





WHAT MAKES MD ANDERSON #1?

The subspecialized, personalized and multidisciplinary care that we can provide for patients is unparalleled.

Eric Singhi, M.D.

Assistant professor, General Oncology

Our 23,000-person workforce is dedicated to preventing and treating cancer and offering hope through trials and discoveries.

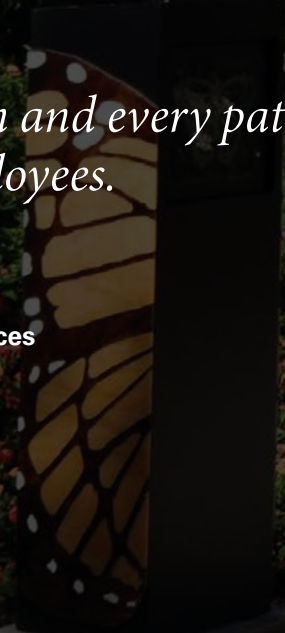
Jennifer Cofer

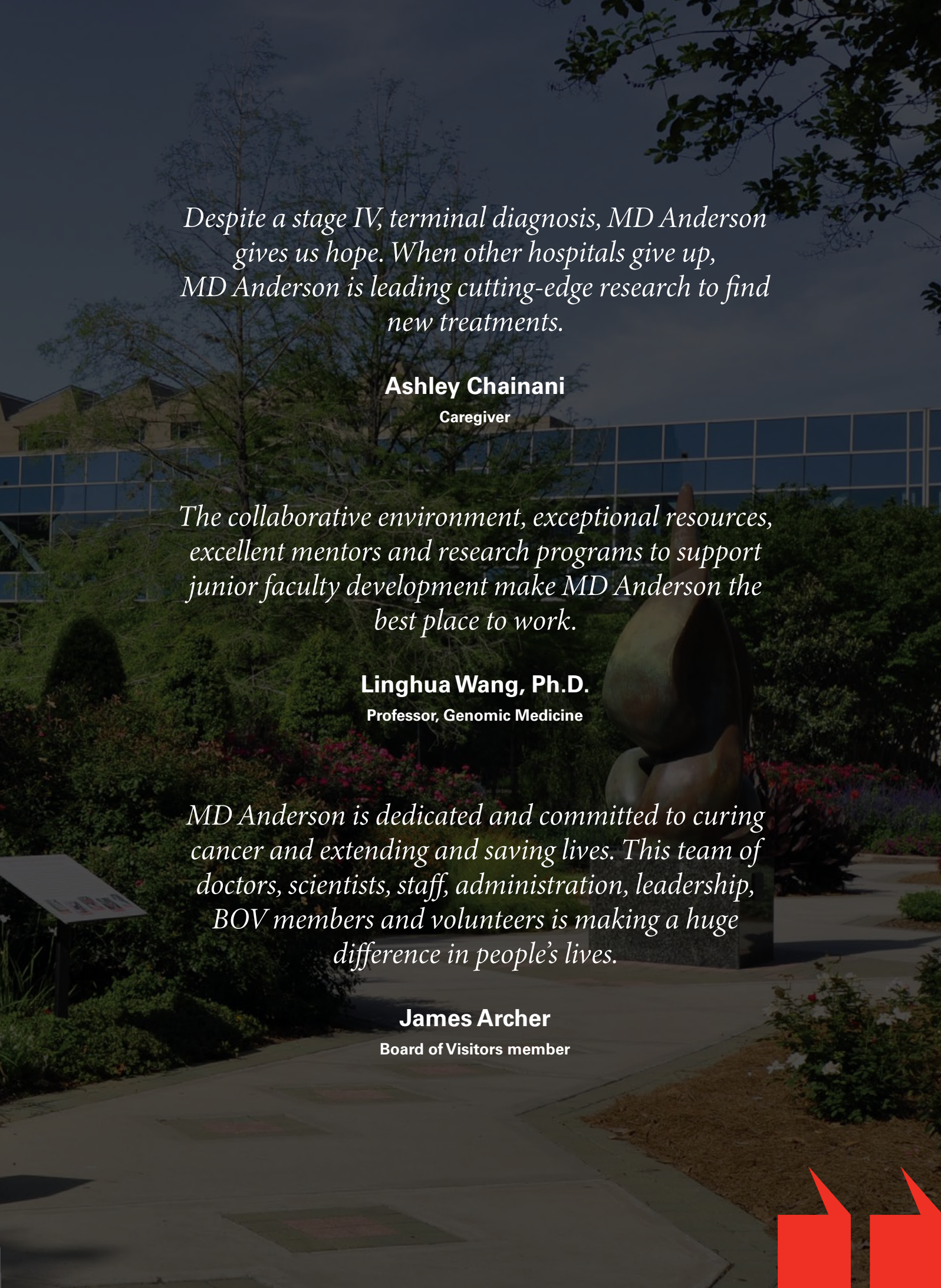
Director, EndTobacco Program

The care and compassion shown for each and every patient are evident through all employees.

Babette Beene

Manager, Environmental Services





Despite a stage IV, terminal diagnosis, MD Anderson gives us hope. When other hospitals give up, MD Anderson is leading cutting-edge research to find new treatments.

Ashley Chainani

Caregiver

The collaborative environment, exceptional resources, excellent mentors and research programs to support junior faculty development make MD Anderson the best place to work.

Linghua Wang, Ph.D.

Professor, Genomic Medicine

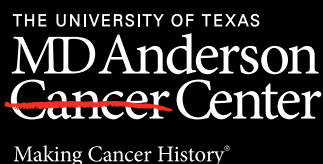
MD Anderson is dedicated and committed to curing cancer and extending and saving lives. This team of doctors, scientists, staff, administration, leadership, BOV members and volunteers is making a huge difference in people's lives.

James Archer

Board of Visitors member







MAKING A STATEMENT

Photos in this Annual Report reflect MD Anderson's COVID-19 safety protocols as of November and December 2022.

ANNUAL REPORT FY2022

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*Together, we are making a
statement as we propel our
mission to end cancer.*

**NO
BETTER
TIME**

Five years ago, I returned to MD Anderson to become the institution's fifth president. It has been a privilege to serve our dedicated team and to witness their talents, compassion and determination to end cancer. Throughout my tenure, I have learned that the collective teamwork that drives our mission is what makes MD Anderson #1. When we come together, we make great things happen.

Indeed, the teamwork of our 23,000 employees was on full display in Fiscal Year 2022 as we navigated the unpredictable variants of an enduring pandemic, emerging public health threats, such as mpox, and economic and supply chain disruptions across the nation. Together, our teammates worked to ensure the protection of our patients, our community, our institution and one another. We remained vigilant in our infection control protocols, while using data-driven, disciplined approaches to make the best use of our resources. Our success enabled us to maintain one of the safest environments for cancer patients. As we did that, we also advanced practice-changing research, implemented evidence-based prevention programs in our community, and achieved full accreditation from the prestigious Southern Association of Colleges and Schools Commission on Colleges, demonstrating the excellence of MD Anderson's training and education programs.

Guided by our co-created Strategy, launched in 2021, and its three interrelated themes of Reach, Breakthroughs and Value, we worked together to advance important elements of MD Anderson's future. We already have seen exceptional outcomes. We have reached more patients through the expansion of our virtual capabilities, with 1 in 5 patient visits now conducted virtually. Through the launch of the James P. Allison Institute, we have assembled a world-class team devoted to unlocking the full potential of science and medicine for humanity. And we are dedicating ourselves to the tenets of quality and safety as we embark on an institution-wide journey toward becoming a high-reliability organization.

R. Lee Clark, M.D., MD Anderson's first president, shaped the institution's inspiring story through his guiding philosophy to "make no small plans." I am proud to see how our unwavering teamwork is extending Dr. Clark's vision into the future as our bold plans come to life. Together, we are making a statement as we propel our mission to end cancer. In this annual report, you will encounter the incredible **drive of our faculty and our teammates** who make MD Anderson the gold standard for cancer care, our shared resolve to **elevate our impact** across the nation and around the world, and the incredible support of our donors, our volunteers, and our patients and their families who **fuel our efforts**.

I am honored to serve our team through this time of transformation. Reflecting on what we have achieved together and what lies ahead, it is clear to me that there is no better time to be a part of MD Anderson.



PETER WT PISTERS, M.D.
President



A BEACON OF HOPE

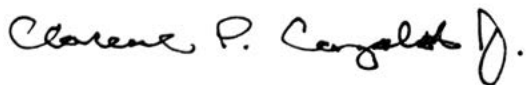
MD Anderson has long been a beacon of hope for cancer patients and their families, an environment of excellence for pioneering researchers, an exceptional training ground for burgeoning talent and a leader in cancer prevention.

This reputation as *the best* in all things cancer is well-earned and demonstrated by its many accolades – #1 in cancer in U.S. News & World Report’s annual “Best Hospitals” rankings and five national Forbes rankings – and the relentless drive of 23,000 employees with a singular focus: our mission to end cancer.

MD Anderson’s best have continued to outdo themselves, improving the standard of care across cancer types and developing new treatments that many could never have dreamed of. Now, they are going one step further and working to ensure treatments, such as immunotherapy, can work for even more patients.

Earlier this year, the Board of Visitors (BOV) gathered in person for the first time in nearly three years to witness the launch of the James P. Allison Institute. This incredibly inspiring event clearly demonstrated the power of team science and the remarkable way MD Anderson takes innovation from the bench to the bedside and often back to the bench again for additional exploration. The Allison Institute launch and other breakthrough initiatives are sparking unparalleled generosity among our BOV members and donors at all giving levels. This wave of philanthropic support will help bring innovative treatments to more patients around the world.

It is a privilege to chair the BOV during what is sure to be this esteemed institution’s most transformative era. Working together, we will advance MD Anderson’s mission, maximize its impact and, ultimately, save countless lives.



CLARENCE P. CAZALOT JR.
MD Anderson Cancer Center
Board of Visitors Chair



*Working together,
we will advance
MD Anderson's
mission, maximize
its impact and,
ultimately, save
countless lives.*





01.

DRIVE

Profiles of determination to end cancer

Cheryl Creuzot

BOARD OF VISITORS MEMBER and CAREGIVER

BY ELISE RAYMUND

As commissioner of the Port of Houston Authority and a leader on corporate and charitable boards, Cheryl Creuzot is highly sought after for her time and expertise.

For more than 15 years, she has dedicated her efforts to the MD Anderson Cancer Center Board of Visitors, bringing unique insight and leadership to the institution. Creuzot's devotion is driven by the compassionate care she experienced when her husband, Percy, was treated for cancer of the soft palate at MD Anderson.

From the moment they walked through the doors, Creuzot felt there was something special about MD Anderson. "I knew it was world-renowned as the premier cancer hospital," she says. "But I was struck by how friendly and comforting everyone was. You would think it would be a dark, sad place, but I was greeted with smiles and a culture of positivity and hope."

Creuzot credits MD Anderson's uplifting, supportive culture with giving her strength and encouragement throughout Percy's cancer treatment. Each person she met – from physicians to radiation technicians to volunteers – treated them with compassion, understanding and empathy. She cherishes the memory of a volunteer offering her a warm blanket and cup of tea in the waiting room during Percy's surgery. "It's the little things that make a difference," she says. "One day, that will be me. I'll be the one giving out the heated blankets."

Even now that her husband's cancer is long gone, Creuzot remains an ambassador for MD Anderson and strives to ensure others experience the same support and comfort as she did. She frequently advises family, friends, colleagues and even strangers to go to MD Anderson. "One of my greatest joys is that I can be a link to MD Anderson for a desperate, frightened family," she says.

Creuzot also donates monthly to MD Anderson to support Dr. Lorna McNeill's health disparities research. "I give to Dr. McNeill's program because I want to help the community I grew up in and to help people who look like me," she says.

Education and prevention play important roles in addressing those disparities, Creuzot notes, but diversity in the health care field is also crucial.

"When I walk into MD Anderson, I see physicians and nurses and patients who are women of color. I see just about every race and culture represented in some way," she says. As a woman of color, Creuzot hopes the sense of belonging, comfort and safety she feels at MD Anderson is felt by all who seek care here.

"It's an honor and a privilege for me to serve on the Board of Visitors," she says. "I'll serve MD Anderson for the rest of my life."



I'll serve MD Anderson for the rest of my life.



I'm honored to be part of a team that's transforming cancer care and giving hope to people around the world.

Jeremiah Bergeron

CLINICAL NURSE

BY KIRSTIANN CLIFFORD

Jeremiah Bergeron pays close attention to detail. As a nurse caring for hospital patients receiving chimeric antigen receptor T cell, or CAR T cell, therapy, Bergeron monitors each of his lymphoma and myeloma patients for subtle changes that could signal serious side effects.

Since MD Anderson launched its first CAR T cell therapy clinical trial in 2015, this revolutionary type of immunotherapy has shown great success. In some cases, it has eliminated all signs of disease, essentially curing patients' cancer. But it also has unique side effects, which can be life-threatening if not managed well. Bergeron has learned to identify and intervene early to help patients reverse the effects.

"It's exciting and scary at the same time," he explains. "Everyone responds to CAR T cell therapy differently. While some have no side effects, others may experience neurotoxicity or cytokine release syndrome, which can be as mild as a low-grade fever or as severe as multi-organ failure. Frequent checks of vital signs and neurological assessments are key to keeping patients safe."

Bergeron, who describes his role as helping patients weather the storm of CAR T cell therapy, says it's all worth it when patients see the remarkable outcomes. He especially enjoys hearing each patient's unique story. Some have just been diagnosed with cancer, and others are trying CAR T cell therapy because all other treatments have failed.

