# The University of Texas MD Anderson Cancer Center Fact Book 2023

Compiled by the Office of Institutional Research, Department of Academic Analytics and Technology, Division of Academic Affairs



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This Fact Book is a compilation of data from across The University of Texas MD Anderson Cancer Center and from our joint program with The University of Texas Health Science Center - Houston. The MD Anderson Office of Institutional Research, Department of Academic Analytics and Technology acknowledges the contributions of the following people:

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# **Table of Contents**

Sec	ction	Page
Α.	About MD Anderson Cancer Center	A - 1
	The University of Texas MD Anderson Mission Statement	A - 2
	The University of Texas MD Anderson Strategic Plan	A - 2
	About The University of Texas MD Anderson Cancer Center	A - 3
	The University of Texas MD Anderson Cancer Center Addresses	A - 5
	The University of Texas MD Anderson Cancer Center Organizational Chart	A - 6
	The University of Texas MD Anderson Cancer Center Executive Leadership	A - 7
	The University of Texas System Board of Regents	A - 8
	The University of Texas System Executive Offices	A - 9
	The University of Texas MD Anderson Cancer Center Board of Visitors	A - 9
	The University of Texas MD Anderson Cancer Center Institutes	A - 10
	The University of Texas MD Anderson Cancer Center Core Facilities:	
	CCSG Shared Resources	A - 11
	A.1 Top Ten Newly Diagnosed Cancers at UT MD Anderson Cancer	
	Center	A - 16
	A.2 Origin Mix of Patients Served	A - 16
	A.3 Institutional Statistics, Current Year to Date, Prior Fiscal Years	A - 17
	A.4 MD Anderson Work Report	A - 18
В.	Student Information	B - 1
	B.1 SHP Applied, Admitted and Enrolled Data by Program	B - 2
	B.2 SHP Students by Mean Age and Level	B - 3
	B.3 SHP Students by Gender and Ethnicity	B - 4
	B.4 SHP Students by Ethnicity	B - 5
	B.5 SHP Students by Gender	B - 6
	B.6 SHP Students by Residency - International and Out of State	B - 7
	B.7 SHP Students by Residency - Texas County	B - 11
	B.8 SHP Students by Residency Type	B - 13
	B.9 University of Texas MD Anderson Cancer Center and UTHealth	
	Graduate School of Biomedical Sciences (GSBS) Applications,	
	Accepted, and Admitted, by Program and Year	B - 14
	B.10 GSBS Students by Ethnicity	B - 15
	B.11 GSBS Students by Gender	B - 16
	B.12 GSBS Students by Age Range	B - 17
	B.13 GSBS Students by Residency Type	B - 18

MD Anderson Fact Book iii

# **Table of Contents**

# Continued

<u>Se</u>	ection	Page
C.	Degrees	C - 1
	Exhibit C.1 Degrees Offered at The University of Texas MD Anderson	
	Cancer Center	C - 2
	University of Texas MD Anderson Cancer Center Accreditation	C - 3
	University of Texas Health Science Center at Houston Accreditation	C - 3
	C.1 SHP Degrees by Level	C - 4
	C.2 SHP Degrees Awarded by Type	C - 5
	C.3 SHP Degrees by Program	C - 6
	C.4 SHP Degrees by Program and Average Age	C - 7
	C.5 SHP Degrees by Program, Ethnicity, and Gender	C - 8
	C.6 SHP Total Degrees by Level, Ethnicity, and Gender	C - 21
	C.7 SHP Graduates by Gender and Ethnicity	C - 22
	C.8 SHP Graduates by Ethnicity	C - 23
	C.9 SHP Graduates by Gender	C - 24
	C.10 GSBS Degrees Awarded	C - 25
	C.11 GSBS Graduates by Area of Research Concentration	C - 26
	C.12 GSBS M.S. Program Top Areas of Research Concentration	C - 27
	C.13 GSBS Ph.D. Program Top Areas of Research Concentration	C - 27
	C.14 GSBS Graduates by Ethnicity	C - 28
	C.15 GSBS Graduates by Gender	C - 29
D.	Faculty Demographics	<b>D</b> - 1
	D.1 SHP Faculty by Rank and Mean Age	D - 2
	D.2 SHP Faculty by Age Range	D - 3
	D.3 MD Anderson Faculty by Rank and Mean Age	D - 4
	D.4 MD Anderson Faculty by Age Range	D - 5
	D.5 SHP Faculty by Ethnicity and Gender	D - 6
	D.6 MD Anderson Faculty by Ethnicity and Gender	D - 7
	D.7 SHP Faculty by Ethnicity	D - 8
	D.8 MD Anderson Faculty by Ethnicity	D - 9
	D.9 SHP Faculty by Gender	D - 10
	D.10 MD Anderson Faculty by Gender	D - 11
	D.11 SHP Faculty by Rank	D - 12
	D.12 MD Anderson Faculty by Rank	D - 13
	D.13 SHP Mean Faculty Salaries by Rank	D - 14
	D.14 MD Anderson Mean Faculty Salaries by Rank	D - 14
	D.15 SHP Faculty Salaries by Source of Funds	D - 15
	D.16 MD Anderson Faculty Salaries by Source of Funds	D - 16
	D.17 MD Anderson American Association for Advancement of Science	
	Fellows Appointments Awards	D - 17

# **Table of Contents**

# Continued

Se	ction		<b>Page</b>
Ε.	Academ	ic Assessments	E - 1
	E.1	Accreditation Status	E - 2
		E.1.1 SHP Program Accreditation Schedule	E - 2
		E.1.2 GSBS Program Accreditation Schedule	E - 2
		E.1.3 Accredited Medical Programs Schedule	E - 3
		E.1.4 Texas Medical Board Approved Programs	E - 4
	E.2	Results of Selected National Certification Exams	E - 7
		E.2.1 Program in Clinical Laboratory Sciences	E - 7
		E.2.2 Cytogenetic Technology Program	E - 7
		E.2.3 Program in Histotechnology	E - 8
	E.3	Summary of Surveys	E - 10
		E.3.1 Summary of SHP Course/Rotation, Faculty, and Lecturer	
		Evaluations	E - 10
F.		strative and Academic Reporting Measures ory of the State of Texas Strategic Planning Process	<b>F - 1</b> F - 2
	F.1	MD Anderson Performance Measures Reported to the Legislative	1 - 2
	1.1	Budget Board	F - 3
	F.2	Health Related Institutions Performance Measures Definitions	F - 4
	F.3	Definitions of Performance Measures Not Submitted to the Legislative	1 .
	1.5	Budget Board	F - 22
	F.4	Explanation for Significant Variances in Legislative Budget Board	1 22
	1.1	Measures	F - 22
	F.5	MD Anderson Accountability Report	F - 23
	F.6	Health-Related Accountability Measures and Definitions	F - 29
G.	Other M	ID Anderson Academic Programs	G - 1
	G.1	MD Anderson Educational Trainees	G - 2
	G.2	Trainee Demographics by Group	G - 3
	G.3	Trainee Country of Origin & Visa Types	G - 3
	G.4	Five Year Trainee Growth Pattern	G - 4
	G.5	Trainee Classifications Graph	G - 5

# A. About MD Anderson Cancer Center



Making Cancer History®

# The University of Texas MD Anderson Cancer Center Mission Statement

The mission of The University of Texas MD Anderson Cancer Center is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public.

#### Vision

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

#### **Core Values**

**Caring:** By our words and actions, we create a caring environment for everyone. **Integrity:** We work together to merit the trust of our colleagues and those we serve.

**Discovery:** We embrace creativity and seek new knowledge.

# Strategic Plan

Patient Care: Enhance the quality and value of our patient care throughout the cancer care cycle.

**Research**: Enhance existing research programs and develop priority programs for the future.

**Education**: Provide educational programs of the highest quality to fully address the needs of all learners. **Prevention**: Accelerate the discovery and translation of new knowledge about cancer risk assessment and prevention in the laboratory, the clinic and the community.

**Our People**: Enhance our most valuable asset, the people who work, volunteer and contribute to advancing our mission.

**Collaboration**: Enhance and disseminate our knowledge in all mission areas through collaborative and productive relationships locally, nationally and worldwide.

Resources: Safeguard and enhance our resources.

#### **About The University of Texas MD Anderson Cancer Center**

Celebrating seven decades of Making Cancer History®, The University of Texas MD Anderson Cancer Center is located in Houston on the sprawling campus of the Texas Medical Center. It is one of the world's most respected centers devoted exclusively to cancer patient care, research, education and prevention.

The Texas Legislature created MD Anderson Cancer Center in 1941 as a component of The University of Texas. MD Anderson is one of the nation's original three Comprehensive Cancer Centers designated by the National Cancer Act of 1971 and is one of 49 National Cancer Institute-designated comprehensive cancer centers today. U.S. News & World Report's "Best Hospitals" survey has ranked MD Anderson the nation's top hospital for cancer care. The institution has been named one of the nation's top two hospitals for cancer care every year since the survey began in 1990.

Since the first patient was registered in 1944, more than 2 million people have turned to MD Anderson for cancer care in the form of surgery, chemotherapy, radiation therapy, immunotherapy or combinations of these and other treatments. In last fiscal year, more than 179,000 cancer patients (nearly one-third of them new patients), received care at MD Anderson. Over 40% of all patients were Texans from outside Harris County and over 20% were from out-of-state. Many patients benefit from the multidisciplinary team approach to treatment that was developed by MD Anderson and now sets the standard for cancer care around the world with over 9,600 participants enrolled in 1,568 clinical trials exploring innovative treatments. MD Anderson provided more than \$318 million in uncompensated care to Texans with cancer in FY23. This figure includes unreimbursed costs of care for patients who either have no insurance or are underinsured, or whose care was not fully covered by government-sponsored health programs.

Surgeons, medical oncologists, radiotherapists, prevention specialists and a broad range of other health professionals provide high quality care, including one of the nation's largest programs of clinical trials that seek to improve therapies for all types of cancer. In fiscal year 2023, MD Anderson had 1,568 active clinical protocols. The results of a number of trials, with MD Anderson clinical investigators as leaders or leading contributors, have become standards of care for cancer treatment.

In Fiscal Year 2023, MD Anderson's total research expenditure was over 1 billion, including over \$72 million in state funding, approximately \$192 million from philanthropy and foundations, and over \$258 million in federal research funding. MD Anderson's Moon Shots Program started in 2012 is a collaborative effort to more quickly turn scientific discoveries into clinical advances that save patients' lives. The program has yielded notable discoveries across the spectrum of cancer care, including prevention, early detection and treatment. The program's 13 Moon Shots<sup>TM</sup> are disease-focused initiatives targeting 20 types of cancer. The Moon Shots Program also established 10 platforms that provide unique expertise, technical capabilities and novel infrastructure to support the program's team-science approach.

Strong educational programs are offered annually to more than 5,000 students and trainees in medicine, science, nursing, pharmacy and many allied health specialties. MD Anderson offers bachelor's degrees in ten health disciplines and master's degree in Diagnostic Genetics and Radiologic Sciences. MD Anderson also provides public and patient education programs focusing on early detection of cancer and risk reduction that can help prevent cancer. Currently, more than 1,800 residents and fellows come to MD Anderson each year to receive specialized training and more than 1,000 research trainees worked at MD Anderson laboratories and clinics. The University of Texas MD Anderson Cancer Center School of Health Professions (SHP) and The University of Texas MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences (GSBS) are academically accredited through the Southern Association of Colleges and Schools Commission on Colleges to offer Bachelors, Masters, and Doctoral degrees. There are more than 400 graduate students enrolled in the GSBS, which is run jointly with The University of Texas Health Science Center at Houston (UTHSC-H). The relationship of the UTHSC-H with the GSBS is long standing and strong. In recent years there has also been a marked increase in collaborative activities with the UTHSC-H School of Public Health as MD Anderson's prevention efforts have grown.

Numerous MD Anderson faculty members serve the GSBS as thesis advisors, student committee members, and on various faculty senate committees, including admissions and curriculum. The MD/PhD program conducted with UTHSC-H Medical School continues to receive MD Anderson monetary support as well as laboratory placement of participants. Several support activities, such as University of Texas Police are joint activities of MD Anderson and UTHSC-H.

The SHP is committed to the education of health care professionals, through formal academic programs that award bachelor of science degrees and a master's in health sciences. Students in the SHP receive a unique educational experience within MD Anderson, located in the world's largest medical center. The education of the students includes the entire spectrum of laboratory testing and patient treatment procedures, from the relatively uncomplicated to the highly specialized. The SHP programs graduated 182 students in 2023 in twelve areas of study: Clinical Laboratory Science, Cytogenetic Technology, Cytotechnology, Diagnostics Genetics, Diagnostic Medical Sonography, Diagnostic Imaging, Health Disparities Diversity & Advocacy, Histotechnology, Medical Dosimetry, Molecular Genetic Technology, Radiological Sciences, and Radiation Therapy. All of the school's programs are accredited and approved by nationally recognized agencies.

The Houston-based MD Anderson facilities in the Texas Medical Center cover more than 15 million square feet and feature the latest equipment and facilities to support growing needs in outpatient and inpatient care, research, prevention and education. MD Anderson has Houston-area locations in the Texas Medical Center, Bay Area, Katy, West Houston (diagnostic imaging), Sugar Land, The Woodlands, Bellaire (diagnostic imaging), Memorial City (surgery), and The Woman's Hospital of Texas (Gynecologic Oncology Clinic). MD Anderson physicians also provide cancer care to patients at Lyndon B. Johnson Hospital in Houston. It is the exclusive provider of breast radiology services for five of Memorial Hermann's 10 breast care centers in the Houston area - Memorial City, The Woodlands, Sugar Land, and Northeast and Southwest Houston. The institution also has developed a network of national and international locations.

MD Anderson employs more than 24,000 people and enjoys over 1,200 off site myCancerConnection volunteers in FY23 (on-site volunteers were on hiatus). Faculty, staff, and volunteers are dedicated to the core values of Caring, Integrity, and Discovery. Together they work toward fulfilling the MD Anderson mission of eliminating cancer as a major health threat.

# The University of Texas MD Anderson Cancer Center Addresses

# **University of Texas MD Anderson Cancer Center Office of the President**

1515 Holcombe Blvd. Unit 091 Houston, Texas 77030

# **University of Texas MD Anderson Cancer Center Office of the Executive Vice President & Provost**

1515 Holcombe Blvd. Unit 113 Houston, Texas 77030

# **University of Texas MD Anderson Cancer Center Office of the Senior Vice President of Academic Affairs**

7007 Bertner Street Unit 1722 Houston, Texas 77030

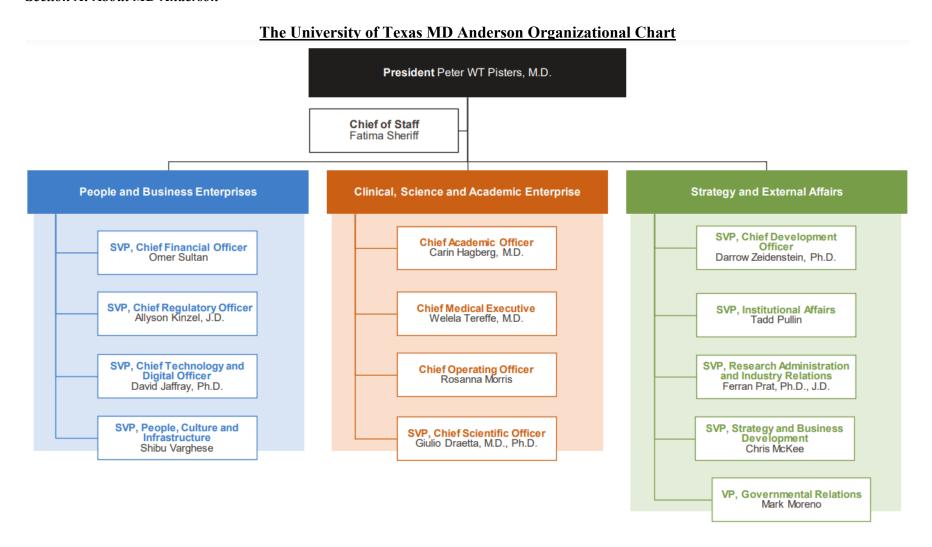
# University of Texas MD Anderson Cancer Center School of Health Professions Office of the Dean

1515 Holcombe Blvd. Unit 0002 Houston, Texas 77030

# University of Texas MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences

Office of the Dean

6767 Bertner Avenue Unit 1011 Houston, Texas 77030



# The University of Texas MD Anderson Cancer Center Executive Leadership Team

Name	Title
Peter WT Pisters, M.D.	President
Giulio Draetta, M.D., Ph.D.	Senior Vice President, Chief Scientific Officer
Carin Hagberg, M.D.	Chief Academic Officer
David Jaffray, Ph.D.	Senior Vice President, Chief Technology and Digital Officer
Allyson Kinzel, J.D.	Senior Vice President, Legal and Regulatory Affairs
Christopher McKee	Senior Vice President, Strategy and Business Development
Mark Moreno	Vice President, Governmental Relations
Rosanna Morris	Chief Operating Officer
Ferran Prat, Ph.D, J.D.	Senior Vice President, Strategic Industry Ventures
Tadd Pullin	Senior Vice President, Institutional Advancement
Fatima Sheriff	Chief of Staff, Office of the President
Omer Sultan	Senior Vice President, Chief Financial Officer
Welela Tereffe, M.D.	Chief Medical Executive
Shibu Varghese	Senior Vice President, People, Culture & Infrastructure
Darrow Zeidenstein, Ph.D.	Senior Vice President, Chief Philanthropy Officer

# **The University of Texas System Board of Regents**

The Board of Regents (BOR), the governing body for The University of Texas System, is composed of nine members who are appointed by the Governor and confirmed by the Senate. Terms for Regents are scheduled for six years each and staggered so that three members' terms will usually expire on February 1 of odd-numbered years.\* In addition, the Governor appoints a Student Regent for a one-year term that expires on May 31.

#### **Officers**

Kevin P. Eltife, Chairman Janiece Longoria, Vice Chairman Regent James C. "Rad" Weaver, Vice Chairman

#### **Members**

Terms Expire May 2024
Student Regent John Michael Austin

Terms Expire February 2025
Regent Christina Melton Crain
Regent Jodie Lee Jiles
Regent Kelcy L. Warren

Members with term set to expire February 2027 Chairman Kevin P. Eltife Regent Nolan Perez, M.D. Regent Stuart W. Stedman

Members with term set to expire February 2029
Vice Chairman Janiece Longoria
Vice Chairman James C. "Rad" Weaver
Regent Robert P. Gauntt

<sup>\*</sup> Each Regent's term expires when a successor has been appointed, qualified, and taken the oath of office.

# The University of Texas System Executive Offices

Office	Name	Position
Office of the Chancellor	James B. Milliken	Chancellor
Office of Academic Affairs	Archie L. Holmes Jr., Ph.D.	Executive Vice Chancellor for
		Academic Affairs
Office of Business Affairs	Jonathan Pruitt	Executive Vice Chancellor for
		Business Affairs
Office of External Relations,	Randa S. Safady, Ph.D.	Vice Chancellor for External
and Advancement Services		Relations, Communications, and
		Advancement Services
Office of Health Affairs	John M. Zerwas, M.D.	Executive Vice Chancellor for
		Business Affairs
Office of General Counsel	Daniel H. Sharphorn, J.D.	Vice Chancellor and General Counsel
Office of Governmental	Julia Jeffrey Rathgeber, J.D.	Vice Chancellor and Chief
Relations		Governmental Relations Officer

# The University of Texas MD Anderson Board of Visitors

The MD Anderson Board of Visitors (BOV) is an appointive board of volunteers within the organizational structure of MD Anderson and the University Cancer Foundation, which assists the President and, upon request, the Board of Regents in an advisory capacity. The purpose of the BOV is to further the mission of MD Anderson and the objectives of the university.

Membership of the BOV consists of persons especially interested in the accomplishments of the mission of MD Anderson and the attainment of its objectives. The BOV consists of over 200 Members, Members-at-Large, Associate Members, Senior Members and Life Members. Members and Members-at-Large serve three-year terms and Associate Members serve one-year terms. Senior Members and Life Members are exempt from term limits.

# The University of Texas MD Anderson Cancer Center Institutes

#### **Multidisciplinary Care Centers**

- Brain and Spine
- Breast
- Children's Cancer Hospital
- Endocrine
- Gastrointestinal
- Genitourinary
- Gynecologic Oncology
- Head and Neck
- Leukemia
- Lymphoma and Myeloma
- Melanoma and Skin
- Sarcoma and Orthopaedic
- Thoracic

#### **Centers of Excellence**

#### Duncan Family Institute for Cancer Prevention and Risk Assessment

- Center for Energy Balance in Cancer Prevention and Survivorship
- Center for Translational and Public Health Genomics
- Digital Health and Fitness Collaborative
- Network of Primary Care Physicians in Texas and Integrative Health Initiative

Institute for Applied Cancer Science

Institute for Cancer Care Innovation

Institute for Data Science in Oncology

James P. Allison Institute

Sheikh Khalifa Zayed Al Nahyan Institute for Personalized Cancer Therapy

# The University of Texas MD Anderson Core Facilities Cancer Center Support Grant (CCSG) Shared Resources\*

The CCSG provides partial funding for shared resources that are available to all cancer center members. These include a variety of instruments and services to facilitate research. In prioritizing use of these facilities, precedence will be given to peer-reviewed investigators. If publications use data generated by the shared resources, the publications should cite the core grant in the acknowledgement section. The Shared Resources available through MD Anderson are as follows:

#### **Advanced Technology Genomics Core**

The Advanced Technology Genomics Core is the primary, "one-stop" genomics core facility for researchers at MD Anderson Cancer Center. Its goal is to use state-of-the-art instrumentation and innovative technical expertise in order to provide investigators with the highest quality genomic data from a comprehensive range of genomic services in a timely manner. Such a centralized facility minimizes duplication of expensive equipment and facilitates continued technical excellence.

#### Assessment, Intervention and Measurement (AIM) Facility

The Assessment, Intervention and Measurement (AIM) core is a shared resource that provides expertise in the science of collecting and managing patient-reported outcome (PRO) data, conducting assessments and interventions in energy balance research, and conducting behavioral assessment and intervention development utilizing web, mobile, and other technology applications.

#### **Bioinformatics Shared Resource**

The BISR provides consultative services for and conducts collaborative research with clinical and basic science departments and enhances quantitative methods through innovative research in genomics, proteomics, molecular and cellular biology, radiotherapy, computer-assisted diagnoses, and image analysis.

#### **Biostatistics Resource Group**

The Biostatistics Resource Group is a shared resource providing statistical collaboration and consultation to research scientists. The goal is to develop statistical designs for trial conduct and to provide data analysis of current and future therapeutic, diagnostic, prevention and intervention studies, while also improving the patient care that is provided through clinical trials.

\*Source: CCSG Shared Resources Website

#### CCSG Shared Resources, continued

#### **Clinical and Translational Research Center**

The University of Texas MD Anderson Cancer Center Clinical and Translational Research Center (CTRC) is the dedicated MD Anderson site for complex biologically based new drug development. With its 32 room nursing area and adjacent full function laboratory, the 12,660 sq. ft. CTRC is an ideal location to perform intensive clinical trials with a focus on first-in-man, Phase I and Phase II studies with rigorous time points and pharmacologic testing. The CTRC provides a unique resource for physician-scientists and clinical investigators to develop new agents for cancer treatment by offering coordination of multidisciplinary research, regulatory compliance, budget development, intensive and time-sensitive monitoring of patients, phlebotomy, prompt accurate specimen processing, storage, tracking and shipment of specimens. Created in 1990, The CTRC is MD Anderson's dedicated unit in which to: Conduct early phase, complex, new drug research and develop new agents for the treatment of cancer and related diseases.

#### **Decision Science Core Facility**

The Decision Science Core Facility provides researchers with access to decision science expertise and state-of-the-art methods necessary to develop, evaluate, implement and disseminate shared decision making interventions to enhance the quality of cancer care decisions made by patients and their health care providers. We provide technical expertise in decision science, shared decision making intervention design, decision aid production, user-centered design, risk communication, decision analysis, and dissemination and implementation science.

#### Flow Cytometry and Cellular Imaging Core Facility — North Campus

The North Campus facility is located at the MD Anderson Main Building and has staff scientists with extensive expertise in multi-omics, multiparametric flow cytometry, cell sorting, confocal imaging (laser and spinning disc), multispectral imaging, live cell imaging, digital microscopy, CyTOF mass cytometry, imaging mass cytometry, and multiplex immunofluorescence imaging.

#### Flow Cytometry and Cellular Imaging Core Facility — South Campus

The goal of the Flow Cytometry and Cellular Imaging Core Facility — South Campus is to assist researchers by providing access to well maintained, state-of-the-art cytometers for sophisticated multiparametric single cell analysis. We provide services in instrument operation and training, experimental design, methods troubleshooting, data analysis, and interpretation of results. Our team of cytometry experts is equipped with a wide breadth of expertise to help researchers make new discoveries in the fight against cancer with single cell research using cell sorting, analytical flow cytometry, and imaging flow cytometry. The ultimate goals of the facility are to facilitate the production of accurate, reliable data and high impact publications in the scientific literature and to improve treatment outcomes for cancer patients.

#### **CCSG Shared Resources, continued**

#### **Functional Genomics Core**

Functional Genomics aims to study the complicated interactions between genotype and phenotype at a genome-wide scale. Gain- and loss-of-function genetic screens are important approaches to conduct such studies. ShRNA knockdown, ectopic gene expression and CRISPR technologies are techniques to carry out loss- and gain-of-function experiments for biomedical research. ShRNA, Open Reading Frame (ORF) and CRISPR libraries have been demonstrated to be powerful tools of genetic screens: shRNA, CRISPR knockout or interference libraries enable large-scale loss-of-function screens while ORF or CRISPR activation libraries allow large-scale gain-of-function screens. In the field of cancer research, these screens have been widely used for identifying oncogenes, tumor suppressors, metastasis regulators, drug resistance genes and new therapeutic targets. The Functional Genomics Core (FGC, previously the CCSG shRNA and ORFeome Developing Shared Resource consolidated with the institutionally supported Gene Editing and Cellular Model Core) was established to distribute shRNA and cDNA clones with reduced costs for The University of Texas MD Anderson Cancer Center laboratories, to provide shRNA, ORF and CRISPR libraries to CCSG cancer center members and to continue to develop other CRISPR-related technologies.

#### **Functional Proteomics Reverse Phase Protein Array Core**

The RPPA Core provides investigators with a powerful, high-throughput, quantitative, cost-effective technology for functional proteomics studies. Furthermore, we provide centralized, standardized and quality-controlled services to investigators not only throughout MD Anderson, but around the world, as well as to several national consortia, including TCGA, CCLE and ICBP.

#### **Genetically Engineered Mouse Facility**

The Genetically Engineered Mouse Facility (GEMF) is a platform that generates customized rodent models for medical research purposes. We use cutting-edge technologies (including engineered endonucleases such as TALEN and CRISPR) for genome editing and aim at developing sophisticated animal models for the study of human diseases, particularly cancer.

#### **High Resolution Electron Microscopy Facility**

The goal of the High Resolution Electron Microscopy Facility (HREMF) is to provide high quality electron microscopy services at an affordable price to research investigators at MD Anderson Cancer Center. The facility is located in the Smith Research Building (South Campus) and houses a JEOL JEM1010 transmission electron microscope (TEM), a JEOL JSM5900 scanning electron microscope (SEM), a Technotrade coating system, a Leica ultramicrotome, and a Leica ultrastainer. The HREMF personnel are available to provide research support for investigators who are interested in electron microscopy.

