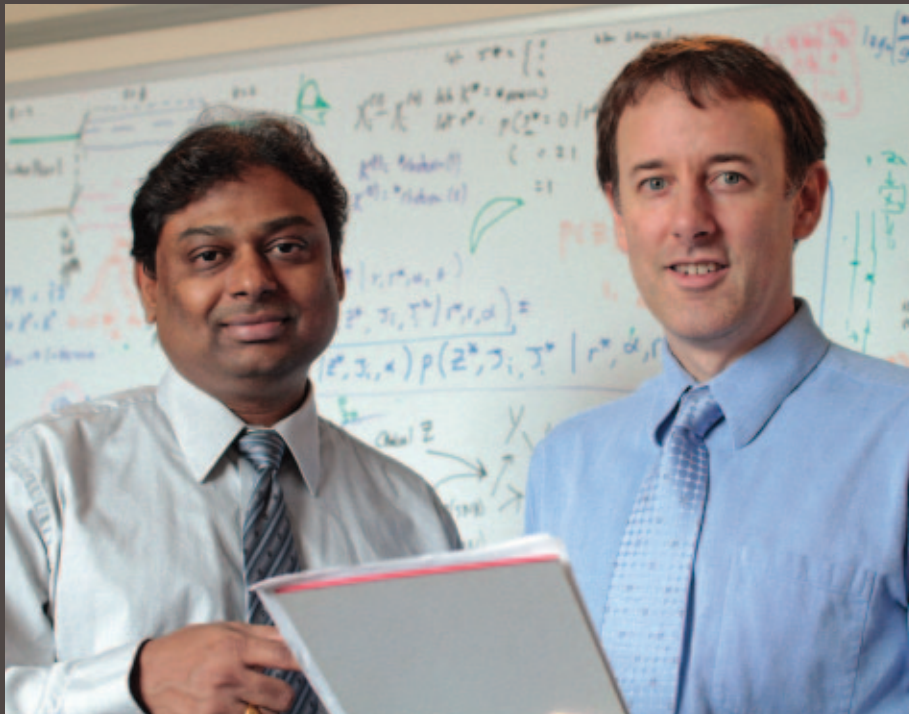
"We're trying to identify genetic markers — either alone or when combined — that would indicate an increased cancer risk for certain people. We are also trying to determine what kinds of cancers those people are at risk for," she says. "Of equal importance is what lifestyle changes are recommended to minimize or eliminate this risk."

Her expertise in this area of research received national attention when she identified several inherited genetic traits that influence human sensitivity to different cancers such as lung and lymphomas. Published by the American Association for Cancer Research, her studies illustrate how certain biomarkers can detect genetic abnormalities and may predict future cancer risks.

Other research conducted in her laboratory focuses on understanding the underlying mechanisms associated with both exposure to environmental carcinogens and the different ways to prevent the harmful effect of such exposures.



Carel Stith



Sanjay Shete, Ph.D. (left), and Paul Scheet, Ph.D.

Building models to find answers

By Scott Merville

“You’re a statistics person. What are you doing working in a hospital?”

Sanjay Shete, Ph.D., professor in MD Anderson’s Department of Epidemiology, occasionally fields this question.

He’s here because the causes of cancer are complex, interrelated and buried in mountains of data that require sharp statistical analyses to dig them out.

“I feel that statistics are at the forefront of science,” Shete says, “because we have so many factors that play a role in cancer risk: the influence of multiple genes, personal behavior such as diet, exercise and tobacco use, and then the genetic makeup of the tumor. How do you put all of that together?”

It’s done by statistically modeling behavioral and genetic factors to predict a person’s cancer risk and then developing interventions to try and prevent the disease. “You can’t change a person’s genome (hereditary information), so interventions will most likely come through behavioral changes,” Shete says.

He is principal investigator on a genome-wide association study, called a GWAS, for head and neck cancer. The project analyzes the genomes of nearly 1,500 head and neck cancer patients to find genetic factors that raise cancer risk. Fifteen years ago, a genome-wide scan might base its analysis on 300 spots in the genome. Now Shete and colleagues can scrutinize 660,000 single-point variations in each patient.

If a GWAS is the applied work of genetic epidemiology, Shete’s colleague, Paul Scheet, Ph.D., assistant professor in the Department of Epidemiology, focuses more on the basic research aspect of risk assessment.

“To know what’s unusual in the genome, you need to know what’s normal,” Scheet says.

To understand patterns of inheritance by analyzing the genealogy of a chromosome — how it has changed over time — a successful model needs to fill in the genotypes of portions of the chromosome that aren’t directly observed.

As a graduate student at the University of Washington, Scheet wrote a computer program to estimate missing genotypes and portions of chromosomes that are inherited together called haplotypes. The program, which was his doctoral thesis, called fastPHASE, is widely used in chromosomal analysis.

Scheet also works on disease-specific projects, collaborating on a study in the Netherlands on the genetics of human behavior, which includes analysis of such conditions as hyperactivity, autism and schizophrenia.

Scheet and Shete, who have offices next to each other, have started a course about statistical genetics at The University of Texas Graduate School of Biomedical Sciences, where Shete heads the program in biomathematics and biostatistics.

Tackling cancer through prevention

By Lana Maciel

Carel Stith knows a thing or two about the importance of good health.

It was a value instilled in him during training as a defensive tackle for the Houston Oilers football team from 1967 to 1969, and it has stuck with him for nearly 40 years.

When Stith’s next-door neighbor, a former MD Anderson nurse, approached him in 2002 about participating in a nationwide clinical trial for prostate cancer prevention, he immediately agreed. He knew his involvement would help promote awareness for men at risk.

In fact, his involvement with the Selenium and Vitamin E Cancer Prevention Trial (SELECT) study went beyond just being a participant. Stith spent seven years on the SELECT Advisory Board, interacting with researchers and fellow participants involved in the study.

“We had more than 30,000 men ages 50 and up providing samples for research,” he says. “Having this large database of information on men’s health is invaluable.”

Though the SELECT study was discontinued when interim data analysis indicated that neither supplement offered protection against prostate cancer, the 65-year-old Houston attorney says he continues to contribute because he believes in taking a stand against prostate and colorectal cancers.

“Being a part of something like this is rewarding because it aims to make life better for men in the future,” Stith says.

▶ Chemoprevention for colon cancer

Research by Xiangwei Wu, Ph.D., associate professor in the Department of Head and Neck Surgery, has followed a “trail” to a promising drug combination to prevent colon cancer.

As a basic scientist, Wu studies the role of molecular pathways that fuel or inhibit cancer. His research led to combining two drugs, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL) and vitamin A acetate (RAc), that together significantly reduced the number of precancerous colon polyps in mice, while sparing normal tissue.

Wu and his clinical colleagues are preparing for the first Phase I chemoprevention clinical trial in people at increased risk for colorectal cancer.

REPORTED IN THE APRIL 2010 JOURNAL NATURE.

▶ What works best and why?

How do different approaches to cancer prevention and treatment affect patient outcomes?

To help answer such questions, MD Anderson is creating the Department of Health Services Research in the Division of Cancer Prevention and Population Sciences.

Ernest Hawk, M.D., vice president and head of the division, says department researchers will address issues like these at the institutional level using MD Anderson data and at the national level by drawing from a variety of sources.

There's strength to draw upon: 22 MD Anderson investigators already lead 77 projects that focus on patterns of care, medical decision-making, cost and outcomes.



● Sally Scroggs

Walking the walk

By Julie Penne

With five bicycles, five boats and only one car in her household, Registered Licensed Dietitian and Health Educator Sally Scroggs is an ambassador for a healthful lifestyle.

