



Memorial Sloan Kettering  
Cancer Center

2018 ANNUAL REPORT



**WHY  
I CHOOSE  
MSK**



**Every person  
at MSK —**

**staff member,  
researcher,  
patient,  
doctor —**

**HAS A  
UNIQUE  
STORY.**

It's what inspired them to pursue a career, what propels them past their challenges, what brought them to MSK for treatment, what gives them hope for the future.

# Personal Journeys p 16

- Clinical trials nurse Asia McCoy and many others from across the institution shared their stories about what drew them to MSK, and what makes it unlike anywhere else.



# Rewriting the Textbooks p 30

- › In 2018, a team of basic scientists in the Sloan Kettering Institute, including postdoctoral fellow Weirui Ma, made groundbreaking discoveries that are turning some long-held beliefs on their head.



# A New Hope p34

- › For patients like Katie Rich, here with her daughter Madeline, MSK offers hope after a life-altering diagnosis. In turn, those patients give us new knowledge to help others just like them.





## MSK Care, Closer to Home p 38

- › In 2018, MSK Bergen opened its doors to patients and families in northern New Jersey. “When you’re in treatment and you’re not feeling well, but you have a short trip for a long day, it makes life so much easier,” says patient Carol Cincotta.

› Medical oncologist Andrea Cercek and colleagues started a new program in 2018 to care for people with early-onset colorectal cancer and to study the troubling rise in the disease.





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# Message from the Chairman and the President

**For more than 130 years, Memorial Sloan Kettering has subjected every aspect of our enterprise to rigorous examination. Indeed, the imperative to test every assumption has helped drive the discoveries that lead to lifesaving advances and better outcomes for our patients.**

In 2018, MSK underwent an exhaustive analysis of our efforts in basic, translational, and clinical research by the National Cancer Institute. The review, which takes place every five years, reaffirmed MSK's designation as a Comprehensive Cancer Center and set the baseline for federal support of the core laboratories and functions that power our research mission. We received the highest possible score for the second review in a row.

MSK's dedication to excellence was reflected in advances across our research enterprise. To name just one example in basic research, Christine Mayr and her lab in the Sloan Kettering Institute challenged long-standing ideas about cell structure with their discovery of a new organelle, called TIGER, that had been hiding in plain sight. (See more about Dr. Mayr's work on page 30.)

In addition, our researchers made major advances in rapidly developing fields that MSK has helped pioneer, including computational biology and immunotherapy. Dana Pe'er and Alexander Rudensky and their teams are using highly sophisticated techniques to analyze cancer at the level of individual cells, shedding light on the incredibly complex composition of tumors and potentially leading to treatments that are custom-built for individual patients.

David Hyman and Alexander Drilon led research testing larotrectinib (Vitrakvi®), a groundbreaking targeted therapy that, in 2018, became the first to be developed and approved by the US Food and Drug Administration based solely on its effect on a genetic mutation in a tumor, regardless of



**CRAIG B. THOMPSON**  
*President and Chief Executive Officer*



**DOUGLAS A. WARNER III**  
*Chair, Boards of Overseers and Managers*

where in the body the tumor originated. The drug was studied simultaneously in adult and pediatric patients, an approach that many experts believe is crucial to finding new treatments for children with cancer.

As a community, we have also devoted considerable time, effort, and attention in recent months to an assessment of institutional policies around how best to manage relationships with outside entities, including biotech and pharmaceutical companies, as well as conflicts of interest. Many individuals contributed to this work, including our clinical and scientific faculty, colleagues on the Boards of Overseers and Managers, and external experts. We believe that the results of this work will both further our mission and commitment to patients as well as contribute to best practices for the wider research community.

MSK also made other vital improvements, enhancing its capacity to care for people in both the inpatient and outpatient settings. At Memorial Hospital, the Adult Bone Marrow Transplant Service opened a state-of-the-art floor that provides lifesaving stem cell transplants as well as chimeric antigen receptor (CAR) T cell therapy, in which a patient's own immune cells are genetically engineered to attack cancers.

In the outpatient setting, the June opening of MSK Bergen, with 110,000 square feet of clinic space, provides nearly every aspect of cancer care to people in northern New Jersey and southern New York. In 2019, our network of innovative outpatient facilities welcomes MSK Nassau on

Long Island and the David H. Koch Center for Cancer Care in Manhattan.

Our ability to care for so many people on an outpatient basis is due, in large part, to the remarkable advances we've made in making surgery less invasive, radiation treatment more precise, and chemotherapy less toxic. These innovations are coupled with excellent outcomes.

One of the biggest challenges in oncology is ensuring that this level of care is available to more people, particularly those who may have difficulty with access or other healthcare issues. In 2018, MSK announced that we are deepening our 15-year relationship with the Ralph Lauren Center for Cancer Care (RLC) in Harlem, bolstering its ability to meet the cancer needs of area residents and surrounding underserved communities while expanding the services it provides with the help of MSK's deep expertise. This promises a wonderful new chapter for the RLC, which has managed more than 160,000 patient visits since its founding, providing needed care to people who otherwise may have gone without it.

The past year also saw the recruitment of remarkable leaders to MSK, as well as the promotion of talented current staff members into new roles. Kristian Helin joined SKI as Chair of the Cell Biology Program and Director of the Center for Epigenetics Research; MSK welcomed Sohrab Shah as the inaugural Chief of Computational Oncology; and at the Gerstner Sloan Kettering Graduate School of Biomedical Sciences, founding Dean Kenneth Marians passed the torch to Michael Overholtzer after more than



**KATHRYN MARTIN**  
*Chief Operating Officer*



**LISA M. DEANGELIS**  
*Acting Physician-in-Chief,  
Memorial Hospital*



**JOAN MASSAGUÉ**  
*Director,  
Sloan Kettering Institute*



**JAMES D. ROBINSON III**  
*Honorary Chair, Boards of  
Overseers and Managers*

15 years of remarkable leadership. In the Pediatric Surgical Service, J. Ted Gerstle was recruited as the new Chief, succeeding Michael La Quaglia, and in the Pediatric Stem Cell Transplantation and Cellular Therapy Service, Jaap-Jan “J. J.” Boelens joined as the new Chief, succeeding Richard O’Reilly. Lisa DeAngelis has also stepped in as acting Physician-in-Chief, providing valuable leadership across the institution.

There were also notable transitions in key governance positions in 2018. We welcome Scott M. Stuart as Chair of MSK’s Boards of Overseers and Managers. And Kenneth Manotti takes over as Senior Vice President and Chief Development Officer, following the retirement of Anne McSweeney and Richard Naum.

MSK’s dedication to its mission is reflected in the many individual honors and awards received by our faculty and staff. Of note, Hedvig Hricak received the David Rall Medal from the National Academy of Medicine; Maria Jasin was awarded the Basser Global Prize; Valerie Rusch became President-Elect of the American College of Surgeons; Lorenz Studer was awarded the Jacob Heskell Gabbay Award; Michel Sadelain was recognized with the Pasteur Weizmann/Servier Prize; and James Allison, former Chair of the Immunology Program of SKI, shared the Nobel Prize in Physiology or Medicine for discoveries that led to the development of immune checkpoint inhibitors, research partly conducted at MSK with Jedd Wolchok. Several of MSK’s best-in-class nursing staff were also recognized

by the Oncology Nursing Society this year, including Catherine Finlayson, Sincere McMillan, Janet McKiernan, Mary Corwin, and Donna Braccia.

The ability of MSK to sustain its mission to provide hope and improved outcomes to people with cancer continues to benefit from generous philanthropic support. Thank you to the thousands of individuals who sustain our mission every year, as well as the many people who helped Cycle for Survival raise tens of millions of dollars this past year for rare cancer research.

At MSK, every member of our faculty and staff are mindful of the enormous trust placed in us by the people we care for and their loved ones. We try to repay that trust every day as we carefully consider all that we do, integrating world-class research into our care paradigm and putting our patients’ interests above all else. Together, with your support, we look forward to even greater strides against cancer in the years to come.

**CRAIG B. THOMPSON**  
*President and  
Chief Executive Officer*

**DOUGLAS A. WARNER III**  
*Chair, Boards of Overseers  
and Managers*



**SCOTT M. STUART**

*Chair Elect, Boards of Overseers  
and Managers*

**“IT WAS AN EASY DECISION TO ACCEPT THIS ROLE AT MSK. TO PLAY A MAJOR ROLE IN SUPPORTING THE DOCTORS AND SCIENTISTS AT A WORLD-CLASS ORGANIZATION LIKE OURS—THE BEST IN THE WORLD AT WHAT THEY DO—PLUS THE EMOTIONAL GLUE FROM MY FAMILY’S CONNECTION TO MSK, IT WAS AN EMPHATIC YES FROM ME, WITH CAPITAL LETTERS.”**

On January 1, 2019, longtime board member Scott M. Stuart became the Chair of MSK’s Boards of Overseers and Managers. Mr. Stuart, who joined the board in 2006, is a founding partner of the investment firm Sageview Capital.

“I’ve been on many boards in my career, both for-profit and nonprofit companies,” says Mr. Stuart. “This is the finest institution I’ve ever been associated with.”

Mr. Stuart’s connection with MSK is a personal one: his brother, Rob, did a fellowship with Richard O’Reilly, former Chair of the Department of Pediatrics, during the 1970s; and his daughter, Jessie, was treated successfully at MSK for two different cancers. This year, she will graduate from Harvard Medical School. Mr. Stuart and his wife, Lisa, are also parents to Garratt, Nate, and Daisy.

“It was an easy decision to accept this role at MSK,” he says. “To play a major role in supporting the doctors and scientists at a world-class organization like ours—the best in the world at what they do—plus the emotional glue from my family’s connection to MSK, it was an emphatic YES from me, with capital letters.”

Mr. Stuart comes on board during a challenging time for the healthcare field. “We are facing an enormous and unprecedented period of change, with both challenges and opportunities,” he says. “I am extremely optimistic that MSK will continue to soar because the fundamentals of what we do are so strong. I believe we will thrive.”