#### **Institutional Tissue Bank**

The Institutional Tissue Bank (ITB) at MD Anderson is a CLIA-certified research specimen repository developed for the purpose of collection, processing, storage and distribution of patient tissue samples, fluids, and related clinical data across the MD Anderson research investigators and on behalf of the institutional protocols.

#### **CCSG Shared Resources, continued**

#### **Metabolomics Facility**

We provide a wide range of services to measure metabolites (including lipids) in any biological matrix (cells, media, live or frozen tissues, blood, plasma, urine, stool, bone, etc). Our state-of-the-art facility, biology team, instrument operator team and data science team support projects across the continuum of drug development and life science research, from exploratory/discovery research to preclinical research to clinical research. We collaborate to ensure that all aspects of experimental design, sample preparation, sample analysis and data interpretation are planned and executed at the highest quality. We serve all academic and non-academic researchers worldwide.

#### **Microbiome Core Facility**

The Microbiome Core at MD Anderson Cancer Center supports research by offering high-quality sequencing technologies and comprehensive research support for profiling complex microbial communities and characterizing microbial functions in microbiome studies. With state-of-the-art instrumentation and highly trained personnel, the core provides extensive support throughout the research process, from experimental design to data analysis, ensuring reliable and impactful results.

#### **Monoclonal Antibody Core Facility**

The Monoclonal Antibody Facility (MAF) provides newly generated custom monoclonal antibodies and purification from user's or commercially available hybridomas, plus additional services to researchers at MD Anderson and beyond.

#### **ORION**

The ORION (Oncology Research and Immuno-mONitoring) core provides state-of-the-art immunoprofiling services including clinical trial immune monitoring, data analysis and technical consultation for assay design, as well as single service instrument use.

#### **Research Animal Support Facility - Houston**

The Research Animal Support Facility - Houston (RASF-Houston) provides animal husbandry services, veterinary care and consultation, surgical and technical support, clinical and anatomic pathology support, health and genetic quality assurance, consultation and an assortment of technical services to support departmental and institutional research.

#### **Research Histology Core Laboratory**

The Research Histology Core Laboratory (RHCL) was created to support basic and clinical research, allowing researchers to utilize their grant funds on their projects and thus eliminate the expense of hiring technical personnel or purchasing costly instruments. The RHCL provides histological and molecular expertise, technical support and consultation to research investigators, which in turn produces positive outcomes for their research protocols.

#### CCSG Shared Resources, continued

#### **Small Animal Imaging Facility**

The Small Animal Imaging Facility (SAIF) is a core MD Anderson research resource. It was established in 2001, became part of and is partially funded by the Cancer Center Support Grant (CA16672, PI – Pisters).

The SAIF team provides comprehensive imaging support services for MD Anderson cancer investigators, including:

- •Assistance in experimental design
- •Developing specialty equipment and innovative procedures for imaging
- •Preparing animals for studies, inducing and maintaining appropriate anesthesia and immobilization of animals during imaging
- •Processing and interpreting data for publication or grant preparation

#### A.1 Top Ten Newly Diagnosed Cancers at MD Anderson Cancer Center, FY 2017 – FY 2022\*

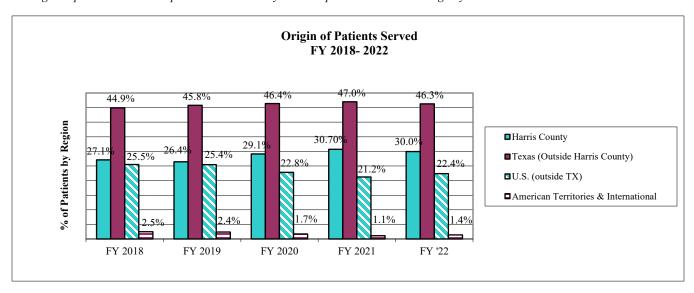
		% of All Cance	ers - All Ages, Rac	es, and Regions	
Top Ten Newly Diagnosed Cancer Cases	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Breast	12.69%	16.63%	10.52%	11.11%	11.52%
Prostate	8.87%	9.84%	8.98%	7.86%	8.91%
Lung & Bronchus	7.04%	8.54%	6.46%	5.98%	6.74%
Colon & Rectum	4.74%	6.42%	6.08%	5.84%	6.50%
Leukemia	2.99%	4.10%	4.78%	4.74%	5.29%
Non-Hodgkin's Lymphoma	3.69%	5.11%	6.04%	5.37%	5.07%
Melanomas of the Skin	5.39%	6.81%	4.40%	4.26%	4.52%
Pancreas	2.08%	2.79%	2.85%	3.19%	3.86%
Oral Cavity & Pharynx	3.96%	5.15%	3.68%	3.49%	3.80%
Brain & Other Nervous System	3.53%	3.63%	3.78%	3.74%	3.45%

<sup>\*</sup>Top 10 disease sites based on the average disease site mix of cancer cases new to MDACC. Counts for disease sites based on SEER groupings using ICD-O site and Histology coding. Newly Diagnosed Cancer Cases: Total count of malignant neoplasms or malignancy-related conditions that have been addressed at MD Anderson for the first time (a subset of Cancer Cases New to MD Anderson) who were seen at MD Anderson in the same fiscal year or calendar year of diagnosis of that cancer case. Cases may have been diagnosed/treated at any facility during the specified fiscal/calendar year. This is a count of cancer cases, not patients.

#### A.2 Origin Mix of Total Patients Served, FY 2017 – FY 2022\*

	% of Patients Served by Region										
Regions	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022						
Harris County	27.1%	26.4%	29.1%	30.7%	30.0%						
Texas (outside of Harris County)	44.9%	45.8%	46.4%	47.0%	46.3%						
U.S. (outside of Texas)	25.5%	25.4%	22.8%	21.2%	22.4%						
American Territories & International	2.5%	2.4%	1.7%	1.1%	1.4%						

<sup>\*</sup>Total Patients Served: The total count of patients newly or previously assigned a medical record who were diagnosed with and/or received care during a specified year for a malignant neoplasm or a malignancy-related condition, benign neoplasm, and/or a non-neoplastic condition identified in the Tumor Registry. This count excludes employee/visitor health, no-show, outreach, and bone marrow donor registrations, as well as any individual with a newly or previously assigned medical record number who only received a screening during the specified year. Patients are counted in only one category with priority given to cancer first, then benign, and finally non-neoplastic. After the first 4 months from the registration date, Tumor Registry usually updates a patient's tumor registry record only when a new malignant primary is discovered or a patient has died. Therefore, all benign neoplasms and non-neoplastic conditions may not be captured in the Tumor Registry.



# A.3 Institutional Statistics, Current Month, Current Year to Date, Prior Fiscal Years\*

CFO - Hyperion,						
Statement of						
Operations	FY23	FY22	FY21	FY20	FY19	FY18
Total Operating						
Revenue	\$6,583,800,000	\$5,722,437,804	\$7,732,152,177	\$6,167,299,079	5,878,442,025	5,225,221,554
Total Operating						
Expense	\$6,585,400,000	\$5,854,389,191	\$5,291,366,699	\$5,122,440,798	4,923,374,728	4,438,334,915
Total Margin						
Contributed to Capital	Φ(1 CO 000 000)	Φ(121 051 20 <b>5</b> )	<b>#0.440.505.450</b>	#1 054 050 <b>2</b> 01	055 067 207	706006620
Plan	\$(160,000,000)	\$(131,951,387)	\$2,440,785,478	\$1,054,858,281	955,067,297	786,886,639
CFO- Hyperion,	YTD FY23	FY22	FY21	FY20	FY19	FY18
Operating Statistics						
Admissions	29,256	28,765	27,082	25,748	30,339	29,118
Patient Days	229,712	222,616	203,853	194,491	218,217	207,071
Average Daily Census	673	646	588	557	618	587
Average Occupancy						
Rate	89%	85%	77%	76%	92%	87%
Average # of Operating	7.00	2.5	5.5	<b>722</b>	((0)	(72
Beds	760	757	767	732	669	673
Average Length of Stay	7.9	7.7	7.5	7.6	7.2	7.1
Outpatient Billable	1 (41 405	1.560.510	1 460 020	1 204 000	1.545.105	1 450 056
Visits	1,641,425	1,562,719	1,468,839	1,394,800	1,547,197	1,458,076
CFO- Hyperion,	WED EWOO	EV22	EVO1	EX/20	EV/10	EV/10
Operating Statistics	YTD FY23	FY22	FY21	FY20	FY19	FY18
Total Surgeries	21,266	20,563	20,371	19,238	22,377	22,267
Surgery Hours	76,437	74,005	71,157	65,114	71,701	71,462
CFO- Hyperion,	******	T77.70.0	777.04		7774.0	
Operating Statistics	YTD FY23	FY22	FY21	FY20	FY19	FY18
Lab Med / Pathology	14.042.616	12 202 ((0	12 250 205	11 000 002	12.2(2.59)	12 200 426
Billed Procedures	14,042,616	13,392,669	12,359,285	11,809,893	13,262,586	13,280,436
Diagnostic Imaging Billed Procedures	637,857	599,308	634,289	528,112	615,053	611,190
Radiation Oncology	037,837	399,308	034,289	328,112	013,033	611,190
Billed Procedures	359,407	348,910	331,254	330,775	341,240	266,619
Stem Cell Transplants	738	729	689	733	741	770
Public Affairs	FY23	FY22	FY21	FY20	FY19	FY18
Volunteer Hours	NA	NA	NA	57,375	120,431	117,993
Internet Services	FY23	FY22	FY21	FY20	FY19	FY18
Visits:		00.524.05	04 (= 1 0= 1	40.240.2	40-40	40.000
www.mdanderson.org		23,624,086	21,671,874	18,310,359	16,716,555	12,933,438
Visits:	15 511 145	10.505.651	15 021 055	10.072.160	17.506.061	12 127 2 12
inside.mdanderson.org	15,511,145	12,527,671	17,831,077	19,873,169	17,536,261	13,137,349

<sup>\*</sup>Data provided by MD Anderson Annual Report, previous years based upon Hyperion reported data (Quickstats)

# A.4 U.T. MD Anderson Work Report, Fiscal Year 2023

# **MD** Anderson Workforce Report- FY 2023

	Total	Change		Full-Time	Cha	nge	Total	Ch	ange	Total	Change	
MONTH	Employees	#	%	Equivalents	#	%	Full- Time	#	%	Part- Time	#	%
August, 2022	23,039			22,453.59			20,795			2,244		
September, 2022	23,182	143	1%	22,584.36	130.77	0.58%	20,886	91	0.44%	2,296	52	2.26%
October, 20212	23,343	161	0.69%	22,747.33	162.97	0.72%	21,040	154	0.73%	2,303	7	0.30%
November, 2022	23,486	143	0.61%	22,885.79	138.46	0.61%	21,169	129	0.61%	2,317	14	0.60%
December, 2022	23,364	-122	-0.52%	22,782.90	-102.89	-0.45%	21,093	-76	-0.36%	2,271	-46	-2.03%
January, 2023	23,514	150	0.64%	22,906.29	123.39	0.54%	21,185	92	0.43%	2,329	58	2.49%
February, 2023	23,673	159	0.67%	23,060.17	153.88	0.67%	21,277	92	0.43%	2,396	67	2.80%
March, 2023	23,826	153	0.64%	23,203.41	143.24	0.62%	21,388	111	0.52%	2,438	42	1.72%
April, 2023	23,904	78	0.33%	23,285.06	81.65	0.35%	21,463	75	0.35%	2,441	3	0.12%
May, 2023	24,070	166	0.69%	23,446.03	160.97	0.69%	21,613	150	0.69%	2,457	16	0.65%
June, 2023	24,431	361	1.48%	23,797.12	351.09	1.48%	21,918	305	1.39%	2,513	56	2.23%
July, 2023	24,614	183	0.74%	23,987.71	190.59	0.79%	22,071	153	0.69%	2,543	30	1.18%
August, 2023	24,571	-43	-0.18%	23,936.78	-50.93	-0.21%	22,000	-71	-0.32%	2,571	28	1.09%

**Reporting Source: PeopleSoft** 

Data provided as of last day of each month.

Includes Hourly and Temp Employees.

# **B.** Student Information



Making Cancer History®

# MD Anderson Fact Book Academic Year 2023 Section B: Student Information

**B.1** SHP Applied, Admitted and Enrolled Data by Program

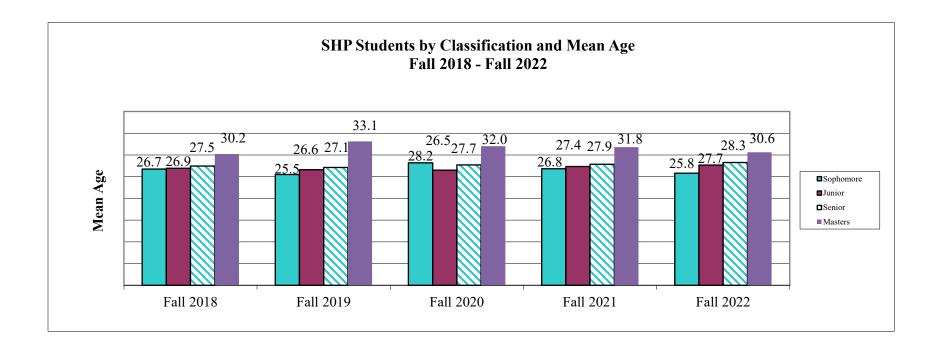
<b>Б.1</b> SHF Ар	pirea, ria	Fall 2019	Zin oneu	zaca sy 1	Fall 2020			Fall 2021		Fall 2022		
		Fan 2019			Faii 2020			F all 2021		ran 2022		
Program	Applied	Admitted	Enrolled	Applied	Admitted	Enrolled	Applied	Admitted	Enrolled	Applied	Admitted	Enrolled
BS Clinical Laboratory Sciences	40	17	17	32	12	12	53	16	16	38	13	13
BS Cytogenetic Technology	31	21	19	25	17	17	34	21	21	30	16	16
BS Cytotechnology	10	4	4	25	10	10	36	13	13	22	11	11
MS Diagnostic Genetics	49	14	8	44	7	7	38	10	10	34	10	10
BS Diagnostic Imaging	102	39	37	102	36	36	109	42	42	80	43	43
CRT Diagnostic Imaging	0	0	0	0	0	0	0	0	0	0	0	0
BS Diagnostic Medical Sonography	19	16	13	82	10	10	64	14	14	70	14	14
BS Health Care Disparities, Diversity & Advocacy	28	10	8	9	4	4	6	3	3	9	7	7
BS Histotechnology	26	15	15	45	19	13	27	18	18	27	17	17
BS Medical Dosimetry	72	15	15	77	25	18	53	16	16	68	17	17
BS Molecular Genetic Technology	34	26	26	28	18	18	31	18	18	28	15	15
BS Radiation Therapy	54	32	27	62	25	25	60	28	25	62	25	25
Total	465	209	189	531	183	170	511	199	196	468	188	188

Source: SHP Dean's Report

#### **B.2** SHP Students by Mean Age and Level, Fall 2018 – Fall 2022

MEAN STUDENT AGE	Fall 2018		Fall 2019		Fall 2020		Fall 20	21	Fall 2022	
BY CLASSIFICATION	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE	COUNT
SOPHOMORE	26.7	94	25.5	83	28.2	63	26.8	74	25.8	24
JUNIOR	26.9	161	26.6	151	26.5	150	27.4	137	27.7	210
SENIOR	27.5	101	27.1	117	27.7	115	27.9	120	28.3	103
MASTERS	30.2	20	33.1	25	32.0	30	31.8	27	30.6	27
OVERALL	27.2	376	26.94	376	27.64	358	27.75	358	27.92	364

Source: Certified CBM001



# MD Anderson Fact Book Academic Year 2023 Section B: Student Information

# B.3 SHP Students by Gender and Ethnicity, Fall 2018 – Fall 2022

D.5 SIII Students by Gene		Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
ETHNIC ORIGIN	GENDER	COUNT	Students								
WHITE NON-HISPANIC	FEMALE	72	19.1%	81	21.5%	72	20.1%	64	17.9%	67	18.4%
WITTE NON-INSTANCE	MALE	20	5.3%	24	6.4%	18	5.0%	15	4.2%	17	4.7%
Subtotal		92	24.5%	105	27.9%	90	25.1%	79	22.1%	84	23.1%
BLACK NON-HISPANIC	FEMALE	20	5.3%	13	3.5%	16	4.5%	28	7.8%	27	7.4%
BEHER WOLVERSTEIN	MALE	6	1.6%	6	1.6%	10	2.8%	4	1.1%	1	0.3%
Subtotal		26	6.9%	19	5.1%	26	7.3%	32	8.9%	28	7.7%
HISPANIC	FEMALE	93	24.7%	98	26.1%	75	20.9%	72	20.1%	83	22.8%
Indi in te	MALE	31	8.2%	22	5.9%	24	6.7%	18	5.0%	25	6.9%
Subtotal		124	33.0%	120	31.9%	99	27.7%	90	25.1%	108	29.7%
ASIAN	FEMALE	64	17.0%	59	15.7%	69	19.3%	78	21.8%	76	20.9%
ASIAN	MALE	24	6.4%	20	5.3%	28	7.8%	28	7.8%	24	6.6%
Subtotal		88	23.4%	79	21.0%	97	27.1%	106	29.6%	100	27.5%
AMERICAN INDIAN OR	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
ALASKAN NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Subtotal		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	23	6.1%	27	7.2%	23	6.4%	26	7.3%	19	5.2%
1,1210,11101,12	MALE	6	1.6%	9	2.4%	6	1.7%	2	0.6%	3	0.8%
Subtotal		29	7.7%	36	9.6%	29	8.1%	28	7.8%	22	6.0%
UNKNOWN OR NOT	FEMALE	7	1.9%	9	2.4%	8	2.2%	11	3.1%	5	1.4%
REPORTED	MALE	1	0.3%	1	0.3%	2	0.6%	4	1.1%	2	0.5%
Subtotal		8	2.1%	10	2.7%	10	2.8%	15	4.2%	7	1.9%
NATIVE HAWAIIAN OR OTHER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
PACIFIC ISLANDER	MALE	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Subtotal		1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TWO OR MORE PACES	FEMALE	5	1.3%	3	0.8%	6	1.7%	7	2.0%	12	3.3%
TWO OR MORE RACES	MALE	3	0.8%	4	1.1%	1	0.3%	1	0.3%	3	0.8%
Subtotal		8	2.1%	7	1.9%	7	2.0%	8	2.2%	15	4.1%
TOTAL		376	100.0%	376	100.0%	358	100.0%	358	100.0%	364	100.0%

Source: Certified CBM001

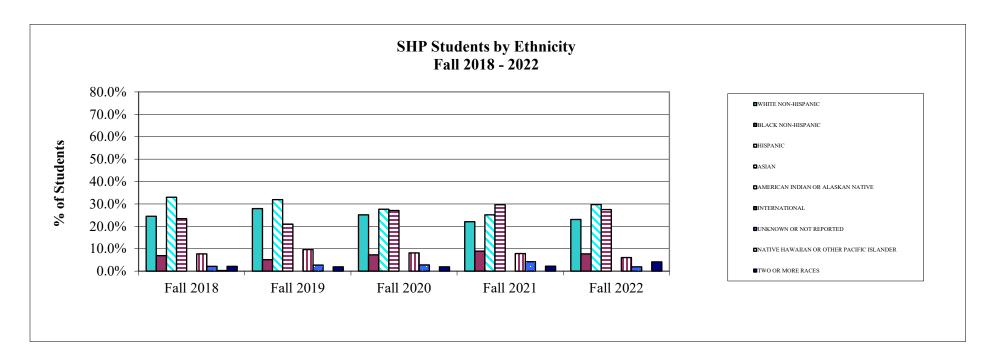
# MD Anderson Fact Book Academic Year 2023

Section B: Student Information

B.4 SHP Students by Ethnicity, Fall 2018 – Fall 2022

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
ETHNIC ORIGIN	COUNT	Students								
WHITE NON-HISPANIC	92	24.5%	105	27.9%	90	25.1%	79	22.1%	84	23.1%
BLACK NON-HISPANIC	26	6.9%	19	5.1%	26	7.3%	32	8.9%	28	7.7%
HISPANIC	124	33.0%	120	31.9%	99	27.7%	90	25.1%	108	29.7%
ASIAN	88	23.4%	79	21.0%	97	27.1%	106	29.6%	100	27.5%
AMERICAN INDIAN OR ALASKAN NATIVE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	29	7.7%	36	9.6%	29	8.1%	28	7.8%	22	6.0%
UNKNOWN OR NOT REPORTED	8	2.1%	10	2.7%	10	2.8%	15	4.2%	7	1.9%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	1	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TWO OR MORE RACES	8	2.1%	7	1.9%	7	2.0%	8	2.2%	15	4.1%
TOTAL	376	100.0%	376	100.0%	358	100.0%	358	100.0%	364	100.0%

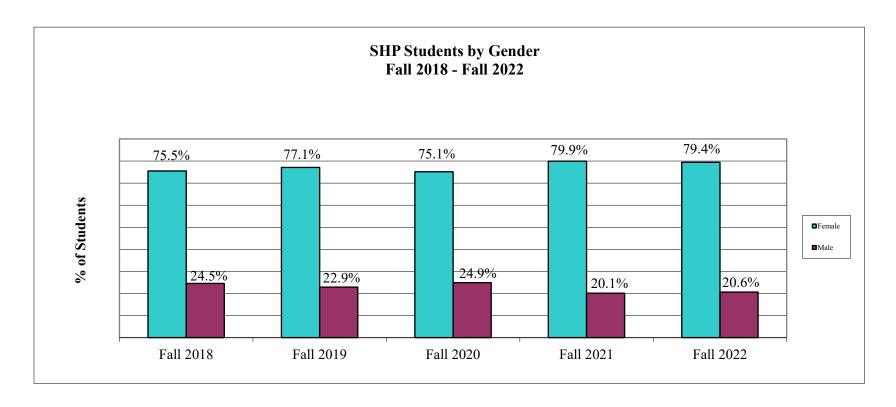
Source: Certified CBM001



# B.5 SHP Students by Gender, Fall 2018 – Fall 2022

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
GENDER	COUNT	Students								
FEMALE	284	75.5%	290	77.1%	269	75.1%	286	79.9%	289	79.4%
MALE	92	24.5%	86	22.9%	89	24.9%	72	20.1%	75	20.6%
TOTAL	376	100.0%	376	100.0%	358	100.0%	358	100.0%	364	100.0%

Source: Certified CBM001



# MD Anderson Fact Book Academic Year 2023 Section B: Student Information

# B.6a SHP Students by Residency - International, Fall 2018 – Fall 2022

		Fall 2018	Fall 2019	Fall 2020	Fall 2021	Fall 2022
RESIDENCE	RESIDENCE TYPE	COUNT	COUNT	COUNT	COUNT	COUNT
Bangladesh	INTERNATIONAL	1	0	0	0	0
Canada	INTERNATIONAL	1	1	0	0	0
China	INTERNATIONAL	0	5	5	1	4
Colombia	INTERNATIONAL	0	0	1	2	1
Egypt (A.R.E)	INTERNATIONAL	0	0	0	1	1
France	INTERNATIONAL	1	0	0	0	0
India	INTERNATIONAL	1	2	2	3	3
Israel	INTERNATIONAL	0	1	1	0	0
Jordan	INTERNATIONAL	0	0	0	1	1
Korea, Republic of	INTERNATIONAL	2	0	0	0	0
Mexico	INTERNATIONAL	1	0	2	2	1
Pakistan	INTERNATIONAL	1	0	0	0	0
Spain	INTERNATIONAL	0	0	0	1	1
Taiwan	INTERNATIONAL	0	1	1	0	3
Venezuela	INTERNATIONAL	1	1	0	0	0
Vietnam	INTERNATIONAL	12	6	7	8	4
SUBTOTAL, INTERNATIONAL		21	17	19	19	19

# **International SHP Students by Residency Fall 2018-2022**



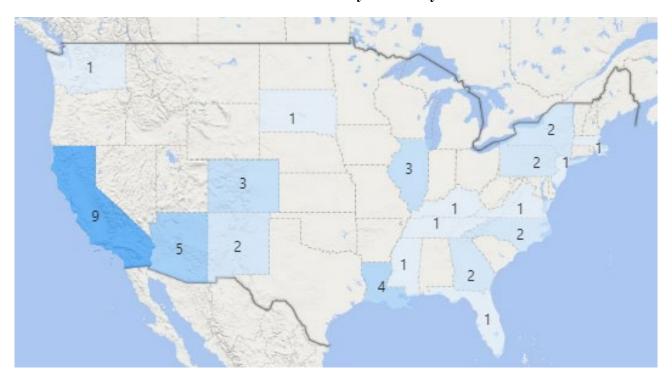
# MD Anderson Fact Book Academic Year 2023 Section B: Student Information

# B.6b SHP Students by Residency - Out of State, Fall 2018 - Fall 2022

SIII SUUUNIS S J IUSSUU	<u> </u>	Fall 2018	Fall 2019	Fall 2020	Fall 2021	Fall 2022
RESIDENCE	RESIDENCE TYPE	COUNT	COUNT	COUNT	COUNT	COUNT
Arizona	OUT OF STATE	2	1	1	0	1
California	OUT OF STATE	1	1	0	3	4
Colorado	OUT OF STATE	0	0	0	1	2
Florida	OUT OF STATE	0	1	0	0	0
Georgia	OUT OF STATE	0	0	0	0	2
Illinois	OUT OF STATE	1	1	0	0	1
Kentucky	OUT OF STATE	1	0	0	0	0
Louisiana	OUT OF STATE	2	1	1	0	0
Massachusetts	OUT OF STATE	1	0	0	0	0
Mississippi	OUT OF STATE	0	1	0	0	0
New Jersey	OUT OF STATE	0	0	0	1	0
New Mexico	OUT OF STATE	0	0	0	1	1
New York	OUT OF STATE	0	0	0	0	2
North Carolina	OUT OF STATE	0	0	0	1	1
Pennsylvania	OUT OF STATE	0	1	1	0	0
South Dakota	OUT OF STATE	1	0	0	0	0
Tennessee	OUT OF STATE	0	1	0	0	0
Virginia	OUT OF STATE	1	0	0	0	0
Washington	OUT OF STATE	0	1	0	0	0
U/S. Dependencies (Islands)	OUT OF STATE	0	0	0	0	2
SUBTOTAL, OUT OF STATE		10	9	3	7	16

Source: Certified CBM001

# U.S. Out of State SHP Students by Residency Fall 2018-2022



# MD Anderson Fact Book Academic Year 2023 Section B: Student Information

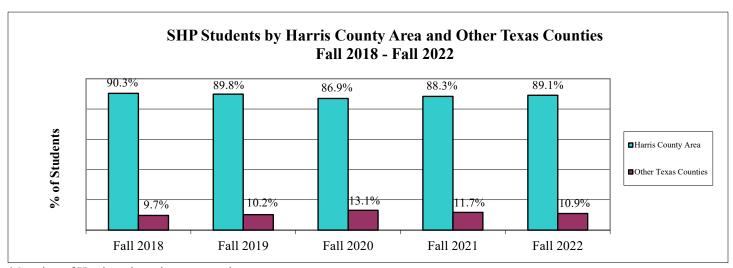
# **B.7** SHP Students by Residency - Texas County, Fall 2018 – Fall 2022

