

Stephen Tomasovic, Ph.D.

Interview Session Three - 11th November 2011

Chapter 00C
Interview Identifier

Tacey Ann Rosolowski, PhD

[01:00:02]

And we are recording. OK, this Tacey Ann Rosolowski, interviewing Dr. Stephen Tomasovic in a follow-up to our interviews in August of this year. The date is November 11th, 2011. And the time is 10:30.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Chapter 15

B: Institutional Change

Serving as Special Assistant to the Provost

Story Codes

A: Post Retirement Activities

A: The Administrator

B: Institutional Processes

A: Overview

C: Understanding the Institution

C: Professional Practice

C: The Professional at Work

Tacey Ann Rosolowski, PhD

[01:00:02]+

Dr. Tomasovic officially retired at the end of August, is that correct?

Stephen P. Tomasovic, PhD

[00:00:26]

That's correct.

Tacey Ann Rosolowski, PhD

[00:00:27]

And he is now a special assistant to the provost, and that contract is lasting for approximately one year.

Stephen P. Tomasovic, PhD

[00:00:35]

Yeah. And this is what's called a modified service appointment, and the University of Texas system, tenured professors can retire for a month, and come back and work up to 20% effort and still draw their retirement. If you work more than that, you can't draw your retirement, so this is used in some instances for clinical faculty to continue to provide some services. In other instances, for administrators it's used to help assure a smooth transition with the individual that's taking on their role, in this case Dr. Oliver Bogler has been appointed as the senior vice president for academic affairs, and over the next few months to a year I'll be helping him with questions, and also doing various tasks as directed by the provost. Right now I'm primarily supporting the actions of the promotion and tenure committees, so those meet on Fridays, and so that's primarily the day that I'm coming in.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Tacey Ann Rosolowski, PhD

[00:01:50]

And what are the issues that you're dealing with in that particular --

Stephen P. Tomasovic, PhD

[00:01:54]

Dr. Bogler had much familiarity with our promotion tenure, peer review process, and so -- and he also had a heavy travel schedule, and was appointed relatively close to the end of my departure, and so I'm sitting there in the role that I was sitting there previously, when Dr. Bogler's not in town, and when Dr. Bogler's in town and able to attend a meeting I'm there as an advisor to him. And so I interpret for the peer review committees any questions of policy, and generally help support the faculty chair of the committee and the conduct of the meeting.

Tacey Ann Rosolowski, PhD

[00:02:41]

Are there specific issues that are coming up with tenure and promotion that -- or is this kind of business as usual?

Stephen P. Tomasovic, PhD

[00:02:46]

It's business as usual. The -- every year the institution deals, has four appointment promotion and tenure committees. One for the school of health professions that just deals with those faculty. One that's composed of the executive committee of the science faculty, the science faculty department chairs primarily, that deals with the non-tenure track scientific appointments primarily. One called CFRC, or the clinical faculty review committee that deals primarily, or deals exclusively with the clinical faculty non-tenure tracks appointments. And then the PTC, or promotion and tenure committee, which deals with research and clinical appointments that award tenure and deal with renewal of tenure and that particular body will probably deal with 130-some new appointments, promotions, and initial awards of tenure, or renewals of tenure over the months between October and about May. Makes -- all the committees make recommendations to the president, the president makes the decision, and the actions take effect September One of next fall, so it's about a year long process of determining who gets awards of tenure, or renewal of tenure. Or promotions.

Tacey Ann Rosolowski, PhD

[00:04:12]

What else do you anticipate working on during the coming year?

Stephen P. Tomasovic, PhD

[00:04:16]

As I said, there are all sorts of questions. I just had a meeting for example with Dr. Bogler, we

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

talked about various issues related to determining how he's going to organize the departments that formerly reported to me. Thoughts that he has about staffing changes, questions about various people and their capabilities. Some even philosophical discussions and strategy discussions about what Dr. DePinho will probably be looking for in the direction of the institution, and how academic affairs should respond to that, or can best respond to that. So you know, from small minutiae to broader strategic issues, I'm available by telephone and email all during the week. And I respond to emails during the week. But on Fridays, I'm available for meetings with him and others. So today for example, I had a meeting with him. I have this interview with you. At 3 o'clock this afternoon, Dr. DePinho is receiving a briefing from all the academic affairs leadership, and I'm sitting in on that meeting to see if there are any questions that come up. I'm also today supporting the meeting of the clinical faculty review committee, they're making a series of recommendations related to new assistant professor clinical appointments. And Larry Jones, the director of tele-health, has asked for a meeting today to discuss some questions that he has about audio-visual setup in some of the new buildings in the works. So it's various things. Dr. DuBois has also said he has some ideas for some other projects for me to do, and once of the things that are urgent that Dr. Bogler needs taken care of, once those begin to tail off, which I suspect will happen over the next three months or so, there will be less questions that he will have and less need that he will have for me. And Dr. DuBois has some thoughts about what he'll have me do next to help him, and -- but he hasn't shared the details of those with me yet.

