PUTTING PATIENTS FIRST
Moffitt Medical Group (MMG) is Florida’s largest multidisciplinary medical group practice dedicated to cancer care. At the close of fiscal year 2016, MMG included 236 faculty members and 181 advanced practice professionals. MMG members specialize in nearly 30 cancer programs and services at Moffitt Cancer Center and its satellite campuses at the Moffitt McKinley Outpatient Center and Moffitt Cancer Center at International Plaza. MMG members are cancer-focused academic clinicians, educators, and researchers whose primary employment is with the MMG, a wholly owned subsidiary of the H. Lee Moffitt Cancer Center and Research Institute, Inc. MMG members are committed to the achievement of Moffitt Cancer Center’s mission, vision and strategic goals.

MISSION: To contribute to the prevention and cure of cancer
VISION: To transform cancer care through service, science and partnership
STRATEGIC GOALS: Superior Value, Partnership, Financial Health, Education, Research and Translation

Moffitt Cancer Center is the top-ranked cancer hospital in Florida and the southeast. U.S. News & World Report ranked Moffitt the 6th best adult cancer facility in the nation. Five-year survival rates of patients who receive care at Moffitt exceed the national average for lung (32% vs. 17%), pancreatic (14% vs. 5%), brain (29% vs. 22%), prostate (90% vs. 88%), breast (88% vs. 85%) and colon cancer (56% vs. 55%). We are committed to making our services available to as many patients as possible to provide them with the opportunity to get the very best cancer care in the state of Florida, the nation and beyond.

We made significant achievements in FY2016 and are working on initiatives for FY2017 to help those we value most: people burdened by cancer who trust us with their care and inspire us with their courage. Almost everyone has been touched by cancer, and we will not rest until all cancers are preventable and curable.
Moffitt Medical Group

Moffitt Medical Group (MMG) is a team of oncology experts comprising physician faculty members and advanced practice professionals whose purpose is to ensure superior patient-centered cancer care and a world-class experience for everyone who comes to Moffitt Cancer Center. We consistently strive for superior quality in patient-centered care, research, education and service. In this way, we uphold our dedication to Moffitt’s mission to contribute to the prevention and cure of cancer and vision to transform cancer care through service, science and partnership.

MMG’s team-based culture is reflected in the multidisciplinary programs that are the cornerstone of our clinical care delivery model. Our team culture ensures successful patient-centered care, research and education endeavors. We harness center-wide expertise to train future generations of cancer experts and to yield ground-breaking discoveries that will change the face of cancer forever.

The effectiveness of our team is thus critical to our current and future success. The principles that guide us daily, and the expectations we have for each other, underscore accountability and adherence to excellence in clinical care, research and education.

At the close of fiscal year 2016, the MMG team included 236 physician faculty members and 181 advanced practice professionals. MMG’s multidisciplinary physician faculty members include medical oncologists, surgeons, pathologists, radiation oncologists, diagnostic imaging radiologists, anesthesiologists, and specialists in internal medicine and psychiatry. MMG’s advanced practice professionals (APPs) include advanced registered nurse practitioners (ARNPs), physician assistants (PAs), certified registered nurse anesthetists (CRNAs), anesthesiologist assistants (AAs), and a registered radiologist assistant (RRA).

Advanced Practice Professional Services

Advanced practice professionals (APPs) are key MMG team members with a high level of responsibility and accountability, making them strong partners with faculty physicians. APPs have a major role in providing patient-centered services to the people who come to Moffitt for superior care from compassionate providers. MMG APPs make up the APP Council, led by the director of APP Services, Dave Johnson, PA-C. APP leaders serve on the Breast, BMT, Malignant Hematology, Surgery, Internal and Hospital Medicine/Palliative Care, Infusion and Anesthesia / Pre-Operative Programs. APP Council members meet quarterly to discuss priority issues and to ensure ongoing dialog between all APPs and the Council. The Council serves as a sounding board for executive leadership on emerging issues and initiatives, and makes recommendations to the leadership team. The Council ensures effective communication among APPs, and actively engages in strategic planning and evaluation of policies and procedures.

Nursing Magnet Designation

Moffitt Cancer Center nurses are committed to providing patient-centered care, and they play essential roles on our multidisciplinary teams. In 2015 Moffitt received the prestigious Magnet® designation in recognition of its nursing excellence. The ultimate nursing credential, Magnet designation recognizes nursing professionalism, teamwork, quality patient care and innovations in nursing practices.
Where do MMG members provide patient-centered care?

