PARTNERING TO SAVE LIVES & ADVANCE TREATMENTS IN THORACIC ONCOLOGY.
Refer A Patient Or Call For A Consult

The Moffitt Cancer Center Department of Thoracic Oncology offers physicians the opportunity for diagnosis and treatment, consultation, referral or second opinion about patients with lung cancer, mesothelioma, lung metastases and other cancers of the chest cavity. We are committed to serving as an important medical resource and to meeting physicians' needs through timely consults, prompt patient appointments and ongoing communication. Effective communication with patients and referring and affiliates physicians is a core value of the program.

To schedule a patient visit, call the New Patient Appointment Center at 813-745-3980 or 1-800-860-2778. To speak with a dedicated nurse about questions concerning clinical trials, patient transfers, scheduling a consult, patient appointments or transfers, or identifying the best physician for your patient, call the Physician Resource Line at 1-888-MOFFITT (663-3488) Monday through Friday from 8 a.m. to 5 p.m.

About Moffitt

The H. Lee Moffitt Cancer Center & Research Institute is a not-for-profit freestanding center dedicated to the prevention and cure of cancer. The only National Cancer Institute-designated Comprehensive Cancer Center in Florida and one of only 40 centers nationwide, Moffitt has a national and international reputation for excellence in research, treatment and patient care. Faculty serve on National Comprehensive Cancer Network (NCCN) panels, lending their expertise for the development of new guidelines for targeting and eradicating cancer.

Moffitt is also at the forefront of personalized cancer care, a landmark approach that tailors therapies to the biology of each patient’s disease. Total Cancer Care™, a Moffitt project to create one of the largest cancer tumor databases in the country, will further the understanding of personalized medicine and help design more targeted cancer treatments that improve outcomes, reduce toxicity, prevent recurrence and preserve quality of life.

In addition to a research center and outpatient treatment programs, Moffitt offers a 206-bed acute care hospital; a new satellite facility, Moffitt Cancer Center at International Plaza; the Southeast’s largest blood and marrow transplant program, and the Lifetime Cancer Screening & Prevention Center. Moffitt currently has 14 affiliate hospitals in Florida, one in Georgia and two in Puerto Rico.
Scope of Service

Our highly trained physicians diagnose, stage, treat, manage and research the following thoracic cancers:

- Suspected lung cancer
- Newly diagnosed lung cancer
- Recurrent lung cancer
- Superior sulcus (Pancoast tumors) in lung cancer
- Mesothelioma
- Mediastinal & thymic cancer
- Malignant pleural effusions
- Primary and metastatic tumors of the chest wall
- Tracheal cancer
- Metastases of the lung

Program Strengths

- High-level tertiary care with nationally recognized academic research and clinical excellence
- Collaborative multi-disciplinary team approach
- Consensus on the best clinical pathway for each patient
- Participation in development of national guidelines for lung cancer
- Focus on Total Cancer Center and personalized cancer treatment
- Extensive support, education and advocacy for patients and families
- Investment in the latest advanced medical technology
- Cutting-edge, life-saving therapies and procedures
- Surgeons dedicated solely to thoracic oncology offering the most advanced techniques including minimally invasive and robotic surgery
- Innovative clinical trials, both Moffitt-initiated and national multi-institutional collaborations
- A commitment to quality educational experiences for physicians in training who take part in our fellowship, residency and mentorship programs.
- Early detection screening and chemoprevention for high-risk individuals.
What Sets Us Apart

Lung cancer is the leading cause of cancer deaths in the U.S. today. Despite advances made in the last few decades, most patients continue to be diagnosed at late stage, making options more limited and long-term prognosis poor.

Moffitt’s Department of Thoracic Oncology is at the forefront of promising discoveries that will change the future for these patients. The thoracic oncology team is making great strides in early detection, innovative research, and the advancement of novel treatments in the effort to prevent and cure lung and thoracic cancers.

Here are some of the highlights of the program.

A Single Focus

By concentrating their focus solely on lung cancer, mesothelioma, malignancies of the chest cavity, and lung metastases, the physician-scientists in Moffitt’s Department of Thoracic Oncology have achieved an exceptional level of expertise, experience and knowledge of thoracic cancer. Through this dedicated effort, the team hopes to change the long-term outcome and quality of life for all patients and families affected by this disease. The goal is to accelerate research discoveries and deliver targeted treatment modalities that make a difference today and tomorrow.

