

TRANSFORMING MINDS
TRANSFORMING LIVES

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History®

MISSION

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

VISION

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

We are Making Cancer History®.

CORE VALUES

Caring

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

Integrity

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

Discovery

We embrace creativity and seek new knowledge.

TRANSFORMING MINDS
TRANSFORMING LIVES

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TRANSFORMING MINDS TRANSFORMING LIVES

FROM THE PRESIDENT

For nearly 70 years, people at M. D. Anderson have been transforming minds and lives through our mission-directed endeavors in patient care, research and education. Especially in the last two decades, our quest has expanded to focus energetically on preventing cancer, as well. Each year, the pace of discovery quickens at M. D. Anderson.

Transformation is a particularly appropriate theme for 2009. Like the rest of the world in these uncertain economic times, we face many challenges and, wherever possible, we have moved boldly and decisively to turn those challenges into opportunities, both in science and in how we deliver our care and manage our resources. I'll cite a few examples in this introductory note, and you will find many more on the pages that follow.

In 2009, we re-evaluated the medical admissions criteria for patients we had used for years, which had become cumbersome and not always patient friendly. The resulting change was an immediate surge in the number of new patients seen here by more than 1,000 additional appointments per month. Our medical, nursing and allied health staff responded magnificently to the challenge of providing service to so many more patients. At the same time, we also cut in half the typical time from request to initial patient appointment, another significant achievement.

We have greatly expanded our network of suburban and regional care centers, with the goal of making quality cancer care more convenient for those who cannot easily reach central Houston. Six centers in Greater Houston, along with others in New Mexico and Florida, now offer cancer care using M. D. Anderson clinical guidelines and sharing our name. Nearly all of these centers have been developed in collaboration with local partnering hospitals of exceptional ability that invited M. D. Anderson to their neighborhoods.

In 2009, we delayed some renovation and building projects to make sure that sufficient funds were available for priority programs. Nonetheless, we moved forward with a huge and badly needed hospital expansion — that will add 192 beds in the first phase and more than 300 beds eventually — and made substantial progress toward completing two major research facilities to house our Center for Advanced Biomedical Imaging Research and Center for Targeted Therapy. Both these new centers in the Charline and Red McCombs Institute for the Early Detection and Treatment of Cancer on the South Campus hold forth the promise of producing further dramatic advances over cancer.



In the face of peer competition from many excellent universities and research centers all over the nation, M. D. Anderson once again secured more National Cancer Institute grants and grant dollars than any other institution in the United States. Last year, our faculty also demonstrated creativity by quickly earning a remarkable 84 American Recovery and Reinvestment Act grants totaling \$53.8 million.

We are a “cancer university” — an accredited, degree-granting institution, where undergraduate and graduate students receive degrees with the M. D. Anderson name on their diplomas. Our undergraduate student body grew to more than 200, all enrolled in allied health professions training, which leads to meaningful and well-paying jobs that are in great demand, despite the economy. We anticipate growing our undergraduate enrollment to 300 in the next few years.

Graduate students in our joint program with The University of Texas Health Science Center at Houston now number more than 600, complemented by another 1,100 clinical residents and fellows training in the super-specialties needed to manage cancer effectively. At M. D. Anderson another 700 postdoctoral trainees work in our research laboratories.

With newly recruited leadership and incredibly generous philanthropy, M. D. Anderson's Duncan Family Institute for Cancer Prevention and Risk Assessment is rapidly expanding into areas as diverse as behavior modification via e-health and gene-based tests to find ways to better predict whether cancer will develop and how it might be prevented with various types of therapy.

New centers of excellence are being developed in our Institute for Basic Research, and clinical trials in the Institute for Personalized Cancer Therapy are bringing us closer to selecting the treatment to which each individual patient is most likely to respond.

In spite of tough economic times, philanthropic contributions to our efforts to transform cancer care are on target, due to the generosity of our supporters and the hard work of the Development Office and our Board of Visitors. I owe a big “thank you” to volunteers and friends in the community who have made this a year with many successes in Making Cancer History® — for our patients and for all of us.

In truth, transformation is the one constant at M. D. Anderson and could describe many years, not just 2009.

John Mendelsohn, M.D.
President



Mike Richards' chances of surviving metastatic colon cancer would have been slim 10 years ago.

But, as a study recently revealed, his potential for five-year survival has been dramatically increased in the last decade due to surgical advances in liver resection and the discovery of novel chemotherapy and biological agents.

An affable 72-year-old, he's spent much of his life in the public eye as a Texas senator, a radio station owner and a radio talk-show host. Fit and active, he didn't think of himself as a prime candidate for colon cancer until abdominal pains pushed him into a doctor's office in 2005.

Surgery seemed to be sufficient until a relapse in 2007, when it was discovered the cancer had spread to his liver. Fortunately, he was a candidate for liver surgery, followed by chemotherapy, and today he is cancer-free.

New sources of funding, putting value on research

Richards joins a growing group of nearly 12 million cancer survivors who have benefited from multiple advances in cancer treatments due to dedicated research that begins in the laboratory and through clinical trials translates to patients.

While cancer research faces big challenges in funding, new sources have opened up and concerted efforts are being made to move effective and safe discoveries to the patient more quickly.

With the increasing number of survivors, M. D. Anderson's research doesn't stop with discovering new treatments, but also extends to finding interventions to help survivors manage symptom burden and retain quality of life.

By Sandi Stromberg



TRANSFORMING THROUGH RESEARCH

Blazing a shorter trail between the lab and patients

By Scott Merville

The journey from laboratory discovery to new cancer drug is usually at least 10 years in the making.

"This is a very expensive and slow process, which we as an institution are trying to carry out more effectively," says M. D. Anderson President John Mendelsohn, M.D., who has served on a number of national committees sponsored by the Institute of Medicine of the National Academy of Sciences to improve the clinical trial process.

"There are three main areas the country needs to address in which M. D. Anderson can provide leadership," Mendelsohn says.

"The future's very exciting. These new approaches are changing oncology to work in a more rational and targeted way."

First, we need to better assess the risk-benefit balance of a potential new drug. "Over the past decade or so I think there has been tremendous emphasis on avoiding risk, sometimes at the expense of exploring benefits," Mendelsohn says.

"A person who has advanced lung cancer, and without a miracle only has a few months to live, might be willing to accept certain risks to try something new. But that may be very different from a person who has diabetes and expects to live 30 or 40 years longer, who might be more cautious about the risks of taking a new drug."

A variety of veto points to avoid risk are built into the clinical trial approval process. The U.S. Department of Health and Human Services oversees all three of the federal agencies that conduct reviews — the National Cancer Institute, U.S. Food and Drug Administration and Office for Human Research Protections. These should consolidate their reviews into a single, seamless process, Mendelsohn says.

Second, we need to adequately value clinical research at all levels. Once a pharmaceutical company gets a drug approved for one type of cancer, the drug can be prescribed for others, reducing the company's incentive to conduct additional trials. In addition, companies often lack interest in comparing new drugs and in studying combinations of new therapies.

That often leaves the NCI or individual cancer centers to conduct the trials.

"The NCI budget to pay for the costs of clinical investigations is not nearly enough to cover these costs," Mendelsohn says. The NCI often covers less than half the cost of a trial. "We need to place a higher value on good clinical research and then fund it adequately."

Third, we need to demand excellence and innovation in deciding which trials to carry out. "Clinical trials are getting more expensive and they are getting more sophisticated," Mendelsohn says. "They often involve laboratory study on the patient's tumor specimen to choose the drug that is most likely to work."

"But we may be trying to do too many clinical trials. We need to focus our faculty's time and energy and our precious funds on those sophisticated trials that have the greatest chance of improving the care of a patient. All clinical divisions are looking to preserve our most precious institutional resource, the time and effectiveness of our faculty and staff."

"The future is very exciting," Mendelsohn says. "New approaches are changing the practice of oncology to work in a more rational and targeted way. Cancer drug development is making tremendous progress, but we want it to be even faster and more effective. We at M. D. Anderson are doing everything we can to help accomplish that."



Learning from the tumors themselves

In a novel project matching drugs to molecular targets in lung cancer, investigators at M. D. Anderson are engaging in an intensive interrogation of the tumors themselves. The underlying premise of the package of clinical trials — known as Biomarker-based Approaches of Targeted Therapy for Lung Cancer Elimination (BATTLE) — is to let the biology of a patient's tumor instruct physicians how to treat that particular tumor. BATTLE I enrolled more than 300 patients and examined four treatment options against biomarkers, representing four molecular pathways that can fuel lung cancer. Combining lessons learned from BATTLE I, as well as new molecular targets and novel therapies, researchers expect to open BATTLE II in 2010.

WAUN KI HONG, M.D., PROFESSOR AND HEAD, DIVISION OF CANCER MEDICINE

'Accidental' discovery reveals potentially effective weapon

A lethal disease with few treatment options, pancreatic cancer has confounded both clinicians and researchers. But a recent epidemiologic study suggests that the drug metformin, commonly prescribed to treat type 2 diabetes, may have a protective effect against it. Taking metformin reduced the chance of developing pancreatic cancer by 62 percent among diabetics, the study found. Further research is needed, but this finding indicates that metformin may be an effective weapon against a daunting foe.

DONGHUI LI, PH.D., PROFESSOR, DEPARTMENT OF GASTROINTESTINAL MEDICAL ONCOLOGY

REPORTED IN THE AUG. 1, 2009, ISSUE OF GASTROENTEROLOGY.

Four culprits cornered

Four suspects often found at the scene of the crime in cancer are guilty of the initiation and progression of breast cancer in mice resistant to the disease. Investigators say they have a "smoking gun" that shows it's no coincidence three protein receptors and the enzyme that makes them are abnormally expressed in many types of cancer. The four include three lysophosphatidic acid (LPA) receptors (LPA1, LPA2 and LPA3) and the LPA-producing enzyme, autotaxin. A number of drugs are in preclinical development to target these receptors and autotaxin.

GORDON MILLS, M.D., PH.D., PROFESSOR AND CHAIR, DEPARTMENT OF SYSTEMS BIOLOGY

REPORTED IN THE JUNE 2009 EDITION OF CANCER CELL.



Gabriel Lopez-Berestein, M.D., George Calin, M.D., Ph.D., and Anil Sood, M.D. (from left), lead the new Center for RNA Interference and Non-Coding RNAs.

‘Meeting of the minds’ to explore RNAs

By Mary Brolley

It used to be thought of as a dutiful but uninspired mediator — a middle man of sorts — between deoxyribonucleic acid (DNA) and proteins.

But recent research reveals that certain types of ribonucleic acid (RNA) can regulate the levels of protein in the cell. They may, in fact, be able to promote the development of cancer and to recognize and silence the processes that cause cancer.

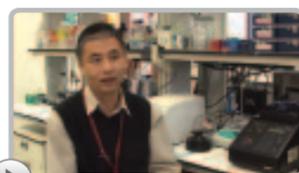
To explore this immensely promising area of molecular oncology, a new center has been created within the Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer. Led by Anil Sood, M.D., and George Calin, M.D., Ph.D., along with key contributor Gabriel Lopez-Berestein, M.D., the Center for RNA Interference and Non-Coding RNAs is a unique initiative among U.S. academic institutions.

Sood, professor in the departments of Gynecologic Oncology and Cancer Biology, and Calin, associate professor in the departments of Experimental Therapeutics and Cancer Genetics, are internationally recognized experts in the biology and translational applications of

interfering RNA (RNAi), microRNAs (miRNAs) and other non-coding RNAs (ncRNAs). Lopez-Berestein, professor in the Department of Experimental Therapeutics, is an expert in cancer biology and drug development.

By delving into the role of these newly discovered RNAs in cancer initiation, progression and dissemination, researchers will work toward breakthroughs in early detection, biomarker identification and development. They also hope to find new treatments based on them.

Bringing together a multidisciplinary group of basic and clinical scientists from within M. D. Anderson and other institutions, including Baylor College of Medicine, The University of Texas Health Science Center at Houston, Rice University and the University of Houston, the center will be a reference point for research and collaboration, Calin says. “As the first center for non-coding RNAs in the United States, it’s an exciting step.”



Our transformers: Dingzhi Wang, Ph.D.

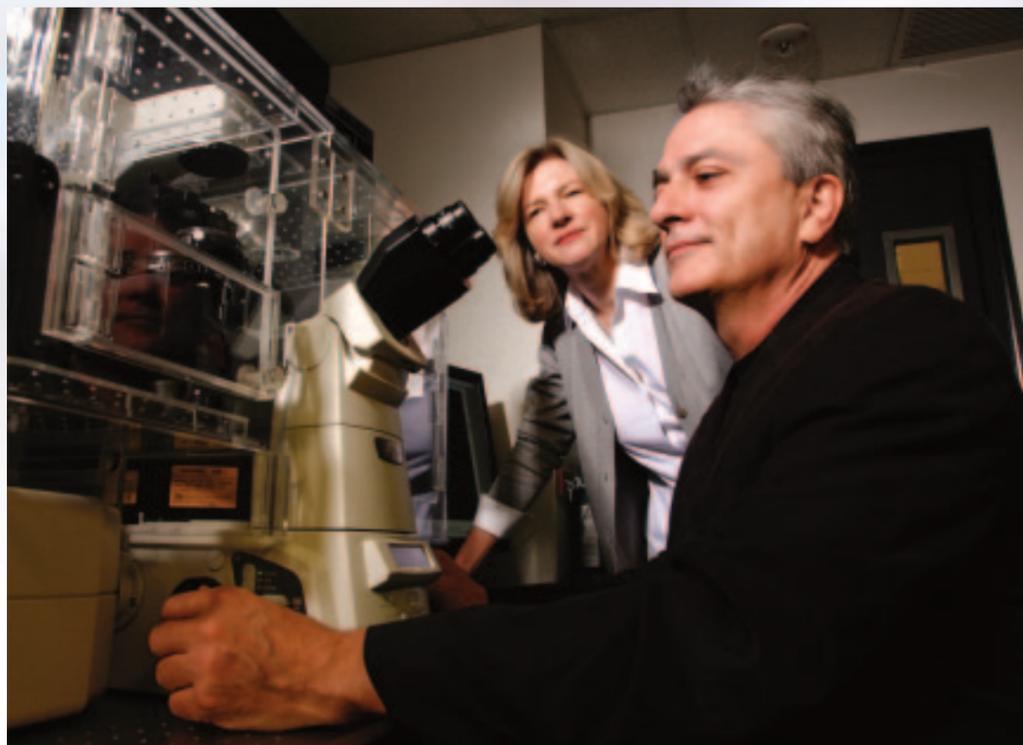
He oversees research activities in the lab of Raymond DuBois, M.D., Ph.D., where they are advancing the understanding, diagnosis, treatment and prevention of colorectal cancer. Learn about the transformative nature of Wang’s work in an online video feature at www.mdanderson.org/annualreport.



Intense chemoimmunotherapy offers hope

Could chemotherapy alone be as successful as a stem cell transplant in treating mantle cell lymphoma, a lethal version of non-Hodgkin’s lymphoma? In a study of mantle cell lymphoma patients age 65 or younger who received an intensive regimen of chemoimmunotherapy as frontline treatment, 67 percent are alive and 46 percent remain in remission at a median follow-up of eight years. With these findings, researchers believe this intense therapy without transplant is an acceptable option for these patients.

JORGE ROMAGUERA, M.D., PROFESSOR, DEPARTMENT OF LYMPHOMA AND MYELOMA
REPORTED IN DECEMBER 2008 AT THE 50TH ANNUAL MEETING OF THE AMERICAN SOCIETY OF HEMATOLOGY.



Cheryl Lyn Walker, Ph.D., collaborates with Michael Mancini, Ph.D., of Baylor College of Medicine.

New grants give researchers the GO-ahead

By Scott Merville

An ingredient in the manufacture of plastics, bisphenol (BPA), is under investigation as a potential promoter of cancer.

And a new source of research funds is providing M. D. Anderson scientist Cheryl Lyn Walker, Ph.D., and colleagues an opportunity to swiftly assess its role in the development of prostate cancer.

The \$1.9 million Grand Opportunity (GO) grant from the National Institute of Environmental Health Sciences

“Our research, with collaborators from Baylor College of Medicine and the University of Cincinnati, will provide important new data for agencies that set regulatory guidelines for use of BPA.”

is for an intense, two-year research program. GO grants funding high-impact ideas that lend themselves to short-term funding were awarded by the National Institutes of Health under the American Recovery and Reinvestment Act (ARRA) of 2009, designed to help restart the economy.

M. D. Anderson was awarded 84 ARRA research grants totaling \$53.8 million over the next two years, including seven GO grants and three Challenge grants, highly competitive programs to rapidly advance cancer research.

Walker, professor in the Department of Carcinogenesis, leads a team studying BPA, a synthetic estrogen used in the manufacture of plastics and considered an endocrine disruptor — a substance that behaves like a hormone and interferes with the normal function of natural hormones.

“We’re all exposed to low levels of BPA in the environment,” Walker says. “One question is whether these exposures constitute a general health risk. The second issue is whether timing of exposure is critically important. Maybe there isn’t a concern for adults who normally have high levels of steroid hormones, but what’s the effect on newborns?”

