City of Hope®

2019 Annual Report


City of Hope

Message From the President and CEO

Dear Friends,

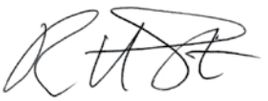
As a world-renowned independent biomedical research and treatment center for cancer and diabetes, City of Hope is setting the standards for precision oncology care, delivering impactful research discoveries, collaborating with industry and philanthropic partners, and influencing health care policy — to transform the future of health.

Our vision for the future embraces our 100-plus-year-old institution's legacy of serving humanity by advancing scientific and clinical research, and partnering with like-minded organizations to speed cures to patients. We aim to be at the center of eliminating cancer and diabetes, bringing the discoveries of tomorrow to people who need them today, collaborating through integrated networks of scientific innovation and deeply personalized care.

In these pages, you will read about our meaningful innovations in research, treatments and care. While we have demonstrated a steadfast commitment to finding cures through many strong programs and policies, in the end they do not discover cures — people do. We believe it is our people, the heart and soul of City of Hope, who are bringing forth a better tomorrow for everyone.

On behalf of our City of Hope community, thank you for your continued support.

Warmest regards,



Robert W. Stone

PRESIDENT AND CHIEF EXECUTIVE OFFICER
CITY OF HOPE

Our Mission

City of Hope is transforming the future of health. Every day we turn science into practical benefit. We turn hope into reality. We accomplish this through exquisite care, innovative research and vital education focused on eliminating cancer and diabetes.


THERE IS NO
PROFIT
IN CURING
THE
BODY
IF IN
THE
PROCESS
WE DESTROY
THE
SOUL

Points of Distinction

City of Hope by the Numbers

City of Hope treated more than

90,000

patients in 2019

City of Hope has completed more than

15,000

bone marrow transplants

City of Hope is home to more than

1,000

research investigators

City of Hope has completed more than

12,000

robotic surgeries

City of Hope had more than

990

scientific papers published in 2019

City of Hope holds more than

450

patents for technology invented here

City of Hope earned more than

$180 MILLION

in research grants in 2019


City of Hope

EXPANSION

No Holding Back

Duarte campus evolves and Orange County campus takes shape to better serve patients, visitors and staff.

Expanding Hope: Campus Plan Progress Report

After more than 100 years in Duarte, California, City of Hope's 116-acre campus is evolving through a $1 billion+ investment aimed at developing the "Cancer Campus of the Future."

City of Hope's board of directors unanimously approved the initial phase of the Campus Plan, which includes a new medical office building, the expansion of Hope Village, an outpatient radiology imaging center, a patient and visitor parking structure, a new outpatient center and the redesign of the Central Utility Plant to enhance daily operations and efficiencies, all on the Duarte campus.

These projects will all occur over the course of the next five years and are designed to expand our ability to serve patients and staff, improve access and convenience, enhance the patient experience and create a more sustainable and energy efficient campus.

NEW MEDICAL AND ADMINISTRATIVE LEADERSHIP PAVILION

Ground was broken on the new Medical and Administrative Leadership Pavilion last fall and staff are moving into the building in July 2020. The four-story facility brings together City of Hope physician-scientists and the executive leadership team under one roof to address today's most pressing issues in cancer prevention, treatment and care. It is comprised of approximately 160 new offices and 310 workstations, a cafe, and a 200-seat auditorium for meeting and research presentations.

The Pavilion will become a focal point on campus for visitors and collaborators. This prominent, sleek facility will be one of the first buildings people see when they enter City of Hope or pass by on the freeway.

Gold and Cal Green building standards influence nearly every detail — colors, textures, materials — and those same environmental and design standards will be used for future buildings.

Just a short walk from City of Hope's on-campus research facilities, the building will be physically connected by a bridge to the Michael Amini Transfusion Medicine Center and eventually the Duarte Outpatient Clinic, which will be located on the site where the Needleman, Wing IV and Machris buildings stand currently.

HOPE VILLAGE

In the coming months, City of Hope will begin construction on Hope Village, which will provide 147 extended stay rooms and suites for patients coming from a distance for treatment and for visiting faculty and guests. The renovation will expand our current hospitality capabilities by threefold to support patients and their families when they need to stay close to their care teams.

As the number of patients we see continues to increase — and as we are able to care for more people on an outpatient basis — we need a higher capacity, state-of-the-art facility that both addresses patients' medical needs and provides a comfortable place for rest and healing. In Hope Village, patients will be able to transition through their healing process in the company of loved ones. Here, they can remain close by until they reach the point that they are fully ready to return to their homes.

Hope Village will feature a limited-service restaurant/café, a patient-focused health and beauty boutique, a healing garden, a small fitness and spa treatment facility for guests, and office and reception spaces for our Center for International Medicine. While Hope Village and its amenities will not be open to the general public, a small portion of the rooms will be available to traveling medical professionals, visiting fellows and scholars, and distinguished guests.

As we begin building these incredible new facilities to serve our mission, there will be many changes and disruptions on the Duarte campus that will impact our staff and patients for both long and short periods of time. A regular communication plan and website will provide updates on the status of these exciting projects and also provide information on any disruptions or issues, including detours, parking changes and utility outages, etc., that may impact staff and patients.

The new Medical and Administrative Leadership Pavilion will house City of Hope physicians and members of the executive team.

City of Hope Reveals Vision for World-Class Cancer Care in Orange County

City of Hope has plans to invest $1 billion to develop and operate a comprehensive cancer campus and network of care in Orange County, bringing highly specialized cancer care, clinical trials, precision medicine and early detection to the nation's sixth most populous county.

The initiative is part of City of Hope's commitment to speeding pioneering treatments and scientific breakthroughs to the people who need them today.

Last year, City of Hope and FivePoint Holdings, LLC, the largest developer of mixed-use, master-planned communities in coastal California, announced their partnership to build a $200 million, 73,000-square-foot cancer facility in Irvine. The center, in FivePoint's Great Park Neighborhoods, was slated to open in 2025.

As planning progressed, FivePoint and City of Hope expanded their vision for the Great Park as a model community of the future with easily accessible world-class health and wellness as a core offering.

Now a space as big as the vision, the cancer campus on approximately 11 acres will include an existing building of approximately 190,000 square feet that will be a center of innovative cancer research and treatment. The cancer campus will bring highly specialized care, clinical trials, precision medicine and early detection closer to home.

