

ENHANCING QUALITY IN THE MIDST OF CHANGE



CUTLER

ANNUAL REPORT 2010-2011

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center

Making Cancer History®

ENHANCING QUALITY IN THE MIDST OF CHANGE

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

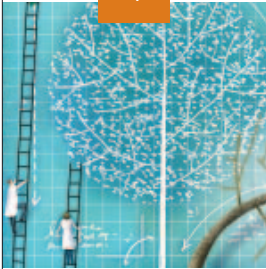
We work together to merit the trust of our colleagues and those we serve.

Discovery

We embrace creativity and seek new knowledge.

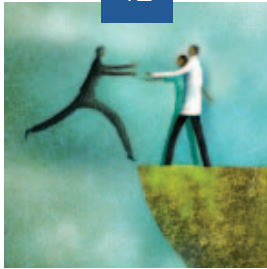
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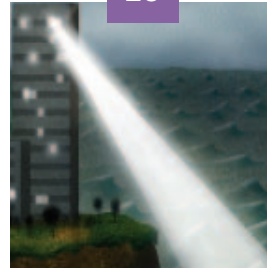
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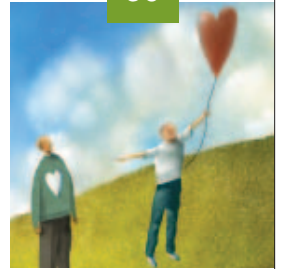
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ENHANCING QUALITY IN THE MIDST OF CHANGE

FROM OUR PRESIDENT

Major forces challenge health care today — increasing shortages of specialty physicians, nurses and allied health care professionals, the aging of our population, lifestyles that put more Americans at risk for illness, escalating medical costs and pressures to reduce those costs, to name a few.

Moreover, in this decade alone, the world will lose a startling 100 million lives to cancer, exceeding the combined impact of cardiovascular disease, tuberculosis, HIV and malaria.

Yet, these challenges come at a time of great hope as we take advantage of new transformative technologies and implement new methods for discovery and care. Millennia from now, I am confident that this period of human history will be viewed as having fundamentally changed the human condition.

The world is calling out to MD Anderson: “Houston, we have a problem.” It is counting on this institution to harness its collective will and wisdom to put this disease in the history books. Given our size, our talent and our singular focus on cancer, we must lead this worldwide effort.

With a strong faculty and work force of more than 18,000, our united mission is to provide the best cancer care today and to achieve great good for humanity by realizing the ultimate goal of conquering this disease.

A POWERFUL CONFLUENCE

As MD Anderson’s fourth president, I am honored to be part of the change. Last September, I took the reins from the greatest leader in modern cancer medicine, John Mendelsohn, M.D. It is a thrilling and solemn responsibility.

The contributions of the three presidents who preceded me during the past 70 years track well with the evolution of the field of cancer medicine. Their leadership culminated in the Mendelsohn era, a period highlighted by an important emphasis on prevention, the advent of targeted therapy and the promise of personalized cancer care.

There is no question that the field is changing rapidly and that cancer medicine is poised to make a decisive assault on the disease. There is a powerful confluence of knowledge, unprecedented computational firepower, the ability to manipulate genes at will and much more.

FIRST-RATE EDUCATION AND STRONG COLLABORATION

Those of us who aspired to become physician scientists succeeded because we had solid institutional support, mentorship from generous senior faculty, great graduate students and other physician scientists as colleagues.

Experience has taught me that a key ingredient in the formula for institutional success rests not simply on recruiting top students and junior faculty and giving them resources. Rather, we must also provide them with a stimulating educational environment where they can learn how to deliver the world’s best clinical care and conduct breakthrough research.

A major initial focus of my presidency will be to encourage and to educate. This will require time and energy from our gifted senior faculty. With this support, our young scientists should understand that “to whom much is given, much is expected.”



Throughout my career, I have witnessed the essential role of collaboration in scientific discovery. So, another important focus of my presidency will be to build multidisciplinary, multi-technology teams intent on solving the big problems in cancer, not simply on designing and conducting the next experiment.

MASSIVE CHANGE IN MINDSET

In the years ahead, MD Anderson will develop bold and ambitious plans for curing several major cancers, aimed at achieving the same type of success that already has been obtained with childhood leukemia, for example. No one knows how long it will take or precisely how we will accomplish this goal. And it is clear to me that we do not yet have all the basic knowledge or the technology necessary.

Today's science, however, has reached a point of maturity that permits us to develop such plans and achieve results. The cancer genome project will provide a parts list. Genetics will make that information functional. Sophisticated modeling systems and innovative science-driven clinical trials will illuminate the right targets, the right drugs and the right patients.

History has shown us that if we put our minds and will to a task, the human spirit will prevail. As John F. Kennedy said 50 years ago in his famous speech at Rice University, just down the street from MD Anderson:

"We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win."

We cannot postpone the challenge posed by cancer, either. Humanity is counting on us to establish a new paradigm of safe and effective cancer prevention and care for all. The battle lines have been drawn. The will, the wisdom, the courage, the collaborative nature, the desire to win resides within all of us. Our plan is to tap into that human spirit and reach our mission of Making Cancer History®.

Ronald A. DePinho, M.D.
President

TEAMS WORK TO ENHANCE CARE, REDUCE COSTS AND DEFINE QUALITY





NEW-GENERATION RESEARCH
STRIVES TO ACHIEVE BEST VALUE
FOR PATIENTS

GOING DEEP INTO THE SCIENCE OF IMPROVEMENT

By Julie Penne

Ask survivors to place a value on a future free from cancer, and they will say it's priceless.

Put the question to a growing number of faculty and employees, and many will point to a wide range of initiatives designed to define, measure, share — and improve — the value of MD Anderson care.

“Value is defined as cost of care as a function of the desired outcome — achieving the best possible outcome for the patient’s cancer at the lowest cost necessary to achieve that desired outcome,” says Randal Weber, M.D., professor and chair of the Department of Head and Neck Surgery.

Known as “the science of improvement,” this new dimension of research is helping prepare the institution for an era of health care laws, reduced reimbursements, tougher competition and a mandate for public transparency. Such research and data also can drive policy, improve care and enhance patient satisfaction.

Working in partnership with MD Anderson’s quality and performance improvement groups, the Institute for Cancer Care Excellence (ICCE) has launched initiatives to look for ways to eliminate waste, reduce costs, quantify quality care and increase revenues. It’s new-generation research that goes behind the scenes, often dissecting costs, processes and data, but always focusing on the patient.

“Like the clinical research for which MD Anderson is renowned, these teams are asking a new version of the old question,” says Heidi Albright, director of ICCE and coordinator of these ambitious endeavors. “What’s a better way of providing care and how do we prove it’s better?”

“It’s a question that consumers, insurance companies and payers such as Medicare ask now. In the future, they will press for answers,” says Thomas Feeley, M.D., who heads the ICCE and is professor and head of the Division of Anesthesiology and Critical Care.

“Like the clinical research for which MD Anderson is renowned, these teams are asking a new version of the old question,” says Heidi Albright, director of the Institute for Cancer Care Excellence and coordinator of these ambitious endeavors. “What’s a better way of providing care and how do we prove it’s better?”



Ehab Hanna, M.D., professor in the Department of Head and Neck Surgery, was active in a study that identified quality and performance indicators — to benchmark outcomes reporting — for head and neck surgery.

Here’s a sampling of how MD Anderson is addressing some of these value questions:

Process metrics: Outcomes reporting is among the measurements mandated in 2014 as part of health care legislation. In its effort to understand what people want, MD Anderson talked first to patients and survivors about how they might have used outcomes information when deciding where to seek treatment. Most said they chose MD Anderson because of the institution’s reputation. Of these, many did not have data on which to make an informed decision, while some indicated that knowing survival rates might even have added to their anxiety. Those who sought data stated they would have wanted to have information on case volume, medical team experience and procedure complication rate.

In 2014, MD Anderson will report five process metrics in accordance with legislation: three related to cancer treatment and two others related to rates of hospital-acquired infections.

Cutting waste, funneling savings: One institutional workgroup is chaired by Marshall Hicks, M.D., professor and head of the Division of Diagnostic Imaging. This group strives to funnel cost savings into new technologies, services, programs and people vital to MD Anderson’s mission. One result is a built-in electronic “flag” that alerts clinical employees to get a pre-approval from payers for a diagnostic test.

Adding this small step to the electronic order entry meant millions of dollars in write-offs were averted in Fiscal Year 2011. A similar solution arose when the group looked at write-offs for a commonly

used — and expensive — targeted therapy. Instead of physicians continuing to use the drug for extended periods of time, the group added an electronic “hard stop” to an order entry that prompts conversations between physician and pharmacist.

Quality care, better outcomes: Ehab Hanna, M.D., professor in the Department of Head and Neck Surgery, and his team are building on what they have learned from ICCE’s success in defining and measuring value for many patients in the Head and Neck Center.

They chose several questions to define quality care for patients diagnosed with throat, mouth and voice box cancers. They studied 2,368 patients and looked at the responses related to a patient’s survival and the ability to swallow, breathe and speak. While eating and speaking are generally assumed to improve quality of life, the team discovered that they needed to re-evaluate processes for gathering data. Each step is another valuable lesson learned.

“The nation’s economic downturn made us realize our structure was fragile. With the changes in health care coming, it made sense to be ready in every area of the institution,” says Stephen Swisher, M.D., professor and chair of the Department of Thoracic and Cardiovascular Surgery. He led a group charged with developing new ways to increase revenues.

“During a financial crisis you go into survival mode, but this is our opportunity to bring together a multidisciplinary team to reduce costs, measure quality and infuse revenue opportunities in a valid and thoughtful way, always keeping the optimum care of the cancer patient as our top priority,” Swisher says.

GRASS-ROOTS EFFORT SOLVES BOTTLENECK

PERFORMANCE IMPROVEMENT EDUCATES EMPLOYEES AT ALL LEVELS

By Sandi Stromberg

Ibi Opuiyo gives little credence to the word “unfixable.”

When she united her colleagues, seeking to solve a bottleneck in patient care, this ultrasound technologist in the Department of Diagnostic Radiology turned on her computer and “attended” courses at MD Anderson’s Quality College.

An online offering of the Office of Performance Improvement, Quality College is open to all employees. Its aim is to help health care professionals improve patient safety and operational efficiencies in their areas through task-specific education modules and resources.

FROM BOTTLENECK TO EASY FLOW

“The clinical problem in Ibi’s area was that wait times for ultrasounds were five to six weeks,” says Joseph Steele, M.D., associate professor in the Department of Diagnostic Radiology, medical director of quality improvement and deputy division head of operations.

“That wait time affected patients with thoracic, head and neck, and endocrine cancers, as well as those with melanoma. Without test results, patients were delayed in meeting with their oncologists and beginning, continuing or changing treatment,” he says.

“Quality College gave us the tools we needed — when we needed them — to change the way we did things,” Opuiyo adds. “We used a phased, all-inclusive approach and were honest about our problems. We also assigned our staff to the work group that best used each person’s skills.”

The result: The number of patients seen each day increased from 38 to a potential of 55 — and the wait time decreased to one day. The project won first place at The University of Texas System’s Clinical Safety and Effectiveness Awards in San Antonio in October 2011.

Opuiyo and her colleagues continue working to sustain the advances made during this grass-roots effort. But their assessment isn’t over. Through MD Anderson’s formal Clinical Safety and Effectiveness (CS&E) course, they will address more improvements in patient care.

With the combined attributes of a natural leader and a dedicated team player, Opuiyo is excited by the challenge of the CS&E course and its practicum.

“I keep bringing it back to management and their vision,” she says modestly. “If there’s no vision for something, it’s not going to happen. I can follow if I’m properly led with good communication.”



Quality College activity for FY 11:

Total registrants: 134
Total departments involved: 170

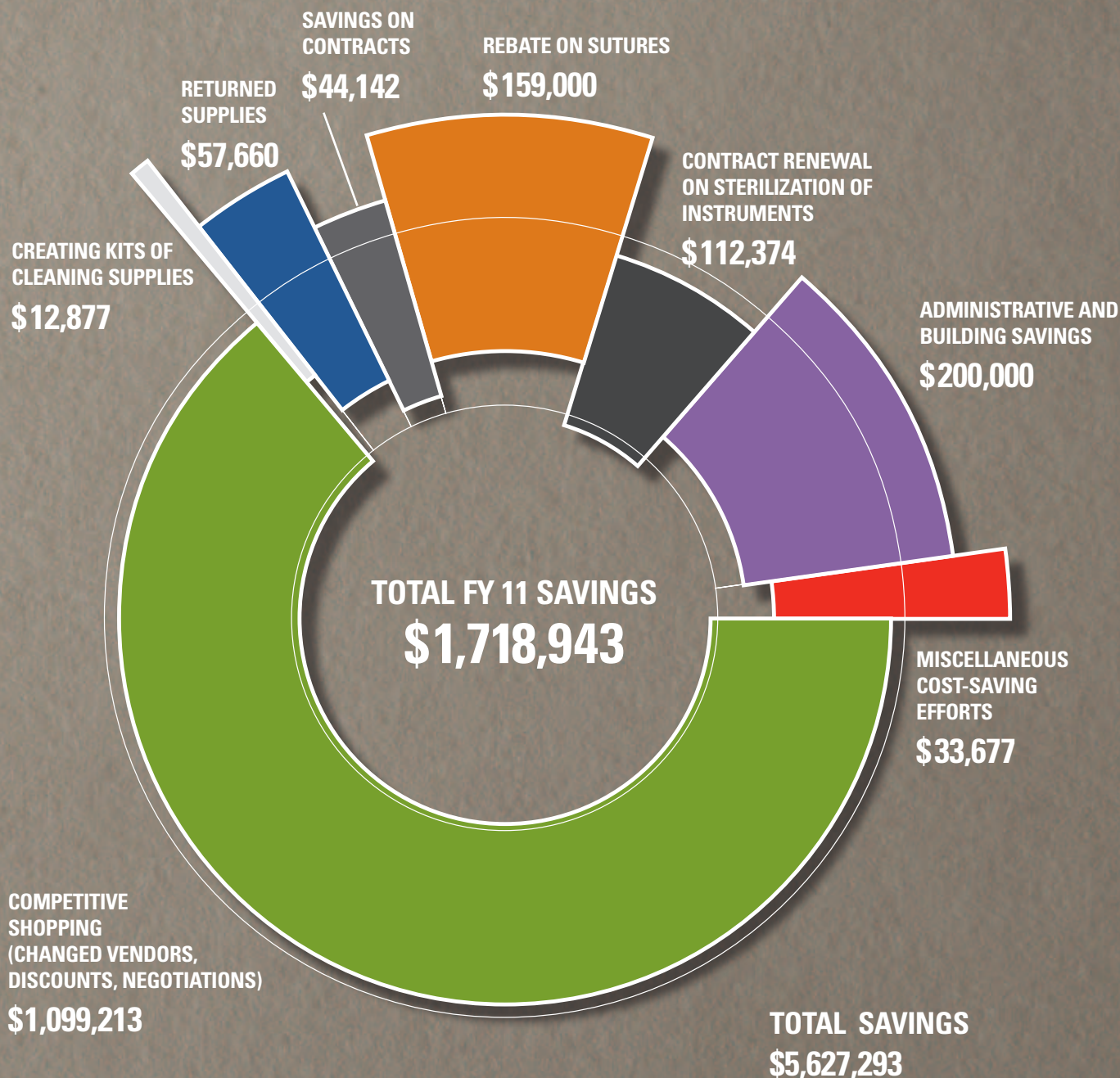
Plan-Do-Study-Act 101 Course in FY 11:

Total completions: 651

Clinical Safety and Effectiveness Program since 2008:

Total projects: 164
Total graduates: 636

PERIOPERATIVE ENTERPRISE SAVES MD ANDERSON MILLIONS



With a focus on quality, MD Anderson established the Perioperative Enterprise early in Fiscal Year 2007 to better manage and coordinate operating room teams. Members of the initiative have worked with senior leadership, the divisions of Surgery, Nursing, and Anesthesia and Critical Care to organize, set goals and establish priorities. An important component of the enterprise is the Perioperative Value Analysis Team, which has worked diligently to save MD Anderson millions of dollars.

