# THE CANCER LETTER

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| LEADERSHIP | Faculty | Professor | Associate Professor | Assistant Professor | Instructor | Other faculty |
|---|---|---|---|---|---|---|
| 6. Executive leaders are taking steps to ensure MD Anderson's long-term success. | 53% | 46% | 45% | 47% | 61% | 69% |
| 7. Executive leaders effectively communicate what the institution is trying to accomplish. | 50% | 38% | 39% | 46% | 65% | 71% |
| 11. Department leaders act in ways consistent with what they say. | 67% | 69% | 64% | 71% | 80% | 66% |
| 12. The leaders directly above the level of my immediate supervisor are aware of the issues I face in my work. | 53% | 46% | 43% | 50% | 61% | 69% |
| 23. Senior leaders inspire high performance through their leadership. | 50% | 39% | 38% | 48% | 65% | 68% |
| 24. Senior leaders promote accountability at all levels for achieving business results. | 50% | 36% | 41% | 47% | 64% | 65% |

KEY >= 70% Favorable 50% - 69% Favorable < 50% Favorable ~ Insufficient Sample Size

## MD Anderson Survey Shows Faculty Dissatisfaction with Top Leaders

*By Matthew Bin Han Ong*

In a long-awaited survey of employees at MD Anderson Cancer Center, faculty members show a significant drop in approval scores for the administration's executive leadership, in comparison with the last time the survey was administered in 2012.

The results are important, because they gauge the impact of the institution's president Ronald DePinho and his administration.

Earlier surveys, conducted by the MD Anderson Faculty Senate, demonstrated a decline in the faculty's morale, and—anecdotally—other cancer centers reported receiving a flurry of CVs from MD Anderson faculty members. MD Anderson administration officials said that actual attrition has been consistent with the pre-DePinho era.

On some questions in the most recent survey, which was conducted by the administration, approval of the executive leadership appears to be at the lowest point since 2008, the earliest year for which survey data could be obtained.

(Continued to page 2)

**In Their Own Words:**
The 2012 and 2014 BIG Survey results, and 835 pages of comments by MD Anderson employees are posted on The Cancer Letter website.

*Guest Editorial*

## A Near-Term Solution: NCI and COG Agree on Plan To Maintain Enrollment

*By Peter C. Adamson*

As funding issues surrounding the NCI's new National Clinical Trials Network (NCTN) have been a prominent topic of recent news and discussions, to help inform the cancer research community, we are taking this opportunity to share data regarding NCTN funding to the Children's Oncology Group (COG).

(Continued to page 15)

# Faculty's Fear of Retaliation Jumps From 29% to 50%

(Continued from page 1)

When the results for the faculty and staff are pooled, DePinho et al. fare quite well, with up to 66 percent giving the administration a "favorable" evaluation. Similarly, the institution-wide survey garnered many positive comments in the free-response section.

Overall employee satisfaction with top management fell as much as 14 percent over two years on two leadership metrics, with the lowest numbers observed among the faculty.

The majority of negative comments were focused on the decline in morale, placing the blame on the institution's top leaders:

• *The executive leaders need to be more accountable for their actions and misactions. They need to be more responsible because their actions reflect disfavorably [sic] on the entire institution which undermines our credibility to the detriment of the employees and patients that depend on the instution. [sic]*

• *MDA was held in such high esteem by Houstonians, Texans, and abroad. This changed two years ago. Now, more often than not, at scientific meetings MDA is often the butt of jokes due the negative publicity of the (upper) administrative leaders. It seems that a few are benefiting at the expense of the majority. I have never seen MDA held in such low esteem among peers, both within and without the institution, as it is now.*

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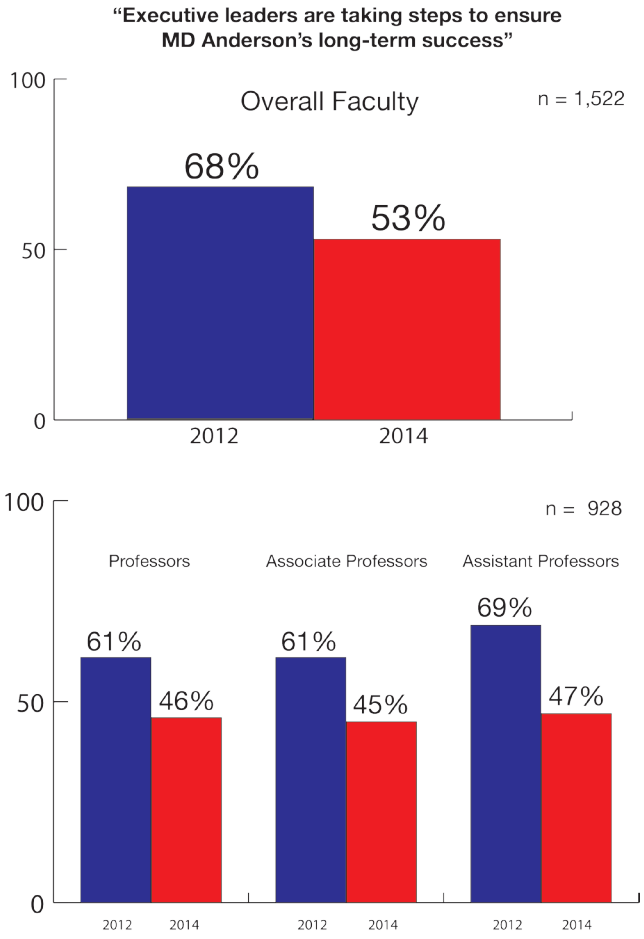



A selection of comments—positive and negative—appears on page 8.

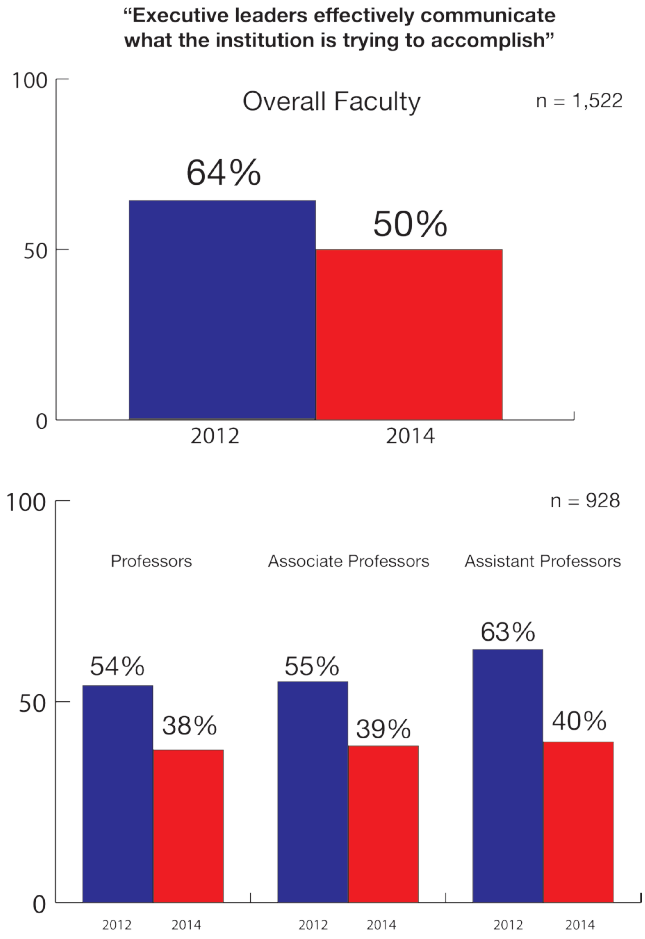
The comments couldn't be broken down to separate the faculty from staff. The results of the biennial poll, called The BIG Survey, were obtained by The Cancer Letter under the Texas Public Information Act.

Cancer center officials appeared triumphant about the results, which are indeed positive when faculty and staff are pooled.

"MD Anderson is pleased to report that 16,000 faculty and staff completed the survey—a response rate of 78%—and our largest number of employee participants in any survey we've completed," officials said in a statement to The Cancer Letter. "We received thousands of comments from faculty and staff and the overwhelming majority are highly positive.

"Even more encouraging is that 79% of staff and 70% of faculty told us they would recommend MD Anderson to others as a great place to work. Additionally, 83% of faculty and 80% of staff reported their job provides them with a sense of personal accomplishment.

"Several responses in the survey also highlighted a tremendous sense of community at MD Anderson. We




are very gratified and excited to hear that."