"I learn so much from our patients. They all have different life experiences and goals," he says. "Some patients are looking forward to meeting their first grandchild; others are just starting their families. Their perseverance inspires me and gives my work meaning."

Bergeron also finds meaning in the role he played in helping the organization reach a historic milestone in August 2022, when MD Anderson treated its 1,000th patient with immune effector cell therapy, which includes CAR T, CAR natural killer and T cell receptor cell therapies. Bergeron worked with a multidisciplinary team to care for about 100 of those patients, ensuring patient safety and optimal outcomes.

"The amount of teamwork and collaboration is unique to MD Anderson and helps us provide the safest care possible," he says. "I became a nurse to help people, and I'm honored to be part of a team that's transforming cancer care and giving hope to people around the world."

Saloni Cholia

VOLUNTEER

BY RAMONICA JONES LUCKETT

Like most college seniors, Saloni Cholia is focused on graduation, starting a career and making a mark on the world. An ecology and evolutionary biology major at Rice University, Cholia already has made a lasting impression at MD Anderson as a “floater” volunteer, a role that enables the aspiring doctor to support cancer patients and their families at MD Anderson’s Texas Medical Center Campus.

Cholia began volunteering at MD Anderson in 2020, right before the coronavirus pandemic forced a temporary pause on the volunteer program. When she returned to campus in August 2022, she was thrilled.

“It was sad not to volunteer during the peak of the pandemic, so I’m very excited to be back,” Cholia says. “I was nervous because two years had passed, and I didn’t want to mess up or say the wrong thing.” She didn’t mess up, and she’s back with a team of volunteers who are more committed than ever.

As a floater, Cholia wears several hats. She may serve coffee at Cancer Connection one week and staff the desk in the surgery waiting room the next. Floating keeps things interesting because she doesn’t know what she’ll be doing until she arrives on campus. It also gives her a chance to interact with and to learn from volunteers and patients from different backgrounds.

“Not only do I get to learn about different parts of the world through the patients I meet; I also learn how their illnesses have affected their experiences,” Cholia says. “I’ve gained insights on how people cope with big life changes like cancer and learned how to best support them. Cancer affects both patients’ physical and mental health, and volunteers make sure patients and their families know we are there for them.”

FY22 VOLUNTEERS BY THE NUMBERS

286

on-site volunteers*

1,392

myCancerConnection virtual,
one-on-one support survivor volunteers

19,767


patient/caregiver contacts**

733

one-on-one support matches


*Initiated phased return of volunteers to all campuses in March 2022

**March-August 2022



*I've gained insights on
how people cope with big
life changes like cancer
and learned how to best
support them.*





*You want to inspire
the next generation
because you can't
do it alone.*

Sangeeta Grewal, M.D., Ph.D.
Genitourinary Medical Oncology



Sangeeta Goswami, M.D., Ph.D.

ASSISTANT PROFESSOR,
GENITOURINARY MEDICAL ONCOLOGY

BY **KELLIE BRAMLET BLACKBURN**

Sangeeta Goswami, M.D., Ph.D., always has been a “people person.” Goswami went to medical school in India because she wanted to serve people. As a medical student, she found it extremely fulfilling to care for patients, but she realized that treatment options were limited for many diseases.

“When I finished medical school, I felt like I could treat patients, or I could drive new options to treat patients and hopefully improve the standard of care,” she says.

She came to the United States to pursue a Ph.D. and become a physician-scientist. After completing a doctorate in immunology and an internal medicine residency, Goswami came to MD Anderson for a clinical fellowship. She was drawn to MD Anderson’s size and resources, which would enable her to help more patients and further her research.

“We’ve made tremendous progress in developing cancer treatments, but I want to make it better for every single one of my patients,” says Goswami, who is now an assistant professor here. Since coming to MD Anderson, Goswami has started two investigator-initiated clinical trials based on research started during her fellowship.

When she’s not in the research lab or seeing kidney and bladder cancer patients, Goswami can be found mentoring others. Inspired by her first mentor, her mother, Goswami has always been drawn to mentoring other women. “My career is shaped by outstanding women mentors,” she says, citing Padmanee Sharma, M.D., Ph.D. “She who took me under her wing when I joined MD Anderson.”

“We need more women in science and medicine,” Goswami adds. “And we really need more mentoring and encouragement.”

For Goswami, mentoring ties back to her patients. “You want to inspire the next generation because you can’t do it alone,” she says. “Oncology takes a village.”

Doyle Bosque

DIRECTOR, NURSING RESEARCH and MD ANDERSON AMBASSADOR

BY RONDA WENDLER

Doyle Bosque always felt called to become a nurse. But early in his career, he questioned that decision. “Some days can be especially challenging,” he says. “I wasn’t sure I could handle it.”

While he was working on the pediatrics floor of a local hospital, a young patient confirmed he had chosen the right profession. “Nobody could control this little boy who yelled, screamed and threw things,” recalls Bosque, who volunteered to help. He sat on the floor and started playing with the child’s action figures. Five minutes later, the toddler joined him. “I used those action figures to talk to him about being sick and taking medicine,” Bosque says. “Every time I walked into the room, we played.” One day, he arrived to find the little boy standing in the doorway with arms held high, inviting Bosque to pick him up. “I knew then that I had made a wise career choice,” he recalls.

Decades later, Bosque is now a director of nursing research at MD Anderson, where he ensures clinical trials comply with necessary guidelines and that patients enrolled in trials receive exceptional, safe care. As rewarding as his job is, he sometimes misses the connections he formed with patients early in his career. He’s now an administrator, not a bedside nurse. “My work is vitally important, and I feel very privileged to be entrusted with the responsibility I’ve been given,” he says. “But I no longer see patients and their families. I miss that.”

To regain that human connection, Bosque joined MD Anderson’s Ambassador Program. The role involves staffing MD Anderson tables and booths at community events, where he talks one-on-one with people about MD Anderson’s mission to end cancer. “This diverse group of employees exemplifies the best of MD Anderson,” says Lora Shea, manager of Community Relations. “They’re the face of MD Anderson in our community, and I couldn’t be prouder to have them represent our organization.”

Bosque often staffs the MD Anderson table at Houston Dynamo FC’s monthly Soccer Night Out, where families bring their children to participate in soccer activities with Dynamo players. While the children play, he chats with parents and hands out information about cancer prevention along with MD Anderson giveaways. He’s also staffed MD Anderson booths at health fairs, runs and walks, golf tournaments, and festivals. “It’s amazing how many people visit the MD Anderson booth,” Bosque says. “I hear a lot of stories about friends or relatives who are doing well after treatment at MD Anderson. It makes me proud and confirms the positive impact we’re making.”

Bosque has convinced several co-workers to become ambassadors, including his wife and fellow employee, Elizabeth Del Bosque. The two attend events together. “It gives us a chance to educate people about cancer prevention and to provide other resources,” Bosque says. It also allows him to serve others, which he calls “my greatest joy in life.”

“It’s who I am and why I became a nurse,” he says. “It’s in my DNA.”



It's amazing how many people visit the MD Anderson booth. It makes me proud and confirms the positive impact we're making.

MD ANDERSON AMBASSADORS IN THE COMMUNITY IN FY22*

108

ambassadors

757

events staffed

53,205

people reached

*Includes both virtual and in-person events.

A woman with dark, curly hair is sitting on a large, light-colored rock in a wooded area. She is wearing a dark blue, ribbed turtleneck sweater and dark blue trousers. She is smiling and looking towards the camera. The background is filled with trees and foliage, some of which are in autumn colors like orange and yellow. The lighting is warm, suggesting it might be late afternoon or early morning. There are white, torn-paper-like shapes in the top left and bottom right corners of the image.

I am motivated to do my best every day to spotlight our safety practices and our safety heroes so they are comfortable engaging our patients and their loved ones in their own safe care.

Jacqueline Mason

PROGRAM DIRECTOR, STRATEGIC COMMUNICATIONS

BY MINDY LOYA

While many people may not know her name, those who have received or provided care at MD Anderson in recent years are likely familiar with Jacqueline Mason's work.

In her 12 years at MD Anderson, Mason has been the heart and soul behind communication campaigns to inform and engage employees about internal safety initiatives and regulatory safety inspections. As a program director in Internal Communications, Mason directs communications related to our core value of Safety, including High-Reliability Organizing, Excellence in Safety Awards and safety protocols adopted during the COVID-19 pandemic.

She uses storytelling to celebrate the creative ways teams come together to improve lives and to champion patient safety, quality and performance improvement. "I studied to be a professional communicator," Mason explains. "But I did not realize until I joined MD Anderson that I could apply my chosen profession to a cause that I am so passionate about personally."

Mason ascribes her interest in health care safety to her experience following her maternal grandmother's stroke. "It was hard for my family to see our matriarch move between hospitals and long-term care facilities for two years," she explains. "Through that experience, I recognized that there is a team – an entire system – behind the person who is face-to-face with a patient and their loved ones."

Mason says she is honored to contribute as part of MD Anderson's team, pointing to its progressive safety culture and strong leadership commitment to safe, innovative cancer care. "I am motivated to do my best every day to spotlight our safe practices and our safety heroes so they are comfortable engaging our patients and their loved ones in their own safe care."

Courtney Holladay

ASSOCIATE VICE PRESIDENT, LEADERSHIP INSTITUTE

BY MICHELLE YELTON

Courtney Holladay's connection to MD Anderson's mission began at age 4 when she learned her mom had ovarian cancer. "I don't remember much about the experience, but I'm forever grateful to this organization that has given so much to my family and to many others," Holladay says.

Now a mother of three boys, Holladay says that it means everything to be present in her sons' lives the way her mom was for her, thanks to her successful treatment at MD Anderson. "If I'm going to spend time away from my children, the reason has to be important and life-changing, like the work we do here," she says.

Holladay didn't anticipate her life would intersect with MD Anderson after her mom's cancer treatment, but she desired to work for a mission-oriented organization, and she wanted to be a major contributor to its culture and success. "I also wanted to study and understand why some employees thrive in a work environment, but others may not," says Holladay, who has a Ph.D. in industrial organizational psychology.

Now in her 18th year at MD Anderson, Holladay serves as associate vice president for the Leadership Institute. Using a defined set of characteristics deemed essential to leadership, Holladay leads a team that trains and develops leaders at every level of the organization, from the front lines to executives. The Leadership Institute connects MD Anderson employees to the resources they need to be successful. "I truly believe that people can develop, and our team is here to help them so MD Anderson can achieve its mission to end cancer," she says.

Since the Leadership Institute launched in 2018, it has expanded to include research-based, personalized and team-focused curricula and interventions, as well as professional coaching services, mentoring programs, performance management, change enablement support and assessment tools.


In Fiscal Year 2022, more than 7,500 MD Anderson employees devoted more than 40,900 hours to leadership development through the programs offered by the institute. MD Anderson received the National Center for Healthcare Leadership's Best Organizations for Leadership Development (BOLD) Award for 2022, which is given every two years to the top health care organizations that demonstrate the strongest evidence-based approaches to leadership development. MD Anderson also received the award in 2020.

Holladay hopes that one day every MD Anderson employee will participate in and be aided by the Leadership Institute. "I enjoy seeing the evolution and growth of people and our organization," she says. "And I'm looking forward to continuing to show the impact of our programs."

For Holladay, the greatest impact of all is helping her colleagues thrive in their roles so they can continue to provide life-changing outcomes for families like hers.

A woman with dark hair, wearing a black blazer over a red top and black pants, is sitting on a blue ottoman. She is smiling and has her hands clasped. Behind her are two large abstract paintings with vibrant colors like yellow, red, and blue. The floor is covered in a patterned carpet with blue, yellow, and grey tones. There are white speech bubble shapes in the top left and bottom right corners.

*I'm looking forward to
continuing to show the
impact of our programs.*



*If I can make
patients feel a little
better, that's what
I'll do.*

Fayleta Lawrence

COORDINATOR, PATIENT SERVICES

BY MAGGIE GALEHOUSE

Seventeen years ago, a phone call changed Fayleta Lawrence's life. It was her mother, breaking the news that she had stage IV colon cancer.

"I started crying," says Lawrence, a patient services coordinator at MD Anderson League City. "I remember thinking: There's no number after four." Lawrence had been working for a record label, but her mother's diagnosis caused a shift in her career plans. "This was my turning point to move from music to medicine," Lawrence says. "I wanted to know everything I could about the body, about cancer."

She began applying for positions at MD Anderson, a place she has "always, always" wanted to work. "It took me nine years to get here," says Lawrence, who was hired in 2019.

Today, she is driven to make a difference in patients' lives. As a patient services coordinator, she schedules tests, procedures and treatments, ensuring quality patient care in response to directives from physicians, nurses and administrators.

"If I can make patients feel a little better, that's what I'll do," says Lawrence, who connects with as many as 400 patients a day. "A lot of people are afraid when they come in. I'll console them, give them a hug, a tissue. I've had people cry and tell me I've made a difference in their journey."

She credits her father with preparing her for the job. "My dad taught me everything I know," she says. "He couldn't read and, as a child, I helped guide him with my reading. But he taught me about being kind and treating every person with dignity and respect."

Lawrence has long suspected that she would find herself in a professional role that allows her to offer compassion and support. "People want to feel seen," she says. "I tell patients that I personally understand what they are going through. I want to help them. I want them to feel like family."

Kathleen Schmeler, M.D.

EXECUTIVE DIRECTOR, GLOBAL ONCOLOGY

BY CYNTHIA DeMARCO

Kathleen Schmeler, M.D., has been focused on bringing high-quality cancer prevention, diagnosis and treatment programs to women in underserved communities since she was a medical student more than 20 years ago.

