

ANNUAL REPORT • FISCAL YEAR 2021

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ADVANCING OUR MISSION

FORWARD  
MOMENTUM

THE UNIVERSITY OF TEXAS

MD Anderson  
~~Cancer~~ Center

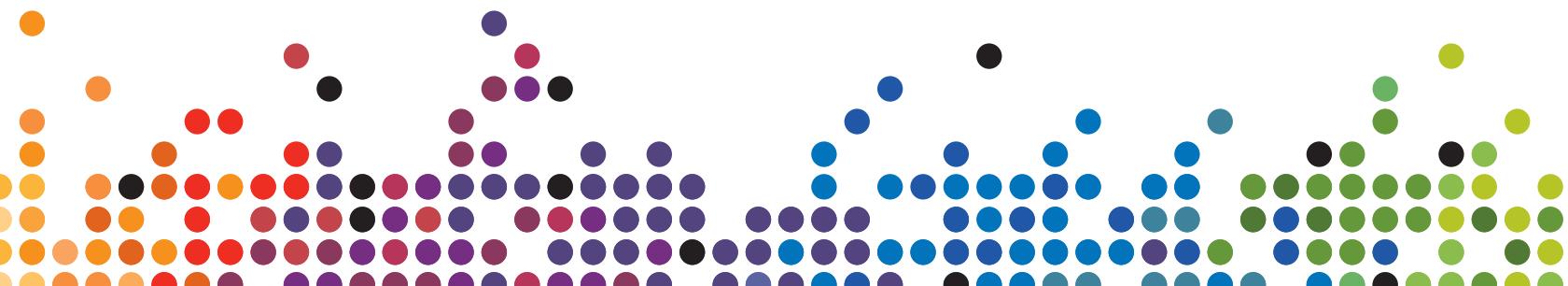
Making Cancer History®

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Watch highlights from FY21.



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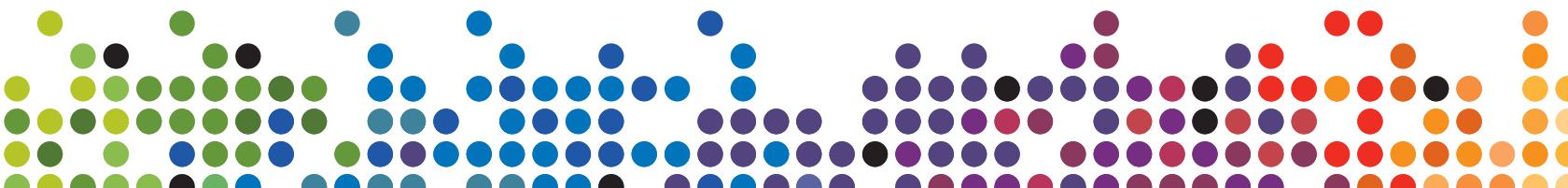
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# A transformative year

Over the last year, the COVID-19 pandemic fundamentally changed our world. Wavering infection rates and new variants altered how we live, how we work and how our children learn. As a global community, we sought new ways to find joy and to sustain the human connections so precious to us. And science made one of its most profound contributions to the world through the rapid introduction of safe and effective COVID-19 vaccines.

**T**HESE were indelible experiences that changed us at MD Anderson and called for us to reflect on who we are and what drives us. Our collective reflections led to the introduction of two new core values this year – Safety and Stewardship – which joined our foundational core values of Caring, Integrity and Discovery. Indeed, our 22,000 teammates stood together, exemplifying each of our core values, as we worked to withstand every test, while fulfilling our promise to our patients and to our mission.

Caring and safety were at the heart of every action as we continued to sustain one of the safest health care environments in the world for cancer patients. As one of the first health care institutions in Texas to receive a supply of COVID-19 vaccines, we mobilized our experts to set up a novel vaccine distribution program, exemplifying a spirit of discovery that

enabled the safe delivery of more than 70,000 vaccine doses and modeled the way for other organizations. And during one of the most complex weather events in Texas' history, our indefatigable teamwork and enduring expertise enabled us to steward our resources and maintain our operations. Underlying every action was a commitment to fact-based communications and transparency, which are central to the standards of integrity that we live by each day.

Against the backdrop of the pandemic, we also encountered moments to celebrate our successes, to serve our mission in new ways and to support our community. We were proud to be recognized for nursing excellence through our fifth Magnet designation and were humbled to be ranked, once again, the No. 1 cancer hospital in the nation by U.S. News & World Report. We virtually celebrated more than 400

Photo: Adolfo Chavez III



graduates from our graduate school and graduate medical education programs. Thousands of MD Anderson patients, employees, volunteers and donors hit the streets in our virtual Boot Walk to End Cancer® to help raise funds for groundbreaking research. Our faculty asked critical questions and fueled innovative ideas that are transforming our institution and the field of oncology. And together, we reflected on the lives of MD Anderson teammates we lost this year, including

trailblazing icon Emil J Freireich, M.D. No matter the distance, every moment mattered and demonstrated that we are One MD Anderson, dedicated to our mission, to our community and to one another.

Now, as we enter our ninth decade, our most transformative era is just beginning. Our celebrated 80-year history, our bold mission, the strong engagement of our teammates, our MD Anderson Board of Visitors and our Advance Team, and our supporters have positioned us to maximize our impact on humanity. We are charting a path forward with our Strategy, a comprehensive plan anchored in three interrelated themes – Reach, Breakthroughs and Value – that serve as the framework for the 23 key decisions we made together. Our Strategy defines our new direction while extending the legacy of our predecessors. It reflects our hopes and our ambitions to live in a world free of cancer.

In our FY21 annual report, you will encounter stories of resilience, teamwork and compassion – moments we are privileged to witness each day in our clinics, in our labs, in our classrooms, in our offices and on our Zoom calls. I am proud to serve our amazing institution during this incredible time of transformation. Amid a rapidly changing world, our teammates remain united, guided by our core values and a determination to propel our future forward. And what will never change is our ultimate goal and our steadfast commitment to end cancer.

A handwritten signature in black ink, reading "Peter Pisters". The signature is fluid and cursive.

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



# Driving progress

Throughout Fiscal Year 2021, as the COVID-19 pandemic evolved and public health guidelines shifted, MD Anderson's leaders and workforce members prioritized safety, practiced compassion and planned for the future.

**E**VERYONE came together to ensure patients received the highest quality care and that critical research efforts continued. Despite incredible challenges, the institution flourished.

I am proud of all that MD Anderson accomplished this past year, and I am deeply honored to chair a Board of Visitors that is passionate about the mission and is highly engaged in the institution's strategic plans. This level of engagement is due not only to Dr. Pisters' inspiring vision for maximizing MD Anderson's impact on humanity, but also to a reorganization of the board's committee structure in FY21 to effectively support the institution's new Strategy.

Today, eight standing committees report to the Executive Committee: Cancer Prevention; Clinical Operations and Patient Affairs; Finance and Capital Planning; Governmental Relations and Public Affairs; Membership and Board Development/Governance; Philanthropy; Research, Innovation and Commercialization; and Strategic Projects. These committees are working in concert with Dr. Pisters and the Executive Leadership Team to advise on the institution's operational priorities and aspirational goals. The restructure was significant – and invigorating. Board members are energized, actively participating and eager to expand MD Anderson's impact and to drive progress against cancer.

Since MD Anderson's inception in 1941, it has become the

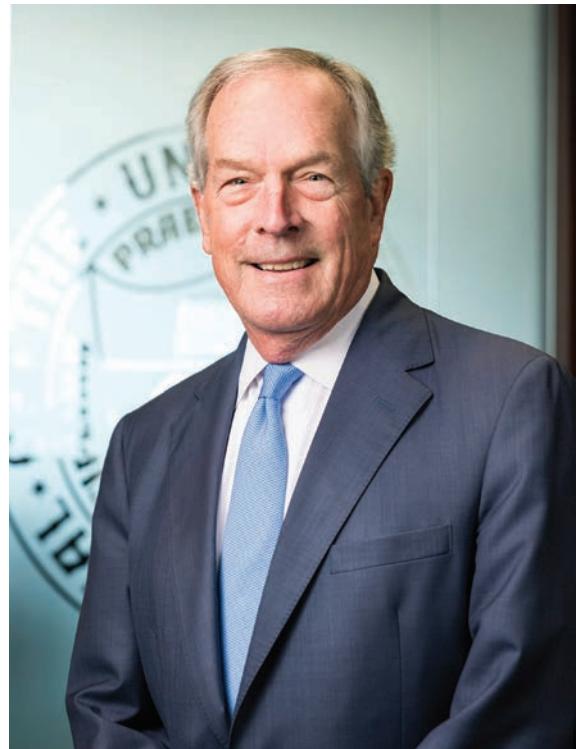


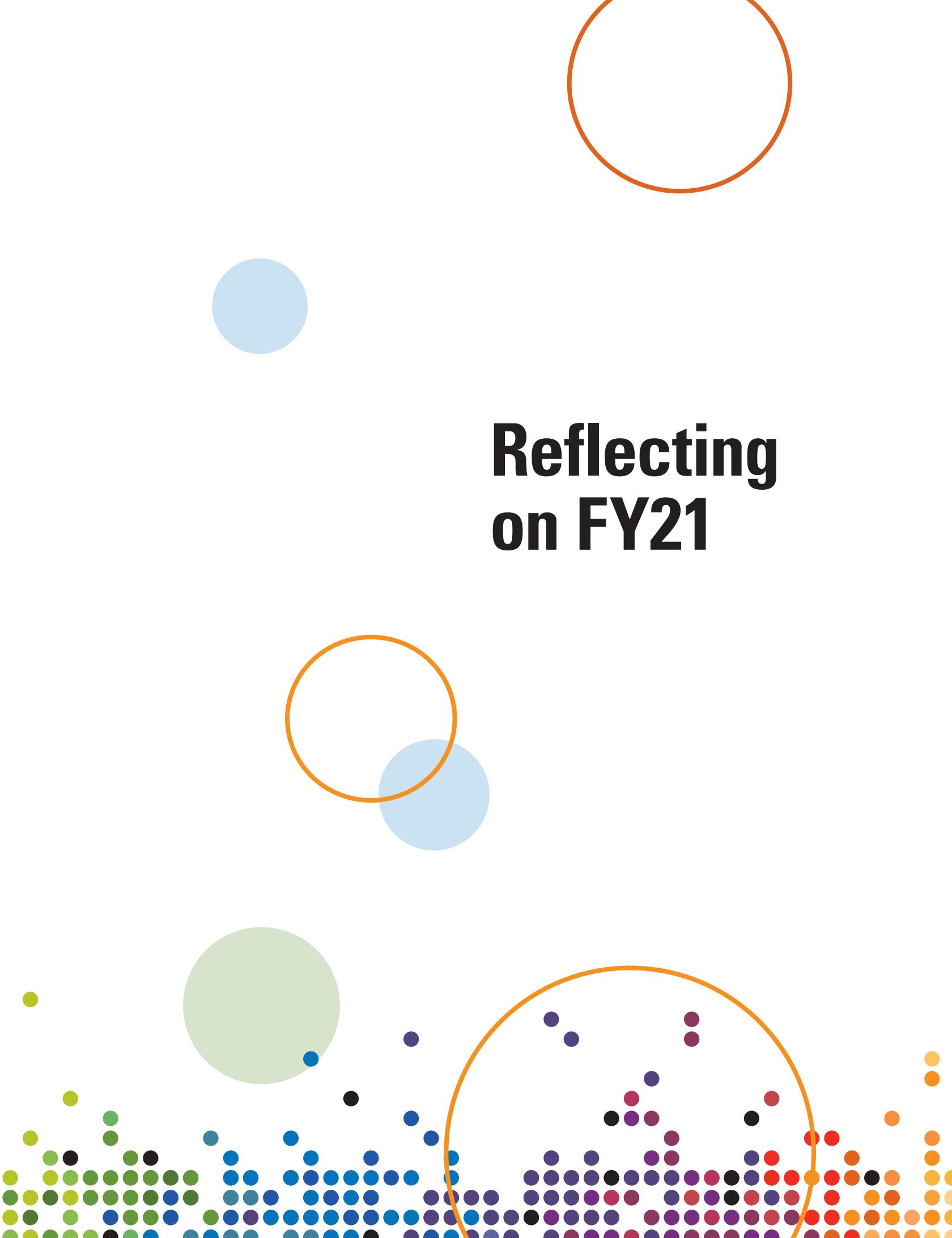
Photo: Adolfo Chavez III

nation's No. 1 hospital for cancer care and a global leader in oncology. As we mark the 80th anniversary of this great institution, I invite you to join the celebration of MD Anderson's many decades of research breakthroughs, lifesaving treatment advances and innovations in prevention and education.

Together, we are moving forward in Making Cancer History.®

A handwritten signature in black ink, appearing to read 'Donald L. Evans'.

**Donald L. Evans**  
Chair, Board of Visitors

The background features several large circles in light blue, light green, and orange. At the bottom, there is a dense pattern of small dots in various colors including green, blue, purple, red, and orange, arranged in a way that suggests a rising sun or a horizon. The text is centered in the upper right quadrant.

# Reflecting on FY21



# Extraordinary days

A new Strategy. The COVID-19 pandemic.  
The winter freeze. A national blood shortage.

These are a few of the big stories from the past year that impacted our work at MD Anderson. But cancer didn't stop – and neither did we. We looked toward the future, and also took things one day at a time. Even in the face of challenges, we found opportunities and reasons for hope.

While every day at MD Anderson is extraordinary, here are 13 days that stood out in Fiscal Year 2021. Experience them through the eyes of our employees, students, patients, donors and caregivers.

# The day we received our fifth Magnet accreditation

Even after five years working on our pediatric unit, I'm still in awe that I'm a nurse at MD Anderson.

**W**E'VE experienced many challenges – especially during the COVID-19 pandemic – but our community of 4,400 nurses always joins together to come out stronger, safer and even more deeply committed to our mission. Receiving our fifth consecutive Magnet designation showed the world that in these challenging times, our light shines the brightest.

On Oct. 13, 2020, I joined our nursing community for a memorable phone call between our Chief Nursing Officer, Carol Porter, D.N.P., and the chair of the Commission for the American Nurses Credentialing Center's Magnet Recognition Program. Although I wasn't surprised, it was an amazing feeling to officially hear the words "The Commission on Magnet has unanimously voted to credential The University of Texas MD Anderson Cancer Center as a Magnet organization."

Not many people can say they work at a five-time Magnet-designated hospital. In fact, only about 20 hospitals in the nation hold that distinction – and MD Anderson is one of them.

Magnet designation is the highest international distinction for nursing excellence and provides patients with the ultimate benchmark for measuring quality of care. It's also one of the reasons MD Anderson is consistently ranked among the nation's top hospitals for cancer care by U.S. News & World Report.