As for taking the reins from his predecessor, Douglas A. “Sandy” Warner III, “I have gotten lots of good advice from Sandy, which has allowed for a seamless transition,” Mr. Stuart says. “I think the main reason is that we are both so committed to the mission of MSK, which is research, patient care, and education.”

And it’s a mission that Mr. Stuart is well positioned to continue. “I have it in my DNA,” he says. “As long as I am chair, everything will be examined through that lens. It’s that simple.”

# In Clear Sight: A Conversation with Sandy Warner

The Chair of MSK's Boards of Overseers and Managers reflects on 20 years of leadership and innovation.



**Douglas A. Warner III served as Chair of Memorial Sloan Kettering’s Boards of Overseers and Managers for two decades. He joins a small but distinguished group of people—Laurance S. Rockefeller; Benno C. Schmidt, Sr.; and James D. Robinson III—who have held the role and served as stewards of this extraordinary organization over the past half century. During his tenure, Mr. Warner worked with MSK Presidents Paul A. Marks, Harold Varmus, and Craig B. Thompson, alongside hundreds more committed individuals, including fellow board members, physicians, scientists, nurses, administrators, and volunteers.**

**Scott M. Stuart succeeded Mr. Warner as Chair on January 1, 2019. During a recent interview at the Mortimer B. Zuckerman Research Center (ZRC) in Manhattan, Mr. Warner reflected on his time at MSK and the transformation that occurred in its programs of research, education, and patient care.**

**When you became Chair of MSK’s Board, did you think you’d be in the seat for 20 years?**

I didn’t think much about it. My first response to Laurance Rockefeller, who had asked me to be the chair, was no. As tempted or as interested as I was in MSK, something inside me said, “This is too much on top of my job at JPMorgan. I just shouldn’t be taking this on at this moment in time.”

**What changed your mind?**

Laurance suggested I become the vice chairman. He said he would continue to be very active on the board and help recruit people who would become my team. And when we were ready, I’d move into the chairman’s seat and hit the ground running. Combined with the idea of working at MSK, working with Laurance, working with [then President] Paul Marks, being able to take my time moving into it and judge the degree to which I could manage it — that became such an appealing proposition that I said yes. And that’s what we did.

**Will you go down in history as one of the few people to say no to Laurance Rockefeller?**

I doubt it. Laurance was always out there in the way he thought about things. He wasn’t conventional by anybody’s estimation. Proposals that he made in respect to venture deals or MSK or other parts of his enormously successful career were always at the edge, which is why he was so good. Those of us who tend to be more centrists in the way we think about things would often recoil the first time we heard one of his ideas. But once you reflect on it, let it settle in, and talked to him more about it, more often than not, his genius won the day.

**Do you see yourself as a “big idea” person?**

Of my relative strengths, that’s not at the top of the list. In areas of my expertise, I have plenty of ideas, but I tend to be a team builder, to put my own and other people’s ideas together and make them actionable. I have a lot of experience rolling up my sleeves and making things happen.

### **What do you consider to be your biggest, boldest idea from your time here?**

You're sitting in it. This building [ZRC] was part of the idea that characterized the entire time I was chairman. I often think about what this institution would be like had we not made the decision to build ZRC. It was a huge expenditure at the time. We had to borrow a lot of money. It was the most expensive foot-for-foot research building in the world, bar none, because it's in the middle of Manhattan and it's built vertically. But out of it comes research that is ranked number one in the world in cancer, and that puts this institution in a whole different place. Without it, we would not be anything like the institution we are today.

### **Enhancing our research enterprise seems to have been an important part of your chairmanship. How did that become a priority for you?**

When I took over as chairman, we were in an enviable position. We had an excellent reputation, first-class but small research enterprise, and a very high-caliber clinical operation. Our decisions came about as we reflected on the fact that there had been advances in science that created an opportunity in the mid

to late '90s to make a difference in the world that did not exist to the same degree in earlier years.

I asked myself, "If all of the constituents of Memorial Sloan Kettering could vote, would they want us to grow our institution and encourage more breakthroughs to affect the outcome of cancer?" The clear answer was yes. Cancer was our specialty. We had deep knowledge and brilliant people doing amazing things. In a sense, we felt a responsibility to bring our knowledge to patients if, by doing so, we could make a big difference at a critical time.

### **What has it meant to see that plan come to life?**

It is by far the most gratifying, rewarding experience of my professional career. This was a 20-year undertaking. And we're not done. The physical expansion part of the overall plan will wind up when the [David H. Koch Center for Cancer Care] opens later this year.

But at one point I was concerned that I'd been in the job too long. I discussed it with the executive committee and recommended we develop a succession plan. One of the senior members spoke for the group: "You're not going anywhere until we see if the strategic plan you recommended actually comes together. So you're here, pal, until the very last brick."

### **You were here on 9/11. What are your recollections?**

I remember it like it was yesterday. We all do. I was at a meeting of the executive committee on the 20th floor of Memorial Hospital. Somebody came in with a note that a plane had run into a building downtown. A while later, someone else came in and said a second plane had hit. It was then pretty clearly not an accident. The whole executive committee and senior leadership team went next door and turned on the TV. Soon thereafter the city declared a state of emergency that required hospitals, even the specialized hospitals like Memorial, to clear out all nonemergency patients, stop surgeries, and make available their facilities for the care of survivors. Kathryn Martin [then Hospital Administrator, now Chief Operating Officer] took charge, and it went as smoothly as anything I've ever seen under duress. Nobody was ready to have this happen, and it was pulled off like we'd rehearsed it a dozen times.

### **Going back to the earlier point you made about being a roll-up-your-sleeves type, why was visibility so important for you?**

It's just who I am. It isn't some concept of leadership that I have, although it has become that. I lead by connecting

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Douglas A. Warner III  
CHAIR, BOARDS OF OVERSEERS AND MANAGERS





with the key people through whom the institution runs. I work to develop personal relationships. We're all people, not just an organizational chart or positions. If leadership can be effected through mutual respect, engagement, and understanding, in my experience, it's multiple times more effective than leading from authority or brilliance.

**Over the course of 20 years, there have been some hard lessons learned. How do you reflect on those now?**

There are absolutely things that could have been done better or differently or shouldn't have been done at all. But I tried not to get bogged down. One learns from mistakes, but it is important to keep moving forward. To do that successfully requires a thorough understanding of what you're trying to do and then having a deep conviction about getting it done.

The environment is changing again, dramatically. Putting up new buildings, growing research, and owning everything are not going to be the plan for the next 20 years. We will be doing much more partnering and collaborating, incorporating technology to a much greater degree. [Incoming Board Chair] Scott Stuart and his team are already hard at work developing a new strategic plan.



**What do you want people to remember when they think of your time here?**

Well, I am not one that ascribes any of this to my personal contributions. I hope people will reflect on MSK's transformation from a small, specialized institution doing good — even great — work on cancer to maybe even the world leader in the remarkable progress that is being made to address this dreadful disease. That's what the last 20 years have been about.

And 20 years from now we will have been transformed again. I'm really excited about the possibilities. But where we find ourselves in 2019 is pretty amazing for those of us who worked to get us here. From the perspective of our long history, the last 20 years will be just a footnote. But because of it, we're now in a position to do some incredible things. Indeed, we already are.

**And what will you remember about MSK?**

The passion and caring. We are mission based, and the passion that mission generates, the caring, is demonstrable in every individual who works here. It has been an honor to be a part of it.



**2000** Mr. Warner recruits former MSK President Harold Varmus (right) from the National Institutes of Health, which he was leading at the time.



**2006** MSK Basking Ridge becomes MSK's first freestanding outpatient site in New Jersey. By the end of Mr. Warner's tenure, MSK has seven regional locations in the tristate area.



**2006** The Zuckerman Research Center opens, allowing basic and clinical scientists to work side by side in innovative laboratories. The building also houses the Gerstner Sloan Kettering Graduate School of Biomedical Sciences.



**2017** Mr. Warner presides over the groundbreaking of the David H. Koch Center for Cancer Care, which will open in 2019 on Manhattan's Upper East Side.



**2018** After two decades as Chair and more than three as a member of MSK's board, Mr. Warner is feted at a retirement celebration.

# Personal Journeys

In the following pages, you'll meet people from around MSK and hear their unique stories.



› “I feel morally committed to the institution’s mission and what we’re doing every single day,” says laboratory manager Zari Asgari. Hear more from Ms. Asgari on page 20.

# WHY I CARE FOR PATIENTS ON CLINICAL TRIALS

Asia McCoy  
CLINICAL TRIALS NURSE



**Asia McCoy is part of MSK's Genitourinary Oncology Service. Together with another nurse, she helps oversee all of the trials related to bladder cancer at MSK. At the end of 2018, there were 18 ongoing trials, involving seven doctors and about 50 patients.**

After college I started working at MSK as a physician office assistant. A few years later I became a clinical trials assistant. I helped manage trials for kidney cancer, alongside genitourinary oncologist Robert Motzer. [See sidebar at right.]

When I started, there were no good treatments for kidney cancer. I had the opportunity to be part of the team that led the development of sunitinib (Sutent®), which was one of the first of several targeted drugs that changed the treatment of that cancer.

I was fortunate to be part of this groundbreaking work early in my career. It inspired me to delve deeper into clinical research, but on a patient-care level. In 2006, after nine years of working at MSK, I decided to go back to school and get my nursing degree.

Since 2011, I've been part of the clinical trials team for bladder cancer. The path to new drugs has been similar to what I saw in kidney cancer. When I started, there were few beneficial drug treatments. Now several effective drugs have been approved. Many patients are living a long time, even with advanced cancer.

As a clinical trials nurse, I educate, coordinate care, and triage symptoms for every person enrolled in a trial for bladder cancer. I need to be familiar with all of the trials that are

underway. I develop close relationships with my patients because I'm usually the first person they talk to if they have a question or problem.

