Oliver Bogler, PhD

Interview Session One: November 10, 2014

About transcription and the transcript

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards).

The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [ ].

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Chapter 00A
Interview Identifier

Tacey Ann Rosolowski, PhD
00:00:00

And we are rolling. I’m Tacey Ann Rosolowski interviewing Dr. Oliver Bogler for the Making Cancer History Voices Oral History Project run by the Historical Resources Center at the Research Medical Library at MD Anderson Cancer Center in Houston, Texas.

Dr. Bogler came to MD Anderson in 2005. He joined the faculty in the Department of Neurosurgery and served as Director of Basic Research in that department. He also served as Director of Research at the Brain Tumor Center. More recently, Dr. Bogler has served as Vice President of Global Academic Programs since 2010 and occupied the role of Senior Vice President for Academic Affairs since 2011.

This interview is being conducted in Dr. Bogler’s office in Academic Affairs in the Mid-Main Building, and this is the first of two planned interview sessions. Today is November 10th, 2014,
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and the time is 2:59. And I just wanted to specify that in addition to background, the conversations that we’re going to have are going to be a little more focused than usual. We’re going to focus on Dr. Bogler’s work in Global Academic Programs and his experience as a patient here at MD Anderson, though, of course, that doesn’t prevent us from traveling in all sorts of other areas should they be appropriate.

Oliver Bogler, PhD
00:01:27
Okay. Sounds good.

Tacey Ann Rosolowski, PhD
00:01:28
So thank you very much for agreeing to participate.

Oliver Bogler, PhD
00:01:30
Thank you. It’s a great opportunity.

Tacey Ann Rosolowski, PhD
00:01:31
It is, yeah. I’m excited about this.

And I wanted to say that you’ve also been part of the Historical Resources Center Steering Committee for the project, so you have another perspective on the purpose of this project.

Oliver Bogler, PhD
00:01:40
I wasn’t involved in selecting who gets to be interviewed. [laughs]

Tacey Ann Rosolowski, PhD
00:01:48
No, no, no, no, you were not. That’s an important thing to mention, yes. [laughs]
Chapter 01
A: Educational Path
A Stimulating International Education with a Focus on Science

Story Codes
A: Personal Background
A: Character, Values, Beliefs, Talents
A: Inspirations to Practice Science/Medicine
A: Influences from People and Life Experiences
C: Discovery, Creativity and Innovation
D: Cultural/Social Influences

Tacey Ann Rosolowski, PhD
00:01:54
Well, I wanted to start in the traditional way, which is to ask you where you were born and when, and tell me a little bit about where you grew up.

Oliver Bogler, PhD
00:02:07
Sure. So I was born in a small town in Germany called Bühl, which is B-ü-h-l, actually with two dots over the u, which is in the Black Forest. It was in July of 1966. And I’m German. I’m still a German citizen today. I have a permanent residency card. I’ve been in the States now for over twenty years. I grew up in Germany, went to the Frankfurt International School, which is an international baccalaureate school on the American model, and many of the teachers were from the United States, also from the U.K., and the kids were from Germany, England, and all kinds of different areas, because Frankfurt’s a very international city, you know, big banking center.

Tacey Ann Rosolowski, PhD
00:02:57
Why did you go to that school?

Oliver Bogler, PhD
00:02:58
So the reason I went to that school is my parents wanted my brother and me to be bilingual. My father had grown up in New York during the war. He and his mother were political refugees during the Nazi times. So he grew up as a fan of the Brooklyn Dodgers and very Americanophilic, and so they sent us to this school so that we would essentially learn English as a native language. So from kindergarten on, I spoke English. In fact, even younger when I was two, we had lived in Michigan for a year. I don’t have much memory of that, but my father worked for Dow Chemical, so we lived in Midland for a year. He was in the personnel
department with Dow, and so that was part of their career structure for him. So apparently my first words were actually English at that age, but—

*Tacey Ann Rosolowski, PhD*

00:03:51
Your parents must have been delighted.

*Oliver Bogler, PhD*

00:03:53
Yes. So then, yes, I went to this school, and it was actually a great school. It certainly engendered the joy of learning in the U.S. style.

*Tacey Ann Rosolowski, PhD*

00:04:02
How would you characterize the U.S. style in comparison with the German model of education?

*Oliver Bogler, PhD*

00:04:08
Just much more open and flexible and more focused on making learning enjoyable, and creativity and fostering the individual child. So I’ve never been in the German system, but, of course, I had friends who were, and my parents, of course, talked to their friends and colleagues, and so the German system was certainly at the time a bit more about fitting in.

*Tacey Ann Rosolowski, PhD*

00:04:30
Do you consider yourself a creative person?

*Oliver Bogler, PhD*

00:04:32
Yes, I do.

*Tacey Ann Rosolowski, PhD*

00:04:34
How so?

*Oliver Bogler, PhD*

00:04:35
How so? (laughs)
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Tacey Ann Rosolowski, PhD
00:04:37
How does your creativity express itself?

Oliver Bogler, PhD
00:04:39
Wow. Okay. Let’s cut straight to the chase. (laughs) I don’t know. I mean, I’ve always had a creative side to me. I’ve never been a pure scientist, a pure analytical person. I do the usual kinds of creative or common types of creative activities. I do photography and things like that. More recently, I’ve been doing some artwork related to my patient experience. I can tell you about that later, but that’s getting very personal very quickly. (laughs)

Tacey Ann Rosolowski, PhD
00:05:08
All right. Well, that’s certainly fair enough. (laughs)

Oliver Bogler, PhD
00:05:10
But I’ve always sort of enjoyed art and creativity and so on. It’s always been part of my, I guess, my passions.

Tacey Ann Rosolowski, PhD
00:05:19
But let me ask you another question. Because when I asked about creativity, you immediately kind of drew a boundary between that and your scientific activity. Is there a way in which your scientific and administrative activity also draw on your creative capacities?

Oliver Bogler, PhD
00:05:35
Sure, absolutely, and, yeah, and you make an interesting point. No, absolutely. Obviously science is also a creative activity, and I feel like the work that I did had creative aspects to it. I was trying to think of new ways of doing things, and I wasn’t profoundly creative in the sense that some people invent whole new technologies and things like that, but I felt like I was trying to make creative contributions. And certainly in my administrative role also I feel the analytical is combined with some different ways of looking at things and just moving things into new areas, particularly trying to bring actually some scientific thinking into some of my administrative roles—
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**Tacey Ann Rosolowski, PhD**
00:06:16
Oh, that’s interesting.

**Oliver Bogler, PhD**
00:06:16
—and some data-driven approaches and things like that. So that’s definitely been something that’s kept me interested and engaged, because, you know, some of what you do in an administrative role, some of it is fairly transactional. So I think for me to be happy, I need to blend some of those things.

**Tacey Ann Rosolowski, PhD**
00:06:33
Interesting. Is there anything about those experiences in the International School when you were young that kind of helped track you into that way of thinking about bringing fields together, you know, crossing methods over boundaries?

**Oliver Bogler, PhD**
00:06:48
I think so. I mean, it’s hard to know, I was still very young there, but I guess what I really took from that school largely was just the pleasure in lifelong learning. So I think that was very much something that was fostered there, and it just made it very enjoyable.

Now, when I turned twelve, my parents sent my brother and me to England to go to school, so I went to what the English call a public school, which is a private boarding school, and that was quite a culture change.

**Tacey Ann Rosolowski, PhD**
00:07:19
Tell me about that.

**Oliver Bogler, PhD**
00:07:21
FIS, the Frankfurt International School, was a multicultural, you know, both-gender school and people from all different walks of life, and then the school I went to in England was, first of all, only a boys’ school at the time. Since then it also takes girls now, but it didn’t then. And it was a very sort of monocultural school. It was a really good school. The academics were outstanding. It was a middle-class school, actually. It was built by the grocers of London for the sons and daughters of the professional class. Well, daughters now, sons at the time.
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*Tacey Ann Rosolowski, PhD*

00:07:58

What was the name of the school?

*Oliver Bogler, PhD*

00:07:59

It’s called Oundle, O-u-n-d-l-e. It’s in a small town in Northamptonshire, about 100 miles north of London.

*Tacey Ann Rosolowski, PhD*

00:08:08

Why did they want to send you to boarding school, and why that school in particular?

*Oliver Bogler, PhD*

00:08:12

So that was interesting. I think my father got the idea from his colleagues. By this time, he was no longer working for a big company. He had changed tracks a little bit. He was a management consultant and he worked for a European partnership. So he had partners all over Europe and some of them in the U.K. They were exchanging notes, and so a lot of his partners in the U.K. were beginning to send their kids to these schools. My father, himself, had boarded when he was in New York during the war and was sort of amenable to that. My parents tell me when they were very young and dating, my mother was in England learning English there, and my father went over to visit her, and they took this trip and they went to Cambridge. So they told me, they had this amazing afternoon there, and they said, “One day, one of our children will go here.”

So the school that they selected was the school that regularly sent kids to Oxford and Cambridge, and I actually ended up going to Cambridge. My brother went to Oxford. So this is all part of their ideal of getting their kids a good education. The way we selected it was when I was about ten, I think, we had a summer vacation in England, and as part of the summer vacation driving around—of course, you can drive there from Germany—we stopped off at four or five different schools and interviewed them and they interviewed us, and we sort of took a look.

The one my parents ended up selecting was the one that I went to. So it was a good fit for us because some of the schools, some of these sort of schools are very sort of class-conscious. Eaton and Harrow is really schools for the upper-class, frankly, and we were solid middle-class kinds of people. So I think they correctly assessed that was a good fit for us, plus the education there was first-rate, the science in particular was outstanding, which gave me great pleasure and a good start.
Tacey Ann Rosolowski, PhD
00:10:10
Now, you said your parents really made the decision. Where was your voice in all of that?

Oliver Bogler, PhD
00:10:16
Yeah, we were there. (laughter) I don’t remember being asked that much. I mean, my brother and I were there on the trip, of course, and we were just—I don’t think we—certainly I—my brother’s a year older than me. I’m not sure I completely realized what was going on. I mean, I realized obviously it wasn’t a secret. They were telling me, “We’re looking at these schools and we’re thinking of sending you to one of these schools,” but I don’t think what it really meant sunk in. We did feel most at home in Oundle. Some of the other schools that we visited were—it’s just a feeling sort of thing.

Then there was, by coincidence, one of the people we interviewed, the school’s divided into houses and the kids go into the houses, and the wife of one of the housemasters was German. So we all felt that this might be potentially a strength. At least she would understand the cultural—you know, [unclear] we spoke perfect English with American accents, notably something that changed pretty quickly once we got there. (laughter)

Tacey Ann Rosolowski, PhD
00:11:09
I imagine.

Oliver Bogler, PhD
00:11:11
Nonetheless, my parents felt this was a value, and that was helpful. I mean, there times when we had to—it took us a while to adjust, so we had to—you know, so that was good. But, yeah, so that was—and then I stayed there through my high school years and then stayed through my PhD, in fact, in the U.K.

Tacey Ann Rosolowski, PhD
00:11:30
Let me ask you a couple questions. I neglected to ask your parents’ names.

Oliver Bogler, PhD
00:11:34
Oh. So my father’s name is Helmut. They’re very German names. And my mother’s name is Helga. So, yeah.
Tacey Ann Rosolowski, PhD
00:11:42
Okay. And the other question I wanted to ask is when—and your brother’s name?

Oliver Bogler, PhD
00:11:49
Daniel.

Tacey Ann Rosolowski, PhD
00:11:49
Daniel. The other question I wanted to ask is when did you know that you were going to end up tracking into the sciences?

Oliver Bogler, PhD
00:12:01
Pretty much when I was twelve, I have to tell you. I knew I wanted to be a biologist because biology was just always the thing that interested me the most. It fascinated me. I found the mechanisms that I was learning really interesting.

I have to say Oundle was a fantastic place for biology, and the other sciences too. I mean, I was much more drawn to that. I remember the physics also being excellent. Chemistry I always struggled with a bit. But the teachers were so passionate and they were just so—and actually, they were excellent teachers. I remember one of my biology teachers in the summer months when there were no kids around, he would do bird projects, birdwatching projects, and he would publish letters to Nature for a summer project. So these were some pretty smart people, and there were lots of resources, and just the way they taught it was just very interesting. So that, to me, was the most interesting thing because there were these mechanisms that you could learn about the biochemistry.

I went to Oundle in ’78, so this the early eighties, pretty much, late seventies, so it’s not like it is today. I was just looking at my son. My son is twelve at the moment. I was looking at his homework yesterday and they’re doing evolution. And I was just amazed, there was this two-page worksheet he was doing, and it had everything in there from punctuated equilibrium to gradualism, I mean, you know, amazing stuff. And it just gave me sort of this culture shock to think, wow, when I was his age, we didn’t even know what—punctuated equilibrium hadn’t been put forward as a theory yet. So, science moves so quickly.

But I remember at the time just my imagination was fired up because you could learn a concept and it would give you insight into your environment, and that came to me most naturally in
biology, physics as well, but I think physics then becomes very quickly very mathematical, and I had adequate mathematics for my research work, but I’m by no means a mathematician. I know my limits. So biology was really my calling, and I just wanted to do biology.

_Tacey Ann Rosolowski, PhD_
00:14:13
Now, when you say “mechanisms,” are you speaking about kind of macro mechanisms of evolution, or were you kind of—

_Oliver Bogler, PhD_
00:14:20
I was always more—

_Tacey Ann Rosolowski, PhD_
00:14:21
—more looking into the body at that point?

_Oliver Bogler, PhD_
00:14:23
Actually, I was really mostly interested in the cell level, so sort of translation, DNA. I thought DNA replication was just amazing, the structure, you know, the connection between the DNA structure and its function.

I remember there was a book published around this time, actually—I think it must have been around ’78 or something—by a scientific journalist called Jeremy Cherfas, C-h-e-r-f-a-s, and I think he still writes now, and I think it was called something like Genetic Engineering. This was the first, the very first experiments were being done with restriction enzymes and people were cutting genes out of plasmids and putting in [unclear] plasmids. This stuff just really—I thought this was so interesting because I just loved the way the enzymes recognized a specific sequence and cut in a particular place, and then you could move pieces of DNA around. I thought translation and all these things—it was just fascinating. So I was really always kind of focused at the molecular level. I don’t think we talked really about molecular biology yet at that time, and, in fact, in my undergrads, I ended up specializing in biochemistry, which is where all the molecular biologists were, but no one called them—there was no department in molecular biology. That was still—

_Tacey Ann Rosolowski, PhD_
00:15:39
Being created.
Oliver Bogler, PhD  
00:15:39  
It was basically disrupting biochemistry and taking over biochemistry. (laughs) But, yes, so it was really at that level. I mean, organismal-level stuff is cool, too, and I like evolution as a theory as well, but it was really the sort of little molecular machines that I find really interesting.

Tacey Ann Rosolowski, PhD  
00:15:57  
I often ask interview subjects this question. Do you see these mechanisms in your mind visually?

Oliver Bogler, PhD  
00:16:05  
Sure. Yeah, yeah.

Tacey Ann Rosolowski, PhD  
00:16:06  
Okay. So you’re a visual thinker.

Oliver Bogler, PhD  
00:16:07  
Very visual, yeah.

Tacey Ann Rosolowski, PhD  
00:16:09  
Yeah. Some people don’t know what that means, you know. (laughs) So they’re probably not. But you know exactly what that means. And that helps you?

Oliver Bogler, PhD  
00:16:16  
Yeah, yeah.

Tacey Ann Rosolowski, PhD  
00:16:17  
I mean, it’s essential? I mean, you could turn things around in your mind and kind of see them all coming together and working?

Oliver Bogler, PhD  
00:16:21  
Yeah, absolutely. And I think that’s exactly what I mean. It was those inner pictures that really
made me want to do that stuff. Yeah, I mean, I’m not a great graphic artist, I’m not a graphic artist at all, but I wish I was because the things in my mind, I can see them there.

Tacey Ann Rosolowski, PhD
00:16:41
Mm-hmm. Mm-hmm. Well, I’m sure that also enables you to gain insight into the mechanisms that you’re investigating and may be a source of creativity as well.

Oliver Bogler, PhD
00:16:53
Right, right. When I was doing the science, I would—in fact, often when I wrote reviews or even sometimes primary research papers, I would draw the cartoons and the figures with Illustrator or something like that. That’s not exactly art, but I have a very visual—yeah, very visual imagination.

Tacey Ann Rosolowski, PhD
00:17:15
Mm-hmm. It’s a tool that you use, yeah, absolutely, yeah. Me, too, so I get that. (laughs)
Chapter 02
A: Educational Path
Some Challenges of Boarding School; A Black Sheep Scientist in the Family

Story Codes
A: Personal Background
A: Character, Values, Beliefs, Talents
A: Inspirations to Practice Science/Medicine
A: Influences from People and Life Experiences
D: Cultural/Social Influences

Tacey Ann Rosolowski, PhD
00:17:21
So how did that evolve? At twelve you go to the U.K. You said that was a really culture shock. So tell me about that process and then about the educational experience you had.

Oliver Bogler, PhD
00:17:31
Yeah, so, I mean, the culture shock was mostly that suddenly I was in a very—going from living at home, going to this very open, American-style celebrating diversity kind of, even in those days, environment, to this monocultural situation. You know, I was wearing a jacket and tie and there were all kinds of rules, and everybody had to—it was very rigid. It was a very rigid sort of lifestyle and regimented and all kinds of stuff that you had to do, and it was culturally very different. I mean, I changed my accent very quickly, and now it sort of swings around in the middle as some people confuse me—they don’t always know where I come from. But depending what I talk about can influence my accent as well, so if I go to England and drink a few glasses of beer, I plum right up. (laughter)

But it was a difficult time because I was still pretty young. Now, most of the kids who went to Oundle had already boarded in their preschool, in their preparatory school, which is what the English call the school before the public school, so some of them had been boarding since they were six, so for them it was old hat.

One of the other reasons we selected this school is that the main school started at thirteen, and my brother went straight into the main school, into what’s called the third form in the U.K., and I went into the second form. This school had a junior house where they had first formers and second formers, which is fairly unusual, but it made it possible for us to go to the school at the same time.
Now, initially, for that first year, I was in a separate house at the other end of the little village, and then I joined my brother’s house when I joined thirteen. But that group in that little house is called the Berrystead. Almost all the kids had started there when they were eleven, so they’d already been together for a year, and I sort of came in as this new person, and then I spoke different and I didn’t know really what was what. I had no idea what was going on, so it was a little hard, and they were a little mean to me, I think like kids generally are when there’s a new person coming.

There was one fellow who they appointed to be my—you know, sort of take care of me. He was an interesting—he was my age and he had Danish—I think he was half Danish and his father, he had grown up in Hong Kong or so on, so he had a multicultural background, he spoke some German and stuff. So I did make some friends pretty quickly, and I fit in all right. You just do what you do, which is you immediately camouflage yourself with all the things that you can. So as I said, my accent changed and I became very interested in the things the other kids were interested in.

And then otherwise it was just missing home. I had a very happy home life, and, of course, all my relatives in Germany, where there is no boarding culture, assumed we were being sent away because there was something terrible going on. Maybe we were on drugs or whatever. That’s the only reason Germans send their kids to boarding school is to get them to break a habit or something, and it wasn’t like that at all. I mean, we had a very happy home life. But really, my parents wanted to open a door for us, and they did.

So it took a while to adjust, but, you know, kids are very flexible and they’re very malleable and they adjust. So the first term, which was like a twelve-week term, that was pretty rough, and then we went home for—I guess at half term we went home for a week, and we actually flew back to Frankfurt. That was tough then coming—having that week at home, and then everything seems like a bad dream and then you have to actually get back on the plane and fly back to school. That was a little weird, but we adjusted pretty quickly. And my brother was there, and I saw him every day. He took care of me, so that was good too. And, yeah, once we were adjusted after a few months, it was actually a really interesting school.

So the nice thing about the school was, first of all, the resources. It was a private school, and I know it wasn’t cheap, and the teachers were actually, on the whole, really, really good, motivated. And then the resources the school had were pretty good. In addition to really good science labs, they had some of the first computers. I remember learning to program a computer in 1980. I don’t know what it was, like a BBC micro-computer or something. I don’t even remember what it was, but it had BASIC, and you would write like lines of code. But it was, you know, wow, right?
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*Tacey Ann Rosolowski, PhD*
00:21:44  
Mm-hmm.

*Oliver Bogler, PhD*
00:21:45  
And then they had these workshops where you could—they had a foundry workshop and lathes and all kinds of—and every year, as part of your school year, you would get a week in the workshops learning some different thing, woodworking, whatever, and they had these people who were—

*Tacey Ann Rosolowski, PhD*
00:22:01  
Because grocers wanted people to remember their roots.

*Oliver Bogler, PhD*
00:22:03  
They did, and they wanted practical people, so that was really pretty good. And there were other things, which I have no particular talent for. So there was a great music program, but I’m tone-deaf and all that good stuff.