I served as a Magnet Champion and lead host for our virtual site visit, which was an exhilarating and overwhelming experience.



**Clinical nurse Tiambe Kuykendall helped coordinate meetings and area visits between appraisers and more than 1,000 MD Anderson nurses, leaders, providers and staff during the virtual Magnet site visit in August 2020.**

A virtual Magnet site visit had never been done at this magnitude before. During the three-day visit, I helped facilitate meetings and area visits between appraisers and more than 1,000 nurses, leaders, providers and staff across our organization. Together, we logged over 57,000 minutes on Zoom. It was inspiring to hear our nurses speak about the exemplary nursing practice and outcomes that we have

achieved since our last designation – and our tremendous commitment to our patients.

When the phone call ended, I sat on my couch and felt a rush of excitement and pride. It was my day off, so I gave myself a toast. Then I thought: how are we going to top this for our sixth designation?

– **Tiambe Kuykendall**,  
clinical nurse, Pediatrics

# The day I got a Houston Dynamo FC contract

The happiest day of my life was the day my doctor told me I could stop chemotherapy because my leukemia was in remission.

**T**HE second happiest was when Houston Dynamo FC gave me and 10 other kids treated at MD Anderson Children's Cancer Hospital contracts to be honorary team members at their game against Sporting FC on Sept. 5, 2020.

I'm a huge soccer fan, so I got super excited when I got the invitation in the mail. Nothing this amazing had ever happened to me. I started yelling and jumping up and down on the bed.

Before the game, the Dynamo sent me a box full of cool stuff, including a T-shirt, hat and sunglasses, and a soccer ball signed by all the players. But my favorite thing was the contract. I was afraid I would spill something on it or mess it up, so I signed very slowly and carefully with my favorite pen. This was a once-in-a-lifetime opportunity.

My family and I watched the game from home to stay safe from COVID-19. It was really special to see each Dynamo player wearing a jersey that featured the name of a child treated at MD Anderson.

I was excited to see Dynamo player Memo Rodriguez wearing my name. After the game, he signed that jersey and sent it to me. It's hanging on my bedroom wall.

The whole experience seems like a dream. Sometimes I reach up and touch the jersey, and re-read the contract, which is in a frame on my bookshelf, just to remind myself that it really happened.

Being an honorary Dynamo team member was an amazing end to a tough couple of years.

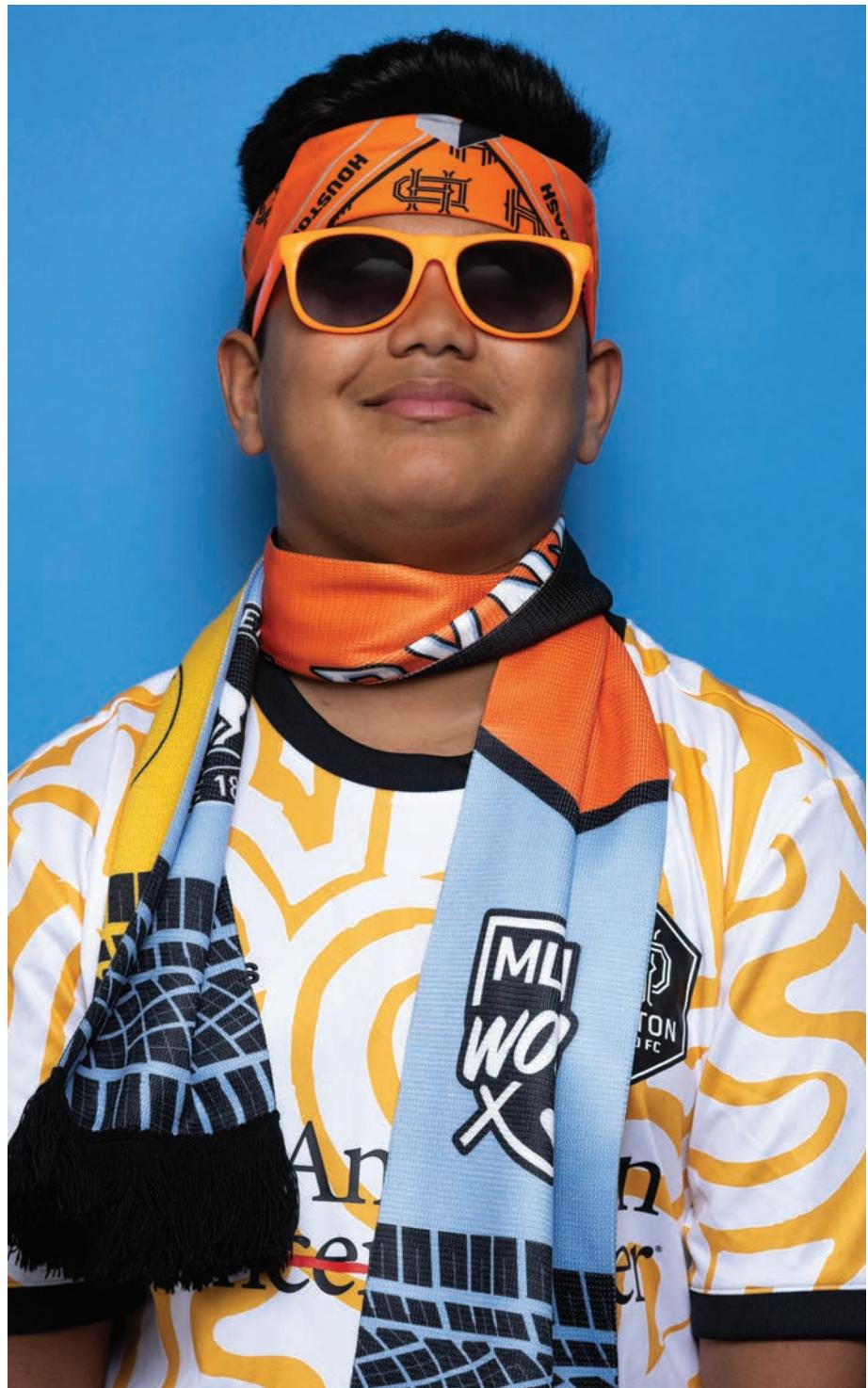


Photo: Jessie Ofelia Almanza

**A fan of international soccer, Arav Patil knows all of the popular players and was proud to be among the MD Anderson Children's Cancer Hospital patients selected to be honorary Houston Dynamo FC team members in both Sept. 2020 and Sept. 2021.**

First, I had to undergo leukemia treatment, and then, just as I was looking forward to going back to school, the pandemic hit. I had to attend my whole fifth grade year at home, on the computer. I was really missing my friends and teachers.

But life is good now. I'm healthy and back in the classroom, and next year I'll be old enough to try out for my school's soccer team. If I need any advice, I know who I can ask.

– **Arav Patil**, leukemia survivor



Photos: Adolfo Chavez III; Portrait: Thomas Campbell

Judy Garcia (right) and her mom, Maria, have now spent a lot of time together at MD Anderson The Woodlands, where Judy works as a breast ultrasound technologist and Maria received breast cancer treatment.

## The day I became a caregiver at MD Anderson

After working so hard to persuade my mom to get a mammogram last year, it was startling to learn there was actually an area of concern in her left breast.

**W**HEN we found out it was ductal carcinoma in situ (DCIS), or stage 0 breast cancer, it was pretty shocking for both of us.

At first, I was a little worried. But I was also very hopeful. Because as a breast ultrasound technologist at MD Anderson The Woodlands, I see this kind of thing every day. I've also seen the wonderful results many of our patients have achieved, after being treated here for the exact same type of cancer my mom had.

I stayed by her side right from day one. I took my mom to all of her appointments and treatments, and offered words of encouragement whenever she needed them.



**When MD Anderson began offering Saturday mammogram appointments in November 2020, Judy Garcia was finally able to convince her mom to get screened.**

At first, I told her to try not to worry. I realize that's easier said than done, but the cancer hadn't spread anywhere else and I knew

she was in good hands at MD Anderson. This was just the beginning.

As time went on, my new mantra became "one step at a time," because I guess I didn't realize how many appointments would be involved. In the first month alone, it seemed like there were at least a dozen, and they were a mix of everything: imaging, biopsies, consultations, pre-op procedures, lab work, EKGs and more.

I know now how necessary all of those appointments are to providing our patients with the best possible outcomes. Doing things in the right order is critical, and my mother's doctors wanted to make sure everything was just so before starting her treatment.

So, when I hear other patients expressing similar concerns today, I smile and tell them to take it step by step. Yes, it's going to feel overwhelming at times. But don't try to rush the process. Just take it one step at a time. You'll get there.

– **Judy Garcia**,  
breast ultrasound technologist,  
MD Anderson The Woodlands

# The day the first COVID-19 vaccine vials arrived

The box containing the first 4,875 COVID-19 vaccine doses to arrive at MD Anderson was much larger than I'd expected. It only had five small trays of vials inside, but with all of the insulation and dry ice needed to keep them frozen, it weighed about 80 pounds.

I remember being very nervous as the delivery truck backed up to our loading dock on Dec. 14, 2020. MD Anderson was the first hospital in the Texas Medical Center to receive vaccines. And though we'd been planning for their arrival for a couple of weeks, all I could think was, "What if we missed a step? Do we have everything ready?"

Once the vaccines were safely in our freezer, we all breathed a big sigh of relief. But I must have checked on that freezer about 30 times. After watching the devastation wrought by the coronavirus unfold in real time, there was an acute sense of pressure to execute our vaccine plan.

The next day, we did a trial run to work out the kinks of our distribution process. We vaccinated several frontline employees with a high risk of occupational exposure. MD Anderson's Chief Infection Control Officer Roy Chemaly, M.D., was the first one to receive the vaccine.

A chill ran up my spine as I watched the people getting their shots. I knew I was witnessing history. And it was pretty exciting to be a part of that.



Photos: Adolfo Chavez III; Portrait: Thomas Campbell

**Stefani Gautreaux accepted the delivery of the first COVID-19 vaccine doses when they arrived at MD Anderson in the early morning of Dec. 14, 2020.**



**Gautreaux worked closely with Pharmacy resident Lauren Goldberg to prepare for the vaccines' arrival and store them safely until they could be administered.**



Pharmacy resident Lauren Goldberg placed the Pfizer-BioNTech COVID-19 vaccines in an ultra-cold freezer after delivery.



Watch our frontline health care workers receive the first vaccines.

There was also a sense of satisfaction in seeing all of our preparations come full circle. Collaboration is part of who we are at MD Anderson – it’s something we do every day. But this effort took teamwork to a whole different level by requiring multidisciplinary planning and strong communication.

So many people were invested in this vaccine campaign – not just for our patients and employees, but also for our loved ones and the community as a whole. It was thrilling to see so many people coming together and literally rolling up their sleeves for the collective good. We knew that everyone was waiting for this and hoping it would help make strides to end the pandemic. So, we were not going to fail.

I am happy to say that we have been successful since day one.

– **Stefani Gautreaux**,  
inpatient manager,  
Pharmacy Operations



Chief Infection Control Officer Roy Chemaly, M.D., received the first COVID-19 vaccine dose administered at MD Anderson on Dec. 15, 2020.

# The day we launched our Strategy

When I woke on the morning of Jan. 28, 2021 – the day we launched our organizational Strategy – it felt surreal. We had spent so much time creating this blueprint for MD Anderson’s future and, finally, it was time to share it. I was both excited and nervous.

**T**HE Strategy was years in the making. MD Anderson President Peter WT Pisters, M.D., had challenged us to devise a strategy for MD Anderson’s future, seeking input from employees across the organization. In spring 2019, we started having conversations with employees. We asked them: What does the future of MD Anderson look like?

Through feedback from frontline staff and conversations with leaders, we ultimately settled on three themes: Reach, Breakthroughs and Value. We wanted to make it easier for patients and communities to access our expertise. We wanted to drive high-impact discovery research and accelerate translation to treatments. We wanted to set new standards for high-touch, high-value cancer care.

And the overarching goal? To increase MD Anderson’s impact on humanity.

When I drove to the office that January day, it was still dark. We actually had two launches. We had our launch to employees in the morning and Dr. Pisters shared our Strategy with the MD Anderson Board of Visitors in the afternoon.



Photo: Thomas Campbell

**As Executive Director of Strategy and Business Development, Danielle Hay played a vital role in planning and launching MD Anderson’s Strategy.**

One of our goals was to ensure all 22,000 employees felt connected to the Strategy. Before I came to Strategy and Business Development, I worked in Diagnostic Imaging. I knew that there were people at MD Anderson who would have to take the larger institutional vision and translate it to their teams. As we developed the Strategy, my team members and I would often ask ourselves: Would this make sense to me if I had a completely

different role at the institution? If I worked in another department, would the Strategy inspire me?

And the answer to both questions is: Yes.

What’s most striking about the Strategy is that it feels ambitious, but at the same time it feels intuitive to MD Anderson. It feels like us.

– **Danielle Hay**,  
executive director,  
Strategy and Business Development



Photo: Courtesy Imrana Malik, M.D.

When snow and ice blanketed southeast Texas for several days beginning on Feb. 14, 2021, a ride-out team of more than 1,700 employees stayed at our Texas Medical Center Campus to safely care for our cancer patients and facilities.

## The February winter storm

During my 22 years at MD Anderson, I have seen hurricanes, floods and freezing conditions, but nothing like last February.

**O**N Feb. 14, 2021, a winter storm brought snow, ice and freezing rain into the Houston area, with extreme cold temperatures that extended for several days. It was an historic event that resulted in road closures, widespread power outages, loss of heat and broken pipes across the state of Texas.

At MD Anderson, our Incident Command team had started preparing days in advance. We had several calls a day with leaders throughout the institution to discuss our emergency plans.

When the storm started, I was working from home and trying to coordinate emergency plans with limited internet connection. I was later asked to work in the command center on our Texas Medical Center (TMC) Campus. As I was leaving for work, I found out there was a major water leak at my home. Others around

me were also dealing with significant damage to their homes, but we were all invested in caring for MD Anderson's patients first.

More than 1,700 employees stayed on our TMC Campus to care for 428 patients and our facilities. A significant number of patient appointments had to be cancelled or rescheduled. We had a critical blood supply shortage, loss of research experiments and limited remote work capability.

The winter storm was also the catalyst for reduced water pressure that led to a boil water notice for the city and an unprecedented water outage event for MD Anderson. Our Main Building had to be disconnected from the city water supply to avoid contamination, and water tank trucks were mobilized to provide buildings with water for critical needs. Employees handed out bottled water to our patients. When the boil water notice was lifted, our team members spent eight hours flushing 1,200 toilets and taking 220 chlorine samples so that we could open our doors to patients as quickly as possible.