Walker and colleagues will expose newborn rats to different levels of BPA and follow them into adulthood to see whether early life exposure results in an increased risk of prostate cancer later in life.

They also will analyze how BPA binds to estrogen receptors, which turn on molecular pathways involved in cancer growth and also activate a pathway responsible for developmental tissue programming. Epigenetic processes, which regulate gene activity without altering or damaging the gene, are crucial to the programming that tells tissues what organs to become. Researchers suspect BPA exposure affects epigenetic signaling, leading to developmental reprogramming of the prostate and promoting the development of cancer.

“Our research, with collaborators from Baylor College of Medicine and University of Cincinnati, will provide important new data about how low-dose environmental exposures change the programming of the genome,

information critical for agencies that set regulatory guidelines for use of BPA,” Walker says.

Earlier in 2009, M. D. Anderson scientists earned funding through Stand Up to Cancer, a new philanthropic effort of the Entertainment Industry Foundation, to fund Dream Teams of scientists to collaboratively hasten new treatments to patients.

In early 2010, research funds are expected to begin flowing from the Cancer Prevention and Research Institute of Texas (CPRIT). Approved by Texas voters in 2007, CPRIT received its first allocation from the Texas Legislature, \$450 million over two years.

VIEW A LIST OF GRANTS BY STATE OR INSTITUTION AT REPORT.NIH.GOV/RECOVERY/ARRAGRANTS.CFM.



Our transformers: Su Zhang

When new research staff join the Department of Molecular and Cellular Oncology, he ensures that their equipment needs are met and that they feel at home personally. Learn about the transformative nature of Zhang’s work in an online video feature at www.mdanderson.org/annualreport.

A personalized cocktail

A lymphoma vaccine, custom-made for each study patient, extended the time the disease remained in remission. Its success shows that if patients can reach minimal disease state with chemotherapy, the vaccine can come in and mop up remaining cancer cells. It’s a strategy that investigators think should work for other cancers as well.

SATTVA NEELAPU, M.D., ASSISTANT PROFESSOR, DEPARTMENT OF LYMPHOMA AND MYELOMA

LARRY W. KAWK, M.D., PH.D., PROFESSOR AND CHAIR, DEPARTMENT OF LYMPHOMA AND MYELOMA, INVENTOR OF VACCINE

REPORTED IN MAY 2009 AT THE ANNUAL MEETING OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY.

Tricks of brain metastases

Cancer that spreads to other organs finds a particularly inviting hideout in the brain, where it is usually far harder to treat than in other locations. Research now shows that brain metastases exploit spider-like cells called astrocytes into protecting the tumor cells from therapy. Astrocytes normally play the important role of providing oxygen and nutrients to neurons. When subverted, they are an important factor in a tumor’s resistance to chemotherapy. Therapy for brain metastases must target both the tumor cells and the surrounding astrocytes that contribute to their survival and growth.

ISAIAH FIDLER, D.V.M., PH.D., PROFESSOR, DEPARTMENT OF CANCER BIOLOGY; DIRECTOR, CANCER METASTASIS RESEARCH CENTER

RAYMOND SAWAYA, M.D., PROFESSOR AND CHAIR, DEPARTMENT OF NEUROSURGERY

REPORTED IN APRIL 2009 AT THE 100TH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH.

Dramatic increase in survival

Novel chemotherapy and biological agents for metastatic colorectal cancer, combined with surgical advances in liver resection, have resulted in a dramatic increase in survival for patients with advanced disease. The first study in 20 years to examine survival in these patients found that the median overall survival is now more than 30 months, compared with eight for those diagnosed before 1990. For those diagnosed after 2004, the five-year survival is more than 30 percent. Such improvement is rarely seen in metastatic cancers.

SCOTT KOPETZ, M.D., PH.D., ASSISTANT PROFESSOR, DEPARTMENT OF GASTROINTESTINAL MEDICAL ONCOLOGY

JEAN-NICOLAS VAUTHEY, M.D., PROFESSOR, DEPARTMENT OF SURGICAL ONCOLOGY

REPORTED IN THE AUG. 1, 2009, ISSUE OF THE JOURNAL OF CLINICAL ONCOLOGY.



Anthony “Tony” Espinoza knows he’s an adored big brother to his three younger siblings — not to mention a sharp dresser.

But the charming 6-year-old seems blissfully unaware that he has benefited from the knowledge of retinoblastoma experts in M. D. Anderson’s departments of Pediatrics and Head and Neck Surgery and the new Retinoblastoma Center of Houston.

His mother, Adalinda Gomez, remembers her reaction to Tony’s diagnosis in 2007 with this rare cancer of the eye.

“I took it harder than he did,” she says. “I asked the doctors if they could remove my retina and give it to him.”

Because effective treatment required the removal of his right eye, Tony wears a prosthetic version. Although the disease has changed his and his family’s lives forever, he has the advantage of several experts available to design his therapy.

Challenges become opportunities

At M. D. Anderson, the challenges of 2008-2009 have been transformed into opportunities: an opportunity to serve more patients, an opportunity for our doctors and nurses to think innovatively in the treatment of patients, and an opportunity to reach out to a broader community.

Included here are just a few innovations and discoveries in patient care, from the collaborative Retinoblastoma Center for children with eye cancer to the discovery that older age doesn’t prevent the possibility of a blood stem cell transplant.

M. D. Anderson also has moved further down the road on the electronic medical record, which allows patients and their community physicians access to information on diagnoses and treatments.

By Mary Brolley



TRANSFORMING THROUGH PATIENT CARE

Keeping M. D. Anderson vital

By Julie Penne

Like so many organizations feeling the pinch of today's economy, M. D. Anderson has made important decisions to protect its ability to deliver the best in knowledge-driven patient care.

To maintain the institution's economic equilibrium, M. D. Anderson's leaders developed a variety of cost-cutting opportunities and examined ways to increase patient volumes.

What resulted, among many moves, was a major change in April 2009 that yielded positive results: M. D. Anderson removed medical criteria for persons who sought treatment or second opinions, opening the doors to more patients.

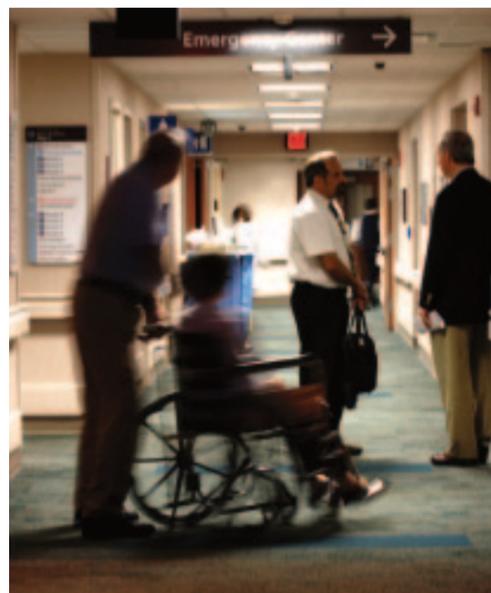
Without these criteria, more patients had access to M. D. Anderson's standard of care and clinical trials. Along the way, the institution was able to streamline financial clearance and get patients in faster for their first appointments.

The result: new patient wait times for first appointments were cut in half, from an average of 15 working days to 7.5 days. Some patients who called during this time were even able to get in the same day.

More patients had access to M. D. Anderson's standard of care and clinical trials.

At the end of the fiscal year, there was an average of 6,600 new patient and consult visits per month, an increase from about 5,400 monthly before the new program began.

Despite this increase in daily clinic visits, tests, hospitalizations, surgeries and treatments, patients continued to receive the safe, high-quality care they expect and need from M. D. Anderson.



The solution contributed to strong numbers at the end of the year, although resources to accommodate the increased number of patients were stretched, especially in M. D. Anderson's Emergency Center and inpatient bed units.

"With the test of troubling financial times came a lesson in balancing the number of patients with the available resources and establishing medical criteria that are simple, transparent, equitable and uniform across the institution while providing M. D. Anderson's expertise to more patients," says Thomas Burke, M.D., executive vice president and physician-in-chief.



Advanced melanoma patients who receive a promising vaccine therapy are now treated on P10, the inpatient floor where they are most comfortable, rather than in the ICU.

Advocating for patients, reinventing practices

By Julie Penne

The "secret weapons in our war against cancer" is how Barbara Summers, Ph.D., R.N., vice president and chief nursing officer, describes the 2,900 nurses at M. D. Anderson.

Summers, who received nursing's highest honor with induction into the American Academy of Nursing in 2009, says M. D. Anderson nurses boast a heavy armament of skill, critical thinking, advocacy, collaboration, open communication, a sense of constancy during difficult times and love of innovation.

Nurses on inpatient floors took bold, homegrown ideas forward this past year, implementing plans that not only eased patients' stays but also their transitions back home.

Here is a sampling of three innovations.

On G10, a floor that cares chiefly for gynecologic patients, nurses began conducting multidisciplinary discharge consultations at the patient's bedside almost at admission. This ensures that when the patient leaves the hospital, plans are in place for proper care, support and accommodations. As a result, return trips to the hospital or Emergency Center are markedly down, and discharges are more streamlined.

On P10, advanced melanoma patients who receive a promising vaccine therapy are now treated on the floor where they are most comfortable, rather than in the Intensive Care Unit. Nurses on the melanoma inpatient unit — who want to care for the patients they know best and who know them — developed advanced education and a specialized sub-unit care program. They trained a nursing team to administer the complex therapy and monitor patient responses for side effects.

Like their colleagues on P10, nurses on P8 wanted to provide full-spectrum care for patients they see most often: those who have had brain surgery. The new NeuroProgressive Care Unit allows patients with straightforward surgeries to go from surgery directly to a post-anesthesia care unit and then to a private room on P8, where specially trained advanced-skilled nurses provide care.

The P10 and P8 programs opened much-needed ICU beds, while bringing expert nursing to a familiar care environment.

"We established a new department in the Division of Nursing to encourage nurse-led research that leads to innovation like these projects, provide infrastructure, and support nursing research and new educational opportunities," Summers says.

EMR connects patients, physicians to real-time data

By David Berkowitz

The Internet has spoiled us.

Seeking instant access to an array of information? Just log on and search to your heart's content.

While many sites cater to those browsing for answers to general health questions, accessing real-time details of a person's specific situation is another matter. One that M. D. Anderson is working hard to address.

Through the secure myMDAnderson portal, patients and authorized referring and other physicians can view M. D. Anderson medical records online. Clicking the "My Medical Records" tab grants access to everything from vital signs and medication listings to laboratory and radiology reports.

Driving this information connection is ClinicStation, the name used to describe M. D. Anderson's home-grown electronic medical record (EMR) system. The

myMDAnderson functionality is the most public demonstration of the institution's effort to go all-electronic, but it's just one of many related initiatives under way.

"We're developing, testing and rolling out a number of other clinical tools that will help our nurses, physicians and countless other care team members do their jobs more efficiently and, ultimately, better serve patients and community physicians," says Chuck Sutor, director of electronic medical records.

Among the new electronic components are X-ray reports, procedure notes, primary medical evaluation forms, history and physical exam documents, as well as consultation and progress notes.

"This initiative helps patients feel more a part of their treatment process. It also allows our physician partners in the community to be more actively involved in the care of these patients," says Thomas Feeley, M.D., vice president for medical operations.

"Online technology is a tremendous advantage since patients always have access to their up-to-date medical record from anywhere in the world, as long as they can gain access to the Internet."

LEARN MORE ABOUT MYMDANDERSON AT [HTTPS://MY.MDANDERSON.ORG](https://my.mdanderson.org).



Our transformers: Diane Lee

Each day, she does everything within her power to advance the process of setting up clinical trials for leukemia patients. Learn about the transformative nature of Lee's work in an online video feature at www.mdanderson.org/annualreport.



Ann Gillenwater, M.D., a head and neck surgeon, prepares for an intricate surgery. The Perioperative Value Analysis Team now carefully selects all surgical equipment.

Smoother pathway to survivorship

With the successful launch of four pilot clinics, M. D. Anderson is expanding its survivorship program. To date, survivors of cancers of the genitourinary system (bladder, prostate, testicular and penile), gynecologic system (cervical, endometrial, ovarian and other rarer gynecologic cancers), thyroid and breast are being transitioned to clinics that offer continued surveillance for recurrence, while monitoring and addressing late effects related to their cancers. In the community, M. D. Anderson also partnered with the Harris County Hospital District's Lyndon Baines Johnson General Hospital to open its Survivorship Clinic for breast cancer patients.

LEARN MORE ABOUT SURVIVORSHIP AT WWW.MDANDERSON.ORG/TOPICS/SURVIVORSHIP/; WWW.AARP.ORG/HEALTH/CONDITIONS/CANCER_SURVIVORSHIP/; AND WWW.USNEWS.COM/ARTICLES/HEALTH/CANCER.

What's it really worth?

When it comes to spending millions, analyzing the value of purchases is important. That's why M. D. Anderson's Perioperative Value Analysis Team assesses equipment and technology for the operating rooms before they are purchased. The group recently hit a home run for all surgeons with the purchase of 60 ElectroSurgical Units, used to control bleeding during surgery. The units replaced 10-year-old equipment that was nearing its life expectancy. Through the value analysis process, the purchase will result in savings of more than \$1.8 million for the institution over seven years.

JEFFREY WEINBERG, M.D., ASSOCIATE PROFESSOR, DEPARTMENT OF NEUROSURGERY; TEAM CO-CHAIR

PAUL GIDLEY, M.D., ASSOCIATE PROFESSOR, DEPARTMENT OF HEAD AND NECK SURGERY; TEAM CO-CHAIR

LISA McMILLIAN, MANAGER, DEPARTMENT OF PERIOPERATIVE MATERIALS MANAGEMENT

Age doesn't have to be a factor

The door is now open for older patients with acute myeloid leukemia or myelodysplastic syndrome to receive potentially curative blood stem cell transplants from a matched donor. According to an extensive analysis of every such transplant conducted in North America between 1995 and 2005 for these two diseases, patients older than 65 do just as well as younger patients with transplants that are preceded by an M. D. Anderson-derived, milder chemotherapy regimen.

SERGIO GIRALT, M.D., PROFESSOR, DEPARTMENT OF STEM CELL TRANSPLANTATION AND CELLULAR THERAPY

REPORTED IN DECEMBER 2008 AT THE 50TH ANNUAL MEETING OF THE AMERICAN SOCIETY OF HEMATOLOGY.



Greg Chronowski, M.D. (right), discusses a patient's case with Manish Wani, M.D., of CHRISTUS St. Catherine Hospital.

Satellites demonstrate good neighbor policy

By David Berkowitz

When a new family moves into the neighborhood, you're on the lookout for several things. Do they keep their lawn mowed, noise level down and cars parked in their own driveway?

If they pass these tests and even invite you to a backyard barbecue, you consider yourself fortunate.

When M. D. Anderson moves into a greater Houston area neighborhood, you can imagine that other hospitals and physicians have their checklists out, too. Are they here to take over? Will they work closely with us? Will they have a positive or negative impact on our cancer patients' overall care?

With six local satellite locations, M. D. Anderson continues to demonstrate its good neighbor policy. Nowhere is that more evident than at the suburban Katy center on the campus of CHRISTUS St. Catherine Hospital, where medical oncology, pharmacy and laboratory services are being added to radiation therapy.

"As medical director of the center's radiation treatment component, I have tried to bring an inclusive spirit to the development of the community cancer program," says Greg Chronowski, M.D., assistant professor in the Department of Radiation Oncology.

Particularly in his area of clinical expertise, the treatment of often-complex head and neck cancers, Chronowski

has formed a close working relationship with local otolaryngologists. Several regularly attend multidisciplinary tumor board sessions in which patient cases are reviewed and treatment plans agreed upon.

For cancers of the larynx and pharynx, it's critical that the surgeon, radiation oncologist and medical oncologist are in sync. Initial and follow-up care often require close coordination and sequencing of surgery, radiation therapy and chemotherapy.

"The key to fostering these relationships is to respect the opinion and expertise that the community physician brings to the table," Chronowski says. "By building relationships based on mutual respect, we ultimately affect a greater number of patients, to their benefit."

LEARN MORE ABOUT M. D. ANDERSON'S SATELLITE FACILITIES AT WWW.MDANDERSON.ORG/SATELLITES.



Our transformers: Millie Hast

She delivers an important message to co-workers in the Department of Patient Business Services: how we treat people really matters. Learn about the transformative nature of Hast's work in an online video feature at www.mdanderson.org/annualreport.



Our transformers: Saneese Stephen

Patients who receive treatment through the Phase I Clinical Trials Program can count on him for many things, including education. Learn about the transformative nature of Stephen's work in an online video feature at www.mdanderson.org/annualreport.

Less toxicity for lung cancer patients

Patients treated for locally advanced non-small cell lung cancer who receive chemotherapy and proton beam therapy have fewer instances of bone marrow, lung and esophageal toxicities than patients who receive the standard treatment of intensity-modulated radiation and concurrent chemotherapy. The reduction in toxicity decreases the debilitating side effects of standard treatment that often lead to infection, bleeding, fatigue, difficulty in breathing, pain on swallowing and even death. In collaboration with Massachusetts General Hospital, M. D. Anderson is enrolling patients in a National Cancer Institute-approved randomized clinical trial to confirm these initial findings.