Unprecedented Teamwork

A spirit of collaboration is the hallmark of patient care in the Department of Thoracic Oncology. An integrated, multidisciplinary approach allows physicians to work together to ensure coordinated care and good communication. This type of environment creates a level of synergy that is difficult to achieve in traditional community settings.

At weekly tumor board meetings, the entire thoracic oncology team - medical oncologists, radiation oncologists, surgeons, pathologists, pulmonologists, diagnostic radiologists, social workers, dietitians, nurses, therapists and patient advocates - come together to discuss every new patient’s case and propose an appropriate treatment plan or a change in treatment direction.

“Experienced physicians who are experts in their field come to a consensus on the best course of treatment and then formulate a plan for each patient,” explains Scott Antonia, M.D., a medical oncologist and Chair of Thoracic Oncology. This level of oversight ensures that the plan of care is the right one for each patient.

Patients and families also benefit from the convenience of having their multi-disciplinary treatment team in one location, making it easier to schedule visits and giving a greater sense of coordination of care.

High-Tech Medical Devices & Procedures

Advances in technology have made a significant difference in patient prognosis. The Department of Thoracic Oncology offers patients the latest high-tech medical tools and procedures, from minimally invasive video-assisted thoracoscopic surgery (VATS) and robotic surgery, to interventional pulmonary techniques such as photodynamic therapy and endoscopic bronchial ablation. Stereotactic radiosurgery combined with 4-D motion management takes treatment to the next level of accuracy and precision, while the diagnostic procedures endobronchial ultrasound (EBUS) and Xillix autofluorescence improve the ability to detect and stage disease.

Research Discoveries

As an academic medical center, Moffitt places a strong emphasis on translational science moving research from bench to bedside. As one of the program selected to be a Center of Research Excellence, the team employs a multi-faceted effort designed to better understand cancer biology, improve therapeutics and discovery. Physician-scientist and clinical researchers work together to achieve breakthroughs in both basic science and translational research. Thoracic cancer patients have access to numerous clinical trials; many of which are collaborative multi-institutional studies.

The goal of research is to reach beyond the standard of care and continually push the envelope to develop better therapeutics through research.
Comprehensive Lung Cancer Research Center

In 2008, the Moffitt’s Department of Thoracic Oncology was the first in Florida and one of only six centers in the U.S. to receive a National Cancer Institute Specialized Program of Research Excellence (SPORE) grant for translational research in lung cancer. The goal of the SPORE grant is to develop new strategies that improve treatment effectiveness and reduce chemotherapy resistance. Highlights of SPORE initiated research:

- Determination of the contribution of E2F pathway to clinical outcome and therapeutic efficacy by means of rich microarray databases
- Use of advanced state of the art mass spectrometry based proteomics to characterize signaling networks and pathways in lung cancer, chart the effects of complex kinase inhibitors, and develop combination therapy approaches to kill lung cancer cells
- Targeting the downstream pathways of KRAS mutant tumors and the development of clinical trials and treatment strategies for KRAS driven lung cancers based upon the pre-clinical research
- Development of vaccine using dendritic cells transduced via an adenoviral construct with p53 tumor suppressor gene, based on the potential of the mutated p53 protein to serve as a target antigen for immunotherapy

Moffitt recently participated in the Lung Cancer Mutation Consortium (LCMC), a NCI sponsored initiative comprised of 14 leading cancer centers from across the country and coordinated by researchers at the University of Colorado Cancer Center. Dr. Haura served as Moffitt’s principal investigator, which evaluated patients with advanced adenocarcinoma for the presence of over 10 specific genetic mutations. The goal of the consortium was to characterize and target identified mutations with current therapies, while building an infrastructure for future clinical trials.

With molecular tumor analysis, clinicians are able to stratify patients and offer clinical trials examining the efficacy of targeted therapies.

EGFR Mutation

- A Randomized, Double-Blind, Phase II Study of Erlotinib (Tarceva®) in Combination with OSI-906 or Placebo in Chemonaive Patients with Advanced Non-Small Cell Lung Cancer with Activating Mutations of the Epidermal Growth Factor Receptor (EGFR) Gene (Principal Investigator: Dr. Alberto Chiappori, MCC16563)
- A Phase I/II Study of Src Inhibitor in Combination with Irreversible EGFR Inhibitor in Advanced EGFR Resistant Non-Small Cell Lung Cancer (Principal Investigator: Dr. Eric Haura, open 2012)

KRAS Mutation

- A Phase IB/II Study of IPI-504 in Combination with Everolimus in Patients with known KRAS Mutant Non-Small Cell Lung Cancer (Principal Investigator: Dr. Jhanelle Gray, MCC 16616)

ELM4-ALK Gene Rearrangement

- Recently, Crizotinib was approved for Non-Small Cell lung cancer patients harboring ELM4-ALK. Moffitt served as one of the clinical trial sites and future trials are being developed for patients who develop resistance to Crizotinib.