“I was raised in a home where carrots, a glass of milk and graham crackers were the typical after-school snack, and riding bikes and water sports were as much a part of daily routine as they are now,” Scroggs says. “I work with patients, clinicians, members of the healthy public and students to carry the message of cancer prevention and risk reduction.”

An energetic teacher and motivator, Scroggs flits from patient appointment to consultation to speaking engagement, encouraging her patients or audiences to shed poor habits like smoking and sun bathing, and adopt practices such as acquiring a healthy body mass index, adding more fresh fruits and vegetables to their daily diet and finding time for physical activity.

While much of her time is spent helping patients take control of their health, mentoring students or researching new findings, Scroggs says she now devotes much more time to listening and better understanding people's challenges and frustrations while also sharing personal victories.

Empowering patients

By Julie Penne

For Valerie Sepeda, there's nothing beyond her realm of responsibility when it comes to patients.

Whether it's changing a pillowcase, cleaning an exam room, getting a fax to a colleague or talking about a clinical trial, if it's for a patient, the senior research nurse in the Department of Clinical Cancer Prevention views it as part of her patient care.

She works on a range of clinical trials with Therese Bevers, M.D., professor in the department and medical director of the Cancer Prevention Center. Among them are a breast cancer detection study, which involves collecting saliva — long-term, follow-up care for the national STAR (Study of Tamoxifen and Raloxifene) trial — and a colorectal cancer prevention study using Crestor® versus placebo.

It's her responsibility, Sepeda says, to speak candidly, accurately and neutrally to patients about trials.

“What I give to patients is little compared to what they contribute to science or endure with treatment,” she says. “In exchange, I hope to earn their trust so they might participate in a study that ultimately could benefit so many.”

The high-energy nurse says her daily fuel is the opportunity to see and talk to survivors and know that she and her colleagues are working to reduce the risk of cancer in the future.



● Valerie Sepeda



● Carol Rosenblum



● Therese Bevers, M.D.

From the lab to the front line

By Katrina Burton

Carol Rosenblum makes shared resources a one-stop shop.

With 26 years of experience at MD Anderson, she understands that there is no such thing as a typical day — at least not for her.

As project manager of an institutional shared resource — Patient-Reported Outcomes, Survey and Population Research (PROSPR), whose purpose is to support investigators throughout the institution in their research — she credits her good fortune to being versatile.

After years of working with mice in the laboratory, she yearned for more interaction with people. So she went back for a master's degree in public health that allowed her to switch gears from basic science to people-orientated research and began working with behavioral science programs.

Not only did her experience and background in public health pique her interest to serve on several projects, but it also led her to enact some healthy initiatives of her own.

“My mother was a breast cancer survivor,” she says. “Working on prevention initiatives was the perfect fit for me.”

Using her years of experience and dedication to manage staff, coordinate studies, advise investigators, create agreements and bill make for a long, but fruitful day.

“It's encouraging to see how helpful this type of resource is to investigators,” she says. “It was definitely worth giving up my lab coat.”

Detective for prevention

By Katrina Burton

Cancer prevention is a driving force in Therese Bevers' life.

Medical director of the Cancer Prevention Center and Prevention Outreach Programs, Bevers, M.D., works with multidisciplinary panels of MD Anderson disease site experts to update cancer screening guidelines and make them available to the public.

“For me, the driving factor is that a lot of communities and community physicians don't always understand the risks that people have for cancer,” she says. “Cancer screening is not one-size-fits-all. Our risk-based recommendations are markedly more personalized and precise, offering more detailed guidance than what has previously been made available.”

The guidelines define risk and offer recommendations for those at increased and high risk of developing cancer. They also recommend when a person may stop undergoing screening.

In addition, Bevers was instrumental in helping develop MD Anderson's Cancer Risk Check, an online survey that can be accessed at www.mdanderson.org/riskcheck.

“We created Cancer Risk Check to be simple to use and to empower people to take actions for a more healthful lifestyle, whether that's increasing physical activity or making a cancer screening appointment,” she says.

“Our goal is to have screening guidelines that are a resource. It's what we're doing to keep people from dying of cancer.”

The Voices of Education



An experienced educator,
an emerging researcher

By Mary Jane Schier

Since she arrived at MD Anderson in 1984 for a postdoctoral fellowship, Varsha Gandhi, Ph.D., has strived to pick up the pace of developing new cancer drugs.

She combines that research determination with a deep dedication focused on motivating students to choose careers in medical science.

“It’s of paramount importance that we inspire students and trainees who will carry on our mission of combating and, hopefully, curing cancer ... We must ensure that the next generation of inquisitive and intelligent researchers is ready to roll,” she says.

After completing her fellowship, Gandhi joined the MD Anderson faculty and rose through the academic ranks to become a professor in the departments of Experimental Therapeutics and Leukemia. She also is director of education and faculty development for Experimental Therapeutics.

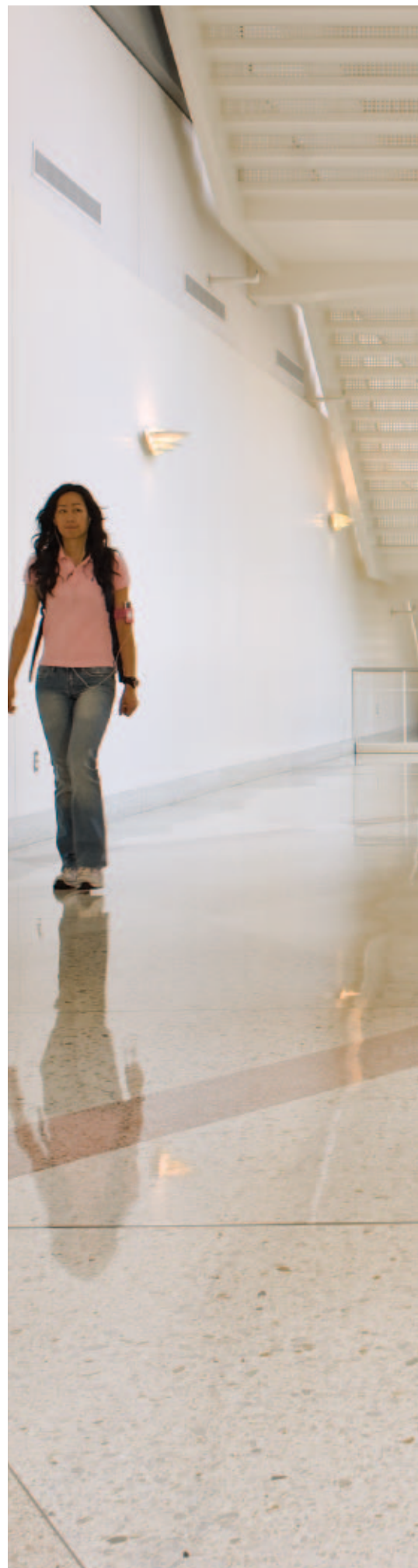
Her passion for teaching stems from mentors who have helped since her journey into science began in India, where she was born and educated through earning her Ph.D. in plant biochemistry.