This challenged us in new ways and forced our teams to be flexible given the changing conditions – all while maintaining our COVID-19



Photo: Adolfo Chavez III

**During weather events such as the February freeze, Devina Patel helps lead MD Anderson's emergency response.**

protocols. Everyone came together as a team to quickly move patients due to water leaks, donate blood for our patients, deliver food and drinking water to those on campus, and more. Our teamwork and resilience get validated every time we have an emergency event. This is one I won't forget.

– **Devina Patel**,  
director, Environmental Health and Safety,  
Sustainability and Emergency Management

# The day I made a gift to support MD Anderson's mission

Writing MD Anderson into our wills was an easy decision for my late wife, Jackie, and me.

**B**ECAUSE even after she received a stage IV lung cancer diagnosis, MD Anderson's clinical trials program gave us four extra years to spend together. And its wonderful doctors continue to save people's lives.

I've followed U.S. News & World Report's "Best Hospitals" rankings for years. So, I knew MD Anderson was No. 1 in cancer treatment. That's why I made up my mind early on that if anyone in my family ever got cancer, we'd travel to Houston from our home in Bluffton, South Carolina.

But Jackie and I soon discovered more reasons to support MD Anderson's mission. Over time, we developed really close relationships with Dr. Vivek Subbiah, his nurse practitioner Anna Poullard, and many other members of their staff. And every month, when we went in for Jackie's checkups, it became less like going to a cancer hospital and more like going to visit old friends.

Dr. George Blumenschein told us about a clinical trial at MD Anderson that targeted the exact genetic alteration (RET fusion) Jackie had. That surprised us, because only about 1% to 2% of all lung cancer patients have it. But under Dr. Subbiah's care, all of the tumors in Jackie's lungs and brain either shrank or stayed the same. They never got any bigger.

As a result, Jackie was able to resume many of the activities she'd previously enjoyed, such as painting, playing mahjong and teaching our dogs tricks. She was still doing fantastically when she died of causes unrelated to her cancer in July 2020.



Photos: Michael Hrizuk / Getty Images

**William Brady donated to MD Anderson to fund research led by Vivek Subbiah, M.D., associate professor in Investigational Therapeutics, for years to come.**



**William Brady holds a portrait of himself and his late wife, Jackie, whose lung cancer care inspired them to write MD Anderson into their wills.**



Learn more about how legacy giving can support MD Anderson.

Jackie and I updated our wills several years ago to make gifts through our estate to MD Anderson, because we wanted its researchers to be able to continue doing their valuable work. But after Jackie's passing, I discussed with the Development team ways I might give something now as well.

While MD Anderson is still included in my will, I also made a separate donation this year to fund Dr. Subbiah's research projects for years to come – and to honor my late wife's memory in the process.

– William Brady, donor and caregiver

# The day we welcomed visitors back to campus

June 28 is a day I'll always remember. That was the day we began welcoming visitors back to our campuses after 15 months. It was a day full of joy for everyone.

**B**ASED on the latest COVID-19 data, we updated our patient visitation policy to allow one adult visitor per patient. We also streamlined our screening process. Patients and their visitors arrived with big smiles that first day. They had heard about our updated visitor policy and almost couldn't believe it. They were so happy and appreciative to have a caregiver with them for support.

Hospitals around the country had restricted visitors at the start of the pandemic to slow the spread of the coronavirus. And with one of the world's largest populations of immunocompromised patients, MD Anderson had gone above and beyond to protect our vulnerable patients. With weakened immune systems, cancer patients are at high risk of serious illness from COVID-19.

My team manages our entry screening process, and before June 28, that included temperature checks and plexiglass for added protection.

It was heartbreaking to restrict visitors, and while we knew it was for everyone's safety, we still felt sad for our patients. Even though our low infection rates throughout the pandemic showed that our policy kept them safe, we knew it was challenging for our patients and their families.

But June 28 felt like returning to the comforts of home after a long trip. You turn the corner of your street, and you know you're



Photo: Thomas Campbell

**For Patient Relations Manager Debbie Wright, MD Anderson's mission is personal because cancer has devastated many of her family members.**

finally home. When we removed plexiglass and allowed patient visitors, we returned to more personable interactions. Patients felt more comfortable when they arrived. They were more at ease. It was so fun seeing the joy on their masked faces.

Our team morale improved dramatically, too. We were relieved to welcome patients and their visitors. They expressed gratitude

for how we kept them safe, and that meant the world to us.

It's so fulfilling to get to know our patients and their families and hear their stories. At MD Anderson, we're a family, and we welcomed our family back that day.

– **Debbie Wright**,  
manager,  
Patient Relations



**Rolando Vedia was among 102 master’s and doctoral graduates who attended MD Anderson UTHealth Graduate School of Biomedical Sciences’ commencement on May 2, 2021.**

## The day I received my degree

When I enrolled at MD Anderson UTHealth Graduate School of Biomedical Sciences in 2017, I never expected to write most of my master’s thesis without being able to go into the lab.

**A**FTER MD Anderson’s labs closed to slow the spread of COVID-19 in the spring of 2020, we had to adjust so quickly that I did the majority of my thesis writing at home. I was glad to have supportive members of my lab and my defense committee, especially my advisor, Jeffrey Mollrem, M.D., who helped me navigate this weird time. I successfully defended my thesis over Zoom in August 2020, and began my Ph.D. work virtually from my apartment a week later.

Because my transition to Ph.D. work in the

## CELEBRATING OUR STUDENTS IN FY21

**189**

School of Health Professions bachelor’s and master’s degrees awarded

**102**

master’s and doctoral graduates from 2020 and 2021 attended MD Anderson UTHealth Graduate School of Biomedical Sciences commencement

**167**

Graduate Medical Education trainees completed oncology fellowships

**269**

high school, college and graduate students learned about research in the 2021 Summer Experience program

Therapeutics and Pharmacology program was done virtually, it didn’t feel like I’d really passed a milestone in my training until I walked across the stage on May 2, 2021, a year after finishing my master’s studies. Going from defending my thesis at my small apartment to getting my diploma on the field at Minute Maid Park was a big change.

My parents and brother traveled from San Antonio, Texas, to celebrate with me. It was really nice to feel the closure from the end of one chapter of my academic journey, even as I continue with another. Celebrating my graduation was something that I didn’t realize I needed, but being able to stop and say, “I did that; I made it through,” was powerful.

I’ve always liked puzzles and trying to figure things out, and I’m so glad I’ve had the opportunity to train here. I’ve discovered a love for bench science and working in the lab. I’m continuing in Dr. Mollrem’s lab for my doctoral work, looking at CAR T cell therapies that target acute myeloid leukemia. I’m learning new techniques – and how to be a better, well-rounded aspiring scientist.

– **Rolando Vedia**,  
graduate research assistant,  
Hematopoietic Biology and Malignancy



**Ferdinandos Skoulidis, M.D., Ph.D.,** associate professor in Thoracic/Head & Neck Medical Oncology, led the Phase II clinical trial at MD Anderson testing sotorasib, a targeted therapy drug for treatment of non-small cell lung cancer. The drug zeros in on, then deactivates, the KRAS p.G12C mutation.

## The day a drug I tested received FDA approval

I vividly recall the moment when a text alert transformed an ordinary Friday into an extraordinary one.

It happened on May 28, 2021. I was examining a patient in clinic when my cell phone began buzzing.

The Food and Drug Administration (FDA) was texting with welcomed news. The agency had just approved a new drug for the treatment of non-small cell lung cancer, which makes up 85% of all lung cancers in the United States.

While leading a clinical trial of sotorasib, I'd seen firsthand how the drug could shrink or stall tumor growth in the 1 out of 8 non-small cell lung cancer patients whose tumors contain a genetic mutation called KRAS p.G12C.

These are tough tumors to treat, and the prognosis for people with this mutation after standard chemotherapy and immunotherapy is poor. The FDA's approval of sotorasib meant that doctors throughout the nation could now



**Skoulidis is proud his patients may now reach milestones they weren't sure they'd ever see.**

begin prescribing the drug, and patients' lives would be transformed.

I couldn't wait to share the good news. While still in clinic, I began calling my patients who could benefit from the drug.

Over the phone, I heard screams of delight and tears of joy. People who for one reason or another were not eligible to participate in the clinical trial were especially elated. They had waited anxiously for what, in many cases, was their last hope. Finally, they could be prescribed sotorasib.

Before sotorasib's approval, chemotherapy was the standard treatment. It extended patients' lives by only a few months, and caused significant side effects, including nausea, fatigue, nerve damage, hair loss and increased risk of infection. Sotorasib kept cancer at bay longer and caused far fewer side effects. In medicine, we call that a win.

It's tremendously gratifying to finally be able to say to patients, "We have a drug for you." To see their growing tumors change course and shrink: that's the ultimate reward. I feel extremely privileged to have played a role in the development of sotorasib. Without a doubt, it marks the pinnacle of my career.

– **Ferdinandos Skoulidis, M.D., Ph.D.,**  
associate professor,  
Thoracic/Head & Neck Medical Oncology



Melissa Fuquay Baker has been donating blood for close to 20 years, but she realized the importance of donating to MD Anderson during her husband's bile duct cancer treatment here.

## The day I began donating blood at MD Anderson

When my husband, Jeff, was diagnosed with bile duct cancer in June 2019, I'd already been donating blood for almost 20 years. I especially enjoyed donating platelets, both because I could do it more often, and because it was a little harder to accomplish.

**A**FTERWARD, I'd usually be pretty wiped out, but it felt good, knowing I was really helping people.

Before Jeff and I were married, his mother thanked me for being a longtime blood donor. Jeff needed many transfusions as a child, to overcome a non-Hodgkin lymphoma diagnosis when he was 12. And she was pleased he'd found a life partner who'd been willing to help people like her son.

After Jeff's latest cancer diagnosis, though, giving blood took on a whole new dimension. Because when your spouse has cancer, you really don't have control over much of anything. And you really, REALLY want to do something to help them.

I made the decision to start giving blood at MD Anderson in August 2021, after a blood shortage affected my husband's treatment. Jeff's blood counts were low enough to disqualify



Schedule an appointment to donate at MD Anderson Blood Bank.

him from joining a clinical trial, but not quite low enough to trigger a blood transfusion.

I understood that other patients needed the blood more, but it was still frustrating. So, I made a decision. I knew that my blood donations wouldn't necessarily be given to Jeff directly. But it was nice to know there was something I could do to help reduce the overall shortage, when I felt so helpless otherwise.

I still wish it was possible to do more. But while I may not be able to cure Jeff, I can keep doing this.

– **Melissa Fuquay Baker**,  
blood donor and caregiver



Every donation made at MD Anderson Blood Bank is used for our cancer patients.



Melissa Fuquay Baker donates blood to help cancer patients like her husband, Jeff.

## FY21 BLOOD DONATIONS BY THE NUMBERS

MD Anderson performs more blood transfusions than any other hospital in the country, and nearly every patient will need blood at some point during their treatment.

**140,384**

total units provided to our patients

**29,199**

donors attempted to donate blood

**26,477**

units of blood donated

**48%**

of blood products transfused to our patients came from MD Anderson Blood Bank donations, up from 30% pre-pandemic

# The day we began vaccinating patients

I've been working at MD Anderson for 16 years, and our patients' experience here is very important to me. So, when I was asked to help coordinate our COVID-19 vaccine clinics for patients, I jumped at the opportunity.

**B**Y the time we offered the first patient vaccination clinic on Jan. 23, 2021, a lot of our patients had been feeling afraid for nearly a year. Cancer treatments often left them immunocompromised, which meant they were more likely to develop severe infections, experience complications, or even lose their lives if they contracted COVID-19.

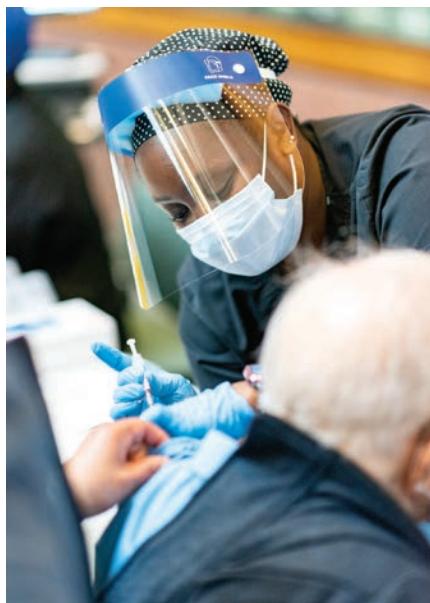
That's why most patients were really excited when the vaccines finally became available. And they were thrilled when we were able to provide one. I felt so honored to give our patients that reassurance, since much of the pandemic has involved constantly adapting as the situation evolves. As our Chief Operating Officer Rosanna Morris once noted, "It's like building a plane while we're flying it."

Our patients are our top priority. It's been amazing to witness our clinicians' passion for their patients, and their determination to get people the protection they need. After vaccines were made available for immunocompromised people, our leaders formed a committee of clinical experts to review all of the medical evidence and how vaccines may affect patients with different types of cancers and treatment. They wanted to make sure we were explaining the vaccines accurately and providing clear



Photos, portrait opposite: Adolfo Chavez III

**Jesseka Landin, associate project manager in Clinical Operations, played a vital role in launching the institution's COVID-19 vaccine clinics for patients.**



**MD Anderson began vaccinating our cancer patients on Jan. 23, 2021.**

answers to any questions our patients might ask. At the same time, a team formed to develop our patient vaccine clinic operations.

Our Facilities and logistics teams – as well as UT Police – have also been incredible partners to our clinical teams. They put so much effort into making sure the vaccine clinics ran smoothly and securely. Patients and employees alike have raved about how well they were organized. Many have described the process as both fast and easy.

It was really exciting to be a part of history when our frontline health care workers were vaccinated at MD Anderson last year. But even better were the looks on patients' faces as they received the vaccine. They have all been so incredibly grateful. And I am very proud to have been a part of that.

– **Jesseka Landin**,  
associate project manager,  
Clinical Operations



**Lymphoma specialist Sairah Ahmed, M.D., speaks with Mallory Parrish, who shows no evidence of disease after participating in a clinical trial that combined immunotherapy and chemotherapy.**

## The day I was declared cancer-free

I knew I was responding well to my stage IV Hodgkin lymphoma treatment when the grapefruit-sized tumor in my chest began getting noticeably smaller.

**I**T had grown so large by the time I was diagnosed in the summer of 2020 that it touched all of my major internal organs and protruded out past my left collar bone. But after only two rounds of treatment with a new combination of chemotherapy and immunotherapy on a clinical trial at MD Anderson, it started shrinking rapidly.