In addition to the Irvine campus, City of Hope is developing a network of care throughout Orange County that will provide residents unprecedented access to leading-edge medicine. City of Hope | Newport Beach, the first location to open in Orange County, brings the latest in personalized therapies, highly specialized physicians and nationally recognized compassionate care to local communities. The 12,500-square-foot clinic is now home to a roster of physicians who possess unique cancer expertise, as well as an innovative precision, prevention and early detection program.

City of Hope officials cite several reasons for an expanded presence in the region. Nearly 20% of residents leave the area for advanced care, with many heading to City of Hope's main campus in Duarte — up to a two-hour commute away. And despite its reputation for healthy living, Orange County is not immune from the 1-in-3 national statistic for cancer incidence. In fact, the cancer incidence rate in the county is projected to increase by 18% over the next decade. Cancer risk increases with age, and the county's population is aging faster than the U.S. average.

"We've spent the last year listening intently to the people in Orange County, evaluating the services needed now and in the future, and identifying the gaps," said Annette M. Walker, president of City of Hope Orange County. "It became evident that we needed to bring our highly specialized treatments as soon as possible. We're delivering on our promise and opening our doors faster to alleviate the unnecessary hardships on patients and their families."

The new City of Hope Irvine cancer campus will include:

- Orange County's only specialty hospital dedicated solely to treating and curing cancer
- An outpatient center offering diagnostic imaging and screenings, precision medicine and early detection, medical oncology, chemotherapy, radiation therapy, surgical oncology and ambulatory surgery
- A clinical research center offering phase 1-3 clinical trials
- Personalized supportive care services that include palliative care physicians, psychiatrists, social workers and others who partner with patients and their families to address the many physical and emotional issues that can arise during and after treatment
- Access to a wide range of solid tumor and blood cancer specialists dedicated to finding the best treatments for each patient

"This is a time of great promise and innovation in cancer research and care, and we are bringing that excitement and expertise to Orange County," said Robert Stone, president and CEO of City of Hope. "City of Hope is dramatically expanding to provide a cancer network of unparalleled scale for this community."

City of Hope leaders and volunteers are engaging the philanthropic community to help make this vision a reality. Passionate volunteers and donors have helped fuel City of Hope's ability to deliver exceptional, compassionate care for more than a century. This continued support will be vital in helping City of Hope extend its powerful capabilities to improve the health and well-being of Orange County residents.

INNOVATION

The Team to Beat

We are changing the future of health by turning science into practical benefit.

Research Advances Treatment for Cutaneous Lymphoma, Leukemia

Some promising lines of research emerged in 2019, particularly for cutaneous T cell lymphoma (CTCL) and acute myeloid leukemia (AML). City of Hope received $7.5 million in grant awards from the National Cancer Institute (NCI) and The Leukemia & Lymphoma Society (LLS) to study CTCL, a rare type of blood cancer that affects the skin. The grants were awarded to Steven Rosen, M.D., and Christiane Querfeld, M.D., Ph.D., so that they can develop improved therapies for CTCL, a disfiguring, incurable cancer that affects about 3,000 new individuals each year. Rosen, the Irell & Manella Cancer Center Director's Distinguished Chair, and Querfeld, director of the Cutaneous Lymphoma Program, are approaching the problem from different angles in their respective laboratories.

Querfeld is using her grants to advance her clinical phase 1/2 trial looking at immune checkpoint PD1/PD-L1 inhibition. Her team is mapping the communication network among the disease's cellular, molecular and immunological microenvironment. Blocking or silencing certain communication networks could eliminate tumors or cancers, she said.

Rosen's NCI and LLS grant awards are being used to build the foundational knowledge scientists need to develop targeted drug therapies for people with CTCL. Specifically, he is looking at molecular regulators like p38γ, a protein kinase that is overexpressed in CTCL cells, but not in healthy immune T cells.

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An RNA-directed nucleoside analog called 8-chloro-adenosine may prove a promising target with a unique mechanism of action for patients with relapsed or refractory AML.

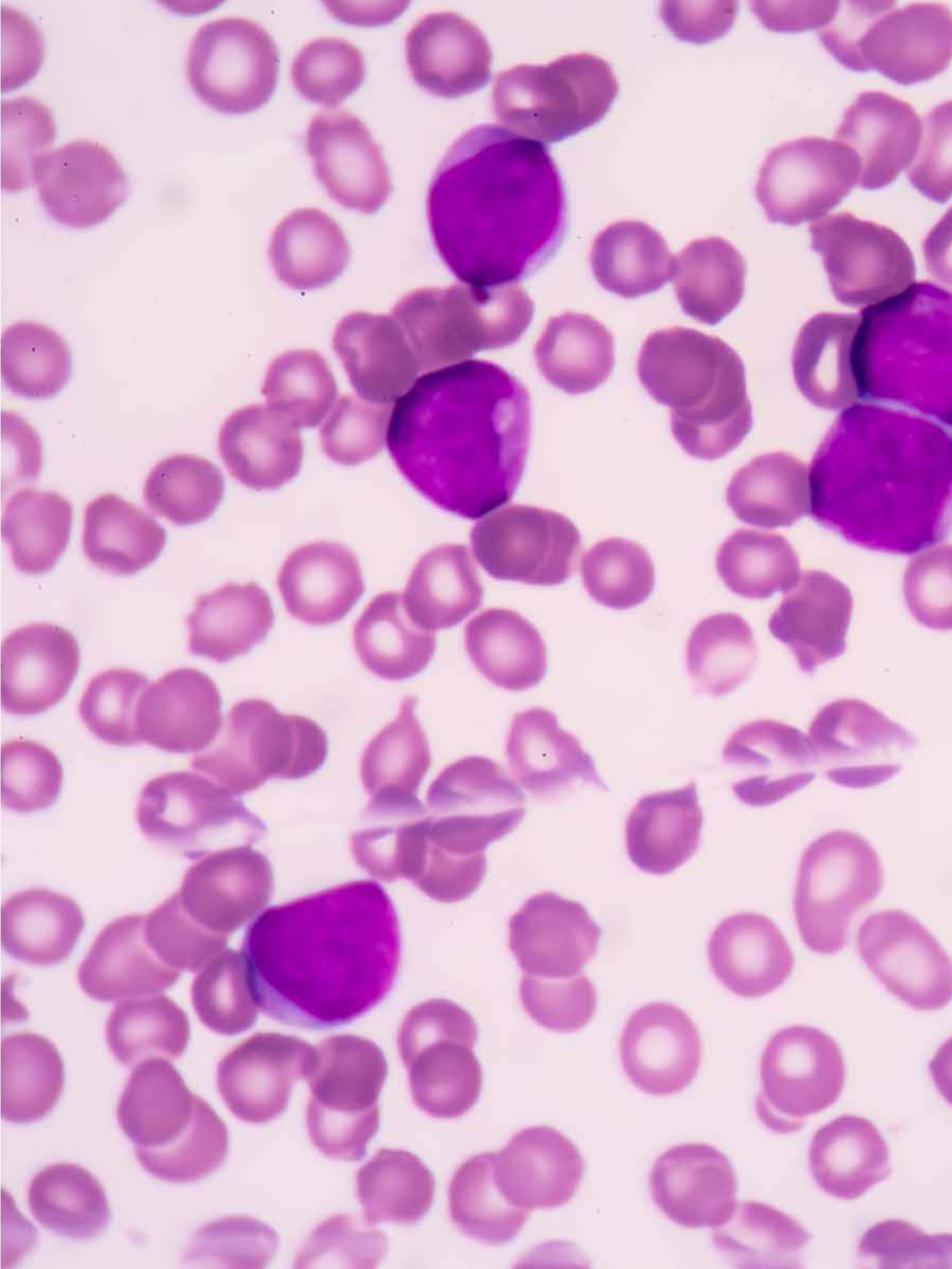
Only a minority of patients with AML are cured with currently available chemotherapy regimens. New drugs with novel mechanisms of action are urgently needed.

