

MOFFITT MOMENTUM[®]

BREAKING AGE BARRIERS

Helping older patients
get fit for surgery

A SHOT AT A CURE

Trial vaccine changes
young mom's prognosis

BIGGEST JOB: CAREGIVER

Entrepreneur shares
what motivates him



Leadership Message



Patrick Hwu, MD
President and CEO

Dear Friends,

I grew up in St. Albans, West Virginia, a charming small town wedged between the Kanawha and Coal rivers, with a population of just over 14,000 in the 1970s. As a child, I watched one of my teachers and a classmate get diagnosed with leukemia. Our town lacked the proper resources for their cancer treatment, and both had to travel out of state for care. Later in my life, cancer impacted me again as both my parents became survivors. These experiences left a lasting impression on me, fueling my pursuit of a career in oncology. They also highlight the importance of advancing treatment and ensuring comprehensive cancer care is accessible to all, regardless of where they live, their age, background or the rarity of their cancer.

In this issue of Momentum, you'll read about James Sandridge, who successfully underwent liver surgery at age 79. The experts at Moffitt Cancer Center know age is just a number. Through our Geriatric Perioperative Optimization Clinic, Sandridge was assessed for surgery readiness, then referred to an exercise prehabilitation trial and dietitian to get strong and prepare for surgery. Just like training for a marathon, this preparation ultimately improves outcomes for older patients.

You'll also meet a young mother diagnosed with metastatic breast cancer just a week after delivering her son. After an initial poor prognosis, Dallas Carroll sought a second opinion at Moffitt, where she enrolled in a vaccine trial harnessing immune cells extracted from her blood. After two rounds of the vaccine, her tumors continue to shrink, and Carroll is enjoying everyday life with her three kids.

Another testament to our innovative approach to providing care for all is the story of Shawn Donovan, whose complex metastatic prostate cancer called for a precise, coordinated surgical effort. Treatment involved three surgeries performed by a multidisciplinary team, exemplifying Moffitt's dedication to providing exceptional care even in the most difficult cases.

Our commitment to providing care to all also includes tackling even the rarest of cancer types. Patty Johnson was diagnosed with uveal melanoma, a rare cancer originating in the eye that often spreads to the liver. A newly FDA-approved treatment offered at Moffitt helped Johnson and will provide hope for others who previously had few treatment options.

Finally, we share the story of Victor Young, recently appointed chair of the Moffitt Medical Group Board of Directors. Young lost his mother to ovarian cancer, and this impactful moment in his life has driven him to channel his focus, serving as an advocate for addressing health disparities and equal access for everyone to quality cancer care.

Cancer is a disease that impacts everyone, everywhere. It knows no boundaries of age, sex, race or nationality, and it presents in common and rare forms. At Moffitt, we are always working to expand our reach and provide compassionate, cutting-edge care to everyone who needs it. At Moffitt, we champion cancer care for all.

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James Sandridge had planned for a two-week hospital stay after having a tumor removed from his liver. Instead, he was discharged in just four days – record recovery time.



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BREAKING THE AGE BARRIER

Geriatric
Perioperative
Optimization Clinic
made liver surgery
easier than a
tooth extraction
for this 79-year-old

By Sara Bondell

Photos by Nicholas J. Gould

JAMES SANDRIDGE
Cancer Survivor



James Sandridge was shocked that he was discharged from Moffitt McKinley Hospital just four days after major surgery.

“What did I do wrong?” he joked to his nurse. “You’re throwing me out early!”

James had packed a bag for an estimated two-week hospital stay after surgeons removed a tumor in the center of his liver in January 2024.

It was record recovery time for the 79-year-old retired U.S. Air Force master sergeant. When he was diagnosed three months before, he and his wife, Dana, were concerned he wasn’t fit enough to survive the surgery.

“I thought, this is it. I am done. I am a goner,” James said.

But thanks to Moffitt Cancer Center’s new Geriatric Surgery Program, which assesses older patients’ health and well-being and optimizes them for surgery, James went into the operating room the fittest he had been in decades.

“He was in his best physical shape, 100%,” Dana said. “If they had done the surgery right when they told us he needed it, I don’t know what would have happened because he was not in good shape.”

ASSESSING FITNESS FOR SURGERY

Geriatric oncologist Mohammed Al-Jumayli, MD, says a silver tsunami is coming.

A recent study found that people older than 65 will account for almost 70% of new cancer diagnoses by 2030. Within

that age group, the subset of patients age 85 and older is also on the rise.

“Cancer is a disease of older adults, and with the improvement in screening for different types of cancer we can now detect cancer at an earlier stage, which means patients have a chance to have surgery,” said Al-Jumayli, an expert in Moffitt’s Senior Adult Oncology Program.

However, many older patients report that community surgeons do not want to operate on them based solely on their age.

A review of 10 years of electronic medical records and data collected by comprehensive geriatric assessments for patients 70 and older shows Moffitt is performing more surgeries for older adults – including those 80 and older – than any other hospital that has published data.

*“I thought, this is it.
I am done.
I am a goner.”*

“We also found that older adults who are ‘fit’ based on a frailty index have better outcomes, and even outcomes almost similar to younger adults,” Al-Jumayli said.

To better assess a patient’s fitness and optimize patients 75 years and older for surgery, Moffitt’s Geriatric Surgery Program opened the Geriatric Perioperative Optimization Clinic in 2023. Patients who are determined high risk by a standard geriatric screening tool and anyone over 85 can be referred to the clinic prior to surgery. There, providers perform a more in-depth geriatric assessment using a surgical risk calculator and assessment that looks at factors like physical fitness level, mobility, cognition, functional independence, comorbidities and mental health to assign a score reflecting the individual’s readiness for surgery.



“Not only are we looking at a patient’s labs or medical history, but we are evaluating them in 360 degrees – their functional abilities, psychosocial state, nutrition and cognition.”

- Mohammed Al-Jumayli, MD

“Not only are we looking at a patient’s labs or medical history, but we are evaluating them in 360 degrees – their functional abilities, psychosocial state, nutrition and cognition. We found from these data that if we identify these and personalize management accordingly, we will improve long-term survival and increase patient satisfaction,” Al-Jumayli said.

After initial screening, a patient receives a score between zero and 20. Those who fall into the vulnerable, mild, moderate or severe categories are referred to supportive services to get them in better shape before surgery and reduce the risk of postsurgical infections, falls and blood clots and shorten hospital stays.

“Most patients who come to me aren’t as active anymore and have lost weight,” said Heather Freeman, a nurse practitioner who runs the Geriatric Perioperative Optimization Clinic and has helped optimize more than 60 patients for surgery.