MMG team members provide prompt patient-centered care at Moffitt Cancer Center’s three campuses. H. Lee Moffitt, a former State Senator and speaker of the Florida House of Representatives, foresaw the need for a superior cancer center in the state of Florida. Thanks to his tireless advocacy and effort, Moffitt Cancer Center opened its doors in 1986 at 12902 Magnolia Drive. Today, the Magnolia Drive facility has grown to include 206 inpatient rooms, including a 36 bed blood and marrow transplant unit; 15 operating room suites; a 5-story outpatient clinic building, with digital imaging center, state-of-the-art radiation therapy department and infusion center; and 2 buildings dedicated to research.

Another patient care site, **Moffitt At International Plaza (MIP)** is a 50,000-square-foot full-service outpatient facility near Tampa International Airport and the International Mall. MIP has a blood draw area and clinical laboratory, a full-service infusion center for chemotherapy and other treatments, radiation therapy, radiology services that include PET and CT scans, MRI, X-rays, ultrasounds and mammography. MIP features quick access to services via the Immediate Access Clinic, which is designed to help patients not yet diagnosed but suspected to have cancer, those who have been diagnosed with cancer but with an unknown primary location, and those who have been diagnosed with cancer and for whom an immediate appointment in a program-specific clinic is not immediately available.

The **McKinley Outpatient Center** opened in 2015 and consists of 207,000 square feet. McKinley accommodates the growing needs of our patients via skin cancer and breast clinics, survivorship services, and a blood draw / clinical laboratory. Diagnostic imaging and breast imaging include three-dimensional mammography, MRI, DEXA bone density testing, X-rays, ultrasound, and automated whole breast ultrasound screening. McKinley features outpatient surgery, pre-anesthesia testing, genetic risk assessment, a pharmacy, an infusion center, a clinical research unit, rehabilitation services, medical and radiology records, and a registration and business office.
Clinical Pathways

Moffitt Cancer Center’s Clinical Pathways were created to define and measure the highest quality and best value of evidence-based cancer care. Each MMG program at Moffitt has worked to create pathways that include strategies for all therapeutic modalities from diagnosis to end of life, with treatment recommendations stratified per prognostic variables, medical conditions and patient choice. In addition, there are diagnostic evaluation pathways; integrated information includes clinical trials, toxicity, and cost. Pathways help ensure quality and value by including decision support features. More than 50 clinical pathways have been written, and every department is working on new pathways as well as prompt updates of existing ones.

MMG Charter

The Moffitt Medical Group (MMG) Charter is a foundational document that identifies the patient-focused principles that guide MMG members in their professional activities. The Charter, created by the MMG for the MMG, articulates what it means to be an MMG member. The MMG Charter reflects the mission-focused, collaborative culture of our group as well as the behavioral, clinical, educational and research expectations we have for each other. The Charter creates transparency and provides a platform for accountability associated with quality, cost, process-improvement, efficiency and a patient-focused culture. Four pillars comprise the framework of a value-based sustainable academic medical group model to ensure the best patient experience and to support our research and education missions.

PATIENT-CENTERED CARE

MMG members are committed to ensuring a world-class experience for their patients. MMG members are fully engaged in Moffitt Cancer Center’s Patients First initiative to ensure that patients have unparalleled access to care, including same- and next-day visits. Moffitt providers, in partnership with their patients, promise to deliver timely, compassionate, innovative personalized care for the best outcomes. Outcomes are enhanced by multidisciplinary tumor boards and clinics, in which teams comprised of various specialists confer to devise a clinical care strategy that will produce a superior outcome.

RESEARCH

MMG members embrace the overall research mission of the institution, engaging in and supporting research activities that are integral to Moffitt Cancer Center as an NCI-designated Comprehensive Cancer Center. Members contribute to the process of clinical, translational and basic scientific research as an investigator or an enroller of patients on appropriate clinical trials.

EDUCATION

MMG members fulfill the institution’s education goals by teaching students, residents and fellows according to the guidelines of the Accreditation Council for Graduate Medical Education and the Association of American Medical Colleges. MMG members obtain continuing education per professional specialty requirements and build their teaching and mentoring skills through workshops and education events.