And then you develop camaraderie and relationships and friendships and things like that. We had to play a lot of English sports. I had to play rugby, which I loathed. I’d been playing soccer quite happily back in Germany. I was playing for my little village team and I was having a good time with that. But soccer in England is not considered a sport for gentlemen in the making, so it was forbidden at our school and we had to play rugby instead. Of course, on Saturday or Sunday we could go to a field and kick the ball around, those of us who were inclined towards soccer, but that wasn’t formally a sport. And then cricket, which I never picked up, because I’d played T-ball in Germany, but cricket, I wasn’t going to do that. (laughs) And so, yeah, I mean, those kinds of things. But it was really, first and foremost, the education was really good and the teachers really cared, and—you know.

*Tacey Ann Rosolowski, PhD*
00:23:15  
Were there some specific ways that you felt yourself blossoming in the sciences during that time?

*Oliver Bogler, PhD*
00:23:21  
Yeah, I mean—
Or not.

No, absolutely. The school, the system, they had streaming, so in the third form, which is sort of the first part of the junior school, they streamed everybody in a single stream, and then from the fourth form on, they broke the streams essentially into arts and sciences. And at that point, my arts stream dropped and my science stream stayed up, and so very much I think it just resonated with me, and I think I was good at the schoolwork.

We did projects. I remember there was a project we did one summer. Actually, my mom helped me get a connection with a professor in Frankfurt. I was on summer vacation. We were supposed to identify a project over the summer, and I remember doing a project with some seeds, some plants that he was working with. So I went to see this professor in Frankfurt, and then when I got back to school we planted the seeds, and I worked with one of my teachers there on doing that. I forget what the experiment was about, but it some genetics of color or something like that. It was very cool. So these kinds of things, they were just very open to these sorts of things and they were always very interested in things, you know, the teachers were.

So I think that’s one of the things that I enjoyed actually throughout my education, I have to say, is I don’t think I can ever remember meeting a teacher who was cynical or disinterested or just phoning it in. The school was clearly a good place to be a teacher, so I think they were able to select good people. So I think I got interested very much there.

I neglected to ask you earlier, was there anyone else in your family involved in the sciences at all?

No, no. I’m an outlier. No, not at all. My father trained in law and worked in personnel and management consultancy. His father and mother were both politicians, if we go up the family tree, union representatives. On the other side, on my mom’s side, her father worked for the state power company, and his grandparents on that side were tax collectors. So, no, I was definitely the odd one out. My brother is a journalist by training. Yeah, so I’m definitely the black sheep of the family. (laughs)
Tacey Ann Rosolowski, PhD
00:25:54
Do they look at you that way? Do they think of you as the black sheep of the family?

Oliver Bogler, PhD
00:25:58
No, not in an obvious or unpleasant sort of way, but, yeah, I mean, it’s definitely an area that isn’t part of our family tradition.
00:26:07

Tacey Ann Rosolowski, PhD
00:26:08
Interesting. Interesting. Yeah.

Oliver Bogler, PhD
00:26:10
But my parents were always very open. My father, I know his father really wanted him to be a politician and insisted that he study law in order to lay the groundwork for that, and my father didn’t want to do any of that. He wanted to study. He would have liked to study history or archaeology or whatever. That’s where his passion has been his whole life. So my parents were always, “Follow your heart and follow your interests,” and I think that was part of their strategy for our education was to really give us all the opportunities that we had.

Now, in the English system, when you turn fifteen, you do your first set of exams, which are called the O-levels, ordinary levels, and then you have to very quickly choose a very restricted portfolio, essentially, for your pre-university work, and that was not a problem for me, frankly, because I knew what I was going to do. So I did biology, chemistry, and mathematics, which they call “mats” over there. (laughs) That was logical for me. It was a bit harder for my brother because it took him a while to find out what he wanted to do. He ended up studying history, which in England is a perfectly good preparation for all kinds of things. (laughs) And has done very well.
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Chapter 03
A: Character, Values, Beliefs, Talents
Nationality and Nationalism: An Internationally-Focused Perspective

Story Codes
A: Personal Background
A: Character, Values, Beliefs, Talents
A: Influences from People and Life Experiences
D: Cultural/Social Influences

Tacey Ann Rosolowski, PhD
00:27:26
Another question. You know, with all of this intercultural experience, I mean, I was really struck when I was doing the background research and showed how earlier you had intercultural experience.

Oliver Bogler, PhD
00:27:37
Yeah.

Tacey Ann Rosolowski, PhD
00:27:39
How do you feel that influenced your perspective? Because, obviously, I mean, you’re working in Global Academic Programs right now, and, you know, it’s almost like you were perfectly tracked to work in this particular area. I mean, as you look back, what are some of your observations about your own development in this particular area?

Oliver Bogler, PhD
00:28:00
I think the key thing is that what I observed, which was very interesting, and this is not without historical irony, is that moving from Germany in 1978 essentially to England, one of the big differences is the attitude of the people towards their country. So I was brought up in a very—I mean, Germany during my youth was very low key as far as national identity was concerned. We didn’t talk about it very much. We talked a lot about German history, including all the horrible things that had happened. My parents had experienced the war as children in different ways, but their parents hadn’t, so this was all things that we talked about and actually worked through.

But I grew up in Germany. I never saw a German flag. I mean, you’d see a German flag in front of the government building, right? On the [unclear] there might be a flag or on the Bundestag in my day in Bonn there would be a flag. And then coming to England, the English were much
more proud of being English and my friends were very sort of full of English pride. You know, the points when these things were revealed was when there was international soccer matches or competitions or the Olympics or these kinds of things. So that was really interesting to me.

One area of comparison, I mean, I think fundamentally, to answer your question, having grown up in Germany but in an American culture—and, of course, Frankfurt is in the American Zone, so lots of American service people. At the time when I was growing up, we used to play T-ball against all the kids on the bases around us. And then having moved to England, I don’t particularly—I don’t feel very German or very much of anything, and I don’t have the luxury of believing that any one country is inherently superior to any other. There are things that I love about the United States and there are things that I don’t love about the United States, and the same thing for Germany, I mean. Many things I don’t like about Germany. Yeah, okay, when I go there, I sort of have some sentimental notion of home, mostly because of the familiarity of the area, but, frankly, my parents have moved. They’re divorced now anyway, but they don’t live anywhere close to where I grew up, literally, so it’s not like I’m going back to the house where I grew up in, but the surroundings are familiar.

So I think it’s a sort of ability to appreciate that different countries have different strengths, different advantages, and not really taking any one country as sort of—so one of the things I still struggle with in being in the United States is that America is very proud of itself and Americans are extraordinarily proud of themselves, and I think they have many reasons to be proud of themselves. I mean, gosh, I certainly grew up in an atmosphere of—you know, my parents were huge fans of Kennedy and they’re very grateful for what America did for Germany, rebuilding it, my father in particular. I mean, he returned after the war having essentially an American identity, returning to Germany.

But, you know, then there was Vietnam and other things, and now we’re dealing with things like the fact that the Americans are listening to the private cell phone conversations of the German chancellor, and the NSA and things like that. And I think sometimes I find it’s hard—my perspective is that it’s hard for my American friends to sort of see some of these things in an objective manner. To me, these seem like excesses of a system that is swinging towards excess. It has been for a while, you know. So I don’t want to simplify things. It’s a complicated thing. But I guess I learned very early that things aren’t better in Germany or England or United States inherently. There are good things and bad things everywhere and that you really need to take those things on, on their own individual merits.

*Tacey Ann Rosolowski, PhD*

00:32:11

You’re the first person that I’ve interviewed who was born in another country who has not changed his citizenship.
Oliver Bogler, PhD
00:32:18
Yeah. (laughs)

Tacey Ann Rosolowski, PhD
00:32:20
So tell me about that decision.

Oliver Bogler, PhD
00:32:21
I think it stems from what I just said. It’s just I don’t have a particular enthusiasm for any nationality. I happen to have been born German, and it seems to be a reasonable—it hasn’t stopped me from doing any of the things I wanted to do. There’s also a practical aspect. Our kids are adopted, and we’re still—and here’s something I really don’t like about Germany. We are still fighting with the German government about their German nationality, which I find profoundly upsetting at some levels. So my son was born in Michigan and my daughter was born in Russia, and we adopted them when we lived in Michigan, just before we came to Houston. And the German government insisted, first, on testing whether the adoptions were legally binding by German law, and they said that’s because America isn’t a signatory to a thing called the Hague Protocol. There’s a Hague Protocol on adoptions, which many countries are signatories to, and because the U.S. is not—so, anyway, long story short, this was almost ten years ago now, we went through a very expensive and longwinded process and actually had to go to Germany with the kids and appear in front of a judge, which sounds more dramatic than it is. We met him in his office. It wasn’t like a man with a wig in a big room. It was just, “Hi. Hi, judge. Yes, these are real kids, and, yes, we’re—,” you know. So he said yes. He made his judgments and said, “Yes, according to German law, they are German,” though the adoptions had been done consistent with German law.

So then we got them passports, and they got passports, German passports, dual nationality, and then—this is the hilarious part—here we are, five years later, I’m trying to renew the passports, and I sent in the materials, you know, and, no, suddenly the consulate here in Houston is saying, “Well, wait a minute. We don’t know what your children are called.” Because my wife and I don’t have the same last name. “We don’t know that.”

It’s like, “Well, you can look on the passport or all these documents that we gave you.”

“Oh, no, no, no. The passport is not a document of national origin. It has to be a birth certificate.”
So now I find myself in the sort of Orwellian circumstance of trying to get my Russian-born and Michigan-born children a German birth certificate. It never occurred to me why Germany would ever issue them a birth certificate, but apparently that’s what I have to do. So we’ve been doing that. I consider it a hobby, because otherwise it would drive me nuts. And it takes months and months and months, and my mom’s helping. She paid the last installment of 200 Euros or whatever. But the problem is that the forms that they wanted me to fill out for the birth certificates, I don’t have much of the information because it’s all about biological parents, and we have only spotty information about—certainly about the birthfathers on both sides.

Long story short, I am not going to relinquish my German citizenship until my kids have fully formed dual citizenship, and, frankly, that’s just a practical thing. They have no real German cultural identity. They don’t speak a word of German. But should they ever wish to study or work in Europe, this will open doors and make things much easier for them. So I am for sure going to get them that, and once that’s nailed down, then I could contemplate joining the United States as a full-blown citizen.

I do find it slightly irksome that I can’t vote, because I am political engaged person. Ironically, I can vote in Germany, and I do. My mom is very helpful in getting me the mail voting things, so I love to vote in Germany. I don’t have to live with the consequences. And I can make political donations in the United States. As a permanent resident, I can donate to political campaigns, so I have a form of political speech, but obviously I can’t go to the ballot box. So, yeah, maybe one day.

_Tacey Ann Rosolowski, PhD_
00:36:12
Hmm. And your wife’s name?

_Oliver Bogler, PhD_
00:36:15
Irene Newsham, N-e-w-s-h-a-m.

_Tacey Ann Rosolowski, PhD_
00:36:21
And your children’s names?

_Oliver Bogler, PhD_
00:36:22
My son is Owen and my daughter is Anna.
Interview Session: 01
Interview Date: November 10, 2014

*Tacey Ann Rosolowski, PhD*
00:36:27
And do they hyphenate your names or—

*Oliver Bogler, PhD*
00:36:29
No, they just use my last name.

*Tacey Ann Rosolowski, PhD*
00:36:30
They just use Bogler. Okay.

*Oliver Bogler, PhD*
00:36:32
Yeah, yeah.

*Tacey Ann Rosolowski, PhD*
00:36:32
All right. All right. I’m reminded of that fonctionaire mentality to the nth degree, but, yes, wow.

*Oliver Bogler, PhD*
00:36:42
Yeah. It just caught me so off guard, because I figured once we had the passports, but apparently they tell me in the consulate, “No, everything’s changed in the last five years.”

And I’m like, “Really? It’s changed that much?” (laughs)
Tell me about the decision to go for your BA. Now, how did that—because I’m not sure how that works. You took your O-levels, you chose your track, and—

Oliver Bogler, PhD
00:37:11
You do you’re A-levels, you do your A-level exams, and then in the U.K. system, you have a national university application system where you actually fill out one set of forms and you pick your five universities and you apply to them, and then they can make you offers. It’s a complicated system. Some of the universities will make you offers before you’ve sat your final exams in high school, your A-levels. They’ll make you certain conditional offers.

At the time—and I don’t know how much this has changed—at the time the Oxford and Cambridge universities had a collegiate approach to entrance. So you would actually apply not to the university, but to one of their colleges. So they each have thirty-odd colleges in them. Because the school I went to, Oundle, was very much connected to Oxford and Cambridge, we actually—I remember going on a visit to Cambridge, which wasn’t that far from Oundle, it was like an hour bus ride or something, sort of a fieldtrip, go see the place and check it out. And the college I ended up going to in Cambridge, Sydney Sussex, hosted us, and I remember touring the college and meeting the master. It turns out at the time he was a biochemist, Don Northcote, he was a man who’d worked on the Golgi apparatus, and they put on a good show for us.

Tacey Ann Rosolowski, PhD
00:38:34
I’m sorry. You mentioned the Golgi apparatus?
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Oliver Bogler, PhD
00:38:39
Yeah.

Tacey Ann Rosolowski, PhD
00:38:40
I’m pronouncing that correctly?

Oliver Bogler, PhD
00:38:41
Yeah. That’s one of the organelles in the cell that puts sugars on proteins, and he was one of the people that was working on the structure and function at the time.

Anyway, so, yeah, that’s where the germ was, and at the time, I don’t know if it was fair or not, Cambridge had a reputation for being better at science than all other universities, and I’m not sure that was true at the time or not, but that was certainly perhaps my perspective. And obviously a lot of famous biology had gone on there. Watson and Crick had worked there and so on, so forth. So it was a place I certainly wanted to go to as my top choice, and so I applied to this college, and they gave me—I forget how it worked exactly. I don’t think I sat a separate exam. In fact, I didn’t. But each college did it differently. My brother, I remember, he did this for Oxford the year before. He sat a separate exam, but I didn’t, and I got a conditional offer on my grades, basically on my exam grades. Then they offered me a place, and so then I took a year out actually between school and university and then—

Tacey Ann Rosolowski, PhD
00:39:49
Why?

Oliver Bogler, PhD
00:39:50
It was a thing that people did in those days. I mean, maybe they still do.

Tacey Ann Rosolowski, PhD
00:39:54
What did you do during that time?

Oliver Bogler, PhD
00:39:56
I actually did a couple things. I spent about four months of it working at a pharmaceutical company in Strasbourg and working in the lab. I got a paper out of it and learned some basic lab
discipline and skills and things like that. It was bacteriology. It was cool. I had a great time. Strasbourg’s in France. I enjoyed being in France. It’s very close to Germany, it has mixed German and French roots, and it’s a wonderful part of the world.

And then I was actually also in New Jersey for, I think, about two months in the summer, working in another pharmaceutical company. So these were connections. My mother, when she was younger, had worked for the BASF, and so these were connections of hers. They were both BASF subsidiaries, and she still knew some people. So these people put me up and put up with me. (laughs)

In New Jersey it was more of a clinical testing lab. They were doing QC work on—there was a manufacturing plant, they made drugs there, and they did QC things at the lab. So there it was a good chance that I got to see a little bit of the United States, and it was close enough to New York to go into New York for the day or for a day or something like that, so it was cool. And then I also did some traveling around Europe and did some vacation stuff and just hung around home for a bit. So, yeah, it was a nice year. (laughs)

_Tacey Ann Rosolowski, PhD_

00:41:18
So when you applied to Sydney, what were you envisioning yourself doing in the future?

_Oliver Bogler, PhD_

00:41:25
Oh, I definitely wanted to do research, absolutely. No, definitely I was completely committed to doing research, and this was going to be my step to the next step. Yeah, I mean, I was completely focused on a research career. I didn’t know what I was going to do, but it was going to be something to do with cells or molecules and things like that. So it just seemed like a very natural progression to me.

The other reason, I mean, I was pretty sure that one of the advantages that Cambridge offered was that in most other universities in the U.K., and I think across the world, you kind of—well, not in the United States. United States has a very different approach. But mostly in the U.K., as a student you would matriculate into a department, so you would matriculate into Biochemistry or Pharmacology or Chemistry or whatever, and you could switch, but it would be hard. You’d have to sort of say beforehand what you wanted to do. In Cambridge, you matriculated into Natural Sciences, and during your three years, you put together different combinations. You would end up in the first year you did three things, and then you did two, and then you kind of did one, more or less. Or maybe I think it was three, three, and one.
Anyway, so I knew I could move around, and actually my second year I took a pharmacology course and a pathology course, which were interesting, actually with the people who were doing medicine, which is done as an undergraduate degree in the U.K., not as a graduate degree. And I was able to stick my nose into those disciplines and see if—because I was pretty sure I didn’t want to be a doctor, but, you know, I wanted to give myself the opportunity. I thought that was really interesting, so I did biology of cells and biology of organisms and chemistry my first year, very sort of fundamental courses. Then I did biochemistry, pharmacology, and pathology, and then I did biochemistry in my last year.

Tacey Ann Rosolowski, PhD
00:43:20
So were you already seeing crossovers and connections between those different disciplines?

Oliver Bogler, PhD
00:43:25
I think so. I mean, I was exploring them. It wasn’t really taught in that way. I’d say the pharmacology and particularly the pathology course was taught straight up as a medical school kind of course, very heavy on learning and memorizing. I really, frankly, didn’t enjoy it very much because it was very much about, you know, learning things that were—I mean, not learning them as understanding them, but it was much more about putting the information into your brain, which is clearly very valuable because if you don’t have anything there, then it’s very hard to think of what to do next. But unlike the biochemistry kind of work, which really contained a lot of molecular biology at the time, it wasn’t nearly so inspiring. So it was really an opportunity to try and look into some other corners of the biomedical field and just sort of make sure that I was really doing exactly what I wanted to do.

Tacey Ann Rosolowski, PhD
00:44:16
So you were considering medicine, but that was sort of a backburner, not-so-sure thing?

Oliver Bogler, PhD
00:44:21
It wasn’t a passion, so I figured pretty much that—so I guess one way to say it is that I wanted to give myself the opportunity to discover if there was a passion there for that, and I discovered that there wasn’t, so I knew that I was more confident in that. I mean, I was never drawn towards medicine. That’s not just now how I’m built. And that was confirmed very strongly during my first faculty job when I was teaching histology in an anatomy classroom amongst the cadavers. (laughs) That was many years later.
And some of my friends in the collegiate system in Cambridge, you’re mixed in with students doing all different things, so clearly some of my friends were doing medicine, others were doing all kinds of arts and stuff like that. So they would come back and tell me about their day with their body and stuff like that, and I’d be like, “Okay, that’s good. I’m glad you’re learning stuff, because I’m—you know.”

So pathology was pretty good, because by that time the body bits were between glass slides, and so it was a little bit more removed from that. So it was just a chance to look into another thing and see, well, maybe that’s interesting or not. I think until you sort of do it, you probably don’t know it, or at least until you get confronted with some of it. So I kept getting drawn back to the biochemistry, and that’s where my passion was.

And I have to say we had some amazing teachers. Amongst the faculty that taught me, there were two Nobel laureates. They both became Nobel laureates after, I think, I was there. I’d have to go back and look it up. One, I know, quite a few years after. But these were amazing people. The other thing in the Oxford and Cambridge system is you have really close contact to the faculty, so you’re not just in a lecture hall with three hundred students. You are there as well, but then you have these what they call supervisions at Cambridge where once a week you meet in a small group, maybe with two or three students and a professor, and you spend an hour discussing it. The whole education is essay-based, so there’s no multiple choice. It doesn’t exist. So you would get a topic, you’d go to the lecture courses, you’d go to the labs, and then you’d have a topic for the week, and you’d write a three-, four-, five-page essay, and then the faculty would grade it, and you would come together and discuss it.

So one of the people I had that supervision with in my second year was a fellow named John Walker. His middle initial was E., so of course we called him “Johnny Walker.” And he won the Nobel Prize for discovering or elucidating the structure of the ATP-ase, which is one of the machines that makes the whole biology thing tick.

The other fellow, who was our chief examiner, was Tim Hunt, and he won the Nobel Prize for cyclins. He discovered cyclins, which regulate the cell cycle. He was a brilliant fellow, and I never had supervisions with him, but he lectured us and he would come—this was in the third year then of biochemistry when we were specialized, and there were about twenty, twenty-five students in the classroom now. And he would come in with a stack of Cell, Science, and Nature journals and sort of plop them on the desk, and then he would pick one up.

I remember we were doing RNA, we were doing splicing, and he would just lecture from the paper, this week’s Cell, Science, and Nature papers. So you were right—I mean, this was the thing when you got—that’s why in England the PhD has no coursework in it anymore, because basically as an undergrad, you’re taught right up to the level of what’s going on that week. And
he was an inspirational man, I mean just really smart and such passion for the sciences, just beautiful, and it was easy to get inspired.
I’m not quite sure how to ask this question, but, you know, during any kind of graduate program, I mean intense program like a PhD program, I mean, your brain gets shaped in some pretty interesting ways. How was your mental instrument getting formed at that point? Did you sort of discover “I’ve got a style of looking at questions,” or, “This is a particular type of question I’m interested in,” or method, intellectual method, you know?