RITSUKO KOMAKI, M.D., PROFESSOR, DEPARTMENT OF RADIATION ONCOLOGY
 REPORTED IN NOVEMBER 2008 AT THE CHICAGO MULTIDISCIPLINARY SYMPOSIUM IN THORACIC ONCOLOGY.



Ritsuko Komaki, M.D.

Collaboration focuses on pediatric eye tumors

To fight retinoblastoma, a rare childhood cancer of the eye, doctors and researchers from four Texas Medical Center institutions — the Children's Cancer Hospital at M. D. Anderson, Texas Children's Cancer Center at Texas Children's Hospital, The Methodist Hospital Research Institute and Baylor College of Medicine — have joined forces. Opened in March 2009, the Retinoblastoma Center of Houston is the first of its kind in the southwest United States and the only one in the nation using gene therapy in clinical trials. Patients also have access to proton therapy and genetic testing.

DAN GOMBOS, M.D., ASSOCIATE PROFESSOR, DEPARTMENT OF HEAD AND NECK SURGERY; CLINICAL CO-DIRECTOR, RETINOBLASTOMA CENTER OF HOUSTON

CYNTHIA HERZOG, M.D., PROFESSOR, DIVISION OF PEDIATRICS; COORDINATING COMMITTEE MEMBER, RETINOBLASTOMA CENTER OF HOUSTON

PETER ZAGE, M.D., PH.D., ASSISTANT PROFESSOR, DIVISION OF PEDIATRICS; RESEARCH CO-DIRECTOR, RETINOBLASTOMA CENTER OF HOUSTON

Transforming breast cancer screening

Researchers may have discovered a better method for monitoring women who have a very high risk of breast cancer. Magnetic resonance imaging (MRI) alternated with mammography every six months has been found to detect breast cancer not identified by mammography alone. One important unanswered question is whether an alternating MRI and mammography screening program will save lives — a topic for further study.

HUONG LE-PETROSS, M.D., ASSOCIATE PROFESSOR, DEPARTMENT OF DIAGNOSTIC RADIOLOGY

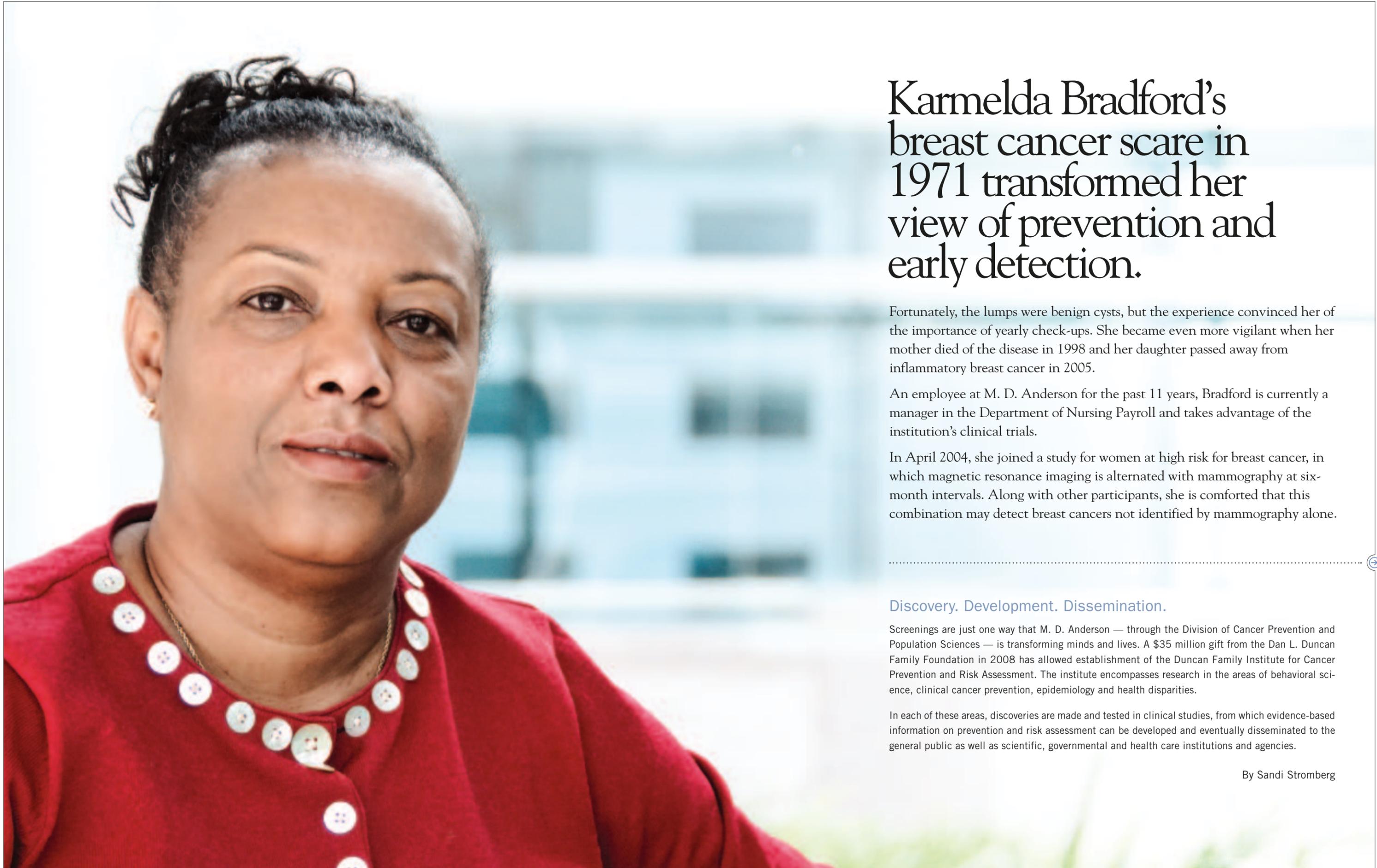
REPORTED IN DECEMBER 2008 AT THE 31ST ANNUAL MEETING OF THE CRTC-AACR SAN ANTONIO BREAST CANCER SYMPOSIUM.

Addressing pre-surgery stress

In the first study to examine the benefits of pre-surgical stress management for men with prostate cancer, researchers found that men who participated in the brief stress management sessions prior to and immediately after surgery experienced less short-term mood disturbance the week before and the morning of surgery. They also had better long-term quality of life up to one year after surgery, compared to patients who received standard care or supportive attention.

LORENZO COHEN, PH.D., PROFESSOR, DEPARTMENTS OF BEHAVIORAL SCIENCE AND GENERAL ONCOLOGY; DIRECTOR, INTEGRATIVE MEDICINE PROGRAM.

REPORTED IN THE JULY 1, 2009, EDITION OF THE JOURNAL OF CLINICAL ONCOLOGY.



Karmelda Bradford's breast cancer scare in 1971 transformed her view of prevention and early detection.

Fortunately, the lumps were benign cysts, but the experience convinced her of the importance of yearly check-ups. She became even more vigilant when her mother died of the disease in 1998 and her daughter passed away from inflammatory breast cancer in 2005.

An employee at M. D. Anderson for the past 11 years, Bradford is currently a manager in the Department of Nursing Payroll and takes advantage of the institution's clinical trials.

In April 2004, she joined a study for women at high risk for breast cancer, in which magnetic resonance imaging is alternated with mammography at six-month intervals. Along with other participants, she is comforted that this combination may detect breast cancers not identified by mammography alone.

Discovery. Development. Dissemination.

Screenings are just one way that M. D. Anderson — through the Division of Cancer Prevention and Population Sciences — is transforming minds and lives. A \$35 million gift from the Dan L. Duncan Family Foundation in 2008 has allowed establishment of the Duncan Family Institute for Cancer Prevention and Risk Assessment. The institute encompasses research in the areas of behavioral science, clinical cancer prevention, epidemiology and health disparities.

In each of these areas, discoveries are made and tested in clinical studies, from which evidence-based information on prevention and risk assessment can be developed and eventually disseminated to the general public as well as scientific, governmental and health care institutions and agencies.

By Sandi Stromberg



TRANSFORMING THROUGH PREVENTION

Finding needles in haystacks

By Mary Jane Schier

Her molecular detective work seems like hunting for multiple needles in those proverbial haystacks.

Yet Xifeng Wu, M.D., Ph.D., thrives on searching for genetic clues she expects will lead to earlier, more effective cancer detection and prevention strategies.

“My key question always is how can we translate the molecular information learned in the lab more quickly to the clinic,” says Wu, professor in the Department of Epidemiology in M. D. Anderson’s Division of Cancer Prevention and Population Sciences.

Wu, the 2008 recipient of the prestigious Julie and Ben Rogers Award for Excellence in Research, joined

The prostate stem cell antigen generates a 30 percent to 40 percent higher risk for urinary bladder cancer.

M. D. Anderson’s faculty in 1995. Since then she has developed a widely respected research program that is helping understand the connection between genetic susceptibility and environmental factors for many types of cancer, especially those caused by tobacco use.

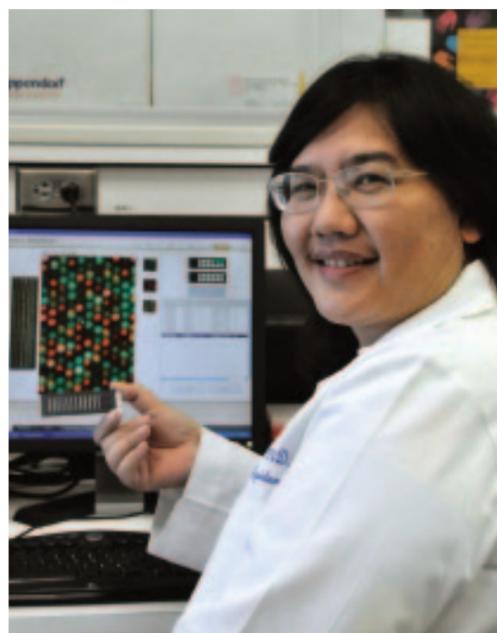
One major recent finding by Wu’s team was the discovery that a gene variation — the prostate stem cell antigen (PSCA) — generates a 30 percent to 40 percent higher risk for urinary bladder cancer. Scientists knew that PSCA is overexpressed in prostate cancer, but the Wu-directed study was the first to confirm its bladder cancer connection.

Wu is increasingly optimistic that her group’s ongoing genome-wide study will expedite determining who is at elevated risk for bladder cancer, the fourth most common cancer in American men. She hopes the research also will accelerate designing targeted chemopreventive measures and improve survival.

Cigarette smoking and occupational exposure to some chemicals are known risk factors for bladder cancer, but nearly one-third of those affected have an inherited genetic susceptibility. Individuals whose first-degree relatives had bladder cancer have a 50 percent to 100 percent higher risk of the disease.

Wu’s study included genome-wide screening in blood samples from 969 newly diagnosed bladder cancer patients at M. D. Anderson and 954 healthy people, followed by validation of top gene candidates in three American and nine European research groups. The cumulative results involved 6,667 bladder cancer patients and 39,590 healthy controls.

REPORTED IN THE SEPTEMBER 2009 ISSUE OF NATURE GENETICS.



Xifeng Wu, M.D., Ph.D.



Skin cancer screening is one of the many services offered by the Cancer Prevention Center, where experts are constantly reviewing cancer screening guidelines.

Making it personal

One-size-fits-all recommendations aren’t enough when it comes to cancer screening. M. D. Anderson has released new guidelines for colon, cervical and breast cancer screenings that offer more personalized advice to people than was previously available. Guidelines formerly addressed only those at average risk for disease. The new recommendations include advice for people at increased or high risk. They also recommend when a person may stop undergoing screening. Risk-based recommendations for prostate, liver, skin, endometrial and ovarian cancers are being developed. An online risk-assessment tool will launch on M. D. Anderson’s Web site in 2010. Guidelines are available at www.mdanderson.org/screeningguidelines.

THERESE BEVERS, M.D., MEDICAL DIRECTOR, CANCER PREVENTION CENTER; PROFESSOR, DEPARTMENT OF CLINICAL CANCER PREVENTION

U.S. Army combats another enemy: tobacco

In the fight against tobacco use, the U.S. Department of Defense has joined forces with M. D. Anderson’s Department of Behavioral Science with a \$3.7 million grant. The pilot program, Project Combat, will feature an interactive, multimedia video game designed to provide intervention and prevention modules, as well as facts about smoking and tobacco to troops stationed in Fort Hood, Texas. The U.S. Army has the highest percentage of tobacco use among military branches. Slightly more than 50 percent of U.S. Army soldiers smoke or use smokeless tobacco, compared to about 20 percent of the total U.S. adult population. Project Combat will begin testing in 2010.

ALEXANDER PROKHOROV, M.D., PH.D., PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE

QuitRx makes quitting an option

QuitRx offers options for those wanting to stop smoking. The federally funded, laboratory-based, smoking cessation clinical trial began in 2007. Its goal is to examine emotion-related patterns of brain activity in response to smoking cessation medications and to determine if these patterns have a genetic basis. QuitRx has helped some smokers quit. Results show that their brains respond to smoking cues in the same manner as emotional cues, but that smoking cues are processed by the brain far earlier than the other cues. M. D. Anderson’s first clinical trial using social media to maximize the reach of recruitment efforts, QuitRx featured patient videos on YouTube and iTunes U.

PAUL CINCIRIPINI, PH.D., PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE

Aging survivors can learn new 'tricks'

By Katrina Burton

It's no secret that elderly cancer survivors often face a decline after diagnosis. However, that decline sometimes can be avoided or minimized if they embrace a healthy diet and regular exercise.

Helping these people engage in new lifestyle practices that can enable them to live longer, more functional lives has been the goal of RENEW (Reach-out to ENhance Wellness).

“Health care providers need to be creative and diligent in offering programs that survivors will actually incorporate into their daily lives.”

The largest randomized controlled trial of its kind and funded by the National Institutes of Health (NIH), RENEW provided a home-based diet and exercise intervention for 641 elderly, overweight survivors of colorectal, breast and prostate cancers. Of the trial participants, 45 percent were survivors of breast cancer, 41 percent of prostate cancer and 14 percent of colorectal cancer. This international study enrolled participants in the United States, the United Kingdom and Canada.

“We were pleased that the study showed significant improvements in physical activity, dietary behaviors and overall quality of life,” says Wendy Demark-Wahnefried, Ph.D., professor in the Department of Behavioral Science and principal investigator on the study. “Most important, it slowed the rate of physical function decline among these long-term survivors.”

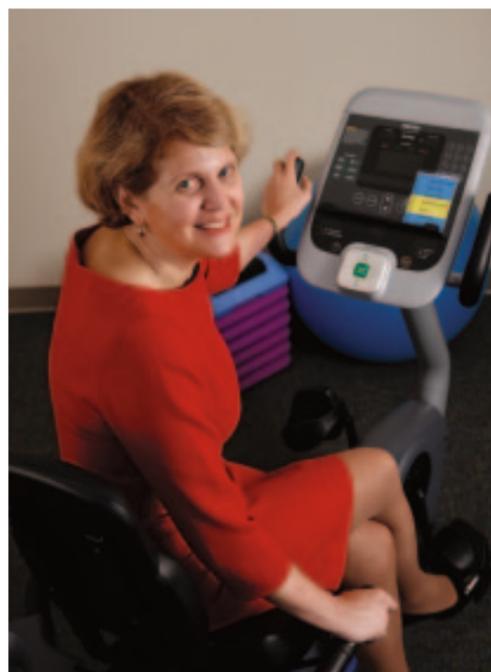
The success of the trial in elderly cancer survivors underscores the need for home-based interventions designed to increase the survival rate for all cancer survivors.

Survivors are at greater risk for second malignancies, other diseases and an accelerated rate of functional decline, Demark-Wahnefried says. The older the patient is, the harder the journey to recovery.

“Without proper intervention, elderly cancer survivors can find themselves dependent on others and may be unable to live independently,” Demark-Wahnefried says.

“Many people are surviving cancer, which is a victory. However, they often need interventions since they represent such a high-risk group. Health care providers need to be creative and diligent in offering programs that survivors will actually incorporate into their daily lives.”

Reinforcing dietary guidelines that point survivors to healthful food choices, tips on how to fit exercise into their daily activities and connecting them to community resources are just a few ways health care providers can help survivors live longer, healthier lives.



Wendy Demark-Wahnefried, Ph.D.