The 1,522 faculty members who responded to the administration's survey are indeed proud of their jobs—however, their grievances appear not to be triggered primarily by their jobs or their coworkers:

• *What attracted me to MD Anderson 6 years ago is effectively being eroded at an alarming rate by the top echelon individuals who came in as a result of the change in leadership. They are ineffective because they do not actually listen to those that have a better handle on the day to day workings of the institution and are focused only on making money at any cost which is usually at the direct cost of patient care. With the amount of press generated by the less than savory doings of the top ranking individuals, even outsiders ask when the current management is finally going to be gone so that MD Anderson can get back to the business of curing people and not gouging them. That is a very sad turn of events in only 6 years!*

• *I have been an employee here for over 10 years and have always been an enthusiastic employee but lately I have been disappointed with what I am seeing happen. The morale is the lowest I have ever seen. It seems like the motto is just do more with less. I feel this is translating to suboptimal patient care—people are just being stretched to their snapping points.*

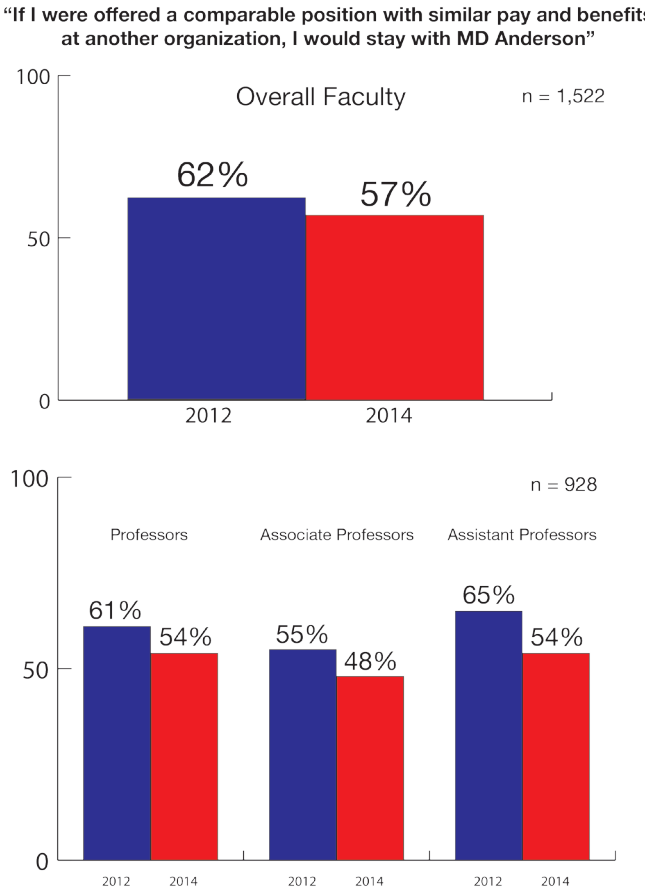
The faculty's feedback is of critical importance.

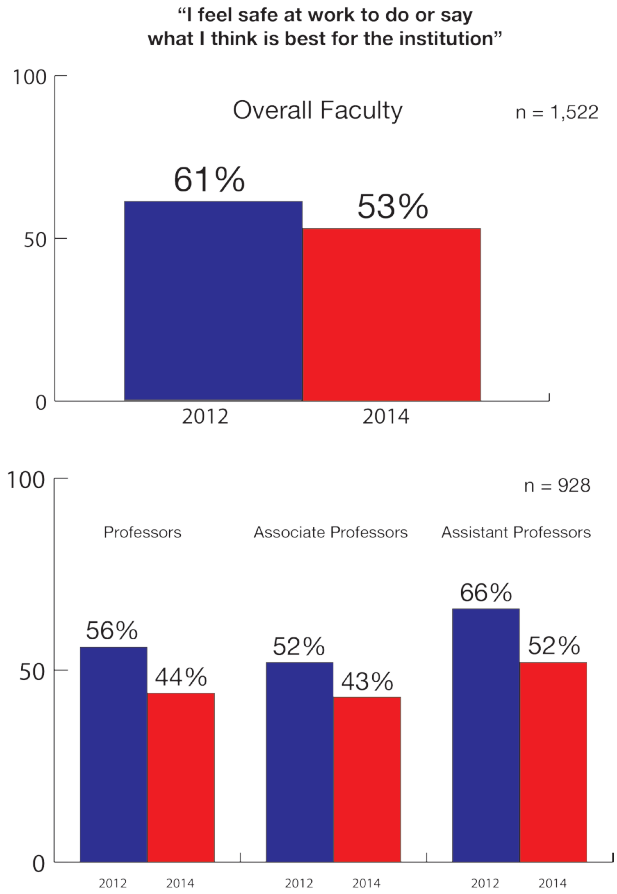
Altogether, 87 percent of MD Anderson's revenues are generated by operations conducted by clinical faculty members, who make up 59 percent of faculty responses.

The 2014 BIG Survey data on the faculty appear to echo last year's internal survey conducted by the Faculty Senate.

In that survey, 73.8 percent of 500 faculty members who responded said that morale at the cancer center had deteriorated over the previous two years (The Cancer Letter, Jan. 18, 2013).

The 2013 internal survey, too, points to dissatisfaction with DePinho and his top executives—at a time when the administration pressed the faculty to meet aggressive financial targets that critics said were unrealistic.




In response to the 2013 results published in The Cancer Letter, MD Anderson faculty department chairs and division heads condemned both the report and data:

"The transmittal and publication of these data and the discussion surrounding your analysis of these data as a reflection of the total perspective of the MD Anderson faculty is as unfortunate as it is inaccurate.

"The small minority within the institution who choose not to take their concerns to us or to MD Anderson leadership, but rather go directly to external channels such as The Cancer Letter to air their grievances do not speak for the vast majority of the faculty." (The Cancer Letter, Feb. 1, 2013)

Ninety-one percent of MD Anderson's 1,671 faculty members are represented in the 2014 BIG Survey.

**Ten Telling Questions**

Among the faculty, approval scores on executive and senior leadership measures in the 2014 BIG Survey are significantly lower than the analogous results for 2012.

Consider this question:

"Executive leaders are taking steps to ensure MD Anderson's long-term success."

In 2014, 53 percent of faculty members agreed with this statement, a 15 percent drop from 68 percent in 2012.

These approval scores are much lower among professorial-rank faculty members:

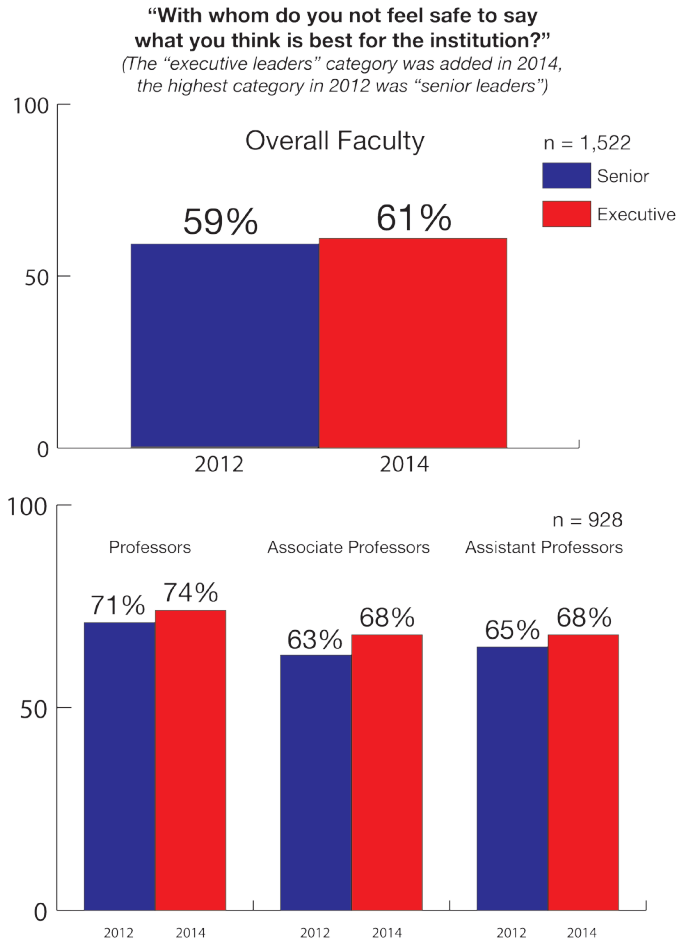
- 46 percent of professors agreed with this statement in 2014, a 15 percent drop from 61 percent in 2012
- 45 percent of associate professors agreed with this statement in 2014, a 16 percent drop from 61 percent
- 47 percent of assistant professors agreed with this statement in 2014, a 22 percent drop from 69 percent

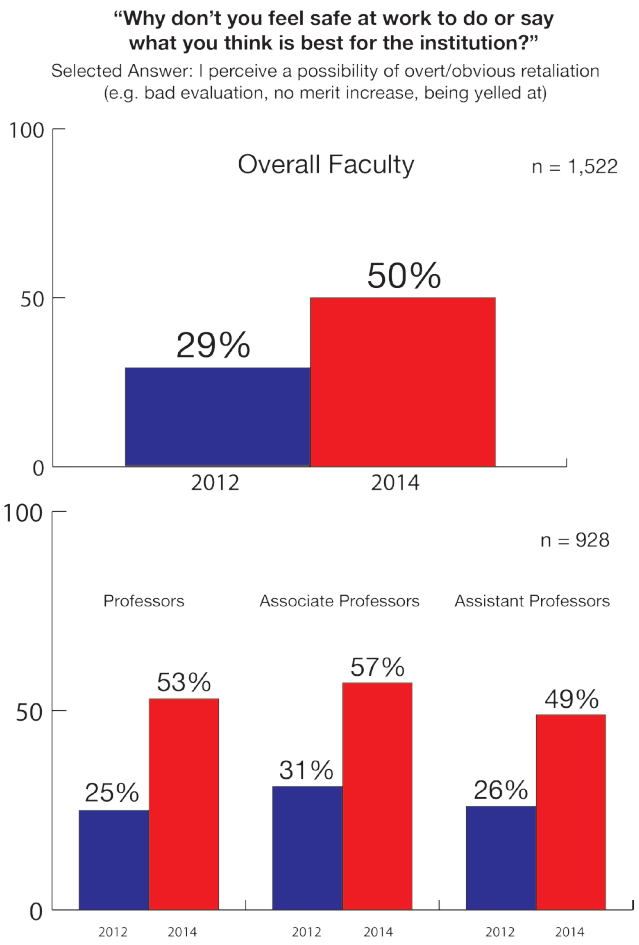
Similar attitudes among the faculty are reflected across nine other questions on leadership performance, job satisfaction, and freedom of speech.

Overall, 57 percent of faculty say they would stay at MD Anderson if offered a comparable position elsewhere. The numbers dip in the professorial ranks, with 48 percent of associate professors saying they would stay.

