THE CANCER LETTER

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SPECIAL ISSUE

Turmoil in Texas

MD Anderson Faculty Slam Leadership, Question Moon Shots, Bemoan Workload

By Paul Goldberg

What do MD Anderson faculty members *really* think of the state of affairs at their institution, its management, and its future?

Responding to questions in a survey conducted late last year by the institution's Faculty Senate, one faculty member listed three explanations for the decline of morale that the survey appears to document:

- *Unfavorable press related to our new president.*
- *The "stepping down" of multiple leaders who have built this institution to accomodate the agenda of the new leadership.*
- *The new leadership breaking up any voice that could challenge the direction of the institution.*

Another faculty member offered a strikingly similar list of causes of discontent:

- *Proliferation of bureaucrats.*
- *Proliferation of senseless rules that detract from patient care.*
- *Unresponsive leadership with delusions of grandeur.*

A third seemed to have difficulty stopping at just three reasons:

- *Clinical faculty's perception that Physician in Chief demand for higher volume trumps clinicians' concerns over safety/quality of care.*
- *Faculty's lack of confidence in new president re: Conflict of Interest problems (IRB, negative press); Moonshot (where is the money? Promising too much with too much fanfare?); key people leaving or removed from leadership positions.*
- *Funding is tough—research faculty getting hit hard*

(Continued to page 2)

In Their Own Words:
A 64-page internal report with over 1,500 comments by MD Anderson faculty members is posted on The Cancer Letter website

In Brief

Arteaga to Become President-Elect of AACR; 60 Minutes Wins Peabody for Duke Story

CARLOS ARTEAGA was chosen president-elect of the **American Association for Cancer Research** for 2013-2014.

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Faculty Comments Provide Insider's View of MD Anderson

(Continued from page 1)

These comments are among over 1,500 contained in an internal MD Anderson document obtained by The Cancer Letter under the Texas Public Information Act. The report's 64-pages provide an opportunity to hear the voices of individual faculty members as they describe their lives.

In these anonymous entries, the faculty members at the venerable institution complain about what they describe as a crushing clinical workload. They grumble about the electronic medical record and other pieces of informatics, which they describe as unwieldy.

They pour out concern—even sadness—about continuing departures of faculty stars. They worry that the workload and the departures would erode MD Anderson's clinical excellence, and result in harm to patients. They characterize the "Moon Shots" program advanced by MD Anderson President Ronald DePinho as a bad idea, especially if it ends up being a de facto tax on the clinicians.

They complain about negative publicity focused on management of conflicts of interest on the part of DePinho and his wife, MD Anderson scientist Lynda Chin. One faculty member laments being "so tired of having to answer questions from other Houstonians about why MD Anderson is going downhill/always in the Chronicle."

At the very least, the comments suggest that DePinho has an image problem, as faculty members consistently describe him as "disengaged," "imperious," and "dictatorial."

Altogether, about 514 people responded to the survey, about a third of MD Anderson's faculty of 1,592.

It's impossible to determine whether these individuals—and their views—are representative of the faculty as a whole.

Though one-third is usually a hefty sample, it's conceivable that faculty members who may be content with the state of the institution saw no reason to respond. A person prone to bang out an angry comment could be somehow different from a person who refrains. And, of course, morale is a soft endpoint. One faculty member's low morale could be another faculty member's natural and desired condition.

"Individual comments [were] intended for internal use only," Jean-Bernard Durand, president of the Faculty Senate, said in an emailed response to questions from The Cancer Letter. "The survey showed that, for a variety of reasons, faculty morale had declined in comparison to a 2010 survey."

DePinho: "Some of the Feedback was Humbling"

The timing of the most recent survey—October 2012—was significant, too, said DePinho.

"That survey was taken during a tough period at MD Anderson, and the results reflect it," DePinho said in an email. "Some of the feedback was humbling and constructive, and I've taken to heart the survey's results, as well as what faculty have told me directly about what we can do to move the institution forward.

"I am committed to conducting a future scientific survey of faculty to make sure we continue this open channel for feedback. This is a period of change for healthcare and science, but also one of unprecedented opportunity."

The summary pie charts and graphs, which distill the raw data from the survey, are troubling: 73.8 percent of faculty members stated that morale at the cancer center has deteriorated over the past two years.

Nearly a third of faculty members—31.3 percent—said they were likely to leave the institution within three years. Of that number, 9.3 percent said they were likely to leave within a year (The Cancer Letter, Jan. 18).

While the charts and graphs have their good points, an argument can be made that the actual, unvarnished comments, which are being published for the first time, may do more to show why MD Anderson is not a happy place.

Asked to rate the likelihood of leaving MD

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Anderson in the near future, one faculty member focused on DePinho and Chin:

It is very disappointing that 2 people can bring this institution down in such a short period of time. Even with participating in the "Moonshot" programs, it is clear that if we don't all get in line with their agenda, meet their goals and milestones, in the words of Dr. Chin, we will be fired. I came here because I wanted to be part of the greatness that is MD Anderson. These individuals, who have little in the way of true drug development experience, are in the process of dismantling what worked here and replacing it with a pseudo-pharma company. This is lunacy.