Tacey Ann Rosolowski, PhD

[00:06:43]

I'm interested in those conversations, the philosophical conversations about the directions that you're trying to dovetail academic affairs with Dr. DePinho's vision. So I wonder if you could talk a little bit about that?

Stephen P. Tomasovic, PhD

[00:06:57]

Sure. Dr. DePinho has -- is using a new phraseology in the institution, a cancer moon shot. And he gave a presidential town hall on November seventh that was video and audio taped, and the slides were shown as well, which he spoke to the institution in a town hall setting, and gave his vision for the institution, and he is I think going to bring a new sense of urgency and focus to the institution. And going to -- and in that kind of a climate, I was discussing with Dr. Bogler that my sense is that Dr. DePinho is going to react well to administrative units that solve problems, get to big problems, and solve them quickly. And are viewed as being enablers and facilitators rather than bureaucratic roadblocks. And so I suggested to him that many of the workflow processes in academic affairs could be examined to see how they're perceived by the faculty, and other areas of administration in the institution to see if some changes can be made. I also pointed out to Dr. Bogler, which is you know, no news to him, he was certainly aware of some of these things himself, that there was some long-term problems in the institution. For example, the on-

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

boarding of new research faculty has historically been a slow and cumbersome bureaucratic process. And things, and it can take a new research faculty member three, four, five, six months before they really are effectively doing an experiment. And there's a host of units across the institution that have impacts on this. Just for example the fact that they can't order supplies and equipment until they get here. So they have to get here, and then they can begin to set up their laboratory. Even though we have committed to them you know, we have a process set up until -- that don't release account numbers to them until they're physically here. They can't get a computer pre-setup until they're physically here. Little things and large things. The difficulty of finding and hiring laboratory research personnel to support them. The timing associated with the appointment of post-doctorate research fellows. So there's a long list of things that can affect their ability to be effective quickly. And so I suggested to him you know, Dr. DePinho is talking about bringing people together, and focusing resources on -- he's talking about five critical cancers. You know and MD Anderson has a reputation as a very bureaucratic institution, and academic affairs is certainly part of that bureaucracy. What could Oliver pick out that would be kind of the mini moon shots that academic affairs could impact on that will help support what Dr. DePinho's trying to do? You know, how can we in academic affairs be seen as an effective unit that is going to enable him to move fast. He wants to you know, he's got a sense of urgency, he's got big visions, he's not going to be very tolerant over the longer run of organizational structures and unison activities that get in the way unnecessarily.

Tacey Ann Rosolowski, PhD

[00:11:38]

What do you think will be the challenges of streamlining?

Stephen P. Tomasovic, PhD

[00:11:43]

Well those sorts of things get built up over time, people get invested in them, they get used to them. They don't necessarily perceive the impact on users. And very well, they're not trained generally in process improvement. And don't generally have that kind of support. And we've been a risk averse organization, so if there's a -- a federal or a state, or a government regulation, or a law, we have tended to interpret that in the most risk averse way, which means the most bureaucratic controls and checks. And you know those things make it difficult to streamline bureaucracy, and try to think of ways that we can get to the same result with manageable risk, but make it more user-friendly and you know ask, do we really need to be doing this the way we've been doing it? What would happen if we didn't do it, you know if we dropped this out, is that critical? And so I think you know one of the advantages, and one of the reasons I wanted to retire was to enable someone with fresher viewpoints to come into a leadership role, and that person in turn would question things, and combined with a new president, I think it's a very opportune time for Oliver to demonstrate to the new president that he can fix some of the issues that you know, I either created or couldn't tackle, or didn't choose to tackle, or didn't perceive as being needed to be tackled. So I think those, that's the advantage. And he can you know,

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

examine the staff that I had created, and the work flows I created in a fresh way. So I think that's all very positive, so I was discussing some of those sorts of issues with him, and encouraging him to sort of establish -- I think if he moves in that direction, he'll sit very well with the direction that the institution will be taking the mindset that the institution will be -- that Dr. DePinho will be trying to set into the culture of the institution. Changing cultures is difficult, but he's off to an extremely good start. And he's an inspirational individual, and I think if he has some early successes, he will be able to make some substantial changes to the culture here, and continue to take MD Anderson's reputation to a -- you know, maintain it and improve it.

[00:15:04]

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Chapter 16

B: Institutional Change

Changing Institutional Focus Under a New President

Story Codes

C: Portraits

B: Institutional Processes

B: Institutional Mission and Values

B: MD Anderson Culture

B: Building/Transforming the Institution

C: Understanding the Institution

C: Professional Practice

C: The Professional at Work

B: MD Anderson History

B: MD Anderson Snapshot

Tacey Ann Rosolowski, PhD

[00:15:04]

How would you compare his style as a leader with that of John Mendelsohn [Oral History Interview] and Charles LeMaistre [Oral History Interview]?

