MDAnderson Cancer Center

Making Cancer History*

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Highlighting the impact of our donors and supporters

Financial and statistical data



impact E

For more than eight decades, MD Anderson has served as a leading light for millions of patients and families seeking hope and possibility in the face of complex cancer diagnoses.

Our teams have remained steadfast in unraveling the mysteries of cancer, while serving our patients with compassion and expertise. With the 2021 launch of our institutional Strategy, MD Anderson invested time and talent into maximizing our impact by focusing on three strategic themes: furthering reach, accelerating breakthroughs and setting new standards for high-value care. It has been inspiring to witness this comprehensive plan — created with the input of thousands of colleagues — come to life with exceptional outcomes only possible at MD Anderson.

Fiscal Year 2023 illustrated the breadth and depth of our strategic aspiration and how our prism of impact continues to grow across Houston, Texas, the nation and the world. Our strategic Reach theme was demonstrated through MD Anderson's announced expansion to Austin, Texas, and the launch of Ochsner MD Anderson Cancer Center in Southeastern Louisiana. Through our Global Oncology program, we extended our cancer prevention and cancer control efforts at the population level through new collaborations with the World Health Organization, the Ministry of Health in the Republic of Indonesia and the Ministry of Health in Mozambique. Our talented researchers contributed to double-digit growth in scientific presentations at major oncology conferences, reinforcing the strength of our strategic Breakthroughs theme and MD Anderson's leadership in cancer research.

And as these exceptional outcomes were realized, our commitment to our patients remained at the forefront with a diligent focus placed on quality, safety and a seamless patient experience in alignment with our strategic Value theme. This was exemplified through MD Anderson's No. 1 national Safety ranking by Vizient and our No. 1 ranking on U.S. News & World Report's 2023-2024 annual "Best Hospitals" list. Our teams also sustained work to foster a human-centered academic environment for trainees and students, as was recognized through the prestigious Arnold P. Gold Foundation DeWitt C. Baldwin Jr. Award.

Through the lens and stories of our colleagues, our board members, our patients and our supporters, this year's annual report illuminates the myriad ways MD Anderson is inspiring hope as we move our strategic aspirations and our mission forward. With our talent, our culture and our Strategy driving outcomes for the betterment of humanity, this is an extraordinary time for MD Anderson. And through a united effort driving our prism of impact, we are Making Cancer History*.

PETER WT PISTERS, M.D

Veler Sodinin

President

Undoubtedly No. 1 in the world for cancer care and research, MD Anderson sits far ahead and above other academic medical centers due to one simple fact: **our mission to end cancer is unsurpassed.**

I have had the honor of supporting this esteemed institution for several decades now, as a caregiver, as a donor and as a passionate advocate for the life-changing work happening every day in the clinics and laboratories. In my current role as chair of the MD Anderson Cancer Center Board of Visitors (BOV), a nonfiduciary, appointed advisory board of volunteers committed to **Making Cancer History***, I am privileged to rally some of the most dedicated supporters to help move the needle forward as we advance this next era of cancer research and care.

During the past fiscal year, we raised **more than \$324 million** together to support MD Anderson's vital work to end cancer — a more than 30% increase over Fiscal Year 2022. I am particularly proud of our BOV members, who have answered the call for greater engagement in giving, tripling our participation rates over last year by donating more than \$96 million. These funds combined with others donated and raised by you have the power to impact the lives of hundreds of thousands of cancer patients around the globe.

However, as all who are familiar with MD Anderson know, we never rest upon our successes. As BOV chair, my goal is not simply about extraordinary fundraising in one year alone. It is about building a sustainable philanthropic base that can help support breakthroughs in cancer research and innovation in cancer patient care for decades to come.

Thank you to all those who have joined us in accelerating our momentum into Fiscal Year 2024, and welcome to those who will join us in carrying the torch well beyond.

CLARENCE P. CAZALOT JR.

MD Anderson Cancer Center Board of Visitors Chair



"These funds have the power to impact the lives of hundreds of thousands of cancer patients around the globe."

Reflections on the aha moments that have shaped our commitment to end cancer

Lightbulb Moments



"It really brings home why we're all here." Fatima Sheriff, MD Anderson Chief of Staff & Caregiver



With cancer treatment now behind them, Marc Frappier and Fatima Sheriff take a moment to relax outside the Glassell School of Art, Museum of Fine Arts, Houston.

A spark of gratitude and appreciation for **MD** Anderson

BY CYNTHIA DeMARCO

Fatima Sheriff has been MD Anderson's chief of staff since September 2018 and a health care professional for more than 25 years. But the Canadian transplant was still caught offguard when her husband, Marc Frappier, received a stage II throat cancer diagnosis last year.

"First, I went into shock," Sheriff recalls. "Then I was in denial. After that, I was an emotional wreck. I had hoped this initial consultation would rule out cancer, not confirm it. As I thought through it all, I reminded myself of all that I already knew to be true about MD Anderson. My mind was then able to calm a little, knowing he was safe and in good hands."

Sheriff felt better once Marc started treatment and they got to know his care team. Her confidence grew as his treatment progressed.

"Marc and I have often talked about how some cosmic path brought us here, not knowing that one day we'd be patient and caregiver," she says. "But MD Anderson is the best cancer center in the world. So, we both feel very fortunate."

Opportunities to learn and pay it forward

Marc had six weeks of chemotherapy under medical oncologist Renata Ferrarotto, M.D., and seven weeks of proton therapy under radiation oncologist Brandon Gunn, M.D. He also joined a Phase II clinical trial under radiation oncologist and researcher Clifton Fuller, M.D., Ph.D., to see if smaller doses of proton therapy could yield the same results as the standard dose if they were gradually reduced as treatment progressed.

"I received 14 MRIs, four CT scans and three PET scans in all," Marc recalls. Some days, he spent an hour and 15 minutes strapped to a table in a tightly fitted, plastic mesh mask that covered his entire head and shoulders.

"But I was totally game for it, if it meant I might have fewer side effects," Marc insists. "It was really cool to see the changes in my tumor over time, and to know that I needed less proton therapy as a result. I hear about Making Cancer History® all the time from my wife. Now, I'm actually a part of it."

"What's interesting is that we hadn't even asked for a clinical trial," adds Sheriff. "This was an unexpected opportunity to learn more and potentially adjust Marc's treatment. That's how we more fully realized that the excellent standard of care is just the minimum here. And clinical trials are additional opportunities to learn and pay it forward — if not for you, then maybe for the next person."

Personalized touches emphasize MD Anderson's uniqueness

One thing that really impressed Marc was his doctors' willingness to honor his commitment to physical fitness, both before and during treatment. The certified personal trainer was diagnosed less than two weeks before an annual endurance cycling event. He'd been training hard for it and still wanted to participate.

"When I asked Dr. Gunn about it, he kind of thumped back in his chair and looked at me strangely," recalls Marc. "Like, 'You've just been diagnosed with throat cancer, and you're worried about a 150-mile bike ride?""

Once Marc explained how important the event was to him, Gunn smiled and said, "You know what? I really love your attitude. Go ride. We'll see you afterward." Marc started treatment 11 days later, after finishing the race.

Another meaningful moment came on his last day of proton therapy. Alyssa O'Brien, a patient services coordinator at MD Anderson, presented Marc with a hand-drawn card featuring his favorite flower, a bird of paradise. She called Marc "one of the kindest people I've ever met" and said that his bravery had inspired her.

"I'd heard her ask another patient what their favorite flower was a few days earlier," Marc recalls. "But I didn't make the connection."

Today, Marc knows that O'Brien creates personalized cards or certificates for all of her patients to congratulate them on completing proton therapy. But that doesn't make the gesture any less special.

"My entire care team was exceptional," Marc says. "But that personal touch was just out of this world. Every time I walked into the Proton Therapy Center, she was so effusive. I'd never experienced that kind of welcome before. She was a massive bright spot."

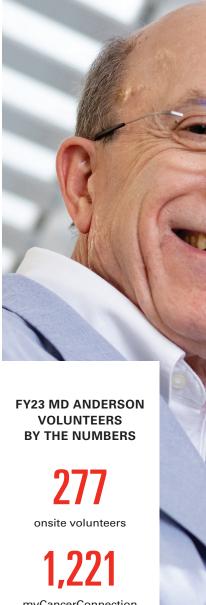
Marc is cancer-free now and back to his active lifestyle. And, Sheriff has an even deeper appreciation of what makes MD Anderson special.

"Once you've had that experience, it sticks with you forever," she says. "It really brings home why we're all here. And, why we do what we do."



Marc had been training for a 150-mile bike ride when he was diagnosed with throat cancer.





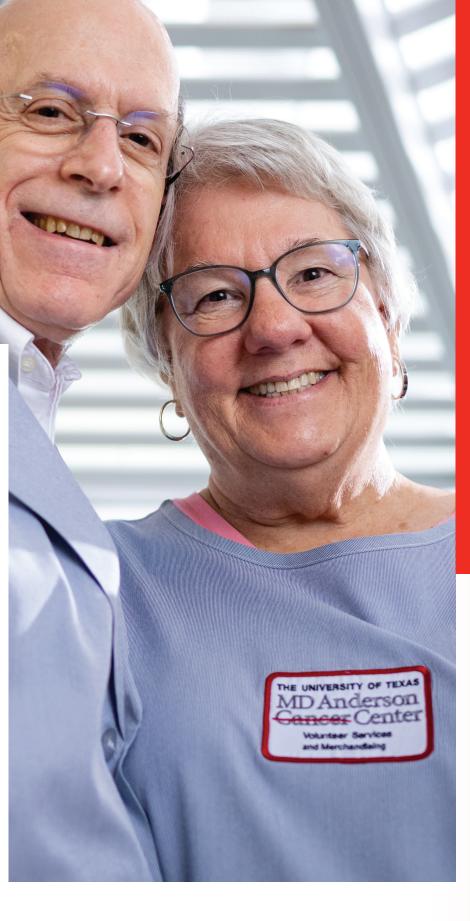
myCancerConnection virtual, one-on-one phone support volunteers

62,003

volunteer patient/ caregiver contacts



Learn about volunteer opportunities at MD Anderson.



Dick & Mimi Murphy

A shared passion for serving others

BY RAMONICA JONES LUCKETT

When Dick and Mimi Murphy started volunteering at MD Anderson in 2011, they had no idea how much giving back would impact the patients they served. They certainly didn't know how much it would impact their own lives.

With more than 5,000 volunteer hours between them, the Murphys look forward to their weekly drive to MD Anderson's Texas Medical Center Campus from their home in Sugar Land, about 20 miles southwest of Houston. Before COVID-19 paused onsite volunteering, Mimi helped once a week with the coffee cart and seasonally at the Children's Art Project Pop-Up Shop. Dick volunteered in the Patient Relaxation Area.

When volunteering resumed in 2022, the Murphys were eager to get back. Today, Dick is a volunteer navigator, and Mimi volunteers at Cancer Connection, where patients and caregivers can visit with cancer survivor and caregiver volunteers in a comfortable setting. In their new roles, the Murphys quickly put to use the skills they'd learned from their previous positions.

"I missed the contact with people and everything about volunteering. I'm glad they found a new place for me," says Mimi. "I'm happy to help patients get snacks, a hot drink and some kind words during their visit."

Alleviating stress for patients is the Murphys' goal.

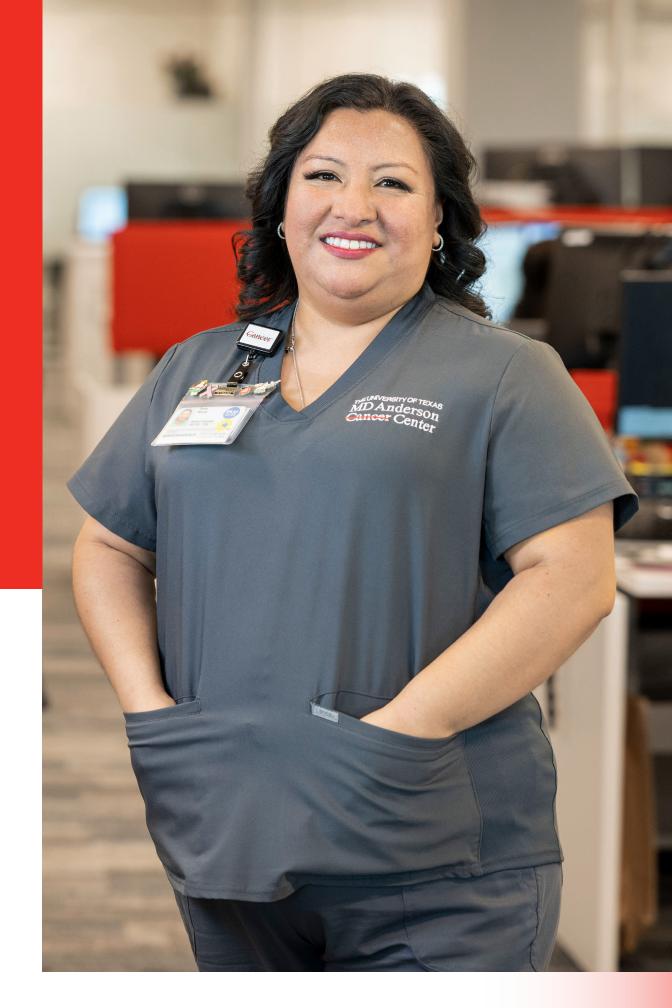
"When patients come up to you, you can sense they need some assistance," Dick says. "You look at their phone or paperwork, and you give them directions. If the information I provide doesn't seem to completely register with them, I say, 'Follow me,' and off we go to their destination. Of course, we can't answer every question, but if they're lost, hungry or thirsty, it's a big deal if we can help."