	· ·	Fall 2018	Fall 2019	Fall 2020	Fall 2021	Fall 2022
RESIDENCE	RESIDENCE TYPE	COUNT	COUNT	COUNT	COUNT	COUNT
Angelina County	TEXAS COUNTY	0	1	0	0	0
Austin County	TEXAS COUNTY	3	2	1	0	0
Bexar County	TEXAS COUNTY	2	2	1	2	2
Bowie County	TEXAS COUNTY	0	0	0	0	1
Brazoria County	TEXAS COUNTY	18	21	17	21	18
Brazos County	TEXAS COUNTY	2	0	3	3	0
Caldwell County	TEXAS COUNTY	0	1	1	0	0
Chambers County	TEXAS COUNTY	0	1	0	0	0
Collin County	TEXAS COUNTY	1	1	3	4	2
Comal County	TEXAS COUNTY	1	1	0	1	1
Coryell County	TEXAS COUNTY	0	1	0	0	0
Dallas County	TEXAS COUNTY	3	4	6	6	6
Denton County	TEXAS COUNTY	1	3	2	1	3
El Paso County	TEXAS COUNTY	2	2	2	0	1
Fort Bend County	TEXAS COUNTY	47	40	44	50	54
Galveston County	TEXAS COUNTY	7	12	15	7	16
Gregg County	TEXAS COUNTY	0	1	0	0	0
Harris County	TEXAS COUNTY	226	215	204	204	191
Hays County	TEXAS COUNTY	0	0	0	1	0
Hidalgo County	TEXAS COUNTY	0	0	2	4	0
Hockley County	TEXAS COUNTY	1	1	0	0	0
Houston County	TEXAS COUNTY	7	7	3	1	2
Hunt County	TEXAS COUNTY	1	1	0	0	0
Jackson County	TEXAS COUNTY	0	0	0	1	1
Jefferson County	TEXAS COUNTY	1	0	1	2	3
Johnson County	TEXAS COUNTY	1	0	0	0	0
Kaufman County	TEXAS COUNTY	0	0	0	0	1
Lamar County	TEXAS COUNTY	2	5	3	2	1
Lampasas County	TEXAS COUNTY	0	0	0	0	1
Liberty County	TEXAS COUNTY	0	0	0	2	3
Limestone County	TEXAS COUNTY	0	0	0	0	1
Maverick County	TEXAS COUNTY	1	0	0	0	0
McLennan County	TEXAS COUNTY	0	0	0	0	1
Midland County	TEXAS COUNTY	0	1	0	0	0
Montgomery County	TEXAS COUNTY	9	6	10	11	14

B.7 SHP Students by Residency - Texas County, continued

ESIDENCE TYPE FEXAS COUNTY FEXAS COUNTY	COUNT 0	COUNT	COUNT	COUNT	COLINIT
	0			COUNT	COUNT
TEVAS COLINITY		1	1	1	1
TEXAS COUNTT	0	1	1	0	0
TEXAS COUNTY	0	0	0	1	1
TEXAS COUNTY	0	1	1	0	0
TEXAS COUNTY	0	0	0	0	1
TEXAS COUNTY	1	7	6	2	0
TEXAS COUNTY	2	5	5	2	0
TEXAS COUNTY	3	0	0	1	1
TEXAS COUNTY	0	1	1	0	0
TEXAS COUNTY	1	2	2	0	0
TEXAS COUNTY	0	0	0	1	0
TEXAS COUNTY	0	0	0	1	1
TEXAS COUNTY	2	3	1	0	1
	245	250	226	222	329
	EXAS COUNTY	EXAS COUNTY  O  EXAS COUNTY  O  EXAS COUNTY  O  EXAS COUNTY  O  EXAS COUNTY  O	EXAS COUNTY 0 1 EXAS COUNTY 0 0 EXAS COUNTY 1 7 EXAS COUNTY 2 5 EXAS COUNTY 3 0 EXAS COUNTY 0 1 EXAS COUNTY 0 1 EXAS COUNTY 0 0	EXAS COUNTY 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EXAS COUNTY 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Source: Certified CBM001

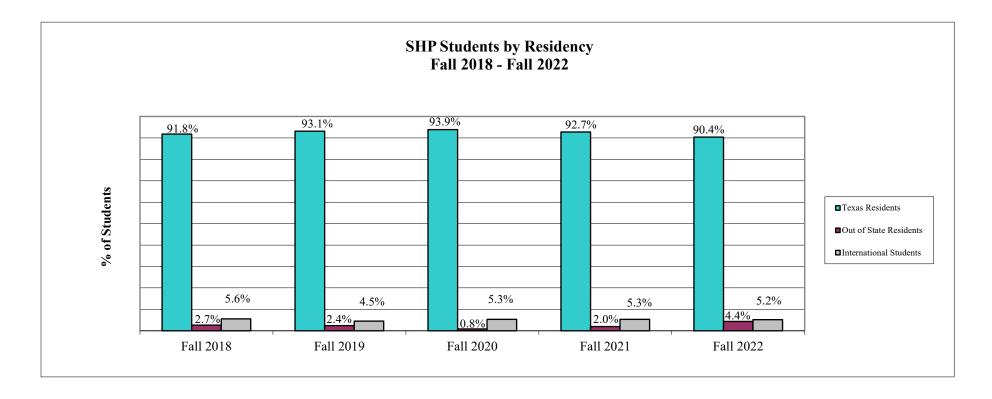


<sup>\*</sup>Consists of Harris and contiguous counties

# B.8 SHP Students by Residency Type, Fall 2018 – Fall 2022

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
RESIDENCE TYPE	COUNT	Students								
Texas Residents	345	91.8%	350	93.1%	336	93.9%	332	92.7%	329	90.4%
Out of State Students	10	2.7%	9	2.4%	3	0.8%	7	2.0%	16	4.4%
International Students	21	5.6%	17	4.5%	19	5.3%	19	5.3%	19	5.2%
TOTAL	376	100.0%	376	100.0%	358	100.0%	358	100.0%	364	100.0%

Source: Certified CBM001



#### UT Graduate School of Biomedical Sciences at Houston (GSBS) Applications, Accepted, and Admitted, by Program and Year **B.9**

		M.D./		Individualized	Specialized			Average
	Year	Ph.D.*	(M.S.)Ph.D.	M.S.	M.S.	Non-degree	Total	GPA**
Completed Application	2018	-	567	73	225	8	873	-
Admitted Applicant	2018	-	142	40	13	8	203	3.5
<b>Enrolled Applicant</b>	2018	5	71	20	11	8	115	3.5
		M.D./		Individualized	Specialized			Average
	Year	Ph.D.*	(M.S.)Ph.D.	M.S.	M.S.	Non-degree	Total	GPA**
<b>Completed Application</b>	2019		567	73	225	8	873	-
Admitted Applicant	2019		142	40	13	8	203	3.5
<b>Enrolled Applicant</b>	2019	5	71	20	11	8	115	3.5
		M.D./		Individualized	Specialized			Average
	Year	Ph.D.*	(M.S.)Ph.D.	M.S.	M.S.	Non-degree	Total	GPA**
<b>Completed Application</b>	2020		839	120	269	25	1253	-
Admitted Applicant	2020		137	31	12	22	202	3.6
Enrolled Applicant	2020	8	44	17	11	22	102	3.5
		M.D./		Individualized	Specialized			Average
	Year	Ph.D.*	(M.S.)Ph.D.	M.S.	M.S.	Non-degree	Total	GPA**
<b>Completed Application</b>	2021		751	111	325	11	1198	-
Admitted Applicant	2021		147	31	13	15	206	3.6
Enrolled Applicant	2021	5	74	21	11	15	126	3.5
		M.D./		Individualized	Specialized			Average
	Year	Ph.D.*	(M.S.)Ph.D.	M.S.	M.S.	Non-degree	Total	GPA**
<b>Completed Application</b>	2022		794	119	282	19	1214	-
Admitted Applicant	2022		122	27	13	19	181	3.6
Enrolled Applicant	2022	6	63	15	12	18	114	3.6

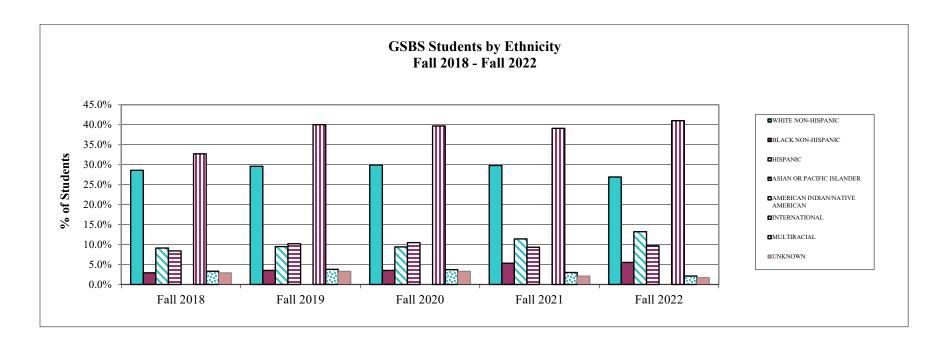
<sup>\*</sup>Excludes M.D./Ph.D. applicants and admissions

\*\* Average undergrad GPA for Ph.D. applicants
Source: UT Graduate School of Biomedical Sciences

B.10 GSBS Students by Ethnicity, Fall 2018 – Fall 2022\*

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
ETHNIC ORIGIN	COUNT	Students								
WHITE NON-HISPANIC	139	28.6%	134	29.6%	137	29.9%	141	29.8%	128	26.9%
BLACK NON-HISPANIC	14	2.9%	16	3.5%	16	3.5%	25	5.3%	26	5.5%
HISPANIC	44	9.1%	43	9.5%	43	9.4%	54	11.4%	63	13.2%
ASIAN OR PACIFIC ISLANDER	41	8.4%	46	10.2%	48	10.5%	44	9.3%	46	9.7%
AMERICAN INDIAN OR ALASKAN	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NATIVE										
INTERNATIONAL	159	32.7%	181	40.0%	182	39.7%	185	39.1%	195	41.0%
MULTIRACIAL	16	3.3%	17	3.8%	17	3.7%	14	3.0%	10	2.1%
UNKNOWN OR NOT REPORTED	14	2.9%	15	3.3%	15	3.3%	10	2.1%	8	1.7%
TOTAL	407	100.0%	411	100.0%	458	100.0%	473	100.0%	476	100.0%

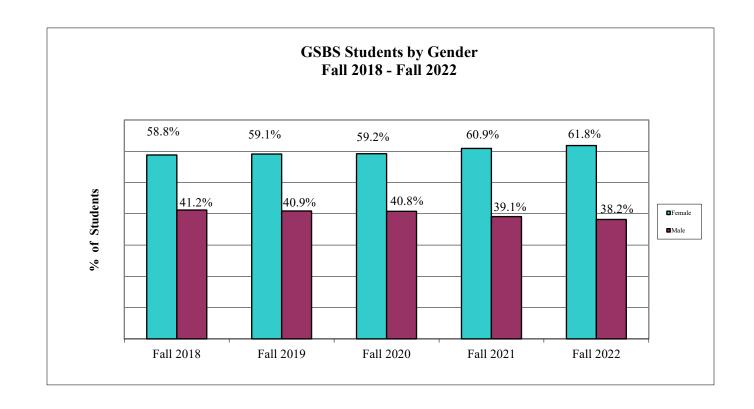
<sup>\*</sup>Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.



# B.11 GSBS Students by Gender, Fall 2018 – Fall 2022\*

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
GENDER	COUNT	Students								
FEMALE	251	58.8%	267	59.1%	271	59.2%	288	60.9%	294	61.8%
MALE	176	41.2%	185	40.9%	187	40.8%	185	39.1%	182	38.2%
TOTAL	427	100.0%	452	100.0%	458	100.0%	473	100.0%	476	100.0%

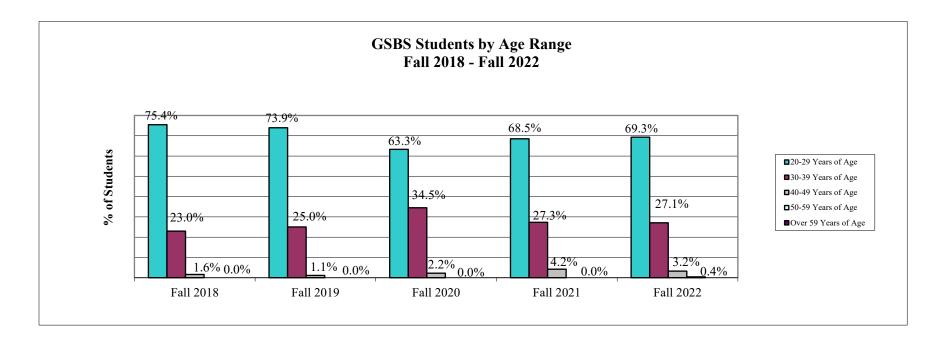
<sup>\*</sup>Data excludes non-degree students. Source: UT Graduate School of Biomedical Sciences.



### B.12 GSBS Students by Age Range, Fall 2018 – Fall 2022\*

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
AGE RANGE	COUNT	Students								
20 TO 29 YEARS OF AGE	322	75.4%	334	73.9%	290	63.3%	324	68.5%	330	69.3%
30 TO 39 YEARS OF AGE	98	23.0%	113	25.0%	158	34.5%	129	27.3%	129	27.1%
40 TO 49 YEARS OF AGE	7	1.6%	5	1.1%	10	2.2%	20	4.2%	15	3.2%
50 TO 59 YEARS OF AGE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%
OVER 59 YEARS OF AGE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	427	100.0%	452	100.0%	458	100.0%	473	100.0%	476	100.0%

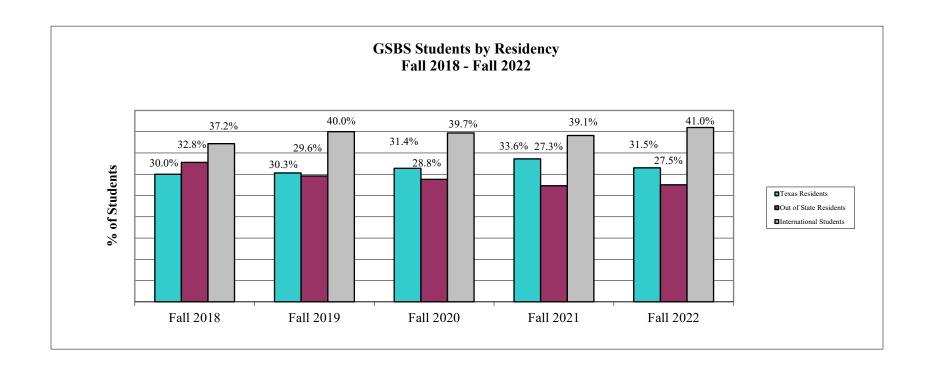
<sup>\*</sup>Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.



# B.13 GSBS Students by Residency Type, Fall 2018 – Fall 2022\*

RESIDENCE TYPE	Fall 2018 COUNT	% of Students	Fall 2019 COUNT	% of Students	Fall 2020 COUNT	% of Students	Fall 2021 COUNT	% of Students	Fall 2022 COUNT	% of Students
Texas Residents	128	30.0%	137	30.3%	144	31.4%	159	33.6%	150	31.5%
Out of State Students	140	32.8%	134	29.6%	132	28.8%	129	27.3%	131	27.5%
International Students	159	37.2%	181	40.0%	182	39.7%	185	39.1%	195	41.0%
Total	427	100.0%	452	100.0%	458	100.0%	473	100.0%	476	100.0%

<sup>\*</sup>Data excludes non-degree students. Source: Certified CBM001 & UT Graduate School of Biomedical Sciences.



# C. Degrees



Making Cancer History®

Exhibit C.1
Degrees Offered at The University of Texas MD Anderson Cancer Center

School/Program	Certificate	Bachelors	Master's	Doctoral
Graduate School of Biomedical Sciences				
M.S. in Biomedical Sciences Cancer Biology/Clinical Translational Oncology Genetic Counseling Medical Physics Therapeutics and Pharmacology			•	
Ph.D. in Biomedical Sciences Biochemistry and Cell Biology Biomedical Sciences Cancer Biology Genetics & Epigenetics Genes and Development Immunology Medical Physics Microbiology & Infectious Diseases Neuroscience Quantitative Sciences Therapeutics & Pharmacology				
School of Health Professions Clinical Laboratory Science Cytogenetic Technology Cytotechnology Diagnostic Genetics Diagnostic Imaging Diagnostic Medical Sonography Health Care Disparities, Diversity and Advocacy Histotechnology Medical Dosimetry Molecular Genetic Technology Radiation Therapy Radiologic Sciences		•••		

#### The University of Texas MD Anderson Cancer Center Accreditation

The University of Texas MD Anderson Cancer Center is accredited to award baccalaureate degrees by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS), which is located at 1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone (404) 679-4501, <a href="http://www.sacs.org">http://www.sacs.org</a>. Many of the academic degree programs offered at MD Anderson undergo accreditation by specialized accrediting bodies\*. They are as follows:

School/Program	Degree	Accrediting Agency
School of Health Professions (SE	IP)	
Clinical Laboratory Sciences	B.S.	National Accrediting Agency for Clinical Laboratory Sciences
Cytogenetic Technology	B.S.	National Accrediting Agency for Clinical Laboratory Sciences
Cytotechnology	B.S.	Commission on Accreditation of Allied Health Education Programs
Diagnostic Imaging	B.S.	Joint Review Committee on Education in Radiologic Technology
Diagnostic Genetics	M.S	National Accrediting Agency for Clinical Laboratory Technology Sciences
Health Care Disparities, Diversity		
and Advocacy	B.S.	Southern Association of Colleges and Schools
Histotechnology	B.S.	National Accrediting Agency for Clinical Laboratory Sciences
Medical Dosimetry	B.S.	Joint Review Committee on Education in Radiologic Technology
Molecular Genetic	B.S.	National Accrediting Agency for Clinical Laboratory Technology Sciences
Radiation Therapy	B.S.	Joint Review Committee on Education in Radiologic Technology
Radiologic Sciences	M.S.	Joint Review Committee on Education in Radiologic Technology
Resident/Fellows Programs		Accreditation Council for Graduate Medical Education
Graduate School of Biomedical Sciences (GSBS)	M.S. with specialization in Genetic Counseling	American Board of Genetic Counseling
	M.S. with specialization in Medical Physics	Commission on Accreditation of Medical Physics Educational Programs
	Ph.D.	Southern Association of Colleges and Schools

<sup>\*</sup>The University of Texas MD Anderson Cancer Center at Houston is also accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Graduate Medical Education (ACGME).

#### The University of Texas Health Science Center at Houston Accreditation

The University of Texas Health Science Center at Houston is accredited to award certificates, baccalaureate, master, doctoral, and professional degrees by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS), which is located at 1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone (404)-679-4501, <a href="http://www.sacs.org">http://www.sacs.org</a>. The UT Graduate School of Biomedical Sciences master and doctoral degrees are jointly awarded through the accreditation of the UT Health Science Center-Houston and MD Anderson by SACS.

# C.1 School of Health Professions Degrees by Level, Fall 2018 – Fall 2022

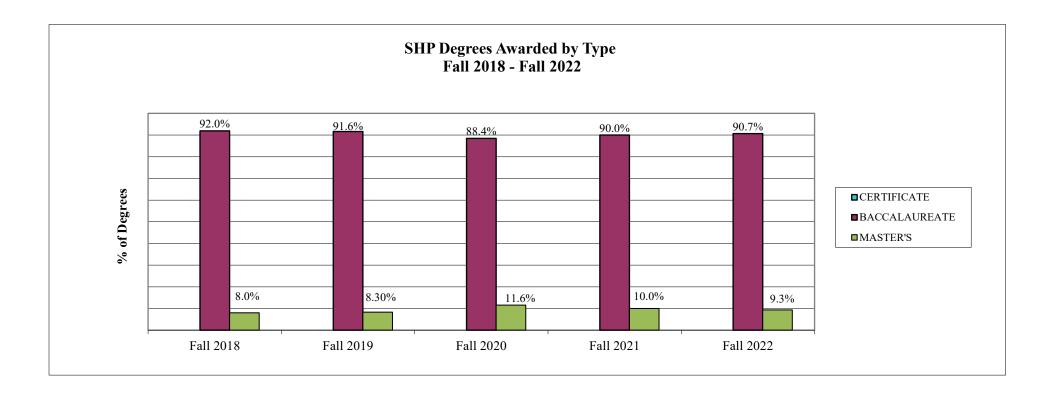
GWD DDG GD 414	Langage Governan	Fall	Fall	%	Fall	%	Fall	%	Fall	%
SHP PROGRAM	DEGREE CONFERRED	2018	2019	Inc/Dec	2020	Inc/Dec	2021	Inc/Dec	2022	Inc/Dec
CLINICAL LABORATORY		4.4	1.0				10		1.6	
SCIENCE	BACCALAUREATE	11	16	45.5%	15	-6.3%	12	-20.0%	16	33.3%
CYTOGENETIC	CERTIFICATE	21			- 10		4.7		4.7	
TECHNOLOGY	BACCALAUREATE	21	22	4.8%	13	-40.9%	15	15.4%	15	0.0%
CYTOTECHNOLOGY	CERTIFICATE				_				_	
	BACCALAUREATE	0	0	0.0%	7	NA	12	71.4%	5	-58.3%
DIAGNOSTIC IMAGING	CERTIFICATE									
	BACCALAUREATE	40	26	-35.5%	42	61.5%	35	-16.7%	42	20.0%
DIAGNOSTIC GENETICS	MASTER'S	5	4	-20.0%	9	125.0%	7	-22.2%	10	42.9%
DIAGNOSTIC MEDICAL	DAGGALAUDEAE	10	10	0.007	10	0.20/	10	22.10/	1.4	40.007
SONOGRAPHY	BACCALAUREATE	12	12	0.0%	13	8.3%	10	-23.1%	14	40.0%
HIGTOTECHNOLOGY										
HISTOTECHNOLOGY	DAGGAL ALIDEATE	1.6	1.7	6.207	10	22.50/	1.5	15.40/	1.7	12.20/
	BACCALAUREATE	16	17	6.3%	13	-23.5%	15	15.4%	17	13.3%
HEALTH DICDADITIES										
HEALTH DISPARITIES,	D. CC. V. VVDD. CD.			<b>7</b> 0.00/		0.007		66.70/	_	1.70.00/
DIVERSITY & ADVOCACY	BACCALAUREATE	4	6	50.0%	6	0.0%	2	-66.7%	5	150.0%
MEDICAL DOCUMENTA										
MEDICAL DOSIMETRY	D 1 66 17 17 D 1 D 1	4.5		6.50/		7.10/		12.20/	10	22.70/
	BACCALAUREATE	15	14	-6.7%	15	7.1%	17	13.3%	13	-23.5%
MOLECULAR GENETIC										
TECHNOLOGY	BACCALAUREATE	21	31	47.6%	21	-32.3%	17	-19.0%	14	-17.6%
1EcimoLogi	DACCALAUREATE	۷1	31	77.070	21	-32.370	1 /	-17.070	17	-17.070
RADIATION THERAPY										
	BACCALAUREATE	20	20	0.0%	23	15.0%	18	-21.7%	24	33.3%
	DITOCHERORENTE	20	20	0.070	23	15.070	10	21.770	27	33.370
RADIOLOGICAL										
SCIENCES	MASTER'S	9	11	22.2%	13	18.2%	10	-23.1%	7	-30.0%
			П	1		T i		T		ľ
TOTAL WI	THIN YEAR	174	179	2.9%	190	6.1%	170	-10.5%	182	7.1%

Source: SHP Dean's Report

C.2 SHP Degrees Awarded by Type, Fall 2018 – Fall 2022

, , , , , , , , , , , , , , , , , , ,	Fall	Fall	%	Fall	%	Fall	%	Fall	%
DEGREE AWARDED	2018	2019	Inc/Dec	2020	Inc/Dec	2021	Inc/Dec	2022	Inc/Dec
CERTIFICATE	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BACCALAUREATE	160	164	2.5%	168	2.4%	153	-8.9%	165	7.8%
MASTER'S	14	15	7.1%	22	46.7%	17	-22.7%	17	0.0%
Total	174	179	2.9%	190	6.1%	170	-10.5%	182	7.1%

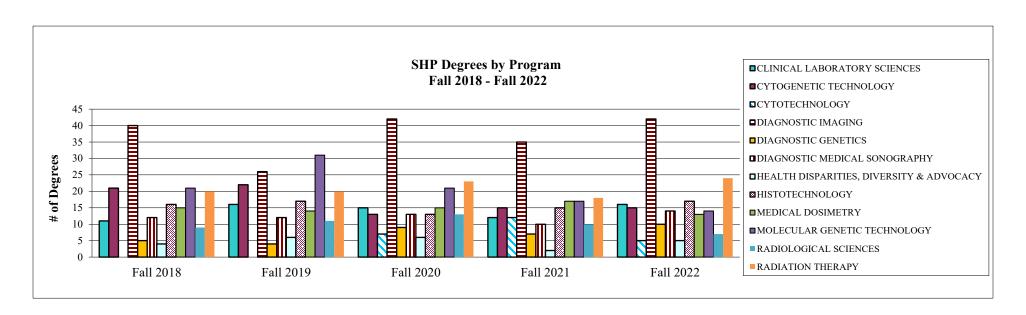
Source: SHP Dean's Report



# C.3 SHP Degrees by Program, Fall 2018 - Fall 2022

	Fall	Fall	%	Fall	%	Fall	%	Fall	%
PROGRAM	2018	2019	Inc/Dec	2020	Inc/Dec	2021	Inc/Dec	2022	Inc/Dec
CLINICAL LABORATORY SCIENCES	11	16	45.5%	15	-6.3%	12	-20.0%	16	33.3%
CYTOGENETIC TECHNOLOGY	21	22	4.8%	13	-40.9%	15	15.4%	15	0.0%
CYTOTECHNOLOGY	0	0	0.0%	7		12	71.4%	5	-58.3%
DIAGNOSTIC IMAGING	40	26	-35.0%	42	61.5%	35	-16.7%	42	20.0%
DIAGNOSTIC GENETICS	5	4	-20.0%	9	125.0%	7	-22.2%	10	42.9%
DIAGNOSTIC MEDICAL									
SONOGRAPHY	12	12	0.0%	13	8.3%	10	-23.1%	14	40.0%
HEALTH DISPARITIES, DIVERSITY									150.0%
& ADVOCACY	4	6	50.0%	6	0.0%	2	-66.7%	5	
HISTOTECHNOLOGY	16	17	6.3%	13	-23.5%	15	15.4%	17	13.3%
MEDICAL DOSIMETRY	15	14	-6.7%	15	7.1%	17	13.3%	13	-23.5%
MOLECULAR GENETIC									
TECHNOLOGY	21	31	47.6%	21	-32.3%	17	-19.0%	14	-17.6%
RADIATION THERAPY	20	20	0.0%	23	15.0%	18	-21.7%	24	33.3%
RADIOLOGICAL SCIENCES	9	11	22.2%	13	18.2%	10	-23.1%	7	-30.0%
OVERALL	174	179	2.9%	190	6.1%	170	-10.5%	182	7.1%

