A YEAR OF innovation
2016:
A YEAR OF
INNOVATION
INNOVATION
Cancer will never have a one-size-fits-all solution. This intricate, challenging, ever-shifting disease is nothing if not complex. And though it’s often described with a single word — cancer — there are actually more than 400 distinct types, each with its own unique characteristics and vulnerabilities.

The doctors, nurses, and scientists at Memorial Sloan Kettering are experts at matching cancer’s complexity with an equally nuanced understanding of all its varieties. We strive to choose the optimal treatment for every patient, and we’re always searching for better ways to do so.

We address cancer’s intricacy from every possible angle, both by thinking creatively and by utilizing the latest, most pioneering advances in technology, basic and clinical research, treatment, and patient care.

In 2016, our scientists and clinicians made field-changing discoveries that will shape the future of treatment for people with cancer around the world. We unearthed new answers to old questions about fundamental biological processes. We tested and perfected novel technologies and brought them directly to patients. We led the development of drugs for cancers that haven’t seen new therapies in decades — and brought them through to FDA approval. And we opened new locations and refreshed existing ones to better accommodate the needs of our unique patients.

In this report, you’ll get to know some of the revolutionary thinkers and caring individuals that make MSK a place like no other. And you’ll see why 2016 was truly a study in innovation.
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THE CHAIRMAN AND
THE PRESIDENT

CRAIG B. THOMPSON
PRESIDENT AND
CHIEF EXECUTIVE OFFICER

DOUGLAS A. WARNER III
CHAIR, BOARDS OF OVERSEERS
AND MANAGERS
The nation focused on cancer research and treatment with renewed intensity in 2016 because of a confluence of important developments in the realms of policy and medicine. Vice President Joseph Biden, who lost a son to brain cancer, issued a call to action to scientists, clinicians, and the private sector, urging greater data sharing and collaboration. At the same time, researchers at Memorial Sloan Kettering and other National Cancer Institute–designated cancer centers demonstrated the power of genomics to identify effective treatments that will benefit more people with cancer.

MSK hosted a roundtable conversation with Mr. Biden that brought together leaders from a variety of areas of cancer research and treatment, including our own Carol Brown, a gynecologic surgeon and Director of the Office of Diversity Programs in Clinical Care, Research, and Training. Mr. Biden’s Cancer Moonshot initiative helped galvanize Congress to pass the 21st Century Cures Act, which increased funding for the National Institutes of Health. The legislation enjoyed broad support among both Republicans and Democrats.

The Cancer Moonshot initiative highlighted key areas of particular importance: the need for greater and more diverse participation in clinical research and the importance of identifying ways to effectively manage the vast amount of data generated by genomic sequencing. It also underscored the value of fundamental research in the biological sciences in fields as diverse as nanotechnology, epigenetics, and molecular biology. These are all areas in which MSK excels. Indeed, the power of MSK’s collective research accomplishment was noted last year when the Nature Publishing Group once again ranked MSK first among all cancer centers in the world for high-quality research output in 2016.

MSK remains committed to increasing patient access to promising new therapies through clinical trials. Nationwide, members of the public and physicians still harbor many misconceptions about cancer clinical trials, according to a major study conducted this year on behalf of MSK. For example, too many physicians still believe clinical trials are treatments of last resort. As a comprehensive cancer center, MSK can play an important role in changing perceptions of clinical trials and their value in advancing cancer care.

There are numerous paths to achieving this goal. In December 2016, we announced a partnership with Hackensack Meridian Health, one of New Jersey’s largest and most respected healthcare systems. The partnership will enable greater access to clinical trials for residents of New Jersey, with the goal of accelerating the development of new cures for cancer. At the same time, membership in the MSK Cancer Alliance expanded to include the Miami Cancer Institute at Baptist Health South Florida. Alliance members, including the Hartford HealthCare Cancer Institute in Connecticut and Lehigh Valley Health Network in Pennsylvania, are able to offer MSK clinical trials to their patients and participate in key clinical activities with MSK’s physicians and staff.

MSK continues to focus on how best to analyze the results of cancer DNA sequencing to improve cancer treatment and share that information with other health systems. MSK physician-scientist Charles Sawyers has taken the lead in addressing this need. A past president of the American Association for Cancer Research...
help researchers unravel how various immune system components interact.

Our leadership in immunotherapy was further solidified when we became one of six founding members of the Parker Institute for Cancer Immunotherapy (PICI), established by tech entrepreneur Sean Parker in April 2016. It brings together 300 of the country’s leading immunologists, who are dedicated to a single mission: harnessing the power of the immune system to fight cancer. The first findings from work jointly conducted through PICI — which is co-directed at MSK by Jedd Wolchok, an expert on melanoma and the immunotherapy approach known as checkpoint blockade, and Marcel van den Brink, a specialist in blood cancer and bone marrow transplantation — are beginning to unfold.

On the clinical side, MSK has reimagined existing space at Memorial Hospital to better meet the needs of neurosurgical and orthopedic patients while developing new space and programs within the regional care network. Particularly noteworthy is the December opening of MSK Monmouth in Middletown, New Jersey. The 120,000-square-foot space will enable us to offer surgical services outside of Manhattan for the first time, along with a comprehensive array of other programs.
MSK’s financial health remains strong, a testament to efforts across the organization to balance programmatic growth with overall expense management. The complexity of the healthcare environment and the ongoing debate over research funding dictate continued prudence — even as we do everything possible to ensure MSK’s ability to drive innovation in cancer research and treatment.

Philanthropy remains a cornerstone of our success, and we would like to recognize the thousands of individuals who support our mission every year. But 2016 represented a particularly significant milestone in the conclusion of the Campaign for Memorial Sloan Kettering. This effort — the most ambitious campaign in MSK’s history — far surpassed our expectations, with gifts and pledges in excess of $4.2 billion over 15 years. Thank you to the members of the Boards of Overseers and Managers and other benefactors for your leadership. Your support enables the extraordinary work being done every day in MSK’s laboratories and patient care facilities. With your support, we will strive to realize even greater progress against cancer in the years to come.

DOUGLAS A. WARNER III
CHAIR, BOARDS OF OVERSEERS AND MANAGERS

CRAIG B. THOMPSON
PRESIDENT AND CHIEF EXECUTIVE OFFICER
These colorful models of nanoparticles come from the lab of Daniel Heller. Dr. Heller is developing tiny molecules that are capable of delivering drugs directly to the blood vessels that feed tumors.
Like Edison, who lit up our world, and Bell, who transformed how we communicate, MSK scientists cross intellectual borders. They move seamlessly between clinical medicine, basic science, and bioengineering, all with the goal of improving the lives of people with cancer. This past year was no exception.

MSK scientists are some of the best experimentalists around. Whether they’re using new microscopy techniques to probe cell structures or devising molecular machines to detect cancer, each is motivated to ask: What happens if…?


- JOAN MASSAGUÉ
DIRECTOR,
SLOAN KETTERING INSTITUTE
“In order to understand how a machine works, you take it apart,” says John Petrini, Chair of the Molecular Biology Program at the Sloan Kettering Institute. For more than 20 years, Dr. Petrini has focused his attention on one biological machine in particular, an assembly of three large proteins called the Mre11 complex, which cells use to sense and repair DNA damage.

DNA damage sounds bad, and indeed it can be — it’s one of the main causes of cancer. But thanks to the Mre11 complex, this damage is usually caught quickly and mended without incident.

You can think of the Mre11 complex as a kind of emergency first responder. When a chromosome breaks, Mre11 both sounds the alarm to recruit additional emergency personnel and immediately begins steadying the injury. When Mre11 has completed its work, the DNA damage will either be repaired or the cell will die.

Dr. Petrini’s longstanding study of DNA repair machinery is yielding important insights into a fundamental biological process. But there’s more to it than that. His findings are helping clinicians and patients too. “There’s absolutely no question that manipulating the DNA damage response can confer therapeutic advantage,” Dr. Petrini says, noting that cancer cells are more sensitive to drugs that prevent DNA repair. His research illustrates the elegant interplay between biological discovery and clinical application that is at the heart of the MSK model of innovation.
CREATIVE DESTRUCTION
As molecular biologist Scott Keeney knows, DNA breakage is not just something that occurs by accident. In some biological contexts, it’s necessary — even beneficial.

Take the formation of sex cells, sperm and egg. We learned in high school about the process of recombination, or crossing-over — when the arms of maternal and paternal chromosomes physically swap segments. This naturally occurring genetic shuffling is why no two family members — with the exception of identical twins — look exactly alike.

For many years, how cells initiated recombination was mostly a mystery. But then, in the late 1990s, a young postdoctoral fellow at Harvard identified the mechanism that underlies it: A protein called Spo11 purposefully made breaks in the DNA of chromosomes. That researcher was Dr. Keeney, and for nearly 20 years he has run his own lab at MSK, studying how double-strand breaks in DNA are made and then repaired.

Dr. Keeney recently reported in Science about a surprising discovery his lab made regarding how broken strands of DNA are “cleaned up” before they are sutured back together, “much like when a wound is repaired in the body,” Dr. Keeney says. They discovered that a protein called Tel1 is necessary to initiate the resection process in yeast, and something similar may happen in humans.

His research sheds light on a fundamental process that also links directly to cancer, since improperly repaired double-strand breaks can lead to mutations. “Clarifying how cells repair double-strand breaks — or fail to do so — is critical to understanding how cancer develops and finding strategies to stop or reverse it,” Dr. Keeney says.

A TWO-WAY STREET
Several years ago, doctors at Memorial Hospital were conducting a clinical trial of an experimental drug that interfered with DNA repair. The results were mostly discouraging, and the study closed. However, in one patient — a woman with advanced bladder cancer — the treatment worked beautifully. She had a complete response and is still alive more than six years later.