Yeah, I think I did. So we were given an opportunity to do a project. We had to do a project as part of our third year as we were coming up to our finals. I was interested in screens, so there was a lab that I chose to do this eight-week project and I was accepted into it. They were doing 2-D gels, the first sort of 2-D proteomic gels, try and compare the protein pattern in cells after being stimulated with a particular thing. The lab was focused on a protein called protein kinase C, which was actually a family of kinases, and we were hitting it with this phorbol ester called TPA, in which you just switched on amazing amounts of stuff in there, and we were looking at the phosphorylation, so it was a highly radioactive experiment. I wasn’t doing this unsupervised. I was working with a more senior member of the lab.

The idea was that you would do a pattern, you would generate a pattern, you would do comparisons, and so that’s something that I was drawn to. I didn’t come back to that until sometime later, and actually the last few years in my lab we did some phosphoproteomics with much different technology to essentially answer similar questions.

But the thing I really learned, the thing I really got excited about was cellular differentiation, and that’s what led me on my next step. So I was just fascinated by the way the cells make choices and change function and become specialized. I thought that was really, really interesting, and at
the time was not very well understood or very well determined. And part of one of the—I forget. I think this was in my second year, we were getting taught by some of the developmental biologists at Cambridge, and there were really great people there, John Gurdon and just some amazing, smart people. That wasn’t the focus of what I was doing, so I can’t quite remember how I got—I think there was some crossover in the lectures, but I forget exactly how that was structured. But there was just a lot of interesting and exciting work going on at the time with how the body plan was developed and how cells knew where they were and then, from that, knew what they would become and how they would become that.

So this became really interesting to me, particularly at the cellular, not so much at the organismal level, and when it came time for me to look for a PhD position, which is done, I think, done very differently in the U.K. than it is here, again, you don’t really apply to a graduate school. You apply to a lab. You find a professor that you want to work with. And because, as I said earlier, there’s no didactic component anymore, you just go in the lab for three years and you write a thesis and you hope for the best. You kind of pick a lab.

And so I was picking labs, and there are certain application processes, and I was reading the journals and applying to things. I had two labs that I really was interested in, one of which was up in Manchester, and they were focused on hematopoiesis, which I thought was really interesting, because the blood system at that point was the most well-developed differentiation system that there was. We knew quite a lot about the white blood cells and the red blood cells and the different trees and everything. Unfortunately, the PhD project was heavy biochemistry and chemistry. They wanted someone to sequence sugars, which was important to understanding it, but it wasn’t what I wanted to do, so I was a little disappointed, and I think that was probably a wise choice.

So I ended up in a lab that was focused on brain cells, and was headed up by a fellow named Mark Noble. Mark had done this really elegant work with Martin Raff at University College London, and Raff was a very famous scientist and also wrote one of the textbooks that we’d all learned from. He was a very prominent fellow. And what Mark and Martin had done is they’d worked on these oligodendrocyte precursor cells and they had this amazing experiment. This is what sold me on going to Mark’s lab, which is that they had discovered that in the optic nerve, which is part of the central nervous system and is myelinated, the first myelination in the rat happens at birth, and that’s when the first oligodendrocyte precursors become oligodendrocytes and start, you can detect myelin protein and myelin lipids, actually.

What they found is that if they take the cells, the precursor cells, out of the optic nerve four days before birth and put them in culture, if they put nothing in that culture except medium to sustain the cells, they would become oligodendrocytes right away, so immediately differentiate. But if they added one factor, PDGF, platelet-derived growth factor, the cells would wait four days. If it
was four days before birth when they took the cells out, they would wait four days to make the
first cell [unclear]. If it was two days, they would wait two days. So the cells, just by having this
one factor present in the medium, would count the appropriate time and differentiate as if they
were still in the animal. It was known as “the clock.” It still fascinates me. We still don’t
understand how that thing works, but it was really interesting to me because, wow, how did that
work, right? So that hooked me, and when Mark told me that story and I read the papers—they
had a Nature paper on this—I think a couple, actually—and I was like, “Okay, all right. This is
stuff that I want to get in on.” So I joined his lab and worked a little bit on that area. He was
really a cell biologist, cell and developmental biologist, that was his strength, and he brought me
into his lab.

Actually, another colleague of mine, Andy Groves, who Andy and I had been at Sydney together
and had really become good friends in the last year of our time there because we were both doing
biochemistry, so we hung out a lot, and we had some other friends we hung out with. Andy and I
both went to Mark’s lab, and actually Andy’s now a professor at Baylor. We have obviously
separated, but by pure coincidence, he came to Houston about four or five years ago now, and he
has a lab at Baylor. So I see him again from time to time.

*Tacey Ann Rosolowski, PhD*
00:55:10
It’s a funny, small world.

*Oliver Bogler, PhD*
00:55:11
It is a small world.

So Andy and I had training in molecular biology, and Mark wanted us to do some of that work,
and we did some, but I don’t think it was hugely successful because it’s a bit much to expect a
couple of graduate students to really get into that. We did some things, but mostly what Andy
and I did was cell biology.

*Tacey Ann Rosolowski, PhD*
00:55:34
So tell me more about the PhD and then moving into your first position after that.

*Oliver Bogler, PhD*
00:55:41
Yeah, so it took me three years, and obviously I graduated. (laughs) I wrote a couple of papers, I
think a few papers, and in the English system, you basically—you work for at least three years,
sometimes four, and then when you’re ready, if your professor agrees, you write your thesis up,
and you find a couple of other professors and then you have a little committee meeting. I mean, it’s just one committee meeting. There’s no supervision throughout the three years. They read your thesis. And actually, I think, in most places, at least at the time, it was pretty much tradition that you kind of bound your thesis, it’s like you weren’t going to be making a lot of changes, and you gave them a copy. Then we met and they grilled me in the proper manner for an hour or so, and then they said that was good enough, and then that was it.

*Tacey Ann Rosolowski, PhD*
00:56:32
It’s a system that really assumes that the student is very self-directed—

*Oliver Bogler, PhD*
00:56:39
Right.

*Tacey Ann Rosolowski, PhD*
00:56:40
—and did that work for you?

*Oliver Bogler, PhD*
00:56:42
It worked really well for me. My experience might have been a little different, so there was a quirk. There’s a quirk in my PhD, which is that I did my PhD at the Ludwig Institute for Cancer Research, what was known—that branch doesn’t exist anymore. The institute is still very healthy and going, but the branch was the Middlesex Hospital branch, and like all the big branches, the branches are built around a director, and then when the director retires or leaves, then the branch typically doesn’t survive. It usually disperses or moves or relocates.

So the director of this branch was Mike Waterfield [phonetic]. He was actually a really leader in the [unclear] receptor field and in doing early proteomics and structural stuff, and [unclear] kinase signaling, he made some seminal contributions. Then when he retired, the branch disappeared. But Dr. Waterfield did not want to spend the money to register his graduate students with the University of London. In order to do that, he would have had to pay the University of London bench fees. I don’t know how much the bench fees were. I remember that Mark, my professor, was unhappy with his decision. He felt that the institution do that. But the end decision was that he wasn’t.

So they registered us with—and I don’t know how many of us fell into this group; it must be a dozen or a couple of dozen—with something called the Council for National Academic Awards, which sounds desperately like a mail order company. (laughter) So my PhD actually was
awarded by the CNAA. So maybe the fact that I was in a fairly unstructured program was for that reason. Maybe if we had been signed up with the University of London, there would have been some committee or supervision or some such thing. I don’t really know.

Tacey Ann Rosolowski, PhD
00:58:28
Interesting.
00:58:29

Oliver Bogler, PhD
00:58:29
And of course, to make things worse, the CNAA no longer exists and the records of the CNAA were given to the Open University, which is actually a very historical—and it’s like the first MOOC or open learning platform in the world, and they’ve been around for the longest time. So now if I need a record of my PhD, I have to go to the Open University. But I actually got Dr. Waterfield to write a memo, because I had to explain this every time I changed jobs. (laughs)

Tacey Ann Rosolowski, PhD
00:59:00
I bet.

Oliver Bogler, PhD
00:59:02
Because the CNAA, it really looks—I mean, it’s a nice enough certificate, but it doesn’t look like a university. We were not the only ones. If there was a private research institute that had a graduate program, this is where they would register their students. And at the time, you know what? At the time I thought, “This is so unimportant, it doesn’t matter.” But looking back at it from my perspective now, I would have perhaps done things differently. I mean, a trivial and [unclear] when I took the role I am in currently in Academic Affairs now, I’m expected to participate in our graduation ceremonies. So I have to wear robes, not something I’d ever do or thought I would do, right? And the first question was, “Well, what color are your robes?”

And I’m like, “Well, the Council for National Academic Awards doesn’t have a color scheme.” (laughs) So I actually wear something fairly nondescript. It certainly indicates I have a PhD in biology, but there’s no university colors because I don’t have university colors. I can’t wear the University of London, because I’m not a graduate of the University of London or any other university or, God forbid, the University of Texas. So I try very hard not to look as if I’m claiming credentials that I don’t have.
Tacey Ann Rosolowski, PhD
01:00:17
Right. Very, very interesting dilemma. (laughs)

Oliver Bogler, PhD
01:00:21
I mean, it’s not a big deal, but if I’d known then what I know now, maybe I would have tried to find a way to pay those fees myself or do some other way to get myself signed up for something that has a big more cachet than the CNAA. So there you go. (laughs) That’s my story.

Tacey Ann Rosolowski, PhD
01:00:37
Mm-hmm, gosh. Quite the dilemma. Now, this was your first—I mean, you were working in a Cancer Institute.

Oliver Bogler, PhD
01:00:44
I was. I was.

Tacey Ann Rosolowski, PhD
01:00:45
Was that also coincident with an interest in cancer? Because it doesn’t sound like you were working on cancer [unclear].

Oliver Bogler, PhD
01:00:52
I wasn’t really, yeah, and so that was interesting. Different parts of the Ludwig Institute had very different approaches, so this branch was very, very basic in its research, and I think the only cancer-related thing that I did was try and make a [unclear] library from a cancer cell line while I was there, which is what I was telling you a little bit about earlier, about Mark’s desire for Andy and me to do molecular biology. So we tried to make these libraries.

If I remember correctly, we later on found out that the cell line had been mixed up, and it wasn’t even what we thought it was, so it’s good that the project didn’t go very far. But, yeah, you’re right, I mean, Mark was not directly interested in cancer. He was interested in differentiation, which is fundamental.

The work, the core of my graduate work was actually kind of interesting. It did have some cancer relevance. So there was a senior member of the lab who was a clinical fellow doing research, called Damian Wren, and what Damian discovered was that if you take this PDGF molecule,
which I was telling you about with the clock, if you add FGF to that and you put both factors in, now the cells never differentiate into oligodendrocytes. They just stay precursor cells forever. So that was Damian’s observation. That was more or less when I joined the lab, so I took over that project, and I worked that up and was the first author on the paper where we published this, and Damian was very generous in letting me be first author. He’d made the discovery, but most of the data in the paper ended up being mine.

And then what was interesting was that there was another lab down the road at the Imperial Cancer Research Fund at the time, which no longer exists. It’s a part of Cancer Research U.K. now. But at the ICRF there was a lab there headed up by a fellow named Hartmut Land, a German man, German scientist, and “Huckie,” which is his familiar name, and Mark had been working together on what do oncogenes do to these glial precursor cells. So the parallel was that Huckie’s lab was putting oncogene combinations into various cells and showing that that blocked differentiation, and Mark and I were doing the same thing with just growth factors in the medium. So those were some parallels, so Dr. Land was part of my first paper.

Actually, the irony, the cute story is that I was interviewing for graduate work, and I interviewed with Huckie’s lab. I met Mark Nobel for the first time when I was interviewing with Huckie. I met him in Huckie’s office because they were buddies and they saw each other quite a lot, so that’s actually where I first met Mark was in his office.

What the Land lab was doing was fantastic, but it wasn’t really what I wanted to do. I wanted to do more cell stuff. They were very gene-based at the time. Both of them, Land and Noble, are now in Rochester together, up in the University of Rochester, so it’s a small world. And I was up there a few years ago visiting them. It wasn’t that cancer-relevant, but there were some cancer echoes.

After my graduate work, I did two postdocs. My first postdoc was at the Salk Institute in California, La Jolla, and that was also fairly basic. I’d spent the last year of my graduate work working on a transcription factor that this lab in California had discovered as being important in Schwann cell differentiation. Schwann cells are the myelating cells in the peripheral nervous system, and I was working on the myelating cells in the central nervous system. So we wondered whether the same genes, same transcription factor was—so I was doing some work. Then I went there for a postdoc that was fairly inglorious, I should say, and never really came to much, except I didn’t publish a thing out of those two years, but I learned a tremendous amount of molecular biology at the Salk. So I was in this amazing lab, and it was amazing because of the people that I shared benches with. So there were some really good molecular biologists there, unbelievable people. The Salk at the time was one of the sort of places where these technologies were being developed, and there were some really good people there.
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So I learned an enormous amount, hands-on stuff, but it didn’t go anywhere for a variety of reasons, mostly because I wasn’t able to establish a good relationship with the head of the lab, and there were some issues there that I won’t dwell on. But the reality of it is that while I was doing this work on his transcription factor in my cells, he was doing essentially exactly the same project with one of our competing labs, which, ironically, was just two miles from us in London. But he never told me about it, and in the end, he decided to publish with them and not with me, but he didn’t tell me that either until I got there, and then I was kind of stuck. So it was a tough situation, and, again, if I had to do that over, I might do it differently. But that was certainly my perspective. He may have a different perspective on it. But long story short, I benefitted tremendously, I learned a lot.

And coincidentally, right around this time, another branch of the Ludwig Institute was moving from Montreal to San Diego, and that branch was significant for two reasons. The branch was headed by Web Cavenee, and Web and Mark were friends, and, of course, they were both—I mean, Web was the branch here and Mark was not, he was just a professor in the Ludwig in London, but they knew each other through this Ludwig connection.

Web was interested in brain tumors, was actually really interested in brain tumors. Web’s claim to fame—he was many, but his core claim to fame was he was the geneticist who found the retinoblastoma gene, so he really found the first tumor suppressor gene when he was with Ray White in Utah. He was a wunderkind. When I was in Cincinnati, he was just hitting it big when he was in his thirties in his meteoric rise, National Academy member very quickly and all these kinds of things. So then he got this branch of Ludwig and he was up in Montreal for many years, and then I think there were some issues in the Ludwig Institute why they couldn’t have any branches in the U.S., and I think those were then resolved. These were tax issues or legal issues. So Web got a great chance to take his branch to San Diego.

So then he and I started talking. Mark put us in touch, and Mark said, “Hey, one of my former graduate students is just across the road from you. He knows about these cells.”

So Web invited me over. “Can you show my people how to grow these cells?”

So anyway, then when I was kind of done at the Salk, I moved over to Web’s lab. But the other significant thing is that Irene was with Web in Montreal, and he brought her with him when he went to San Diego. So, thank you, Web. (laughter) And that’s where I met her, when I joined the lab, like most good scientists. That’s where I met her.

_Tacey Ann Rosolowski, PhD_

01:07:58
So, win-win. (laughs)
Oliver Bogler, PhD
01:08:00
There you go. There you go.

So then I moved into Web’s lab and we started working, so that’s really when my real more sort of cancer-directed work started. This is when some of the first genetic mouse models were coming available. So we worked on astrocytes from mice where the P-53 gene had been knocked out, and studied their biology and did some other things, did some gene identification work and so on. So I was there for probably about three and a half years. So, yeah, those were good years. I mean, Web’s lab was a great place to be, and he’s a super smart guy and knows a lot of things, and I learned a lot from him.

Tacey Ann Rosolowski, PhD
01:08:43
Well, I feel like we’re leaving a cliffhanger here. (laughs)

Oliver Bogler, PhD
01:08:47
Okay.

Tacey Ann Rosolowski, PhD
01:08:49
Because kind of the mission of this particular interview is really to focus on administrative stuff, not on research.

Oliver Bogler, PhD
01:08:55
Gotcha.

Tacey Ann Rosolowski, PhD
01:08:55
But the research is really interesting. But if it’s okay, we’ll leave that aside for now.

Oliver Bogler, PhD
01:09:01
Of course, of course. Please, yes.
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Yeah, I mean, because normally with interviews, I’m like, yeah, let’s power through and talk all about the research and how it evolves, so I’m feeling, oh, my gosh, this is unfamiliar territory for me to quit at this point. But we’ll leave the cliffhanger for the next session. How’s that? (laughs)

Oliver Bogler, PhD
01:09:13
All right. Fair enough. Fair enough.
Tacey Ann Rosolowski, PhD
01:09:16
But what I wanted to ask you, just to kind of shift gears, I mean, it sounds like you were really in labs, I mean, your head was in—and let me just ask you, because I saw that your specialization is developmental biology, molecular biology, or— (laughs)

Oliver Bogler, PhD
01:09:32
I would never call myself a developmental biologist. I mean, I’m really, I guess, a cell and molecular biologist [unclear].

Tacey Ann Rosolowski, PhD
01:09:38
Okay, so cell and molecular, because developmental was in there somewhere and I thought, hmm, you know.

Oliver Bogler, PhD
01:09:43
Mark was more of a developmental biologist. I would never claim that.

Tacey Ann Rosolowski, PhD
01:09:49
Okay. So your head is really in this area, I mean evolving these methods.
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**Oliver Bogler, PhD**
01:09:53
Yeah.

**Tacey Ann Rosolowski, PhD**
01:09:55
But is there some dimension of those experiences that, as you look back, you feel was kind of forming you for your philosophy of education, your approach to the kinds of administrative issues that you’re taking on, certainly in academic affairs, but also more specifically with global academic programs? So I’m sort of trying to bring that general question area, this view towards education, the word “stewardship” came up when I was doing my background research, which is a really interesting word to use in the context of education. So tell me a little bit about that, that graduate experience and how that begins to form you in that area.

**Oliver Bogler, PhD**
01:10:36
I would say that probably the most dominant thing is that when you—so once you get familiar at the bench to a certain extent, once you become proficient, I would say, at the bench, which is itself a learning curve, it takes a few years, and I got a bit of a head start with some of my experiences when I was younger, but there comes a point when you feel like you’re limited by what you can do by your own two hands, and that creates an urge to move beyond it. So for me, that was the urge that made me finish doing my postdoc and go on and try and start my own lab, because the idea, the thought was that I’ve got more ideas that I can actually work on, and if I have some people around me, maybe we can work on more things.

And I think it’s that same instinct that drives my interest in international collaboration or collaboration of any kind. I would say the real sort of steppingstone towards that, though, didn’t happen till much later, really till I came to MD Anderson. So just to tell the short story quickly, after I left Web’s lab in 1997 and went and did a faculty job at Virginia Commonwealth University for three years—you’ve seen this all in my CV. And then after that, I was recruited up into Detroit, to Henry Ford, and I was there for five years, and that was an interesting experience. It was a very small research, brain tumor center, There were four or five of us faculty, maybe thirty, forty people, and a great environment for research, lots of tissue access and decent environment, decent size, and some of the leaders of the other labs, we knew some of them. Irene and I knew them. They were also previous Ludwig people, great relations with them.

But I felt very limited up there, I have to tell you, and I didn’t see a potential for growth, personal growth or career growth. So when I got the opportunity to compete for the position here at MD Anderson, I really was excited and I took it. And Dr. Sawaya, chair of Neurosurgery, encouraged me to apply for the position.
So what was the position and how did you hear about it? You were recruited?

Well, I competed for the position. It was definitely a national search, and in the end, I believe there were two main candidates, myself and another person. Dr. Sawaya initially mentioned it to me. It was at a conference. I remember him telling me, “Hey, this is happening,” and I was like, “Wow.” This was the Society for Neuro-Oncology Conference, and at the time, it was still a very small meeting. Now it’s a couple of thousand people, I’m sure. I don’t go anymore. But it was just sort of, “You know, we’ve got this position open.” And it was really a research position. So like a lot of clinical departments at MD Anderson, Neurosurgery has two or three basic scientist positions, and he was looking for someone to come in and not just be a scientist, but also help craft the program.

And the person I competed with, I think the reason I was selected is that the other person was a neurosurgeon and a researcher, and what Ray wanted was someone who was not going to be having a clinical practice, just because he wanted this person to focus on the research, and he was afraid that this other person, who was actually a very good surgeon and a very good researcher as well, wouldn’t have as much time to focus on the team-building area.

So I was lucky to get the position, and really the focus of it was—it was an interesting experience. The formative aspects for me was that it was really a classic MD Anderson soft power position, right? I mean, I didn’t really have a formal title. I think I was Director of Research in Neurosurgery for all three labs that were there, and, of course, the other two faculty members had no reason to do what I said, and I had no intention of telling them what to do. They were being very successful without me, and that wasn’t how I saw myself.

Then for the brain tumor center, which isn’t really a center in the MD Anderson ecosystem, it’s really a program in the core grant, if anything, I was formally—it has an Executive Committee, and I was the chair of the Research Subcommittee or something like that, but I never put that on any CV because it was like three sentences long and I would have spent more time explaining to them. So I really had no position. I have no—you know. I didn’t have resources to give anybody. No one reported to me.

My job was to work with Dr. Yung on the SPORE. So if I recall correctly, there had been a SPORE submission that hadn’t been successful, and the team felt somewhat discouraged, I would say, and there wasn’t really anybody who could really make it their full-time job to go
after this. I mean, Dr. Yung was the principal investigator, but he’s a chairman and a clinician and a researcher. He really didn’t have time to devote to it. And I took this on very happily. I realized that my job was to be the co-PI of the grant and to get people together, and I actually enjoyed that. And I think that was a formative experience for me. I enjoyed trying to help people come together and be more as a group than they would have been individually.