Stephen P. Tomasovic, PhD

[00:15:10]

Yeah you know I am probably you know, I'm seeing some piece of that. And other people would possibly be able to reflect better on that, but I think -- I mentioned to Adrian Lang, who's the vice president for center planning that I thought Dr. DePinho is more like Dr. Clark, our first president. In some -- and a bit different than Dr. Mendelsohn. So Dr. Mendelsohn came across to me as an individual -- you know, and certainly a very, not to be critical of him, but he certainly was the right man for his time, and I think that's one thing, I think I mentioned before, I thought we'd been very good at selecting presidents who were the right ones for their time. And I think Mendelsohn certainly was the right choice, and did very, very well. But Dr. Mendelsohn was, is more East Coast, old -- I don't want to say old money, I don't think it's old money, but you know East Coast high society, and elite, more of an elite generation of Americans. A very privileged generation of Americans. Dr. DePinho is second-generation immigrant. His father came from Portugal. He is more -- he relates more easily I think to -- and plays as a personality, and as a visionary leader, more appealingly to a broader group of people than Dr. Mendelsohn did. Dr. Mendelsohn and his wife operated very well with rich folks, and donors. He was very comfortable with them. Not that he was uncomfortable with others, but Dr. DePinho is more an earthy kind of a person. He inspires the gardener as well as the -- or the nurse as well as he does the professional faculty. And he is much more comfortable speaking in an inspirational way to a

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

broader segment of the institution. So I think he will motivate the organization in a different way than Dr. Mendelsohn did, and in a very positive way. I think he is -- Dr. Mendelsohn was a builder, and wanted to embrace everything. And so he had a very big vision, you know he was fond of saying make no small plans, and certainly he grew the institution tremendously. But -- and he on the surface of it, you know had wanted to do everything for everybody. So there were very few nos. And -- to anything. Where, now Dr. DePinho has come in and he said OK, we want to have a moon shot type effort here for cancer. And we're going to pick to start with five cancers, out of all the choices. And then those are the -- we're going to put huge resources into those, and we're going to have developmental efforts in other areas. But these are the ones that in my judgment, we have the best chance of really having a significant impact on. And we're not going to do -- and he hasn't named the five.

Tacey Ann Rosolowski, PhD

[00:19:30]

OK, I was going to ask.

Stephen P. Tomasovic, PhD

[00:19:32]

There's speculation and much interest in that.

Tacey Ann Rosolowski, PhD

[00:19:34]

I bet.

Stephen P. Tomasovic, PhD

[00:19:35]

But he has said look, this is -- we're going to figure out what those five are, I think he probably has them in mind, but he's going to have an interactive process with the professionals. You have to try and you know, seek interaction on that. But he's going to say, and he said this is where we're going to put billions of dollars into this. And then he goes on to say we will have developmental efforts in other areas. So, those of you that aren't -- that are you know pursuing other areas, it's not that you will get no support. You will benefit from what we're doing, because we're going to have huge informatics efforts, we're going to have huge pharmaceutical efforts, and that's going to help you, even if you're not working in this -- these focused areas. But very illustrative of his approach, I think, is a recent -- I was told a recent retention discussion. A faculty member who is known as a very fine researcher said -- went to Dr. DePinho and said you know I've got an offer, a significant offer elsewhere. And Dr. DePinho's response, reportedly, this was at least a second-hand, was if you want to use your work to focus in this area, there will be resources and support for you here. If you want to use what you're doing in this area, good luck to you. So there was a very clear choice, you know. You work on what we want to focus on. If you want to do that, I'll support you. If you don't want to do that,

Making Cancer History*

Interview Session: 03

Interview Date: November 11, 2011

you know, take your other offer. And you know, if -- in Mendelsohn's time, if the department chair had called Mendelsohn and said listen, I want you to talk to this faculty member, he's a great scientist doing fundamental (inaudible) we've got to have him or her, we've got to keep him. And Mendelsohn would meet with them and make promises and try to keep them here. I don't think -- I think Dr. DePinho is going to be much more focused, and as opposed to Dr. Mendelsohn trying to do everything for everybody, Dr. DePinho's going to think OK, how does this person fit in the moon shot? The five things that we're really going to put effort into?

Tacey Ann Rosolowski, PhD

[00:22:27]

I can really see this sending shock waves.