Ask-Advise-Connect: a matter of public health

By Katrina Burton

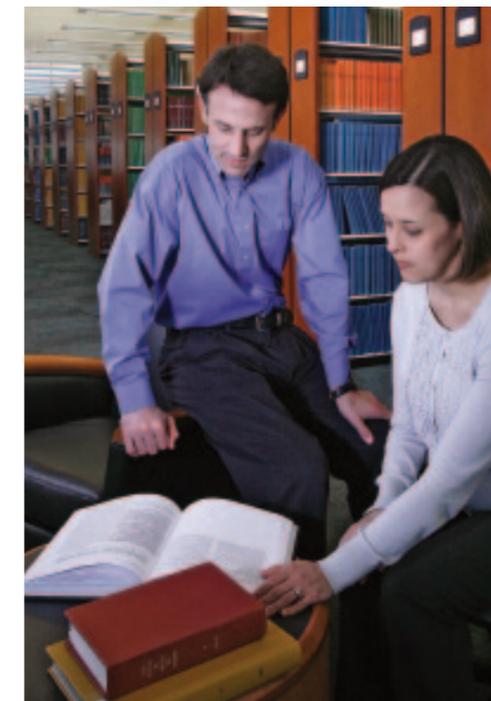
Regular visits to the doctor, screening for potential health problems and getting help to quit smoking are just a few opportunities some of us take for granted.

The unfortunate reality is that access to health care services is unequal, with the medically underserved — those who are uninsured or underinsured — less likely to receive these types of services.

The Harris County Hospital District (HCHD) in Texas is one of the nation's largest providers of care to the medically underserved and economically disadvantaged, a group in which smoking rates are higher. Through a partnership with the HCHD and the State of Texas Quitline, researchers in the Department of Health Disparities Research at M. D. Anderson have launched a research program designed to ensure access to evidence-based tobacco cessation treatment for this population.

“Smoking is the leading cause of preventable morbidity and mortality in the United States, and tobacco use is much higher among people of lower socioeconomic status, resulting in underserved individuals suffering disproportionately high rates of cancer incidence and mortality,” says Jennifer Irvin Vidrine, Ph.D., assistant professor in the Department of Health Disparities Research and principal investigator on the study. “With cancer being a leading cause of death among the underserved, it's crucial that effective smoking cessation interventions are provided in these communities.”

Through a grant funded by the U.S. Centers for Disease Control and Prevention, the study seeks to enhance dissemination of smoking cessation treatment via the Quitline within 10 HCHD clinics. It will evaluate a new approach to connecting underserved smokers



David Wetter, Ph.D. (left), and Jennifer Irvin Vidrine, Ph.D., concentrate their work on reaching the uninsured and underinsured with smoking cessation treatment.

to the Quitline called “Ask-Advise-Connect,” which has a goal to eliminate treatment barriers by providing patients' contact information directly to the Quitline.

“Quitline-based treatment is highly effective, yet grossly underused by smokers with limited resources,” says David Wetter, Ph.D., professor and chair of the Department of Health Disparities Research and study co-investigator. “Our goal is to produce an effective program that can be easily adopted by health care systems throughout the nation.”

The study has the potential to affect 30,000 underserved smokers. Connecting this population with effective treatment is a critically important public health priority and crucial to eliminating health disparities.



Our transformers: Margaret Bell

Finding ways to better serve patients in the Cancer Prevention Center keeps her focused and satisfied. Learn about the transformative nature of Bell's work in an online video feature at www.mdanderson.org/annualreport.



Increasing emphasis is being placed on healthful eating habits as studies at M. D. Anderson show how obesity puts people at high risk for cancer.

No excuses allowed for no-cost program

The Tobacco Treatment Program, a clinical program aimed at helping patients, employees and family members quit smoking at no cost, reaches more than 600 patients a year. The program provides intensive behavior and motivational therapy plus medications to help people stop smoking. It also provides treatment for emotional and psychiatric disorders as part of the smoking cessation therapy. It is the largest and only program of its kind within a cancer center in the country. In addition to in-person contact, the program provides online- and phone-based support. More than 2,000 smokers throughout M. D. Anderson have been treated.

PAUL CINCIRIPINI, PH.D., PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE

Vitamin E and selenium ineffective in preventing prostate cancer

Important negative findings from one of the largest chemoprevention trials ever conducted showed that vitamin E and selenium, either alone or in combination, did not prevent prostate cancer. The Phase III trial followed 35,533 healthy participants from the United States, Puerto Rico and Canada for 5½ years and was halted early when an interim data analysis indicated no benefit. The trial was based largely on secondary findings from two earlier large prevention trials for other types of cancer. The results demonstrate that preliminary data suggesting benefits — no matter how promising — cannot reliably result in new clinical recommendations until they've been tested in definitive trials.

SCOTT LIPPMAN, M.D., PROFESSOR AND CHAIR, DEPARTMENT OF THORACIC/HEAD AND NECK MEDICAL ONCOLOGY

REPORTED IN THE DEC. 9, 2008, EDITION OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Educating through prevention and cessation

The Tobacco Outreach Education Program is instrumental in delivering 10 years of highly effective education and training in tobacco control strategies to educators, health care providers and the community. The multifaceted program leads the way with six defining initiatives:

- Project ASPIRE, an online interactive smoking-cessation program for teens
- Continuing medical education (CME)
- Scientific presentations and community outreach
- Partnerships
- Postdoctoral fellowship training
- Diverse research projects

More than 25,000 people have been trained and 2,544 medical professionals were educated with 1,911 CME credits awarded. ASPIRE, alone, generated more than 40,000 users from 66 countries.

ALEXANDER PROKHOROV, M.D., PH.D., PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE



José Regalado (center) learns about the FAROS study from Lovell Jones, Ph.D., director of the Center for Research on Minority Health, and Maria Berglund, CRMH coordinator.

A guide through the maze

By Mary Brolley

Cancer screening tests do no good if people don't get them.

That's the thinking behind FAROS, a study of an intervention that encourages adult Hispanics enrolled in the Medicare program to learn more about cancer prevention and screening. While all participants receive educational materials, some also are assigned a Spanish-speaking guide to help them navigate the maze of making and following through with appointments.

"This study will allow us to determine the effectiveness of using a 'navigator' for people who are unfamiliar with health care services and processes," says Lovell

Jones, Ph.D., director of M. D. Anderson's Center for Research on Minority Health and FAROS lead investigator. "Previous studies have indicated that providing guided assistance can diminish fears and facilitate a smoother experience."

FAROS, which means "beacon" in Spanish and stands for Facilitated Assistance, Research

and Outreach Services, is a national initiative to meet Hispanic patients halfway with health information and take away the barriers to their being tested. It's a collaborative effort between M. D. Anderson and the Centers for Medicare and Medicaid Services.

"Hispanics are the fastest-growing minority population in the United States and Texas," Jones says. "Because many face financial and accessibility obstacles to getting health care and the screening tests they need, this program hopes to provide real guidance."

More than 1,700 are enrolled in the study. They must be Hispanic or Latino residents of Harris County, Texas, or a surrounding county, enrolled in Medicare A and B, and at least 40 years old.

Lucio Romero, one of the patient navigators, notes that potential participants are often concerned about the confidentiality of their health information and test results. "They are sometimes wary," he says. But once he earns their trust, the rewards are great — and may last for generations. "The younger generations see their elders getting the screenings, and it may inspire them."

Romero and other FAROS staff members often are recognized when they are out in the community, he says. "They'll say, 'Here's the man who helped me.' It's very rewarding. I wouldn't trade it for the world."



Our transformers: Joel Helmke

Making sure others in the Division of Cancer Prevention and Population Sciences have the financial and physical resources to do their jobs is high on his list of priorities. Learn about the transformative nature of Helmke's work in an online video feature at www.mdanderson.org/annualreport.



Rebecca Esparza is a natural networker.

Give her a cause that significantly touches her life, and she's there to volunteer her time and knowledge.

In 2001, when she was diagnosed with stage IV ovarian cancer that had spread to her liver, she didn't despair. Instead, she became an important source of support for many. Knowing she's fortunate that the intensive treatments put her cancer in remission, she wants to be there for others on their cancer journeys.

Today she reaches out using Facebook, MySpace and Twitter, and through them corresponds with scores of patients.

She also started one of Anderson Network's Community Outreach Groups for Corpus Christi, Texas, cancer patients and survivors. A program of the Department of Volunteer Services, the Anderson Network is an organization with support and educational services for patients, survivors, their families and caregivers.

In 2008, despite being recently diagnosed with a second primary cancer of the thyroid, Esparza was honored for her efforts as a survivor by Lance Armstrong when she received the Livestrong Challenge Award.

Educating beyond the classroom

Esparza exemplifies new modes of communication being used by M. D. Anderson to educate patients, survivors, the general public, community physicians and other health care providers through Internet modalities such as iTunes U, YouTube, Facebook and Twitter.

As one of M. D. Anderson's mission areas, education takes many forms in the institution. Mentoring of students, trainees and junior faculty has become a special emphasis. Examples included here highlight TRIUMPH, the Odyssey Program and the Hawn Educational Program in Symptom Research.

By Sandi Stromberg



TRANSFORMING THROUGH EDUCATION

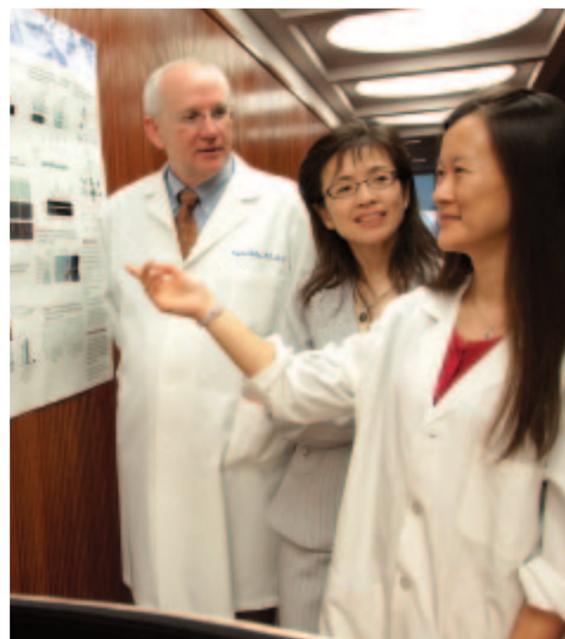
Mentoring builds, shares knowledge

By Mary Jane Schier

The term “mentor” can be traced to Greek mythology.

But a book published in 1699 by French writer François Fenelon gets credit for its modern meaning: a trusted friend, counselor or teacher.

The definition is much broader at M. D. Anderson, which in the last year launched new mentoring programs to enhance career development for junior faculty and trainees. These efforts include the first Mentoring Day, a comprehensive Mentoring Handbook for Faculty and web-based tools for mentors and mentees.



Making the rounds

Provost and Executive Vice President Raymond DuBois, M.D., Ph.D., initiated monthly Research Rounds in 2009 to hear about promising collaborative studies by young scientists throughout M. D. Anderson. He is shown listening to Jing Lu, Ph.D., a postdoctoral fellow in the Department of Molecular and Cellular Oncology, describe research she coordinated with her mentor, Dihua Yu, M.D., Ph.D. (center), professor in the department. The research involved finding a key molecular mechanism for the deadly transition of non-invasive breast cancer into invasive disease.

REPORTED IN THE SEPT. 9, 2009, ISSUE OF THE JOURNAL CANCER CELL.

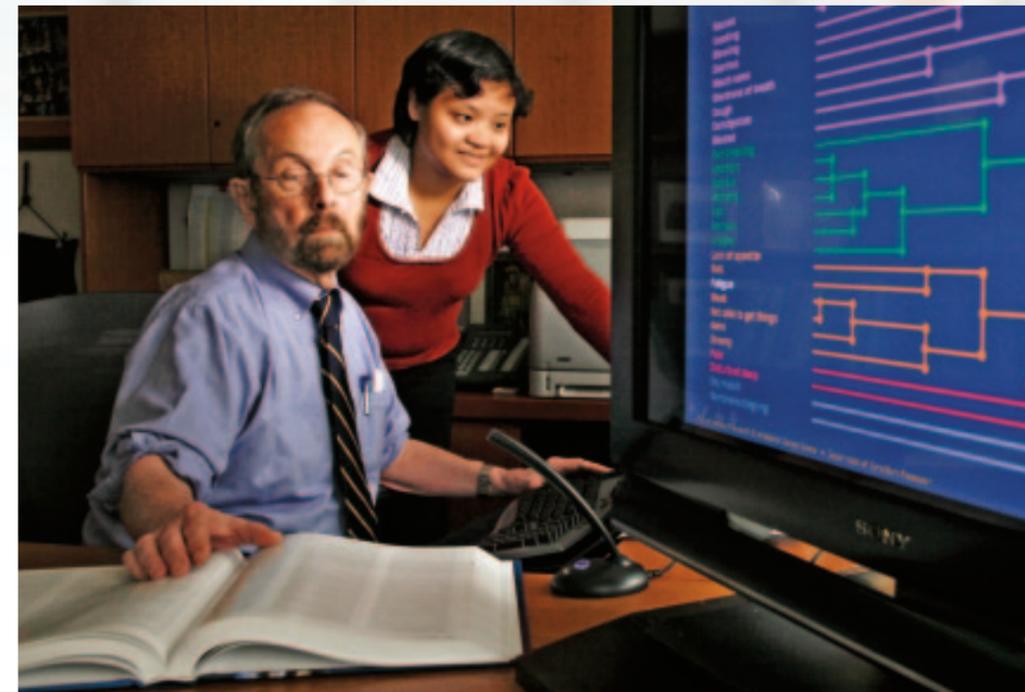
“Mentoring in academia has always been important for the sharing and building of knowledge.”

“Mentoring in academia has always been important for the sharing and building of knowledge. I want every faculty member to know he or she is fully supported and will have the tools and resources necessary to develop a successful and rewarding career,” says Raymond DuBois, M.D., Ph.D., provost and executive vice president.

In spring 2009, DuBois launched the Provost’s Career Builders Series, which features prominent scientists from other institutions sharing their perspectives on building solid careers in academic medicine.

The Department of Faculty Development also has enhanced services for new and junior faculty, who are invited to bi-annual retreats, workshops and lectures to discuss their career goals. Other programs that match postdoctoral trainees with veteran faculty members have been expanded.

All programs are aimed at improving the way M. D. Anderson nurtures the young physicians and scientists who will continue the quest of curing cancer.



Charles Cleeland, Ph.D., has helped Qiuling Shi, M.D., Ph.D., take her training in genetics and apply it to symptom research.

The shaping of a symptom researcher

By Sandi Stromberg

Like many researchers who study cancer-related symptom burden, Qiuling Shi, M.D., Ph.D., is a “hybrid.”

With no degrees offered in symptom research, investigators like her come to the field from various backgrounds, which makes mentoring essential in integrating and shaping their experience and knowledge.

When she met her mentor, Charles Cleeland, Ph.D., professor and chair of the Department of Symptom Research, she was a junior faculty researcher in molecular epidemiology at M. D. Anderson.

Interested in how her background in genetics could be combined with the study of cancer treatment side effects, Cleeland, a world-renowned expert on pain, invited her to join the department under the auspices of the Hawn Educational Program in Symptom Research.

For the past 12 years, the Hawn Foundation has funded various aspects of the department, including the mentoring process that brings both predoctoral students and junior faculty to the institution and encourages their work.

“By mentoring, we get enthusiastic new investigators,” Cleeland says. “It allows me to help them combine what they know with what they’re learning and apply that to symptom research. I recommend reading, encourage participation in meetings and conferences, and introduce them to my contacts in the field. I also put them in the clinics, have them work on protocols and interview patients so they get a context for symptoms.”

Shi’s genetics training has transferred well into the field. After a presentation at the Genetic Disposition and Patient-Reported Quality of Life Outcomes Consortium at the Mayo Clinic in 2009, she was invited to lead a small workgroup.

“I’m excited to be a pioneer in the field,” she says. “Without Dr. Cleeland’s mentoring, I wouldn’t have been able to develop the career I have. When I have an idea, I don’t have to worry if it’s not mature yet. I just talk with him, and he helps me explore and develop its possibilities.”

Outreach to the virtual neighborhood

By Mary Brolley

If you build it, will they come? The Office of Physician Relations wanted to find out.

John Little, a program manager in the office, set out to create an online community for a global physician audience curious about what M. D. Anderson had to offer their patients.

Supplying practical and relevant content to physicians through a coordinated multi-channel approach is the

“Our presence on Twitter drives awareness of our other Internet sites and of the institution.”

goal of Physician Relations’ Internet and social media outreach. Central to the initiative is the Web site physicianrelations.org, which has processed nearly 40,000 searches for faculty members’ profiles and supplied more than 500 downloadable guides for referring physicians.

The office’s Twitter channel has proven a superb marketing vehicle, Little says. “Besides providing real-time messaging to our nearly 1,800 followers, our presence on Twitter drives awareness of our other Internet sites and of the institution,” he says.

A secure site, myMDAnderson for Physicians, has become a useful guide for physicians who want to refer their patients to M. D. Anderson. Aimed squarely at a professional medical audience, it answers questions, imparts knowledge and assures physicians of their importance in the process.

Created in 2005, myMDAnderson for Physicians now allows nearly 6,000 physician users from more than 80 countries access to their patients’ electronic medical records so that they can track their care.

What’s your doctor thinking? Does he tweet?

By Mary Brolley

Patients who want to keep up with Anas Younes, M.D., can follow him. On Twitter, that is.