To understand what was unique about her tumor, doctors sequenced its genome. What they found was that this patient had a mutation in the Mre11 complex. Without John Petrini’s 20-plus years of study, the clinicians would not have been able to home in on this mutation or understand its significance. And for Dr. Petrini, the clinical information provided helpful clues about the basic biology of Mre11. It was a perfect synergy for fueling innovation. The Mre11 genes are now included in the hospital’s genetic sequencing program, called MSK-IMPACT™, and patients with those mutations can be included in clinical trials.

“Every successful therapy, from immunotherapy to chemotherapy, is predicated on basic, discovery-based science,” Dr. Petrini says. “You almost never find your keys just looking under the lamppost.”
“CLARIFYING HOW CELLS REPAIR DOUBLE-STRAND BREAKS — OR FAIL TO DO SO — IS CRITICAL TO UNDERSTANDING HOW CANCER DEVELOPS.”

— SCOTT KEENEY
MOLECULAR BIOLOGIST,
SLOAN KETTERING INSTITUTE
A cell is like a tiny factory. Materials are shipped in and goods are shipped out; old machine parts are recycled and new ones are built. The biological molecules that perform these various functions are the molecular machines that keep the cellular factory humming. The field of nanotechnology is geared toward understanding the rhythms of these various moving parts and the design of nano-size gadgets that can tweak the standard operating procedures.

In Daniel Heller’s lab at the Sloan Kettering Institute, a diverse group of nanotechnologists work on applying their knowledge of this infinitesimally small world to practical problems in cancer treatment. One ongoing project: getting cancer drugs to the right place in the body.

**SPECIAL DELIVERY**

For a cancer drug to succeed, it has to do more than just wipe out cancer cells. The real challenge is to avoid collateral damage to normal tissues. In 2016, Dr. Heller and his team devised a novel strategy for addressing this problem. They built nanomedicines — tiny particles filled with cancer drugs — to target the blood vessels that feed tumors, bringing the fight right to the source. “There is a lot of potential in nanotechnology,” he says. “If the particles can bring a drug to the site of a metastatic disease, people won’t feel as many side effects, and it could be a more effective therapy.”

Dr. Heller’s nanoparticles are made out of a very abundant and cheap substance called fucoidan, which is extracted from brown algae that grows in the ocean. Fucoidan has a natural affinity for a molecule called P-selectin found on tumor blood vessels. In effect, P-selectin serves as a kind of molecular Velcro for the nanoparticles, which stick to the blood vessels and release their toxic payload.

What’s more, P-selectin is especially prevalent in blood vessels that nourish metastatic tumors, which cause roughly 90 percent of cancer deaths. “We know that cancer cells can come into contact with P-selectin to begin the formation of metastatic tumors,” Dr. Heller says. “So in effect, we’re hacking into the metastatic process in order to intercept the cells and destroy the cancer with drug-loaded nanoparticles.”

In addition to improving drug targeting, Dr. Heller’s lab is also exploring implantable sensors that could detect cancer biomarkers at the moment they appear — working like a kind of Fitbit for cancer detection.

“This may sound like science fiction now,” he says, “but we’re working to make it reality.”
MSK researchers are learning that sometimes, with the right nanoparticle, you don’t even need to add a drug. Physician-scientist Michelle Bradbury, along with her colleague Michael Overholtzer, has discovered that very small silica nanoparticles are capable of killing cancer cells on their own. Under the right circumstances, the nanoparticles induce a form of programmed death in the cancer cells called ferroptosis (literally, death by iron) that spreads from cell to cell in a wave-like manner.

The nanoparticles, called C dots, are very small silica shells containing molecules of dye that glow brightly when hit by light of a specific wavelength. This allows doctors to trace their location as they move throughout the body. The nanoparticles, which are FDA approved for use in humans, can be tagged with molecules that bind to a receptor on the surface of cancer cells, lending them to powerful diagnostic and therapeutic applications.

In a 2016 study published in the journal *Nature Nanotechnology*, Dr. Bradbury and colleagues showed that C dots significantly shrank tumors and inhibited tumor growth in cancer-bearing mice. “This is the first time we have shown that the particle has intrinsic anticancer effects,” Dr. Bradbury says. “And it does so without associated toxicity.” The researchers are collaborating with clinicians to design new therapies using this approach in combination with standard therapies to treat cancer in people.
It takes a particular kind of chutzpah to look at a cell — perhaps the greatest evolutionary invention of all time — and see room for improvement. The scientists in MSK’s Center for Cell Engineering (CCE) are leaders in pushing the boundaries of the possible.

It was at MSK several years ago that members of the CCE, including Renier Brentjens, Isabelle Rivière, and Michel Sadelain, developed the first chimeric antigen receptor (CAR) T cells for use in cancer treatment. These genetically modified immune cells contain within them a gene that does not exist in nature. With this new gene, the cells become lethal cancer-killers, able to home in on and destroy cancer cells.

Since their clinical debut in 2010, CAR T cells have roared off the testing lot into numerous clinical trials, where they are right now saving the lives of people with several types of advanced cancer, including acute lymphoblastic leukemia and chronic lymphocytic leukemia.

“CARs are making history, beyond any doubt,” Dr. Sadelain says.
FILLING PRESCRIPTIONS AT THE MICROPHARMACY

Historically, the goal of CAR T cell therapy has been to give immune cells the information they need to better recognize tumor cells as foreign and attack them. But MSK researchers are learning that these chimeric cells have other uses too.

MSK scientist Hans-Guido Wendel showed that these cells can function as on-site “micro-pharmacies,” churning out proteins for therapeutic effect. The new technique, which was reported in the journal *Cell* in September, illustrates an untapped potential of CAR T cells to act as targeted delivery vehicles by revamping them to produce anticancer agents.

“This form of treatment could be very effective because the CAR T cells continuously produce the protein right where it is needed,” says Dr. Wendel. “It could increase the on-target therapeutic activity and also reduce side effects of cancer treatment because it’s restricted to the tumor sites.”

STRESS-RESISTANT CARs

In 2016, MSK physician-scientist Prasad Adusumilli drove the field forward by engineering CAR T cells with greater ability to resist cancer’s defenses — what he calls “stress-resistant CARs.”

Cancer cells under attack produce a molecule called PD-L1 that engages a brake on the T cells and shuts them off. Taking a cue from other work being done in immunotherapy at MSK, Dr. Adusumilli engineered the T cells to contain a decoy brake, which allowed them to continue functioning for longer. The novel approach — which was featured on the cover of the *Journal of Clinical Investigation* — could lead to more long-lasting clinical benefit from these “living drugs.”

Dr. Adusumilli is translating this stress-resistant approach to the clinic by combining checkpoint blockade therapy with CAR T cells for patients with mesothelioma, lung, and breast cancers. In March, he organized a first-of-its-kind symposium on CAR T cell therapy that brought together scientists from around the world to discuss this emerging technology and bring them up to speed.
They say a picture is worth a thousand words. James Watson — the co-discoverer of the structure of DNA — would no doubt agree. It was after seeing one particular picture of DNA, generated by his colleague Rosalind Franklin, that a light bulb flashed in his mind. “The instant I saw the picture my mouth fell open and my pulse began to race,” Dr. Watson recalled in his memoir, The Double Helix.

The picture that so stirred Dr. Watson’s imagination was created by a process called x-ray crystallography. Beams of x-rays are aimed at a biological specimen, and the diffraction pattern of the rays, captured on film, can be used to decipher the placement of atoms in the molecule. For nearly a century, x-ray crystallography has been the gold standard for determining the structure of biological molecules.

But no more. There’s a new imaging technology in town that is revolutionizing biology, and in 2016 it arrived at MSK.

Called cryo-electron microscopy (cryo-EM), the technology is to x-ray crystallography what an iPhone is to a landline. With cryo-EM, scientists can take razor-sharp pictures of cellular structures at the atomic scale. The technique also eliminates the need to first make a crystal out of the substance — which is the foundation of x-ray crystallography and can be incredibly time consuming and not always successful.

**BIGGER, BETTER**

“Cryo-EM is changing the field,” says Stephen Long, a structural biologist in the Sloan Kettering Institute (SKI) whose research focuses on the structure of ion channels in cells. “It’s changing the kind of problems we can address. We can address bigger things. We can address protein complexes.”
Proteins that sit in cell membranes and large, multi-protein complexes have always been difficult, if not impossible, to study with x-ray crystallography — they don’t easily form crystals. But with cryo-EM, they can be tackled in a matter of weeks.

Dr. Long likens the difference to a mountain climber hiking up a mountain with a pair of skis versus being dropped off at the top by a helicopter. “That difference lets you ski new slopes — study more intricate and more dynamic protein complexes,” he says.

While cryo-electron microscopes have actually been around for more than 25 years, their utility to biology was limited. The technological breakthrough that suddenly vaulted them to prominence was the development of cameras that could record subtle atomic movements.

“The data are recorded as a movie, like using the burst mode on your iPhone,” explains Nikola Pavletich, Chair of the Structural Biology Program in SKI. “If you correct for each particle’s motion, you get super-sharp images. And that’s the revolution in cryo-EM.”

The incredible power of the technique was revealed in a recent study by Richard Hite, a new member of SKI’s Structural Biology Program. As reported in the journal Nature, he and his colleagues used cryo-EM to show how certain viruses can hijack the way harmful invaders are normally sensed by the immune system. The finding could have implications for understanding how cancer evades immune detection.
“The time has come for cancer biologists to dust off their biochemistry textbooks,” Craig Thompson, MSK’s President and CEO, wrote in an influential article titled “Cancer’s Sweet Tooth” in an issue of the journal Cancer Cell several years ago. “It seems there are a few chapters that still need to be written.”