EXPANDING HOPE

By Jacqueline Preston

For the past 15 years, Bill Hyslop's world has revolved around quality — and numbers.

Hyslop, president and chief executive officer of the MD Anderson Physicians Network, says MD Anderson's network of affiliated hospitals and health care systems looks to the institution to help improve the quality of cancer care in their communities.

"Our ability to measure and report cancer quality metrics is becoming more valuable to our hospital partners across the country in the age of health care reform," he says.

MD Anderson's mission to eliminate cancer is a global one that extends across regions near and far. Through alliances with the institution's Center for Global Oncology and Physicians Network, more hospitals are providing patients with MD Anderson's standard of care closer to where they live.

In metropolitan Houston, MD Anderson is evolving into a cancer care system that provides care in a location most convenient for the patient, including its Texas Medical Center campus and regional sites in Katy, The Woodlands, Sugar Land and Bay Area (Nassau Bay). In these regional locations, MD Anderson is developing community-based, academically linked, disease-specific clinical programs that extend the institution's clinical and research mission across a metropolitan population that will soon exceed 6 million.

A BROAD REACH

The institution's influence in cancer treatment is also evident outside of Texas through its affiliations with 11 hospitals and health care systems located throughout the United States, as well as in Albuquerque, N.M., Orlando, Fla., Istanbul, Turkey, and Madrid, Spain. There are also 22 sister institutions worldwide that help facilitate educational exchanges, medical conferences and collaborative research projects.

In 2009, the institution announced a joint initiative with Banner Health. The result was Banner MD Anderson Cancer Center, located in Gilbert, Ariz., outside Phoenix. Banner opened its doors last fall and is MD Anderson's broadest extension of its cancer services outside of Houston.

Banner MD Anderson's array of inpatient and outpatient services includes surgery, radiation therapy, diagnostic imaging and infusion therapy. Longtime MD Anderson faculty member Edgardo Rivera, M.D., is the medical director.

Cancer experts in each clinical division and Physicians Network are responsible to uphold the philosophy, process and guidance of MD Anderson.

"Health care organizations around the world look to our institution as a global leader in the fight against cancer," says Thomas Burke, M.D., MD Anderson's executive vice president and physician-in-chief. "We welcome colleagues who share our vision of providing leading-edge clinical care to patients in their communities."

PROJECT QUITLINE ADDRESSES
HEALTH OF UNDERSERVED

WHAT WE DON'T ASK MIGHT HURT

By Katrina Burton



Jennifer Irvin Vidrine, Ph.D. (left), assistant professor, and **Sheryl Nelson (center)**, senior research coordinator, both in MD Anderson's Department of Health Disparities Research, discuss the progress of the Ask-Advise-Connect initiative among community patients with **Carmen Mitchell-Bibbs**, a licensed professional nurse at the Martin Luther King Jr. Health Center.

“Do you smoke cigarettes now?” is an important question.

It can yield some promising results, says Jennifer Irvin Vidrine, Ph.D., assistant professor in MD Anderson's Department of Health Disparities Research.

As lead investigator on the smoking cessation study, Project Quitline, she knows how data can show the impact that a simple question has on patients.

The project's aim is to increase use of the State of Texas Quitline among medically underserved, racially/ethnically diverse smokers. The Harris County Hospital District (HCHD) — one of the nation's largest care providers to the economically disadvantaged population — administers the program at 10 clinics.

Trained providers ask all patients about their smoking status at every visit, advise those who smoke to quit, and directly connect those who accept cessation help with the Quitline.

The process, referred to as “Ask-Advise-Connect,” is a simple way for health care providers to connect smokers with evidence-based cessation treatment.

Through her research with the HCHD clinics, Irvin Vidrine discovered that almost 40% of patients who revealed they were smokers agreed to be connected with the Quitline.

“Quitline can be easily and conveniently accessed by a large number of smokers,” she says.

STUDY BASE BROADENS

Her success in publicizing the smoking quitline to the underserved in the HCHD clinics has led to a more recent study with another group. The Kelsey-Seybold Quitline Study is similar, except the population is largely insured with greater socioeconomic resources. Irvin Vidrine has implemented the Ask-Advise-Connect approach in 10 Kelsey-Seybold clinics throughout Houston.

The Center for Community-Engaged Translational Research, part of the Duncan Family Institute for Cancer Prevention and Risk Assessment, supports both projects, including shepherding the submission through the Institutional Review Board and developing training for HCHD employees involved in recruitment and education of patients.

“We want to measure the difference in populations and compare how the approach works in two very different health care systems,” Irvin Vidrine says. “Both projects apply principles of community-engaged research with significant input and involvement by partners.”

Data are still being collected for both studies, with analysis and release of findings several months away.

KNOWLEDGE IS POWER

CANCER TREATMENT OPENS
NEW VISTAS FOR TEENAGER

By Laura Sussman

A youth symphony violinist, first-chair trumpet player in his high school band, varsity cross-country runner and stellar student with an affinity for physics, Shane Leonard didn't have cancer on his busy agenda.

Then, he was diagnosed with the disease the summer before his senior year.

He noticed a lump on his neck's left side two years before being diagnosed. At first, he thought it was from excessive violin playing. Still, his parents took him to five doctors before the rare diagnosis was finally confirmed: adenoid cystic carcinoma of the salivary gland.

It's so rare, in fact, that MD Anderson had only seen six comparable cases in the past 40 years.

Successful surgery at the children's hospital near Leonard's hometown of Colorado Springs, Colo., revealed that the cancer had wrapped itself around the gland's edge. Follow-up radiation was recommended. Yet, given the tumor's precarious location, there were concerns about preserving Leonard's ability to speak, swallow and taste.

THE RIGHT TREATMENT

After careful research, Leonard and his family opted for proton therapy — an advanced type of radiation that uses a proton beam to deliver therapy directly to the tumor, destroying cancer cells while sparing healthy tissue. Under the care of Steven Frank, M.D., associate professor in the Department of Radiation Oncology, Leonard spent the summer at MD Anderson. He received 33 rounds of treatment.

"One of the ways I'd cope with the treatment was to read books about physics or watch a series of quantum mechanics lectures I found online," Leonard says.

With this insatiable thirst for knowledge, he also became fascinated with the massive 200-ton gantry rotating around him.

Leonard's summer in Houston meant turning down a prestigious engineering internship. When his treatment team learned of this disappointment, they arranged for him to spend time with the center's senior medical physicist, learning about proton's precision firsthand. This furthered his desire to pursue a scientific career.

"When I think about my experience, it isn't about cancer or my side effects. It's about the people I've met and the chance I've been given to learn from adversity," Leonard says. "These opportunities wouldn't be something I'd normally experience. Cancer has helped me re-establish my priorities and be more content in everything I do."



Scan this QR (quick response) code with your smartphone to see a video that tells you more about Shane Leonard, or visit www.mdanderson.org/conquest.

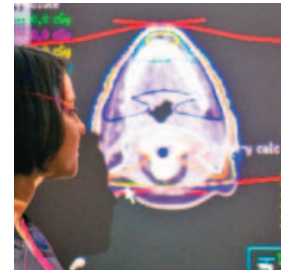


Shane Leonard, a high school senior in Colorado Springs, Colo., shared his cancer journey with members of the MD Anderson Cancer Center Board of Visitors at their annual meeting in October 2011.

INSTITUTIONAL REVIEW BOARD ENSURES PATIENT SAFETY



K R



RESEARCH FOCUSES ON NEW
TREATMENTS, QUALITY OF LIFE

THE SAGA OF A PROTOCOL

By Sandi Stromberg

In 2004, James Yao, M.D., learned that one patient can open a whole new world of possibilities.

After examining a young woman with two rare diseases, the associate professor in the Department of Gastrointestinal Medical Oncology at MD Anderson asked himself: “Are there similarities in the two that might present a treatment target?”

That was the beginning of the quest that led him to everolimus.

But it would take seven years of clinical trials with solid findings before the U.S. Food and Drug Administration (FDA) approved the drug for the treatment of cancer patients with pancreatic neuroendocrine tumors (pNET).

There are safeguards that govern clinical trials and protect patients.

‘DO NO HARM’

Since the 5th century BCE, patient safety has been an essential concern of physicians.

“I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone,” the original Hippocratic oath clearly states.

This is especially important in the case of clinical trials, such as Yao’s. To protect patients who enter these studies, the FDA and the Office of Human Research Risk Protection require that potential studies go through an Institutional Review Board (IRB). MD Anderson has five to handle the volume of research. But exactly what do they do and why are they important?

“The IRB’s purpose is to protect the rights and welfare of human research subjects recruited to advance medical knowledge,” says Aman Buzdar, M.D., professor in MD Anderson’s Department of Breast Medical Oncology and *ad interim* vice president for clinical research. “It minimizes patient risk, reviews informed consents, oversees the risk-versus-benefit ratio of each research proposal and assures a patient’s confidentiality.”

FROM EASTER ISLAND TO MD ANDERSON

Yao took each of these steps to ensure the safety and efficacy of everolimus for pNET patients. Here is the story from the discovery of the drug to its current status.

1970s: A bacterial strain, isolated from an Easter Island soil sample, is found to have immunosuppressive properties and is developed as an organ transplant rejection drug.

After examining a patient with two rare diseases, James Yao, M.D., associate professor in the Department of Gastrointestinal Medical Oncology, asked himself: “Are there similarities in the two illnesses that might present a treatment target for her cancer?”



Jeannette Mares, physician assistant in the Department of Gastrointestinal Medical Oncology, was involved in the study of everolimus for patients with pancreatic neuroendocrine tumors from the beginning in 2004 to its FDA approval in 2010.

November 2002: Investigation of everolimus as a cancer treatment begins.

Early 2004: Yao observes a patient with two rare diseases — pancreatic neuroendocrine tumor (pNET) and tuberous sclerosis, a multi-system genetic disease that causes several types of tumors to grow in the body’s organs. He discovers that both have malfunctions in the mTOR (mammalian target of rapamycin) signaling pathway.

2004: Yao talks with Novartis, the pharmaceutical company that markets everolimus for cancer patients under the trade name Afinitor®.

2004: Novartis finds the protocol interesting, but not enough to completely back it. It offers the drug and partial financial support to do an MD Anderson study.

Late 2004: Yao and his colleagues write the protocol for a Phase II clinical trial, which is first reviewed by the Clinical Research Committee, then goes to the IRB. This is a small study to accrue 40 patients at a low dose of 5 mg of everolimus to test for safety.

January 2005: The first patients are enrolled in the study. Positive results — the tumors of the first three patients show shrinkage — pique everyone’s interest.

August 2005: Yao and his group apply to the IRB to expand the study. Issues weighed are: increasing enrollment to 70 patients; creating two study arms, one for patients with pNET, the other for patients with non-pancreatic neuroendocrine tumors; and raising the dosage to 10 mg.

2005: Everolimus goes back to the laboratory for translational research. Biopsies from patients in each arm are paired to learn more about how the drug works and to see changes in tissue before and after treatment.

December 2005: The IRB approves the amended protocol. The trial opens to accrue more patients.

2005: The IRB approves a small, follow-up Phase II study for 36 patients, combining everolimus with bevacizumab (Avastin®).

August 2007-May 2009: A multinational Phase III randomized study of everolimus versus a placebo begins, after IRB approval. This offers cross-over possibilities for patients whose cancer progressed. An independent data safety monitoring committee oversees the study to ensure safety.

June 1, 2010: Yao receives an email stating that the pivotal Phase III study shows everolimus decreased the risk of tumor growth by 65%.

May 2011: FDA approves everolimus for the treatment of pNET.

Building on the knowledge gained by Yao and others, multiple clinical trials with everolimus — on its own and in combination — are being conducted worldwide for various types of cancer.

Clinical trials are instrumental in defining the new boundaries of medicine, but first and foremost, at all times, is the protection of patients’ rights and safety. As for the young woman whose condition led to the discovery of everolimus for treatment of pNET, she underwent surgery and is potentially cured from her pancreatic neuroendocrine cancer.

SAVING LIVES BY VAP-ORIZING PNEUMONIA

ICU TEAM TAKES VENTILATOR-ASSOCIATED PNEUMONIA DOWN TO ZERO

By Lauren Schoeneman

When Joseph Nates, M.D., joined MD Anderson's faculty in 2002, he discovered a high-incidence of ventilator-associated pneumonia.

By 2009, he and his team had brought its occurrence to zero.

In the Intensive Care Unit (ICU), 90% of pneumonias occur while patients are ventilated. Ventilator-associated pneumonia (VAP) increases the length of hospitalization by an average of 23 days, with an associated cost per patient of approximately \$150,000. In the United States, the mortality rate attributed to this complication is estimated to be as high as 30%, the greatest among all health care-associated infections.

Nearly 10 years ago, MD Anderson's ICU VAP rate was 34.2 cases per 1,000 ventilator days in the Surgical Intensive Care Unit, equivalent to more than 10 cases per month — double the national average for trauma ICUs.

"Using the most conservative estimate, two of every 10 patients with VAP could die from this complication," says Nates, professor in the Department of Critical Care and medical director of the ICU. "Preventing these cases could save the lives of 24 patients in the ICU each year. The problem needed to be addressed urgently."

DISTINGUISHED BY DILIGENCE

Nates and a multidisciplinary team that included physicians, nurses, infection control officers, respiratory therapists, physiotherapists and pharmacists worked to eradicate VAP through multiple stages. They incorporated guidelines from the Institute of Healthcare Improvement, the Centers for Disease Control and the Agency for Healthcare Research and Quality.

Nates estimates that the significant reduction in the incidence of VAP has saved the lives of at least two patients per month. It has also reduced the time spent in the ICU and saved the health care system about \$600,000 per month.

This accomplishment has not gone unnoticed. In October 2010, Nates received a Clinical Safety and Effectiveness Award from The University of Texas System, and, in February 2011, the inaugural Bill Aston Award for Quality from the Texas Hospital Association honored MD Anderson for the achievement.