I've always been a caring person, and I've always been interested in science. In this role at MSK, I can combine both of those things. ■

## A POWERFUL COMBINATION FOR KIDNEY CANCER

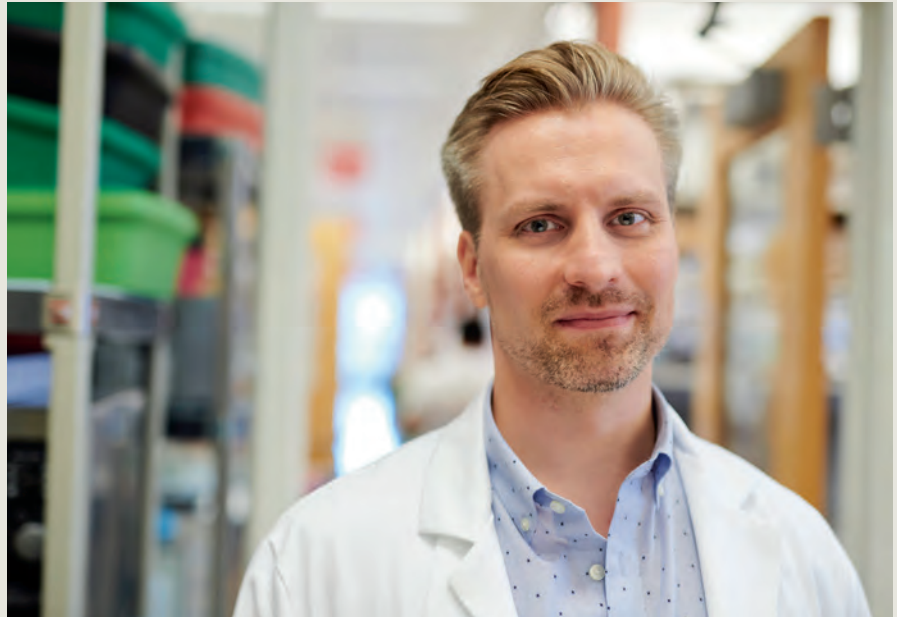
Dr. Motzer has been a pioneer in developing many of the new treatments that have been approved for kidney cancer in the past decade.

In April 2018, the US Food and Drug Administration approved the latest of these treatments: the combination of the immunotherapy drugs ipilimumab (Yervoy®) and nivolumab (Opdivo®). Both drugs are in a class called checkpoint inhibitors. They work by taking the brakes off the immune system and allowing it to recognize and attack cancer.

This drug combination was originally developed at MSK for the treatment of metastatic melanoma. Clinical trials led by Dr. Motzer and published in March 2018 in the *New England Journal of Medicine* showed that it was also effective for kidney cancer that had spread to other parts of the body. The drug combination resulted in an 18-month overall survival rate of 78 percent, compared with 68 percent for treatment with targeted therapy sunitinib.

# WHY I LOOK AT TUMORS CELL BY CELL

Tuomas Tammela  
CANCER BIOLOGIST



**Tuomas Tammela is a scientist in the Sloan Kettering Institute's Cancer Biology and Genetics Program. He studies cellular heterogeneity (the different cell types that make up tumors) in lung and pancreatic cancers. During the 2018 meeting of the American Association for Cancer Research, he presented a study of a novel way that pancreatic cancer maintains the right conditions to survive and grow in the body.**

Early in my career, when I first began studying cancer in mice, I discovered that it takes only a few aggressive cells within a tumor to make the whole tumor more dangerous. Although these bad actors may make up just a small portion of cells, their presence greatly increases the likelihood that cancer will spread and resist treatment. This powerful effect got me interested in the study of heterogeneity in cancer. When tumors are heterogeneous, it means that not all of the cells in the tumor will respond to the same drugs, making them much harder to treat. Intratumor heterogeneity, which is the variation of individual cells within a tumor, is the focus of my lab today.

Tumors are so complex and diverse that it's probably fair to say that no two cells within a tumor are exactly alike. That complexity can be daunting, but with the right tools, we can learn to make sense of it. Once we understand it, we can manipulate it.

One of the tools used in my lab is called single-cell RNA sequencing. Before this technology was developed, it wasn't possible to study the diversity of cells in a tumor the way we study it today. MSK is one of the best places where this kind of research can be done. I'm able to collaborate with colleagues who have expertise in single-cell analysis techniques as well as those with a deep understanding of how heterogeneity affects patients.

A goal of my research is to develop drugs and other therapies that make tumors less heterogeneous. We want to push the cells into a state that makes them all respond to the same therapy, so they are easier to treat and less likely to spread. If we can gain therapeutic control over these different cell types, we can have a significant impact on the treatment of cancer in the future. ■



▲ Tuomas Tammela's lab uses this gene synthesizer to assemble synthetic DNA fragments for use in their molecular biology research.



## WHY I AM EXCITED ABOUT THE FUTURE OF LEUKEMIA TREATMENT AT MSK

Martin Tallman  
CHIEF, LEUKEMIA SERVICE

**Martin Tallman is a hematologic oncologist who specializes in treating people with acute myeloid leukemia (AML) and acute lymphoblastic leukemia (ALL). He also participates in clinical research.**

The first successful treatment for AML, a combination of two chemotherapy drugs, was developed in 1973. It doesn't work for all patients and has numerous side effects. With the exception of one drug that was approved in 2000 but later removed from the market, there were no new approved agents for more than 40 years.

In the past 18 months, though, eight new drugs have been approved for AML, a relatively common blood cancer in adults. MSK has been involved in much of this research. One of the drugs is an updated version of a standard leukemia drug. Another is made from an antibody linked to a potent toxin. Three more new drugs target mutated proteins that are commonly found in AML.

For ALL, there also have been recent advances, including the ability to diagnose its different subtypes and to determine which ones have an unfavorable prognosis and need more aggressive treatment. Immunotherapy, including chimeric antigen receptor (CAR) T therapy, also has made a big difference for ALL. There are now clinical trials under way looking at CAR T therapy and other types of immunotherapy for AML.

We are looking at new ways to combine drugs as well. And many new leukemia drugs have allowed people to avoid chemotherapy and the toxic side effects that go with it.

It's still early. These therapies are new, and we need to do more studies. But they provide fertile ground for continuing

collaborations between those of us in clinical trials and those in the laboratory. Because MSK has strengths in both of these areas, we have many opportunities to work together and bring scientific advances to people with cancer.

It's an amazing, exciting time to be doing leukemia research at MSK. ■

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Martin Tallman  
CHIEF, LEUKEMIA SERVICE

# WHY I RUN A CLINICAL RESEARCH LABORATORY AT MSK

Zari Asgari  
LABORATORY MANAGER

**Zari Asgari has been managing the lab of Anas Younes, Chief of the Lymphoma Service, since it was established in 2012. She helps lead a team of five scientists who are working to develop new treatments for people with lymphoma. In 2018, the lab made an important discovery about a new combination drug strategy that could be effective in treating an aggressive form of non-Hodgkin lymphoma.**



When I started working in research, it was just a job. But the more I became involved, the more I became attached, and the more my life outside of work felt connected. I've worked at several leading healthcare organizations, but MSK stands out. The design of this institution is based on the directive that diversity is a positive force. I see that in my work environment every day, as we collaborate with people from all sorts of backgrounds and cultures, and who have all sorts of ideas – scientific and otherwise.

As a lab manager, I need to be highly organized so that the flow of work is as efficient as possible, and so that all of our policies and procedures meet the highest standards. It can be challenging to make sure we're on target, but I work hard for our team – and we really are a team – to function smoothly so that Dr. Younes can have all the support that he needs, as far as data and research, to focus on caring for his patients.

I also really enjoy working with new fellows and postdocs. I make sure that all of the details are taken care of so that they can jump right in and start on their science.

For me personally, working in cancer research has a lot to do with respect and responsibility. When I introduce myself to someone outside of MSK, the response I get is one of respect, and that's priceless to me. But at the same time, I feel a huge sense of responsibility. I feel morally committed to the institution's mission and what we're doing every single day. ■

**“WHEN I INTRODUCE MYSELF TO SOMEONE OUTSIDE OF MSK, THE RESPONSE I GET IS ONE OF RESPECT, AND THAT'S PRICELESS. BUT AT THE SAME TIME, I FEEL A HUGE SENSE OF RESPONSIBILITY.”**

Zari Asgari  
LABORATORY MANAGER

# WHY I BELIEVE GSK OFFERS A GRADUATE SCIENCE EDUCATION UNLIKE ANY OTHER

Kenneth Marians

FOUNDING DEAN, GERSTNER SLOAN KETTERING  
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES (GSK)

**Kenneth Marians, a molecular biologist, stepped down as Dean of GSK at the end of 2018. He was a driving force behind the school's creation. He has advised 13 classes of students, close to 60 graduates.**