Up to 53 percent of faculty members say they feel safe to "do or say what I think is best for the institution." This means nearly half say they do not feel safe or are neutral.

Faculty members say they are most uncomfortable




making suggestions to the executive leadership, with 74 percent of professors who disagreed with this statement, saying that they felt most unsafe speaking with executive leaders.

Faculty members say they are reluctant to speak up for fear of retaliation.

The number of faculty members fearing "overt/obvious retaliation" nearly doubled in two years among those who feel unsafe, with similar results for those who perceive a possibility of "subtle/nonobvious" retaliation.

Also, nearly 80 percent of faculty members who feel unsafe speaking up say, "I perceive that what I say won't matter."

Overall satisfaction with MD Anderson dropped to 64 percent among faculty, 12 percent lower than in 2012. The decline is as high as 17 percent in the professorial ranks.



**"Much to Be Proud Of"**

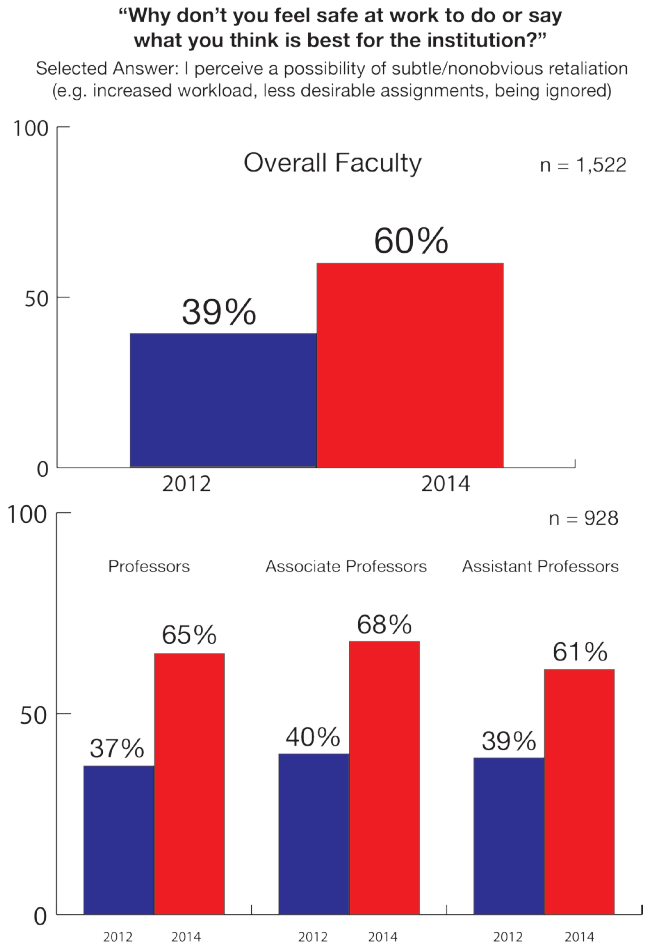
In an email to employees, titled, "A BIG thank you," DePinho lauded the high response rate, saying that the survey scores were favorable.

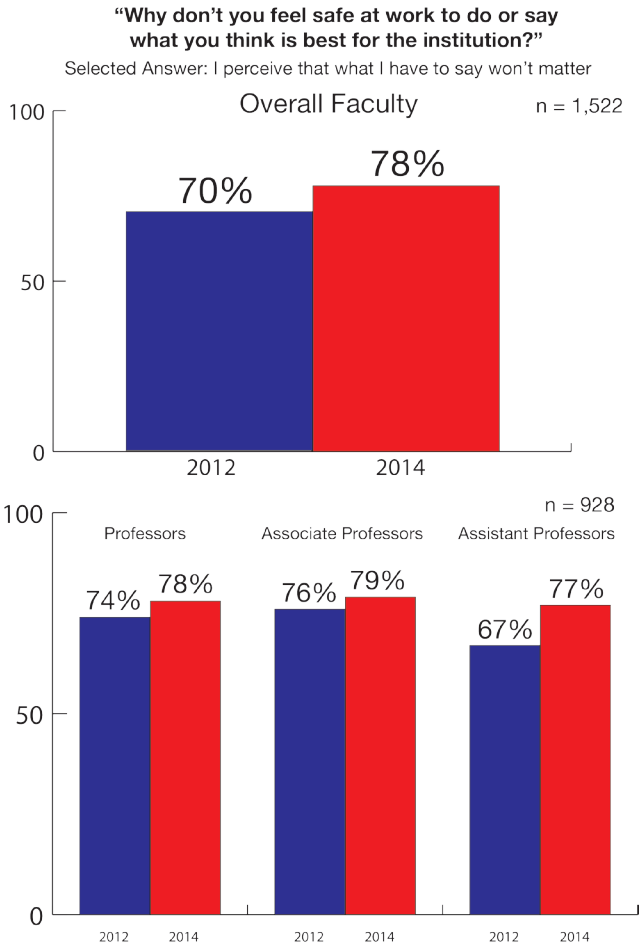
"There's much to be proud of in our results as all of the questions exceeded scores of 50% favorability and also exceed the benchmark on a number of items, which compares our results against those of national best places to work and most-admired organizations," DePinho wrote April 16. "We've also sustained improvements in areas where we've focused before, like mentoring, and in trust and openness.

"Now the work begins on action plans," he said. "While overall our BIG Survey results were positive, we have work to do in some areas at the institutional level, including leadership and accountability from all of us on the Executive Committee.

"We heard from you that a clearer understanding of our long-range goals is needed in these uncertain times. It's no secret that the national health care landscape is shifting, especially at academic health centers.

"The combination of health care reform and major changes in research funding has thrown many curves and the continual need to adapt with agility, creativity




and thoughtfulness.

"Once again, we hear your feedback and will continue to forge ahead. We'll partner with an institution-wide task force to develop actions we'll take based on your feedback. These plans will be shared during the summer."

**MD Anderson Leadership Responds**

*MD Anderson officials submitted the following comments to The Cancer Letter:*

Because MD Anderson's faculty and staff are crucial to our mission, we frequently seek their input in a variety of ways including employee surveys every two years. We ask them to tell us what we're doing well. We also ask them to be honest and share their thoughts on areas of improvement. We then use that input to continuously improve MD Anderson as a cancer center and as an employer.

Seeking input and feedback at such an extent is not common practice within academic medical centers. However, because our faculty and employees are critical to ensuring the best care possible to patients, we believe it's highly important to engage them regularly so that we can continuously improve our organization and make sure we maintain MD Anderson as a great place to work.

Throughout the history of our Employee Opinion Surveys and other faculty and staff communication forums, we have always identified areas for improvement and over time, those areas have evolved and varied widely. Sometimes concerns are raised about particular functions or processes at MD Anderson.

Other times, a particular segment of our employee population has shared concerns. We've seen and responded to a tremendous variety of input throughout our history and we expect to witness continued variations in the types of concerns and the groups of employees who raise them in the years ahead.

The areas where we must improve relate to the need for leadership to more clearly communicate the vision for the organization. We also need to find new ways to open the lines of communication with all employees, especially faculty. We've started that work

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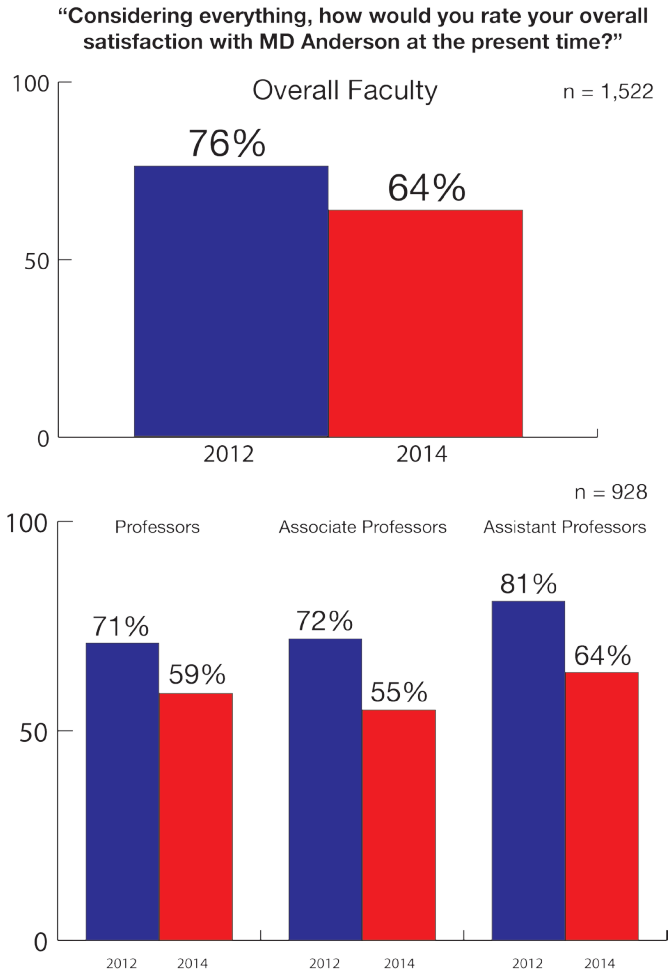


and we plan to continue it. In particular we have already conducted a number of open meetings where all faculty have had the opportunity to provide input on our new strategic plan.

Leadership change at any organization is often a challenging time for months or even years. Employees might have concerns about changing priorities or a perceived shift in culture. We're seeing this to an extent in our faculty and staff. This is why several months ago, MD Anderson greatly expanded efforts to connect with all employees, with a special emphasis on faculty members. Institutional leaders recognize those efforts will take time, but they remain fully committed to that process and are putting in extensive time to that effort.