Some faculty members simply viewed the survey as an opportunity to emit excruciating cries of the soul:

Our dept + Division is extremely punative [sic.], oppressive atmosphere, functions by "reporting" and criticizing, after a series of "tattle-telling" what someone perceived, by the time it gets upstream, the issue is expanded, misinterpreted and causes a waste of time, energy and time. no one clarifies early or asks, very unprofessional all around. Leaders enable this behavior and encourage it. Dept leadrs set in status quo, resistant to change , inefficient, ignorant of possibilities and resources. Atmosphere oppressive. "kill the messenger." Pervasive throughout the division. Leaders out of touch. and do not exhibit behaviors that would help them keep in touch. Months go by without seeing or talking to them. Faculty "lie low." It is frustrating as there is such opportunity with a magnificent group of mid-levels and Doctors all capable of working together to provide fantastic pt care, improving pt vol, pt satisfaction, and creating a dept of National if not international recognition.

Is there anything to be done? A faculty member makes three suggestions:

- *replace the president*
- *listen to people who actually work*
- *practice humility*

The comments are overwhelmingly negative. But many also reflect pride in MD Anderson and concern about its future:

- *Despite my general impressions regarding morale, my direct supervisor, my chairman, and division head are all exceptional. This institution offers many advantages that are unparalleled by any institution and our clinical care cannot be matched. So, yes, I think there are problems here, but there are problems everywhere.*

"It is Clearly a Cry for Help"

The Cancer Letter asked three individuals who have different forms of expertise in institutional behavior—and, in one case, a deep understanding of MD Anderson—to review the comments of the faculty members.

• "As an administrator, I believed strongly that it is important to hear and to heed the concerns of faculty at every level," said Irwin Krakoff, former head of MD Anderson's Division of Medicine. "Good ideas can come from such dialogs. It is also important to realize that the talent and resources of the MD Anderson Cancer Center must be preserved, and they will continue to make it a wonderful place to work and the leader it has been."

• "This stuff is just heart-breaking," said Robert Cook-Deegan, research professor of genome ethics, law & policy at the Duke Institute for Genome Sciences and Policy, and the founding director of the Institute of Medicine National Cancer Policy Board. "I read all the comments, because I could not stop reading. Almost everyone I know who goes into cancer does it with idealism. And there are still lots of exclamation marks about the nature of the work and the long-term health of MD Anderson as an institution. But an overwhelmingly negative picture emerges about day-to-day work."

• "The MD Anderson Faculty Morale Survey commissioned by the University Of Texas Faculty Senate reflects growing frustration with senior management and growing discomfort about longer-term career prospects," said Michael Katz, a senior executive advisor at Booz & Co., former member of the NCI Director's Consumer Liaison Group, and an advocate who has at various times worked with the International Myeloma Foundation, the Eastern Cooperative Oncology Group and the Coalition of Cancer Cooperative Groups Patient Advisory Board.

"Many feel that senior management is focused on short-term financial results and not on their professional development or their research projects. There are strong feelings that management does not understand the substance and the value of the research enterprise," said Katz.

"Similar feelings were expressed about the clinical enterprise, along with a sense that senior management is primarily concerned with their own short-term compensation rather than institution-building and career-building. It is clearly a cry for help."

Their comments appear in full on page 12.

Senior Faculty Members Challenge The Cancer Letter

In conversations with this reporter and colleagues in the academia, many of MD Anderson's faculty members acknowledge concern about departures of their colleagues and express unease about DePinho's Moon Shots, his industry ties, and his management style.

However, many set aside their disgruntlement to stand up for the institution to which they feel fierce loyalty.

Responding to an earlier story, in which The Cancer Letter explored the dropping morale and the sagging finances of the institution (The Cancer Letter, Jan. 18), a group of 36 senior faculty members wrote a letter in which they referred to unspecified "inaccuracies" and sought to discount the opinions of their faculty colleagues as a minority position.

"We do not intend to debate the inaccuracies, the specifics of the data presented or to comment on the journalistic hyperbole and innuendo woven into the article designed to convey a predetermined image of our institution," the stated the letter, published Feb. 1. "We do, however, think it is important for the academic community and our patients to understand that we are extremely proud of our work and the institution, as well as the leadership that facilitate these efforts.

"We are also proud of the fact that, as with any academic institution, we cherish and actively engage in open discussion of the challenges that we face now and will continue to face in the future. These discussions are transparent, robust and frank but do not diminish our ultimate dedication to our institution, its mission, and our respect for each other and our leadership.

"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.

"This is neither a productive nor effective way to address perceived issues. The complaints of a few have led to inaccurate articles that have unfairly tarnished the institution's reputation by presenting a false picture of what is actually taking place. This is an affront to all of us who have worked very hard for many years to earn our status as the nation's top cancer hospital. It selfishly instills unwarranted fear in our employees and causes unnecessary doubt in the minds of our patients, which betrays the core values to which we hold ourselves accountable."

Sources said that several top-level MD Anderson faculty members were asked to sign the letter, but declined to do so.

A View from Backstage

The survey was conducted soon after Raphael Pollock, a highly respected surgeon, was summoned to the office of Thomas Burke, executive vice president and physician-in-chief, and was relieved of his duties as division head of surgery.

Pollock, who is Jewish, was fired on Sept. 26, 2012, on Yom Kippur, the Day of Atonement. Pollock's division was inconsistent in meeting financial goals (The Cancer Letter, Oct. 12, 2012).

Variability in financial performance at Pollock's former division was caused in part by changes in CPT codes for surgery, which were published in November 2011, three months after MD Anderson's budget went in effect.