Dr. Thompson was referring to then-recent discoveries linking metabolism — the biochemical pathways that cells use to obtain nutrients and energy — and cancer. Since then, he has been at the vanguard of this return to metabolism among cancer biologists. He has also served as one of the field’s greatest champions, encouraging others to give metabolism a second look.

One person who has taken up the challenge is Ming Li, an immunologist with the Sloan Kettering Institute (SKI). Dr. Li studies T cells, those trusty guardians of the immune system that daily protect us from dangerous infections, and even cancer.

In 2016, Dr. Li published a report in Science showing that what a T cell “eats” changes the genes that are turned on or off in the cell. When T cells sense danger, they shift their metabolism to something called the Warburg effect, which prods the cells to suck up a sugar called glucose. This change in metabolism, in turn, leads to a change in gene expression. Without these shifts in behavior, the cells would not be able to mount a sustained attack against their foes.

Somewhat devilishly, cancer cells also use the Warburg effect to obtain nourishment, meaning they directly compete with the cells that might combat them. Dr. Li’s results underscore the need to think about cancer treatment in the context of other cells that might be affected by a treatment that targets metabolism. “When it comes to cancer treatment, we should not just focus on the tumor cells, but also the tumor environment, and consider its impact on the immune system,” he says.

continued →
“THE TIME HAS COME FOR CANCER BIOLOGISTS TO DUST OFF THEIR BIOCHEMISTRY TEXTBOOKS.”

- CRAIG THOMPSON
PRESIDENT AND CEO,
MEMORIAL SLOAN KETTERING

What’s the idea behind the Immunogenomics and Precision Oncology Platform (IPOP), formed at MSK in 2016?

In IPOP, precision oncology and immuno-oncology merge. Our goal is to pinpoint why immunotherapies work well for some people and not others, and to use this information to design new combinations of therapies.

Tell us about your recent study in *Nature Genetics*.

Our lab had previously shown that the more mutations a cancer has, the more likely it is to respond to immune checkpoint inhibitors. That led to the idea that a tumor’s mutational load is an important determinant of its responsiveness to immunotherapy. This now widely validated concept is already being used for clinical testing. In this study, we identified mutations in two genes that were associated with a good response to immunotherapy. This was the first time that patients with mutations in individual genes were shown to benefit from immunotherapy.

How did the patients with these mutations do compared with those without?

For all patients, the average response rate was about 15 percent. But in patients who had mutations in those genes, the response rates to immunotherapy were much higher, 60-65 percent. Many of those patients had complete, long-lasting responses.

If we can identify which patients have these mutations, we may find that the drug is effective in subgroups of a variety of cancer types — such as prostate, kidney, and head and neck cancers — that typically have low response rates to immunotherapy.
This discovery about T cells and metabolism was remarkable for another reason. The change in gene expression that Dr. Li observed came about from the way DNA is packaged in the nucleus, spooled around proteins called histones. This is what experts refer to as an epigenetic change — a change in gene expression that is not due to a change in the sequence of DNA itself. Researchers at MSK and elsewhere are excited to learn more about epigenetics because many types of cancer have these changes. They hope that it may be possible to turn a cancerous cell back to normal by undoing certain epigenetic changes — an easier feat than mending mutated DNA.

MSK now has a talented cadre of researchers investigating the mechanics of epigenetics, and an entire center devoted to the subject. Several new investigators have recently joined the epigenetics team, including Yael David, a promising chemist with SKI’s Chemical Biology Program. Her lab uses novel chemical methods to understand epigenetic
mechanisms in cells, with the ultimate goal of developing effective therapies for cancer and other diseases.

One recent paper, published in *Nature Chemistry*, caused a stir among researchers. Dr. David showed how she could use molecules called inteins — self-splicing bits of protein — to make precise changes to the histones around which DNA is wrapped. Inteins have high affinity for each other, and when they meet in a cell, they abscond from the scene, linking the two molecules to which they were previously attached. “It’s really a beautiful way to engineer proteins in a cell,” she says.

Dr. David is a recipient of a Josie Robertson Young Investigator Award, which supports exceptional young scientists who, early in their careers, have attained significant insights into cancer and devised innovative approaches to prevention and treatment.
INNOVATIONS IN: TREAT
Surgeon Mario Leitao (center), shown here with surgical fellows, is the Director of the Minimal Access and Robotic Surgery program at MSK. He performs minimally invasive procedures for women with gynecologic cancers.
Sometimes, the most important advances in patient care come from challenging established ways of thinking and reconsidering intractable problems and conventional ways of solving them.

At MSK, our scientists and clinicians are continually searching for ways to give our patients the exact care they need — nothing more, nothing less. They’re also experts at bringing advances in treatment from the lab to the infusion chair, operating suite, and exam room as fast as possible.

“IT ALL EMANATES FROM A DEEP CONVICTION THAT THE WAY TO SAVE MORE LIVES AND THE WAY TO HELP PATIENTS AND THEIR FAMILIES IS BY MAKING SURE THAT WE QUICKLY MOVE ALL THE DISCOVERIES THAT ARE HAPPENING IN OUR BASIC RESEARCH LABS TO THE CLINIC. THAT CAN ONLY HAPPEN HERE. IT’S INNOVATION WITH A HUMAN FACE.”

- JOSÉ BASELGA
PHYSICIAN-IN-CHIEF AND CHIEF MEDICAL OFFICER
Bone marrow transplants (BMTs) save scores of lives and are often among the last options for some cancer patients. But the intensive regimen that comes with the procedure — which involves replacing a patient’s diseased bone marrow with healthy cells from a donor — can introduce its own life-threatening complications.

In 2016, a group of MSK scientists including Marcel van den Brink, Head of the Division of Hematologic Oncology, and Eric Pamer, Head of the Division of Subspecialty Medicine, reported a surprising discovery about one of the most severe and dreaded consequences of BMTs: graft-versus-host disease, or GVHD. The condition occurs when immune cells from the donor attack the patient’s healthy tissues, often in the lining of the gastrointestinal tract.

Before a BMT, patients are given high doses of chemotherapy and sometimes radiation to wipe out the cancer. But because these therapies destroy the bone marrow, they also damage the immune system. To prevent infections while their newly transplanted immune system rebuilds, BMT patients are given antibiotics.

Drs. van den Brink and Pamer found a link between the antibiotics a patient receives and the risk for GVHD. They made this connection by analyzing fecal samples to study the microbiome, the genetic makeup of all the microorganisms that colonize the body.

**A COMPLEX RELATIONSHIP**

Broad-spectrum antibiotics kill a wide range of bacteria, making them effective at fighting off a multitude of infections. But this firepower also increases the chance that beneficial bacterial strains will be destroyed as well. When this happens, other, potentially harmful varieties can take over.
Drs. van den Brink and Pamer discovered that the type of antibiotics patients are given to combat infection may affect the likelihood they will develop GVHD, as well as the severity of this complication if it occurs. As it turns out, some of the gut bugs that flourish after treatment with certain antibiotics are a major contributor to GVHD.

“Since 2009, we’ve been collecting samples from our patients who are undergoing transplants and using the data from their intestinal microbiomes to learn what’s happening in the gut,” says Dr. van den Brink.

The findings could help lessen patients’ risk of suffering from a potentially fatal complication as well as improve the effectiveness — and toxicity — of cancer therapies. They also underscore the importance of considering the global scope of cancer’s effect on the body, and in looking for answers in unexpected (and teeny-tiny) places.
To mark his 50th birthday in the fall of 2015, Derrick Queen set a goal to get in the best shape of his life. He was already a healthy eater, avoided alcohol, and generally took care of himself. So when he experienced a series of severe, debilitating headaches in May 2016, he knew immediately that something was very wrong.

Derrick went to his primary care doctor, who sent him for an MRI. “I was sitting in the waiting room expecting them to call my name, figuring they would say I was good to go home,” he said. But instead, “they took me into an office where there were images of my brain all over the screen. The doctor was at a complete loss for words.”

The diagnosis was as bleak as it was unexpected: stage IV metastatic melanoma. Derrick had one tumor in each lung and three in his brain, including one the size of a clementine.

After surgery to remove the largest of the brain tumors, Derrick came to MSK to see medical oncologist Paul Chapman and radiation oncologist Kathryn Beal, who specialize in treating these tumors — and in offering patients hope when their options have run out.

They are leading the development of a new method to combat brain tumors and metastases: a combination of immunotherapy drug treatment and stereotactic radiosurgery (SRS), both techniques MSK pioneered.

A POWERFUL COMBINATION

In SRS, doctors are able to shape a highly targeted, intense dose of radiation to the precise three-dimensional outlines of a tumor using advanced imaging and sophisticated computer guidance. This cuts down on damage to the rest of the brain and limits side effects, as compared with typical radiation techniques.

Their twist was to combine SRS with an immunotherapy drug called pembrolizumab that helps the immune system to recognize and
attack tumors. While the drug targets tumors throughout the body, SRS is used to eliminate metastases in the brain. Historically, for a patient with melanoma and brain metastases, the median survival was four months. With this new combination treatment, about 20 percent of these patients appear to be completely cured, although further long-term follow-up is required, Dr. Beal says.

At the American Society for Radiation Oncology annual meeting in 2016, she presented results of the 20 initial patients treated with concurrent SRS and pembrolizumab who had stage IV melanoma and brain metastases. Roughly 65 percent had either a complete response — the disease disappeared entirely — or a partial response just six to eight weeks after their radiation treatment. The results are even more startling when compared with SRS alone, for which only about 3 percent of patients see such an obvious response so rapidly. And the response seems to be lasting.