The team is now investigating new technologies that could completely prevent aspiration (inhaling fluid or other foreign matter into the lungs), which is the main cause of VAP.

"We cannot remain static," Nates says. "One of our most important success factors has been remaining alert while adapting practices in synchrony with new discoveries."



Many of the techniques Joseph Nates, M.D., and his group used to bring ventilator-associated pneumonia down to zero in the Intensive Care Unit had not been published when they started to address the situation in 2002. They continue to learn and work on the problem. "We haven't eliminated the causes," he says. "If we don't continue to work on the factors that lead to VAP, the infections will come back."

SEEDS OF SURVIVORSHIP

RESEARCH: SEED GRANTS

MD Anderson awards Cancer Survivorship Research Seed Money Grants to help individual investigators study health issues pertinent to cancer survivors. With these funds, researchers can develop the preliminary data necessary to compete successfully for external peer-reviewed funding.*

Computerized intervention to treat attention and memory problems in adult brain tumor survivors

INVESTIGATOR: JEFFREY WEFEL, PH.D., ASSISTANT PROFESSOR, DEPARTMENT OF NEURO-ONCOLOGY

Chronic fatigue experienced by chronic myelogenous leukemia survivors

INVESTIGATOR: JAVIER VALENZUELA, PH.D., INSTRUCTOR, DEPARTMENT OF SYMPTOM RESEARCH

Health status and health behaviors among cancer survivors: a population-based study

INVESTIGATOR: LINDA ELTING, DR.P.H., PROFESSOR, DEPARTMENT OF BIostatISTICS

Impact of past chemotherapy on emotional processing in breast cancer survivors

INVESTIGATOR: FRANCESCO VERSACE, PH.D., ASSISTANT PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE

Toward an understanding of body image adaptation following surgical treatment for head and neck cancer

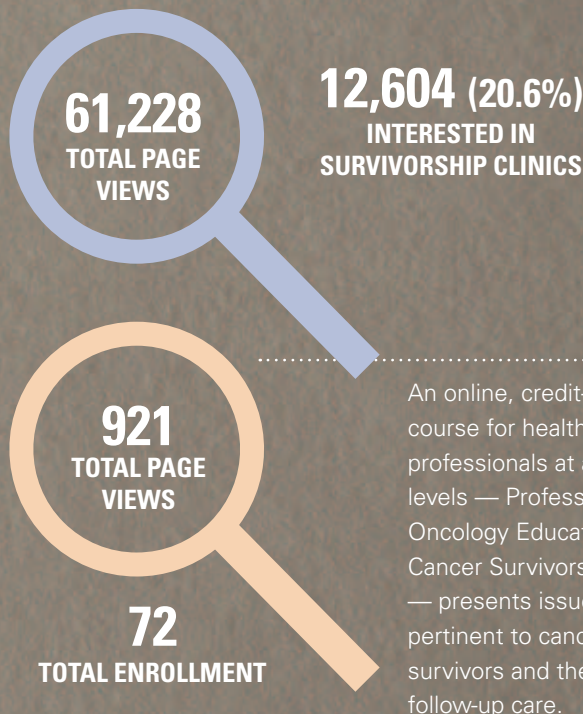
INVESTIGATOR: MICHELLE CORORVE FINGERET, PH.D., ASSISTANT PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE

**This research was supported by philanthropy from the University Cancer Foundation and the Duncan Family Institute for Cancer Prevention and Risk Assessment via the Cancer Survivorship Research Seed Money Grants at MD Anderson.*

SURVIVORSHIP ONLINE

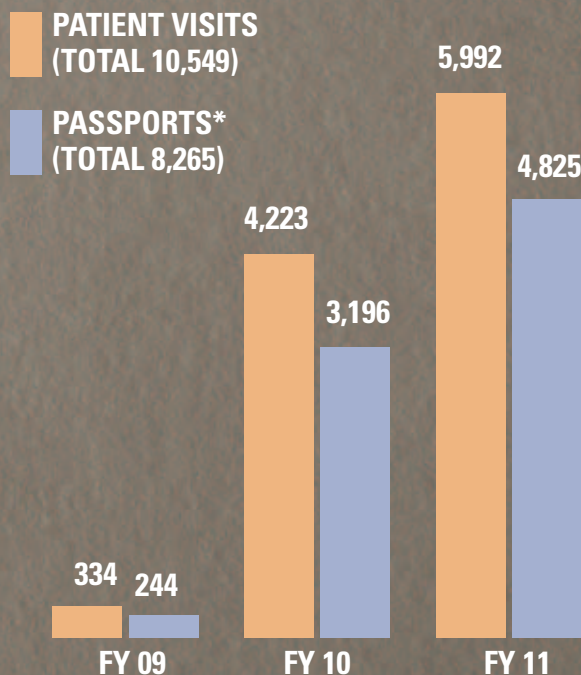
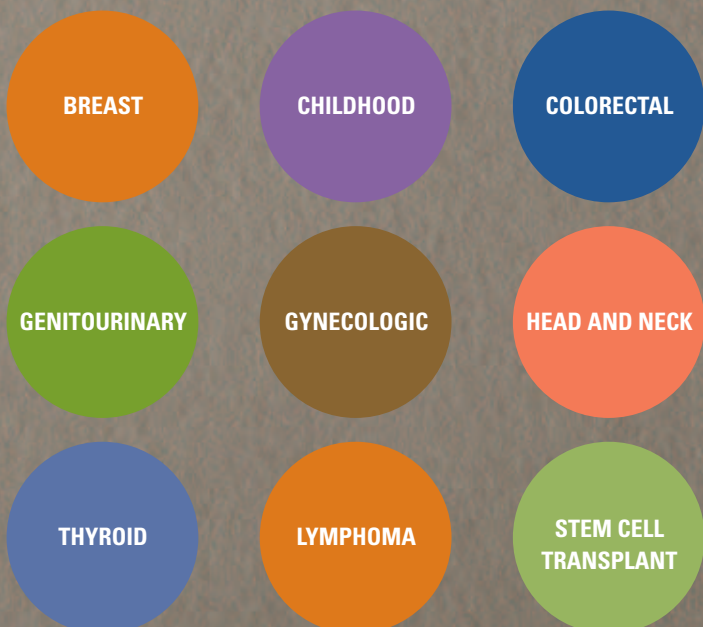
MD Anderson's survivorship website for the public offers in-depth information about multiple aspects of survivorship, from stages to medical follow-up advice to coping with side effects of cancer and its treatments.

www.mdanderson.org/survivorship



SURVIVORSHIP CLINICS

MD Anderson has nine survivorship clinics with more coming online in the next few years. They are:



**Only includes passports completed within 30 days of each patient visit. Passports contain a cancer survivor's history of treatment at MD Anderson and provide community doctors with information that allows them to monitor a patient's follow-up care.*

ON THE CUTTING EDGE

By Jacqueline Preston

As he ends each week traveling from Katy to the Bay Area to care for his patients, Richard Ehlers, M.D., never loses sight of his calling.

“**M**ost cancer care around Houston and the nation is delivered in the community setting outside of large academic centers. We want to broaden our territory and give patients the option to receive MD Anderson care in a location closer to their homes,” says Ehlers, assistant professor in MD Anderson’s Department of Surgical Oncology. “Now, patients are delighted that we’re there for them in their communities.”

Ehlers is part of a growing team of highly trained MD Anderson surgical oncologists who care for patients through the institution’s ever-expanding suburban regional care network.

The centers began providing community breast surgical services in 2010. Ehlers was the first surgical oncologist to treat patients at the centers.

Since October 2010, nearly 500 new surgical patients and consultations have been seen there by Ehlers and breast surgical oncologists Loren Rourke, M.D., and Susan Hoover, M.D. They are supported by a team that includes mid-level providers and nurses. While the more complex surgical cases are referred to the institution’s Texas Medical Center (TMC) campus, Ehlers says he and his surgical teammates operate in well-equipped community hospitals.

QUALITY CARE CLOSER TO HOME

Robust collaboration has been the driving force behind the surgical oncology program.

Peter Pisters, M.D., professor in the Department of Surgical Oncology and medical director of the regional care centers, sees the value in replicating the TMC cancer care model in the community setting. Here fellowship-trained surgical, medical and radiation oncologists can work together using the MD Anderson format of team-based treatment planning.

For nearly two years, since he assumed the regional leadership role, he has worked to deliver on MD Anderson’s promise to provide the institution’s standard of care on a system-wide scale across Houston.

“Our goal is to develop community-based, academically linked, multidisciplinary, disease-specific programs that bring MD Anderson’s brand name to a market of nearly 6 million in our metro region,” he says.

SCREENING REDUCES LUNG CANCER-RELATED DEATHS

A BRIGHT LIGHT FOR SMOKERS

By Katrina Burton



Reginald Munden, M.D., professor in the Department of Diagnostic Radiology, and CT Technician Ramon Yapp can now screen current and former smokers for lung cancer, which enables them to diagnose the disease earlier or let people know their lungs show no sign of cancer.

Reginald Munden, M.D., sees a light at the end of the tunnel with the release of the findings of the National Lung Screening Trial.

The bright glimmer is that the National Lung Screening Trial (NLST) reported a 20% reduction in lung cancer deaths among trial participants — heavy smokers — whose lung cancers were first spotted with a low-dose helical CT scan.

Based on these findings, MD Anderson launched the Lung Cancer Screening Program in June 2011.

“The results of the national trial offer an opportunity for us to detect lung cancer in its earliest stages,” says Munden, professor in the Department of Diagnostic Radiology and lead investigator at MD Anderson, one of 33 sites for the national trial.

The significance of being able to detect small lung cancer tumors can be the difference between life and death for lung cancer patients. Experts at the institution tailored the program for current or former heavy smokers 50 years of age or older, who have smoked the equivalent of one pack of cigarettes a day for at least 20 years.

CESSATION SERVICES TAILORED TO THE PERSON

The second component of the screening program is smoking cessation assistance offered through the Tobacco Treatment Program in the Cancer Prevention Center. The program — traditionally offered to MD Anderson patients, employees and their families to help them quit smoking — is now accessible to all patients for a small fee.

“We saw a unique opportunity to provide screening for people at increased risk and to offer interventions to help current smokers quit smoking, as well as relapse prevention assistance for recent quitters,” says Therese Bevers, M.D., professor in MD Anderson’s Department of Clinical Cancer Prevention, medical director of the Cancer Prevention Center and co-investigator on the national trial.

The program offers:

- behavioral counseling for smoking cessation by a doctoral-level clinical psychologist,
- cessation medication management by a medical doctor, and
- prescriptions for smoking cessation medications.

HOW ONE SURVIVOR COPES WITH SIDE EFFECTS

CANCER IN THE REARVIEW MIRROR

By Sara Farris

The mirror is not always a glowing reflection of one's self. For Jason Cox, there was a point when he didn't even recognize himself.

Today, though, his reflection shows a successful attorney, a community volunteer and, most important, a survivor.

Like many childhood cancer survivors, Cox overcame his cancer, but not without some challenges and side effects along the way.

In 1985, at 14, he was diagnosed with rhabdomyosarcoma in his right cheek, a tumor affecting muscles that attach to the bone. After a year of chemotherapy at MD Anderson Children's Cancer Hospital, he was declared cancer-free.

But six years later, while attending Texas A&M University, Cox was dealt another blow. His cancer had returned. He endured more chemotherapy and radiation, but his cancer kept coming back.

"I weighed the options of having more recurrences or undergoing a major surgery that would cause some disfigurement to my face," Cox recalls. "The decision made itself."

KEEPING THINGS IN PERSPECTIVE

In 1998, he underwent surgery to remove part of his jaw, leaving him with a face he didn't recognize.

"It was difficult, but you learn to adapt. You get used to people looking at you differently," he says. "But the doctors at MD Anderson worked hard to restore me."

While enduring numerous reconstructive surgeries, Cox entered law school at the University of Houston. He scheduled surgeries around the holidays, summers and breaks so he wouldn't have to miss school.

Cox now specializes in probate litigation at the law firm of Galligan and Manning in Houston.

In remission for almost 13 years, he continues to come to MD Anderson for follow-up care. His only lingering side effect from treatment is high blood pressure, which he combats with medication, regular exercise and diet.

Today, Cox helps other cancer patients and survivors by serving on the steering committee for Anderson Network, an MD Anderson patient-to-patient program.

"The best thing to do is volunteer. It keeps things in perspective," he says. "Helping others helps you."



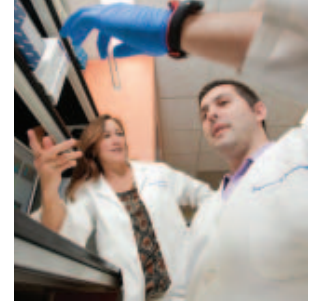
Jason Cox is a long-term survivor of two episodes of rhabdomyosarcoma. He practices probate law and helps patients, survivors and caregivers through the Anderson Network, a program of MD Anderson's Department of Volunteer Services.



Scan this QR (quick response) code with your smartphone to see a video that tells you more about Jason Cox and survivorship research at MD Anderson, or visit www.mdanderson.org/conquest.

EDUCATING PROFESSIONALS TO MEET HEALTH CARE DEMANDS





PROGRAMS TAKE AIM AT SHORTAGE

CASTING A NET FOR TALENTED, COMMITTED TRAINEES

By Mary Brolley

The needs are dire.

In the United States, a shortage of health care professionals — from physicians and researchers to mid-level providers and technicians — is expected to worsen as an aging population retires and requires more care. To attract the best and brightest to essential health care jobs, MD Anderson has a growing number of innovative programs.

ALLIED HEALTH PROFESSIONALS

The mission of the School of Health Professions (SHP) is clear and compelling: to prepare students to meet the critical shortage of health care professionals now and in the future.

Equipped with state-of-the-art facilities and located within the heart of MD Anderson's Texas Medical Center campus, the school provides the current enrollment of 320 students an education that seamlessly combines comprehensive academics with a clinical education.

“Our eight programs touch on every aspect of a patient's stay,” says Shirley Richmond, Ed.D., dean of the SHP.

The school offers bachelor of science degrees in eight highly specialized fields: clinical laboratory science, cytogenetic technology, cytotechnology, diagnostic imaging, histotechnology, medical dosimetry, molecular genetic technology and radiation therapy. Graduates of the SHP routinely score in the top 25% on national professional certification exams.

BIOMEDICAL SCIENCES RESEARCHERS

It's the first of its kind in the nation. In the Graduate School of Biomedical Sciences, doctoral students can enroll in a program called “Cancer Metastasis Research: From Bench to Bedside.”

Supported by a grant from The University of Texas System Graduate Program Initiative, the program explores the emergent field of metastasis — spread of disease to distant organs — the principle cause of death in those afflicted with solid tumors.

“We have the resources and a willing and able faculty,” says Gary Gallick, Ph.D., program director and professor in the Department of Genitourinary Medical Oncology. “This program would be hard to develop anywhere else.”

To meet growing needs for health care professionals, MD Anderson has multiple educational programs, from allied health professions and biomedical sciences to training for pharmacists, physician assistants, nurses and survivorship researchers, among others.