Stephen P. Tomasovic, PhD

[00:22:29]

It will be a cultural change with respect to what we experienced the past ten or 15 years, which is growth everywhere. If you've got a good idea, that's OK, you know just excel in your area. Now it's you're going to be working with seven of the other people, and we're going to all focus on this. And everybody's going to have a part of this, and if you want to do something else fine, but you're not going to get a lot of resources for that, and you're not going to be you know probably recruited here, or you're not going to be retained here if you want more resources to do something else. Because those resources are just not going to be given to you. And so if you want to focus on something, you're already here, and you're doing good work, fine, as long as you can get your outside funding, great, but you're not going to get more positions, you're not going to get more space. You're not going to be a priority for us, because we're focusing all of our intensity in this area until we get where we want to get, and then we'll move onto something else. So I think that's a different perspective, I think it's a more -- he's going to be more relatable to a broader group of people, both inside and outside the institution. I think he's a more -- he's got the right vision for right now, he's got a selectiveness, and he's got a decisiveness that's going to ultimately be comfortable for people, because in the old Dr. Mendelsohn -- in Dr. Mendelsohn's world, this discussion about retention would have gone back and forth, and you know promises, and yeah, sure, sure, you know? And now it's a very clear thing. The faculty members knows where he stands or she stands. This, here, you're good. This, good luck. And I think people respond to -- in currently, and right now with you know the kind of general lack of trust in the country, and kind of general sense that you know decisions aren't being made, that important decisions aren't being made, I think somebody with what I'm seeing with Dr. DePinho's approach is going to play very well with our -- amongst our faculty and staff at all levels. He's going to be an inspirational person who is very capable, I think, of changing culture. From what I've seen so far. And it's also going to be I think a huge hit with the people that we seek to get money from. From pharmacy, pharmacy's going to love him, big pharma. I think he will be as good if not better than John with donors. And I think in terms of engaging and mobilizing our scientific and clinical communities, he's going to be terrific. So I'm very, very

Making Cancer History*

Interview Session: 03

Interview Date: November 11, 2011

encouraged, and I think he is the right guy for this time, and is going to take where John Mendelsohn left off and really have an impact. A significant impact over the next 10 or 15 years, and so that's kind of my take on John Mendelsohn and (inaudible) John DePinho.

Tacey Ann Rosolowski, PhD

[00:26:01]

Well it says a lot, since you know part of his message can be seen as pretty threatening to people, but despite that the mood is very optimistic.

Stephen P. Tomasovic, PhD

[00:26:09]

Well I think so. I mean everyone's wondering you know how it's going to affect me, and am I in the big five? Everybody wants to be in the big five. But on the other hand, having clarity you know lets you know where you stand. You know, if you're not in the big five and you don't like that, you know where -- you know it's not going to change. If it's not going to change, then (inaudible) that kind of clarity is, I think people you know on one level may not like it, the answer, but they've got an answer.

Tacey Ann Rosolowski, PhD

[00:26:51]

They've got an answer. And that's just the classic thing in academic context, that you know nothing's written down, everything's sort of fuzzy.

Stephen P. Tomasovic, PhD

[00:26:59]

Yeah. So if he continues to have that kind of focus and play that way in the game, then I think he'll do very well.

Tacey Ann Rosolowski, PhD

[00:27:10]

What do you think is going to be the fate or destiny of something like global oncology under Dr. DePinho's (inaudible)

Stephen P. Tomasovic, PhD

[00:27:19]

Global oncology? I'm not sure yet. I'm not sure. I think there will be room for doing lots of things. But I think in terms of where are we going to grow, we're going to focus on resources. I think to the extent that global oncology can fit into his strategy for the moon shot and the big five, I think the pieces of global that can add to that, he'll be for. But if it's, you know -- I don't think it'll get any new resources of focus on attention if it's -- if it's off in areas that he's not focusing the institutional effort on.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Tacey Ann Rosolowski, PhD

[00:28:02]

What do you think has been the effectiveness of that kind of mission, if you will, so far?

Stephen P. Tomasovic, PhD

[00:28:09]

