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MOMENTUM®

PORTRAITS OF HOPE, INNOVATION AND TRIUMPH

MIRACLE MATCH

Tough warrior battles new foe

PONCE PARTNERSHIP

Aiming for a healthier tomorrow
for Hispanics

MEASURE OF SUCCESS

Transplant patients embrace
Memorial alliance



Alan F. List, MD
President & CEO
Moffitt Cancer Center

MOFFITT MOMENTUM®

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Dear Friends,

We are pleased to share with you this issue of Moffitt Momentum magazine which showcases partnerships with individuals and organizations that are making an impact against cancer.

Art, a Green Beret, reveals that his most harrowing military experiences were no comparison to staring cancer in the face. Thanks to a partnership between Moffitt and U.S. Special Operations Command, he came to Moffitt for a bone marrow transplant and follow-up care.

Betty Zervoudakis from South Florida tells how she received treatment and a life-saving transplant close to home. This was possible because of Moffitt's partnership with Memorial Healthcare System in Pembroke Pines that makes use of Moffitt's experience in malignant hematology and transplantation.

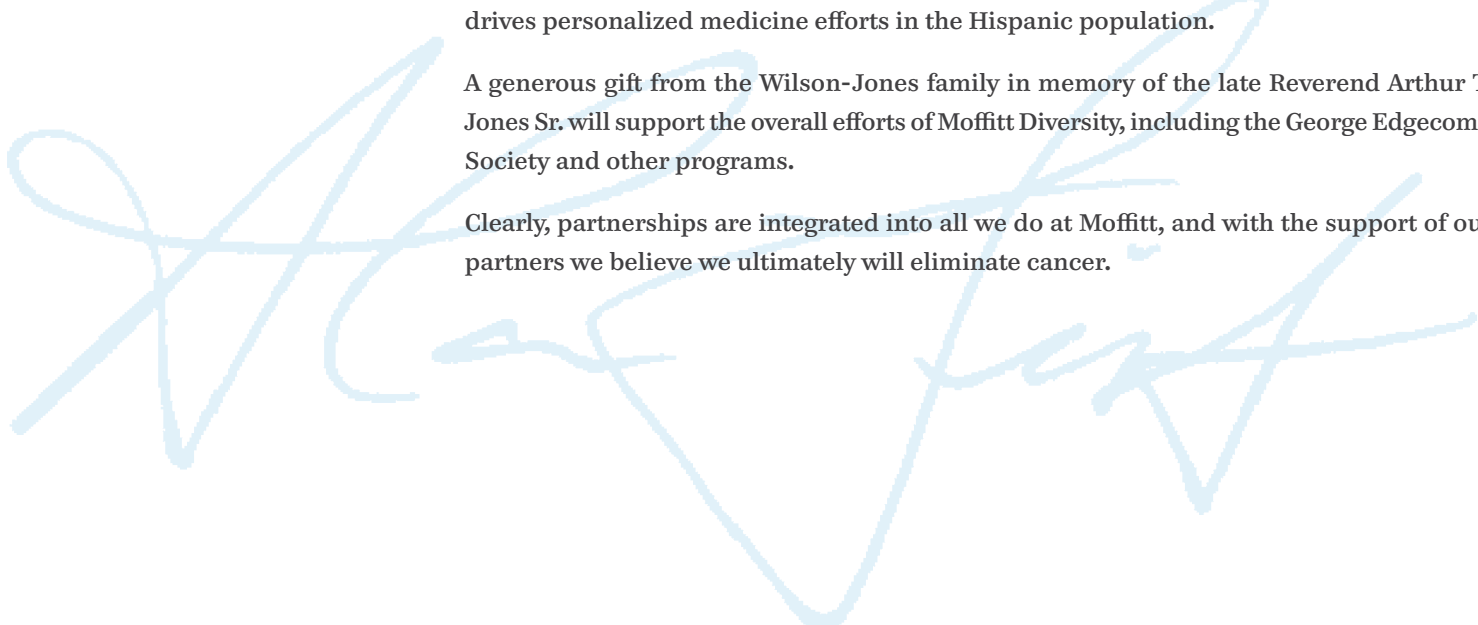
Cancer survivors Joshua Rivera and JuliAnn Finger describe their Moffitt Day experiences. Learn what would motivate 25 people to ride over 300 miles on bicycles and another 50 people to board a predawn bus bound from Tampa to Tallahassee on Moffitt Day each year.

Tampa attorney Jeff Pearson knows firsthand the importance of prevention and early detection. He says Moffitt's Mole Patrol® team helped save his life at a Spring Swing® partnership event six years ago.

Our work in Puerto Rico continues, even after the hurricanes that caused such devastation to the island last year. In October 2017 the National Institutes of Health renewed the Ponce Health Sciences University-Moffitt Cancer Center partnership grant, funding research that drives personalized medicine efforts in the Hispanic population.

A generous gift from the Wilson-Jones family in memory of the late Reverend Arthur T. Jones Sr. will support the overall efforts of Moffitt Diversity, including the George Edgecomb Society and other programs.

Clearly, partnerships are integrated into all we do at Moffitt, and with the support of our partners we believe we ultimately will eliminate cancer.





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WAGING A DIFFERENT BATTLE

GREEN BERET GETS TRANSPLANT HELP THROUGH MOFFITT/USSOCOM PARTNERSHIP

By Ann Miller Baker

In his career as a Green Beret, Art has experienced things he can't talk about.

Experiences so sensitive that the military won't allow us to use his last name.

But the one experience that brought Art to his knees was not in service to his country.

"They can tell me I'm going to jump into some hotbed, infested zone and it's going to be wild," Art says, "and that would not compare to a doctor in a quiet, well-lit room telling me that I have an aggressive form of cancer called acute myeloid leukemia. That just sunk me. There was no comparison."

A GRAPEFRUIT-SIZED TON OF BRICKS

In the spring of 2015, Art was returning from a deployment in Afghanistan just in time to witness the birth of his second child, daughter Emily. Things were great, says wife Sarah. "Art came home in the best shape he'd ever been."

"You know how they say something hits you like a ton of bricks?" Sarah asks with a crack in her voice. "Now I get that. Everything was awesome, and then - BAM!"

Weeks after Emily was born, Art began having subtle symptoms. He slept through an entire weekend - totally out of character for a Green Beret trained to lug 200 pounds on his back for 20 miles. Morning runs with his team at the base left Art lagging.

"I'm not the fastest guy in the world," Art admits, "but this was weird. Then I started having chest pains and shortness of breath."

Within hours, he and Sarah were in the local emergency room staring at the scan of a grapefruit-sized mass in Art's chest. A heart surgeon who'd just finished his last



"They can tell me I'm going to jump into some hotbed, infested zone and it's going to be wild... that would not compare to a doctor in a quiet, well-lit room telling me that I have an aggressive form of cancer..."

case of the day ordered Art prepped for the OR. The mass was pressing on organs, causing fluid buildup around his heart that had to be relieved.

While addressing the heart issue, the surgeon took a biopsy of the mass. Surprisingly, it turned out to be acute myeloid leukemia (AML), a cancer of the blood that can - rarely - form masses anywhere in the body.

Local cancer doctors impressed upon Art that this is an aggressive form of cancer. "I was told, 'If you do not start treatment within the next five days, don't come back here because we're not going to take you as a patient.'" There was no time to waste.



Photography: Jeremy Peplow



For the next month, Art was in and out of the hospital recovering from his emergency surgery and taking up a new battle with different weapons.

“You see the nurse come in with that chemo bag and she’s gowned up like she’s in hazmat suit and you think - you’re going to pump that into me?” Art says incredulously. Still, he knew “chemo’s not poison. It’s my medicine even though it hurts. It kind of mirrored some of what I’d experienced in Ranger School. This is going to hurt, but I need to do this and come out on the other side.”

After all, there was a new life counting on him making it through.

“I remember looking at Emily in her little rocker and just being devastated, thinking I’m not going to be able to watch her grow up. That’s what really put me on my knees.”

THE ROAD TO MOFFITT

The path forward for Art was undeniable: he would need more than chemo.

When presented with an otherwise healthy then 32-year-old patient whose AML has evaded the blood and bone marrow to create a large mass, medical oncologists like Asmita Mishra,



“I remember looking at Emily in her little rocker and just being devastated, thinking I’m not going to be able to watch her grow up. That’s what really put me on my knees.”