LEADERSHIP

MMG members provide mentoring and guidance to team members and students. They are actively engaged in special projects and initiatives that are vital to MMG’s sustained excellence. Leaders provide community outreach, serve on various committees and participate in workgroups and task forces.
Moffitt Cancer Center is the only NCI-designated Comprehensive Cancer Center based in Florida. The Moffitt Medical Group (MMG) diagnoses and treats thousands of patients every year. MMG team members are committed to providing superior patient-centered care throughout the diagnostic, treatment and survivorship continuum.

The MMG team has seen an increase in total visits to Moffitt Cancer Center over the last four years. MMG diagnostic and treatment interventions use the most advanced technology, bringing patients the greatest number of options for promising new treatments and individually targeted therapies.

**VISITS BY SPECIALTY CARE FY2016**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>FY2016 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid Tumor</td>
<td>109,769</td>
</tr>
<tr>
<td>Liquid Tumor (Hematologic Oncology &amp; BMT)</td>
<td>38,195</td>
</tr>
<tr>
<td>Radiation Oncology (liquid or solid)</td>
<td>26,870</td>
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<tr>
<td>Senior Adult (liquid or solid)</td>
<td>6,168</td>
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<tr>
<td>Supportive Care</td>
<td>3,537</td>
</tr>
<tr>
<td>Other (Genetics, Screening, Satellites, Moffitt International Plaza)</td>
<td>2,923</td>
</tr>
<tr>
<td>Clinical Research Unit (Ph I/II trials)</td>
<td>1,918</td>
</tr>
</tbody>
</table>

**OUTPATIENT CHEMOTHERAPY VISITS BY TUMOR TYPE FY2016**

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>FY2016 Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid Tumors</td>
<td>30,263</td>
</tr>
<tr>
<td>Liquid Tumors</td>
<td>9,862</td>
</tr>
<tr>
<td>Other (multiple sites, primary unknown, or cannot be grouped to a site)</td>
<td>812</td>
</tr>
</tbody>
</table>

Note: because of rounding, percentages may not total 100.
INNOVATION

The following section describes innovative clinical and scientific research. Many of the clinical trials conducted at Moffitt are initiated by MMG members.

MOFFITT RESEARCHERS DEVELOP THE FIRST GENETIC TEST TO PREDICT TUMOR SENSITIVITY TO RADIATION.

“Radiation sensitivity index provides the first opportunity to use tumor genetics to guide and optimize the radiation dose that patients receive. The consequences for this can be quite dramatic. We have estimated that up to 15% of patients will be candidates for dose optimization;” said senior study author Javier F. Torres-Roca, MD, director of Clinical Research and associate member of the Department of Radiation Oncology at Moffitt.

FDA APPROVES MELANOMA DRUG TESTED AT MOFFITT.

The drug, called Imlygic® or talimogene laherparepvec, of Clinical Research and associate member of the Department of Radiation Oncology at Moffitt.

NIVOLUMAB COMBINED WITH RADIATION THERAPY MAY BE NEW TREATMENT OPTION FOR PATIENTS WITH MELANOMA BRAIN METASTASES.

Moffitt researchers reported the first series of patients treated with focused stereotactic radiation to the brain and anti-PD 1 therapy. They found that radiation therapy combined with the immune-targeting drug nivolumab in melanoma patients with brain metastases is safe and improves their survival compared to historical data. Nivolumab combined with stereotactic radiation also appears to improve patient survival and reduce the development of new metastatic lesions in the brain when compared to historical data. Patients with unresected metastatic disease had a median overall survival of 11.8 months from the start of radiation therapy and 12 months from the start of nivolumab treatment. This is an improvement from historical levels of survival for melanoma patients with brain metastases who on average survive 8 to 10 months after surgery or radiation alone.

“Nivolumab plus radiation therapy is effective and a major advance for melanoma patients,” said senior study author Dr. Theresa DeSousa, associate member of the Department of Radiation Oncology.

LENALIDOMIDE PLUS RITUXIMAB PRODUCES DURABLE RESPONSES IN MANTLE CELL LYMPHOMA PATIENTS IN PHASE 2 STUDY.

New research from Moffitt and its collaborators found that the drug combination rituximab plus lenalidomide was effective and produced long-term responses in patients with mantle cell lymphoma. The rare form of B-cell non-Hodgkin lymphoma has a median survival of only 4 to 5 years. The most common treatment is an aggressive form of chemotherapy with or without the addition of the drug rituximab that targets CD20, a specific protein on B cells. These intensive treatments, however, are often associated with significant side effects and are not frequently used in older patients.