Derrick was one of the patients whose disease simply vanished, both in his brain and his lungs. “After the combination treatment [of SRS and pembrolizumab], you couldn’t see them anymore,” he says. “I feel a little bit like Jimmy Stewart in It’s a Wonderful Life, like I got a second chance.”
Sometimes, the side effects of cancer treatment can be even more debilitating than the cancer itself. One such complication is lymphedema, a painful swelling of the limbs that can seriously impact someone’s daily life, even when cancer treatments are long over.

Gynecologic surgeons are using their combined decades of experience to help women with gynecologic cancers avoid this unbearable condition, which occurs when lymph nodes are damaged or removed.

Traditionally, surgeons treating women with early-stage gynecologic cancers remove numerous lymph nodes in the pelvis — sometimes as many as 50 — to examine them for cancer cells that may have spread there. The more lymph nodes that are removed, however, the higher a patient’s chances for lymphedema. Because many women with this stage of disease are in their 40s and 50s, the condition can plague them for decades.

More than a decade ago, surgeon Nadeem Abu-Rustum pioneered the use of a technique called sentinel lymph node mapping (SLNM) to detect whether cells have escaped a tumor and spread to the sentinel nodes — the first lymph nodes to which the cancer is likely to travel. This technique significantly reduces the number of lymph nodes that need to be removed, thus drastically lowering a patient’s chances of developing lymphedema.

**SIMPLE SOLUTION, OUTSIZE IMPACT**
SLNM is strikingly low-tech: Just before the operation to remove the tumor, the surgeon injects dye at two precise locations in the patient’s cervix. Lymph fluid carries the dye to the sentinel nodes, making them easily identified. They’re removed, along with the tumor, and examined for cancer cells. If none show up, usually no additional nodes need to be removed. If they do, the surgeon may remove more nodes, and the patient may need chemotherapy or radiation.
The Skull Base Tumor Center was established at MSK in 2016, and you were brought in to help lead it. What are the biggest benefits to patients of having such a specialized group at MSK?

These types of tumors are technically benign in most cases, but there are many that are very locally invasive and aggressive. And because of the location, which is right behind the eyes and near the nerves that move the eyes — precious real estate — those tumors are hard to treat. That’s why these patients need a team of surgeons, endocrinologists like me, radiation oncologists, and neuro-oncologists working together to treat them. That’s what this new center is allowing us to do.

The other obvious benefits for patients are that they can see us all during one visit, at the same time and place. We also coordinate their care and have biweekly tumor boards, during which we go over all the cases and look at the scans with radio-neurology and discuss the treatment together. It really is a collaborative treatment.

What’s your specific role within the new center?

I coordinate and guide the care. Before surgery, I’m involved in diagnosing the patient — which can be very challenging in some cases. It requires expertise, due to the various neuroendocrine tests we run. Also, in terms of determining the exact location of the disease, sometimes these tumors are very small and you can’t see them on an MRI.

After surgery, many patients need to continue to have treatments, like radiation or medication, before they’re in remission. We also offer new medical therapies through our ongoing clinical trials. With many of my patients, I tell them I’m going to follow them forever!

SLNM had already been used for breast cancer and some other cancers, but had not been popular in gynecologic cancers, particularly uterine cancer. Thanks to surgeon Mario Leitao and Dr. Abu-Rustum, that is poised to change. They published a study in the journal *Gynecologic Oncology* that showed that for early-stage endometrial cancer, the most common type of uterine cancer, SLNM works as well as traditional lymph node removal for detecting cancer spread. There is no difference in how long patients survive. This result could make SLNM the standard of care for these patients.

“This finding could truly change how endometrial cancer is treated, improving patients’ quality of life without placing them at risk for undetected cancer,” says Dr. Leitao. “The findings are going to bring sentinel lymph node mapping to the forefront as a valid option for many more patients who will be spared these debilitating side effects.”
Delivering the exact right level of radiation to a tumor as precisely as possible is complicated enough. So what happens when that tumor is a moving target?

Such is the case with lung tumors, which are notoriously difficult to treat with radiation. With every breath, a patient’s lungs expand and contract, shifting the location of a lung tumor just enough to increase the chance that radiation may miss the cancer cells and damage normal tissue.

To address the issue, radiation oncologist Andreas Rimner is studying the use of an internal tumor-tracking device for patients with lung cancer called Calypso® GPS for the Body. It monitors a tumor’s location during the treatment session using tiny markers implanted in the lungs that act as beacons. The markers signal to an external tracking system that produces a 3-D representation of the tumor’s location at all times. If the tumor moves outside of a very small field, the machine delivering the radiation automatically switches off.

The precision of the approach also facilitates the use of higher radiation doses to the tumor, with a greater chance for success and fewer side effects, since a smaller target area can be treated without overdosing the normal tissue around it.

The technology has been used successfully for years to treat people with prostate cancer, and is already approved by the FDA for use in several other locations in the body. MSK is among a handful of centers performing the first clinical trials using this system for lung cancer.

**DEEP BREATHING**

It also represents a huge improvement over past efforts to map tumors and synchronize patients’ breathing during radiation therapy. One trial led by Dr. Rimner and colleagues tests the Calypso system in combination with a technique called deep inspirational breath hold, which requires the patient to hold his or her breath for about 20 seconds while the radiation is being delivered. A second trial is testing the Calypso system during treatments when the patient breathes normally, providing an option for people who are unable to hold their breath long enough.

Although the results of both trials have not yet been fully analyzed, Dr. Rimner says he and his colleagues are pleased with how the Calypso system has been working thus far.

“Knowing that this approach has already been shown to be safe and effective in other cancers, we’re optimistic it will be incorporated into radiation treatment for lung cancer patients in the near future,” he says.
What led you to medicine, and to treating pancreatic and colon cancers in particular?

I was always very interested in research, but at the same time, I was also interested in making an impact on patients and finding ways to help them. The combination of science and clinical care to help patients in desperate need led me to oncology.

The patients we see are the tough ones: They’re facing a potentially lethal disease. I like helping patients who really, really need help.

How are advances in genomics and precision medicine changing how we treat these diseases?

Combining immunotherapy and targeted treatments will be key in finding ways to treat patients. I’m also very keen on precision medicine for cancer prevention, to detect risk.

With my colleagues, I am developing a “molecular pap smear” to diagnose early-stage ovarian and endometrial cancers based on genetic markers — a crucial advance that would mean we could catch more instances of these cancers and begin treating them as quickly as possible. The test is currently in clinical trials. My hope is that it will be part of the standard of care within the next few years.

What else will you be doing in your role, which you started in 2016?

I’ll be working to improve mentorship for our young scientists and communication between researchers and departments across MSK. I’ll also be involved in projects to improve our patients’ experience as well as their access to our unmatched cancer care.
"I WAS BLOWN AWAY BY THE WHOLE CONCEPT THAT MY STOMACH COULD BE REMOVED, BUT AT THE SAME TIME, I KNEW WHAT COULD HAPPEN OTHERWISE. I WASN’T AFRAID."

- MARGUERITE SMITH
MSK PATIENT

Marguerite Smith says her eating habits haven’t changed since having her stomach removed to prevent gastric cancer. Vivian Strong (opposite) is a pioneer in the technique.
In 2014, Marguerite Smith learned that she had a rare genetic mutation that put her at a 70 percent risk of developing an aggressive type of stomach cancer called hereditary diffuse gastric cancer. At just 40 years old — and with the results of a biopsy showing she was already showing early stages of the cancer — the mother of two made a crucial decision: to undergo a total gastrectomy, in which her entire stomach would be removed to eliminate her risk.

Marguerite’s brother Anthony was diagnosed with the disease in 2013; he passed away in 2015. After much research and consulting with MSK surgeon Vivian Strong, Marguerite and her husband made the decision to move forward with the surgery. “I was blown away by the whole concept that my stomach could be removed, but at the same time, I knew what could happen otherwise,” she said. “I wasn’t afraid.”

Dr. Strong removed Marguerite’s entire stomach using robotic assisted surgery and connected her esophagus to her small intestine. She also removed more than 30 lymph nodes for examination to confirm that the cancer had not begun to spread. It hadn’t.

“There’s a widespread misconception that you need a stomach to live, when you actually don’t,” says Dr. Strong. “This operation, in which our surgeons have become highly specialized, can eliminate a major cancer threat for people with the mutation.”

**GUT FEELINGS**

A study led by Dr. Strong and published in the *Annals of Surgery* in 2016 confirmed the effectiveness of total gastrectomy to eliminate the risk of stomach cancer. Among the 41 patients in the study with the same mutation as Marguerite who also had total gastrectomy, 85 percent reported their quality of life to be either as expected or better than expected post-surgery.

“This is the first study to look at outcomes in these patients, and it shows that this lifesaving procedure need not cause a permanent disruption in their lives,” Dr. Strong says.

After surgery, MSK pathologists always examine the stomach tissue for early signs of cancer — and find it 97 percent of the time.

“It’s an interesting perspective for both the patient and the doctor, in that it’s an unusual case where you kind of want to find something,” Dr. Strong says. “In most cases, we do, and it often makes the patient feel better about having the operation. But even if nothing is found, the high risk that cancer would eventually occur still applies.”

She adds that patients treated at MSK benefit greatly from well-experienced surgeons who began doing prophylactic gastrectomies in 2005: “We see more stomach cancer here than any other hospital in the country, and no other center does these robotic procedures in such high volume.”