The following high-level departures occurred on DePinho's watch:

Raymond DuBois, the provost, left MD Anderson to become the executive director of the Arizona State University Biodesign Institute; Anas Younes, who left to become chief of Memorial Sloan-Kettering Cancer Center Lymphoma Service; Scott Lippman who became director of the UC San Diego Moores Cancer Center; Razelle Kurzrock, who became the senior deputy director for clinical science and vice chief of hematology-oncology at UCSD; and Garth Powis, who became director of the cancer center at the Sanford-Burnham Medical Research Institute.

Lynn Vogel left his job as chief information officer. Gabriel Hortobagyi, chair of breast medical oncology, stepped down from that position. David Gershenson left as chair of gynecologic oncology. Geoffrey Robb stepped down as chair of plastic surgery. Valen Johnson has left his position as deputy chair of biostatistics. Ralph Arlinghaus has left his job as chair of molecular pathology. William Klein stepped down as chair of biochemistry and molecular biology.

On the other side of the ledger, DePinho has recruited Sam Hanash, an expert in molecular diagnostics, who came to MD Anderson from Fred Hutchinson Cancer Research Center.

Other recruits are James Allison, a molecular immunologist, who came to MD Anderson from Memorial Sloan-Kettering Cancer Center; Raghu Kalluri, a Harvard researcher who focuses on the role of cell and tissue microenvironment in the origin and

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FY 2013 Statement of Operations

Actual vs. Budget

In Millions	Actual FY 2013 Feb YTD		Budget FY 2013 Feb YTD		Variance Favorable (Unfavorable)	% Favorable/ Unfavorable
Total Net Patient Revenue	$ 1,509.7		$ 1,581.2		$ (71.5)	-4.5%
Total Other Operating Revenue	225.9		235.2		(9.2)	-3.9%
Total Operating Revenue	1,735.6		1,816.4		(80.8)	-4.4%
Personnel Expense	1,024.2		1,037.0		12.9	1.2%
All Other Operating Expense	731.6		736.1		4.6	0.6%
Total Operating Expense	1,755.8		1,773.2		17.4	1.0%
Total Operating Income/(Loss)	(20.2)	-1.2%	43.2	2.4%	(63.3)	-146.7%
State Appropriations/Tobacco Settlement	81.4		81.5		(0.1)	-0.1%
Restricted & Designated Gifts	76.1		40.0		36.1	90.4%
Investment Income	55.2		39.6		15.7	39.7%
Change in Market Value	78.8		46.1		32.7	71.0%
Total Non-Operating Revenue	291.6		207.1		84.5	40.8%
Net Income/(Loss)	$ 271.4	13.4%	$ 250.3	12.4%	$ 21.1	8.4%

MD Anderson posts a $20.2 million year-to-date operating loss through February 2013.
(Source: "Highlights from Clinical Chairs Meeting," MD Anderson, March 20, 2013.)

progression of cancer, and Andy Futreal, a genomic medicine expert, who moved to MD Anderson from the Wellcome Trust Sanger Institute.

The list of departures appears to be growing, as several prominent faculty members have accepted offers elsewhere and announcements are pending, sources said.

A Year of Turmoil

Recruitment is always a challenge. Recruitment to an institution in turmoil is a greater challenge still.

The faculty survey could provide a metric of turmoil DePinho, formerly of Dana-Farber Cancer Institute, has brought to Texas when he took the job as president of MD Anderson in September 2011.

Controversy erupted last spring, when MD Anderson sought to obtain a $20 million state grant for a technology incubator that would be co-administered by DePinho's wife, Lynda Chin, scientific director of the Institute for Applied Cancer Science at MD Anderson (The Cancer Letter, May 25, 2012)

The application by-passed standard review by the Cancer Prevention and Research Institute of Texas, triggering the resignation of CPRIT's chief scientific officer, Nobel laureate Alfred Gilman (The Cancer Letter, Sept. 28, Oct. 19, 2012). CPRIT's peer reviewers, who include premier cancer scientists across the U.S., followed Gilman out the door (The Cancer Letter, Oct. 12, 2012).

CPRIT's future remains uncertain.

The MD Anderson faulty survey shows concern about DePinho's Moon Shots Program, an assault on several cancers, which would be funded in part from MD Anderson's clinical revenues (The Cancer Letter, Sept. 7, Sept. 21, 2012).

For FY13, MD Anderson budgeted an average increase of 5 percent for key clinical activities metrics. However, the center's finances and clinical volume—which would be the envy of many institutions—have been insufficient to meet these budgetary expectations (The Cancer Letter, Oct. 12, 2012, Jan. 18).

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Clinical Activity / Financial Update

- February saw improvements; 1,700 behind budget for new pts/consults
- Upstream operations have improved, but downstream takes longer to catch up
- Continued focus needed on load leveling improvements to will help with inpatient leveling; More outpatient operations on Fridays

FY13 New Patient and Consultation Billed Visits
Actual vs. Budget

	FY 2013 -February				FY 2013 - February YTD			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Cancer Medicine	2,365	2,309	56	2.4%	12,619	13,326	(707)	(5.3%)
DoCP & PS - Clinical	348	336	12	3.6%	1,858	1,912	(54)	(2.8%)
Internal Medicine	2,079	2,209	(130)	(5.9%)	12,433	12,713	(280)	(2.2%)
Pediatrics	81	72	9	12.5%	392	440	(48)	(10.9%)
Surgery	2,971	2,871	100	3.5%	15,463	16,090	(627)	(3.9%)
Total	**7,844**	**7,797**	**47**	**0.6%**	**42,765**	**44,481**	**(1,716)**	**(3.9%)**

DePinho's role in pharmaceutical companies has been controversial, too. Last May, on the CNBC program "Closing Bell with Maria Bartiromo," he recommended stock in Aveo Phamaceuticals, a company he co-founded (The Cancer Letter, June 1, 2012). DePinho, a state employee, promptly apologized for giving the investment tip from which he stood to benefit.