“Everyone knows what a marathon is and how long people train before they run the race. Surgery is a marathon for these older patients, and it’s not as simple as coming in and laying on the table. If they make themselves stronger prior to surgery, that can better the outcome.”

To make the patients stronger, they are referred to a Moffitt dietitian and physical or occupational therapist. The Geriatric Perioperative Optimization Clinic also focuses on the emotional toll surgery can have on a patient, making

sure patients have the proper support team at home and helping patients complete advance directives.

Freeman says the clinic visits help patients and families better understand not only the surgery ahead of them but the recovery and postoperative risks. Their conversation has helped a few patients decide that surgery wasn’t the right choice for them, and those who do move forward with surgery feel more educated and prepared.

“Most patients feel very relieved that we have been able to answer their questions,” Freeman said. “When they are at their surgery visits, it is very stressful. So this allows them to be able to go home and recap and then come back and see me where I can focus on how we can make this better for you and how can you do better.”

‘BEST SHAPE OF MY LIFE’

Already a skin, prostate and kidney cancer survivor, James thought his battles with cancer were over. He had been cancer free for years when his primary care physician suggested he undergo lung cancer screening due to his smoking history. The CT scan showed his lungs were clear. However, he had a suspicious spot on his liver. A biopsy confirmed it was cancer, a metastasis from his kidney cancer.

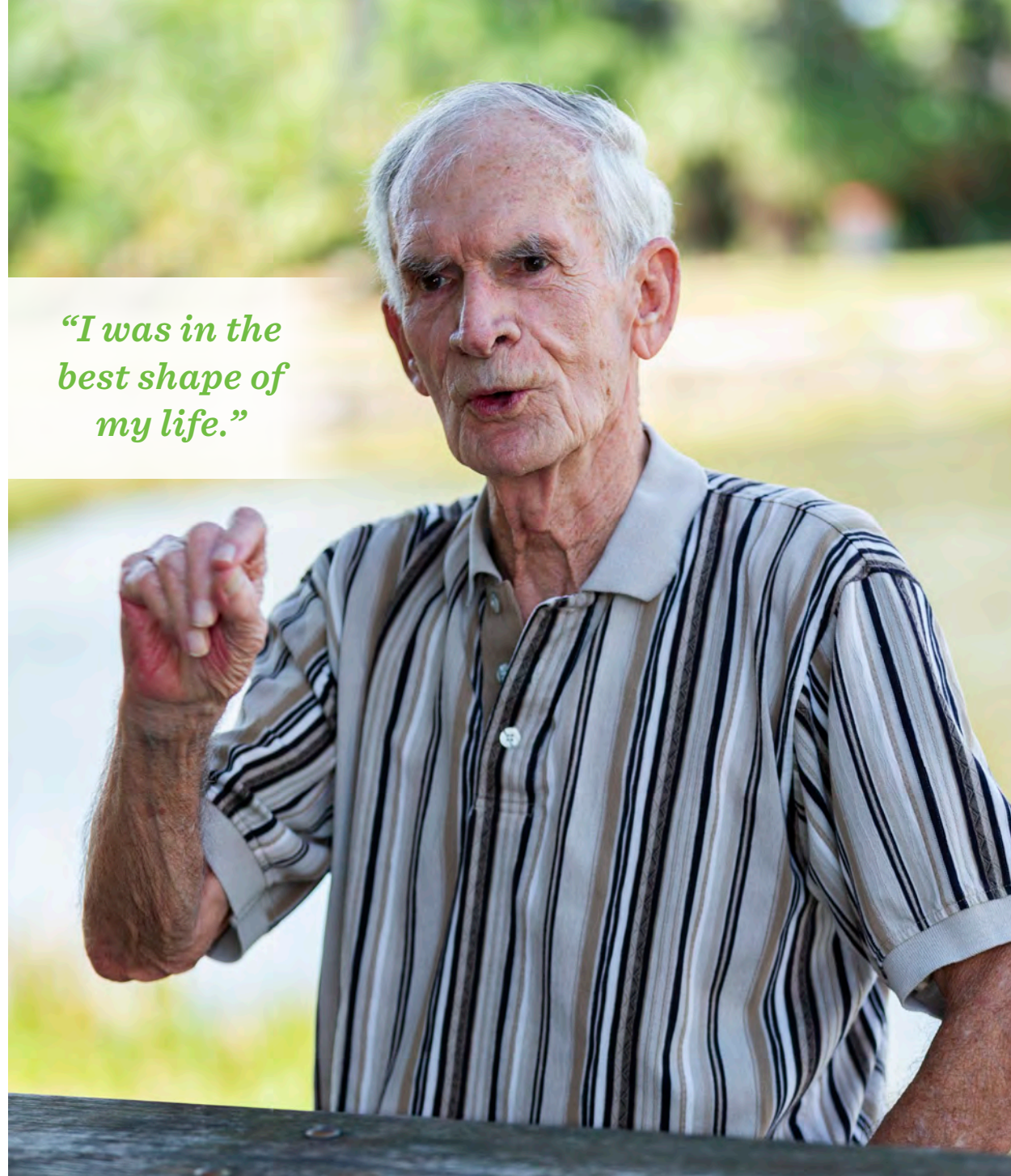
The airman who spent 26 years flying to many countries during conflict and peaceful times didn’t believe he had any fight left. But his wife, Dana, refused to let him give up.



“Surgery is a marathon for these older patients. ... If they make themselves stronger prior to surgery, that can better the outcome.”

- Heather Freeman

Nurse practitioner Heather Freeman helps older patients get in shape for surgery as part of Moffitt’s Geriatric Perioperative Optimization Clinic.



“I was in the best shape of my life.”

In the two months leading up to his liver surgery, James Sandridge participated in a prehabilitation pilot trial. He built strength through resistance training twice a week and changed to a high-protein diet.

“I said, ‘No, you have a 6-year-old granddaughter, and you are going to her graduation,’” Dana recalled.

Dana had to be strong for her husband of 46 years, but deep down she was terrified. After hearing the diagnosis, she told James she was going shopping but just found a place to park her car and sobbed.

James’ recovery after a 2012 surgery to remove his kidney was difficult. But this time, a visit with Freeman at the Geriatric Perioperative Optimization Clinic helped turn his family’s fear into confidence.

“I felt so much better about this surgery than I did before his last one,” Dana said. “His first cancer surgery we were

both scared and things were being thrown at us, but sitting down and talking about this one in the clinic made the world of difference.”

Not only did Freeman help put the Sandridges’ minds at ease, but she also helped James get in better physical shape before surgery. She enrolled him in an exercise prehabilitation pilot trial for older patients undergoing liver surgery. In the trial, run by exercise researcher Nathan Parker, PhD, and his team, patients are given Fitbits and participate in an individualized resistance training regimen via Zoom twice a week.