BRAF Mutation

- A Phase II Study of the Selective BRAF Kinase Inhibitor GSK2118436 in Subjects with Advanced Non-Small Cell Lung Cancer and BRAF Mutations (Principal Investigator: Dr. Mary Pinder-Schenck, MCC 16597)

PI3K Mutation

- An Open Label Two-Stage Study of Orally Administered BKM120 in Patients with Metastatic Non-Small Cell Lung Cancer with Activated PI3K Pathway (Principal Investigator: Dr. Jhanelle Gray, MCC 16651)

Additional Investigator Initiated Clinical Research:

- Dr. Pinder-Schenck is studying whether estrogen may have an influence on the development of lung cancer in women never-smokers.
- Dr. Tawee Tanvetyanon is examining vascular targeted agent, NGR-hTNF, as combination therapy for Advanced Malignant Pleural Mesothelioma (MPM). A Phase III trial will be open in late 2011.
- Dr. Antonia and Dr. Alberto Chiappori are principal investigators evaluating a dendritic cell-p53 gene vaccine for patients with extensive stage small cell lung cancer.
- Jhanelle Gray, M.D., and Soner Altiok, M.D. are evaluating combination targeted therapy to overcome acquired drug resistance.
- Dr. Charles Williams served as principal investigator for landmark multi-center study, MADeIT, which examined RRM1 & ERCC1 directed chemotherapy for 1st Line patients with advanced Non-Small-Cell Lung Cancer.
- Researchers are examining potential new preventive treatment strategies for individuals at high risk for developing lung cancer.
Immunotherapy vaccines are not vaccines in the traditional sense. These therapeutic vaccines use gene-modified cells designed to boost the patient’s own immune system into attacking the malignancy. The vaccines are personalized for each patient and manufactured on-site at Moffitt.

Clinical trials are also an important component of medical oncology. Thoracic cancer patients at every stage of disease can participate in numerous Moffitt-initiated and national studies aimed at therapies that use genetics to block tumor growth and reduce drug resistance, while reducing complications and toxicity. Inquiries about Moffitt-based studies come from all over the U.S. as well as around the world.

**Personalized Medicine**

Moffitt offers standard in-house mutation analysis to identify markers like EGFR, KRAS and BRAF. Tumor specimens are tested routinely in Moffitt’s CLIA certified laboratory. By profil-

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**Thoracic Oncology at Moffitt Cancer Center: An In-depth Focus**

**Focus on Medical Oncology**

Medical oncologists in thoracic oncology are making progress in using innovative new therapies that are personalized for each patient’s specific tumor.

“At Moffitt we place a high priority on identifying emerging therapies, such as novel combinations of therapies, molecularly targeted drugs and immunotherapy vaccines,” says Dr. Antonia. “Conventional treatments may have only limited success for patients with advanced lung cancer. We can offer them more.”
Charles Williams Jr., M.D.
His special interests include the treatment of all types of lung cancer.

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Eric Haura, M.D.
His clinical interests include the treatment of all types of lung cancer. His research interests include signaling pathways and novel drugs that target signaling pathways in lung cancer.

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The ability to tailor treatment to the genetic fingerprint of an individual’s tumor is emerging as the new paradigm. The past, treatment for all cancers, including lung cancer, has taken a one-size-fits-all approach. Today that is no longer the case. “There is increasing recognition among lung cancer experts that we can’t approach lung cancer as one disease any longer,” says Mary Pinder-Schenck, M.D., a thoracic medical oncologist. “It’s about narrowing in and identifying the right treatment for the right patient. We must test patients’ tumors for specific gene mutations so we can target therapy to those mutations.”

As treatments are tailored to the biology of each patient’s tumor, treatment planning becomes much more complex. Eric Haura, M.D, a thoracic medical oncologist and Director of the Comprehensive Lung Cancer Research Center points out, “There can be many possible options or combinations of therapies. How to optimize therapy is critical. It gives patients a better likelihood of responding positively to a drug and minimizes the toxicity.”