Scan this QR (quick response) code with your smartphone to see a video that tells you more about pharmacy internships, or visit www.mdanderson.org/conquest.



In addition to her own practice, Clinical Pharmacy Specialist Andrea Landgraf, R.Ph., directs the Pharmacy Graduate Year 2 program in oncology in the Department of Pharmacy Clinical Programs.

PHARMACY RESIDENTS

Most undergraduate pharmacy education involves didactic learning, with little patient contact until late in the process, says Joel LaJeunesse, vice president for pharmacy.

But, at MD Anderson, pharmacy residents get plenty of direct patient contact through the Pharmacy Graduate Year 2 (PGY2) program. PGY2 allows those who've completed a one-year residency in pharmacy to specialize in one of two areas for another year.

Six residents specialize in oncology; two focus on critical care. Recruited through a national match program, the residents leave with refined clinical skills and prepared for board certification exams.

PHYSICIAN ASSISTANTS

Though physician assistants (PAs) can get a job straight out of school, some opt for additional specialized training and education. At MD Anderson, a few PAs choose to participate in a yearlong post-graduate clinical training program in oncology — the only such program in the country.

Maura Polansky, PA in the Department of Gastrointestinal Medical Oncology and program director of physician assistant education, says PAs who complete this training are seeking a challenging, but collaborative, practice. “By choosing to work with cancer patients, who tend to be very ill, they must stay abreast of the latest advances in cancer care — and are opting for the team approach.”

NURSING EXTERNSHIP

At MD Anderson, nurses are the mainstay of medical care for inpatients and outpatients. In addition to a thriving yearlong program, a competitive summer training program for student

nurses — the Professional Student Nurse Externship — develops essential skills and confidence for the 30 students chosen.

The 10-week program combines classroom study, outside speakers and one-on-one bedside coaching on an inpatient floor. “You can track how they mature as people and as nurses,” explains Rosa Semien, registered nurse and project manager in MD Anderson’s Department of Nursing Workforce Development. “Preceptors (mentors) get the chance to give back to students, students benefit greatly, and, importantly, so do our patients.”

SURVIVORSHIP RESEARCHERS

“Survivorship is the new wave of cancer care, but we have much to learn,” says Guadalupe Palos, Dr.P.H., manager of clinical protocol administration in the Office of Cancer Survivorship.

She supervises the research of several undergraduate and graduate students and serves on the dissertation committees for three, one of whom is Ellen Mullen, a doctoral student at The University of Texas at Tyler.

Mullen’s dissertation concerns the effects of telephone counseling on the health behaviors of elderly cancer survivors with low literacy. She recently defended her dissertation — via Skype. “She did a great job,” Palos says. “Our students are so passionate about what they’re doing. We learn from each other.”

In these and many other ways, MD Anderson is ensuring that there will be enough health care professionals to meet the needs of cancer patients for generations to come.

For more information about these educational opportunities, visit www.mdanderson.org/annualreport.

A DEDICATION TO EDUCATION

PATHOLOGIST A ROLE MODEL FOR HIGH SCHOOL STUDENTS

By Carol Bryce

Breast Pathologist Aysegul Sahin, M.D., loves to share her knowledge and experiences with young people. The benefits are far from one-sided, she believes.

“This generation of students — their minds are wired so differently,” says the professor in MD Anderson’s Department of Pathology. “They’re more computer literate than I am, so they’re more intuitive when it comes to developing shortcuts and figuring things out. I’ve learned many things from them.”

Sahin has long been committed to educating future generations of scientists. As director of MD Anderson’s Surgical Pathology Fellowship Program, she’s seen more than 150 fellows complete their surgical pathology training since assuming leadership of the program in 1999. Sahin’s also been director of the Breast Pathology Fellowship Program since 2000.

Recently, she’s broadened her educational focus to include younger students. For the past three years, she has been invited to present lectures on her work to Houston-area high school students.

REFUTE THE TELEVISION PERSPECTIVE

“The only thing a lot of these kids know about pathology is what they’ve seen on TV shows. So they think all we do is work with dead people. Or with mice,” she laughs.

Many of the students are surprised to learn about the myriad career opportunities open to them within pathology, cancer research and medicine in general. The young women often are especially pleased to see a woman holding a leadership role in a scientific field.

“And when kids are excited, their energy is so impressive,” Sahin remarks.

Her teaching excellence and commitment to the enhancement of health science education were recognized in February 2011 when she was inducted into The University of Texas System Academy of Health Science Education.

The new academy member has ambitious plans for the future. “I’d like to work with the academy to create more outreach programs and summer programs to educate students about medical fields and cancer research,” she says.

“I want to encourage high school and college students — the way I’ve encouraged successful pre-med and medical students. Instill in them a curiosity and desire to carry out research. And give them the opportunity to participate in the medical field.”



In addition to the general surgical pathology fellowship program, Aysegul Sahin, M.D., played a major role in the accreditation and curriculum development of subspecialty fellowship programs in nine areas of surgical pathology. These include breast, gynecologic, gastrointestinal and genitourinary tract pathology.

ASPIRE:

A Smoking Prevention Interactive Experience

ASPIRE is a curriculum-based program for middle and high school students that includes colorful animation and interactive experiences, as well as video game components.

Student interventions increased by 44% after the launch of the Spanish-language version.



MD Anderson
ASPIRE

A Smoking Prevention Interactive Experience

The site has produced more than 11,062 interventions to prevent youth from smoking and to encourage them to quit.

SINCE ITS LAUNCH IN 2004:

The ASPIRE program has been adopted in 24 states.



The site is available in English and Spanish.

11,120
TOTAL PAGE VIEWS*

5,800
UNIQUE MONTHLY VISITORS*

Alexander V. Prokhorov, M.D., Ph.D., professor in the Department of Behavioral Science, developed and tested ASPIRE, a multimedia, web-based tobacco prevention and cessation program for teenagers. Originally available on CD-ROM, the program has been web-based since its dissemination began in 2008.

Visit www.mdanderson.org/aspire to see a sample of the program.

PIONEERS EXPLORE NEW FRONTIERS

By William Fitzgerald

After more than 15 years of submitting grants, Khandan Keyomarsi, Ph.D., knows what it takes to be successful. It's this knowledge that led her to develop a program geared toward junior faculty, so they would know, too.

The Pioneers program, short for Physicians, Investigators in Research Studies, began in 2007 to increase interaction between physician scientists. What resulted was an innovative forum for selected faculty within five years of their first appointment. The program delves into issues such as time management and successfully obtaining research grants.

In each monthly session, a new investigator presents his or her study's aims and research methods to senior faculty and alumni. The feedback received is instant, straightforward and, often, advice that would never have been heard elsewhere.

"The most important part of a successful grant is not all the minutiae, but how to ask significant, hypothesis-driven questions," says Keyomarsi, professor in the Department of Experimental Radiation Oncology. "This is what I've learned over the years, through my own mistakes, and that knowledge is passed to new investigators."

GUIDANCE FROM INSTITUTIONAL LEADERSHIP

"The creation of Pioneers has enhanced an intensive program of mentoring that includes dual mentors for laboratory and clinical physician scientists," says Robert Bast, M.D., vice president for translational research. He meets with physician scientists every four to six months to review their work.

Patrick Zweidler-McKay, M.D., Ph.D., associate professor in the Division of Pediatrics, began participating in Pioneers soon after he was recruited to MD Anderson. He recalls a session with Bast, discussing the best way to present data for a Leukemia and Lymphoma Society grant. Because grants originate from a range of sources, including government agencies and foundations, each has its own requirements that can add to the complexity of describing a research proposal.

"I think many junior faculty feel isolated and hesitant about reaching out to senior faculty to discuss their research," Zweidler-McKay says. "However, this type of mentoring makes a significant difference in a person's early career success."

And the success speaks for itself. Nearly 86% of the 24 faculty who graduated from the physician scientist program received a grant, or are principal investigators on multi-investigator grants.

"Everyone is excited when a grant gets funded," Keyomarsi says. "It's the ultimate goal of the program."

HEALTH CARE IN THE COMMUNITY CHURCH

FROM THE LAB TO THE SANCTUARY

By Katrina Burton



Lorna McNeill, Ph.D. (right), has worked closely with Senior Pastor Kirbyjon Caldwell and his congregation to educate the African-American community about health care through Project CHURCH, an initiative that is garnering national attention.

Cancer Prevention Researcher Lorna McNeill, Ph.D., has embarked on an important ministry.

In collaboration with Windsor Village United Methodist Church in Houston, she helps members improve their health and well-being through Project CHURCH, Creating a Higher Understanding of Cancer Research and Community Health.

Project CHURCH is now entering its fourth year of study with backing from the Law Fund to support cancer prevention. Thus far, the program has surpassed its initial focus — studying the role of behavioral, environmental and social factors on minority health and cancer disparities among African-Americans.

“The relationship of trust and care we’ve built with the church is just as important as the research being done,” says McNeill, assistant professor in the Department of Health Disparities Research at MD Anderson and lead investigator on Project CHURCH.

AFRICAN-AMERICANS TO BENEFIT FROM TARGETED RESEARCH

With more than 1,500 participants and a 93% retention rate, the cohort study has made significant gains since its launch in 2008. This includes 91% participation in genetic sampling for a national study involving 30,000 African-Americans. Project CHURCH participants also provided saliva samples for future MD Anderson research.

Senior pastor of Windsor Village, the largest Methodist church in the nation, is Kirbyjon Caldwell, a member of MD Anderson’s Board of Visitors. He acknowledges the importance of conducting research within the church walls. “Our church family is honored to partner with the best cancer treatment, prevention and research center in the world. We applaud and appreciate MD Anderson’s commitment to making cancer history for people from all walks of life.”

Project CHURCH’s progress has paved the way for other research McNeill conducts, including an obesity prevention study targeting African-Americans and Latinos. The church also helps recruit African-American women and children to participate in a national children’s nutrition study.

McNeill, who was recently awarded MD Anderson’s Julie and Ben Rogers Award for Excellence in Prevention, understands the impact this type of research has on the community. As co-director of MD Anderson’s Center for Community-Engaged Translational Research of the Duncan Family Institute for Cancer Prevention and Risk Assessment, McNeill believes her true calling is to help close the gap on disparities in health and help people live healthy and well-balanced lives.

“There is no doubt that disparities in health are real and should be addressed using real-world techniques and interventions,” McNeill says.

STUDENT BENEFITS FROM MENTORING

FROM MARINE TO MOLECULAR BIOLOGY

By Mary Jane Schier



A student in the Graduate School of Biomedical Sciences, Andria Schibler (middle) shares her research goals with Ronald DePinho, M.D., MD Anderson's president. Her mentor, Sharon Dent, Ph.D. (left), heads MD Anderson's Science Park facility in Smithville, Texas.

Andria Schibler hopes the yeast she uses every day will do much more than make bread dough rise. Her ultimate goal is to help improve leukemia patients' survival.

Instead of a kitchen, Schibler works in a laboratory at MD Anderson's Science Park in Smithville, Texas. Her tools include test tubes, incubators and beakers.

Schibler, whose parents were both schoolteachers, intended to be a marine biologist when she went to Suffolk University in Boston, where she earned a bachelor of science degree in biology. But during an internship at Harvard Medical School/Massachusetts General Hospital, she got hooked on molecular biology.

"After learning about MD Anderson, I applied to GSBS (Graduate School of Biomedical Sciences) . . . and moved to Houston in August 2007. I've never been so hot," she relates.

Schibler took rotations with several MD Anderson scientists who train students at GSBS, which is jointly operated by MD Anderson and The University of Texas Health Science Center at Houston. She was delighted when Sharon Dent, Ph.D., then professor of biochemistry and molecular biology, agreed to be her mentor.

YEAST MIMICS GENETIC MUTATIONS

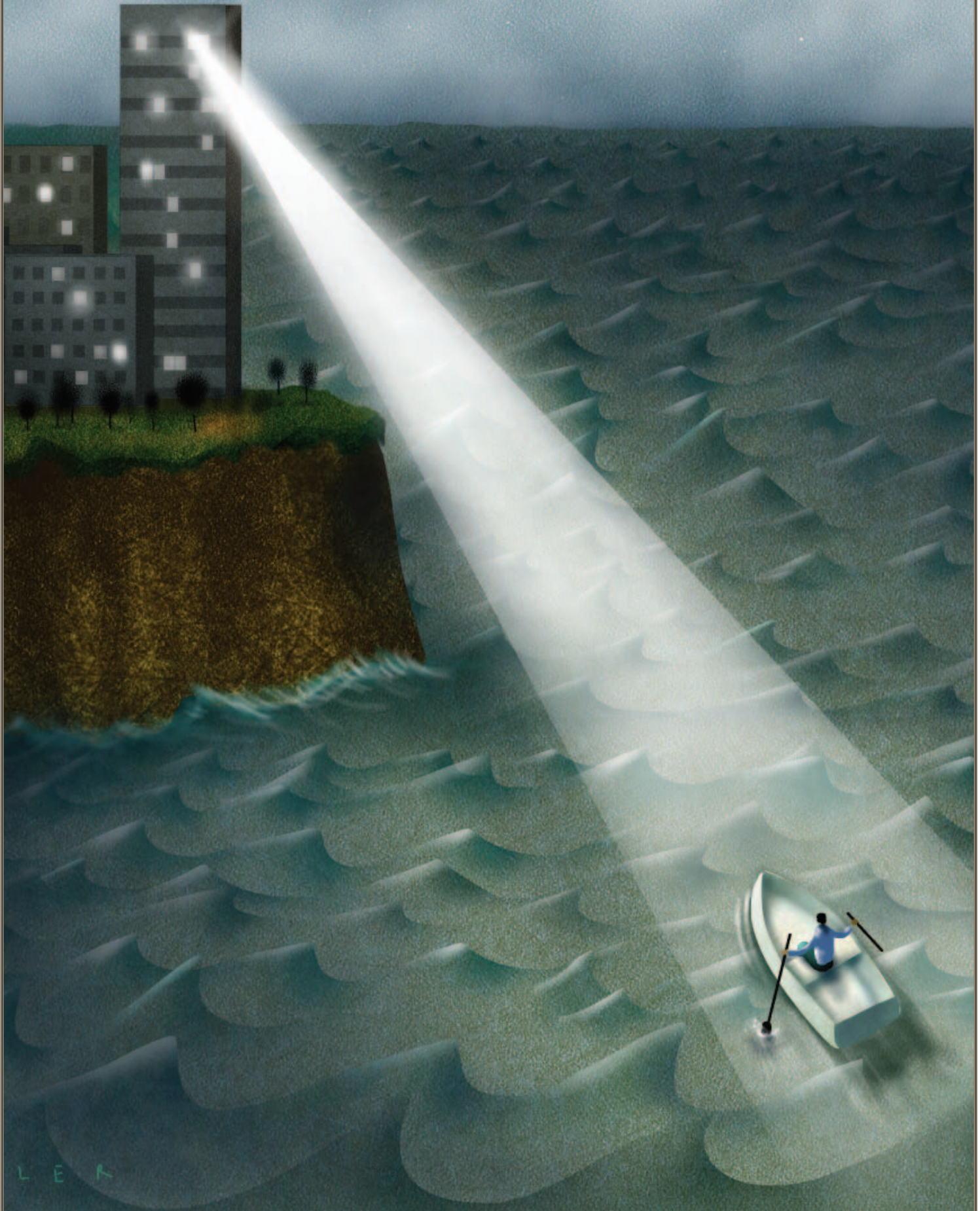
Dent moved her laboratory to the Science Park after being named chair of the Department of Molecular Carcinogenesis in mid-2010, and Schibler followed a few months later. Two other GSBS students are members of Dent's laboratory.