Previous activity of the drug has been demonstrated in a number of solid tumors and hematological malignancies, and now principal investigator Vinod Pullarkat, M.D., from City of Hope has opened the first-in-man investigation of the new therapeutic approach in poor-risk AML.

Unlike other nucleoside analogs used to treat AML, 8-chloro-adenosine inhibits RNA synthesis within AML cells in a dose-dependent manner. The unique RNA and ATP-targeting mechanism of action is first being evaluated in single-agent studies, with the potential for synergistic effects with Bcl-2 inhibitors in future research.

The phase 1/2 study is designed to find the most effective dose of 8-chloro-adenosine as a single agent. Patients eligible for the study have relapsed AML after failure on at least one line of salvage therapy or after allogeneic hematopoietic cell transplant. Other AML patients may qualify as well.

"8-Cl-Ado is a promising agent with a unique RNA and ATP-targeting mechanism of action, excellent toxicity profile and encouraging preclinical anti-leukemia activity in AML," according to Pullarkat. The new regimen may give encouragement to AML patients, particularly those who have exhausted other options.



Ancient Genes, New Treatments

Proteins with a long biological history could play a key role in metabolism.

Debbie Thurmond, Ph.D., studies proteins that have a long biological history.

"They're an old gene family, ancestral," said Thurmond, holder of City of Hope's Ruth B. & Robert K. Lanman Chair in Gene Regulation & Drug Discovery Research and member of The Wanek Family Project for Type 1 Diabetes. "They're in virtually every cell. Flies, worms and yeast all have them." Crucial to survival, the family of SNARE proteins are an essential part of the body's complex transport system, helping to regulate diverse biological processes.

Thurmond investigates the role that certain members of that family play in metabolism — research that has the potential to result in new therapies for type 1 diabetes. And what she and her colleagues learn has implications for treating type 2 diabetes as well.

PROVERBIAL SHIELD

For the cell biologist, it starts with the health of insulin-producing beta cells, found in mini-organs called islets located in the pancreas. In type 1 diabetes, the immune system kills off beta cells, and her research points to a way to defend them.

"In the context of type 1 diabetes, we're trying to keep the cells functioning, and we're trying to put a proverbial protective coating over them," said Thurmond, who also is founding chair of the Department of Molecular & Cellular Endocrinology and deputy director of the Diabetes & Metabolism Research Institute at City of Hope.

Thurmond's research group has found that one particular SNARE protein, called syntaxin 4 or STX4 for short, is suppressed in type 1 diabetes. Inversely, they also have identified STX4 as a factor that can preserve the body's own beta cells and deter the onset of the disease.

The team is pushing forward lab studies into technologies that use the protein's power in order to treat type 1 diabetes. Building on a potential gene therapy platform that could stimulate the body to produce STX4, they are working on a cellular therapy that interferes with signaling that suppresses the protein.

THE POWER OF COLLABORATION

Although the prospective therapies hold promise, Thurmond is aware that in type 1 diabetes, one must still contend with the autoimmune attack. So she has joined forces with Bart Roep, Ph.D., director of The Wanek Family Project, the Chan Soon-Shiong Shapiro Distinguished Chair in Diabetes, and professor and founding chair of the Department of Diabetes Immunology at City of Hope.

Together, the researchers are developing a combination treatment: Thurmond's technology for stimulating STX4 plus Roep's "immunosuppression-lite." (Strong suppression of the body's natural defenses would sabotage diabetes patients' ability to ward off dangerous microbes and other threats.)

"Short-term in the lab, we can protect beta cells from immune attack with my technologies," Thurmond said. "But when the immune system kicks into high gear, we're guessing it's probably going to be insufficient. Bart is really good at finding ways to 'negotiate with the immune system,' as he phrases it. The hope is that this will be a sustainable strategy for type 1 diabetes."

CROSSING OVER

Fortunately, Thurmond's approach also may provide an answer to type 2 diabetes, which is characterized by malfunctioning beta cells, as well as tissue in the body becoming insensitive to insulin.

"STX4 can resurrect a dying type 2 diabetic human islet," she said. "That's what I would consider a great therapeutic target."

Because STX4 and related proteins fulfill numerous roles within the body, they are sometimes referred to as "multitaskers." A second function of STX4 makes it especially promising for treating type 2 diabetes: It aids the body's skeletal muscles in absorbing sugar, helping to reverse insulin resistance.

A 2015 laboratory study by Thurmond and colleagues highlighted some eye-opening possibilities. The scientists altered mice to overexpress STX4 in both the pancreas and the muscles. The difference was dramatic. The mice showed neither damaging effects from a high-fat diet nor age-induced insulin resistance. Though they grayed and gained weight in old age, they stayed livelier and lived far longer than their peers in the control group.

"People looked at the gene we focused on and said, 'This has no implications in aging,'" Thurmond said. "But it does in metabolism. When you improve blood sugar control, you are improving aging."

Further experiments helped to tease out the positive effects of STX4's role in beta cells versus muscle cells.

"The answer is, it's both," she said. "That's why we work on multitaskers."