Source: SHP Dean's Report



C.4 SHP Degrees Awarded by Program and Average Age, Fall 2018 – Fall 2022

C.4 SHP Degrees Awarded by P		· · · · ·	2018		1 2019	Fal	1 2020	Fal	1 2021	Fall 2022	
	DEGREE	Avg.		Avg.		Avg.		Avg.		Avg.	
PROGRAM	CONFERRED	Age	COUNT	Age	COUNT	Age	COUNT	Age	COUNT	Age	COUNT
CLINICAL LABORATORY SCIENCE	CERTIFICATE										
	BACCALAUREATE	27.0	11	28.0	16	28.0	15	28.0	12	26.0	16
CYTOGENETIC TECHNOLOGY	CERTIFICATE										
	BACCALAUREATE	27.0	21	26.0	22	29.0	13	26.0	15	29.0	15
CYTOTECHNOLOGY	CERTIFICATE										
	BACCALAUREATE					29.0	7	35.0	12	29.0	5
DIAGNOSTIC IMAGING	BACCALAUREATE	30.0	40	29.0	26	29.0	42	27.0	35	29.0	42
DIAGNOSTIC GENETICS	MASTER'S	25.0	5	31.0	4	28.0	9	25.0	7	29.0	10
DIAGNOSTIC MEDICAL SONOGRAPHY	BACCALAUREATE	27.0	12	27.0	12	28.0	13	27.0	10	29.0	14
HEALTH DISPARITIES, DIVERSITY & ADVOCACY	BACCALAUREATE	44.0	4	41.0	17	28.0	13	27.0	15	29.0	5
HISTOTECHNOLOGY	CERTIFICATE										
	BACCALAUREATE	26.0	16	26.0	6	28.0	6	26.0	2	29.0	17
MEDICAL DOSIMETRY	BACCALAUREATE	29.0	15	29.0	14	28.0	15	27.0	17	29.0	13
MOLECULAR GENETIC TECHNOLOGY	BACCALAUREATE	27.0	21	26.0	31	29.0	21	29.0	17	29.0	14
RADIATION THERAPY	CERTIFICATE										
	BACCALAUREATE	26.0	20	27.0	20	28.0	23	28.0	18	29.0	24
RADIOLOGICAL SCIENCES	MASTER'S	36.20	20	38.0	9	29.0	13	42.0	10	29.0	7
TOTAL WITHIN YEAR		29.5	174	29.8	179	28.4	190	28.4	170	28.8	182

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2018 – Fall 2022

			Fall		Fall		Fall		Fall		Fall	
PROGRAM/DEGREE	ETHNICITY	GENDER	2018	% of All	2019	% of All	2020	% of All	2021	% of All	2022	% of All
CLINICAL	WHITE NON-HISPANIC	FEMALE	2	18.2%	2	12.5%	1	6.7%	4	33.3%	3	18.8%
LABORATORY SCIENCE		MALE	0	0.0%	0	0.0%	1	6.7%	0	0.0%	0	0.0%
BACCALAUREATE	BLACK NON-HISPANIC	FEMALE	0	0.0%	1	6.3%	0	0.0%	1	8.3%	2	12.5%
		MALE	1	9.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	2	18.2%	6	37.5%	4	26.7%	0	0.0%	6	37.5%
		MALE	1	9.1%	1	6.3%	2	13.3%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	18.2%	5	31.3%	2	13.3%	4	33.3%	4	25.0%
		MALE	0	0.0%	0	0.0%	1	6.7%	1	8.3%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	2	18.2%	1	6.3%	1	6.7%	1	8.3%	1	6.3%
		MALE	0	0.0%	0	0.0%	2	13.3%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	1	9.1%	0	0.0%	0	0.0%	1	8.3%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	6.7%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL BACCALAUREATE	DEGREES		<u>11</u>	100.0%	<u>16</u>	100.0%	<u>15</u>	100.0%	<u>12</u>	100.0%	<u>16</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
CYTOGENETIC	WHITE NON-HISPANIC	FEMALE	3	14.3%	0	0.0%	4	30.8%	1	6.7%	1	6.7%
TECHNOLOGY		MALE	1	4.8%	2	9.1%	1	7.7%	1	6.7%	0	0.0%
BACCALAUREATE	BLACK NON-HISPANIC	FEMALE	3	14.3%	1	4.5%	0	0.0%	2	13.3%	1	6.7%
		MALE	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	5	23.8%	4	18.2%	1	7.7%	3	20.0%	3	20.0%
		MALE	3	14.3%	0	0.0%	2	15.4%	1	6.7%	1	6.7%
	ASIAN OR PACIFIC ISLANDER	FEMALE	4	19.0%	5	22.7%	2	15.4%	2	13.3%	5	33.3%
		MALE	0	0.0%	3	13.6%	0	0.0%	3	20.0%	2	13.3%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	4.8%	3	13.6%	2	15.4%	1	6.7%	2	13.3\%
		MALE	0	0.0%	1	4.5%	1	7.7%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	1	4.8%	1	4.5%	0	0.0%	1	6.7%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%
	MALE			0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL BACCALAUR	EATE DEGREES		<u>21</u>	100.0%	<u>22</u>	100.0%	<u>13</u>	100.0%	<u>15</u>	100.0%	<u>15</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall <b>2019</b>	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
CYTOTECHNOLOGY	WHITE NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	4	57.1%	1	8.3%	0	0.0%
BACCALAUREATE		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	1	14.3%	0	0.0%	1	20.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	0	0.0%	1	14.3%	3	25.0%	2	40.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	2	16.7%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	0	0.0%	0	0.0%	4	33.3%	2	40.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	1	8.3%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	8.3%	0	0.0.%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	1	14.3%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL BACCALAUR	EATE DEGREES	•	<u>0</u>	100.0%	<u>0</u>	100.0%	7	100.0%	12	100.0%	<u>5</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
DIAGNOSTIC	WHITE NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
IMAGING		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CERTIFICATE	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL, CERTIFIC	CATE		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	8	20.0%	5	19.2%	10	23.8%	5	14.3%	6	14.3%
		MALE	3	7.5%	2	7.5%	2	4.8%	2	5.7%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	1	3.8%	1	2.4%	3	8.6%	4	9.5%
		MALE	2	5.0%	0	0.0%	0	0.0%	1	2.9%	1	2.4%
	HISPANIC	FEMALE	10	25.0%	11	42.3%	16	38.1%	10	28.6%	12	28.6%
		MALE	7	17.5%	0	0.0%	3	7.1%	2	5.7%	5	11.9%
	ASIAN OR PACIFIC ISLANDER	FEMALE	4	10.0%	5	19.2%	7	16.7%	5	14.3%	10	23.8%
		MALE	3	7.5%	0	0.0%	1	2.4%	2	5.7%	2	4.8%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	2	5.0%	0	0.0%	1	2.4%	4	11.4%	1	2.4%
		MALE	1	2.5%	1	3.8%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	1	3.8%	0	0.0%	1	2.9%	0	2.9%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	2.4%	0	0.0%	0	0.0%
	MALI			0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.4%
SUBTOTAL BACCALA	BTOTAL BACCALAUREATE DEGREES			100.0%	26	100.0%	42	100.0%	35	100.0%	42	100.0%
TOTAL, CERTIFICAT	TAL, CERTIFICATE & BACCALAUREATE DEGREES				26		42		35		42	

MD Anderson Fact Book Academic Year 2023 Section C: Degrees

# C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
DIAGNOSTIC	WHITE NON-HISPANIC	FEMALE	2	40.0%	1	25.0%	3	33.3%	0	0.0%	1	10.0%
GENETICS		MALE	0	0.0%	0	0.0%	1	11.1%	1	14.3%	0	0.0%
MASTER'S*	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	14.3%	1	10.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	0	0.0%	1	11.1%	2	28.6%	2	20.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	1	2.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	1	2.0%	0	0.0%	1	11.1%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	20.0%	1	25.0%	2	22.2%	2	28.6%	5	50.0%
		MALE	0	0.0%	1	25.0%	1	11.1%	1	14.3%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	10.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%
	MALE		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL, BACCALAUR	EATE DEGREE:		<u>5</u>	100.0%	<u>4</u>	100.0%	9	100.0%	7	100.0%	<u>10</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

# C.5 SHP Degrees by Program, Ethnicity, and Gender, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall <b>2019</b>	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
DIAGNOSTIC	WHITE NON-HISPANIC	FEMALE	3	25.0%	2	16.7%	3	23.1%	3	30.0%	6	42.9%
MEDICAL SONOGRAPHY		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BACCALAUREATE*	BLACK NON-HISPANIC	FEMALE	1	8.3%	1	8.3%	1	7.7%	1	10.0%	1	7.1%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	5	41.7%	3	25.0%	3	23.1%	2	20.0%	3	21.4%
		MALE	0	0.0%	1	8.3%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	16.7%	4	33.3%	3	23.1%	2	20.0%	3	21.4%
		MALE	0	0.0%	0	0.0%	0	0.0%	1	10.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN NATIVE	FEMALE MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	1	8.3%	0	0.0%	0	0.0%	1	7.1%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	1	8.3%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	2	15.4%	1	1.0%	0	0.0%
	MALE				0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL, BACCALAUREAT	E DEGREE:		<u>12</u>	100.0%	<u>12</u>	100.0%	<u>13</u>	100.0%	<u>10</u>	100.0%	<u>14</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2018 – Fall 2022

			Fall	% of	Fall	% of	Fall	% of	Fall	% of	Fall	% of
PROGRAM/DEGREE	ETHNICITY	GENDER	2018	All	2019	All	2020	All	2021	All	2022	All
HEALTH DISPARITIES,	WHITE NON-HISPANIC	FEMALE	0	0.0%	1	16.7%	3	50.0%	0	0.0%	1	20.0%
DIVERSITY & ADVOCACY		MALE	0	0.0%	1	16.7%	0	0.0%	0	0.0%	0	0.0%
BACCALAUREATE	BLACK NON-HISPANIC	FEMALE	2	50.0%	2	33.3%	0	0.0%	1	50.0%	2	40.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%
	HISPANIC	FEMALE	1	25.0%	2	33.3%	1	16.7%	0	0.0%	2	40.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	0	0.0%	2	33.3%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL BACCALAUREATE	DEGREES		4	100.0%	<u>6</u>	100.0%	<u>6</u>	100.0%	<u>2</u>	100.0%	<u>5</u>	100.0%

Health Disparities, Diversity and Advocacy program began conferring baccalaureate degrees in 2017 Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2018 – Fall 2022

		GENDE	Fall	% of								
PROGRAM/DEGREE	ETHNICITY	R	2018	All	2019	All	2020	All	2021	All	2022	All
HISTOTECHNOLOGY	WHITE NON-HISPANIC	FEMALE	3	18.8%	2	11.8%	2	15.4%	4	26.7%	2	11.8%
<b>BACCALAUREATE</b>		MALE	0	0.0%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	1	5.9%	2	15.4%	0	0.0%	1	5.9%
		MALE	0	0.0%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	3	18.8%	3	17.6%	2	15.4%	5	33.3%	4	23.5%
		MALE	4	25.0%	0	0.0%	0	0.0%	0	0.0%	2	11.8%
	ASIAN OR PACIFIC ISLANDER	FEMALE	3	18.8%	5	29.4%	0	0.0%	5	33.3%	6	35.3%
		MALE	1	6.3%	0	0.0%	2	15.4%	0	15.4%	1	5.9%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	6.3%	1	5.9%	1	7.7%	1	6.7%	0	0.0%
		MALE	0	0.0%	2	11.8%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	2	15.4%	0	0.0%	1	5.9%
		MALE	0	0.0%	2	11.8%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	1	6.3%	1	5.9%	0	0.0%	0	0.0%	0	0.0%
	MALE			0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL BACCALAUREAT	E DEGREES		<u>16</u>	100.0%	<u>17</u>	100.0%	<u>13</u>	100.0%	<u>15</u>	100.0%	<u>17</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
MEDICAL DOSIMETRY	WHITE NON-HISPANIC	FEMALE	1	6.7%	4	28.6%	1	6.7%	1	5.9%	0	0.0%
BACCALAUREATE		MALE	2	13.3%	1	7.1%	3	20.0%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	1	6.7%	0	0.0%		0.0%	1	5.9%	1	7.7%
		MALE	0	0.0%	0	0.0%	2	13.3%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	2	13.3%	1	7.1%	1	6.7%	0	0.0%	2	15.4%
		MALE	1	6.7%	1	7.1%	2	13.3%	1	5.9%	2	15.4%
	ASIAN OR PACIFIC ISLANDER	FEMALE	3	20.0%	4	28.6%	1	6.7%	10	58.8%	3	23.1%
		MALE	5	33.3%	1	7.1%	2	13.3%	2	11.8%	2	15.4%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.7%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	2	14.3%	3	20.0%	1	5.9%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.7%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	5.9%	0	0.0%
	MALE			0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.7%
TOTAL, CERTIFICATE &	BACCALAUREATE DEGREES		<u>15</u>	100.0%	<u>14</u>	100.0%	<u>15</u>	100.0%	<u>17</u>	100.0%	<u>13</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

MD Anderson Fact Book Academic Year 2023 Section C: Degrees

# C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2018– Fall 2022

			Fall	% of								
PROGRAM/DEGREE	ETHNICITY	GENDER	2018	All	2019	All	2020	All	2021	All	2022	All
MOLECULAR GENETIC	WHITE NON-HISPANIC	FEMALE	7	33.3%	8	25.8%	5	23.8%	5	29.4%	2	14.3%
TECHNOLOGY		MALE	2	9.5%	2	6.5%	2	9.5%	2	11.8%	0	0.0%
BACCALAUREATE	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	1	4.8%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	1	5.9%	0	0.0%
	HISPANIC	FEMALE	2	9.5%	9	29.0%	3	14.3%	3	17.6%	5	35.7%
		MALE	2	9.5%	3	9.7%	1	94.8%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	9.5%	5	16.1%	5	23.8%	5	29.4%	1	7.1.
		MALE	3	14.3%	1	3.2%	1	4.8%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	4.8%	3	9.7%	2	9.5%	1	5.9%	1	7.1%
		MALE	1	4.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	1	4.8%	0	0.0%	1	4.8%	0	0.0%	1	7.1%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.1%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	21.4%
TOTAL, BACCALAUREA	ΓΕ DEGREE:		<u>21</u>	100.0%	<u>31</u>	100.0%	<u>21</u>	100.0%	<u>17</u>	100.0%	<u>14</u>	100.0%

Source: CBM009 per UT Houston Health Science Center Registrar's Office

MD Anderson Fact Book Academic Year 2023 Section C: Degrees

# C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2018 – Fall 2022

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
			2010				2020					
RADIATION THERAPY	WHITE NON-HISPANIC	FEMALE	2	10.0%	6	30.0%	1/	30.4%	4	22.2%	8	33.3%
BACCALAUREATE		MALE	2	10.0%	2	10.0%	2	8.7%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	2	10.0%	1	5.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	1	4.3%	2	11.1%	0	0.0%
	HISPANIC	FEMALE	3	15.0%	6	30.0%	9	39.1%	0	0.0%	4	16.7%
		MALE	1	5.0%	2	10.0%	2	8.7%	2	11.1%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	10.0%	3	15.0%	0	0.0%	5	27.8%	3	12.5%
		MALE	5	25.0%	0	0.0%	2	8.7%	5	27.8%	6	25.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	2	10.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	1	5.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MALE					0.0%	0	0.0%	0	0.0%	3	12.5%
TOTAL, CERTIFICATE A	ND BACCALAUREATE DEGREES:		<u>20</u>	100.0%	<u>20</u>	100.0%	<u>23</u>	100.0%	<u>18</u>	100.0%	<u>24</u>	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.5 SHP Degrees by Program, Gender, and Ethnicity, Fall 2018 – Fall 2022\*

PROGRAM/DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
						l			1			
RADIOLOGICAL SCIENCES	WHITE NON-HISPANIC	FEMALE	3	33.3%	8	72.7%	4	30.8%	1	10.0%	3	42.9%
MASTER'S*		MALE	1	11.1%	2	18.2%	0	0.0%	2	20.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	10.0%	0	0.0%
		MALE	1	11.1%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	1	9.1%	2	15.4%	3	30.0%	1	14.3%
		MALE	2	22.2%	0	0.0%	2	15.4%	1	10.0%	1	14.3%
	ASIAN OR PACIFIC ISLANDER	FEMALE	1	11.1%	0	0.0%	1	7.7%	1	10.0%	1	14.3%
		MALE	1	11.1%	0	0.0%	0	0.0%	0	0.0%	1	14.3%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	10.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
	MALE			0.0%	0	0.0%	1	7.7%	0	0.0%	0	0.0%
TOTAL BACCALAUREATE	DEGREES		9	100.0%	<u>11</u>	100.0%	<u>13</u>	100.0%	<u>10</u>	100.0%	7	100.0%

<sup>\*</sup>Radiological Sciences program began conferring master's degrees in 2017 Source: UT Houston Health Science Center Registrar's Office

C.6 SHP Total Degrees by Level, Ethnicity, and Gender, Fall 2018 – Fall 2022

DEGREE	ETHNICITY	GENDER	Fall 2018	% of Students	Fall <b>2019</b>	% of Students	Fall 2020	% of Students	Fall 2021	% of Students	Fall 2022	% of Students
CERTIFICATE	WHITE NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CERTITIONE	WINIDITATION	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	ASIAN OR PACIFIC ISLANDER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SUBTOTAL, CERTIFIC	CATE		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
BACCALAUREATE	WHITE NON-HISPANIC	FEMALE	29	16.7%	30	16.8%	40	21.1%	28	17.2%	29	15.9%
		MALE	10	5.7%	10	5.6%	12	6.3%	5	3.1%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	9	5.2%	8	4.5%	6	3.2%	9	5.5%	13	7.1%
		MALE	3	1.7%	1	0.6%	4	2.1%	5	3.1%	1	0.5%
	HISPANIC	FEMALE	33	19.0%	45	25.1%	41	21.6%	26	16.0%	43	23.6%
		MALE	19	10.9%	8	4.5%	12	6.3%	8	4.9%	10	5.5%
	ASIAN OR PACIFIC ISLANDER	FEMALE	22	12.6%	36	20.1%	22	11.6%	42	25.8%	37	20.3%
		MALE	17	9.8%	5	2.8%	9	4.7%	15	9.2%	13	7.1%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	9	5.2%	11	6.1%	10	5.3%	10	6.1%	6	3.3%
		MALE	3	1.7%	4	2.2%	3	1.6%	0	0.0%	1	0.5%
	MULTI-RACIAL	FEMALE	3	1.7%	1	0.6%	4	2.1%	2	1.2%	2	1.1%
		MALE	2	1.1%	3	1.7%	1	0.5%	1	0.6%	1	0.5%
	UNKNOWN OR NOT REPORTED	FEMALE MALE	1	0.6%	2	1.1%	4	2.1%	1	1.2%	1	0.5%
			0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	4.4%
SUBTOTAL BACCALA	UREATE DEGREES		160	92.0%	164	91.6%	168	88.4%	153	93.9%	165	90.7%

Source: UT Houston Health Science Center Registrar's Office

MD Anderson Fact Book Academic Year 2023 Section C: Degrees

C.6 SHP Total Degrees by Level, Ethnicity, and Gender, Fall 2018 – Fall 2022

DEGREE	ETHNICITY	GENDER	Fall 2018	% of All	Fall 2019	% of All	Fall 2020	% of All	Fall 2021	% of All	Fall 2022	% of All
MASTER'S	WHITE NON-HISPANIC	FEMALE	5	2.9%	9	5.0%	7	3.7%	0	0.0%	4	2.2%
MASIERS	WHITE NON-HISPANIC	MALE	1	0.6%	2	1.1%	1	0.5%	3	1.8%	0	0.0%
	BLACK NON-HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	1	0.6%	1	0.5%
	BLACK NON-HISI ANIC	MALE	1	0.6%	0	0.0%	1	0.5%	0	0.0%	0	0.0%
	HISPANIC	FEMALE	0	0.0%	1	0.6%	3	1.6%	2	1.2%	3	1.6%
	THOI THAT	MALE	2	1.1%	0	0.0%	2	1.1%	1	0.6%	1	0.5%
	ASIAN OR PACIFIC ISLANDER	FEMALE	2	1.1%	0	0.0%	1	0.5%	0	0.0%	1	0.5%
	ABIMIN OR THEIR IS ISEMINDER	MALE	2	1.1%	0	0.0%	1	0.5%	0	0.0%	1	0.5%
	AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	INTERNATIONAL	FEMALE	1	0.6%	1	0.6%	2	1.1%	2	1.2%	5	2.7%
		MALE	0	0.0%	1	0.6%	1	0.5%	1	0.6%	0	0.0%
	MULTI-RACIAL	FEMALE	0	0.0%	0	0.0%	1	0.5%	0	0.0%	1	0.5%
		MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	UNKNOWN OR NOT REPORTED	FEMALE	0	0.0%	1	0.6%	1	0.5%	0	0.0%	0	0.0%
		MALE	0	0.0%	0	0.0%	1	0.5%	0	0.0%	0	0.0%
TOTAL MASTER'S	TOTAL MASTER'S DEGREE:			8.0%	15	8.4%	22	11.6%	10	6.1%	17	9.3%
	TOTAL, DEGREES BY YEAR			100.0%	179	100.0%	190	100.0%	163	100.0%	182	100.0%

Source: UT Houston Health Science Center Registrar's Office

# C.7 SHP Graduates by Gender and Ethnicity, Fall 2018 – Fall 2022

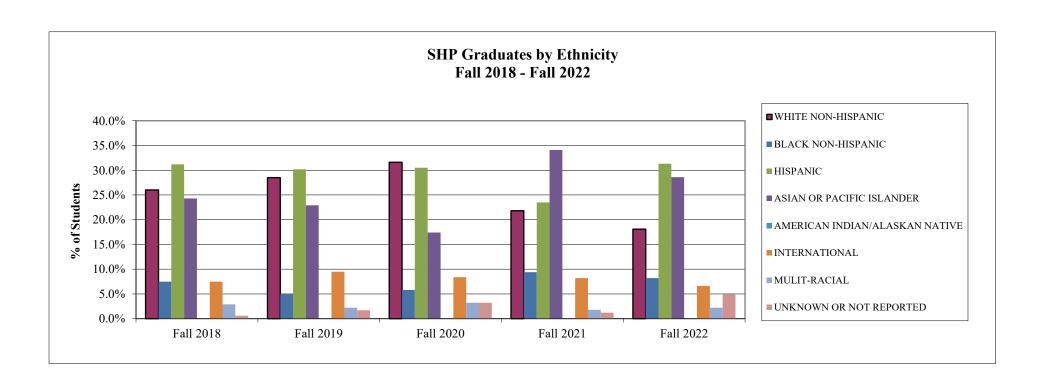
		Fall	% of								
ETHNICITY	GENDER	2018	Students	2019	Students	2020	Students	2021	Students	2022	Students
WHITE NON-HISPANIC	FEMALE	34	19.5%	39	21.8%	47	24.7%	29	17.1%	33	18.1%
	MALE	11	6.3%	12	6.7%	13	6.8%	8	4.7%	0	0.0%
BLACK NON-HISPANIC	FEMALE	9	5.2%	8	4.5%	6	3.2%	11	6.5%	14	7.7%
	MALE	4	2.3%	1	0.6%	5	2.6%	5	2.9%	1	0.5%
HISPANIC	FEMALE	33	19.0%	46	25.7%	44	23.2%	31	18.2%	46	25.3%
	MALE	21	12.1%	8	4.5%	14	7.4%	9	5.3%	11	6.0%
ASIAN OR PACIFIC ISLANDER	FEMALE	24	13.8%	36	20.1%	23	12.1%	43	25.3%	38	20.9%
	MALE	19	10.9%	5	2.8%	10	5.3%	15	8.8%	14	7.7%
AMERICAN INDIAN/ALASKAN	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NATIVE	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	10	5.7%	12	6.7%	12	6.3%	13	7.6%	11	6.0%
	MALE	3	1.7%	5	2.8%	4	2.1%	1	0.6%	1	0.5%
MULTI-RACIAL	FEMALE	3	1.7%	1	0.6%	5	2.6%	2	1.2%	3	1.6%
	MALE	2	1.1%	3	1.7%	1	0.5%	1	0.6%	1	0.5%
UNKNOWN OR NOT REPORTED	FEMALE	1	0.6%	3	1.7%	5	2.6%	2	1.2%	1	1.5%
	MALE	0	0.0%	0	0.0%	1	0.5%	0	0.0%	8	4.4%
TOTAL		174	100.0%	179	100.0%	190	100.0%	170	100.0%	182	100.0%

Source: UT Houston Health Science Center Registrar's Office

C.8 SHP Graduates by Ethnicity, Fall 2018 – Fall 2022

	Fall	% of								
ETHNICITY	2018	Students	2019	Students	2020	Students	2021	Students	2022	Students
WHITE NON-HISPANIC	45	25.9%	51	28.5%	60	31.6%	37	21.8%	33	18.1%
BLACK NON-HISPANIC	13	7.5%	9	5.0%	11	5.8%	16	9.4%	15	8.2%
HISPANIC	54	31.0%	54	30.2%	58	30.5%	40	23.5%	57	31.3%
ASIAN OR PACIFIC ISLANDER	43	24.7%	41	22.9%	33	17.4%	58	34.1%	52	28.6%
AMERICAN INDIAN/ALASKAN NATIVE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	13	7.5%	17	9.5%	16	8.4%	14	8.2%	12	6.6%
MULTI-RACIAL	5	2.9%	4	2.2%	6	3.2%	3	1.8%	4	2.2%
UNKNOWN OR NOT REPORTED	1	0.6%	3	1.7%	6	3.2%	2	1.2%	9	4.9%
Total	174	100.0%	179	100.0%	190	100.0%	170	100.0%	182	100.0%

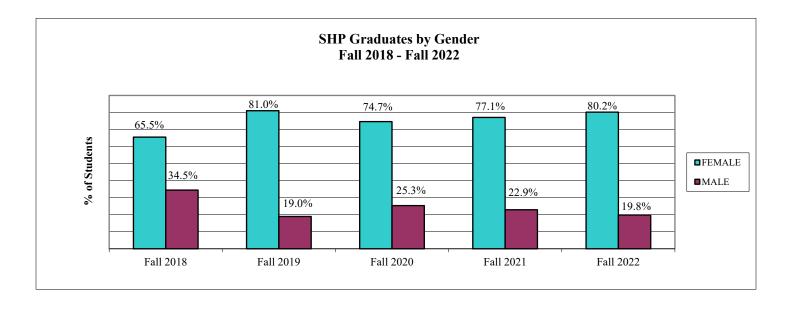
Source: UT Houston Health Science Center Registrar's Office



# C.9 SHP Graduates by Gender, Fall 2018 – Fall 2022

	Fall	% of								
GENDER	2018	Students	2019	Students	2020	Students	2021	Students	2022	Students
FEMALE	114	65.5%	145	81.0%	142	74.7%	131	77.1%	146	80.2%
MALE	60	34.5%	34	19.0%	48	25.3%	39	22.9%	36	19.8%
Total	174	100.0%	179	100.0%	190	100.0%	170	100.0%	182	100.0%