In another action that has caused resentment among MD Anderson faculty, DePinho asked the UT System to waive its conflict of interest rules to allow him to continue to collaborate with some of the companies he worked with, and to allow MD Anderson to test the drugs these companies are developing (The Cancer Letter, Sept. 21, Oct. 26, 2012).

At least for now, MD Anderson's financial performance doesn't seem to point to any windfalls that would be needed to fund DePinho's Moon Shots program.

According to year-to-date financials for February, the institution had the total operating loss of $20.2 million on net patient revenue of $1.510 billion. However, non-patient revenues—investment income and gifts—pushed the institution into the black, with the net income of $271.4 million for year-to-date, or $21.1 million above budget.

"We're not paying our way operationally," Leon Leach, executive vice president and chief business officer, said in a communication intended for the faculty and staff. "We're relying on our non-operating revenues."

Also for the year, the number of new patient and consultation visits was 1,716 below budget.

High Occupancy Leads to Concern Over Patient Care

It's not clear what the MD Anderson Faculty Senate, a purely advisory body, can be expected to achieve.

However, the group now appears to be in a dialogue with DePinho, and it's focused on what is undeniably the most important question raised by the faculty: what is the potential impact on patient care? And, according to DePinho's statement to The Cancer Letter, faculty members would be asked to help formulate the budget for the next fiscal year.

"Faculty morale affects everyone in our institution, and over the past several months the faculty and

administration have been working together to address the issues," Durand said to The Cancer Letter. "The faculty is responding with innovative ideas to address morale issues. Implementation of initiatives based on these ideas will allow us to not only maintain, but further enhance, our devotion to the mission of curing cancer and providing optimal patient care."

DePinho said he is encouraging faculty members to express their opinions.

"Our institution is stronger, because our faculty have the freedom to speak their minds, and since this survey was taken, I've begun meetings with every department to listen to faculty and also have convened faculty leadership to discuss how we can set the right direction for the institution and meet our shared goals," DePinho said.

"That includes enlisting them in helping set the right financial targets, and as we embark on the FY14 budget process, we will work with the clinical leaders on their needs and the level of clinical productivity needed to achieve them.

"We have the most talented faculty in the country, evidenced by accomplishments over the past five years including the publication of 12,000 articles and leading trials contributing to FDA approval of 22 of 71 drugs. It's my job to continue to do everything in my power to help them succeed.

"Over the past few months, the faculty has responded in a way that is turning our financial situation around, and they've done it while maintaining our ironclad commitment to patient care and safety. I couldn't be more proud of our faculty, and I'm committed to continuing the candid conversations with them that make our institution stronger."

Faculty Launches Study on Quality of Care

On Feb. 20, Karen Fukawa, a project manager at the Faculty Senate office, informed the faculty about a study of impact of high patient volume on the quality of care. Her memo to the faculty states:

"The Faculty Senate wishes to voice its concern over the recent increase in frequency of high bed occupancy rates and the sequelae that may result from this issue.

"On multiple occasions in the last several months, the faculty have received emails indicating insufficient beds to accommodate our patients who require admission from the emergency room, operating room, and clinic. The institution has been placed on diversion on multiple occasions. Clinicians have been asked on multiple occasions to expedite patient discharges from the hospital. Operating room starts have been delayed, and based on high throughput in the operating room, surgical cases have been delayed due to insufficient sterile equipment.

"These issues have resulted in concerns over insufficient resources to achieve the increase in clinical productivity that the faculty are asked to generate. The downstream effects could include decreased patient satisfaction leading to future lower reimbursement, adverse patient outcomes with overburdening of an already taxed hospital infrastructure, with possible decline in patient care, patient outcomes, and, most importantly, patient safety.

"I am gathering data on how this is affecting the faculty and our patients so the Senate can provide a clear picture of your concerns to the Administration. Please email me with any issues you are experiencing because of the high census bed occupancy rates."

In a follow-up to the survey, DePinho and Durand announced the formation of an advisory committee to improve communications between the faculty and leadership. The announcement, dated March 4, follows:

"Dear Colleagues,

"We're pleased to let you know about an important action to improve the two-way dialogue among faculty and institutional leaders: creation of the Institutional Faculty Advisory Committee.

"IFAC membership includes the Executive Committee of the Faculty Senate and the institution's executive leadership. The committee's charge requires that members bring an objective, institutional perspective. Topics should be considered from a standpoint of what is best for MD Anderson as a whole and not what is best for his or her specific area. Working together, we'll establish best practices for high-level decisions and more efficiently address needs of faculty and institutional leadership.

"After the charter was established, faculty welfare was approved as the No. 1 priority to address. Within this area, the first order of business was to review and respond to the recent Faculty Senate Faculty Morale Survey results.

"Six major themes were identified:

- Communications and transparency
- Workload and resources
- Best Chairs Practice
- Information technology/Resource One
- Shared governance
- Bureaucracy and regulatory burden

"Workgroups composed of faculty senators, faculty at large and leaders are being formed to take

action on each of these areas. If you want to participate or add your perspectives, contact the Faculty Senate Office.