The reason? “All patients deserve access to the same high-quality cancer care,” says the executive director of Global Oncology and professor of Gynecologic Oncology and Reproductive Medicine. Schmeler forged a partnership with UTHealth Houston School of Public Health in Brownsville in 2013, to better serve economically disadvantaged and uninsured patients in the Rio Grande Valley. With the support of grants from the Cancer Prevention and Research Institute of Texas (CPRIT), she collaborates with local community clinics – including mobile health clinics – to provide free Pap and HPV tests, as well as diagnostic and treatment procedures (such as colposcopy and loop electrosurgical excision) for women with abnormal results.

“If women are screened regularly for cervical cancer and have access to adequate treatment when their tests come back abnormal, many times, we can avoid precancer developing into cancer,” Schmeler explains. “But women in underserved communities often have no access to screening programs and few health care providers in their area. That puts them at risk of developing advanced cervical cancer and dying. And that’s unacceptable.”

In 2014, Schmeler expanded her efforts to include Mozambique, an East African nation that has some of the highest rates of cervical cancer in the world. “No one should be dying from this disease anymore,” Schmeler says. “We know now what causes it, we have the HPV vaccine to prevent it, and we have screening tests to catch it early.”

That conviction is what propelled Schmeler to collaborate with Mozambique’s Ministry of Health and dozens of colleagues from around the world. Together, they are working to increase cervical cancer screening, perform research and train additional medical providers through hands-on experiences, as well as through Project ECHO®, a telementoring relationship between MD Anderson specialists and providers in rural and underserved communities.

This unique partnership gives Mozambican women increased access to screening, treatment and participation in research studies. “Mozambique has very few cancer specialists,” explains Schmeler. “We helped to expand their capacity significantly by assisting with the training of nurses and doctors, including the first three gynecologic oncologists in the country.”

Last year, Schmeler’s passion and vision helped MD Anderson formally expand its international reach even further. Led by Schmeler and Sarah Berger, associate vice president of MD Anderson Cancer Network®, the organization established a new international collaboration with the World Health Organization (WHO) to advance global initiatives in women’s cancers, including breast and cervical cancers. The agreement is the culmination of more than three years of work.

“I never could have done this kind of work anywhere else,” notes Schmeler. “MD Anderson really invested in me early on in my career and gave me the support I needed to share my knowledge at a broader level. To expand MD Anderson’s reach through WHO has really been unbelievable. I feel very supported – not just personally, but also on a much larger scale – to do the right thing for women everywhere.”

*I never could
have done this
kind of work
anywhere else.*





*I'm grateful that
MD Anderson got me
back where I belong:
in the classroom.*

Eric Roberson Jr.

CANCER SURVIVOR

BY CYNTHIA DeMARCO

Eric Roberson Jr. had just begun his dream job as a percussion director at a Houston-area high school when he was diagnosed with a pineal germinoma in his brain in August 2021.

He'd been having frequent headaches and occasional blurred or double vision, so his father, an emergency room physician, suggested he visit his ER for a CT scan. "My dad was one of the first people to see it," Roberson recalls. "Having to tell me that I had a brain tumor officially made it his worst day ever. That makes two of us."

Roberson's parents brought him to MD Anderson, where neurosurgeon Betty Kim, M.D., Ph.D., drained the fluid from his brain and diagnosed him with a pineal germinoma tumor. "I was scared," Roberson recalls, "but MD Anderson was absolutely the right choice."

When six rounds of chemotherapy didn't kill the tumor completely, neuro-oncologist Nazanin Majd, M.D., recommended high-dose chemotherapy, followed by a stem cell transplant and radiation therapy. Though stem cell transplants are typically used to treat blood cancers, Roberson's MD Anderson care team recommended one, since studies have shown this treatment has one of the highest success rates for pineal germinomas.

"It was the longest year of my life," notes Roberson, who left his job and moved back in with his parents during his treatment. "The stem cell transplant alone required me to be in the hospital for 30 days. That wasn't really fair to my students."

"MD Anderson helped us stay strong," adds his mom, Paulette Roberson. "Everyone – from the cleaning crew and food service employees to the doctors and nurses – was exceptional. They took wonderful care of our son and us."

Today, Roberson is back in the classroom, teaching percussion, trumpet and euphonium to middle and high school band students. His tumor is almost undetectable.

"I'm still hopeful I'll get back to focusing exclusively on percussion someday," he says. "For now, I'm grateful that MD Anderson got me back where I belong: in the classroom. My symptoms have all resolved, and I feel amazing."

Akilah Lopez

CHILDHOOD LEUKEMIA SURVIVOR

BY MAGGIE GALEHOUSE

Scaling up a rock-climbing wall was Akilah Lopez's greatest challenge at MD Anderson's Camp Family Fun Day in August 2022.


"They had a zigzag route, which was easy," says the 14-year-old, who was diagnosed with acute lymphoblastic leukemia almost two years earlier. "But I went up the hard way. I was scared I was going to fall or get stuck." She didn't. Akilah made it to the top, and her reward, once there, was access to a zipline. "I've ziplined before," says the ninth-grader who attended the camp with her dad and her younger sister, Amaria. "I knew how fun it was."

The sisters also spent six days and five nights – without parents – at MD Anderson's Camp H-Town. Held at the Four Seasons Hotel Houston, the camp transforms hotel suites into bunks and fills the week with activities for pediatric patients and their siblings. Under the watchful eye of MD Anderson Children's Cancer Hospital Support Programs staff, doctors and nurses, along with hotel staff and volunteers, the camp offers arts and crafts, swimming and field trips in the Houston area.

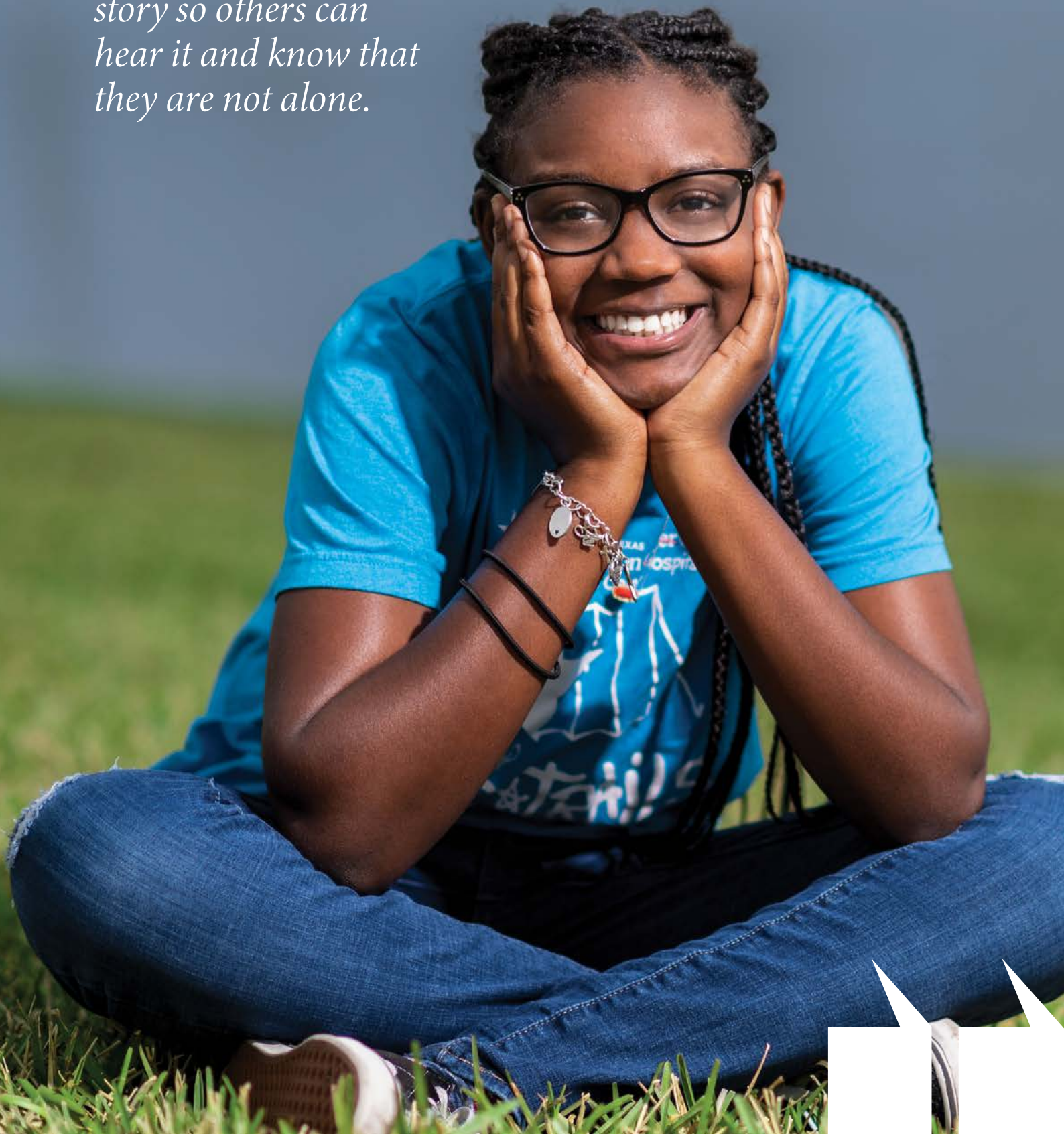
Camp H-Town was Akilah's first opportunity to spend a large block of time with other kids undergoing cancer treatment. "My whole cabin, we're all friends now," says Akilah, who is in the maintenance phase of her treatment. "We text and we call each other all the time."

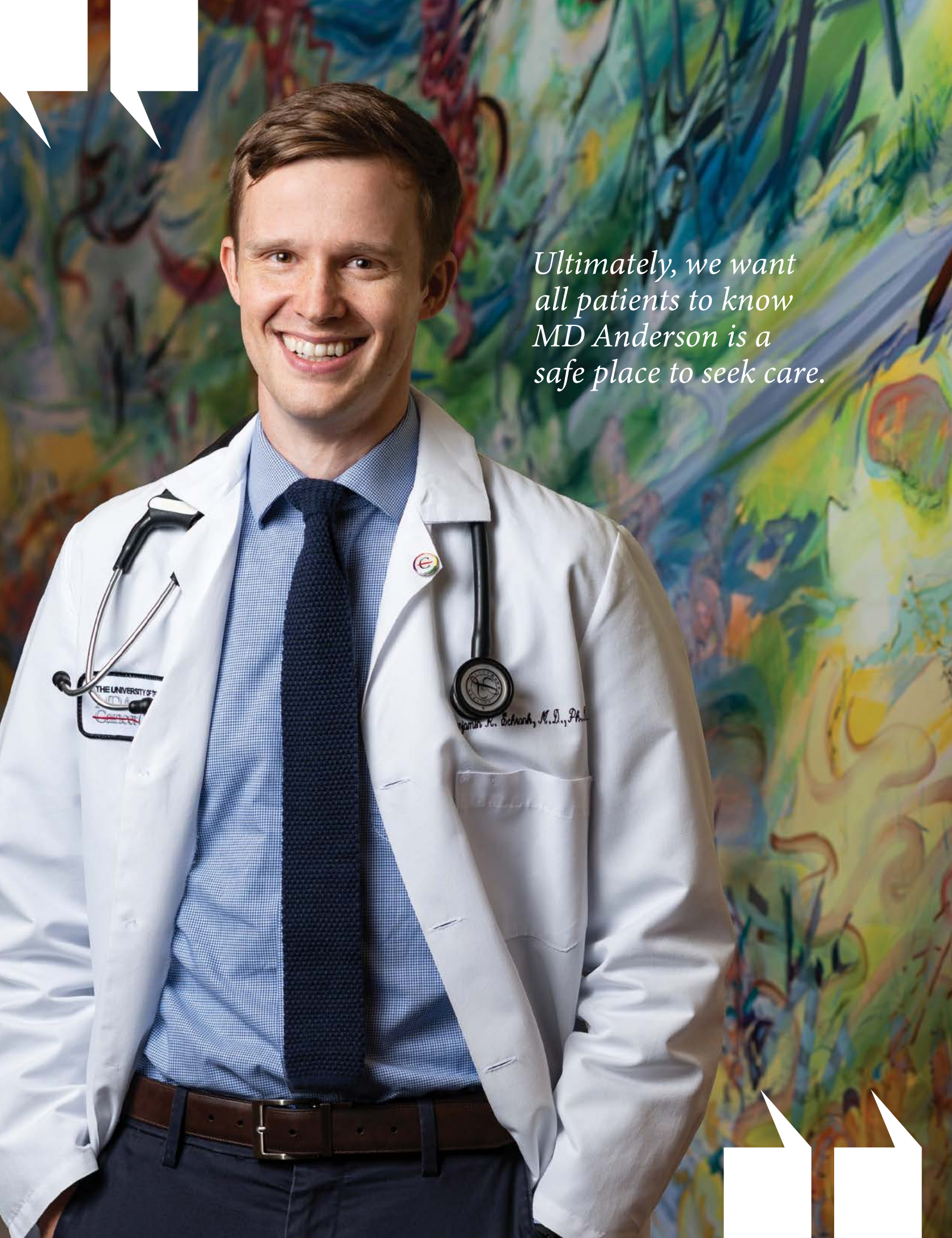
That feeling of community – of being understood and supported by friends – was hugely comforting to her. "Nobody should have to go through the pain and trauma that comes with cancer," Akilah says. "It's not fun at all. And you have to watch your loved ones worry while you are still fighting the disease."

The thought of helping other young people with cancer is what drives her to support MD Anderson's mission. "Whenever I'm old enough to be a volunteer or counselor at the camps, I will be the first one to sign up," Akilah says. "I want to share my story so others can hear it and know that they are not alone."