I developed many side effects, including nausea, fatigue and loss of appetite. But I still felt lucky and blessed through my entire treatment. My scans were clear at my first post-clinical trial visit with my oncologist, Dr. Sairah Ahmed, and I've shown no evidence



**Mallory Parrish was diagnosed with Hodgkin lymphoma at age 32, after she discovered a lump on her collarbone.**

of disease since February 2021. I even got to ring the bell to mark the end of my treatments that same day.

Before I reached that milestone, though, I had to learn to celebrate life's little victories, too. Because there were some days I couldn't even get out of bed.

My boyfriend and I celebrated when I reached the halfway point in my treatment schedule.

We celebrated each time a scan showed that the tumor was getting smaller. And we celebrated when I managed to get up, get dressed, and take a short walk outside, especially on the days when I really didn't want to.

Things like that may seem pretty insignificant. But when you're actually going through them, they can feel enormous. That's why it's important not to take anything for granted. Because sometimes, life is not easy. And focusing on small triumphs can make a huge difference.

**– Mallory Parrish,**  
Hodgkin lymphoma survivor

# Stronger together

FY21 brought challenges and opportunities beyond what any of us could have imagined. It also brought hope for the future. And while there were pivotal days – and weeks – that shaped us, it was courage, commitment and our culture that kept us moving forward.

Six of our leaders reflect on what they see as the greatest accomplishments from the last year.



**This last year transformed us as a team of 22,000.** Nothing is as it was two years ago – nothing. Personally, professionally and here at MD Anderson, we've had to figure out how to recreate ourselves to get back on track, to serve the mission that all of us signed up for and that truly motivates us on a day-to-day basis. So I think the greatest and most impactful thing that I have observed is how we have risen above, how we have recalibrated ourselves. And we're stronger. We're better. And it gives me such great confidence and hope for the future.

– **Rosanna Morris**,  
Chief Operating Officer



**Every bit of the pandemic response took courage, drive and perseverance** to understand the challenge, find viable solutions in uncertainty, and work together as One MD Anderson. Although COVID-19 caused considerable and ongoing disruption to our education and academic affairs programs, our teams demonstrated resiliency and perseverance as they faced the challenges before them. Throughout FY21, I witnessed our teams manage the level of service that best suited the varying needs of our stakeholders, ensuring the greatest balance for sustainable and long-term success. It was an honor and privilege to support them.

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



Photo: F. Carter Smith



**The key word that stands out for me is: together.** We sent 13,000 employees home to work remotely in March 2020. Together, we figured it out. Even when COVID-19 began to spread in our community, we figured it out. Given the challenges of staffing and resources and everything else that we faced together, we figured it out. Our country faced social justice issues and political issues. We had a winter storm. We had a hurricane. With all of that together, we figured it out. So I think no matter what the challenge is, if we come together, we will figure it out.

– **Shibu Varghese**, Senior Vice President  
for People, Culture and Infrastructure,  
Chief Human Resources Officer,  
Chief Diversity Officer



Photos: MD Anderson archive



**Our cancer patients have experienced COVID-related mortality of just 3%**

– seven times lower than what has been achieved even in developed nations with ample health care resources and advanced treatment techniques. That is something every single one of us has shared in accomplishing. It’s everybody who has worked remotely to keep our campuses safe. It’s our Facilities teams, who have enhanced sanitation and ensured social distancing. It’s our nurses, our physicians, our advanced practice providers and all of the care teams who have kept our patients safe during the continuous delivery of cancer care throughout the pandemic. And it is also

our hospitalists, our intensivists, our acute care nurses, our respiratory therapists, our infectious disease teams and our pharmacists who have delivered the absolute highest level of care for every patient with COVID-19. And finally, it is the many members of our workforce who have taken action to get vaccinated against COVID-19, which reduces the risk of COVID transmission to our patients and colleagues, as well as our families and neighbors. This commitment to keeping our hospital, our patients, our staff and our communities safe is something I’m incredibly moved by and very proud of.

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



**For me, the most impactful part of FY21 continued to be the sense of community.** Our team members showed incredible abilities to connect with each other and help each other in all sorts of ways, despite the difficulties of the pandemic, despite concerns about their productivity and their own personal situations related to elderly parents or kids’ schooling. The incredible sense of belonging that we continue to show together continues to make me so proud to be part of this community.

– **Giulio Draetta, M.D., Ph.D.**,  
Senior Vice President,  
Chief Scientific Officer



**Our institution’s scientists, clinicians and employees rapidly developed new skills that enabled us to establish, sustain and grow virtual relationships** that fueled delivery of research programs and clinical/public health services to those in need.

Our team’s resilience, creativity and commitment to our mission of public service was most impressive.

The pandemic has also underscored the importance of science-driven prevention. By understanding disease mechanisms, we have again demonstrated our ability to discover, develop and implement effective approaches to not only treat – but prevent – life-threatening infections like COVID-19 and life-threatening diseases like cancer.

This last year reminds all of us of the incredible promise of science-based prevention research and its profound impact when translated into evidence-based tools like vaccines and screening tests – and actions like vaccination and personal and socially responsible behaviors – that can be taken to promote health, advance wellness and preserve life for us, our families and our neighbors.

– **Ernest Hawk, M.D.**,  
Vice President, Cancer Prevention

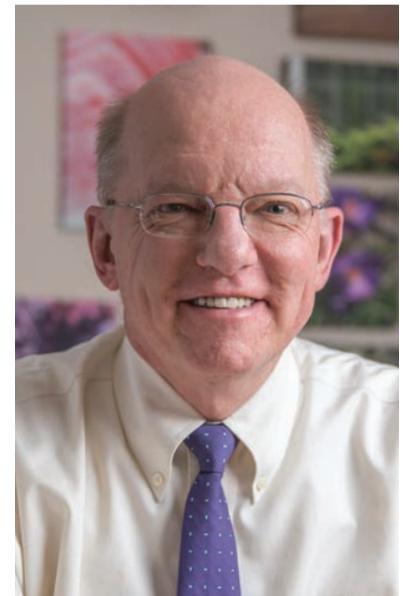


Photo: Wyatt McSpadden



Recognizing the vital role COVID-19 vaccines play in reducing the risk of severe illness, MD Anderson held vaccination clinics for its health care workers beginning in December 2020, then offered clinics for patients, family members and our community members.

## FY21 COVID-19 SAFETY BY THE NUMBERS

**163,750**  
virtual visits

**119,109**  
COVID-19 tests administered

**74,220**  
vaccine doses administered



MD Anderson medical experts carefully reviewed all existing data on COVID-19 vaccines to provide guidance for our immunocompromised cancer patients.

# Elevating safety

By Mindy Loya

Mask wearing, hand washing, physical distancing and avoiding indoor gatherings remained on our list of resolutions as MD Anderson started Fiscal Year 2021.

**S**AFETY, which has always been a vital part of MD Anderson’s culture, was elevated to a core value – a reflection of our constant commitment to keeping our patients, each other and our community safe, especially during the COVID-19 pandemic.

As the world entered its second year with the SARS-CoV-2 virus, a core team of institutional leaders regularly reviewed virus trends, forecasts and available resources to create data-driven prevention and response plans for the organization. To reduce the risk of infection, MD Anderson maintained measured visitation and offsite working policies. We shifted to telemedicine, when appropriate, for clinical

care and research visits. Our organization advocated for medical licensing across state lines to provide care for patients who did not feel safe traveling. We also offered remote enrollment and consenting options for patients in clinical trials as an added layer of protection. Those who did enter our campuses could access the COVID-19 resources established the previous year, including testing, personal protective equipment and vaccination clinics.

Each data-based decision focused on ensuring the health of our patients, who represent one of the world’s largest populations of immunocompromised individuals. The surge of the delta variant, for instance, led MD Anderson leaders to pause plans to relax COVID-19 restrictions in late summer.

“I was extremely proud of MD Anderson the day senior leaders met to review projections very early in the initial delta variant surge,” recalls Chief Infection Control Officer Roy Chemaly, M.D. “From the top, we had clear direction to prioritize people’s health and safety over any other consideration. That level of patient-centered alignment, synchronization across teams and trust in our own expertise allowed us to be nimble – and our outcomes data are a testament to the safe environment we maintained.” •

The background features a white space with several decorative elements: three orange-outlined circles of varying sizes, three solid light blue circles, and a large solid light green circle. At the bottom, there is a dense pattern of small dots in various colors (green, blue, purple, red, orange, black) that forms a horizontal band. A large orange-outlined circle overlaps this dot pattern on the left side.

# Building our Future



Our Strategy is designed to extend the profound legacy of our predecessors and to build on our collective successes. It is only through the steadfast commitment and resilience of our incredible teams that we were able to finalize our Strategy amid the COVID-19 pandemic. Our 80-year history, our bold mission and the incredible dedication of our extraordinary workforce have perfectly positioned us to realize our greatest aspirations.

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

Our Strategy is our roadmap for the future. It reflects our ambitions and also anticipates the dynamic nature of our environment. Amidst a rapidly changing world, we can be certain of one thing: our commitment to end cancer will never change.

– **Chris McKee**,  
Senior Vice President,  
Strategy and Business  
Development

When you have a Strategy that has been conceived and disseminated to us as the new goal, it allows us to now focus all our energy on a blueprint that exists to achieve success.

– **Raghu Kalluri, M.D., Ph.D.**,  
Chair,  
Cancer Biology



# Forging our Strategy

## Blueprint for MD Anderson’s next phase aims to maximize collective impact to end cancer

By Allison Schaffer

Unforeseen challenges and obstacles often bring about reinvigorated passion and determination to move forward to the next chapter. This was the case with the launch of MD Anderson’s new institutional Strategy.

With a virtual event unveiling the Strategy for 22,000+ employees on Jan. 28, 2021, MD Anderson took the first steps to realize this bold, inspired plan to align the entire institution around three strategic themes – Reach, Breakthroughs and Value.

### OUR GOAL: Maximize MD Anderson’s impact on humanity to finally end cancer



## STRATEGIC THEMES: A roadmap for our future

Focusing efforts on three strategic themes, each anchored by a specific aim, enables the institution to formulate mission-linked goals while preparing for future risks. Each theme involves a series of strategic decisions, 23 in total, that are purposeful in nature and grounded in the same aspirational principle to maximize our impact.

Photos: Adolfo Chavez III



**Reach:** Our aim is to make it easier for the patients and communities we serve to access our expertise to ultimately prevent disease and improve health.



**Breakthroughs:** Our aim is to drive high-impact discovery research focused on unmet medical needs and accelerate translation into meaningful improvements in health outcomes to become the No. 1 cancer research organization.



Photo: Getty Images

**Value:** Our aim is to set new standards for high-touch, high-value care.

## DEFINING OUR STRATEGY: A two-year process

In January 2019, MD Anderson began the process of defining our Strategy. Through a collaborative and inclusive approach, teams across the institution embarked on a two-year journey to incorporate feedback about what our future should look like. More than 3,000 employees at all levels and across our prevention, education, research and patient care mission areas contributed to the ideation and brainstorming process.

What became clear was that, regardless of mission area, all MD Anderson teams strive to make the greatest degree of impact on the most people in service of the mission to end cancer. This was something to which all employees could connect, and it became the baseline for developing the new Strategy.

Examining this guiding principle within the context of MD Anderson's external envi-

ronment proved crucial to understanding the outside forces and dynamics that could create both opportunities and risks for the institution.

"A changing workplace driven by global and societal forces and centered around the needs of our employees will continue to impact the way we operate now and in the future," says Shibu Varghese, senior vice president, People, Culture and Infrastructure, Chief Human Resources Officer and Chief Diversity Officer. "When shaping our Strategy, we considered three important factors that most directly impact our team members: 1. The future of work and our impact on the environment 2. The national focus on diversity, equity and inclusion, and 3. The leadership skills needed to succeed in the future of health care in America."

Shaped, in part, by the pandemic and the unique challenges and opportunities it

brought, MD Anderson's Strategy underscores the institution's focus on shifting to a 30% remote or hybrid workforce model. It also demonstrates a commitment to understanding how MD Anderson's facilities, infrastructure, capital projects and technologies will support our workforce, as well as support those who seek our care, in the immediate future and long-term.

"MD Anderson is well-positioned to manage anticipated changes in the health care environment for many reasons," says Chris McKee, senior vice president, Strategy and Business Development. "We are privileged to be an agency of Texas, and our state's fast-growing population, increasing diversity and unmatched business-focused economy provide a solid foundation for MD Anderson to thrive."

# CARING INTEGRITY DISCOVERY SAFETY STEWARDSHIP

## ANCHORED IN MISSION: Grounded by core values

**A**S the bedrock of MD Anderson's unique culture, our mission to end cancer unites all 22,000 employees around a shared goal that drives us to deliver on our promise to our patients and to all those touched by cancer.

For decades, three core values – Caring, Integrity and Discovery – defined who we were as an organization and governed the ways we operated, made decisions and held ourselves accountable. But while developing the new Strategy, MD Anderson conducted inclusive exercises and focus groups with employees to look at how our current values reflect who we are today and how we want to operate in the future.

Based on these reflections and lessons learned from challenges posed by the pandemic and economic headwinds, the institution adopted two additional values – Safety and Stewardship. The once-in-a-century pandemic has reinforced the importance of ensuring the health and safety of our patients and employees above all else. However, the focus on safety does not stop there.

MD Anderson is committed to fostering an environment of psychological safety defined by inclusion, respect and a workplace where employees feel empowered to speak up. In the same light, stewardship defines our responsibility to protect our institutional reputation and resources by looking after the well-being of our talent, collaborating to safeguard finances and participating in a collective awareness of how we use the precious time, data and materials afforded to us.

MD Anderson also refreshed the wording of the existing core values to reflect a steadfast commitment to inclusivity and to better describe the breadth of behavior and actions all employees should expect and demonstrate.

“This refresh aligns our core values with what I want our institution to be known for,” says MD Anderson President Peter WT Pisters, M.D. “Together, along with other important behaviors and actions, these values encourage all of us to continuously set, meet and exceed high standards for ourselves and each other, amplifying our mission to end cancer.”



There could not be a better time to launch our new Strategy. MD Anderson is uniquely positioned to lead the world in ending cancer, and we will stop at nothing to propel the pace of discovery and innovation in cancer science and care.

– Peter WT Pisters, M.D.,  
President



## WHAT'S NEXT

As MD Anderson marks 80 years of Making Cancer History®, all eyes are turned to the future with passionate determination to achieve even more as we move forward.

Teams will continue to focus on realizing the ambitious aspirations set forth in the Strategy by advancing a best-in-class execution framework that reinforces accountability, ensures stakeholder input and engagement, standardizes project management, monitors meaningful project metrics, and ensures routine and transparent communications across the institution. A long-term master facilities framework also has been developed.



Watch a video to learn more about our institutional Strategy.