James, a self-proclaimed “couch potato,” was extremely motivated to get in better shape in the two months he had



James and his wife, Dana, have been married more than 40 years. Although she was worried about the surgery, she took comfort in how prepared he was this time.

before his surgery. He fastened his resistance bands to his front door and completed as many repetitions as possible while standing. When that became too difficult, he would do as many as he could sitting.

He also met with a dietitian and changed his eating habits to focus on a high-protein diet.

By the time he approached his surgery date, James had seen impressive results. He no longer walked hunched over from sciatic nerve pain and could see visible muscles in his legs again.

“I was in the best shape of my life,” James said. “That made me feel so much better about the surgery. I was still scared because you always have in your mind that this could be it, but I decided I was going to have fun and make it fun for everyone else involved.”

He was still joking with the nurses when he was wheeled back into the operating room.

Surgical oncologist Daniel Anaya, MD, removed the center of James’ liver where the large tumor was located. While it’s a more complex surgery that involves cutting the liver in more than one place, it would remove only about 30% of the liver. A traditional liver resection in this case would involve removing over 70% of James’ liver. This could lead to more complications and a longer recovery time.

“For a patient like this, that could be the difference between life and death,” Anaya said.

The surgery was a success, and after James’ early eviction from the hospital, he returned home to continue his newfound healthy lifestyle. He’s convinced his presurgical

“I had a tooth pulled last week, and I told Dana, ‘If I had a choice of going through the liver surgery or getting another tooth pulled, I would pick the liver.’”

optimization made all the difference, and just months later, it’s impossible to tell he recently underwent major surgery.

“I had a tooth pulled last week, and I told Dana, ‘If I had a choice of going through the liver surgery or getting another tooth pulled, I would pick the liver.’”

IMPROVING OUTCOMES ACROSS THE BOARD

The successful surgical treatment of patients like James proves the value of the Geriatric Surgery Program and the need to expand the Geriatric Perioperative Optimization Clinic. The majority of patients referred to the clinic have gastrointestinal, head and neck, and genitourinary cancers, but the goal is to have all departments across the cancer center referring patients for optimization.

Moffitt is also in the process of obtaining Geriatric Surgery Verification from the American College of Surgeons. The verification consists of 32 standards designed to improve surgical care for older adults. There are only 10 hospitals in the U.S. that hold the verification. Moffitt hopes to be the first in the Southeast as well as the first cancer center.

“We are really taking into consideration what matters most to each patient. For geriatric cancer patients, it’s not only about the cancer and surviving, it’s more about their day-to-day quality of life,” said Anaya, the director of Moffitt’s

Geriatric Surgery Program. “We are focusing on all the areas that are unique to the geriatric patient population.”

Florida is the state with the largest population of people 65 and older, and Anaya estimates older patients represent upward of 50% of surgical patients at Moffitt.

While the Geriatric Surgery Program at Moffitt continues to work on rolling out all the required standards across the institution to achieve verification, it is already doing many things that improve care for older patients. In addition to the Geriatric Perioperative Optimization Clinic, the team has improved care with initiatives like creating geriatric screening tools across the preoperative clinics, developing a quality-of-care dashboard for geriatric patients and placing clocks in every postsurgical hospital room to help ensure patients don’t get disoriented.

A committee of about 40 team members representing all the different surgical specialties and perioperative teams has been assembled and hopes to complete the remaining standards to achieve verification in the next year or so, with the ultimate goal of improving pre- and postsurgical care for all older patients.

For patients like James, that means getting sent home from the hospital with a suitcase full of clean clothes and more time to spend with their grandchildren.



“For geriatric cancer patients, it’s not only about the cancer and surviving, it’s more about their day-to-day quality of life.”

- Daniel Anaya, MD



James has been doing well since his successful liver surgery, and he has continued to live a healthy lifestyle.



A Shot at a Cure

Experimental dendritic cell vaccine changes young mother's prognosis and landscape for breast cancer treatments

By Sara Bondell

Photos by Nicholas J. Gould

As Dallas Carroll held her newborn son, Dakota, in her arms, she pictured her future. A happy, full house with her older son, 3-year-old Finnry, showing Dakota the ropes, and teen stepdaughter Riley smothering him with kisses. Family vacations, graduations and holiday celebrations.

That dream of the life ahead was shattered just one week later, in December 2023, when Dallas was diagnosed with stage 4 metastatic breast cancer. She was 29.

"I didn't understand the full extent of what was going on. I felt like a pinata, just constantly taking blows," Dallas said. "I had a lot of hormones raging and didn't know how to process them. I felt really hopeless."

Above all, she felt angry. During her pregnancy, she noticed a lump on her breast and a few other breast changes. She told her obstetrics team where she lived in Alabama but says her symptoms were dismissed as typical hormonal changes during pregnancy.

Dallas was never satisfied with that answer and continued to bring up her concerns. Finally, in the last few weeks of her pregnancy, she was referred for a mammogram and ultrasound. However, she delivered Dakota early and couldn't complete the screening tests that revealed her cancer until a week after he was born.

"I just kept pushing and pushing. I was fine looking like a hypochondriac," Dallas said. "I knew something was wrong."

Further testing revealed the cancer had spread to Dallas' bones and liver. She was set up to start chemotherapy at a local hospital when her sister, who lives in Florida, suggested she get a second opinion at Moffitt Cancer Center. Dallas first refused because she wanted to start treatment close to home as soon as possible, but she eventually gave in to her sister's and husband's urging and flew to Tampa for a consultation.

Dallas Carroll was 29 when she was diagnosed with stage 4 metastatic breast cancer. She had just given birth to her son, Dakota.

"I just kept pushing and pushing. I was fine looking like a hypochondriac."

At the appointment, breast oncologist Aixa Soyano, MD, told her that if she underwent standard treatment, her prognosis was likely five to seven years.

"That was the first time someone had told me that," Dallas said. "That wasn't going to work for me. I need a long life."

There was a second option: an experimental vaccine that involved a special type of immune cell taken from her blood.

"I had an extensive discussion with Dallas about the treatment options in order to personalize her journey based on her situation," Soyano said. "Adding this experimental treatment to her journey gave her the opportunity to defy the odds."

Soyano didn't know how long it would take to get the experimental treatment approved for Dallas or if she would even respond well to the vaccine. But Dallas knew it was her best chance to see her kids grow up.

"I was willing to risk it. To me, the risk outweighed everything."

TARGETED DELIVERY

Dendritic cells are a special type of immune cell that boosts immune responses by highlighting foreign cells for the immune system to attack. They can be harvested from a patient and used to create a personalized vaccine.