*I want to share my
story so others can
hear it and know that
they are not alone.*





*Ultimately, we want
all patients to know
MD Anderson is a
safe place to seek care.*

Benjamin R. Eckhardt, M.D., Ph.D.

Benjamin Schrank, M.D., Ph.D.

RESIDENT PHYSICIAN, RADIATION ONCOLOGY

BY KATIE BROOKS

For Benjamin Schrank, M.D., Ph.D., personalized medicine is about more than tailoring treatment.

Schrank, a resident physician in Radiation Oncology, is passionate about creating an environment that's inclusive, caring and safe for everyone. That passion is why he's a founding member of MD Anderson's Sexual and Gender Minority Cancer Care and Research Committee focused on improving care provided to LGBTQ+ patients. "We really want to know our patients and connect with them so we can take care of them better," Schrank says. "That human connection makes our work fulfilling and exciting." Schrank noticed MD Anderson's caring environment when choosing a residency program. He and his husband, Andrew, moved from New York City in 2021.

Schrank says Houston and MD Anderson are the most diverse and inclusive places he's ever lived or worked. "I was blown away by the quality of care and education at MD Anderson – and the patient-centered innovation," he says. "The dedication and compassion are unmatched. Patients notice it, too."

Sexual orientation and gender identity shape social determinants of health, including cancer outcomes, Schrank explains. LGBTQ+ patients may avoid care because they're afraid of being mistreated or may receive suboptimal care from medical teams that don't know how to support them, resulting in added stress and poor experiences.

Research shows that accurate data collection is a first step toward reducing such health disparities. That's why the team Schrank is working with is developing training for clinical teams and creating processes for collecting sexual orientation and gender identity demographic data. They will roll out the training, processes and resources to Radiation Oncology in 2023. They'll then share learnings with the rest of the organization.

The committee also is working with the National LGBT Cancer Network to develop patient education resources. "Ultimately, we want all patients to know MD Anderson is a safe place to seek care," Schrank says. "And we want to give our patients the resources, support and dignity they deserve."

Toysha Mayer, D.H.Sc.

ASSISTANT PROFESSOR,
SCHOOL OF HEALTH PROFESSIONS

BY GILLIAN KRUSE

Coming from a long line of educators, Toysha Mayer swore she would choose a different career.

“I didn’t want to teach, but after becoming a histotechnologist, I ended up working in teaching hospitals. It was a natural progression for me to work with new technicians, residents and fellows,” says the assistant professor and associate program director for Histotechnology at The University of Texas MD Anderson Cancer Center School of Health Professions (SHP). Histotechnologists prepare patients’ tissues so pathologists can make precise diagnoses for diseases like cancer.

After 13 years at SHP, Mayer can’t imagine herself anywhere else but education. Her favorite part is doing hands-on work with students in the school’s labs. As she helps students refine their techniques, she learns as much from them about how to improve her teaching skills as they learn from her about histotechnology. She creates connections with each student, making an effort to see their perspectives and to tailor explanations to their individual backgrounds. Mayer is proud to provide her students with the skills and knowledge they need to excel in the labs after graduation and to provide excellent care to their patients, no matter where their careers take them.

“We supply a vital pipeline and fill a need for highly skilled histotechnologists,” she says. “Some students stay here and represent MD Anderson when they go to national conferences, while others take jobs across the country and become ambassadors for the school’s excellence and our dedication to quality patient care.”

As someone whose family has been touched by cancer, Mayer takes comfort in knowing that her loved ones will be well cared for at MD Anderson and that the technologists trained by the school are dedicated and highly qualified. “I take pride in giving my students the best of me, so they are able to give their best to our patients,” she says.

FY22 STUDENTS AND TRAINEES BY THE NUMBERS

170

graduated from School of
Health Professions

57

received master’s or doctorate degrees
from the MD Anderson UTHealth Houston
Graduate School of Biomedical Sciences

165


fellows and residents completed
Graduate Medical Education
training programs

282

students from high school to
medical school studied cancer
research in the Summer
Experience program



I take pride in giving my students the best of me, so they are able to give their best to our patients.



*I want to do whatever I can
to make MD Anderson's fully
integrated, co-branded partner
relationships successful so that
people can get the best cancer
care close to home.*

Marvetta Walker

EXECUTIVE DIRECTOR, PROJECTS AND OPERATIONS,
MD ANDERSON CANCER NETWORK®

BY MICHELLE YELTON

After losing her mother and six of her 15 siblings to cancer, everything Marvetta Walker does as executive director for Projects and Operations in MD Anderson Cancer Network® is personal.

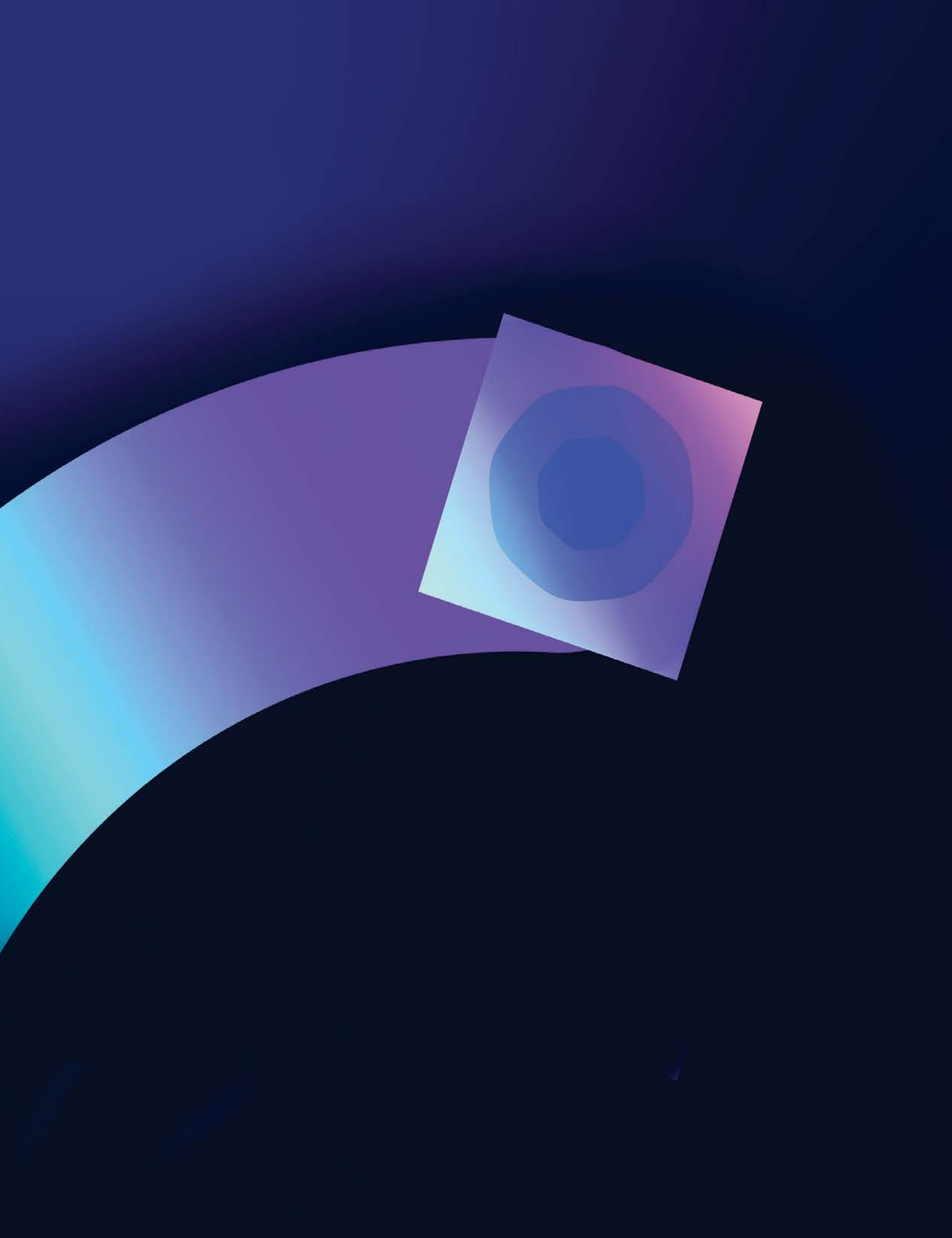
“I just keep thinking about how different things might be if we had had MD Anderson closer to where I grew up in Illinois,” Walker says. “My family could have gotten the very best cancer treatment.” Walker joined MD Anderson 12 years ago as a clinical administrative director in the Endoscopy Center. After seven years, she was drawn to Cancer Network and the opportunity to provide patients with greater access to some of the most advanced cancer care no matter where they live.

“I want to do whatever I can to make MD Anderson’s fully integrated, co-branded partner relationships successful so that people can get the best cancer care close to home,” Walker says.

Most recently, she has been focused on the launch and development of Community Health Network MD Anderson Cancer Center, a comprehensive clinical and research cancer program collaboration in central Indiana. Standing up a partnership involves assessing the partner member’s entire oncology program from the moment a patient walks through the door to survivorship or palliative care. “I help identify opportunities between their current practice and MD Anderson’s standards,” Walker says. “Then I work with them to make sure our organizations are unified in our practices and that we’re elevating the level of care for their region.”

Since the partnership’s launch in April 2022, she has continued to collaborate and brainstorm with colleagues at Community to develop programs, integrate best practices and find innovative ways to maximize their expertise in everything they do to care for cancer patients. “One of the great things about our partnerships is that we learn a lot from our partners, too,” Walker says. “It is a true integration of practices.”

Knowing that her work makes a difference is most fulfilling for Walker. “Other families may be able to avoid going through what mine did because we have given them access to world-renowned expertise,” Walker says.





02.

ELEVATE

Expanding our reach and propelling our mission



22

Research

HIGHLIGHTS FROM

FY22

BY **CLAYTON BOLDT, Ph.D.**

From unlocking the secrets of the tumor microenvironment to advancing new therapies to FDA approval, MD Anderson researchers are driven by a shared goal to end cancer. Their groundbreaking discoveries are shaping the future of the field and transforming cancer care.

These breakthroughs are possible because of MD Anderson's unique research environment, which allows new insights to move seamlessly from the lab to the clinic and back. This ongoing cycle of innovation and collaboration makes MD Anderson an ideal environment to achieve progress at an unmatched pace.

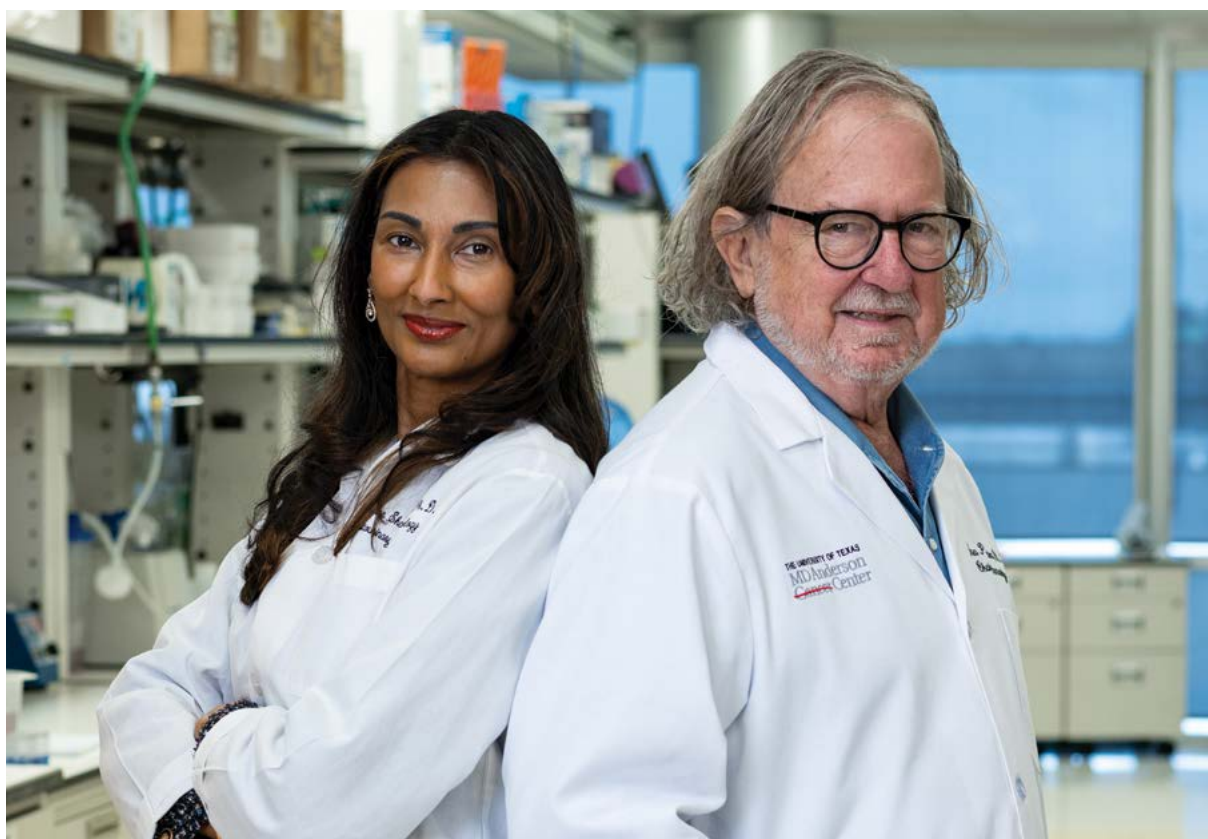
Here are 22 impactful MD Anderson research accomplishments across the spectrum of cancer science from this past year.