Volunteering at MD Anderson is among the Murphys' most rewarding experiences. Their advice to new volunteers? Be flexible, be natural and be yourself.

"You get a little something out of every interaction," says Mimi, who encourages others to volunteer at MD Anderson.

Volunteering is so important to the Murphys, in fact, that they try to minimize their time away, even when on vacation.

"It's important to us. It's our commitment. The patients, caregivers and MD Anderson count on us," Dick says. "We schedule everything around volunteering." "When my father was diagnosed with cancer, I was immediately put into caregivers' shoes."



Dora Wood

A father's cancer diagnosis shapes a career

BY PETER SHORT

"When my father was diagnosed with cancer, I was immediately put into caregivers' shoes," recalls Dora Wood, a medical assistant at MD Anderson West Houston. "I felt the way they feel, and I realized that because of the training and experience MD Anderson gave me, I was able to be a big help to my family."

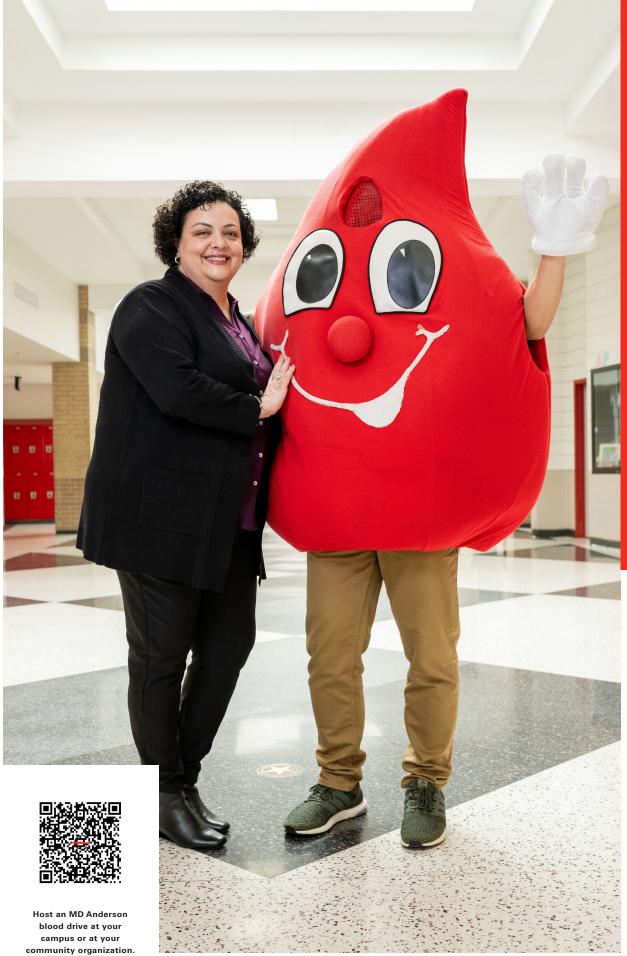
As she helped her family through her father's diagnosis and treatment, Wood realized this experience would shape her career. Out of necessity, Wood quickly became a vital source of information, explaining to her family what was happening to her father and what they needed to do. She filled out forms, made appointments and planned important next steps. Whenever a family member had a question, Wood was ready with an answer — or a promise to get one.

In many ways, this is what Wood does every day as a medical assistant. Her work is varied and always changing, from responding to record requests to guiding patients to exam rooms. Every day is different and challenging. But whether it's logistical or administrative, Wood's work keeps things running smoothly and she knows that she's a valuable member of the care team.

What she didn't realize at the time of her father's diagnosis is how this work makes her a unique asset to patients and their families. "My father passing away was hard, but I also felt blessed," Wood says. "The experience and knowledge I gained from this difficult time and from working at MD Anderson shaped my approach to work. I know firsthand that the faster I return a phone call or explain a process, that I can provide relief and comfort to patients and their families."

Wood's personal experience with cancer, as hard as it was, made her more present: "That was the role I played for my family, and it's the role I need to play for my patients."

"Donating blood is something students can do to give back directly to their community."



Salloum Jeannette

Former teacher's wisdom yields more blood donations

BY CYNTHIA DeMARCO

After spending 13 years as a classroom teacher, Jeannette Salloum was thrilled to begin managing the high school component of our blood donor program.

"It was already thriving when I took over in 2018," says the MD Anderson Blood Bank community representative. "But as a former educator, there will always be a part of me that wants to work with students and teachers."

MD Anderson Blood Bank depends on donations from students, teachers and other community members to provide the 200 units of red blood cells and 600 units of platelets our patients need each day. But COVID-19 restrictions forced the cancellation of more than two dozen blood drives in the first three months of the pandemic and prevented MD Anderson Blood Bank from holding high school blood drives again for almost four more months. Once COVID-19 restrictions eased, MD Anderson Blood Bank had to re-establish many of the relationships it had built with schools — and forge new ones.

That's where Salloum's experience in the public school system came in.

"Teachers are required to attend a few weeks of professional development before each school year begins," she explains. "We took advantage of that by calling all the career and technical education coordinators and asking them to let us do lunch-andlearns for health science teachers."

Those presentations gave MD Anderson representatives a chance to thank teachers they'd already worked with and to connect with new teachers at other schools.

"It's a win-win when you have the director of career and technical education endorsing MD Anderson Blood Bank and encouraging their schools to work with you," Salloum notes.

Her team's strategy proved especially successful for MD Anderson in FY23. Their last presentation at Aldine Independent School District resulted in three new partnerships. MD Anderson Blood Bank now hosts drives at all but one of Aldine's 10 high schools and also expanded its reach in the Katy and Willis Independent School Districts.

"Teachers and students really want to have that experience of giving back," Salloum says. "It was missing from their campuses for so long during the pandemic."

MD Anderson Blood Bank now hosts blood drives at 62 public high schools in 21 local districts, plus several local private schools. Thanks to a 31% increase in the number of high school blood drives held in FY23, blood donations from high schools also increased significantly, with 7,716 donations collected — a 27% increase over the prior year.

"Donating blood is something students can do to give back directly to their community," Salloum says. "It makes a world of difference for our patients."

approaches to MD Anderson — at MD Anderson's "To bring data science and systems engineering scale — is a tremendous opportunity."



Siewerdsen,

Bringing data science to the operating room

BY LINDSEY GARNER

At MD Anderson, operating room lamps cast a brilliant glow on surgeons, nurses, anesthesiologists and other clinical team members as they work together to treat thousands of patients each year.

Now that glow has been cast wider to include data scientists and engineers. Led by Jeff Siewerdsen, Ph.D., these quantitative scientists regularly suit up in scrubs to experience firsthand the operating room workflows they're trying to improve.

MD Anderson's Surgical Data Science Program was born from Siewerdsen's observations over his 25 years as an academic researcher. In that time, he focused on developing new imaging technologies for diagnostic and interventional procedures. While his work has produced many technologies and algorithms now used in operating rooms, he has strived more recently to work closely with clinical teams impacted by the problems he has sought to address.

"Rather than continuing to add new technologies to address unmet clinical needs, I wanted to simplify, integrate and critically evaluate the value of new technologies using data science and systems engineering," Siewerdsen says.

That opportunity arrived last year when MD Anderson recruited him. "I was drawn to MD Anderson's vision, strategic resources, expertise and capacity to bring major positive impact for patients and clinical teams," recalls Siewerdsen, who was recently named a 2023 National Academy of Inventors Fellow. "To bring data science and systems engineering approaches to surgery — at MD Anderson's scale — is a tremendous opportunity to show how these disciplines can make a tangible impact for patients and their clinical teams."

Drawing inspiration from his research as well as the "Surgineering" education program that he created at his previous institution, Siewerdsen established and leads a focus area within the newly launched Institute for Data Science in Oncology (IDSO). The IDSO Safety, Quality and Access focus area fosters collaboration with surgeons and clinical departments to integrate new technology and drive data science solutions to clinical practice.

One example is the creation of computational tools for improved operating room scheduling to enhance the efficiency of operating room use, leading to increased patient access and improved clinician wellness by streamlining clinical workflows. Another example is the use of machine learning for real-time analysis and prediction to avoid surgical adverse events. A third involves surgical process modeling to refine workflows and quantitatively evaluate the benefit of emerging technologies before introducing them to the operating room.

"In the years ahead, my goal is not only to help move the needle on safety and quality but also to prove the hypothesis that quantitative scientists integrated with clinical operations are key to realizing major advances in surgery," says Siewerdsen. "For MD Anderson's patients, this means that surgery will be more accessible, safer and will use the most cutting-edge technologies to their fullest benefit."



"This organization holds a sentimental place in our family's heart."

Rodney Quindoy

A father's joy turns to purpose

BY JACQUELINE MASON

Early in his career, Rodney Quindoy thrived on being a critical care nurse who helped patients recover from medical emergencies.

Little could prepare him, though, for his own daughter's terminal cancer diagnosis shortly after he joined MD Anderson's Patient Safety department in 2014.

"She had such a radiant smile and charisma," he says of Mikayla, who was diagnosed on New Year's Eve with Diffuse Intrinsic Pontine Glioma (DIPG). "As parents, we can recall how protective we were: child-proofing the house, feeling bad when she had her first boo-boo. She was a thriving 6-year-old girl; then, out of the blue, she was diagnosed with this."

DIPG is a rare and aggressive brain tumor that primarily affects children and is notoriously difficult to treat. In Mikayla's case, a clinical trial at MD Anderson provided a few weeks of symptom relief prior to her passing away in December 2015.

A passion for patient safety

Quindoy left MD Anderson to pursue other career opportunities. During his time away, he quickly realized that MD Anderson's commitment to safety is unparalleled. "I knew one day I would return," he says. "The organization holds a sentimental place in our family's heart."

Quindoy returned to MD Anderson as a clinical patient safety specialist in 2022 this time with a personal mission to inspire hope in caregivers, especially parents of young patients.

"MD Anderson has always set the benchmark in terms of what safety should be," he says, citing its commitment to daily safety briefings, deep analyses of safety risks, and recent training of all employees in the principles of High Reliability Organizations. Based on data from 2023, MD Anderson maintains a five-star rating in national quality and safety rankings from Vizient and the No. 1 spot in safety.

"My passion for patient safety originated at MD Anderson," Quindoy says. "It's embedded in the culture."

Carrying on his daughter's legacy

To honor Mikayla, Quindoy picked up a set of drumsticks in May and won MD Anderson's 2023 employee talent show, known as Anderson's Got Talent. He dedicated his performance to Mikayla and placed her picture at the base of his drums.

"My goal was to share a message of inspiration, especially for those who've lost loved ones," he says. "Suffering a loss is traumatic, but you have the power to rise above and become stronger than you ever thought. That's how I carry on Mikayla's memory and legacy."

"When patients have their needs heard, and prioritized, it restores a small sense of control."

airah Ahmed, M.D

Putting patients' priorities first

BY KATIE BROOKS

While she was a physician-in-training and before she joined MD Anderson, Sairah Ahmed, M.D, was struck by the similarities between her and a young leukemia patient.

Both were intelligent, goal-oriented American women of South Asian descent. They were even the same age. They met and got to know each other throughout the patient's chemotherapy, hospital stays and toxicity checks. "She was the only child, beloved by her parents, aunts, uncles and entire family," Ahmed says, recalling the patient who made a profound impact on her when she was just a fellow. "She was their world."

When the woman's cancer relapsed, Ahmed talked with her about next steps. Ahmed remembers a conversation they had in the ICU in which the woman confided that she did not want to die in the hospital.

"She didn't want to add to her parents' pain by telling them she was ready to go home," Ahmed recalls. "She knew they wanted more treatments for her. I talked to her parents about what she wanted and started the conversation for her."

The patient made the decision to go home and was there for a while, before returning to the hospital, where she eventually passed away.

"Her mom, dad, aunts and uncles thanked me for talking to them," Ahmed says. "They appreciated the time they had at home with their daughter, saying those were some of her best days."