Initial trials investigated the use of a dendritic cell vaccine in early stage breast cancer. While the vaccine showed some success in the earliest form of breast cancer called ductal carcinoma in situ, it didn't seem to work in invasive breast cancers. The trials did show, however, that if the vaccine helped get rid of a patient's disease, it was unlikely their breast cancer would ever return.

Recognizing the potential of the treatment, researchers switched to injecting dendritic cells directly into a tumor rather than intravenous injection. In the lab, when the cells were injected directly into a mouse's tumor, the tumor would disappear. Researchers also discovered new agents they could combine with the dendritic cells to make the treatment even more effective.

"If we put two tumors on different spots of the mouse and only treated one of them, we could make the other tumor that was metastatic go away at the same time. So, it was suggested that we could potentially influence the whole immune response everywhere," said Brian Czerniecki, MD, PhD, chair of Moffitt's Breast Oncology Department.

*“I was willing to risk it.
To me, the risk outweighed everything.”*



Dallas is one of two young women with stage 4 HER2-positive breast cancer who have been treated with the experimental vaccine.

In human trials, the vaccine injected directly into the primary tumor showed promise in earlier stage breast cancers prior to chemotherapy. But what about for patients who present with stage 4 disease?

Patients with advanced-stage HER2-positive breast cancer usually get bounced around from treatment to treatment for a few years until the disease eventually becomes resistant to all therapies. The dendritic cell vaccine was designed to give those patients a better option.

“The idea is to cure these patients instead of turning it into chronic disease,” Czerniecki said.

A VAST IMPROVEMENT

So far at Moffitt, two young women with stage 4 HER2-positive breast cancer have been treated with the experimental vaccine. Dallas is the second.

The process started with Dallas undergoing apheresis, a blood collection separation procedure that takes white blood cells out and returns red blood cells and plasma to the body. The extracted white blood cells are taken to the lab, where a bacterial agent and a protein called gamma interferon are

added to the dendritic cells to help activate an immune response. It’s then pulsed with HER2-positive proteins to help the immune system better recognize Dallas’ cancer.

At the end of the manufacturing process, Dallas had about 2 billion dendritic cells ready to attack her cancer. They are separated into doses of about 100 to 200 million cells that can be frozen and preserved for up to 11 months. Each dose is thawed a few hours prior to injection.

Dallas received her first dose of the vaccine in January 2024. Once a week for six weeks, she came to Moffitt where Czerniecki or a member of his team injected the cells directly into her breast tumor under ultrasound guidance. Halfway through the treatment, Dallas and her family relocated to Punta Gorda, Florida, to be closer to Moffitt and her sister.

After six doses, Dallas’ breast tumor shrank from 80 millimeters to 11 millimeters. Some of the spots on her bones showed healing, and the lesions on her liver also shrank. Since she responded so well and she still had cells left, Dallas began a second round of eight vaccinations in May 2024.



Dendritic cells, which boost immune responses, can be harvested from a patient and used to create a personalized vaccine. In the lab, the harvested cells are boosted into the billions. They are then separated into doses of about 100 to 200 million cells that can be frozen and preserved. The doses are thawed a few hours before the patient receives the injection.



“Ideally the vaccine should be the first thing that someone should have done. ... Then you can do chemotherapy, surgery or radiation because once you rev the immune system right, it will make all those things work better.”

- Brian Czerniecki, MD, PhD

Scans after the second round of vaccines showed continued decrease in disease and a spot on Dallas’ spine fully resolved. At the end of June, she began chemotherapy with the hope that her previous immune response will make treatment more effective.

As part of the standard treatment for advanced HER2-positive breast cancer, Dallas also gets injections every three weeks of a fixed-dose immunotherapy combination medication called Phesgo, which targets the HER2 protein in her breast cancer cells. It is injected intravenously into her leg.

She experiences common immunotherapy side effects for a few days after treatment – fevers, chills and body aches – but most days Dallas is a normal mom. She no longer feels she is living under the weight of her initial prognosis of only a few years.

“I am still here living my best life. There is no time for me to just lay here. There is no time to feel bad,” Dallas said.

“I am still here living my best life. There is no time for me to just lay here. There is no time to feel bad.”

A FUTURE FIRST-LINE TREATMENT

In addition to the success of the vaccine in the two advanced-stage patients, a trial using it in combination with lower dose chemotherapy in earlier stage HER2-positive breast cancer patients has promising results. Multiple patients on that trial have achieved a complete response, so the odds of being cured are extremely high.

Czerniecki’s lab is also investigating ways to make the dendritic vaccine for HER2-positive patients even more effective. He is hoping to open a new human trial using cells that have been pulsed with an additional innate lipid that should help further increase immune response.

“I think ideally the vaccine should be the first thing that

someone should have done before other treatment,” Czerniecki said. “Then you can do chemotherapy, surgery or radiation because once you rev the immune system right, it will make all those things work better.”

The vaccine could also be used for what Czerniecki calls “immuno-surgery.” If a surgeon cannot get clear margins or remove all of a tumor, the cells could be injected directly into those areas in the operating room, or a catheter could be inserted to deliver the cells to the affected area after surgery.

Moffitt is investigating the use of a dendritic cell vaccine in patients with leptomeningeal disease, a rare complication that occurs when cancer cells spread from the original tumor site to the meninges, the protective membranes that surround the brain and spinal cord. It occurs in about 5% of breast cancer patients and has a dismal prognosis, with many patients dying within two to four months.

Patients on the phase 1 trial, who have HER2-positive or triple-negative breast cancer, receive injections directly into their spinal fluid once a week for 12 weeks. A few patients are demonstrating prolonged survival well past the average prognosis.

A dendritic cell vaccine has also proved to be safe and effective if administered before and after an autologous stem-cell transplant for patients with high-risk multiple myeloma. Phase 1 trial results published in 2023 show 85% of the 13 patients on the trial demonstrated an immune response.

Next up is working on a vaccine for triple-negative and estrogen-receptor-positive breast cancers, but the vaccines could ultimately be tailored for multiple cancer types.

“We can design almost anything for any kind of tumor because a lot of tumors have mutations, and we can target any mutations in a tumor,” Czerniecki said. That could include tumors that are easily accessible such as prostate, liver, brain and skin cancers.

The vaccine could also be a valuable tool for treating older patients who have other comorbidities and cannot tolerate



Less than a year after her diagnosis, Dallas treasures every moment with her family: husband Jeremy, stepdaughter Riley, 3-year-old Finnry and her newest handful, Dakota. She continues to get injections of an immunotherapy combination medication.

aggressive chemotherapy regimens. More trials are needed, but the treatment has the potential to become an FDA-approved therapy with multiple applications.