MD, of Moffitt’s Blood and Marrow Transplant and Cellular Immunotherapy Program regularly recommend stem cell transplantation – as soon as possible. A 2015 study in the journal *Leukemia* showed middle-aged AML patients who underwent donor transplants survived longer without relapse than those treated with chemo. “It’s just the nature of this disease,” Mishra explains, even more so for younger patients like Art. When you’re looking at the course of a lifetime that could span another 40 years, she says, the chance of relapse without transplant is almost guaranteed. And the chances for survival dwindle with each relapse.

Moffitt has plenty of experience with AML patients who need transplants. Its transplantation program is the busiest in Florida and one of the largest in the Southeast. Mishra says AML is the number one diagnosis for donor transplants at Moffitt. Since 2008, the program has transplanted more than 375 AML patients while in their first complete remission – even more when patients who’ve relapsed are counted in the transplant mix.

When he learned that stem cell transplants are not performed at any of his local hospitals, Art began researching options across the nation. He and Sarah agreed upon Moffitt Cancer Center. A major selling point was that Moffitt was just one long day’s drive from home. “But reading about their success rate of treating cancers and their experience with stem cell transplants made us confident in the choice of going to Moffitt,” says Art.

Getting him there would fall to then-Care Coalition Liaison Johnny Moses and connections forged through a partnership between Moffitt and U.S. Special Operations Command (USSOCOM) at MacDill Air Force Base in Tampa (see article, page 9). A former Special Ops medic, Moses’ role was to be “that one person to call to make things right.”

“We send these men and women to war,” says Moses, “and I think it’s important for us to think about every aspect of care, about the support that they have.”

Thankfully for Art, Moffitt had another support point person in store for him. Nancy Drourr, an executive patient coordinator in Moffitt’s Patient and Family Centered Care Program, has helped guide Art and Sarah since their very first visit. “Miss Nancy,” as Art calls her, “has been terrific throughout the entire process. She made us feel at home.”

A good thing, since Moffitt would soon become the whole family’s home away from home.

THE SEARCH FOR A MIRACLE MATCH

From the moment she became Art’s transplant physician in the summer of 2015, Mishra could tell just how motivated he and Sarah were. “They were ready to begin this journey towards transplantation,” she says. “If it could have happened yesterday, they would have done it.”

One thing stood in the way: finding a donor. There wasn’t a close match within Art’s immediate family. That meant searching donor marrow registries worldwide - a challenge for Art because of his ethnic background. Caucasians searching the registry for an appropriately matched donor stand about a 60 percent chance of success, says Mishra. The number drops substantially depending on the patient’s unique mix of ethnicities.

For Sarah, this presented an opportunity to do something concrete for Art. She set up two drives to sign up Art’s military colleagues for the National Marrow Donor Registry. The outpouring was so great that additional signup forms and test kits had to be flown in to nearby military compounds. “We got over 500 people,” Sarah says humbly. “And I figured – if we don’t find a match for him, maybe it will benefit someone else.”

Not long after, Art got the call from his Moffitt transplant team. A perfect match had been found. “It was cause for celebration,” says Art. “I think we had steaks that night.”

“I have not met this angel or spoken to her,” he says, though he’s reached out to his donor in letters through the registry. “All I know is that at the time she was 30 years old and living in the United States. If I could meet her, I’d just give her a big hug and cry like a baby. I wouldn’t have the words. Through her kindness, through her donation, I’m here today.”

Not that it was easy even once the match was found. Preparation to receive the donor cells requires intense chemo – stronger than anything Art had previously taken. “They said – if it wasn’t for your donor cells, you wouldn’t come back from it.”

“But once they gave me my new stem cells,” he says, “those puppies engrafted and started producing cells right away.”

Before and after the engraftment, Art had his share of transplant complications. Mouth sores that made eating and even swallowing difficult. Reactions that left his skin peeling. And, most seriously, a condition called graft-versus-host disease (GVHD) in which the new immune system components created by the donor cells begin attacking the patient’s healthy tissues. For Art, the GVHD became chronic, hitting his lungs hard. “There was a period of time when Art couldn’t walk but a few steps without feeling winded,” explains Mishra. “It’s been quite a journey to get it under control.”

Managing such issues is one reason why transplant recipients have to spend their first 100 days within 30 minutes of Moffitt. Art, Sarah, their toddler Emily, teenage son Artie and Art’s mother all made the move to a two-bedroom apartment that Moffitt coordinator Drourr found for them close to hospital. For Art, there was never a question about having his family with him. “You’re in a very precarious state,” he explains. “I needed to see my family and be around them. For me it was a part of my recovery.”

Mishra says Art’s military background and Sarah’s unwavering support were invaluable to handling his complications. “Transplant is all about managing risk and following the rules,” notes Mishra. “Both Art and Sarah are extremely savvy, well informed and aware of the risks. When I said ‘jump,’ he and Sarah always said ‘how high?’”

She says watching Art – a patient younger than her and much of the care team – soldier through this process was a tremendous inspiration. “I couldn’t say if I or my contemporaries really have the wherewithal to withstand what he did.”

“You go from being the stout, muscular guy with gorgeous hair under that Green Beret,” Art quips, “to being this skinny,



L-R: Art, Emily, Sarah and Artie enjoy a family outing.

Photography: Jeremy Peplow

“I couldn’t say if I or my contemporaries really have the wherewithal to withstand what he did.”

bald cancer patient.” In particular, he worried about son Artie watching that change take place.

“He may not be as physically strong as he used to be,” says Artie. “But I think that going through this has made him even stronger as a person.”

“Transplant changes you,” Sarah says in retrospect. “It’s your cure, and you’re thankful for that. But it’s also an adjustment, and it’s difficult, so you have to learn to live with that new life.”

For Art, his new life became focused on the experiences that brought him through.

A NEW, REAL-WORLD MISSION

Follow Art as he walks on the base to his new office, and you can sense a difference in his stride and demeanor. “There’s an absolute comfort level being in this setting,” he says. “To me, this is home.”

As Art recovered enough to consider a return to duty, he says, “the stars aligned and a position opened up in what’s called the Force Preservation Directorate.”

In his new role, Art works with Special Forces soldiers experiencing serious illness or injury. “We put so much time, effort and money into them and their training that we want to retain our Special Forces soldiers and be able to have a support structure for them in the most serious cases,” Art explains.

“I’m able to come in from a patient’s point of view and have that empathy. It’s supporting my brothers who are going through some tough times that I know exactly what it feels like to go through. I consider this a real-world mission with real-world consequences. It’s a fulfilling and rewarding job.”

Art says one of the best things about the job is being able to work daily with some of the people who helped him, like Johnny Moses – now retired military, but still working with the Care Coalition.

“Art going through all this experience makes him a subject matter expert,” says Moses. “He knows who to call, he knows how to cut through the fat. He is a passionate leader and he gets these soldiers to where they need to be.”

Especially when they need “Magic Moffitt,” as Moses refers to it. “I actually have three other gentlemen that were sent down there and they were cured. Moffitt is awesome, I’ll tell you.”

As for his own prognosis, Art says, “I just hit my two-year mark and my scans were clear, so thank God for that. I’ve been told ‘we’re not worried about the cancer anymore.’

“Looking at my daughter now, it is different. It’s like there’s hope. There’s hope for a future.” 🎧

Editor’s note: Since this article was written, Art had an opportunity to “meet” his donor via a special video message at Moffitt’s annual Magnolia Ball. As guests of honor, Art and Sarah were surprised by the special video from the donor, who was unable to attend and meet them in person because of a prior engagement that weekend: her wedding. Our best wishes to all.

Visit www.moffitt.org/momentum.



“I consider this a real-world mission with real-world consequences. It’s a fulfilling and rewarding job.”

Former Special Ops medic Johnny Moses (L) works with the Care Coalition and was instrumental in helping Art come to Moffitt.



Cooperating for Care

Special Ops Cancer Care Network Leads to More Military Partnerships for Moffitt

By Ann Miller Baker

Photography: Ray Reyes

Collaboration between Moffitt's John DeMuro (L) and Katryna "Kat" Deary, former lieutenant colonel and deputy director of operations with the Warrior Care Program, yielded a healthy partnership.

WHEN SPECIAL FORCES OPERATORS LIKE ART ARE FACING A CANCER DIAGNOSIS, THEIR ACCESS TO CUTTING-EDGE CARE ANYWHERE IN THE COUNTRY IS JUST A PHONE CALL AWAY.