There are several areas where the landscape is shifting within academic medicine. All health organizations are adjusting to the impacts of health reform. In addition, there's tension within academic medical centers about research investments, as National Institutes of Health funding has plateaued.

As a result, the competition for limited grant dollars is increasing as the chances for faculty success in obtaining grants decreases. While we believe our survey results were mainly influenced by MD Anderson-specific matters, certainly those tensions exist and can have a very real impact on further influencing morale.

*Tessa Vellek contributed to this story.*

# In Their Own Words

*These comments by MD Anderson faculty and staff members were selected from an 835-page document. They appear exactly as they were keyed in, with no editing. The document was obtained under the Texas Public Information Act. Names and titles of MD Anderson officials were redacted. The document is posted here.*

## Positive

### "Blessed with the opportunity to be a part of a great organization…"

*MD Anderson is a great organization, and continues to be so despite the recent negative publicity in the Houston Chronicle and the yellow journalism of the Cancer Letter. I believe that the resources available to employees are a tremendous aspect of the greatness. I do not work directly with patients, but I do believe that we are offering them the best in Cancer treatment and research. I am proud to be part of this great effort. While I do have issues with Divisional leadership, I am confident in our overall value as a leader in Cancer research and treatment.*

***

*I like that MD Anderson provides an excellent benefits package. We have great healthcare insurance, PTO time and the tuition reimbursement allows everyone to complete their educational goals. We have access to free developmental classes and courses here at MD Anderson as well, not to mention the free fitness center for all employees that promotes not only a healthy perspective but a healthy lifestyle.*

***

*I have nothing but good things to say about MD Anderson. My mother was once a patient here. MD Anderson gave her an additional six years on her life compared to another hospital who informed her she had six months to live. The doctors and nurses provided EXCELLENT care to her while she was a patient. As an employee I love coming to work every day. It's exciting and challenging...I cannot wait to get to work and find different ways I can contribute to MD Anderson as an employee. I always look for ways to apply my knowledge and skills within the department and other departments. My job is exhilarating and satisfying.*

***

*I love helping others! I want to continue/grow & persue helping others. I always visioned MD Anderson as my heart, my love to the people around me, as family and as myself. I am here regardless of the*

## Negative

### "LOWEST morale ever"

*I like that MDA was a place where we all worked together with a common mission. MDA was held in such high esteem by Houstonians, Texans, and abroad. One felt that we were all on the same page and working together. We have been in financial stress before, 1990s, but we all pulled together to make it better. This changed two years ago. Now, more often than not, at scientific meetings MDA is often the butt of jokes due the negative publicity of the (upper) administrative leaders. It seems that a few are benefiting at the expense of the majority. There is an unequal (perceived?) distribution of resources between those who have made MDA what is and those who have joined recently with the latter benefiting and doing everything it can to downplay the accomplishment of the former. I have never seen MDA held in such low esteem among peers, both within and without the institution, as it is now.*

***

*Get rid of [name] and [name] NOW!!! They have DISTROYED MDAnderson's core values. The institution as a whole has the LOWEST moral ever from physicians to groundskeepers. Why does the [title] continue to allow this type of leadership to stay in place. MDAnderson has fallen to a sad environment.*

***

*I feel that the executive leaders do not care about anyone under a faculty level appointment. It is obvious in their actions, words and deeds. There is an undercurrent of resentment, insecurity in our jobs and general displeasure that did not used to be at MDACC. You can feel it int he [sic.] air. I hope I do not lose my job for taking this survey.*

***

*I have been an employee here for over 10 years and have always been an enthusiastic employee but lately I have been disappointed with what I am seeing happen. The morale is the lowest I have ever seen. It seems like the motto is just do more with less. I feel this is*

## Positive

*unfairness in my office, the lack of respect between peers and supervisors and the lack of dedication from my supervisor and lead. I consider myself as a piece of heart of MD Anderson's and my goal is to strive to continue to make a difference in cancer, to iliminate cancer for good, to continue helping others/patients in there critical time of need and to be that difference in cancer....to make it history for good!!! I see myself as a true accet to MD Anderson and because I do care about my peers, patients and fellow co-workers I only want the best in growth in making MD Anderson # 1 for making a difference in patient care & cancer history!*

***

*I love the patients! I have had alot of offers to transfer to another department but I could never leave the patients in Pediatrics! They're so strong to have cancer and getting treatments and still putting a smile on there face. That's all that matters to me. Even though some of the guidelines dont make sense or how we do things here in Pediatrics, I do my best to go over and beyond. what gets fustrating is when I dont get reconized and other people do. People who got hired years after me and make more money than me. Like I said I give it my all to be the best employee I can be here in Pediatrics. I feel blessed to be apart of MD Anderson hospital!*

***

*I feel proud to tell people I work at MD Anderson. It's been home away from home for several years, with a team of people that seems like a family. Our patients are kind, considerate, and complimentary. MD Anderson literally changes the lives of its patients and its employees. Great benefits, working environment, and being number one in making cancer history are what make MD Anderson an employer of choice. My only regret is that I didn't come here sooner.*

***

*I had been wanting to work for MD Anderson since I was 22 years old and at 43, I was finally blessed with the opportunity to finally be a part of agreat organization. I really feel like I am contributing to something great and whenever I am ask where I work, my fae lights up with pride just to say the name.*

***

*I get to be part of an institution that has accomplished so much in the world of medicine. I feel that my contibutions to the institution and or department matters. I get the sense that no matter what your job title is, everyone has a significant role in Making Cancer History.*

## Negative

*translating to suboptimal patient care - people are just being stretched to their snapping points.*

***

*The executive leaders need to be more accountable for their actions and misactions. They need to be more responsible because their actions reflect disfavorably on the entire institution which undermines our credibility to the detriment of the employees and patients that depend on the instution.*

***

*The top institutional leadership needs to go, especially [name], [name] and [name]. They have created an arrogant, dismissive and disrispectful leadership tem. We need a new team, more in tune with institutional culture and respectful of institutional values. It would also help if the new leadership had an understanding of how a health care institution works. This is not a research lab for rodents.*

***

*What attracted me to MD Anderson 6 years ago is effectively being eroded at an alarming rate by the top echelon individuals who came in as a result of the change in leadership. They are ineffective because they do not actually listen to those that have a better handle on the day to day workings of the institution and are focused only on making money at any cost which is usually at the direct cost of patient care. The numbers of world renowned, intermediate and senior faculty and clinicians who have left the institution in the past 2 years and those still looking to leave is extreme. Worse is the fact that as they leave, persons without even the proper credentials are recruited or promoted to the vacated positions of power which then leads to further deterioration of the infrastructure due to their inability to lead by example (don't have the skills) or the inability to ask others for help when they are not familiar with what they have actually been tasked to do (lack of knowledge). With the amount of press generated by the less than savory doings of the top ranking individuals, even outsiders ask when the current management is finally going to be gone so that MD Anderson can get back to the business of curing people and not gouging them. That is a very sad turn of events in only 6 years!*

***

*The powerful departments and powerful individuals can too easily dictate to weaker departments and individuals how everything will be done. There is a general sense that the haves keep getting more*

## Positive

*What attracted me to MD Anderson was it's reputation. I wasn't disappointed. I see the MD Anderson core values everyday. Caring, Discovery and Integrity is something that is done and not just said. My supervisor has an open door policy which I really enjoy. The only downside are the employees who complain. I hope they fill the survey out so their issues can be heard.*

***

*I like working at MD Anderson because of the talented leaders, faculty and staff. This is a wonderful cancer center that provides life, hope and excellent care to our patients. It seems like the leadership strives to get better and better each day, staying on top of trends and challenging our staff to reach higher heights. There are great opportunities for employees to learn from experts as well as others. Thank you.*

***

*What I like about working at MD Anderson I like the stability and predictability of my position I do have two great supervisors I like how well organized our lab is and how responsible my coworkers are Compared to other labs in the vicinity, as a mother, I absolutely appreciate the consciencious effort my supervisors do with regards to time flexibilty. However limited power they have in this area they do a great job in regards to respecting, caring and empathazing when any one of us has an emergency or family need.. Because of their effort I am still a MD Anderson emlpoyee. Thanks You*

***

*I love all of the connections I make with other employees here at MD Anderson. I love the diversity and the chance of making fast connections in all facets of this institution. I love the collaborative vibe in the institution as a whole. I love the direction that our institutional leaders are leading us to, as well. I love that my benefits provide so well for preventative care for my own personal health. I love that the institution is taking an interest in the health of their employees. I love that they are not making it mandatory, but there is no excuse other than you personally don't want to take care of yourself. I love the opportunities to grow and branch out into several different career paths within the institution.*

***

*MD Anderson has a cring environment the patients here are going through a trying time in their life. It is up to staff to place a smile on their face and hold their hand through the process of such an ugly disease. Doing a job in which compassion comes easy send the*

## Negative

*and those who don't "have" continue to get less. Administration is aware of some of the issues but usually does not want to get involved in mediating turf battles. All too often the administration takes an easier path and makes "across the board" mandates to appear to treat everyone equally. What happens then is that the haves continue to have more, and those really lean departments are cut at the same rate, leaving them even leaner.*

***

*Our entire team would benefit from senior leadership attending anger management training.*

***

*Upper Management no longer cares about the Patients and Employees. When I came in to Anderson thats what it was all about. No Longer. All that matters is the Dollars. It has gone drastically downhill since [name] left!*

***

*Job performance means little to nothing. There are many who consistently come in late, use company time for personal matters including over use of the phones for personal calls, excessively long lunches (1.5-2hrs), under-performance across all measurable job duties, and an overt lack of any attempt to improve. Yet there is seemingly no consequence for these people and no reinforcement for those who carry their co-workers load.*