AN APPRECIATION FOR ORDINARY MOMENTS

On a hot summer day, Dallas Carroll tries to get her family out the door. Finnry is playing with a new dark red sports car, and Dakota is bouncing in his baby chair, waiting for Riley to pick him up.

When they get outside, Finnry throws his car and stomps his feet in a puddle. He giggles and looks up at his mom with his big blue eyes. They’ve only just locked the front door when Dallas’ husband realizes Dakota needs a diaper change.

It’s a moment that would make most moms sigh in frustration, but it’s one Dallas does not take for granted. She is hoping for

many more frustrating parenthood moments, along with the lifetime of moments she envisioned when Dakota was born.

“No one has told me I would only live five to seven years again, and if they did, I would say, ‘OK, we will see.’ That is not my wishful thinking or trying to be positive, that is what I truly think.”

“No one has told me I would only live five to seven years again, and if they did, I would say, ‘OK, we will see.’”

GAME *of* INCHES

Meet the signal caller and playmakers who helped keep a Moffitt patient in the game

By Pat Carragher

Photos by Kevin Kirby and Nicholas J. Gould



From left: Jacques Fontaine, MD; Kristen Otto, MD; and Wade Sexton, MD, formed the surgical team that would save Shawn Donovan's life.

FOOTBALL SAVED SHAWN DONOVAN'S LIFE. A FOOTBALL TO BE EXACT.

Shawn and his son Luka, who was 14 at the time, were playing catch at a park near their home in Winter Springs, Florida. It was a December night in 2022 during the town's annual winter festival in Central Winds Park when an errant spiral led to an unusual twist of fate.

"It was dusk and starting to get dark," Shawn said. "The festival was a little distracting. I looked away, and he threw a 20-yard pass that hit me directly in my right testicle."

"I looked away, and he threw a 20-yard pass that hit me directly in my right testicle."

Shawn has three other children, Asher, 10; Maddox, 18; and Sophia, 20. Their family credits Luka with saving their dad's life.

The pain at the time took his breath away. His testicle swelled up. He asked his wife, Jenny, who is a urology physician's assistant, to give it a look. She recommended an anti-inflammatory and an antibiotic to try to reduce the swelling.

After a week with no improvement, an ultrasound was ordered.

Football is a game of inches. If that pass hit Shawn in the leg or above the waist, there's no telling where his story would stand today. But that precision pass, or lack thereof, turned out to be the start of his cancer journey.

The ultrasound revealed a tumor in his right testicle. Within 24 hours, he had surgery to remove it.

A biopsy confirmed the suspected cancer diagnosis, but another round of imaging showed that the cancer had already spread to lymph nodes in his abdomen, chest and neck.

The next step was 10 weeks of chemotherapy.

"After chemo, those lymph nodes pretty much just got bigger," Shawn said. "It was disheartening to go through all the side effects of chemo and not see any results. I lost my hair, was nauseous for weeks."

With his cancer showing no signs of slowing down, it was time for a new game plan. It was time for Shawn to come to Moffitt Cancer Center.

FINDING QB1

In a game of inches, it's the fine margins and small distances that can determine the outcome of plays, games and

championships. When the deciding play comes down to a single blade of grass, the best quarterbacks are not only precise, they're surgeons on the field.

Being a surgeon on the field implies the quarterback shows accuracy, precision and ability to execute plays with efficiency and effectiveness. All while 300-pound men collapse time and space like a black hole.

Surgical quarterbacks are adept at making quick decisions. It may be the head coach or offensive coordinator who calls the plays, but it's the quarterback who has the final say when he gets to the line of scrimmage and reads what the opponent is giving him.

In the world of medicine, the metaphor of the surgical quarterback gets flipped around. The best surgeons in the game often get compared to quarterbacks.

Wade Sexton, MD, is the chief medical officer at Moffitt. He's also a member of the Genitourinary Oncology Department with a specialty in not only testicular cancer but also adrenal cancers, which are inches away from the retroperitoneal lymph nodes that Shawn would need to have removed.

Sexton would become Shawn's new QB1. He's the person you want calling the plays in the huddle when the game is on the line.



Because Shawn's cancer had spread from his testicle to lymph nodes in his abdomen, chest and neck, he needed a multidisciplinary surgical team to remove it.

Whether in the operating room or on the field, Sexton is a seasoned veteran. He was a member of the 1985 Division I-AA Furman University football team that won a national championship. He wasn't the team's quarterback, but as a strong safety he jumped on a Georgia Southern fumble late in the game to seal a 17-12 victory for the Paladins.

As a surgeon, Sexton was the perfect choice to lead Shawn's care team.

FIRST DOWN

Surgeons lead by example in the operating room. They demonstrate expertise, decision-making under pressure and technical proficiency. Their ability to effectively manage surgeries and guide their team through complex procedures sets a standard for patient care and safety.

With Shawn facing three different surgeries, Sexton huddled up with two trusted colleagues, Kristen Otto, MD, and Jacques Fontaine, MD. After sizing up their opponent, the decision was made. It was time to call the first play. They were going to remove Shawn's retroperitoneal lymph nodes first.

"It's a mutual discussion amongst the team," Sexton said. "We looked at what made the most logical sense to address first."

The group decided that the abdominal surgery would require the longest amount of recovery. The goal was to get it out

of the way first and allow for Shawn to get a jump on his most intense recovery.

Just as football is a game of inches, surgery is a game of millimeters. In order to access Shawn's lymph nodes, Sexton also had to remove his left kidney and adrenal gland to remove all of the disease in his abdomen.

The surgery was successful, but the recovery was tougher than expected. Shawn experienced fluid loss and hypotension. He spent two weeks in the hospital to help stabilize him.

The first play worked, but there were still more yards to go.

SECOND DOWN

Otto is a surgeon in the Head and Neck-Endocrine Oncology Department at Moffitt. She can operate on your head, neck, ears, nose and throat. Inside and out. She's an every-down running back who can catch passes and break tackles. She can do it all.

Sexton called her number on the next play.

"When we're coordinating numerous surgeries, the first thing we look at is whether we can do multiple procedures at once," Otto said. "If we're going to put someone under anesthesia, can we take out the neck and chest lesions at the same time to reduce time in the hospital and recovery time?"



"It's a mutual discussion amongst the team. We looked at what made the most logical sense to address first."

- Wade Sexton, MD

Sexton kicked off the first of three surgeries by removing Shawn's retroperitoneal lymph nodes. The team decided this was the best first step because it would require the longest recovery time.

"When we're coordinating numerous surgeries, the first thing we look at is whether we can do multiple procedures at once."

- Kristen Otto, MD

Otto took the lead in Shawn's second surgery, removing the growth on the left side of his neck.



In this case, Fontaine needed to perform a robotic surgery, so Shawn's body position would be different from where Otto would need to be to operate.