Moffitt’s thoracic oncology specialists and researchers are at the leading edge of this revolutionary approach to treatment, called personalized medicine. Patients can have the confidence of knowing they will receive the most innovative approaches to clinical care and promising new therapies available today.
Focus on Thoracic Oncology Surgery

“Surgery is the standard treatment and offers the best cure rate for lung cancer when the tumor can be safely removed. Three thoracic surgeons in the Department of Thoracic Oncology concentrate exclusively on surgical tumors in the lung, mesothelioma, and related cancers of the chest cavity, giving them a degree of sub-specialization that is unique,” says Jacques P. Fontaine, M.D., a thoracic oncology surgeon.

“Because we are performing complex thoracic surgery daily, we gain an experience level and expertise that isn’t possible in smaller practices,” says Dr. Fontaine. “We’re able to recognize potential complications earlier and avoid them, and we have the confidence and expertise to perform surgery on more high-risk patients who may have a large tumor, poor lung function or a medical condition that might make other surgeons consider them inoperable.”

The thoracic surgical team specializes in standard surgical procedures such as lobectomy, wedge resections and pneumonectomy, as well as the minimally invasive techniques of robotic-assisted surgery and video-assisted thoracoscopic surgery (VATS).

Minimally invasive robotic surgery offers physicians many advantages, including enhanced three-dimensional visualization and increased dexterity to remove tumors from hard to reach areas within the lungs and chest cavity. Because minimally invasive surgery requires only a few small incisions, the use of robotics allows patients who might not be good candidates for open thoracic surgery to benefit from this type of intervention.
Thoracic Surgery Services

- Lobectomy
- Pneumonectomy
- Extrapleural pneumonectomy for mesothelioma
- Segmental or wedge resection
- Sleeve resection (reattaching the lung to the remaining central airways)
- Robotic-assisted thoracic surgery
- Video assisted thoracoscopic surgery (VATS)
- Combined VATS resections and brachytherapy mesh placement
- Complex surgery for lung metastases
- Resection of thymomas and other mediastinal tumors
- Complex resection of lung cancer together with involved ribs and vertebrae for Pancoast tumors
- Surgical control of pleural and pericardial effusions
- Resection of chest wall tumors
- PleurX catheter placement for pleural effusions
- Mediastinoscopy and other techniques to biopsy lymph nodes and masses in the chest

The thoracic surgical team also tackles complex cases that may require a team approach. For example, several surgical disciplines may work together to remove thoracic tumors that are invading the spine or blood vessels, says Dr. Fontaine. In addition, Moffitt thoracic cancer surgeons are among the few performing extrapleural pneumonectomy, an aggressive surgical treatment for mesothelioma that involves removal of portions of the lung, the lining of the lung, the pericardium, lymph nodes and diaphragm.

Research Activities

- Surgeons are evaluating the effectiveness of various surgical techniques and how to improve them, as well as the impact on patients who are older or in poor health. The goal is to develop clinical pathways that serve as national guidelines for treatment.
- Surgeons are measuring the pH of microscopic condensations from water droplets in the breath of patients to look for potential markers related to post-surgical complications.
- Surgeons are evaluating the potential role of microorganisms, such as viruses, in causing lung cancer.
**Focus on Radiation Oncology**

Radiation therapy is an important option for lung cancer patients, either as an adjunct to surgery and chemotherapy or as a primary treatment modality when the tumor is inoperable. Moffitt’s Department of Thoracic Oncology offers a comprehensive radiation therapy program that combines the strength of a skilled, experienced team with the latest advanced radiotherapy technology.

“One of the strengths of our program is that we don’t just have experts aiming the beams, we have experts managing the side effects of those beams,” says Craig Stevens, M.D., Department Chair of Radiation Oncology. Our multidisciplinary team works together to create a comprehensive treatment plan for each patient. The goal is to create a highly personalized approach to care that encompasses not just radiation treatment planning and delivery, but expert management of complications.

Patients benefit from the latest image-guided Stereotactic Radiosurgery tools that allow physicians to sculpt or shape the radiation beam, as well as change the dose intensity and angle. This capability maximizes the effectiveness of treatment, while minimizing radiation exposure and harm to healthy, adjacent tissue. Real-time image guidance with computer-controlled dose delivery allows treatment to hit the tumor site with pinpoint accuracy and precise margins.