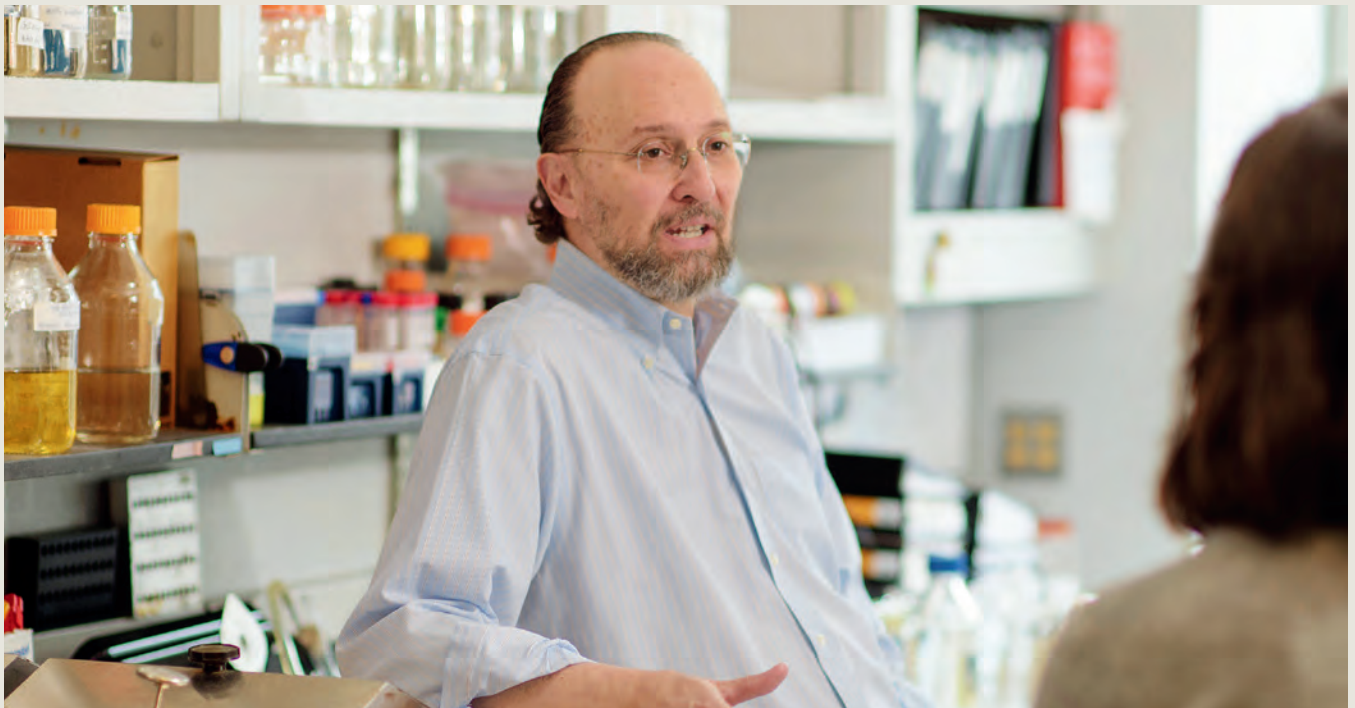
I went to a very large graduate school, Cornell University in Ithaca. The only time I interacted with the dean's office was when I handed in my dissertation.

The idea for GSK was that it would be much smaller and much more interactive. We have about ten students each year. There's much more of a direct role for the dean in responding to students' concerns. The students have easy access to the administrators, and we get a lot of feedback from them.

The school's approach is unique as well. Early on, it became clear that if we really wanted to do something different and special, we had to take advantage of what was special about Memorial Sloan Kettering, rather than duplicate what was going on at neighboring institutions. That's where the idea of driving the learning through the lens of human disease, namely cancer, came from.

We try to integrate basic science with the clinical picture so that students get a broader view. They are encouraged to think about how what they do in the lab could ultimately benefit patients. But what makes GSK great is that it is focused on fundamentals in basic science.

We now have a fair number of alumni in the New York City area. A lot of them come back, and it's fun to see them. Two years ago at our annual retreat, for the tenth anniversary, we brought back as many alumni as could come. For me, it's all about the students and their success. ■



# WHY I CHOSE MSK FOR MY POSTDOCTORAL RESEARCH

Suleman Hussain  
RESEARCH FELLOW



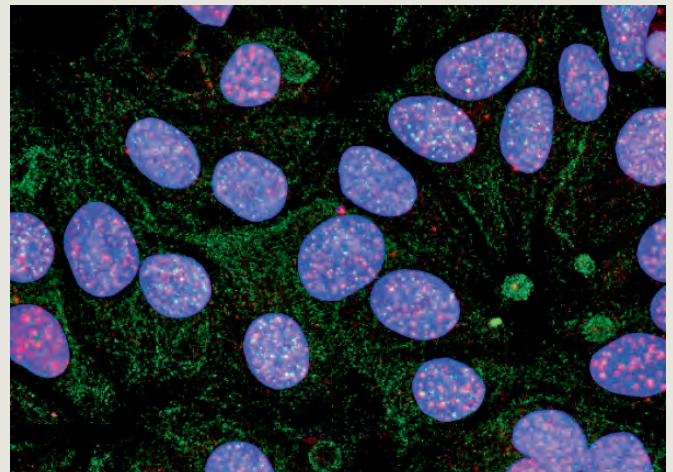
**Suleman Hussain is a third-year postdoctoral fellow working in the lab of Daniel Higginson at MSK. He is studying pathways of DNA repair and their role in cancer therapies. He was awarded an AACR AstraZeneca START Fellowship from the American Association for Cancer Research in early 2019.**

I'm very motivated by the idea of translational research. Whatever I'm doing in the lab ideally should have a clinical impact, either in helping doctors make treatment decisions or in improving diagnostics. That's what really pushes me.

In my current research, I'm focused on understanding how cells repair their DNA and how these processes affect cancer treatment. We know that cancers that are deficient in one specific method of DNA repair can be treated with certain drugs, called PARP inhibitors. But sometimes cancers compensate for this deficiency by repairing DNA in a different way, which makes the drugs less effective. The laboratory tests that are currently available for measuring DNA repair don't capture that balance.

We recently developed an approach using the genome-editing tool CRISPR-Cas9 and next-generation sequencing that detects a cell's usage of three major DNA repair pathways at the same time. This has significance for both scientists and patients. It can help basic scientists who are exploring the mechanisms of DNA repair. And it may help doctors determine which treatments might be better for patients based on the specific repair pathways their tumors are using.

MSK has this very nice balance between basic science and translational science. It allows researchers to move easily between them. ■



▲ In this image from Suleman Hussain's lab, the red dots represent proteins gathering at a break in a cell's DNA. The proteins act like lifeguards, springing into action only when DNA needs repairing. Image courtesy of Gesa Junge.





## WHY I MENTOR THE NEXT GENERATION OF SCIENTISTS

Michael Overholtzer

DEAN, GERSTNER SLOAN KETTERING GRADUATE  
SCHOOL OF BIOMEDICAL SCIENCES (GSK)

**A renowned cell biologist, Michael Overholtzer became Dean of GSK on January 1. His lab in the Sloan Kettering Institute is working to uncover how inducing cell death may be used as a form of cancer therapy.**

I've had many mentors throughout my career, and they've all played different, important roles. They showed me everything from the fundamentals, like how to design a sound experiment, to demonstrating passion for science. I learned that the process of discovery isn't really a career; it's a lifestyle — one that you can fall in love with. My mentors opened my eyes to how amazing life as a scientist can be.

Part of the fun of running a lab is to have the chance to see some of your ideas play out as success for other people. In a similar way, I'm excited to contribute new ideas to GSK and to have the opportunity to witness and support the successes of our students.

As a school, GSK has always been innovative, from its concept to its structure. This applies to our students, too, and their passion for science, dedication to their work, and sense of ownership of our special community. We have a unique opportunity to think about graduate education in a novel way, to help shape young scientists into future leaders. I look forward to continuing this exemplary tradition. ■

# WHY I BROUGHT MY CHILD TO MSK

Ana and Enrique Plaza  
PARENTS OF RIHANNA, AGE 2

**Rihanna Plaza was born with a massive tumor on her upper arm. Chemotherapy at a local hospital didn't shrink it. At MSK, doctors tested the tumor and found it was caused by a mutation in a gene called NTRK. Researchers, including Rihanna's doctor, Neerav "Neal" Shukla, had seen promising results with larotrectinib (Vitrakvi®), which targets the NTRK gene. Ana and Enrique Plaza enrolled their daughter in a clinical trial of the drug in 2018, and the tumor shrank almost immediately. After several months, Rihanna had surgery to remove the remaining tumor. Today, she is a healthy, happy big sister.**

It was a normal pregnancy, but after 27 hours of labor, the doctors opted for a C-section. They told me there was something wrong with her arm and that they were going to transfer us. Her arm had a tumor the size of her head. I was in shock. I couldn't believe it. I used to go to the NICU, and I couldn't even hold her for too long because I would faint or get sick.

We came to MSK because we had heard it was the best. We were willing to do anything. I thought the cancer would spread or that we would lose her. The way that the doctors here spoke gave me confidence that they knew what they were doing and that there was definitely hope.

The drug was like liquid Tylenol — Rihanna didn't even fight me on it. It worked in three days, and she had no side effects. We started on a Monday, and by Wednesday, the tumor had shriveled like a raisin. I called the doctor right away because I could not believe it. Rihanna was hyper and happy, like nothing was happening.

She started the medicine on June 6 and was able to have the remaining tumor removed by November. A year has gone by, and nothing has come back. She loves to dance, she loves Minnie Mouse, and she loves to hug and kiss her little brother, Ricky.

I would tell another family, "Run to MSK. Don't wait, and don't give up." MSK made it a lot easier and smoother. From the bottom of my heart, I can honestly say it was the best care that I think anybody could have ever gotten. I am forever grateful. ■

▼ From left: Ana and Enrique Plaza with infant Rihanna; the Plaza family at Rihanna's second birthday; and Rihanna playing. Photos courtesy of Ana Plaza.





## WHY I DECIDED TO JOIN A REVOLUTIONARY CLINICAL TRIAL AT MSK

Sharon Belvin  
FORMER MSK PATIENT AND  
MOTHER OF TWO

▲ Sharon with her children, James, age 8, and Lillybeth, age 11. Photos courtesy of Sharon Belvin.

**In 2004, Sharon Belvin was diagnosed with stage IV melanoma. Jedd Wolchok, Chief of the Melanoma and Immunotherapeutics Service, enrolled her in MSK's first clinical trial of ipilimumab (Yervoy®), an immunotherapy that harnesses the body's immune system to attack cancer. Ms. Belvin was the first person at MSK to have a complete response to the medication, which the US Food and Drug Administration has since approved for metastatic melanoma. In 2018, immunologist James Allison, who ran clinical trials of ipilimumab with Dr. Wolchok at MSK, received the Nobel Prize in Medicine.**

I had tried every single treatment under the sun. They bought me some time but nothing worked. So when Dr. Wolchok said, "You have the opportunity to participate in a clinical trial," I jumped on it. This had the possibility to be amazing.