1

JAMES P. ALLISON INSTITUTE LAUNCHED TO USHER IN NEW ERA FOR IMMUNOTHERAPY

Immunotherapy has transformed cancer care, but not all patients benefit equally – yet. To change that, MD Anderson launched the James P. Allison Institute in March 2022. Building on the exceptional science that made immunotherapy a reality, this visionary innovation hub will enable groundbreaking research to integrate immunobiology across disciplines and to unlock the full potential of science and medicine for human health.

“Our vision is to lead the world in immunotherapy research by empowering interdisciplinary scientific excellence and by accelerating discoveries into novel and synergetic therapies that enable cures,” says James Allison, Ph.D., director of the Allison Institute.



Allison Institute leaders Padmanee Sharma, M.D., Ph.D., and James Allison, Ph.D.

2

**STUDY CLARIFIES LINK BETWEEN INFLAMMATION AND
PANCREATIC CANCER DEVELOPMENT**

Chronic inflammation is associated with pancreatic cancer development, but the underlying causes have remained a mystery. Researchers led by Edoardo Del Poggetto, Ph.D., I-Lin Ho, Ph.D., and Andrea Viale, M.D., discovered that pancreatic cells respond to repeated inflammation in a way that initially protects the organ but can later promote cancer development. The results, published in *Science*, may be used one day to prevent pancreatic cancer.

3

**CANCER CELLS PRODUCE UNIQUE COLLAGEN TO PROTECT
FROM IMMUNE RESPONSE**

Research led by Raghu Kalluri, M.D., Ph.D., discovered that cancer cells produce an abnormal form of collagen, found nowhere else in the body, that affects the tumor microbiome and protects against immune responses. The findings, published in *Cancer Cell*, suggest that this abnormal collagen may offer a highly specific therapeutic target.

4

**NEW JOINT VENTURE FOCUSED ON ACCELERATING
DEVELOPMENT OF NOVEL CELL THERAPIES**

MD Anderson and National Resilience, Inc. together launched the Cell Therapy Manufacturing Center (CTMC) to speed up the development and manufacturing of innovative cell therapies for cancer. Built on the framework of MD Anderson's Biologics Development platform, CTMC is working to address manufacturing obstacles to more rapidly bring cell therapies to patients in need.

5

SERIAL RADIATION IS SAFE AND EFFECTIVE ALTERNATIVE TO SYSTEMIC THERAPY FOR KIDNEY CANCER

In a Phase II trial led by Chad Tang, M.D., researchers demonstrated that radiation therapy given alone was a safe and effective treatment for oligometastatic kidney cancer, which is characterized by a small number of metastases. The study, published in *The Lancet Oncology*, suggests this approach may be a suitable, noninvasive alternative to current systemic therapies.

6

MD ANDERSON RECEIVES OVER \$10 MILLION FROM BREAK THROUGH CANCER TO SUPPORT COLLABORATIVE RESEARCH

Break Through Cancer is a public foundation that brings together the top U.S. cancer centers in the pursuit of new solutions for the most challenging cancers. In April, MD Anderson was awarded more than \$10 million in grants to support collaborative teams focused on cancer interception and treatment strategies for pancreatic cancer, ovarian cancer and glioblastoma.

7

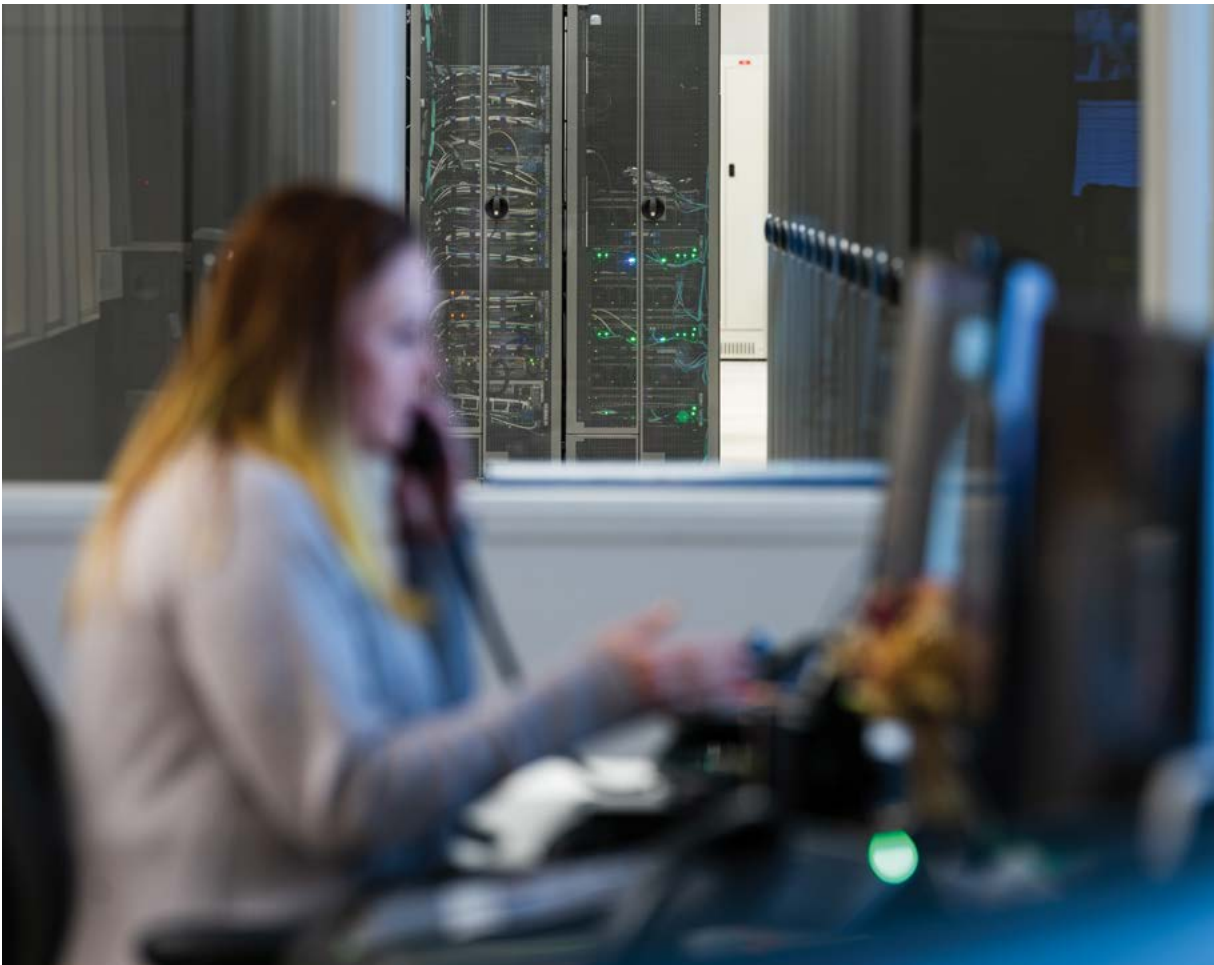
SURVIVORSHIP PROGRAM IMPROVES PHYSICAL ACTIVITY IN BREAST CANCER SURVIVORS

The Active Living After Cancer program improved physical activity and the ability to accomplish basic daily pursuits for breast cancer survivors, according to a study published in *Cancer*. The research, led by Karen Basen-Engquist, Ph.D., could serve as a model to deliver a community-based physical activity program to minority and medically underserved cancer survivors.

8

NEW PROJECTS USE DATA AND COMPUTATIONAL SCIENCES TO ADVANCE BREAKTHROUGHS

Together with The University of Texas at Austin's Oden Institute for Computational Engineering and Sciences and Texas Advanced Computing Center, MD Anderson researchers are combining cancer research with data and computational sciences to better predict prostate cancer growth, to study blood cancers at the single-cell level, to improve therapy delivery to the liver, and to more accurately distinguish melanoma from benign lesions.

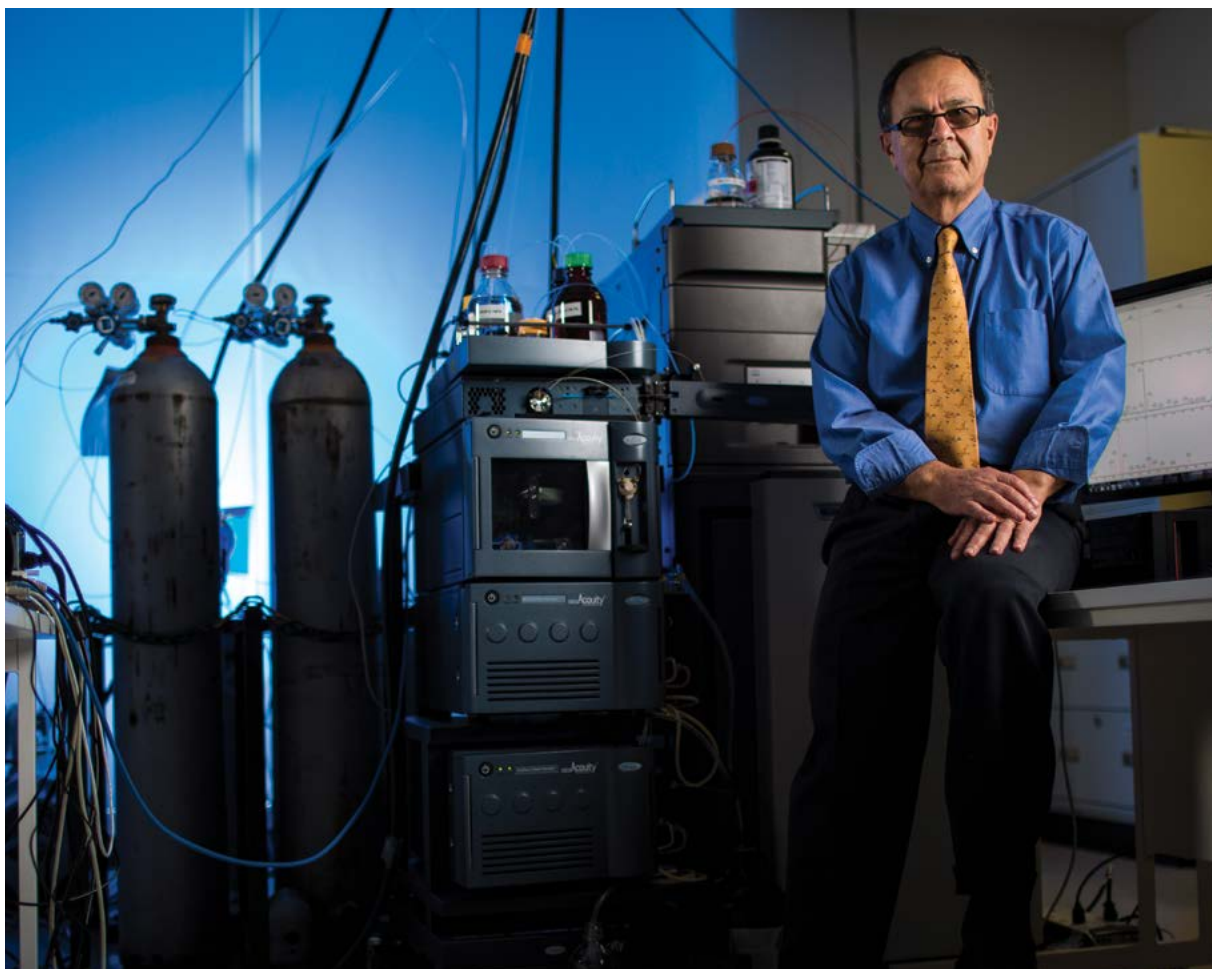


MD Anderson's digital architecture and data centers are engineered to capture data and ensure insights can return to action for our patients and aid in the work of our clinical and research teams.

9

NEW BLOOD TEST COULD PREDICT WHO MAY BENEFIT FROM LUNG CANCER SCREENING

Combining an MD Anderson-developed blood test with an established risk-prediction model could enable more accurate prediction of those likely to benefit from lung cancer screening compared to current U.S. guidelines. Results from the four-protein test developed by Sam Hanash, M.D., Ph.D., and colleagues were published in the *Journal of Clinical Oncology*.



“Our study shows for the first time that a blood test could be useful to determine who may benefit from lung cancer screening,” says Sam Hanash, M.D., Ph.D., pictured here in his lab.

10

**GENETIC STUDY ACHIEVES NEW UNDERSTANDING OF DCIS
BREAST CANCER**

A study published in *Nature Genetics* has shifted the traditional belief that all invasive breast cancers following a diagnosis of ductal carcinoma in situ (DCIS) arise from that DCIS. Instead, the results show that nearly 20% of cancers were genetically unrelated to the original DCIS, providing a deeper understanding that could improve future prevention strategies. The research was led by Tapsi Kumar, Ph.D., together with Nicholas Navin, Ph.D., Andy Futreal, Ph.D., and the global Cancer Grand Challenges PRECISION team.

11

**MD ANDERSON-LED TRIAL DRIVES NEW FDA APPROVAL
FOR KIDNEY CANCER ASSOCIATED WITH VON HIPPEL-
LINDAU DISEASE**

A Phase II study led by Eric Jonasch, M.D., demonstrated that the targeted therapy belzutifan, which inhibits HIF-2 α , achieved a 49% objective response rate in patients with kidney cancer associated with Von Hippel-Lindau (VHL) disease. Jonasch and colleagues at MD Anderson led the clinical development of this drug, which was approved by the FDA in August 2021. The study was published in the *New England Journal of Medicine* in November 2021.

“These results profoundly change the way we manage patients with VHL disease and will provide an impactful benefit to a majority of patients with VHL,” Jonasch says.