I have to tell you that scientifically, I think all the other people on the grant, I felt, were better scientists than me, were doing more interesting and more exciting projects, certainly more translational projects. I mean, there was amazing stuff going on, Juan Fueyo and Fred Lang with the adenoviruses that they were using that are now being tested in the clinic, and at the time Ken Aldape was—you know, he’s left now, but he was doing some really good molecular characterization work, and Alan was leading our project, I was a part of it, on PI-3 kinase inhibitors. So it was some really, really cool stuff.

So it wasn’t about me and my science. It was about getting the team together, doing some nudging, and getting people and encouraging people to come together and do these things, and then trying to—also doing a lot of the sort of organizational work, writing work, trying to get everybody in on time. On the second round, we got it, and that, for me, was a really positive experience and one that I enjoyed more than I thought I would.

Tacey Ann Rosolowski, PhD  
01:17:11
Where did you cultivate those particular network-building skills and collaboration-building skills?

Oliver Bogler, PhD  
01:17:17
You know, I don’t know. I mean, maybe to an extent you do that anyway as you grow up. But I’d always been fairly collaborative, even as a trainee. I mean, you learn to collaborate. You learn to partner. I’d worked very closely with a dear friend of mine now, Frank Furnari, at the Ludwig. So Frank and I were postdocs together. Frank is still working at the Ludwig. He’s now on faculty, of course, as a senior faculty member there. But Frank and I started talking even before I joined the Ludwig, and then when I joined it, there was a natural affinity and we did a lot of cool stuff together, and it was a lot of fun. So I think that was one of many positive experiences, probably one of the core experiences.

But I think most scientists are built that way. I mean, it’s just easier to do things together. I think what I learned with the SPORE experience was to—some of my colleagues are not the easiest people to work with, and one of the core challenges for me is—and this is maybe my Germanness—I get very anxious close to deadline. I’m just not a last-minute kind of person. I’m
just not. I’m always ahead of time if I can possibly be, and I just live happier that way. And some of my colleagues, who are really good at what they do, I mean do amazing stuff, they just thrive on that last-minute stuff, and it would absolutely drive me nuts. So learning not to let that drive me nuts and learning to keep—because, you know, there’s quite a lot of support staff who were there trying to help and trying to keep everybody happy.

So what would happen is that some of these folks, these project leaders, would deliver their stuff much past deadline, my deadline anyway, not past the actual deadline, and then we would have to scramble to get it all into the right place, and it would mean lots of late nights for my support team and grants manager and so on. So to keep their morale up and to have them not see the other people as being simply taking advantage and trying to get—you know. So these were the challenges, and trying to keep everybody on board and moving forward, and I think it worked pretty well. So I guess that’s where I really learned that I enjoyed that kind of work.
At the same time, or right around that time, I guess, I started working with Steve Tomasovic. I think in 2007, so a couple years after I got here, he sent an email around the faculty saying—I think he was looking for someone to help him with a couple of his educational programs. And I remember sending that email to Ray Sawaya and saying, “You know, there’s probably no chance they would consider me, but should I—?” You know.

And Ray, I think he said something like—I forget how he expressed himself. At that point, it might have been later, he said something like, “I’m afraid the administration’s going to steal you away.” (laughs)

But anyway, I did apply for it, and I doubt very many people did. So anyway, Steve gave me the opportunity to help out with some programs, and that was the Odyssey program and the annual symposium and a couple of things.

Tacey Ann Rosolowski, PhD
01:20:35
Yeah, you had—I’m sorry.

Oliver Bogler, PhD
01:20:36
Yeah.

Tacey Ann Rosolowski, PhD
01:20:36
You had mentioned that the Odyssey program was pretty key for you. So tell me about that experience. What was that project?
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Oliver Bogler, PhD
01:20:44
It’s still going now. The Odyssey program, I didn’t start it. It’s really an in-house fellowship program for postdocs, so there’s an endowment and some philanthropy funds that support the salaries and a little research stipend for a handful of postdoctoral fellows. So the program really consists of an annual competition for slots in that program, and also we have a publication award. So every year the best couple of papers from postdocs get an award, which is with some money and a chance to present their research at a lecture.

Tacey Ann Rosolowski, PhD
01:21:27
What was the reason for establishing it? It may seem obvious, but what’s the significance of this for the institution, for students?

Oliver Bogler, PhD
01:21:34
So it’s really a way of recognizing and identifying the best up-and-coming postdoctoral researchers and provide some resources for them, because it force-multiplies in the lab. So if a professor hires a postdoc in on a grant, and then that postdoc applies to the Odyssey program and gets support, they’ll get three years of support from Odyssey, which frees up the original support, and then the professor could hire another postdoc. So it is a way of putting resources into the best labs that are training the best people and giving those people sort of an early start. It also gives them a mark of distinction. The Odyssey program is competitive, and when they go forward for the next stage, they can talk about the fact that they competed for this. Only about 10 percent of the applicants get accepted in the program, and then the program also pays a little better than the typical rate, so they get a 20 percent bump above the NIH rates. So it’s also good for the applicant, and they get a little extra money in their pocket at a time when they’re really not earning particularly well.

Tacey Ann Rosolowski, PhD
01:22:39
So what about this particular program, and what did you do for this program, and then what were the lessons learned that were so significant?

Oliver Bogler, PhD
01:22:47
So the offer that Steve made was really a [unclear] of these things. It wasn’t like a menu I could pick from. He wanted me to run Odyssey and the Training Research Day and then the annual symposium. Frankly, and this is a little bit sensitive, but the key challenge with Odyssey was to
put it back on to a financially sound footing. So what had happened, which is not unusual, I think, is that the endowment had accumulated over a significant amount of time, so there was quite a lot of money in the endowment in sort of cash, interest had accumulated, and the way the project had been managed was to try and spend that down.

But the way that that had been done the year I took it over, it was a million dollars in the red because the endowment itself was actually not that big, and so I think the endowment at the time—now we have some additional funds, but at the time, the endowment, which still is here today, only has enough money for four or five fellows if it was just a steady state. But there were fifteen or twenty fellows, so a lot of fellows had been brought into the program when there was still a lot of it in the checking account, so to speak, without looking at the interest-bearing savings account, which was not that big. So that very quickly diminished.

So anyway, we had to, over a year or two, smooth it out, and there the challenge was almost exclusively on the managerial side. And I don’t know the backstory. I don’t know how that happened or how that came about, but I was able to prove that I could very quickly—I mean, frankly, it wasn’t rocket science. I mean, you had to look at the core and then find out how many fellows you could afford. Then I put a plan forward and I advocated ultimately to Dr. Mendelsohn that we would still take a few fellows each year so that we wouldn’t have a gap in the program ultimately, but I put a three-year plan, I think, forward that would get us back on to where we needed to be to then live within our means.

Then also during that time, we were able to get some other foundations on board so that we started getting in some new cash, and that helped get us back on track sooner. So now we have, in addition to the core, we have some people who donate year to year to keep the fellows going. And then under Dr. Dubois, we’ve got another $5 million that we are using over a six- or seven-year period.

So there, really, that was the challenge. And then obviously running the—there’s a committee that does the adjudication of the new fellows, does the scoring, and I run that committee. But it’s really not a bigger deal. That works pretty well. So that was the challenge there, and with the other programs, it was really just trying to bring them up to speed a little bit. The annual symposium was kind of in a little bit of a state of disrepair and—

_Tacey Ann Rosolowski, PhD_

01:25:54

How so?

_Oliver Bogler, PhD_

01:25:55
I think it was really sort of seeking its purpose. This has been around for many, many years, and back in the sixties, it used to be the definitive cancer meeting, and it was sort of—that’s at least my perspective, it wasn’t that anymore. So we really kind of recast it as an educational program built primarily to focus on a particular area for our trainees, and now Greg May is running it for me, and he’s working with the Vice Provost for Science, and they’re really taking it to showcase some of the best research that’s going on. So it’s again changed a little bit, which is natural. It evolves.

Then there was Trainee Recognition Day, which, when I took it over, really consisted of an enormous poster session, with hundreds of posters—maybe not hundreds, but certainly many dozens of posters and then a handful of talks from the best abstracts. And there I really—the four or five years I did it, we restructured it to become a more restrictive program. So we basically only allowed a certain number of posters into the poster session to try and make it more attractive to faculty and try and get participation up. And to make it more attractive, we also introduced live judging, so for the posters themselves, we brought in faculty to actually—so at least the poster presenters, if they got chosen for presentation, they would have some people coming to look at their posters and some opportunities to discuss it.

And we rebranded it Training Research Day to try and get it away from being a recognition event to being an event where there might be some interesting research to see. Again, we’re still experimenting with that formula. I think it’s an ongoing experimentation because, really, in a large institution with so much going on, it’s really hard to get people to come and spend time with any kind of venue. So, again, Greg is running that for me now.

But, yeah, those were really interesting experiences for me, got me a chance to work with different people in different institutions, the support staff in Academic Affairs, I got to know a handful of them pretty well over the years working through these things, and got to network with some faculty and so on. I really have to say it was an enjoyable experience. I really liked doing the work. I found it satisfying. I enjoyed when the events were successful, when the trainees got a chance to share their work and there was good feedback, you know, so those were just very interesting, also enjoyable things.

And I think I discovered that I like working with people more than—I really hadn’t had a chance to do that in—I mean, through science you do, but it’s not the same kind of thing, you know. You’re working with people in a different way when you’re running these kinds of programs, and also with the SPORE experience. So these sort of things came together for me.
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Chapter 08
A: Professional Path
Transitioning from Research to Administration

Story Codes
C: Evolution of Career
C: Understanding the Institution
B: Institutional Politics
A: Obstacles, Challenges
A: Professional Values, Ethics, Purpose

*Oliver Bogler, PhD*
01:28:57
And then when the GAP [Global Academic Programs] position was announced—so the GAP program had been without a vice president for, I think, around a year, and Dr. Dubois was the provost now, and when that was posted, it caught my attention. I thought, “Wow. What’s this all about?” And I have to tell you, I didn’t really know anything about GAP. I hadn’t really come across the program, hadn’t really be in touch with it. It had not been something I was very strongly aware of.

And I remember successfully, after a couple attempts, catching Dr. Dubois after a couple attempts in the hallway. This was back when the executives were up on R-11. We were coming from some lecture, and I said, “Do you mind if I walk with you on your way to your office?” And I then asked him, “I’m thinking of putting my hat in the ring for this position. What do you think?”

And he looked at me as sort of though, “Hmm.” I forget what he said, something like, “Don’t you think you should spend your time doing what you’re doing now?” or something like that, or “Wouldn’t your time be better spent doing what you’re doing now?” And I thought, “Hmm.” (laughs) I was a little discouraged. And I think he was just saying, “You know, you’re doing important stuff, you’re doing something valuable to the institution in research in the brain tumor center. Maybe you should keep doing that.” But I was determined not to—I think in the end, I forget how we left it, but it wasn’t a definitive answer, and obviously he wasn’t running the search committee or something. I decided I was going to throw my hat in the ring anyway.

*Tacey Ann Rosolowski, PhD*
01:30:38
So what was that balance about? Because, I mean, you had to anticipate that was taking on more and more of these administrative experiences, it’s going to chip away at the laboratory time, so what was going on in your mind?
Oliver Bogler, PhD
01:30:50
Well, I think the other thing was—and this is also a little bit sensitive, but I’ll just be completely honest. So I’d come to MD Anderson and the task that had been set me by Ray [Raymond Sawaya, MD [Oral History Interview]] and Al [Alfred Yung, MD [Oral History Interview]] was to help get the SPORE, and I’d done that by this time, and I’d done a couple other things in the brain tumor center, made some other changes. One of the things I did, for example, was that I persuaded everybody that we would pool the maintenance and operation supplement that lab-based faculty get from MD Anderson on an annual basis, that we would pool 75 percent of that and put it into a common fund and so some center-wide things with it, like hire a technician that would help run the equipment for everybody and these kinds of things. So I was trying to build a community. Coincident with me coming was the move to the Mitchell Building. We were now all together on the fifth floor of the Mitchell Building, which was huge and transformative because before, everybody had been scattered. So these things all worked together.

But I remember several conversations with Ray, with Al, and ultimately I think we had lunch together, the three of us, and I put to them the fact that I think now we should move on in the genesis of the center to a new stage. We should try and make the brain tumor center a true center in the MD Anderson ecosystem, or see if we could get the institution to invest some funds in us and so on. And I felt that I wanted to be the leader of that. I also was aware that, of course, philanthropy was coming in all the time in both clinical departments, grateful patients, and so on, and there were some other foundations around. I really had no influence on how those funds were being spent at all. And I said, “You know what? You brought me here to be the leader of the research group. I’d like to have a more formal recognition of that and be more involved in the stewardship of the resources.” You mentioned stewardship.

And the upshot of that was we had a very nice lunch and there was very polite conversation, and then sometime afterwards they said, “In recognition of your great work, we’ll give you—you’ll have $50,000 a year for your research lab from our philanthropy funds.”

I said, “Okay. I understand where this is going.” And I have to tell you in my heart of hearts, I felt perfectly fine with it. I didn’t feel like I’d been exploited or anything like that. I felt it was a fair bargain. I went into being the co-PI of the SPORE with completely open eyes. I understood that Al was the PI and he was the architect of it, and I was going to do the behind-the-scenes work. I was completely comfortable with that. But I also, through this process and these conversations over the period of a few months, recognized that there was going to be a limit to where I was going to go in the system, and fair enough.
Ray and I have a very good relationship—Ray Sawaya I’m talking about now—and Ray basically said to me, “Come in and do this, and we’ll see where we go.” So it wasn’t all down to him. I think it was a joint decision. It would have had to have been a joint decision. I don’t think it was what they wanted to do at the time. And I understand it. I mean, I was basically saying, “You know, okay, I’ve done what you’ve asked me to. Now what’s—?”

And they were saying, “Oh, you know, you’re good.”

And so I thought, “Okay.”

So when another opportunity opened, I thought about it, right? And so that was part of my thinking for sure. It was just at some point I wanted to do something that was going to open up new opportunities and new doors. So when this GAP position was announced, I thought, “Oh, this looks really interesting.” And what you said earlier about I do have a great passion for lots of different cultures or exposure to [unclear], I felt I could contribute something. I had just had these experiences in building a collaboration in miniature amongst a small group of like-minded scientists, admittedly. I thought, “Let’s see.”

So I threw my hat in the ring. I wrote a four- or five-page, if I remember correctly, something like that, sort of plan, vision. I sort of made a vision statement, if you will, or plan of where I would try and take the program. And, of course, I suggested some things that were already in place, because I wasn’t that familiar with the program.

_Tacey Ann Rosolowski, PhD_

01:35:25

What was included in your vision statement?

_Oliver Bogler, PhD_

01:35:28

It was really just the idea of how we would manage the program. I talked about forming a committee. It turned out there was already a committee. I talked about the fact that we would probably have to have seed grant programs. The SPOREs have these developmental programs and some well-known mechanism. They’re all over this institution, every institution, but I knew there weren’t any yet in that.

I talked about—I’d have to go back and look it up. It was four or five years ago. But I remember putting in some sort of concrete strategic things that I would do to try and get the research, to get the group organized, and I talked a little bit about bringing some metrics into how we would measure the effectiveness of the relationships. I think that was one of the criticism of the—and I was aware enough of the program to realize that. The criticisms were that it was a soft program
and that it really wasn’t very serious, and it was really for the benefit of people who wanted to travel and not really very serious-minded. So those are some of the things that I said I was interested in doing.

01:36:42
Tacey Ann Rosolowski, PhD
01:36:44
I wanted to ask a little bit about kind of the backstory to that, because, I mean, obviously the Global Academic Programs is an extension of a lot of issues about education that are already in place at MD Anderson, and one of them, of course, is that education is part of the mission. So I wanted to pick up a little bit about that for context. You know, first of all, why is education part of the mission of MD Anderson?

Oliver Bogler, PhD
01:37:13
So I would say—let me take a little step back. I would say that predominantly GAP is focused more on research collaboration and ultimately also clinical research and clinical care, but it does touch on education too. I mean, it really tries to reflect all the mission areas into the international space. I think education’s part of our mission because we are a university. I know we sometimes forget that, but we must remember. And we train an enormous number of people, I mean far more than you might think. I think at any one time there are four, five, six, or even seven thousand trainees engaged with MD Anderson in a given year, so a lot of nursing trainees, fellows, postdocs, graduate students, and all kinds of other international visitors. And that’s where I think GAP connects with the education mission predominantly. We bring in a lot of people to MD Anderson and we raise the awareness about the institution in many places as well, and it’s really critical.

Dr. Kantarjian, who’s an Associate Vice President in the GAP program, he credits the fact that he was able to come to MD Anderson as an observer. I think he applied to one other Cancer Center, and I want to say Sloan-Kettering, but you’d have to fact-check that. Anyway, some other center on the East Coast, and they didn’t give him an opportunity to come, and we did. And he came and he saw, and he was like, “Wow! I want to work here.” And now he’s the chair of
our leukemia department and one of our leading clinician scientists. So his point is—and I completely concur—is that you never know who you’re going to inspire by making these connections and who you’re going to be able to—either by bringing them here or going there.

So I think that’s part of the vision for GAP. When Dr. Mendelsohn started it, I think that was definitely part of the desire. So my understanding is it started in around 2002 and it was to foster international collaborations and it was, I think, also in response to the fact that at the time and even today we get a steady stream of people who come to us, and they send letters and emails to various contact points, it could be the president, it could be a faculty member they know, and they say, “Hey, we want to work with you. Help us do that.”

So GAP is the place where those requests go for evaluation and triangulation, and ultimately if there’s something there, potentially work up to a relationship. So it makes a lot of sense, and I think it’s an increasingly critical part of the mission. And I have to say that Dr. DePinho is just as enthusiastic and supportive of the mission of GAP as Dr. Mendelsohn was. I mean, I think there’s no real difference, and I think, if anything, Dr. DePinho has a broader vision of the impact he wants to have on cancer, and he doesn’t just mean in any one place, but everywhere.

_Tacey Ann Rosolowski, PhD_
01:40:32
Now, as I’ve—let’s see if I can sort of find my—because you work with the Vice President of Global Clinical Programs and then the Vice President of Global Business Development as well, is that—no, I’m not [unclear]? (laughs)

_Oliver Bogler, PhD_
01:40:46
No, that’s a little bit outdated.

_Tacey Ann Rosolowski, PhD_
01:40:50
Okay. So update me. (laughs)

_Oliver Bogler, PhD_
01:40:52
Yeah, sure. So when I joined GAP in 2010 in July, GAP was one leg of the Center for Global Oncology, and the two departments you just mentioned were the other two legs. Ed Diaz was the Vice President for Global Clinical, and at the time, Mitch Latinkic was the VP for Global Business Development, and we were this tripartite structure in the Center for Global Oncology.
Now, I can’t remember exactly when the restructuring happened, but it was probably about two years ago, maybe a little bit longer, and essentially the Center for Global Oncology was abandoned and the other two departments were restructured into the Cancer Network, which now reports to Dr. Burke, who’s Executive Vice President for the Cancer Network. For a while, it reported to Dr. Burke when he was physician-in-chief through Dan Fontaine and Gerard Coleman when they were still both senior vice presidents. So that was the initial Cancer Network structure.

And, of course, now in the Cancer Network, they still have Global Business Development. That’s Amy Hay now. Amy Hay was Mitch Latinkic’s associate vice president, but when he separated, she became vice president. And then Ed is still there, Ed Diaz. And now Maggie Rowe is the Vice President of Clinical Operations, I think, and Maggie was Ed’s former AVP. So they’ve kind of morphed into a slightly broader structure, and now mostly their focus is on the Cancer Network. So the domestic program with Cooper and Banner and so on and so forth and working with—you know, and we still partner with them a lot. I mean, GAP still brings the academic component to the Cancer Network relationship. So members of my GAP team might go to Banner or to Cooper and help with the research side, with the clinical research side, and we’re in constant contact.

And now we’ve actually restructured the oversight of the whole global enterprise we have. So although we’re organizationally separate, you know, I’m over here in the provost area and Cancer Network is all under—Dr. Burke now is Executive Vice President for Cancer Network. But we have an International Advisory Board, which Amy Hay and I co-chair, and that board oversees all international work, including things like Dr. Chin’s oncology expert advisor, her work with IBM, which is a Moon Shot project and is also internationally connected. But also the philanthropy work and Physicians Network and everything, so all this stuff is now at least—I mean, that’s an oversight function. It’s really an integration function that that board does. It’s not a managerial function. They report separately into their different structures. But it’s an attempt to make sure that we’re coordinated.
Tacey Ann Rosolowski, PhD
01:43:55
And that’s actually exactly the question I wanted to ask—

Oliver Bogler, PhD
01:43:58
Yeah, how do you coordinate it.

Tacey Ann Rosolowski, PhD
01:43:59
—because, you know, there’s the educational mission, but as I understand—and I keep harping on that or going back to that as kind of touchstone, because, you know, the multidisciplinary care at MD Anderson is one of the hallmarks. You know, there’s the MD Anderson way of delivering care, and part of the mission of all of these areas is to help spread that particular method.