Dr. Wolchok never gave me any false promises. He was calm each and every time. You have no idea what to do, so it's very reassuring when you're so scared to trust your care team.

I was really lucky; I didn't have a whole lot of side effects. I had an immune reaction and was in the hospital for five days, but I didn't have any GI issues. My thyroid was affected, but that was an easy fix with medicine.

When I had my initial scan after the treatment, my tumors had shrunk 60 percent. It was insane. The radiologist called Dr. Wolchok to make sure he had the correct patient.

Soon after, my scans showed no evidence of disease. My mind went blank. Until that point, every single time I had walked into a doctor's office it was bad news. Dr. Wolchok said, "Would you like to meet the man who invented this trial?" He called Dr. Allison out of the lab, and I pretty much tackled him. There were tears everywhere. It was a life-changing moment.

Everybody at MSK was fantastic. The doorman at the Rockefeller Outpatient Pavilion, Nick Medley, to this day I still talk to him. He used to get me out of the car when I was in a wheelchair. Now I'm walking in just fine. Every year when I go in, I bring him pictures of my kids.

If I didn't sign up for the trial, I wouldn't be alive today. I'm 100 percent sure of that. ■



▲ Sharon Belvin with Jedd Wolchok (left) and James Allison celebrating the Nobel Prize in Stockholm, Sweden. Of being at the ceremony, Ms. Belvin says, "It was such a privilege. If someone had told me this was what my life was going to be like, I'd still say, 'No way.'"

# WHY I TEACH PEOPLE HOLISTIC WAYS TO HEAL

Jun Mao

CHIEF, INTEGRATIVE MEDICINE SERVICE

**Jun Mao is an integrative medicine specialist and acupuncturist who also researches the use of complementary therapies for people with cancer. In 2018, he published a study on the benefits of acupuncture and cognitive behavioral therapy for cancer survivors dealing with insomnia.**

When I began my career in family medicine, I realized that the tools we have in conventional medicine are often inadequate to help people manage pain, fatigue, sleep, and other issues. I wanted to help find solutions. I've always had a more holistic orientation. I originally studied chemical engineering before I moved into medicine, so I've always seen human beings like a machine, as a whole rather than parts.

Integrative medicine is extremely relevant to people with cancer. When people are diagnosed, they often get a lot of advice about what alternative approaches to try. It's often well-meaning advice from family or friends but can be very misinformed. If they simply pursue that advice, their outcomes and survival can be compromised. At the same time, we have research showing that acupuncture, yoga, meditation, and other therapies can help with challenging physical and psychiatric symptoms caused by cancer treatment. Careful integration of these approaches into cancer care can improve people's quality of life, how well they tolerate their conventional cancer treatment, and their outcomes.

This year [2019] is the 20th anniversary of the Integrative Medicine Service at MSK. We were the first integrative medicine department in a cancer center, and we have a history of robust, ongoing research that has defined the field. We are seen as the flagship of what we do. Our focus is not only on providing the highest standard of care but also setting that standard for everyone else. ■



# WHY I CARE FOR YOUNG PEOPLE WITH CANCER

MaryEliza McEachen  
CLINICAL NURSE

**MaryEliza McEachen has cared for kids and young adults in the Department of Pediatrics at MSK for 20 years. She represents the Department of Nursing on MSK's Ethics Committee and has received the DAISY Award, a prestigious honor given to nurses who go above and beyond for their patients.**

Early on in my career, I had a summer nursing assistant job in Boston on a bone marrow transplant unit. I was really drawn to the breadth of care — to be with these people for their entire stay in the hospital and to see them get well. And even if they didn't get well, it felt important to be with them every step of the way.

Sometimes, kids can have treatments that require them to stay in the hospital for up to three months. It can be a tough time, but at the end of the day, they're still kids. Little pieces of normalcy are incredibly important. Last week, I had a patient whose family was preparing Shabbat dinner in the kitchen on our inpatient floor. This little girl was debating about who she wanted to sit next to, her sister or her grandmother. That was her biggest worry in that moment. And those are exactly the moments we want.

It might sound odd to say, but the Department of Pediatrics is actually a really positive place. We have moments of sadness, but you see the best of people and of community here. Not everyone can say they love their job, but I feel lucky because I can. ■



**“I WAS REALLY DRAWN TO THE BREADTH OF CARE — TO BE WITH THESE PEOPLE FOR THEIR ENTIRE STAY IN THE HOSPITAL AND TO SEE THEM GET WELL. AND EVEN IF THEY DIDN'T GET WELL, IT FELT IMPORTANT TO BE WITH THEM EVERY STEP OF THE WAY.”**

MaryEliza McEachen  
CLINICAL NURSE

# WHY I RAISE MONEY FOR PEDIATRIC CANCER RESEARCH

Debbie and Kevin Bhatt  
PARENTS OF CAROLINE, AGE 5

**In 2016, Caroline Bhatt was diagnosed with stage IV Wilms' tumors in both kidneys. At 3 years old, she underwent six months of chemotherapy, radiation, and surgery. Today, Caroline's cancer is in remission, and she and her family are active fundraisers, raising more than \$100,000 to support the work of MSK pediatric oncologist Michael Ortiz, a Wilms' tumor expert working to develop better treatments for this rare childhood disease.**

▼ **Left: Caroline and big brother Andy, age 8, enjoy playing games. Legos are a family favorite. Right: With Caroline in remission, the Bhatt family continues to raise money to help other families affected by rare cancer. Photo credit: Amanda Gentile Photography.**

Caroline was diagnosed at 2 PM on a Wednesday. By the next morning, we were at MSK meeting with [pediatric surgeon] Michael LaQuaglia and [pediatric hematologic oncologist] Peter Steinherz. Caroline started chemotherapy the very next day. Our lives were completely changed in a matter of 48 hours. From the beginning, the doctors gave us confidence that she would get better. In retrospect, that confidence was bold, but it helped us get through those tough months, and maybe even helped us get to the fortunate place we're in now.

Before Caroline was a patient, a pediatric cancer floor sounded like the most depressing place. But when we arrived on the ninth floor [of the Claire Tow Pediatric Pavilion], we saw the exact opposite. Every day we were greeted by warm, cheerful, and supportive faces — the reception team, nurses, the child life team, big-hearted volunteers, and dedicated doctors — and that made an incredible difference.

We participated in our first fundraising event, Kids Walk, while Caroline was still in treatment. Not only did the MSK staff work each day to help kids like Caroline, but they also showed up at the event, on a weekend, to show support. It's remarkable to see how truly committed everyone is.

We remember the exact day we met Dr. Ortiz. He was doing research on Caroline's type of cancer, and he came by the ninth floor to meet us. We felt so grateful to meet this bright, caring person who has chosen to focus his career on new treatments for kids like our daughter. We continue to be grateful for his dedication and progress. In fact, Dr. Ortiz recently published a study about a treatment protocol that Caroline was a part of. Because of the excellent results, this treatment is now standard at MSK and will hopefully be adopted by other hospitals.

Today, Caroline is a healthy, enthusiastic girl and sees Dr. Ortiz for regular checkups. While we are grateful for her recovery, there are still so many more kids who need help. We have a lot more work to do. ■



› Caroline continues to come to MSK for follow-ups. The type of cancer she had, Wilms' tumor, is the most common type of kidney cancer in children, with about 500 kids in the United States diagnosed each year.



# Rewriting the Textbooks

Even the smallest details of our genetic information have a story to tell. Meet two biologists who listened.

› Molecular biologist Christine Mayr is part of the Cancer Biology and Genetics Program at the Sloan Kettering Institute.



**When Christine Mayr gives scientific presentations, she often starts with a picture of a worm—specifically, a millimeter-long soil dweller called *C. elegans*. This humble creature is a staple among biologists because it is one of the simplest organisms with a nervous system. It also has the virtue of being translucent, so you can see right through to its cells—all 959 of them.**

*C. elegans* was the first multicellular organism to have its genome sequenced, in 1998. Researchers discovered at that time that it has about 20,000 genes. When the results of the Human Genome Project (the international effort to sequence our own genome) were unveiled just a few years later, researchers made a surprising discovery: Humans have the same number of genes as the worm.

For those of us who like to think we are more sophisticated, the discovery was a bit ego bruising. But it was also scientifically exhilarating. How to explain the vast difference in complexity between a worm and a human given this similar genetic endowment?

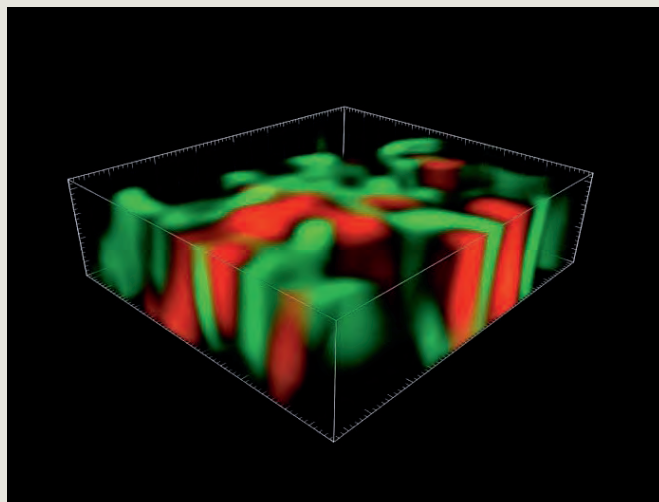
For Dr. Mayr, a molecular biologist in the Sloan Kettering Institute, that question led her to focus on a molecule that generally garners less of the limelight than DNA: RNA.

Like DNA, RNA is a nucleic acid made up of bases, represented by four letters, and carries genetic information. It serves as the messenger of that information, relaying it from the nucleus, where DNA is housed, to the cytoplasm, where proteins are made.