"We'll continue to communicate about the activities and work of IFAC in the future."

MD Anderson Faculty Speaks

The following is a selection of comments by MD Anderson faculty members. These comments were selected from over 1,500—the entire document is posted on The Cancer Letter website.

Prompted to state three reasons for the decline in morale, faculty members wrote:

• Increasing expectations to see more patients without providing support to do that.

• Telling faculty they are not meeting numbers but then turning around and saying that we are making tons of money, who makes money for the institution other that clinical faculty?

• Our "electronic" medical record is just a scanned in document....you cannot even look at active orders for an inpt. you have to pull up all of the orders and leaf through them...this is hardly electronic medical records.

***

• President's elitism.

• President's habit of getting in the media for the wrong reasons: himself.

• President's practice of nepotism and cronyism.

***

• New president has tarnished reputation with his COI Problems.

• Lack of focus moving forward over the past year.

• Increased emphasis on surgeons bringing in money while the remainder of institution does research. Marginalization of surgeons academically.

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• Increasing corporatist environment with attendant worsening conformism (or pressure towards it) at all levels

• MDACC has developed (or appears to have) into a huge marketing machine trying to sell a product with all the exaggerations that are inherent to this process. It is often times impossible to satisfy expectations that are forced on clinical staff by patients who come here for treatment.

• Ever worsening bureaucratic and administrative workload. The increasing paperwork for just about anything (among other issues) has turned this job into a daily exercise of attrition.

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• Conflict with new President

• Conflict with new President's wife

• President and wife's conflict of interest

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• An Imperial presidency

• An Imperial presidency protecting an out of control wife

• Endless proliferation of vice presidents

***

• New administration is converting a research institute into a drug company for himself and his wife

• Conflict of interest with the goals of MDACC and the president and his wife

• IACS personnel do not have to write grants and papers or bring in 40% of their salary on grants, yet they are paid more than the faculty

***

• Pressure on clinical faculty to increase productivity without adequate resources

• It is twice as difficult to get NIH grants funded, but for research faculty, % salary on grants has been raised to 40% with many rumors that it will soon be 70%

• It is clear that to get resources for moonshots, everything else will be squeezed

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• Disengaged President who puts personal agenda before everything else

***

• Dr. Ronald Depinho

• Dr. Lynda Chin

• Their minions

***

• Dictatorial leadership that is out of touch with clinical realities

• MedAptus, CPOE, eprescribing, nurses not allowed to initiate chemotherapy orders, inadequate support personnel in the clinics

• Outrageous salaries for top administration while they nickel and dime the faculty

***

• An Imperial presidency

• An Imperial presidency protecting an out of control wife

• Endless proliferation of vice presidents

***

• Firing of CRC chairs

• Circus around DePinho/Chen/Aveo

• Firing of Dr. Pollack [sic.]

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Each faculty is expected to see more patients each year than the year before. I felt overwhelm with my clinic volumes last FY but now am being asked to see even more. This has a huge impact on faculty morale but importantly increases the risk of errors.

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I feel as if this president is too heavily interested in his own legacy and not necessarily the well-being of the institution itself. He has done everything in the opposite way to which a good leader would begin his/her tenure at an institution. I believe that the reputation of MD Anderson in the public arena is already damaged and will continue to get worse as long as there are questions on the legality and ethics of what he, his wife and his staff are trying to accomplish with the creation of the new pharmaceutical development programs at MD Anderson.

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1) M.D. Anderson has a severe leadership crisis.

2) Both the Clinical and Research faculty are in rapid decline.

3) These problems can only be fixed by aggressive external intervention.

4) Even if fixed immediately, which is not realistically possible, it would take years to re-build what has been lost in human resources and the MD Anderson's reputation.

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What is going on within Anderson is very public. I receive emails, phone calls and am forwarded "Cancer Letter" [containing the multiple issues with the DePinho/Chin issues front and center] on a weekly basis from professional colleagues outside of the institution to ask what is transpiring at this institution.

The decisions and the actions of the president, Dr. DePinho, and his wife, and those who are following his leadership style are damaging to the reputation of the institution. It is clear that theirs is an ongoing pattern of behavior that is visibly starting to devastate faculty at all levels, with increased anxiety about what the future holds. This is reflected in the multiple faculty members who are interviewing elsewhere in preparation of leaving this institution. With the exception of Dr. Chin, few leaders are being chosen who are balanced for gender with a bias towards Harvard cronies.

Meanwhile the members of the Institute of Applied Cancer Science are paid much higher salaries (2-3 x what faculty at similar experience levels make), with no demand for IACS members to obtain salary support from grants, no need to publish and no "metrics" from DePinho. What has transpired is that faculty are second class citizens.

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The administration dictates a bottom line without regard to the quality of care that can be delivered. The more the system is stretched, the faster the quality declines. As reimbursement becomes tied to patient satisfaction, this will become a problem. Of course, then the administration will be concerned because the bottom line is involved.

MDACC is not a business. It is a hospital caring for and treating people whose lives are threatened by cancer. We must be cognizant of the bottom line but we should not be ruled by it.

***

We are not doing badly in financial areas. We do need to be careful about where we spend. Changing priorities before people are onboard with them and creating hardship by telling clinical faculty to see more patients seems unrealistic. Doctors are not the marketing department. Yes, they need to be good communicators and see patients with some speed, but not to detriment of patient care as a whole.