Oliver Bogler, PhD
01:44:24
Right. But in a very different way. So I think you’ve put your finger on a really important point. So now I think the close coordination between Amy Hay and her department and GAP, the reason that particularly is so critical is because of the sort of scenarios that we work through on an almost weekly basis. So we will get a contact from outside from a prospective partner, and the partner could be a private group with a Greenfield project to build a hospital in India or in China,
and they’re, “We’re going to build a cancer hospital,” or, “We’re going to build a hospital with a cancer program. MD Anderson, please teach us how to build this cancer program.”

Or it might be an established group. We have a relationship in Peru, for example, with a group called Oncosalud. Now, it’s an interesting example because Oncosalud is a private oncology group, and one of the founders and directors of that, Dr. Carlos Vallejos—and Vallejos is V-a-l-l-e-j-o-s—he is a former fellow at MD Anderson, he was here for quite a few years, and he was the Minister of Health in Peru, and then he was the Director of the National Cancer Institute. We have a purely academic sister institution relationship with the National Cancer Institute in Peru to do academic work.

Then when he’s retired from that position and went back to his private practice group, he also wanted a relationship, and he came to us and said, “How can we work together?” And it turns out that the best model for this group is really with Amy, not so much with GAP. But he knew GAP, so he came to GAP first. So with the coordination that we’ve really established now, we’re working together with his group to make sure he gets the relationship he wants.

So let me define that for you. When you come to GAP and you form a relationship with GAP, it’s purely an academic interaction. First of all, there’s no fee involved. There’s no money involved. None of the members of our network pay any membership fee or anything like that. And what you gain access to is really the GAP team, which is currently ten people, and their work to network you and support collaborations and, say, put on conferences with you, or if you come to visit with the team, we’ll build an agenda for you and make sure you meet with the right people. We run other programs that you can participate in, an annual conference, a C-grant program, and I can talk a little bit more about those as well, but the core of it is that you really connect with us.

And, of course, you can come here, for example, and you can meet with faculty and even administrative staff, and you can ask them, “How does your cancer program run?” and they’ll tell you. They’ll tell you. You’ll get different opinions, depending on who you talk to and whether you’re in the Breast Center or in the Head and Neck Center or what have you. And then you can take notes and you can go home and try and make those work. And that’s what GAP is about.

If you want MD Anderson to have a structured interaction with you, come in and study your market and your organization and do essentially what Amy calls a GAP analysis, which is an analysis of where you are today and where you would be if you were in our approach or at our level, so to speak, and then you want guidance on how to get there, that is not done by us, that’s done by Amy, and that’s on a consultancy basis. It’s a fee-based basis.
Both of these things have existed for a while, and Dr. Mendelsohn essentially built both of these programs to satisfy different external requests, because people were coming to him and to other people and saying, “We want to work with you.” Okay. You want to do academic stuff, here’s the door. Or, “No, we want you to teach us everything you’ve learned over seventy years and help us implement it.” Well, that’s a different kettle of fish. I mean, Anderson can’t, as a state institution with obligations to be good stewards of our resources, we cannot take our clinical staff or even our administrative staff and send them to other countries for weeks to build cancer programs. We need to offset the loss of resources that that would entail with a fee-based consultancy, and that’s what Amy does.

So the coordination that we have now established, I think, is working pretty well—you should ask Amy for a second opinion, but I think she would agree—in trying to make sure that people, when they come to us, that they go through the right door, and sometimes it’s both doors and sometimes it’s not that simple. People may want a little bit of both, or, frankly, sometimes they think they really want one, but then they really actually want the other.

With Oncosalud, one of the conversations we’ve had in the past year—because right now they have an MOU with us here in GAP—they would love to do marketing. They would love to tell the people of Peru that they’re working with MD Anderson. Well, under our agreement, they really cannot do any marketing. They can put a sign up in their institution telling people that they’re working with us on academic programs, and they have such a sign, and that’s appropriate, but they can’t do media advertising with MD Anderson’s identity, because they’re not.

Now, if they sign up with Amy’s program like São Paulo did, Albert Einstein in São Paulo, the Albert Einstein Hospital, which is the first international associate in the Cancer Network, that’s a formal designation from Amy’s program. That means that Amy and her team and clinicians from MD Anderson have vetted the program and have said it meets certain standards, and now they are in a different position. That’s a consultancy-based relationship, and that just happened a few months ago, they can now do advertising on that basis.

So it’s a different kind of relationship, and so ultimately it’s not that—it’s fairly self-evident. They want very different things. But it’s surprising how much explanation sometimes we have to do in the marketplace to get people to understand what the difference is, because they—you know, with Amy it’s very structured. It’s like working with a consultant who will tell you what you need to do. Now, whether you do it or not, that’s your business. But they’ll tell you the steps, and they’ll tell you the steps from where you are today to where you need to be to get that designation, the international associate designation that allows you then to do certain things that you might want to do.
So that’s the current offerings, and I think it’s working really well, and I’m very excited about the international possibilities, because I travel the world and I see the desire that there is for learning how we deal with cancer. And we have seventy-years-plus of accumulated experience and knowledge, and I completely understand why institutions that are starting now or have perhaps not had the opportunity to get as far as we have, why they would want to simply learn from us. Why not? I mean, it costs money, but so does seventy years of development, right, so it makes a lot of sense.
Tacey Ann Rosolowski, PhD
01:52:16
So what is being offered? I mean, what is the MD Anderson way of delivering care, and what is the MD Anderson way of setting up research?

Oliver Bogler, PhD
01:52:30
So I think what you said earlier is kind of the distill of that. It’s multidisciplinary and it’s research-driven. So wherever we go with our Cancer Network program—and, again, that’s not primarily me. My group is sitting in the back of that particular car. But wherever we go, we insist that our partners include research in their clinical operations, and by that we mean pretty much clinical trials. We don’t mean laboratory-based basic research or necessarily patient-based research, but we mean clinical trials. And you’ll notice that’s the case in Banner and Cooper and elsewhere. That’s part of our DNA. So, yeah, I think that’s the key.

What Amy’s group will do—and again, I have given her presentation once or twice when she hasn’t been able to—again, she has the first-hand knowledge, but what Amy’s group will do is really everything to get you there. So if you’re a Greenfield, if you have a building, she will help you design your floors, your clinics, your hospital floors, your inpatient intake and whatever. If you already have a hospital, obviously that’s no longer necessary, but they’ll help you with staffing levels and educational programs, and they will put in place formal educational programs for your physicians. So things that you might get on a more flexible and ad hoc basis from the GAP group, you will get in a much more structured way from Amy’s group predominantly.
But the goal is to get the MD Anderson approach into the partnership organization, and it comes with ongoing connectivity. It’s not a certificate and then we walk away; it’s an ongoing relationship. Amy insists on, I think, after the exploratory phase when we commit, both sides commit, I think she insists on a ten-year commitment because it’s not really worth doing it unless both partners were there for the long haul. And it includes connectivity like tumor boards and visits and training opportunities and so on, so that we do cycle. I mean, all the physicians at Banner or Cooper or the other domestic partners come to our campus for a period of time. If they’re not trained here, they’ll come here for a period of time to connect and pick up on how we do things so that they learn the MD Anderson way. So it’s really practical at some level. And then we obviously send physicians there.

Then they also put in place quality-control metrics, so I get the reports through the Cancer Networks. There’s monthly—there’s a whole bunch of metrics at each of these institutions that they report to us that are surrogate markers for clinical quality, just like the kinds of markers that we report to the state and so on.

So it’s very much a co-managed program. Amy’s kind of the front end. The co-management then goes to Maggie’s department and Ed’s department. So Maggie is—we talked about Maggie Rowe, Vice President for Clinical Operations, so Maggie, she was really—I don’t know how long she spent in Phoenix, but it must have been over a year pretty much there the whole time for the Banner relationship, which was the first real incarnation of this new model. But she was on the ground. I mean, she was more there than here, I believe, and that’s what it takes. It takes that sort of “Here’s how we’re going to do it” kind of stuff. So, yeah, so that model’s working well.

Now, internationally, it’s a little bit different. In the domestic program, a fully employed physician model is part of the criteria. An MD Anderson-trained model is part of the criteria. So that is not something that you can typically get internationally. Most international, frankly, most healthcare centers in the world, have a privilege system. Albert Einstein is a good example. So although some of the cancer doctors there are employed, in the Cancer Center most of the surgeons, for example, are privilege surgeons, so I think there’s—I don’t know how many—several thousand surgeons who have privileges at that hospital and may have privileges elsewhere and decide where they take their patients. So there’s no way you can—you can’t impose on a privilege community your standards or expectations, because they’re not tied to the institution in that same way. So it’s a little bit different.

So if you’re in Banner, I think, or in Cooper, and you see the MD Anderson logo, I think you can be pretty sure that the care that you’d get is very much equivalent to what you’re getting here. When you’re in São Paulo at Albert Einstein, I think you’re getting excellent care, and you’re getting care that meets the expectations and quality standards that the relationship imposes. You wouldn’t expect that all the physicians that you encounter there are trained at MD Anderson or
necessarily have been specifically vetted by us. I think that wouldn’t be the case. So it’s a little bit different, but it’s appropriate.

Like I said earlier, I’m excited about the international thing because, you know, we can make a huge impact on so many more cancer patients, so many more lives, by bringing our experience and knowledge to these kinds of centers, and that’s our mission. I mean, that’s huge, you know. That’s our mission.

It’s a commercial thing, but I think we have to be realistic. I’m always surprised when people are queasy about commercialization. As a cancer patient, I’m acutely aware that anything that touched me, touched my body, or was injected into me or was used in my care is ultimately a commercial product, right? None of it was given for free or built at home by somebody, right? So the same thing with these kinds of relationships that we build there. There’s nothing wrong with having a commercial aspect to it. That’s how the world functions. Value is transmitted by money, and so money changes hands when value changes hands, right? And as I said earlier, as a state institution, we can’t give our knowledge away. We can give our knowledge away for free by publishing it, but we can’t actually implement programs for free in other places. That takes person hours, and person hours have to be paid somehow.

Tacey Ann Rosolowski, PhD
01:59:08
Well, we’re almost at five o’clock, so I don’t want to abuse your time, keep you from—

Oliver Bogler, PhD
01:59:13
Okay.

Tacey Ann Rosolowski, PhD
01:59:13
So would you like to close off for today? We have another session scheduled.

Oliver Bogler, PhD
01:59:16
Sure. It’s up to you. If you feel it’s a natural break, I’m very happy to break off if you feel—

Tacey Ann Rosolowski, PhD
01:59:20
Yeah, I think we can break now and then resume. So I want to thank you for your time today.
Interview Session: 01
Interview Date: November 10, 2014

Oliver Bogler, PhD
01:59:25
Sure. That was a lot of fun.

Tacey Ann Rosolowski, PhD
01:59:26
That was fun, wasn’t it?

Oliver Bogler, PhD
01:59:27
I feel like I didn’t stop talking for two hours. That’s probably true. (laughter)

Tacey Ann Rosolowski, PhD
01:59:31
Well, I’m turning off the recorder at 4:57. Thank you very much, Dr. Bogler.

Oliver Bogler, PhD
01:59:37
Thank you.
(end of session one)
Interview Session: 02
Interview Date: November 17, 2014

Oliver Bolger, PhD

Interview Session 2: November 17, 2014

Chapter 00B
Interview Identifier

00:00:00
_Tacey Ann Rosolowski, PhD
00:00:00
All right. So we are recording, and it is 3:08, and today is November 17th, 2014. This is Tacey Ann Rosolowski, and I am in the Office of Academic Affairs interviewing Dr. Oliver Bogler for our second interview session. Thank you very much again for participating.

_Oliver Bogler, PhD
0:00:24
Thank you.
Interview Session: 02
Interview Date: November 17, 2014

Chapter 12
B: An Institutional Unit
Global Academic Programs and other Global MD Anderson Initiatives

Story Codes
B: MD Anderson Snapshot
B: MD Anderson Impact
B: Institutional Processes
B: Institutional Mission and Values
B: The MD Anderson Brand, Reputation
B: Beyond the Institution
C: Understanding the Institution
D: Global Issues –Cancer, Health, Medicine

Tacey Ann Rosolowski, PhD
0:00:25
And last time we ended up the interview kind of setting the context for global initiatives at MD Anderson. So today I really wanted to focus on Global Academic Programs and what the services you offer, kind of what the history is, and your vision for the future. And just as a place to start, what was the situation in Global Academic Programs when you took over as vice president in 2010?

Oliver Bogler, PhD
0:00:57
So I joined GAP in July, I think it was, 2010. At the time, Global Academic Programs, GAP, had been without a VP for close to a year, I think it was. Karen Fields, the prior VP, had left, and Hilario Matta, who is the director in the team, had been running the group. That’s H-i-l-a-r-i-o.

So at the time, GAP was one of the three legs in a group called the Center for Global Oncology, the other two legs being the departments of Global Business Development and Global Clinical Programs. I think that’s what they were called. And that kind of reflected the structure of the institution. You know, at the time we had three executive vice presidents: Dr. Dubois for the academics, Dr. Burke for the clinical, and Dr. Leach for the business. So that kind of mirrored that structure. We each reported to our EVPs, each of the three vice presidents, and we worked collaboratively on international and national activities. Mostly as I joined the team, the focus for the other two components became more and more domestic, and over time they focused on partnerships like MD Anderson Banner, or Banner MD Anderson, I should say, MD Anderson Cancer Center at Cooper, and these are then what became rebranded as the Cancer Network, MD Anderson Cancer Network.
The structure changed a couple of times, but ultimately now we’ve become separated in a way, because those two groups are under the Cancer Network, and there’s a third team there now called Global Clinical—no. What are they called? It’s not the Business Development, it’s not the Clinical Programs, it’s the—its Maggie Rowe’s group. She’s the VP of that group, and she basically runs things. So at the time when I was there or the time that the Center for Global Oncology existed, Maggie was associate vice president. Maggie Rowe, Dr. Rowe, she’s a physician in the Emergency Services for clinical duties, but she was the associate vice president with Ed Diaz. Dr. Diaz is the VP for Global Clinical, and Maggie was on the ground at Banner and really built that relationship there on the ground.

Anyway, I came into the GAP team, and GAP’s role is academic collaboration, and we do work with our partners in the Cancer Network on the academic components of their clinical and business relationships, but our core mission in GAP is to support the international academic work of our faculty. As I often say, one way to think about GAP is as an academic service team, and that’s one of the reasons that it makes a lot of sense for them to be part of the Division of Academic Affairs because Academic Affairs is composed entirely of teams whose job it is to provide services to the academic population at MD Anderson. So GAP is no different.

One of the key distinctions between the way GAP does business and the way the Cancer Network does business is that GAP follows the faculty. So we don’t pick the relationships, we don’t pick the partner centers that we bring into the Network. Our faculty pick them, and they pick them on the basis of experience and activity. So the classic way that a relationship gets formed is that a faculty member or a group of faculty members will approach GAP and say, “Hey, I’ve been working with this great center in this-and-this place. We’re already doing these things together. We’re publishing together. We’re maybe doing a clinical trial or something. I would like to explore this situation further. I’d like to build it out. I’d like your help in seeing whether they can become a sister institution.”

So that’s a little bit different from the way the Cancer Network does business, which is they really do start with a strategic market analysis, for example. They identify Phoenix, for example, as a great place to have a Cancer Center because there’s no dominant one, and then they go and look at partners and so on. So it’s just a different way of doing business, and that’s a common misunderstanding, even in the broader MD Anderson community. I don’t sit in my office, as I like to say, with a map and a dart, picking places to go. I get lobbied on an almost weekly basis, I would say, by people, also by outside entities saying, “Hey, how about this relationship,” “How about that relationship.” So we really have a different role and we do things in a different way, and the reason we do it that way is that we have learned that if there’s not strong faculty commitment to the relationship, nothing really results. And that sounds very self-evident, and it is, but it’s a truth that you have to live with. If you build relationships that have no faculty
champions, as we call them, on both sides, then the relationship doesn’t end up prospering, not much activity results, and it’s really just a sort of empty gesture in the end. And that’s something, of course, we don’t have in our network, we try very hard to avoid, and so those are some of our preconditions of how we do business.
Tacey Ann Rosolowski, PhD
0:06:40
Can you give me an example of a really successful relationship that you’ve established, how it started and then how it evolved, I mean, talking along the way maybe about the kinds of services that GAP offers?

Oliver Bogler, PhD
0:06:52
Sure. So I’ll answer that question in a slightly different way in the sense that I don’t really think of any of these relationships as ones that I’ve established personally. I’ve been part of the GAP team when a good number of the more recent ones have joined, and some of those are very successful. Others were in existence when I came into the team. I think regardless of which it is, and this is sort of a truism I think that we know from our personal lives, a relationship is not something that you form and then it exists forever. It’s something you have to keep renewing and refreshing, and particularly these academic collaborations, you know, leadership changes at either institution, or even key faculty champions at Anderson may retire or separate. So you’re continually rebuilding the relationships from scratch.

We have some really excellent examples of longstanding successes. I’ll give you one that’s near and dear to my heart, which is the DKFZ, that stands for the Deutsches Krebs Forschungs Zentrum, the German Cancer Center. So this is the dominant Cancer Center in Germany in Heidelberg. It’s associated with the University of Heidelberg, but it’s a freestanding research center originally and now also has a center called the—what’s it called? I’m going to embarrass
myself here. It’s the Center for Tumor Treatment, which is the—what do they call it? I can’t think of the acronym right now.

Tacey Ann Rosolowski, PhD
0:08:33
We can always put it in later.

Oliver Bogler, PhD
0:08:35
Yeah, I’ll put that in later. It’s embarrassing. But they have a heavy-ion therapy center, so they’ve got a lot of commonalities with them. And their leadership is very—they’ve got a very strong leadership. Dr. Wiesler is the president of the DKFZ right now. He happens to be a brain tumor pathologist. I’ve known him through my research work for a while. But he’s a really good leader, and he’s very interested in the connection to MD Anderson, so we’ve had a strong relationship during Dr. Mendelsohn’s time, also during Dr. DePinho’s time.

So here are some of the services that we provide. We hold regular conferences, symposia with them. Just a few weeks back, Dr. DePinho and about a half a dozen of our faculty traveled to Heidelberg and they joined in a symposium there that was focused on brain tumors, on immunology, on some high-throughput or big-data genomics and a couple of other areas that are of common interest. And that’s a very common thing for us to do. We do conferences like that with many of our partners in different sort of combinations.

We do, for example, a rotating conference in China, which we call the Sino-U.S. Conference, and we have five partners in China, and the conference rotates sort of on an annual basis between these five partnerships. With each partner, each year we pick a particular theme that’s of mutual interest, we bring some faculty and then members from our other Chinese partners sort of congregate and there’s a symposium. So that’s a very common activity.

Tacey Ann Rosolowski, PhD
0:10:11
So how does GAP step in in developing a relationship like that and provide support so those kinds of events can come about, and what emerges from them?

Oliver Bogler, PhD
0:10:22
Yes, that’s a really good question. You know, initially, typically, when the connections are made, there’s a point-to-point connection. And I’ll give you another example. This is actually a relationship that was formed during my time in GAP, which is with the Instituto de
Cancerologia, which is part of a nonprofit private hospital group in Medellin in Colombia, called Las Clinicas, I think Las Clinicas Americas.

So there was a great collaboration between a couple of our gynecological surgeons, Dr. Schmeler and Ramirez, and they were working on a very interesting clinical trial that compared different surgical approaches to cervical cancer, and the focus was on late-stage cervical cancer, something we don’t see a lot in the United States. We some of it, but not so much. So they were having trouble, frankly, accruing to this, and they had a network and a different international network with several centers in it, but when they connected with this center, I think through professional circles, they connected with the surgeons there, they went down and credentialed them. They were really impressed. This group joined the trial, and they started accruing very well, and the trial really caught fire, so—

**Tacey Ann Rosolowski, PhD**
0:11:44
I’m sorry. When you say “accruing,” you mean they had difficulty attracting patients to participate?

**Oliver Bogler, PhD**
0:11:48
Just finding patients that met their clinical needs.

**Tacey Ann Rosolowski, PhD**
0:11:50
I see.

**Oliver Bogler, PhD**
0:11:50
Because here in the United States, we have a pretty good coverage of screening for cervical cancer, so most women are caught much earlier and are not candidates for surgery of this kind. So you do, in some underserved areas, you do find some more aggressive kinds of cervical cancer, but in other countries and in low- and middle-income countries, you see a higher incidence of aggressive cancers because there’s much less screening. So just in their daily practice, the surgeons in Medellin were more commonly seeing women with late-stage cervical cancer. So there was just a bigger population.

But the issue with the surgical trial is that you have to really credential the surgeons. You have to make sure that they’re doing the surgery in a consistent manner and in a high-quality manner, because it’s not perhaps like a drug trial where how you inject the drug on a technical level is neither that difficult nor is it that variable, right? You either inject it or you don’t. But surgery,
that’s a very different thing. So this was really a—it built a high level of trust because our surgeons traveled there several times and they met in conferences. I think their surgeons came here, and they really very quickly gained, I think, strong trust in the quality of medicine that’s been practiced at this institution.