Marguerite returns annually for CT scans at Memorial Sloan Kettering Commack, near her home on Long Island. All have shown no sign of disease. “Today there are entire days that go by that I don’t even think of my surgery,” she says. “But I do think of my brother Anthony every day. He’s my hero. He and Dr. Strong.”
INNOVATIONS IN:

CLINIC RESEA
Almost every cancer treatment offered to patients today has come about because of a clinical trial. By participating in clinical trials, patients get access to innovative new treatments — sometimes years before these therapies are widely available.
Pipeline of Discovery:

Fundamental lab research into the basic biological understanding of cancer has planted the seeds that are now flourishing into an abundance of new drugs — some for cancers that haven’t seen treatment improvements in a generation. MSK investigators are among the most prolific in cultivating new cutting-edge therapies, developing them from innovative breakthroughs in the lab into actual treatments in the clinic.

And because our clinicians lead so many clinical trials, MSK patients often gain access to these life-improving drugs months or years before they are widely available, making a critical difference to them and their families.

Here are just a few of the many advances to which our researchers made contributions in 2016.
MSK led 1,113 therapeutic clinical trials in 2016.

We offer trials in 9 different phases, from phase 0 to IV and pilot studies.

MSK has trials for more than 200 types of cancer.

To date, 8 drugs developed at MSK have been FDA approved.

MSK-initiated research trials are running at more than 120 unique institutions.
Historically, the purpose of early-stage clinical trials was to determine safety and dose for a new drug or other treatment. In the era of targeted therapies, these research studies are increasingly able to show efficacy.

**EARLY-STAGE DEVELOPMENT**

**ROVALPITUZUMAB TESERINE**

New approaches for treating small cell lung cancer, which hasn't seen significant treatment advances since the 1980s, are showing promise. At the annual meeting of the American Society of Clinical Oncology (ASCO) in June 2016, MSK Thoracic Oncology Service Chief Charles Rudin presented results from an early-stage clinical trial that he led of a drug called rovalpituzumab teserine (Rova-T). The findings were published in *Lancet Oncology* in early 2017.

Rova-T consists of a cancer-targeting antibody linked to a chemotherapy molecule. After the antibody seeks out the cancer cell, it delivers toxic chemotherapy — a kind of smart bomb for cancer.

Among the patients in the trial with the highest levels of DLL3, the protein targeted by the antibody, more than one-third had a partial or complete response. Based on these findings, larger trials have been initiated.

39% Patients who had significant tumor reduction in response to Rova-T

Charles Rudin cares for patients with lung cancer at MSK and also oversees a research lab focused on developing new treatment approaches.
ENTRECTINIB

In personalized oncology, one important focus is advancing basket studies. This type of trial focuses on developing drugs that target a specific mutation found in a tumor, regardless of where the cancer originated.

This past year, MSK medical oncologist Alexander Drilon reported combined results from two such studies, demonstrating that an experimental drug called entrectinib can slow or stop tumor growth in patients with a particular kind of genetic mutation. The mutation, called a gene fusion, plays a role in regulating how cells survive and multiply.

The two phase I trials enrolled patients with several different solid tumors — including lung, colorectal, and salivary gland tumors. After an average follow-up time of almost a year, the majority of patients who initially responded to the drug continued to do well. The studies were reported at the annual meeting of the American Association for Cancer Research in April.

TRKA/B/C, ROS1, AND ALK

Three gene fusions targeted by entrectinib

PU-H71 AND PU-PET

Proteins called molecular chaperones work by assisting other proteins. Sometimes these chaperones become incorporated into large networks called epichaperomes, found only in cells undergoing a disease process.

Chemical biologist Gabriela Chiosis developed a way to block a key epichaperome, disabling proteins that cancer cells need to survive. Her research resulted in a new drug, PU-H71. In a trial at MSK, John Gerecitano and Shanu Modi evaluated PU-H71 for the first time in patients. This drug is now advancing to a phase I/II trial for patients with metastatic breast cancer.

The research also led to an imaging scan called PU-PET, which would allow identification of patients who could benefit from this therapy. A trial is being led by radiologist Mark Dunphy. If these agents ultimately prove to be effective, it would be an important breakthrough for an approach that was born and bred at MSK.

HSP90

Target of the drug PU-H71, which blocks its activity

Alexander Drilon is a member of MSK’s Developmental Therapeutics group, which aims to bring new drugs to patients with all types of cancer.

Gabriela Chiosis’s lab in the Chemical Biology Program uses chemical biology techniques to understand, diagnose, and treat cellular processes associated with chronic stress.
LATE-STAGE DEVELOPMENT

Late-stage clinical trials are designed to determine whether a new treatment is more effective than the current standard of care. Outcomes from patients receiving the new treatment are compared with those of patients receiving the standard treatment.

ENASIDENIB

Most cancer drugs are designed to kill cancer cells, but MSK researchers are developing a treatment designed to rehabilitate them, turning them back into normal cells. MSK hematologic oncologist Eytan Stein is leading research on this type of targeted therapy, called enasidenib, for a variety of blood cancers caused by mutations in a gene called IDH2, primarily acute myeloid leukemia and myelodysplastic syndrome.

Enasidenib works by blocking the enzymes made from this mutant form of IDH2, which prevent normal blood stem cells from developing as they should. Based on early studies led by Dr. Stein, in late 2016 a New Drug Application for enasidenib was submitted to the FDA and the drug was granted priority review. The drug is being tested in two trials at MSK.

IDH2

Protein whose mutations allow certain cancer cells to grow

Eytan Stein is leading a number of clinical trials for patients with leukemia and myelodysplastic syndrome.
WT1 VACCINE
The cancer-causing protein WT1 is an important target for cancer therapy. MSK investigators led by David Scheinberg have been developing vaccines to target WT1 for more than a decade. At the ASCO meeting, two phase II studies reported promising results for this vaccine.

One, led by Marjorie Zauderer, evaluated the safety and benefit of giving the vaccine to patients with mesothelioma. There were few side effects, and the study showed survival improvements. With few current options for mesothelioma, this vaccine would be an important advance. Another, presented by Peter Maslak, reported that for patients with acute myeloid leukemia, the WT1 vaccine stimulated a specific immune response and lengthened survival.

Based on these findings, phase III trials are planned for the WT1 vaccine in both of these cancers. MSK investigators are continuing to evaluate the vaccine for other types, including ovarian cancer and multiple myeloma.

CAR T
Cell therapies are a rapidly growing area of cancer research. Renier Brentjens, Isabelle Rivière, and Michel Sadelain pioneered one of the most promising of these approaches, chimeric antigen receptor (CAR) T cell immunotherapy. (Read more about MSK’s work in this promising area on page 16.)

This therapy involves training a patient’s own T cells to recognize cancer, then setting them loose to do their work. MSK is leading trials to evaluate CAR T cell therapy for leukemia and lymphoma. For these blood cancers, T cells are engineered to recognize a protein called CD19, found on the surface of blood cells called B cells. A study led by Jae Park demonstrated the potent antitumor activity of these CAR T cells in patients with acute lymphoblastic leukemia. Nearly 80 percent achieved a complete response within 20 days of treatment.

Additional MSK studies employ T cells designed to recognize different proteins found in other cancers.

David Scheinberg is Chair of the Molecular Pharmacology Program, which develops novel immunotherapeutic agents and targeted nanodevices, among other things.

Hematologic oncologist Jae Park is leading immunotherapy studies that employ CAR T cells.
FDA-APPROVED DRUGS

After treatments receive FDA approval, they become available to patients outside of clinical trials. This means that cancer patients everywhere eventually can benefit from research conducted at MSK.

OLARATUMAB

Soft tissue sarcoma has few treatment options beyond surgery, which makes the targeted therapy olaratumab (Lartruvo™) — the first drug approved for the initial treatment of this cancer in more than 40 years — noteworthy. William Tap, who specializes in this disease, led the trial that resulted in FDA approval in October 2016.

In that study, 133 people with metastatic sarcoma received either the chemotherapy drug doxorubicin (the standard treatment) or doxorubicin with olaratumab. The average survival of patients who got the combination was 26.5 months, compared with 14.7 months for patients who got doxorubicin alone.

Olaratumab is an antibody that binds to and blocks a receptor called PDGF-alpha on the surface of certain cancer cells and in the tumor microenvironment (the area surrounding the tumor). The receptor contributes to cancer’s growth and spread.

11.8 Average number of months that olaratumab extended survival in patients with soft tissue sarcoma

Medical oncologist William Tap leads a dedicated team that understands the nuances of soft tissue sarcoma, an uncommon and challenging malignancy.
NIVOLUMAB
An international trial led by Anas Younes, Chief of MSK’s Lymphoma Service, resulted in the approval in 2016 of the first blood cancer treatment aimed at unleashing an antilymphoma immune response. Nivolumab (Opdivo®) — which was already approved for certain forms of melanoma, kidney cancer, and lung cancer — is a type of drug called a PD-1 inhibitor. MSK medical oncologist Alexander Lesokhin co-directed the early clinical testing of the drug, which works by releasing the brakes on the body’s immune system. This allows it to mount a stronger attack against cancer.

The trial included 80 patients whose Hodgkin lymphoma had returned even after the most advanced treatment possible — a stem cell transplant followed by treatment with a drug called brentuximab vedotin. Nearly two-thirds of them responded to nivolumab (meaning they had complete or partial remission of their disease), with the response lasting an average of one year, and many patients continuing to do well for much longer.

ATEZOLIZUMAB
In May 2016, the FDA approved the novel immunotherapy drug atezolizumab (Tecentriq®) for patients with metastatic urothelial carcinoma, the most common type of bladder cancer. The drug, which represents the first new treatment for this cancer in more than 20 years, was approved based on a large multicenter clinical trial led by MSK medical oncologist Jonathan Rosenberg.

Results from that trial showed that atezolizumab shrunk tumors in a significant portion of patients, and the benefit appeared to be lasting in many people: Among patients in the clinical trial who had anticancer responses, 84 percent were still responding after about one year.