Research faculty are already working hard to bring in dollars to support their work. The institution itself needs to do more to bring in those dollars so researcher are conducting research and not having to do the work of the development function.

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We continue to spend big on new programs and buildings based on very optimistic increased patient volume and reimbursement projections at a time when the country is broke and medical care reimbursement is very likely to be cut, we could face a very painful time of program and personnel cuts and layoffs in the next few years.

***

I have no support from my division head because I have never met him. As an Assistant Professor just starting out a career, I feel zero support from my division chair and nominal support from my department chair. It seems to me that my department chair, all full professors, and associate professors in my department are very worried about the encroaching administration and do not have the ability to lead the department or support young faculty. Because of these reasons, I feel that it is very likely that I will be leaving MD Anderson in the near future.

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I've already pledged to stay and fight the good fight. I'm not leaving unless asked to or we reach a point where my ability to provide for my family becomes an issue. At this time, I continue to pass up offers abroad as politely as I can believing that this is all 'temporary'.

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MDACC rewards physicians by promoting them to administrators. This is how the current MBA/MHA administrators protect themselves. They figure if they promote an outspoken physician to administrator it will dampen their enthusiasm for complaining. And they are correct. It is very troubling to see my own colleagues view administration as the pinnacle of their careers and I see no end of this behavior. I believe the only way out for me would be to go to a smaller institution where clinical care is valued and where there are fewer administrative layers.

I have actually been offered administrative positions within MDACC and have respectfully declined because I see it as a dead end.

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The burden the administration is placing on us is excessive, and leaves less time for research. I am concerned that we are losing sight of what makes M. D. Anderson great, and what works well. Patients come here for clinical trials. Without them, they will go elsewhere. We need more support at the department level. I personally feel my own department and chair is great, but is feeling pressured by the burden to do more with less. Patients can tell when it is compromising their care and will vote with their feet if they no longer get the best possible care.

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I am concerned about the integrity of the institution, the diminishing value placed on the faculty by the administration, and the increasing institutional bureaucracy. I worry about the sharp turn towards pharmaceutical-oriented goals the institution has taken.

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I really care about the welfare of the institution! Also, I understand the importance of the moonshot program and I support it in principle.

However, I am really very concerned that the program is underfunded and the difference is being

funded, at least in part, by the revenue generated by the clinical faculty. If too much pressure is applied to the clinical faculty to do more clinical work at the expense of their own academic goals to conduct research and such that it potentially jeopardizes patient safety, MDACC's world class clinical faculty will start leaving the institution to find places where they can conduct their research and still carry a reasonable clinical load. This could ruin MDACC's reputation as the leading cancer center in the US while the goals of the moonshot program may or may not be realized.

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Good faculty are leaving!!! Why???

President appears to be doing what he wants, to his and his wife's benefit.

Dr. DuBois' leaving is a big hit to research faculty and departments.

Does Schein even realize how badly faculty feel right now?

Maybe we need to survey the thoughts of the public??

I think they made a mistake bringing Depinho in...

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There appears to be a huge disconnect between the Administration and everyone else. People feel like their concerns are not being heard or addressed, and that the President is supporting his own agenda rather than doing his job and taking care of the institution. Also lack of confidence around president and his wife... they should be role models rather than repeatedly asking for exceptions.

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Not one faculty member would still be here having done what DePinho and his wife have done. They are changing the clinical excellence of the institution. Patients complain a LOT about front services: i.e., phone calls and appointments. This is going to lead to loss of lots of patients. No matter how hard we work in the clinics, if it is too frustrating to get to us, we'll lose our patients.

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This is a very scary time for academics here. One feels the need to keep one's head down and not draw notice for fear of losing one's job. Not pretty!

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Fear is in the air and a sense of doom and gloom. The faculty are waiting with bated breath for the system to crumble, for our leaders to be asked to leave, for there to be a mass firing of non-essential employees and clinical personnel. Sounds sad and it is. Not sure how we can reverse this but it must happen or else it will become reality.

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I believe there are numerous great things that the new administration is bringing, that will ultimately raise the caliber of science and medicine at MDACC. I am fully confident in the new president as a capable leader who can really change the face of cancer. He is the real deal and is an amazing and talented person.

However, the new administration is implementing its policies by bullying its way, disregarding what has already been established and WORKING WELL at MDACC. Although the caliber of scientists is increasing by the day through outstanding recruitments, let's not forget that there were many outstanding scientists here before the new administration came about.

Also, MDACC is a well-tuned clinical machine. Boston had great science but not the best clinical cancer care, and I would wish the new administration work together with the existing clinical infrastructure that has kept MDACC at the top. There is a strong divide that is forming between scientists and clinicians, and resentment that is emerging between the 2 groups. It would be much better if the leadership worked to unite these 2 groups, rather than foster this unnecessary divide. Lastly, the leadership needs to relinquish any perceived conflict of interest (COI). I believe our leaders need to set a good example to the rest of faculty (and the nation) that MDACC has no ulterior motives other than helping people overcome the horrors of cancer. If the leaders can't set this example, then I question whether or not they should remain our leaders.

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I believe that Dr RD is honorable and the COI and nepotism charges do not have substance. However the APPEARANCE is bad and has not been rectified. The deal negotiated by Dr RD and Ken Shine should be re-examined and changed otherwise doubts will always remain.

We are far behind the leaders in quality, safety, technology. We are not patient centered. This is the biggest threat to MDACC reputation. If we do not

reach the Moon, and do not cure cancer, it will be OK.