12

UNDERSTANDING SURVIVAL DISPARITIES FOR ADOLESCENT AND YOUNG ADULT LEUKEMIA SURVIVORS

Research led by Michael Roth, M.D., discovered that long-term survival disparities exist between adolescent and young adult (AYA) survivors of acute lymphoblastic leukemia and acute myeloid leukemia compared to peers who did not have cancer. The study, published in *Cancer Epidemiology, Biomarkers & Prevention*, suggests more surveillance and research are needed to understand factors impacting survivorship for AYAs and to improve long-term outcomes.

13

NK CELLS PLUS BISPECIFIC ANTIBODY SHOW PROMISING RESULTS FOR PATIENTS WITH LYMPHOMA

A novel cell therapy combining donor-derived natural killer (NK) cells with an antibody targeting CD16A on NK cells and CD30 on lymphoma cells achieved a response in 89% of patients with advanced lymphoma. Results from the Phase II study, led by Yago Nieto, M.D., Ph.D., were presented at the American Association for Cancer Research (AACR) Annual Meeting 2022.

14

PRE-SURGICAL IMMUNOTHERAPY EFFECTIVE IN LUNG CANCER

A Phase II trial led by Tina Cascone, M.D., Ph.D., found that combination immunotherapy outperformed a single immune checkpoint inhibitor when given before surgery to patients with early-stage non-small cell lung cancer. The study, presented at the AACR Annual Meeting 2022, adds to increasing evidence that neoadjuvant immunotherapy plays a role in treating lung cancer.

15

MELANOMA TRIAL LEADS TO FDA APPROVAL FOR NOVEL IMMUNE CHECKPOINT INHIBITOR

A Phase II/III study led by Hussein Tawbi, M.D., Ph.D., resulted in the 2022 FDA approval of relatlimab, a new checkpoint inhibitor targeting LAG-3, in combination with nivolumab, for patients with untreated, advanced melanoma. The combination doubled progression-free survival compared to nivolumab alone, according to results published in the New England Journal of Medicine.

“The results from this global effort advance the field of immunotherapy by establishing a third class of immune checkpoint inhibitors through the LAG-3 pathway and have the potential to be practice-changing,” Tawbi says.



Hussein Tawbi, M.D., Ph.D., calls LAG-3 inhibitors “a game-changer” for patients with metastatic melanoma but says the current research is “just the start.”

16

MDS STUDY POINTS TO NEW THERAPEUTIC APPROACH FOR RESISTANT DISEASE

According to results published in *Nature Medicine*, treatment resistance in patients with myelodysplastic syndromes (MDS) is caused by two distinct groups of stem cells that persist after treatment. The research, led by Simona Colla, Ph.D., revealed new insights into these cells and points to promising treatment strategies for these patients.



Simona Colla, Ph.D. (right), confers with her lab manager, Pam Lockyer, whom she considers vital to the success of her team's research.

17

TARGETED THERAPY EXTENDS SURVIVAL FOR PATIENTS WITH METASTATIC BREAST CANCER

In a Phase III trial led by Gabriel Hortobagyi, M.D., the targeted therapy ribociclib showed a significant overall survival benefit when combined with hormone therapy for postmenopausal patients with HR-positive, HER2-negative metastatic breast cancer. The results were published in the New England Journal of Medicine.

18

CAR T CELL THERAPY EFFECTIVE AS FIRST TREATMENT IN PATIENTS WITH HIGH-RISK LYMPHOMA

A Phase II trial led by Sattva Neelapu, M.D., demonstrated the chimeric antigen receptor (CAR) T cell therapy axicabtagene ciloleucel (axi-cel) achieved an 89% overall response rate and 78% complete response rate for patients with high-risk large B-cell lymphoma. The results, which were published in Nature Medicine and presented at the 2021 American Society of Hematology Annual Meeting, suggest axi-cel may be a promising alternative to current treatment with chemotherapy.

19

RADIO-LABELED MOLECULE ENABLES REAL-TIME IMAGING OF INFLAMMATION IN BODY

Researchers led by David Piwnica-Worms, M.D., Ph.D., developed a new radio-labeled molecule with the ability to react specifically with byproducts of innate immune activity. The discovery, published in Nature Biotechnology, may offer a non-invasive approach to monitor and pinpoint areas of inflammation in a variety of clinical settings.

20

SURVIVAL IMPROVED BY PRE-SURGICAL IMMUNOTHERAPY IN PATIENTS WITH SOFT TISSUE SARCOMA

In a Phase II trial led by Christina Roland, M.D., and Neeta Somaiah, M.D., immune checkpoint inhibitors given before surgery resulted in favorable responses and outcomes for two different types of soft tissue sarcoma. The findings, including a detailed immune analysis and identification of a new biomarker associated with responses, were presented by Emily Keung, M.D., at the 2022 American Society of Clinical Oncology (ASCO) Annual Meeting.

21

HIGH-FIBER DIET MAY IMPROVE IMMUNOTHERAPY OUTCOMES IN PATIENTS WITH MELANOMA

In a study published in *Science*, Jennifer Wargo, M.D., Carrie Daniel-MacDougall, Ph.D., and colleagues demonstrated that patients with melanoma who reported eating more fiber-rich foods at the start of immunotherapy treatment had improved outcomes. The results spurred a prospective trial, led by Jennifer McQuade, M.D., to evaluate the impact of diets with varying fiber content on the microbiome and immune responses.

“These results provide further support for clinical trials to modulate the microbiome with the goal of improving cancer outcomes using dietary and other strategies,” Wargo says.

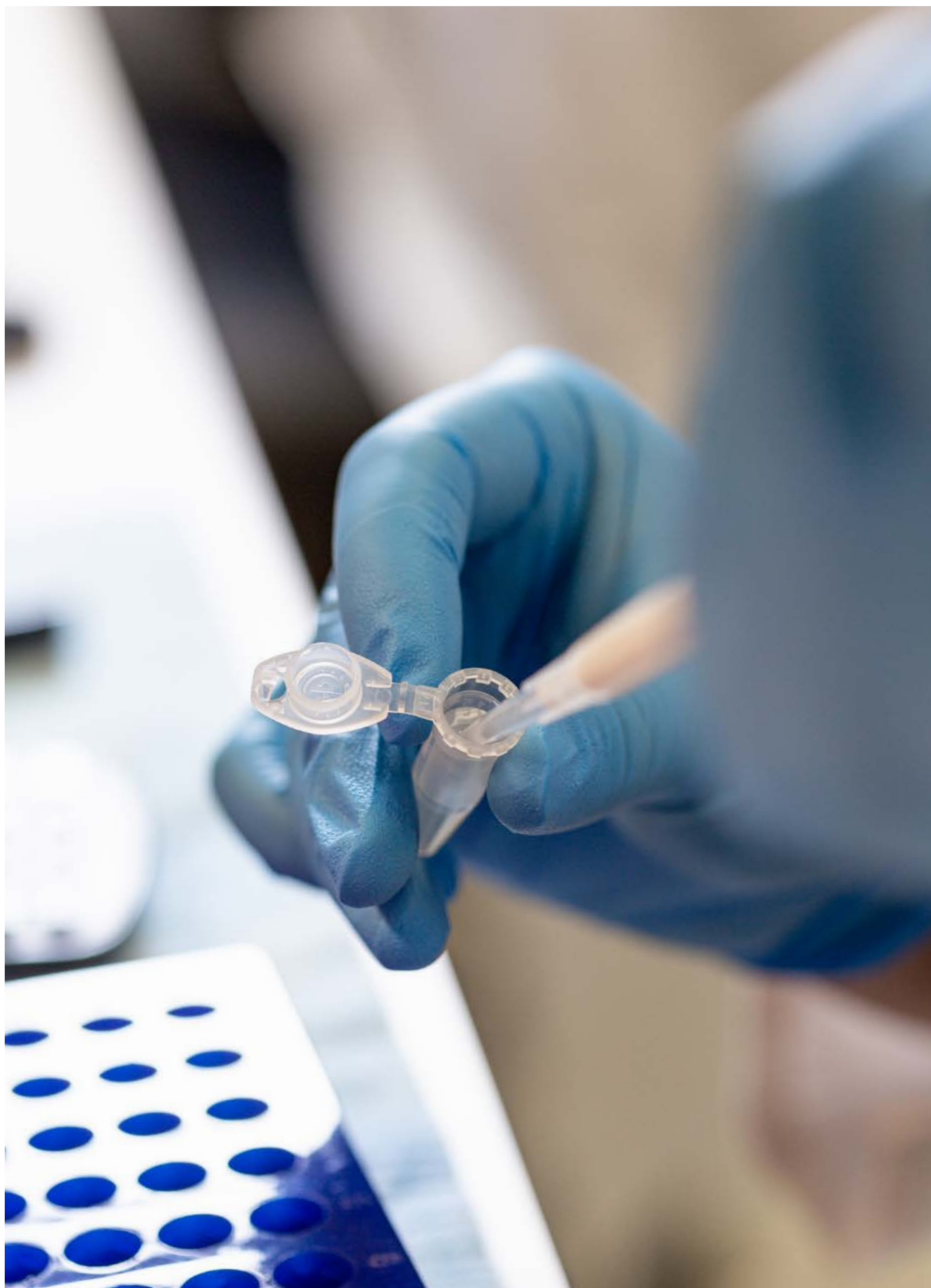
22

NANOCOMPLEXES GUIDED BY ULTRASOUND CAN IMPROVE IMMUNOTHERAPY EFFICACY

A study published in *Nature Nanotechnology* demonstrated a novel platform that uses ultrasound to guide microbubbles combined with nanocomplexes to deliver an immune signal to specific immune cells. The platform, developed by Wen Jiang, M.D., Ph.D., generated systemic anti-tumor immunity and enhanced the activity of immune checkpoint inhibitors in preclinical models.



“The beauty of our platform is that ultrasound machines are already clinically available in many outpatient settings, and microbubbles are FDA-approved contrast agents for ultrasound imaging,” says Wen Jiang, M.D., Ph.D., pictured here in his lab.



FY22
Research
BY NUMBERS

360+

presentations by MD Anderson researchers at AACR and ASCO

100+

high-impact studies published by MD Anderson researchers

More NCI-funded projects

than any other U.S. institution in FY22

BUILDING A STEADY BLOOD SUPPLY FOR OUR PATIENTS

BY KIRSTIANN CLIFFORD

Allie Moreno has a simple yet powerful message for people who donate blood at MD Anderson: “Thank you. Your selfless act saves lives and was essential to my recovery.”

She received multiple blood transfusions throughout her non-Hodgkin lymphoma treatment at MD Anderson, as the chemotherapy caused anemia and low blood cell counts.

“I never knew the importance of blood until I received it,” Moreno says. “It was impressive to see how my care team and MD Anderson Blood Bank came together to make sure blood was available right when I needed it, even transporting it to MD Anderson in Sugar Land at a moment’s notice.”

Moreno is one of thousands of MD Anderson patients who need blood transfusions as part of their treatment each year. Our patients require approximately 200 units of red blood cells and 600 units of platelets every day, making MD Anderson the largest transfusing hospital in the nation.

“Many patients with cancers like leukemia and lymphoma need to receive blood transfusions while they undergo treatment,” says Hagop Kantarjian, M.D., chair of Leukemia. “Blood donors are critical to helping our patients recover and reach remission.”

Becoming self-sufficient takes a team effort

While our patients’ need for blood remains constant, maintaining an adequate blood supply can be a challenge. In 2020, pandemic challenges and supply chain disruptions led to the nation’s largest blood shortage in over a decade, impacting hospitals across the country.

“The pandemic has taught us that we need to reduce dependency on purchasing blood because that puts us at the mercy

of others determining how much we can get,” explains Habib Tannir, vice president, Diagnostic Operations. “The only way to ensure a blood donation goes to our patients is to donate at MD Anderson Blood Bank or our blood drives.”

That’s why the blood donor operations team now partners with teams across MD Anderson to recruit new donors, to encourage repeat donors and to implement creative solutions to fill this critical need for patients.

Tannir says the efforts are paying off and helping MD Anderson Blood Bank become more self-sufficient. He points to data showing in-house blood collections now provide 50% of the total red blood cells transfused to our patients, compared to 30% before the pandemic. In Fiscal Year 2022, the number of new donors increased by 30% over the previous year.

“Our donors have really stepped up to help minimize any impact to our patients,” says Tannir. “Our goal is to always serve each patient in need. It’s a 24/7 effort.”

Creative approaches expand the blood donor pool

The new and unprecedented challenges with blood donation have caused MD Anderson to rethink how to meet the needs of patients while keeping safety top of mind. “We’ve found success with several new approaches to help us keep up with the demand, including promoting double red cell donations, which allows donors to give two doses of red blood cells in one sitting,” says Ricardo Civallero, a program manager with Donor Operations.



*I never knew the
importance of blood
until I received it.*



Four years after completing treatment for squamous cell skin cancer, Cliff Carson is glad to be able to donate blood again, thanks to revised eligibility criteria that enable many cancer survivors to donate.

Making it as convenient as possible to donate has been another focus. With more people working remotely, additional blood drives have been offered during morning, afternoon and evening hours at MD Anderson's Texas Medical Center Campus, our Houston-area locations, as well as locations throughout the community.

MD Anderson has focused on boosting community donations through outreach. From Houston Dynamo FC and area businesses to schools and churches, local organizations are hosting blood drives to help MD Anderson patients or offering gifts or coupons as incentives for blood donors.

MD Anderson also has revised eligibility criteria to expand its donor pool. The Blood Bank now accepts previously deferred donors with a history of solid tumor or skin cancer diagnosis,

as long as the treatment has been completed and the donor has been in remission or free of disease for more than two years.