Because of that experience, Ahmed builds relationships with each of her patients at MD Anderson by having open and honest conversations about what's important to them and advocating to ensure their care supports their priorities. Ahmed, an associate professor in Lymphoma/Myeloma, has goal concordant care conversations early in her patients' care, and often, because things change.

Talking through things gets the patient, their loved ones and their care team members on the same page so they can move forward to the next step together, she says. Conversation topics might range from preserving fertility to continuing favorite activities to setting aside time to make memories.

Goal concordant care is holding and documenting conversations about what matters most to a patient throughout their care. "Having cancer can mean feeling betrayed by your body," Ahmed says. "When patients have their needs heard, and prioritized, it restores a small sense of control. We can do right by each patient by making sure we are asking about and being respectful of their individual priorities."

She's proud of the progress MD Anderson teams have made with communication skills training, new tools and process improvement.

The most rewarding part? What her patients tell her. "They are vocal about appreciating these conversations," she says. "They trust they will get honest answers so we can make decisions together on what's best for them no matter what."

"I love doing research. It's so exciting to encounter something where you're the only person who's seen it before."



Enriquez

An image of a bright future

BY GILLIAN KRUSE

When José Enriquez first walked into a research chemistry lab as an undergraduate, he knew he'd found his path forward.

"I was studying biochemistry, and a friend recommended I try a research position. I immediately fell in love with the work," says the graduate research assistant in Cancer Systems Imaging. "I'd always been fascinated by science, but that was the first time I knew how I wanted to really apply my interests to a career."

After graduation, Enriquez received a master's degree in chemistry before joining MD Anderson UTHealth Houston Graduate School of Biomedical Sciences as a doctoral student. Working in the lab with his advisor, Pratip Bhattacharya, Ph.D., Enriquez uses his chemistry background and knowledge of imaging techniques to study how cancer changes the body's metabolism.

"We can use non-invasive imaging and a chemical compound to follow how your metabolism is working in real time, and see where the molecules go in your body," he explains. "I hope to use this to help diagnose pancreatic cancer early, before symptoms appear."

To support this innovative work, he was recently awarded a F99/K00 Predoctoral to Postdoctoral Fellow Transition grant from the National Cancer Institute. The grant will support Enriquez as he completes his Ph.D. and, after graduation, a postdoctoral fellowship. These awards are given to the nation's most promising graduate students to aid their transition to roles as independent researchers.

Enriquez will spend the next two years focusing on his dissertation and taking advantage of our graduate school's resources. His favorite part of being a student is the community, full of faculty who are always willing to help and want to see students succeed. He's thankful his interest in cancer research led him here for graduate studies.

"Something about cancer caught my attention: Why does this happen? Why do our own cells do this, and why can't our bodies stop it?" he says. "I really wanted to study it and knew MD Anderson was the place to do so, especially after realizing the kinds of research I could do with imaging."

After graduation, Enriquez plans to keep pushing the boundaries of what's possible for early detection. He's hoping to expand on his current work and learn a new imaging technique, all in the pursuit of finding something novel to help cancer patients.

"I love doing research," he says. "It's so exciting to encounter something where you're the only person who's seen it before."

"I like to say I'm responsible for putting smiles on the faces of many."



Tomika Gamble

A passion for serving our children

BY VALERIE JONES

When it comes to MD Anderson's pediatric cancer patients, Tomika Gamble is the agent of fun.

As program director for pediatric support programs, Gamble handles camps, prom and other special events for some of the hospital's youngest patients and their families.

"I like to say I'm responsible for putting smiles on the faces of many," says Gamble. "I probably have the most enjoyable job at MD Anderson. The goal is to give our pediatric patients a sense of normalcy."

Gamble knows firsthand how much that's needed.

When her oldest son, Isaiah, was diagnosed with a rare form of lung cancer at age 3, she was pregnant with her second son.

"It was a very difficult time for our family," recalls Gamble, who had previously lost her grandmother to salivary gland cancer and her aunt to pancreatic cancer.

At the time, Gamble was doing public relations for a local school district, and her husband was a coach in another local school district.

"We received so much support from our community," she says. "Our community taught us the importance of giving, so once my son's treatments were done, it then became, 'How can we give back?"

Gamble started a nonprofit to support children facing life-threatening medical conditions. She had partnered with MD Anderson on events through her nonprofit, so in 2018, when she joined MD Anderson to manage our pediatric support programs, it was a dream come true.

"I had wanted to work at MD Anderson for a long time, but I didn't know where I fit in," says Gamble. "It was a blessing to watch it come full circle. My son's cancer diagnosis and my experience in public relations and special events helped me take on the responsibilities of my role and really connect with the families we serve."

Gamble's family also volunteers with MD Anderson's programs. Isaiah, now 17, is a summer camp counselor at Camp Star Trails and has participated in MD Anderson's Boot Walk to End Cancer®.

"At MD Anderson, I know I'm doing the work that God placed me on this earth to do," says Gamble. "When you find that passion and that purpose, it's the most amazing feeling ever."

Brighter Days





cancer research highlights

BY AUBREY BLOOM

Driven by our mission to end cancer, MD Anderson researchers develop new therapies, analyze vast data sets and solve medical mysteries every day. These breakthroughs can make immediate impacts on the lives of patients and shape the future of cancer care.

To expand the reach of these transformational breakthroughs, MD Anderson experts shared their knowledge this past year at national industry conferences, such as the American Association for Cancer Research (AACR) and American Society of Clinical Oncology (ASCO) annual meetings.

Here are 23 notable highlights from the past year.

ENDING RELIANCE ON BLOOD TRANSFUSIONS FOR MDS **PATIENTS**

In a Phase III clinal trial, treatment with luspatercept improved red blood cell counts and erythroid responses compared to treatment with epoetin alfa in patients with myelodysplastic syndromes, allowing the majority to forgo regular blood transfusions. Luspatercept is a novel agent that enables late-stage red blood cell maturation and helps restore normal red blood cell creation. The study, led by Guillermo Garcia-Manero, M.D., was presented at the 2023 ASCO Annual Meeting.

"Luspatercept represents a transformative therapy that could become a new standard of care for patients with transfusiondependent myelodysplastic syndromes," Garcia-Manero says.

02

UNPRECEDENTED INSIGHTS INTO MAMMARY BIOLOGY

A multi-institutional team created the world's largest and most comprehensive map of normal breast tissue, providing a new understanding of mammary biology that may help identify potential therapeutic targets for diseases including breast cancer. The publication was the culmination of a seven-year effort led by Nicholas Navin, Ph.D., on the MD Anderson side. Using single-cell and spatial genomic methods to profile more than 714,000 cells from 126 women, the Human Breast Cell Atlas, published in Nature, highlighted 12 major cell types and 58 biological cell states. It also identified differences based on ethnicity, age and menopausal status of healthy women.

"We expect this tool will be highly useful for anyone studying breast cancer and other diseases such as mastitis, as well as breast development and lactation failure," Navin says.

IMPROVED OUTLOOK FOR **HIGH-RISK MELANOMA PATIENTS**

Research led by Sapna Patel, M.D., showed that patients with high-risk melanoma who received the immunotherapy drug pembrolizumab both before and after surgery to remove cancerous tissue had a significantly lower recurrence risk compared to similar patients who received the drug only after surgery. Published in the New England Journal of Medicine, the results showed consistent benefits across age, sex, performance status and disease stage.

"It's not just what you give; it's when you give it," Patel explains.

NOVEL DELIVERY SYSTEM FOR MRNA USES EXTRACELLULAR **VESICLES**

Researchers led by Betty Kim, M.D., Ph.D., developed a novel delivery system for messenger RNA (mRNA) using extracellular vesicles (EVs) that shows potential to overcome many delivery hurdles faced by other promising mRNA therapies. The researchers, whose findings were published in Nature Biomedical Engineering, used this method to initiate and sustain collagen production for several months in the cells of photoaged skin in laboratory models. As the first therapy to demonstrate this ability, it represents a proof-of-concept for deploying the EV mRNA therapy, which is now being explored in immunotherapy applications.

05

BETTER LUNG CANCER OUTCOMES WITH IMMUNOTHERAPY BEFORE AND AFTER SURGERY

In the AEGEAN trial led by John Heymach, M.D., pre-surgical immunotherapy and chemotherapy followed by post-surgical immunotherapy significantly improved survival and pathological complete response rates compared to chemotherapy alone for patients with operable non-small cell lung cancer. Published in the *New England Journal of Medicine*, the findings were presented at the AACR Annual Meeting 2023.

"Throughout decades of research with adjuvant and neoadjuvant chemotherapy, we only succeeded in increasing lung cancer cures by around 5%," says Heymach. "This study has the potential to increase that percentage significantly."

06

DUAL-TARGETING CAR NK CELLS CAN PREVENT CELL DYSFUNCTION AND TUMOR ESCAPE

Researchers led by Katy Rezvani, M.D., Ph.D., developed a new approach for engineering natural killer (NK) cells with a second chimeric antigen receptor (CAR) to act as a logic gate, requiring two signals to eliminate a target cell. The study, published in *Nature Medicine*, demonstrated how these nextgeneration CAR NK cells improved tumor specificity and enhanced anti-tumor activity by overcoming a process called trogocytosis, which contributes to tumor escape and poor responses after CAR NK cell therapy.

COMBINATION THERAPY IMPROVES PROGRESSION-FREE SURVIVAL IN MEN WITH ADVANCED PROSTATE CANCER

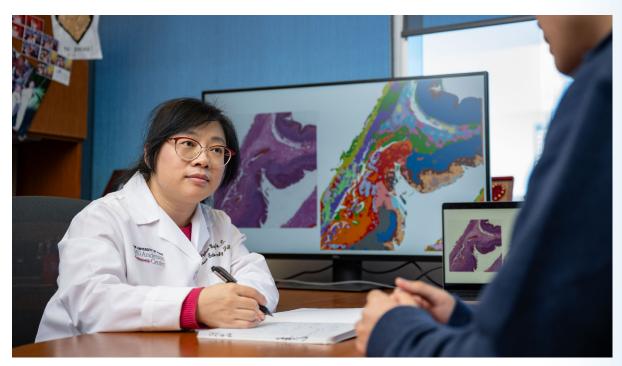
Researchers led by Chad Tang, M.D., demonstrated that adding metastasis-directed radiation therapy to intermittent hormone therapy improved progression-free survival in patients with oligometastatic prostate cancer. First presented at the 2022 American Society for Radiation Oncology (ASTRO) Annual Meeting, the results of the multicenter EXTEND trial were published in JAMA Oncology.



"This study provides much needed data on the benefits of combining these newer radiation techniques with hormone therapy to improve outcomes," says principal investigator Chad Tang, M.D., of the Phase II randomized basket trial.

SINGLE-CELL ANALYSIS ADVANCES UNDERSTANDING OF EARLY-STAGE LUNG CANCER AND TREATMENT RESULTS

Through single-cell analysis, researchers led by Linghua Wang, M.D., Ph.D., created a spatial map of tumor-infiltrating B cells and plasma cells in early-stage lung cancers, highlighting the roles these cells play in tumor development and treatment outcomes. Published in *Cancer Discovery*, the study represented the largest and most comprehensive single-cell atlas of its type at the time of publishing. The study revealed the importance of environmental factors, such as exposure to cigarette smoke, as well as how molecular features of the tumor contribute to the landscape of these cell types.



While more research is needed, Linghua Wang, M.D., Ph.D., says her team's findings could be leveraged to identify new targets for immunotherapy that focus on tumor-infiltrating B cells and plasma cells.

SOME BREAST CANCER PATIENTS MAY NOT NEED **SURGERY**

A Phase II trial led by Henry Kuerer, M.D., Ph.D., and published in Lancet Oncology demonstrated that patients with early-stage breast cancer who had a pathologic complete response to neoadjuvant chemotherapy may be able to skip surgery and receive standard radiation treatment with a low chance of disease recurrence.

"This research adds to growing evidence showing that newer drugs can completely eradicate cancer in some cases, and very early results show we can safely eliminate surgery in this select group of women with breast cancer," Kuerer says.

MUTANT KRAS REGULATES Y CHROMOSOME GENE IN **COLORECTAL CANCER**

In a preclinical study published in Nature, researchers uncovered a gene on the Y chromosome that is upregulated in KRASmutated colorectal cancer, increasing tumor cell invasiveness and reducing anti-tumor immunity in male patients.

Led by Ronald DePinho, M.D., the study provided new insights into the longstanding mystery of molecular and cellular mechanisms that drive increased metastasis and poor prognosis in men with colorectal cancer previously attributed mainly to lifestyle differences and possibly sex hormones.

NOVEL T CELL RECEPTOR THERAPY SHOWS EARLY ANTITUMOR ACTIVITY

Afamitresgene autoleucel (afami-cel), an adoptive T cell receptor therapy targeting the MAGE-A4 cancer antigen, achieved clinically significant results for patients with multiple solid tumor types in a Phase I clinical trial led by David Hong, M.D. The outcomes, published in *Nature Medicine*, were especially noteworthy in the subgroup of patients with synovial sarcoma, where afami-cel achieved an objective response rate of 44% compared to 24% across all cancer types.