Thanks to a partnership forged between Moffitt and U.S. Special Operations Command (USSOCOM) at MacDill Air Force Base in Tampa, a network of 12 top-tier cancer centers stands ready to care for these special ops heroes and their families.

And it all started with a newspaper article and an email.

John DeMuro read a news story about a group called the Warrior Care Program (Care Coalition), which provides lifetime advocacy for wounded, ill or injured special ops forces and their families after traumatic injury or illness. Interestingly, he noted, it was based right around the corner at MacDill. As the federal legislative affairs director for Moffitt Cancer Center, DeMuro and his colleagues in Government Relations had been looking for opportunities to strengthen Moffitt's support of the military beyond caring for veterans and service members with cancer.

An email follow-up to that article landed on the desk of Katryna "Kat" Deary, then a lieutenant colonel and deputy director of operations with the Warrior Care Program. She welcomed the

connection, hoping to smooth the way for special operators and their family members battling cancer – not just at Moffitt, but anywhere in the United States.

Moffitt's Government Relations staff regularly interact with national organizations like the Alliance of Dedicated Cancer Centers and the Association of American Cancer Institutes, providing plenty of contacts within Moffitt's peer institutions across the country. "It's a pretty small world at this level," DeMuro explains, "but it's not a world that USSOCOM or the Care Coalition had easy access to."

At first, he would simply reach out to those peers on a case-by-case basis. Before long, he and Deary began compiling a network of contacts at places like Dana-Farber Institute, Memorial Sloan Kettering, MD Anderson and others. Based on the operator's location or preference of treatment facility, Deary could make one call to get the ball rolling.

"Absolutely everyone deserves the best care that they can get," says Deary. "We just have a population that is still at the forefront of defending our country. There is a tremendous investment in training for each of these individuals – they're not easily replaced when down for illness or injury. With their high operational tempo, we need to get them in to the appropriate

facilities for the appropriate diagnoses and treatments as quickly as possible. We want to get them back to being as healthy and focused as possible, as quickly as possible.”

Now retired from military duty but still working as a nurse case manager and point-of-contact for special operators with cancer through USSOCOM’s Command Surgeon’s Office, Deary says she personally has handled referrals for at least 30 such individuals through this network.

The original cooperation between Moffitt’s DeMuro and USSOCOM’s Deary yielded one more benefit. Discovering they were practically neighbors just beyond MacDill, their two families have since struck up a friendship. Hopefully, such neighborly cooperation will lead to further positive partnerships between Moffitt and the military as well.

“...With their high operational tempo, we need to get them in to the appropriate facilities for the appropriate diagnoses and treatments as quickly as possible.”

JOINING FORCES TO BETTER SERVE OUR MILITARY

THIS INITIAL COOPERATIVE EFFORT HAS OPENED THE DOOR TO OTHER PARTNERSHIPS BETWEEN MOFFITT AND THE MILITARY:

- AT THE JOHN P. MURTHA CANCER CENTER WITHIN WALTER REED NATIONAL MILITARY MEDICAL CENTER, service members receiving cancer treatment can now enroll in Moffitt’s Total Cancer Care® (TCC) protocol through our Oncology Research Information Exchange Network (ORIEN). With their consent, TCC gathers patients’ history, data and samples from biopsies or blood tests to help care providers best tailor cancer treatment over the patient’s lifetime – and to help researchers develop new and improved cancer care.
- USSOCOM IS WORKING WITH MOFFITT TO EXPAND THE TCC PROTOCOL BEYOND ITS 287 DISCRETE DATA POINTS RELATED TO CANCER. The goal is to be able to establish baseline information for healthy young service members as they enter special operations training. This expanded protocol would enable military care providers to track health changes and injuries throughout the service member’s career, along with their exposures to locations and situations common to the service environment. If the data can help identify, for instance, individuals at increased risk for traumatic brain injury following accidents, it could better inform deployment decisions.
- MOFFITT IS ACTIVELY INVOLVED IN THE STAR (SPECIAL OPERATIONS FORCES [SOF] TRANSITION ASSISTANCE RESOURCE) PROGRAM for special operators and military officers transitioning to civilian life in the Tampa Bay area. Civilian program participants like Moffitt President and CEO Dr. Alan List host dinners where key service members facing transition can develop relationships with area business leaders to better determine their future path beyond the service. With USSOCOM and U.S. Central Command (CENTCOM) based here at MacDill, this unique talent pool has been the source for several successful Moffitt hires in recent years.
- IN 2017, DR. LIST WAS SELECTED BY FORMER SECRETARY OF THE ARMY ERIC K. FANNING TO SERVE AS A CIVILIAN AIDE to the secretary of the Army (CASA). CASAs are a vital part of the Army, promoting good relations between the Army and the public and advising the Secretary about regional issues.
- LIKEWISE, SEVERAL PROMINENT RETIRED MILITARY OFFICERS HAVE BEEN ASKED TO ADVISE MOFFITT. Moffitt’s Military Council provides input on matters affecting military populations and assists with our military partnership efforts. Established in 2015, this volunteer group has helped Moffitt improve access to world-class cancer care for active and retired military, and to engage various entities within the Department of Defense in joint cancer research efforts. Among the Council’s volunteer members are **Robert Hyde**, Commander, U.S. Navy (retired); **T.J. Farrell**, Colonel, U.S. Army Reserves (retired), now with Charles Schwab Corporation; **Matthew Mullarkey**, Captain, U. S. Army (retired), now with the University of South Florida; **Hal Walker**, MD, Colonel, U.S. Army (retired) and former Command Surgeon, U.S. Special Operations Command; **Michael Stephens**, Captain, U.S. Army (retired), now with the Hillsborough County Aviation Authority; and The Honorable **Michael J. Scionti**, Lieutenant Colonel, U.S. Army Reserves, as well as Judge in the Thirteenth Judicial Circuit, Hillsborough County.

Transplanted CLOSE to HOME

A Perfect Match through
Moffitt-Memorial Partnership

By Ann Miller Baker

*Eleftheria “Betty” Zervoudakis
calls it a phenomenal blessing.*

IN AUGUST OF 2017, what at first appeared to be a long-lasting upper respiratory infection landed her in South Florida’s Boca Raton Regional Hospital with a soaring white blood cell count. Betty’s family, including brother Alex – a former pharmaceutical representative – worried as the physicians inched closer to a diagnosis of cancer.

“At one point, the oncologist turned to my brother and said – you know, Moffitt just opened a partnership location somewhere here in South Florida,” Betty recalls. “My brother had already been online researching top hospitals, and Moffitt was on there. So when we heard Moffitt was close by, the doctors immediately made the arrangements to send me there, which was phenomenal – a blessing.”

“There” is the Moffitt Malignant Hematology and Cellular Therapy (MHCT) Program at Memorial Healthcare in Pembroke Pines. It’s where Betty was diagnosed with a form of acute lymphoblastic leukemia and immediately began treatment under Moffitt guidelines – close to her home in Lighthouse Point.

It’s also close to home for Hugo Fernandez, MD. A specialist in blood cancers and stem cell/bone marrow transplants, Fernandez was raised and did much of his medical training in South Florida before joining Moffitt’s transplant program on its Tampa campus in 2006. When the opportunity arose to oversee the Moffitt/Memorial Healthcare program, he welcomed the move back home.

ELEFThERIA “BETTY” ZERVOUDAKIS
SURVIVOR

Photography: Jaco Photo

MOFFITT

Malignant Hematology
& Cellular Therapy



JOSEPHINE PREVILON, PA (L), WITH DR. HUGO FERNANDEZ

“This partnership is my chance to make my own mark in an area that I’ve called home,” says Fernandez, now chair and medical director of Moffitt MHCT. It’s a part of Florida that he says “really wasn’t getting its due from the standpoint of procedures that patients may need.”

When discussions started almost two years ago, Memorial’s state-of-the-art transplant unit was already highly adept at transplanting patients with their own, chemo-treated stem cells (what’s known as autologous transplant). Allogeneic transplants - those involving a donor, whether a relative or unrelated - were done much less frequently. Moffitt’s expertise and experience in both types of transplants were what originally sparked Memorial’s interest in a partnership. But from the beginning, Fernandez says, Moffitt saw the potential to do more.