For squamous cell skin cancer survivor Cliff Carson, donating is a "must-do activity" that allows him to give back, and he's excited to be eligible to donate again. As an MD Anderson employee, he was a faithful donor until 2018 when he found a lump on the side of his throat and was diagnosed with skin cancer. Now in remission, Carson carries on his tradition of donating whole blood every 56 days.

"I help save three lives each time I donate, so that's always a great feeling," he says. "I find nothing more valuable than donating blood because it cannot be created artificially and there are no substitutes – donors are the only source."

Employees lead the way by donating blood and platelets

When it comes to championing blood donation for our patients, MD Anderson employees at all levels have been leading by example.

“We have 23,000 employees devoted to our mission and the work we do, so they are a natural group of donors and ambassadors for blood donation at MD Anderson,” says Civallero. “Our employees, especially those who donate often, are critical to keeping our blood supply stable and encouraging others in our community to roll up their sleeves, too.”

More than 3,300 employees donated blood in FY22. That is about 14% of MD Anderson’s workforce, compared to the national average of 3%. In December 2021, MD Anderson began offering an extra day of vacation time for employees who donate at least four times a year. Since then, more than 385 employees have received this special Donor Appreciation Leave – and that number continues to grow.

For donors, motivations range from the practical to the personal, but all share a passion for helping others.

President Peter WT Pisters, M.D., maintains a regular donation schedule, describing his experience on social media and including a call to action to support our patients.

Paul Mansfield, M.D., professor in Surgical Oncology, also donates consistently.

“I see the direct benefit of blood for patients who require transfusions during surgery,” he says. “While it’s important to weigh the risks and benefits of transfusion, there are occasional cases where we need a lot of blood, and it makes the difference between a positive and a negative outcome.”

Colleen Villamin, transfusion medicine nurse coordinator, feels compelled to donate because she is a universal blood donor. That means her Type O negative blood can be used in transfusions for any blood type.

Many others, like Ramin Monjazebe, senior IT support technician, find donating blood and platelets is an easy way to honor loved ones who have been impacted by cancer.

“I’ve lost family and friends to cancer and know what families go through, so this is one thing I can do to directly help patients,” he says.

Lifesaving and life-giving

Not a day goes by that Allie Moreno doesn’t think about everything she went through and how far she’s come. Now five years out from treatment, she’s a mom of two children. She feels stronger than ever and appreciates everyone who helped her during her time at MD Anderson.

“The best part now is that I share the story with a smile and am in remission so I can be there for my family,” she says.

FY22 BLOOD DONATIONS BY THE NUMBERS

152,750 units

provided to our patients

12.7% increase

in registered donors

32,914 people

attempted to donate blood

30%

increase in new donors

28,341 units

donated

8.2%

increase in Type O blood collections

50%

of red blood cells transfused to our patients came from Blood Bank donations, compared to 30% pre-pandemic

Scan this QR code to schedule your donation at MD Anderson Blood Bank.







03.

FUEL

Celebrating our donors and supporters

You fuel our **MISSION**

Thanks to your support, MD Anderson raised

\$249.4 million

to advance our mission to end cancer in FY22. This was a **30% increase** in dollars raised compared to FY21. Our donors, volunteers, community partners and supporters gave time and funds that benefited patient programs and helped us to accelerate cancer research, educate the next generation of oncology experts and identify new risk factors. Your generosity fuels our work and gives hope to patients and their families.



Is there ever enough thanks and gratitude for saving my life and ensuring my quality of life? I want those same outcomes for every cancer patient and feel grateful that I can contribute.

CORKY HILLIARD, Survivor and Planned Giving Donor



Donate to MD Anderson

FY22
Philanthropy
BY THE NUMBERS

166,279

gifts

115,515

unique donors

5,197

Facebook Fundraiser
donors

3,020

Boot Walk
participants

1,949

Fundraise to End Cancer
fundraisers

24

new endowments

63

donors included MD Anderson
in their estate plans

36

third-party
fundraisers



Our patients have benefited in so many ways from your generosity, and our investigators are able to conduct meaningful research thanks to your generosity. You make a difference every day.

RANDAL WEBER, M.D., Associate Vice President, Health Care Advancement



\$10.7M

RAISED

FOR RARE CANCER RESEARCH

MD Anderson marked its 80th anniversary with a night of music, dancing, philanthropy and hope on March 24, 2022. The event, which raised nearly \$10.7 million for rare cancer research, included The Beach Boys, Todd Rundgren, Christopher Cross, The Commodores and the Generation Radio band, featuring Jay DeMarcus of Rascal Flatts and Jason Scheff of Chicago.

Actor and musician John Stamos served as emcee, and several familiar faces from MD Anderson were part of the program. The generous gifts made in honor of MD Anderson's 80th anniversary will help fund new research initiatives and ultimately bring us closer to fulfilling our mission to end cancer.



Attendees at MD Anderson's 80th anniversary concert enjoyed an evening emceed by John Stamos. One of the evening's highlights was when Stamos recognized Jeffrey Foscett's MD Anderson care team.

I may have lost my singing voice, but that gives me the opportunity now to be a voice for MD Anderson.

JEFFREY FOSKETT, Survivor

FY22 QUICK FACTS

WHO WE ARE

MD Anderson is one of the world's most respected centers focused on cancer patient care, research, education and prevention. The institution is part of The University of Texas System and is one of only 53 comprehensive cancer centers designated by the National Cancer Institute.

MISSION

MD Anderson's mission 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 • Integrity • Discovery
Safety • Stewardship



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

MD ANDERSON CANCER NETWORK®

MDAnderson.org/CancerNetwork

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

LOCATIONS

MDAnderson.org/Locations

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

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

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

NATIONAL RECOGNITION



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

FY22 QUICK FACTS

PATIENT CARE

175,719
patients

1.6M
outpatient visits

757
inpatient beds

20,314
surgeries

13.4M
pathology/laboratory
medicine procedures

599,308
diagnostic imaging procedures

\$309M
in uncompensated care provided
to cancer patients

RESEARCH

1,680
clinical trials*

10,074
patients in
clinical trials*

116
patents awarded to
MD Anderson

\$1.1B
spent on
research

22
drugs tested here
received FDA approval

More NCI-funded projects than any other U.S. institution in FY22

OUR PEOPLE

23,040
employees, including
1,870 faculty

286
on-site volunteers

1,392
myCancerConnection virtual, one-on-one
support survivor volunteers

PHILANTHROPY

\$249.4M
donated to support our
mission to end cancer

PREVENTION

33,815
patient visits to the Lyda Hill
Cancer Prevention Center

5,826
people received tobacco cessation
support through the Tobacco Research
and Treatment Program

382
cancer prevention
education programs
held in the community

FACULTY RECOGNITION

As of Feb. 1, 2023

- 1** Nobel Laureate
- 8** National Academy of Medicine members
- 6** National Academy of Sciences members
- 6** American Academy of Arts and Sciences members
- 51** American Association for the Advancement of Science fellows
- 13** Association of American Physicians members
- 29** American Society for Clinical Investigation members

EDUCATION

5,086 trainees

took part in MD Anderson educational programs, including:

- 1,482** clinical residents and fellows **1,342** research trainees
- 43** interns and fellows participated in special programs
- 812** nursing trainees **1,032** student program participants
- 375** School of Health Professions students

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1-877-632-6789 • MDAnderson.org

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**Jan. 1-Dec. 31, 2022*




THE UNIVERSITY OF TEXAS
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THE UNIVERSITY OF TEXAS
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FY22

INSTITUTIONAL LEADERSHIP, FINANCIAL AND STATISTICAL DATA
SEPT. 1, 2021 - AUG. 31, 2022



**AS A PATIENT AND AN
EMPLOYEE, I HAVE A
UNIQUE PERSPECTIVE ON WHAT
MAKES MD ANDERSON #1:
STATE-OF-THE-ART
TECHNOLOGY, LEADING CANCER
RESEARCH, AND EMPLOYEES'
DEDICATION TO LIVING THE
MD ANDERSON CORE VALUES
EACH AND EVERY DAY. THANKS
TO YOU, MD ANDERSON,
I'M STILL HERE!**

Feyama Ashby

Survivor and Quality and Regulatory Coordinator, Laboratory Medicine



The University of Texas MD Anderson Cancer Center

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 Neda Ladjevardian, Houston, TX
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 Elyse Lanier, Houston, TX
 Pierre F. Lapeyre Jr., New York, NY
 Sally Berry Larson, Dallas, TX
 Helen H. Laughery, Rocky Mount, NC
 C. Berdon Lawrence, Houston, TX
 Timothy A. Leach, Midland, TX
 Andrae Behlen LeMaistre, San Antonio, TX
 Marty V. Leonard, Fort Worth, TX
 Mary V. Lester, Indian Wells, CA
 Max S. Levit, Houston, TX
 Michael R. Levy, Austin, TX
 Michael C. Linn, Houston, TX
 Ashley C. Loeffler, Houston, TX
 Mary Ralph Lowe, Fort Worth, TX
 Tom P. Lynch, Jacksonville, FL
 Marlene A. Malek, McLean, VA
 Jed Manocherian, New York, NY
 R. Stan Marek Jr., Houston, TX
 Rodney H. Margolis, Houston, TX
 Kade L. Matthews, Clarendon, TX
 Karen R. Matthews, Dallas, TX
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 Stacie McDavid, Fort Worth, TX
 Jeffrey John McDougall, Oklahoma City, OK
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 Eric Mendelsohn, Summit, NJ
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 Gloria Moncrief, Fort Worth, TX
 Kit Moncrief, Fort Worth, TX
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 William C. Montgomery, Houston, TX
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 Marvin Odum, Houston, TX
 Catherine C. Oestmann, Midland, TX
 Kay M. Onstead, Houston, TX

Current as of Feb. 1, 2023

Pamela K. Onstead, Santa Fe, NM
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Sharon M. Owens, Missouri City, TX
Ebru Ozdemir, Besiktas/Istanbul, Turkey
Ana Palacio, Madrid, Spain
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Robert K. Reeves, Houston, TX
Mario E. Rodriguez, North Palm Beach, FL
William E. Rosenthal, Fort Worth, TX
Scott E. Rozzell, Houston, TX
Thomas V. Rushing, Houston, TX
Thomas L. Ryan, Houston, TX

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A. R. "Tony" Sanchez Jr., Houston, TX
William P. Sanders, El Paso, TX
Christopher Sarofim, Houston, TX
Laura Sayavedra, Houston, TX
Douglas W. Schnitzer, Houston, TX
Joan Weingarten Schnitzer, Houston, TX
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Peggy Sewell, Dallas, TX
Tanya Brara Shah, Weston, MA
Marc J. Shapiro, Houston, TX
John H. Shields II, Ponte Vedra Beach, FL
Jan A. Levit Silver, Houston, TX
Jerry Simon, Houston, TX
Herbert D. Simons, Houston, TX
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Walter J. Smith, Houston, TX
Glenn B. Stearns, Santa Ana, CA
Ida Louise Clement Steen, San Antonio, TX
Gary W. Stein, Houston, TX
Lenise Stephenson, Dallas, TX

Gayle B. Stoffel, Dallas, TX
Alvin M. Sugarman, Atlanta, GA
Charles W. Tate, Houston, TX
Sue S. Timken, Canton, OH
Shelley Tortorice, Beaumont, TX
Byron D. Trott, Chicago, IL
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Steven H. Wasserman, Palm Beach Gardens, FL
William M. Webster IV, Spartanburg, SC
Herbert D. Weitzman, Dallas, TX
Jason P. Wells, Houston, TX
Margaret Alkek Williams, Houston, TX
Sheridan Williams, Houston, TX
John H. Wilson III, Dallas, TX
Cyvia Wolff, Houston, TX
John B. Zachry, San Antonio, TX
Susan Zane, M.D., Austin, TX
Cynthia Erickson Zaninovich, Paducah, KY
Isabella Arjona Zappala, New York, NY
Anat Kaufman Zeidman, Houston, TX