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NEW CELL DEATH MECHANISM MAY OFFER NOVEL CANCER TREATMENT STRATEGIES

A study published in *Nature Cell Biology* detailed a previously unexplained type of cell death called disulfidptosis, triggered when cells with high levels of the SLC7A11 protein are subjected to glucose starvation. Led by Boyi Gan, Ph.D., and Junjie Chen, Ph.D., the study demonstrated that in preclinical models, treatment with glucose inhibitors induced disulfidptosis in cancer cells with high SLC7A11 expression, effectively suppressing tumor growth without significant toxicity in normal tissues. This discovery could open the door for new therapeutic strategies.

MICROBIOME-BASED **BIOMARKERS MAY HELP** PREDICT CART CELL THERAPY **RESPONSE**

Led by Neeraj Saini, M.D., and Robert Jenq, M.D., researchers developed a machinelearning algorithm that can predict longterm response to CAR T therapy using microbiome-based biomarkers. The findings could help in optimizing patient selection or tailoring follow-up treatment. Published in Nature Medicine, the study examined B-cell lymphoma patients receiving CAR T cell therapy to better understand the complicated effects of broad-spectrum antibiotics given prior to the therapy to prevent infection.

TARGETING MENIN INDUCES **RESPONSES IN CERTAIN ACUTE LEUKEMIAS**

The Phase I AUGMENT-101 trial, led by Ghayas Issa, M.D., showed that inhibiting menin with revumenib yielded encouraging responses for advanced acute leukemias with KMT2A rearrangements or mutant NPM1. Published in *Nature*, the study offered the first evidence showing the safety and clinical activity of menin inhibition in acute leukemia and demonstrated the potential for targeting scaffold proteins shown to be vulnerable points in specific cancers.

"The responses show that menin inhibitors may be a promising treatment option that is well tolerated by patients and could be the newest addition to successful targeted therapies for acute leukemia," Issa says.

DUAL IMMUNOTHERAPY PLUS CHEMOTHERAPY BEFORE SURGERY IMPROVES LUNG CANCER OUTCOMES

A Phase II trial led by Tina Cascone, M.D., Ph.D., found that adding ipilimumab to a neoadjuvant combination of nibolumab plus platinum-based chemotherapy resulted in a major pathologic response in half of all treated patients with early-stage, resectable non-small cell lung cancer. The NEOSTAR trial data, published in Nature Medicine, provided further evidence for neoadjuvant immunotherapy-based treatment to shrink tumors prior to surgery and to improve patient outcomes.



"The results we see with neoadjuvant dual immunotherapy and chemotherapy are very encouraging," says corresponding author Tina Cascone, M.D., Ph.D.

NOVEL RADIATION STRATEGY BENEFITS SOME B-CELL LYMPHOMA PATIENTS

By using a novel response-adapted ultra-low dose strategy, researchers observed a 90% complete response rate in patients with orbital indolent B-cell lymphoma in a study led by Chelsea Pinnix, M.D., Ph.D., and presented at the 2022 ASTRO Annual Meeting. The study was the first to prospectively examine the use of a response-adapted strategy in this setting, allowing patients to forgo the higher standard doses if they had complete responses to ultralow radiation doses.

"The vast majority of patients were able to avoid additional radiation doses, which minimizes potential orbital toxicity commonly associated with current standard doses," Pinnix says.

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METASTATIC CLEAR CELL RENAL CELL CARCINOMA PATIENTS RESPOND TO NOVEL ALLOGENEIC CART CELL **THERAPY**

In Phase I data presented by Samer Srour, M.B.Ch.B., at the 2023 AACR Annual Meeting, ALLO-316, the CD70-targeting allogeneic chimeric antigen receptor (CAR) T cell therapy, demonstrated encouraging response rates and disease control rates in patients with metastatic clear cell renal cell carcinoma. The ongoing TRAVERSE trial is the first-in-human study evaluating ALLO-316 in patients who failed both checkpoint and tyrosine kinase inhibitors.

ENGINEERED VIRUS COMBINED WITH IMMUNOTHERAPY IMPROVES OUTCOMES IN CERTAIN PATIENTS WITH GLIOBLASTOMA

A study published in *Nature Medicine* showed intratumoral delivery of an engineered oncolytic virus (DNX-2401) targeting glioblastoma cells combined with subsequent immunotherapy was safe and improved survival outcomes in a subset of patients with recurrent disease. Invented by Frederick Lang, M.D., Juan Fueyo, M.D., and Candelaria Gomez-Manzano, M.D., DNX-2401 is a cold virus engineered to selectively target and invade glioblastoma cells while avoiding normal ones.

"This therapeutic strategy aims to awaken the patient's immune system and trigger a healing from within," Fueyo says. "After injection, patients who respond well develop inflammation inside the tumor, triggering an immune response that first kills the virus. Once the virus is wiped out, the continued immune reaction, stimulated by additional immunotherapy, destroys the cancer cells in a tightly regulated way without the side effects common to chemotherapy or radiation therapy."

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NEW ROLE FOR SIPRA GENE COULD IMPROVE IMMUNOTHERAPY RESPONSES

To uncover the underlying mechanisms of treatment resistance and identify new therapeutic strategies, researchers analyzed several immune-oncology targets in patients with melanoma who received anti-PD-1 treatment. Led by by Zhicheng Zhou, Ph.D., Mei-Ju May Chen, Ph.D., Yikai Luo, and Han Liang, Ph.D., the team discovered a new role for the tumor-intrinsic SIRPA gene, a known inhibitory immune regulator in macrophages, in melanoma cells. They also found that higher SIRPA expression was associated with better responses to immune checkpoint inhibitors. The findings, published in Cancer Cell, suggest the potential to improve immunotherapy responses by more specifically targeting SIRPA.

HER2-TARGETED ANTIBODY DRUG CONJUGATE SHOWS STRONG ANTI-TUMOR **ACTIVITY**

Patients across several tumor types showed encouraging responses and long-lasting clinical benefit in the Phase II DESTINY-PanTumor-02 study of trastuzumab deruxtecan, a HER2-targed antibody drug conjugate already approved in the U.S. for HER2 positive gastric cancer and HER2mutant lung cancer. Led by Funda Meric-Bernstam, M.D., the trial showed especially notable results in the gynecologic cancer cohorts and in patients with higher levels of HER2 expression.

"This could help provide a new treatment option for these patients with advanced disease and hard-to-treat HER2 positive cancers who currently have very limited or no options," says Meric-Bernstam, who presented the results at the 2023 ASCO Annual Meeting.

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BLOOD TEST HELPS PREDICT LUNG CANCER MORTALITY RISK

Data published in the *Journal of Clinical* Oncology showed a blood-based test developed at MD Anderson combined with a personalized risk model can better predict an individual's risk of dying from lung cancer than the current U.S. Preventive Services Task Force criteria.

"This simple blood test has the potential to save lives by determining the need for lung cancer screening on a personalized basis," says Samir Hanash, M.D., Ph.D., who led the study with Edwin Ostrin, M.D., Ph.D. "Given the challenges associated with CT as a frontline screening method for lung cancer and the fact that most individuals diagnosed with the disease do not meet current guidelines, there is an urgent demand for an alternative approach."

UNDERSTANDING WHY KIDNEY CANCERS BECOME METASTATIC

In a study published in *Nature Cancer*, researchers developed a new model of aggressive renal cell carcinoma that highlighted molecular targets and genomic events that trigger chromosomal instability and drive metastatic progression. Led by Luigi Perelli, M.D., Ph.D., and Giannicola Genovese, M.D., Ph.D., researchers demonstrated that the loss of a cluster of interferon receptor genes plays a pivotal role in allowing cancer cells to become tolerant of chromosomal instability, a feature that may be used to help clinicians predict a tumor's potential to metastasize and resist treatment.



Giannicola Genovese, M.D., Ph.D. (center), and his team of researchers used CRISPR/Cas9 gene editing to create a model that faithfully represents renal cell carcinoma in humans, using cross-species analyses to provide further insights into the mechanisms involved in aggressive kidney cancer evolution.

COMBINATION THERAPY IMPROVES PANCREATIC CANCER **OUTCOMES IN PRECLINICAL MODELS**

After uncovering a functional role for KRAS mutations in pancreatic cancer, researchers translated the findings into a novel therapeutic approach combining a KRAS G12D inhibitor with immune checkpoint inhibitors for early- and late-stage KRAS G12D-mutant pancreatic cancer. This combination therapy led to durable tumor elimination and significantly improved survival outcomes in preclinical models, which led to the launch of a Phase I trial. One study, published in Development Cell, detailed the evolution of new models to provide better insight into the molecular function of oncogenic KRAS. A second study published the same day in Cancer Cell built on the first by investigating the effects of the KRAS G12D inhibitor MRTX1133 in 16 different models. This collaborative effort was led by Krishnan Mahadevan, Ph.D., Kathleen McAndrews, Ph.D., Raghu Kalluri, M.D., Ph.D., Anirban Maitra, M.B.B.S., and Timothy Heffernan, Ph.D.

"These results are a testament to the value of team science and to the incredible research environment at MD Anderson, which enables the accelerated and seamless translation from genetic models to clinical application," Kalluri says. "We are encouraged that these results could lead to meaningful benefits for patients."



Learn more about research at MD Anderson.

Illuminating answers

How coaching is elevating MD Anderson's workforce

BY MAGGIE GALEHOUSE

When Frances Snipes began the LEADing Teams Core program with MD Anderson's Leadership Institute last year, she was surprised to be assigned a coach.

"I've had mentors throughout my career who have been great sounding boards, but a coach is someone who will help you take that hard look at your leadership style and provide nonbiased feedback, who'll cut through your doubt and help you devise a leadership plan," says Snipes, director of merchandising for Volunteer Services & Merchandising.

She worked with her coach on a specific challenge: developing MD Anderson's ecommerce platform to sell branded products with her merchandising team.

"I had so much going on," says Snipes, who also manages the staff of MD Anderson's four gift shops. "My coach helped pull me out of the weeds to a higher point, where I could keep my eyes on the final objective."

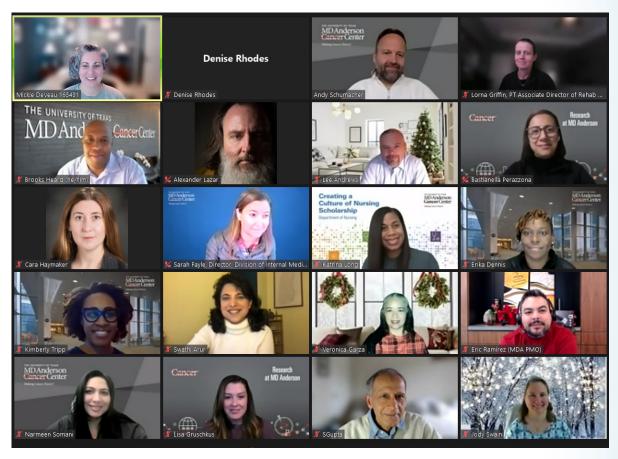
Coaching has evolved at MD Anderson since the Leadership Institute launched in 2018. Today, the Leadership Institute offers one-on-one, team and group coaching; onboarding coaching; on-demand coaching; and coaching embedded within several leadership development programs. Coaching is a strategic driver of change throughout MD Anderson, helping to develop talent and improve employee engagement and retention.

"Now, coaching is a perk that people talk about, especially since it focuses on the entire individual — the personal and the professional," says Leadership Institute Director Mickie DeVeau.

At MD Anderson, where employees maintain an extraordinary level of professionalism, coaching boosts confidence and helps individuals leverage their strengths.



Frances Snipes (front) says coaching helped her lead her merchandising team's successful launch of $MD\ Anderson \lqs\ ecommerce\ site,\ \textbf{Shop.MDAnderson.org.}$



Participants in MD Anderson's rigorous CoachRICE program complete 105 hours of training over 10 months before becoming coaches throughout the institution. CoachRICE is offered to employees in partnership with Rice University's Doerr Institute for New Leaders.

Culture of coaching

The Leadership Institute is tracking the outcomes of coaching by comparing the performances of employees who have received coaching against those who have not. Based on three-and-a-half years of data — from Fiscal Year 2019 through the first half of Fiscal Year 2022 — coaching clients enjoy distinct benefits:

- 50% lower turnover rate
- 8% higher promotion
- 3% higher overall performance scores in annual reviews

"We have built out a massive coaching data repository and are conducting ongoing analyses," says Amanda Woods, an associate analyst in the Leadership Institute. "We identified a matched control sample of employees who were eligible for but have not yet participated in coaching, which allows us to isolate the impact of coaching on outcomes."