Four dedicated radiosurgery systems - a TrueBeam, Trilogy, Novalis and Tomotherapy Hi-Art - offer different advantages, giving physicians the opportunity to decide which unit would offer patients the most benefit. For example, the Tomotherapy Hi-Art system, which uses CT scan technology combined with intensity modulated radiation therapy, is an ideal treatment for patients with mesothelioma, says Dr. Stevens.

The latest real-time tumor motion tracking devices are also important components of Moffitt’s radiotherapy program. Four-dimensional motion management and respiratory gating take into consideration tumor movement during respiration, a feature that helps ensure that the beam placement is on target and healthy tissue is not being radiated.

Daily image guidance with CT technology is yet another adjunct to treatment planning. Rather than the traditional method of lining up beam placement through external marks on the patient’s body, image guidance aligns the beam with the patient’s internal anatomy. “The goal is to create smaller fields and shrink the margins of radiation,” says Dr. Stevens.

**Thoracic Radiation Oncology Services**

- 3-D conformal therapy
- Intensity-modulated radiation therapy (IMRT)
- Image-guided radiation therapy (IGRT)
- Brachytherapy with radioactive implants or mesh placement at the tumor site
- Stereotactic Radiosurgery
- 4-D motion management and respiratory gating
- Daily CT image guidance for treatment planning

**Focus on Diagnostic Radiology**

Diagnostic radiologists in Moffitt’s Department of Thoracic Oncology are experienced specialists in imaging lung cancer and interpreting the results. Their contribution to the weekly patient care conferences is invaluable in helping the team develop an appropriate care plan for patients.
“One of the strengths of the team is our ability to differentiate between what is normal and abnormal tissue,” says Donald Klippenstein M.D., a thoracic cancer diagnostic radiologist. “This is important not just at the initial diagnosis, but at every stage of treatment to evaluate patient response to therapy.”

For example, the interventional radiologists’ proficiency in performing image-guided needle biopsies makes it possible to evaluate high-risk patients who might not be considered good candidates for this procedure in a non-tertiary center.

In addition to traditional imaging tools such as CT and MRI, Moffitt’s diagnostic radiologists have access to cutting-edge new imaging modalities. These include:

- PET/CT, a state-of-the-art unit that combines 64 multi-slice capability with four-dimensional imaging capability. A PET/CT scan can be used to determine if the tumor has metastasized beyond the lung, to measure cellular changes to evaluate the success of chemotherapy, and to identify suspected recurrence of the cancer.

- SPECT/CT, an emerging imaging modality that incorporates nuclear medicine technology with CT anatomical imaging. SPECT/CT is used in treatment planning for more accurate placement of the radiation beam. It is also useful for evaluating and staging bronchial carcinoids and localizing mediastinal parathyroid glands within the chest cavity.

Early Detection Through Screening & Chemoprevention

Lung cancer is often asymptomatic until late stage when the disease is more advanced and options for treatment more limited. Early detection is the answer. Moffitt was among 33 cancer centers around the country selected to participate in the National Lung Screening Trial (NLST) to determine whether annual screening of high-risk individuals with a low-dose helical CT scan could reduce lung cancer deaths.

The study compared the results of screening with standard chest X-ray versus helical low dose computerized tomography (LDCT) scan. Individual with a history of smoking who met certain inclusion criteria, such as age, number of years smoked, number of packs of cigarettes, among other factors, were recruited for this study. The study found a 20% reduction in lung cancer deaths among those screened annually with the LDCT.

“The results were very promising,” says Michael Alberts, M.D., a thoracic oncology pulmonologist and Chief Medical Officer at Moffitt. “The study definitely showed that CT scan is a valid screening tool.” But he cautions that CT technology is very sensitive and can pick up abnormalities ranging from scar tissue related to bronchitis to early stage lung cancer. “There can be a lot of false positives, so it is important for the images to be evaluated and managed by experienced lung cancer specialists,” says Dr. Alberts.

Moffitt is the first NCI-designated comprehensive cancer center based in Florida to offer lung cancer screening. “...The promise of CT screening lies in the early detection of lung cancer when it is most curable,” says Dr. Antonia. Thoracic oncology researchers are investigating ways to prevent lung cancer in high-risk individuals through chemoprevention studies involving vitamins or certain medications.