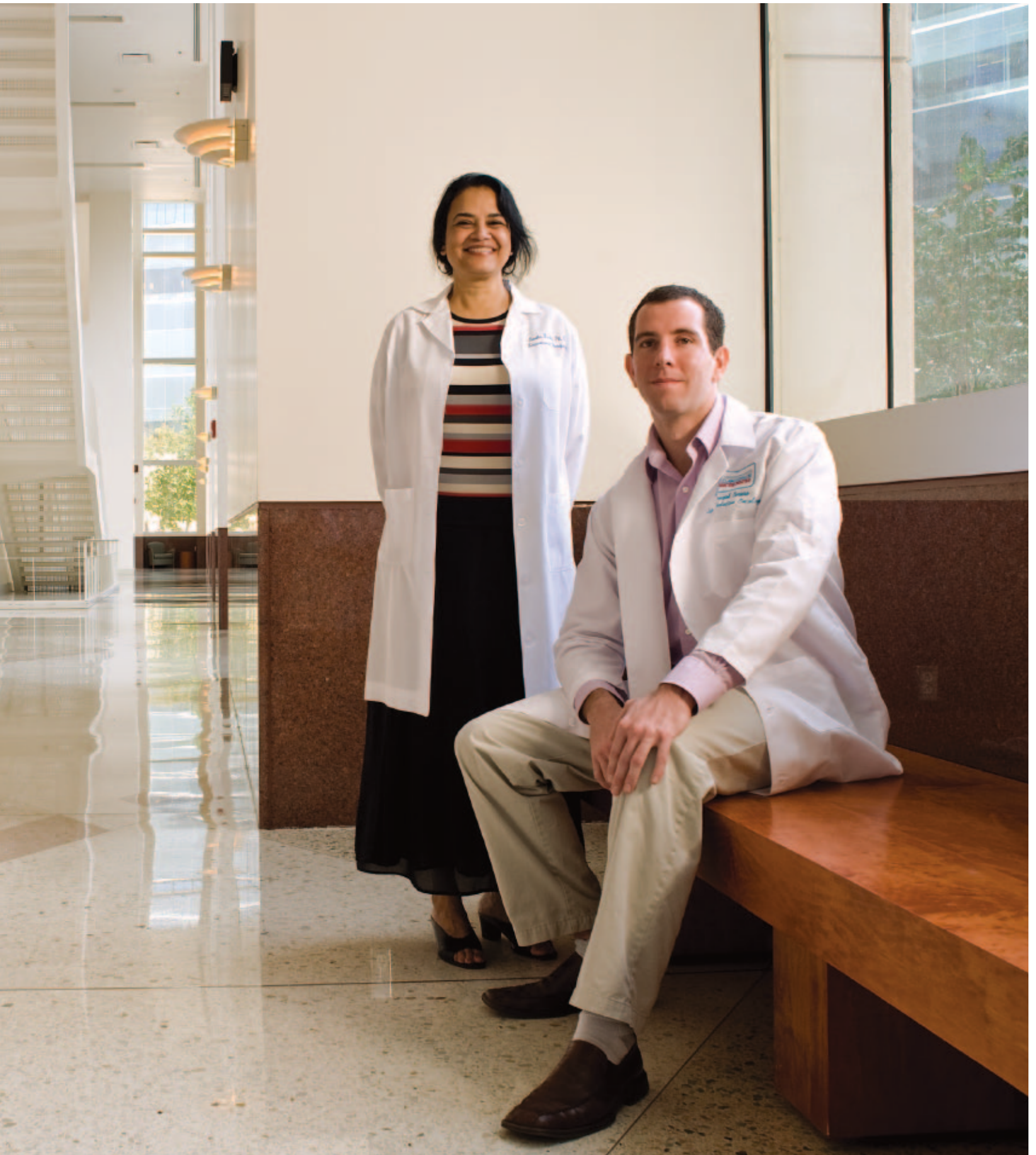
Once at MD Anderson, she realized the need for mentors to meet different professional needs, including how to prepare grants, write

journal articles, understand research options and especially “how to balance your career with your personal life.” She has advised many students, trainees and junior faculty to seek mentors of different ages, genders and cultural backgrounds.

Gandhi is president of the graduate faculty at The University of Texas Graduate School of Biomedical Sciences (GSBS) and past chair of its executive committee. The GSBS Program in Experimental Therapeutics she developed and directs was approved in spring 2010; about a dozen students already are enrolled and learning how to design, develop and test new drugs.

The graduate program in Cancer Metastasis: Bench to Bedside also was recently implemented at GSBS. Joseph Caruso, the first recipient of the Isaiah J. Fidler Fellowship awarded by the program, plans to continue exploring how the novel tumor suppressor protein elafin contributes to breast cancer metastasis after he earns his Ph.D. this year. He has been mentored by Khandan Keyomarsi, Ph.D., professor in the Department of Experimental Radiation Oncology.

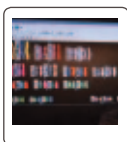




Among her many roles as a scientist and educator at MD Anderson, Varsha Gandhi, Ph.D. (left), is chair of the executive committee of the Graduate School of Biomedical Sciences where Joseph Caruso carries out his research as the first fellow in the Fidler Graduate Fellowship Program in Cancer Metastasis.

Voices that encourage learning

Education is of prime importance at MD Anderson. The institution grants degrees in allied health fields and, in collaboration with other institutions, trains and mentors tomorrow's scientists and clinicians. Cancer survivors and families also serve to educate their communities.



Teachable moments

MD Anderson's faculty, staff and students are constantly learning in an effort to improve cancer patient care.



Check out an online audio slideshow on this topic with Stephen Tomasovic, Ph.D., senior vice president for academic affairs.

www.mdanderson.org/annualreport

Finding the right place

By Mary Jane Schier

Gustavo Martinez credits a high school teacher with motivating him to excel in a national biology competition in his native Argentina.

After earning a master's degree from the University of Buenos Aires, Martinez applied to the Graduate School of Biomedical Sciences (GSBS) that is operated by MD Anderson and The University of Texas Health Science Center at Houston (UTHealth).

His goal was to study with Chen Dong, Ph.D., professor in the Department of Immunology and director of MD Anderson's Center for Inflammation and Cancer.

"I had always wanted to come to the United States," he notes. "When I found out that Dr. Dong was at MD Anderson, I knew this was the place for me."

Martinez began working in Dong's laboratory in 2007 and expects to receive his Ph.D. this year.

"The Immunology Program at GSBS is very strong, and Dr. Dong is an inspirational mentor. I'm also fortunate to have other great advisors," he says.

Martinez has been widely recognized for his research, the latest honor being a Presidents' Scholarship given by the presidents of MD Anderson and UTHealth. He has published three first-author papers, co-authored five additional journal articles and presented his immunology studies at several international conferences.



● Gustavo Martinez



● Lora Shea



● Stephanie Centeno

What's the risk?

By Gail Goodwin

If you're wondering about your risk of getting cancer, there's a new tool that can help.

Cancer Risk Check is an online resource that helps determine your personal risk for developing cancer. After completing a questionnaire, participants receive personalized screening recommendations based on gender, age and risk status, and feedback on ways to reduce their risks.

Led by Lora Shea, former senior education specialist in the Public Education Office, the project incorporates MD Anderson's screening algorithms for breast, cervical and colorectal cancers. The site also provides information specific to prostate cancer for men, as well as lifestyle choices that influence cancer risk such as tobacco use, sun exposure, diet and exercise.

A recent participant survey showed 78% intended to adopt one or more health behaviors recommended in their Cancer Risk Check profile; 61% intended to make an appointment to get a recommended screening test; and 59% intended to discuss recommendations with their doctor.

"Public Education has received positive feedback on the Cancer Risk Check," Shea says. "Those looking to make lifestyle changes are appreciative of this tool."

As the project lead, Shea was responsible for writing the content, getting medical approvals and interacting with the Department of Internet Services, which provided programming and technical support. Now a project director in the Department of Faculty Development, she uses her expertise to work on undergraduate education initiatives.

A determined spirit

By Lana Maciel

When Stephanie Centeno sets her mind to it, she can do anything.

When she had her son as a teenager, she refused to drop out of high school. As a single mother, she earned her diploma and pursued a college education.