Atezolizumab is another member of the class of drugs called checkpoint inhibitors. The molecule it targets, called PD-L1, prevents the immune system from recognizing that the cancer cells pose a threat. When PD-L1 is blocked, this enables the body’s immune system to recognize and attack the cancer.

66% Patients who had complete or partial remission of their disease after treatment with nivolumab

84% Patients who responded to atezolizumab who were still responding a year later

Investigator Anas Younes is working to accelerate the development of new treatment strategies for patients with Hodgkin and non-Hodgkin lymphoma.

Jonathan Rosenberg is focused on developing new treatments that target the growth and progression of bladder cancer.
INNOVATIONS IN: PATIENT CARE
The newly redesigned fourth floor of Memorial Hospital was designed specifically for neurology, neurosurgery, and orthopedics patients, who have unique challenges in regaining their mobility after surgery. Physical therapists like Nicole Kasven (right) and Amanda Molnar are an important part of these patients’ care teams.
Just as no two cancers are exactly alike, no two people have the same cancer care needs. MSK put this foundational principle to work in several spaces in 2016 — some overhauls of existing facilities and some built from the ground up, but all designed to improve patients’ and caregivers’ experiences.

The Department of Nursing played a significant role in the creation of these spaces, including M4 and MSK Monmouth. This year, MSK also achieved Magnet® designation, a prestigious recognition of nursing excellence and quality patient outcomes.

“OUR ACHIEVEMENT OF MAGNET® RECOGNITION PROVIDED CONFIRMATION OF OUR NURSES’ SUPERB PERFORMANCE AND DEDICATION. EXCELLENCE IS EVIDENT IN EVERY ASPECT OF THEIR WORK, FROM THE COMPASSIONATE, KNOWLEDGEABLE, HANDS-ON CARE THEY DELIVER TO THEIR INTEGRAL ROLE IN GUIDING THE DEVELOPMENT OF THE FACILITIES IN WHICH THEY DELIVER IT.”

- ELIZABETH MCCORMICK
CHIEF NURSING OFFICER
The fourth floor of Memorial Hospital got a state-of-the-art face-lift in 2016 when it was redesigned specifically for neurology, neurosurgery, and orthopedics inpatients. Improvements for this specialty patient population included mirrors and special lighting along the hallways to help patients regain their mobility as well as to act as distance markers as they walk the halls. Program enhancements included adding telemetry monitoring and expanded EEG monitoring. A centrally located workspace for doctors and nurses was added to allow for accessibility and easy collaboration on patient care.
Much of MSK Commack was expanded and refreshed in 2016. Beyond the brighter waiting areas and more comfortable treatment rooms, the upgrade increased space for laboratory services, which means patients can have more testing done on site and receive test results more quickly. It also brought support services, such as acupuncture and genetics counseling, and interventional radiology to MSK Commack patients.
Memorial Sloan Kettering Monmouth opened its doors to residents of the Garden State in December 2016. The facility offers private infusion rooms, a full rehabilitation gym, on-site interventional radiology and radiation treatments, endoscopy, and advanced lab capabilities. And in a first for MSK outside of Manhattan, patients can also have outpatient surgical procedures at the facility.
Precision medicine is increasingly becoming the new face of treatment. How does it apply to childhood cancer?

The goal of precision medicine is to improve the technologies and discoveries that have come out of the laboratory and bring those to the patient. Precision medicine as we practice it uses the latest technologies to characterize the child’s cancer, to figure out precisely what went wrong that resulted in the development of the disease. Then we tailor and personalize the treatment plan to be as precise as possible, being mindful to minimize the toxicities as we treat the child.

You took on your role as Chair in 2016. What’s your vision for the department?

My short-term and long-term goals are the same: to take the foundation of excellence and reach even further to find better ways to treat children, and ultimately find ways to return kids back to normal life as quickly and as meaningfully as possible.

How do you cope with the emotionally intense aspects of your job?

You really have to be able to see the silver lining. In many cases, even if a child is not cured, there’s so much we can do in extending his or her life and making sure that life is as comfortable as possible. We have to be able to see that during those days when the roller coaster is on the downswing.

Being a pediatric oncologist is very rewarding. Just walking into the clinic and seeing the kids running around and playing, you would not know that these children had cancer but for the fact that they’ve lost their hair from the chemotherapy. That resilience and vigor is really inspiring.
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<tr>
<th>STATISTICAL PROFILE</th>
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## PATIENT CARE

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<td>Total Admissions</td>
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<td>Average Patient Stay (days)</td>
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<td>Bed Occupancy Rate (1)</td>
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<td>463,724</td>
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<td>Outpatient MD Visits: Regional Network</td>
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<td>Total Outpatient Visits</td>
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<td>Screening Visits</td>
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<td>Surgical Cases</td>
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<td>Radiation Treatments &amp; Implants: Manhattan</td>
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<td>Clinical Investigation Protocols (2)</td>
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<td>735</td>
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(1) Based on adjusted bed count  
(2) Excludes studies closed to accrual
### STAFF

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### EDUCATION

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<td>464</td>
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<tr>
<td>Residents and Clinical Fellows: Annual Total</td>
<td>1,682</td>
<td>1,691</td>
<td>1,674</td>
<td>1,723</td>
<td>1,734</td>
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<td>Research Fellows</td>
<td>320</td>
<td>323</td>
<td>351</td>
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<td>Research Scholars</td>
<td>124</td>
<td>133</td>
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<td>Research Associates</td>
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<td>91</td>
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<td>Graduate Research Assistants</td>
<td>39</td>
<td>41</td>
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<td>PhD Candidates</td>
<td>222</td>
<td>227</td>
<td>239</td>
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<td>MD/PhD Candidates</td>
<td>21</td>
<td>19</td>
<td>18</td>
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<tr>
<td>Registrants in CME Programs</td>
<td>3,968</td>
<td>3,681</td>
<td>5,614</td>
<td>3,581</td>
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<td>Laboratory Medicine Students</td>
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<td>9</td>
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<tr>
<td>Medical Observers</td>
<td>566</td>
<td>630</td>
<td>579</td>
<td>574</td>
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<tr>
<td>Medical Students</td>
<td>431</td>
<td>392</td>
<td>505</td>
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<tr>
<td>Nursing Students</td>
<td>178</td>
<td>179</td>
<td>257</td>
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<tr>
<td>Social Work Students</td>
<td>6</td>
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<tr>
<td>Radiation Oncology Technology Students</td>
<td>13</td>
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<tr>
<td>Physical Therapy Students</td>
<td>7</td>
<td>2</td>
<td>6</td>
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<tr>
<td>Occupational Therapy Students</td>
<td>4</td>
<td>2</td>
<td>3</td>
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</tr>
</tbody>
</table>

*In 2016, 27 staff members held appointments in both the Institute and the Hospital.*
2016 TOTAL OPERATING REVENUES

$3,980,362

- Patient Care Revenue: $3,094,461
- Grants, Contracts, and Royalties: $425,624
- Contributions and Pledge Payments: $248,095
- Other Income: $212,182

2016 TOTAL OPERATING EXPENSES

$3,802,192

- Compensation and Fringe Benefits: $2,137,409
- Purchased Supplies and Services: $1,311,764
- Depreciation and Amortization: $263,964
- Other Expenses: $89,055
### OPERATING REVENUES (in thousands)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Patient Care Revenue</td>
<td>$2,201,941</td>
<td>$2,367,731</td>
<td>$2,560,457</td>
<td>$2,809,813</td>
<td>$3,094,461</td>
</tr>
<tr>
<td>Grants and Contracts</td>
<td>185,160</td>
<td>202,061</td>
<td>229,562</td>
<td>234,402</td>
<td>257,893</td>
</tr>
<tr>
<td>Contributions</td>
<td>128,253</td>
<td>138,343</td>
<td>168,797</td>
<td>137,538</td>
<td>161,245</td>
</tr>
<tr>
<td>Net Assets Released from Restrictions — Pledge Payments</td>
<td>86,820</td>
<td>79,199</td>
<td>103,112</td>
<td>129,528</td>
<td>86,850</td>
</tr>
<tr>
<td>Royalty Income</td>
<td>78,350</td>
<td>94,058</td>
<td>162,710</td>
<td>197,885</td>
<td>167,731</td>
</tr>
<tr>
<td>Other Income</td>
<td>51,167</td>
<td>57,150</td>
<td>62,643</td>
<td>66,032</td>
<td>75,203</td>
</tr>
<tr>
<td>Unrestricted Investment Return Allocated to Operations</td>
<td>75,877</td>
<td>82,028</td>
<td>87,917</td>
<td>90,648</td>
<td>136,979</td>
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<tr>
<td>Transfer of Board-Designated Annual Royalty Annuitization</td>
<td>51,709</td>
<td>57,495</td>
<td>15,885</td>
<td>9,639</td>
<td>0</td>
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<tr>
<td>Total Operating Revenues</td>
<td>$2,859,277</td>
<td>$3,078,065</td>
<td>$3,391,083</td>
<td>$3,675,485</td>
<td>$3,980,362</td>
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</table>

### OPERATING EXPENSES

<table>
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</thead>
<tbody>
<tr>
<td>Compensation and Fringe Benefits</td>
<td>$1,582,212</td>
<td>$1,689,501</td>
<td>$1,782,477</td>
<td>$1,987,388</td>
<td>$2,137,409</td>
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<tr>
<td>Purchased Supplies and Services</td>
<td>879,219</td>
<td>924,691</td>
<td>1,062,603</td>
<td>1,172,467</td>
<td>1,311,764</td>
</tr>
<tr>
<td>Provision for Bad Debts and Assessments</td>
<td>17,541</td>
<td>19,969</td>
<td>35,859</td>
<td>64,194</td>
<td>40,531</td>
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<tr>
<td>Depreciation and Amortization</td>
<td>210,810</td>
<td>210,373</td>
<td>217,342</td>
<td>232,866</td>
<td>263,964</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>54,894</td>
<td>55,039</td>
<td>50,147</td>
<td>49,401</td>
<td>48,724</td>
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<tr>
<td>Total Operating Expenses</td>
<td>$2,744,676</td>
<td>$2,899,573</td>
<td>$3,148,428</td>
<td>$3,506,316</td>
<td>$3,802,192</td>
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### INCOME FROM OPERATIONS