“We saw this as an opportunity to use Moffitt’s experience from both malignant hematology and transplant, to mold it all together,” explains Fernandez. “That’s why we became the MHCT program. The CT - cellular therapy including bone marrow transplants and more - is looking to the future. Hopefully, we will bring Moffitt’s experience with treatments like CAR T and other new therapies to Memorial as they become more established at Moffitt.”

Care is delivered through a hybrid system. All attending physicians and advanced practice professionals - a total of 14 staff positions - are Moffitt employees. Bedside/floor nursing, laboratory and all other aspects of care are provided by Memorial staff. It works, Fernandez explains, “because we’ve agreed to a consensus, team approach to our work. If someone wants to do something new and different, we decide whether we are all going to do this as a program. In this way, we not only treat the patient but also gather data on that treatment to make sure it’s working as it should. This provides a way to look back at those patients transplanted over the last year and ask if we are getting outcomes that are reasonable for the situation. If not, we tweak the process and start the evaluation phase over again.”

Minor tweaks have already yielded major improvements, according to Fernandez. A simple change in one drug given after transplant led to faster recovery time and cost savings. Bringing in Moffitt Clinical Pathways, guidelines and



Photography: Jaco Photo

“So when we heard Moffitt was close by, the doctors immediately made the arrangements to send me there, which was phenomenal - a blessing”

procedures has streamlined care, reduced costs, persuaded additional payers to enter into care contracts and - most importantly - improved patient outcomes.

In just its first seven months, the Moffitt-partnered program surpassed the number of autologous transplants done in the previous 12 months at Memorial. It also performed more donor (allogeneic) transplants than had been done in the entire history of Memorial’s program.

Over the same first seven months, the 30-day survival rate from time of transplant (auto- and allogeneic) was 100 percent. As of April 1, 2018, the 100-day survival rate also was 100 percent. “We’re anticipating very good one-year outcomes as well,” says Fernandez, “because we are also ensuring this is the right patient for the procedure – that they are ready and understand the process up front.”

But perhaps the best measure of success for the partnership thus far has been patients’ willingness to embrace it. Patients who’d earlier been presented the option to receive a transplant at other centers in Florida and beyond are now deciding to proceed close to home at Memorial. “Proximity is such a powerful thing,” says Fernandez. “I think we actually underestimated that. You think - well, you can get this elsewhere in the state of Florida. But sometimes you have to uproot the patient from their job, from their family, from their support system. They may have to spend a month there or three months there. These are all impactful things.”

JUST ASK BETTY.

Through five rounds of chemo over seven months at the Moffitt/Memorial program in Pembroke Pines, she’d developed a sense of security with her care team – “extremely personable, professional, very compassionate.”

A transplant was the key to her survival. Thankfully, her brother Alex was a perfect, willing match. The only question was where to undergo the transplant procedure. Because the Moffitt/Memorial partnership was so new (it opened just one month before Betty was diagnosed), her insurance did not include it as an “in-network” provider.

Betty made the four-hour trip to Moffitt in Tampa once during her treatment to see and discuss transplant options there. The drive home gave her time to weigh the costs in her head. There would be at least 30 days of apartment or hotel rental post-transplant for daily or weekly clinic visits. Her family would only be able to travel and be with her on weekends. And there’d be a new physician in charge of her transplant care, not the one she’d grown to trust.

“Dr. Fernandez came from there,” she reasoned. “He’s been in it for 30 years. I couldn’t think of being in any better hands.”

“When your life is on the line, you want somebody that you feel that they’re going to protect you; that they’re going to take care of you, they’re going to do everything in their means to get you through this.”


On Jan. 19, 2018, Betty received her transplant at Moffitt MHCT in Pembroke Pines. Her family was able to be with her as her

brother’s cells dripped through the IV into her. They celebrated as MHCT staff brought in a cake for her new, “second birthday.” And they supported her through the 26-day hospital stay while her new marrow engrafted. “The side effects were very, very tough for me,” says Betty. “But they were all there to help me through it.”

Now Betty sees Fernandez at regularly scheduled follow-up appointments, secure in the knowledge that Memorial’s emergency room staff will fast-track her to care should the need arise. The patient and doctor continue their well-established routine, trading language lessons in Greek and Spanish.

Betty’s given name – Eleftheria – is Greek for “freedom.”

She says she’s fortunate to have had the freedom to choose Moffitt care close to home at Memorial in Pembroke Pines.

“I’m just so glad all the stars aligned for me,” she says, “and I hope they do for many other people in South Florida.” 



“Proximity is such a powerful thing. I think we actually underestimated that.”

Photography: Jaco Photo



SAVING THE FUTURE

By Cathy Clark

Will Vragovic | Tampa Bay Times

Dr. Julie Dutil of Ponce Health Sciences University loads biosamples on a truck that will deliver them to the airport, where they will be transported to Moffitt.

RESCUE TRIP BRINGS PATIENTS AND TISSUE SAMPLES TO SAFETY

Heroic life-saving efforts abounded in Puerto Rico after Hurricane Irma, then Hurricane Maria, ripped through the island last year, bringing destruction and loss of electric power and potable water.

After Hurricane Maria, Moffitt Cancer Center team members joined the Tampa Bay Rays on a mission to deliver supplies (over 10,000 pounds of medical and hurricane relief supplies, food and water) to Puerto Rico, to aid in relief efforts. The returning plane held cancer patients and their caregivers who continued their care at Moffitt.

The flight home also held precious cargo that will help assure a healthier tomorrow for people of Hispanic descent. Moffitt team members had packed some unique equipment for the trip: liquid nitrogen-chilled storage/shipping containers nicknamed “mushrooms” because of their shape. They were used to preserve and transfer tissue samples gathered over the past 10 years from cancer patients and healthy “controls” at Ponce Health Sciences University (PHSU) in partnership with Moffitt.

“The research partners in Ponce, Puerto Rico, were using backup generator power to keep the precious samples frozen

and were quickly running out of time to get the samples to a stable power source,” said Moffitt researcher Teresita Muñoz-Antonia, PhD.

Two rescue trips ultimately brought more than 2,000 samples to Moffitt for safe storage until a consistent source of electric power is restored to the island. Through the dedicated efforts of many, “all the samples were saved,” said Muñoz-Antonia. “Losing these samples would cripple multiple research projects at Moffitt and Ponce, who have forged an academic partnership.” The research is critical to guiding personalized medicine efforts in the Hispanic population.

The Moffitt research team, including Muñoz-Antonia, who has strong ties to Puerto Rico, and Daniel Sullivan, MD, secured an initial planning partnership grant in 2006 to work with PHSU.

“Losing these samples would cripple multiple research projects at Moffitt and Ponce, who have forged an academic partnership.”



*“We want to grow!
And we want to get
more samples.”*

DR. TERESITA MUÑOZ-ANTONIA

Photography: Ray Reyes

THEIR AIMS: To establish programs to enhance basic and clinical research, enrich cancer outreach, expand cancer education, and to create a unique Hispanic/Latino Biobank, the first functional, centralized Hispanic cancer-related biobank in Puerto Rico. The tissue samples were collected from consenting cancer patients and healthy controls. “To secure a grant in 2006 means we started working several years beforehand,” says Muñoz-Antonia.

The partnership has led to the development of a robust network and infrastructure necessary for a sustained long-term collaboration to improve cancer outcomes in the Hispanic/Latino population.

It is challenging to get enough samples from Hispanic patients, because they and other minority groups are underrepresented in all of the big databases. “If you have a mutation that happens in only 10 percent of the people, to be able to detect it, you need

to have more than 10 people to detect it once,” said Muñoz-Antonia. “For example, when researchers look at lung cancer in some of the data bases, they have 900 tissue samples of white people and 15 samples of Hispanics. With these numbers you cannot detect a 10 percent difference. This is one of the reasons it is important to have a targeted biobank.”

If these biosamples were not saved, it would have “pushed the research back for years,” she adds.

GENETIC ALTERATIONS HOLD KEY ROLE IN DIAGNOSIS

An understanding of these genetic alterations among Hispanics is important. It will help assure that people in this population can be diagnosed accurately and receive appropriate therapy, the goal of personalized medicine.

We are learning, through this research, that the frequency and nature of mutations (genetic alterations) can be different among the Hispanic population and non-Hispanic whites. These alterations could make a difference in a patient’s response to a particular treatment.