It might be easy to skip over the messenger, assuming it is ultimately less important than either DNA or protein. But Dr. Mayr thinks that messenger RNA (mRNA) has interesting stories to tell in its own right.

**“IF YOU SEQUENCED JUST THE DNA IN CANCER CELLS, YOU WOULD NOT SEE THESE CHANGES AT ALL. BUT THESE MRNA CHANGES HAVE THE SAME ULTIMATE EFFECT AS KNOWN CANCER DRIVERS IN DNA, SO WE BELIEVE THEY MAY PLAY A VERY IMPORTANT ROLE.”**

Christine Mayr  
MOLECULAR BIOLOGIST



▲ This three-dimensional reconstruction of the TIGER domain shows the close intermingling of the ER (green) with TIS granules (red). Read more about these structures on page 33.



▲ Dr. Mayr and postdoctoral fellow Weirui Ma (right) didn't set out to discover a previously unknown cell part. They were studying RNA-binding proteins.

## Found: Missing Mutations

In a study published in *Nature* in August 2018, she and her colleagues found previously unknown cancer causes lurking in mRNA's message.

"If you sequenced just the DNA in cancer cells, you would not see these changes at all," Dr. Mayr says. "But these mRNA changes have the same ultimate effect as known cancer drivers in DNA, so we believe they may play a very important role."

The team looked specifically at chronic lymphocytic leukemia (CLL), a type of blood cancer. They chose this cancer in part because it's easier to obtain pure populations of cancer cells from a blood cancer than from a solid tumor. A colleague at MSK, physician-scientist Omar Abdel-Wahab, supplied blood samples from people with the condition — an exchange made possible by the close collaboration that exists between MSK's clinical and basic scientists. Using a method that Dr. Mayr's lab developed to detect these particular mRNA changes, the team found that a substantially greater number of people with CLL had an inactivation of a tumor-suppressor gene within the mRNA than those who had it in the DNA.

These findings help explain the long-standing conundrum that CLL cells have relatively few known DNA mutations. Some CLL cells lack any known mutations. In effect, the mRNA

changes that Dr. Mayr's team discovered could account for the missing DNA mutations.

## A New Cell Part

Dr. Mayr has a knack for producing surprising discoveries. In November 2018, she and colleagues published an article in *Cell* announcing another radical finding that will have editors rewriting biology textbooks.

She and a postdoctoral fellow in the lab, Weirui Ma, discovered an entirely new cell part, known as an organelle. These small parts make up a cell's internal anatomy and perform specialized functions, like storing genetic information. The scientists dubbed their new organelle the TIGER domain.

This gel-like space occupies a large portion of the cell and is closely allied with the site where proteins are made. According to Dr. Mayr, the TIGER domain is where mRNA finds the appropriate environment in which to grow up.

"It's really a sorting mechanism," Dr. Mayr says. "The organelle admits specific mRNAs according to certain rules and excludes others. Then it shapes how the proteins made from those mRNAs will function."

**"WE THOUGHT A LOT ABOUT THE NAME. WE WANTED IT TO DENOTE FEATURES OF OUR FINDING AND ALSO BE COOL AND EASY TO PRONOUNCE. ONE DAY I SUDDENLY HAD A FLASH AND 'TIGER' CAME TO MY MIND."**

Weirui Ma

POSTDOCTORAL FELLOW





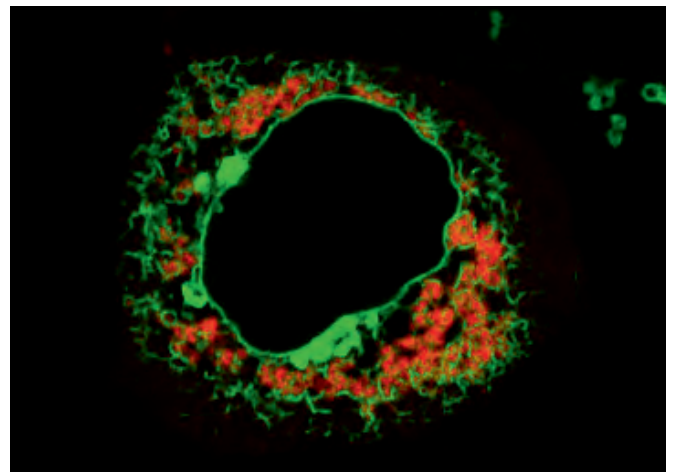
▲ In the lab, Drs. Mayr and Ma and others use imaging, biochemistry, and molecular biology techniques to conduct their research in human cells, mice, and budding yeast. They are studying how the untranslated regions of messenger RNAs regulate the function of proteins within cells.

The first three letters of TIGER stand for TIS granules; ER is for endoplasmic reticulum. (TIS granules are a network of interconnected proteins that bind RNA. ER is where new proteins are assembled.)

Dr. Ma named this space TIGER not only because the acronym fits but also because the striped pattern of the TIS granules interweaving with the ER resembles the orange-and-black coloring of a tiger. “We thought a lot about the name,” Dr. Ma says. “We wanted it to denote features of our finding and also be cool and easy to pronounce. One day I suddenly had a flash and ‘TIGER’ came to my mind.” Despite its fearsome-sounding name, the TIGER domain is actually a friendly place for protein interactions.

“Most people who study this topic think that if two proteins are present in the same area of a cell and bump into each other, that’s enough for them to interact,” Dr. Mayr says. “We’ve found that’s not the case. Some protein interactions can take place in the TIGER domain and nowhere else.”

The discovery of this domain was a delight to cell biologists and has opened their eyes to the possibility that other such hidden organelles are waiting to be discovered. ■



▲ This fluorescent microscopy image shows the distribution of the TIGER domain (red) in a cell. The black hole in the middle is the nucleus.



## A New Hope

When a relatively common cancer started to appear in an uncommon group, an MSK team set out to understand why.

› Katie Rich holds Hope, age 4, who was born after Katie was treated for stage IV colorectal cancer at MSK.



^ Will and Katie Rich at home in Rockville Centre on Long Island, where they love to explore their local beaches with their four kids. Katie is able to have follow-up appointments at MSK Nassau, a brand-new outpatient facility that opened close to their home in 2019.

^ Katie helps Quint, age 8, with his homework. After finishing treatment, Katie returned to teaching middle school math. “My family has settled back into normal,” she says.

**Katie Rich chalked up the ache in her rib cage to lingering pains from childbirth. At 33 years old, Katie had delivered Brady, her third child, just eight weeks earlier, but she felt strong and vital. Her doctors thought a minor gallbladder issue might be the culprit and sent her for a sonogram.**

**Just minutes after she left the appointment, Katie’s cell phone rang. The scan had revealed suspicious marks on her liver. Soon after, she was diagnosed with stage IV colon cancer. With three young children at home, including a newborn, she was suddenly battling for her life.**

“My husband and I were so thrown,” Katie says. “I thought colorectal cancer was an old man’s disease. I knew nothing about this at first.”

Colorectal cancer, which encompasses both colon and rectal cancer, is the third leading cause of cancer deaths in the United States. But it is typically diagnosed in older people with certain risk factors – the opposite of a young mom who had no family history of the disease, ate carefully, and enjoyed a healthy, active lifestyle. She also had none of the typical symptoms of colon cancer.

Katie is part of a disturbing and puzzling new trend. A growing number of people in their 20s, 30s, and 40s – both men and women – are developing colorectal cancer, though they have no genetic predisposition and few obvious risk factors. Researchers call this early-onset colorectal cancer. What’s more, people in this age group face wholly different obstacles than older people diagnosed with the disease, including fertility issues and long-term effects that can last decades.

In response, MSK launched the Center for Young Onset Colorectal Cancer in March 2018, the first initiative of its kind in the country dedicated to these younger patients. Its mission is three-pronged: to figure out what’s behind the rise in early colorectal cancers, to make the general public more aware of this troubling development, and to help MSK’s younger colorectal cancer patients cope with the unique challenges they face.

The new center was partly spurred by research at MSK and elsewhere that identified a growing number of people diagnosed with colorectal cancer before age 50. That's when many guidelines, including MSK's, recommend baseline colonoscopies to screen people at average risk. MSK's expertise in caring for a large number of people with colorectal cancer — 1,250 each year — helped in spotting the alarming trend early. "I would say five or six years ago, we started to see younger patients with colorectal cancer, including people in their 20s and 30s, who we weren't seeing before," says Julio Garcia-Aguilar, Chief of the Colorectal Service. "We got the impression that something was happening. And we started talking about it."

## A Stunning Development

Under the care of medical oncologist Diane Reidy Lagunes, Katie received eight rounds of chemotherapy to shrink her tumor in preparation for surgery. Surgical oncologist Martin Weiser then removed 30 percent of her colon, and surgeon Peter Allen removed 70 percent of her liver, where the cancer had spread.

The grueling recovery lasted months. Katie and her family were optimistic despite her dire diagnosis. But then Katie stunned her medical team with a new twist: She was pregnant. "My husband and I were shocked, to put it mildly," she says. Pregnancy would complicate efforts to see if the cancer returned, and if it did, treatment options would be limited. That reality "forced my husband and I to make one of the hardest decisions we've ever faced," she says. "I had three little kids at home already. So do I jeopardize those kids having a mother for a fourth child?"



▲ The Rich family (from left): Quint; Brady, age 6; Katie; Hope; Will; and Madeline, age 9. Katie was diagnosed with stage IV colon cancer just two months after giving birth to Brady.

They decided to carry the pregnancy to term. Daughter Hope was born, happy and healthy, in April 2015.

"Many of our younger patients either wish to have families or are not quite there yet in their lives, so it's really important to have conversations about family planning and fertility preservation," says medical oncologist Andrea Cercek, who is Co-Director of MSK's new center. "Sexual health is important for patients, and everyone needs support. For our younger patients it's even more necessary to intervene early." Treatment for colorectal cancer can also cause incontinence, diminished sexual function, profound changes to body image, and other psychosocial issues.