If we lose our reputation excellence, quality, safety...it will rock our foundation.

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Power corrupts and absolute power corrupts absolutely.

The examples continue to come to light:

CPRIT grants submissions without institutional oversight, DePinho's performance on May 18th Stockwatch and the $$ millions that this couple gained personally due to this activity, Dr. Chin's use of her time and institutional funds to support travel to Metamark and Aveo to oversee their businesses, the waivers filed to allow the Aveo drugs to be tested here,... it goes on and on.

If any one of us did these things, we would be fired.

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No one institution can do everything. I feel that we are being forced away from the core function of patient care by subsidization of the moon shot issues.

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I hope we are able to fulfill at least some of the goals of the moon shot program before too much damage is done to the morale of current faculty and the image of MD Anderson. The message I am hearing from the administration is: if you are not with us you are not just against us - you are against curing cancer.

Irwin Krakoff, Michael Katz, And Robert Cook-Deegan Comment on MD Anderson Faculty Survey Results

Irwin Krakoff:

I have read the review of the MD Anderson Faculty Senate Survey published in The Cancer Letter Jan.18 and The Cancer Letter's recent summary incorporating the views of individual faculty members—unpublished to date.

Many of the data are negative, as are many of the statements of individual faculty members. Those statements are from approximately 400 faculty members—an undetermined proportion of the entire faculty.

This is a time of transition and it is not surprising that it can elicit expressions of anxiety—change is often threatening and the center's new administration has identified some new emphases. Concurrent changes occurring in the administration of health care in the United States and the world contribute to the sense of anxiety in health care professionals of every type and level.

The Letter to the Editor (published in The Cancer Letter on Feb. 1) from a major group of clinical and laboratory chairs and division heads acknowledges the challenges but expresses confidence that "collectively we will maintain our position as a leader in generating advances in the science, treatment, and prevention of cancer."

I share that confidence.

As an administrator, I believed strongly that it is important to hear and to heed the concerns of faculty at every level. Good ideas can come from such dialogs. It is also important to realize that the talent and resources of the MD Anderson Cancer Center must be preserved and they will continue to make it a wonderful place to work and the leader it has been.

Krakoff is the former head of MD Anderson's Division of Medicine.

Michael Katz:

MD Anderson Cancer Center has a long, distinguished history of high quality clinical care and research. As one of the NCI's designated cancer centers, it is able to offer world-class experts an environment where they have access to robust patient flow, first rate research facilities/staff and academics.

All of the designated cancer centers are confronted with harsh economic realities. Payers are pressing for lower reimbursements. Grant funders are slashing budgets. Patients and students are having financial issues that impact their decision to come to the center and the medical school. Hospital bankruptcies and mergers continue to be in the news. Concerns about the impact of ObamaCare add more uncertainty to the situation, making for a very uncomfortable time for the clinical and scientific staff.

To this very challenging environment, add allegations of impropriety in its president's handling of a $20 million grant to a project led by his wife. To this, add aggressive new financial goals putting additional pressure on clinical staff. Critics assert that the goals are unrealistic. Failure to meet these goals has led to the dismissal of accomplished leaders within MDA (e.g., the head of surgery).

The MD Anderson Faculty Morale Survey commissioned by the University Of Texas Faculty

Senate reflects growing frustration with senior management and growing discomfort about longer-term career prospects.

Many feel that senior management is focused on short-term financial results and not on their professional development or their research projects. There are strong feelings that management does not understand the substance and the value of the research enterprise. Similar feelings were expressed about the clinical enterprise, along with a sense that senior management is primarily concerned with their own short-term compensation rather than institution-building and career-building. It is clearly a cry for help.

Approximately half the respondents say they plan to leave MDA within the next five years, 9.3 percent within one year, 22.0 percent within three years, and 20.5 percent within five years. It is not clear how this compares to other leading cancer centers.

Turnover in the middle ranks is expected, as these centers of excellence typically serve as training grounds for clinicians and scientists who then move on to other centers and community practices.

The other important question is how many of the people who say they plan to leave are in scientific and clinical leadership positions. When senior people leave, the key members of their team typically follow them, potentially creating huge gaps in capability and reputation in their specialties.

It is clear that MDA is facing the "perfect storm"—the national turmoil in health care and research, a bitter "us versus them" conflict between senior management and the staff, and hugely embarrassing allegations of impropriety by the president.

This sort of crisis will not be solved by debating the propriety of the president's actions.

If one were to concede that there is no smoking gun on the conflict of interest issue, the behavior shows a lack of sensitivity to the appearance of impropriety. Beyond this, the financial targets remain a huge sticking point, undermining any sense of job security of people in leadership positions. And, there is an increasingly more adversarial relationship between senior management and the staff.

The dialogs on these issues appear one-sided. Senior management sets targets and metes out rewards and penalties. Staff suffers largely in silence. The Faculty Senate conducts and publishes surveys about the staff issues. In this situation, there needs to be substantive, bilateral engagement about the issues.

This could be achieved by convening task groups or steering committees focused on the big issues, constructs that would get the key constituents in the same room taking ownership of the problems/issues, building relationships and trust where they do not currently exist.

It will also be critical for senior management to reach out to thought leaders, to those with the strongest reputations within MDA and outside MDA. These leaders need to feel empowered and that they are partners with senior management in navigating these treacherous times. Beyond participation in groups/committees and one on one outreach, there could also be opportunities to have these leaders serve rotations as part of the senior management team.