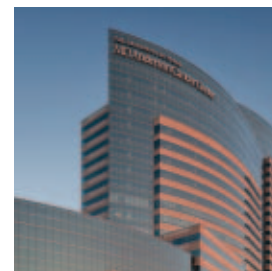
"Using yeast as a model, I've mimicked genetic mutations that are present in some leukemia patients and that correlate with poor prognosis. By studying the gene's function in both mutated and normal cells, I'm getting a clearer idea of how normal cells should behave and what happens when the gene is mutated," Schibler says. Her research is supported by a Schissler Foundation Fellowship.

She recently started collaborating with a senior leukemia specialist at MD Anderson to see if her research could help improve patients' diagnosis and treatment.

"Dr. Dent gives us the flexibility and independence to test our ideas and grow scientifically," Schibler says. "I love what I do."

CAMPUS GROWTH REFLECTS MD ANDERSON'S MISSION





FACILITIES FOCUS ON MEETING NEEDS OF
PATIENTS, VISITORS, EMPLOYEES

THE PHYSICAL EXPRESSION OF A VISION

By Maggie Newell

Double black diamond skier Bill Daigneau likes a good challenge.

A curious and thoughtful engineer, he is MD Anderson's vice president for operations and facilities management. For the past 17 years, he's led the charge of bringing to life a shared vision among MD Anderson leaders. In that time, Daigneau and his team have grown the institution from 3.5 to 14 million square feet of clinical, research and administrative space.

Discovery was borne of a simple question. In 2000, institutional leaders asked if Daigneau could build a new outpatient facility in three to four years.

"I said, 'If you tell me who and what will be in it, we can do it.' But they weren't prepared to answer that question," Daigneau says. "So we had to find a way to initiate design and construction while they decided which clinical programs would occupy the new building."

To tackle the challenge, Daigneau and his team applied a construction approach never used for a major clinical facility in the United States — design-build. In a typical project, an architect is hired to design a building. Then a construction contractor is hired to build it. But in design-build, the construction contractor hires, and works closely with, the architect from the beginning.

"Nobody was using design-build for this kind of project. At the time, it was a real leap of faith," Daigneau says.

It was faith well placed. The 1.2 million-square-foot Lowry and Peggy Mays Clinic broke ground in 2001 and opened in 2004. Today, the method is used across the country for all types of medical facilities, thanks to the innovation of Daigneau and his team.

BUILDING THE PERFECT KITCHEN

But beyond the method is the result.

To Daigneau, a facility is a success only if it meets the objectives set out at the onset of the project. It also must be reliable and flexible to meet current and future needs.

He says the challenge is akin to designing a kitchen.

"Have you ever had a kitchen you hated? Then you redesign it for the way you live, and, suddenly, it's a pleasure to be in. It's the perfect kitchen."

To Bill Daigneau, vice president for operations and facilities management, a facility is a success only if it meets the objectives set at the beginning of a project. It also must be reliable and flexible to meet current and future needs.



Scan this QR (quick response) code with your smartphone to see a video that tells you more about the philosophy behind MD Anderson's facilities, or visit www.mdanderson.org/conquest.



During Bill Daigneau's tenure, MD Anderson's campus has grown from 3.5 to 14 million square feet of clinical, research and administrative space — incorporating concepts like design-build, flexible, open spaces and collaboration areas.

That's Daigneau's goal: to design and provide spaces that meet the needs of MD Anderson's employees, patients and visitors.

WALK, TALK AND LEARN

To determine those needs, Daigneau and his team visit other research and medical institutions to learn what has and hasn't worked. They attend conferences to exchange ideas with industry leaders. Most important, they engage their customers — the faculty members, employees and patients who'll use the spaces.

When it all comes together, the result often is an award-winning facility. The Albert B. and Margaret M. Alkek Hospital expansion, which added nine floors to an existing hospital tower, has earned accolades. In October 2011, the project received the Engineering News-Record Texas and Louisiana Overall Best Project award.

And they never stop. Daigneau and his team ask employees what they think of their new spaces. Through focus groups and surveys, they find out what patients and visitors think of MD Anderson's facilities. All the feedback helps them design the next project.

COMMON GROUND INSIDE

One idea has gained ground in all new MD Anderson facilities: open spaces and shared conversation areas. The George and Cynthia Mitchell Basic Sciences Research Building, a 486,000-square-foot research facility that opened in December 2005, was the first MD Anderson research facility to feature open labs.

Today, from South Campus Research Building IV (opened in January 2011) to Mid Campus Building 1 (opened in June 2011), all of

MD Anderson's newest structures feature flexible, wide-open spaces, natural light and collaboration areas.

The shift in design reflects a shift in philosophy to encourage dialogue among employees. And the Sheikh Zayed Bin Sultan Al Nahyan Building for Personalized Cancer Care, which broke ground in November 2011, continues that philosophy.

"Open labs and offices allow employees to talk and share ideas," says Joe Savala, associate vice president in the Division of Operations and Facilities Management. "It's all about collaboration."

A LIGHT IN THE DESERT

MD Anderson's collaborative spirit goes far beyond the Houston campus. When the institution partnered with Banner Health to launch Banner MD Anderson Cancer Center in Arizona, the team shared MD Anderson's facility knowledge with Banner.

"Banner had built hospitals and medical office buildings, but never an outpatient facility," says Susan Lipka, associate vice president for Capital Planning and Management in the Division of Operations and Facilities Management. "And we were building an outpatient facility specifically for cancer patients."

For more than a year, Lipka and Janet Sisolak, project director in Capital Planning and Management, flew to Arizona once a month to work with Banner. And from day one, it was a great partnership — not only in construction, but also in culture.

Each of these facilities is the physical expression of a vision, Daigneau says, but flexible enough to remain viable for 30 to 50 years and longer.

PLANNED MIGRATION

COMPLETION OF IMC FULFILLS MENDELSON'S DREAM

By Mary Brolley

The towering new building anchoring MD Anderson's Mid Campus resembles a ship with its prow facing the Texas Medical Center.

Inside, the institution's Mid Campus Building 1 — IMC for short — is a warm, bright and colorful space with an indoor-outdoor café and large, well-equipped meeting and conference rooms on the lower floors.

The \$350 million, 25-story building features an open-office style. Most employees work in cubicles, but each floor has a classroom and several rooms that can be closed off for meetings. The break rooms have impressive views of the Texas Medical Center and beyond.

OPEN SPACES MEANT FOR COLLABORATION

There are minor downsides to the open-office style, admits Brad Gibson, associate vice president and treasurer in the Department of Treasury Services and Operations. "It can sometimes get noisy because of the open cubicles and the occasional fire alarm tests," he says. "It's an adjustment for those who've worked in closed offices, but it's going well."

When the move is complete, Gibson will have all eight of his departments in IMC — 300 people on five floors — instead of spread out in various leased places.

He's pleased with the new space. "Having our departments and groups close will allow us to be more collaborative and efficient," he says. "And I like being more connected with my staff. People stop me in the hallway to talk."

Lawrence Kubacak, project director for facilities management in Capital Planning and Management, says it was a dream of John Mendelsohn, M.D., past president of MD Anderson, to gather employees from leased spaces into a single MD Anderson facility.

The moves were planned with military precision, depending on lease expirations. "Construction was tight," he says. "Every day was critical — we had no fluff."

So far, about 1,100 employees have moved. The building will eventually hold 4,200 when all employees are moved in by October 2014.

Gibson recalls the weekend in late June when Payroll and Tax Services moved. "That department has specialized equipment — a check printer, a safe, special bank connections. And 18,500 people were counting on us for their payroll," he laughs.



The new space housing Brad Gibson's group is more secure than the leased buildings employees formerly occupied. "Life safety" issues taken into account were provisions for fire, storms and hurricanes, which not only protect people, but also sensitive patient and financial data.

NEW SPACES MEET PATIENT AND RESEARCH NEEDS

FY 97

Albert B. and Margaret M. Alkek Hospital
832,115 SQ FT



The institution averages approximately 850 gross square feet per each full-time employee, including non-occupied space, parking, shell space, animal facilities, etc.

Approximately 4.5 million square feet are dedicated to inpatient and outpatient care: 1.5 million to inpatient services, 3 million to outpatient centers and diagnostic and treatment facilities.

FY 04

The Lowry and Peggy Mays Clinic, Dan L. Duncan Bldg. (Cancer Prevention), George and Cynthia Mitchell Basic Sciences Research Bldg.
2,073,257 SQ FT



Each outpatient visit accounts for approximately 637 square feet of treatment and diagnostic resources — with an average daily total of 4,530 visits.

FY 05

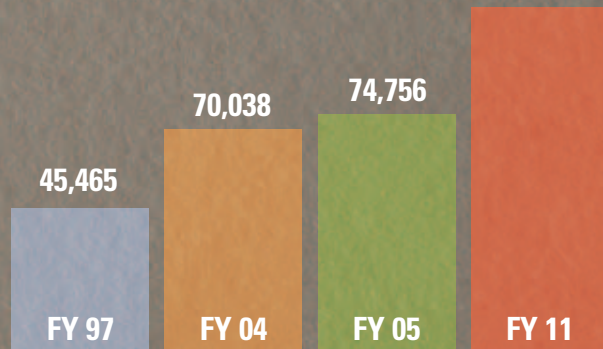


South Campus Research Buildings I-II
280,775 SQ FT

Each inpatient bed requires approximately 2,800 square feet.

TOTAL PATIENTS SERVED

108,710



South Campus Research Buildings III-IV
524,192 SQ FT

Mid Campus Building 1
1,461,293 SQ FT

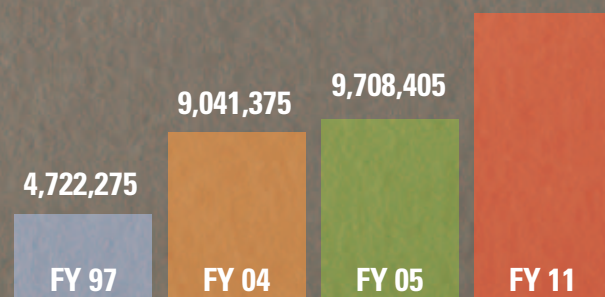
Bed Tower Atop the Albert B. and Margaret M. Alkek Hospital
419,011 SQ FT

FY 11



TOTAL SQUARE FEET AT MD ANDERSON

14,746,381



MORE PATIENT BEDS,
A FIRM FOUNDATION

GOING UP

By Gail Goodwin

It was all part of the initial plan. When architects, engineers and construction workers returned to MD Anderson's Alkek Hospital in 2007, the foundation was in place.

Janet Sisolak, project director for facilities in Capital Planning and Management, explained that MD Anderson was almost at 100% capacity for inpatient beds in 2005.

"It took almost a year to determine that we would add floors to the existing Alkek Hospital rather than build a free-standing building," she says. "We worried about disrupting patient services, but determined that a new building would be twice the cost of the Alkek addition."

Once the decision was made to add nine floors to the existing building, construction began in August 2007.

Sisolak says that in addition to the building plans, a tremendous communications plan was instigated. "From announcements on floor bulletin boards to fliers on meal trays, we let everyone know about the building process."

NURSES' FLEXIBILITY, LEADERSHIP ENHANCED EXPANSION

Part of the expansion included elevator banks, which affected all existing operations. As the building rose from its original 12 floors, weekly meetings were held with the contractor to inform nursing, patient advocacy, The University of Texas Police Department and others about upcoming construction plans.

"This project gave me enormous appreciation for our professional nurses and their flexibility in dealing with all phases of the construction," Sisolak says.

From the beginning, it was important to test what effect construction noise and vibration would have on surgical procedures and the use of microscopes.

"It was quite a seamless, straightforward project," reports Garrett Walsh, M.D., professor in the Department of Thoracic and Cardiovascular Surgery and head of the Perioperative Enterprise Program. "Nurse leaders worked with neurosurgeons and others to detect any unusual vibrations. Luckily, we had no problems in any of our surgical areas."

Sisolak concurs. She also credits much of the success of the project to Barbara Summers, Ph.D., professor and chair of the Department of Nursing and vice president and chief nursing officer, who appointed the nursing leadership and changed the Alkek care delivery model.

Thanks to cooperation from many areas, Alkek Hospital has moved on up, now rising to 24 floors.

NEW RESEARCH FACILITIES MOVE PATIENTS CLOSER TO PROMISING THERAPIES

A TESTING GROUND FOR GREAT IDEAS

By Jacqueline Mason



John Hazle, Ph.D., professor and chair of the Department of Imaging Physics, believes that new technologies, like this 3 T MR scanner, will better evaluate patients' responses to therapy and speed the delivery of advanced cancer treatments.

Advances in cancer detection and treatment will materialize rapidly in the coming decade thanks to the convergence of genome analysis, advanced imaging and the development of targeted therapies at MD Anderson's South Campus Research Buildings III and IV.

The new facilities added more than 500,000 gross square feet of research and support space to the South Campus complex in 2010-2011. And they brought together, under one roof, key investigational departments, including Imaging Physics, Experimental Diagnostic Imaging and Experimental Therapeutics.

John D. Hazle, Ph.D., professor and chair of the Department of Imaging Physics, believes research collaborations will speed the delivery of advanced cancer treatments.

"Many of the new imaging techniques and technologies we develop are designed to better evaluate responses to therapy," he explains.

"Being close to and interacting with the people developing the therapies will be an advantage as we move forward in research related to new therapeutics. We hope we can provide quantitative information about whether a therapy is working — is the therapy impacting a certain pathway or characteristic of cancer — either completely, non-invasively with image alone or by less invasive image-guided biopsies."

TO DETECT CANCER AT ITS EARLIEST STAGES

Imaging research at South Campus Research Building III will also help identify new biological targets using tracers or contrast agents that help detect cancer in its earliest stages as well as enhance the imaging of therapeutic response.

The equipment forms the basis of the first-floor translational imaging core and includes a 3 T MR scanner, PET/CT scanner, dual-energy CT scanner and a cyclotron to explore extended-life isotopic tracers.

WIDE-OPEN LABORATORIES

South Campus Research Building IV distinguishes itself with highly versatile wet and dry laboratories for drug discovery and related studies by the Center for Targeted Therapy and Institute for Applied Cancer Science.

"Open lab space is conducive to collaboration," says Kim Dulski, a former researcher who now designs laboratories as director in Research and Education Facilities in the Division of Operations and Facilities Management. "When a researcher expands his or her research, we can quickly reconfigure space."

Faculty, junior researchers and educational fellows also find collaborative areas in the facility's small-group study carrels, distance learning and teleconferencing rooms, and three 60-seat conference centers.