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<tbody>
<tr>
<td>Income from Operations</td>
<td>$114,601</td>
<td>$178,492</td>
<td>$242,655</td>
<td>$169,169</td>
<td>$178,170</td>
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### PHILANTHROPIC REVENUE

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<tr>
<td>Philanthropic Revenue</td>
<td>$231,159</td>
<td>$380,500</td>
<td>$376,533</td>
<td>$276,747</td>
<td>$317,270</td>
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### CAPITAL SPENDING

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<tbody>
<tr>
<td>Capital Spending</td>
<td>$258,613</td>
<td>$315,282</td>
<td>$473,859</td>
<td>$710,873</td>
<td>$634,134</td>
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### BALANCE SHEET SUMMARY

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<tr>
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<tbody>
<tr>
<td>Assets</td>
<td>$7,795,606</td>
<td>$8,481,418</td>
<td>$8,963,268</td>
<td>$9,592,021</td>
<td>$9,891,492</td>
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<tr>
<td>Net Assets</td>
<td>$4,233,060</td>
<td>$5,143,974</td>
<td>$5,366,408</td>
<td>$5,533,963</td>
<td>$5,730,977</td>
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</table>
# BOARDS OF OVERSEERS AND MANAGERS

as of March 31, 2017

<table>
<thead>
<tr>
<th>DOUGLAS A. WARNER III</th>
<th>JAMES D. ROBINSON III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Honorary Chair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MARIE-JOSÉE KRAVIS</th>
<th>LOUIS V. GERSTNER, JR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice Chair of Boards</td>
<td>Honorary Chair of the Board, Sloan Kettering Institute</td>
</tr>
<tr>
<td>Chair of Managers, Sloan Kettering Institute</td>
<td>Sloan Kettering Institute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCOTT M. STUART</th>
<th>RICHARD I. BEATTIE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice Chair of Boards</td>
<td>Honorary Chair of the Board, Memorial Hospital</td>
</tr>
<tr>
<td>Chair of Managers, Memorial Hospital</td>
<td>Memorial Hospital</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CLIFTON S. ROBBINS</th>
<th>NORMAN C. SELBY</th>
<th>CRAIG B. THOMPSON, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treasurer</td>
<td>Secretary</td>
<td>President and Chief Executive Officer</td>
</tr>
</tbody>
</table>

Dominic Barton  
Richard I. Beattie  
Aneel Bhusri  
Mrs. Edwin M. Burke  
Mrs. John J. Byrne  
Mrs. Joseph A. Califano, Jr.  
Ian M. Cook  
Stanley F. Druckenmiller  
Anthony B. Evnin, PhD  
Roger W. Ferguson, Jr.  
Henry A. Fernandez  
Steve Forbes  
William E. Ford  
Richard N. Foster, PhD  
Stephen Friedman  
Philip H. Geier, Jr.  
Louis V. Gerstner, Jr.  
Jonathan N. Grayer  
William B. Harrison, Jr.  
Benjamin W. Heineman, Jr.  
David H. Koch  
Marie-Josée Kravis  
Donald B. Marron  
Kathryn Martin  
Jamie C. Nicholls  
James G. Niven  
Hutham S. Olayan  
Bruce C. Ratner  
Clifton S. Robbins  
Alexander T. Robertson  
James D. Robinson III  
Virginia M. Rometty  
David M. Rubenstein  
Lewis A. Sanders  
Norman C. Selby  
Stephen C. Sherrill  
Lavinia Branca Snyder  
Peter J. Solomon  
William C. Steere, Jr.  
John R. Strangfeld  
Scott M. Stuart  
Craig B. Thompson, MD  
Lucy R. Waletzky, MD  
Douglas A. Warner III  
Peter A. Weinberg  
Jon Winkelried  
Deborah C. Wright  
Jeff Zucker  
Mortimer B. Zuckerman  

* ex officio

<table>
<thead>
<tr>
<th>BOARD OF OVERSEERS EMERITI</th>
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</thead>
<tbody>
<tr>
<td>Peter O. Crisp</td>
</tr>
<tr>
<td>Richard M. Furlaud</td>
</tr>
<tr>
<td>James W. Kinnear</td>
</tr>
<tr>
<td>Paul A. Marks, MD</td>
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</table>

<table>
<thead>
<tr>
<th>BOARD OF SCIENTIFIC CONSULTANTS</th>
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</thead>
<tbody>
<tr>
<td>Frederick R. Applebaum, MD</td>
</tr>
<tr>
<td>Richard Axel, MD</td>
</tr>
<tr>
<td>Philip A. Cole, MD, PhD</td>
</tr>
<tr>
<td>Nancy E. Davidson, MD</td>
</tr>
<tr>
<td>Titia de Lange, PhD</td>
</tr>
<tr>
<td>James R. Downing, MD</td>
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<tr>
<td>Levi A. Garraway, MD, PhD</td>
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<tr>
<td>Maura L. Gillison, MD, PhD</td>
</tr>
<tr>
<td>Joseph L. Goldstein, MD</td>
</tr>
<tr>
<td>Gregory Hannon, PhD</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
## LEADERSHIP

**MEMORIAL SLOAN KETTERING CANCER CENTER**

as of March 31, 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAUL A. MARKS, MD</td>
<td>President Emeritus</td>
</tr>
<tr>
<td>KERRY BESSEY</td>
<td>Senior Vice President and Chief Human Resources Officer</td>
</tr>
<tr>
<td>JOSEPH B. BARRAGAN, MD</td>
<td>Deputy Physician-in-Chief, Regional Care Network and MSK Cancer Alliance</td>
</tr>
<tr>
<td>JOAN S. BURKE</td>
<td>Senior Vice President, Research and Technology Management</td>
</tr>
<tr>
<td>ERIC COTTONNING, PhD</td>
<td>Senior Vice President and Chief Financial Officer</td>
</tr>
<tr>
<td>NED GROVES</td>
<td>Executive Vice President and Hospital Administrator</td>
</tr>
<tr>
<td>MICHAEL P. GUTNICK</td>
<td>Executive Vice President and Chief Financial Officer</td>
</tr>
<tr>
<td>CRAIG B. THOMPSON, MD</td>
<td>President and Chief Executive Officer</td>
</tr>
<tr>
<td>KATHRYN MARTIN</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>JOSEPH B. BARRAGAN, MD</td>
<td>Deputy Physician-in-Chief, Breast Cancer Programs and Medical Director, Evelyn H. Lauder Breast Center</td>
</tr>
<tr>
<td>ELIZABETH A. HERBERT</td>
<td>Senior Vice President, Hospital Administration</td>
</tr>
<tr>
<td>JASON KLEIN</td>
<td>Senior Vice President and Chief Investment Officer</td>
</tr>
<tr>
<td>RUTH LANDE</td>
<td>Senior Vice President, Patient Revenues</td>
</tr>
<tr>
<td>CAROLYN B. LEvine, ESQ.</td>
<td>Deputy General Counsel and Corporate Secretary</td>
</tr>
<tr>
<td>JORGE LOPEZ, JR., ESQ.</td>
<td>Executive Vice President and General Counsel</td>
</tr>
<tr>
<td>LARRY NORTON, MD</td>
<td>Deputy Physician-in-Chief, Clinical Research</td>
</tr>
<tr>
<td>KENT SEPKOWITZ, MD</td>
<td>Deputy Physician-in-Chief, Quality and Safety</td>
</tr>
<tr>
<td>PETER STETSON, MD, MA</td>
<td>Deputy Physician-in-Chief and Chief Health Informatics Officer</td>
</tr>
<tr>
<td>CYNTHIA MCCOLLUM</td>
<td>Senior Vice President, Hospital Administration</td>
</tr>
<tr>
<td>ANNE MCSWEENEY</td>
<td>Special Advisor to the President, Development</td>
</tr>
<tr>
<td>AVICE A. MEEHAN</td>
<td>Senior Vice President and Chief Communications Officer</td>
</tr>
<tr>
<td>RICHARD D. NAUM</td>
<td>Senior Vice President, Development</td>
</tr>
<tr>
<td>WENDY PERCHICK</td>
<td>Senior Vice President, Strategic Planning and Innovation</td>
</tr>
<tr>
<td>PATRICIA C. SKARULIS</td>
<td>Senior Vice President and Chief Information Officer</td>
</tr>
<tr>
<td>CAROL A. SLATTERY</td>
<td>Vice President, Sloan Kettering Institute Administration</td>
</tr>
<tr>
<td>MARK SVEENNINGSON</td>
<td>Senior Vice President, Finance and Controller</td>
</tr>
<tr>
<td>EDWIN TALIAFERRO</td>
<td>Vice President, Internal Audit and Compliance and Chief Compliance Officer</td>
</tr>
</tbody>
</table>

---

**PAUL A. MARKS, MD**

President Emeritus
LOUIS V. GERSTNER, JR. GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
MEMORIAL SLOAN KETTERING CANCER CENTER

as of March 31, 2017

LOUIS V. GERSTNER, JR.
Chairman of the Board

CRAIG B. THOMPSON, MD
President

JOAN MASSAGUÉ, PhD
Provost

KENNETH J. MARIANS, PhD
Dean

LINDA D. BURNLEY
Associate Dean

KATHRYN MARTIN
Treasurer

MARK SVENNINGSON
Assistant Treasurer

CAROLYN B. LEVINE, ESQ.
Secretary

TRUSTEES
Richard I. Beattie
Ellen V. Futter
Louis V. Gerstner, Jr.
David H. Koch

Marie-Josée Kravis
Craig B. Thompson, MD
Douglas A. Warner III

SLOAN KETTERING DIVISION
WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES

as of March 31, 2017

JOAN MASSAGUÉ, PhD
Director

KENNETH J. MARIANS, PhD
Director, Graduate Studies

GRADUATE PROGRAM CO-CHAIRS

NIKOLA P. PAVLETICH, PhD
Biochemistry and Structural Biology Unit

DAVID A. SCHEINBERG, MD, PhD
Pharmacology Unit

ANDREW KOFF, PhD
Molecular Biology Unit

ALEXANDER Y. RUDENSKY, PhD
Immunology and Microbial Pathogenesis Unit

MARILYN D. RESH, PhD
Cell and Developmental Biology Unit
After 15 years of unprecedented achievement, the Campaign for Memorial Sloan Kettering officially came to a close on December 31, 2016, having raised a total of $4.2 billion in gifts and pledges — and topping its final $3.5 billion goal by some $700 million. The Campaign, which began recording gifts in January 2001, was MSK’s first major fundraising drive since the 1980s.