None of this can happen without senior management taking the initiative and unequivocally acknowledging the problems. While some of the problems are likely more inaccurate perceptions rather than factual, the perceptions are still dangerous, as people will act based on their perceptions, be they accurate or ludicrously distorted.

Ego and inertia are the enemies here. Management needs to suspend disbelief and commit to serious engagement and change.

Katz is a senior executive advisor at Booz & Co., former member of the NCI Director's Consumer Liaison Group, and an advocate who has at various times worked with the International Myeloma Foundation, the Eastern Cooperative Oncology Group and the Coalition of Cancer Cooperative Groups Patient Advisory Board.

Robert Cook-Deegan:

This stuff is just heart-breaking.

I read all the comments, because I could not stop reading. Almost everyone I know who goes into cancer does it with idealism. And there are still lots of exclamation marks about the nature of the work and the long-term health of MD Anderson as an institution. But an overwhelmingly negative picture emerges about day-to-day work.

The first thing to say is that it's obvious something is up at MD Anderson, or this survey would not exist, and if it did exist, you would not have your hands on it as an outside journalist.

When that's going on at an institution, then the battle lines have gotten organized; never a good sign. The "push poll" nature of several of the questions seems like the purpose of the poll must be to instigate pushback against the central administration. So the questions are designed to elicit negative comments about top management.

Well, that sure succeeded. There is not a long baseline, but it's clear that the level of trust is down and the "better/worse" questions do not paint a pretty picture. Clearly, perceptions are worse now than before the new leadership came in. If there was a honeymoon, the honey must have dissolved in the fuel for the Moon Shots.

MD Anderson is the most storied cancer center among legendary institutions for medical research (only Memorial Sloan-Kettering, the Hutch, St. Jude's, Dana-Farber and Fox Chase can really give it a run for the money in international renown). It takes decades and decades to build a reputation. I guess we'll see if that reputation gets shaken now.

I do notice that a lot of the complaints from those working there are about the layers of bureaucracy. That sounds like a problem that must predate the current leadership.

The data the Houston Chronicle and The Cancer Letter have been serving up on dollar flows to the top of the chain, the recurrent scandals over linkages to companies, the disposition of the Cancer Prevention and Research Institute of Texas are exacerbating what may well be a long-term problem of ossification, now abetted by Texas-style cronyism.

MD Anderson was also featured, and not in a good way, in Steven Brill's widely read piece *Bitter Pill* about money in medicine in Time.

This poll, and your publication of the findings, will surely continue to roil the debate. I really, really hope that in the long run the institution proves resilient. But this has not been a good year for MD Anderson.

Cook-Deegan is a research professor of genome ethics, law & policy at the Duke Institute for Genome Sciences and Policy, and was the founding director of the Institute of Medicine National Cancer Policy Board.

In Brief

"Deception at Duke" Wins Peabody Award

(Continued from page 1)

Arteaga is a professor of medicine and cancer biology at Vanderbilt University School of Medicine, where he holds the Donna S. Hall chair in breast cancer research. He also serves as associate director for clinical research and director of the Breast Cancer Research Program at Vanderbilt-Ingram Cancer Center.

Arteaga's research interests include oncogene signaling and molecular therapeutics in breast cancer with an emphasis on targeted therapies, mechanisms of drug resistance, translational research and investigator-initiated clinical trials. Early in his career, Arteaga was the first to report the role of IGF-I receptors and TGF beta on breast cancer progression and their potential as therapeutic targets. More recent work has focused on the role of presurgical and neoadjuvant trials to discover molecular biomarkers that inform patient selection in clinical trials and/or for the discovery of mechanisms of drug resistance in breast cancer.

He showed the role of aberrant activation of the PI3K pathway in promoting escape from antiestrogens and the ability of inhibitors of HER2 and PI3K to reverse resistance to antiestrogen therapy in human breast cancer in studies focused on hormone receptor-positive breast cancer. All of his work has significant implications for novel clinical trials in patients with breast cancer, some of which are completed or in progress.

He has received the AACR-Richard and Hinda Rosenthal Award, the American Cancer Society Clinical Research Professor Award, the Gianni Bonadonna Award from the American Society of Clinical Oncology, the Brinker Award for Scientific Distinction from the Susan G. Komen for the Cure Breast Cancer Foundation and, early in his career, the Clinical Investigator Award from the U.S. Department of Veteran Affairs. Additionally, he is an elected member of the Association of American Physicians and the American Society for Clinical Investigation.

DECEPTION AT DUKE, a segment about the genomics scandal at Duke University, produced by the news program **60 Minutes,** is among recipients of the 72nd Annual Peabody Award.

The story, which is posted on The Cancer Letter website, was based in part on an investigation of the Duke genomic team by an informal collaboration of two MD Anderson Cancer Center biostatisticians—Keith Baggerly and Kevin Coombes—and Paul Goldberg, editor of The Cancer Letter.

A 60 Minutes interview with Goldberg appears on The Cancer Letter website.

Duke officials were supportive of their controversial star scientists, Joseph Nevins and Anil Potti, until The Cancer Letter reported that Potti had lied about his credentials, claiming to have been a Rhodes Scholar (The Cancer Letter, July 16, 2010).

The controversy led to formation of a committee of the Institute of Medicine and led NCI to develop a "checklist" for genomic studies (The Cancer Letter, Feb. 8).