“This research is not yet benefitting today’s patients, because we are still working to secure enough numbers to make sure that our observations are accurate. It takes a long time to do that.”

The genetic alterations also could make a difference in diagnosis. For example, for mutation testing, physician-scientists sequence for mutations that are already known. But Hispanics may have mutations not yet discovered, and thus not included in current screening tests.

“This research is not yet benefitting today’s patients, because we are still working to secure enough numbers to make sure that our observations are accurate. It takes a long time to do that,” said Muñoz-Antonia. “We believe these initiatives will help future patients.” In essence, the work is “saving the future.”

Her take on the future? “We want to grow! And we want to get more samples,” says Muñoz-Antonia. She foresees obtaining more samples through consented patients in Puerto Rico over time as electric power continues to be restored throughout the island.

The partnership is led at Moffitt by Drs. Muñoz-Antonia and Sullivan and at PHSU by Drs. Jaime Matta and José Torres.

Much of this potentially life-saving work related to biosamples happens because of the PHSU and Moffitt teams, notes Muñoz-Antonia. The PHSU team is led by Dr. Idhaliz Flores; her team includes Maria Rojas and Dagmar Correa. The Moffitt team includes pathologists Dr. Domenico Coppola and Dr. Marilyn Rosa, along with Edna Gordian, Ed Seijo and Rodrigo Carvajal.

MOFFITT POST-HURRICANE RELIEF EFFORTS

As Hurricanes Irma and Maria left millions in Puerto Rico and the Caribbean without electricity, water and much-needed supplies, Moffitt created a Puerto Rico Response workgroup to address how best to assist in the recovery efforts.

Moffitt team members and volunteers collected monetary donations, organized and packed boxes of goods and supplies that went to Puerto Rico. Kaaron Benson, MD, medical director of the Blood Bank at Moffitt, worked with the OneBlood organization in Florida to coordinate a blood drive in October, 2017, targeted to help those in Puerto Rico affected by the hurricane; 35 people donated life-saving blood.

And for the United Way campaign at Moffitt Cancer Center, Puerto Rico support was added as one of the donation options.

The Moffitt Foundation made it easy to donate online in support of Moffitt’s Puerto Rico Relief efforts, by visiting **Moffitt.org/Give**, click “Give” and direct your gift to “Other” in the drop-down menu. Then type “Puerto Rico” in the Details for “Other” box.



A few of the many Moffitt physicians and scientists who work with the Ponce-Moffitt partnership. L-R: Drs. Jamie Teer, Scott Antonia, Dan Sullivan, Teresita Muñoz-Antonia, Shari Pilon-Thomas, Domenico Coppola.

“We believe these initiatives will help future patients. In essence, this work is saving the future.”

Each weekend, Moffitt physicians and advanced practice providers traveled to Puerto Rico, bringing medical supplies and providing medical care, especially in out-of-the-way areas. (See “Moffitt Helps Rural Puerto Rico Post-Maria,” page 19.)

In addition to the cancer patients from Puerto Rico who were transported to Tampa to continue their care at Moffitt, an increasing number of patients from Puerto Rico are continuing to come to Moffitt for treatment. 📍

NIH Renews Moffitt-Ponce Partnership Grant

Teresita Muñoz-Antonia, PhD, Daniel Sullivan, MD, and many others breathed a deep sigh of relief when the National Institutes of Health (NIH) renewed the Ponce Health Sciences University-Moffitt Cancer Center partnership grant in October 2017.

The NIH grant award to Moffitt of almost \$9 million over the next five years, and a similar partnership award to the Ponce Health Sciences University (PHSU), means that work between the physicians and researchers at Moffitt and PHSU will continue, with the aim of driving personalized medicine efforts in the Hispanic population.

PHSU and Moffitt have forged a strong working relationship founded on seamless communication with mutual support and benefits.

“There are many of us involved in this, not only those of us from Puerto Rico but also people from Moffitt who are very committed and believe this is the right thing to do,” says Muñoz-Antonia.

With partnership resources and significant commitment from both institutions, joint programs are enhancing basic and clinical research, enriching cancer outreach, expanding cancer education, and creating a unique Hispanic/Latino biobank. All this leads to the development of a robust network and infrastructure necessary for a sustained long-term collaboration to improve cancer outcomes in the Hispanic/Latino population.

The partnership's immediate impact includes identification of new mutations in breast and lung cancer in Hispanic/Latino patients, recruitment of new faculty essential for sustainability and growth, and 84 community outreach educational activities for Hispanic/Latinos in Florida and Puerto Rico.

“The grant has elements of training and education led by Dr. Ken Wright,” says Muñoz-Antonia. “And one of the beauties of that is the students not only come here to Moffitt, but also we send students from Moffitt to participate in and do rotations in medical school in Ponce.” Everyone benefits through this bidirectional partnership; neither benefits more than the other.

The initial and ongoing purpose of the grant is to enhance health disparities research at Moffitt, and cancer research in PHSU and cancer care in Southern Puerto Rico. A major goal of the partnership is increasing the number of researchers involved in cancer health disparities and growing the research and training.

“For Moffitt it is important to enhance our training, care and research in health disparities. And this focus is especially important for us because Hispanics are a large part of our catchment area, the area we serve,” says Sullivan. “Through this partnership we can learn how to better serve the health needs of Hispanics through targeted research and training.”

“Without this knowledge a physician might not think to ask a patient certain questions that could yield beneficial information,” says Muñoz-Antonia. “We want to see more investigators asking questions that pertain specifically to Hispanic health disparities and genetics.”

From a clinical services standpoint, numerous people have been involved with this partnership to help with initiatives in Puerto Rico. As part of one such successful initiative, Melissa Alsina, MD, has established a bone marrow transplant clinic in Puerto Rico. Fellows from the San Juan Veterans Administrative Hematology-Oncology Program in Puerto Rico do a rotation at Moffitt. Alsina, who also has ties to Puerto Rico, is an associate professor of medicine in the Blood and Marrow Transplant Program and head of the Multiple Myeloma Transplant Program at Moffitt.

The community outreach and education component, led by Drs. Susan Vadaparampil and Clement Gwede, is another key part of the partnership. *Latinos y el cáncer* in Tampa is well received in the Hispanic/Latino community and well attended, largely because the participants appreciate the opportunity to talk to cancer experts who speak Spanish. In Puerto Rico the educational programs are called *Hablemos de cáncer*.

“It is a huge team effort to produce these community outreach and educational events,” says Muñoz-Antonia. “Moffitt physicians and team members who are Hispanic, whether part of the partnership or not, are always willing to help.”

PhD candidate Jaileene Perez-Morales of Puerto Rico (L) interned in Dr. Muñoz-Antonia's research lab, through the Moffitt-Ponce partnership.

“It is a huge team effort to produce these community outreach and educational events.”



Photography: Ray Reyes



Dr. Muñoz-Antonia (L) with Edna Gordian, research associate, Tumor Biology

Photography: Ray Reyes

Moffitt Helps Rural Puerto Rico Post-Maria

By Ann Miller Baker

Every Friday night from October through December 2017, a handful of Moffitt physicians and advanced practice professionals boarded a plane bound for hurricane-ravaged Puerto Rico.

They would often pay their own airfare – and even donate to buy the medicines and supplies they would need for the busy weekend ahead. Come Sunday, they'd be flying back to Tampa, tired but ready for their patients at Moffitt on Monday morning.

Moffitt weekend missions in late 2017 brought needed medical care to rural areas devastated by Hurricane Maria on Sept. 20. As part of Moffitt's Puerto Rico Response workgroup, BMT physician Melissa Alsina, coordinated efforts with doctors on the island, targeting a different town with each visit. These Puerto Rican colleagues spread the word to make sure cancer patients were made aware, but the volunteers were most likely to find themselves dealing with primary medical needs – making house calls to places where few homes were left standing.

Alsina shares the story of their visit to a remote area in Utuado, a town near the center of the island, its sole access bridge destroyed by the category 4 storm. A makeshift rope-and-

pulley system allowed locals to load baskets full of food, water and necessities for their fellow Puerto Ricans in the isolated town. It's heartening to see such cooperation, says Alsina, but "it makes you wonder – how is this going to get better? It will take a long time."

Weekly trips continued through the end of 2017. Since then, Alsina and Dr. Jose Leonel Ochoa-Bayona have traveled to Puerto Rico for the monthly bone marrow clinic. Additionally, Alsina has taken medical supplies to a public hospital in San Juan.