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Margaret Pinkston
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Jessica H. Ramsey
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William R. Bobbora, Houston, TX
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Jocelyn Johnson, Austin, TX
Randy D. Jones, Richmond, TX
Jeffrey F. Kane, Corpus Christi, TX
Barry R. Kessler, Houston, TX
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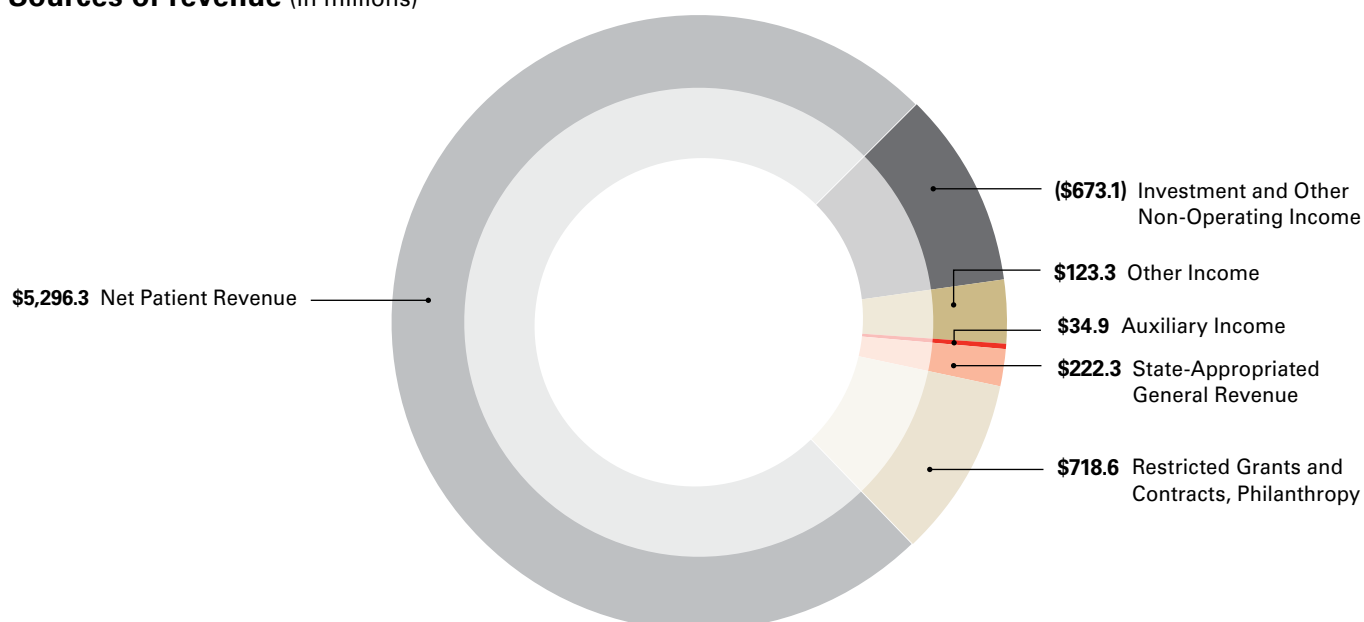
Amy H. Lee, Houston, TX
Meghan Leggett, Houston, TX
Misty V. Lindenberger, Houston, TX
Sarah Moffitt, Austin, TX
Leslie B. Moritz, Fort Worth, TX
Sarah W. Murrin, Fort Worth, TX
Cody Nath, Spring, TX
Laura B. Nelson, Corpus Christi, TX
Thomas P. Nguyen, Katy, TX
Binsu Oommen, Missouri City, TX
Kathleen Perley, Houston, TX
Drew Perrin, Houston, TX
Ashley Petersen, Houston, TX
Anson M. Reilly, Dallas, TX
Samuel Tyler Sabin, Bozeman, MT
Apurva Sanghavi, Sugar Land, TX
Kimberly A. Scheele, Houston, TX
Chris Shilling, Oklahoma City, OK
Courtney Somerville Becker, Austin, TX
Carolyn Starr, Houston, TX
Dwan C. Thomas, Houston, TX
Brandon Trama, Houston, TX
Chris Wallace, Houston, TX

FISCAL YEAR 2022

Sources of revenue

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Patient Revenue					
Gross patient revenue (Includes inpatient, outpatient and professional services)	\$8,926,301,959	\$10,082,677,115	\$9,659,114,081	\$10,637,921,793	\$11,968,899,685
Deductions from gross patient revenue ¹	\$4,842,147,440	\$5,508,836,828	\$5,311,739,877	\$5,925,780,956	\$6,672,568,105
Net patient revenue	\$4,084,154,519	\$4,573,840,287	\$4,347,374,204	\$4,712,140,838	\$5,296,331,580
Restricted grants and contracts, philanthropy	\$498,042,406	\$516,682,091	\$704,072,112	\$844,662,716	\$718,646,660
State-appropriated general revenue	\$210,130,778	\$209,733,872	\$218,244,173	\$119,993,749	\$222,277,361
Auxiliary income ²	\$44,292,397	\$45,855,795	\$33,096,205	\$23,141,380	\$34,980,243
Other income ³	\$120,376,674	\$130,000,233	\$136,152,343	\$150,636,619	\$123,335,827
Investment and other non-operating income	\$268,224,779	\$402,329,745	\$728,360,042	\$1,881,576,876	\$(673,133,867)
TOTAL REVENUE	\$5,225,221,553	\$5,878,442,023	\$6,167,299,079	\$7,732,152,177	\$5,722,437,804

Sources of revenue (in millions)



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

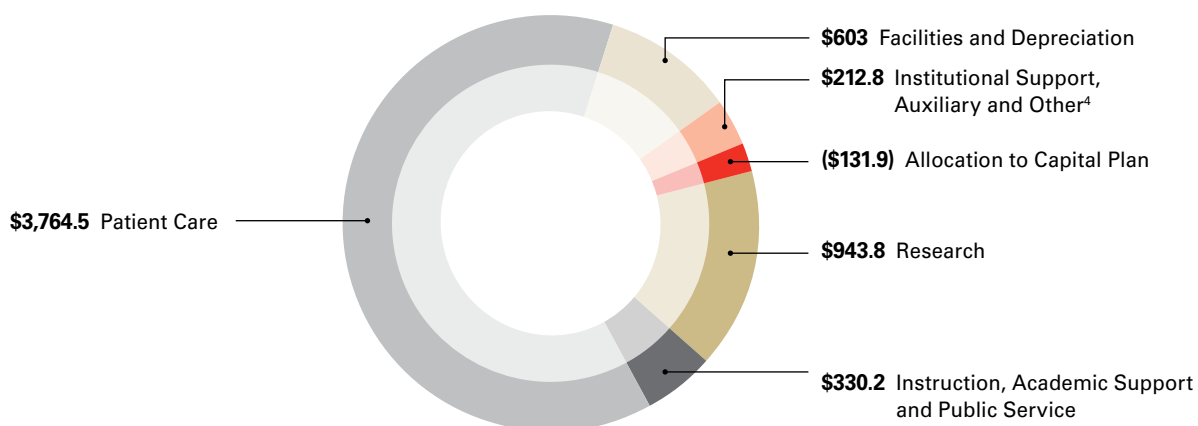
² Funds received from parking fees, valet services, dining facilities, hotel charges, gift shop sales and vending machine sales.

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

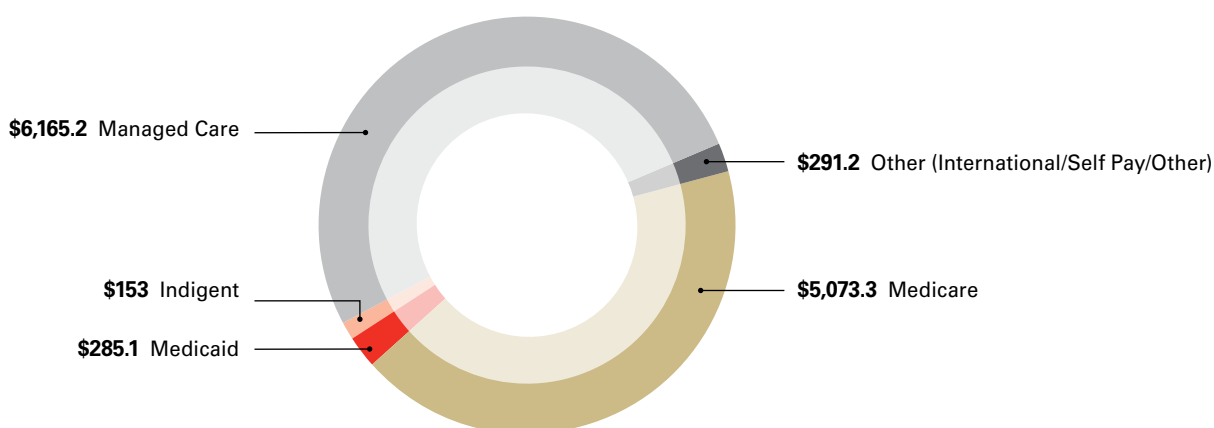
Uses of revenue

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Research	\$750,400,862	\$784,212,601	\$840,274,380	\$885,067,016	\$943,836,402
Instruction, academic support and public service	\$237,216,678	\$262,166,575	\$322,663,647	\$318,598,887	\$330,221,014
Patient care	\$2,723,124,887	\$3,088,325,453	\$3,151,164,460	\$3,318,539,363	\$3,764,483,888
Facilities and depreciation	\$572,430,565	\$585,654,058	602,797,854	\$580,006,043	\$603,017,139
Institutional support, auxiliary and other ⁴	\$155,161,923	\$203,016,040	\$195,540,458	\$189,155,390	\$212,830,748
Allocation to capital plan (For future projects to replace and improve facilities and technology)	\$699,454,551	\$786,886,639	\$1,054,858,281	\$2,440,785,478	\$(131,951,387)
TOTAL EXPENSES	\$5,225,221,554	\$5,878,442,024	\$6,167,299,080	\$7,732,152,177	\$5,722,437,804

Uses of revenue (in millions)



Gross revenue by payor classification (in millions)



MD Anderson provided more than **\$309.6 million** in uncompensated care to cancer patients in FY22.*

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

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

Sources of research expenditures

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
External funding for research					
Federal grants, contracts	\$173,899,855	\$179,497,413	\$186,488,139	\$217,073,481	\$225,659,205
Private industry grants, contracts	\$149,517,715	\$169,457,886	\$194,527,930	\$211,848,698	\$241,850,179
Philanthropy, foundations	\$171,352,085	\$164,633,426	\$168,585,124	\$169,518,328	\$189,688,803
Total external funding	\$494,769,655	\$513,588,725	\$549,601,193	\$598,440,507	\$657,198,187
State funding allocated for research					
State-appropriated general revenue	\$14,720,920	\$14,686,051	\$15,834,743	\$15,743,681	\$16,822,663
Tobacco settlement, other state support	\$20,560,115	\$15,295,590	\$12,942,481	\$13,633,465	\$14,342,778
CPRIT	\$48,999,398	\$44,155,637	\$43,877,531	\$45,763,928	\$39,202,874
Total state funding	\$84,280,433	\$74,137,278	\$72,654,755	\$75,141,074	\$70,368,315
Internal funding allocated for research					
Hospital operating margins	\$198,667,225	\$205,863,625	\$238,879,871	\$236,704,075	\$250,399,163
Institutional grants*	\$85,165,071	\$108,669,448	\$112,176,320	\$116,267,180	\$115,698,929
Total internal funding	\$283,832,296	\$314,533,073	\$351,056,191	\$352,971,255	\$366,098,092
TOTAL RESEARCH EXPENDITURES	\$862,882,384	\$902,259,076	\$973,312,139	\$1,026,552,836	\$1,093,664,594

*Philanthropic donations to the institution internally designated to support research and PRS funds internally allocated to support research activities.

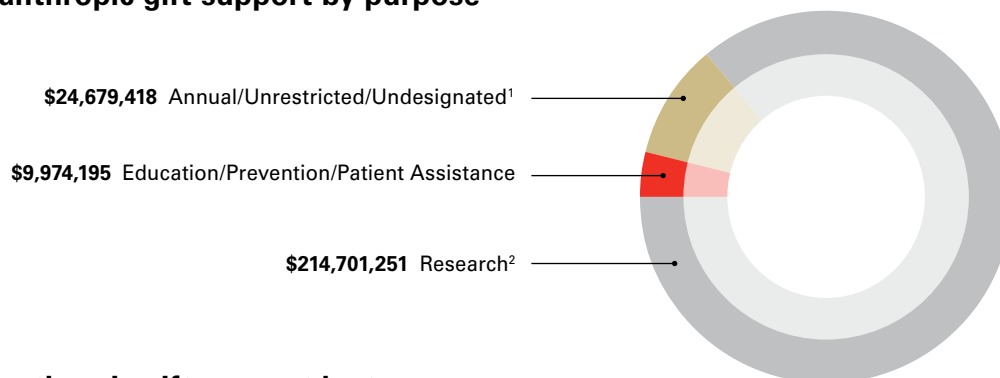
Clinical profile

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Admissions	29,118	30,339	25,748	27,082	28,765
Patient days	207,071	218,217	194,491	203,853	222,616
Average daily census	587	618	557	588	646
Average length of stay	7.1	7.2	7.6	7.5	7.7
Average number of operating beds	673	669	732	767	757
Outpatient clinic visits, treatments, procedures	1,458,076	1,547,197	1,394,800	1,468,839	1,562,719
Pathology/laboratory medicine procedures	13,280,436	13,262,586	11,809,893	12,359,285	13,392,669
Diagnostic imaging procedures	611,190	615,053	528,112	634,289	599,308
Surgery hours	71,462	71,701	65,114	71,157	74,005
Total active clinical protocols	1,252	1,364	1,412	1,600	1,632

Education profile

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Clinical residents, fellows	1,775	1,968	1,796	1,687	1,482
Research trainees	1,791	1,600	1,329	1,364	1,342
Observers, visitors, special programs	831	876	412	43	43
Nursing trainees	1,440	1,150	753	576	812
Student programs participants	888	900	477	798	1,032
School of Health Professions students	357	393	394	378	375
TOTAL TRAINEES	7,082	6,887	5,161	4,846	5,086

Total philanthropic gift support by purpose



Total philanthropic gift support by type

Cash gifts	Amount
Corporations	\$11,386,128
Foundations	\$25,144,139
Individuals	\$70,904,462
Organizations	\$1,840,841
Trusts and estates	\$6,506,927
Subtotal	\$115,782,496
Pledge gifts	
Corporations	\$6,081,300
Foundations	\$60,431,294
Individuals	\$22,717,070
Organizations	\$2,887,834
Trusts and estates	\$41,252,030
Subtotal	\$133,369,528
Gifts-in-kind	
Corporations	\$7,321
Foundations	\$92,000
Individuals	\$103,518
Organizations	-
Subtotal	\$202,839
Total	\$249,354,863.32

¹ These dollars fund institutional peer-reviewed research.

² Donor-targeted gifts to research in all mission areas.

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



The Annual Report is published on behalf of MD Anderson Cancer Center to share yearly updates about the institution. For the latest news and stories from MD Anderson throughout the year, visit MDAnderson.org/Cancerwise.

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Email Publications@MDAnderson.org.

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MD ANDERSON
EMBODIES SUCH
A DEEP SENSE OF
PURPOSE THAT
DRIVES ITS MISSION
AND CULTURE.

David Ahlquist
Advance Team member