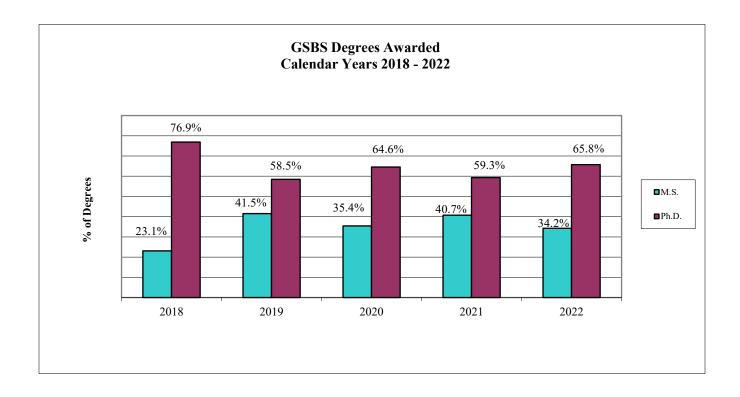
Source: UT Houston Health Science Center Registrar's Office



# C.10 GSBS Degrees Awarded, Calendar Years 2018 – 2022

DEGREE AWARDED	2018	2019	% Inc/Dec	2020	% Inc/Dec	2021	% Inc/Dec	2022	% Inc/Dec
M.S.	21	27	22.2%	28	3.6%	35	20.0%	25	-40.0%
Ph.D.	70	38	-84.2%	51	25.5%	51	0.0%	48	-6.3%
OVERALL	91	65	-40.0%	79	17.7%	86	8.1%	73	-17.8%

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences



## MD Anderson Fact Book Academic Year 2023 Section C: Degrees

### C.11 GSBS Graduates by Area of Research Concentration, Calendar Years 2018 – 2022

Anna of Danamah Internet		18		)19	20	20	20	)21	202	22
Area of Research Interest	MS	PhD	MS	PhD	MS	PhD	MS	PhD	MS	PhD
Biochemistry and Cell Biology		7	1	5		4		6		6
Biochemistry and Molecular Biology										
Biostatics, Bioinformatics, and Systems Biology										
Biomedical Sciences	3		8		4		12		13	
Cancer Biology		9	4	8	7	8	1	4	1	13
Clinical and Translational Sciences										
Epigenetics and Molecular Carcinogenesis										
Experimental Therapeutics										
Genes & Development										
Genetic Counseling	8		10		9		11		10	
Genetics and Epigenetics	1	18	1	7	1	8	5	10		2
Human & Molecular Genetics										
Immunology		6		2	1	9	2	7		2
Medical Physics	3	8	2	5		8	2	8		5
Microbiology & Infectious Diseases	1	9		3	2	3	1	2		3
Microbiology & Molecular Genetics										
Neuroscience	2	7		5	1	6	0	4		6
Quantitative Sciences	1	3		3	1	4	1	5		9
Therapeutics and Pharmacology	1	3	1		2	1	0	5	1	2
Total	21	70	27	38	28	51	35	51	25	48

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences

#### C.12 GSBS M.S. Program Top Areas of Research Concentration, Calendar Year 2018 – 2022

2018	2019	2020	2021	2022
Biomedical Sciences	Genetics Counseling	Genetics Counseling	Biomedical Sciences	Biomedical Sciences
Genetics Counseling	Biomedical Sciences	Cancer Biology	Genetics Counseling	Genetics Counseling
Medical Physics	Cancer Biology	Biomedical Sciences	Genetics and	Cancer Biology
			Epigenetics	ļ l

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences

C.13 GSBS Ph.D. Program Top Areas of Research Concentration, Calendar Year 2018 – Fall 2022

2018	2019	2020	2021	2022
Genes & Development	Cancer Biology	Immunology	Genetics & Epigenetics	Cancer Biology
Cancer Biology	Genetics & Epigenetics	Cancer Biology	Medical Physics	Quantitative Science
Microbiology & Infectious Diseases	Biochemistry and Cell Biology	Genetics & Epigenetics	Immunology	Biochemistry and Cell Biology
Medical Physics	Medical Physics	Medical Physics	Biochemistry and Cell Biology	Neuroscience
Neuroscience	Neuroscience	Neuroscience	Quantitative Science	Medical Physics

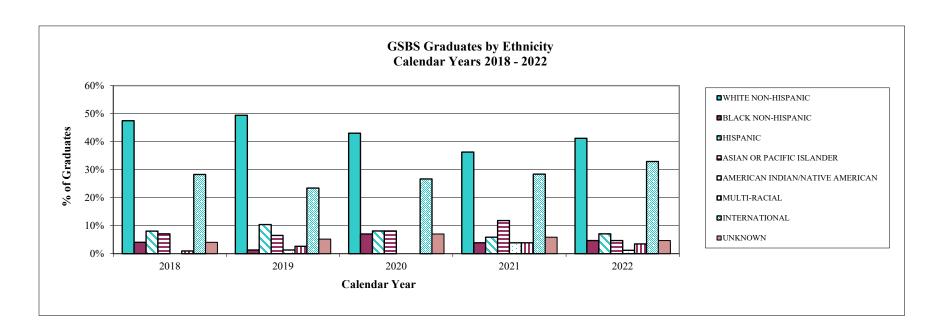
\*Same number of graduates within given year.

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences

C.14 GSBS Graduates by Ethnicity, Calendar Years 2018 – 2022

	2018	% of	2019	% of	2020	% of	2021	% of	2022	% of
ETHNICITY	COUNT	Students								
WHITE NON-HISPANIC	47	47.5%	38	49.4%	37	43.0%	37	36.3%	35	41.2%
BLACK NON-HISPANIC	4	4.0%	1	1.3%	6	7.0%	4	3.9%	4	4.7%
HISPANIC	8	8.1%	8	10.4%	7	8.1%	6	5.9%	6	7.1%
ASIAN OR PACIFIC ISLANDER	7	7.1%	5	6.5%	7	8.1%	12	11.8%	4	4.7%
AMERICAN INDIAN OR ALASKAN										
NATIVE	0	0.0%	1	1.3%	0	0.0%	4	3.9%	1	1.2%
INTERNATIONAL	28	28.3%	18	23.4%	23	26.7%	29	28.4%	28	32.9%
MULTI-RACIAL	1	1.0%	2	2.6%	0	0.0%	4	3.9%	3	3.5%
UNKNOWN OR NOT REPORTED	4	4.0%	4	5.2%	6	7.0%	6	5.9%	4	4.7%
TOTAL	99	100.0%	77	100.0%	86	100.0%	102	100.0%	102	100.0%

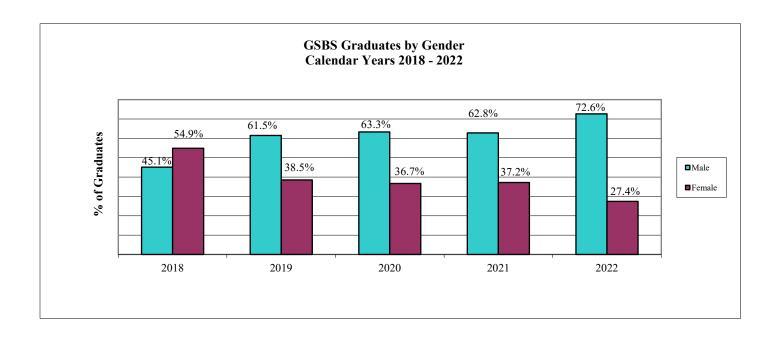
Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences



# C.15 GSBS Graduates by Gender, Calendar Years 2018 – 2022

	2018	% of	2019	% of	2020	% of	2021	% of	2022	% of
GENDER	COUNT	Students								
FEMALE	50	54.9%	40	61.5%	50	63.3%	54	62.8%	53	72.6%
MALE	41	45.1%	25	38.5%	29	36.7%	32	37.2%	20	27.4%
TOTAL	91	100.0%	65	100.0%	79	100.0%	86	100.0%	73	100.0%

Source: UT MD Anderson Cancer Center and UTHealth Graduate School of Biomedical Sciences



# D. Faculty Demographics



Making Cancer History®

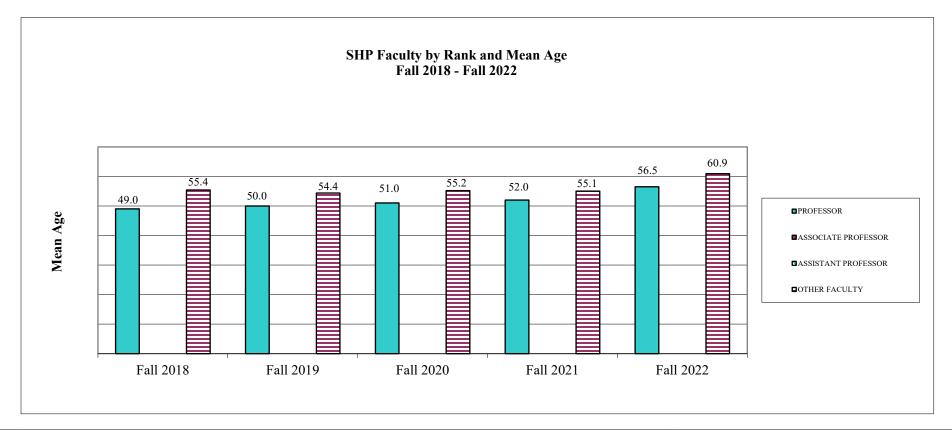
### D.1 SHP Faculty by Rank and Mean Age, Fall 2018 – Fall 2022\*

	Fa	Fall 2018		Fall 2019 Fall 2020		Fa	II 2021	Fal	11 2022	
MEAN AGE BY RANK	COUNT	MEAN AGE	COUNT	COUNT AGE C		MEAN AGE	COUNT	MEAN AGE	COUNT	MEAN AGE
PROFESSOR	1	49.0	1	50.0	COUNT 1	51.0	1	52.0	2	56.5
ASSOCIATE PROFESSOR	0		0		0		0		0	
ASSISTANT PROFESSOR	0		0		0		0		0	
OTHER FACULTY	64	55.4	62	54.4	56	55.2	42	55.1	36	60.9

<sup>\*</sup>Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

Age at Time of CBM008 Report Submission; Faculty with unknown age are not included

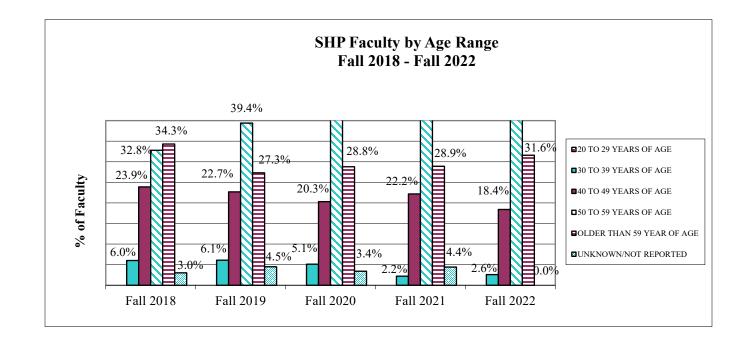


## D.2 SHP Faculty by Age Range, Fall 2018 – Fall 2022\*

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
AGE RANGE	COUNT	Faculty								
20 TO 29 YEARS OF AGE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
30 TO 39 YEARS OF AGE	4	6.0%	4	6.1%	3	5.1%	1	2.2%	1	2.6%
40 TO 49 YEARS OF AGE	16	23.9%	15	22.7%	12	20.3%	10	22.2%	7	18.4%
50 TO 59 YEARS OF AGE	22	32.8%	26	39.4%	25	42.4%	19	42.2%	18	47.4%
OLDER THAN 59 YEARS OF AGE	23	34.3%	18	27.3%	17	28.8%	13	28.9%	12	31.6%
UNKNOWN/NOT REPORTED	2	3.0%	3	4.5%	2	3.4%	2	4.4%	0	0.0%
TOTAL	67	100.0%	66	100.0%	59	100.0%	45	100.0%	38	100.0%

\*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

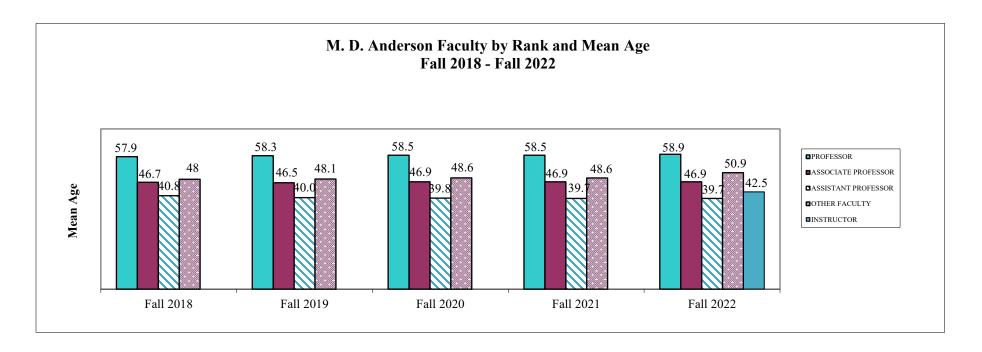


## D.3 MD Anderson Faculty by Rank and Mean Age, Fall 2018 - Fall 2022

	Fa	all 2018	Fa	all 2019	F	all 2020	F	all 2021	Fa	all 2022
RANK	COUNT	MEAN AGE								
PROFESSOR	345	57.9	347	58.3	351	58.5	359	58.5	369	58.9
ASSOCIATE PROFESSOR	142	46.7	136	46.5	137	46.9	127	46.9	127	46.9
ASSISTANT PROFESSOR	93	40.8	92	40.0	86	39.8	86	39.7	91	39.7
INSTRUCTOR									2	42.5
OTHER FACULTY	1708	48.0	1696	48.1	1680	48.6	1709	48.6	1737	50.9
TOTAL/OVERALL	2288	49.1	2271	49.2	2254	49.7	2281	49.7	2326	51.5

Source: Certified CBM008

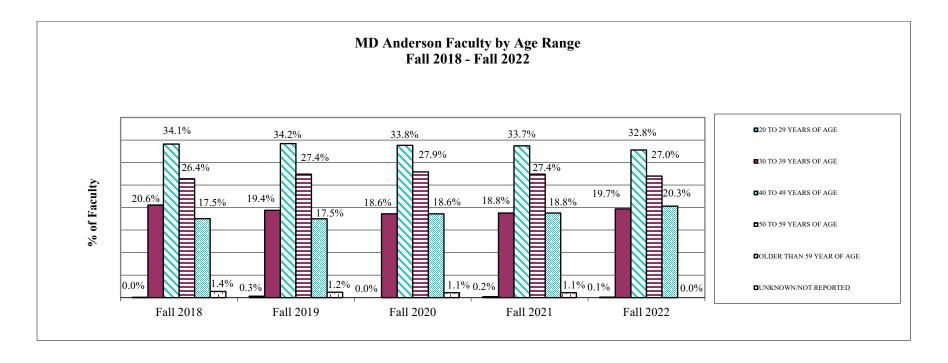
Age at Time of CBM008 Report Submission; Faculty with unknown age are not included



# D.4 MD Anderson Faculty by Age Range, Fall 2018 - Fall 2022

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
AGE RANGE	COUNT	Faculty								
20 TO 29 YEARS OF AGE	1	0.0%	7	0.3%	1	0.0%	5	0.2%	3	0.1%
30 TO 39 YEARS OF AGE	477	20.6%	446	19.4%	423	18.6%	433	18.8%	458	19.7%
40 TO 49 YEARS OF AGE	791	34.1%	786	34.2%	770	33.8%	777	33.7%	764	32.8%
50 TO 59 YEARS OF AGE	612	26.4%	629	27.4%	636	27.9%	632	27.4%	629	27.0%
OLDER THAN 59 YEARS OF AGE	407	17.5%	403	17.5%	424	18.6%	434	18.8%	472	20.3%
UNKNOWN/NOT REPORTED	32	1.4%	27	1.2%	25	1.1%	26	1.1%	1	0.0%
TOTAL	2320	100.0%	2298	100.0%	2279	100.0%	2307	100.0%	2327	100.0%

Source: Certified CBM008



D.5 SHP Faculty by Ethnicity and Gender, Fall 2018 – Fall 2022\*

		Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
ETHNICITY	GENDER	COUNT	Faculty								
WHITE NON-HISPANIC	FEMALE	17	25.4%	17	25.8%	16	27.1%	13	28.9%	12	31.6%
	MALE	16	23.9%	14	21.2%	12	20.3%	11	24.4%	7	18.4%
BLACK NON-HISPANIC	FEMALE	3	4.5%	4	6.1%	4	6.8%	3	6.7%	3	7.9%
	MALE	4	6.0%	4	6.1%	3	5.1%	1	2.2%	1	2.6%
HISPANIC	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.6%
	MALE	1	1.5%	1	1.5%	1	1.7%	0	0.0%	0	0.0%
ASIAN	FEMALE	4	6.0%	3	4.5%	3	5.1%	3	0.0%	3	7.9%
	MALE	10	14.9%	8	12.1%	8	13.6%	8	0.0%	6	15.8%
AMERICAN INDIAN/NATIVE	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
AMERICAN	MALE	1	1.5%	1	1.5%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
UNKNOWN	FEMALE	5	7.5%	6	9.1%	5	8.5%	3	13.3%	3	7.9%
	MALE	6	9.0%	8	12.1%	7	11.9%	3	24.4%	2	5.3%
NATIVE HAWAIIAN OR OTHER	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
PACIFIC ISLANDER	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TWO OR MORE RACES	FEMALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	MALE	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	_	67	100.0%	66	100.0%	59	100.0%	45	100.0%	38	100.0%

\*Does not include adjunct faculty Source: Certified CBM008 and SHP Web Catalog

# D.6 MD Anderson Faculty by Ethnicity and Gender, Fall 2018 - Fall 2022\*

ETHNICITY	GENDER	Fall 2018 COUNT	% of Faculty	Fall 2019 COUNT	% of Faculty	Fall 2020 COUNT	% of Faculty	Fall 2021 COUNT	% of Faculty	Fall 2022 COUNT	% of Faculty
WHITE NON-HISPANIC	FEMALE	406	17.5%	416	18.1%	403	17.7%	401	17.4%	417	17.9%
	MALE	697	30.0%	682	29.7%	681	29.9%	692	30.0%	652	28.0%
BLACK NON-HISPANIC	FEMALE	44	1.9%	47	2.0%	51	2.2%	55	2.4%	53	2.3%
	MALE	30	1.3%	32	1.4%	33	1.4%	34	1.5%	35	1.5%
HISPANIC	FEMALE	61	2.6%	62	2.7%	60	2.6%	61	2.6%	68	2.9%
	MALE	103	4.4%	106	4.6%	110	4.8%	100	4.3%	108	4.6%
ASIAN	FEMALE	321	13.8%	325	14.1%	329	14.4%	339	14.7%	352	15.1%
	MALE	464	20.0%	458	19.9%	457	20.1%	470	20.4%	481	20.7%
AMERICAN INDIAN/NATIVE	FEMALE	2	0.1%	2	0.1%	2	0.1%	2	0.1%	2	0.1%
AMERICAN	MALE	2	0.1%	2	0.1%	1	0.0%	1	0.0%	1	0.0%
INTERNATIONAL	FEMALE	48	2.1%	35	1.5%	28	1.2%	30	1.3%	35	1.5%
	MALE	70	3.0%	57	2.5%	52	2.3%	58	2.5%	66	2.8%
UNKNOWN	FEMALE	17	0.7%	19	0.8%	18	0.8%	15	0.7%	13	0.6%
	MALE	40	1.7%	39	1.7%	36	1.6%	27	1.2%	25	1.1%
NATIVE HAWAIIAN OR OTHER	FEMALE	2	0.1%	2	0.1%	2	0.1%	3	0.1%	3	0.1%
PACIFIC ISLANDER	MALE	1	0.0%	1	0.0%	1	0.0%	1	0.0%	1	0.0%
TWO OR MORE RACES	FEMALE	5	0.2%	5	0.2%	5	0.2%	7	0.3%	4	0.2%
	MALE	7	0.3%	8	0.3%	10	0.4%	11	0.5%	11	0.5%
TOTAL		2320	100.0%	2298	100.0%	2279	100.0%	2307	100.0%	2327	100.0%

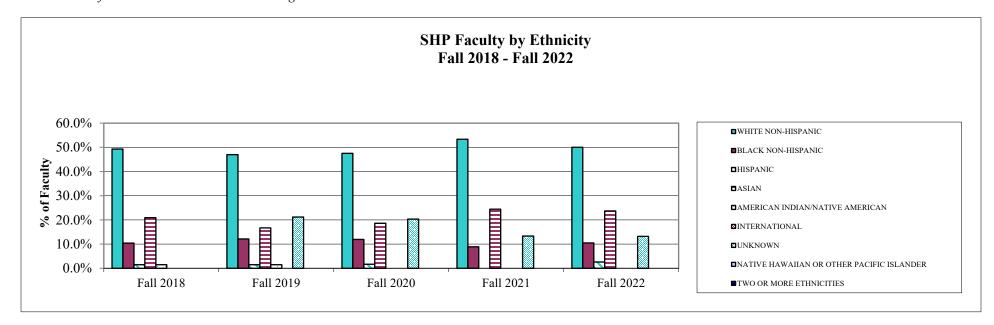
<sup>\*</sup>Does not include adjunct faculty Source: Certified CBM008

# D.7 SHP Faculty by Ethnicity, Fall 2018 – Fall 2022\*

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
ETHNICITY	COUNT	Total								
WHITE NON-HISPANIC	33	49.3%	31	47.0%	28	47.5%	24	53.3%	19	50.0%
BLACK NON-HISPANIC	7	10.4%	8	12.1%	7	11.9%	4	8.9%	4	10.5%
HISPANIC	1	1.5%	1	1.5%	1	1.7%	0	0.0%	1	2.6%
ASIAN	14	20.9%	11	16.7%	11	18.6%	11	24.4%	9	23.7%
AMERICAN INDIAN/NATIVE AMERICAN	1	1.5%	1	1.5%	0	0.0%	0	0.0%	0	0.0%
INTERNATIONAL	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
UNKNOWN	11	16.4%	14	21.2%	12	20.3%	6	13.3%	5	13.2%
NATIVE HAWAIIAN OR OTHER PACIFIC										
ISLANDER	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TWO OR MORE RACES	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	67	100.0%	66	100.0%	59	100.0%	45	100.0%	38	100.0%

\*Does not include adjunct faculty

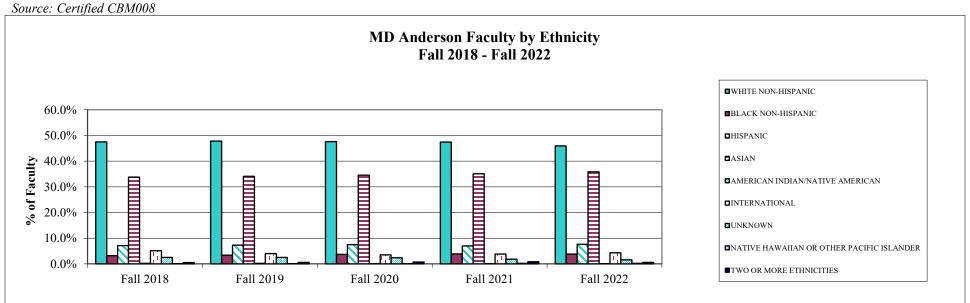
Source: Certified CBM008 and SHP Web Catalog



# D.8 MD Anderson Faculty by Ethnicity, Fall 2018 - Fall 2022\*

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
ETHNICITY	COUNT	Faculty								
WHITE NON-HISPANIC	1103	47.5%	1098	47.8%	1084	47.6%	1093	47.4%	1069	45.9%
BLACK NON-HISPANIC	74	3.2%	79	3.4%	84	3.7%	89	3.9%	88	3.8%
HISPANIC	164	7.1%	168	7.3%	170	7.5%	161	7.0%	176	7.6%
ASIAN	785	33.8%	783	34.1%	786	34.5%	809	35.1%	833	35.8%
AMERICAN INDIAN/NATIVE AMERICAN	4	0.2%	4	0.2%	3	0.1%	3	0.1%	3	0.1%
INTERNATIONAL	118	5.1%	92	4.0%	80	3.5%	88	3.8%	101	4.3%
UNKNOWN	57	2.5%	58	2.5%	54	2.4%	42	1.8%	38	1.6%
NATIVE HAWAIIAN OR OTHER PACIFIC										
ISLANDER	3	0.1%	3	0.1%	3	0.1%	4	0.2%	4	0.2%
TWO OR MORE RACES	12	0.5%	13	0.6%	15	0.7%	18	0.8%	15	0.6%
TOTAL	2320	100.0%	2298	100.0%	2279	100.0%	2307	100.0%	2327	100.0%

<sup>\*</sup>New ethnicities were implemented including "Native Hawaiian or other Pacific Islander" and "Two or more races"

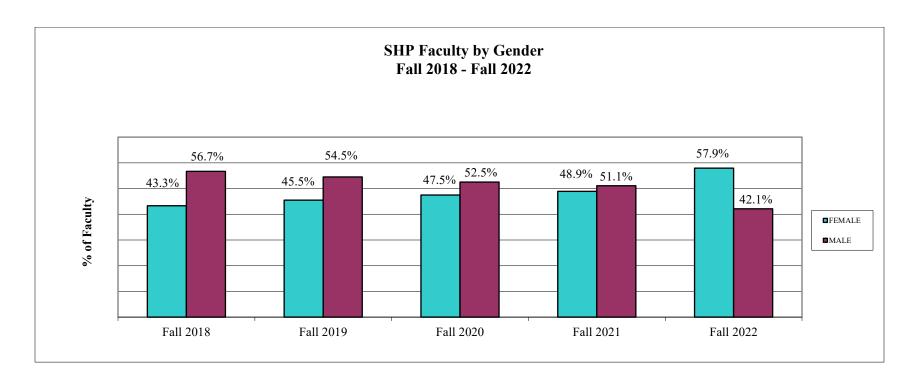


# D.9 SHP Faculty by Gender, Fall 2018 – Fall 2022\*

GENDER	Fall 2018 COUNT	% of Total	Fall 2019 COUNT	% of Total	Fall 2020 COUNT	% of Total	Fall 2021 COUNT	% of Total	Fall 2022 COUNT	% of Total
FEMALE	29	43.3%	30	45.5%	28	47.5%	22	48.9%	22	57.9%
MALE	38	56.7%	36	54.5%	31	52.5%	23	51.1%	16	42.1%
TOTAL	67	100.0%	66	100.0%	59	100.0%	45	100.0%	38	100.0%

<sup>\*</sup>Does not include adjunct faculty

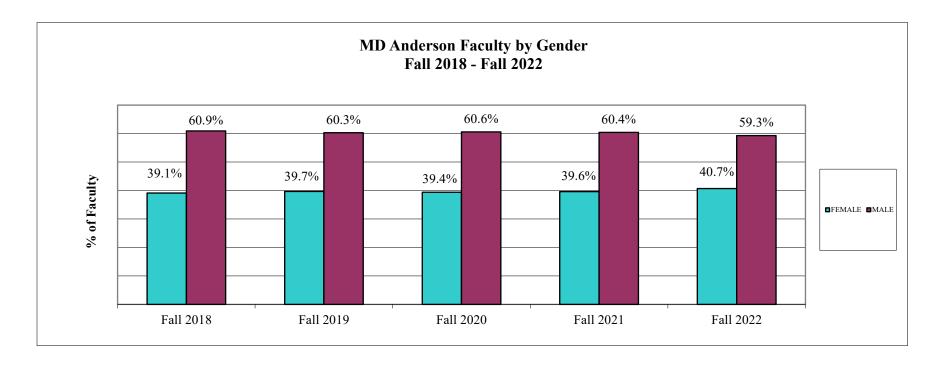
Source: Certified CBM008 and SHP Web Catalog