Well it depends on what you mean by global oncology. There's really several sets of that. And there's several levels. So, let me break this down a little bit. So, in one definition, global is everything outside of MD Anderson. So our regional centers here in the Houston area, and our partnership with Banner, and some of those kinds of things that have tried to extend outside of MD Anderson to enable us to retain local market share, or regional market share. I think that's been -- it was a -- is a very good, and was a very good strategy. It should have been implemented long before we got into it. And it's critical to maintaining a dollar flow to MD Anderson. And you know, I don't know how Dr. DePinho will deal with that, but I hope he'll be persuaded by the fact that the, you know, we have lots of competitors who do good work. There's only a subset of people who are going to want to make the effort to come into downtown Houston when they can get what they perceive to be comparable care. You know, 30 or 40 miles away, a few blocks from their house. And unless -- if we're not out there, they're going to go to somebody else. And so every hospital in the country is pursuing this, and every cancer treatment organization in Houston is pursuing that strategy, and they'll just take customers away from us unless we're playing the field. And the other thing is, that those, because those operations are not performing large amounts of all the stuff that's done off the margin. They don't have libraries to support, they don't have a lot of training programs. They don't have research and education activities that are done off the patient care margin. They generate much more of a margin from their activities than the main campus does. And so for the investment and the return, that can be used to subsidize the research and education missions and the clinical research activities of the main campuses, it's much more positive. So to the extent that those, to the extent that (inaudible) to the extent that the radiation oncology unit in Turkey does those things, those can bring money flow for what Dr. DePinho wants to do, and I think he can get behind that. There's a couple of relationships we have that aren't doing that. One of them is MD Anderson Orlando, and the other is MD Anderson España. They have similar concepts, they haven't really, to my personal knowledge, contributed to kind of impact that we wanted them to have. And so you know, I don't know that those would continue. He'll have to look at those things, and he may have a different view. But there are some of those clinical global activities that are very positive for us, and others that aren't. And I think he needs to take a close look at the business side of that operation and decide which of those are really going to be important to the moon shot, and we can get rid of the ones which aren't. The other -- so that's the business medical piece of it. The other piece is the academic piece. And on the one hand, those kinds of international interactions have gone on for years independent of any administrative or -- that's the way science and medicine works. Faculty find collaborators that they want to work with, and

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

they do stuff together, and they find money and ways to do that, and even when we establish administrative relationships, like sister institutions, the quality of those depends on the individual faculty, and their interests, and their motivation. So we've had weak ones, we've had strong ones in that regard. Oliver succeeded in getting some more institutional money for that, and some grant funding, and that motivates people. But I would say for the global academic programs piece, if they want more resources and attention from the president, again I think they'll have to figure out ways to direct their activities if they're in line with the president's vision. So, if he's got you know a big five, he's talking about instead of two or three people working on some aspect of the biology of one of those big five, he's talking about 50 or 60 people. So if global academic programs can help him bring in people from other institutions to be part of that process in some way, through global affiliations, global interactions, then I think it can have a place. If it's just straight faculty to faculty things, and we're building a relationship on a couple of collaborations, a faculty that are working off in an area that is one of our developmental areas, you know it's not part of that big focus. I think those will go on with or without administrative support, and global academics program focus. But you know, they won't get any more attention. There won't be any resources going into that, they'll be going, shifting. So you know, I think there are pieces of global that can fit in here, but if they really want to grow and prosper, they're going to have to figure out how they fit into this, to the way that Dr. DePinho wants to shape the institution.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Chapter 17

B: Institutional Change

Academic Programs under a New President

Story Codes

B: Institutional Processes

B: MD Anderson Culture

B: Building/Transforming the Institution

C: Understanding the Institution

C: Professional Practice

C: The Professional at Work

B: MD Anderson History

Tacey Ann Rosolowski, PhD

[00:34:51]

How do you see this influencing the growth of academic programs?

Stephen P. Tomasovic, PhD

[00:34:57]

Well again, I think I alluded to that a little bit earlier. Academic programs is going to do well, if it figures out ways to be seen as an important partner in making this all work more effectively. Getting faculty on board fast, get them working well, giving them the developmental programs and the mentorship that they need to be really effective. Streamlining appointment processes for visitors and observers, and visiting scientists and post-doctorate fellows, and graduate students. Doing what they can to increase the quality of the schools, because high-level research faculty want high-level graduate students and post-doctorate fellows. Creating environments where helping do what -- their piece to help create the environments that really top students want to come here, really top post-docs want to come here. That'll bring -- that'll support the faculty that are already here, and it'll also bring in, helping recruiting new faculty that want that kind of an environment. So there, you know there are lots of things that I can think of that those -- those departments, they're the academic support departments, can do to make themselves valuable to Dr. DePinho and the faculty in that effort.

Tacey Ann Rosolowski, PhD

[00:36:25]

Such as?

Stephen P. Tomasovic, PhD

[00:36:28]

Well the -- so one of the things that Oliver and I were talking about today is, the trainee

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

appointment process. Once individuals have selected our graduate school, how do we get the strongest ones interested in faculty at MD Anderson, how do we get them you know appointed and resourced quickly and appropriately so that you know they're not dealing with hassles. They can focus on their graduate studies, different experiments, they're not worrying about benefits mess-ups, problems with their salary, running back and forth with paperwork to try to get things done. Trying to make it a really coherent, smooth environment where faculty, and students, and post-docs can focus almost all of their effort on what they're really here for, and have minimal distractions and frustrations associated with the administration of the policies and procedures of their employment here. You know, is the library providing the highest level of quality? You know, are they doing the -- are they meeting the needs? You know, there's a lot of interest in spending on clinical effectiveness, you know the library's brought in some staff, (inaudible) are interested in these things, yeah some people directly working with clinical people to help them out. You know, are there -- is that an area the library needs to shift to more of that? What does a library need to do to support this moon shot? What does tele-health need to do to support the moon shot? So you know, kind of understanding where Dr. DePinho wants to go, and then thinking about everything that academic affairs does, and what is it doing that can support that, what is it -- what should it be doing, what is it not doing? What can it quit doing? Those are all things that can run through his mind, and then he can think about, for people to work on.