These collaborations will help bring translational research in promising therapies to patients more effectively, Dulski says. "We're doing everything in our design to advance science, to make collaborations count, and to facilitate the meeting of the best and the brightest."

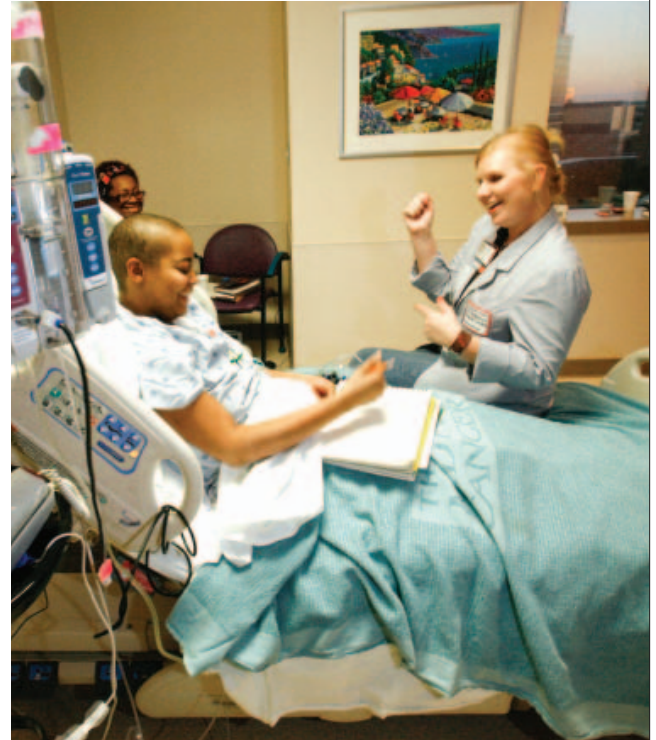
DESIGNERS LISTEN TO END USERS

FROM PATIENT TO BLUEPRINT

By Sara Farris



Greg Alquiza found himself surrounded with children's toys and books when he was diagnosed with lymphoma, but longed to see survivor stories of other young adults like himself. Now, he's studying to become a pharmacist and hopes to specialize in oncology pharmacy.



A young adult leukemia survivor, Laura Lemburg (right) is also a dedicated MD Anderson volunteer. One evening a week, she gives hope to other young adult patients like Ashton Cryer, who has just had a stem cell transplant.

If you had to design a space that appealed to a 5-year-old as well as a 25-year-old, what would it look like?

That is exactly the question architects, patients, volunteers and parents have worked to answer for the past year about the renovation of MD Anderson Children's Cancer Hospital.

Along the way, they've learned that having access to an abundance of electrical outlets is as important as hot coffee. Primary colors aren't as kid-friendly as originally thought.

Inpatient rooms should be equipped with more storage, and sicker patients want a quiet space to wait separate from healthier patients. In addition, young adults want their own unique area to hang out with peers.

Architects partnered with parents and patients to get the new pediatric floor design right, meeting with the hospital's Adolescent and Young Adult (AYA) Advisory Council and Family Advisory Council to get feedback on plans and concepts.

A BEDSIDE PERSPECTIVE

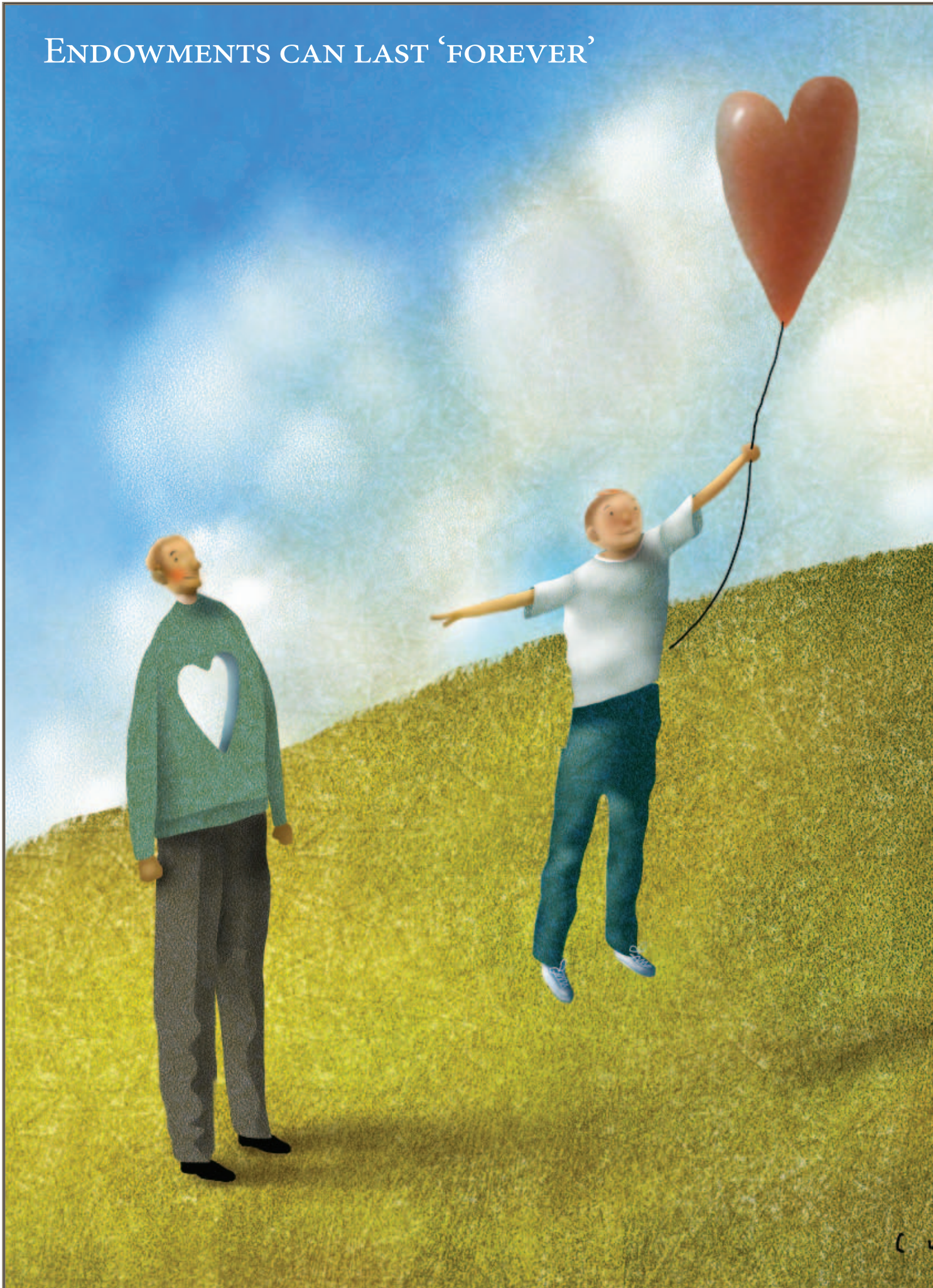
Lymphoma survivor Greg Alquiza, 25, voiced his suggestions for the new pediatric inpatient floor to architects at the AYA Advisory Council meeting in June 2011.

"For me, I wanted to see more inspiring stories on the walls about survivors my age," Alquiza says. "It's also important to have creative ceiling décor in the rooms and large artistic structures around the hospital that give patients something else to think about besides their condition."

"I think it's important for us to be a part of the process because we've been there and know what patients need most," says Laura Lemburg, a young adult leukemia survivor on the council. "The architects are supportive and interested in what we have to say. They've done a good job considering the kids and young adults alike."

"It's great that we get to have input on the design," Alquiza says. "The hospital isn't really inviting on its own for kids, but if you can make that space more comfortable and appealing, then it becomes a part of the healing process. That's big."

ENDOWMENTS CAN LAST 'FOREVER'





FOUNDATION WILL HELP
CHILDREN AFFECTED BY CANCER
FOR YEARS TO COME

THE HEART OF GIVING

By Michelle Moore

When it comes to philanthropy, there are myriad ways to make a difference.

For Don Schlattman, choosing just one was not enough. In the spring of 1997, his wife, Laurie, was diagnosed with ovarian cancer. Her death eight years later impacted her husband of 26 years, as well as her children, Malia and Alex. Laurie's main concern had always been her children. Schlattman was fairly certain how his wife would have wanted him to focus his donations to MD Anderson.

"However, I discussed with my kids what we should target. Our options included research, treatments and children," Schlattman says. "Our philanthropic advisor at MD Anderson helped us. We all agreed that children's research and care don't receive as much attention or resources as adult research. We also thought it was an area that Laurie would have wanted to support."

ENDOWMENT PUTS CHILDREN FIRST

In 2007, Schlattman decided to create the Laurie McKnight Schlattman Endowment Fund for Supportive Care for Children Affected by Cancer, a perfect vehicle to help others in their time of need. Schlattman says one of the great things about the endowment structure is that it is forever.

"Long after I'm gone, and even after my kids are gone, the funds from Laurie's endowment will be there to help children affected by cancer," he says. "What better legacy to leave for eternity in Laurie's name?"

Martha Aschenbrenner, program manager in MD Anderson's Department of Palliative Care and Rehabilitation Medicine, runs the program that currently benefits from the endowment funds. She helps families counsel their children (younger than 18 years old) when one of the parents is in the end-of-life phase of cancer.

"Children of adult patients face the worst kind of loss — the loss of their 'protector,' their mentor, their mom or dad — often at an age that precludes them from understanding what has happened or from knowing how to seek help for their grief," Aschenbrenner says. "The endowment means that we can help these children and families in a positive way."

“Long after I’m gone, and even after my kids are gone, the funds from the Laurie McKnight Schlattman Endowment Fund will be there to help children affected by cancer. What better legacy to leave for eternity in her name.”

— Don Schlattman



Laptops and Skype accounts — that allow children to communicate with a parent or grandparent in palliative care — are just some of the items and services provided through an endowment Don Schlattman set up in his wife’s name after she died of ovarian cancer.

The gift provides many opportunities to facilitate in-hospital interactions and communication from a distance. For example, laptops and Skype accounts purchased with endowment funds allow children to keep in contact with a parent in the hospital.

Legacy work — helping the patient and other family members create keepsakes like photograph albums and fingerprint jewelry for the children — is another large component of plans for the endowment.

TO MAKE A DIFFERENCE

Schlattman funds the endowment through planned giving. Of all the philanthropic methods, this one takes the most effort, negotiation and planning.

Many choose to leave funds for an institution via their will, trust, life income or annuities. For some, these methods often help fund the goal of a previous giving initiative — in Schlattman’s case, the endowment in his wife’s name.

“Obviously, the ability of Laurie’s endowment to have an impact on children affected by cancer at MD Anderson is directly proportional to the funding of the endowment,” he says. “Including the institution as a beneficiary in my estate is just another way to enable the endowment to have an impact.”

PARTY FOR A GOOD CAUSE

Every year, for the past four Septembers, the Schlattmans have thrown a party to honor Laurie and support the endowment.

This is called a third-party event (not sponsored by MD Anderson, although the institution is a recipient of money raised) and is one of

the most popular and easy ways to make a difference. It’s also a fun way to take common interests and combine them with a common cause.

“Laurie always loved any excuse to get together with family and friends,” Schlattman says. “The parties started with just family, neighbors and friends who knew Laurie. It has since expanded to include others who want to support the endowment. Attendance ranges from 50 to 80 people.”

THE MANY FACES OF GIVING

Schlattman says philanthropy has always been a part of his family upbringing. “Giving is just what we do. I definitely believe in paying it forward. I’m very blessed and fortunate, so why not share that with others somehow?”

His employer also believes in sharing.

“Chevron’s policies toward supporting employees’ and retirees’ charitable donations are extraordinary,” he says. “The company matches my donations dollar for dollar, up to an annual maximum amount. A significant portion of Laurie’s endowment has been the result of Chevron’s matching funds.”

While his methods range from endowments to planned giving, matching gifts and third-party events, Schlattman’s philanthropic goal has one unified mission.

“I have a hope for the children who benefit from this giving,” he says. “It’s that they will have a better experience with cancer than they would have without what the endowment offers.”

SIDE BY SIDE

VOLUNTEER COUPLE SHARES GIFTS OF TIME AND MONEY

By Gail Goodwin

He's often on the golf course and you can find her riding a bike, but Twilight and Marc Freedman become a pair when they volunteer at MD Anderson.

For years, Marc spent his days working in a family meat business, but after retiring he discovered that MD Anderson was the place where he wanted to give his time. In 2007, he began volunteering in the Ambulatory Treatment Center once a week and soon added more hours to his schedule.

Twilight, who had always volunteered in her children's schools and in her neighborhood, soon joined Marc, working in the Patient/Family Center. Marc now volunteers four afternoons each week as a floor host/patient advocate, and Twilight is there for two.

PART OF THE MAGIC

When asked what draws them to volunteer at the institution, Marc, the 2010 MD Anderson representative to the Texas Medical Center Salute to Volunteers, speaks up. "This place is just magic. It's inspiring and rewarding, and I hate being away. We have met such wonderful people, both volunteers and patients, and we've developed great relationships."

"I always heard from friends about the difference volunteers make," Twilight says. "And I also have to say that it's fun coming here with Marc. We don't ride a tandem bike, but we do make a good team."

The Freedmans give more than their time to MD Anderson patients. In 2001, the Twilight and Marc Freedman Foundation was established, and the institution was selected as one of its beneficiaries. As the couple learned more about it, they became more impressed. Today, a generous annual donation from the foundation is another gift of appreciation from the couple.

"We've discovered how great a difference we can make at MD Anderson every time we come here," Marc says. "Twilight and I are so blessed to have our health and our wonderful family. To give back and to share these blessings make it so much better."



Marc Freedman is one of 1,135 volunteers who give their time to more than 60 programs offered by MD Anderson's Department of Volunteer Services. In his time at the institution, he has clocked 2,600 hours, while the total volunteer force recorded 200,064 hours in Fiscal Year 2011 alone. That equals 96 full-time employees.

HOLIDAY GIVING PROGRAM RAISES MILLIONS WHILE SPREADING CHRISTMAS CHEER

In 1990, MD Anderson established the Holiday Giving Program, which allows donors to express their appreciation for others with a memorable holiday card while supporting programs that directly benefit patients. Each year, the holiday card is designed by one of MD Anderson's pediatric patients through the Children's Art Project.



**Cooking demonstrations/
nutrition programs**
**Integrative
Medicine Center**



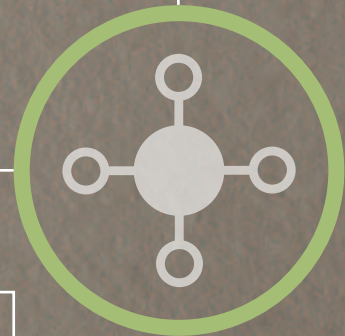
**Programs/
services for
patients**
**Rotary House
International**

FY 11



**MORE THAN \$3.2 MILLION
RAISED SINCE 1990**

Patient education programs
Regional care centers



Artist-in-residence
**Palliative Care/
Rehabilitation
Medicine**



**Patient education
materials**
**Guides, booklets,
videos, symposiums**

The donations made through this annual program provide support for patient assistance, education, prevention and community outreach programs. These gifts make a difference for MD Anderson cancer patients all year long.