***

*I enjoy working for my current immediate manager because he treats me with respect and allows me to do my job and grow in my job. It would be great if that was spread throughout the division, but unfortunately, it is not. The senior leaders in the division are working too hard at making names for themselves and claiming territory than working to solve major institutional issues. Rather than encouraging teamwork, they openly display opposite behaviors - publicly disrespecting each other and talking to other employees behind leaders backs. More frustrating is that the division leader sees this happening, knows it is happening, but is too conflict averse to address the situation. As a result it has deteriorated over the last few years. Our division treats our customers far better than we treat each other, which leads to lack of teamwork, additional overhead as we have redundant functions and ultimately, to employees looking for other places to work.*

***

*When I first came to MD Anderson, I was inspired*

## Positive

*patient to an area of euphoria and allows anxiety to step back. I love working and giving to my patients what I learned in Nursing School. The staff on my unit has been fantastic to me as a new nurse and [name] my preceptor is awesome. I have so much respect for someone who can stand their ground and protect their patient during anytime. Patient are safe and an extrodinary staff makes things ROCK!!*

***

*What is so evident here at MD Anderson is that whether a patient or employee, each person matters. Regardless of the bumps along the individual's journey, our mission and core values guide us collectively to steer forward, navigate rough times while acquiring wisdom, and ever advancing toward our goals.*

***

*What attracted me to Mdanderson in the beginning was the fact that the hospitals names was well known and respected , but after being an employee for a while I realized what great work we do in helping patients deal with and overcome some very difficult circumstances.*

***

*I like working at MD Anderson because I want to be part of the effort to eliminate cancer. It is very important to me and I have a deep passion to do everything I can to be part of the team that eliminates cancer. Even if it doesn't happen in my lifetime I feel like I will have done my part.*

***

*I love working with the patients just to make them smile makes my day. I love my co-workers because we can work as a team to get the work done. I have been her for almost 9 years and I plan to stay here until I absolutely have to leave.*

***

*Patients travel all over the world to be treated here and they feel this is the best place for them for all the best doctors who could help them with their illness. Employees do their best to make their stay as pleasant as possible. The administration are doing all they can to stay us on top.I'am as grateful and proud to be a part of this great and very famous institution. I'am truly very appreciative and I learned and continue to learn a lot since I first set my foot in this wonderful place. This the best of the best.*

***

*It is the number one cancer center in the USA and patients come here already impressed and grateful. We have access to the best treatment protocols and superb*

## Negative

*by our mission, our patients and my colleagues. Over the past two and a half years, I've felt that inspiration slipping -- not because of our patients or my colleagues, for whom I'd go to the ends of the earth, but because of our senior leaders. There is a disconnect between what senior leaders say and what they do as demonstrated by their behaviors within MD Anderson and in the public arena. This disconnect is exacerbated by a virtual volley of messages disseminated to the institution -- messages that seem like mere lip service. The longer the messages aren't backed by action, the weaker our inspiration and loyalty becomes. The vast majority of us who elect to stay at MD Anderson are people like me -- people who live and breathe our mission. We need to see actions, not words, from our senior leaders. We need them to set the direction and define the strategies to get us there. We need them to resolve the endless debates over certain tactical and logistic tensions and make decisions. In short, we need them to lead -- to do the job they came here to do. I don't doubt their good intentions, intellect or experience; I doubt their willingness to take action that may ruffle feathers. It seems like the primary driver is not setting the course, but rather getting agreement from everyone before making a change -- something that will never happen. Personally, I am tired of colleagues from other institutions asking the question, "What's going on at MD Anderson?" I wish I had a strong and certain answer to give them.*

***

*The last time I made a suggestion, which was years ago, I was threatened with my job. I notified HR about it, and was told that I misunderstood. I have since learned it is best to just keep your mouth shut.*

***

*Favortism, prejudice perceptions, politics. It's human nature for these factors to exist at a work place but I have had too many experiences here where you voice your opinion, it's not in alignment with management and you're looked at as a problem. Suggestion is for management to change their viewpoint and embrace opposition as a positive and not a deterrent. When there's no more opposition then things are heading in the right direction.*

***

*It used to be a great place to work. People smiled at each other and said hello. We were respected in the community. There were great people here, that one could always call or email for questions/advice,*

## Positive

*facilities. My colleagues are extremely sharp. Usually the attitude and environment is really positive, though there has been a dip lately.*

***

*I love the spirit of this institution, which is like no other where I have ever been. Despite some of what you might read, the overarching passion of the people that work here to save lives and make a difference for their patience is incredibly motivating.*

***

*I am privileged to work at a first class world premier institution, I work with a great group of people, my job matters to the institution, I have one of the best managers you could ask for, my job function is doing a 180 degree turn but MD Anderson has provided me with the necessary educational opportunities so I can continue to remain employed, and I'll be retiring sometime this year with the best benefits ever! It has been a pleasure and I am grateful.*

***

*The opportunity it has provided me personally, growth development, leadership skills. the opportunity to collaborate with other department to meet one common goal. These opportunities have made me successful and the support that I have from the leadership in my department have also contributed to my overall satisfaction with my role and knowing that i am making a difference in this institution. The group that I manage has also played a large part in my success. They have been able to trust and and see diiferent ways of doing things that improve ieffecient job performance for the department.*

***

*- my boss and leadership who consider me as a worker who has a personal life and personal needs. - the technical type of work I do is challenging and rewarding - my coworkers in my department are hard-working and willing to readily share information. This is the most cooperative environment I have ever worked in. If it weren't for my coworkers I wouldn't know squat! When I was hired, I had to be trained on new software and with upgrades and conversions, you always have to be ready to learn new things. I learned most of these things via my collegues. - Thank God for the Fitness Center! I thoroughly enjoy the convenience, the quality and the results. - I can believe in M D Anderson because I've been a patient here as an employee. Somehow this deepened my commitment here. - The multi-cultural scene is wonderful. People*

## Negative

*though many senior people are leaving now. We used to have the ability to do a favor and get a patient seen or helped, but now we are too overbooked that we can't get that "feel good" experience by pushing a little more since we run at full throttle all the time per our executive leaders.*

***

*Many changes are being made in the RCC's. Yet the clinical team is not being involved in the decision-making and process of change. Administration is making changes with no input from the people on the front line, without knowledge of how clinics happen on a daily basis, and without regard to patient or employee satisfaction. Their bottom line is monetary value. They overtly wait to make announcements on big changes until it is too late to make any changes or have protest from the clinical teams/operators.*

***

*MD Anderson has been a wonderful institution to work for but does not recognize employees for their hard work. For the past 2 years I have applied to various positions within the institution, participated in the mentor program, met with staff in Human Resources to improve my resume, had open conversations about advancing with my immediate team, and was unable to move into a different position. Now, I have been offered a position with Methodist and my team did try to offer a counter, but could not match that of Methodist. I really feel that MD Anderson is losing a very good employee because of the lack of employee growth that is offered here. I really had a sense of loyalty to MD Anderson when I first started and that is what has kept me here for almost 5 years, but it's unfortunate that the only growth I can experience in my career is outside of the institution. I have been in a Research Coordinator title for over 2 years with 6 years of work experience and a Masters degree. With Methodist, I have been offered a manager title, almost identical benefits, and a 50% increase in pay. I hope that this response helps improve employee satisfaction and that executive and departmental leaders find ways to actively change the lack of progression of employees here at the institution. If an employee gives over 110% every day to the mission and vision of the institution, has the years of experience and degree that is that of a higher title, s/he should be able to move up within the institution.*

***

*MDAnderson has a very good reputation, so there is*

## Positive

*from all around the world work here which makes it a vibrant place to be. - I enjoy the commitment to beauty we have in our landscaping, art and thoughtfully done architecture. - We have exceptional health benefits with an HR department that is truly employee-oriented (I do not work in HR, BTW).*

***

*I like everything about it. I like how I have met a lot of friendly employees of MD Anderson and I like how they really and truely care about the patients and their visits here. It is a great institute to work for.*

***

*I've enjoyed my tenure here with MD Anderson becuase i like helping people and i enjoy knowing that i've helped some one each day i come to work. i am looking forward to one day being apart of the success for finding a cure for all cancer.*

***

*MD Anderson provides competitive pay and benefits, and there is much opportunity to move around and advance your career within MD Anderson. I also feel like my job is indirectly helping those suffering from cancer - there is a purpose beyond the paycheck.*

***

*I like that even though we are so spread out, the institution does a good job at communicating to all employees regardless of their location. MD Anderson is a fair work place and gives people many chances to return, even after they have chosen to leave the institution. It says a lot when people leave and then eventually come back to work...even after they are retired! I love MD Anderson because it is a very personal place for me. I see what they do for patients on a daily basis and I've seen what they've do for my family members.*

***

*I like to helping people and in my position I get to do this on a daily basis. There are many times that guest are lost or need some type of assistance and when we are able to help them you can see the appreciation. I have been employed at MD Anderson for just under 2 years and as a contractor with the valet it was always my goal to become part of a winning team. Losing my mother and father to cancer it just seems I was brought here for a reason. I have NEVER woke up saying "I dont want to go to work"! I love my career and I love what we as an insitution do to help people everyday! With that said if cancer was cured tommorrow and I was out of a job that would be ok with me!*

## Negative

*some prestige at working here. Otherwise than that, the internal culture is not very pleasant. Almost every co-worker I talk with is not happy for various reasons. There is a wide-spread feeling that no one cares what you say or think. This BIG Survey is a BIG joke.*

***

*Avoid make negative comments. Avoid holding grudges. Avoid manipulating. Avoid trying to cover their own skin. Try leading!*