Tacey Ann Rosolowski, PhD

[00:39:10]

What do you think would be happening within this vision to the educational programs for students?

Stephen P. Tomasovic, PhD

[00:39:18]

Well you know I think they should certainly be stronger. You know the easiest one to refer to -- well the two easiest ones are -- well the big populations that we have that are educational programs are the graduate school of clinical fellows, residents and fellows, and post-doctorate research fellows. Those are our big academic affairs oriented populations. And as I alluded, there's a kind of a relationship between quality faculty and (inaudible) the very best graduate students and post-docs, are looking to work with the best researchers. And so they'll go where those people are, or the best clinicians. They'll go where those people are, and the very best ones know who the leaders are in the field. And they want to work with them, and they seek them out and try to -- and likewise, very strong research faculty, in particular know that you know, if they really want to excel, they need arms and legs, and brains. And they'll want to have the best graduate students and post-docs at the camp. And Dr. DePinho knows that very well. He was invited by the post-doctoral association here, decided they wanted to set up an annual symposium, research symposium. And they invited him to be their keynote speaker. And he told them at the meeting that he deliberately changed his schedule, he had conflicts, but he changed it because he thought it was very important that he came and spoke to them. And he

Making Cancer History*

Interview Session: 03

Interview Date: November 11, 2011

talked about what it took to become a great scientist, what you should be looking for to be a good post-doc, and how important they were to the activities of scientists like himself. And he gave an illustration of (inaudible) post-doc and brought up a new area, and he said I have, that he wasn't aware of, and made some very significant contributions. So he's very strongly aware of that, and when I escorted him back to the office area after that talk, I asked him as we walked along, what do you want to talk about? He wanted to talk about the search for the grad school dean. So he knows this, and so I think the quality of post-graduate education here will be very important on his agenda. And the faculty that he wants to have working here. And so I think they will become stronger, and that the necessary resources will be devoted to that, because it's a fundamental building block to do the moon shot, you know? A very smart faculty member his or her efforts are going to be leveraged dramatically by having this foundation of stellar graduate students and post-doctoral fellows are going to be challenging and pushing that individual. And synergizing with ideas and energy, and at least those -- well the faculty members got lots of diversions to his or her time, almost invariably, it's the post-docs and the graduate students that are working there six or seven days a week, 12 hours a day, you know executing and trying things.

Tacey Ann Rosolowski, PhD

[00:43:19]

Yeah. I kind of wanted to shift gears at this point, so I wanted to ask you if there's anything you would like to add at this point about the institutional issues we've been talking about, or if you reflect on anything that you thought we hadn't covered adequately in the last sessions.

Stephen P. Tomasovic, PhD

[00:43:39]

Well you know my memory is like a three month span is about the extent of it. So you know I can hardly remember what all we covered. I didn't review you know a text, a graph or text or anything, so I don't really remember everything that we covered there. I think we had a very substantive conversation, and -- for quite a few areas, and I think I free flowed quite a bit, you had some structured questions, but I don't, you know I don't recall after the session thinking oh, I should have talked about this or that. So no, I haven't come up with anything that would fall into that category, and I certainly have had a little bit more time to reflect on what I perceive to be what will happen with Dr. DePinho's arrival. We were able to add a little bit more there, I had more chance to interact with him (overlapping dialogue; inaudible)

Tacey Ann Rosolowski, PhD

[00:44:42]

And I can tell just from some of your choice of language and that there's a real mood of optimism and hope here.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Stephen P. Tomasovic, PhD

[00:44:48]

Yeah, I'm excited about it. I'm excited about it. And I think it will be really a lot of fun over the next few years, and I think he's really, really off on a wonderfully fast start.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Chapter 18

A: Post Retirement Activities

Travel, Photography, and a Story about Meerkats

Story Codes

A: Character, Values, Beliefs, Talents

A: Personal Background

A: Post Retirement Activities

C: Portraits

B: MD Anderson Culture

B: MD Anderson History

C: Funny Stories

C: Human Stories

Tacey Ann Rosolowski, PhD

[00:45:07]

What are your plans for when you retire?