Moffitt has strong connections to Puerto Rico, including a partnership with the Ponce Health Sciences University in Ponce, Puerto Rico, to facilitate high-quality research, teaching and outreach efforts that focus on the Hispanic population. Many team members have family and roots in Puerto Rico, including Alsina who earned her MD, completed her residency and first year of her hematology fellowship in San Juan.

For Alsina, the gratitude for these volunteer efforts is as sincere as that of the everyday Puerto Ricans being helped. "I have no words to express how much we appreciate your effort and kindness."

CARRYING MOFFITT'S MESSAGE TO TALLAHASSEE

PATIENTS, CAREGIVERS AND TEAM MEMBERS PARTNER FOR MOFFITT DAY

By Ann Miller Baker

What could possibly be so important that 25 people would ride over 300 miles on their bicycles to share it? The same thing that draws another 50 people to board a predawn bus bound from Tampa to Tallahassee early each year during the annual state legislative session.

Moffitt Day in Tallahassee is an opportunity to “change hearts and minds,” explains one participant, “using cancer survivors and bicyclists.”

The 13th annual event was held at the State Capitol on Jan. 17, 2018. Moffitt leaders, physicians, researchers, team members, patients and their families made the trek to tell legislators firsthand what support of Moffitt Cancer Center means in the battle against this dreaded disease.

“Moffitt’s approach to cancer care has always been team-oriented, with everyone working together to provide the best treatment plans and outcomes for our patients,” Moffitt President and CEO Alan List, MD, commented during a Moffitt Day news conference in the Capitol rotunda. “We consider our

governor and elected officials as part of that extended team. And we are asking for their continued support to help Moffitt realize the lasting scientific advances that are so important to the millions of Floridians battling cancer.”

Judging from two of those who made the trip this year, it’s a pretty fierce team.

RIDING FOR RESEARCH

Even the threat of snow and ice couldn’t keep the Cure on Wheels Capitol Riders from completing the final stage of their four-day trek. It was cool and breezy when they set off on their bicycles from the Moffitt campus on Sunday, Jan. 14. By the time those 25 riders arrived at the Capitol steps Wednesday morning, it was already snowing a few miles west in the Panhandle.

Riding 300+ miles in inclement weather is just one measure of how tough and dedicated the riders are. Seven of this year’s participants are also cancer survivors, committed to sharing Moffitt’s role in returning them to a vital, healthy life.

Capitol Ride organizer Joshua Rivera was just 27 years old in 2007 when a mass collapsed the ureters between his kidneys



and bladder. “I was 24 to 48 hours away from double renal failure,” Rivera recalls being told before being wheeled into emergency surgery in Tampa. Weeks later at Moffitt, he began a new and grueling standard-of-care protocol for Ewing soft cell sarcoma.

“I had treatment for 21 months,” says Rivera. “That’s 1,100 hours of chemotherapy, 23 radiation treatments, six surgeries.” Long enough to form close friendships with his Moffitt care team members including Dan Sullivan, MD, and nurse Cathy Elsner. Once treatment was complete, they recommended Rivera join Moffitt’s Patient and Family Advisory Council. And that’s where he met others involved in Cure on Wheels long-distance bicycling events to raise money and awareness for cancer research.

“When I joined Cure on Wheels in 2010, I knew how to ride a bike,” Rivera laughs. He knew he’d have to learn a lot more after his first Capitol Ride. On that first ride in 2010 Rivera was a support volunteer, driving alongside the riders headed for Tallahassee in a sponsored SUV loaded with the group’s belongings. “These people were my friends – some of them cancer survivors in their 60s riding their bikes 300 miles. And I’m sitting in a Caddy with

heated seats, wondering – what’s wrong with me? I promised myself that the next year I’d be on the bike for the Capitol Ride.”

Now a Moffitt team member in the Revenue Cycle department, Rivera’s done five Capitol Rides and still gets emotional each time he pedals up to the Capitol steps. “The Capitol Ride is not so much about getting to Tallahassee. It’s about the camaraderie and the journey. It’s about everything that happened along the way – and obviously, everything that happened before that.”

Rivera shares his story with lawmakers on Moffitt Day in hopes of swaying hearts and minds. Often, he says, legislators are “blown away” to realize cancer can strike someone so young and healthy. Many, he says, are already willing to support Moffitt’s mission but don’t appreciate how funding facilities like research labs

impacts patients. “I literally would not be here without clinical trials and research having been performed here,” says Rivera. He wound up being the first Moffitt patient to complete that new standard-of-care protocol for Ewing sarcoma. “Having not just a statewide but also a worldwide cancer center of excellence in your backyard is amazing!”



Photography: Colin Hackley

Lee Moffitt autographs survivor Joshua Rivera's 2018 Capitol Ride jacket.



Photography: Colin Hackley

“MOFFITT DIDN’T GIVE UP ON ME”

Every one of the Speak Out for Moffitt volunteers who boarded the early morning chartered bus to Tallahassee came with a story to tell lawmakers about their Moffitt experience. JuliAnn Finger of Seminole was ready for a broader audience, as part of the Moffitt Day news conference in the Capitol rotunda.

When diagnosed with stage 4 mantle cell lymphoma at a local hospital in 2007, she was new to the area. During her first hospitalization, she became sick with sepsis and lapsed into a coma for four days. Even after regaining consciousness, doctors gave her less than 90 days to live, saying she wasn’t strong enough to endure the chemo and stem cell transplant that held her only chance for survival. She and her husband were sent home with a business card for hospice services.

But the nurse in Finger wasn’t ready to give up. She tracked down the Moffitt hematologist whose input had helped the doctors arrive at her uncommon diagnosis. Within days, she was seen by Eduardo Sotomayor, MD, then director of the DeBartolo Family Personalized Medicine Institute at Moffitt.

“He said, ‘I cannot promise you a cure,’” Finger recalled. “‘But I can promise I will walk through this with you and help you every step of the way. I can promise you hope.’ I left that office visit with tears in my eyes. Moffitt didn’t give up on me.”

Finger achieved remission from her cancer and was able to go through a stem cell transplant at Moffitt in April of 2009. In the years since she was diagnosed and told she might live just 90 days, she has welcomed six grandchildren into the world. Her husband, who served as JuliAnn’s primary caregiver through the transplant, came out of retirement and returned to school for a nursing degree. Both are currently providing nursing services through a skilled nursing facility.

“As a nurse, I didn’t specialize in oncology,” said Finger, “but I know quality, knowledge and passion when I see it.”

Concluding her news conference remarks, Finger reached out to former Florida Speaker of the House and cancer center

founder H. Lee Moffitt with heartfelt thanks for seeing the need for a world-class cancer center in Florida 30 years ago. “One person’s initiative can change the world,” added Finger. “And because of you, countless lives have been saved.”

MOFFITT’S BEST “LOBBYISTS”

Moffitt Day and the interactions of our volunteers, patients, and staff have been critical to Moffitt’s success with legislators. Hearing personal stories about how Moffitt has changed lives is the best “lobbying” anyone could offer. Thanks to our tireless advocates, Moffitt has been able to grow its state support dramatically over the years.

One of the most rewarding endeavors was in 2012, when lawmakers increased Moffitt’s portion of the cigarette tax to help build the outpatient facility on the McKinley campus. Since it opened in November 2015, the six-story, 250,000-square-foot facility has become home to many of Moffitt’s outpatient programs, freeing much-needed space on the hospital’s main campus less than a mile away on Magnolia Drive.

And the numbers show how well that’s working. Seventeen percent of all patients new to Moffitt start at the McKinley campus. Outpatient surgeries at both Magnolia and McKinley campuses jumped almost 17 percent from FY16 to FY17. Radiation Oncology and Radiology procedures also saw double-digit increases over the same time period.

Such growth is crucial if Moffitt is to fulfill a mandate written into the 1981 legislation that created the cancer center. It called for Moffitt to serve all of Florida. Continued state support will be needed, and that means Moffitt’s best “lobbyists” will be heading back to Tallahassee early in 2019.

Volunteer Finger says she’ll be ready to tell her story as often as necessary, paying it forward for future Moffitt patients. “Moffitt gives hope to people like me who thought they might not have a chance,” she says. “What better reason could there be to support Moffitt?”



Photography: Colin Hackley

Cancer survivor and Speak Out for Moffitt volunteer JuliAnn Finger shares a happy moment with H. Lee Moffitt.