**"SEXUAL HEALTH IS IMPORTANT FOR PATIENTS, AND EVERYONE NEEDS SUPPORT. FOR OUR YOUNGER PATIENTS IT'S EVEN MORE NECESSARY TO INTERVENE EARLY."**

Andrea Cercek  
MEDICAL ONCOLOGIST





**“WE KNOW THAT THE RISK FACTORS FOR COLORECTAL CANCER INCLUDE OBESITY, SMOKING, AND ALCOHOL CONSUMPTION. BUT THE YOUNGER PATIENTS WE TREATED ACTUALLY HAD LOWER RATES OF [THESE BEHAVIORS] THAN THEIR PEERS WHO DID NOT DEVELOP CANCER.”**

**Robin Mendelsohn**  
GASTROENTEROLOGIST

The center assigns each patient a guide, who leads them through MSK’s support services and links their care team with social workers, psycho-oncologists, nutritionists, fertility and sexual health experts, and more.

## The Research Effort

Understanding the cause of the uptick in younger patients is also at the heart of the center’s mission. Gastroenterologist Robin Mendelsohn, Co-Director of the center, helped lead an investigation of patient records and found that over the last decade, MSK treated nearly 4,000 people with colorectal cancer who were under 50.

Yet this trove of data raises as many questions as it answers. “We know that the risk factors for colorectal cancer include obesity, smoking, and alcohol consumption,” says Dr. Mendelsohn. “But the younger patients we treated actually had lower rates of [these behaviors], including obesity, smoking, and drinking, than their peers who did not develop cancer.” Researchers are now focusing on concerns about the Western diet, the possibility that genetics may play a role that has not yet been discovered, and changes to the microbiome, the complex community of bacteria and other microbes that live in the human body and help digest food and regulate the immune system.

As for Katie, she has passed five years of being cancer free. “It’s like my family has settled back into normal, where cancer isn’t so much the focus,” she says. She returned to work

teaching seventh and eighth grade math, and she’s jumped back into her family’s swirl of activity. She’s also joined MSK’s fundraising event Cycle for Survival. Dr. Mendelsohn, who is part of Katie’s care team, calls her “a superwoman, the poster child for younger people with colorectal cancer.”

Katie says she is grateful for the support she received. “There’s a huge need,” she says, “especially an emotional need. You are just going through so much, and it’s so intense. You can’t do this alone. You need help.” ■



# MSK Care, Closer to Home

Take a look inside MSK's latest addition to its regional care network.



› Patients can come to MSK Bergen for standard treatments as well as surgical, medical, and radiation oncology consultations. They may also be able to take part in MSK's many clinical trials at the regional site. Breast medical oncologist Rui Wang helps enroll patients in trials.



**Stepping through the doors of MSK Bergen, you might be surprised by what you see. The bright, thoughtfully designed space is open and welcoming, with beautiful artwork. There's a quiet café where you can find a comfortable spot for a cup of coffee and a snack. In this calming setting, it's easy to forget for just a moment that you've entered a state-of-the-art cancer care facility with more than 35 doctors and almost 200 clinical and administrative staff.**

“When people walk in the building, I think they feel invited. They feel welcomed,” says Nurse Leader Kristy Dunleavy.

Opened in June 2018 and located in Montvale, New Jersey, the two-story, 110,000-square-foot treatment space marks MSK's seventh freestanding outpatient center outside of New York City and its third in the Garden State. It joins MSK Basking Ridge and MSK Monmouth, in Middletown. All three New Jersey sites are part of MSK's partnership with Hackensack Meridian *Health*.

“Being able to get the best cancer care anywhere, and being able to get it near where you live, in your neighborhood, that's really important,” says Matthew Matasar, MSK Bergen's Regional Care Network Medical Site Director.

Meticulously designed to offer a comfortable, personalized experience, MSK Bergen provides area residents with many of the same world-class services offered in Manhattan, just closer to their homes. “MSK Bergen is MSK,” explains Dr. Matasar. “We're bringing what we do best to a new region.”

**“BEING ABLE TO GET THE BEST  
CANCER CARE ANYWHERE, AND  
BEING ABLE TO GET IT NEAR WHERE  
YOU LIVE, IN YOUR NEIGHBORHOOD,  
THAT'S REALLY IMPORTANT.”**

Matthew Matasar

REGIONAL CARE NETWORK MEDICAL SITE DIRECTOR,  
MSK BERGEN





- ▲ MSK Bergen has 18 private infusion bays, with nurses stationed right outside. Each sunny space is equipped with personal touchscreen monitors, providing access to entertainment, Internet, food delivery, and MSK resources.
- The facility is home to advanced diagnostic tools, including CT/MRI machines and mammography services. With two on-site linear accelerators, staffed by highly experienced radiation therapists, patients can receive radiation treatments down the hall from their doctors. The facility also includes three treatment rooms for office-based outpatient procedures.





▲ There's much more to cancer care than treating the disease. MSK Bergen offers many supportive services, including rehabilitation, genetic testing, social work, acupuncture, pain management, and nutrition counseling.

▲ The facility includes an on-site lab, which means important testing can be done quickly, reducing the time patients need to wait for results.



▶ MSK Bergen offers visitors many quiet, comfortable spaces throughout the facility, like the waiting area pictured here.

## STATISTICAL PROFILE

	2014	2015	2016	2017	2018
<b>PATIENT CARE</b>					
Patient Admissions: Adults	20,640	21,064	21,708	21,953	<b>22,792</b>
Patient Admissions: Children	1,504	1,403	1,370	1,553	<b>1,451</b>
Total Admissions	22,144	22,467	23,078	23,506	<b>24,243</b>
Total Patient Days	146,855	151,827	160,072	161,661	<b>171,798</b>
Average Patient Stay (days)	6.6	6.8	6.9	6.9	<b>7.1</b>
Bed Occupancy Rate <sup>(1)</sup>	84.3%	90.9%	92.5%	94.3%	<b>95.2%</b>
Outpatient MD Visits: Manhattan	480,260	489,897	512,142	526,006	<b>541,146</b>
Outpatient MD Visits: Regional Network	113,699	136,506	153,451	196,232	<b>235,400</b>
Total Outpatient Visits	593,959	626,403	665,593	722,238	<b>776,546</b>
Screening Visits	10,282	22,403	23,497	31,683	<b>38,738</b>
Surgical Cases	20,420	21,368	23,066	25,330	<b>27,919</b>
New Radiation Oncology Patients Starting Treatment: Manhattan	4,268	4,408	4,831	5,283	<b>4,434</b>
New Radiation Oncology Patients Starting Treatment: Regional Network	2,714	3,017	3,399	4,510	<b>5,203</b>
Diagnostic and Interventional Radiology Procedures	435,501	466,848	498,372	543,322	<b>575,383</b>
Clinical Investigation Protocols <sup>(2)</sup>	776	879	1,072	1,133	<b>1,139</b>

(1) Based on adjusted bed count

(2) Excludes studies closed to accrual

	2014	2015	2016	2017	<b>2018</b>
<b>STAFF</b>					
Sloan Kettering Institute Members	140	140	131	133	<b>130</b>
Hospital Attending Staff	995	1,033	1,091	1,148	<b>1,228</b>
Registered Nurses	2,373	2,605	2,864	3,721	<b>3,905</b>
Administrative and Support Staff	10,223	10,965	11,638	12,325	<b>13,332</b>
<b>Total Staff <sup>(1)</sup></b>	<b>13,699</b>	<b>14,711</b>	<b>15,697</b>	<b>17,301</b>	<b>18,569</b>
Volunteers	902	967	943	1,019	<b>960</b>

## EDUCATION

Residents and Clinical Fellows – Positions	465	464	468	468	<b>476</b>
Residents and Clinical Fellows – Annual Total	1,674	1,723	1,734	1,749	<b>1,714</b>
Research Fellows	351	355	344	346	<b>325</b>
Research Scholars	110	98	92	120	<b>133</b>
Research Associates	95	110	112	115	<b>117</b>
Graduate Research Assistants	47	47	43	37	<b>34</b>
PhD Candidates	239	265	292	278	<b>266</b>
MD/PhD Candidates	18	20	26	24	<b>22</b>
Registrants in CME Programs	5,614	3,581	4,724	6,098	<b>7,246</b>
Medical Observers	579	574	563	511	<b>569</b>
Medical Students	505	548	569	577	<b>524</b>
Nursing Students	257	312	351	355	<b>512</b>
Social Work Students	7	4	8	7	<b>6</b>
Radiation Oncology Technology Students	15	15	12	12	<b>15</b>
Physical Therapy Students	6	5	5	6	<b>8</b>
Occupational Therapy Students	3	2	2	2	<b>2</b>
Laboratory Medicine Students	9	18	20	13	<b>15</b>

(1) In 2018, 26 staff members held appointments in both the Institute and the Hospital.