MD Anderson has more than 150 certified internal coaches, either members of the Leadership Institute or

internal leaders who are graduates of the CoachRICE program, which offers 105 hours of coach education toward a Level One certification with the International Coaching Federation. CoachRICE participants must be nominated; after graduating from the program, they become coaches for other MD Anderson employees.

"We have created a culture of coaching," says Kate Cavanaugh, a senior analyst in the Leadership Institute. "We train our leaders to become coaches. Leaders use coaching skills with employees and coaching clients, and clear performance expectations are set around coaching and coachability at MD Anderson."

The Leadership Institute devised CoachFINDER, a searchable database that employees can use to review profiles of MD Anderson's available certified coaches. Employees interested in being coached must first get approval from their managers, then they're free to peruse the profiles and pick a coach.

Part of the training to become a coach is allowing yourself to be coached.



Leadership Institute director Mickie DeVeau (left), senior analyst Kate Cavanaugh (center) and associate analyst Amanda Woods $(right)\ have\ focused\ on\ creating\ a\ strong\ culture\ of\ coaching\ at\ MD\ Anderson\ to\ help\ employees\ thrive\ so\ they\ can\ give\ their\ best\ as$ they work to support our mission to end cancer.



Breast surgical oncologist Richie Ehlers, M.D., has been a coach for four years and has worked with three different coaches to help him grow as a leader at MD Anderson.

Richie Ehlers, M.D., a breast surgical oncologist and executive medical director and associate vice president, Houston Area Locations, participated in the very first CoachRICE cohort in spring 2019.

"It exceeded my expectations," says Ehlers, who has been a coach for more than four years. "Frankly, I had had a few stumbles in terms of career progression, and I felt like coaching could help."

Over the last few years, Ehlers has also sought additional coaching for himself from three different MD Anderson-approved leadership coaches.

"There's always something I can improve," he says. When he's coaching others, Ehlers asks questions that start with "what" rather than "why."

"Why' questions tend to make people defensive," he explains. "Like, 'Why are you doing that?' A better approach is to ask: 'What is the benefit for you?' Or, 'What do you hope to accomplish?"

Perhaps the most important attribute for a client, he says, is openness to the process. Clients only get as much out of the experience as they put into it.

"My job as a coach is not to drive, or even to tell you the destination," Ehlers explains. "I'm simply there as a navigator."

A breath of fresh air

For Jillian Rigert, M.D., D.M.D., a senior research project manager in Radiation Oncology - Research, participating in CoachRICE and becoming a coach has been a life-saving experience.

Prior to arriving at MD Anderson nearly three years ago, Rigert was an oral and maxillofacial surgery resident in the military. But she walked away from that career to preserve her mental health.

"I had so much guilt and shame," she says. "I kept trying to make a career path in dentistry work, but when you are not living your authentic life, you know it."

Three months after coming to MD Anderson as a postdoc focused on reducing radiation toxicity and improving quality of life post-treatment for head and neck cancer patients, Rigert started CoachRICE.

"Coaching provided me a breath of fresh air — space that I needed professionally and personally," she says. "Vulnerability allowed me to release the guilt and shame I was feeling."

Rigert helps the people she coaches identify their personal core values.

"I like to make sure people check in with themselves,"



After walking away from her first career to preserve her mental health, senior research project manager Jillian Rigert, M.D., D.M.D., says coaching helped her grow professionally and personally.

she explains. "Sometimes, people aren't really sure what their goals are. They can get caught up in climbing the ladder without stepping back and asking: 'Do I really want this?"

Rigert also advises her clients to lean into curiosity and stay away from self-criticism.

"Curiosity reduces judgment, which can improve your relationship with yourself and others," she says. "Keep yourself open to new experiences. A lot of selfdoubt stems from a lack of self-compassion. When we develop self-compassion, we grow more resilient and emotionally intelligent."

A growth opportunity

Coaching encourages people to grow. "Being coached is a unique gift and an opportunity. You just have to be open to hearing that you need to do things in a different way," says Frances Snipes, whose teams delivered spectacular results stemming, in part, from the leadership focus she gained. "In Fiscal Year 2023, more than \$1 million in branded merchandise was sold through the merchandising efforts of the Ecommerce and Gift Shop teams. This was the first time we've surpassed the \$1 million threshold, and focused effort played a key role."

The proliferation of coaching at MD Anderson is helping the institution stay focused on the future. Learning new ways of doing things and staying attentive and curious also helps us advance our mission to end cancer.

"Leaders today are open to feedback, open to getting better," Ehlers says. "I firmly believe that the kind of people MD Anderson attracts have a growth mindset — and coaching helps keep them in a growth mindset. Not only is this where MD Anderson wants to be, but it's a more exciting place to be."



 $Linette\ Leadon\ knows\ environmental\ stewardship\ is\ vital\ to\ MD\ Anderson's\ future,\ and\ she's\ focused\ on\ helping\ the\ institution\ make\ an\ even\ larger\ impact.$

'Sustainability is more important now than ever at

Spotlight on sustainability

BY ELISE FEATHERLY

In 2023 alone, MD Anderson recycled enough paper products to save 20,288 mature trees. Linette Leadon thinks that number could be higher. A director in Environmental Health and Safety, Sustainability and Emergency Management (EHSSEM), Leadon has worked on several sustainability initiatives to help steer MD Anderson toward a more environmentally conscious future. Striving to make an even larger impact, Leadon shares how the journey forward will benefit everyone.

How important is sustainability at MD Anderson?

Sustainability is more important now than ever at MD Anderson. We've created the Institutional Environmental Sustainability Advisory Committee for the purpose of demonstrating MD Anderson's commitment to environmental stewardship through development and implementation of education and sustainability programs. Our goal is to bring awareness to these issues and to implement new solutions within our workforce.

What current practices help sustain a better environment for patients, visitors and our workforce?

Our No. 1 initiative that affects everyone is recycling. Recycling is so important, and we successfully implement the practice in many ways. Our latest focus has been on our kitchen and food areas. We've worked to eliminate excess waste of plasticware within our food and drink storage by providing individual dispensers for the plasticware needed instead of the prepackaged options, where some plasticware go to waste. We removed our soda fountains to reduce infection risks during the pandemic, then we realized this would be a great opportunity to reduce the use of Styrofoam cups, which are non-recyclable.

Employee break rooms and work areas are where we've made the most progress with our recycling program. We've drastically increased the amount of recycling





receptacles in these spaces, which allows our employees to recycle properly and conveniently. The biggest hurdle when it comes to recycling is making it accessible and ensuring people know how to do it properly. We're working with the Institutional Environmental Sustainability Advisory Committee to bring more awareness of this issue to our campuses.

We also have a robust recycling program for electronics. We evaluate unwanted and old items to see if they can be reused, sent to auction or recycled. Throwing them away is the last resort. Twice a year we host an e-cycle event on campus where employees can bring unwanted electronics to be recycled. It's a great way to make sure these items don't end up in a landfill.

How is MD Anderson sustainably planning for the future, in terms of new buildings and expansions?

Newer buildings like MD Anderson West Houston and the Sheikh Zayed Bin Sultan Al Nahyan Building were designed and built using energy-efficient practices, as well as sustainable building materials. With several new projects on the horizon, we're working to expand what we've done in the past and explore even better options. LED lighting, motion sensor lights and temperature setbacks in unoccupied spaces are some of our standard practices that we'll include in all new buildings, though these are a small percentage of our energy conservation. Mainly, we aim to minimize use by optimizing the energy needed and dynamically reducing consumption where it's not required through real time, daily and monthly monitoring tools.

We're committed to implementing a program that recycles construction waste while our new facilities are built.

A lot of these new buildings have planned green spaces and outside areas for people to sit and enjoy nature. Our team is working with designers to see if there are opportunities for native plants to be planted in these spaces. In fact, currently we're planning to relocate two mature oak trees in the construction zone that have been on campus for several years. Native species are invaluable to our ecosystem. They help promote biodiversity and support local wildlife. We hope to preserve and replenish as much of the native ecosystem as possible.

Are there any sustainability practices MD Anderson partakes in that most people might not know about?

A lot of what we do is behind the scenes. For instance, all our buses and shuttles run on propane, which is a much cleaner energy form than gasoline. This program has helped reduce MD Anderson's CO2 emission footprint in transportation by 44%.

We support the purchase of energy-efficient products. If a lab wants to purchase a new freezer but the energy-efficient option is \$10,000 more, our team will provide them with a \$10,000 stipend as an incentive to purchase the more efficient product.

Ultimately, there are a lot of ways we're working to make MD Anderson more sustainable. Our hope is that each year we're able to bring more awareness to our sustainability efforts and inspire our employees to actively engage in sustainable practices, not only within MD Anderson but also in their daily lives, creating a positive environmental impact for the benefit of our community.

Healthy sparks

5 ways MD Anderson is promoting cancer prevention in the community

BY GINA VAN THOMME

Cancer affects every community, so MD Anderson teams get creative to share prevention information with as many people as possible.

Some days, this might look like giving a presentation on cancer screening before bingo night at a senior living facility. Others, it might look like providing a free mammogram at a mobile clinic or handing out free sunscreen at a professional golf tournament. Sometimes, it looks like answering questions at a health fair or implementing cancer prevention programs within communities.

Many days, it looks like all these things and more.

Here are five ways MD Anderson shared cancer prevention information in the community during Fiscal Year 2023.

"We feel like it's MD Anderson's responsibility to reach those populations that experience health disparities and educate them about ways to reduce their risk."

PRESENTATIONS

This past year, MD Anderson's Community Alliances team delivered 462 cancer prevention presentations at events across Houston.

Groups — including religious organizations, senior living facilities, community centers and corporations — can choose from one of 15 programs or request a speaker on another cancer topic.

The most popular adult offering was '9 Ways to Reduce Your Cancer Risk,' while the most popular programs for young audiences were school presentations on the dangers of vaping and tobacco.

The team also unveiled two new presentations: 'Healthy Weight, Healthy Life' and 'Breaking Down Barriers: What Black Women Should Know About Breast Cancer.'

Marisa Mir, director of Community Alliances, says about half of all attendees are from groups that experience health disparities, including Black, Hispanic, LGBTQ+ and disabled communities.

"We feel like it's MD Anderson's responsibility to reach those populations and educate them about ways to reduce their risk," she says.

Post-event surveys show these short presentations have a big impact.

"In previous years, about 90% of the people that attended presentations said they intended to do whatever they learned," Mir says.

SPONSORSHIPS

Whether it was a charitable sponsorship through a local organization or an event with a nationally known brand, each of the 275 events MD Anderson sponsored this past year shared the same goal: to reach more people and further our mission to end cancer.

"We use charitable sponsorships to support organizations who provide services for our patients that we don't," says Stephanie Kim, executive director of Cause Alliances, noting this includes groups that provide transportation and housing to patients, among other services.

This year, charitable events included a variety of fundraising runs and walks, galas, golf tournaments and luncheons drawing a combined total of nearly 1 million attendees.

"Our larger-scale sponsorships often focus on organizations where we can reach a big audience with a simple cancer prevention message, like sun safety," Kim says.

Two of the largest events included the 2022 Cadence Bank Houston Open and the 2023 LPGA Chevron Championship golf tournaments, where MD Anderson volunteers handed out over 32,000 bottles of free sunscreen to attendees.

MD Anderson also continued its role as jersey partner and official cancer center of the Houston Dynamo FC men's soccer team and Houston Dash women's soccer team. Through these partnerships, MD Anderson shared cancer prevention and healthy living tips with match attendees, as well as fans engaging with the teams online.





Lucy Balderas and colleagues with Project VALET offer mammography education and screening for asymptomatic women ages 40 and older who are uninsured and without county assistance.

HEALTH FAIRS

MD Anderson is a frequent exhibitor at health fairs and events held by Houston-area groups, including churches, corporations, community centers, schools, parks and recreation departments.

"Just about any kind of organization you can imagine that's having some kind of an event for their community, they'll ask us to come out. We appreciate the opportunity for MD Anderson to participate in these community events," says Lora Shea, program director, Cause Alliances.

This past year, that meant sharing information on MD Anderson's work and cancer prevention with over 31,000 attendees across 223 events.

Events are staffed by MD Anderson employee volunteers from both clinical and non-clinical roles who are trained to represent the organization.

"This is an aspect of the community outreach work that would not happen at the scale that it happens without those volunteers," Shea says. "They are a key, critical piece."

PROJECT VALET

Mammograms are one of the most effective ways to detect breast cancer early, when it's easiest to treat. However, for patients without insurance, these screenings can be too expensive.

That's why MD Anderson's Project VALET (Providing Valuable Area Life-Saving Exams in Town) drives mobile mammography vans directly to those who need them.

The program partners with 23 local clinics to provide free breast cancer screenings for asymptomatic women starting at age 40. In FY23, 4,056 women received screening mammograms at one of MD Anderson's four mobile clinics.

Project VALET's work doesn't stop with mammograms, however. It also covers cost of additional diagnostic testing connects those diagnosed with tre resources.