***

*Stop employing a fear based style of management. Stop bullying me and other staff. Stop talking so much and LISTEN to the employees who know the jobs!*

***

*It seems that the requirement to be an executive leader is to be autocratic, uncaring and corrupt. Retaliation is a way of life.*

***

*Stop micro-managing. Allow us to do our jobs without obstructing our way and recognize the value of our work.*

***

*I have worked here a long time and enjoyed it immensely. Only in the past couple years have I become very dissatisfied, disrespected, and not valued.*

***

*Executive leadership habitually treats physicians without respect and appreciation, and as though they are expendable. The perceived attitude of executive leadership toward physicians can be best described as such, "If you don't like it, you can leave, and we will replace you."*

***

*Be HONEST, objective and open minded. STOP playing favorites.*

***

*There is unfair treatment of certain employees. If you are well liked by your supervisor then you receive more privileges and are allowed to bend the rules.*

***

*Don't like - Forced mentorship (assignment of pairs) is foolish. Do not like the feeling that people at the top are really out for their financial gain, and that many of the choices made are sure to benefit someone at the top or grease someone's side company or buddy.*

***

*When I first started at MD Anderson it was the people that attracted me to this institution. Both the employees and the customers were so infectious. The joy at helping*

## Positive

*First, as a researcher, I see that at MD Anderson, there are ample opprotunities for Scientists and Physicains to perform collaborative studies that could facilitate the process of moving the pre-clinical discoveries to clinical trials. This team work is MD Anderson's strength. Employees are (1) provided with valuable mentorship; (2) encouraged to have healthy life style; (3) happy with great benefit package; (4) from diverse background with good tolerence and understanding; (5) friendly and helpful to each other I am proud to be part of MD Anderson Cancer Center, which is known world wide as #1 cancer center!*

***

*What I really like about working at MD Anderson are the prople I work with. Everyone has a positive attitude, are willing to help, and treats eachother with respect. My managers are great. More than any other managers I have ever worked for, my managers listen and help with questions and concerns, are very friendly and approachable, and are understanding and show genuine concern for their employees when a personal emergency arises. As an organization, MD Anderson's pay scale for my position is higher than most other organizations and the benefits offered are better as well.*

***

*MD Anderson is a place where I can complete my work and feel confident that I am helping patients. When I leave work, I am happy that I made a difference. Also, the learning environment keeps me updated on the latest research. I feel that when I go to work I gain knowledge, compassion, and also become healthier because of the awesome gym!*

***

*I absolutely love working with the Physicians and Scientists. I love challenges and the ability to rise to occasion. I love the achieving incremental delivery. It is highly unfortunate that past IS leadership has decimated the safety of our employee's ability to voice their concerns, move positively forward with career goals, be recognized for the great job we do. I have a renewed faith in the new IS leader and hope that we can work together to heighten the level of collaboration across all divisions and not only be a world class clinical care organization but also a world class leader in healthcare technology as it relates to research and informatics*



## Negative

*others out and the want to do it was what drew me in. In the years since I first started a lot has changed, both institutionally and right here within our division. At this moment in time I just feel overworked and under appreciated. It isn't much fun these days.*

***

*Administration is heavy handed with no clue as to what is important anymore. Saying the patient is important is hypocrisy when money is the new real goal. It is no longer about the patient, but about money.*

***

*Mostly, it's that if we aren't on par with leadership, then surely we can't know any better what is best. If it's a good idea, it's often ignored or someone else will get credit for it. But if it's a constructive criticism, it seems to be ignored so many just don't bother. Not sure leadership knows that many of them are perceived to have favorites or to let certain people get away with treating other staff badly but when so many lower level people see the same thing, you just feel it can't be safe to bring up the elephant in the room.*

***

*Trust people to do the job they were hired to perform; use courtesy and respect when talking to people, instead of being rude, disrespectful, and never say thank you or recognize a job well done*

***

** Lack of transparency by executive leaders, senior leaders, department leaders. * lack of feedback - especially by executive leaders. * The 2013 "Strategic Framework" claimed to invite feedback from around MD Anderson - I have NOT SEEN ANY communications from executive leaders on what MD Anderson employees submitted. * [redacted]*

***

*As the biggest cancer center in the USA (possibly the world), we have the potential for critical mass. Occasionally this is good - the anti-smoking upgrade announced end of December was good. However, the "Strategic Framework" comes across as a bumbling bureaucratic exercise. The complete lack of transparency makes me expect it will be used to steer MD Anderson in direction(s) already decided by the Executive Leadership. An immediate action that MD Anderson could take would be to put all the (reasonable, aggregate the duplicates) suggestions online and let all 20,000 of us give feedback (similar to this survey's format), ex. "like a lot", "like", "neither agree nor disagree", "dislike", "will quit if implemented."*

## Real Solution Will Require More Funds For Clinical Research

(Continued from page 1)

The COG was the recipient of three NCTN grants: a Network Operations Center grant, a Network Statistics & Data Center grant, and an Integrated Translational Science Center (ITSC) grant. Similar to other members of the NCTN, the funding support and restrictions on utilization of that support provided under the Network Operations Center grant created an unparalleled fiscal challenge for the COG.

As originally issued, the Notice of Award (NOA) for this grant resulted in a $6.9M budget gap relative to FY13, a budget gap that would have resulted in closure of a major component of ongoing clinical trials and delayed or prevented the activation of approved new studies.

However, over the past several weeks, we have worked closely with NCI-CTEP leadership to develop a series of solutions to narrow this budget gap. A path forward has been defined that in the near term should allow COG to continue enrollment to all studies within its current clinical trial portfolio.

Here we provide details of the budget cuts to the COG and the agreed-upon bridging strategy geared towards lessening the negative impact these cuts will have for childhood cancer research and children with cancer.

**Childhood Cancer Research Funding Landscape**

In the United States, approximately 60% of funding for all biomedical research stems from the biopharmaceutical sector.

The next largest funder is the NIH, which supports approximately 25% of biomedical research. For childhood cancer, however, the private sector has an almost negligible investment, resulting in virtually all research funding emanating from the NCI, with lesser but vital components of funding emerging from private foundations and other philanthropic sources.

This funding landscape is directly relevant to the fiscal challenge that arose under the new NCTN. As there is no second revenue stream from the biopharmaceutical industry capable of supporting a childhood cancer clinical trial program in this country, any cut from the NCI to childhood cancer research is magnified.



Simply put, the clinical childhood cancer research enterprise is essentially entirely dependent upon funding from the NCI to conduct clinical-translational research.

Funding to the COG has declined significantly over the past 10 years (Figure 1). Since 2004, adjusting for inflation, COG incurred a 30% decrease in its base funding from NCI. This steady erosion of research support, amplified further by 2014 budget cuts, will delay progress in improving the outcome for a spectrum of cancers that effect children.

**COG Funding Differences**

The COG, formed 14 years ago through the voluntary merger of four existing pediatric cooperative groups, is the only group in the NCTN devoted exclusively to childhood and adolescent cancer research.

Since its formation, the more than 220 member sites of COG agreed that a centralized mechanism of funding for sites, administered through a single primary grant, would prove the most cost effective and equitable way to manage available resources. Decisions on distribution of resources to member sites would be based on performance and not be reliant on a federated system of grants to individual institutions.

In 2014, of the four primary grant mechanisms available to support NCTN groups, only three mechanisms, the Network Operations Center, Network Statistics & Data Center and the Integrated Translational Science Center (ITSC), were available to COG; the Lead Academic Participating Site (LAPS) awards were only available to the adult cancer groups.

The decision not to provide resources through the LAPS mechanism aligned with COG's successful model of centralized support, with a clear understanding that in place of LAPS, the NCI was to provide a comparable component of funding for sites through the Network Operations Center grant.

This approach would allow COG to continue to provide a limited component of resources to support sites' clinical research infrastructure based on an annual assessment of performance.

Historically, COG's higher performing sites received a limited amount of additional funding generally used to offset a degree of salary support for a lead CRA or site lead PI.

The lack of LAPS grants for COG is important to understand in the context of the current fiscal challenges.

# COG Base Funding

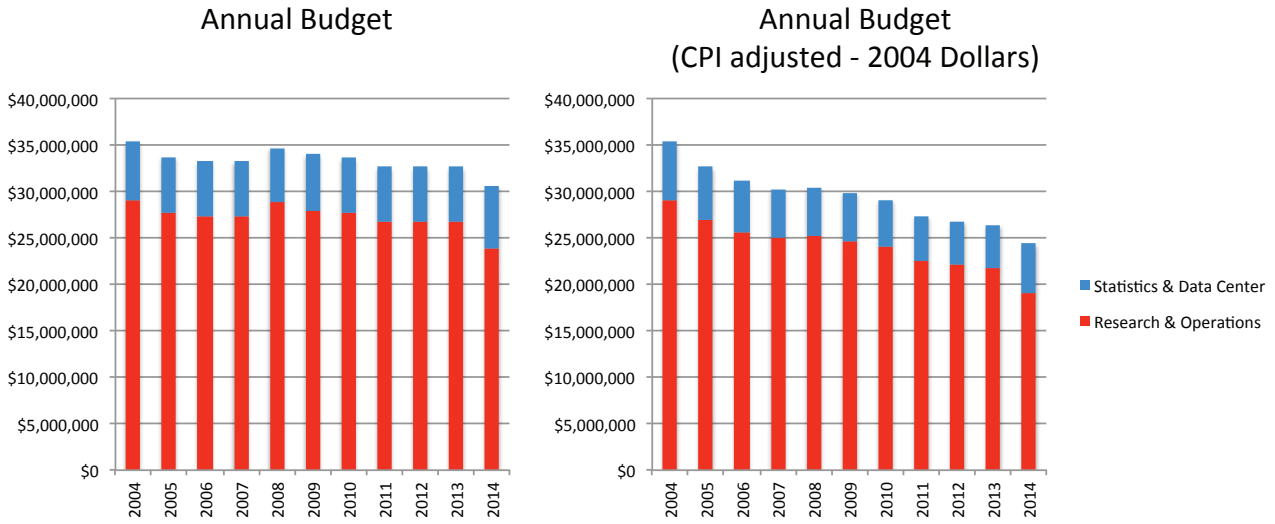


**Figure 1**: NCI data on base funding to the Children's Oncology Group via its two main grant mechanisms. Per case reimbursement (PCR), a restricted funding category, is not included. The graph in the right panel is adjusted for inflation using the Consumer Price Index based on constant 2004-dollar value.