With Shawn needing weeks to recover from abdominal surgery before undergoing a thoracic procedure, the team agreed it was best to remove the lymph nodes in his neck with the time in between.

Weeks after his abdominal procedure, Otto successfully operated on Shawn, removing the growth on the left side of his neck and inching closer to a cure.

THIRD DOWN

Fontaine is a surgeon in the Thoracic Oncology Department at Moffitt. He specializes in mesothelioma, lung and esophageal cancers with an expertise in robotic surgeries. He dissects tumors the way a veteran wide receiver dissects zone coverage. He's got sure hands and knows how to give his QB a shot at a big play.

With one surgery left, it was Fontaine's turn to try to win the game.

"When you're being specifically requested to take on a case, there's a level of personal and professional pride," Fontaine said. "A lot of it has to do with habits. We have a great history of working together. They've sent me patients; I've sent them

patients. We get along on a personal and professional level, and we communicate well with each other."

With Fontaine finishing the drive, a third successful surgery had Shawn celebrating.

TOUCHDOWN

After three successful surgeries, Shawn was cancer free.

"I'm just happy to be alive," he said. "I'm very grateful to have been under Dr. Sexton's care as well as the rest of the team at Moffitt. Even though I didn't get a buy one, get one free on all the surgeries, I am still a very satisfied customer."

"I'm just happy to be alive."

Looking back at instant replay, it's important to break down what goes into a game-winning drive that requires every teammate playing his or her role to achieve success.

When cancer affects multiple organs, it's typically the primary disease site that determines who leads in planning the treatment. With Shawn's cancer originating in his testicle, that put Sexton in the lead role with his expertise in genitourinary cancers. From there, he built the rest of his offense with Otto and Fontaine.



“We have a great history of working together. ... We get along on a personal and professional level, and we communicate well with each other.”

- Jacques Fontaine, MD

Fontaine performed the final robotic surgery to remove the cancer from Shawn's chest.

“There has to be great communication at the base of everything,” Sexton said. “Communication amongst medical oncologists, thoracic surgeons, and head and neck surgeons in an effort to get to that end goal, which is a long-term cure.”

Otto has seen cancer affect her at a personal level. Sexton knows that connection and sees the way that Otto leaves an impact on her patients and colleagues. It generates a lot of respect, compassion and admiration. That’s all in addition to her surgical skills, which are greatly renown around the cancer center.

“I’m flattered being in the midst of very accomplished and excellent surgeons,” Otto said. “You look at who you easily work with and get along with. I’ve known them quite a while, and I know everyone’s areas of expertise and what their specialties are. We are really lucky at Moffitt to have subspecialized surgeons. We have highly specialized services here, and that extends even beyond surgery. We’re a great example of how multidisciplinary teams come together to give a patient an excellent outcome.”

Sexton chose Fontaine for his confidence and expertise in a complex case like Shawn’s. He thought he would be able to offer a minimally invasive approach to something that may come off as daunting to others. That goes a long way in helping patients in their recovery. Sexton knew Fontaine would get the job done and not compromise on complete

resection so the team could work toward a long-term cure.

“You see these great surgeons every day in the hallway or the operating room or surgeon lounge,” Fontaine said. “I know Drs. Sexton and Otto so well because we have so many cases we’ve worked on together in the last 14 years, and they’re so great to be on a team with.”

UPCOMING SCHEDULE

Shawn is a Navy reservist, having left active duty in October 2021. Today he works as a project manager for Siemens Energy, involved in modernizing nuclear power plants.

He was, however, exposed to open burn pits during his Naval service and suspects that could have played a role in developing the disease.

“There’s some general anxiety and PTSD from the exposures,” Shawn said. “What else was I exposed to? If I had cancer once, would it make me more likely to develop another type of cancer?”

The three surgeries were successful at removing all the visible disease from his body at the time.

A recent pain on the right side of his neck found another enlarged lymph node, though. Thankfully, additional testing determined that there was no recurrence.

Regardless what comes next, Shawn knows he has a homefield advantage at Moffitt. He also wants to use his story to help the next person who finds themselves in his shoes.

“Get yourself checked out. Don’t put off your annual wellness exams. Life is fragile,” Shawn said. “A cancer diagnosis is life changing. It’s truly a journey of faith, resilience and determination. It meant the world to our family to be in such trusted, capable hands at Moffitt. Our family is eternally grateful for the skill and guidance of Dr. Sexton, as well as Dr. Otto and Dr. Fontaine. We are also thankful for the care and encouragement I received from the nurses and clinical

team after each surgery and, of course, all the prayers from my family and friends. Moffitt is truly a blessing, and I am so grateful to be evidence of the hope, strength and courage they provide their patients daily.”

“Get yourself checked out. Don’t put off your annual wellness exams. Life is fragile.”



Shawn and his wife, Jenny, along with their children Maddox, 18; Sophia, 20; and Asher, 10; credit 15-year-old Luka with saving their dad’s life. Luka’s errant throw led to a cancer diagnosis that may have gone undetected otherwise.



PATTY JOHNSON
Cancer Survivor

A First Chance at a FIRST-LINE TREATMENT

*Percutaneous hepatic perfusion gave Patty Johnson
an innovative option for treating metastatic uveal melanoma*

By Steve Blanchard | Photos by Nicholas J. Gould

As Patty Johnson was on the surgical table, ready to get a cataract removed from her right eye in 2020, her doctor asked her a peculiar question.

“He asked me if I noticed a black spot on my eye,” Johnson said. “It was so small that it didn’t show up on the prior scan.”

After her cataract surgery, Johnson went to get the black spot checked out. A second opinion at the University of Miami resulted in a diagnosis of uveal melanoma, a cancer that originates in the eye.

“I didn’t even know that was a thing,” she said. “I had never heard of it.”

Roughly 4,500 people receive the diagnosis each year. About half of those patients will develop metastatic disease, with 90% of those metastases being solely or predominantly in the liver.

*“He asked me if I noticed
a black spot on my eye.”*

“I had no idea how long it had been there, and I ran through the whole range of emotions,” Johnson said. “I was panicked, scared, and I was taking care of my mother at the time who was living with me. She was my priority.”

MAKING A PLAN

Johnson, who was 58 when she was diagnosed, sought treatment at the University of Miami, where she learned about the high chance of metastasis. She was treated by

an ocular oncologist and a medical oncologist who regularly scanned her to determine if the cancer had spread. It did eventually spread to her liver, but with a liver resection in late December 2022, Johnson and her doctors stayed ahead of it.

“The procedure hurt, of course, but I’ve never felt any pain in my eye from the cancer itself,” Johnson said.

Although she lost a bit of her center vision, radiation flattened the cancer and prevented it from impacting her vision further. However, the cancer did spread again and returned to her liver in February 2024.