Ronald Abraham, program director for the research biorepository in Translational Molecular Pathology, used a Caring Fund grant to help restore his kitchen after extensive damage from the February freeze. Abraham was among 320 employees who received Caring Fund grants in FY21.

## EMPLOYEE PROGRAMS

# Putting people first

By Maggie Galehouse

**O**NE day before severe winter storms swept through Texas in February 2021, Ronald Abraham and his family left their Houston home to drive to Dallas for a funeral service.

“Before we left our house, we turned on the heat and turned on the water so it was dripping and wouldn’t freeze,” says Abraham, program director for the research biorepository in Translational Molecular Pathology.

Three days later, with Texans in a panic due to the massive failure of the power grid, Abraham and his family returned to Houston. When they pulled into the driveway, water was flowing out their front door. Their home had

gotten so cold that the pipes had frozen and burst, causing ceilings to cave in and water to spread to all but one room.

In the ensuing weeks, as Abraham accepted the substantial gap between what insurance would pay and how much it would cost to restore his home, he turned to MD Anderson for help. He was awarded \$2,000 through the Caring Fund, a financial reserve made up of donations from MD Anderson employees, Board of Visitors and Advance Team members, and others across the country.

“When you go through a tragic situation, you want to know that you have caring people around you,” Abraham says. “It felt so great to be associated with an institution that puts people first.”

MD Anderson knows that people are our most valuable asset. In Fiscal Year 2021, putting people first meant paying attention to the overall wellness of our workforce. It meant a financial award to show appreciation for all that employees had done to help MD Anderson weather the pandemic. It meant offering help when employees need it.

It meant putting people first today to ensure a strong workforce in the years ahead.

### Back to Wellness and Employee Appreciation Month

Early in 2021, executive leadership asked several teams – including Workforce Wellness, Benefits and Recognition, and the Employee Assistance Program – to build a

month's worth of activities to help employees optimize all aspects of their well-being.

Back to Wellness became the theme for Employee Appreciation Month in May. It was an opportunity for workforce members to step out of "survival mode," a default for so many during the pandemic, and to focus on self-care.

"We put together a calendar of events, letting people know in advance all the dimensions of wellness our services touch," says Bret Belfer, director of Benefits and Recognition.

Employees responded enthusiastically, many seeking tips to help develop resilience, along with practical strategies to mitigate stress and burnout.

"Employees rushed to the emotional piece, which falls under the 'Feel Well' banner," says Evan Thoman, director of Workforce Wellness. "We always try to help people navigate our services, whether that's a nutrition consultation or helping someone find back-up childcare. When the employee sees that we have the resources to help them show up for patients, it's so gratifying."

### One MD Anderson Award

Also in May, leadership provided all teammates a One MD Anderson Employee Award of \$600, which was separate from any merit increase or other financial incentives.

"It's an award created to simply say, 'Thank you,'" said MD Anderson President Peter WT Pisters, M.D., in a video launching Employee Appreciation Month. "Thank you for your engagement. Thank you for working together to make MD Anderson a safe and compassionate place for our patients and our colleagues. Thank you for serving as health ambassadors for our community."

### Vaccine clinics for loved ones

MD Anderson expanded COVID-19 vaccination clinics in early 2021 to include employees' loved ones aged 75 and older. About 600 loved ones showed up for the first clinic on Feb. 7, 2021.

"Many employees brought their parents, of course," says Elizabeth Lottinger, a manager in HR Business Partners. "But one thing I found to be so in line with our core values, was a lot of people also signed up loved ones who were neighbors, or people they went to church with, or others in their community that didn't have the ability to get to a vaccine site."

These were the early days of COVID-19 vaccination, when vaccines were not easily accessible in the community.

"We were able to rely on our expertise



Photo: Adolfo Chavez III

**During Employee Appreciation Month in May, MD Anderson offered virtual wellness programming, such as nutrition classes, simple stretches, and meditation, which Smitha Mallaiah, senior mind/body intervention specialist, is practicing here.**

and knowledge around running large-scale clinics," says Elizabeth Frenzel, M.D., executive director of Workforce Health and Wellness who coordinates MD Anderson's institution-wide flu clinics every year.

Human Resources helped staff the clinics. "HR employees worked the booths to register the employees and loved ones," Lottinger says. "We had people pushing wheelchairs. In some situations, one of us would sit with a loved one in the observation area until their 15 minutes was up in order to push the wheelchair back to the parking garage. It certainly emphasized our core values of Caring, Safety and Stewardship."

Over time, loved ones' clinics welcomed more people and gradually evolved into community clinics.

### The Caring Fund

"The winter freeze that struck Texas in mid-February impacted a large number of people," says Mark Berg, director of the Employee Assistance Program. "Our houses aren't built for freezing temperatures. When pipes burst, water tore through the houses."

The Caring Fund stepped in to help. In FY21 alone, the Caring Fund distributed more than \$540,000 to more than 340 employees

## FY21 CARING FUND BY THE NUMBERS

**320**

grants awarded to individual employees

**\$549,449**

awarded

in need. The MD Anderson Cancer Center Board of Visitors and Advance Team members helped jump-start donations after the winter storm by matching all employee Caring Fund contributions up to \$300,000.

It almost didn't occur to Ronald Abraham to seek help from the fund after his house sustained damage.

"I have given to the fund myself," Abraham says. "But for my situation, I had insurance and I knew the Caring Fund was for people in need. And then I realized ... I was in need. People take care of each other at MD Anderson. And I'm so grateful." •



Photo: Adolfo Chavez III

As a member of MD Anderson's Pre-Cancer Atlas team, Melinda Yates, Ph.D., and her colleagues have been able to move quickly to implement new technologies to identify molecular features of uterine cancer development and response to hormone treatment.

# Powering breakthroughs

By Clayton Boldt, Ph.D.

Scientific discoveries are essential to driving advances in cancer care – from better screening and diagnostic techniques to innovative new therapies and survivorship programs. All rely on impactful research.

**T**HAT is why MD Anderson is focused on Breakthroughs as a central theme of our Strategy. Discovery research is the engine for progress in our mission to end cancer and to maximize our impact on humanity.

“We are leading high-impact studies across all areas of cancer science to gain a comprehensive understanding of the disease and address unmet medical needs,” says Giulio Draetta, M.D., Ph.D., MD Anderson’s chief scientific officer. “However, we realize now more than ever that our research cannot stand alone. Collaboration is critical to translate

our discoveries into meaningful outcomes for our patients.”

If discovery research is the engine, collaborations are the fuel to power breakthroughs.

That’s why MD Anderson is establishing innovative new collaborations within and outside the institution to turbocharge our efforts and accelerate progress for our patients, even amid the changing needs of our world.

## Leading with team science

Part of what makes MD Anderson unique is the opportunity for experts across many

disciplines to work seamlessly together, without barriers, toward a common goal.

“Team science is a defining characteristic of MD Anderson’s research environment. It unites discovery, translational, prevention and clinical research to connect fundamental biology with clinical insights and deliver breakthroughs for patients,” says Jennifer Litton, M.D., vice president for Clinical Research.

This is evident in long-standing initiatives like the Moon Shots Program®, which established multidisciplinary teams focused on answering specific questions around a particular cancer type. Similarly, MD Anderson leads the nation in Specialized Programs of Research Excellence (SPORs), awarded by the National Institutes of Health to fund disease-focused teams.

Newer efforts all are built upon this same cornerstone of team science, which has

become the MD Anderson way. Here are a few examples that highlight the evolving culture of collaborative research at MD Anderson:

- **Patient Mosaic** focuses on comprehensive profiling and data analysis from thousands of consenting patients to fuel new research and better inform individualized cancer care.
- **Rare Tumor Initiative** is a multidisciplinary effort to comprehensively characterize rare tumors throughout each patient's care in order to develop more effective treatments.
- **Pre-Cancer Atlas** is an innovative research effort to generate a biological roadmap of pre-cancer development in order to identify strategies for intercepting cancer in its earliest stages.

“The collaborative spirit at MD Anderson has given my team the ability to quickly implement innovative technologies to identify key molecular features for uterine cancer development and response to hormone treatment,” says Melinda Yates, Ph.D., associate professor of Gynecologic Oncology and Reproductive Medicine and a member of the Pre-Cancer Atlas team. “When research is a team sport, we're able to advance exponentially faster with outstanding experts every step of the way.”

### Aligning with leading institutions to accelerate the mission

Although MD Anderson is home to many of the leading minds in science and medicine, progress cannot be made in a vacuum.

“We have intentionally and thoughtfully established collaborations with a number of leading academic and corporate research institutions to leverage complementary expertise and infrastructure for a shared commitment to ending cancer,” says Philip Jones, Ph.D., vice president of Therapeutics Discovery, Research Strategy and Operations.

In 2020, MD Anderson and two institutes at The University of Texas at Austin – the Oden Institute for Computational Engineering and Sciences and the Texas Advanced Computing Center – announced a new initiative to align mathematical modeling and advanced computing with oncology expertise to collaborate on new approaches that can improve patient outcomes. The initial five projects under this collaboration launched in Fiscal Year 2021, joining experts from each institution to address specific questions of unmet need. A second round of projects was announced in November 2021.

MD Anderson and UT Austin also have



Photo: Adolfo Chavez III

**The Cancer Focus Fund invests in promising cancer therapies to support their advancement from late preclinical development through Phase I and Phase Ib/II clinical trials. Clinical development is accelerated through MD Anderson's infrastructure and the expertise of oncologists like Timothy Yap, M.B.B.S., Ph.D., scientific advisor to the Cancer Focus Fund.**



Photo: Thomas Campbell

**Postdoctoral fellow Fahriye Duzagac, Ph.D., works in the lab of Eduardo Vilar Sanchez, M.D., Ph.D., co-director of the Pre-Cancer Atlas project. By generating a comprehensive biological roadmap of pre-cancer development, the initiative seeks to find new avenues for cancer interception.**

established a collaborative research program to facilitate and fund cross-disciplinary research collaborations, initially focused on early-onset colorectal cancer, neuroscience and population health. The projects are co-led by investigators from each institution.

MD Anderson also joined five premier cancer institutions in the launch of Break Through Cancer, a foundation devoted to “collaborating for cures.” Together with

Dana-Farber Cancer Institute, the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, the Koch Institute for Integrative Cancer Research at MIT, and Memorial Sloan Kettering Cancer Center, MD Anderson researchers will work in collaborative teams across institutions to tackle historically challenging cancers. Initial programs will focus on pancreatic cancer, ovarian cancer, glioblastoma and acute myeloid leukemia.



**Ken-Pin Hwang, Ph.D.,** assistant professor in Imaging Physics, is collaborating with colleagues at the Oden Institute to use mathematical modeling and massively parallel distributed computing to make prostate MR imaging faster and more accurate, reducing unnecessary or inaccurate biopsies.

### Industry collaborations fuel innovation

Strategic collaborations with biotechnology, pharmaceutical and health care companies also are essential to MD Anderson's mission.

"Our relationships with industry enable us to advance innovative new solutions – drugs, diagnostics, devices, technologies – more quickly than we can alone. These collaborations are truly symbiotic, serving to ultimately benefit our patients," says Ferran Prat, J.D., Ph.D., senior vice president of Research Administration and Industry Relations.

During the last fiscal year, MD Anderson launched 11 strategic alliances with industry collaborators. Each is unique, but they all bring together the research expertise and clinical infrastructure of MD Anderson with the skills and insight of the industry collaborator. Many of these are focused on new therapies, developed by the company, by MD Anderson researchers or the institution's Therapeutics Discovery division.

To accelerate new therapies, MD Anderson also helped launch the Cancer Focus Fund,

## FY21 RESEARCH COLLABORATION BY THE NUMBERS

**50+**

collaborative research projects supported by the Moon Shots Program®

**11**

strategic alliances launched with industry collaborators

**9**

SPORE grants active

**5**

collaborations with UT Austin funded

a first-of-its-kind investment fund focused on supporting the development of promising new medicines. Many small to midsize biopharma companies have trouble funding early-stage clinical studies and designing effective trials. This fund addresses those problems by providing investments for compelling treatments together with the clinical trials expertise and infrastructure of MD Anderson.

Finally, the institution announced an innovative collaboration with Syntropy to better connect data from all facets of research – clinical, laboratory, biospecimens, imaging – and more effectively draw meaningful insights. The collaboration is part of MD Anderson's renewed focus on gathering, safeguarding and utilizing the vast amounts of data within the institution for the benefit of our patients.

"Ultimately, there is a simple answer to explain the importance of collaboration: our patients," Yates says. "It is impossible for an individual researcher, no matter how exceptional, to provide expertise across so many realms with the urgency we know is needed for our patients and their families." •



Photo: Adolfo Chavez III

Prairie View A&M University's Cooperative Extension Program installs community and school gardens, as part of Be Well Acres Homes and Complete Communities. The garden provided in partnership with the City of Houston at the Acres Homes Multi-Service Center gives community members access to healthy food.

## COMMUNITY PROGRAMS

# Expanding our reach

By Meagan Raeke

“EVERY community is unique,” says Ruth Rechis, Ph.D., director of Be Well Communities™, MD Anderson’s place-based strategy for cancer prevention and control.

Building on MD Anderson’s decades at the forefront of cancer prevention research, Be Well Communities uses best practices to deploy science-based cancer prevention strategies to communities with the greatest need. It brings individuals and organizations together to promote wellness and to address modifiable risk factors for cancer.

“Focusing on a specific geographic area allows us to understand a community’s history, culture and assets, as well as what the people from that community feel is needed to improve health overall,” Rechis says.

With the launch of Be Well™ Acres Homes in September 2021, MD Anderson is focusing on a community in our own back yard – the historic Acres Homes neighborhood, located eight miles northwest of downtown Houston. Before it was annexed by the City of Houston, Acres Homes was the largest unincorporated Black community in the South. Today, the population of approximately 58,000 people is 47% Black and 43% Hispanic. The area also has the highest referral rate to Harris Health System’s Lyndon B. Johnson Hospital for cancer care, where MD Anderson provides oncology services.

### Empowering communities to champion healthy living

Be Well Acres Homes is the third Be Well Community, following initiatives successfully launched just outside of Houston in Baytown in

2017 and Pasadena in 2016. The Be Well Communities team uses a data-driven approach to select communities for investment based on capacity and need. Historically under-resourced communities with the infrastructure to carry out resident-led interventions are prioritized. Like Baytown and Pasadena, Acres Homes represents an area with high rates of residents who are living in poverty and/or without health insurance, and it has strong community organizations with engaged local leaders.