MD ANDERSON MEETS — AND BEATS — ITS LARGEST FUNDRAISING GOAL EVER

630,000 GIFTS

By Sarah Watson

In September 2010, Harry Longwell of Dallas wrestled with a problem many fundraisers would love to have.

Fiscal Year 2010 had ended, and the chair of the most ambitious campaign in MD Anderson history was pleased to report that Making Cancer History®: The Campaign to Transform Cancer Care had met its \$1 billion goal — two years ahead of schedule.

But there were funding needs still unmet. Longwell, chair-elect of the MD Anderson Cancer Center Board of Visitors (BOV), challenged the campaign executive committee and MD Anderson's Development Office to raise the bar. The goal was increased to \$1.2 billion, with a new target date of December 2011.

By August 2011, the final tally was at \$1.215 billion — four months ahead of schedule.

The campaign, which officially began in September 2007 and garnered more than 630,000 gifts, reflects a shared passion to eradicate cancer, says Nancy Loeffler, BOV chair.

“That’s our best possible gift to mankind. It’s been a pleasure to be one of many who worked on this campaign. Everyone pushed a little harder, and we made it,” Loeffler says.

Longwell, whose fundraising efforts for MD Anderson go back to the Fulfill the Promise campaign of the 1990s, was fully aware of the institution’s world-class reputation, leadership, generous donor base and strong volunteer support system when asked to lead the campaign.

“It wasn’t a hard decision,” he says. “We’re all proud to have been part of this pivotal effort to transform cancer care. It’s been a labor of love. Through such phenomenal generosity, MD Anderson can accomplish the extraordinary.”

MYRIAD PROGRAMS BENEFIT

Among programs the campaign funds will support are:

- research in cancer prevention and risk assessment, basic science, cancer care excellence, personalized cancer therapies, early detection and targeted treatments,
- an endowment to educate and train future cancer researchers, and
- a research facility to support personalized cancer care and accelerate pancreatic cancer research.

The effort represents confidence in MD Anderson as the world’s premier cancer center, says Ronald DePinho, M.D., president of MD Anderson. “The Campaign to Transform Cancer Care completed during the tenure of my predecessor, John Mendelsohn, will enable MD Anderson to make major progress in preventing, detecting and treating cancer. We have the opportunity to do great good for humanity.”

The campaign’s early completion speaks volumes, says Patrick Mulvey, MD Anderson’s vice president for development.

“It confirms everything we believe about the world’s No. 1 cancer center,” he says. “Those who invested in this campaign said, ‘We believe in MD Anderson’s mission to eradicate cancer — now go and make it happen.’ And that’s what we’re going to do.”

ELEMENTARY SCHOOL STUDENTS LEARN TRADITION OF GIVING

COUNTING FOR A CURE

By Victor Scott



Nicholas Prevost (left) and Dalton Jones are two of the many students involved in "Coins for a Cause" at Harrison Avenue Elementary School in South Glens Falls, N.Y.

Pennies on Monday, nickels on Tuesday, dimes on Wednesday, quarters on Thursday and counting on Friday.

It's called "Coins for a Cause." Four times a year students at the Harrison Avenue Elementary School in South Glens Falls, N.Y., scour for loose change to bring to school for this fundraising tradition.

"Our 'Coins for a Cause' program is exciting not only because we're raising money, but also because it teaches our students to be caring, compassionate citizens," says Alissa Bevivino, student council sponsor.

For each of the four fundraising coin drives, members of the fifth-grade student council are encouraged to campaign for a cause they feel is important to support.

During the week of Jan. 31, 2011, the students collected \$680 in coins and chose to honor their beloved former principal, Jim Baker, by donating to MD Anderson's lymphoma research.

KIDS SUPPORT SEARCH FOR A CURE

In 2008, Baker was diagnosed with mantle cell lymphoma and began treatment at MD Anderson. The students' donation supports research led by Baker's physician, Larry Kwak, M.D., professor and chair of the Department of Lymphoma/Myeloma at MD Anderson.

"Receiving this donation from the students at Harrison Avenue Elementary School is such an honor," Kwak says. "Their dedication to supporting my research and paying tribute to their principal is truly humbling."

Mantle cell lymphoma is a challenging form of cancer, but Baker remains optimistic that the research his former students are helping fund will someday lead to a cure.

"My hope for the future is in the hands of researchers such as Dr. Kwak," Baker says. "And it's quite a big deal for kids to do what they did. It takes a lot of heart and a lot of caring. It's absolutely wonderful!"

The Harrison Avenue Elementary staff shares that pride.

"Fundraising allows our students to be good students and good citizens," Bevivino says. "Hopefully those values will stay with them throughout their lives as they think back about how wonderful it felt to be able to donate."

TEXAS 4000 — THE RIDE TO RAISE RESEARCH DOLLARS

COLLEGE STUDENTS WITH A CAUSE

By Lori Baker

Don't underestimate college kids. Each summer, about 50 students from The University of Texas at Austin saddle bicycles and ride for 70 days from their central Texas campus to Anchorage, Alaska.

That's a little more than 4,500 miles. They ride to fight cancer by sharing hope, knowledge and charity.

They're young. They're passionate. They're making a difference.

One way they're fighting cancer is by raising money to further research. Each rider must raise at least \$4,500 — a dollar for every mile. Many raise significantly more.

"One person responded to my letter-writing campaign by donating \$50,000," says Courtney Somerville, who collected nearly \$70,000 in donations for her 2009 ride.

The early years were focused on supporting a children's cancer research project at MD Anderson: \$100,000 one year, \$120,000 the next. Each year's riders continue to select a children's research project to fund, but they also contribute to a longer-term goal.

Last year, they were able to endow a \$300,000 distinguished professorship that offers perpetual support, allowing a scientist to explore the kind of novel ideas that are difficult to fund.

The organization's current goal is to raise \$1 million to support MD Anderson Children's Cancer Hospital and research that holds great promise for revolutionizing personalized cancer care.

WHY DO THEY DO IT?

Many have their worlds rocked by cancer. Participating is one way to do something about this disease.

"I was devastated when my mom was diagnosed with lymphoma my freshman year," Somerville says. "MD Anderson became like a second family to my dad and me while she underwent two years of treatment. After she lost her battle in 2007, I applied for the Texas 4000 and was elated to be selected. Being surrounded by so many good and dedicated people was the best possible therapy for my grief."

Ruel Bobet says he was more excited about his acceptance for the 2012 ride than he was about getting into UT. At first, he dedicated his ride to his father, but the battle has since become even more personal.

In April 2011, Bobet learned he has stomach cancer and joined his father as a patient at MD Anderson. True to the spirit of all Texas 4000 riders, Bobet is driven to ride with his teammates in June.

"I support MD Anderson because of the care and support they have provided me and my family," Bobet says. "The institution's efforts in care and research have helped countless families and communities. Aiding in these efforts as a 2012 rider is an honor."



Despite his recent diagnosis of stomach cancer and his treatment at MD Anderson, Ruel Bobet, a student at The University of Texas at Austin, still has his heart set on the 2012 Texas 4000.

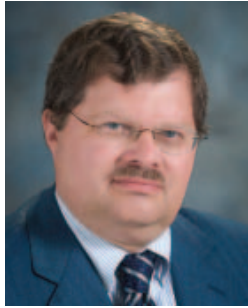
Scan this QR (quick response) code with your smartphone to see a video that tells you more about the Texas 4000, or visit www.mdanderson.org/conquest.



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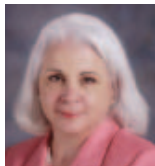
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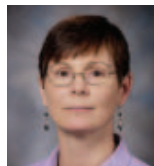
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Mary Griffin leads a spectacular finale backed by Susan Graham (from left), Sarah Chang, Larry Gatlin and the Abundant Life Cathedral Choir at MD Anderson's 70th anniversary celebration at Minute Maid Park in Houston. The event scored a home run for philanthropy, raising \$4.3 million to establish the Anne and John Mendelsohn Personalized Cancer Therapy Fund.

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Teen pediatric patient James Ragan (from left) presents gifts from MD Anderson's Children's Art Project to Jack Nicklaus and Jim Nantz at the 2010 Living Legend in Houston. The fourth annual event raised more than \$472,000 for MD Anderson Children's Cancer Hospital.

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 Dr. Barbara Kornblau and Dr. Donald J. Kornblau
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POLO ON THE PRAIRIE

For the 25th year, polo players from across the country gathered on the Musselman family ranch in Albany, Texas, for Polo on the Prairie. The 2011 event raised \$315,000 to help fund several key areas at MD Anderson. Over the life of the event, almost \$4 million has been raised for patient care, research, prevention and education initiatives.

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Monroe Dunaway Anderson Society

New members, Sept. 1, 2010-Aug. 31, 2011

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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A FESTIVAL THAT FIGHTS BACK

Face painting was one of many family activities at the annual Haynie Spirit Festival and BBQ Fundraiser, which raised more than \$8,000 in 2011 for osteosarcoma research and patient financial needs at MD Anderson Children's Cancer Hospital. Organized by the Haynie Spirit Bone Cancer Foundation, the event honors the memory of Jennifer Haynie of Pearland, Texas.

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 Mr. and Mrs. Allan Woodruff
 Estate of Kathryn E. Woodruff
 Mr. and Mrs. Carey A. Woods III
 David and Donna Woods
 Mr. and Mrs. James D. Woods
 Mr. James W. Woods
 Ms. Kendall Woods
 Mr. William E. Woods
 Ms. Kirby Woodson
 Woodson Elementary School
 Estate of Lillian Wooster
 Henry N. Worrest
 Mrs. Marvin Z. Woskow
 Mr. and Mrs. Clyde L. Wright, Jr.
 Wright Real Estate, Inc.
 Misdee Wrigley and James Mather
 Miller Charitable Foundation Inc.
 Lynn and Oscar Wyatt
 Dr. and Mrs. George H. Wyckoff, Jr.
 Dr. Roy Wylie
 Mrs. Charles J. Wyly, Jr.
 Dr. Mary Ann Wyss-Cummings and Mr. Robert W. Cummings

X

Xcenda, LLC

Y

Dr. Stacy A. Yamasaki
 Mr. Wayne Yandle
 Miss Young L. Yang
 Mr. Fernando A. Yarrito
 Dr. James R. Yates and Dr. Alba A. Ortiz
 Dr. Neshat Yazdi
 Mr. and Mrs. Kyle Yeates
 Mr. and Mrs. Robert A. Yellowlees
 Ms. Shirley A. Yirsa
 Miss Elena Yndurain Gil
 Paige and Kevin Yost
 Dr. Nancy You
 Ms. DeLois C. Young
 Mr. and Mrs. Harvey L. Young
 Mr. and Mrs. Mark B. Young
 Dr. Paul Young and Mrs. Susan Torn Young
 Mr. and Mrs. William A. Young
 Young Texans Against Cancer - Houston Chapter
 Mr. and Mrs. Glenn A. Youngkin
 Mr. Leonard Yowell
 Mr. and Mrs. Pod Darwin Rui Yu

Z

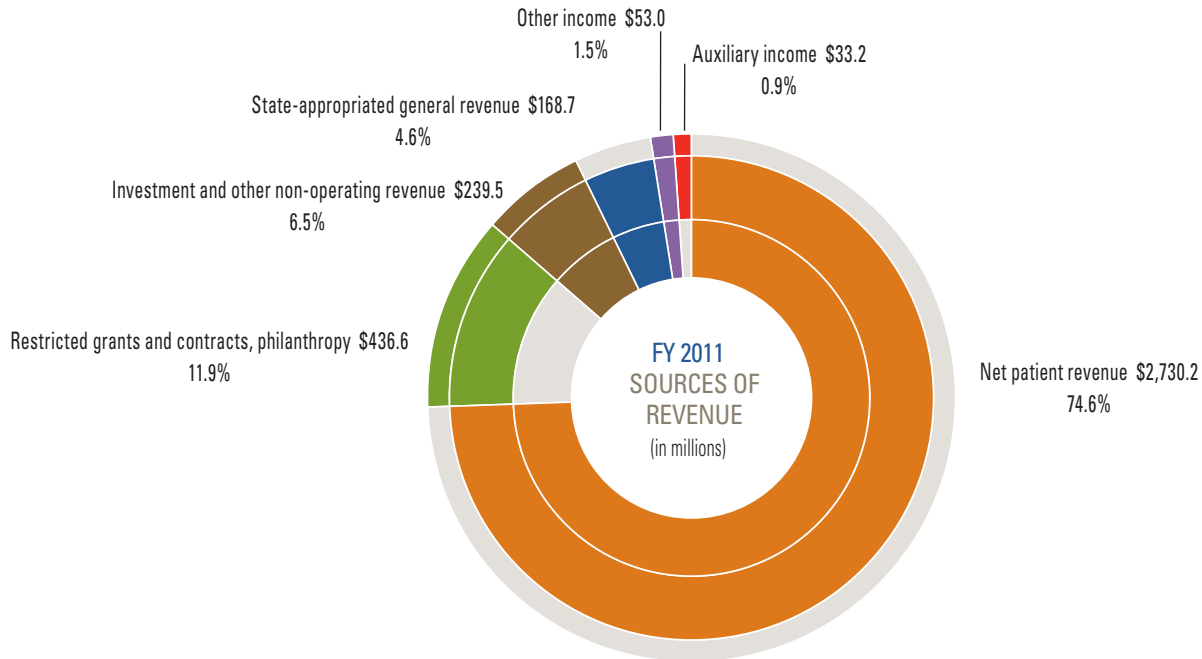
Mr. and Mrs. Steven M. Zager
 Zaplin-Lampert Gallery, Inc.
 The Honorable and Mrs. Joseph H. Zappala
 Henry Zarrow
 Mr. and Mrs. Stuart A. Zarrow
 Maxine and Jack Zarrow Family Foundation
 The Anne and Henry Zarrow Foundation
 Mr. Byron C. Zedler
 Ferrin Randall Zeitlin Foundation for Sarcoma Research
 Mr. and Mrs. Steven A. Zenthoef
 Zeta Tau Alpha Foundation, Inc.
 Dr. and Mrs. Lane D. Ziegler
 Mr. Paul Ziegler
 Mr. and Mrs. Robert C. Ziegler
 Mr. and Mrs. Wayne P. Ziemianski
 Mr. and Mrs. Neil S. Zimmerman
 Mr. Ronald R. Zimmerman
 Mr. and Mrs. Herbert E. Zirschky
 Mr. and Mrs. Robert L. Zorich
 Robert L. and Barbara Zorich Family Foundation
 Mr. and Mrs. Joe Zuber
 Mr. and Mrs. Joseph F. Zullo
 Dr. and Mrs. Fernando J. Zuniga y Rivero

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.