When her application to MD Anderson's School of Health Professions was denied twice, she retook those college classes in which she made a C and improved her grades. On her third try, she was accepted into the school.

And when Centeno learned of a job opening for an MRI technologist at MD Anderson, she pursued the opportunity even though she was still six months from completing her degree. Her hard work and determination paid off, and she was hired full time.

Although she didn't get to see much of her now 10-year-old son during those six months, Centeno admits the stress and sacrifice of 16-hour days spent at work and school were well worth it.

"It was a really tough time," she says. "But honestly, I couldn't have done it without my family. I knew that if I wanted a better future for my son and me, I had to make some sacrifices."

Centeno, who completed her degree last August, hopes to one day earn her master's. And it's likely there's no challenge tough enough to keep her from obtaining it.



● Pat and Heather Taylor with their daughter Madison

Family educates a community

By Sara Farris

Dance classes, reading, being a big sister and having a princess birthday party — this is the life of 8-year-old Madison “Madi” Taylor. No one would know that only five years ago this bright-eyed, curly-haired girl full of giggles was fighting for her life.

Madi’s father, Pat, remembers clearly the day his daughter was diagnosed at MD Anderson Children’s Cancer Hospital. A pain in Madi’s arm and a fever that wouldn’t go away turned out to be acute lymphocytic leukemia, the most common childhood cancer.

“When Madi was first diagnosed, Dr. Patrick [Zweidler-McKay] sat down and talked with our family. He spent several hours discussing what was happening to Madi and what her treatment would include,” Pat says. “He allowed us plenty of time to ask questions. I’ll never forget that. The care team has been there each step of the way.”

Pat and his wife, Heather, clung to each other as they supported their daughter, then 3 years old, through three years of chemotherapy. Despite not feeling well, Madi always seemed to carry a smile, Heather recalls.

With her “Sassy Kitty” doll accompanying her to each appointment and activity, Madi made friends with fellow pediatric patients and mimicked Zweidler-McKay by giving her doll check-ups each day. Her favorite activity at the hospital was the weekly bingo games hosted by MD Anderson volunteers.

With Madi in remission, the Taylors now use their experience to help other MD Anderson families facing cancer.

Pat serves on the Family Advisory Council, a group of parents and staff who meet monthly to discuss ways to improve every child’s experience at the Children’s Cancer Hospital. He also is parent liaison on the children’s hospital Advisory Group that consists of Board of Visitors members and others interested in childhood cancers.

Meanwhile, Heather serves on the Anderson Network Steering Committee, supporting and developing programs to benefit patients and caregivers at MD Anderson.

As for Madi, she gives hope to other families facing cancer, using her smile and story. She is featured in a new marketing campaign for the Children’s Cancer Hospital.



● Diane Bodurka, M.D.



● Sharon Dent, Ph.D.

The ‘lovely intangibles’ of a doctor’s life

By Mary Brolley

Though they come with plenty of skills, she can teach them many of the technical aspects.

Director of the Fellowship Training Program in the Department of Gynecologic Oncology and Reproductive Medicine, Diane Bodurka, M.D., says working with talented young physicians “keeps me on my toes.”

“I have to challenge them,” she says. “And I have to keep learning, because I want to have the answers for them.”

Most recently, she’s the proud mentor of Shannon Westin, M.D., fellow in the Department of Investigational Cancer Therapeutics, who earned a 2010 Trainee Excellence Award for her presentation on persistent obesity among endometrial cancer survivors.

In July, Bodurka was honored for teaching excellence by The University of Texas Academy of Health Science Education. She juggles many responsibilities — including her favorite, “being the mother of two” — in addition to fellowship training.

It’s clear that for her, caring for her patients enhances her work with talented fellows. “My patients have so much grace and dignity. An appreciation for life.” She pauses. “They’re going through so much, yet they ask how my family is doing. They’re just lovely. They’re fighters. They teach you that every day is special.”

Though she leads by example, Bodurka knows her trainees will each learn their own way with patients. “Sooner or later they all meet a patient who touches them. That’s how they develop their empathy,” she says.

Although MD Anderson’s Department of Gynecologic Oncology and Reproductive Medicine is dedicated only to cancer treatment, it was rated No. 10 among all types of gynecologic programs in the nation in U.S. News & World Report’s 2010 “Best Hospitals” survey.

Childhood experiences enhance a career

By Mary Jane Schier

Frequent family trips to the library, an aquarium and the zoo helped fuel her interest in becoming a science teacher. Today, Sharon Dent, Ph.D., has surpassed her early goal.

“I’m fortunate to combine fascinating basic science research with training future scientists,” says Dent, who last summer was named chair of the Department of Molecular Carcinogenesis and administrative director of MD Anderson’s Science Park-Research Division in Smithville, Texas.

Dent joined MD Anderson as an assistant professor in the Department of Biochemistry and Molecular Biology in 1993 and advanced to professor in 2004. Three years later, she was appointed her department’s deputy chair plus co-director of the Center for Cancer Epigenetics, a post she still holds.

Dent attributes her success as a teaching scientist to “incredible opportunities” at MD Anderson. She has become a leader in research focused on understanding the role of chromatin remodeling in normal cell growth and development while directly mentoring 35 graduate students and postdoctoral fellows and advising more than 150 others.

“I love discovering new things and working with bright young scientists whose enthusiasm inspires me,” she says.

Dent is excited about the educational programs at Science Park, where 26 students in The University of Texas Graduate School of Biomedical Sciences are pursuing advanced degrees, and a Howard Hughes Medical Institute grant supports efforts to promote science and health education in Central Texas.



Comparing notes at the Little Galleria children's play area, a project of the Houston Galleria and MD Anderson Children's Cancer Hospital, Ashley Loeffler (left) and Regina Rogers agree they're on the same page in support of MD Anderson.

The Voices of Development



Generation X joins baby boomer in Making Cancer History®

By Sarah Watson

They're a generation apart, but when it comes to supporting MD Anderson, their goals clearly align. Senior Board of Visitors (BOV) member Regina Rogers of Beaumont, Texas, and Advance Team member Ashley Loeffler of Houston are unabashedly passionate about the institution's mission to eliminate cancer.

Rogers' relationship with MD Anderson spans 50 years, and Loeffler joined the Advance Team in 2007. Yet the bond they share transcends the decades between them as each goes about the business of Making Cancer History.

"If I was asked to give three words to describe MD Anderson, they would be compassionate, caring and loving," Rogers says.

She was 14 when her brother Arvey, just beginning his medical career, underwent thyroid cancer surgery at the hands of Edgar C. White, M.D., then chief of surgery. Years later, her mother, Julie, also was successfully treated at MD Anderson for breast cancer.

"As I have walked the halls of MD Anderson for the past five decades, what always touches my heart is the level of care given to all patients, regardless of their station in life," says Rogers, who holds a law degree but devotes much of

her time to community programs for medically underserved residents of southeast Texas — when she's not serving MD Anderson in the tradition of her late father, BOV Life Member Ben Rogers.

Ashley Loeffler also looks to a family mentor in her capacity as an MD Anderson volunteer. Her mother-in-law, Nancy Loeffler of San Antonio, is chair of the BOV and a cancer survivor.

"Watching someone you love fight cancer is difficult, and that made me even more interested in being involved with MD Anderson as a volunteer," says Loeffler, a stay-at-home mom with three children and whose lengthy resume includes a stint in university fundraising.

"We're so fortunate to have the No. 1 cancer hospital in the nation right here in Houston. I'm honored to be able to give back to an institution that's given so much to so many."