So they came, Kathleen and Pedro came knocking—that’s Dr. Schmeler and Dr. Ramirez—came knocking on our door at GAP and said, “Hey, this is a great center. You should take a look.” So I went down with Hilario, one of my team members, and we visited, and that’s how the process starts. So there’s usually reciprocal visits. We had delegations going back and forth. Of course, when we visited, we told them about MD Anderson and we learned about their hospital.

And then we have a formal process on the way to sister institution status, which is that we have an oversight committee and we present the relationship twice. We do what we call a pre-presentation, which is a fairly brief presentation with maybe a half a dozen slides or so, some core facts about the institution, some indications of their capabilities. So we usually talk about some fundamental hospital metrics, case numbers, research, infrastructure, this kind of thing, governance and so on. And we kind of just sort of do this pre-presentation to essentially raise it up to our committee and say, “Hey, this is something we’re thinking about.” This is an opportunity for people to raise concerns or indicate interest, and as we’re building the relationship, we kind of give the institution a heads-up.

Then as things progress, usually sometime in the next six to twelve months, we will then come back for a full formal presentation, which takes more like a half an hour and really goes into some depth. During that exploratory period, we look at and we consider the—we have a set of metrics—“metrics” might be overstating it, but set of criteria is a better way of saying it, that we consider when we think about this institution. We look at, for example, its infrastructure. Is it a good program? Is it a significant program?

Some of our partners are entirely cancer-focused like we are. Other are Cancer Centers in universities or are just big hospitals with cancer programs. So it varies. We look particularly closely at the cancer part of the equation. We look at their status in their environment. Are they one of the major or even the dominant cancer player in their environment? Are they seeing the dominant patients? What kind of research capabilities do they have? We look at the strategic opportunities that the institution might offer us. By partnering with this institution, do we gain access to a particularly interesting group of patients or technology or research knowledge or know-how, the particular experts? What does it bring back to MD Anderson?

And then we look at institutional capability and commitment. Does the institution have resources? Are they committed to building this relationship? And those are things you really only
find out by going and speaking to people. The commitment is particularly sometimes difficult to assess. In some cases it’s very clear. In other cases it takes a while to work it out.

Tacey Ann Rosolowski, PhD
0:16:12
I suppose it can shift too. You were talking about the cultivating and sustaining of these relationships.

Oliver Bogler, PhD
0:16:17
Right. It shifts, yes. I mean, sometimes leadership changes at our partner institutions can mean that we essentially hit the reset button, we have to rebuild trust and connection with the new president or leader of the institution. You know, very often the leaders who build the relationships with us have connections to MD Anderson, either they’ve spent time here or they have some other connection. For them, it’s an obvious opportunity and advantage. But when a new leader comes in who may not have had that history with us, you have to kind of go back and renurture it. So that’s why it’s a continuous cycle.
So then what else do we do with our partners? We do the academic things. We have a continuous flow of people going back and forth. We host delegations all the time. And then in the program, we have certain core activities. We have the annual conference, GAP annual conference, and that is held—now actually in recent history is held at MD Anderson in odd-numbered years, and starting in 2012, we’ve gone abroad. So we’ve done it exactly twice. In 2012 we went to Norway, and that’s another great relationship. We have a relationship with what we call the Norwegian Cancer Consortium, which is three institutions. It’s the Stavanger University Hospital and the Radium Hospital of Oslo University and the Cancer Registry. And they actually persuaded us to hold the conference outside. So this was really their idea much more than ours. They said, “Why don’t we do this.” And we initially thought, “Well, that’s pretty risky,” but they persuaded us and—

Why did you think it was risky?

Well, one of the cores of the conference had been that it was the opportunity of everybody in the Network to come once a year to MD Anderson and refresh their relationships with our people, and that was a big part of the draw. And we always held, always do hold, the one here. When it’s here in town, we hold it either right before ASCO or right before AACR so that people who are coming to the United States for those big conferences anyway, for them it’s easier to add a
couple of days and see us. And we were afraid that if we went to Oslo, well, why would a doctor from a third independent country go to Oslo? They might not see the person that they want to see most at that conference. So we decided that this is not going to be the goal of the conference when it’s not in Houston. A big goal of the conference when it’s somewhere else is to sort of showcase and highlight what that sister institution is interested in and focused on and good at, and we’d have a different kind of meeting every other year.

So in Oslo, we were about six hundred people. It was very successful, I thought, and it highlighted some of the interesting Registry work that goes on there, a lot of breast cancer research, all the good research at Radium and Stavanger, and it was a really good conference. Let me think. 2012, I think that was Dr. DePinho’s first conference, because he joined the institution September of 2011. I think that’s correct. And our previous GAP conference in 2011, that one would have been in the spring, so he didn’t see that one. So this was his first one.

A key part of the conference is that it’s also when we hold our annual board meeting where we have a representative from each of the sister institutions at a board meeting, we discuss progress over the past year and strategy, and we listen to our partners and so on. So I think for Dr. DePinho, that was the first time he had a chance to hear that, and I think he saw in that the power of the GAP network. Right now we’re thirty-one partner institutions in, I think, twenty-two countries, and many of them are the top-notch cancer places. So once a year, they gather around us and we have an opportunity to talk about what we can do and what opportunities there are.

You know, of course, Dr. DePinho’s very broad and strong vision for how to deal with the cancer problem. He emphasizes international collaboration and translation of our efforts into other countries, right? So the GAP network is a great tool, hopefully, in that. I think he sees it that way. He’s been great supporter of the program, as, of course, was Dr. Mendelsohn, who initially came up with the idea. You can see why. I mean, this is an opportunity for the institution to connect, and so he saw that there for the first time.

Anyway, the Norway conference, I think, was a great success. Two years later, this past May 2014, we were in Seoul. Yonsei Cancer Center was our host. It was another extremely good conference, actually larger and really broad, and we had some really excellent science there. Seoul was a really good venue for our first Asian meeting, because it’s geographically very central in Asia, so a lot of folks came from our Asian partners. And in 2016, we will be in São Paulo. We’ll be collectively hosted by the three partners we have there, and that’s going to be another exciting meeting.

So that conference is a really key part. It’s really not a typical conference. It has some high-level speakers, of course, from the Network and so on, but it’s really the focus of the conference is workshop-style meetings focused on common areas of interest, so that the idea is that people
with a shared focus can meet once a year, compare progress, find, rebuild collaborations, and things like that.

Tacey Ann Rosolowski, PhD  
0:22:05  
Yeah, I was going to say that’s probably a much more effective way of cultivating connection, too, than sitting with talking heads, I mean, where most of that networking has to occur after-hours of the conference.

Oliver Bogler, PhD  
0:22:15  
Right. Exactly. And, you know, the world is full of excellent cancer conferences, you know, and, as I say, when we’re here, we do it right before AACR, ASCO, so you’re going to get all the great talks on cancer there that you could possibly want. So this has a little bit of a different focus and a different purpose, really, because it’s—one thing I’ve learned in my experience in GAP is that really being effective at networking still has a lot to do with being in the same room with someone and being in the same space. Wonderful communication advances have been made in the last several decades, but ultimately people still want you to visit them, they want to visit you, they want to sit around a table with you and talk to you. It’s just, I think, very sort of fundamental to our biology.

Tacey Ann Rosolowski, PhD  
0:23:02  
Help me understand, maybe using the example of the Colombia institution, what MD Anderson gets from a relationship, a sister institution relationship.

Oliver Bogler, PhD  
0:23:15  
Yeah. So I didn’t really finish that story. So we went to visit them several times and started building relationships, and before they become a sister institution, we really insist on broadening the basis of their interaction so it’s not enough—if it’s just a small group interacting with a small group, we’re happy to support it maybe with an MOU, and we do that on occasion.

Tacey Ann Rosolowski, PhD  
0:23:36  
An MOU again?

Oliver Bogler, PhD  
0:23:37  
A memorandum of understanding.
But for it really to become sort of a higher tier, which we call the sister institutions, we really want to see multiple departments, different areas of cancer research, and that just gives us the breadth. So we spent several months building that breadth and brought in some other groups that are working in there, and then we sign them on. And I have to say that IDC is a great example of an institution that’s very interested in what we do, very connected, and they’ve sent many teams over to us, but not just physicians, interestingly enough, but also people involved in management and structure and so on.

Now, in addition to a very committed chief medical officer there, they also have a chief business guy who’s very connected to MD Anderson, and he was actually active in the municipal government. He was, I think, the Minister of Health for the city of Medellin, or the Secretary of Health, I think, might be the more appropriate term. Together with him now, Dr. Hawk in our Cancer Prevention Group has built a tobacco-cessation program for the city. So that’s a great example of how this has now become a leveraging point, and IDC, Instituto de Cancerologíia, is like the dominant cancer institution in that city, and because of Dr. Yetis [phonetic], they have connections to the city government, and this became a natural extension.

I should mention another partner. I mean, we have many, but the National Cancer Institute of Mexico, INCAN, has been another great partner of ours. And with them also now, Dr. Hawk and Dr. DePinho are working on a tobacco-cessation program here at the federal level with the Ministries of Health and Education. So these are new developments in which GAP is supporting it, but we’ve invested quite a lot in our Latin American network and have sort of almost also done some things with that group as a separate subgroup of our entire network, and now, hopefully, we’ll have the opportunity to take some of these initiatives and also bring them to other centers. We have partners also in Peru, and, of course, in also Brazil I mentioned. So I think that’s very, very positive.
So one of the questions you asked earlier, which I don’t think I fully answered, is what does MD Anderson get out of these relationships. Well, we get the opportunity to do research in areas that would be a challenge, and very often that’s related to rare tumors. So by bringing together four or five institutions in different geographies, we can both do comparative biology. You know, does the same cancer in different cultures have the same origin or the same—you know.

One of the early projects we funded was a p53 sequencing project in head and neck cancer in France, in United States, and in India, where the risk factors might be different. In France, there’s still quite a lot more tobacco use than there is here. In India, there’s a lot of chewing of betel nut and so on. So you can do some comparative biology like that or you can simply pool rare tumors across things, pooling, of course, expertise, so we have world experts at many of our partner institutions that our faculty can work with, and with this mechanism, they might get a little seed grant going. Some of our grants have now matured into—our faculty on the basis of seed grant money have moved on and applied for NIH funding. We’ve—they’ve published some really good papers. I shouldn’t say, “we.” It’s not me, but it’s our faculty that have published these amazing papers, some really good Cell, Science, Nature kind of papers, and it’s been really quite transformative.

*Tacey Ann Rosolowski, PhD*
0:31:57
Well, I can see why, you know, in a metaphorical sense you have almost a proprietary sense, because you’re providing the springboard for this to happen, and, I mean, it’s pretty amazing that
scientists, particularly in an era when funding is much more difficult to come by, that they’re able to get this support and then go on to a much more national track record, if you will.

Oliver Bogler, PhD
0:32:19
Yeah. No, absolutely. So we’ve been very happy to see that. I touched on this briefly earlier, we do try in our project selection—we get about typically around fifty or so applications a year, so the funding line is generous. It’s right around 30 to 40 percent. But in picking the projects that we fund, in addition to scientific merit, which we score for, we have a study section here which the Office of Research Administration helps us manage, so these are faculty at MD Anderson that are evaluating the scientific merit.

We also, after the scientific merit, call together a committee with one representative from each sister institution via teleconference, and we ask them to score the strategic importance of the project. So occasionally we will give preference to a project that might not be scientifically so exciting but might provide key infrastructure to the Network or have transformative opportunities in areas of the world where certain things are not happening yet. So we do look at that as well, and we also try and balance it, frankly, to be inclusive and also different tumor types and different kinds of research. So sometimes, you know, the really hardcore genomics or stuff like that will really get the top scientific scores, but we don’t want to put—you know. The goal of this is not just to fund the best research, but also to make the Network active, and so you have to find ways of including centers that have not perhaps been able to invest in that sort of topnotch science yet. They may be building in that direction, but they need to have other opportunities.

I mean, I’ll give you an example. There’s a lot of interest in our Network in palliative care. You know, palliative care is often, especially in resource-constrained environments, is a major leg in what hospitals offer. They often see patients who, particularly some of our centers with rural screening programs, they might screen patients who present with late-stage cancers and this is the first opportunity they’ve had to be diagnosed, and by the time they reach the hospital there really isn’t a lot that can be done. It’s just not in that treatable stage anymore, and so palliation is important.

Some of our partners do really excellent academic work in palliative care as, of course, our doctors here do. So that’s not going to get most study sections very excited, because it’s not discovering the latest target or pathway or something, but it can be really impactful to many of our partners and can be of huge interest to many of our partners. So that’s just the kind of thing that we take into consideration as we build our portfolio.

Tacey Ann Rosolowski, PhD
0:35:02
Interview Session: 02
Interview Date: November 17, 2014

Are there any examples of instances like that where some of the partners have done significant academic work in areas that maybe are not the kind of sexy, cutting-edge thing here in the U.S., but the medical community here in the States has been able to take advantage of that? I mean, I’m just curious because you hear so much about how the focus of the NIH has been narrowing, in a sense.

Oliver Bogler, PhD
0:35:31
I think that’s true. You know, a good example is traditional medicines, things like that. Some of our centers are very active in that area and often blend Western and traditional medicine in a way that we really don’t. So some of our faculty who are engaged in that area have found real connection with those teams.

MD Anderson is a surprisingly broad institution in terms of research. I mean, you can find so many different areas that we’re engaged in. So many of our faculty are—we have a large faculty and a great faculty, and they’re busy in so many different areas. It’s really hard to find something that we’re not in some way engaged in. Often when we think we have, it’s just that we don’t know everything that goes on here. So I’d be hard-pressed to find a good example, but palliation, I think, is a good case for something where proportionally our investment in it is quite small, when you take the whole of MD Anderson into account. And in other institutions, it might be a much bigger proportion of what they’re doing. Actually, as we begin to start working in Africa, we’re realizing that in some countries there it may not be the biggest part of their cancer program, but it’s almost there, just because they really have very little else to offer. Wow. Wow.
Interview Session: 02
Interview Date: November 17, 2014

Chapter 16
B: Building the Institution
Global Academic Programs: Building Collaborations Using SciVal

Story Codes
B: Institutional Processes
B: Beyond the Institution
D: Global Issues –Cancer, Health, Medicine
B: Building/Transforming the Institution
B: Multi-disciplinary Approaches
C: Research, Care, and Education

Tacey Ann Rosolowski, PhD
0:36:59
My ears kind of pricked up when you mentioned the Sister Institution Network Fund, because when I was doing my background research, I came across some mention of the Research Retreat that was held at Banner. Now, was this right after you became Vice President of the Global Academic Programs?

Oliver Bogler, PhD
0:37:21
I think it was fairly soon afterwards, yeah. So we’ve tried in our SINF work to offer it to our network partners, and Banner has been a participant in the SINF. Cooper hasn’t, I don’t think—I think Cooper has had one project in it. I’d have to go back and check on that. But we’ve certainly tried to build that connectivity, and that’s been sort of a good example of what I mentioned a little while ago, which is that GAP remains connected to our Cancer Network partners. And one of my team members, Shubhra Ghosh, she has an MD and a background in clinical research, she often partners with the Cancer Network people on developing academic programs with them. So there is that connectivity.

Tacey Ann Rosolowski, PhD
0:38:11
Did I misunderstand? Was the Research Retreat part of GAP or was it part of Academic Affairs?

Oliver Bogler, PhD
0:38:20
No, it was part of GAP. It was GAP playing a sort of supporting role for the Cancer Network.
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*Tacey Ann Rosolowski, PhD*  
0:38:25  
Oh, I see. Okay.  

*Oliver Bogler, PhD*  
0:38:25  
So we don’t take the lead with those relationships, but we come in and we provide that academic component. So research often in the Cancer Network, frankly, means clinical research. There’s not a lot of laboratory-based kind of research going on, so it’s really focused on clinical trials. So we come in and we support that, just because that’s part of our skill set and what we do all the time. We bring people together for these kinds of activities.  

*Tacey Ann Rosolowski, PhD*  
0:38:54  
Because I was also reading that at this retreat, which was kind of an unveiling event for—am I saying this correctly—Collexis, and then the Sister Institution Network Fund, those were the two kind of big items that were mentioned.  

*Oliver Bogler, PhD*  
0:39:10  
Yes. So the Collexis, Collexis is now SciVal. So this is interesting. Yeah, Collexis was a company that was bought by Elsevier, and they transformed it into what they call SciVal Experts, actually.  

So what we did, one of the challenges that I recognized when we built the Sister Institution Network Fund was, okay, you’ve created this program, you’ve put some fuel into the machine or you’ve given people the opportunity to compete for this fuel. How do they find each other, right? So, of course, that’s what GAP does, GAP networks people, but that’s a pretty inefficient and uneven way of networking. So we started looking around for ways that we could essentially build an experts database that would allow us to find each other.  

And, you know, we have a website, MD Anderson has a website, but in my opinion, it’s hard to find experts easily on our website. If you type in a search term on MDAnderson-dot-org, you’ll get a list of all the faculty who have worked in that area, but it doesn’t give you a lot of information beyond that, and, frankly, it doesn’t necessarily rank the search results in a way that the people at the top of the search results are the people most connected with that. It certainly wasn’t the case three or four years ago.  

So we looked for other solutions, and then the other thing we wanted to do was we wanted to make sure that whatever we built wouldn’t put an additional burden on the faculty, so that they
wouldn’t have to keep it up to date and so on. So Collexis, now SciVal, fulfills those things. It’s essentially drawn out of the publication databases, and it presents each faculty member as an expert and it sort of abstracts their publications. It extracts keywords for them and gives them ranking. So if you go into this website and you search for the word “breast cancer,” you’re going to get experts ranked in the order of how closely they are associated with that search term, and you can then refine the search and so on.

So what we did with our instance of SciVal is include on a voluntary basis people from the Sister Institution Network, so when you go to our instance and you search, you’ll find faculty in that listing that are not just faculty here at MD Anderson, but also elsewhere in the Network. So not only would, quote, “they” be able to find us, but we would be able to find them, and that was the initial reason for that, for implementing that, and I think it’s been very effective.

Now, in the meantime, UT System has contracted with SciVal for all the health campuses and, I believe, beyond that as well now, so right now everyone in the UT System, I think, is going to be ultimately in that database, which will be huge, and that will be fantastic because then there’ll be websites where you can search the entire University of Texas for an expert. And, again, the concept is the same. They want us to be able to find each other more effectively so we can build collaborations with our colleagues at other UT campuses.

So at the time, that was the thing. We brought Banner into it, and that was a part of how we were building our connection also with the Cancer Network, because academics is an important component of that. The faculty in our partners become adjunct faculty here, and we want to look for opportunities to connect them academically to us, so including them in research results and having—you know, I think that just makes a lot of sense.

**Tacey Ann Rosolowski, PhD**
0:42:57
Now, here’s a situation in which I don’t know where to go. (laughs) So you joined GAP in 2010, and I mentioned kind of the things that I discovered in doing background research, but I imagine that there’s a lot more to the story of how you’ve shepherded GAP and kind of made your own imprint on that. So maybe you could tell me what, for you, are some of the high points of the last four years.

**Oliver Bogler, PhD**
0:43:26
I think we’ve covered a lot. I think the one other thing I would mention is—so I’ve tried to do a couple of things. When I joined the group, I found that there were a lot of really good clinical partners in the Network, but I think we wanted to rebalance a little bit with some research partners, so we’ve added a couple of strong research partners, Karolinska perhaps most
prominently in the last several years, and there’s still a few others that we’re talking to. That was sort of a minor thing, because I think it’s good to have a mix. There’s a couple of groups that we’ve talked to which hasn’t come to fruition yet, but that’s the nature of GAP. There’s always many conversations going on and so on.

I also introduced some metrics around the criteria I mentioned earlier, so we have the ability a little bit to score people, and we’ve discussed with our advisory group strategies and so on.
For me, the dominant strategy is really to think of GAP as a platform. That’s how I think of it. I actually don’t believe that it’s my role, or even the GAP team’s role, to determine what activities happen on the platform. I think that’s for the faculty to decide, or ultimately the institutional leadership. Dr. DePinho has certainly seized opportunities for the Moon Shots to work on this platform and so on. What we really created is a platform. I see it as a part of our institutional infrastructure. And so sometimes we have these debates with our oversight group, who when we present a new institution, they want to see strategy. Now, we do show them strategy in the sense that we show them the strategic opportunities.

For example, we have let the two latest institutions join our—both institutions in Thailand, in Bangkok, two very significant partners there, came forward at the same time. It’s a little unusual, but they both joined the Network. But both of them are in themselves networks. One of them is a single institution with thirty, forty hospitals, not only in Thailand, but in Southeast Asia, and the other one is in itself a little network with similar presence in that region. So one of the strategic opportunities these partners bring us is not just connectivity to Thailand, but also beyond that to other parts of Southeast Asia. So Dr. DePinho’s concept of lives touched and opportunities, that
could be huge. We could do research potentially down the road with these partners that would be very far-reaching. So that kind of strategic opportunity we very clearly discuss and identify.

When the oversight team says to me, “Well, what’s the strategy for the Network?” I basically say—and I’ve said this for four years, and so far no one has fired me over it—“I see it as an opportunity. I see it as our job is to build a platform that’s as broad and inclusive as possible and offers as many opportunities to our faculty as possible.” I don’t know what the next professor who comes through my door wants to do, and I don’t think it’s my job to say [unclear] the Network for these folks but not for these folks. So I see that as a really fundamental philosophy, and I recognize that not everybody shares that.