Originally conceived as a five-year effort, the Campaign was extended twice and its goal more than tripled. Gifts to the Campaign have helped ensure MSK’s position at the forefront of today’s ongoing transformation in cancer research and treatment.

Leading the historic fundraising effort for its entire run were co-chairs Douglas A. Warner III and Louis V. Gerstner, Jr. In addition to working directly with donors — while also making their own generous contributions — they established a tone for the Campaign that reflected the institution’s highest aspirations. Together with Craig Thompson and their colleagues on the MSK Board, the co-chairs worked to ensure that the Campaign not only generated record gift totals but also that the contributions were directed to meeting MSK’s top priorities.

In all, Memorial Sloan Kettering received 13.7 million gifts during the course of the Campaign — an extraordinary outpouring of generosity from benefactors whose contributions both large and small were inspired by the pioneering work being done by MSK’s physicians and scientists. This support, in turn, provided the means to strengthen and expand initiatives in every area of Memorial Sloan Kettering’s mission.

Exemplifying the sense of commitment shown by MSK’s benefactors were the farsighted men and women who set the pace for giving to the Campaign. Contributions of $1 million and above helped drive MSK’s entire fundraising effort, accounting for 65 percent of the Campaign’s total achievement.

At the same time, MSK introduced a range of programs designed to encourage donor support at every level. For example, online giving has emerged as an important vehicle for contributions in the years since MSK received its first such gift in 2004. Online giving achieved a compound growth rate of 29 percent between 2004 and 2016.

Of particular note, MSK’s premier athletic event, Cycle for Survival, has grown steadily as a source of philanthropic support while also serving to expand and diversify MSK’s donor population. To date, more than 560,000 donors from 102 countries have made contributions in support of the event. In 2016, Cycle for Survival celebrated its tenth anniversary by raising $30 million from events held in 16 cities across the US.

Under the direction of Anne M. McSweeney, Special Advisor to the President for Development, and Senior Vice President Richard K. Naum, MSK built one of the nation’s most productive and highly efficient fundraising operations during the course of the Campaign. As a result, MSK has in place solid foundations for the long-term fundraising success that will help fuel the ongoing revolution in cancer medicine.
DONORS TO THE CAMPAIGN FOR MEMORIAL SLOAN KETTERING

$200,000,000 AND ABOVE
David H. Koch

$100,000,000 — $199,999,999
The Estate of Geoffrey Beene
Mr. and Mrs. William H. Goodwin, Jr., and the Commonwealth Foundation for Cancer Research
Henry and Marie-Josée Kravis
The Starr Foundation
Mortimer B. Zuckerman

$50,000,000 — $99,999,999
Stanley F. and Fiona Druckenmiller
The Leonard and Evelyn Lauder Foundation
Virginia and D. K. Ludwig Fund for Cancer Research
Robertson Foundation

$25,000,000 — $49,999,999
The Atlantic Philanthropies
The Elmer and Mamdouha Bobst Foundation
The Breast Cancer Research Foundation
Jack and Dorothy Byrne Foundation
The Louis V. Gerstner, Jr. Foundation, Inc.
The Sidney Kimmel Foundation
Parker Institute for Cancer Immunotherapy
Prostate Cancer Foundation
David M. Rubenstein
The Tow Foundation

$20,000,000 — $24,999,999
Anonymous
The Society of MSK
The Thompson Family Foundation

$10,000,000 — $19,999,999
Anonymous
Bristol-Myers Squibb Company
Trust of Burton Abrams
The Kristen Ann Carr Fund
Mr. and Mrs. Raymond T. Dalio
The Stephen and Barbara Friedman Foundation
Alan and Sandra Gerr
The Arnold and Arlene Goldstein Family Foundation
Trust of Steven A. Greenberg
The Donald B. and Catherine C. Marron Foundation
The Robert and Kate Niehaus Foundation
Mr. and Mrs. Milton Petrie
Laurance S. Rockefeller
Laurance S. Rockefeller Fund
Donna and Benjamin Rosen
Allan H. Selig
Robert F. X. Sillerman and Laura Baudo Sillerman through their Tomorrow Foundation
The Simon Foundation
The Society Boutique — MSK Thrift Shop
The Society of MSK Special Projects Committee
Stand Up To Cancer
Stop & Shop Supermarket Company, Inc.
Mr. and Mrs. Douglas A. Warner III
Estate of Kathryn D. Wriston

$5,000,000 — $9,999,999
Anonymous
Band of Parents Foundation
Robert and John Bendheim
The Leon Black Family Foundation, Inc.
The Carson Family Charitable Trust
The Steven A. and Alexandra M. Cohen Foundation, Inc.
Ian and Patricia Cook
Trust of Richard J. Eisemann
Mr. and Mrs. Philip H. Geier, Jr.
Family of Charles Hallac
Estate of Sherlock Hibbs
ICAP
The Jewish Communal Fund
Dr. and Mrs. Min-Hwan Kao
F. M. Kirby Foundation, Inc.
The Robert J. Kleberg, Jr., and Helen C. Kleberg Foundation
Trust of L. H. F. Klotz
John W. Kluge
Trust of Evelyn Lauder
The Lebensfeld Foundation
Estate of Tse Kyung Lee
The Leon Lowenstein Foundation, Inc., and Robert and John Bendheim
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SUPPORTING RESEARCH
The Society of Memorial Sloan Kettering’s Special Projects grants fund innovative research at the Sloan Kettering Institute that is often too nascent to receive support from conventional sources. This year, the grants were awarded to five scientists doing research in nanotechnology, immunology, and molecular and developmental biology.

Each spring, The Society also awards research grants that specifically focus on providing crucial funding to MSK’s promising young investigators. In 2016, the grants were awarded to nine projects, including a study involving patient-derived organoid models; a project to enhance end-of-life care; and a study developing and evaluating a fingerprinting tool to search for a common bacterium.

The Society’s Associates Initiative focused on genomic profiling for pediatric cancer patients. Funds raised went to support crucial research at MSK into how certain gene mutations lead to the development of cancers in children, with the goal of creating more effective, personalized treatments for these young patients.

The Center for Hematologic Malignancies — created in 2016 to allow MSK investigators to continue to produce remarkable advances in our understanding of blood cancers — was the focus of the 2016-17 Society Campaign. Funds raised will directly support research within the center and in the lab of physician-scientist Ross Levine.

To commemorate its 70th anniversary, The Society announced the establishment of The Society of Memorial Sloan Kettering Prize, which will be awarded annually to recognize important contributions to the field of pediatric oncology. The inaugural recipient of the award, former Chair of the Pediatrics Service Richard O’Reilly, stepped down in 2016. “As we look to the future with optimism, we are thrilled to aid MSK in its leading role as a catalyst for recognizing globally important contributions to the field of pediatric oncology,” said Lavinia Branca Snyder, President of The Society.

SUPPORTING PATIENT CARE
Some of the most cherished traditions and events at MSK — including the festive holiday parties held throughout the year, complete with overflowing gift bags for patients — are sponsored by The Society. This year was no different, with more than 200 of our youngest patients and their families and friends at Pediatric Prom in May 2016.

The Society also bid a fond farewell to The Society Boutique (formerly The Society Thrift Shop) in December. The much-beloved shop, founded in 1951, raised millions of dollars in support of MSK and served as a neighborhood extension of the institution, drawing patrons from all over the city.

SUPPORTING EDUCATION
The Society’s annual Health Education Seminar (HES) provides public education on the prevention, early detection, and treatment of cancer. The 2016 HES topic focused on a vital aspect of the cancer care team: caregivers. The lecture included discussions on postoperative care and the psychology of caregiving as well as a talk from Kate Niehaus, a former MSK patient and long-time patient advisor who is Chair of MSK’s Patient and Family Advisory Council for Quality.

For many of the postdoctoral students in MSK’s research labs, the challenges of the job coincide with the demands of family life. To help offer some stability, The Society has established a merit-based prize specifically for young families to assist with childcare expenses. The Society Scholars Prize honors MSK’s most talented postdocs who are also parents to children under the age of four.
“COMPASSION, GENEROSITY OF SPIRIT, AND FORWARD THINKING HAS BEEN AT THE CORE OF THE SOCIETY OF MSK’S MANY-FACETED CONTRIBUTIONS FOR 70 YEARS.”

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