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profile feature

Oliver Bogler, *Ph.D., Senior Vice President Academic Affairs, The University of Texas MD Anderson Cancer Center*

MD Anderson Cancer Center was formed in 1941 as part of The University of Texas System and is one of 45 U.S. comprehensive cancer centres as designated by the National Cancer Institute. The institution employs more than 20,000 people and provided care for 127,000 cancer patients in 2014, including more than 8,000 in clinical trials, making it the largest clinical trial programme in the country.

In 2002, MD Anderson launched its Global Academic Programs (GAP), whose mission is to create a global collaborative network dedicated to research, prevention and education. Nature *discussed GAP with Oliver Bogler, Ph.D., MD Anderson's Senior Vice President of Academic Affairs. A biologist and brain cancer researcher by trade, Dr. Bogler took the reins at GAP in 2010.*

Q: How does MD Anderson collaborate with international institutions?
Our strategy is to follow the faculty, as faculty involvement is the key to successful relationships. Typically a faculty member will tell GAP about existing collaborations, and where they think other opportunities might exist. We then try to broaden this collaboration to include additional MD Anderson faculty from other disciplines. If we are able to turn it into a multi-disciplinary partnership, then we may form a sister institution relationship. We currently have 33 sister institutions in 24 countries on every continent except Africa and Antarctica, and five of these are actually consortia with multiple partners.

Q: What do you mean by multi-disciplinary?
Unlike many parts of the world, where patients may receive cancer care from a single doctor, MD Anderson practices under a model of multi-disciplinary cancer care. We surround patients with experts from many disciplines including medical and radiation oncology, surgery and others, as appropriate for that patient.

We replicate this multi-disciplinary approach in our academic collaborations, which include medical care, research, prevention and education. We have seeded 82 projects over the past four years, and the scope of the work is tremendously broad. There has been research on cell-signaling and genetics, work that directly benefits patients like controlling infections in central line catheters, work on palliative care, integrative medicine and everything in-between.

> "The partnerships are bidirectional, meaning we get as much out of them as we put into them."

Q: What are some examples of these collaborations?
Two programmes we are excited about revolve around tobacco control, one in partnership with the Instituto de Cancerologia in Medellin, Colombia, and one with Mexico's Instituto Nacional de Cancerologia. In these programmes, GAP is supporting the work of our colleagues who educate citizens about the dangers of tobacco to prevent addiction and cancer. For example, our faculty are deploying a multimedia educational tool called ASPIRE with a message intended to prevent middle school kids from starting to use tobacco. We are tailoring it for Mexico and Colombia's respective cultures and working with authorities there to help reduce the incidence of lung cancer.

Q: Are you attempting to make in-roads in Africa?
Absolutely, and these partnerships are increasingly important because cancer is on the rise in Africa, especially cervical cancer and AIDS-related cancers. We have been in Africa for the past three years and we have been partnering there with U.S. and international government agencies, and non-profit organizations like Pink Ribbon Red Ribbon and the Union for International Cancer Control, as well as hospitals, with a focus on capacity building.

Q: What are some other aspects of GAP?
We focus a lot on education. We have an annual network conference where our faculty exchange research results and leadership ideas with their counterparts from our sister institutions. We also put on regional conferences, and we do a lot of multi-disciplinary patient care video conferences. For example, we host a bimonthly video conference with our partners from Brazil and Chile on urology. Every centre in the group presents a case, which are all discussed. This isn't telemedicine, mind you, but experts from multiple disciplines sharing insights and ideas to learn from one another. And that is an important aspect of GAP: the partnerships are bidirectional, meaning we get as much out of them as we put into them.

Q: What does it take to become a sister institution?
It requires a lot of institutional commitment from both sides. One of the most important things is having faculty champions at each institution. Without faculty buy-in it won't go anywhere. So when we get an inquiry from external institutions, we look right away for faculty champions from both sides. We are evaluating about a dozen potential sister institutions at any one time, and I'm personally going to travel to look at two or three potential partners in the next few months. If there is a spark, then we try to make a flame, but we need faculty to make that initial spark.

Q: What is the Sister Institution Network Fund (SINF)?
The SINF is the first financial support system we have been able to offer specifically to MD Anderson researchers who are working with sister institutions. The fund is based on global collaborations, but the funding is local. We don't have the means to provide research funds outside of our institution, so our partners provide the funds for the work that is done by their own faculty. These are two-year projects, and we fund US$100,000 per project. We select around 20 new projects each year, so there are 40 or so projects ongoing at any time. Since launching SINF in 2010, we've invested about US$8.2 million and the network has matched us. Our faculty have published some great papers from this work, including in *Nature*, and have used this seed mechanism to get follow-up funding from the National Institutes of Health, foundations and the state of Texas.

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