To go from discovery to application, Thurmond is seeking the best way to deliver STX4 in the body. With its numerous functions, the protein might have negative effects if overexpressed systemwide. Thurmond plans to run an expansive set of tests to see how STX4 affects a variety of different cell types. The answers she finds ultimately could bring good news to people who face type 2 diabetes.

"There's a lot of work to be done, but I'm very optimistic," she said.

Debbie Thurmond, Ph.D.

DETERMINATION

Reaching for the Stars

We continue to take bold steps toward a cure through innovative research and clinical trials.

CAR T Victory

CAR T cell therapy reportedly achieves complete remission in patients with acute lymphoblastic leukemia about 80% of the time; however, a large proportion of these patients have side effects such as cytokine release syndrome and neurotoxicity.

Samer Khaled, M.D., associate clinical professor in the Department of Hematology & Hematopoietic Cell Transplantation at City of Hope, said he may have found a CAR T product that is more potent and less toxic — a potential game-changer if the early results of his ongoing phase 1 clinical trial hold through future testing.

YOUR OWN WORST ENEMY

CAR T cell therapy, a kind of immunotherapy, involves removing a patient's T cells from his or her blood and adding a chimeric antigen receptor that is designed to seek out cancer cells. These engineered T cells are infused back into the patient's body using an IV, where they can kill cancer cells.

So far, the clinical trial has enrolled 16 patients with relapsed or refractory B cell acute lymphoblastic leukemia, a disease with poor survival rates. Investigators used a unique manufacturing platform developed at City of Hope that generates therapeutic cells from enriched memory and "naive T cells" — immune soldiers known for their capacity for long-term persistence.

Thirteen out of 13 patients evaluable for response received the treatment and are in complete remission, showing a 100% response rate with no significant increase in toxicity. One of those patients is Tyler Routh.

A SCARY DIAGNOSIS

In January 2014, Routh was diagnosed with acute lymphoblastic leukemia.

"I had some back pain that got progressively worse with weakening legs and numbness. Eventually, I could not get around without a cane, then within a week, I was using a walker and then couldn't get out of bed," Routh recalled.

"An ambulance took me to the emergency room, where I had an MRI. After that, I went into surgery to have a tumor removed from my spine. There was no guarantee that I would walk again, and I hadn't even been diagnosed with cancer yet. The tumor samples were sent to the lab, and that was where they found my diagnosis."

Routh underwent radiation and chemotherapy. He also tackled physical therapy and learned to walk again. Despite these challenges, he was pronounced cancer-free and went on with his life, only for the cancer to come back in 2016.

AN EXPERIMENT IN HOPE

"I had been cancer-free for almost two years. I was walking around healthy. Then I started experiencing some weird muscle spasms in my legs," Routh said. "I had relapsed and this time it was in the marrow."

Routh went through chemo again, but this time, it didn't work as well. That's when his care team began considering clinical trials. Like many patients, Routh was nervous about turning to clinical trials.

The idea that clinical trials are experimental treatments is prevalent, but it takes a great deal of work to get a treatment to the trial phase. For a drug to enter clinical trial, there has already been a tremendous amount of work. Every single Food and Drug Administration-approved drug used in the clinic was once in clinical trial at some point. And there are often benefits to joining clinical trials, which Routh was about to discover.

WAITING FOR GOOD NEWS

"There were talks of clinical trials, and those words scared me more than cancer and chemo did originally, but it led me to City of Hope.

"CAR T cell therapy was the new trial that seemed promising for my situation, and I fit the criteria perfectly," Routh recalled. "I was nervous at first to get used to a new, bigger hospital, but now it feels welcoming, like a second home. It's such a nice campus, with an amazing staff. The rooms in Helford Hospital are wonderful, and there is plenty of space to roam. I also liked that the meal service was all at my convenience rather than set times. I visit the koi pond every time I have an appointment."

In addition to feeling at ease at City of Hope, the efficacy of his CAR T treatments was also a pleasant surprise.

"I still haven't had sashimi, poke or oysters in over two years and I'm really hoping to get approval to eat that again from the doctor soon," Routh said.

Sushi aside, Routh's cancer battles have also resulted in some permanent nerve damage to his feet. He also struggles with the feeling that his life was placed on pause for a couple years. Overall, however, this experience has given him a positive outlook on life.

Tyler Routh, left, with his doctor, Samer Khaled, M.D. A clinical trial using CAR T cell therapy put Routh's leukemia into remission.

COMPASSION

The Reason Why

Getting tomorrow's treatments to the patients and families who need them today

Dreaming, Fighting, Hoping After Myeloma Diagnosis

"'We got your bone marrow back and there were so many cancer cells, they quit counting.'"

Donna McNutt remembers very little about the Easter day four years ago when she first found out she had cancer — except some stinging words from the oncologist.

"I think back now and it's almost like I'm watching a movie," said McNutt, who was 54 when she was diagnosed.

"I do remember this — I said, 'Could you tell me how long I have to live?' And the oncologist said, 'Well, I think I could buy you five years.'"

The doctor continued. McNutt's normal blood cell production had been choked off and overwhelmed by cancer — at least 85% of her marrow was myeloma. She also had calcium dumping into her bloodstream, failing kidneys and four broken ribs.

Pain had begun creeping into her midsection several weeks earlier. It sank deeper until her entire ribcage throbbed. At one point McNutt, on her mother's advice, wrapped herself in medicated arthritis patches. "It was almost comical how many I had on me," she said.

"For six weeks I walked around with dwindling ribs," said McNutt, now 58, who lives with her family in Laguna Beach, California. "I probably broke two at a time and even now I think, 'How did I walk around like that?'"

That sobering inventory — hypercalcemia (high blood calcium), renal problems, anemia and bone problems, also known by the acronym CRAB — reflects the typical symptoms of multiple myeloma. It is a relatively rare blood cancer, expected to affect about 32,000 people in 2019, according to the American Cancer Society.

McNutt was diagnosed with Stage 4 disease.

She languished in the hospital for several days following her diagnosis. "I looked like a bloated, broken 90-year-old woman," she said. "I couldn't even move. I was in so much pain."

McNutt's family — her husband, Jack, and her three children, Corbin, Hunter and Tatum — huddled close by. Her husband remembers how he felt when the oncologist put his wife's survival at five years.

"I remember thinking, 'I can't believe my wife has an expiration date all of a sudden,'" he said. "I mean, we never know when we're going to die, but to have an expiration date to say you are going to die."