Voices of support and progress

Philanthropy underpins MD Anderson's mission to eliminate cancer. Gifts — great and small — raised by passionate patients, survivors, caregivers and public-minded citizens of all ages allow the institution to move forward with treatment discoveries, educate future health care providers, raise awareness of prevention and provide the best, most effective patient care.



Good friends doing good together

By DeDe DeStefano

It's impossible to be around Tom Johnson and Wayne Gibbens without wondering what they're up to. With regular outbursts of laughter and twinkles in their eyes, their zest for life is contagious.

But their playful manner is supplemented by a passion for making life better for others, and MD Anderson is fortunate to have such dedicated supporters as Board of Visitors members.

Though miles apart now (Johnson, retired president of CNN in Atlanta, and Gibbens, active in the oil and gas business and living on a farm in Middleburg, Va.), their friendship began in Washington, D.C., in 1965 when Johnson was a White House Fellow working in then President Lyndon B. Johnson's administration and Gibbens was representing then Texas Governor John Connally.

"We've traveled the world together," Johnson says. "We've gone on many vacations and have countless stories. I don't have any brothers — Wayne's like a brother to me."

So, when Gibbens asked Johnson to join the Board of Visitors, Johnson did it solely as a favor for his friend.

"I was overloaded with responsibilities when Wayne asked me to join the board," Johnson says. "However, after my initial visit to MD Anderson, I became increasingly impressed by its focus on patient care and

the humanity of the institution. I saw firsthand the magnificent care that MD Anderson provides those who are battling cancer."

Gibbens' involvement with MD Anderson began decades earlier.

"My wife, Beth, and I were engaged when she was diagnosed with (what was supposed to be) terminal cancer. That was 47 years ago. MD Anderson gave us life," says Gibbens, whose wife survived. "When I was asked to join the Board of Visitors in 1981, I wholeheartedly accepted."

Gibbens and Johnson also have been active fundraisers for events in Washington, D.C., Dallas, Houston, San Antonio and Atlanta.

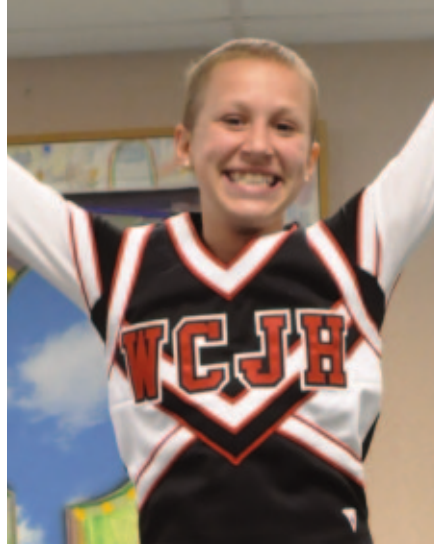
"I'm very proud I joined the board," Johnson says. "I've gotten more out of it than I've put into it. I can't think of any mission that's more inspirational than eliminating cancer. We have a common goal to battle with every ounce of our energy and effort."

And his friend, Gibbens, is glad he enticed Johnson to join the board. "I know the kind of person he is. He's passionate about causes he believes in, enthusiastic, and he offers great value to this cancer center."

"I'm going to do the very best I can do," Johnson says. "I just signed up for my second term."



● Wayne Gibbens (left) and Tom Johnson



● Caitlyn Mortus



● H. Ross Perot

A cheer for giving back

By Gail Goodwin

Caitlyn Mortus, 15, has spent hours cheering for her school — as well as for MD Anderson Children's Cancer Hospital. After treatment for Burkitt's lymphoma, she is cancer-free and celebrating her survivorship by learning about philanthropy.

From benefit spaghetti dinners to representing the Children's Cancer Hospital at the Advance Team-sponsored Santa's Elves holiday party and at the Kinkaid School's "Beating Cancer with a Stick" lacrosse tournament, Caitlyn and her family are determined to raise funds for pediatric cancer research.

Caitlyn also has a wish that every child battling cancer can keep connected to loved ones while undergoing treatment. She knows first-hand the power of social healing. Thanks to a computer she received during her treatment, Caitlyn was able to stay in contact with her family and friends, which kept her spirits high.

From this inspiration, the Mortus family has created Keep Kids Connected (www.keepkidsconnected.org), which provides computers to children with severe illnesses to help them stay in touch, too. The foundation sponsors events for this purpose and raises money for cancer research.

Today, Caitlyn is back on the soccer field, tumbling twice a week and getting ready to run track in the spring. She's looking forward to trying out for cheerleader for her high school next year, too. All of this keeps Caitlyn involved with the Children's Cancer Hospital and flying high.

Paying it forward

By Sarah Watson

When Dallas businessman and philanthropist H. Ross Perot decided to donate \$20 million to MD Anderson, he put his money on personalized cancer therapy. There's no better return on investment, he says.

"I'm proud to support transformational research at MD Anderson over the next decade and to play a small role in making personalized cancer therapy a reality," Perot says.

Perot's contributions, supporting the Institute for Personalized Cancer Therapy (IPCT) and the Center for Targeted Therapy (CTT), will have a significant impact on cancer care by accelerating efforts to analyze genetic blueprints, pinpoint molecular biomarkers, develop targeted anti-cancer drugs and test new drugs in clinical trials.

The IPCT, for example, will foster discoveries to help physicians determine specific genetic and molecular abnormalities in each patient's cancer and in turn prescribe appropriate therapy. The CTT will speed delivery of new improved targeted drug therapies so that patients may benefit more quickly.

"Our goal is to make personalized cancer therapy the gold standard in oncology care," says John Mendelsohn, M.D., president of MD Anderson. "We are grateful to Ross Perot for his generous support in these extremely important areas of cancer research."



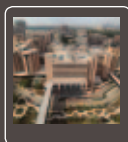
Jeff Miller



Cyndi Pfeifer



Chen Dong, Ph.D.



Transformations

Making Cancer History®: The Campaign to Transform Cancer Care is creating world-class institutes that will help change how we diagnose, treat and prevent cancer.



Check out an online audio slideshow on this topic with John Mendelsohn, M.D., president of MD Anderson.

www.mdanderson.org/annualreport

Matching gifts are twice as nice

By Victor Scott

Here's a real two-for-one deal that benefits MD Anderson: a volunteer-based effort joined to the Matching Gift Program.

Employees or retirees from participating companies work as volunteers at MD Anderson. After working a set number of hours, their company matches those hours with a financial donation to MD Anderson. The result is two gifts from one effort.

Jeff Miller's decision to support the program started shortly after his retirement from ExxonMobil in 2006.

"I was at the Houston Marathon and overheard another runner telling about a young high school athlete who had lost a leg to cancer and was being treated at MD Anderson," Miller says. "I'm a former youth sports volunteer and that story really touched me. I just felt I should pay him a visit and offer support."

During that visit, Miller learned about the matching program and decided to enlist. "Cancer touches so many people, including my family," he adds. "My dad died from cancer two years into his retirement, both my brothers have had cancer and my mother-in-law, too. It was time to help."

MD Anderson's Department of Volunteer Services has trained volunteers serving in more than 66 programs and 105 unique volunteer positions. "Our caring and compassionate volunteers share their gifts of time, talent and skills daily to make a difference in the lives of our patients and caregivers," says Executive Director Susan French.

Cyndi Pfeifer works for Chevron as a natural gas scheduler. After losing a close friend to cancer, she decided to enroll in the program. She spends some of her time working on the Hat Cart, giving hats to patients undergoing chemotherapy. As a mother, she has a special place in her heart for pediatric patients.

"My heart really goes out to these kids," Pfeifer says, "especially our teenage patients. They can be very self-conscious about their appearance and when you hand them a special hat, it can make their day."