## FINANCIAL SUMMARY

### 2018 TOTAL OPERATING REVENUES

(Dollars in Thousands)

**\$4,909,854**



### 2018 TOTAL OPERATING EXPENSES

(Dollars in Thousands)

**\$4,690,794**



(Dollars in Thousands)	2014	2015	2016	2017	2018
<b>OPERATING REVENUES</b>					
Patient Care Revenue	\$2,524,598	\$2,745,619	\$3,068,587	\$3,536,976	<b>\$3,973,778</b>
Grants and Contracts	229,562	234,402	257,893	296,493	<b>334,536</b>
Contributions	168,797	137,538	161,245	191,843	<b>168,226</b>
Net Assets Released from					
Restrictions — Pledge Payments	103,112	129,528	86,850	86,800	<b>122,701</b>
Royalty Income	162,710	197,885	167,731	81,491	<b>75,679</b>
Other Income	78,528	75,671	75,203	77,967	<b>83,461</b>
Unrestricted Investment Return					
Allocated to Operations	87,917	90,648	136,979	137,750	<b>151,473</b>
<b>Total Operating Revenues</b>	<b>\$3,355,224</b>	<b>\$3,611,291</b>	<b>\$3,954,488</b>	<b>\$4,409,320</b>	<b>\$4,909,854</b>
<b>OPERATING EXPENSES</b>					
Compensation and Fringe Benefits	\$1,782,477	\$1,987,388	\$2,131,070	\$2,335,132	<b>\$2,587,336</b>
Purchased Supplies and Services	1,062,603	1,172,467	1,320,893	1,501,935	<b>1,756,174</b>
Depreciation and Amortization	217,342	232,866	263,964	287,145	<b>300,239</b>
Interest Expense	50,147	49,401	48,724	45,343	<b>47,045</b>
<b>Total Operating Expenses</b>	<b>\$3,112,569</b>	<b>\$3,442,122</b>	<b>\$3,764,651</b>	<b>\$4,169,555</b>	<b>\$4,690,794</b>
<b>INCOME FROM OPERATIONS</b>	<b>\$242,655</b>	<b>\$169,169</b>	<b>\$189,837</b>	<b>\$239,765</b>	<b>\$219,060</b>
<b>PHILANTHROPIC REVENUE</b>	<b>\$376,533</b>	<b>\$276,747</b>	<b>\$317,270</b>	<b>\$318,386</b>	<b>\$383,341</b>
<b>CAPITAL SPENDING</b>	<b>\$473,859</b>	<b>\$710,873</b>	<b>\$634,134</b>	<b>\$737,965</b>	<b>\$700,827</b>
<b>BALANCE SHEET SUMMARY</b>					
Assets	\$8,963,268	\$9,592,021	\$9,891,492	\$10,636,012	<b>\$10,623,567</b>
Liabilities	3,596,860	4,058,058	4,160,515	4,530,909	<b>4,196,154</b>
Net Assets	5,366,408	5,533,963	5,730,977	6,105,103	<b>6,427,413</b>

Memorial Sloan Kettering allocates the majority of its income to its core missions of patient care, education, and research. In 2018, approximately 78% of funds went to support providing our patients with the best possible care; 14% was devoted to research, developing new therapies to treat cancer; and 5% funded educational initiatives. The balance of income, roughly 3%, was used for fundraising, management costs, and general expenses.

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AS OF DECEMBER 31, 2018

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## MEMORIAL SLOAN KETTERING DEVELOPMENT: A BANNER YEAR DRIVES INITIATIVES FORWARD

**Memorial Sloan Kettering marked a fundraising record in 2018: The \$428.8 million in cash received represented a near 30 percent increase over 2017, and outright gifts and pledges of \$392.1 million bested the prior year by 14 percent.**

Because MSK sets global standards in cancer research, education, and care, it draws robust philanthropic support from a broad range of individuals, families, foundations, and corporations — all passionate about the institution's mission. Select 2018 gifts transforming MSK include:

- a \$10 million commitment from Kate and Andrew Davis/The Shelby Cullom Davis Charitable Fund to support research in precision prevention and other high-priority areas, as well as patient care and education programs
- a \$10 million commitment from the James and Judith K. Dimon Foundation to create the Center for Research, Prevention, and Treatment of HPV-Related Cancers
- a \$7.5 million commitment from the Tow Foundation to support research in the field of pediatric developmental oncology
- a \$4 million commitment from the Farmer Family Foundation for an initiative in protein-based diagnostics

Many volunteers, including some 2,500 MSK employees, dedicate their time and energy to MSK's signature



▲ A Cycle for Survival event on March 9, 2018, at Equinox Bryant Park

athletic fundraising events. They include the hundreds of dedicated runners on Fred's Team, who raised \$5.3 million for MSK research during the 2018 TCS New York City Marathon.

Cycle for Survival remains one of the nation's premier peer-to-peer fundraising programs. In 2018, 34,000 participants raised a record \$39 million from 230,000 donors. The indoor rides took place in 16 cities across the United States, with groups of families, friends, and colleagues riding together.

It was announced in late 2018 that Scott M. Stuart, a leading member of MSK's board since 2014, would succeed Douglas A. "Sandy" Warner III as Chair, effective January 1, 2019. (Read Mr. Warner's reflections on his 20-year tenure as Chair on page 12.) At the same time, it was announced that board member Jamie C. Nicholls would succeed Mr. Stuart as Vice Chair of the Board for Memorial Hospital. Mrs. Nicholls joins Marie-Josée Kravis, Vice Chair for the Sloan Kettering Institute; MSK President and CEO Craig B. Thompson; and Mr. Stuart in providing

strong and steady leadership to steer MSK forward.

In May 2018, Kenneth Manotti became MSK's new Senior Vice President and Chief Development Officer. Mr. Manotti was recruited in a national search, following the retirement of Anne M. McSweeney, Special Advisor to the President, and Richard K. Naum, Senior Vice President for Development. Mrs. McSweeney and Mr. Naum led MSK's development effort for nearly 17 years, including the Campaign for Memorial Sloan Kettering, which raised more than \$4.5 billion for the institution.

Mr. Manotti brings more than 30 years of fundraising experience as well as deep knowledge of the national and international philanthropy landscapes to MSK. He joins MSK's outstanding team of fundraising professionals to continue his predecessors' legacy with plans that will provide MSK with the expansion of philanthropic support it needs to grow and thrive as it leads the world forward in defeating cancer. ■

# DONORS TO MEMORIAL SLOAN KETTERING IN 2018

GIFTS OF \$100,000 AND ABOVE

## \$50,000,000 AND ABOVE

Anonymous

## \$10,000,000–\$19,999,999

Kate and Andrew Davis/The Shelby Cullom Davis Charitable Fund\*  
The James & Judith K. Dimon Foundation\*  
Estate of Samuel Hughes  
Wynn Family Foundation, Inc.

## \$5,000,000–\$9,999,999

Stanley F. and Fiona Druckenmiller\*  
Stand Up To Cancer\*  
The Starr Foundation\*  
The Tow Foundation\*  
Dirk and Natasha Ziff\*

## \$2,500,000–\$4,999,999

The Breast Cancer Research Foundation\*  
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\*On the Honor Roll of Donors who gave \$1 million or more to the Campaign for Memorial Sloan Kettering, 2002 to 2017. See page 54.

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GIFTS OF \$100,000 AND ABOVE

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## Supporting Research

The Society of Memorial Sloan Kettering's Special Projects Committee grants funds for innovative research at the Sloan Kettering Institute that is often too nascent to receive support from conventional sources. This year, the committee celebrated its 50th anniversary. It honored Joan Massagué, Director of the Sloan Kettering Institute, and awarded him a \$1 million grant.

Each spring, The Society also awards research grants to MSK's promising young investigators. In 2018, the grants supported projects including liquid biopsies for the detection of cancer, gauging the impact of the body's microbiota on outcomes after bone marrow transplantation, and identifying and targeting specific gene mutations in melanoma to overcome resistance to standard therapies.

The Society's Associates Initiative raised vital funds to support the establishment of a precision transplantation laboratory for pediatric patients and the acquisition of advanced instrumentation to accelerate precision transplant medicine research and improve patients' outcomes.

The Society Prize is awarded at the annual MSK Academic Convocation to a researcher, doctor, or team leader who has made a positive and lasting impact in the fight against pediatric cancer. The 2018 recipient was Melvyn Greaves, a British cancer biologist and professor of cell biology at the Institute of Cancer Research in London.

## Supporting Patient Care

The Society's Campaign focused on patient care. Realizing that the true cost of cancer extends far beyond medical treatment, The Society provides funds for financial assistance and programs

that foster a healing environment for patients at Memorial Sloan Kettering. The Society aims to help with the profound financial burdens that can accompany a cancer diagnosis, allowing patients and families to focus on treatment and better manage their road to recovery.

For more than 70 years, patient care has been at the heart of The Society of MSK's mission. 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.

## Supporting Education

The Society's 2018 Health Education Seminar focused on new developments in skin cancer prevention and treatment and featured dermatologist Michael Marchetti, medical oncologist Michael Postow, and Mohs surgeon Anthony Rossi.

The Society Scholars Prize is intended to honor postdocs who are performing at the highest level while also managing family obligations and adjusting to being new parents. This merit-based prize is awarded annually to at least ten full-time postdoc researchers who submit a brief application and personal statement. They are reviewed by a selection panel made up of MSK faculty parents, with final approval from The Society's President, in consultation with its Executive Committee. The prize provides a cash award for up to four years and is open to postdocs at MSK who have a dependent child under four years of age. ■



- ▲ Pediatric patient Teagin and her mom, Marna, attend the annual Pediatric Prom.
- ▼ From left: Marcie Pantzer, Betsy Pitts, Society President Jamee Gregory, Eleanor Ylvisaker, Honorary Saks Fifth Avenue Chair Roopal Patel, and Anjali Melwani at the 11th Annual Spring Ball.

- ▲ Special Projects Chairs Samuel Goldworm (left) and Eugenie Goodman with Joan Massagué, Director of the Sloan Kettering Institute, at the Special Projects 50th Anniversary Dinner.
- ▼ Jamee Gregory and Madison Avenue Business Improvement District President Matthew Bauer on December 1 at the 32nd Miracle on Madison Avenue shopping event benefiting The Society of MSK.



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AS OF DECEMBER 31, 2018

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---

**WRITERS**

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Julie Grisham  
Emily Kastl  
Bill Piersol  
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---

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---

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Karsten Moran

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**ADDITIONAL PHOTOGRAPHY**

Rick DeWitt  
Michael Prince  
Matthew Septimus  
Ian Spanier



Memorial Sloan Kettering  
Cancer Center

1275 York Avenue  
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- › Caroline Bhatt, age 5, with clinical nurse MaryEliza McEachen, was treated at MSK for a rare pediatric cancer and is now in remission. Together with her family, she helps raise money for research into her unique disease. Read her story on page 28.