With a legion of fans on Twitter and Facebook, the lymphoma specialist and professor in the Department of Lymphoma and Myeloma tweets and posts links to what he’s reading and his responses to it. Readers who respond or ask a question get a prompt and direct answer from him.



Anas Younes, M.D.

Like many other faculty and staff at the institution, Younes has embraced social media to share information and connect with others. He’s a frequent contributor to Cancerwise, M. D. Anderson’s new blog, and appears on videos on the site. A champion of clinical

trials, Younes feels that these new ways of connecting may help him accrue patients for this research.

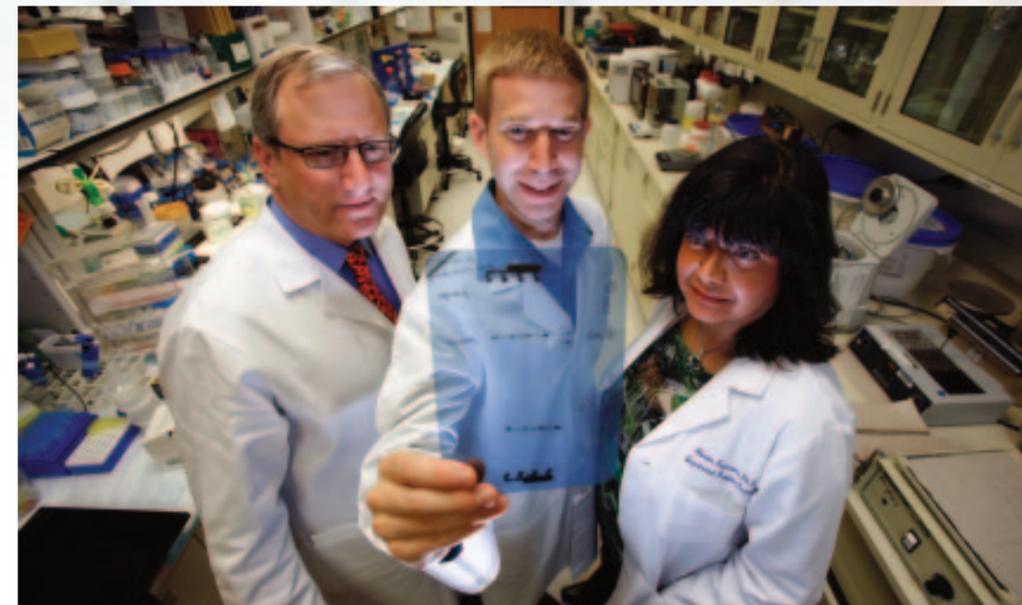
“Our YouTube video links have drawn thousands of viewers,” he says. “As a result, we’ve quadrupled the number of patients enrolled in our clinical trials for relapsed Hodgkin’s lymphoma.”

Once readers find the institution through Facebook or Twitter, the hope is that they’ll stay to explore the site, watch videos or download podcasts. In addition, iTunes U offers M. D. Anderson speeches, lectures, interviews, news and information. Students access content through electronic devices such as iPods, and computers can stay connected to expert information anytime, anywhere.



Our transformers: Sadhan Majumder, Ph.D.

While making many important contributions as a scientist, he may be making an even greater impact as a shaper of young and inquisitive minds. Learn about the transformative nature of Majumder’s work in an online video feature at www.mdanderson.org/annualreport.



Jeffrey Myers, M.D., Ph.D. (left), mentors Curtis Pickering, Ph.D., through the TRIUMPH Postdoctoral Fellowship Program developed by Khandan Keyomarsi, Ph.D. (right).

Helping young scientists triumph

By Mary Jane Schier

Curtis Pickering, Ph.D., grew up wanting to be a scientist, but it wasn’t until he arrived at M. D. Anderson that he saw the full impact of translational research.

Being one of the first two participants chosen for the TRIUMPH Postdoctoral Fellowship Program that began in 2008 allowed Pickering to meet many physician-scientists and discuss their laboratory research. He asked to work with Jeffrey Myers, M.D., Ph.D., professor and deputy chair for academic programs in the Department of Head and Neck Surgery.

“TRIUMPH is visionary and can help bridge the gap between laboratory research and clinical needs.”

In Myers’ laboratory, Pickering studies gene expressions and correlates his findings to clinical outcomes for tobacco-linked oral cancers, which are a major cause of cancer death. He also spends time observing Myers’ patients in clinic and in surgery.

“I’m more excited every day about getting such a wonderful clinical perspective, along with the opportunity to conduct translational research that can be applied directly to cancer patients,” Pickering says.

In addition to working with mentors, Pickering and other TRIUMPH fellows in the three-year program take didactic courses, attend seminars and rotate through medical oncology, surgical oncology, radiation

oncology and pediatrics services. They also learn about drug development in the Department of Investigational Cancer Therapeutics.

“TRIUMPH is visionary and can help bridge the gap between laboratory research and clinical needs,” notes Myers, one of about 20 mentors for the program.

Khandan Keyomarsi, Ph.D., professor in the Department of Experimental Radiation Oncology, developed TRIUMPH (Translational Research in Multidisciplinary Program) in collaboration with Robert Bast Jr., M.D., vice president for translational research.

“TRIUMPH aims to attract the most talented young Ph.D.s for unique mentorships that will show them the breadth and depth of M. D. Anderson’s extensive translational research activities,” says Keyomarsi, the program’s director.

After completing the program, fellows will receive certificates from the Graduate School of Biomedical Sciences, operated by M. D. Anderson and The University of Texas Health Science Center at Houston.

TRIUMPH is supported through an M. D. Anderson strategic alliance with GlaxoSmithKline (GSK). Bast notes that the fellows have opportunities to visit GSK laboratories and learn about drug development from the pharmaceutical industry.



Abhinav Jain, Ph.D. (left), has benefited from the guidance of Oliver Bogler, Ph.D., through the Odyssey Program.

Odysseys of discovery

By Mary Jane Schier

Directing M. D. Anderson's Odyssey Program provides many opportunities for Oliver Bogler, Ph.D., to brag about the young scientists who participate.

"Our goal is to identify the brightest postdoctoral fellows, support their research and give them a head start on becoming independent investigators," says Bogler, professor in the Department of Neurosurgery.

In its 10th year, the Odyssey Program has funded 57 fellowships with donations from individuals, foundations and corporations. Each fellow can receive a salary and research stipend for up to three years.

"It's a privilege to watch these outstanding postdocs progress in their odysseys of discovery," Bogler says, "and I'm pleased that most of our former fellows have established their own laboratories at M. D. Anderson and elsewhere and are devoted to finding cures for cancer."

A decade ago, the first Odyssey fellowship went to Jian Gu, Ph.D., then a postdoctoral fellow in the Department of Thoracic and Cardiovascular Surgery. He believes the three-year fellowship was "the best thing that could have happened" to launch his academic career.

Gu credits Odyssey support with helping broaden his knowledge, expand his skills and develop "motivation, confidence, independent thinking, collaboration, writing and communication skills." During the fellowship, he

had 20 scientific articles published and won several major awards for creative research.

After the fellowship, Gu shifted his research focus to molecular epidemiology and pharmacogenetics. Now an assistant professor in the Department of Epidemiology, he is principal investigator or co-PI on several National Cancer Institute grants.

Abhinav Jain, Ph.D., who was named an Odyssey fellow in fall 2008, was the first recipient of funds from the Laura and John Arnold Foundation of Houston.

Obtaining Odyssey support was "like winning a lottery," confides Jain, who is thrilled to be working in the laboratory of Michelle Barton, Ph.D., professor in the Department of Biochemistry and Molecular Biology.

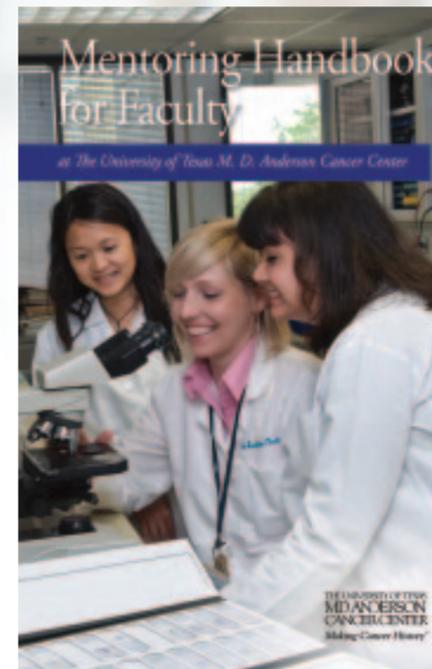
Jain's early research efforts were crucial to an article Barton's team published in 2009 in Proceedings of the National Academy of Sciences, describing a promising new way to restore the p53 suppressor gene in cancer cells.

The Odyssey Program propelled Ashby Morrison, Ph.D., from a postdoctoral fellowship at M. D. Anderson's Department of Carcinogenesis to Stanford University in 2008.

"I'm very happy as an assistant professor of biology, running my own laboratory and conducting research on genome stability mechanisms," Morrison reports.

ABCs of mentoring

A new 70-page Mentoring Handbook for Faculty helps established M. D. Anderson faculty members become more effective mentors and guide junior faculty in finding good advisors. Janis Apted, associate vice president in the Department of Faculty Development, led the team that created the handbook, which features mentoring plans for senior faculty, worksheets for mentors and their mentees, and a list of research and clinical faculty leaders who can be contacted for career advice. Faculty Development's online site includes links to extensive educational materials and presentations made to more than 200 faculty who attended a Mentoring Day program in 2009.



Our transformers: Erika Thompson

As an instructor in the Molecular Genetic Technology Program in the School of Health Professions, she has a chance to share her love for science. Learn about the transformative nature of Thompson's work in an online video feature at www.mdanderson.org/annualreport.



Reaching beyond the institution

The importance of diet in reducing the risk of cancer was a popular theme for Public Education Office events in 2008-2009. More than 600 people attended campus presentations featuring celebrity Canyon Ranch chef Scott Uehlein, who gave a "Cooking Healthy" lecture and demonstration highlighting plant-based and low-fat foods, and brain cancer survivor-author David Servan-Schreiber, M.D., Ph.D., who discussed adopting an anti-cancer diet, reducing stress and reaping the benefits of exercise and yoga. Other programs offered online, by telephone, on M. D. Anderson's campus and in the community reached more than 1.1 million people with the latest information about cancer prevention and risk reduction.

PUBLIC EDUCATION OFFICE, DIVISION OF PUBLIC AFFAIRS

Finding the right words

Breaking bad news — that a patient has cancer or a recurrence, or that treatment has failed — is among the most challenging discussions in oncology. M. D. Anderson's new I*CARE (Interpersonal Communication and Relationship Enhancement) program teaches clinicians to be more effective and therapeutic during stressful encounters with patients and families. At the heart of the program is the belief that effective and compassionate communication is an essential skill that can be taught and learned. Videos demonstrating basic and advanced principles of communication available on the I*CARE Internet site (www.mdanderson.org/icare) or iTunes U qualify for free continuing education credits.

WALTER BAILE, M.D., PROFESSOR, DEPARTMENT OF BEHAVIORAL SCIENCE

Marching against metastasis

M. D. Anderson experts in cancer metastasis are developing a graduate program focusing on the most lethal aspects of cancer. Ten to 15 students from the Graduate School of Biomedical Sciences, which is operated by M. D. Anderson and The University of Texas Health Science Center at Houston, will be accepted in the Graduate Program in Cancer Metastasis Research: Bench to Bedside. Twenty faculty from 13 M. D. Anderson departments are participating in the program that combines basic, translational and clinical aspects of metastasis research.

GARY GALICK, PH.D., PROGRAM ORGANIZER, PROFESSOR AND DIRECTOR OF EDUCATION, DEPARTMENT OF GENITOURINARY MEDICAL ONCOLOGY



John Carrigan never complains about aging. There was a time when his doctors weren't sure he would live to turn 20.

He was only 16 years old, a high school sophomore and the football team's star quarterback when he was diagnosed with testicular cancer in 1970. After surgery, doctors discovered a cancerous nodule on the lung, and he also was diagnosed with lymphoma. What gave him the courage to get through two years of intensive chemotherapy was knowing he could play football again.

Today he's a high school football coach of a team that qualified for the 2009 state playoffs, a golf coach and chemistry teacher in Caldwell, Texas.

Carrigan has always been grateful to M. D. Anderson for saving his life. When he recovered from treatment and went to Southwest Texas State University in San Marcos, he initiated the Cancer Bowl, an annual football match between fraternity and non-fraternity young men. For 18 years, the popular event was a fundraiser for M. D. Anderson.

Investing in Making Cancer History®

Carrigan isn't finished giving back to M. D. Anderson. Like a growing group of people, he and his wife, Janet, are leaving the institution an unrestricted gift in their will.

Planned giving is just one way of providing important support to M. D. Anderson's mission of eliminating cancer. Many donors give through the Annual Fund, which underwrites projects such as the Physician-Scientist Program. And creating an endowed fund like the George and Barbara Bush Endowment for Innovative Cancer Research, which celebrated its 10th anniversary in 2009, provides support in perpetuity for research and other programs specified by the donor.

Annual events also are informative and fun ways to support M. D. Anderson. These festive affairs include the Volunteer Endowment for Patient Support luncheon, A Conversation With a Living Legend events and many others.

By Sandi Stromberg



Ingrid Sevy, a music therapist in the Integrative Medicine Program, finds playing the harp for patients has a soothing effect. This program is just one of many that have been designated to receive funds from planned givers.

Planning to give — and to receive

By Sarah Watson

John Carrigan's gift represents one of many types of planned charitable gifts that can help donors address their financial and philanthropic goals in supporting M. D. Anderson patient care, research, prevention and education activities.

Pat and Jerry Abbott of Pharr, Texas, for example, are deeply interested in holistic medicine, nutrition and cancer prevention. The Abbotts have a charitable gift annuity, designating their support toward the Integrative Medicine Program. In turn, they receive a fixed payout and significant tax benefits.

Evelyn and Jerry Levine of West Palm Beach, Fla., in gratitude for expert care they both received, have made M. D. Anderson the beneficiary of their entire estate. Their legacy will provide funds to cover patients' nonmedical expenses such as extended hotel stays, meals and transportation.

Giving strategies can include bequests, charitable remainder trusts, gift annuities, charitable lead trusts, life insurance policies, family limited partnerships, and outright gifts of cash or assets, among others.

Following his wife's death from colon cancer, Steven Gordon of Houston decided to honor her memory by making a gift of an individual retirement account (IRA) to M. D. Anderson. Thoughtful estate planning enabled

him to establish an endowed fellowship in cancer prevention. By contributing to M. D. Anderson, he ensured that 100 percent of his IRA's value would go directly to cancer prevention programs and education.

In addition to including M. D. Anderson in her will, Mary Naylor, also of Houston, contributes annual stock gifts in honor of her parents. Naylor enjoys knowing that the full value of the stocks she selects will go to cancer research to develop new and better treatments.

"Not only can planned gifts of all types and sizes offer donors the opportunity to make a difference in the lives of cancer patients and their families, they also can generate income and reduce income taxes," says Patrick Mulvey, vice president for development.

By ensuring that resources are available in the future, planned giving plays a significant role in M. D. Anderson's long-term financial planning. Its impact is reflected in many programs, providing seed money for basic science and clinical research, enhancing patient care, enabling professional education programs, and supporting capital projects such as patient care and research facilities.

LEARN MORE ABOUT PLANNED GIVING OPTIONS AND THEIR POTENTIAL BENEFITS AT MDANDERSON.PLANYOURLEGACY.ORG.

Annual Fund opens possibilities for young researchers

By Sandi Stromberg

Protected research time and financial resources can be a rarity for promising junior faculty members.

Yet, as tomorrow's oncology leaders, they will need to be experts in innovative cancer research and exceptional patient care. That's why M. D. Anderson, using donations made through the Annual Fund, established the Physician-Scientist Program in 1998.

Currently 20 scholars on the edge of innovative cancer research participate in the program, working toward discoveries that will translate into improved clinical care for patients.

Their studies include new, targeted drugs for leukemia, immunotherapy for bladder cancer, protein kinase and steroid signaling in ovarian and breast tumors, and four-dimensional analysis of lung cancer imaging, among many other research areas.

Two specific examples (see below) include research for pediatric patients with neuroblastoma, a cancer of the sympathetic nervous system, and research for adult patients with melanoma and prostate cancer.



Our transformers: Colleen Wittoesch

When she accompanied her father to M. D. Anderson's Emergency Room several years ago, little did she realize that she would return here as a volunteer. Learn about the transformative nature of Wittoesch's work in an online video feature at www.mdanderson.org/annualreport.



Patrick Zweidler-McKay, M.D., Ph.D., is one of 20 scholars on the edge of innovative cancer research for pediatric patients made possible through the Physician-Scientist Program, which receives support from the Annual Fund.

Robbing cancer of a sugar high

By shutting down their energy source, an experimental drug developed at M. D. Anderson was able to starve human neuroblastoma cells transplanted into mice. The drug, 3-BrOP, was found to reduce tumor growth by more than 75 percent as a single agent. Pre-clinically, this drug has proven effective against other cancers, including glioblastoma, colon cancer, lymphoma and acute leukemia.