With the recent economic challenges many people face, the Matching Gift Program provides a way to continue financial support for MD Anderson and double the positive impact of volunteers in the fight against cancer.

Investing in basic science

By Scott Merville

Inflammation can kill cancer. Inflammation can also fuel cancer growth and survival. Understanding the heroic and the villainous versions of inflammation is central to the Center for Inflammation and Cancer in MD Anderson's Institute for Basic Science.

Raising funds to support this research is just one piece of MD Anderson's blueprint for breakthroughs in its \$1.2 billion Making Cancer History®: The Campaign to Transform Cancer Care.

Scientists know that inflammation is a response to irritation or injury that promotes healing and ties into the immune response. "We also know cancer can subvert the inflammatory response for its own benefit to generate new blood cells, suppress the immune system and stimulate the spread of the disease," says Chen Dong, Ph.D., professor in the Department of Immunology and director of the center.

"However, there's a strong possibility that we can use inflammation to provoke an immune response that attacks and destroys cancer, then prevents recurrence," Dong says. "True cures for cancer lie in our own bodies. We can generate immunity to cancer that truly eliminates recurrence."

The center draws researchers from 10 MD Anderson departments that study the molecular mechanisms of inflammation and its role in cancer development or suppression.

In addition to the Institute for Basic Science, support will go to the Institute for Cancer Care Excellence, the Institute for Personalized Cancer Therapy, the Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer and the Duncan Family Institute for Cancer Prevention and Risk Assessment.

A legacy of giving

By Victor Scott

Harry Fagen left nothing to chance. The \$1 million planned gift he left in his will to MD Anderson exemplifies his meticulous lifestyle and reflects his generosity to others.

For 40 years, Fagen worked as a sales representative at the Dallas Apparel Mart. He didn't project the boisterous personality of the typical salesperson and was described as "private" by those who knew the lifelong bachelor. Still, a closer look at his life reveals a tradition of service that continues after his death.

Born in 1923 in Teltz, Poland, he immigrated to New York with his family and grew up in the Bronx. He joined the Army Air Corps during World War II and flew 39 missions over Europe as a B-24 Liberator bombardier-navigator and was awarded several honors including the Distinguished Flying Cross.

Fagen often donated his time and money to help others. For almost a quarter century, he made dozens of donations to MD Anderson. His will includes donations to 14 different charities, one of them a planned gift to support future pediatric clinical trials at MD Anderson Children's Cancer Hospital, which will continue his legacy of giving for generations to come.

For more information about designating a planned gift, call 866-928-9494 or visit the website at www.mdanderson.planyourlegacy.org.

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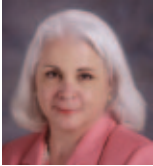
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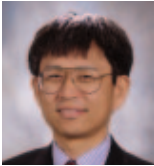
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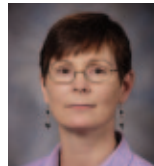
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Members of the Blue Bell Creameries team in action at Polo on the Prairie, held last May in the West Texas town of Albany. Blue Bell, a longtime partner, contributed \$10,000 to the event and pledged \$150,000 to support the Anderson Network. A program of the Department of Volunteer Services at MD Anderson, the Anderson Network is a cancer support group of more than 1,500 current and former patients and caregivers. Polo on the Prairie is an annual U.S. Polo Association-sanctioned tournament that benefits MD Anderson.

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*As of Jan. 31, 2011



Run for the Rose

Amy B. Heimberger, M.D. (left), associate professor in the Department of Neurosurgery, Lanie Rose and husband Jerry Rose take a break following the 2010 Run for the Rose fun run and walk at Reliant Park in Houston. The Dr. Marnie Rose Foundation has been a major supporter of brain cancer research at MD Anderson under the direction of Heimberger. The eighth annual event, which also supports pediatric initiatives at Children’s Memorial Hermann Hospital in Houston, raised \$440,000.

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Anne and John Mendelsohn, M.D., (from left) celebrate Barbara Hines' successful show at Meredith Long & Co. in Houston benefiting MD Anderson and Aishel House. Hines, a longtime supporter of the institution, contributed approximately \$125,000 from the sale of her artwork to MD Anderson's Integrative Medicine Program. She also contributed proceeds to Aishel House, a nonprofit organization that supports patients in the Texas Medical Center and their families.

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A living legend
Veteran CBS News journalist Bob Schieffer (left) and former Georgia Senator Sam Nunn engage in a one-on-one interview at A Conversation With a Living Legend® in Atlanta. The event raised \$668,000 for cancer research at MD Anderson.

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Beating cancer with a stick

Fairfield University's Brent Adams (left) and the University of Notre Dame's Neal Hicks compete before 2,000 spectators at The Kinkaid School's Beating Cancer With a Stick Lacrosse Classic in Houston. The inaugural event raised \$10,000 for MD Anderson Children's Cancer Hospital's Pediatric Clinical Research Program.

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Monroe Dunaway Anderson Society

New members, Sept. 1, 2009-Aug. 31, 2010

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

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Mr. Noelan L. Bibler
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Mr. Hubert P. Isaacks

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Mr. and Mrs. Robert E. Wysocki
Mr. Herbert S. Young
Ms. Meiling Yu



Game, set, match

MD Anderson Children's Cancer Hospital patient Wade Dillenbeck gets a ball signed by tennis pro Roger Federer during Arthur Ashe Kids' Day, which helped kick off the 2010 U.S. Open tennis tournament in Flushing, N.Y. Dillenbeck and other pediatric cancer patients had on-court seats at the MD Anderson Performance Challenge, which featured some of the world's top professional tennis players. The event raised \$15,000 for the Children's Cancer Hospital.

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Indoor playground

Children navigate traffic at the Little Galleria play area in the Houston Galleria®. The new indoor area for children includes miniature versions of landmark Galleria retail stores such as Neiman Marcus, Nordstrom, Macy's and Saks Fifth Avenue. Little Galleria was created from a partnership between MD Anderson Children's Cancer Hospital and Simon Property Group Inc., owners of the Galleria.

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 Mrs. Michel H. Williams
 Mr. and Mrs. Thomas F. Williams, Jr.
 Mr. and Mrs. Tommy Williams
 Tyrous R. and Ruth F. Williams
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 Dr. Ching-Yuan Wu
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 Wyle Laboratories
 Wynne & Wynne LLP

X

Xcenda
 XTO Energy Inc.

Y

Miss Young L. Yang
 Mr. and Mrs. Bill O. Yant
 Mr. Fernando A. Yarrito
 Mr. and Mrs. Danny Yates
 Dr. James R. Yates and Dr. Alba A. Ortiz
 Dr. Neshat Yazdi
 Mr. and Mrs. Kyle Yeates
 Sonia and Gary Yeck
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 Ms. DeLois C. Young
 Mr. James J. Young
 Mr. and Mrs. Mark B. Young
 Dr. Paul Young and Mrs. Susan Torn Young
 Young Texans Against Cancer
 Mr. and Mrs. Glenn A. Youngkin
 Mrs. Sandra Graham Youngs
 Ms. Meiling Yu
 Yurman Design, Inc.