McNutt's daughter, Tatum, who was then 15, felt sadness well up after her first hospital visit. Up to that point, no one had sat her down to fully explain things. All she knew was the worst-case scenario being painted on the internet. According to websites she read, the chances of her mom dying within six months were "10 out of 10."

After leaving the hospital, Tatum remembers feeling overwhelmed and anxious, like her world was crumbling. "My first thought was, 'I'm never having kids,'" said Tatum. "I told my boyfriend, 'I'm too afraid to have kids without my mom.'"

Around the same time, a piece of advice surfaced from the barrage coming from friends and family. A friend who was a cancer survivor spoke highly about a hematologist-oncologist and myeloma specialist at City of Hope who had treated her: Amrita Krishnan, M.D.

Jack McNutt made a mental note.

A day later, McNutt's oncologist in Orange County mentioned she was collaborating with Krishnan. It felt like an omen.

"It felt like we were in the right hands," said Jack McNutt. "After that, I made my decision for Donna and me."

McNutt arrived at City of Hope several weeks later. Soon afterward, she got a stem cell transplant, effectively killing off any visible trace of myeloma in her body.

Sitting in the family's cozy cottage in Laguna Beach on a rare stormy day in January 2017 — two years removed from her transplant — McNutt was philosophical about what she and other cancer patients refer to as "The Cancer Journey."

The storm whipping the outside of her home was, in some ways, a metaphor for the cancer that raged in her body and the impact it continued to have on the family. They will weather these storms — at least until a cure is found for myeloma.

Donna McNutt

The Science of Caring

Nursing staff adopts relationship-based care model

City of Hope is rolling out a program called relationship-based care, or RBC, which has been described as "a philosophy, an operational blueprint and a way of being." Its centerpiece is demonstrating verbal and nonverbal forms of caring toward patients.

Developed almost two decades ago, RBC is a proven method for improving safety, quality, the patient experience and employee engagement. While RBC is being adopted institution-wide, nursing is the first discipline to implement concepts in a "wave." Wave 1 units include both inpatient and outpatient staff. They have created a vision for care, and they are currently implementing action plans to make this vision a reality on their units.

"RBC focuses on three key relationships: care of self, care of colleagues, and care of patients and families," explained Mary Perrin, B.S.N., R.N., O.C.N., B.M.T.C.N., N.E.-B.C., clinical director of the ambulatory infusion department. "All three relationships are crucial in achieving its intended results: transformational leadership at all levels, increased staff engagement and retention, care outcomes exceeding benchmarks, increased operational efficiency and exceptional patient experience."

RBC puts the focus back on the needs of the patient and family. It considers the nurse and patient/family relationship the core of a healing environment. The cornerstones of RBC are caring and communication — making sure that in all interactions, patients are treated with compassion, dignity and respect.

For nurses and clinicians, the program is designed to bring joy back into the work they do. In RBC culture, structures, processes and relationships are designed to support every team member's ability to provide attuned, compassionate, high-quality care. This means that teams are reconnected with the purpose and meaning of their work, and take ownership for providing the best possible care and service. All members of the organization are valued for their contributions and supported in continuous learning and reaching their full potential.

"While keeping 'heart' and 'spirit' at its core, it is solid in its implementation structure," Perrin said. "All participants have clarity around concepts and purpose. Moreover, it has regularly scheduled status checks that keep staff on track with action plans. It reinforces the notion, 'Start where you are.'"

RBC uses appreciative inquiry so that an organization can identify "What is right about it?" and move on from there to reach its full potential. "Collegiality and collaboration are its cornerstones. Safety, quality and satisfaction are its products," Perrin said.

RBC comprises several fundamental assumptions, according to a January 2016 article in Nursing Management:

- The essence of caring is in authentic human connections.
- The heart of care delivery is the quality of relationships between patients, families and caregivers.
- A therapeutic relationship between the patient/family and a professional nurse is the core of safe, quality care.
- In order to care for others, one must have knowledge of oneself and practice self-care.
- Leaders must model and inspire ownership for care and excellence in service.
- Healthy work relationships create the conditions for caring and healing.
- Every person in the organization, no matter what role or pay scale, has a valuable contribution to make.
- Empowerment and ownership of work and practice are foundational to creating a deeply committed workforce.
- Culture transformation happens one relationship at a time.

On a practical level, some examples of RBC include centering yourself before entering a room with a patient, sitting at eye level to speak with patients, asking patients what their most important goals for care are, explaining procedures before performing them, providing reassurance, taking scheduled breaks to regroup, looking for ways to help co-workers before they ask and developing relationships with colleagues by participating in retreats.

"RBC is an exquisitely structured program," Perrin said. "We are so excited to roll it out here and see how it enhances our lives, the lives of our colleagues, and the lives of those who come to City of Hope for care and healing."

With relationship-based care, City of Hope nurses are putting the focus on the needs of the patient and family.


RN

New Hope

Lorna Rodriguez-Rodriguez, M.D., Ph.D.

For more than 30 years, Lorna Rodriguez-Rodriguez, M.D., Ph.D., has been a standout in gynecological oncology. Specializing in ovarian cancer, she has served as clinician, instructor and researcher at several of America's leading medical institutions. Her interest in medicine began when, as a child, she watched as doctors cared for her chronically ill brother. "I wanted to be one of them," she recalled, " I wanted to be both a scientist that would make discoveries and find new cures, and a physician who could alleviate the pain of illness."

Consistently rated one of "America's Top Doctors," Rodriguez-Rodriguez spent two decades leading the Gynecologic Oncology Department at Rutgers Cancer Institute of New Jersey.

A noted researcher, Rodriguez-Rodriguez is eagerly continuing her ovarian cancer investigations at City of Hope, which she calls "the perfect environment" that's home to "many amazing scientists and clinicians [with] similar goals about making discoveries to cure cancer."

Rodriguez-Rodriguez will provide oversight to the Markel-Friedman Accelerator Fund for Ovarian and Peritoneal Cancer.

Eileen P. Smith, M.D.

Eileen P. Smith, M.D., assumed the role of the Francis & Kathleen McNamara Distinguished Chair in Hematology and Hematopoietic Cell Transplantation at City of Hope late last year. She is also a clinical professor and associate director of the Clinical Research Program. In addition, Smith is medical director of the City of Hope Alpha Stem Cell Clinic.

Smith's focus on improving the transplantation process, coupled with her devotion to compassionate patient care, are what made her the ideal candidate to lead City of Hope's renowned Department of Hematology & Hematopoietic Cell Transplantation. Smith is the first woman to lead the department, which was led by Stephen Forman, M.D., for 32 years.