ALEJANDRO LEVY, M.D., FELLOW, CHILDREN'S CANCER HOSPITAL AT M. D. ANDERSON

PATRICK ZWEIDLER-McKAY, M.D., Ph.D., ASSISTANT PROFESSOR, CHILDREN'S CANCER HOSPITAL

REPORTED IN APRIL 2009 DURING THE PLENARY SESSION AT THE 22ND ANNUAL MEETING OF THE AMERICAN SOCIETY OF PEDIATRIC HEMATOLOGY/ONCOLOGY.

Searching for clues to dramatic immune response

A small group of patients with metastatic melanoma and prostate cancer have experienced some regression of their disease through a novel immunotherapeutic agent known as anti-CTLA-4 antibody. Though the drug was developed elsewhere, scientists at M. D. Anderson have added to the research. Scientific studies to understand mechanisms leading to these dramatic responses have identified a group of T cells that express the inducible co-stimulator (ICOS) molecule as playing an important role in anti-tumor responses. ICOS-expressing T cells are being investigated in clinical and pre-clinical studies to assess their roles as potential biomarkers and targets that can be used to develop successful immunotherapeutic strategies for treating cancer.

PADMANEE SHARMA, M.D., Ph.D., ASSISTANT PROFESSOR, DEPARTMENTS OF GENITOURINARY MEDICAL ONCOLOGY AND IMMUNOLOGY



Soraya and Scott McClelland have been active supporters of fundraising efforts at M. D. Anderson.

Open hearts, giving hands

By Gail Goodwin

When Scott and Soraya McClelland moved to Houston from San Antonio, they came with open hearts and giving hands.

Now Houstonians for seven years, they have fully immersed themselves in the community, both proclaiming that they love it here.

“We knew immediately that this move to Houston was going to make us different people,” says Scott McClelland, president of H-E-B, Houston division. “People here are so friendly and just reach out to you.”

M. D. Anderson is fortunate to count the McClellands among its friends and supporters. Shortly before they moved to Houston, Scott oversaw the opening of Houston’s Central Market, which benefited the institution. He went on to become a member of M. D. Anderson’s Advance Team, and Soraya is an incoming member of this group.

In addition, the couple co-chaired the Department of Volunteer Services’ Volunteer Endowment for Patient Support (VEPS) luncheon in 2007, which raised \$93,537 and featured Eugenie Kleinerman, M.D., head of the Division of Pediatrics, as keynote speaker.

Begun in 1991, VEPS has raised more than \$2.4 million to support patient programs and services, such as educational books, videos and CDs, saltwater aquariums and blanket warmers.

The McClellands also hosted a cooking class and dinner in the Central Market kitchen, featuring Kleinerman and benefiting the Children’s Cancer Hospital.

“Scott and I both love living here,” Soraya says. “We meet someone new at every event we attend. It’s obvious that Houston uses its diversity as its strength.”

The McClellands both say that they, as well as the H-E-B supermarkets, are invested in making Houston a better place to live, not just for now, but for years to come. They practice a “pay it forward” attitude, learning their lesson from Soraya’s grandmother who taught them that when you give, you get back double.

“There’s a can-do spirit here,” Scott explains. “People count on those who can to help. We’re lucky to have been given an opportunity to be a part of this great city and help make a difference in the community.”



Our transformers: Greg Hudgins

Of the many building projects he has managed at M. D. Anderson, none have been more challenging, or more rewarding, than adding 12 floors to Alkek Hospital. Learn about the transformative nature of Hudgins’ work in an online video feature at www.mdanderson.org/annualreport.

Board of Visitors: advisors and advocates

Board member Ali Saberioon (right) serves as chair-elect of the University Cancer Foundation Board of Visitors (BOV) and will take the reins from Nancy Loeffler (center) in two years. Ernest Cockrell (left), immediate past chair, passed the role to Loeffler in September 2009. The BOV is an appointed board of volunteers that assists the president and other institutional leaders in an advisory capacity. The board furthers M. D. Anderson’s mission through fundraising, community involvement and providing counsel on many issues that impact the institution.



Transformation at the top

This year, as M. D. Anderson welcomes its 23rd chair of the Board of Visitors, it celebrates a milestone. For the first time since the board was established in 1955, a woman will serve as chair. An active member of the board since 1996, Nancy Loeffler from San Antonio has served on committees and hosted events. Although she’ll serve as chair for two years, the responsibility involves a six-year commitment — first serving as chair-elect, chair, then immediate past chair. Her duties include organizing the board’s annual meeting, creating reports and making recommendations to the board, participating as a member of the board’s Strategic Advisory Committee, appointing chairs to board committees and presiding over all meetings.

Hot topic in Dallas

With energy entrepreneur T. Boone Pickens and journalist Evan Smith engaged in a lively onstage interview, the 2008 A Conversation With a Living Legend™ at the Hilton Anatole in Dallas was the talk of the town. Approximately 1,000 guests gathered for the record-breaking event, which generated \$1 million for research and patient care initiatives at M. D. Anderson, and brought total proceeds since its 1990 inception to more than \$8 million. The luncheon-interview format originated by Dallas- and Fort Worth-area business and community leaders has in recent years inspired a Houston version, which in 2008 paired political commentators Mary Matalin and James Carville with broadcast journalist Sam Donaldson.

Exceptional ingenuity meets presidential passion

For the past decade, the George and Barbara Bush Endowment for Innovative Cancer Research has provided dozens of scientists philanthropic fuel to power their creative ideas. The resulting data enables them to successfully compete for federal funding and produce important results. In 1999, the Bush Endowment was launched with a gala, Milestones & Miracles, that celebrated the birthdays of George and Barbara Bush. Five years later, current Board of Visitors member Sue Timken and her husband, Tim, co-chaired 41@80, an event that enabled the Bush Endowment to surpass its goal of \$50 million. In tribute to the Bushes, M. D. Anderson named the Robin Bush Child and Adolescent Clinic in memory of the daughter they lost to leukemia at age 3.

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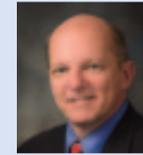
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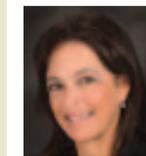
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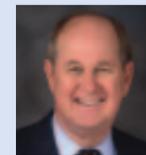
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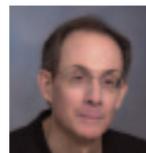
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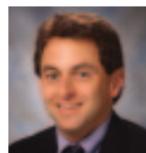
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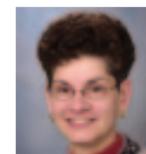
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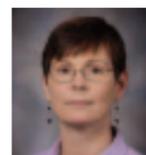
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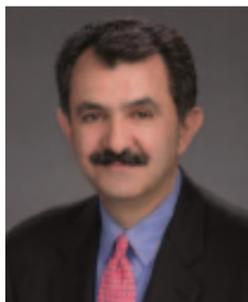
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Racing past \$1 million mark
They're off and running at the seventh annual Run for the Rose, a 5K fun run and walk supporting the Dr. Marnie Rose Foundation. Thanks to a \$317,000 contribution from proceeds of the March 2009 event, the foundation has donated more than \$1 million to brain cancer research at M. D. Anderson.

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*As of Dec. 31, 2009



Musical moment
Three stars from the Latin music industry, in Houston for the Latin GRAMMY® Awards, stepped into M. D. Anderson for an hour or so and forever into the hearts of patients, caregivers and employees. An enthusiastic audience at Alkek Hospital enjoyed the music of (from left) Gian Marco, Noel Schajris and Jon Secada. The artists donated four signed guitars to the music therapy program for pediatric and adult patients and their families.

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Mr. and Mrs. Howard S. Lorch
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The Red and Charline McCombs
Family Foundation



ADVANCE TEAM 2009-2010

The following individuals compose a volunteer leadership board focused on advancing M. D. Anderson's mission to eliminate cancer through community-based initiatives centered on basic science research, education and cancer prevention. This year's focus has been on the Children's Cancer Hospital.

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Mrs. Katherine C. Lord
Mr. Richard E. Lore, Sr.
Mr. and Mrs. Frank Lorenzo
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Mr. Robert D. Loughney
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Mr. Dan E. Lowrance
Mr. and Mrs. Stephen A. Lubanko
Mrs. True F. Luck
Mrs. Seymour Luckoff
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Lung Cancer Research Foundation
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Lowry and Peggy Mays
Mays Family Foundation
Mr. Richard McAllister
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A-plus for originality
Robin Polasek, a Spanish teacher at Buist Academy in Charleston, S.C., enlisted the help of her pet burro to follow through on a unique fundraiser inspired by husband Daniel's care at M. D. Anderson. A "Kiss the Burro" challenge at her school raised \$3,000 for the Children's Cancer Hospital at M. D. Anderson.

THE ANDERSON ASSEMBLY*

Since its inception in 1989, The Anderson Assembly has recognized those whose support and financial contributions have enabled M. D. Anderson's continued growth and progress. Listed here are members who have committed \$1 million or more to support M. D. Anderson programs.

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 Mr. and Mrs. Milton Levit and Family
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**This historical listing reflects the original names of individuals, foundations and corporations as they were brought into The Anderson Assembly.*

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Christmas in July
Santa braves Houston's summertime heat in July 2009 to spread holiday cheer among patients at the Children's Cancer Hospital, during an event arranged by the Cheniere Making Cancer History® Race Across America Team. Former team member Kirk Gentle was on hand to help the young patients decorate gingerbread men cookies, make reindeer antlers and more. Since 2005, Cheniere's team has raised more than \$500,000 for the Children's Cancer Hospital at M. D. Anderson.

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MONROE DUNAWAY ANDERSON SOCIETY

New members, Sept. 1, 2008-Aug. 31, 2009

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

Anonymous	Mr. Michael Delzotti	Dr. Ralph Keen	Mr. Robert E. Phaneuf
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Hope grows resilient
Irene Hunsicker (right) and her oncologist at M. D. Anderson, Barbara Pro, M.D., prepare to plant a rose bush in the institution's garden near the Clark Clinic entrance. Not just any garden-variety rose, the latest addition is 'Forever Irene,' whose name was the winning entry in a contest sponsored by the Houston Chronicle. Hunsicker, an avid gardener, has been a patient at M. D. Anderson for 10 years.

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 Larry J. and Marsha Smith
 Mrs. Lura B. Smith
 Mr. and Mrs. Marc B. Smith, Jr.
 Mr. and Mrs. Marvin L. Smith
 Mr. Noel E. Smith, Jr.
 Onnie Leach Smith
 Mr. Randlow Smith
 Dr. and Mrs. Robert Kinsel Smith
 Mr. and Mrs. Robert L. Smith
 Mr. Scott Smith
 Mr. and Mrs. Stephen F. Smith
 Mr. Terence J. Smith
 Mr. and Mrs. Walter J. Smith
 Mr. and Mrs. Warren H. Smith
 Mr. and Mrs. William F. Smith
 Mr. and Mrs. William R. Smith
 Clara B. & W. Aubrey Smith
 Charitable Foundation
 Gordon V. and Helen C. Smith
 Foundation
 Vivian L. Smith Foundation
 The William A. and Madeline Welder
 Smith Foundation
 Smith, Graham & Company
 Mr. and Mrs. Mark S. Smock
 Mr. and Mrs. David B. Smothermon
 Mr. and Mrs. Thomas M. Smouse

Mr. and Mrs. Robert G. Snead
 Mr. and Mrs. Thomas M. Snell
 Dr. and Mrs. Jeff M. Snitzer
 Mr. and Mrs. Harold B. Snyder
 Dr. James L. Snyder
 Mr. John C. Snyder
 Mr. and Mrs. Louis J. Snyder
 Estate of Oriel A. Snyder
 Societe Generale
 Mrs. Mary Ann Soehnen
 Ms. Stephanie Sokolove
 Dr. Patricia Solar and Mr. J. Michael Solar
 Mr. and Mrs. Robert A. Solberg
 Solvay America Inc.
 Solvay Finance (America), Inc.
 The Somekh Family Foundation
 Mr. and Mrs. Greg Sones
 Mrs. Terry Sonnevill
 SonoSite, Inc.
 Mrs. Trini Mendenhall Sosa
 South Corpus, Inc.
 South Glens Falls Marathon Dance
 Southside Market & BBQ, Inc.
 Southwest Airlines Co.
 Mr. and Mrs. Rodney A. Sovereign
 Mr. and Mrs. Patrick C. Sparks
 Ruth Parr Sparks Foundation
 Dr. and Mrs. Stuart Spechler
 Specialized Environmental Resources LLC
 Mrs. Heather F. Spector
 Spectra Energy Corporation
 Spectrum Global Fund Administration LLC
 Mr. Roger W. Speer
 Mr. William T. Speller
 Mary John Spence
 Mr. and Mrs. Ralph Spence, Jr.
 Ms. D. Laurie Spencer
 Mr. and Mrs. George W. Spencer
 Mr. Melvin D. Spencer
 SPGGC, LLC
 Mr. Lee W. Spieckerman
 Mr. and Mrs. Joel I. Spira
 The Joel & Brenda Spira Foundation
 Mr. and Mrs. Kenneth F. Spittler
 Dr. Craig A. Spletzer
 Mrs. Mary F. Spletzer
 Dale and Lola Spradley
 Mr. and Mrs. H. J. Springer
 SSS Foundation
 Mr. Jack B. St. Clair
 St. Philip the Apostle Catholic Church
 Mr. and Mrs. Stan St. Pierre
 Stan and Suzanne St. Pierre Foundation
 Mr. James Stafford
 Mr. Hugh I. Stahlman III
 Mr. and Mrs. Donald G. Stakes
 Mr. and Mrs. Joe H. Staley, Jr.
 Mr. and Mrs. Fred Stanback
 The Standard
 Mr. and Mrs. Paul D. Stang
 Mrs. Rosalie Stanke-Garvin
 Mr. and Mrs. Charles B. Stanley
 Mr. and Mrs. R. John Stanton, Jr.
 Mr. Michael L. Stanwood
 Star Home Comfort
 Mr. and Mrs. George Stark
 Stark Community Foundation
 State Employee Charitable Campaign
 Mr. and Mrs. Dean C. Stavinoha
 Mr. Stanley D. Stearns
 Mr. Jeff Steen
 Sharon Steen
 Mr. and Mrs. Gustave R. Steenborg
 Mr. and Mrs. Ben Steffe
 Mr. and Mrs. Michael J. Stehling
 Mr. and Mrs. Joseph Steinberg
 Mr. and Mrs. Phil O. Steinberg

Ron and Phyllis Steinhart
 Mr. James L. Stenbridge
 Stemcor USA Inc.
 Mr. and Mrs. John D. Stenson
 Dr. Maria Stephan-Laham and Dr. James L. Laham
 Mr. and Mrs. Randall L. Stephenson
 Mr. and Mrs. Roderick D. Stepp
 The Sterling-Turner Foundation
 Steven M. Seger Memorial Foundation, Inc.
 Mrs. Dorothy (Ben M.) Stevenson
 Mr. John Stevenson and Ms. Robyn Rothman
 Mr. and Mrs. Jed Stever
 Mr. and Mrs. H. Leighton Stewart
 Alan G. and Kathy Kurtin Stewart
 Mr. Don A. Stewart, Jr.
 Mr. and Mrs. James William Stewart, Jr.
 Dr. and Mrs. Richard B. Stewart
 Stewart Title Guaranty Company
 Mr. and Mrs. John D. Stiefel
 Mr. and Mrs. David H. Stiel III
 Mr. and Mrs. J. Michael Stinson
 Mr. Michael M. Stoeger
 Mr. and Mrs. Paul T. Stoffel
 Dr. and Mrs. Steven M. Stoltz
 Mrs. Beulah G. Stone
 Mr. and Mrs. Francis M. Stone, Jr.
 Mr. and Mrs. Gregory R. Stone
 Mr. and Mrs. James Clif Stone
 Mr. and Mrs. Neil C. Stone
 Stone Energy Corporation
 Mrs. Julianne R. Stopper
 Mr. Robert E. Storey, Jr.
 Mr. and Mrs. Robert E. Storey, Sr.
 Mr. and Mrs. N. E. Stouder
 Mr. and Mrs. Earl D. Stout
 Mr. and Mrs. George W. Strake, Jr.
 Strake Foundation
 Mr. F. W. Straw
 Bill and Lindy Street
 Robert Strickland Family Foundation
 Dr. and Mrs. David R. Strome
 Estate of Yvonne Struchen
 Mr. and Mrs. B. W. Stryker
 Mr. and Mrs. Steven C. Stryker
 Stryker
 Mr. Michael D. Stuart
 Mr. Timothy L. Stuart
 The Stuart Charitable Foundation
 The Joan Warren Stuart Foundation, Inc.
 Mr. and Mrs. Mike P. Sturdivant, Sr.
 Mrs. Martha H. Styner
 Dr. Manuel Suarez
 Mr. and Mrs. Randy L. Subers
 Mr. and Mrs. Bill Suehs
 Mr. and Mrs. Calvin H. Sugg, Jr.
 Mr. and Mrs. Gerald Sullivan
 Mrs. Jeanne M. Sullivan
 Mr. and Mrs. Robert L. Sullivan, Jr.
 Mr. Willard J. Sullivan, Jr.
 E. & B. Sullivan Foundation
 Mr. Joe Chat Sumner III
 Mr. and Mrs. Carl T. Sundbeck, Jr.
 Mr. Charles Sunderland
 The Sunderland Foundation
 Mrs. Margaret C. Sunderman
 Mr. and Mrs. Scott A. Sundet
 superDimension, Inc.
 Mrs. Dolores L. Sura
 Mr. and Mrs. John L. Sutey
 Mr. and Mrs. Thomas C. Sutphen
 Mr. and Mrs. Ben E. Sutton
 Mr. James D. Sutton
 Mrs. Alice M. Sweeney
 Mr. and Mrs. Virgil N. Swift
 Roselyne Chroman Swig
 Mr. Mark Swim
 Mr. and Mrs. David S. Sykes
 Estate of Sandra Syms