First, understanding the funds flow for COG is relatively straightforward, as there is only a single pediatric group with two primary grants available for support.

Second, given the limited number of grants, NCI may have greater flexibility in addressing specific budgetary gaps in the program.

Indeed, it was this latter point that helped narrow in the near-term the large FY14 budget gap in the Network Operations Center grant.

**NCTN Funding to COG in FY14**

Total COG funding via the two primary grants (the sum of the Network Operations Center and Network Statistics & Data Center grants) decreased by approximately $2M in FY14 relative to FY13, but even more concerning was how that funding was originally partitioned.

Excluding funding restricted by NCI to support sites through the per case reimbursement (PCR) mechanism, the original FY14 Network Operations Center NOA resulted in a $6.9M budget gap (Figure 2), a 39% decrease relative to FY13 (there was a $1M increase to the Network Statistics & Data Center grant).

While the fiscal trajectory of the original award under the Network Operations Center grant would be devastating to the entire program, it was equally clear that such an outcome was never the intent of the NCI.

Discussions that ensued were collaborative, with both COG and NCI suggesting potential mechanisms that could address the formidable fiscal challenges required to narrow the gap.

Beyond the topline $3M cut to the Network Operations Center grant, a major driver of the budget gap relative to FY13 was the increase in PCR costs resulting from the proposed $4,000 rate of reimbursement to high performance sites (Figure 3).

Without additional programmatic funding, there did not, and does not, appear to be any meaningful way for NCI to pay for this increased expense without negatively impacting other key areas of research.

From our perspective, COG was in a less than zero-sum situation. If we attempted to fund the higher payments, we would have to close studies.

Closing studies would be highly problematic not only from the ethical and scientific perspectives, but from a fiscal perspective as well. Fewer studies would mean fewer accruals, and fewer funds would flow to sites.

COG thus decided the best path forward would be to fund all therapeutic accruals at the standard rate of $2,250 per subject. That change would return $3.6M to support other mission critical components of the program.

To be clear, the fiscal challenges to COG member sites are formidable, and this decision does not provide

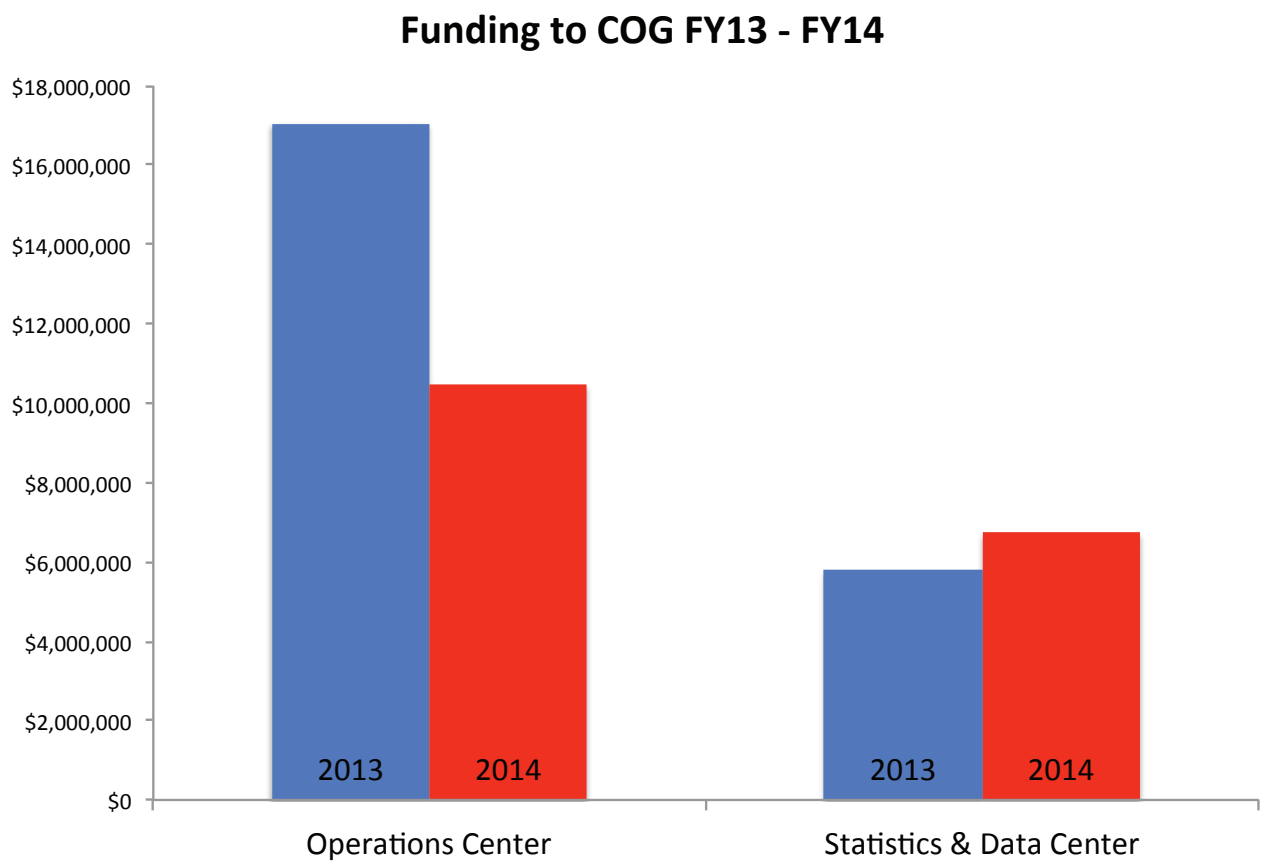


**Figure 2:** Funding changes provided by the Network Operations Center and Statistics & Data Center grant between FY13 and FY14. Per case reimbursement (PCR), a restricted funding category, is not included. The Network Operations Center grant as originally awarded resulted in a $6.9M budget gap, a 39% decrease between fiscal years.

for a long-term solution. It should be noted that how COG accounts for this adjustment to the overall budget (paying all sites at the standard PCR rate) might differ from how the NCI accounts for the adjustment; the net budgetary effect, however, is the same.

The COG was also successful in a recent Biomarker, Imaging and Quality of Life Studies Program (BIQSFP) application to support an integral study in a frontline acute lymphoblastic leukemia study, which offset a past expense incurred by our COG ALL reference laboratory (such critically important reference laboratories remarkably are no longer supported under the NCTN).

Other adjustments made to the NOA included the shifting of allowable expenses to the two other grants available awarded to the COG: the Network Statistics & Data Center and the Integrated Translational Science Center (ITSC). The fiscal impact of shifts to these grants is significant, but in the near term we anticipate should be manageable.

Unfortunately, the change to the ITSC will require a major narrowing of specific aims, as the budget requested, $800,000, was originally awarded at $400,000 and now will have only $200,000 available in total costs. No increase in funding was made to any of COG's awards.

**Perspective**

In the United States, cancer remains the leading cause of death from disease in children.

The advances made to transform childhood cancers from incurable diseases to diseases with overall 5-year survival now exceeding 80% resulted in large measure from a sustained investment by the NCI in clinical research.

And what is arguably amongst the greatest returns on investment ever made by the NCI, investment in the childhood cancer cooperative group system must be

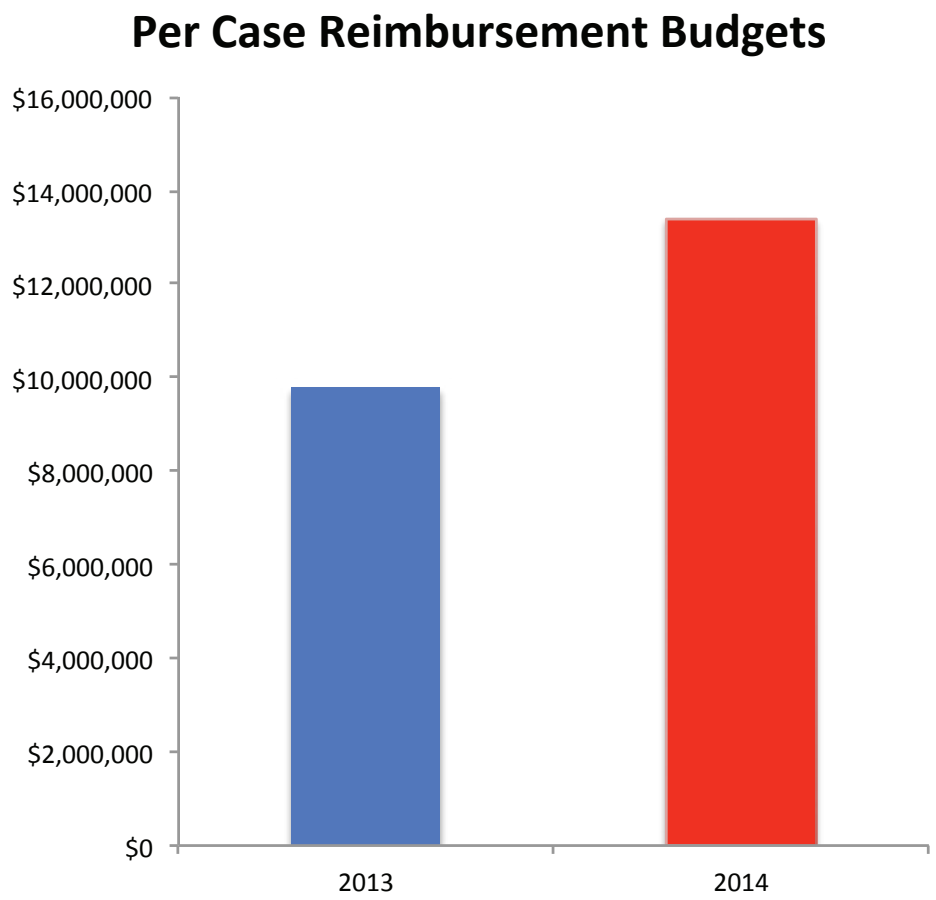


**Figure 3**: Per case reimbursement (PCR) budgets in base funding for FY13 and FY14. The proposed increase to $4,000 for therapeutic enrollments at high performance sites was a major contributing factor to creating a budget gap in other essential research areas.

included. Thus we are thankful to NCI leadership for their willingness and responsiveness to help provide short-term measures to address the unprecedented fiscal challenges that occurred with implementation of the NCTN.