“Moffitt gives hope to people like me who thought they might not have a chance.”



A Legacy of LEARNING

By Ann Miller Baker

DR. LEVEN "CHUCK" WILSON
ADVOCATE

Photography: Ray Reyes



Arthur T. “Tim” Jones II (L) and Wilson share a few moments inside Bible-Based Fellowship Church of Tampa near the seat honoring the Rev. Jones.

Photography: Ray Reyes

AFTER THE REV. ARTHUR T. JONES SR. TRANSITIONED FROM THIS EARTHLY LIFE IN 2013, thousands packed the Tampa church he founded to celebrate his impact. The Bible-Based Fellowship Church on Ehrlich Road with its roots in the Joneses’ home Bible study gatherings had flourished under his leadership, growing to 5,000 worshippers, five local congregations and two schools in Africa.



The Rev. Arthur T. Jones Sr.

The four-hour service that day was as much a musical celebration as a “going home” gathering – and rightly so. Jones co-founded the famed 200-member Florida Mass Choir, writing songs that topped the gospel charts and recording 14 albums of inspirational music, including a solo CD that featured his signature raspy tenor voice raised in praise.

Though faith guided his life, there was another side to Jones. He was brought up by his grandmother to be a serious student. Classes in physics at St. Petersburg Junior College led him to an apprenticeship with IBM, which was looking to diversify its workforce at the Kennedy Space Center in Titusville. Though Jones lacked the finances to complete his college degree, IBM hired him straight out of the apprenticeship. His IBM career spanned more than two decades.

In later years, he learned firsthand about cancer while battling multiple myeloma at Moffitt Cancer Center. He became a staunch Moffitt ally, serving on its Advisory Board even through treatment with son-in-law and caregiver Dr. Leven “Chuck” Wilson usually at his side.

“We went through a lot while he was sick simply because of the things we didn’t know,” said Wilson, a social worker with training in gerontology. “We were fortunate enough to have the resources to take care of him. But every day, whether we were at Moffitt or at his dialysis clinic, we were constantly seeing people who needed help. And as a social worker, my vow and my code of ethics is: if you see something, don’t just say something. Do something.”

Late last year, Wilson, his wife Shonda Jones Wilson, her mother Doris Jones and the entire Jones family did something extraordinary in memory of the Rev. Jones. They presented the Moffitt Foundation with a \$100,000 gift, the first installment of a five-year, \$500,000 pledge. The funds will support the overall efforts of Moffitt Diversity, including the George Edgecomb Society, as well as K-12 health care and research career development programs focused on minorities.

This extraordinary gift would not have been possible without the strength and support of the Reverend’s widow, Doris Jones. “I often heard my late husband say that we should work to make a global impact with a local imprint,” she said. “That is what this donation is all about.”

“I often heard my late husband say that we should work to make a global impact with a local imprint. That is what this donation is all about.”

THE WILSON-JONES FAMILY GIFT HAS MULTIPLE COMPONENTS, BASED IN JONES’ REVERENCE FOR EDUCATION AND AIMED AT IMPACTING CANCER HEALTH DISPARITIES AFFECTING THE BLACK/AFRICAN-AMERICAN COMMUNITY.

Its design evolved in the five years since Jones’ passing, through conversations between Wilson and B. Lee Green, PhD, vice president of Moffitt Diversity, Public Relations and Strategic Communications. As a researcher, Green’s career has been focused on studying health disparities in general and cancer disparities specifically. Green has a long history of research in this area.

“During all of my time focusing on health disparities, I have not seen a single family make this level of commitment financially to help address this pressing health issue,” said Green. “It is rewarding to see such a personal commitment from one family. I think it will take this type of commitment from the community for us to eventually see a reduction or elimination of health disparities. The Jones family has certainly set a standard for others in the community.”

The gift will support the overall Moffitt diversity efforts focused on cancer disparities that include health education and training for the community, student training/career development, patient care support and research.

One example is a new partnership based at a Citrus Park resource center owned by Wilson’s businesses, the non-profit Renew Group and his CPAG, Inc. health care company. Moffitt’s M-POWER (Moffitt Program for Outreach Wellness Education & Resources) works with the community to develop and improve methods to reduce cancer disparities. In this partnership, M-POWER staff visit the resource center two days each month to present workshops on healthy lifestyles, nutrition and awareness of programs addressing various types of cancers – including screening voucher offers through Moffitt. M-POWER staff are also available for one-on-one meetings with community members to answer their cancer questions and help them navigate access to and care at Moffitt.

“At the end of the day,” noted Wilson, “it’s how do we eradicate cancer? How do we deal with health disparities? How do we actually create information and resources for all of those who are impacted by it? And, importantly, how do we encourage our young people and even our older people to go in health care professions? Regardless of one’s resources, if you don’t have the capacity to deliver care, then we’re still in a difficult situation. Not having the capacity can still create the disparities in health care.”



Photography: Ray Reyes



Photography: Ray Reyes

Most importantly, Wilson says, the family hopes this gift will set an example for more to follow.

“We hope this gift will encourage others to give and have a voice,” said Wilson. “When others give, it makes the voice bigger. It makes the mission bigger.”

And to that, you can almost imagine the Rev. Jones’ raspy voice adding, “Amen.” 🙏

“We hope this gift will encourage others to give and have a voice. When others give, it makes the voice bigger. It makes the mission bigger.”



LIFESAVING PARTNERSHIPS:

BASEBALL AND SUN SCREENING TEAM UP

By Cathy Clark

JEFFREY PEARSON
SURVIVOR + ADVOCATE

Photography: Ray Reyes

“THE MOLE PATROL SAVED MY LIFE!” SAYS TAMPA ATTORNEY JEFFREY PEARSON

Pearson clearly recalls the day six years ago when he attended a Tampa Bay Rays spring training game in Port Charlotte.

“I had a freckle on my shoulder we had been following for a couple years. My family physician said I should have it checked out, but there was no urgency. It wasn’t raised; it wasn’t turning colors or anything like that,” Pearson said. “But the Mole Patrol was there, so I figured I’d have it checked out.”

The Mole Patrol® offers free skin cancer screening and education, traveling to venues around Florida, such as the spring training game that Pearson had attended that auspicious day with his wife and son. Spring Swing®, Moffitt’s Sun Safety Tour, is a partnership between Moffitt Cancer Center and the Tampa Bay Rays, offering free skin cancer screenings at specified baseball spring training venues throughout Florida. Screeners from Moffitt’s Mole Patrol team look for early signs of skin cancer while promoting sun safety, skin cancer awareness and education.

Immediately after Dr. Frank Glass, a dermatology specialist working with the Mole Patrol that day, took one look at his shoulder, Pearson knew something was wrong, especially when the other Mole Patrol volunteers started coming over “and they had that big magnifying glass!”

“Dr. Glass said, ‘Don’t procrastinate. Not next month; not next week!’” Pearson recalls.

So Pearson made an appointment with a local dermatologist in New Tampa where he had the mole surgically removed and biopsied. A short while later, “in the interest of caution,” Pearson had a follow-up surgery at Moffitt where more skin was removed.

“It was stage 2 melanoma,” says Pearson. “The fact that it was caught that early prevented all kinds of complications and a more invasive surgery.”

Pearson says it is a relief to be cancer free since the diagnosis and surgery six years ago. He makes sure to have regular skin checkups, and he frequently shares his motto: “Procrastination is cancer’s best friend!”

Now he also takes precautions to protect his skin, which include using sunscreen, wearing hats and avoiding the sun during the hours it can cause the most damage.

“Procrastination is cancer’s best friend!”

“Most skin damage occurs before age 20, and I remember spending summers on the New Jersey shore with nothing on my skin but baby oil,” says Pearson. This occurred at a time when people were less aware of the importance of taking precautions in the sun.

Through his experience he is personally aware of the importance of skin cancer prevention and education.

Pearson regularly advocates for routine skin checkups, sun safety precautions and education. He spoke at the 20-year anniversary for Mole Patrol and volunteers in other ways. “I’m happy to spread the word and do anything I can to get the word out.”

“Most skin damage occurs before age 20, and I remember spending summers on the New Jersey shore with nothing on my skin but baby oil.”

His take on the importance of partnerships like Spring Swing? “It couldn’t be more important!” He adds, “Partnerships like this are essential because access to diagnostics and education is key to cancer prevention.”