SynerComm, Inc.
 SYSCO Corporation
 Mr. and Mrs. Daniel Szpanelewski
 Mr. Stephen J. Szydlak

T
 T. Rowe Price Program for Charitable Giving
 Mrs. Elizabeth Y. Taber
 The Tagliaferri Foundation
 Takeda Pharmaceuticals North America, Inc.
 Mr. Fiore Talarico
 Sharon and J. Michael Talbert
 Mrs. Zoe Talbert
 Mr. and Mrs. Tony L. Talbott
 Ms. Lynn Tallent
 Mr. and Mrs. Kevin D. Talley
 Mr. and Mrs. Robert M. Tallman
 Bob Tallman's Charities, Inc.
 Mr. Bruce A. Tankleff
 Mr. Brian J. Tanner
 Mr. and Mrs. Phillip L. Tanner
 Mrs. Beatrice B. Taplin
 Mrs. Polly T. Taplin
 TAQA North
 Target Insurance Services
 Judy and Charles Tate
 The Charles W. Tate and Judy Spence Tate Charitable Foundation
 Mr. Henry J. N. Taub II
 Taub Foundation
 Bonnie and George Taubel
 Mr. and Mrs. David W. Tauber, Sr.
 The Tauber Companies
 Richard and Leanne Tavoso
 Mr. and Mrs. Allan Taylor
 Mr. and Mrs. Dennis W. Taylor
 Mr. Hollis M. Taylor
 Mr. John S. Taylor
 Mr. Randolph L. Taylor
 Mr. Robert M. Taylor
 Mr. and Mrs. Philip A. Teel
 Mr. David M. Tehle
 Te-Ko Contractors, Inc.
 Teleflora
 Mr. and Mrs. Thomas J. Tella II
 Mr. Robert N. Tenczar
 David B. Terk Foundation
 Dr. and Mrs. Robert C. Terrill
 The Denise Terrill NF Charity Classics Foundation
 Mike and Mary Terry
 Mr. Kevin J. Teske
 Mr. Wayne H. Teumer
 Tex US TOO
 Texas Capital Bancshares, Inc.
 Texas Christian University
 Texas Industries, Inc.
 Texas Instruments Foundation
 Educational Matching Gift Program
 Texas Longhorn Marketing Alliance, LLC
 Texas Medical Distributors, Inc.
 Texas Neurofibromatosis Foundation
 Texas Pain Society
 Texas Prairieland Foundation
 Texas State Conference Knights of Peter Claver & Ladies Auxiliary
 Texas Welders Supply Co., Inc.
 Textron Charitable Trust
 TFBPW Foundation, Inc.
 TFWC Women's Club of Kingsville
 TGS-NOPEC Geophysical Company
 Mr. Chester Allen Thames, Jr.
 THANC Foundation (Thyroid, Head and Neck Cancer)
 Thank Heaven Foundation
 Mr. and Mrs. Jon E. Thaxton
 ThermOptics
 Mr. and Mrs. Donald L. Thiel

Mr. Edward E. Thiele
 Anna Belle P. Thomas
 Mr. Clay Thomas
 Curtis and Linda Thomas
 Mr. and Mrs. Dennis Thomas
 Mr. and Mrs. Dwaine M. Thomas
 Mr. and Mrs. Gillis Thomas
 Mr. and Mrs. Hall W. Thompson
 Mr. James G. Thompson
 Mr. and Mrs. Jon L. Thompson
 Mrs. Kathy Thompson
 Mr. and Mrs. Kelly R. Thompson
 Mr. and Mrs. Ned Thompson
 Peggy and Jere Thompson
 Mr. W. Norman Thompson
 Thompson & Knight Foundation
 Dr. and Mrs. Kevin G. Thomson
 Dr. and Mrs. William E. Thornton
 Mr. R. Michael Throne
 Mr. and Mrs. Brian Thurman
 Estate of Violet Thwaites
 Mr. Norris Tibbetts
 Mr. and Mrs. Ronald Tickman
 Mr. and Mrs. R. B. Tillman
 Ms. Patricia D. Tilton
 Mr. and Mrs. Phillip D. Tippen
 Louis Tiseo
 Tiseo Paving Company
 Dr. Teresa M. Todd and Dr. David L. Todd
 Todd Family Charitable Foundation
 Mr. and Mrs. Bill Toller
 Mrs. Lavina Tomlinson
 Tommy Ford Construction, LP
 Dr. and Mrs. James A. Tompkins
 Tompkins Associates, Inc.
 Tony's Prostate Cancer Research
 Mr. and Mrs. Donaldo E. Torres
 Mr. and Mrs. Dennis E. Tottenham
 Mr. and Mrs. Terry O. Tottenham
 Mr. and Mrs. Leon Toubin
 Touchstone Consulting Group, Inc.
 Mrs. Sibyl V. Townes
 TracyLocke
 Mr. Alan S. Trager
 Transmountain Oil Company, L.C.
 The Transportation Club Of Houston
 The Traveling Skillet
 Mr. and Mrs. Paul K. Travis
 Mrs. Crystal Treme
 Mr. Clayton Trent, Sr.
 Mr. and Mrs. D. Michael Trent
 Mr. and Mrs. Arthur G. Trevino
 Ms. Elizabeth Trehitt
 Trico Marine Operations, Inc.
 Mr. and Mrs. George L. Trimble III
 Trio Electric Ltd.
 Triten Corporation
 Dr. Patricia Troncoso
 Tropical Trailer Leasing, LLC
 Dr. and Mrs. Barton C. Trover
 Mrs. Betty H. Trover
 J. M. Trow
 Louie and Phila Tuccinardi Family Foundation
 Stephanie and Brad Tucker
 Tulsa Community Foundation
 Mr. and Mrs. Ronald Turboff
 Estate of John L. Turner
 Mr. and Mrs. Lawrence A. Turner
 Dr. and Mrs. R. Gerald Turner
 Turn-Tex Machine & Tool, Inc.
 Mr. Jack A. Turpin
 Mr. Jeff Tuthill
 Mr. William H. Tyler
 Mr. and Mrs. George H. Tyson, Jr.
 Mr. and Mrs. H. Michael Tyson

U
 U.S. Quality Furniture Services, Inc.
 Mr. and Mrs. James I. Uihlein
 Robert A. Uihlein Foundation
 Mr. Chip Underdown
 Mr. and Mrs. Timothy J. Unger
 United States Cancer Pain Relief Committee
 United Way of Greater Richmond & Petersburg
 United Way of Tri-State
 Uniting Against Lung Cancer
 The University of Texas Health Science Center at Houston
 Mr. and Mrs. W. J. Unverferth
 Mr. Paul Upchurch
 Vivian and Ignacio Urbieto Jr.
 Uribe Steel
 Mr. John A. Urquhart
 US Oncology Foundation
 USA Mobility Wireless, Inc.
 Colonel (Ret.) and Mrs. Roger R. Utley

V
 The V Foundation
 Mr. and Mrs. Ken J. Valach
 The Vale-Asche Foundation
 Valence Operating Company
 Jose L. Valencia, M.D.
 Dr. Alan D. Valentine
 Valuebank Texas
 Mr. and Mrs. Vern L. Van Bebbler
 Van Devender Family Foundation
 Mr. and Mrs. Frank J. Van Deventer
 Mr. and Mrs. Henri Van Dierdonck
 Roger and Diana Van Duzer
 Van Kampen Funds
 Mrs. Thyrra Van Voris
 James D. VanAntwerp Jr., M.D.
 Mrs. Arline A. Vanderclute
 Gary and Debra Vandergriff
 Mrs. Eleanor Vandeventer
 Vanguard Charitable Endowment Program
 Mr. and Mrs. William W. Vann
 The Vannock-Bailey Foundation
 Mr. and Mrs. Adalberto Vara
 Mr. Constantin W. Vasselades
 Susan and Gene Vaughan
 Mr. and Mrs. W. F. Vaughan
 Mr. Eugene Vaughn
 Mr. and Mrs. J. Thomas Vaughn
 Mr. and Mrs. Robert C. Vaughn
 The Vaughn Foundation
 Mr. Alfredo Velasquez
 Ventana Medical Systems, Inc.
 Mr. and Mrs. William P. Verbout
 Dr. Kathleen S. Verderber and Dr. Rudolph F. Verderber
 D. R. "Sid" Verdoorn
 Ms. Mary Shelton Simpson
 Vescovo
 Mr. and Mrs. Johnny J. Veselka
 Greg and Karla Vesey
 Mr. Samuel H. Vester, Jr.
 Veterans for Sarcoma
 Vicon Equipment Inc.
 Helen R. Viereck
 Mrs. George F. Vietor
 Janice and Bryan L. Vinson
 Ms. Reisha Virata and Dr. Thomas W. Feeley
 Visible Changes, Inc.
 Mr. and Mrs. A. J. Vogel
 Mr. Loren F. Vogel
 Mr. and Mrs. Gregory A. Vogt
 Mr. Brian Voigt
 Ms. Sarah L. Volling
 Mr. and Mrs. Kurt von Plonski
 Mr. and Mrs. John vonBerg IV
 Mrs. Wilma Voss



Motorcycle 'divas'
Michelle Hampton, Elaine Thomas, Jan Emanuel-Costley, Cynthia Marcy and Aj Coffee (from left) supported M. D. Anderson through the 2008 Divas for a Cure Breast Cancer Motorcycle Run. They biked from Atlanta to Canada to the East Coast and back, collectively raising \$35,000 to help fund breast cancer research at M. D. Anderson.

W

Mr. and Mrs. Mark L. Waage
 Wachovia Bank
 Wachovia Foundation Matching Gifts
 Mr. and Mrs. Richard L. Wade
 Mrs. Ann Wadlington
 Mr. and Mrs. Robert Waechter
 Mr. and Mrs. William D. Wagner
 Mrs. Mary Pillsbury Wainwright
 The Honorable and Mrs. Stephen A. Wakefield
 Mr. Tommy Wald
 Mrs. Charlie Walden
 Mr. and Mrs. Kirby D. Waldrop
 Mrs. Eugenia B. Walker
 Mr. and Mrs. Foster Walker III
 Mr. Ralph Walker
 Mr. and Mrs. Thomas F. Walker
 Mr. and Mrs. Allen Wall
 Mrs. Dwane L. Wallace
 Mr. and Mrs. H. Dalton Wallace
 Wayne and Margaret Wallace
 Dwane L. and Velma Lunt Wallace Charitable Foundation
 Wallgren Environmental Services, Inc.
 Wal-Mart /Sam's Club Foundation
 Wal-Mart Stores, Inc.
 Ms. Elisse B. Walter and Mr. Ronald Stern
 Walter A. Smith Enterprises, Inc.
 Ms. Qingsu Wang and Mr. John G. Zvonar
 Mr. J. E. Wann
 Wapiti Energy, LLC
 Ms. Toni Warbyla
 Mr. Albert J. Ward, Jr.
 Mr. and Mrs. William C. Ward
 Ward Petroleum Corporation
 Regina and Arthur Warren
 Employees of Washington Mutual
 Mr. and Mrs. Steven H. Wasserman
 Dr. William G. Watkin
 Dr. and Mrs. David L. Watkins
 Mr. and Mrs. David S. Watkins
 Mr. and Mrs. Charles L. Watson
 Mr. Eddie Watson
 Mr. John C. Watson

Mr. and Mrs. Kimball S. Watson
 The Honorable and Mrs. Kirk Watson
 Mr. and Mrs. Paul E. Watson
 Mr. Philip C. Watt
 Ms. Marilyn Kay Watts
 Mr. and Mrs. Perry M. Waughtal
 Mr. and Mrs. Jim C. Weatherly
 Mr. and Mrs. Andrew Weaver
 Mr. F. Rene Weaver
 Dr. and Mrs. William R. Weaver
 Bill and Katie Weaver Charitable Trust
 The Gil & Dody Weaver Foundation
 Mr. and Mrs. John R. Webb
 Mr. and Mrs. Michael R. Webb
 Mr. and Mrs. Anthony Keith Weber
 Dr. and Mrs. Randal S. Weber
 Weber Family Foundation
 Mr. and Mrs. William M. Webster IV
 Joan and Michael Wechsler
 Timothy R. Weddle
 Mr. and Mrs. David M. Weekley
 David Weekley Family Foundation
 Mr. and Mrs. Valyn E. Weekly
 Mr. and Mrs. U. Roger Weems
 Mr. and Mrs. Robert Wegner
 Mr. and Mrs. James P. Weidener
 Mr. Peter E. Weidler
 Mr. and Mrs. S. Conrad Weil, Jr.
 The Diana and S. Conrad Weil, Jr. Family Foundation
 Mr. and Mrs. David Weinberger
 Mr. and Mrs. Kane C. Weiner
 The Weingarten Schnitzer Family
 Mr. Daniel M. Weingeist
 Mr. and Mrs. Kevin F. Weinrich
 Mr. and Mrs. Michael Weintraub
 Joseph Weintraub Family Foundation
 Mr. and Mrs. David Weir
 Miss Lauren A. Weiser
 Ms. Laurie A. Weiss
 Mrs. Ruby R. Weiss
 Mr. Herbert D. Weitzman
 The Robert A. Welch Foundation
 Carole and D. Brent Wells
 Employees of Wells Fargo
 Wells Fargo Foundation

Mr. and Mrs. Alan G. Wenger
 Mr. and Mrs. Eugene Werlin, Jr.
 Mr. and Mrs. Douglas E. Werner
 Mr. and Mrs. Lon T. Werner
 Mr. and Mrs. Thomas F. Wessel
 Mr. and Mrs. Steven L. Wessinger
 Mr. Warren G. Wester
 Dr. Valda Kay Westmoreland
 Mr. Norden Wetstone
 Estate of Leona S. Whatley
 Mr. and Mrs. Patrick L. Whatley
 Mr. Nicholas H. Wheless, Jr.
 The Wheless Foundation
 Mrs. Wilma P. Whitaker
 Mr. Bobby T. White
 Mrs. Cecile S. White
 Mr. and Mrs. James E. White, Jr.
 Drs. John and Lois White
 White Oak Energy
 Mr. and Mrs. Howard M. Whitehead
 Whitfield Properties
 Mr. and Mrs. Lowell D. Whitlock III
 The Honorable John Whitmire
 Mr. and Mrs. Jon R. Whitney
 Mr. and Mrs. Don R. Whitten
 Mr. and Mrs. W. Gary Whittington
 Mrs. Terry Whorton
 WHR Architects, Inc.
 Ms. Kathryn T. Wiedorn
 E. L. Wiegand Foundation
 Mr. and Mrs. Jeffrey L. Wigbels
 Estate of Morris S. Wiginton III
 Mrs. Helen B. Wiley
 Ms. Lisa Wiley
 Mrs. Dolores K. Wilkenfeld
 Mrs. Margaret M. Wilkerson
 Mr. Bruce Wilkinson
 Dr. and Mrs. Steve Wilks
 Willard Marine, Inc.
 Dr. and Mrs. George Willeford III
 Mr. and Mrs. Bert B. Williams
 Ms. Beth Williams
 Mr. and Mrs. Clarence Max Williams
 Mr. and Mrs. Earle C. Williams
 Mr. Edward B. Williams
 Gene and Colleen Williams
 Ms. Isabelle R. Williams