We must emphasize that the short-term fiscal work-around arrived upon does not address the topline budget cuts, let alone the need for increased investment, to the overall program.

These significant budget cuts not only steepen the increasingly downward slope in research funding for children with cancer, but also perhaps inevitably, now result in fundamental changes to our research mission that should indeed raise alarm.

The original projections on how to fund the NCTN to meet its stated objectives not only required $25M in increased funding, but also projected the need to decrease total patient accrual to NCTN clinical trials.

Childhood cancers are comprised of well over one hundred different types of cancer, many of which still have unacceptably low cure rates. Moreover, too many children continue to suffer from the substantial acute and long-term morbidity of therapy. The advent of molecularly targeted therapy and the emergence of precision medicine have the prospect to transform the therapeutic landscape for all children and adolescents with cancer.

To plan for less participation of children and families in well designed clinical research studies is an anathema to pediatric oncology researchers and the childhood cancer community alike.

Advances in today's science will only translate into improved outcomes through increased and sustained investment in collaborative and productive clinical-translational research enterprises—team science at its best.

The NCTN should have brought increased investment to childhood cancer research; the patients and families we care for deserve no less.

*The author is chair of the Children's Oncology Group.*

*Obituary*

## Selma Schimmel, Founder of Vital Options, Dies of Cancer

Selma Ruth Schimmel died on May 21 from malignant psoas syndrome, a complication of the ovarian cancer, for which she was being treated. Schimmel, 59, died at Providence Tarzana Medical Center near her home in Los Angeles.

In 1983, after she learned of her diagnosis of breast cancer, she founded Vital Options to provide emotional and psychosocial support to young adults with cancer.

Schimmel produced hundreds of educational radio and video shows for the patient community as part of The Group Room. In 1999 Talkers Magazine named her one of the 100 most important radio talk-show hosts in America.

Her book, "Cancer Talk: Voices of Hope and Endurance from The Group Room, the World's Largest Cancer Support Group," was published in 1999 by Broadway Books, a division of Random House. The book was translated to Chinese. In 2000 Vital Options officially became an international charity based out of the American Hospital of Paris and run by Claude-Alain Planchon under the name Choix Vital.

Schimmel also produced videos for oncology professionals. Among her credits are The Group Room and Advocacy In Action. She filmed interviews and moderated panel discussions at the American Society of Clinical Oncology, the San Antonio Breast Cancer Symposium, and at every other major oncology conference. Vital Options serves as a content provider for the European Society For Medical Oncology and has filmed at oncology conferences throughout Europe.

She was involved in projects with the Institute of Medicine, National Research Council, the National Cancer Institute, the National Institutes of Health, and the National Coalition of Cancer Survivorship. She was a founding member of the LIVESTRONG Young Adult Alliance steering committee and sat on the C-Change Advisory Committee on Assuring Value in Cancer Care. She was recently honored with the C-Change Hidden Heroes award, the 2014 George and Barbara Bush Collaboration Award.

"Selma was a visionary who helped thousands of people afflicted with cancer to talk about their disease," said Terry Wilcox, creative director, Vital Options International. "She enriched the lives of thousands of patients, caregivers, advocates, and physicians whose lives have been impacted by cancer."

"Selma had a tremendous influence on the oncology community and will be remember as the consummate educator and advocate," said Otis Brawley, chief medical officer of the American Cancer Society. "Her life is a wonderful example of courage and grace."

Schimmel was the daughter of Rabbi Meier Schimmel and Rebbetzin Rochelle Schimmel. Selma was a very engaged member of the board at Congregation Beth Meier, the first conservative synagogue in Studio City CA., her parents founded more than 50 years ago.

She is survived by her sister and brother-in-law, Debby and Ken Bitticks, four nieces, Shari, Michelle, Lynn and Sandi and their husbands, eight great-nieces and nephews.

A private burial is being held, but there will be a Memorial Celebration of Selma's Life here in Los Angeles this summer. In lieu of flowers, the family requests that you send memorial donations to Vital Options International through VitalOptions.org or mailed to: Vital Options International, 17328 Ventura Blvd. #161, Encino, CA 91316

*In Brief*

## MSKCC Launches Molecular Oncology, Genomic Center

**MEMORIAL SLOAN KETTERING CANCER CENTER** launched a molecular oncology and genomic analysis center, following a gift of $100 million.

The Marie-Josée and Henry R. Kravis Center for Molecular Oncology is named in honor of Marie-Josée and Henry Kravis, whose gift of $100 million will help fund the development of precision oncology, individualized cancer therapies and diagnostic tools.

**David Solit** will serve as the center's first director. Archived tumor specimens and tissues obtained in clinical trials will be profiled by next-generation sequencing and other molecular technologies. The molecular information will then be correlated with clinical outcomes to study genetic alterations in tumors.

The center will also retrospectively analyze tumors of exceptional responders, defined as a patient

who has a sustained response to treatment in a clinical trial in which almost all other participants do not.

Solit's research identified the biologic basis for an exceptional responder to the drug everolimus (Afinitor). Among a group of patients with advanced bladder cancer receiving the drug, one patient had a remarkable response compared to all others, whose conditions worsened weeks into treatment.

MSK became the first academic institution to perform whole-genome sequencing on an exceptional responder. This resulted in the discovery of a mutation in the gene TSC1, which is known to activate the mTOR pathway, which everolimus targets. Based on this finding, MSK researchers developed a basket study in which the drug will be offered only to patients whose tumors test positive for TSC1 mutations.

**JOYCE NILAND** was named chief research information officer at **City of Hope**.

Niland is currently chair of the Department of Information Sciences. She will chair a newly formed Research Information Council, managing information relevant to research across the organization. She will work with institutional leaders to support research information management needs.

Niland is the first holder of the Edward & Estelle Alexander Endowed Chair in Information Sciences, the associate director of City of Hope's Comprehensive Cancer Center, a full professor in the Beckman Research Institute and an adjunct professor in the USC Keck School of Medicine.

She has more than 30 years of experience collaborating in translational and clinical research, with expertise in research informatics, biostatistics, data management and application development. In 2004, Niland received the City of Hope Medical and Scientific Achievement award for her contributions to biomedical research.

**IRWIN KRAKOFF** received an honorary degree from the **University of Vermont College of Medicine**. In 1976, Krakoff became the founding director of the Vermont Cancer Center.

At the time he was recruited, Krakoff was the chief of the Medical Oncology Service of Memorial Hospital and chief of the Division of Chemotherapy of the Sloan-Kettering Institute. He left Vermont in 1983 to become the head of the Division of Medicine at M.D. Anderson Cancer Center at the University of Texas, retiring in 1993.

Krakoff is one of the pioneers in the field of chemotherapy. He earned the Alfred P. Sloan Award for Cancer Research in 1965 and the David A. Karnofsky Memorial Award in 1993.

A bipartisan resolution designating May as the **NATIONAL CANCER RESEARCH MONTH** passed the Senate May 21. The resolution was sponsored by Sens. **Dianne Feinstein** (D-CA) and **Johnny Isakson** (R-GA).

The resolution recognizes the importance of cancer research and explains cancer's high prevalence in the U.S. Feinstein said that the National Cancer Research month will "draw attention to the continued need for funding to battle this deadly disease."

"Overall, my goal is to make cancer research a top national and international priority," Feinstein said in a statement. "This resolution advances that goal in two key ways. First, a statement of bipartisan consensus can help shape federal budgeting priorities in the years ahead, and we all know that continued funding for research is critical. Second, this resolution raises awareness of the issue."

At this point, there is no counterpart measure in the House.

**THE ASSOCIATION OF COMMUNITY CANCER CENTERS** selected five member institutions to serve as Community Resource Centers in the association's Improving Quality Care in Pancreatic Cancer project.

The new centers are: Kellogg Cancer Center, in the NorthShore University Health System; Maine Medical Center Cancer Institute; The Virginia G. Piper Cancer Center at Scottsdale Healthcare; Winship Cancer Institute of Emory University; and Winthrop-University Hospital Institute for Cancer Care.

ACCC Community Resource Centers are ACCC-member programs with experience in treating patients with certain less frequently seen cancers. ACCC also has centers for chronic myeloid leukemia, multiple myeloma, and acute promyelocytic leukemia. Additional information is available at www.accc-cancer.org/CRC.