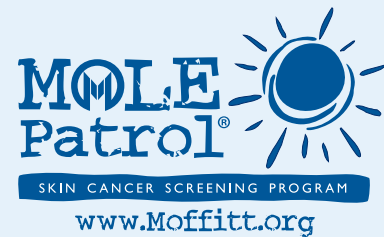
Without such partnerships, it likely would have been another six or 12 months before Pearson had the freckle checked, “because I didn’t see any urgency – procrastination again – so having the Mole Patrol there and the Spring Swing and having the immediate ability and the ease of access to a dermatologist was crucial.”

The process to get his skin screened took only a few moments, and “I’m glad I did.”

“Get checked out!” he concludes. “Don’t wait! When it comes to cancer, time is not on your side.” 📞



Pearson (R) and his son, Ryan, participated in a check presentation by the Rays in 2013 at Tropicana Field.



MOLE PATROL ID'S HUNDREDS OF SKIN CANCERS

The Mole Patrol skin cancer screening program travels to venues around Florida to offer free skin cancer screenings and cancer education to the public. In its 20 plus years of operation, the Mole Patrol has screened more than 15,000 Floridians, identifying hundreds of suspicious skin lesions that have resulted in the diagnosis of melanoma, basal and squamous cell cancers.

The Mole Patrol consists of medical doctors and midlevel practitioners who specialize in skin cancer and/or dermatology, as well as registered nurses and support staff. Most physicians, midlevel professionals and nurses are based at Moffitt, while others come from the USF Department of Dermatology and from affiliate institutions and practices in the community. If suspicious lesions are found, patients leave with follow-up recommendations that they should take to their primary care physician or dermatologist. In addition, participants receive educational information about skin cancer prevention and early detection and often receive free sunscreen samples and other related giveaways.

REMEMBERING Dr. Charles C. Williams

By Ann Miller Baker

If anyone lived Moffitt's mission, it was Dr. Charles Williams.

HE HAD BEEN HERE SINCE DAY ONE, WHEN MOFFITT'S DOORS OPENED IN 1986.

He spent the next three decades building a lasting legacy in the treatment and research of lung cancer until his tragic death in an auto accident on March 28, 2018.

"Charlie was a mentor for most of Moffitt's medical oncologists for more than 30 years. He set the standard for medical oncology and patient care, consistently demonstrating selfless dedication to the success and well-being of others," said Moffitt's Physician-in-Chief Doug Letson.

Williams' impact was far-reaching, judging by the standing-room-only crowd honoring him in a Celebration of Life at Moffitt's Ted & Marty Couch Auditorium on April 10. Along with his wife Debbie and daughter Sara, Moffitt colleagues, alumni and patients gathered to remember Williams with stories, tears and the laughter he loved.

Moffitt President and CEO Alan List, MD, described Williams as a leader in thoracic oncology, a principal investigator on many of Moffitt's early clinical trials who cared for thousands of patients. "Charlie was always their advocate, placing them first," said List. It was no surprise when Williams was named Moffitt's Physician of the Year in 2010, an honor he cherished. "But the thing I will always remember about Charlie was his dry wit," said List. "He always made you smile."

Karen Fields, MD, a Moffitt medical oncologist specializing in breast cancer, remembered when Williams' first wife, Faye, was diagnosed and looking for a physician to provide treatment. "When a colleague asks you to care for their loved one, that's an honor," said Fields. After Faye died, Fields said grief took its toll on Williams. "We lost our Charlie for a while. That light in his eyes and the dry humor disappeared until Debbie Simanteris entered his life and became his second wife," said Fields. "Charlie loved dearly and was dearly loved."

Vicki Caraway, Moffitt's senior director of Ambulatory Nursing and Debbie's close friend since their days as Bone Marrow Transplant Unit nurses in the early '90s, remembered watching the relationship between Debbie and Charlie blossom. Caraway

described running into the pair on one of their first dates – Debbie in a white pantsuit and Charlie all in black. "They looked like ebony and ivory on a keyboard," said Caraway. "But in reality, they were more yin and yang, completing each other." Williams, she said, gave so much to so many that "there are no words to do justice to a life that was so full and rich."

Williams' longtime nurse Andrea Shaffer said the death of her former colleague "was like losing my father – he was a hero to me." She credited Williams for seeing her potential and encouraging her to become a nurse practitioner, a major step in her path to becoming a director in Moffitt Nursing Administration.

Jhanelle Gray, MD, a Moffitt medical oncologist and director of clinical research in Thoracic Oncology, trained under Williams before working beside him. Williams was "the glue in our work family," said Gray. She recalled an after-work invitation to dine out with the Williamses and their friends. After hours of jokes and conversation, the bill came — and Gray and her husband realized they'd never even touched their meals. They'd been having too much fun to eat.

Lary Robinson, MD, a Moffitt surgeon and Williams' longtime colleague in Thoracic Oncology, remembered him as "my closest friend for a quarter of a century. I just never realized it until he was gone." With offices a few doors apart and busy days seeing patients in clinic, the two teased each other incessantly. "I suspect we never had a serious conversation about anything, ever, unless it was medical," said Robinson.

There were "inside jokes" — about Williams' imaginary tractor and its perpetually flat tires, his "mustache movement" that had everyone growing facial hair ("even some of the ladies," Williams joked), his fascination with alpacas, saxophone lessons, an ever-expanding collection of crazy-patterned socks and his imaginary girlfriend Bertha.

But behind all the jokes, added Robinson, Williams was the consummate clinician, the go-to expert on perplexing cases who would always find time to reassure and counsel patients.

Pastor Mike Holland, who counts the Williams family among



DR. CHARLES C. WILLIAMS

“He set the standard for medical oncology and patient care, consistently demonstrating selfless dedication to the success and well-being of others”

his congregation at Ahava Baptist Church in Plant City, recalled the words of another worshipper who trained under Dr. Williams. “He told her, ‘It’s not our job to relieve pain. It’s our job to lessen the suffering by sitting on the bed next to that patient, looking them in the eyes and saying, “We will fight this together.”’ That’s hope, a medicine you can neither buy nor manufacture. We need it. And we need more like Charlie who could deliver it so well,” said Holland.

Outside the memorial gathering, Robinson shared his firm belief that his good friend is not resting in peace — “that’s a saying I really hate. He’s probably having a ball right now in a far better, extraordinary place.”

Robinson imagined his friend atop a tractor, finally with four functioning tires, his saxophone in his lap. Gathered round him for the music, there’s a herd of alpacas wearing fake mustaches and crazy socks. “And Charlie’s happy as a clam,” said Robinson, “just waiting for the rest of us to get to that same place someday.”

Until then, his Moffitt family will remember Charlie with a smile — especially when the “best of the best” among its physicians is chosen each year for a newly named honor: Moffitt’s Dr. Charles C. Williams Physician of the Year Award.

THERE COULD BE NO BETTER NAMESAKE. 🎧

ABOUT MOFFITT CANCER CENTER

Moffitt Cancer Center in Tampa, Florida, has made a lasting commitment to the prevention and cure of cancer, working tirelessly in the areas of patient care, research and education.

MISSION

To contribute to the prevention and cure of cancer

VISION

To transform cancer care through service, science and partnership

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NOTABLE

MOFFITT MCKINLEY OUTPATIENT CENTER OPENED ITS SIXTH FLOOR ON MARCH 12. The newly opened area houses the Senior Adult Oncology Program, GeneHome (a high-risk cancer screening clinic), Survivorship Program, Breast Plastic Surgery, Genetic Risk Assessment, Cardio-Oncology, Integrative Medicine-Massage Therapy and Multi-Specialty Clinic.

THE FDA EXPANDED ITS APPROVAL OF IMFINZI®. The immunotherapy treatment is now available as a standard-of-care option for patients with stage III non-small cell lung cancer. The expanded use approval stems from a global clinical trial led by Moffitt thoracic oncologist Scott J. Antonia, MD, PhD.

THE FDA APPROVED LUTATHERA® TO TREAT A RARE FORM OF CANCER. When injected into the patient, the treatment delivers a high dose of targeted radiation to gastroenteropancreatic neuroendocrine tumors. Moffitt oncologist Jonathan R. Strosberg, MD, led an international clinical trial leading to the approval.

Visit [MOFFITT.org](https://www.moffitt.org) to find out about our upcoming events

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