“Our goal is for the communities to lead these comprehensive health initiatives long into the future,” Rechis says. “When you join our Be Well Communities’ steering committees, we ask you to fully commit to working together toward a common goal of improving wellness for the community overall. When the individuals who live and work in the community are

## BE WELL COMMUNITIES' IMPACT\*

**4.5m**

pounds of healthy food distributed

**70,000+**

students took part in health and physical activity programs

**8,500+**

college students and staff gained access to tobacco-free resources

**27**

sunshades installed at city parks, schools and college campuses

**9**

free adolescent vaccination clinics

*\*Sept. 2017-Aug. 31, 2021*

the ones who commit to action, that's what will lead to long-term success."

The short-term accomplishments of the Be Well Communities model are already clear: Since 2017, Be Well Communities has helped increase access to healthy eating and supported continuous food systems, distributing more than 4.5 million pounds of healthy food, including 2 million pounds in an emergency response capacity during the COVID-19 pandemic. More than 70,000 students have participated in health and physical activity programs, and more than 8,500 college students and staff have received access to sun safety and tobacco cessation resources.

In Pasadena, the community is sustaining 90% of the actions originally implemented by Be Well Communities. MD Anderson continues to serve as a member of the coalition, which the City of Pasadena Parks and Recreation department now leads.

### Short-term accountability, long-term health improvement

While Be Well Acres Homes celebrated its official launch in September, work to establish

the steering committee and action plan began in 2019. The initiative involves collaboration with Harris Health System, Memorial Hermann Community Benefit Corporation, The University of Texas Health Science Center at Houston School of Public Health, and more than 30 community organizations, together with residents of Acres Homes.

"The Be Well Communities model has a long-term view on impact and a very short-term view on accountability," says Michael Walsh Jr., executive director of the Cancer Prevention and Control platform. "The coalition that MD Anderson has built over the past several years is designed to actively advance health equity and to sustain access to high-quality health and social services. We engage with our coalition partners on a daily and weekly basis to implement evidence-based actions for health, together."

The Be Well Acres Homes action plan focuses on priorities identified by the community, in alignment with the City of Houston's Complete Communities initiative. In the first year, 20 initial projects are focused on increas-

ing opportunities for physical activity and healthy eating, including safe routes to schools, healthy food programs in food pantries, fitness programs and community gardens.

The backbone of Be Well Acres Homes' support comes from MD Anderson's Community Outreach and Engagement Fund, along with the Cancer Prevention and Control platform, which is part of the institution's Moon Shots Program®. The Walmart Foundation is providing additional help through a \$1 million grant to The University of Texas Foundation to support implementation of sustainable, neighborhood-based food security strategies.

"The Be Well Communities model goes beyond the scope of what a cancer center might typically do, and it addresses those factors we know can have a downstream effect on cancer risk," Rechis says. "We're thinking about how we work with communities to improve health over the long term. It's exciting to see the enthusiasm building in Acres Homes, and we're looking forward to growing the program with the community over the years to come." •



Photo: Thomas Campbell

Senior Community Relations Specialist Patricia Priego leads a virtual cancer prevention program in Spanish.

## A GREATER COMMUNITY IMPACT

Beyond our work with the Be Well Communities™, MD Anderson reached nearly **25,500 people** by collaborating with **176 schools**, churches and other organizations to deliver **300+ virtual cancer prevention education programs**. Many were in underserved communities. The institution also sponsored **55 virtual fundraisers** as part of our commitment to nonprofits whose missions align with ours, supporting a total of **38 organizations** and drawing attendance of **30,000+ people**.

## FY21 PHILANTHROPY BY THE NUMBERS

**205,481**  
gifts

**140,542**  
individual donors

**13,080**  
online donors

**8,841**  
new online donors

**6,123**  
donated to Facebook fundraisers

**2,174**  
viewers for virtual Making  
Cancer History® seminar series and  
Living Legend virtual events

**1,625**  
donated  
to Fundraise to End Cancer

**1,358**  
Boot Walk to End Cancer®  
fundraisers

**49**  
donors added MD Anderson  
to their estate plan

**32**  
third-party fundraisers

**29**  
new endowments

**20**  
countries had Boot Walk  
participants



Photo: Courtesy Audrey Treviño

Supporters from 40 states and 20 countries participated in MD Anderson's virtual Boot Walk to End Cancer® on Nov. 7, 2020.

# Thanks to you

In FY21, we raised **\$188,620,948** to support our mission to end cancer.

MD Anderson is grateful for our donors, community partners and supporters. From attending virtual fundraisers to donating funds to accelerate cancer research and support patient programs, you fuel our mission to end cancer.

# QUICK <sup>FY21</sup> FACTS

## WHO WE ARE

MD Anderson is one of the world's most respected centers focused on cancer patient care, research, education and prevention. The institution is part of The University of Texas System and is one of only 51 comprehensive cancer centers designated by the National Cancer Institute.

## MISSION

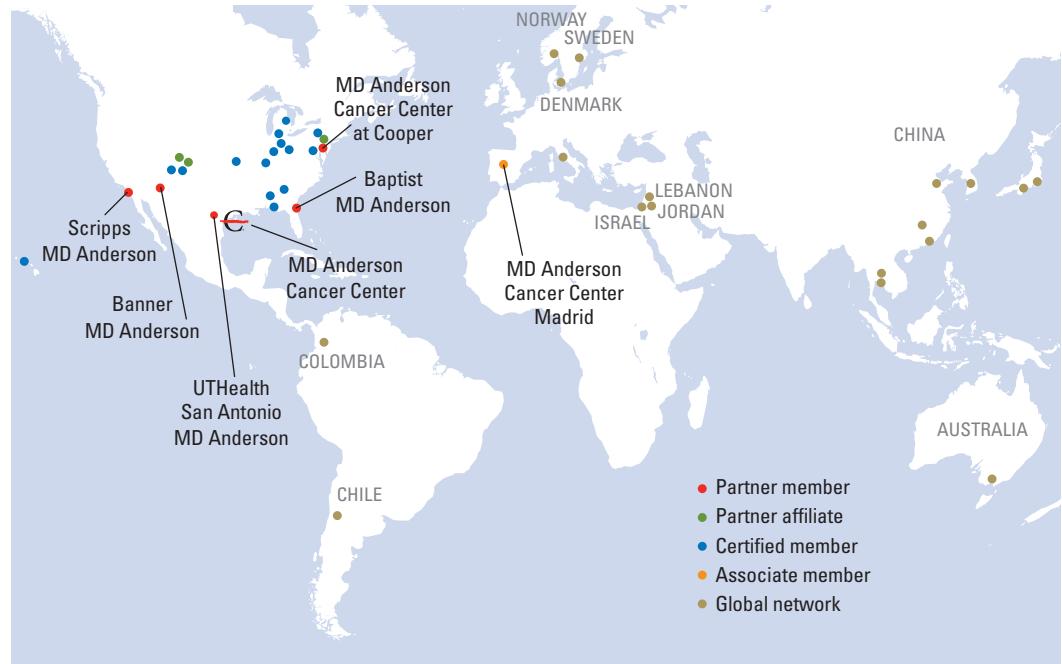
Eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public.

## 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 • Integrity • Discovery  
Safety • Stewardship



**MD ANDERSON CANCER NETWORK®** [MDAnderson.org/CancerNetwork](https://MDAnderson.org/CancerNetwork)

MD Anderson collaborates with community hospitals and health systems across the U.S. and around the globe through MD Anderson Cancer Network®.



MD Anderson is ranked No. 1 in the nation for cancer care by U.S. News & World Report.

## LOCATIONS [MDAnderson.org/Locations](https://MDAnderson.org/Locations)

MD Anderson provides cancer care at several convenient locations throughout the Greater Houston area:

- Texas Medical Center
- West Houston
- League City
- Sugar Land
- The Woodlands
- The Woman's Hospital of Texas (Gynecologic Oncology Clinic)

As part of the MD Anderson Oncology Program at Lyndon B. Johnson Hospital, a team of MD Anderson doctors provides multidisciplinary cancer care to underserved Texans in collaboration with Harris Health System.

## NATIONAL RECOGNITION



5 consecutive Magnet® designations, the highest distinction for nursing excellence granted by the American Nurses Credentialing Center

# QUICK <sup>FY21</sup> FACTS

## PATIENT CARE

**174,126**  
patients

**1.5M**  
outpatient  
visits

**743**  
inpatient  
beds

**22,977**  
surgeries



**634,289**  
diagnostic imaging  
procedures



**12.4M**  
pathology/laboratory  
medicine procedures

**\$314M**  
in uncompensated care provided  
to Texans with cancer



## RESEARCH

**1,600**  
clinical trials

**9,684**  
patients in  
clinical trials

**195**  
patents awarded  
to MD Anderson

**\$1.03B+**  
spent on research

**29**  
drugs tested here received  
FDA approval

**No. 1** in cancer research funding through the National Institutes of Health

## PHILANTHROPY

**\$189M**  
donated to support our  
mission to end cancer



**22,088**  
employees,  
including **1,825** faculty



**1,357**  
myCancerConnection volunteers;  
*on-site volunteers on hiatus*

## FACULTY RECOGNITION



**1** Nobel Laureate  
**8** National Academy of Medicine members  
**6** National Academy of Sciences members  
**6** American Academy of Arts and Sciences members  
**48** American Association for the Advancement of Science fellows  
**12** Association of American Physicians members  
**27** American Society for Clinical Investigation members

## PREVENTION

**34,510**  
patient visits to the  
Lyda Hill Cancer  
Prevention Center

**4,724**  
people received tobacco  
cessation support through  
the Tobacco Treatment  
Program\*

**346**  
cancer prevention  
education programs  
held in the community

## EDUCATION

**4,846** trainees  
took part in MD Anderson educational programs,  
including: **1,687** clinical residents and fellows; **1,364** research  
trainees; **43** interns and fellows participated in special  
programs; **576** nursing trainees; **798** student programs participants;  
**378** School of Health Professions students



## REQUEST AN APPOINTMENT

1-877-632-6789 • MDAnderson.org

CONNECT WITH US:      READ OUR BLOG: MDAnderson.org/Cancerwise

\*Reflects data from May 1, 2020-April 30, 2021.

The image features a white background with several decorative elements. At the top right, there is a large orange circle partially overlapping a smaller light blue solid circle. In the middle left, another orange circle overlaps a light blue solid circle. At the bottom right, a large orange circle overlaps a light green solid circle. The bottom of the page is decorated with a horizontal band of small, multi-colored dots in shades of green, blue, purple, red, and orange. The text 'Leadership and Stats' is centered in the upper half of the page.

# Leadership and Stats



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Chief Regulatory Officer*



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Chief Government Relations  
Officer*



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*Chief Operating Officer*



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Chief Brand and  
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*Senior Vice President,  
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*Chief Medical Executive*



**Shibu Varghese**  
*Senior Vice President,  
People, Culture and  
Infrastructure  
Chief Human Resources Officer  
Chief Diversity Officer*



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

Current as of Feb. 1, 2022

# The University of Texas MD Anderson Cancer Center

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*Sharon Dent, Ph.D.*

DEPARTMENT OF VETERINARY MEDICINE AND SURGERY  
CHAIR  
*Vanessa Jensen, D.V.M.*

*Current as of Feb. 1, 2022*

# The University of Texas System Board of Regents and Administration

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*Vice Chair, Houston*

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*Harlingen*

**Stuart W. Stedman**  
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*Student regent,  
UT Austin School of Law*

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## MD Anderson Cancer Center Board of Visitors Officers and Executive Committee

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

**Donald L. Evans**  
*Chair, Board of Visitors,  
Officers and Executive Committees*

**James B. Archer**  
*Vice Chair, Cancer Prevention Committee*

**Alan R. Batkin**  
*At Large Member*

**Patricia Bodin**  
*At Large Member*

**J. Robert Brown**  
*At Large Member*

**Clarence P. Cazalot Jr.**  
*Chair-Elect, Officers Committee  
and Chair, Finance and  
Capital Planning Committee*

**Don Childress**  
*At Large Member*

**David A. Cockrell**  
*At Large Member*

**Cheryl Creuzot**  
*Vice Chair, Finance and  
Capital Planning Committee*

**Rachel Cruz Auwarter**  
*Chair, Advance Team*

**Christopher Damico**  
*Chair, Research, Innovation  
and Commercialization Committee*

**Walter W. Driver Jr.**  
*At Large Member*

**Gregg H. Falgout**  
*Vice Chair, Philanthropy Committee*

**Steve L. Fox**  
*At Large Member*

**James L. Gallogly**  
*Vice Chair, Officers Committee  
and Chair, Clinical Operations  
and Patient Affairs Committee*

**Wayne Gibbens**  
*Chair, Joint Governmental Relations  
and Public Affairs Committee  
Life Member*

**Gary F. Gibson**  
*Chair, Cancer Prevention Committee*

**Terry M. Giles**  
*At Large Member*

**Douglas B. Glass**  
*Vice Chair, Membership  
and Board Governance Committee*

**David M. Grimes II**  
*Vice Chair, Clinical Operations  
and Patient Affairs Committee*

**Ben A. Guill**  
*At Large Member*

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

**Winell Herron**  
*Chair, Membership and  
Board Governance Committee*

**Mindy Hildebrand**  
*At Large Member*

**Tom Johnson**  
*Vice Chair, Officers Committee  
and Chair, Joint Governmental Relations  
and Public Affairs Committee*

**T. Mark Kelly**  
*Vice Chair, Strategic Projects Committee*

**Melvyn N. Klein**  
*Life Member, Officers Committee*

**Nancy B. Loeffler**  
*At Large Member*

**Jeff B. Love**  
*At Large Member*

**Linda Mays McCaul**  
*At Large Member*

**Michael J. Medrano**  
*Vice Chair, Membership and  
Board Governance Committee*

**Sonceria Messiah Jiles**  
*At Large Member*

**Walker N. Moody**  
*At Large Member*

**Mary Martha Pickens**  
*At Large Member*

**John T. Raymond**  
*At Large Member*

**Marsha M. Shields**  
*Immediate Past Chair, Officers Committee*

**Donald R. Sinclair**  
*Vice Chair, Philanthropy Committee*

**Delia W. Stroud**  
*At Large Member*

**Sam L. Susser**  
*Chair, Strategic Projects Committee*

**MacTichenor Jr.**  
*Vice Chair, Research, Innovation  
and Commercialization Committee*

**Wil VanLoh Jr.**  
*At Large Member*

**Tonya N. Williams**  
*Vice Chair, Joint Governmental Relations  
and Public Affairs Committee*

**Don M. Woo**  
*At Large Member*

**Randall Wright**  
*Chair, Audit Committee*

Current as of Feb. 1, 2022

# MD Anderson Cancer Center

## Board of Visitors and Advance Team

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

### BOARD OF VISITORS MEMBERS

#### LIFE MEMBERS

James A. Baker III, Houston, TX  
Charles Butt, San Antonio, TX  
Ernest H. Cockrell, Executive Committee, Houston, TX  
Wayne Gibbens, Executive Committee, Houston, TX  
Miss Lyda Hill, Dallas, TX  
Melvyn N. Klein, Executive Committee, Corpus Christi, TX  
Nancy B. Loeffler, Executive Committee, San Antonio, TX  
Harry J. Longwell, Dallas, TX  
L. Lowry Mays, San Antonio, TX  
Red McCombs, San Antonio, TX  
James J. Mulva, De Pere, WI  
William E. Rosenthal, Fort Worth, TX