In addition, the Moffitt Tobacco Research and Intervention Program (TRIP) provides education and smoking cessation clinics for the public, as well as research into the psychosocial and behavioral factors that contribute to tobacco use.
Focus on Diagnostic Pulmonology

Moffitt thoracic pulmonologists are also experts at diagnosing lung and thoracic cancers. Many new advanced diagnostic techniques are allowing physicians to identify disease earlier than ever before, giving patients improved hope for cure or longer lifespan. Two examples are endobronchial ultrasound (EBUS) and autofluorescence bronchoscopy.

EBUS is an innovative minimally invasive diagnostic technique that uses ultrasound guidance to perform transbronchial needle aspiration for obtaining tissue and fluid samples from the lung and surrounding tissue. The goal is to detect abnormalities when the cells are in their earliest stages of growth. EBUS is a new alternative to traditional surgical biopsy.

Autofluorescence Bronchoscopy with the Xillix autofluorescence system uses wavelengths of light to help distinguish normal from abnormal tissue. The autofluorescence helps identify very early stage abnormalities that may not be visible by other diagnostic methods.

Focus on Interventional Pulmonology

Moffitt thoracic oncology surgeons and pulmonologists offer patients landmark new modalities that are an alternative to more invasive procedures. For patients with inoperable thoracic cancers, these new treatments provide hope for removing or shrinking tumors, either alone or in combination with chemotherapy and radiation oncology.
PATRONAL PHYLOGRAPHY

Soner Altiok, M.D., Ph.D.
His research interests include applying techniques of cell biology and proteomics to the field of cytopathology to identify novel diagnostic and prognostic biomarkers, especially of breast and lymphoid disease, and to study drug therapy effects on expression and post-transitional modification of proteins involved in signal transduction, apoptosis and cell survival.

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Prudence V. Smith, M.D.
Clinical interest is histologic and cytologic evaluation of neoplastic lung disease, intimate involvement with tissue selection and coordination of molecular studies related to lung cancer, and evaluation of non-neoplastic lung disease. Also collaboration with thoracic principal investigators on MCC protocols.

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Farah Khalili, M.D.
Her special interests include the diagnosis of primary lung cancer and metastasis to lung, with the application of Immunohistochemistry. Her research interests include the pathologic evaluation and collection of primary lung tumors for the production of high quality tissue microarrays (TMA) for translational research, clinical trials and cooperative group studies.

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Marino Leon, M.D.
His research interests include translational research on the development of novel biomarkers for lung cancer diagnosis and personalized cancer treatment.

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Advanced therapeutic procedures include:

- Stent placement to re-open airways blocked by the tumor or narrowed from treatment, improving patients' ability to breathe and enhancing quality of life.
- Laser treatment or electrocautery procedures to destroy airway tumors and stop airway bleeding. The cauterizing heat generated seals off blood flow to abnormal networks of blood vessels in the lungs.

Photodynamic therapy, a therapeutic procedure in which laser light energy is used to activate a systemic photosensitizing agent. The agent is injected into the body and absorbed by the cancer cells. The cells are then exposed to light, which causes the photosensitizing agent to react with oxygen, producing a chemical that kills the cancer cells. The treatment can also block the tumor’s blood supply and boost the ability of the immune system to fight the cancer.

Focus on Pathology
Pathologists specializing in thoracic oncology perform a critical role in helping diagnose lung and thoracic cancers. They attend weekly patient care conferences and are an integral part of the team in developing the best clinical pathways for patients. Pathologists perform rapid and precise diagnosis and staging of all biopsied tumor specimens. With the ability to perform molecular mutation testing in our CLIA-certified laboratory, pathologic diagnosis and molecular analysis provide the treatment team with the key information needed to tailor therapy for each individual patient.

Pathology assessments, including cytology studies may be conducted in the lab or on-site during surgery to help define clear margins during a procedure. Pathologists routinely test patient tumors for genetic mutations as part of Moffitt’s commitment to Total Cancer Care and personalized medicine. Understanding the genetics of the tumor helps physicians more effectively target therapy to block tumor growth and prevent drug resistance.
Focus on Oncology Social Work

“As oncology social workers, we are members of the thoracic team skilled in helping individuals and their families cope with a diagnosis of lung cancer and its treatment. We provide a wide range of services based on the unique needs and goals of each person,” say thoracic oncology social workers Holly Wilson and Cynthia Shimizu.