This year, 17 women who at Project VALET were d breast cancer.

Lucy Balderas, Project VALET's program manager, says some patients have told her that without Project VALET, they wouldn't be able to get a screening mammogram.

"It's great that we can provide it and w can provide it at their home clinics where they feel comfortable," she says.

ACRES HOMES CANCER PREVENTION COLLABORATION

Acres Homes is a historic neighborhood in northwest Houston that is home to nearly 60,000 residents. In 2020, it became one of three Houston-area Be Well Communities[™], an MD Anderson place-based strategy for cancer prevention and control.

In May 2023, the Acres Homes Cancer Prevention Collaboration was awarded a \$10 million, five-year grant from the National Cancer Institute to study cancer prevention and control in persistent poverty communities, those that have been impoverished for 20 years or more. The grant is jointly led by Ruth Rechis, Ph.D., Karen Basen-Engquist, Ph.D., and Lorna McNeill, Ph.D.

Rechis says the grant is a research effort layered onto the existing Be Well Communities work.

It has two major research projects. The first is studying how nutrition education and the distribution of fresh produce at elementary schools can affect child and family health outcomes. Another is looking at the success of implementing the Active Living After Cancer program in a persistent poverty community.

Additional pilot studies are evaluating culinary programs and exploring the relationship between physical activity and mild cognitive impairment in older adults.

These efforts are in collaboration with and guided by the Be Well Acres Homes Steering Committee, which includes more than 30 community organizations united together with residents of Acres Homes.

Basen-Engquist hopes the findings may someday extend far beyond Houston.

"The idea is to generate information that will improve the health and quality of life of Acres Homes residents and also produce generalizable knowledge that could be exported to other communities," she says.



FY23 CANCER PREVENTION PROGRAMS' REACH

31,000+

health fair attendees

4,056

Project VALET screenings

992,003

attendees at events MD Anderson sponsored

48,864

interactions with attendees at presentations

59,974

Acres Homes residents



 $Christian\ Perez\ supports\ patients\ and\ bedside\ nurses\ as\ one\ of\ MD\ Anderson's\ first\ virtual\ registered\ nurses.$

"It's incredible that this is even possible." Christian Perez, Clinical Nurse

Enlightening and innovating nursing at MD Anderson

BY KIRSTIANN CLIFFORD

Clinical Nurse Christian Perez receives a message that a hospital patient is ready for discharge. Within a few seconds, the patient's face pops up on her screen, and Perez introduces herself with a warm smile. She patiently goes over discharge teaching and medication instructions, pausing to answer questions and ensure the patient and their caregiver feel confident about their after-care plan. This happens from Perez's computer at home.

A year ago, she would have done this same task at the patient's bedside. However, Perez can now support patient care remotely as one of MD Anderson's first virtual registered nurses (VRN).

"It's incredible that this is even possible," says Perez, who spent the prior 13 years working on MD Anderson's inpatient Leukemia unit. "Not only do I love the work I'm doing, but it's also making a difference for our patients and frontline nursing staff."

Partnering to improve patient and clinical satisfaction

MD Anderson launched its virtual nursing program in April 2023 on the Urology and Orthopaedic Surgery unit before expanding to two additional units over the following months. Virtual nursing is a component of MD Anderson's Nursing Transformation, a strategic, forward-looking effort to shape the future of oncology nursing. Teams are exploring opportunities to innovate and improve nursing practice, health and wellness, growth opportunities and individualized career paths.

The goal of virtual nursing is to form true partnerships between the VRN and bedside nurse, who work collaboratively to manage patients' care. This allows a nurse at the patient's bedside to focus on making high-level clinical assessments

and administer medications, for example, while their VRN counterpart oversees tasks that can be done from almost anywhere, such as completing admission and discharge paperwork, and educating patients.

"I am able to provide an additional layer of support to our bedside nurses, who are often rushing from one thing to the next," says Perez. "I used to work on a busy 48-bed unit and know how stressful it can get, so I remind them that we are a team, and our goal is to improve patient care together."

An extra set of (virtual) hands

One way Perez supports nurses is by providing her undivided attention to patients during the admissions process. She thoroughly documents the conversation, relaying important information to her teammates on-site.

"I always say, 'You are my only patient right now,' and they really open up to me about their pain and other symptoms," she says. "Then, I'll call the nurse and let them know what we went over so they are more prepared when they first enter the patient's room and can address any important needs without delay."

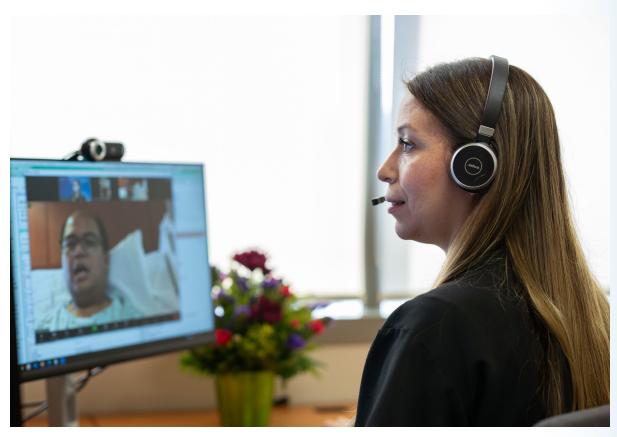
This model elevates MD Anderson's team approach to care by creating a new dynamic that results in more support for inpatient nurses. Amy Sander, a nurse on the Urology and Orthopaedic Surgery unit, admits that she was initially skeptical of virtual nursing. But in a short period of time, the VRNs have become an important part of the nursing team.

"It's like having an extra set of hands," Sander says, emphasizing the time she now has to focus on direct patient care. "I feel less rushed, and I'm able to spend more time getting to know my patients. I enjoy getting patients up and walking after their surgery and really getting to understand their individual needs."

Just the beginning

Preliminary data show that MD Anderson's VRN program is enhancing safety, enabling more meaningful interactions with patients and elevating both the patient and the nursing experience.

Between April 25 and Sept. 15, MD Anderson VRNs completed admission paperwork for 650 patients and discharge teaching for 854 patients. This translates



Perez provides each patient with her undivided attention, relaying important information to her teammates on-site.



By providing support to bedside nurses, VRNs enhance safety, enable meaningful interactions with patients and elevate both the patient and nurse experience.

Discharge teaching completed for

854 patients

400+ hours

returned to bedside nurses

*April 25-Sept. 15, 2023

to more than 400 hours returned to the bedside nurse, enabling more patient interactions and care activities.

Lavonia Thomas, D.N.P., nursing informatics officer, says this is only the beginning. The VRN program will remain a learning environment in which new approaches are encouraged, with each outcome providing a stronger foundation from which to grow. The model of care continues to evolve through process improvements based on MD Anderson nurses' feedback while integrating best practices from organizations across the country, including our own Hemovigilance Unit, to promote quality, safety and efficiency.

"Virtual nursing represents a model of care delivery poised to transform nursing practice," says Thomas. "This role, designed by MD Anderson nurses, really underscores what nursing is about: innovation. We embrace a culture of continuous improvement and doing things differently to benefit patients and staff."

For Perez, the challenge of doing things differently and discovering new ways to provide patient care has reignited her passion for nursing. She's excited to see what the future will hold.

"I'm looking forward to seeing this innovative effort span across nursing," she says. "I feel like there's no limit."

Expanding our footprint

In FY23, MD Anderson announced expansion plans and a new partnership to bring its world-class, comprehensive cancer care to both Austin, Texas, and southeastern Louisiana. This will enable more patients to receive cancer care closer close to home.

Plans for MD Anderson in Austin

MD Anderson is looking forward to making it easier for patients in Central Texas to access the world's leading multidisciplinary, subspecialty-focused cancer care. In August, The University of Texas System announced a bold new health care initiative that will include two new hospital towers. MD Anderson will build and operate a new, comprehensive cancer center at The University of Texas at Austin Medical Center.

The new MD Anderson hospital in Austin will be fully staffed by MD Anderson physicians and will have more than 150 inpatient beds for treatments including multi-team surgery, bone marrow transplantation and CAR T and natural killer cell treatments. More than 230 outpatient exam rooms will be organized in disease-specific clinics, as well.

Louisiana's first fully integrated cancer program

In June, MD Anderson and New Orleans-based Ochsner Health announced a partnership to create Ochsner MD Anderson Cancer Center, giving cancer patients in southeastern Louisiana access to cancer treatments that are among the most advanced in the nation. Through this collaboration, Ochsner is the first and only provider in Louisiana with a fully integrated, comprehensive cancer program based on MD Anderson's standards and treatment plans. Ochsner MD Anderson offers groundbreaking research and innovative therapies, including access to select clinical trials available to eligible patients as the only Phase I clinical trial program in Louisiana.

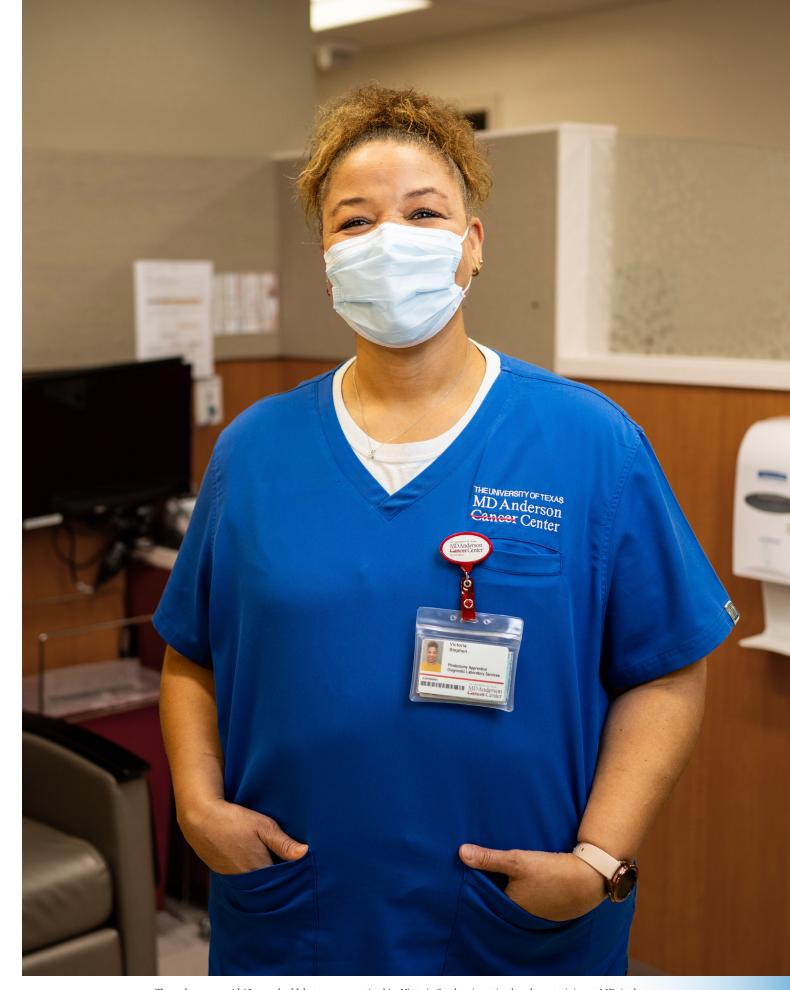
Ochsner MD Anderson's first facilities are located in the New Orleans area, Baton Rouge and Covington. Ochsner and MD Anderson will work together to certify additional sites in the future.



Watch a video to learn more about our expansion to Central Texas.



As the newest MD Anderson Cancer Network* partner, Ochsner joins a collaborative network of hospitals and health care systems $dedicated\ to\ advancing\ MD\ Anderson's\ mission\ to\ improve\ the\ quality\ and\ accessibility\ of\ cancer\ care\ and\ research.$



Through a new, paid 12-month phlebotomy apprenticeship, Victoria Stephen is getting hands-on training at MD Anderson while completing the Phlebotomy Certificate Program at Houston Community College.

It's wonderful to be able to learn and gain valuable skills

Looking forward to a bright future in health care

BY GILLIAN KRUSE

More than 5,000 students and trainees pass through MD Anderson each year. But when our Diagnostic Imaging teams offered full-time roles to seniors graduating from The University of Texas MD Anderson Cancer Center School of Health Professions (SHP), they often found that our students had accepted roles elsewhere in the Texas Medical Center or around the state.

"With a shortage of quality academic programs in many of these disciplines, our graduates, with the highest quality training from MD Anderson faculty, are in very high demand by health care employers," says Kimberly Hoggatt Krumwiede, Ph.D., dean of the School of Health Professions.

Yet MD Anderson also needs team members with these in-demand skills. That's why several new educational programs formed in Fiscal Year 2023 are building a pathway for students and trainees to grow into full-time roles at MD Anderson that fill key needs in our workforce and support our busy clinical teams.