Z

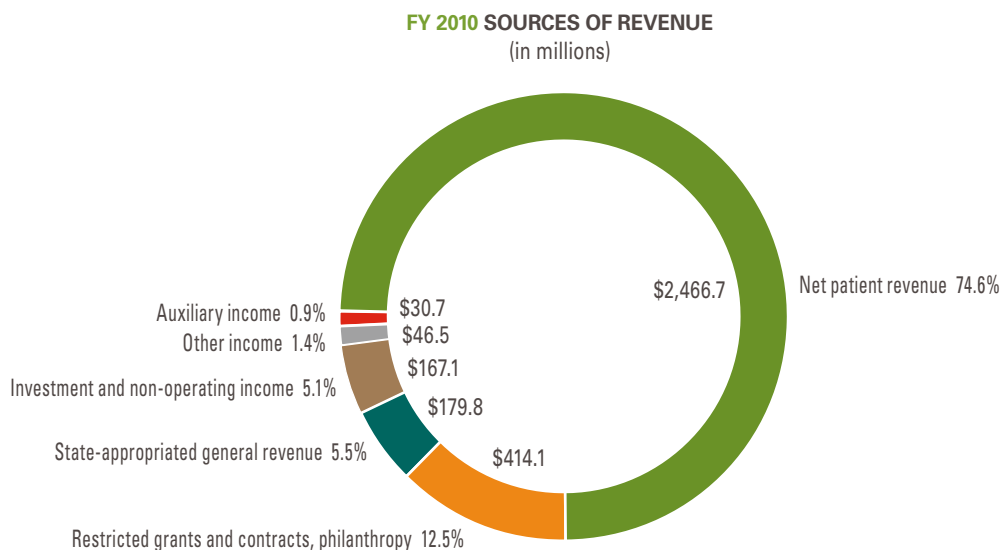
The Zaban Foundation
 Zachry Industrial, Inc.
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 Henry Zarrow
 Mr. and Mrs. Jack Zarrow
 Mr. and Mrs. Stuart A. Zarrow
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 Susan Ellman Zweig Endowment
 Philanthropic Fund of the Jewish Federation of Greater Atlanta

Every attempt has been made to ensure the accuracy of this list. If an error has been made, please contact the Development Office at 713-792-3450.

2009-2010
FINANCIAL AND STATISTICAL DATA

SOURCES OF REVENUE (unaudited)

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Patient revenue					
Gross patient revenue ¹	\$3,366,499,918	\$3,802,824,613	\$4,094,053,649	\$4,692,510,650	\$5,167,618,550
Deductions from gross patient revenue ²	1,606,135,345	1,814,040,101	1,935,375,659	2,358,290,606	2,700,920,979
Net patient revenue	\$1,760,364,573	\$1,988,784,512	\$2,158,677,990	\$2,334,220,044	\$2,466,697,571
Restricted grants and contracts, philanthropy	289,957,497	314,378,653	374,765,267	358,610,391	414,066,098
State-appropriated general revenue	158,529,119	160,130,024	167,894,635	171,265,817	179,818,473
Auxiliary income ³	22,876,625	25,319,457	26,514,386	29,797,216	30,700,522
Other income ⁴	20,832,995	29,369,564	38,374,559	43,731,386	46,491,784
Investment and other non-operating income	101,368,135	161,853,840	(11,018,492)	(126,798,902)	167,062,774
TOTAL SOURCES OF REVENUE	\$2,353,928,944	\$2,679,836,050	\$2,755,208,345	\$2,810,825,952	\$3,304,837,222



¹ Includes inpatient, outpatient and professional services.

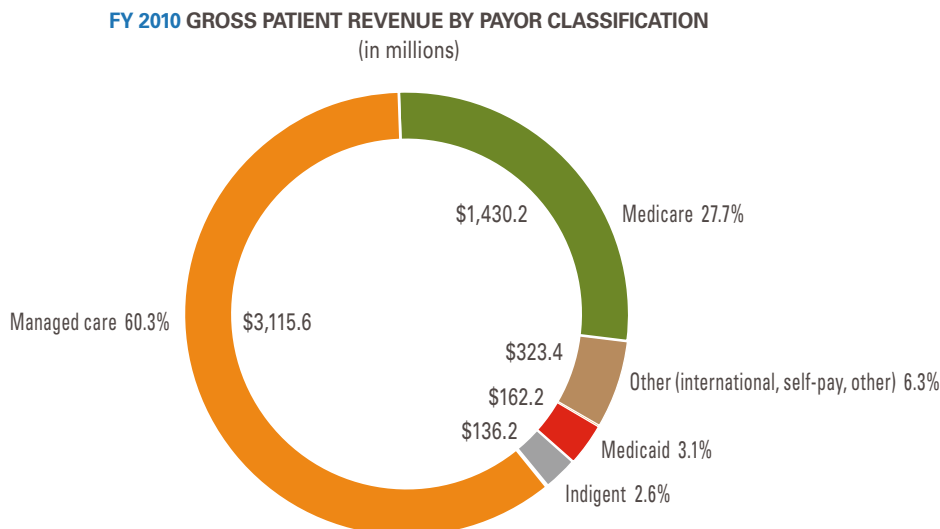
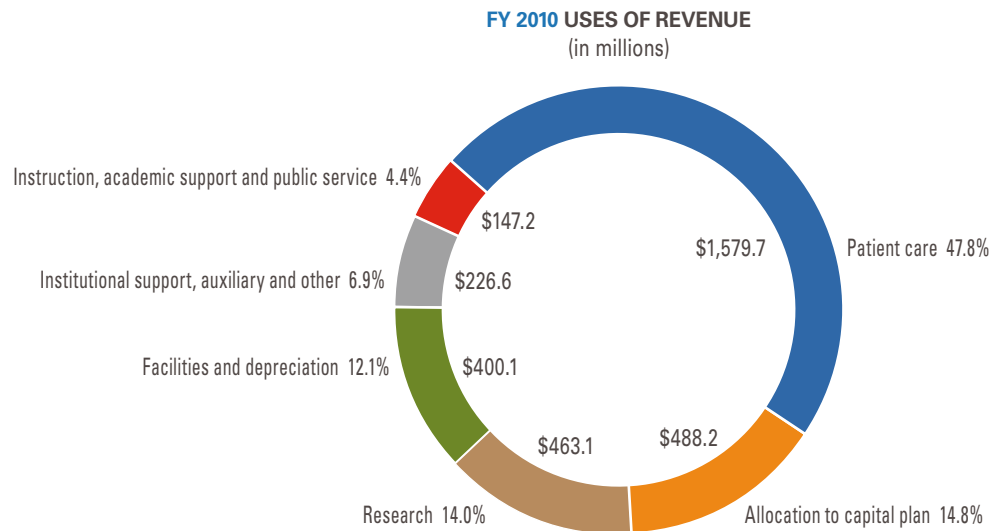
² Amounts discounted from established rates as a result of agreements with third-party payors, including Medicare, Medicaid and insurance companies. Also includes deductions associated with indigent care and bad debt.

³ Funds received from parking fees, valet services, dining facilities, hotel charges, gift shop sales and vending machine sales.

⁴ Includes tuition and student fees, Children's Art Project sales, management fees and other sources.

USES OF REVENUE (unaudited)

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Research	\$341,540,289	\$374,619,643	\$414,772,468	\$431,058,983	\$463,104,671
Instruction, academic support, public service	135,029,784	138,970,358	146,620,811	152,175,327	147,158,551
Patient care	1,194,110,713	1,323,426,531	1,435,254,577	1,512,759,959	1,579,735,295
Facilities and depreciation	330,029,490	345,418,403	400,706,162	424,817,880	400,068,414
Institutional support, auxiliary, other ¹	173,716,186	187,197,744	203,649,311	230,471,383	226,601,396
Allocation to capital plan ²	179,502,482	310,203,371	154,205,016	59,542,420	488,168,895
TOTAL USES OF REVENUE	\$2,353,928,944	\$2,679,836,050	\$2,755,208,345	\$2,810,825,952	\$3,304,837,222



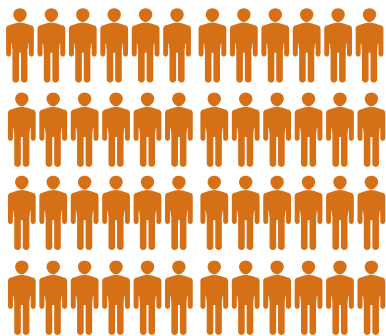
¹ Includes support for parking, food and gift shop services, as well as general institutional support (e.g., information technology, human resources, administration, development activities).