Our social workers see patients while in the hospital and during clinic visits. They have clinical knowledge and expertise in the specific issues confronting lung cancer patients at critical points along the continuum of care: diagnosis, treatment, survivorship, recurrence, and, when necessary, end of life. They assess how cancer is affecting the patient and family and help them to draw on personal strengths while also deciding how to compensate for limitations. Some of the areas in which social workers can help include:

- Coping with diagnosis and the emotions that can occur
- Considering decisions about treatment options
- Determining how to communicate with the medical team
- Deciding how best to talk with young children about cancer
- Learning how to reduce stress and use relaxation skills
- Planning for care with the use of advance directives
- Leading cancer support groups
- Exploring lodging and transportation options
- Applying for programs that offer financial assistance
- Arranging for post-hospital care

Oncology social workers facilitate various programs at Moffitt where patients and their caregivers can meet others dealing with similar challenges and garner the strength that comes from shared experiences. As described by Jimmie Holland, MD, in The Human Side of Cancer, a fundamental challenge faced by cancer patients and their families is living with hope while coping with uncertainty. Oncology social workers partner with patients and families and offer skilled and compassionate counsel as they strive to attain this balance.

Focus on Patients and Families

The Department of Thoracic Oncology also includes a dedicated patient advocacy program, the Lung and Thoracic Tumor Education (LATTE) program. The program takes patient-focused care to the next level by “embracing the patient and family perspective” and giving patients “a voice” through advocacy, support, education and community outreach. Patients and family members from across the state are invited to serve on the LATTE Advocacy Council, which serves as an invaluable resource to the Department of Thoracic Oncology. “We have so much to learn from a patient’s cancer journey... seeking and integrating their experience and feedback are vital to achieving true patient-centered care”, says LATTE coordinator Christie Pratt-Pozo MA DHSc.
Additional Holistic, Compassionate Care
Lung cancer patients and families may also benefit from additional Moffitt programs designed to help meet emotional, social and spiritual needs. These include:
- Nutritional support from registered and licensed dietitians
- An Integrative Medicine program that offers acupuncture, massage, yoga and relaxation techniques.
- A Patient Library & Welcome Center with extensive resources and educational materials.
- A Psychosocial Program to address emotional, social and physical needs.
- A Palliative Care program to help with symptom and pain management.
- An Arts in Medicine program featuring music, painting, writing, dance and other creative opportunities for patient and family members.

Focus on Nutritional Services
A wide range of nutrition services are available to our patients. These services are provided by registered dietitians who are board certified specialists in oncology nutrition. Our nutrition professionals provide expert guidance to help you to maintain strength and minimize the side effects of treatment. For example, our dietitians provide suggestions for the best foods to eat for recovery, coping with appetite loss or taste changes. They are also available to answer questions about the safe use of vitamins or herbal supplements, and will guide you toward reliable resources.

Comprehensive All-Inclusive Care Right In Your Own Community
Moffitt’s Department of Thoracic Oncology treats lung cancer patients throughout the state of Florida, as well as out of state and international patients. Patients may choose to come to the cancer center for treatment or clinical trials and remain at home the rest of the time. Follow-up, routine care and emergencies can be managed by the patients’ primary care physician or oncologist in collaboration/partnership with the Moffitt team. The Department of Thoracic Oncology is committed to a strong partnership with local community physicians. Working together to enhance the quality and breadth of cancer care services for lung cancer patients continues to be our center of focus.

If housing or transportation is of concern, Moffitt’s thoracic oncology social workers can put patient and families in touch with a variety of available resources. In addition, Moffitt has an on-site American Cancer Society-sponsored Hope Lodge that offers free, temporary housing in furnished apartments available for patients and families receiving treatment.

Caring for Hispanic Patients
The Department of Thoracic Oncology is committed to being an accessible and accommodating medical resource and referral center for Spanish-speaking patients and physicians. Because translating information from English to Spanish must take into consideration not just word choice, but cultural differences, Moffitt Cancer Center employs several full-time certified translators. All educational materials about cancer, procedure consent forms, and other documents, including information about clinical trials, are available in Spanish. In addition, patients have access to on-site Spanish interpreters during thoracic oncology clinic visits.

Moffitt is the closest NCI-designated comprehensive care center to Puerto Rico and receives many patient referrals from there. The cancer center has an academic partnership with Puerto Rico’s Ponce School of Medicine. The partnership supports the university’s development of a clinical research program in cancer and for the training and education of medical students, physicians and faculty.
CLINICAL STAFF

MEDICAL ONCOLOGY
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