



Leading — THROUGH — Collaboration

**Moffitt President & CEO Looks Ahead
On Center's 30th Anniversary**

By Ann Miller Baker

ALAN LIST, M.D.

Photography: Jeremy Peplow

It would be tough for President and CEO Alan List, M.D., to forget the first time Moffitt Cancer Center entered his life. It was in 1996. He and his wife, Kim, were just arriving home from the hospital with their newborn daughter McKenzie.

“THE PHONE WAS RINGING,” DR. LIST RECALLS WITH A GRIN. “IT WAS BILL DALTON SAYING HE’S GOING TO MOFFITT.”

Dr. List and Bill S. Dalton, Ph.D., M.D., were then colleagues at The University of Arizona Cancer Center, where Dr. List was an associate professor and clinical director of the Bone Marrow Transplant Unit under Dr. Dalton, the BMT program director who was also a tenured professor in hematology/oncology at the University of Arizona College of Medicine.

Dr. Dalton was leaving to become associate center director for Clinical Investigations at Moffitt, a place Dr. List had heard of only from reading its Cancer Control Journal. But Dr. List admits his first reaction wasn’t about where Dr. Dalton was going.

“I thought, ‘Who’s going to get his basketball tickets?’ But the reality struck me as well, ‘we’re losing someone very important,’ an incredibly good friend, scientist and colleague.”

Within a few years, Dr. List was invited to speak at Moffitt. Checking out his colleague’s new home was an eye-opening trip for Dr. List, especially compared to the matrix-model cancer center at Arizona: a university-based hospital with “a cancer center that tries to bring all the different disciplines together to work for parts of days and then return to your home departments. Moffitt was quite different as an institution with a singular mission that was solely focused on cancer and nothing else. On the clinical side, there were multidisciplinary teams that were each focused on a specific disease. And on the research side, it was incredibly collaborative — something that I saw as a great opportunity to accelerate what I was trying to accomplish in the laboratory with our research.”

Dr. List is internationally known for his research involving myelodysplastic syndromes. He wrote the authoritative text on MDS, holds six U.S. patents and led the development of lenalidomide (Revlimid®), which the U.S. Food and Drug Administration fast-tracked for approval for the treatment of MDS and multiple myeloma. He continues to see patients and conduct research to this day in addition to his responsibilities as Moffitt’s president and chief executive officer. He says the qualities that attracted him to Moffitt in 2004 are integral to its ability to continue fueling innovating research that drives change in cancer care.

“We are one of the largest cancer centers in the country, and we accomplished that in just 30 years. Thirty years from now, we

will continue to be one of the leaders not just in volume, but in science — in making those big breakthroughs. And it’s because of our team approach, which positions us well to accelerate discoveries by virtue of the power of a team perspective.”

BRIDGING THE BEDSIDE AND THE BENCH

Importantly, Moffitt’s team approach exists not only in clinical care but also in research. It bridges the bench to the bedside, bringing clinical investigators and scientists together.

“If we are to effectively transition a discovery in the laboratory to the clinic,” Dr. List explains, “we must be able to create those trials ourselves. That means the ideas begin with our investigators who are the experts in understanding the disease, its biology and the clinical needs. We may seek pharmaceutical companies to gain access to a specific agent; however, it is our faculty who generate the protocol. We are working together to take that discovery and move it to the clinic as quickly as possible.”

One case in point is a story that Dr. List draws inspiration from to this day. While hosting Florida Gov. Rick Scott for an event focused on his plan to invest in cancer research, Moffitt invited a patient to share her story of battling metastatic melanoma. She was in her early 40s at most. Three years earlier, she had enrolled in a Moffitt investigator-initiated trial testing the effectiveness of a new drug combination to prevent drug resistance in patients with a BRAF gene mutation, a common mutation found in about half of all metastatic melanoma patients. This new approach was based on a discovery made by a scientist, Dr. Keiran Smalley, in Moffitt’s own research labs. Within 3½ years, Moffitt investigators had created and led the clinical trial, got the drugs from pharma companies and took it to the FDA for approval.

“That timetable is just unheard of,” Dr. List says. The best news? “Three years later, this young woman was free of disease and probably had beaten it. And that result came from basic research right here at Moffitt.”

Collaborating with industry may also be a resource Dr. List says Moffitt will need to maintain its momentum in the next 30 years. “We still prioritize the National Institutes of Health for grant funding, however, federal funding has been flat, and without an expectation for a significant increase in the NIH budget anytime soon. So we have worked more closely with pharma and the biotechnology sector. What they have learned over the last five years is that, rather than building their own expensive research teams with the needed breadth and depth for early development, it is cheaper and actually faster for them to work directly with academia. We began that with a close relationship with Celgene. A number of similar relationships have developed since then. That approach, of having sponsored research agreements with pharma and other biotech sectors, has been very helpful for us. It not only brings in dollars for research funding for our investigators, but it also brings a new opportunity for collaboration.”



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ENHANCING REGIONAL PARTNERSHIPS MEANS GROWTH AHEAD

On the clinical side, Dr. List sees Moffitt’s future as a tertiary/quaternary care center. “That means we are working closely with our clinical partners throughout the state and throughout the region. They are providing quality care in the community; however, we provide the care for those complicated or tertiary types of care here. We are the resource for the more sophisticated diagnostics, for example, molecular diagnostics, or more complicated surgeries and procedures. To get there, we have to grow our partnerships and that is an immediate priority.”

Even as a regional resource, Dr. List says Moffitt will still need additional space for patient care — and for research, as well. Philanthropy through a comprehensive campaign will be crucial, as will funding from the state.

“We were created in state statute. We have a state mission,” reminds Dr. List. “They invest in us and we hope that they will continue to invest in us to help us to grow. I’d say the state of Florida has realized a big return on its investments in Moffitt in the first 30 years.

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It’s an impact made possible by H. Lee Moffitt. Dr. List credits him for not only the perseverance and courage to establish this cancer center, but also for creating a patient-focused culture that has served us well for 30 years and will guide us toward the future.

“When we think about what we are trying to accomplish, it is simply putting patients first,” Dr. List says. “It’s making a difference for patients, whether through research or clinical care. That’s the motivation that everyone in this organization brings to work each day.”