Seeing a future at MD Anderson

In partnership with SHP, MD Anderson's Diagnostic Imaging team launched a pilot program for the 2022-2023 school year: Student Talent Advancing Retention Success (STARS). SHP students in the Diagnostic Imaging program would work part-time in the clinic as diagnostic imaging technologist assistants or radiologic technologists while still taking classes. As they advanced in their coursework and gained their imaging credentials, they would advance in their part-time roles, practicing at the top of their credentials and helping our DI teams care for our patients while gaining valuable experience in the clinic. After students in the program graduate and pass their board exams, they transition into full-time technologist roles.

"This program provided a great opportunity to learn and to reduce my worry about what's coming after graduation," says Alana Moryson, one of the pilot's first 10 participants. "I don't have to go through the hassle of looking for a job. Once I complete my schoolwork and pass my boards, then I can start at MD Anderson — and I'm preparing for everything I have to know in the meantime."

Our DI teams aren't just able to ensure they've connected with our graduates to get the best new hires. The STARS program also benefits care teams and the students themselves. Because students like Moryson train with MD Anderson's teams and experience the culture and best practices in their part-time role, the transition into a full-time role and fulfilling career is smooth and requires little onboarding.

"Not only are students getting paid to learn; they're eligible for MD Anderson's benefits, including our Tuition Assistance Program," says Deralyn Miller, director, Diagnostic Operations Business Development. "It's a fantastic opportunity for our students and for MD Anderson, which benefits by creating a pathway to employment for our highly sought-after students." The first five STARS participants graduated from SHP in August 2023 and are now full-time DI employees. Based on the pilot program's success, SHP doubled the number of participants in the second cohort. Additionally, SHP has partnered with Pathology and Laboratory Medicine to implement the STARS program for students within our Clinical Laboratory Science, Cytogenetic Technology, Histotechnology and Molecular Genetic Technology programs during the 2023-2024 school year.

Earn while you learn

In some cases, MD Anderson needs to fill critical roles but does not offer a degree or certificate program in that specialty. This is where the Education Development and Innovation team has gotten creative, partnering with groups across MD Anderson to identify opportunities to create external apprenticeships.

This past spring, MD Anderson began accepting students from the Houston Community College (HCC) Phlebotomy Certificate Program in a paid 12-month phlebotomy apprenticeship. These apprentices participate in a structured curriculum at HCC and on-the-job, hands-on training at

MD Anderson working with our phlebotomists. Apprentices are members of MD Anderson's workforce and eligible for benefits, paid leave and an increase in salary as they prove more proficient in their skills.

A second apprenticeship, as part of our Nursing Transformation efforts, brought three new apprentices to train as patient care technicians, a key role on our care teams. Through this program, students in HCC's Certified Nurse Aide program learn alongside our nursing professionals and gain a stable foundation of health care skills to build upon, hopefully as members of our care teams after they graduate.

Victoria Stephen was working as an X-ray technician when a physician suggested she train in phlebotomy so she could work with other forms of imaging equipment, like MRI. She began the program at HCC and has enjoyed training at MD Anderson since she started in our Diagnostic Laboratory Center in February.

Stephen has found a huge advantage to the on-thejob training she's receiving in her apprenticeship. She's a hands-on learner and is getting to experience the daily job of a phlebotomist alongside experienced professionals while building relationships with her MD Anderson coworkers.

"It's wonderful to be able to learn and gain valuable skills while I'm also getting to interact with our patients and see where I can make an impact," she says. "I want to do everything I can to bring a smile to them and brighten their day while they're here. This apprenticeship has been such a blessing."

A promising future for pathway programs

As the apprenticeship programs have shown promise, more are being constructed, including apprenticeships for hospitality and food service to be launched this year. With so many different pathway programs being created, especially those involving apprentices, MD Anderson is becoming a model for how these types of training programs can provide a quality education and benefit both the student and the health care organization well into the future.

And there's an added bonus: By providing support for our busy clinical teams, apprentices help reduce employees' workloads at a lower financial cost to MD Anderson since the Texas Workforce Commission will pay a portion of each qualifying apprentice's salary.

MD Anderson has received recognition for creating quality training programs that support students



As one of the first 10 participants in the STARS program, Alana Moryson looks forward to transitioning into a full-time technologist role once she graduates and passes her board exams.

and set them up for future success, including being named the 2023 Gulf Coast Region Apprenticeship Employer of the Year for our commitment to growing the workforce in the greater Houston area and the Catering and Hospitality Provider of the Year in recognition of the thoughtful construction of the program launching in 2024.

"Many skilled trades have been using an apprenticeship model for years, and we're taking best

practices from other programs and applying them to hard-to-fill roles here at MD Anderson," says Miranda Phillips, program director, Workforce Innovations. "Our Education Development and Innovation team is dedicated to partnering with the Texas Workforce Commission and schools and universities in the area to create opportunities for learners to train with our experts in their chosen field."

Highlighting the impact of our donors and supporters who fuel our mission to end cancer

Glowing Gratitude



Patients at MD Anderson Childrens Cancer Hospital decorated this cowboy hat displayed at the October 2023 A Conversation With a Living Legend* featuring Garth Brooks.



FY23 PHILANTHROPY BY THE NUMBERS

Thanks to your generous support, MD Anderson raised

24 million

to advance our mission to end cancer in FY23.

136,556

gifts

91,518

donors

5,147

Boot Walk participants

186

DIY fundraisers

donors added MD Anderson to their estate plan

new endowments

third-party fundraisers Our donors are bright lights in our mission to end cancer. Whether you walk in MD Anderson's Boot Walk to End Cancer®, host a fundraiser, add MD Anderson to your estate plan or make a gift online, your support provides a vital spark as we work to make new research breakthroughs and clinical advances, train the next generation of oncology professionals, find new ways to prevent and diagnose cancer, and give hope of brighter days to cancer patients and their families around the world.



Donate to MD Anderson.

An investment to end cancer

BY MARSHA SHIELDS

I am a second-generation donor, the second McCombs to serve as a member and past chair of the MD Anderson Cancer Center Board of Visitors. However, I was the first person in my family to be treated as a patient at MD Anderson.

In October 1998, I walked through the front doors of Clark Clinic frightened because I had a recent cancer diagnosis. Thousands of patients had walked through those doors before me, and since then, tens of thousands more have experienced that same scary walk. I had a stellar team who took care of me from that first day until five years later when they said, "You are cancer-free."

I walked out of those front doors with a grateful heart. Soon after that, my parents, Charline and B.J. "Red" McCombs, saw MD Anderson as a place where their investment could be multiplied to serve the widest range of people who were being devastated by cancer.

Their gift was transformed into the Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer. Their gift and the most recent South Campus Research Building 5, which we broke ground on in September 2023, are related because both are focused on the patient who walks through MD Anderson's doors.

I continue my family's legacy of supporting new facilities like South Campus Research Building 5 because these investments represent the hope and the urgency of all of us committed to MD Anderson's mission to end cancer. I'm thankful my family gets to be a part of Making Cancer History®.



Marsha Shields extends her family's legacy of supporting new facilities to enable MD Anderson's mission.



In September 2023, MD Anderson broke ground on South Campus Research Building 5, a 600,000-square-foot facility that will enable collaborative science and breakthrough discoveries that will accelerate our work to end cancer.

A lasting legacy

BY ELISE RAYMUND

MD Anderson pursues a bold mission to end cancer, but we can't do it alone. Generous support from committed donors enables us to reach more patients and conduct higher-impact research that leads to meaningful improvements in health outcomes and advances in cancer care.

Significant philanthropic investments in FY23 made the following initiatives possible.

The Commonwealth Foundation for Cancer Research. the Hackett Family and Lyda Hill Philanthropies supported the launch of the Institute for Data Science in Oncology (IDSO) to create a data science ecosystem that will operate and enhance an unprecedented oncological "data supply chain" designed to accelerate research, drug discovery and treatment innovation.

Howard and Susan Elias enabled the launch of the Cancer Neuroscience Program, a crossdisciplinary program led by Frederick Lang, M.D., Vinay Puduvalli, M.D., and Jim Ray, Ph.D., to accelerate brain tumor and cancer neuroscience research, an emerging field focused on integrating the role of the nervous system in cancer. The program will also address patient mental health and neurotoxicities.

Vijay and Marie Goradia, Ph.D., funded Katy Rezvani, M.D., Ph.D.'s clinical trial of a CD70targeted chimeric antigen receptor (CAR) natural killer (NK) cell therapy for patients with renal cell carcinoma, with additional funds supporting innovation in therapeutics across the research enterprise.

Tom Hund and supporters of the Dan Hund **Memorial to Stomp** Out Cancer enabled Matthew Campbell, M.D., and his team to lead critical research on samples collected from the first successful trial of targeted therapy for adrenal cancer, open the largest immunotherapy study to date in adrenal cancer and perform groundbreaking research into bone metastases.

The Andrew Sabin Family Foundation and Timken Foundation provided seed funding for talent acquisition at the James P. Allison Institute, a visionary research and innovation hub created to conduct groundbreaking science that integrates immunobiology across all disciplines to bring the benefits of immunotherapy to all patients.

Dining to #EndCancer

Since 2015, Pappas Restaurants has supported MD Anderson through its End Cancer campaign. What began as a Houston-area fundraising initiative has expanded nationwide to 87 restaurants in eight states.

To date, Pappas has raised more than \$1.3 million through customer donations and restaurant matching funds to support MD Anderson's mission to end cancer. The campaign also features artwork from the Children's Art Project on coasters, staff badges and collectors' cups.

In FY23, Pappas' End Cancer campaign raised \$108,308. Pappas also supported a year-end fundraising campaign as a matching donor, tripling each gift up to \$50,000. The campaign raised \$122,220, bringing the Pappas' fundraising total in FY23 to \$230,528.

Pappas' 2024 End Cancer campaign runs from March 6-26 at restaurants nationwide.



Institutional leadership, financial and statistical data

Sept. 1, 2022 - Aug. 31, 2023



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 56 comprehensive cancer centers designated by the National Cancer Institute.

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.

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

Caring Integrity Discovery Safety Stewardship

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-Y23 Quick Facts



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
- Northwest Houston (Surgical & Specialty Care)
- The Woman's Hospital of Texas (Gynecologic Oncology Clinic)

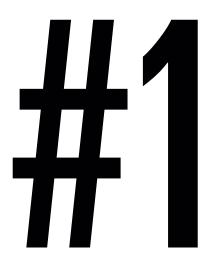
As part of the MD Anderson Oncology Program at Lyndon B. Johnson Hospital, a team of MD Anderson doctors provides multidisciplinary cancer care to underserved Texans in collaboration with Harris Health System.

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®.

MD ANDERSON IS RANKED



in the nation for cancer care by U.S. News & World Report.

NATIONAL RECOGNITION









2023 Best for Vets Employers





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

=Y23 Quick Facts

PATIENT CARE _____ RESEARCH .

179,399

patients

More NCI-funded projects than any other U.S. institution in FY23

1.6M

outpatient visits

inpatient beds

20,986

surgeries

pathology/laboratory medicine procedures

637,857

diagnostic imaging procedures

in uncompensated care provided to cancer patients

1,568

clinical trials

9,606

patients in clinical trials

patents awarded to MD Anderson

\$1.2B

spent on research

drugs tested here received FDA approval*

OUR PEOPLE _____

24,498

employees, including 1,953 faculty

on-site volunteers

1,212

myCancerConnection virtual, one-on-one support survivor volunteers

*Jan. 1-Dec. 31, 2023

FACILITIES ___

16.5M

square feet (about the size of 286 football fields)

PHILANTHROPY

S324M

donated to support our mission to end cancer

PREVENTION .