² For future projects to replace and improve facilities and technology.

CLINICAL PROFILE

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Hospital admissions	21,221	22,257	22,194	23,277	23,995
Patient days	155,551	163,007	167,451	174,740	178,651
Average daily census	432	452	464	486	498
Average length of stay	7.3	7.3	7.5	7.5	7.4
Average number of operating beds	508	512	510	507	546
Outpatient clinic visits, treatments, procedures	884,817	922,985	965,248	1,055,092	1,132,338
Pathology/laboratory medicine procedures	7,884,053	8,651,960	9,221,298	10,112,244	10,754,560
Diagnostic imaging procedures	412,924	447,497	479,476	519,150	538,514
Surgery hours	50,917	55,181	57,308	62,587	61,873
Total active clinical protocols	1,081	1,064	1,108	1,073	1,009

FY 2010 WORKFORCE



Total employees 17,880



Faculty 1,509



Hospital-based volunteers 1,215



On-site volunteer hours 195,268

FY 2010 UNSPONSORED CHARITY CARE



MD Anderson provided \$326 million in un-sponsored charity care to Texans with cancer in FY 2010.*

**This figure includes charges for care provided to patients who participate in MD Anderson-sponsored charity care programs or whose treatment was not fully covered by Medicaid.*

FY 2010 TOTAL PHILANTHROPIC SUPPORT BY TYPE

Cash gifts	Amount
Corporations	\$10,669,350
Foundations	34,254,012
Individuals	25,698,760
Organizations	2,318,789
Trusts and estates	11,711,361
Subtotal	\$84,652,273

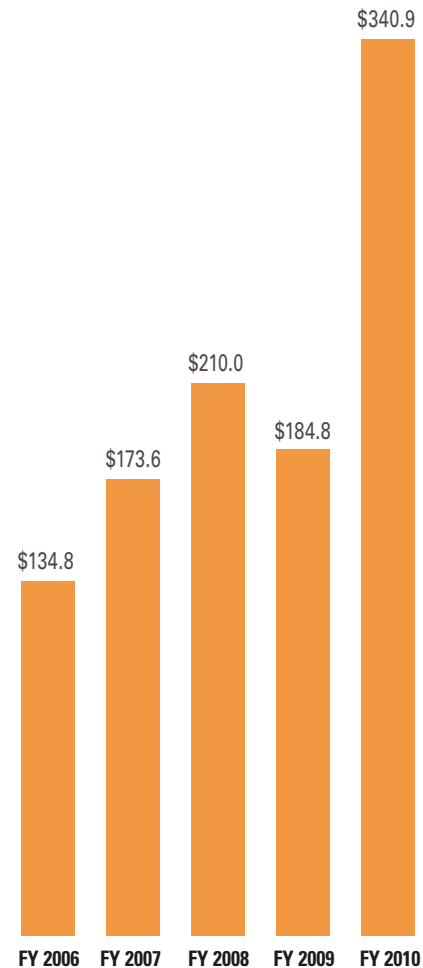
Pledge gifts ¹	Amount
Corporations	\$12,364,667
Foundations	163,355,478
Individuals	27,167,967
Organizations	10,108,998
Trusts and estates ²	41,938,195
Subtotal	\$254,935,305

Gifts-in-kind	Amount
Corporations	\$873,276
Foundations	1,647
Individuals	455,226
Organizations	1,155
Subtotal	\$1,331,304

TOTAL	\$340,918,881
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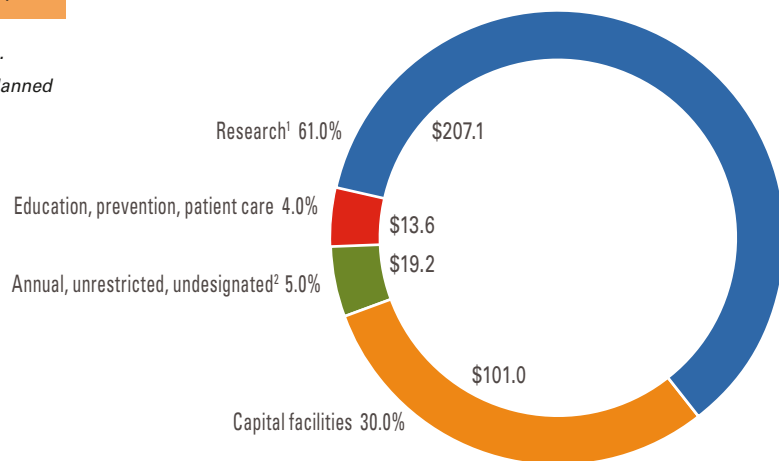
¹ Pledge gifts are not reported here at net present value.

² Discounted value of trusts and estates, including all planned gifts, is \$20,996,339.72.



TOTAL DOLLAR GIFT AMOUNT
(in millions)

FY 2010 TOTAL PHILANTHROPIC GIFT SUPPORT BY PURPOSE
(in millions)



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

² These dollars fund institutional peer-reviewed research.

SOURCES OF RESEARCH EXPENDITURES

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
External funding for research					
Federal grants, contracts	\$182,028,411	\$190,508,252	\$194,889,144	\$194,632,638	\$206,664,447
Private industry grants, contracts	28,020,431	34,307,882	40,625,360	43,688,603	50,712,121
Philanthropy, foundations	49,678,964	61,086,784	73,518,196	83,046,345	81,656,207
Total external funding	\$259,727,806	\$285,902,918	\$309,032,700	\$321,367,586	\$339,032,775
State funding allocated for research					
State-appropriated general revenue	\$15,163,811	\$15,163,811	\$14,261,756	\$13,715,898	\$14,752,806
Tobacco settlement receipts	8,470,040	6,676,418	8,832,133	7,969,779	8,451,929
Total state funding	\$23,633,851	\$21,840,229	\$23,093,889	\$21,685,677	\$23,204,735
Internal funding allocated for research					
Hospital operating margins	\$106,518,513	\$116,719,735	\$132,880,036	\$142,414,379	\$161,708,956
Institutional grants ¹	19,799,540	20,469,825	23,648,202	24,805,099	23,088,278
Total internal funding	\$126,318,053	\$137,189,560	\$156,528,238	\$167,219,478	\$184,797,234
TOTAL RESEARCH EXPENDITURES	\$409,679,710	\$444,932,707	\$488,654,827	\$510,272,741	\$547,034,744

¹Philanthropic donations to the institution internally designated to support research and Physicians Referral Service funds internally allocated to support research activities.

EDUCATION PROFILE

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Clinical residents, fellows	958	977	1,043	1,124	1,109
Research trainees	1,365	1,452	1,536	1,602	1,612
Observers, visitors, special programs	607	715	600	415	334
Nursing students/rotations	836	1,727	1,778	2,098	2,776
Student programs	514	571	830	914	930
School of Health Professions programs	86	96	139	205	214
TOTAL TRAINEES	4,366	5,538	5,926	6,358	6,975

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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.

Texas

Regional care centers: Bay Area (Nassau Bay), Bellaire, Fort Bend (Richmond), 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 2011

International

Centro Oncológico MD Anderson International España (Madrid, Spain)

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

.....
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Sarah Newson, *associate vice president, Communications*

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David Berkowitz, *associate director, External Communications*

MANAGING EDITOR:

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