D.10 MD Anderson Faculty by Gender, Fall 2018 - Fall 2022

	Fall 2018	% of	Fall 2019	% of	Fall 2020	% of	Fall 2021	% of	Fall 2022	% of
GENDER	COUNT	Total								
FEMALE	906	39.1%	913	39.7%	898	39.4%	913	39.6%	942	40.6%
MALE	1414	60.9%	1385	60.3%	1381	60.6%	1394	60.4%	1377	59.4%
TOTAL	2320	100.0%	2298	100.0%	2279	100.0%	2307	100.0%	2319	100.0%

Source: Certified CBM008

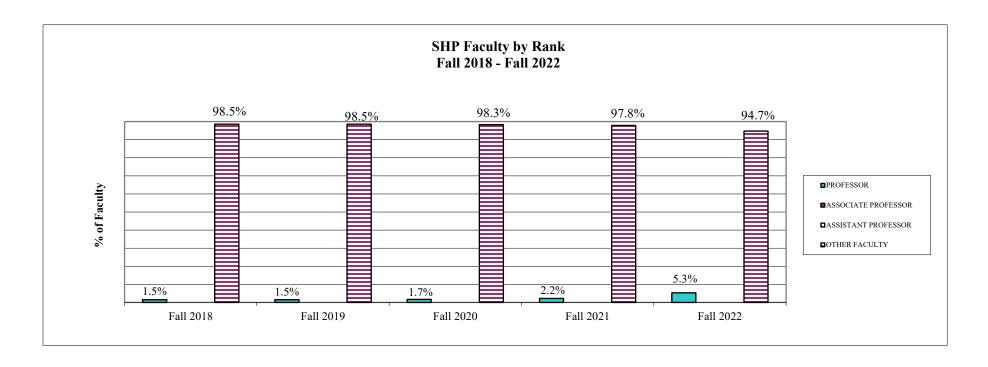


D.11 SHP Faculty by Rank, Fall 2018 – Fall 2022\*

	F	all 2018		]	Fall 2019		F	all 2020		F	all 2021		F	all 2022	
		% of			% of			% of			% of			% of	
RANK	COUNT	ALL	FTE	COUNT	ALL	FTE	COUNT	ALL	FTE	COUNT	ALL	FTE	COUNT	ALL	FTE
PROFESSOR	1	1.5%	1.00	1	1.5%	1.00	1	1.7%	1.00	1	2.2%	1.00	2	5.3%	2.00
ASSOCIATE															
PROFESSOR	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
ASSISTANT															
PROFESSOR	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
OTHER FACULTY	66	98.5%	30.00	65	98.5%	27.00	58	98.3%	26.00	44	97.8%	24.00	36	94.7%	20.00
TOTAL	67	100.0%	31.00	66	100.0%	28.00	59	100.0%	27.00	45	100.0%	25.00	38	100.0%	22.00

<sup>\*</sup>Does not include adjunct faculty

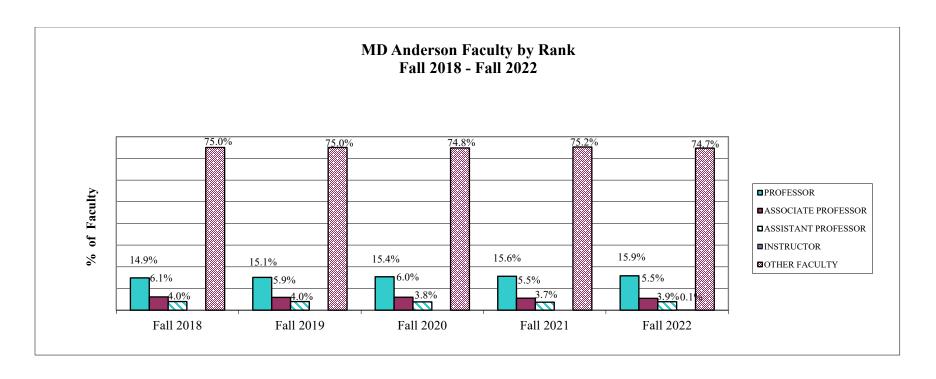
Source: Certified CBM008 and SHP Web Catalog



# D.12 MD Anderson Faculty by Rank, Fall 2018 - Fall 2022

		Fall 2018			Fall 2019			Fall 2020			Fall 2021		]	Fall 2022	
		% OF			% OF			% OF			% OF			% OF	
FACULTY RANK	COUNT	ALL	FTE												
PROFESSOR	345	14.9%	344.00	347	15.1%	346.00	351	15.4%	350.00	359	15.6%	358.00	369	15.9%	368.00
ASSOCIATE															
PROFESSOR	142	6.1%	142.00	136	5.9%	136.00	137	6.0%	137.00	127	5.5%	127.00	127	5.5%	127.00
ASSISTANT															
PROFESSOR	93	4.0%	93.00	92	4.0%	92.00	86	3.8%	86.00	86	3.7%	86.00	91	3.9%	91.00
INSTRUCTOR													2	0.1%	1.00
OTHER FACULTY	1740	75.0%	1213.08	1723	75.0%	1267.29	1705	74.8%	1280.25	1735	75.2%	1308.17	1738	74.8%	1350.42
TOTAL	2320	100.0%	1792.08	2298	100.0%	1841.29	2279	100.0%	1853.25	2307	100.0%	1879.17	2327	100.0%	1937.42

Source: Certified CBM008



# D.13 SHP Mean Faculty\* Salaries by Rank, Fall 2018 - Fall 2022

	F	all 2018		F	all 2019		F	all 2020		F	all 2021		F	all 2022	
	MEAN			MEAN			MEAN			MEAN			MEAN		
RANK	SALARY	COUNT	FTE	SALARY	COUNT	FTE	SALARY	COUNT	FTE	SALARY	COUNT	FTE	SALARY	COUNT	FTE
PROFESSOR	\$173,462	1	1.00	\$182,059	1	1.00	\$182,059	1	1.00	\$206,967	1	1.00	\$385,347	2	2.00
ASSOCIATE															
PROFESSOR	\$0		0.00	\$0		0.00	\$0		0.00	\$0		0.00	\$0		0.00
ASSISTANT															
PROFESSOR	\$0		0.00	\$0		0.00	\$0		0.00	\$0		0.00	\$0		0.00
OTHER															
FACULTY	\$129,821	30	30.00	\$134,915	27	27.00	\$137,839	26	26.00	\$141,310	24	24.00	\$144,399	20	20.00
OVERALL	\$131,228	31	31.00	\$ 136,599	28	28.00	\$ 139,477	27	27.00	\$ 143,937	25	25.00	\$ 157,212	22	22.00

\*Does not include adjunct faculty

Source: Certified CBM008 and SHP Web Catalog

# D.14 MD Anderson Cancer Center Mean Faculty\* Salaries by Rank, Fall 2018 - Fall 2022

	Fall 2018			Fall 2019			Fall 2020			Fall 2021			Fall 2022		
RANK	MEAN SALARY	COUNT	FTE												
PROFESSOR	\$417,443	344	344	\$428,959	346	346	\$421,609	350	350	\$430,388	358	358	\$450,067	368	368
ASSOCIATE PROFESSOR	\$257,460	142	142	\$268,805	136	136	\$266,488	137	137	\$276,542	127	127	\$284,424	127	127
ASSISTANT PROFESSOR	\$207,592	93	93	\$208,703	92	92	\$204,515	86	86	\$222,487	86	86	\$244,417	91	91
INSTRUCTOR	-												\$65,131	1	1
OTHER FACULTY	\$253,282	1216	1204.94	\$268,916	1267	1259.18	\$271,668	1281	1272.16	\$289,901	1308	1299.21	\$300,227	1353	1342.5
OVERALL	\$282,705	1,795	1,783.94	\$295,977	1,841	1,833.18	\$296,476	1,854	1,845.16	\$312,053	1,879	1,870.21	\$324,877	1,940	1,929.50

\*Includes only faculty with non-zero salary and total appointment greater than or equal to 50%.

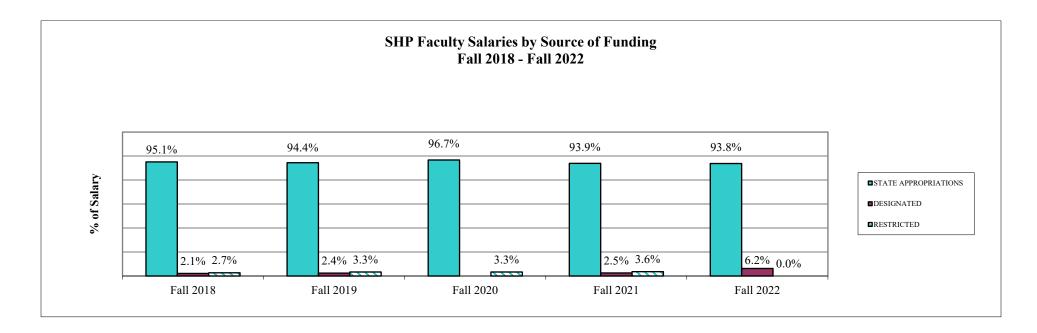
Source: Certified CBM008

D.15 SHP Faculty Salaries by Source of Funds, Fall 2018 – Fall 2022\*

	Fall 2	Fall 2018		Fall 2019		Fall 2020		021	Fall 2022	
		% OF		% OF		% OF		% OF		% OF
SOURCE OF FUNDING	Sum	ALL	Sum	ALL	Sum	ALL	Sum	ALL	Sum	ALL
STATE APPROPRIATIONS	\$3,869,295	95.1%	\$3,609,687	94.4%	\$3,640,687	96.7%	\$3,378,640	93.9%	\$3,244,798	93.8%
DESIGNATED	\$87,000	2.1%	\$89,887	2.4%	\$0	0.0%	\$89,887	2.5%	\$213,867	6.2%
RESTRICTED	\$111,783	2.7%	\$125,196	3.3%	\$125,196	3.3%	\$129,891	3.6%	\$0	0.0%
TOTAL	\$4,068,078	100.0%	\$3,824,770	100.0%	\$3,765,883	100.0%	\$3,598,418	100.0%	\$3,458,665	100.0%

<sup>\*</sup>Does not include adjunct faculty

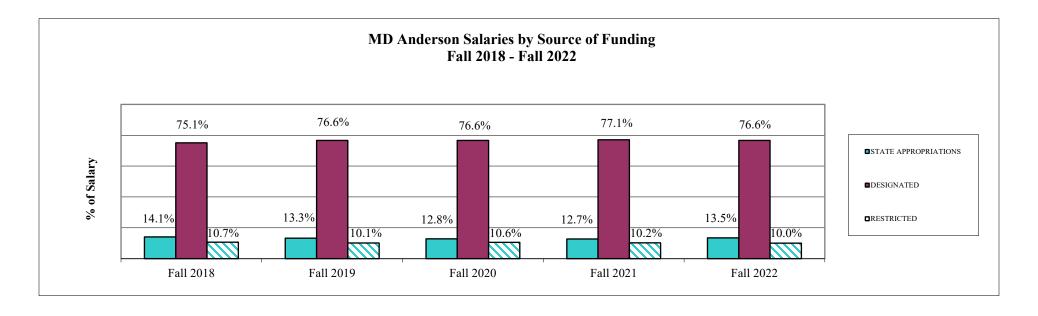
Source: Certified CBM008 and SHP Web Catalog



# D.16 MD Anderson Faculty Salaries by Source of Funds, Fall 2018 - Fall 2022

	Fall 201	Fall 2018		Fall 2019		Fall 2020		Fall 2021		22
		% of		% of	% of			% of		% of
SOURCE OF FUNDING	Sum	Total	Sum	Total	Sum	Total	Sum	Total	Sum	Total
STATE APPROPRIATIONS	\$72,016,735	14.1%	\$72,713,124	13.3%	\$70,613,046	12.8%	\$74,877,616	12.7%	\$85,138,267	13.5%
DESIGNATED	\$383,301,097	75.1%	\$419,607,973	76.6%	\$422,933,103	76.6%	\$453,846,560	77.1%	\$484,313,955	76.6%
RESTRICTED	\$54,741,677	10.7%	\$55,119,973	10.1%	\$58,734,326	10.6%	\$60,115,839	10.2%	\$63,004,735	10.0%
TOTAL	\$510,059,509	100.0%	\$547,441,070	100.0%	\$552,280,475	100.0%	\$588,840,015	100.0%	\$632,456,957	100.0%

Source: Certified CBM008



# D.17 MD Anderson Faculty American Association for Advancement of Science Fellows Appointments Fiscal Year 2022

Name	Department
Stephen Y. Lai, M.D., Ph.D.	Head and Neck Surgery
Cullen M. Taniguchi, M.D., Ph.D.	Gastrointestinal Radiation Oncology and Experimental Radiation Oncology
Apostolia M. Tsimberidou, MD., PhD.	Investigational Cancer Therapeutics

# E. Academic Assessments



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# **E.1 Accreditation Status**

# E.1.1 School of Health Professions (SHP) Program Accreditation Schedule

Program	Accrediting Agency	Date of Last Review	Length of Certification
Cytogenetic Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	April 2021	10 years
Histotechnology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	April 2022	10 years
Clinical Laboratory Sciences	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	March 2020	10 years
Molecular Genetic Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	September 2018	10 years
Cytotechnology	Commission on Accreditation of Allied Health Education Programs (CAAHEP)	November 2015	10 years
Medical Dosimetry	Joint Review Committee on Education in Radiologic Tech. (JRCERT)	April 2022	8 years
Radiation Therapy	Joint Review Committee on Education in Radiologic Tech. (JRCERT)	November 2015	8 years
Diagnostic Imaging	Joint Review Committee on Education in Radiologic Tech. (JRCERT)	August 2018	8 years
Diagnostics Genetics	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	September 2018	10 years

E.1.2 Graduate School of Biomedical Sciences (GSBS) Program Accreditation Schedule

Program	Accrediting Agency	Date of Last Review	Length of Certification
MS and PhD Program	Southern Association of Colleges and Schools (SACS)	2021	10 years
MS with specialization in Genetic Counseling	American Board of Genetic Counseling (ABGC)	2022	8 years
MS and PhD with specialization in Medical Physics	Commission on Accreditation of Medical Physics Educational Programs (CAMPEP)	2018	5 years

# **E.1.3** Accredited Medical Programs Schedule

Institutional ACGME\* Review: January 4, 2024

Program	Accrediting Agency	Accreditation Effective Date
Blood Banking & Transfusion Medicine	ACGME	January 17, 2024
Chemical Pathology	ACGME	January 17, 2024
Complex General Surgical Oncology	ACGME	January 4, 2024
Cytopathology	ACGME	January 17, 2024
Dermatopathology	ACGME	January 17, 2024
Gastroenterology	ACGME	April 1, 2024
Gynecologic Oncology	ACGME	February 7, 2024
Hematology and Oncology	ACGME	January 22, 2024
Hematopathology	ACGME	January 11, 2024
Hospice and Palliative Care	ACGME	January 19, 2024
Interventional Radiology	ACGME	January 24, 2024
Micrographic Surgery & Dermatologic		
Oncology	ACGME	January 5, 2024
Molecular Genetics Pathology	ACGME	January 17, 2024
Musculoskeletal Oncology	ACGME	January 22, 2024
Ophthalmic Plastic & Reconstructive Surgery	ACGME	January 11, 2024
Pain Management	ACGME	January 25, 2024
Pediatric Hematology/Oncology	ACGME	January 25, 2024
Pediatric Hospice & Palliative Care	ACGME	January 19, 2024
Radiation Oncology	ACGME	January 10, 2024
Selective Breast Pathology	ACGME	January 17, 2024
Selective Gastrointestinal & Liver Pathology	ACGME	January 17, 2024
Selective Genitourinary Pathology	ACGME	January 17, 2024
Selective Gynecologic Oncology Pathology	ACGME	January 17, 2024
Selective Head & Neck Pathology	ACGME	January 17, 2024
Selective Soft Tissue Pathology	ACGME	January 17, 2024
Selective Surgical Pathology	ACGME	January 17, 2024
Selective Thoracic Pathology	ACGME	January 17, 2024
Thoracic Surgery	ACGME	December 08, 2023

<sup>\*</sup> Accreditation Council for Graduate Medical Education

#### MD Anderson Fact Book Academic Year 2023 Section E: Academic Assessments

#### E.1.4 Texas Medical Board Approved Programs Accreditation 1/6/2024

- Acute Pain and Regional Anesthesia
- Advanced Airway Management
- Advanced Colon & Rectal Surgery
- Advanced Dermatopathology
- Advanced Hematopathology
- Advanced Interventional Radiology
- Advanced Musculoskeletal Oncology
- Advanced Pediatric Hematology/Oncology
- Advanced Radiation Oncology
- Advanced Therapeutic Endoscopy
- Body Imaging
- Breast Imaging
- Breast Surgical Oncology
- Cancer Anesthesia
- Cancer Rehabilitation
- Diagnostic Radiology
- General Internal Medicine
- Head and Neck Surgery
- Head and Neck Surgical Oncology & Reconstruction
- Hepatopancreatobiliary (HPB) Surgery
- Histocompatibility and Immunogenetics
- Immunotherapy
- Interventional Pulmonology
- Investigational Cancer Therapeutics
- Leukemia
- Lymphoma
- Maxillofacial Prosthetics & Oncologic Dentistry
- Medical Oncology International
- Melanoma Oncology
- Microvascular Reconstructive Surgery
- Musculoskeletal Radiology
- Multidisciplinary Pathology
- Neuro-Oncology
- Neurosurgical Oncology
- Oral Oncology & Maxillofacial Prosthetics
- Oncologic Cardiology
- Oncologic Emergency Medicine
- Oncologic Endocrinology

# MD Anderson Fact Book Academic Year 2023

#### Section E: Academic Assessments

#### Texas Medical Board Approved Programs, continued

- Onco-Hospitalist
- Onco-Transplant ID
- Oncologic Nephrology
- Oncologic Neuroradiology
- Pain Medicine Research
- Pediatric Neuro Oncology
- Pediatric Oncologic Critical Care Medicine New
- Pediatric Stem Cell Transplantation
- Pediatric Surgical Oncology
- Regional Anesthesia and Acute Pain
- Sarcoma Medical Oncology
- Stem Cell Transplantation & Cellular Therapy
- Surgical Endocrinology
- Surgical Oncology
- Surgical Oncology International
- Symptom Control & Palliative Care
- Thoracic/Head & Neck Medical Oncology
- Thoracic Pathology
- Thoracic Imaging
- Urinary Tract & Pelvic Reconstruction
- Urologic Oncology

#### ACGME Accredited Programs – Continued Accreditation 1/6/2024

- Blood Banking & Transfusion Medicine
- Chemical Pathology
- Complex Surgical Oncology
- Cytopathology
- Dermatopathology
- Gastroenterology
- Gynecologic Oncology
- Hematology/Oncology
- Hematopathology
- Hospice & Palliative Care
- Micrographic Surgery & Dermatologic Oncology
- Molecular Genetics Pathology
- Musculoskeletal Oncology
- Ophthalmic Plastic & Reconstructive Surgery
- Pain Management
- Pediatric Hematology/Oncology

#### MD Anderson Fact Book Academic Year 2023 Section E: Academic Assessments

- Pediatric Hospice & Palliative Care
- Procedural Dermatology
- Radiation Oncology
- Selective Breast Pathology
- Selective Gastrointestinal & Liver Pathology
- Selective Genitourinary Pathology
- Selective Gynecologic Oncology Pathology
- Selective Head & Neck Pathology
- Selective Soft Tissue Pathology
- Selective Surgical Pathology
- Selective Thoracic Pathology
- Thoracic Surgery
- Interventional Radiology

Source: Graduate Medical Education

#### **E.2** Results of Selected National Certification Exams

#### **E.2.1** Program in Clinical Laboratory Science

American Society for Clinical Pathology (Board of Certification Exam)

Medical Laboratory Scientist Generalist Exam

	Medical Laboratory Scientist Generalist Exam											
Year	# of Graduates	# Graduates Taking BOC Exam	% Passing	Program Mean BOC Score	National Mean BOC Score							
2013	16	16	94%	548	502							
2014	13	13	80%	524	485							
2015	16	14	64%	509	488							
2016	15	15	100%	631	495							
2017	14	11	91%	548	509							
2018	14	14	93%	590	500							
2019	16	15	93%	572	484							
2020	16	15	93%	572	484							
2021	15	14	79%	517	475							
2022	12	11	91%	543	467							

#### **E.2.2** Program in Cytogenetic Technology - Registry Exam Scores

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Program Part I	495	484	544	527	512	490	497	504	529	494
National Part I	494	455	480	453	458	469	474	465	454	498

The cytogenetics exam is given by National Credentialing Agency for Laboratory Personnel (NCA). The exam is signified by the following designation CLSp(CG). There are two parts to the examination. Part one is a 100 theory question exam. Part two is a practical exam that was 100 questions in length until 2001 when it was changed to an 80 question exam. This explains why the scores appear to be much lower when in fact they are very good scores. (2001 - 90.31%; 2002 - 92.8%).

# MD Anderson Fact Book Academic Year 2023 Section E: Academic Assessments

# E.2.3 Program in Histotechnology

## Program in Histotechnology Performance on ASCP Board of Certification Exam

Year	# of Graduates	# Graduates Taking BOC Exam	% Passing	Program Mean BOC Score Written Exam	National Mean BOC Score MCQ Exam	# of Programs in Nation	National Ranking	Program Mean BOC Score Practical Exam	National Mean BOC Score Practical Exam	National Ranking
2013	12 HTL	12 HTL	100%	478	425	6	NA	Discontinued	NA	NA
2014	13 HTL	11 HTL	85%	527	426	7	NA	Discontinued	NA	NA
2015	14 HTL	11 HTL	79%	462	456	8	NA	Discontinued	NA	NA
2016	15 HTL	11 HTL	91%	485	446	8	NA	Discontinued	NA	NA
2017	15 HTL	15 HTL	93%	500	463	9	NA	Discontinued	NA	NA
2018	15 HTL	15 HTL	87%	493	458	9	NA	Discontinued	NA	NA
2019	16 HTL	16 HTL	100%	463	458	9	NA	Discontinued	NA	NA
2020	17 HTL	16 HTL	100%	488	462	14	NA	Discontinued	NA	NA
2021	13 HTL	13 HTL	100%	510	449	9	NA	Discontinued	NA	NA
2022	16 HTL	16 HTL	100%	497	447	10	NA	Discontinued	NA	NA

#### MD Anderson Fact Book Academic Year 2023 Section E: Academic Assessments

#### Performance on HTL and HT ASCP Board of Certification Exam MDACC Program/National Programs Pass Rates

	MD ANDERSON Program in Histotechnology			Progra	NATIONAL ms in Histotechn	nology	MD ANDE Progran Histotechn	ı in	NATIONAL Programs in Histotechnology	
Year	# Graduates	# Graduates Taking MCQ (BOC)	% Pass	Total # of Programs	# Examinees Taking MCQ (BOC) First Time	% Pass	# Graduates Taking Practical BOC	% Pass	# Examinees Taking Practical BOC First Time	% Pass
2013	12 HTL	12	100%	NA	324	58%	Discontinued	NA	Discontinued	NA
2014	13 HTL	11	85%	7	426	65%	Discontinued	NA	Discontinued	NA
2015	14 HTL	11	79%	8	456	70%	Discontinued	NA	Discontinued	NA
2016	15 HTL	11	91%	8	320	73%	Discontinued	NA	Discontinued	NA
2017	15 HTL	15	93%	9	176	66%	Discontinued	NA	Discontinued	NA
2018	15 HTL	13	88%	9	215	71%	Discontinued	NA	Discontinued	NA
2019	16 HTL	16	100%	9	358	71%	Discontinued	NA	Discontinued	NA
2020	17 HTL	16	100%	10	236	73%	Discontinued	NA	Discontinued	NA
2021	13 HTL	13	100%	9	195	68%	Discontinued	NA	Discontinued	NA
2022	16 HTL	16	100%	10	436	69%	Discontinued	NA	Discontinued	NA

NOTE: Program = Results of U.T. MD Anderson Cancer Center School of Health Sciences Program in Histotechnology test results.

MCQ = Computerized test results.

Practical = Practical exam of blocks and slides results.

National = Refers to all individuals taking the certification exam.

HT = Histologic Technician; HTL = Histotechnologist

# E.3 Summary of Surveys

#### E.3.1 Summary of School of Health Professions Course/Rotation, Faculty, and Lecturer Evaluations

Semester	Number of Courses/Rotations	Number of Faculty/Lecturers	Number of Course/Rotation Evaluations	Number of Faculty/Lecturer Evaluations	Number of Total Evaluations
Fall 2019	99	61	932	1,493	2,425
Spring 2020	97	44	1,148	2,296	3,444
Summer 2020	57	34	429	762	1,191
Fall 2020	110	51	1,416	2,141	3,557
Spring 2021	96	43	1,179	1,774	2,953
Summer 2021	60	42	555	824	1,379
Fall 2021	104	55	1439	2055	3,494
Spring 2022	96	52	1127	1839	2,966
Summer 2022	55	43	429	652	1,081
Fall 2022	101	50	1228	1720	2948
Spring 2023	98	47	1155	1556	2711
Summer 2023	55	43	437	536	973

#### **E.3.2** School of Health Professions Surveys

#### SHP\* Program Evaluation by Program and Year

FY	CLS	CGT	CT	DI	DG	DMS	HDDA	HT	MD	MGT	RS	RT	TOTALS
2018	14	14	0	17	8	5	NA	5	18	16	9	9	115
2019	10	13	0	11	3	4	2	2	13	10	4	4	76
2020	4	17	0	7	3	1	2	4	12	14	7	3	74
2021	9	9	1	29	7	4	4	5	14	8	10	9	109
2022	10	14	5	17	6	5	1	12	17	9	8	18	122

<sup>\*</sup>SHP Program Legend

CLS = Clinical Laboratory Science; CGT = Cytogenetic Technology; CT = Cytotechnology DI = Diagnostic Imaging; DG = Diagnostic Genetics; DMS = Diagnostic Medical Sonography; HDDA = Health Care Disparities, Diversity & Advocacy; HT = Histotechnology; MD = Medical Dosimetry MGT = Molecular Genetic Technology; RS = Radiological Sciences; RT= Radiation Therapy

# F. Administrative & Academic Reporting Measures



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# **History of the State of Texas Strategic Planning Process**

Beginning in 1991, Texas embarked on a comprehensive strategic planning process for all state agencies within the executive branch of government. House Bill 2009, Seventy-second Legislature, Regular Session, 1991, which inaugurated the process, established the requirements and time frame under which Texas completed its first planning cycle. House Bill 2009 was subsequently codified as Chapter 2056 of the Government Code.

In 1993, Chapter 2056 of the Government Code was amended (Senate Bill 1332, Seventy-third Legislature, 1993) to consolidate certain planning requirements and to change the required planning horizon from six years to five years (i.e., the second year of the current biennium and the next two biennia). Formal plans must be completed and submitted every two years; however, agencies may engage in planning on a continual basis and may adjust plans internally as changing conditions dictate.