Mr. James N. Williams
 Mr. and Mrs. James P. Williams
 Mr. and Mrs. John D. Williams, Sr.
 Mr. and Mrs. Joseph H. Williams
 Mr. Laney P. Williams
 Mr. Luther W. Williams, Jr.
 Mrs. Margaret Alkek Williams
 Estate of Mary F. Williams
 Mrs. Michel H. Williams
 Dr. Michelle D. Williams
 Randa Duncan Williams
 Mr. Ray R. Williams, Jr.
 Mr. and Mrs. Robert C. Williams
 Mr. Rodney W. Williams
 Sheridan and John Eddie Williams, Jr.
 Mr. and Mrs. Thomas F. Williams, Jr.
 The Paul J. Williams Foundation
 Williams Brothers Construction Co., Inc.
 Williams Companies, Inc.
 Williams Machine, Inc.
 Barbara and Jim Williamson
 Dr. and Mrs. Hugh J. Williamson
 Ms. Mary J. Williamson
 Gerry Williamson-Sheppard
 Mr. and Mrs. Truett Williford
 Mr. and Mrs. John C. Willingham
 WillSource Enterprise, LLC
 Barbara Palmer Wilson
 Mr. and Mrs. Clyde H. Wilson, Jr.
 Mr. and Mrs. Floyd C. Wilson
 Mr. and Mrs. Herman T. Wilson, Jr.
 Mr. John W. Wilson
 Mrs. Linda J. Wilson
 Dr. Peggy M. Wilson
 Mr. Richard F. Wilson
 SuEllen and John Wilson
 Mr. and Mrs. Thomas H. Wilson
 Mr. and Mrs. Wallace S. Wilson
 Mr. and Mrs. Walter C. Wilson
 Welcome Wilson, Jr./GSL Welcome Group
 Mr. David Wing
 Mr. and Mrs. Joseph C. Winkler III
 Mr. and Mrs. Michael J. Winkler
 Mr. Darin Winn
 Dr. J. David Winningham
 Mrs. Judith Winograd
 The Winokur Family Foundation, Inc.
 Mr. and Mrs. Bruce D. Winstein
 The David C. Winter Charitable Foundation
 Mr. Tom G. Winterton
 Wipe Out Cancer Foundation
 Mr. and Mrs. John L. Wirth
 Mr. and Mrs. Gordon Wise
 Mr. and Mrs. William A. Wise
 Watson W. Wise Foundation
 William and Marie Wise Family Foundation
 Wise Up Marketing LLC
 Mr. and Mrs. Denzel W. Wiseman, Jr.
 Dr. and Mrs. James F. Wittmer
 Mr. and Mrs. Brad Witty
 Ms. Abigail Wodock
 Ms. Judith Wolfe and Mr. Robin Richmond
 Cyvia & Melvyn Wolff
 Wolff-Toomim Foundation
 Woman's Civic Club of Jasper
 Mr. and Mrs. H. H. Wommack III
 Mr. and Mrs. Don M. Woo
 Mr. and Mrs. Donald F. Wood
 Mr. and Mrs. Jackie D. Wood
 Mr. and Mrs. Jeffrey R. Wood
 Mr. Larry D. Wood
 Mr. and Mrs. Leonard W. Wood
 Mr. Scott Wood
 Mr. and Mrs. Gene M. Woodfin
 Mr. and Mrs. Randy Woodruff
 Mr. Carey A. Woods III
 David and Donna Woods
 Mr. and Mrs. James D. Woods

Ms. Kendell Woods
 The David D. Woods Charitable Foundation
 Woodson Elementary School
 Woodway Financial Advisors
 Mr. and Mrs. Thomas Woodworth
 Mr. H. L. Worrall
 Mr. and Mrs. Albert Victor Wray
 Arthur and Janet Wright
 Mr. and Mrs. Bradfield F. Wright
 Mr. and Mrs. Clyde L. Wright, Jr.
 Mrs. Marla L. Wright
 WWWW Foundation, Inc.
 Mr. Shannon Wynne

X-Y

XTO Energy Inc.
 Mrs. Donna E. Yaffe
 Yahoo! Inc.
 Mrs. Shoko Yamasaki
 Dr. Stacy A. Yamasaki
 Mr. Fernando A. Yarrito
 Dr. James R. Yates and Dr. Alba A. Ortiz
 Mrs. Lori L. Yeargin
 Mr. and Mrs. Kyle Yeates
 YM Biosciences Inc.
 Miss Elena Yndurain Gil
 Ms. DeLois C. Young
 Estate of Nolan Young
 Dr. Paul Young and Mrs. Susan Torn Young
 Young Texans Against Cancer
 Mr. and Mrs. Glenn A. Youngkin

Z

Mr. and Mrs. Steven M. Zager
 Mr. and Mrs. Robert Zamboras
 Zamir Properties Corp.
 Henry Zarrow
 Mr. and Mrs. Jack Zarrow
 Mr. Stuart A. Zarrow
 Maxine and Jack Zarrow Family Foundation
 The Anne and Henry Zarrow Foundation
 Mr. Gary Zeasman
 Mrs. Elise G. ZeBrack
 Ferrin Randall Zeitlin Foundation for Sarcoma Research
 Jori Zemel Children's Bone Cancer Foundation
 Zeta Tau Alpha Foundation, Inc.
 Mr. Paul Ziegler
 Mr. and Mrs. Robert C. Ziegler
 Mr. and Mrs. Tom Zimmerer
 Mr. Ronald R. Zimmerman
 Mr. and Mrs. Thomas W. Zimmerman
 Mr. and Mrs. Timothy K. Zipp
 Mr. and Mrs. Frank M. Zoch
 Mr. and Mrs. Robert L. Zorich
 Mr. and Mrs. Eric S. Zorn
 Mr. Michael A. Zowine
 Mr. and Mrs. Joe Zuber
 Mr. and Mrs. Joseph F. Zullo
 Dr. and Mrs. Fernando J. Zuniga y Rivero
 Mr. X. Kembo Zunzanyika

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

2008-2009
 FINANCIAL AND STATISTICAL DATA

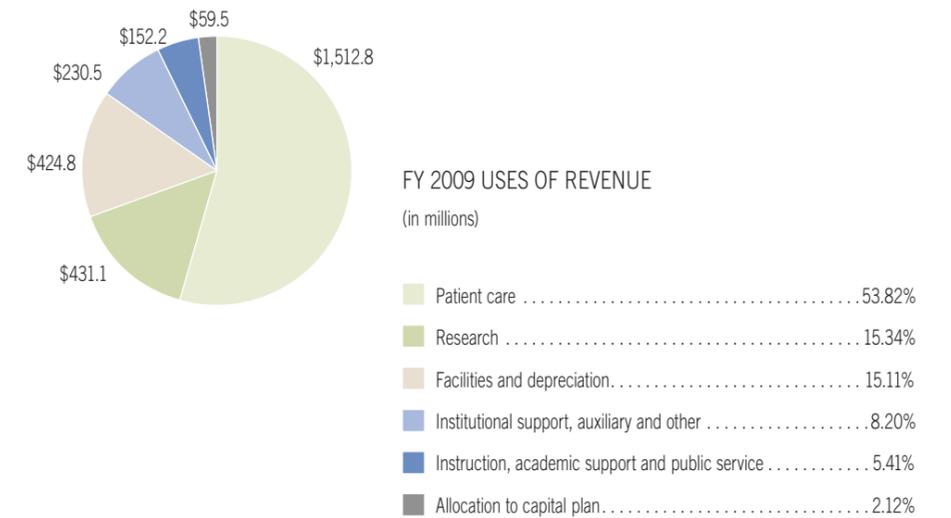
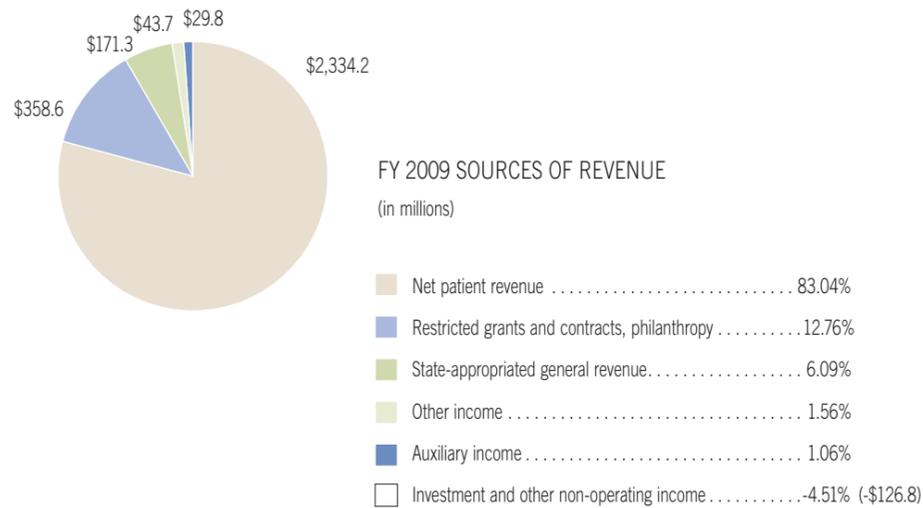


SOURCES OF REVENUE (unaudited)

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Patient revenue					
Gross patient revenue ¹	\$3,016,751,040	\$3,366,499,918	\$3,802,824,613	\$4,094,053,649	\$4,692,510,650
Deductions from gross patient revenue ²	1,455,056,418	1,606,135,345	1,814,040,101	1,935,375,659	2,358,290,606
Net patient revenue	1,561,694,622	1,760,364,573	1,988,784,512	2,158,677,990	2,334,220,044
Restricted grants and contracts, philanthropy	264,042,886	289,957,497	314,378,653	374,765,267	358,610,391
State-appropriated general revenue	140,770,734	158,529,119	160,130,024	167,894,635	171,265,817
Auxiliary income ³	19,325,115	22,876,625	25,319,457	26,514,386	29,797,216
Other income ⁴	12,365,641	20,832,995	29,369,564	38,374,559	43,731,386
Investment and other non-operating income	108,685,555	101,368,135	161,853,840	(11,018,492)	(126,798,902)
TOTAL SOURCES OF REVENUE	\$2,106,884,553	\$2,353,928,944	\$2,679,836,050	\$2,755,208,345	\$2,810,825,952

USES OF REVENUE (unaudited)

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Research	\$283,123,862	\$341,540,289	\$374,619,643	\$414,772,468	\$431,058,983
Instruction, academic support, public service	80,162,189	135,029,784	138,970,358	146,620,811	152,175,327
Patient care	1,149,309,045	1,194,110,713	1,323,426,531	1,435,254,577	1,512,759,959
Facilities and depreciation	273,125,533	330,029,490	345,418,403	400,706,162	424,817,880
Institutional support, auxiliary, other ¹	163,022,318	173,716,186	187,197,744	203,649,311	230,471,383
Allocation to capital plan ²	158,141,606	179,502,482	310,203,371	154,205,016	59,542,420
TOTAL USES OF REVENUE	\$2,106,884,553	\$2,353,928,944	\$2,679,836,050	\$2,755,208,345	\$2,810,825,952



¹Includes inpatient, outpatient and professional services.

²Amounts 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.

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

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

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

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

CLINICAL PROFILE

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Hospital admissions	20,728	21,221	22,257	22,194	23,277
Patient days	153,615	155,551	163,007	167,451	174,740
Average daily census	427	432	452	464	486
Average length of stay	7.4	7.3	7.3	7.5	7.5
Average number of operating beds	475	508	512	510	507
Outpatient clinic visits, treatments, procedures	831,025	884,817	922,985	965,248	1,055,092
Pathology/laboratory medicine procedures	7,465,264	7,884,053	8,651,960	9,221,298	10,112,244
Diagnostic imaging procedures	384,872	412,924	447,497	479,476	519,150
Surgery hours	50,442	50,917	55,181	57,308	62,587
Total active clinical protocols	951	1,081	1,064	1,108	1,073

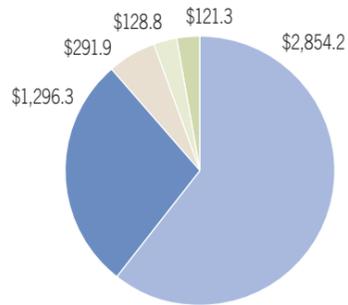
FY 2009 WORKFORCE



FY 2009 UNSPONSORED CHARITY CARE



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



FY 2009 GROSS PATIENT REVENUE BY PAYOR CLASSIFICATION

(in millions)

Managed care	60.83%
Medicare	27.62%
Other (international, self-pay, other)	6.22%
Medicaid	2.74%
Indigent	2.59%

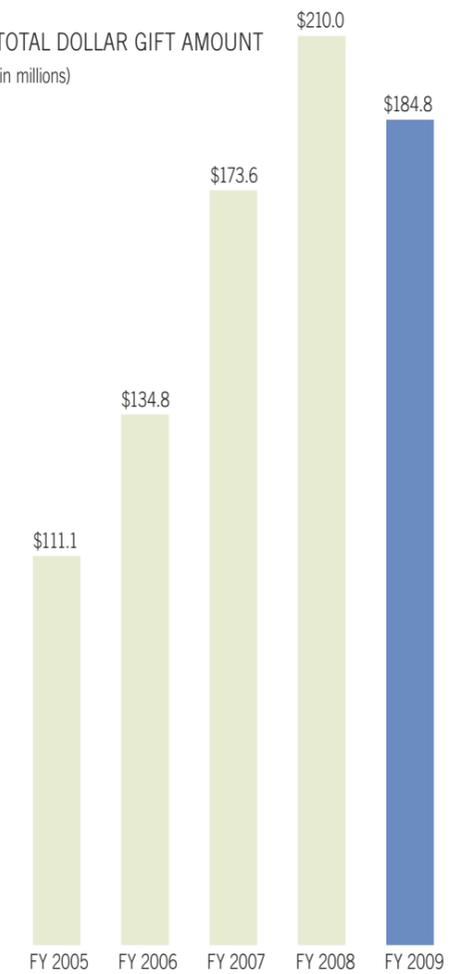
FY 2009 TOTAL PHILANTHROPIC SUPPORT BY TYPE

	Amount
Cash gifts	
Corporations	\$5,410,499
Foundations	19,471,744
Individuals	21,818,447
Organizations	2,315,918
Trusts and estates ²	6,185,350
Subtotal	\$55,201,958
Pledge gifts¹	
Corporations	\$1,647,709
Foundations	22,084,274
Individuals	23,343,073
Organizations	8,524,081
Trusts and estates ²	73,251,577
Subtotal	\$128,850,714
Gifts-in-kind	
Corporations	\$526,227
Foundations	5
Individuals	311,294
Organizations	151
Subtotal	\$837,677
TOTAL	\$184,890,349

¹Pledge gifts are not reported here at net present value.

²Discounted value of trusts and estates, including all planned gifts, is \$45,202,201.78.

TOTAL DOLLAR GIFT AMOUNT (in millions)



FY 2009 TOTAL PHILANTHROPIC GIFT SUPPORT BY PURPOSE

Research ¹	85.15%
Education, prevention, patient care	8.06%
Annual, unrestricted, undesignated ²	6.77%
Capital facilities	0.02%

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

²These dollars fund institutional peer-reviewed research.

SOURCES OF RESEARCH EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
External funding for research					
Federal grants, contracts	\$160,953,853	\$182,028,411	\$190,508,252	\$194,889,144	\$194,632,638
Private industry grants, contracts	26,766,196	28,020,431	34,307,882	40,625,360	43,688,603
Philanthropy, foundations	43,062,200	49,678,964	61,086,784	73,518,196	83,046,345
TOTAL EXTERNAL FUNDING	\$230,782,249	\$259,727,806	\$285,902,918	\$309,032,700	\$321,367,586
State funding allocated for research					
State-appropriated general revenue	\$15,565,503	\$15,163,811	\$15,163,811	\$14,261,756	\$13,715,898
Tobacco settlement receipts	5,094,852	8,470,040	6,676,418	8,832,133	7,969,779
TOTAL STATE FUNDING	\$20,660,355	\$23,633,851	\$21,840,229	\$23,093,889	\$21,685,677
Internal funding allocated for research					
Hospital operating margins	\$84,111,416	\$106,518,513	\$116,719,735	\$132,880,036	\$142,414,379
Institutional grants ¹	6,424,659	19,799,540	20,469,825	23,648,202	24,805,099
TOTAL INTERNAL FUNDING	\$90,536,075	\$126,318,053	\$137,189,560	\$156,528,238	\$167,219,478
TOTAL RESEARCH EXPENDITURES	\$341,978,679	\$409,679,710	\$444,932,707	\$488,654,827	\$510,272,741

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

EDUCATION PROFILE	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Clinical residents, fellows	979	958	977	1,043	1,124
Research trainees	1,421	1,365	1,455	1,536	1,602
Observers, visitors, special programs	481	607	715	600	415
Nursing students/rotations	778	836	1,727	1,778	2,098
Student programs	396	514	571	830	914
School of Health Professions programs	157	86	96	139	205
Total trainees	4,212	4,366	5,541	5,926	6,358

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

Satellite care centers: Greater Houston area — Bay Area (Nassau Bay), Bellaire, Fort Bend (Richmond), Katy, Sugar Land, The Woodlands; Albuquerque, N.M.; Istanbul, Turkey

M. D. Anderson Cancer Center-Orlando (Fla.)

Centro Oncológico M. D. Anderson International España (Madrid, Spain)

M. D. Anderson Banner Cancer Center (Gilbert, Ariz.) opening in 2011

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The Annual Report is published by The University Cancer Foundation Board of Visitors on behalf of The University of Texas M. D. Anderson Cancer Center. All correspondence should be addressed to the Division of Public Affairs-Unit 700, M. D. Anderson Cancer Center, 6900 Fannin St., Houston, Texas 77030-3800, 713-792-3457. E-mail: sfstromb@mdanderson.org. Articles and photos may be reprinted with permission.

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