Stephen P. Tomasovic, PhD

[00:45:10]

(laughter) Well, I'm in essence already retired, and I'm paying more attention to my physical part of my entity, and I'm signed up for the gym, you know Gold's Gym, and I'm going several times a week to that, so physically I feel, that's been about a month and a half now, so physically I'm feeling much, you know much more energized physically. And so I'm looking forward to that, just to get to be more physically fit, and shake off some of the office desk chair shapes. And you know we have several trips planned, again we're all the way out to 2014 at the moment.

Tacey Ann Rosolowski, PhD

[00:46:09]

Wow, where are you going?

Stephen P. Tomasovic, PhD

[00:46:11]

Well one in 2014, India, yeah. I may have mentioned it, we enjoy eco-type travel to see animals, and places, and in particular Africa. But we have always wanted to see tigers, and they're certainly one of the endangered species of the world, and so we wanted to go to India at some point if we could find an opportunity, and one of the companies that we work with specializes in small -- we like small group tours. So we saw them offering a group tour for six people with a professional photographer going along, and I like to do photography, and that's -- do a lot of that on our trips, and so that was appealing to us, but the other thing was, it's in the hot season in

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

India. The peak season in India, their national parks and areas where the tigers are, are overrun with people. India is a country where they are, you know, all their parks are you know as crowded as Yellowstone is in the United States. I mean a lot of people in the country go to their national parks, and they go in the season when the weather is most tolerable. But the hot season, where the temperature is running from 95 to 117 all day long, relentlessly, there's very much less tourist and national travel to those areas. And so this company [Nat-hab?] was offering a series of trips, and with small group. But it turned out to be very, very popular with people who'd been to India multiple times looking for something different. And so they're all booked up until 2014, so we've signed up for one out at 2014. (laughter) But next year we're going to the Amazon Basin again, we've been there once and we're set up for that in June, and we're going to Namibia, in Africa, in the early part of August, and I'm going to see family gathering in the latter part of August, and so we've got several trips set up for next year, so I'm getting more active in photography locally, and catching up on a lot of activities at the ranch. Lots of --

Tacey Ann Rosolowski, PhD

[00:48:50]

I just noticed --

Stephen P. Tomasovic, PhD

[00:48:51]

-- patching and painting, and things like that. Yeah, that's --

CLIP:

C: Funny Stories

"Meerkats and a Man who Can Laugh at Himself"

Tacey Ann Rosolowski, PhD

[00:48:54]

Yeah, you have your digital slide show set up, and I just saw this one with meerkats standing all over you.

Stephen P. Tomasovic, PhD

[00:49:00]

Yeah these are, this is the Dr. Bogler, Dr. DuBois had a dinner at his house, and in honor of my retirement. And Dr. Bogler gave me this digital picture frame, which has very good quality actually, and so I loaded up some pictures from various trips onto that, just to remind me, but the one, the meerkats one that you're referring to is kind of funny, that was taken on our first trip to Africa, we went to the Kalahari Desert, and there were -- this is at the peak of the popularity of the show Meerkat Manor. And everybody wanted to see meerkats, and so any safari camp within 50 miles of a meerkat colony was trying to get people to see them, and we had the good fortune to go to a colony that had been used as a research colony in the past, but wasn't currently

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

active. But the local safari camps had hired a San, S-A-N, man, a bushman, San is the tribe, to sit with the meerkats and to keep them habituated. And so we drove quite a long ways, earlier, when it was still dark, got there early in the morning, when the meerkats were first coming out of their burrows, sunning themselves as you've probably seen them do. And the San man was sitting there with them, but you could you know be from 12 inches away from them, taking pictures of them, and they would pretty much ignore you. After they sun, they set out to forage in their range that they defend from other tribes of meerkats. And they kind of run along the ground looking for scorpions, and bugs, and lizards, and whatever grubs, whatever they can find. And of course they have to look for predators, and there are many -- one of their main threats is predators in the air, hawks and you know other predator birds. And if you anticipate their route, and get out in front of them and sit down, or recline on one hip and an elbow as I was doing in this picture you're referring to, they will treat you potentially treat you like a bush or a rock. And they'll run up on you and look for predators. So the picture you're referring to, one of them is standing on my hat, and one on my shoulder, and one on my -- I think one on my hip, and they're looking around. And the guide that was with us took that picture, and that's been a very popular picture. When I was elected to the UT Academy of Health Science Education, [NAST?], they were going to have a presentation banquet with the board of regents and all the honorees, and they wanted -- they were going to have a slideshow of the inductees, and they wanted a picture of me for that purpose. And I sent them a formal picture of me, as did most everybody, as did everyone else. And I sent them the one with the meerkat and invited them to use either one. Well they chose the meerkat one, and at the banquet, all the formal poses would come up, and mine comes up -- and it just, every time it came up, it provoked a big reaction from the audience. Everybody loves it. And my staff used it numerous times on -- faculty health uses it to encourage faculty to have interests outside of work, and there's even one where my staff made a cartoon of it. And they had the meerkats saying work-related things. And I might -- it's a real kick, I think I can find that, possibly. I know I've got it in one of my files here. I'll look for it for a minute while you're -- if you want to, I don't know if you want to stop the tape at this point, or whether you want to have some other questions that you want to talk about.