40,586

patient visits to the Lyda Hill **Cancer Prevention Center**

5,502

people received tobacco cessation support through the Tobacco Research and **Treatment Program**

cancer prevention education programs held in the community

FACULTY RECOGNITION

As of Jan. 31, 2024

И		
	Nobel	Laureate

- National Academy of Medicine members
- National Academy of Sciences members
- American Academy of Arts and Sciences members
- American Association for the Advancement of Science fellows
- Association of American Physicians members
- American Society for Clinical Investigation members

EDUCATION _

5,769 total trainees, including:

clinical residents and fellows

1.059 research trainees

> interns and fellows participated in special programs

nursing trainees

student programs participants

School of Health Professions students

The University of Texas MD Anderson Cancer Center

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MD Anderson Cancer Center

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

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Terri Lacy, Houston, TX Neda Ladjevardian, Houston, TX William W. Lampton, Flora, MS Eric S. Lane, New York, NY Elyse Lanier, Houston, TX Pierre F. Lapeyre Jr., New York, NY Sally Berry Larson, Dallas, TX Helen H. Laughery, Rocky Mount, NC C. Berdon Lawrence, Houston, TX Debbie Hicks Layton, Corpus Christi, TX Timothy A. Leach, Midland, TX Andreae 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 Tom P. Lynch, Jacksonville, FL Clayton Y. Maebius, Austin, TX 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 David R. McAtee II, Dallas, TX Andrew D. McCullough Jr., Houston, TX Stacie McDavid, Fort Worth, TX Jeffrey John McDougall, Oklahoma City, OK Cappy R. McGarr, Dallas, TX Ryan McGrath, Houston, TX Michael D. McKinnon, San Diego, CA R. Drayton McLane Jr., Temple, TX Thomas F. McLarty III, Washington, DC Eric Mendelsohn, Summit, NJ Howard M. Meyers, Dallas, TX Gloria Moncrief, Fort Worth, TX Kit Moncrief, Fort Worth, TX Denise D. Monteleone, Houston, TX William C. Montgomery, Houston, TX Stephen P. Mulva, Austin, TX Laura G. Murillo, Houston, TX Martha W. Murphy, El Dorado, AR Henry G. Musselman, Albany, TX John L. Nau III, Houston, TX Jeff A. Netzer, Colleyville, TX Joseph Neubauer, Philadelphia, PA Robert Nichols III, Dallas, TX Dennis E. Nixon, Laredo, TX Joseph I. O'Neill III, Midland, TX Marvin Odum, Houston, TX Catherine C. Oestmann, Midland, TX Kay M. Onstead, Houston, TX Pamela K. Onstead, Santa Fe, NM Paul F. Oreffice, Paradise Valley, AZ

Sharon M. Owens, Missouri City, TX Ebru Ozdemir, Besiktas/Istanbul, Turkey Ana Palacio, Madrid, Spain Christina Pappas, Houston, TX Vicky M. Pappas, Houston, TX Roseann Park, Medina, OH Kathe Pate, Houston, TX Sherri W. Patton, Fort Worth, TX Marisa Perez, Orange, CA Melinda Hill Perrin, Houston, TX Michael Petrick, Greenwich, CT Jan R. Pickens, Dallas, TX Ralph Ponce de Leon, Phoenix, AZ Leslie Rainbolt, Oklahoma City, OK Jack P. Randall, Houston, TX Sheila Reese, Houston, TX Robert K. Reeves, Houston, TX Mario E. Rodriguez, North Palm Beach, FL William E. Rosenthal, Fort Worth, TX Thomas V. Rushing, Houston, TX

Laura Sayavedra, Calgary, AB, Canada Douglas W. Schnitzer, Houston, TX Joan Weingarten Schnitzer, Houston, TX Edmund O. Schweitzer III, Pullman, WA Nancy M. Seliger, Austin, TX Peggy Sewell, Dallas, TX Tanya Brara Shah, Weston, MA Marc J. Shapiro, Houston, TX John H. Shields II, Ponte Vedra Beach, FL Toby Shor, Corpus Christi, TX Suhail A. Sikhtian, Houston, TX Jan A. Levit Silver, Houston, TX William M. Simmons, Houston, TX Jerry Simon, Houston, TX Herbert D. Simons, Houston, TX Lynn H. Smith, Dallas, TX Robert B.B. Smith, Houston, TX Walter J. Smith, Houston, TX Glenn B. Stearns, Santa Ana, CA Ida Louise Clement Steen, San Antonio, TX

Gary W. Stein, Houston, TX

Gayle B. Stoffel, Dallas, TX

Charles W. Tate, Houston, TX

Lenise Stephenson, Dallas, TX

Alvin M. Sugarman, Atlanta, GA

Sue S. Timken, Canton, OH Shelley Tortorice, Beaumont, TX Byron D. Trott, Winnetka, IL Robert B. Tudor III. Houston, TX Steven H. Wasserman, Palm Beach Gardens, FL William M. Webster IV, Spartanburg, SC Herbert D. Weitzman, Dallas, TX Jason P. Wells, Houston, TX Robert J. Wilkes, Mount Pleasant, SC 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, Austin, TX Cynthia Erickson Zaninovich, Paducah, KY Isabella Arjona Zappala, New York, NY Anat Kaufman Zeidman, Houston, TX

Current as of Feb. 1, 2024

Sarah Moffitt, Austin, TX

ADVANCE TEAM MEMBERS FOR 2023

Thomas L. Ryan, Houston, TX

William P. Sanders, El Paso, TX

Christopher Sarofim, Houston, TX

Andrew E. Sabin, East Hampton, NY

A.R. "Tony" Sanchez Jr., Houston, TX

OFFICERS Daniel E. Blum

Chair, Houston, TX

Caroline Stouffer Brown

Chair-Elect, Houston, TX

David Ahlquist

Events Chair, Houston, TX

Jessica H. Ramsey

Outreach Chair, Houston, TX

Margaret Pinkston

Recruit Chair, Houston, TX

MEMBERSHIP

Rahul Agrawal, Houston, TX David Ahlquist, Houston, TX Hollis Anderson, Denver, CO Marion Anderson, Houston, TX Margot Athon, Houston, TX Varun Babbili, Houston, TX Bevin Barrett, Houston, TX Daniel Blum, Houston, TX William Bobbora, Houston, TX Amanda Boswell, Denver, CO Caroline Brown, Houston, TX

Celeste Byrom, Houston, TX John Cangelosi, Houston, TX Holly Cauble, Fort Worth, TX Adrienne Crane, Houston, TX Margaret Doyal, Houston, TX Ann Margaret Dudley, Houston, TX McComb Dunwoody, Houston, TX Courtney Duphorne, Dallas, TX Robert Elliott, Dallas, TX Cari Ezell, Austin, TX Mava Flevhan, Houston, TX Thomas Gates, Jr., Corpus Christi, TX Kristin Hamilton, Houston, TX Emily Harris, Houston, TX Catherine Herr, Houston, TX Natalie Hodges, Houston, TX Kristyn Hogan, Houston, TX Jason Holton, Houston, TX Katherine Joe, Houston, TX Jocelyn Johnson, Austin, TX Randy Jones, Richmond, TX Jenna Klein, Houston, TX Amy Lee, Houston, TX Zachary Leger, Houston, TX Meghan Leggett, Houston, TX Misty Lindenberger, Houston, TX

Leslie Moritz, Fort Worth, TX Sarah Murrin, Fort Worth, TX Cody Nath, Spring, TX Laura Nelson, Corpus Christi, TX Mimi Nguyen, Houston, TX Binsu Oommen, Houston, TX Kathleen Perley, Houston, TX Drew Perrin, Houston, TX Ashley Petersen, Houston, TX Margaret Pinkston, Houston, TX Jessica Ramsey, Houston, TX Anson Reilly, Dallas, TX Samuel Sabin, Bozeman, MT Apurva Sanghavi, Houston, TX Chris Shilling, Oklahoma City, OK Courtney Sommerville Becker, Austin, TX Carolyn Starr, Houston, TX Dwan Thomas, Houston, TX Brandon Trama, Houston, TX Chris Wallace, Houston, TX

Current as of Feb. 1, 2024

Revenues and Expenses (\$ in millions)

	FY19	FY20	FY21	FY22	FY2
OPERATING REVENUE					
Patient care	\$4,573.8	\$4,347.4	\$4,712.2	\$5,296.3	\$5,847.
Grants and contracts	405.6	489.2	506.7	542.7	592.
Net sales and services of educational activities	4.5	4.0	3.0	3.4	3.9
Auxiliary	45.9	33.1	23.1	35.0	39.
Other	125.5	130.1	149.9	119.9	100.
Total Operating Revenue	5,155.3	5,003.8	5,394.9	5,997.3	6,583.
Salaries & benefits	2,571.4	2,711.5	2,753.4	2,919.4	3,330
Pension & other postemployment	274.6	381.3	434.8	324.0	330.
Supplies and purchased services	1,546.5	1,577.2	1,685.2	2,015.3	2,259
Facilities	177.4	174.6	184.7	181.1	189
Depreciation & amortization	361.1	368.5	400.5	384.0	355
Other	132.3	121.1	76.9	100.8	119
otal Operating Expenses	5,063.3	5,334.2	5,535.5	5,924.6	6,585
Operating Income (Loss)	92.0	(330.4)	(140.6)	72.7	(1.
NONOPERATING REVENUE (EXPENSES)					
State appropriations	209.7	218.2	120.0	222.3	229
Gift contributions for operations	110.5	130.9	114.6	137.1	148
Net investment income (loss)	375.2	806.4	1,952.8	(688.1)	484
Other - net	27.8	36.5	235.3	53.7	13
ncome (Loss) before Other Revenue, Expenses, Gains or Losses and Transfers	815.2	861.6	2,282.1	(202.3)	873
Capital gifts and grants and additions to Permanent Endowments	16.3	12.9	13.4	19.3	16
Net transfers from (to) System and other state entities	22.0	11.0	(70.7)	(110.2)	32
BALANCE SHEET SUMMARY					
Unrestricted assets	9,885.6	11,060.6	13,713.4	14,045.7	15,332
Restricted assets	2,356.0	2,420.7	2,901.5	2,634.0	2,770
Total Assets and Deferred Outflows	12,241.6	13,481.3	16,614.9	16,679.7	18,102
Total Assets and Deferred Outflows	/	,	- , -	.,	

Revenues and Expenses

FY23 TOTAL OPERATING REVENUE

FY23 TOTAL OPERATING EXPENSES

\$6.6B

\$6.6B



Payor Mix

FY23 TOTAL GROSS REVENUE BY PAYOR CLASSIFICATION

\$13.3B



Sources of Research Expenditures

	FY19	FY20	FY21	FY22	FY23	
EXTERNAL FUNDING FOR RESEARCH						
Federal grants and contracts	\$179,497,413	\$186,488,139	\$217,073,481	\$225,659,205	\$259,285,277	
Private industry grants and contracts	169,457,886	194,527,930	211,848,698	241,850,179	248,261,302	
Philanthropy and foundations	164,633,426	168,585,124	169,518,328	189,688,803	192,169,835	
Total external funding	513,588,724	549,601,194	598,440,507	657,198,187	699,716,414	
STATE FUNDING ALLOCATED FOR RESEARCH						
State appropriated general revenue	14,686,051	15,834,743	15,743,681	16,822,663	16,831,746	
Tobacco settlement receipts	15,295,590	12,942,481	13,633,465	14,342,778	13,975,652	
CPRIT	44,155,637	43,877,531	45,763,928	39,202,874	41,636,379	
Total state funding	74,137,278	72,654,754	75,141,074	70,368,315	72,443,777	
INTERNAL FUNDING ALLOCATED FOR RESEARCH						
Hospital operating margins	205,863,625	238,879,871	236,704,075	250,399,163	248,600,346	
Institutional grants*	108,669,448	112,176,320	116,267,180	115,698,929	159,470,439	
Total internal funding	314,533,073	351,056,191	352,971,255	366,098,092	408,070,785	
Total Research Expenditures	\$902,259,075	\$973,312,139	\$1,026,552,836	\$1,093,664,594	\$1,180,230,976	

^{*}Philanthropic donations to the institution internally designated to support research and other institutional funds.

Clinical profile

	FY19	FY 20	FY21	FY22	FY23
Admissions	30,339	25,748	27,082	28,765	29,256
Patient days	218,217	194,491	203,853	222,616	229,712
Average daily census	618	557	588	646	673
Average length of stay	7.2	7.6	7.5	7.7	7.9
Average number of operating beds	669	732	767	757	760
Outpatient clinic visits, treatments, procedures	1,547,197	1,394,800	1,468,839	1,562,719	1,641,425
Pathology/laboratory medicine procedures	13,262,586	11,809,893	12,359,285	13,392,669	14,042,616
Diagnostic imaging procedures	615,053	528,112	634,289	599,308	637,857
Surgery hours	71,701	65,114	71,157	74,005	76,437
Total active clinical protocols	1,364	1,412	1,600	1,632	1,568
Education profile					
Clinical residents, fellows	1,968	1,796	1,687	1,482	1,803
Research trainees	1,600	1,329	1,364	1,342	1,059
Observers, visitors, special programs	876	412	43	43	63
Nursing trainees	1,150	753	576	812	1,177
Student programs participants	900	477	798	1,032	1,281
School of Health Professions students	393	394	378	375	386
Total trainees	6,887	5,161	4,846	5,086	5,769

Total philanthropic gift support by type

Total philanthropic gift support by purpose

Total	\$324,016,824
Subtotal	93,927
Organization	1
Individual	58,798
Foundation	1
Corporation	35,126
GIFTS-IN-KIND	
Subtotal	192,274,056
Trusts and Estates	85,696,738
Organization	7,737,905
Individual	35,441,414
Foundation	55,165,100
Corporation	8,232,899
PLEDGE GIFTS	
Subtotal	131,648,841
Trusts and Estates	13,956,520
Organization	1,365,780
Individual	56,209,159
Foundation	47,189,261
Corporation	\$12,928,121
CASH GIFTS	
	AMOUNT



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.

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



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