2010-2011 FINANCIAL AND STATISTICAL DATA

SOURCES OF REVENUE (unaudited)

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Patient revenue					
Gross patient revenue ¹	\$3,802,824,613	\$4,094,053,649	\$4,692,510,650	\$5,167,618,550	\$5,544,009,390
Deductions from gross patient revenue ²	1,814,040,101	1,935,375,659	2,358,290,606	2,675,088,480	2,813,830,643
Net patient revenue	\$1,988,784,512	\$2,158,677,990	\$2,334,220,044	\$2,492,530,070	\$2,730,178,747
Other sources of revenue					
Restricted grants and contracts, philanthropy	\$314,378,653	\$374,765,267	\$358,610,391	\$414,066,098	\$436,638,273
State-appropriated general revenue	160,130,024	167,894,635	171,265,817	179,818,473	168,730,376
Auxiliary income ³	25,319,457	26,514,386	29,797,216	30,700,522	33,232,458
Other income ⁴	29,369,564	38,374,559	43,731,386	46,491,784	52,954,731
Investment and other non-operating income	161,853,840	(11,018,492)	(126,798,902)	167,062,773	239,483,083
TOTAL SOURCES OF REVENUE	\$2,679,836,050	\$2,755,208,345	\$2,810,825,952	\$3,304,837,222	\$3,661,217,668



¹ Includes inpatient, outpatient and professional services.

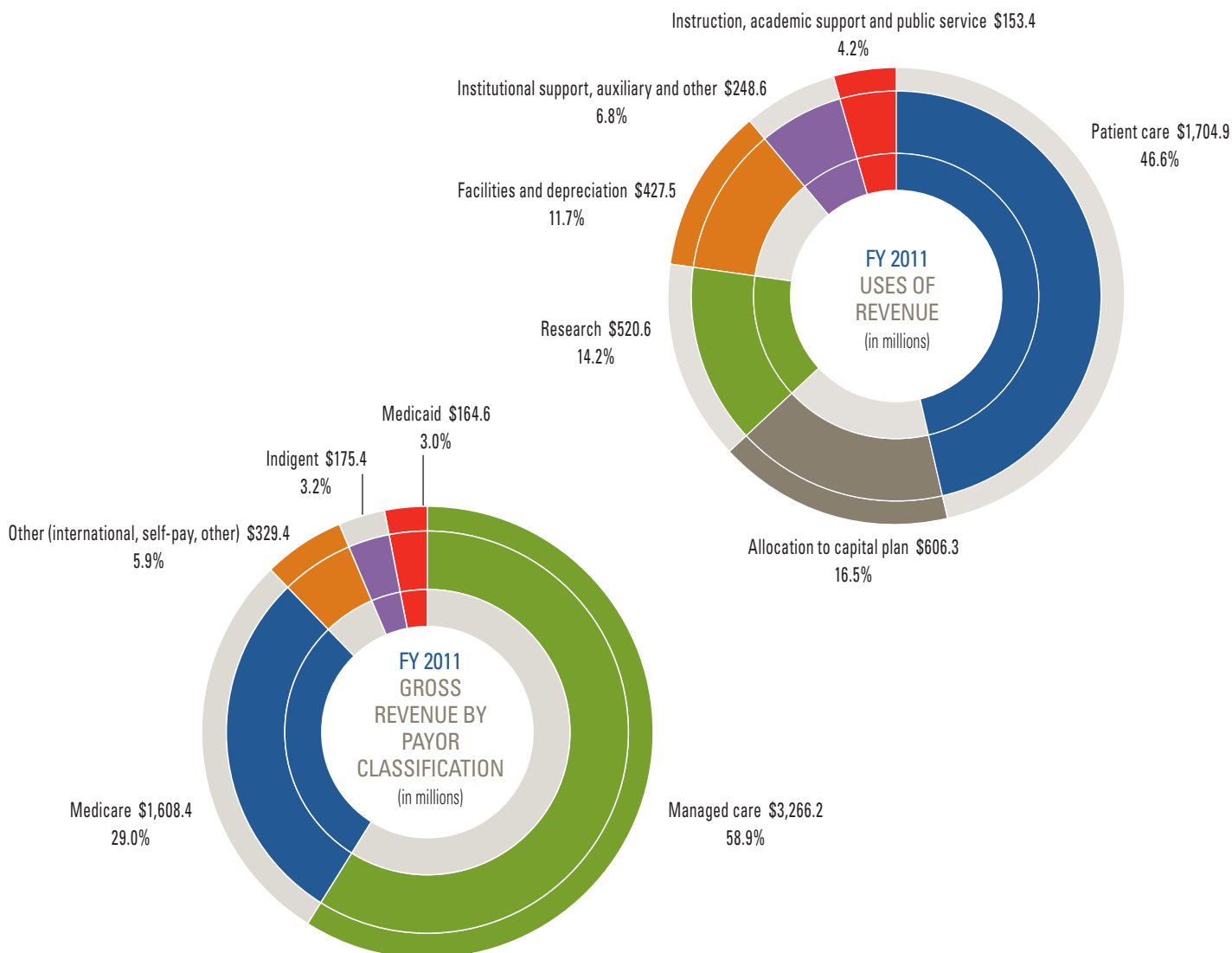
² Amounts discounted from established rates as a result of agreements with third-party payors, including Medicare, Medicaid and insurance companies. Also includes deductions associated with indigent care and bad debt.

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 2007	FY 2008	FY 2009	FY 2010	FY 2011
Research	\$374,619,643	\$414,772,468	\$431,058,983	\$463,104,671	\$520,582,209
Instruction, academic support and public service	138,970,358	146,620,811	152,175,328	147,158,551	153,409,591
Patient care	1,323,426,531	1,435,254,577	1,512,759,959	1,579,735,295	1,704,851,239
Facilities and depreciation	345,418,403	400,706,162	424,817,880	400,068,414	427,461,242
Institutional support, auxiliary and other ¹	187,197,744	203,649,311	230,471,382	226,601,396	248,601,648
Allocation to capital plan ²	310,203,371	154,205,016	59,542,420	488,168,895	606,311,739
TOTAL USES OF REVENUE	\$2,679,836,050	\$2,755,208,345	\$2,810,825,952	\$3,304,837,222	\$3,661,217,668



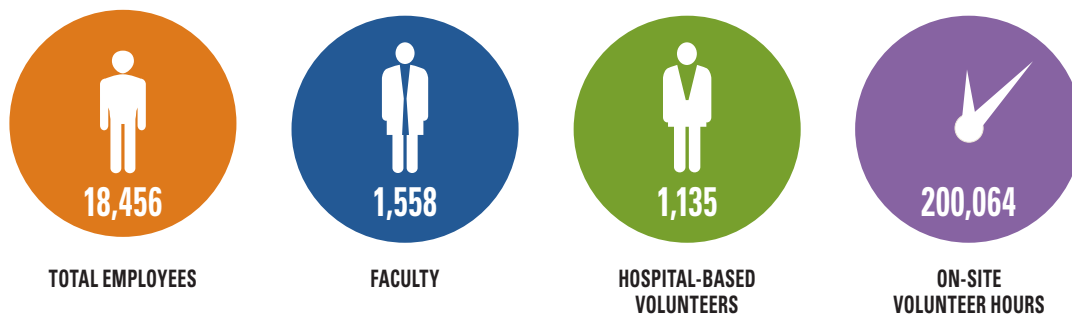
¹ Includes support for parking, food and gift shop services, as well as general institutional support (e.g., information technology, human resources, administration, development activities).

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

CLINICAL PROFILE

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Hospital admissions	22,257	22,194	23,277	23,995	25,230
Patient days	163,007	167,451	174,740	178,651	180,354
Average daily census	452	464	486	498	504
Average length of stay	7.3	7.5	7.5	7.4	7.1
Average number of operating beds	512	510	507	546	594
Outpatient clinic visits, treatments, procedures	922,985	965,248	1,055,092	1,132,338	1,190,568
Pathology/laboratory medicine procedures	8,651,960	9,221,298	10,112,244	10,754,560	10,937,213
Diagnostic imaging procedures	447,497	479,476	519,150	538,514	515,999
Surgery hours	55,181	57,308	62,587	61,873	63,230
Total active clinical protocols	1,064	1,108	1,073	1,009	1,048

FY 2011 WORKFORCE



FY 2011 UNCOMPENSATED CARE

MD Anderson provided \$215 million in uncompensated care to Texans with cancer in FY 2011.*

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

FY 2011 TOTAL PHILANTHROPIC GIFT SUPPORT BY TYPE

Cash gifts	Amount
Corporations	\$5,882,616
Foundations	21,581,674
Individuals	34,401,617
Organizations	1,682,902
Trusts and estates	24,904,118
Subtotal	\$88,452,925

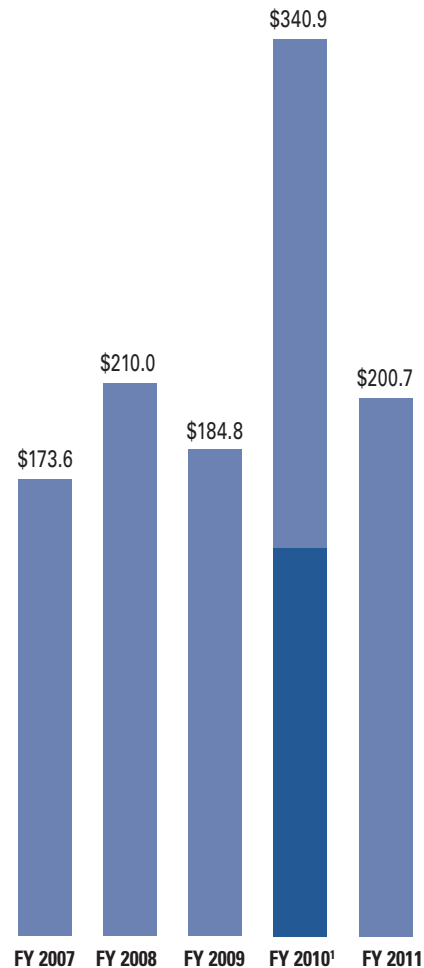
Pledge gifts ¹	Amount
Corporations	\$1,613,750
Foundations	25,823,247
Individuals	32,263,616
Organizations	4,810,272
Trusts and estates ²	47,031,295
Subtotal	\$111,542,180

Gifts-in-kind	Amount
Corporations	\$568,551
Foundations	10
Individuals	142,770
Organizations	1,334
Subtotal	\$712,665

Total	\$200,707,771
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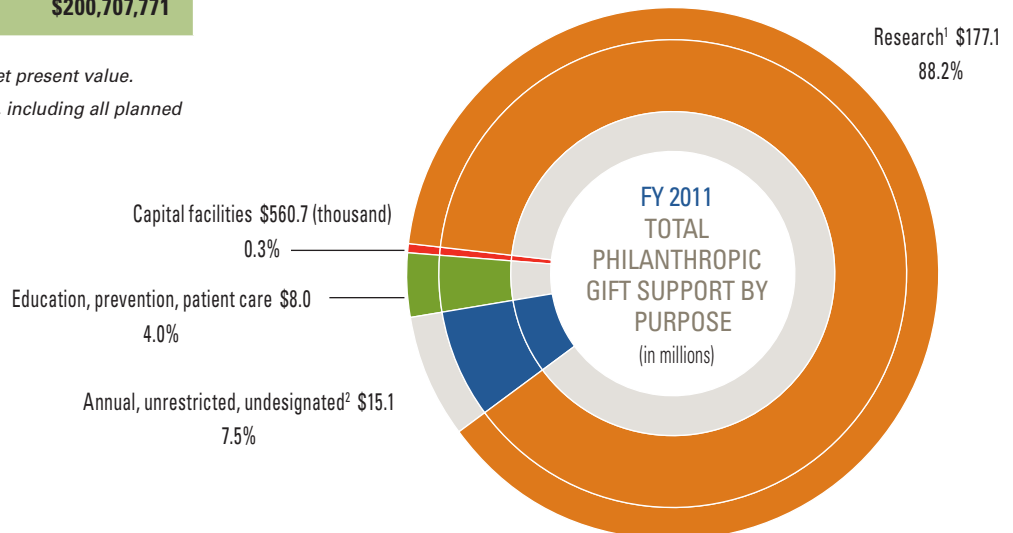
¹ Pledge gifts are not reported here at net present value.

² Discounted value of trusts and estates, including all planned gifts, is \$50,537,134.99.



TOTAL DOLLAR GIFT AMOUNT
(in millions)

¹ Received \$150 million transformational grant in FY 2010.



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

² These dollars fund institutional peer-reviewed research.

SOURCES OF RESEARCH EXPENDITURES

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
External funding for research					
Federal grants, contracts	\$190,508,252	\$194,889,144	\$194,632,638	\$206,664,447	\$236,413,656
Private industry grants, contracts	34,307,882	40,625,360	43,688,603	50,712,121	59,582,449
Philanthropy, foundations	61,086,784	73,518,196	83,046,345	81,656,207	98,150,749
Total external funding	\$285,902,918	\$309,032,700	\$321,367,586	\$339,032,775	\$394,146,854
State funding allocated for research					
State-appropriated general revenue	\$15,163,811	\$14,261,756	\$13,715,898	\$14,752,806	\$14,767,719
Tobacco settlement receipts	6,676,418	8,832,133	7,969,779	8,451,929	10,654,928
CPRIT ¹					8,670,289
Total state funding	\$21,840,229	\$23,093,889	\$21,685,677	\$23,204,735	\$34,092,936
Internal funding allocated for research					
Hospital operating margins	\$116,719,735	\$132,880,036	\$142,414,379	\$161,708,956	\$175,424,228
Institutional grants ²	20,469,825	23,648,202	24,805,099	23,088,278	20,239,439
Total internal funding	\$137,189,560	\$156,528,238	\$167,219,478	\$184,797,234	\$195,663,667
TOTAL RESEARCH EXPENDITURES	\$444,932,707	\$488,654,827	\$510,272,741	\$547,034,744	\$623,903,457

¹ Cancer Prevention and Research Institute of Texas grants.

² Philanthropic donations to the institution internally designated to support research and Physicians Referral Service funds internally allocated to support research activities.

EDUCATION PROFILE

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Clinical residents, fellows	977	1,043	1,124	1,109	1,141
Research trainees	1,452	1,536	1,602	1,612	1,629
Observers, visitors, special programs	715	600	415	401	429
Nursing students (including rotations)	1,727	1,778	2,098	2,776	2,320
Student programs participants	571	830	914	930	1,102
School of Health Professions students	96	139	205	214	248
TOTAL TRAINEES	5,538	5,926	6,358	7,042	6,869

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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 locations.

REGIONAL CARE CENTERS

Greater Houston area: Bay Area (Nassau Bay), Katy, Sugar Land, The Woodlands

EXTENSIONS

Banner MD Anderson Cancer Center (Gilbert, Ariz.)

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

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

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MD Anderson Cancer Center-Orlando (Fla.)

Centro Oncológico MD Anderson International España (Madrid, Spain)

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Sarah Newson, *associate vice president, Communications*

DeDe DeStefano, *director, External Communications*

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Sandi Stromberg, *program manager, External Communications*

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Michael Clarke

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Dave Cutler (cover, pages 1, 4, 12, 20, 28, 36)

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