Smith began at City of Hope in 1988 as a fellow in medical oncology and bone marrow transplantation.

Smith received her medical degree from University of Southern California, where she also did a fellowship in hematology. She served in the National Health Service Corps and is active in PRIM&R: Public Responsibility in Medicine & Research.

Anna Wu, Ph.D.

Anna M. Wu, Ph.D., is professor and chair of the Department of Molecular Imaging & Therapy, professor in the Department of Radiation Oncology and co-director of the Center for Theranostic Studies within the Diabetes & Metabolism Research Institute at City of Hope. She also holds the title of research professor in the Department of Molecular and Medical Pharmacology at the David Geffen School of Medicine at UCLA. She is a past chair of the California Breast Cancer Research Council, and fellow and past president of the World Molecular Imaging Society.

Wu is the co-founder and chief scientific adviser to ImaginAb Inc., an L.A.-based startup that develops and commercializes engineered antibodies for clinical imaging in cancer and other diseases. Wu began her independent research career as an assistant research scientist at Beckman Research Institute of City of Hope and advanced to the position of professor of molecular biology in 2002. She received her bachelor's degree in biochemical sciences from Harvard University and a Ph.D. from Yale University in molecular biophysics and biochemistry.

Eileen P. Smith, M.D.

Lorna Rodriguez-Rodriguez, M.D., Ph.D.

Anna Wu, Ph.D.

Events

Celebrating with — and giving back to — our community is an important part of the City of Hope mission. Below are a few representative examples of the numerous events we hold on and off campus each year.

Rose Parade

For the 2019 Rose Parade theme, "The Melody of Life," City of Hope named its 47th float "Harmony of Hope." City of Hope fosters harmonious collaboration between different departments, academic disciplines, research efforts and physicians to speed scientific advances from the laboratory bench to the patient's bedside. Music plays an instrumental role in patients' lives and recovery. It helps them heal, brings them comfort and gives them a temporary reprieve from treatment side effects.

Walk for Hope

On Nov. 4, cancer survivors and supporters gathered to take part in City of Hope's annual Walk for Hope. Bob Chapek, chair of Disney Parks, Experiences and Consumer Products, served as event chair and led the more than $1 million campaign to benefit the fight against women's cancers. The 2K/5K walk took place on City of Hope's main campus in Duarte, California.

Songs of Hope

Songs of Hope is a unique evening honoring songwriters and composers, with live music and a silent auction. The event brings together more than 300 music industry celebrities and professionals, and to date has raised over $3.4 million for City of Hope.

43rd Bone Marrow Transplant Reunion

At City of Hope's 43rd annual Bone Marrow Transplant Reunion, held on May 10, an 8-year-old acute lymphoblastic leukemia patient, Zuleika Flores, had the opportunity to thank the donor who gave her a second chance at life. Also at the event, acute myeloid leukemia patient Leif Voeltz hugged the man who gave him a lifesaving donation, who came all the way from Germany.

Nursing Week

Each year, National Nurses Week is observed May 6 through 12, ending on the birthday of Florence Nightingale, the founder of modern nursing. This year, the theme for Nurses Week was "Nurses: Inspire, Innovate, Influence." To honor our nurses, who are the heart of City of Hope, we provided food, gifts, pampering and awards throughout the week to let each and every nurse know how much they are appreciated.

Clockwise from top left: The 2019 Rose Parade, Nursing Week, the 43rd Bone Marrow Transplant Reunion, Walk for Hope, Songs of Hope


Harmony of Hope


SONGS
OF
HOPE
Sony/ATV


Award

News of 2019

City of Hope was a familiar sight in the national media spotlight. These are a few of the City of Hope news stories that caught the attention of a nation.

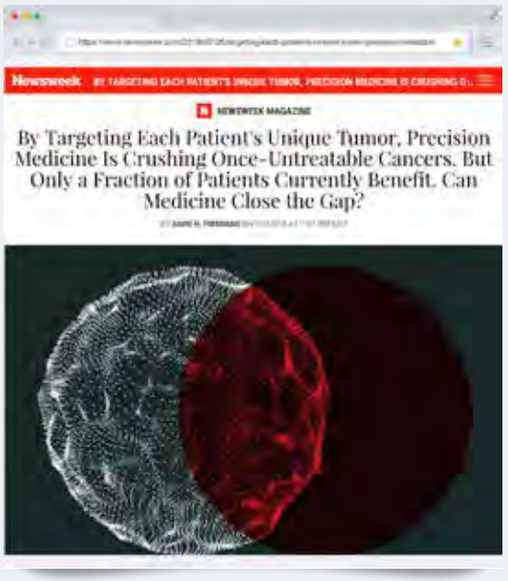
City of Hope was prominently featured in top-tier media when Beyoncé performed at the *Spirit of Life*® Gala, honoring music executive Jon Platt.

Los Angeles Times

Regional media covered City of Hope's $1 billion expansion to Orange County, where a new comprehensive cancer campus will be located.

Newsweek

Positioned at the forefront of precision medicine, City of Hope's genomic testing goal and commentary was included in this trending cover story.

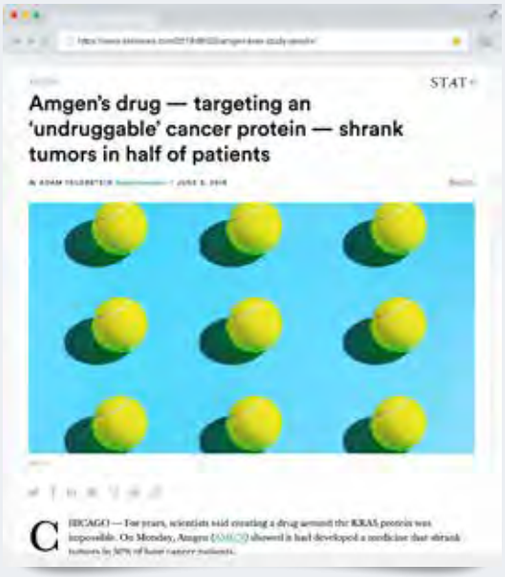


healthline

Highlighted in the most popular health media outlet, City of Hope researchers discussed the intersections of cancer and diabetes.

TheScientist

A world-renowned leader in CAR T cell therapy, City of Hope's move into solid tumor research earned the cover story of a premier science magazine.



STAT

City of Hope garnered national media attention for contributions to Amgen's AMG 510 drug candidate, used for the treatment of lung cancer.