#### **Conceptual Framework**

Strategic planning is a long-term, iterative, and future-oriented process of assessment, goal setting, and decision-making that maps an explicit path between the present and a vision of the future. It includes a multiyear view of objectives and strategies for the accomplishment of agency goals. Clearly defined outcomes and outputs provide feedback that leads to program performance that influences future planning, resource allocation, and operating decisions. The strategic planning process incorporates and sets direction for all agency operations.

A Strategic Plan is a formal document that communicates an agency's goals, directions, and outcomes to various audiences, including the Governor and the Legislature, client and constituency groups, the general public, and the agency's employees. The Strategic Plan serves as the starting point for developing the agency's budget structure, which will be used for an appropriations request for how fiscal resources will be allocated.

#### **Purposes of Strategic Planning**

The ultimate goal of strategic planning is to anticipate and accommodate the future by identifying issues, opportunities, and problems. Strategic planning for Texas state government serves a number of distinct, though interrelated, purposes:

- to establish *statewide direction* in key policy or functional areas to move away from crisis-driven decision-making;
- to provide a starting point for *aligning resources* in a rational manner to address the critical issues facing the state now and in the future;
- to make state government *more responsive* to the needs of Texans by placing greater emphasis on benefits and results than on simply service efforts and workload;
- to *bring/focused issues to* policymakers for review and debate;
- to provide a context to *link* the budget process and other legislative processes with priority issues, and to improve *accountability* for the use of state resources;
- to establish a means of *coordinating* the policy concerns of public officials with implementation efforts and to build interagency, intergovernmental, and *public/private/nonprofit partnerships;* and
- to provide a forum for communication between service providers and the constituents they serve.

The performance measures adopted by health related institutions are included following the actual UTMDACC Performance Measure Report submitted annually to the Legislative Budget Board. The performance measures are in the order of the submission to the Legislative Budget Board.

F.1 MD Anderson Performance Measures Reported to the Legislative Budget Board\*

F.1 MD Anderson Performance Measures Reported to the Legislative Budget Board*										
Performance Measure	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022					
Total number of outpatient visits	1,458,076	1,547,197	1,394,800	1,468,839	1,562,719					
Total number of inpatient days	207,071	218,217	194,491	203,853	222,616					
Net revenue as a percent of gross revenues	49.29%	48.28%	48.02%	47.32%	47.28%					
Net revenue per equivalent patient day	5,310.08	5,616.97	5,993.22	6,204.17	6,522.63					
Operating expenses per equivalent patient day	4,217.92	4,559.28	5,381.12	5,333.46	5,555.23					
Personnel expenses as a percent of operating expenses	55.98%	54.36%	56.41%	56.29%	53.78%					
Total number of residents	153	162	151	146	141					
Minority residents as a percent of total residents	13.73%	10.49%	10.60%	16.44%	0.25%					
Percent of residency completers practicing in Texas	31.00%	40.0%	34.0%	34.0%	32.0%					
Total uncompensated charity care provided in state facilities (costs)	86,801,215	194,918,607	174,064,415	222,409,256	212,741,553					
State support for patient care as a percent of estimated cost of uncompensated care	152.53%	67.93%	80.66%	63.13%	66.00%					
Administrative cost as a percent of total expenditures	2.87%	3.46%	3.22%	3.22%	3.23%					
Outpatient-related charges as a percent of all charges by faculty	72.46%	72.13%	72.70%	71.03%	71.88%					
Percent of charges to managed care contracts by faculty	55.49%	55.46%	56.09%	55.14%	54.70%					
Total external research expenditures	536,090,747	544,831,456	573,700,267	628,776,864	683,934,556					
External research expenditures as percent of total state appropriations	18.34%	16.28%	16.17%	17.00%	16.56%					
External research expenditures as percent of state appropriations for research	3958.12%	4022.66%	3953.19%	4332.71%	4401.03%					
Value of lost or stolen property	N/A	N/A	N/A	N/A	N/A					
Lost or stolen property as a percent of total inventoried property lost or stolen	N/A	N/A	N/A	N/A	N/A					
Allied health enrollment	381	393	394	377	364					
Percent of allied health graduates passing the certification/licensure exam on the first attempt	90.00%	93.50%	97.00%	92.00%	92.00%					
Percent of allied health graduates licensed or certified in Texas	100.00%	100.00%	100.00%	100.00%	100.00%					
Graduate Training in Biomedical Sciences	286	292	299	297	299					
MD Anderson students attending GSBS; from GSBS Data Tables										
Total Number of Post-doctoral Trainees	769	728	665	651	628					
Number not reported to LBB; from MD Anderson Trainee Support Services										
Total Number of Research Trainees										
	1,791	1,600	1,329	1,364	1,342					

<sup>\*</sup> Courtesy of Tomas Guajardo, Executive Director of State and System Reporting

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

#### F.2 Health Related Institutions Performance Measures Definitions

#### **Total Number of Outpatient Visits**

Definition: A "patient visit" occurs when an individual receives health care services from institutional faculty, post-graduate trainees, or pre-doctoral dental students at a hospital or clinic, affiliated with, contracted with, or owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. An "outpatient visit" occurs when the individual receives health care services, including emergency room services, but is not admitted to a hospital bed. One patient who initially visits an emergency room and is then referred to and receives health care services from another affiliated, or contracted, or owned outpatient facility would be counted as two outpatient visits. The definition includes visits to both onsite (on the premises of the hospital or institution) and off-site outpatient facilities. It includes outpatient visits previously reported as a separate measure under the Dental School.

Data Limitations: Some outpatient visits are not recorded, resulting in potential underreporting of this institutional volume indicator.

Data Source: Hospitals and clinics affiliated with, contracted with, or owned, operated, and funded by the health-related institutions will collect this data. To the extent possible, data should be gathered from the institutions' patient accounting, patient registration or medical records information systems.

*Methodology*: The total number of outpatient visits during the fiscal year. To the extent possible, the total should exclude outpatient visits associated with health care providers who are not employed by the institution but may teach residents and students.

*Purpose/Importance*: This measure is an indicator of the number of outpatients who are treated and not admitted to a hospital bed (inpatient).

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year. In some cases, affiliated institutions will provide year-end data which reflect different reporting periods.

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Higher than target.

## The University of Texas MD Anderson Cancer Center Accountability Report January 2023

#### **Total Number of Inpatient Days**

*Definition*: An "inpatient day" occurs when an individual, who is admitted by institutional faculty, or post-graduate trainee, occupies a hospital bed at the time that the official census is taken at each hospital affiliated with, contracted with, or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. One patient occupying one room for two nights would be counted as two inpatient days.

Data Limitations: None.

Data Source: Hospitals affiliated with, contracted with, or owned, operated, and funded by the health-related institutions will collect this data. This data should be gathered from the hospitals' patient accounting, patient registration or medical records information systems.

*Methodology*: The total number of inpatient days during a fiscal year. To the extent possible, the total should exclude outpatient visits associated with health care providers who are not employed by the institution but may teach residents and students.

*Purpose/Importance*: This measure is an indicator of the number of inpatient days provided by an affiliated hospital.

Reporting Period: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year. In some cases, affiliated institutions will provide year-end data which reflect different reporting periods.

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Higher than target.

#### Net Revenue as a Percent of Gross Revenues

*Definition*: "Net revenue" is the total dollar amount of gross patient charges, less un-sponsored charity care, bad debts, contractual allowances and other deductions, earned by hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period.

Data Limitations: None.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' accounting information system.

#### The University of Texas MD Anderson Cancer Center Accountability Report January 2023

*Methodology*: The dollar amount of net revenue during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year.

*Purpose/Importance*: This measure is an indicator of the net revenue generated by state- owned hospitals or clinics.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

#### Net Revenue per Equivalent Patient Day

Definition: The dollar amount of net revenue per inpatient day adjusted for equivalent outpatient activity provided in hospitals and clinics owned, operated and funded by a health related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. "Net revenue" is gross patient charges, less un-sponsored charity care, bad debts, contractual allowances and other deductions. "Equivalent patient days" is the combination of (actual) patient days for inpatient revenue and the calculated (equivalent) patient days for outpatient revenue.

Data Limitations: While commonly used by hospitals to evaluate cost per unit of performance, significant differences in the mix of outpatients against inpatients can make comparisons between hospitals difficult. Furthermore, reimbursement methodologies employed by payors are often significantly different for inpatient and outpatient care, complicating inter-institutional comparisons, and even year-to-year comparisons of the single institution.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' accounting information system.

*Methodology*: The dollar amount of net revenue during the fiscal year, divided by equivalent patient days during the fiscal year.

Purpose/Importance: This measure is an indicator of the net revenue generated per patient day.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

#### The University of Texas MD Anderson Cancer Center Accountability Report January 2023

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Higher than target.

#### **Operating Expenses per Equivalent Patient Day**

Definition: The dollar amount of operating expenses per inpatient day adjusted for equivalent outpatient activity provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. "Equivalent patient days" is the combination of (actual) patient days for inpatient revenue and the calculated (equivalent) patient days for outpatient revenue.

Data Limitations: None.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' accounting information system.

*Methodology*: The dollar amount of operating expenses during the fiscal year, divided by equivalent patient days during the fiscal year.

*Purpose/Importance*: This measure is an indicator of the amount of operating expenditures per patient day.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

#### Personnel Expenses as a Percent of Operating Expenses

Definition: The dollar amount of personnel expenses as a percentage of total operating expenses in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. "Personnel expenses" are full-time and part-time employee's salaries and all related employee benefits plus expenses for contracted labor.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

Data Limitations: None.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' accounting information system.

*Methodology*: The dollar amount of personnel expenses during the fiscal year, divided by the total dollar amount of operating expenses during the fiscal year.

*Purpose/Importance*: This measure is an indicator of the proportion of the operating budget expended on personnel expenses.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Higher than target.

#### Total Number of MD or DO Residents

Definition: M.D. or D.O. filled positions at any level in ACGME or AOA accredited residency programs including sub-specialty programs as of July 1 of the current calendar year. Do not include physicians undertaking post-residency training that is not considered to be part of the accredited residency program. Do not include podiatry residents.

Data Limitations: None.

Data Source: Institutional records.

Methodology: The total number of residents as of September 1 of the current calendar year.

*Purpose/Importance*: Long-term data of this measure can be analyzed to evaluate trends in the number of residents in Texas medical schools.

*Reporting Period*: This measure is reportable in November and represents the results of data compiled as of September 1 of the current calendar year.

Calculation Type: Non-cumulative.

#### The University of Texas MD Anderson Cancer Center Accountability Report January 2023

New Measure: Yes.

Desired Performance: Higher than target.

# Minority M.D. and D.O. Residents as a Percent of Total M.D. or D.O. Residents

*Definition*: M.D. or D.O. residents as of July 1 of the current calendar year who identify themselves as Hispanic (all categories), Black, American-Indian, or Alaskan Native. The definition includes permanent residents of the U.S. but excludes non-U.S. residents and Asian-Americans.

Data Limitations: None.

Data Source: Institutional records.

*Methodology*: The number of minority residents as of July 1 of the current calendar year, divided by the total number of residents as of July 1 of the current calendar year.

*Purpose/Importance*: This measure is an indicator of the effectiveness of the institution's efforts to attract minorities to its post-graduate residency training programs.

*Reporting Period*: This measure is reportable in November and represents the results of data compiled as of July 1 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

#### **Percent of Medical Residency Completers Practicing in Texas**

*Definition*: The percentage of physicians who are practicing medicine at a Texas address two years after completing an institutionally-affiliated and accredited residency training program in Texas as of August 31 of the current calendar year.

*Data Limitations*: The decision of practice location by a physician who completes a residency training program at the University of Texas MD Anderson Cancer Center is not controlled by the institution.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

Data Source: Licensure and practice data provided by the Texas State Board of Medical Examiners to the reporting institution.

*Methodology*: The number of physicians who are practicing medicine in Texas two years after completing training in Texas as of August 31 of the current calendar year, divided by the total number of physicians who completed training in Texas two post-graduate years prior.

*Purpose/Importance*: This measure is an indicator of the number of physicians trained in Texas who remain in the state to practice medicine.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for residents completing training two post-graduate years prior. (e.g., results as of August 31, 1998 for resident completing training during the 1996 post-graduate year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

#### Total Gross Patient Charges for Un-sponsored Charity Care Provided in State Facilities

Definition: The total dollar amount of gross patient charges for un-sponsored charity care provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

*Data Limitations*: Annual charges include inflationary adjustments that make year-to-year comparisons difficult. Furthermore, changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. The total should be consistent with the total reported in Schedule C-1A of the institution's Annual Financial Report.

*Methodology*: The total dollar amount of gross patient charges for un-sponsored charity care provided during the fiscal year. Do not include faculty practice plan charges.

Purpose: This measure identifies the total un-sponsored charity care provided in the hospital and clinics of the institution.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

#### **Total Uncompensated Care Provided in State-owned Facilities**

*Definition*: The total dollar amount of uncompensated care provided in hospitals and clinics owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. Use the definition of uncompensated care included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

*Data Limitations*: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source-Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. The total should be consistent with the total reported in Schedule C-1A of the institution's Annual Financial Report.

*Methodology*: The total dollar amount of uncompensated care provided during the fiscal year. Do not include faculty practice plan.

*Purpose*: This measure identifies the total uncompensated care provided in the hospital and clinics of the institution.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.

#### Total Gross Patient Charges for Un-sponsored Charity Care Provided by Faculty

Definition: The total dollar amount of gross patient charges for un-sponsored charity care provided through faculty physician practice plans (i.e., PRS, MSRDP, PIP) during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period. If an institution chooses to use a statistical sample in determining indigent care status as allowed under this definition, the sample methodology must be: (1) consistent with the methodology used by all other academic health centers; and (2) pre-filed with the Legislative Budget Board and the Governor's Office of Budget and Planning. The State Auditor will not certify the measure unless the methodology meets these two

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

qualifications. The definition applies to charges by all practice plans, including medical, dental, allied health, nursing or other health care discipline.

Data Limitations: Annual charges include inflationary adjustments that make year-to-year comparisons difficult. Furthermore, changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

Data Source: Annual Financial Report, Schedule D-6.

*Methodology*: The total dollar amount of gross patient charges for un-sponsored charity care provided during the fiscal year. Do not include facility charges.

*Purpose*: This measure identifies the total un-sponsored charity care provided by the faculty of the institution through the practice plan.

# **Total Uncompensated Care Provided by Faculty**

*Definition*: The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e., PRS, MSRDP, PIP) during the reporting period. Use the definition of uncompensated care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period. The definition applies to all practice plans, including medical, dental, allied health, nursing or other health care discipline.

*Data Limitations*- Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing uncompensated care.

Data Source: Annual Financial Report, Schedule D-6.

*Methodology*: The total dollar amount of uncompensated care provided during the fiscal year. Do not include facility.

*Purpose*: This measure identifies the total uncompensated care provided by the faculty of the institution through the practice plan.

Reporting Period: This measure is reportable in November.

Calculation Type: Non-cumulative.

New Measure: Yes

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

Desired Performance: Higher than target.

# State Support for Patient Care as a Percent of Un-Sponsored Charity Care

Definition: Total dollar amount of General Revenue Fund appropriations expended for patient care in hospitals and clinics owned, operated and funded by a health-related institution as a percentage of un-sponsored charity care provided during the reporting period. Use the definition of un-sponsored charity care included in Article III, Special Provisions of the General Appropriations Act that coincides with the reporting period.

*Data Limitations*: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' accounting information system.

*Methodology*: Total dollar amount of the General Revenue Fund appropriations expended for patient care during the fiscal year, divided by the total gross charges for un-sponsored charity care provided during the fiscal year.

*Purpose*: This measure indicates the proportionality of the state contribution to the cost of providing patient care at the institution to the total gross charges for un-sponsored charity care.

# State General Revenue Support for Uncompensated Care as a Percent of the estimated cost of Uncompensated Care

Definition: Total dollar amount of General Revenue Fund appropriations expended for Uncompensated Care in hospitals and clinics owned, operated and funded by a health- related institution as a percentage of the estimated cost of Uncompensated Care provided during the reporting period. The definition of estimated cost of Uncompensated Care is that which is included in Article III, Special Provisions of the General Appropriations Act, that coincides with the reporting period.

*Data Limitations*: Changes in charity assignment and accounting policies may impact this measure. Additionally, changes in economic conditions and private and government insurance availability may increase or decrease the total number of patients needing care funded by charity.

*Data Source*: Hospitals and clinics owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' accounting information system.

Methodology: Total dollar amount of the General Revenue Fund appropriations expended for patient care during

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

the fiscal year, divided by the total uncompensated care provided during the fiscal year.

*Purpose*: This measure indicates the proportionality of the state contribution to the cost of providing patient care at the institution to the total uncompensated care.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: Yes.

Desired Performance: Higher than target.

# **Administrative Cost as Percent of Total Expenditures**

*Definition*: The dollar amount of expenditures for Institutional Support as a percentage of Total Current Funds expenditures, excluding auxiliary enterprises and the results of service department operations during the reporting period. "Institutional Support" includes costs associated with executive management, fiscal operations, general administration and logistical services, administrative computing support, and public relations/development as defined by the National Association of College and University Business Officers.

*Data Limitations*: Determination of certain administrative expenses is made by a judgment of primary purpose, and is therefore subjective in interpretation.

Data Source: Institutional records and the Annual Financial Report.

*Methodology*: The amount of Institutional Support Expenses divided by the Total Expenses, excluding auxiliary enterprises and the results of service department operations.

*Purpose/Importance*: This measure is an indicator of the proportion of the operating budget expended on administrative costs.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Lower than target.

# Outpatient-related Charges as a Percent of All Charges by Faculty

Definition: The dollar amount of gross patient charges provided by faculty to outpatients as a percentage of the total dollar amount of gross patient charges provided by faculty to all patients seen in a hospital or clinic affiliated with, contracted with, or owned, operated and funded by a health-related institutions (including the Texas Department of Criminal Justice Hospital) during the reporting period. An outpatient is an individual receiving health care services, including emergency room services, but is not admitted to a hospital bed. The dollar amount should include charges for both on-site (on the premises of the hospital or institution) and off-site clinic activities.

Data Limitations: None.

Data Source: Hospitals and clinics affiliated with, contracted with, or owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' patient accounting information system.

Calculation: The dollar amount of gross outpatient-related charges during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year. Do not include facility charges.

Purpose: This measure is an indicator of the amount of services provided on an outpatient basis.

# Percent of Patient Charges to Managed Care Contracts by Faculty

Definition: The dollar amount of gross patient charges by faculty provided to patients whose third-party insurance is with a managed care company as a percentage of total gross patient care changes by faculty during the reporting period. "Patients" are individuals who are seen or admitted by institutional faculty, or post graduate trainees, in a hospital or clinic affiliated with, contracted with or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. A managed care company is defined as any HMO or PPO that has contracted to reimburse a hospital or clinic for less than billed charges. The definition includes contracts with Medicare and Medicaid HMOs but excludes traditional Medicare and Medicaid. The definition also includes contracts on correctional managed health care.

Data Limitations: None.

Data Source: Hospitals and clinics affiliated with, contracted with, or owned, operated and funded by the health-related institutions will collect this data. This data should be gathered from the institutions' patient accounting information system.

Calculation: The dollar amount of gross managed care-related charges during the fiscal year, divided by the total dollar amount of gross patient charges during the fiscal year. Do not include facility charges.

*Purpose*: This measure is an indicator of the percent of patients of an affiliated hospital or clinic who are enrolled in a managed care plan.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

#### **Total External Research Expenditures**

Definition: The total expenditures for the conduct of research and development from external sources during the reporting period. The definition excludes expenditures of dollars appropriated directly to the institution or state funds transferred from other state agencies and institutions (e.g., Advanced Research or Advanced Technology Program Funds) or institutionally-controlled funds. The exclusion of "expenditures of dollars appropriated directly to the institution" applies to both general revenue funds and local funds. The total may include indirect costs and fringe benefits.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

*Methodology*: The total dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year. The total should equal the sum of federal and private expenditures for the conduct of research and development that is reported to the Texas Higher Education Coordinating Board in the Survey of Research Expenditures.

*Purpose/Importance*: This measure is an indicator of the level of research dollars generated and of the scope of the institution's research mission.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

# **External Research Expenditures as Percent of Total State Appropriations**

Definition: The total expenditures for the conduct of research and development from external sources as defined by Outcome Measure R-1 as a percentage of total expenditures of dollars appropriated directly to the institution during the reporting period. "Dollars appropriated directly to the institution" includes both general revenue funds and local funds. It excludes appropriated funds transferred from other state agencies and institutions.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

*Methodology*: The dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year, divided by the total expenditures of dollars appropriated directly to the institution during the fiscal year.

*Purpose/Importance*: This measure is an indicator of the proportion of the institution's expenditures on research.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Higher than target.

## External Research Expenditures as a Percent of State Appropriations for Research

*Definition*: The total expenditures for the conduct of research and development from external sources as defined by Outcome Measure R-1 as a percentage of total research dollars appropriated directly to the institution during the reporting period. Dollars appropriated directly to the institution" includes both general revenue funds and local funds. It excludes appropriated funds transferred from other state agencies and institutions.

Data Limitations: None.

Data Source: Institutional records and the Survey of Research Expenditures.

*Methodology*: The dollar amount of expenditures for the conduct of research and development from external sources during the fiscal year, divided by the total expenditures of dollars appropriated directly to the institution during the fiscal year.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

*Purpose/Importance*: This measure is an indicator of the proportion of the institution's expenditures on research.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

# Value of Lost or Stolen Property

*Definition*: The total net book value of inventoried property that is reported to the Comptroller of Public Accounts as lost or stolen for the fiscal year being reported.

Data Limitations: None.

Data Source: Institutional data files and State Property Accounting System reports.

Methodology: The total net book value of inventoried property reported as lost or stolen (SPA codes 17, 18, 20, or 21) during the fiscal year. Net book value is defined as historical cost [plus or minus any appropriate increases or reductions in value] less accumulated depreciation.

Purpose/Importance: This measure is an indicator of the value of property lost or stolen during a fiscal year.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

# **Percent of Property Lost or Stolen**

*Definition*: The percent of the total net book value of inventoried property that is reported to the Comptroller of Public Accounts as lost or stolen for the fiscal year being reported.

Data Limitations: None.

Data Source: Institutional data files and State Property Accounting System (SPA) records.

*Methodology*: The total net book value of property reported as lost or stolen (SPA codes 17, 18, 20, or 21) during the fiscal year divided by the total depreciated cost of inventoried property at the end of the fiscal year being reported. Net book value is defined as historical cost [plus or minus any appropriate increases or reductions in value] less accumulated depreciation.

*Purpose/Importance*: This measure is an indicator of the magnitude of property lost or stolen during a fiscal year.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of data compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Lower than target.

#### **Allied Health Enrollment**

*Definition*: Students enrolled in Coordinating Board-approved allied health degree or certificate programs during the reporting period.

Data Limitations: None.

Data Source: Office of the Registrar at the reporting institution.

*Methodology*: The total unduplicated number of students enrolled on the official census day of each semester of the academic year.

*Purpose*: This measure indicates the number of students enrolled in the allied health school at the institution. Long-term data can be analyzed to evaluate trends in allied health enrollment.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

# Percent of Allied Health Graduates Passing Certification/Licensure Examination on the First Attempt

*Definition*: Allied health graduates or eligible students in a discipline that offers or requires an external certification or licensure who pass the examination on the first attempt during the reporting period.

Data Limitations: None.

Data Source: Records of licensure exam performance provided by the applicable licensing/certifying agencies to the reporting institution. Those records may be supplemented by information provided directly by graduates.

*Methodology*: The number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during the fiscal year.

*Purpose/Importance*: This measure is an indicator of the effectiveness of the institution's instructional program in preparing graduates for licensure.

*Reporting Period*: Fiscal year. This measure is reportable in November and represents the calculation of results compiled from September 1 of the previous calendar year through August 31 of the current calendar year.

Calculation Type: Non-cumulative.

*New Measure*: No.

Desired Performance: Higher than target.

#### Percent of Allied Health Graduates Licensed or Certified in Texas

*Definition*: Allied health graduates in a discipline that offers or requires an external certificate or licensure who are licensed or certified to practice in Texas two years after completing their certificate or degree programs as of August 31 of the current calendar year.

Data Limitations: None.

Data Source: Records of licensure status provided by the applicable licensing/certifying agencies to the reporting institution. Those records may be supplemented by information provided directly by graduates.

*Methodology*: The number of graduates who are licensed or certified to practice in Texas two years after completing their degrees as of August 31 of the current calendar year, divided by the total number of graduates in a discipline that offers or requires an external certificate or licensure two academic years prior.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

*Purpose/Importance*: This measure is an indicator of the number of allied health school graduates who remain in Texas to practice.

Reporting Period: This measure is reportable in November and represents the calculation of results compiled as of August 31 of the current calendar year for graduates during the previous academic year. (e.g., results as of August 31, 1999 for graduates during the 1998 academic year.)

Calculation Type: Non-cumulative.

New Measure: No.

Desired Performance: Higher than target.

# The University of Texas MD Anderson Cancer Center Accountability Report January 2023

# F.3 Definitions of Performance Measures Not Submitted to the Legislative Budget Board

**Graduate School of Biomedical Sciences (GSBS) Students** - This is the number of students that have an advisor from MD Anderson. Currently the UTHSC-H reports all GSBS students. MD Anderson does not report their students to prevent duplication of numbers.

**Postdoctoral Fellow/Trainee** - Any individual holding a Ph.D. or the equivalent degree required for the research position held. A Postdoctoral Fellow usually works with a mentor for three, but no more than 6 years.

**Research Trainee** - A broad category that includes Interns/students/graduate students holding a Bachelor's degree or higher who may be from an external institution or enrolled in an advanced educational program and are at MDACC to acquire practical experience or to receive academic credit from their sponsoring institution.

# F.4 Explanation for Significant Variances in Legislative Budget Board Measures

#### TOTAL # MD OR DO RESIDENTS

Increase over prior year and more in line with pre-covid levels.

#### **MINORITY ADMISSIONS AS % 1ST-YEAR:**

Increased % as compared to 37% of 2022.

#### AVG FINANCIAL AID AWARD PER STUDENT

Similar to 2021 level of \$11,846.

#### % ALLIED HLTH PASS'G EXAM 1 TRY

Slightly above target range and in line with prior years.

## % RESID COMPLETERS PRACTICE IN TX

Increased from 34% in 2021 and 32% in 2022.

#### TOTAL UNCOMPENSATED CARE PROV. FAC.

Slightly higher than target. increased from \$91.7m in 2021 and \$96.8m in 2022.

## **ADM COST AS % TOTAL EXPENDITURES**

Better rate than target. hospital expenses increased at a faster rate than institutional support.

# TOTAL EXTERNAL RESEARCH EXPENDITURE

Increasing external research exp. vs \$628.8m in 2021 and \$683.9m in 2022.

# F.5 The University of Texas MD Anderson Cancer Center Accountability Report

#### Degrees and Certificates Awarded

Degrees and certificates awarded for students at public 4-year institutions. Percent change is from first to last year displayed.