Tacey Ann Rosolowski, PhD

[00:53:45]

Well there were just a few kind of questions in that more personal area, I was wondering maybe if there were any books that have been particularly important to you, inspiring, or transformative?

CLIP

C: Portraits

B: MD Anderson Culture

B: MD Anderson History

C: Human Stories

R. Lee Clark

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Stephen P. Tomasovic, PhD

[00:54:01]

You know unfortunately, I had many, many books, but not too many that I actually read. (laughter) I am -- I did quite often refer to the history books of MD Anderson. And you know this one, the first 20 years, which was really a kind of naming places and things, and not a particularly good read, but it was -- it's just a document of organization, departments, and people, and things like that. I found the other book, Clark and the Anderson, a personal profile that Don Macon put together with intervals with R. Lee Clark. Very interesting as well, and in fact, I annotated, I marked several pages and gave it to Adrian Lang to show to Dr. DePinho because I had mentioned that I thought Dr. DePinho was most similar to Clark, and Mendelsohn, and one of the ways was that -- and I'm just seeing if I can flip to this picture, Clark in his younger years was an extremely good wrestler.

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

Tacey Ann Rosolowski, PhD

[00:55:18]

Wow. He's quite buff.

Stephen P. Tomasovic, PhD

[00:55:21]

Yes, he was. And he was an NCAA wrestler, at that time it was the National -- he won the National Amateur Wrestling Championship in his weight division. And he had a choice, he was in 155 pound division, conference champion, national champion, and wrestled at the New York Athletic Club and had the choice of going out for the Olympic developmental trials, or a residency program. And there are several paragraphs on here and his strategies for wrestling that are interesting. Because I wrestled too and my brother was a national-level wrestler. But I thought that was -- he had the choice of an internship or going to the Olympics. And he chose the internship. Well Dr. DePinho of course is tae kwon do, he was captain of the US Olympic team. So I thought they were interesting parallel in that regard, and then there's quite a bit of stuff here in this book that illustrates Dr. Clark's common touch, and personal, you know his ability to relate to people at all levels. I was trying to find in this book, and I think that's where it was, but I couldn't find it, the story that I had heard, or read in one of these books, about Clark at some point after -- when he was here in his early years, Clark is reported to have been going through the institution at some time of the day, I presume it was more after hours, and came across one of the housekeeping staff mopping or sweeping the floor. And Clark is -- and the story is related in one of these books that Clark you know stopped and spoke to the gentleman who most likely was a black man I suppose at that time. And said you know, you and I, together, we're going to cure cancer. You with your broom or mop, and me with my scalpel, or whatever the phrase he always -- I don't remember the phraseology. But you know, that ability, he set that kind of culture in the institution, and I think we had lost a little bit of grip on it with you know this growth, you know we just got too big too fast, and lost a little bit of that over time. It's still perceived by people, what a wonderful place this is and how everyone has empathy. The patients get a sense of it almost immediately, they'll always say how nice everybody is, and how people will talk to you, and how friendly MD Anderson is as an environment for patients. And that was the kind of culture that Clark helped us set, and I mean Clark and then LeMaistre continued, and Mendelsohn continued. But Mendelsohn didn't have quite -- and LeMaistre didn't have quite that touch, and I think Dr. DePinho is the kind of guy that you can visualize you know relating to somebody that way. Anyway that book, and I also liked the most recent one that I helped instigate getting done, Making Cancer History. So those are the ones that I think of most often, and you know I've had lots of business books and leadership books, and things like that, and you know people will talk about this book, or that book inspired their leadership style, and I can't really point to one of those, but I do think it's very instructive to be aware of the history of a very large, complex organization like ours, and how the big things and little things, and people have impacted the organization, and how that might influence the future, and how you might get things done now. I think those kinds of things are important, and so

Making Cancer History®

Interview Session: 03

Interview Date: November 11, 2011

that's my answer to your question.

Tacey Ann Rosolowski, PhD

[00:59:55]

Is there anything else that you'd like to add at this point?

S

Stephen P. Tomasovic, PhD

[01:00:00]

No, I don't think so. I think you've covered the ground pretty good. I'll be certainly happy if anything comes up in the future to add to anything that you have questions about, but no, I don't think so.

Tacey Ann Rosolowski, PhD

[01:00:21]

OK. Well thank you very much for your time this morning. It is --

Stephen P. Tomasovic, PhD

[01:00:24]

Sure. There's the meerkat picture, but I don't see the one that's animated. I know I've got that somewhere.

END OF AUDIO FILE