Partners in HOPE

A DECADE OF IMPACT

Michael Amini Transfusion Medicine Center

City of Hope celebrated the 10th anniversary of the Michael Amini Transfusion Medicine Center in June 2019. A visionary gift from Michael Amini led the way for the construction of a new, centralized state-of-the art blood donation and cell processing facility that opened in 2009. The center is a hub for the activities associated with most cancer treatment and the cellular therapies underlying dozens of clinical trials. The impact of one man's gift continues to be felt as lives are transformed every day by the work being done at the Amini Center.

A DOCTOR AND A DONOR'S LEGACY

Deana and Steve Campbell Physician-in-Chief Distinguished Chair in Honor of Alexandra Levine, M.D.

Ten years ago, Deana Campbell learned she had lymphoma, the same disease that claimed her father's life. At City of Hope, Deana's doctor, Alexandra Levine, M.D., was a constant source of strength and courage. The comfort and healing she received inspired Deana and her husband, Steve, to establish the Deana and Steve Campbell Physician-in-Chief Distinguished Chair to attract future leaders like Dr. Levine. In 2019, City of Hope appointed its first chair, Michael A. Caligiuri, M.D., president of City of Hope National Medical Center. According to Deana, "Steve and I are thrilled that Dr. Caligiuri has joined the City of Hope community."

INVESTING IN HOPE

Nancy and Chuck Trudeau

When Chuck and Nancy Trudeau retired, they were looking for a way to make their lives simpler. And they were ready to give up their responsibilities after 40 years as landlords. That's why they made gifts of real estate funding two charitable remainder trusts benefiting City of Hope. Their gift provides financial support for the couple and benefits pediatric cancer research. The Trudeaus have a family history of cancer and they want to help eradicate it for good. "We must find a cure and City of Hope is our best chance," the couple says.

LET'S BE FRANK

Frank Di Bella

In 2011, Frank Di Bella was diagnosed with metastatic bladder cancer. Doctors gave him just a few months to live. But Di Bella went for a second opinion at City of Hope and began seeing Sumanta K. Pal, M.D. More than eight years later, Di Bella is thriving. In gratitude for the care and support he received at City of Hope, he established the annual "Let's Be Frank About Cancer" gala fundraiser in Orange County. This year's event brought in more than $1 million to support City of Hope and Pal's bladder cancer research. "Dr. Pal gave me hope and told me not to worry. He kept me alive. Now I'm going to spend my time helping him," he says. As an Orange County resident, Di Bella is thrilled City of Hope is now expanding to his home county.

GOING THE DISTANCE

Kandace McMenomy, Walk for Hope Patient Ambassador

Athlete Kandace McMenomy had just qualified for the Boston Marathon when she was diagnosed with breast cancer at age 30. After receiving treatment elsewhere, her cancer came back. That's when McMenomy came to City of Hope. Today, she remains in remission and cancer-free. "It is because of the discipline, determination and drive City of Hope has to treat and cure cancer that I am a survivor," she said. McMenomy is an active volunteer and served as a 2019 Walk for Hope Ambassador to show her gratitude. Thousands joined the 2019 Walk and raised nearly $1.6 million to help cure breast and gynecological cancers.

Kandace McMenomy, Walk for Hope Patient Ambassador

From left to right: Colony Abbott, Allan Abbott, Alexandra Levine, Michael Caligiuri, Chynna Campbell, Steve Campbell, Deana Campbell

Nancy and Chuck Trudeau

Frank Di Bella

$151.4 MILLION

The amount of money contributed by our generous partners in 2019

From left to right: Sahar Amini, Iman Amini, Nafice Amini, Lily Amini, Michael Amini, Bauhaur Amini, Martin Ploy, Jane Seymour, Robert Stone, Vijay Trisal, M.D.

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As City of Hope grows, globally renowned physicians and researchers join our ranks.

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SELECTED FINANCIALS

CITY OF HOPE AND AFFILIATES COMBINED STATEMENTS OF FINANCIAL POSITION SEPTEMBER 30, 2019 AND 2018

amounts in thousands

CURRENT ASSETS:	**2019**	**2018**
Cash and cash equivalents	$238,535	$377,571
Investments	1,927,425	1,526,106
Self-insurance trust funds	3,418	3,765
Patient accounts receivable,net (less allowances for uncollectible accounts of $10,916 in 2018)	235,989	238,384
Grants and other receivables	158,176	95,981
Due from third-party payors	—	342
Donor restricted unconditional promises to give, net	24,449	18,576
Prepaid and other	47,151	39,105
Total current assets	**2,635,143**	**2,299,830**
PROPERTY AND EQUIPMENT, NET	**977,718**	**930,236**
OTHER ASSETS:		
Investments held for long-term purposes	237,564	302,822
Board designated assets	895,110	884,127
Bond trust funds	380,242	—
With donor restrictions:		
Investments	557,136	518,251
Unconditional promises to give, net	45,587	60,741
Contributions receivable from annuity and split-interest agreements, net	15,716	13,182
Other	3,565	9,452
Intangible assets	10,038	10,667
Goodwill	53,160	59,067
Other long-term assets	58,657	47,428
Total other assets	**2,256,775**	**1,905,737**
TOTAL ASSETS	**$5,869,636**	**$5,135,803**
CURRENT LIABILITIES:		
Accounts payable and other accrued liabilities	$198,081	$150,553
Accrued salaries, wages and employee benefits	107,833	87,473
Long-term debt, current portion	13,492	13,051
Deferred revenue	28,781	28,404
Due to third-party payors	25,675	—
Total current liabilities	**373,862**	**279,481**
LONG-TERM DEBT, net of current portion	**1,373,657**	**1,003,810**
ANNUITY AND SPLIT-INTEREST AGREEMENT OBLIGATIONS	**19,068**	**20,464**
Deferred rent	5,904	10,146
Interest rate swaps	19,489	6,549
Other	57,113	60,115
Total liabilities	**1,849,093**	**1,380,565**
NET ASSETS:		
Without donor restrictions:		
Controlling interests	3,363,779	3,127,206
Noncontrolling interest	32,298	35,100
With donor restrictions	624,466	592,932
Total net assets	**4,020,543**	**3,755,238**
TOTAL LIABILITIES AND NET ASSETS	**$5,869,636**	**$5,135,803**