	2021	2022	2023	Percent Change	
	Count	Count	Count		
Total	190	169	181	-4.7 9	
Certificate					
Associate					
Bachelor's	168	152	164	-2.4 9	
Master's	22	17	17	-22.7 9	
Doctoral Research Scholarship					
Doctoral Professional Practice					

#### Degrees and Certificates Awarded (Economically Disadvantaged)

Economically disadvantaged undergraduates receiving a Certificate, Associate Degree or Bachelor's Degree. Percent change is from first to last year displayed.

	2021	2022	2023	Percent Change	
	Count	Count	Count		
Undergraduates Receiving an Award	100	95	92	-8.0 %	

#### Fall Headcount

Fall headcount including dual credit students and not including fall flex students. Percent change is from first to last year displayed.

	2021	2022	2023	Percent Change
	Count	Count	Count	
Total	358	364	355	-0.8 %
Male	72	75	77	6.9 %
Female	286	289	278	-2.8 %
Total	358	364	355	-0.8 %
White	79	84	80	1.3 %
African American	36	35	31	-13.9 %
Hispanic	90	108	126	40.0 %
Asian	108	102	89	-17.6 %
International	28	22	17	-39.3 %
Other	17	13	12	-29.4 %

#### Completion by Selected Program Area

Completion by selected professional practice areas. Percent change is from first to last year displayed.

		•			
	2021 2022 2		2023	23 Percent Change	
	Count	Count	Count		
Total					
Pharmacy					
Dental					
Medical					
Audiology					
Physical Therapy					
Nursing Practice					

# Working or Enrolled in Texas within One Year after Award

Students found working or enrolled in Texas within one year after earning a degree or certificate. Note that this measure was revised to match the 60x30TX state strategic plan. Percentage point change is from first to last year displayed.

	2020		20	21	20	22	Point Change
	Count	Percent	Count	Percent	Count	Percent	
Total	125	73.1 %	151	82.5 %	139	83.7 %	10.6
Working Only	120	70.2 %	146	79.8 %	136	81.9 %	11.7
Enrolled Only	2	1.2 %		0.0 %	2	1.2 %	0.0
Working and Enrolled	3	1.8 %	5	2.7 %	1	0.6 %	-1.2

## Undergraduate Student Debt as Percentage of First Year Wage

Median of undergraduate student loan debt as a percentage of first year wage for graduates of Texas public institutions. Point change is from first to last year displayed.

	2017	2018	2019	Point Change	
Pct		Pct	Pct		
Median	34.92 %	28.35 %	28.24 %	-0.0668	

# Percent of Undergraduates Completing with Debt

Percent of undergraduate students earning an associate or bachelor's degree with student loan debt. Percentage point change is from first to last year displayed.

	2021	2022	2023	Point Change
	Pct	Pct	Pct	
Associate				0.0
Bachelor's	53.57 %	42.76 %	50.61 %	-3.0
Total	53.57 %	42.76 %	50.61 %	-3.0

# **Tuition and Fees**

Average cost of mandatory tuition and fees charged a student taking 30 semester credit hours. Percent change is from first year to last year displayed.

	2022	2023	2024	Percent Change	
	Amount	Amount	Amount		
Average Tultion and Fees	\$6,638	\$6,916	\$6,730	1.4 %	

#### Resident Physicians in Accredited Programs

M.D. or D.O. filled positions in the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency programs. Percent change is from first to last year displayed.

2022	2023	2024	Percent Change
Count	Count	Count	

# Physicians Practicing in Texas

Percentages of medical school graduates and residency completers practicing in Texas. Percent change is from first to last year displayed. State-level data not available for this measure.

	2021	2022	2022 2023	
	Pct	Pct	Pct	
% Medical School Graduates				
% Med Grads Entering Prim Care Res				
% of Med Residency Completers	34.00 %	32.00 %	37.00 %	8.8 %

# Students Receiving Pell Grants

Fall undergraduate students receiving a Pell grant as reported in THECB's Financial Aid Database. Percentage point change is from first to last year displayed.

	2020		20	2021 2		22	Point Change
	Count	Percent	Count	Percent	Count	Percent	
Pell	115	35.1 %	100	30.2 %	105	31.2 %	-3.9
No Pell	213	64.9 %	231	69.8 %	232	68.8 %	3.9

# **Graduation Rates for Graduate Programs**

Students in medical professional practice receiving a doctorate degree within five years. Percentage point change is from first to last year displayed.

		2021			2022			2023		Point
	Entering Fall Cohort	Count	Percent	Entering Fall Cohort	Count	Percent	Entering Fall Cohort	Count	Percent	Change
Pharmacy										
Graduated with Doctorate										
* Did not graduate										
Dental										
Graduated with Doctorate										
" Did not graduate										
Medical										
Graduated with Doctorate									·	
* Did not graduate										

# Graduation Rates for Master's Programs

Master's students receiving a master's degree within five years. Percentage point change is from first to last year displayed.

	2021			2022			2023		Point	
	Entering Fall Cohort	Count	Percent	Entering Fall Cohort	Count	Percent	Entering Fall Cohort	Count	Percent	Change
Master's										
Graduated with Master's										
* Did not graduate										

# **Graduation Rates for Doctoral Programs**

Doctoral students receiving a doctorate within ten years. Percentage point change is from first to last year displayed.

	2021				2022			2023		Point
	Entering Fall Cohort	Count	Percent	Entering Fall Cohort	Count	Percent	Entering Fall Cohort	Count	Percent	Change
Doctoral										
Graduated with Doctorate										
Graduated with Master's										
* Did not graduate										

#### Certification and Licensure Pass Rates

State-level data not available for this measure. Percentage point change is from first to last year displayed.

	2021	2022	2023	Point Change
	Pct	Pct	Pct	
Nursing				0.0
Alled Health	92.00 %	92.00 %	95.00 %	3.0
Medical				0.0
Dental				0.0
Pharmacy				0.0

# Average Debt of Graduates with Loans

Each student's debt at time of receiving an applicable degree, based on the highest degree earned. Percent change from first year to last year displayed.

	2021	2022	2023	Percent Change	
Amount		Amount	Amount		
Same	\$26,040	\$29,695	\$19,334	-25.8 %	
Other	\$23,569	\$29,382	\$20,075	-14.8 %	
Total	\$24,557	\$29,502	\$19,763	-19.5 %	

#### **Outpatient Visits**

Number of Outpatient Visits.

	2019	2020	2021	Percent Change	
Number of Outpatient Visits	1,547,197	1,394,800	1,468,839	-5.1 %	

#### Inpatient Days

Number of Inpatient Days

	2019	2020	2021	Percent Change
Number of Inpatient Days	218,217	194,491	203,853	-6.6 %

# Federal and Private Research Expenditures per Research FTE Faculty

Federal and private research expenditures divided by the number of fall tenured/tenure-track full-time-equivalent faculty (ranks 1-5) with research responsibilities. Percent change is from first to last year displayed.

	2018	2019	2020	Percent Change
	Amount	Amount	Amount	
Federal and Private Research Expenditures per Research FTE faculty	\$843,865	\$867,083	\$961,142	13.9 %

## Research Expenditures by Source of Funds

Total research expenditures by source of funds (federal, state, institutional, and private). Percent change is from first to last year displayed. Peer groups displayed as an average.

	2021	2022	2023	Percent Change	
	Amount		Amount		
Total	\$1,021,617,577	\$1,074,239,585		-100.0 %	
Federal	\$217,073,480	\$220,757,026		-100.0 %	
State Appropriations	\$293,324,700	\$295,216,102		-100.0 %	
Institutional	\$129,925,449	\$130,005,439		-100.0 %	
Private	\$381,293,948	\$428,261,018		-100.0 %	

#### Faculty Headcount by Race/Ethnicity and Gender

Fall faculty by total, race/ethnicity and gender. Percent change is from first to last year displayed.

	200	20	20:	21	20:	22	Percent
[	Count	Percent	Count	Percent	Count	Percent	Change
Total	2,279	100.0 %	2,307	100.0 %	2,329	100.0 %	2.2 %
Male	1,381	60.6 %	1,394	60.4 %	1,380	59.3 %	-0.1 %
Female	898	39.4 %	913	39.6 %	949	40.7 %	5.7 %
Total	2,279	100.0 %	2,307	100.0 %	2,329	100.0 %	2.2 %
White	1,084	47.6 %	1,093	47.4 %	1,070	45.9 %	-1.3 %
African American	87	3.8 %	92	4.0 %	90	3.9 %	3.4 %
Hispanic	159	7.0 %	150	6.5 %	165	7.1 %	3.8 %
Asian	789	34.6 %	813	35.2 %	838	36.0 %	6.2 %
	•	•	•	•	•	•	•
International	92	4.0 %	102	4.4 %	113	4.9 %	22.8
Other	68	3.0 %	57	2.5 %	53	2.3 %	-22.19

# Total Uncompensated Care Provided by Faculty

The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e. PRS, MSRDP, PIP). Percent change is from first to last year displayed.

	2021	2022	2023	Percent Change
	Amount	Amount	Amount	
Total Uncompensated Care	\$91,664,661	\$96,839,586	\$100,578,025	9.7 %

# The University of Texas MD Anderson Cancer Center Health-Related Accountability Measures and Definitions January 2022

# F.6 Health Related Accountability Measures and Definitions

#### **COMPLETION - KEY MEASURES**

# **C01UH - Degrees and Certificates Awarded**

Definition: Number of certificates, associate degrees, bachelor's (baccalaureate) degrees, master's degrees, doctoral degrees (doctoral research scholarship), and professional (doctoral professional practice) degrees awarded by Texas public institutions of higher education. Certificates are lower-level undergraduate certificates. Note that this measure includes doctoral degrees (doctoral research scholarship) and professional (doctoral professional practice) degrees when reported for individual sectors; however, doctoral and professional degrees are not included for tracking progress toward the 60x30TX statewide completion goal. Source: CBM009

## **C01UH- Degrees and Certificates Awarded (Econ Dis)**

Definition: Number of undergraduates who received a certificate, associate degree, or bachelor's (baccalaureate) degree from a Texas public or private (independent) institution of higher education. Certificates are Level 1, Level 2 (undergraduate certificates) and Advanced Technology Certificates. Economically disadvantaged students are those receiving Pell at any time (from 1997 through the most current fiscal year data is available). Source: CBM009, Financial Aid Database System (FADS)

#### **C04UHC - Enrollment**

Definition: Number of students enrolled in fall at a Texas public institution. Dual credit students are included (if dual credit is offered); flex entry students are not included. Source: CBM001

# C05H - Completion by Selected Program Area

Definition: Number of degrees for selected levels awarded by specialty, including Pharmacy, Dental, Medical, Audiology, Physical Therapy, and Nursing Practice. Source: CMB009

#### **COMPLETION - CONTEXTUAL MEASURES**

#### **C08UH - Students Receiving Pell Grants**

Definition: Percentage and number of undergraduate students who received any amount of Pell Grant as reported in the THECB financial aid database (FADS). Matches the fall undergraduate enrollment by valid Social Security Number (SSN) to FADS and includes all students who received a Pell Grant at any time in the academic year. The percentage reported is the number of Pell grant students divided by the fall undergraduate enrollment. Source:CBM001, Financial Aid Database (FADS)

# The University of Texas MD Anderson Cancer Center Health-Related Accountability Measures and Definitions January 2022

#### C13UH - Graduation Rates for Graduate Programs

Definition: The cohort was developed by pulling all of the students coded on the CBM001 at a specific level in the fall semester and then checking the five prior years to determine if they had been coded at that level in those prior years. If students were coded at that level in the prior years, they were dropped from the cohort. The doctoral cohort was tracked for 10 years. The master's cohort was tracked for 5 years. The master's cohort does not include students who received a master's level certificate or were classified as a doctorate student within the next 5 years (and did not earn a master's degree). Source: CBM001, CBM009, CBM00N

#### MARKETABLE SKILLS - KEY MEASURES

#### M01A - Working or Enrolled within One Year

Definition: Number and percentage of students awarded a degree or certificate in a given year who are employed in the 4th quarter of the calendar year in which the program (fiscal) year ends or enrolled in a Texas public or private (independent) institution in the fall semester after receiving the award. Students are considered employed if they are reported in the Texas Unemployment Insurance (UI) or the U.S. Office of Personnel Management (OPM) wage records. Note that this measure was revised to match the 60x30TX state strategic plan; enrollment is no longer dependent on degree level. Source: CBM001, CBM009, Unemployment Insurance (UI) wage records, Office of Personnel Management (OPM) wage records

## M02H - Certification and Licensure Pass Rates

Definition: Licensure/certification rate on state or national exams. For medical, dental, allied health, nursing and pharmacy programs, eligible students are those in a discipline that offers or requires an external certification or licensure who pass the examination on the first attempt during the reporting period. Calculated as the number of graduates or eligible students who pass an external examination on the first attempt during the fiscal year, divided by the total number of graduates or eligible students taking an external examination for the first time during the fiscal year. Source: Legislative Budget Board (LBB)

#### STUDENT DEBT - KEY MEASURES

# S01A - Student Debt as Percentage of Wage

Definition: Median of individual student loan debt as a percentage of first year wage for students awarded a certificate, associate degree, or bachelor's degree in a given year from a Texas public institution. Individual must have student loan debt at time of award and wages in first year following award. Each student's loan debt includes all loans reported in the THECB financial aid database (FADS) report by any institution for that student in the last 15 years. First year wages are based on UI wage data reported to the Texas Workforce Commission. Bachelor's degrees awarded at community colleges are not included. Source: CBM009, Unemployment Insurance (UI) wage records, Financial Aid Database System (FADS)

# The University of Texas MD Anderson Cancer Center Health-Related Accountability Measures and Definitions January 2022

#### **S02UH - Excess Semester Credit Hours**

Definition: Average number of semester credit hours (SCH) attempted by graduates of bachelor's degree programs from a Texas public institution in excess of the degree plan. To determine SCH attempted, compile all college level semester credit hours a graduate attempted for up to 10 years prior to the time of college graduation. Developmental education SCH attempted and dual credit SCH attempted are not included. Two breakouts are also shown: average attempted SCH accumulated by graduates who began and graduated at the same institution and average attempted SCH accumulated among graduates who began at another public institution. Source: CBM001, CBM009, CBM00N

#### **S03UH - Percent of Graduates with Debt**

Definition: Percentage of students awarded an associate or bachelor's degree from a Texas public or private (independent) 4-year institution in a given year who have student loan debt. Each student's loan debt includes all loans reported in the THECB financial aid database (FADS) report by any institution for that student in the last 15 years. Source: CBM009, Financial Aid Database System (FADS)

#### **S04UH - Tuition and Fees**

Definition: Statutory tuition (state required tuition), designated tuition (set by institutional governing boards), and mandatory fees (charged to all students), for resident undergraduate students at 30 semester credit hours (SCH) for a fall and spring semester. Many institutions charge additional fees that vary by field of study and/or major. The actual cost for 30 SCH of tuition and fees may be higher for some students as only statutory tuition, designated tuition, and mandatory fees are included. Source: College Student Budget

#### STUDENT DEBT - CONTEXTUAL MEASURES

# **S06UCH - Average Debt of Graduates with Loans**

Definition: Average debt is calculated by averaging each student's loan debt, accumulated at all Texas institutions up to the time of receiving an applicable degree, based on the student's highest degree earned. Only students with debt are included. Each student's loan debt includes all loans reported in the THECB financial aid database (FADS) report by any institution for that student in the last 15 years, such as federal and state loans, parent Plus loans, and private educational loans. Two breakouts are also shown: average debt accumulated among graduates who began and graduated at the same institution and average debt accumulated among graduates who began at another public institution. Source: CBM001, CBM009, Financial Aid Database System (FADS)

# The University of Texas MD Anderson Cancer Center Health-Related Accountability Measures and Definitions January 2022

#### SECTOR-SPECIFIC/OTHER - KEY MEASURES

# **X01H - Residents in Accredited Programs**

Definition: M.D. or D.O. filled positions at any level in Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)-accredited residency programs including sub-specialty programs. This does not include physicians undertaking post-residency training that is not considered part of the accredited residency program. Source: CBM00R for 1-7 years; institutions provide data for 8 years or more

## **X02H - Physicians Practicing in Texas**

Definition: Percentage of medical school graduates practicing in Texas (LBB: I-5& H-2) are M.D. or D.O. graduates practicing medicine at a Texas address as of August 31 of the current calendar year. Percentage of medical school graduates entering a primary care residency (LBB: M-3) are the M.D. or D.O. students who report just prior to graduation that they are entering an accredited post-graduate program in primary care. Percentage of medical residency completers practicing in Texas (LBB: I-4 & HC-1) are physicians who are practicing medicine at a Texas address two years after completing an institutionally-affiliated and accredited residency training program in Texas as of August 31 of the current calendar year. Source: Institutions; Legislative Budget Board (LBB)

#### SECTOR-SPECIFIC/OTHER - CONTEXTUAL MEASURES

# **X03H - Outpatient Visits**

Definition: The total number of outpatient visits during the fiscal year. An 'outpatient visit' occurs when the individual receives health care services, including emergency room services, but is not admitted to a hospital bed. One patient who initially visits an emergency room and is then referred to and receives health care services from another affiliated, contracted, or owned outpatient facility would be counted as two outpatient visits. The definition includes visits to both on-site (on the premises of the hospital or institution) and off-site outpatient facilities. It includes outpatient visits previously reported as a separate measure under the Dental School. A 'patient visit' occurs when an individual receives health care services from Institutional faculty, post-graduate trainees, or pre-doctoral dental students at a hospital or clinic, affiliated with, contracted with, or owned, operated and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. To the extent possible, the total should exclude outpatient visits associated with health care providers who are not employed by the institution but may teach residents and students. Source: Institutions

# The University of Texas MD Anderson Cancer Center Health-Related Accountability Measures and Definitions January 2022

#### **X04H - Inpatient Days**

Definition: The total number of inpatient days during a fiscal year. An 'inpatient day' occurs when an individual, who is admitted by an institutional faculty or post-graduate trainee, occupies a hospital bed at the time that the official census is taken at each hospital affiliated with, contracted with, or owned, operated, and funded by a health-related institution (including the Texas Department of Criminal Justice Hospital) during the reporting period. One patient occupying one room for two nights would be counted as two inpatient days. To the extent possible, the total should exclude inpatient days associated with health care providers who are not employed by the institution but may teach residents and students. Source: Institutions

# **X05H - Research Expenditures per FTE Faculty**

Definition: Federal and private research expenditures divided by the number of fall tenured/tenure-track full-time-equivalent faculty (ranks 1-5) with research responsibilities. Source: Institutions' Annual Financial Reports. CBM008

# **X06UH - Research Expenditures by Source of Funds**

Definition: Total research expenditures by source of funds (federal, state, private, and institutional). To qualify as research, the primary purpose of the contract, gift, or grant must be research. Source: Institutions' Annual Financial Reports

# **X09H - Faculty Headcount**

Definition: Number of faculty by total, race/ethnicity and gender. Tenure/tenure-track data come from CBM008 Faculty Report using rank codes 1-4 and coded for a tenure/tenure track position and non-tenure/tenure-track faculty are those faculty coded as non-tenure. Source: CBM004, CBM008

# **X10H - Total Uncompensated Care by Faculty**

Definition: The total dollar amount of uncompensated care provided through faculty physician practice plans (i.e. PRS, MSRDP, PIP) during the reporting period. Uncompensated care definition provided by the Legislative Budget Board (LBB) (and located in Article III, Special Provisions of the General Appropriations Act). The definition applies to all practice plans, including medical, dental, allied health, nursing, or other health care discipline. Source: Institutional data reported to the LBB

# G. Other MD Anderson Academic Programs





Making Cancer History®

# G.1 MD Anderson Educational Trainees, 2021 - 2022

Clinical		Special Programs	
Audiology Fellow	2	Administrative Fellow	13
Fellows	286	Administrative Postdoc Fellow	1
Medical Physics Fellow	9	Chaplaincy Fellow	3
Medical Physics Resident	6	Chaplaincy Intern	13
Pharmacy Residents	20	Child Life Interns	13
Physician Assistant Fellows & Resident		Clinical Ethics Fellow	1
Psychology Fellow	1	Clinical Ethics Intern	4
Residents	26	Dietetic Interns	3
Rotating Fellows	138	HIM Student	1
Rotating Fellow Research	3	Social Work Intern	3
Rotating Medical Student	227	Subtotal	43
Rotating Pharmacy Resident	4	Subtotal	43
Rotating Psychology Fellow	0	Observers*	
Rotating Resident	691	Observers	0
Rotating Residents Research	63	STEP Observers Subtotal	0 <b>0</b>
Rotating Veterinary Resident	0	Subtotal	U
Subtotal	1,482	Student Programs	
Subtotal	1,402	Anesthesia Tech Student	17
Research		College Students	576
Business Administrative Intern	1	Endoscopy Technician Student	2
Graduate Research Assistants-GSBS	299	Genetics Counseling Students	21
Graduate Research Assistants-GSBS Graduate Research Assistants-UTHSCF		High School Students	149
	171	Pharmacy Students	45
Graduate Student-non-UTHSCH		Pharmacy Technician Student	1
MD/PhD Student – GSBS	24	Physical/Occupational Therapy Students	36
Legal Intern	2	Physician Assistant Students	118
Odyssey Fellow	11	Psychology Graduate Students	4
Postbaccalaureate Trainee	14	Speech Pathology Students	2
Postdoctoral Fellow	628	Technology Students	61
Research Interns	26	Subtotal	1,032
Research Medical Student	79		
Rosalie B. Hite Graduate Research Asst		Nursing Programs*	
Visiting Postdoctoral Fellows	8	Academic Undergraduate Students**	498
Subtotal	1,342	Academic Graduate Students**	205
Cabaal of Health Duafassians		Academic Doctoral Students	68
School of Health Professions	20	Academic High School Students***	0
Clinical Laboratory Science	28	Academic Observation	0
Cytogenetic Technology	28	Professional Student Nurse Externs	41
Cytotechnology	19	Summer Professional Student Nurse	
Diagnostic Genetics & Genomics	17	Externs	0
Diagnostic Imaging	89	Other Placements***	0
Diagnostic Medical Sonography	24	Subtotal	812
Health Disp. Diversity &	1.5	TOTAL	5.086
Advocacy	15	101712	2,000
Histotechnology	28		
Medical Dosimetry	33	* Observation programs on hold due to CC	)VID-19
Molecular Genetic Technology	31	restrictions	
Radiation Therapy	45	**Nursing Clinical Placements reduced du	e to COVID-19
Radiologic Sciences	18	restrictions	1. 1. 1
Subtotal	375	***High school and Observation programs	on nota due to
		COVID-19 restrictions	

Source: Trainee & Alumni Affairs

G.2 Trainee Demographics by Group, 2021 - 2022

Demographic	Clinical Residents & Fellows			Postdoctoral Fellows*			GSBS		
Profile	Description	N	Percent	Description	N	Percent	Description	N	Percent
Number of Trainees	Total Population	312		Total Population	659		Total Population	329	
Number of Programs Served	Total Programs	67		Total Programs	57		Total Programs	41	
Ethnicity	White, Non-Hispanic	145	46%	Asian	409	62%	Asian	151	46%
Ethnicity	Asian	107	34%	White, Non-Hispanic	185	28%	White, Non-Hispanic	115	35%
	Hispanic	26	8%	Hispanic	41	6%	Hispanic	30	9%
	Black, Non-Hispanic	21	7%	Black, Non-Hispanic	16	2%	Black, Non-Hispanic	20	6%
	2+race	12	4%	2+race	8	1%	2+race	13	4%
	Unknown	1	0%	American Indian Alaskan Native	0	0%	American Indian Alaskan Native	0	0%
		1	1		1	<u> </u>		ı	
Gender	Male	187	60%	Male	360	55%	Male	136	41%
	Female	125	40%	Female	299	45%	Female	193	59%
Average Age	35 years old			34 years old			29 years old		

<sup>\*</sup>Postdoctoral Fellows include Postdoctoral Fellows, Visiting Postdoctoral Fellows, Odyssey Fellows, Odyssey Scholars and Veterinary Fellows. Total head count may not be equal to the total number of postdoctoral on this report because some trainees had more than one title during this reporting period.

Source: Trainee & Alumni Affairs

G.3 Trainee Country of Origin & Visa Types, 2021 – 2022

	Clinical Residents		Postdoctoral Fellows			GSBS			
Demographic Profile	Country/Visa	N	Percent	Country/Visa	N	Percent	Country/Visa	N	Percent
Top 5 Countries	USA	162	52%	China	192	29%	USA	145	44%
of Origin	China	14	4%	India	103	16%	China	60	18%
	Canada	14	4%	USA	89	14%	India	36	11%
	South Korea	12	4%	Japan	28	4%	Taiwan	12	4%
	India	11	4%	South Korea	25	4%	South Korea	11	3%
Citizenships and	US Citizen	207	66%	J-1	348	53%	US Citizen	162	49%
Most Frequent Visa Types	J-1	66	21%	US Citizen	108	16%	F1-OCOS	141	43%
	US Permanent						US Permanent		
	Resident	24	8%	H1B	69	10%	Resident	9	2%
	H1-B	5	2%	F1-STEM OPT	34	5%	F1-OPT	5	1%

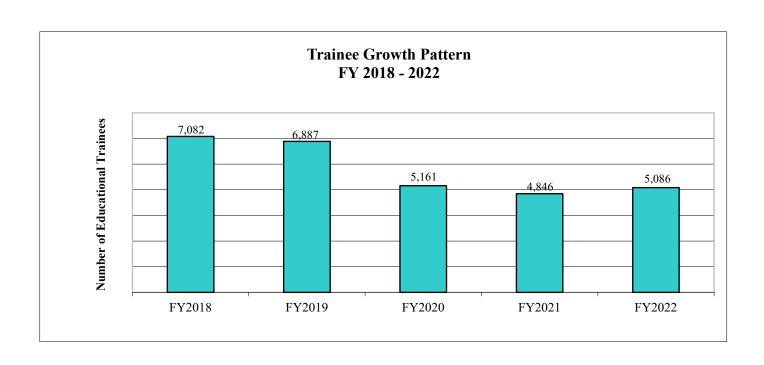
Source: Trainee & Alumni Affairs

# G.4 Five Year Trainee Growth Pattern, FY 2018 – FY 2022

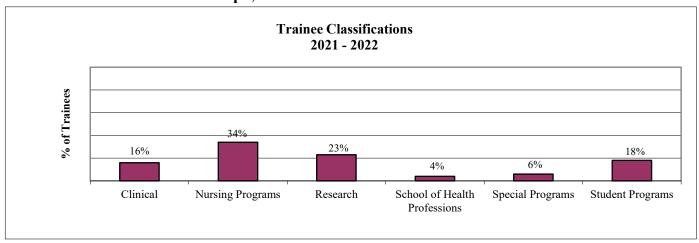
	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	Percent of Growth 2021 - 2022
Clinical	1,775	1,968	1,796	1,687	1,482	-12%
Research	1,791	1,600	1,329	1,364	1,342	-2%
Special Programs & Observers	831	876	412	43	43	0%
Student Programs	888	900	477	798	1,032	29%
School of Health Professions	357	393	394	378	375	-1%
Nursing Programs*	1,440	1,150	753	576	812	41%
Grand Total	7,082	6,887	5,161	4,846	5,086	5%
Grand Total (excluding Nursing)	5,642	5,737	4,408	4,270	4,274	0%

Source: Trainee & Alumni Affairs

<sup>\*</sup>Metrics provided by the Division of Nursing.



# G.5 Trainee Classifications Graph, 2021 – 2022



Source: Trainee & Alumni Affairs