The last thing I’d like to touch upon is—let me say one more thing in that context, and then I’ll move on to the last thing. Recently, in collaboration with some colleagues in the Cancer Network, we have organized our Advisory Board. So we used to have one just for the GAP program. It’s now been renamed as the International Advisory Board, and at the request of the president and the provost, this board oversees or advises on all the international activities at MD Anderson, so not just what we’re doing, but what the Cancer Network is now beginning to do, but also other programs like the Oncology Expert Advisor and so on that have international reach.

So I think this is a great step forward for us all because it provides an integration point for all these activities, so when we present our sister institutions, it’s not just GAP in the room, but it’s also Amy Hay and her group. Amy and I co-chair this Advisory Board. But the philanthropy group’s there, the Cancer Network’s there, so we’re all seeing more of what everybody else is doing, which is important because—and, of course, behind the scenes we’re coordinating all the time and connecting all the time, but I think that’s a great step forward.

The last thing I’ll mention in the context of GAP is that one of the puzzles that I noticed when I joined was that when you looked at the map, there was nothing in Africa. And why is that? And I think fundamentally the reason is that the mode that we work in is, as I’ve described all along, it’s faculty-driven and it’s largely peer-to-peer kind of collaboration. So even when we are working with partner institutions in low- and middle-income countries, they are the dominant cancer partner. They’re sophisticated people in the cancer world. They may not have the absolutely latest technology that we have. Many of them do, but they may not. But they’re expert-trained people. These are clinicians who are specialized in cancer and so on. They’re really our peers.

In Africa, for the most part, particularly Sub-Saharan Africa, that really doesn’t exist, with the exception of South Africa, and so that model that we have, it doesn’t work. And if you look at what other institutions are doing in global health, it’s a very different model. It’s built often out
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of a medical school. It’s built out of a tropical medicine program. It’s built with medical students and so on. And all these are ingredients that we don’t have. So our global health programs are very different. We’re also not a School of Public Health, right? We are a Cancer Center.

So one of the puzzles I’ve been working on for the last couple of years is how do we do something that’s meaningful and useful in that, given those differences in our program and given also the constraints that that places on us. I think we’ve made some good progress. One of the first steps was to collect faculty with interest and expertise in this area, so we have something we loosely call the Africa Committee, which we grew sort of organically by word of mouth, people declaring their interest. There’s about forty or so faculty on that group now, meets once a month. And we’ve made some significant progress in the last few years.

We’ve now partnered with the African Cancer Institute, which is a new entity at Stellenbosch University in South Africa, and we also have a partnership with the UICC, the International Union for Cancer Control, and together with them we’re exploring opportunities to build capacity in Sub-Saharan Africa. We’ve probably picked Zambia and Mozambique as initial countries to think about working in, and we’re planning workshops for the spring to really nail down the details of that project.

We’ve taken a very collaborative approach, so we’ve networked with the National Cancer Institute and ASCO and the Fred Hutch in Seattle and AACR—I mean, excuse me, Harvard. And we’ve talked to a bunch of people at various [unclear]. I’m actually going on Wednesday to the Pink Ribbon Red Ribbon board meeting. That’s a group that’s trying to leverage AIDS investment in PEPFAR into cancer work in Africa. They are, themselves, connected with many governmental organizations and nonprofits and the Gates Foundation and so on.

So we’ve really invested a lot of time and effort in networking, trying to not do anything that doesn’t fit with what’s already going on, and trying very hard to do something thoughtful, and we’ve connected also with some several of the First Ladies who were in Africa, who are well organized as a group. So we’ve had the First Lady of South Africa was at the GAP meeting two years ago. The First Lady of Mozambique was in Korea with us. We’re inviting several First Ladies for next year’s meeting. So we’re getting a lot of connectivity there.

So it’s been very promising, and I’m excited because I think we’re hopefully going to come up with a good program that will actually not just bring MD Anderson to this activity, but actually our Network. Many of our partners are very interested, and actually many of them are more experienced than we are at working in Africa. But this is one of the powers of MD Anderson that certainly I’ve discovered, and I’m honored to have represented Anderson in the GAP work. We have as an institution, as a really strong institution in this face, we have the ability to motivate and focus and concentrate effort in a way that’s almost magical. So sometimes just, I think, by
being there and urging collaboration and bringing people together around a problem, we can catalyze things, even if it’s not necessarily our people on the ground doing stuff.

So that’s a body of work that I initiated maybe two, almost three years ago now, and I haven’t quite seen the completion of it, so I hope to stay involved with GAP long enough to at least see that component. We’re now working on a—just for the historical record—where Dr. Dmitrovsky is recruiting a Vice Provost for Clinical and Integrated Programs, and the plan is that this person will take over leadership for the GAP team when they’re recruited.
That brings me to my very last GAP point, which is that one thing I cannot do for the team, because I’m a lab guy, is to really leverage the investment that we’ve made for clinical research, and that’s crying out to be done. I want to just take a moment and mention Dr. Kian Ang. So Kian, professor in Radiation Oncology, head and neck expert and researcher, really just an amazing guy, so he led the GAP program from October 2012 to June 2013, so he took over when I was diagnosed with cancer and could no longer travel, and did a fantastic job. And part of the reason, actually, it was Dr. Buchholz, who was provost at interim at the time, he appointed Kian, and I think it was a brilliant thing to do because Kian was just perfect for the job. He had roots in Indonesia, had done his training in Belgium, was a very international person, and was doing great clinical research internationally. And what we were all excited about was that Kian would really realize the potential of the Network for international clinical trials. That was his forte and his interest.

[Redacted]

Dr. Dmitrovsky asked me to take the program back. He was at that point coming on board because I think he joined us in July, if I recall, of that year, so he was just in the [unclear]. So
I’ve been running the program since then sort of on an ad interim basis. So that’s my checkered history with GAP.

Tacey Ann Rosolowski, PhD
0:55:58
Yeah, wow.

I had a couple extra questions I wanted to ask you about that, about GAP. One is—and you’ve alluded to Dr. DePinho’s perspective and involvement in GAP, the way he’s been leveraging it for the Moon Shots program. But I wanted to ask you very explicitly in what ways has the focus of GAP shifted or perhaps the relevance of GAP shifted since Dr. DePinho took over the reins of the institution from John Mendelsohn.

Oliver Bogler, PhD
0:56:37
Yeah, that’s a good question. I think Dr. DePinho has set new expectations and new goals for the team. And the two governmental collaborations I mentioned earlier I think are good examples. So Dr. DePinho’s vision of cancer, in my opinion, is very broad, and he correctly points to the fact that there’s huge opportunities to have impact on cancer with the knowledge we have today and has urged the institution to get more involved in things like policy and implementation of prevention programs. So that’s a completely new thing, and we’re taking, I think, some real initiative now through the Cancer Prevention-Moon Shots platform, Dr. Hawk and Mark Moreno, who collaborated. I mean, that’s a really interesting collaboration. You have a government relations expert working with a cancer prevention oncology expert.

Tacey Ann Rosolowski, PhD
0:57:46
I’m sorry. I missed the names, if you could mention them.

Oliver Bogler, PhD
0:57:49
Hawk, Ernie Hawk, our VP for Prevention, and Mark Moreno is our VP of Government Relations. So they are co-leaders of this platform. Dr. DePinho has essentially said this platform needs to have access to GAP to leverage or to use GAP itself as a platform to bring these kinds of areas, kinds of activities to our partners.

This week, actually, Dr. DePinho’s in Portugal together with two of my GAP team, Hilario, I’ve already mentioned, and Cam Francis [phonetic], and he is a guest of—and he’s with Dr. Hawk and Dr. Lopez-Berestein, one of our faculty, and they are being co-hosted by the Portuguese government and the U.S. Embassy there. They’re there for a whole week. They’re touring
multiple institutions, cancer institutions in Portugal, looking for opportunities to collaborate and sharing our vision with them. There’s a symposium in Lisbon with several other faculty joining them. That’s a huge, high-level trip. I mean, Portugal, of course, feels very connected to Dr. DePinho because of his Portuguese roots. He’s also been invited by a group called the Portuguese Diaspora to give, I think, a presentation later in the year.

So I think that’s a great synergy between our global program and Dr. DePinho’s vision of connecting at a high level with people, and I think Dr. Mendelsohn had similar connections, but he didn’t really use GAP so much as a platform or as a supporting team for those kinds of activities. I mean, for me, it’s exciting because I see our role as following the president on this visit and helping to make sure that the things we connect on then have follow-up. I think that’s critical. I would have gone myself, but I have to go to the Gates Foundation on Wednesday for the Africa work with Pink Ribbons. Otherwise I would have been along with Dr. DePinho, but this is another—I’m the only one who can do this. I have a great team members who can support him when he’s traveling in Portugal. That’s, I think, sort of a glimpse of how he feels we should work.

I mentioned First Ladies earlier. We’ve connected him with the First Lady of Mozambique, and the President of Ethiopia visited recently, so he’s very eager to engage with heads of state or people close to heads of state to bring the message and support activities. I think Dr. DePinho has a great vision for cancer. I think he has a very clear vision, and I think it’s a courageous vision.

I think he took some flak for the Moon Shots programs initially, and I think as a cancer patient, I do understand the concerns of some academics whenever someone stands up and says, “We’re really going to do something about this problem.” Cancer has proven a very difficult problem, and I think it’s courageous to set any kind of timeline to that. But as a patient, I find that is a profoundly important message, and I think if people aren’t willing to get up and say courageous things about what we’re going to do and what goals we set for ourselves, then we’re not going to take the initiative or we’re not going to realize the opportunities that are there. So I think GAP is hopefully a good tool for him to bring that sort of courage and conviction to all parts of the world.

_Tacey Ann Rosolowski, PhD_

1:02:01
What do you envision or hope for GAP as you look into the future, things maybe left undone or—
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**Oliver Bogler, PhD**
1:02:11
I think the critical thing is the critical trials work. So I think Dr. Dmitrovsky’s got this really great vision of recruiting someone into this vice provost position for Critical and Integrated Research who is an experienced clinical trials person and who will not only take care of the clinical trials activities at MD Anderson, but because they will also be given the GAP team, that will be the next stage in its evolution. I think that’s also Dr. DePinho’s desire to see that, see those clinical trials go on.

Now, international clinical trials are challenging. They’re difficult. There are many regulatory hurdles. There are all kinds of problems and things that you have to solve. As I said, I’m personally not—I don’t have that experience. Kian Ang had that, and that was the path we’d set. So through Kian’s death, we suffered a setback in that particular part of our vision, and we’re coming back and moving forward. So I think that’s the next step. I very much hope that the SINF will stay. It’s been transformative. It can certainly be modified to include other things, or the vice provost, the new vice provost will have perhaps their own ideas. But I think that part’s working very well, and it’s something I feel comfortable with and that’s in my area of expertise, and, as I said, this is really—so I think we’ve got that in place. Now we need to work on the clinical research aspect. So that to me is clearly the next thing. I don’t know what will happen five or ten years down the road.

One of the things we have seen a little bit of is that Cancer Network work has shown some connectivity, so the first international associate in Cancer Network, which is a new type of relationship with MD Anderson, is the Albert Einstein Hospital in São Paolo, which has been a sister institution for many years and was one before it became an international associate. It just became an international associate, I think, about six months ago, formally now. For years, running up to that designation, they were working very intensely with the Cancer Network team, with Amy Hay and her group. But that’s a great example of where a relationship that initially was purely academic has now expanded to also include more formal interaction on the clinical arena.

So we’re now helping them manage their clinical cancer program, we’re helping credential it, we’re insisting on certain quality metrics we vouch for, and they have a co-branding opportunity, not the full co-branding, but, as I said, they’re designated as an international associate—oh, gosh, I’m going to get it wrong—international associate in the Cancer Network is the appropriate term, yeah. So I can see that there are several other partners in our GAP network who might very well go down that road, and so that’s a—you know.

MD Anderson gets regular invitations to participate in international projects, and I think several American institutions or institutes as perhaps seen from other parts of the world may learn some
lessons about the risks involved. I think we are now well calibrated in balancing legitimate concerns about our identity, our reputation, our brand, if you will, but certainly just our reputation. That needs to be thought of very carefully. And then at the other hand, we also have our mission, which is to have international impact, and so we need to balance those two. I think we’re pretty well calibrated right now.

But the demand internationally is strong. I mean, cancer is becoming more of a problem. More people are dying from cancer every year, not fewer. And people want our expertise, and I think it’s our mission to make it available in a way that we can, in a way that makes sense, in a way that doesn’t harm us. So, yeah, I mean, maybe in ten, twenty years there’ll be a lot more international connectivity that carries our name more prominently and where we are perhaps more engaged. But I think that has to be done thoughtfully and cautiously.

_Tacey Ann Rosolowski, PhD_
1:06:48
I think it sounds really exciting.

_Oliver Bogler, PhD_
1:06:49
I agree. I agree. So, I mean, other centers have gone down this road. Some of them have retreated a little bit down the road. Others are still in there. Some have the reputation that they simply sell their name. We clearly want to avoid that. We’ve learned some lessons in that particular area. So I think now when you see our name, I think depending on how it’s presented, you can have a lot of—if it’s an international associate, you realize it’s not an MD Anderson doctor you’re going to meet there, but you do realize that we’re connected. We’ve helped them build their program. They’re going to give MD Anderson-type treatment. They’re going to be good physicians.

When you go into something like a center like Banner MD Anderson or MD Anderson Cancer Center at Cooper, you’re going to have an additional faith that these folks have been trained by us, that they’re in continuous contact with us. So I think our name does mean something, and it means something in those venues, too, and I think that may slow our rate of expansion in this way, but it means that when we do, it’s meaningful.

_Tacey Ann Rosolowski, PhD_
1:08:11
Thanks.
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Oliver Bogler, PhD
1:08:11
Sure.
Chapter 19
A: The Patient
A Survivor of Male Breast Cancer

Story Codes
A: Personal Background
A: The Patient
A: Experiences re: Gender, Race, Ethnicity
A: Professional Values, Ethics, Purpose
A: Activities Outside Institution
B: Institutional Mission and Values
B: MD Anderson Culture
C: Human Stories
C: Offering Care, Compassion, Help
C: Patients
C: Cancer and Disease
C: This is MD Anderson
C: Formative Experiences
C: Discovery, Creativity and Innovation
C: Patients, Treatment, Survivors
C: Dedication to MD Anderson, to Patients, to Faculty/Staff
C: Personal Reflections, Memories of MD Anderson
C: Patients, Treatment, Survivors
D: Understanding Cancer, the History of Science, Cancer Research
D: The History of Health Care, Patient Care

Tacey Ann Rosolowski, PhD
1:08:13
You had raised the issue of your own experience as a cancer patient, and I did want to take the opportunity to ask you a bit about that. How would you like to start that story?

Oliver Bogler, PhD
1:08:24
At the beginning. (laughs)

Tacey Ann Rosolowski, PhD
1:08:26
At the beginning. (laughs) I thought that might be it.
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Oliver Bogler, PhD
1:08:28
Yeah. I feel like I’ve told this story a million times.

Tacey Ann Rosolowski, PhD
1:08:31
I bet you have, but I appreciate you going on record with it.

Oliver Bogler, PhD
1:08:34
Yeah, sure. It’s November now, so we’ve gone through October. October’s a time when I tell it more often than any other month, it being Breast Cancer Awareness Month.

So I’m a breast cancer survivor. I was diagnosed in September of 2012, and it was a fairly typical story, I think not unusual. I felt a lump, ignored it for two or three months, pretended it was something different, couldn’t really be.

The backstory is that my wife is a breast cancer survivor, so she was diagnosed about five years before me, and so I just couldn’t imagine—as I sometimes say, I couldn’t imagine the conversation over breakfast, saying, “Hey, honey, I think I have what you have,” or had or whatever.

Tacey Ann Rosolowski, PhD
1:09:26
To what extent is there kind of a psychological impediment for men imagining this or accepting it?

Oliver Bogler, PhD
1:09:38
It wasn’t so much—yeah, I think there is that. I’m not sure that for me it was primarily the male, being a man that was the impediment. I knew that men could get this disease. I hadn’t given that much thought, but I knew it was certainly possible. I didn’t think it was impossible. I just couldn’t conceive of the staggering improbability. And, you know, on top of that, my wife and I, we were both diagnosed at the same age, so we’re both about five and a half years’ difference in age. So, yeah, I mean, I just couldn’t believe that.

For men, it’s rare. I mean, there’s 2,200 cases a year in the United States of male breast cancer. It’s about 1 percent of the total breast cancer diagnoses. So I just—yeah, it just struck me as absurdly ridiculous that we would have the same thing at the same age and so on. So, yeah, I mean, it took me a while, and then ultimately it didn’t go away. I remember we were on vacation
in Idaho, and I was focused on it particularly, and, anyway, I decided when we got back that I would go to a doctor. I didn’t have a primary care doctor at the time, because I’m a guy, and so I had to find one that took my insurance and had space for new patients.

I only saw this doctor once, and I sort of went in and said, “Hey, I need a sanity check. Here, I have this lump. Do you think I should get it checked out?”

And he said, “Sure, you should get that checked out.”

So that evening, I came home and Irene was already sort of wondering why—she asked me, “Why are you going to—?” She sees my calendar and said, “Why are you going to see a doctor?”

I said, “Oh, just time for a checkup, honey,” which I don’t think she really believed.

But anyway, so that evening I came home and said, “Okay. I’m going to have this thing looked at, so just so you know.” Of course, it wasn’t that I was keeping a secret. I was very conscious about raising her anxiety and concerns, this, of course, given her own history with the disease and so on.

So then I went. Actually, I called Dr. Hunt, Kelly Hunt, and she referred me to the imaging group, so I went and had a mammogram and very soon an ultrasound and then a biopsy, and then it became very pretty clear very quickly. So Dr. Yang, Wei Yang, who’s now the head of our Diagnostic Imaging Group, took care of me there, and I think on the basis of the mammogram it became fairly obvious. But then, of course, it was diagnosed on the basis of the biopsy they took and so on.

And then I went through a very normal course of treatment. Dr. Giordano, Sharon Giordano, is my oncologist. She, I think, has the largest practice of male breast cancer patients at MD Anderson, so I think that makes her one of the world’s experts. Actually, my treatment course was essentially identical to Irene’s. Yeah, I mean, we share a lot.

Tacey Ann Rosolowski, PhD
1:12:27
That’s amazing.

Oliver Bogler, PhD
1:12:28
Yeah. So I did Taxol. We did chemo. We do chemo first at MD Anderson, because it’s a way of watching whether the tumor responds. So I did eleven weeks of Taxol. I skipped the twelfth
week because imaging showed that the tumor wasn’t really paying any attention to the Taxol. It was still growing. And then four cycles of FAC, and then they give you a month off, and then surgery and then another month off and then radiation. Dr. Hunt did my surgery and then Dr. Buchholz did my radiation therapy. So I went straight to the top. (laughs) And now I’m doing Tamoxifen. So it’s been, I guess, close to—I finished in the summer, so it’s—yeah, I guess it’s about twenty months, not that I’m counting.

So I have no evidence of disease now. The final diagnosis was stage three. After my surgery, Dr. Hunt found a few extra lymph nodes, so I got a post-surgery upgrade to stage three. And here it is, you know.

_Tacey Ann Rosolowski, PhD_
1:13:40
Tell me about how having cancer changed your perceptions of the institution, perhaps of the disease.

_Oliver Bogler, PhD_
1:13:51
Yeah. No, it’s interesting, particularly, I mean, I spent my professional time, up until quite recently, in the labs, basically, so I knew MD Anderson from that side. Now, in the last several years since joining the GAP team and then Academic Affairs, I’ve worked with a lot of faculty and other people across the institution. But this was really a completely different aspect to the institution from what I’d seen before, and it was fascinating. I mean, part of me, as I was going through this, was sort of observing this. You know, it’s an amazing place. I mean, as a patient, it’s an amazing place, and the clinical teams are outstanding. You are very well taken care of. And people didn’t always know that I worked here. I think maybe sometimes they did, but, yeah, I think the care is excellent. You know, you see things from a different perspective. You have different experiences when you’re the patient.

But I’d say I also watched my medical record. I don’t have access to ClinicStation or anything, but through the MyMDAnderson portal where they give you access, essentially, to your medical record on a time-delay basis, I read all my clinical reports there. It’s amazing how many people are involved in your care. Of course, you see your treating physician, you see your oncologist all the time. You see your surgeon, your radiation oncologist, and clinical teams around, but then there’s all these folks behind the scenes who are doing your diagnosis and reading your images and so on, and it’s amazing how many people are involved.

So, yeah, it certainly opened up a new avenue for me, a new view of the institution, and I can say only positive things about my experiences. I mean, people do talk about delays and waitings and things like waiting. I have to say that maybe I just got lucky, or maybe—I don’t think I got
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special treatment, but I had very few experiences where that was really an issue. And, yeah, it was interesting. I mean, it’s an amazing place. The energy in the patient areas, to me, was just interesting and sustaining, I have to say. It was not—I didn’t feel sad and I didn’t feel sort of—you know, I felt like there was a lot of can-do attitude, a lot of optimism.