Johnson was willing to do whatever it took to get the right treatment.

“I’m still working. I have grandkids, and God is watching over me,” she said. “I don’t consider myself a cancer patient. I have cancer, but I have other things to do!”

Her care team at the University of Miami told her about a treatment option for her second liver metastasis and suggested she travel to Moffitt Cancer Center in Tampa for a newly FDA-approved procedure. Moffitt was just across the state from her home in Deltona on Florida’s east coast. Johnson was all in.

‘A BREAKTHROUGH THERAPY’

Jonathan Zager, MD, a surgical oncologist at Moffitt, first treated Johnson in late May 2024 with the newly FDA-approved HEPZATO KIT for percutaneous hepatic perfusion

(PHP). This procedure uses a series of catheters and balloons to isolate the liver from the body's circulatory system, allowing for high-dose chemotherapy to be delivered directly to the liver only. The blood is collected as it exits the liver and filtered outside the body via a bypass circuit to remove any remaining chemotherapy. Patients can receive percutaneous hepatic perfusion up to six times, usually performed six to eight weeks apart.

"Uveal melanoma is difficult to treat," said Zager, the global lead investigator for the FOCUS Phase 3 trial for the procedure. "Percutaneous hepatic perfusion with HEPZATO KIT represents an option for patients that is well tolerated and works. The clinical trial was successful. This is a great new option for patients with this disease. This has been incorporated into our standard of care regimen for these patients. It's very exciting."

Zager is working with cancer centers around the U.S. to train others on the procedure to make it more readily available for patients across the country. He said it proved better than the best alternative care therapies available at the time the trial was conducted.

"We should convince the community to use this treatment in first line, as there is data to support treating patients with low burden of disease and as first line will give them the best

chance at a response," Zager said. "This is a breakthrough therapy that will help a patient population that has very few treatment options."

NEW TREATMENT, NEW HOSPITAL

When Johnson realized that she would be continuing her treatment at Moffitt, rather than the familiar surroundings of the University of Miami, she was nervous. But she knew Moffitt was the best place for her to be.

"It's scary going from one hospital to another because the people at the hospital are your people, they look after you and they know you," she said. "I was used to the staff at Miami. But I can say the people at Moffitt jumped right in and have been awesome from the beginning. They are there to answer questions and explain to you exactly what you can expect. I knew I was in good care."

Johnson also had the support and prayers of family and friends, who kept her company and looked out for her well-being during the trip to Tampa as well as throughout her 36-hour stay at Moffitt after her first procedure in May.

"They put you under general anesthesia, and I was more than happy with that," Johnson said. "I remember family and friends going to bat for me and helping me recoup. I'm very blessed to have so much support."

While no one wants to hear they have cancer, Johnson said she was lucky that her cataract surgeon found her uveal melanoma when he did. It was unexpected, of course, but discovering it early made her a stronger candidate for treatment that wasn't even commercially available when she was first diagnosed.

"It's interesting, when I had the liver resection, PHP wasn't available," Johnson said. "Had we not stopped it then and it had taken over more of my liver, there is a chance I wouldn't have been a candidate for it today. I believe God played a part in that."

Johnson had her second percutaneous hepatic perfusion procedure at Moffitt in July and is hopeful that it will keep her healthy for a long time. She's also focused

Patty Johnson received percutaneous hepatic perfusion as a first-line treatment. The procedure uses a series of catheters and balloons to isolate the liver from the body's circulatory system, allowing for chemotherapy to be delivered directly to the liver only.

"This is a breakthrough therapy that will help a patient population that has very few treatment options."

- Jonathan Zager, MD

Surgical oncologist Jonathan Zager, MD, is working with cancer centers across the U.S. to train others on the procedure to make it more readily available for patients.

on keeping a positive outlook, which she believes is key to her recovery.

"It's really about attitude," she said. "You have to get in the place in your head where you tell yourself, 'We're going to do this.' Then you just go forward, and you get it done."

A GROWING FIRST-LINE TREATMENT

Johnson used percutaneous hepatic perfusion as a first-line therapy for her metastatic uveal melanoma that had spread to her liver. Although the procedure has shown good response rates in patients who have failed prior therapies, Zager notes that the treatment is still best if it is administered first. If it is unsuccessful as a first-line treatment, patients can move on to other systemic therapies.

"If we don't use PHP early in the treatment, there could be a chance the patient becomes ineligible for PHP due to progression in the liver or progression to numerous sites outside the liver that cannot be treated between PHPs," Zager said.

Percutaneous hepatic perfusion has already been incorporated into the standard-of-care regimen for patients with metastatic uveal melanoma since the FDA approved the HEPZATO KIT in August 2023. However, Moffitt is only one of about a dozen institutions treating patients commercially in the U.S. The cancer center has performed percutaneous hepatic perfusion almost 300 times through trials and now

as standard of care, with about 20 cases performed since commercial availability in early January 2024.

It's a start, but not enough, Zager said.

"Our goal is getting more and more people using this type of treatment," he said. "We have patients coming to us from across the country on a daily basis."

Johnson said she feels lucky. Not only because her metastasis was caught early, but because Moffitt is within driving distance of her home in Deltona.

"I'm getting this treatment at an earlier stage than some others, and I know that early treatment and early diagnosis is key," she said. "Dr. Zager and his team really listen, and that brings me a lot of comfort. They listen at all stages of treatment so they can give you effective care and increase your knowledge."


Johnson doesn't know what the future holds, but she's confident that she has done what she needs to do to stay healthy and spend time with her children and her grandchildren.

And she says even long after she's gone, she's already told her family that she'll be keeping an eye on them:

"I tell my kids that after I go, I'll be the easiest star to see in the sky because I'm going to glow from all of the CT scans and MRIs that I've had."



"I don't consider myself a cancer patient. I have cancer, but I have other things to do!"

A portrait of Victor Young, a middle-aged Black man with a goatee, wearing a dark blue suit jacket over a white shirt. He is sitting at a wooden desk with his hands clasped in front of him. The background is a blurred office setting with wood paneling and a logo.

Life Lessons in Leadership — and — Caregiving

Victor Young's father taught him about living life, while his mother taught him about preparing for death

By Jonesa Rodriguez | Photos by Nicholas J. Gould

Search the internet for Victor Young, and you'll discover a true Renaissance man. He is a devoted father and husband, the managing partner of a successful auto group, a co-owner of multiple dealerships, a distillery owner, a movie producer, a life coach and even a helicopter pilot.

Beyond his entrepreneurial ventures, Victor is active in his community, inspiring younger generations by working with organizations such as Florida Youth Inc., where he developed and managed a youth entrepreneurship program. His work with young people extends through programs for aviation, artificial intelligence and robotics.