#### SENIOR MEMBERS

Linda L. Addison, Houston, TX  
Richard C. Adkerson, Phoenix, AZ  
Peggy Brunet Ahuja, Corpus Christi, TX  
Mark W. Albers, The Woodlands, TX  
John D. Alexander Jr., San Antonio, TX  
Stanford J. Alexander, Houston, TX  
Judy Ley Allen, Houston, TX  
Barry G. Andrews, Dallas, TX  
Glynn Andrews, McAllen, TX  
Matthew Anthony, Kansas City, MO  
John W. Barnhill Jr., Brenham, TX  
Michael G. Bartolotta, Houston, TX  
Lawrence E. Bathgate II, Lakewood, NJ  
Paul E. Begala, Mt. Jackson, VA  
Brent Alan Benoit, Houston, TX  
Patricia Hamilton Blalock, Houston, TX  
Kelli L. Blanton, Houston, TX  
Patricia Bodin, Executive Committee, Houston, TX  
W. E. Bosarge Jr., Houston, TX  
Joel Brochstein, Houston, TX  
Robert T. Brockman, Houston, TX  
Kyle C. Brooks, Cincinnati, OH  
Rick J. Calhoon, Jackson, MS  
Albert Y. Chao, Houston, TX  
Lois Chiles, New York, NY  
Gus H. Comiskey Jr., Houston, TX  
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John B. Connally III, Houston, TX  
Rufus Cormier Jr., Houston, TX  
Shirley Coskey, Houston, TX  
Nadine Craddick, Midland, TX  
Cheryl Creuzot, Executive Committee, Houston, TX  
Linnet F. Deily, Houston, TX  
Ben A. Donnell, Corpus Christi, TX  
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Jan E. Duncan, Houston, TX  
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Elizabeth Gibbens Epley, Greenwich, CT  
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James H. Everest, Oklahoma City, OK  
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Stephen L. Feinberg, Santa Fe, NM  
Alan D. Feld, Dallas, TX  
Dillon J. Ferguson, Austin, TX  
Patsy S. Fourticq, Houston, TX  
Steve L. Fox, Executive Committee, El Paso, TX  
Lily C. Garfield, Aspen, CO  
Gary F. Gibson, Executive Committee, Houston, TX  
Terry M. Giles, Executive Committee, Houston, TX  
Thomas S. Glanville, Houston, TX  
Steven L. Gordon, Houston, TX  
Richard W. Gray III, Miami Beach, FL  
David M. Grimes II, Executive Committee, Houston, TX  
Ben A. Guill, Executive Committee, Houston, TX  
Maureen Hackett, Executive Committee, Houston, TX  
Janelle Hail, Frisco, TX  
Katherine C. Hatcher, Houston, TX  
Adrea D. Heebe, Gretna, LA  
Becky Bradfield Heiser, Austin, TX  
Gloria Hicks, Corpus Christi, TX  
Yerger Hill III, Floresville, TX  
Jeffrey C. Hines, Houston, TX  
Forrest E. Hogle, Dallas, TX  
Alter Holand, McAllen, TX  
John A. Holland, Houston, TX  
Woody L. Hunt, El Paso, TX  
Barbara R. Hurwitz, Houston, TX  
Charles E. Hurwitz, Houston, TX  
Judith Jaynes, Arlington, TX  
Brenda L. Johnson, New York, NY  
Luci B. Johnson, Austin, TX  
Tom Johnson, Executive Committee, Atlanta, GA  
Glenda R. Kane, Corpus Christi, TX  
Danielle Kavanagh, Metairie, LA  
T. Mark Kelly, Executive Committee, Houston, TX  
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Gregory A. Kozmetsky, Dallas, TX  
Demos T. Kyrazis, Albuquerque, NM  
Julie Kyte, Scottsdale, AZ  
Neda Ladjevardian, Houston, TX  
Eric S. Lane, New York, NY  
Elyse Lanier, Houston, TX  
Pierre F. Lapeyre Jr., New York, NY  
Sally Berry Larson, Dallas, TX  
Helen H. Laughery, Rocky Mount, NC  
C. Berdon Lawrence, Houston, TX  
Marty V. Leonard, Fort Worth, TX  
Mary V. Lester, Indian Wells, CA

Max S. Levit, Houston, TX  
Michael R. Levy, Austin, TX  
Michael C. Linn, Houston, TX  
Jeff B. Love, Executive Committee, Houston, TX  
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Marlene A. Malek, McLean, VA  
Rodney H. Margolis, Houston, TX  
Kade L. Matthews, Clarendon, TX  
Karen R. Matthews, Dallas, TX  
Linda Mays McCaul, Executive Committee, Austin, TX  
Stacie McDavid, Fort Worth, TX  
Michael D. McKinnon, San Diego, CA  
R. Drayton McLane Jr., Temple, TX  
Thomas F. McLarty III, Washington, DC  
Sonceria Messiah-Jiles, Executive Committee, Houston, TX  
Howard M. Meyers, Dallas, TX  
Kit Moncrief, Fort Worth, TX  
Denise D. Monteleone, Houston, TX  
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Joseph Neubauer, Philadelphia, PA  
Robert Nichols III, Dallas, TX  
Dennis E. Nixon, Laredo, TX  
Marvin Odum, Houston, TX  
Kay M. Onstead, Houston, TX  
Pamela K. Onstead, Santa Fe, NM  
Paul F. Oreffice, Paradise Valley, AZ  
Vicky M. Pappas, Houston, TX  
Roseann Park, Cleveland, OH  
Melinda Hill Perrin, Houston, TX  
Jan R. Pickens, Dallas, TX  
Ralph Ponce de Leon, Phoenix, AZ  
Jack P. Randall, Houston, TX  
Robert K. Reeves, Houston, TX  
Scott E. Rozzell, Houston, TX  
Thomas V. Rushing, Houston, TX  
Thomas L. Ryan, Houston, TX  
Andrew E. Sabin, East Hampton, NY  
A. R. "Tony" Sanchez Jr., Houston, TX  
William P. Sanders, El Paso, TX  
Laura Sayavedra, Houston, TX  
Nancy M. Seliger, Austin, TX  
Peggy Sewell, Dallas, TX  
Marc J. Shapiro, Houston, TX  
John H. Shields II, Executive Committee, Ponte Vedra Beach, FL  
Marsha M. Shields, San Antonio, TX  
Jerry Simon, Houston, TX  
Donald R. Sinclair, Executive Committee, Houston, TX  
Glenn B. Stearns, Santa Ana, CA  
Lenise Stephenson, Dallas, TX  
H. Leighton Steward, Boerne, TX  
Gayle B. Stoffel, Dallas, TX  
Delia W. Stroud, Executive Committee, Houston, TX  
MacTichenor Jr., Executive Committee, Dallas, TX

Sue S. Timken, Canton, OH  
Shelley Tortorice, Beaumont, TX  
S. Wil VanLoh Jr., Executive Committee,  
Houston, TX  
William M. Webster IV, Spartanburg, SC  
Herbert D. Weitzman, Dallas, TX  
Margaret Alkek Williams, Houston, TX  
Sheridan Williams, Executive Committee,  
Houston, TX  
Tonya N. Williams, Washington, DC  
Cyvia Wolff, Houston, TX  
Randall P. Wright, Executive Committee,  
Houston, TX

#### MEMBERS

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Kimberly M. Alfonso, Las Vegas, NV  
Nita Ambani, Nariman Point, Mumbai  
James B. Archer, Executive Committee,  
San Angelo, TX  
Andrew M. Baker, Park City, UT  
Lee D. Barberito, Covington, LA  
Alan R. Batkin, Executive Committee,  
Greenwich, CT  
G. Alex Bernhardt, Sr., Lenoir, NC  
J. Robert Brown, Executive Committee,  
Dallas, TX  
I. Jon Brumley, Granbury, TX  
William R. Bush, Chicago, IL  
Clarence P. Cazalot Jr., Executive Committee,  
Houston, TX  
Tony Chase, Houston, TX  
Carlyse Ciocca, San Francisco, CA  
David A. Cockrell, Houston, TX  
Christopher Damico, Executive Committee,  
Pacific Palisades, CA  
Doug Deason, Dallas, TX  
Alfred L. Deaton III, Houston, TX  
Thomas J. Donohue, Arlington, VA  
William J. Doré, Sr., Lake Charles, LA  
Susan Zane Epstein, Austin, TX  
Donald L. Evans, Executive Committee,  
Midland, TX  
Gregg H. Falgout, Executive Committee,  
Houston, TX  
Alejandra De la Vega Foster, El Paso, TX  
Randy A. Foutch, Tulsa, OK  
James L. Gallogly, Executive Committee,  
Austin, TX  
Diane D. Gates, Corpus Christi, TX  
Jimmy I. Gibbs, Spartanburg, SC  
Douglas B. Glass, Executive Committee,  
Naples, FL  
Rosalind Redfern Grover, Midland, TX  
Robert G. Gwin, Houston, TX  
Lawrence H. Hayward, Paradise Valley, AZ  
David T. Herr, Bellaire, TX  
Winell Herron, Executive Committee,  
Houston, TX  
Mindy Hildebrand, Executive Committee,  
Houston, TX  
Kay Bailey Hutchison, Dallas, TX  
Wyck A. Knox Jr., Augusta, GA  
Jed Manocherian, New York, NY  
R. Stan Marek Jr., Houston, TX  
Andrew D. McCullough Jr., Houston, TX  
Cappy R. McGarr, Dallas, TX  
Michael J. Medrano, Executive Committee,  
Houston, TX

Walker N. Moody, Executive Committee,  
Houston, TX  
Laura G. Murillo, Houston, TX  
Martha W. Murphy, El Dorado, AR  
Ebru Ozdemir, Istanbul  
Ana Palacio, Madrid  
Sherri W. Patton, Fort Worth, TX  
Leslie Rainbolt, Oklahoma City, OK  
John T. Raymond, Executive Committee,  
Houston, TX  
Jan A. Levit Silver, Houston, TX  
Herbert D. Simons, Houston, TX  
Lynn H. Smith, Dallas, TX  
Ida Louise Clement Steen, San Antonio, TX  
Gary W. Stein, Houston, TX  
Sam L. Susser, Executive Committee,  
Dallas, TX  
Charles W. Tate, Houston, TX  
Steven H. Wasserman,  
Palm Beach Gardens, FL  
Don M. Woo, Executive Committee,  
Houston, TX  
Anat Kaufman Zeidman, Houston, TX

#### ASSOCIATE MEMBERS

Arun Agarwal, Dallas, TX  
Javaid Anwar, Midland, TX  
Clayton I. Bennett, Oklahoma City, OK  
Kathy P. Britton, Houston, TX  
Don Childress, Executive Committee,  
Atlanta, GA  
John J. Christmann IV, Houston, TX  
Paul N. Clark, Indian Wells, CA  
Greg Curran, Houston, TX  
Barbara Dreeben, San Antonio, TX  
Mac Dunwoody, Houston, TX  
Michelle Earley, Austin, TX  
Roslyn S. Eckstein, River Ridge, LA  
Gregory C. Garland, Houston, TX  
Meg Gentle, Houston, TX  
Vanessa D. Gilmore, Houston, TX  
Cami Christ Goff, Fort Worth, TX  
Vijay P. Goradia, Executive Committee,  
The Woodlands, TX  
Kelly Hackett, Houston, TX  
Fred Hall, Oklahoma City, OK  
John D. Harkey Jr., Dallas, TX  
Jason Hiley, Fort Worth, TX  
William D. Hoffman, Hollywood, FL  
Mary Helen Kliever, Salado, TX  
Timothy A. Leach, Midland, TX  
Andreae Behlen LeMaistre, San Antonio, TX  
Ashley C. Loeffler, Houston, TX  
Tom P. Lynch, Jacksonville, FL  
David R. McAtee II, Dallas, TX  
Jeffrey John McDougall, Oklahoma City, OK  
Michael Ryan McGrath, Houston, TX  
Eric Mendelsohn, Summit, NJ  
Gloria Moncrief Holmsten, Fort Worth, TX  
Sharon M. Owens, Missouri City, TX  
Bhavesh V. Patel, Houston, TX  
Michael Petrick, Greenwich, CT  
Mary Martha Pickens, Executive Committee,  
Dallas, TX  
Sheila Reese, Houston, TX  
Mario E. Rodriguez, Pacific Palisades, CA  
Regina J. Rogers, Beaumont, TX  
Helen Lho Ryu, Beverly Hills, CA  
Christopher Sarofim, Houston, TX

Joan Weingarten Schnitzer, Houston, TX  
Walter J. Smith, Houston, TX  
Rabbi Alvin M. Sugarman, Atlanta, GA  
Byron D. Trott, Chicago, IL  
Robert B. Tudor III, Houston, TX  
John H. Wilson III, Dallas, TX  
Cynthia Erickson Zaninovich, Paducah, KY  
Isabella Arjona Zappala, New York, NY