So did it change my attitude of disease? I think I regret having done brain tumor research. I obviously was working on the wrong cancer. (laughter) Too late for a career change now, but, oh, well. No, I mean, I think the biggest thing for me is it does change your life. I think that’s a common observation.

*Tacey Ann Rosolowski, PhD*
1:16:53
How did it change your life?

*Oliver Bogler, PhD*
1:16:54
Well, so first of all, I got to know a lot of people who had cancer, and what’s interesting is that, of course, in an institution the size of ours, there’s many people going through cancer treatment all the time, many of our faculty or employees, so I met quite a few people who were going through it. We would sort of self-identify with each other and have a conversation, “How are you doing?” “How are you doing?” This kind of thing. And it builds a connectivity. That builds a connectivity to people. I also feel more connected to the faculty members, my colleagues who treated me. I think you naturally form some sort of connection. Those people are very important in your life.

In terms of how it changed my life, I think it just—you know, it changes your perspective on your own mortality, very clearly. It’s a major wakeup call. I kind of feel like we had our cage rattled pretty well when Irene went through this five, six, or seven years ago, but we had that repeated. For me, it’s meant that I try and be more thoughtful about things. I try not to defer things that I think are important. I feel I need to think about every day as being meaningful.

I mean, you know, there’s very little data for people in my position. We don’t really know what to expect in terms of long-term survival. So there’s very good data for five years for women. There’s pretty good data at ten years for women. There’s really no data for men in other case. We’re pretty similar to [unclear]. There was, I think, a study that Dr. Giordano was a co-author on, if I remember, from L.A. where they had a registry with three or four hundred patients, maybe as many as six hundred, I forget now, but not very many. And they had followed them, and, yeah, sure enough, when corrected for age and stage, the men did pretty much as well as the women.
The problem is that the reality is that most men, the median age of diagnosis for my disease is sixty-six. So I’m twenty years younger than the median age. So, you know, if you tell someone who is sixty-six they’ve got a good ten years, maybe that’s pretty—maybe that satisfies them. When you’re telling someone who’s forty-six, it’s a little less exciting. So I’m pretty confident I’ve got ten years, but do I have twenty or even thirty? I don’t know. Now I know a lot of people with breast cancer, and I hear through social media or other channels of people that have no disease for ten, fifteen, sometimes as much as twenty years, and then the cancer comes back. And, of course, when it comes back, it’s evaded the hormone therapy that you’re taking, and typically it’s metastatic, right?

So if I’m fifty, then I’m sixty-one, right? So I’m still saving for retirement, but sometimes I wonder why. (laughter) Seriously. I mean seriously, because—you know. Actually, retiring has always been part of my life plan. I’m not one of the people who plans to die at their desk. But now I wonder. I wonder if that’ll be the case. So it’s changed me a little bit from that side. And that may sound very pessimistic. It’s actually in some ways empowering, because I try hard not to defer things, and as I said, we’re taking more interesting vacation with the kids. We’re trying to—you know. Irene and I are both very much in tune and in concordance here. We’re focused on making sure our children get a good start in life. Our children are eleven and twelve now. We both would love to see them through college and into adulthood and make sure that they have an economically sound transition through those challenging years and come out with a good start in life. Beyond that, I think you don’t know. I mean, some people—I may be truly cured and I may never see cancer again, but, you know, that’s not how I think about it. I don’t think that’s likely.

Tacey Ann Rosolowski, PhD
1:21:19
If this is too personal, just let me know. I was curious how it was in terms of your connection with your wife. I mean, you said you’re very much in tune. Has having, sharing cancer, how has that affected your relationship?

Oliver Bogler, PhD
1:21:38
Yeah, it’s been, on the whole, positive. I mean, I think when you go through cancer, you go through a shift, and I don’t think even your life partner necessarily completes that shift with you, and so, yeah, now that we’ve both gone through it, I think there’s that sort of fundamental we don’t need to explain that to each other.

I’ve certainly connected with people. I’m not a support group kind of person, but I’ve connected with some people through social media and some other projects, and I find one of the things that draws me to that is that’s a community of people where I don’t need to explain myself. Those people understand it. Their shoes are not so different than mine. And the same thing when I was
talking to colleagues that were going through a cancer journey at the same time, “Yeah, I get it. You don’t have to explain it.” So that’s the same with Irene and me now. I think it’s just formed a solidity there, you know. And we both saw each other go through it, and I think it’s been, on the whole, a positive. If I didn’t get everything about what she was feeling and thinking at the time, I think I get it more so now.

_Tacey Ann Rosolowski, PhD_
1:22:47
Does she share some of your vision of what the future might hold when she looks at her own cancer? I mean, are you on that wavelength too?

_Oliver Bogler, PhD_
1:22:57
I think so, yeah. Yeah, I think so. I think I’m actually the optimist in the family. (laughter) I know I didn’t sound like it just a minute ago. No, but I am. She tends to be more pessimistic. Yeah, I think we both know what the possibilities are, and so we’re focused on different things—not on different things. We’re trying to come to terms with that, and I think you sort of never really do. There’s always that waiting-for-the-other-show-to-drop kind of feeling. Irene is a few years ahead of me, as I mentioned, so she gets anxious when it’s time for checkups and scans and things like that. I mean, I think we both do.

Cancer robs you of your innocence. There’s no such thing as a cough that isn’t a lung met potentially, right? I mean, you can’t banish those thoughts. You may not credit them, but there isn’t an ache that isn’t a bone met. Do you know what I mean? It’s like there’s always that other theory, right? There’s, oh, it could just be that I have a cough, you know. There’s one going around. But it could not be. Of course, that’s not so different from the thoughts that I was thinking before I actually went to the doctor in the first place, right? I was also trying to sort of, “Is it? No, it can’t be,” sort of thing. So what I learned is I don’t trust my instincts anymore. I don’t have any instincts. So if I cough, if it lasts more than three or four days, then I would go and see a doctor. I see doctors all the time now. (laughs)

I had a spot on my lung which they followed for two years, so every four months I was getting a chest CT. So I feel they’ve looked at me very carefully and very thoroughly, and the care is outstanding, as I’ve said, so I feel in good hands. But, yeah, I mean, it’s sort of you know you’re walking on thin ice and you know that any moment now it could break through. So you try and prepare for that. You try and do today what you can do now.

Irene also works at MD Anderson. She teaches in the School of Health Professions. And we both feel that working at this institution gives our life tremendous meaning, and so every day I feel, even if I don’t do anything except go to work and go home, I’ve made some contribution. And I
realize I don’t treat patients and I don’t do research anymore. I try to do my best to support the people who do. That’s how I see my mission, my personal mission. And that’s meaningful. I’ll leave others to tell you whether I do a good job or not, but that’s why I come to work every day.

And then I also do some advocacy. I’ve been talking about it. I get invited a few times a year to speak about it. People find it fascinating. First of all, men with breast cancer are still a rarity, and that’s, surprisingly enough, an under-aware area. And then the coincidence with Irene, of course, that adds a little sort of interesting dimension to it.

I’m currently working with—I’m very proud of this—the group called The Scar Project, which is that thing on the wall there. So that’s actually a work by a photographer called David Jay, who has been photographing young women with breast cancer for over a decade now, I’d say. He started photographing men. So that over there is my picture in The New York Times.

Tacey Ann Rosolowski, PhD
1:26:33
Wow.


Oliver Bogler, PhD
1:26:35
In February of this year, actually, they picked up the story, so that was actually while I was doing my radiation therapy. So I’ve checked it off my bucket list appearing topless in The New York Times. (laughter) You won’t find it on my CV, I promise.

Tacey Ann Rosolowski, PhD
1:26:49
I always think people should have an alternative CV. (laughter)

Oliver Bogler, PhD
1:26:52
Yes. That would go on the alternative. No, I’m proud of it. I mean, I have to tell you that I’m an
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introvert, and seeing myself like that—very soon after that picture, when I was able to, I grew a beard and changed my glasses. So I was like putting on a Groucho Marx disguise.

But this work is interesting, and now—I was in New York a couple weeks ago—there’s a documentary being filmed about this work, actually by a filmmaker who did an original documentary about the women’s project a few years ago. She did a movie called Baring It All. It won an Emmy. It was quite an interesting piece. And now she’s filming men and what David’s doing with the men. And actually, David’s now photographing all kinds of people. It’s very interesting. His work has really blossomed. He’s actually a fashion photographer. That’s his day job. But he’s now photographing soldiers and traumatized kids and really interesting stuff. It’s really about humanity, and so I’m very honored to be part of that and the film that they’re making. Hopefully that will succeed. So these are new things for me. I’m also doing a little art myself, which I won’t talk about any more than to mention it.

*Tacey Ann Rosolowski, PhD
1:28:02
Why were you doing that? I mean [unclear].

*Oliver Bogler, PhD
1:28:04
The same reason I blogged about my cancer. It’s self-therapy. I mean, let’s be honest, I think that’s what it is for me. So there are things that I can’t say, even that I won’t say on a blog. I mean, I blogged about my cancer journey and I blogged about the science behind it, and I found that very—the ability to communicate about it, I found that a value to me and hopefully to some people. But I’m very conscious of the fact that I’m a professional in the cancer world, and there’s certain things that I can’t say or won’t say, and I’m talking about things about dealing emotionally with the issues. That’s all I mean by it.

So a key moment for me was we brought The Scar Project to Houston, October of 2013, and it was here for about two weeks in a gallery and so on. And I’d seen David’s work, of course, online, and he has a book that I have and that I’d seen. And I have to tell you, when I saw the images in the gallery, the emotional impact was surprising to me, because I was familiar with the images, I had seen them, but when you see them in a large format in a sort of private, contemplative space, the impact was just huge. That was October 2013, so I had been finished with my treatment for several months, but it shook loose—so I was feeling like I was coming to the resolution part of my sort of immediate cancer journey, but the emotions it shook loose, that was pretty interesting. I realized at that point there was still a lot of stuff that I hadn’t really worked through, and it just sort of rattled me, I guess, in a way, because these are all pictures of young women who—and it’s just a presence, their presence. I mean, David’s images, to me,
they’re pretty amazing, and you feel, like, this connection. You feel sort of—not pain, but you feel like, I don’t know, just their humanity and stuff.

So I guess that encouraged me to try and find a valve for it. The first thing I did was this thing called Tumor in a Box, which is a—I’m fiddling with the electronics, but, anyway, I wanted to put my tumor into a box and sort of talk about my story, so that’s the kind of thing I’m doing now.

_Tacey Ann Rosolowski, PhD_
1:30:35
Interesting.

_Oliver Bogler, PhD_
1:30:35
And as I said, anyway, that’s enough already. That’s far too much already. (laughs)

_Tacey Ann Rosolowski, PhD_
1:30:39
Well, I just, you know, as confirmation or validation, I was doing some work on breast cancer self-portraiture in the early nineties. I don’t know if you remember Matuschka’s famous image on the cover of The New York Times Magazine. I guess it as 1993. And I had a [unclear] family member who had died of breast cancer just shortly before that, and was very motivated, and got to do a lot of research and interview some women who were doing breast cancer self-portraiture. I mean, so many of them had never done any kind of artistic work before, but they suddenly felt, I mean, kind of similarly to you, that there were thoughts and feelings that really couldn’t be articulated in verbal terms, but somehow there was this other outlet which was suddenly present to them and which really not only was therapeutic, but had a real impact for other people. Some of these images were shared, and whether or not they became famous like Matuschka’s did, there was suddenly a not-so-underground movement among certainly women at that time who were beginning to say, “Hey, we have a right to photograph ourselves and appear visually in this culture which is so much about perfection and beauty, and suddenly show ourselves as we truly are.” So I think in some ways it’s a natural next step, particularly for a visual thinker. (laughter)

_Oliver Bogler, PhD_
1:32:12
Okay, there you go.
Yeah, it makes a lot of sense to me, and, you know, it also takes some courage to kind of step outside of the box and do something a little bit different.

I have to say I really do it for myself, you know.

Sure.

I mean, I think that’s probably what most artists do, right? They probably do most of these things for themselves.

Yeah, it starts with that compulsion, something you can’t ignore.

Exactly.

A need you can’t ignore.

I wanted to ask you, though, a little bit more, and this is kind of my last question unless you have additional things you want to raise, was really about the blog, because you spent a lot of time on that. Tell me why you began and why you began using social media.

Yeah, I think the reason—I mean, I concluded, first of all, that working in a Cancer Center, I wasn’t going to keep this quiet. I mean, people were going to see me with no hair and know what that means. Not that I anticipated people would have intruded, but I just felt, “Okay.” And then I
guess I felt that given the fact that the male disease is still surprisingly—there’s still opportunities to raise awareness, I felt sort of compelled or felt an opportunity presented itself.

And I have to say, my journey, I’m not really that focused on awareness itself. There’s quite a few people out there doing awareness work. And I think the biggest challenge with male breast cancer awareness is we stand in the shadow of the world of pink, and I want to give all full credit to the people who’ve pioneered cancer awareness with breast cancer, and, of course, some really fantastic things happen. The fact that we can talk about our cancer now is built on the fact that in the sixties and seventies, women largely started talking about their breast cancers and so on. So hats off to those people. Hats off to the Komen Foundation and all their colleagues who’ve really advocated for cancer research and raised monies and awareness. This is all fantastic.

For me, personally, it’s a little unfortunate, as a result, breast cancer was branded as a gender-, as a sex-specific cancer. It’s not a sex-specific cancer. Right, it’s a 99:1, and as a middle-aged white guy complaining about not being included, that’s a tough challenge. (laughs) Because, you know, we’re not usually seen as the people who need help. So there’s a little bit of that.

Frankly, that manifested itself mainly when in October, for example, when I see the NFL decked out in pink, which I think is wonderful and supportive, I can’t help but get tremendously frustrated that they won’t use that amazing opportunity in a stadium of whatever it is, 40,000 fans, not all of them men, but many of them are men, not to just say, “Hey, we’re all wearing pink today because of breast cancer. Let’s take care of the women. Let’s do everything, you know. But, hey, also, by the way, did you know that you could get this?” Right? Wow. What an opportunity. And sometimes I think that David’s images of some of the old crusty guys he’s photographed would do really well in a venue like that. It shouldn’t be the core of the message; it should be some of the message.

Similarly, so awareness is a little bit of what I do, but as I got more into it, I guess I fundamentally blogged, again, for self-therapy, communicate about it, tell my story. I found that my perspective as a scientist going through this, I could talk about things that I didn’t see in most blogs, which is, you know, what’s the biology of cancer, why do we give this chemotherapy, how does it work, what does it do. These kinds of things, I think, were opportunities, and I enjoyed that.

But then I also got interested in the advocacy part, and I took a look at two issues, really, primarily. One was funding for research on male breast cancer, and the other was clinical trials. So in the first instance, I looked at how much the National Cancer Institute spends on breast cancer and how much compared to the incidence of the disease, and I found that if you graph one against the other and you draw a straight line through it, breast cancer gets about $200 million more a year from the NCI than you would think, based purely on its incidence. And I think that’s
a credit to the advocacy community and it’s a credit to the fact that people get funded in the world of breast cancer, so they commit to it from a career point of view so you have more people working on breast cancer and so on. That’s why we’ve made some advances, and that’s awesome.

Six hundred million a year, 1 percent of the patients are men, I advocate that we give $6 million a year to male breast cancer research, and with $6 million a year, you could fund half a dozen to a dozen RO1-type grants, and you could do some real basic biology on the male disease and we could learn something about it. The only grants I was able to find in the databases I looked in were grants that were sort of epidemiology of rare-cancer-type grants, so people who were exposed to the atomic tests in the fifties, what kind of cancers do they have? Here’s a list of three hundred rare cancers, and male breast cancer’s stuck in there.

So there’s no real fundamental biology on the disease, and I get that the treatment I received, which was modeled on what women get, was effective and I’m doing fine and it’s great, but it’s a hormone-drive cancer, okay? And one of the differences between men and women is the hormones, right? So until we take a look, I don’t know if we’re missing anything, and I think that should be done. So I advocate for 1 percent of the research funds going to male disease.

The other issue is clinical trials. So when you look at clinicaltrials-dot-gov and you look at the breast cancer trials, men are eligible for about a third of them, which if you think about the fact that we’re 1 percent, that’s pretty awesome. But if you think about it as an equal access issue, then it’s a little disappointing. And there are clearly some trials for which men are not a good fit. I mean, there’s trials for types of breast cancer that men really rarely get, like triple negative or inflammatory. Those are very, very rare in men. There’s trials on surgery, reconstruction, things that men don’t do. Fair enough, all that stuff, but that’s not two-thirds of the trials.

So what I’ve discovered sort of anecdotally is that when I talk to clinical trialists in this space, the reality is that they build today’s trial on yesterday’s template, and very often when I’ve said, “Hey, have you considered including men?” the answer I’ve got is, “Huh. No, I didn’t think of that. But, yeah, makes sense. Why not? Of course, if the disease criteria fit, right?” So most men are ER-, PR-positive carcinomas, most women, too, and so most trials or many trials are on that. So rarely do I get the response of, “Well, I’m not going to do that,” or, “That doesn’t meet my interests,” or something like that. I do get those occasionally.

So I think, again, the way I think about it is if you did a trial and you decided to exclude a minority, you would have to give a biological reason for it, an ethical justification of that. So I think that if it’s a disease fit and you decide not to include men, you should simply be asked to
include in your trial a brief statement about why you’re not including men, right? And if there’s a good reason, of course that’s fine, but it should at least be surfaced and looked at.

So I’ll get off my soapbox now. So those are some of the things I’ve blogged about. I’ve also written about them in a little piece for the Breast Disease Quarterly, so I’m certainly out there with that message, and I often talk about it. When asked to talk about anything, I’ll talk about this. (laughs)

Tacey Ann Rosolowski, PhD
1:39:53

Why did you choose to use social media as opposed to other outlets?

Oliver Bogler, PhD
1:39:59

Yeah, social media, I think, came naturally to me. I think it’s a comfortable distance. It’s interesting, I’m reading this book called *Quiet* at the moment, which maybe you’ve read it. I realize it’s been out there for a while and people have been recommending it. Finally, I’m reading it. And it talks about social media and says that some people who are introverts like social media because it’s a comfortable, safe—it’s a nice way to interact with people but here they are on the screen, and you can close the computer and you’re back in your personal space. So maybe there’s an element of that in there.

I like technology. I think I’m a pretty good person on the computer. I take to technology easily, so I find it a nice way to connect. It’s synchronous, it has a good reach, and blogging, to me, came naturally. I used to write a diary when I was kid and going through some—you know, growing up. (laughs) Let’s just leave it there. I had a very nice childhood, I’m not trying to say that, but just times when you go through turmoil, and I find writing therapeutic, so I think that was largely part of it. But then extending it and going on to Twitter a little bit and Facebook, that just seemed like a good way to also do some advocacy in a safe, sort of interesting sort of way.

Tacey Ann Rosolowski, PhD
1:41:21

Were there any particularly memorable responses on social media that you got to your blogs? I mean, because it is kind of about that connection and stimulating dialogue.

Oliver Bogler, PhD
1:41:29

It is, yeah. No, I got a couple of nice responses to the blog. I remember a wrote a post about getting my port placed, which, you know, for chemotherapy, and I remember getting an email
from a physician who said they liked the way that was written and that they were now using it to show to their patients when they were getting ready for port placement, because they thought I explained in a way that was helpful to their patients. So I got that. I got a couple of similar comments about, you know, when I was talking about microtubules and Taxol and these kinds of things, and how that was helpful to people.

And then through The Scar Project work, I’ve been trying to recruit some men for David’s project and things like that, so I do get emails through that website. Not very often, every once in a while. And I’ve been connected even through colleagues at MD Anderson who know people with male breast cancer. So I would say I now know probably ten to fifteen guys with this disease to different degrees. I wouldn’t say I know any of them hugely well, but on that basis, some of them have become acquaintances, and, you know, there’s some comfort in that. There’s some people—I mean, I’m no different. Sharing a fate like that can be helpful. I mean, as I said, I don’t sit in a support group. I’m don’t want that kind of connection. But occasionally we meet for fundraisers or at other events, things like that, so there’s a comfort in that.

_Tacey Ann Rosolowski, PhD_

1:42:56
Yeah, it’s building a community, and, interestingly, a community that’s not just focused on, “Oh, my god, we have this disease,” but, “Oh, my god, we have this disease and we’re doing something about it.” (laughs)

_Oliver Bogler, PhD_

1:43:06
Right, right. Exactly.

_Tacey Ann Rosolowski, PhD_

1:43:07
Yeah, very interesting. Is there anything else that you’d like to add at this point, Dr. Bogler?

_Oliver Bogler, PhD_

1:43:14
No, I can’t think of anything. I think I’ve said too much already. (laughter) Thank you for the opportunity.

_Tacey Ann Rosolowski, PhD_

1:43:21
Yeah. No, it’s been a real pleasure, pleasure talking to you. I didn’t have any additional questions, so unless you have some other topic that you’d like to touch on before we close off today?
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**Oliver Bogler, PhD**  
1:43:32  
No, I think that was great, and thank you.

**Tacey Ann Rosolowski, PhD**  
1:43:35  
Thank you very much.

So I am just for the recorder saying that I am closing off the interview now at about 4:52. Thank you again, Dr. Bogler.

**Oliver Bogler, PhD**  
1:43:46  
Thank you.  
(end of session two)