Victor is also known to be an advocate for those without a voice, especially in health care. He is particularly committed to raising awareness about cancers that disproportionately impact the Black community.

At the heart of all his endeavors, Victor is fundamentally dedicated to serving others. Over the years, this has been reflected in one of his most important roles: a caregiver. It is a position he has stepped into many times as he has supported close family through their cancer journeys.

As the newly appointed chair of Moffitt Cancer Center's Moffitt Medical Group Board of Directors, Victor will expand his role as an advocate and caregiver to a broader scale. Guiding Florida's largest multidisciplinary

medical group dedicated to cancer care, he brings a personal connection to Moffitt's patient-centered care.

LIFE LESSONS

Victor's work ethic was instilled in him early in his adolescent years. He began working for his father, Fred, who started a landscaping and irrigation business in Tampa in 1970. By his teenage years, Victor had advanced to the role of estimator for the company, pricing out jobs for potential clients.

Working alongside his father, Victor learned firsthand the value of a day's work and how to treat people. He watched his father continually invest in the community around them by mentoring, hiring those who had fallen on hard times and inspiring others to be better.

His father would later take pride in seeing those investments come full circle, as people once in need became able to provide for their families.

With age comes perspective, and Victor carried these lessons into his own career and community work in the Tampa Bay area. He launched businesses and embarked on entrepreneurial endeavors that would provide jobs just like his father.

"My father taught me about living life," Victor said. "And my mother in her passing taught me about death and leaving a legacy."

When he was 46, Victor lost his mother, Tossie, to ovarian cancer. It was one of the most impactful moments in his life. This was his first time caring for a loved one battling cancer, and he learned more of life's valuable lessons from it.

"Her death dialed me into my own thoughts of mortality or going through something physically and medically and how to power through it," Victor said. "She was so courageous and strong through the whole thing. I remember crying like a baby while my mother comforted me on her deathbed, telling me it's going to be OK."



Victor Young shows his support for Moffitt with Valerie Goddard, chair of the George Edgecomb Society, and B. Lee Green, PhD, whose research focuses on cancer health disparities. Victor is the newly appointed chair of the Moffitt Medical Group.

The experience also taught him the importance of seizing opportunities and extending kindness in the moment. His mother showed him that by acting on your desires to bless or assist others now, you ensure a sense of fulfillment and comfort when your own time arrives.

THE ROLE OF CAREGIVER

The strength Victor learned from his mother's cancer diagnosis prepared him for his next role as caregiver. In 2023, his wife, Tia, was diagnosed with colon cancer and began her own journey at Moffitt. The pair also cared for Tia's mother, Joyce Austin, who battled both breast and kidney cancer.

"Being a caregiver is like a moment of truth, of what direction you and your family are going to go down for the next couple of months or years until that person is healthy again," Victor explained. "I have made business decisions, personal decisions and every decision you could possibly make around supporting my loved ones."

"Being a caregiver is like a moment of truth, of what direction you and your family are going to go ... until that person is healthy again."

Victor notes that supporting a loved one through a cancer diagnosis is a balancing act. It can be a difficult role, with so much information to digest and countless decisions to consider.

"You are just trying to help that person manage their own situation without taking it over. That is very important," he said.

In his role as a caregiver, Victor learned the importance of respecting his loved ones' decisions – even when those choices were difficult.

"It's like the old saying – ride-or-die person. You go with whatever they say we're doing. You get in the seat next to them, riding with them to whatever destination they'd like to go at the time. Whether it's to fight, get treatment, try something experimental or go into a clinical trial," Victor said. "There are all these decisions that require you to minimize yourself and your own thinking and give them as much information as you can, but at the same time supporting whatever decisions they make along the way. And that's not always easy."

For Victor, the most difficult moment as a caregiver was standing by his mother's side as she chose to end her battle with cancer.

"My mother had a successful round of chemotherapy and radiation. And then when the cancer returned, she said she was good and was done," he said. "Supporting her and her decision, knowing that we could make her better, was very difficult."

ADVOCATING FOR OTHERS

Throughout every chapter of his life, Victor has been an advocate, often speaking for the voiceless or standing up for the helpless. This commitment is central to his purpose and a key reason he supports Moffitt.

"After losing both of my parents, it really shed light on how we're never prepared in life to receive a life-threatening diagnosis. So advocacy is a big thing for me," he said. "It is crucial to make sure everyone has access to premium care because unfortunately, not all institutions are created equally."

Within Moffitt, Victor felt a deep connection where his passion and beliefs aligned. Victor originally joined the Moffitt Medical Group board in 2018. He later became involved with other Moffitt initiatives such as the George



Throughout his life, Victor has worked to close the gap on disparities in health care. At Moffitt, he also plays an active role in raising funds for researchers who study cancers that disproportionately affect the Black community.



"It is crucial to make sure everyone has access to premium care."

Victor's wife, Tia, was diagnosed with colon cancer in early 2023 and began her own journey at Moffitt. In August 2023, she rang the bell and is now in remission.

Edgecomb Society and the Health Equity Partners, both of which support work that focuses on eliminating cancer health disparities by ensuring equitable health outcomes among Black patients.

Aligning with his focus on closing the gap on health care disparities, Victor's passion also led him to work alongside Moffitt's Foundation, where he plays an active role in raising funds for researchers who study cancers that disproportionately impact the Black/African American community.

Victor says he couldn't ask for a better organization to dedicate his time and service.

"It's part of my legacy," he explained. "We all give our time, talent and treasures to the places that are near and dear to our hearts, and this is something that's near and dear to mine."

And just like his father, Victor has seen his own advocacy work come full circle.

"So many people around me have benefited from the work I do to help others" he said. "Then, it's on your own doorstep or in your own house."

When Tia was diagnosed with colon cancer in the beginning of 2023, Victor knew Moffitt was the best place for her to be. After successful treatment, Tia rang the bell in August 2023. She is now in remission.

EXECUTION IS POWER: A MOTTO FOR SUCCESS

Peeling back the many layers of Victor Young reveals a multidimensional man, and at the core of it all he lives by a driving motto: "Execution is power."

In every facet of Victor's life, whether personal or professional, he believes that being committed enough to get things done fosters trust and respect. And although commitment is essential, the follow-through is what sets someone apart.

This motto is reflected in his advocacy for cancer patients and his leadership at Moffitt. As the chair of the Moffitt Medical Group Board of Directors, Victor now channels his passion and expertise into ensuring access to premium care for all.

His life's work – rooted in the principles of compassion, advocacy and execution – continues to inspire and impact countless lives, creating a lasting legacy of resilience and generosity.

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

Create revolutionary breakthroughs and innovations that rapidly impact and save more lives

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