#### ADVANCE TEAM MEMBERS

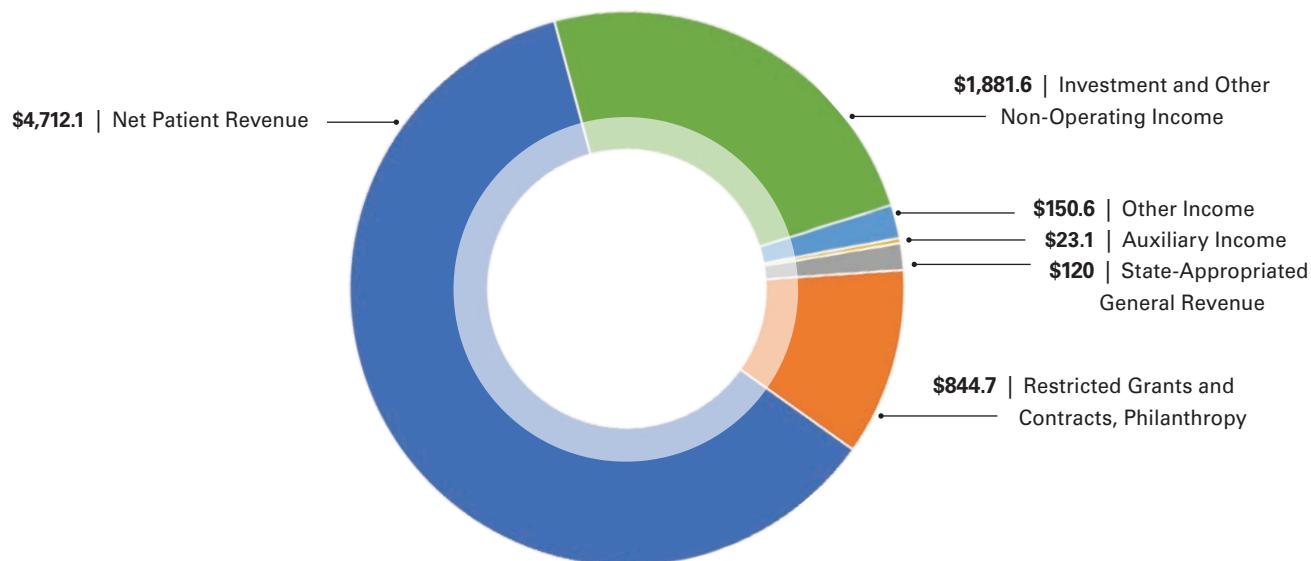
Rahul Agrawal, Sugar Land, TX  
David Ahlquist, Houston, TX  
Holly Alvis, Houston, TX  
Margot Athon, Houston, TX  
Daniel E. Blum, Chair-Elect, Houston, TX  
William R. Bobbora, Houston, TX  
Amanda M. Boswell, Denver, CO  
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Houston, TX  
Celeste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

# Fiscal Year 2021

## Sources of revenue

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>Patient Revenue</b>					
Gross patient revenue (Includes inpatient, outpatient and professional services)	\$8,214,974,402	\$8,926,301,959	\$10,082,677,115	\$9,659,114,081	\$10,637,921,793
Deductions from gross patient revenue <sup>1</sup>	\$4,460,335,552	\$4,842,147,440	\$5,508,836,828	\$5,311,739,877	\$5,925,780,956
<b>Net patient revenue</b>	<b>\$3,754,638,850</b>	<b>\$4,084,154,519</b>	<b>\$4,573,840,287</b>	<b>\$4,347,374,204</b>	<b>\$4,712,140,838</b>
Restricted grants and contracts, philanthropy	\$491,038,777	\$498,042,406	\$516,682,091	\$704,072,112	\$844,662,716
State-appropriated general revenue	\$203,439,111	\$210,130,778	\$209,733,872	\$218,244,173	\$119,993,749
Auxiliary income <sup>2</sup>	\$44,137,660	\$44,292,397	\$45,855,795	\$33,096,205	\$23,141,380
Other income <sup>3</sup>	\$113,187,342	\$120,376,674	\$130,000,233	\$136,152,343	\$150,636,619
Investment and other non-operating income	\$392,901,020	\$268,224,779	\$402,329,745	\$728,360,042	\$1,881,576,876
<b>TOTAL REVENUE</b>	<b>\$4,999,342,760</b>	<b>\$5,225,221,553</b>	<b>\$5,878,442,023</b>	<b>\$6,167,299,079</b>	<b>\$7,732,152,177</b>

## Sources of revenue (in millions)



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

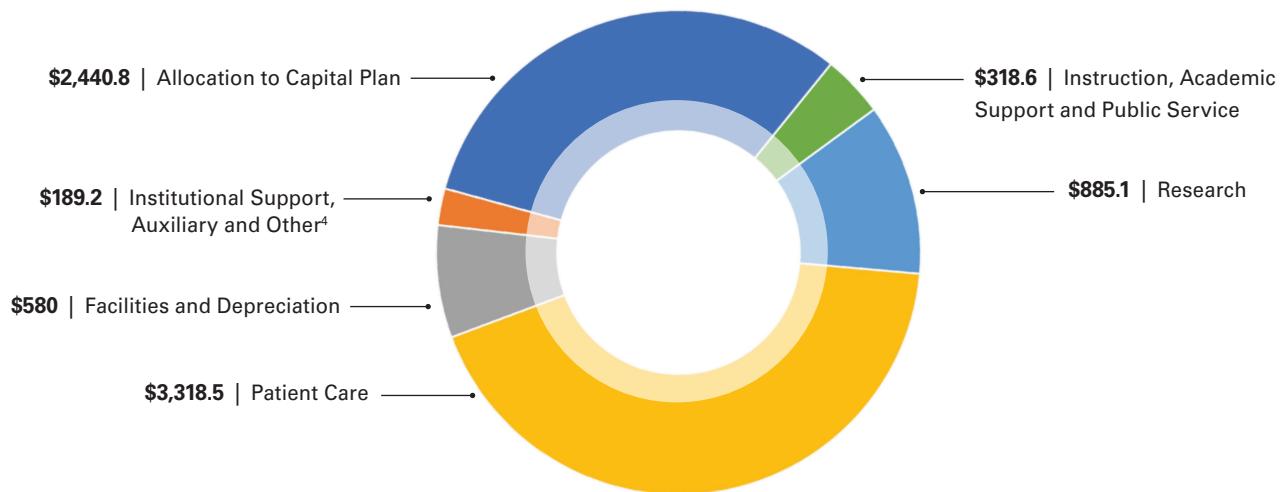
<sup>2</sup> Funds received from parking fees, valet services, dining facilities, hotel charges, gift shop sales and vending machine sales.

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

## Uses of revenue (in millions)

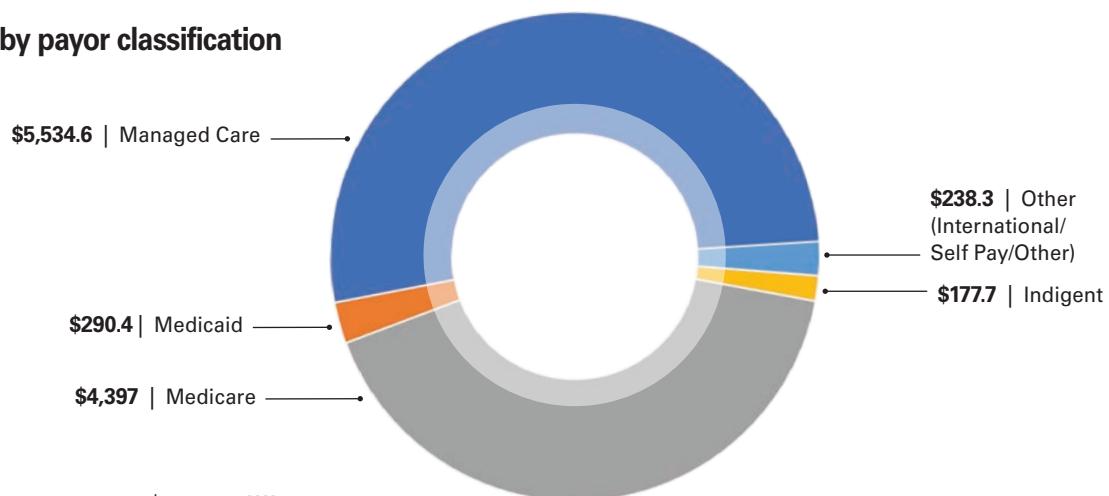
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Research	\$745,481,237	\$750,400,862	\$784,212,601	\$840,274,380	\$885,067,016
Instruction, academic support and public service	\$248,155,843	\$237,216,678	\$262,166,575	\$322,663,647	\$318,598,887
Patient care	\$2,585,835,231	\$2,723,124,887	\$3,088,325,453	\$3,151,164,460	\$3,318,539,363
Facilities and depreciation	\$563,364,679	\$572,430,565	\$585,654,058	602,797,854	\$580,006,043
Institutional support, auxiliary and other <sup>4</sup>	\$157,051,220	\$155,161,923	\$203,016,040	\$195,540,458	\$189,155,390
Allocation to capital plan (For future projects to replace and improve facilities and technology)	\$207,532,714	\$699,454,551	\$786,886,639	\$1,054,858,281	\$2,440,785,478
<b>TOTAL EXPENSES</b>	<b>\$4,999,342,761</b>	<b>\$5,225,221,554</b>	<b>\$5,878,442,024</b>	<b>\$6,167,299,080</b>	<b>\$7,732,152,177</b>

## Uses of revenue (in millions)



## Gross revenue by payor classification

(in millions)



MD Anderson provided more than **\$314 million** in uncompensated care to Texans with cancer in FY21.\*

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

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



Photo: Sasha Fuentes Watt

**Brandon Gunn, M.D., professor of Radiation Oncology, reviews imaging to plan a patient's proton therapy treatment.**

### Sources of research expenditures

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
External funding for research					
Federal grants, contracts	\$167,061,117	\$173,899,855	\$179,497,413	\$186,488,139	\$217,073,481
Private industry grants, contracts	\$137,084,791	\$149,517,715	\$169,457,886	\$194,527,930	\$211,848,698
Philanthropy, foundations	\$191,181,214	\$171,352,085	\$164,633,426	\$168,585,124	\$169,518,328
<b>Total external funding</b>	<b>\$495,327,122</b>	<b>\$494,769,655</b>	<b>\$513,588,725</b>	<b>\$549,601,193</b>	<b>\$598,440,507</b>
State funding allocated for research					
State-appropriated general revenue	\$15,021,736	\$14,720,920	\$14,686,051	\$15,834,743	\$15,743,681
Tobacco settlement, other state support	\$13,143,222	\$20,560,115	\$15,295,590	\$12,942,481	\$13,633,465
CPRIT	\$53,292,732	\$48,999,398	\$44,155,637	\$43,877,531	\$45,763,928
<b>Total state funding</b>	<b>\$81,457,690</b>	<b>\$84,280,433</b>	<b>\$74,137,278</b>	<b>\$72,654,755</b>	<b>\$75,141,074</b>
Internal funding allocated for research					
Hospital operating margins	\$187,850,299	\$198,667,225	\$205,863,625	\$238,879,871	\$236,704,075
Institutional grants <sup>*</sup>	\$79,539,071	\$85,165,071	\$108,669,448	\$112,176,320	\$116,267,180
<b>Total internal funding</b>	<b>\$267,389,370</b>	<b>\$283,832,296</b>	<b>\$314,533,073</b>	<b>\$351,056,191</b>	<b>\$352,971,255</b>
<b>TOTAL RESEARCH EXPENDITURES</b>	<b>\$844,174,182</b>	<b>\$862,882,384</b>	<b>\$902,259,076</b>	<b>\$973,312,139</b>	<b>\$1,026,552,836</b>

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

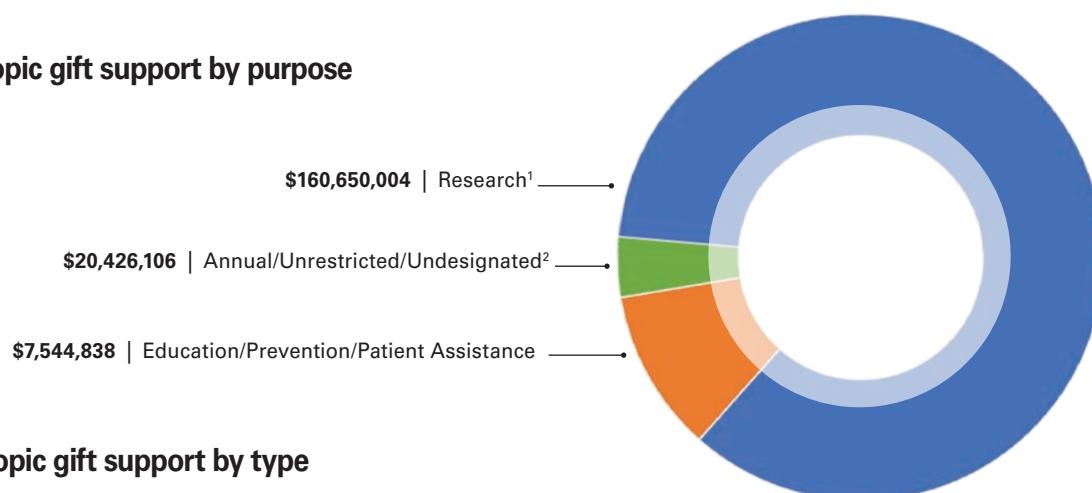
## Clinical profile

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Admissions	28,793	29,118	30,339	25,748	27,082
Patient days	202,411	207,071	218,217	194,491	203,853
Average daily census	577	587	618	557	588
Average length of stay	7.0	7.1	7.2	7.6	7.5
Average number of operating beds	681	673	669	732	767
Outpatient clinic visits, treatments, procedures	1,441,403	1,458,076	1,547,197	1,394,800	1,468,839
Pathology/laboratory medicine procedures	12,700,333	13,280,436	13,262,586	11,809,893	12,359,285
Diagnostic imaging procedures	574,018	611,190	615,053	528,112	634,289
Surgery hours	70,460	71,462	71,701	65,114	71,157
Total active clinical protocols	1,255	1,252	1,364	1,412	1,600

## Education profile

	FY 2017	FY 2018	FY 2018	FY 2020	FY 2021
Clinical residents, fellows	1,693	1,775	1,968	1,796	1,687
Research trainees	1,779	1,791	1,600	1,329	1,364
Observers, visitors, special programs	906	831	876	412	43
Nursing trainees	1,506	1,440	1,150	753	576
Student programs participants	806	888	900	477	798
School of Health Professions students	339	357	393	394	378
<b>TOTAL TRAINEES</b>	<b>7,091</b>	<b>7,082</b>	<b>6,887</b>	<b>5,161</b>	<b>4,846</b>

## Total philanthropic gift support by purpose



## Total philanthropic gift support by type

Cash gifts	Amount
Corporations	\$ 9,264,805
Foundations	\$18,973,738
Individuals	\$52,607,177
Organizations	\$1,419,833
Trusts and estates	\$11,373,593
<b>Subtotal</b>	<b>\$93,639,146</b>

Pledge gifts	Amount
Corporations	\$3,885,852
Foundations	\$25,036,189
Individuals	\$22,847,478
Organizations	\$4,410,234
Trusts and estates	\$38,801,980
<b>Subtotal</b>	<b>\$94,981,733</b>

Gifts-in-kind	Amount
Corporations	\$28
Foundations	\$3
Individuals	\$32
Organizations	\$6
<b>Subtotal</b>	<b>\$69</b>

<b>TOTAL</b>	<b>\$188,620,948</b>
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<sup>1</sup> Donor-targeted gifts to research in all mission areas.

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

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

The annual report is published on behalf of MD Anderson Cancer Center to share yearly updates about the institution. For the latest news and stories from MD Anderson throughout the year, visit [MDAnderson.org/Cancerwise](http://MDAnderson.org/Cancerwise).

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