SELECTED FINANCIALS

CITY OF HOPE AND AFFILIATES COMBINED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED SEPTEMBER 30, 2019

amounts in thousands

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES, GAINS AND OTHER SUPPORT:			
Net patient service revenues	$1,555,575	—	$1,555,575
Research grants, contracts and clinical trials	169,314	—	169,314
Contributions	59,250	92,178	151,428
Investment income	206,678	33,324	240,002
Net unrealized loss on investments	(136,280)	(14,190)	(150,470)
Royalty and licensing revenue	384,514	—	384,514
Other revenue	56,458	79	56,537
Total revenues and gains	**2,295,509**	**111,391**	**2,406,900**
Net assets released from restrictions	**79,237**	**(79,237)**	—
TOTAL REVENUES, GAINS AND OTHER SUPPORT	**2,374,746**	**32,154**	**2,406,900**
EXPENSES:			
Salaries, wages and employee benefits	826,095	—	826,095
Purchased services and professional fees	465,792	—	465,792
Supplies and pharmaceuticals	514,663	—	514,663
Royalty sharing	118,445	—	118,445
Interest, including changes in fair value of swap agreements	59,888	—	59,888
Depreciation and amortization	140,306	—	140,306
Hospital provider fee	15,735	—	15,735
Other expense	85,158	620	85,778
TOTAL EXPENSES	**2,226,082**	**620**	**2,226,702**
Excess of revenues, gains and other support over expenses	148,664	31,534	180,198
Distribution to noncontrolling interest	(2,037)	—	(2,037)
Cumulative changes in net assets from adoption of new accounting standards	87,144	—	87,144
Changes in net assets	**233,771**	**31,534**	**265,305**
NET ASSETS, BEGINNING OF YEAR	**3,162,306**	**592,932**	**3,755,238**
NET ASSETS, END OF YEAR	**3,396,077**	**624,466**	**4,020,543**

SELECTED FINANCIALS

CITY OF HOPE AND AFFILIATES COMBINED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED SEPTEMBER 30, 2018

amounts in thousands

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES, GAINS AND OTHER SUPPORT:			
Net patient service revenues	$1,375,498	—	$1,375,498
Research grants, contracts and clinical trials	152,821	—	152,821
Contributions	76,740	86,475	163,215
Investment income	166,039	18,273	184,312
Net unrealized gain on investments	20,794	6,473	27,267
Royalty and licensing revenue	500,370	—	500,370
Other revenue	44,283	283	44,566
Total revenues and gains	**2,336,545**	**111,504**	**2,448,049**
Net assets released from restrictions	**62,564**	**(62,564)**	—
TOTAL REVENUES, GAINS AND OTHER SUPPORT	**2,399,109**	**48,940**	**2,448,049**
EXPENSES:			
Salaries, wages and employee benefits	740,439	—	740,439
Purchased services and professional fees	451,739	—	451,739
Supplies and pharmaceuticals	424,740	—	424,740
Royalty sharing	155,376	—	155,376
Interest, including changes in fair value of swap agreements	32,535	—	32,535
Depreciation and amortization	126,298	—	126,298
Hospital provider fee	40,836	—	40,836
Other expense	91,189	—	91,189
TOTAL EXPENSES	**2,063,152**	—	**2,063,152**
Excess of revenues, gains and other support over expenses	335,957	48,940	384,897
Contributed capital noncontrolling interest	34,911	—	34,911
Cumulative changes in net assets from adoption of new accounting standards	2,945	(2,945)	—
Changes in net assets	**373,813**	**45,995**	**419,808**
NET ASSETS, BEGINNING OF YEAR	**2,788,493**	**546,937**	**3,335,430**
NET ASSETS, END OF YEAR	**3,162,306**	**592,932**	**3,755,238**

SELECTED FINANCIALS

CITY OF HOPE AND AFFILIATES COMBINED STATEMENTS OF CASH FLOW FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018

amounts in thousands

	2019	2018
Operating Activities:		
Changes in net assets	**$265,305**	**$419,808**
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Depreciation and amortization	140,306	126,298
Amortization of bond cost, discount and premium	(1,604)	(1,313)
Contributed capital, noncontrolling interest	—	(34,911)
Distribution to noncontrolling interest	2,037	—
Provision for bad debt	—	8,481
Net unrealized loss (gain) on investments	150,470	(27,267)
Change in fair value of interest rate swaps	12,940	(3,718)
Contribution proceeds restricted for endowment	(13,430)	(20,193)
Other	96	(3,646)
Changes in assets and liabilities:		
Patient accounts receivable, net	2,395	(324)
Grants and other receivables	(62,195)	(35,569)
Unconditional promises to give, net	9,281	24,118
Contributions receivable from annuity and split-interest agreements	(2,534)	441
Other assets	(13,670)	(2,351)
Accounts payable and accrued liabilities	40,513	(51,897)
Accrued salaries, wages and employee benefits	20,361	18,690
Annuity and split-interest agreement obligations	(1,396)	1,884
Other liabilities	30,040	9,078
Net cash provided by operating activities before net purchases of trading investments	**578,915**	**427,609**
Net purchases of trading investments	**(944,560)**	**(509,622)**
Net cash used in operating activities	**(365,645)**	**(82,013)**
INVESTING ACTIVITIES:		
Increase in notes receivable	(150)	(194)
Additions to property and equipment	(180,919)	(110,085)
Cash paid to SCRO noncontrolling interest	—	(23,494)
Proceeds from sale of contributed real property held for sale	407	3,121
Net sales of alternative investments	28,263	73,026
Net cash used in investing activities	**(152,399)**	**(57,626)**
FINANCING ACTIVITIES:		
Proceeds from long-term debt borrowing, net	$382,660	298,555
Principal payments on long-term debt	(13,740)	(15,350)
Bond issuance costs	(1,305)	(1,057)
Working capital contribution, noncontrolling interest	—	2,802
Distribution to noncontrolling interest	(2,037)	—
Contribution proceeds restricted for endowment	13,430	20,193
Net cash provided by financing activities	**379,008**	**305,143**
Net (decrease) increase in cash and cash equivalents	(139,036)	165,504
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	**377,571**	**212,067**
CASH AND CASH EQUIVALENTS, END OF YEAR	**238,535**	**377,571**
Supplemental disclosure of cash flow information		
Interest paid during the year (net of capitalized interest)	46,324	36,752
Supplemental disclosure of noncash activity		
Assets constructed by landlord	—	10,891
Capital lease obligation	4,278	48,045
Additions to property and equipment included in accountspayable and accrued liabilities	25,932	45,088
Noncash consideration from noncontrolling interest	—	32,110

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CityofHope.org

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