“The lenalidomide plus rituximab regimen stands out because it is a low-intensity therapy. Usually, standard treatment with this disease is intensive chemotherapy or aggressive stem cell transplants. We were able to avoid both of those,” said Bijal D. Shah, MD, assistant member, Moffitt’s Malignant Hematology Department. Lenalidomide is also approved to treat patients with either multiple myeloma or myelodysplastic syndromes (MDS), and is currently being investigated in other hematologic malignancies, including chronic lymphocytic leukemia (CLL). Led by Moffitt Cancer Center CEO Alan F. List, MD, Moffitt researchers were instrumental in the clinical development and FDA approval of lenalidomide in MDS.

MOFFITT RESEARCHERS TARGET PROTEIN ASSOCIATED WITH POOR SURVIVAL AND TREATMENT RESISTANCE IN BRAIN CANCER.

Glioblastoma multiforme (GBM) is a highly aggressive brain tumor with low survival rates, with newly diagnosed patients surviving a median of 14 months and recurrent patients surviving a median of only 3 to 9 months. Moffitt researchers reported that expression of the protein BIRC3 is associated with poor survival and recurrent disease in GBM patients; and therefore may be a good therapeutic target.

“BIRC3 could serve as a biomarker whose expression can be closely followed as patients progress through standard GBM therapy to ascertain if standard treatment is beneficial or not. This could be advantageous because treatment resistance could be detected earlier since gene expression changes occur well in advance of MRI findings,” said senior study author Arnold B. Etame, MD, PhD, assistant member of Moffitt’s Neuro-Oncology Program.

MOFFITT PATHOLOGISTS IDENTIFY NEW POTENTIAL TARGET IN OVARIAN SEROUS CANCER.

Moffitt researchers discovered that patients with ovarian serous cancer and an overexpression of the HER4 protein are less likely to respond to chemotherapy and have a lower rate of survival. That’s according to study findings presented at the 2016 United States and Canadian Academy of Pathology Annual Conference. Ovarian cancer accounts for about 3% of all cancers among women, but it causes more deaths than any other cancer of the female reproductive system, according to the
American Cancer Society. The human epidermal growth factor receptor (HER) is heavily involved in the beginning formation of cancer. While the prognostic impact of HER1 and HER2 has been characterized in numerous cancers, there is little data on the role and impact of HER4 in ovarian cancer. Moffitt pathologists looked at the levels of HER4 expression in 100 ovarian serous carcinoma specimens. They found that samples containing the HER4 expression were linked to chemotherapy resistance and a shortened life span. This means HER4 may be a prognostic and potentially a predictive marker in ovarian cancer, but more studies are needed. In addition, HER4 could potentially become a target for therapy.

**TWO-DRUG IMMUNOTHERAPY DEEMED SAFE FOR SMALL CELL LUNG CANCER PATIENTS.**

Small cell lung cancer (SCLC) represents approximately 14% of all types of lung cancer. Many patients with SCLC respond to initial chemotherapy; however, they eventually relapse and develop progressive disease that has no effective treatment options. A new Moffitt study presented at the 2016 American Society of Clinical Oncology Annual Meeting and published in The Lancet Oncology shows that utilizing the immunotherapeutic agents nivolumab and ipilimumab could lead to more outcomes with development of a novel therapeutic strategy, called adaptive therapy, which is based on evolutionary principals and aims to keep resistant cells in check by maintaining a population of chemo-sensitive cells. The standard strategy for administering cancer chemotherapy has changed little over the past five decades, with cancer drugs typically given at the maximum tolerated dose. While this strategy is effective at killing cancer cells in the short-term, once the chemo-sensitive cells are removed, existing chemo-resistant cells survive and then continue to grow and divide despite the ongoing therapy. Previously, Moffitt researchers developed a novel treatment strategy, called adaptive therapy, based on evolutionary principals and originally tested the strategy through mathematical models. Rather than reducing tumor size with a maximum tolerated dose and leaving only resistant cells, the researchers’ goal was to prolong survival without disease progression. This adaptive strategy uses short bursts of therapy to maintain a residual population of chemo-sensitive cells that keep resistant cells in check and prevent them from growing uncontrollably.

MOFFITT RESEARCHERS DEVELOP A NOVEL CANCER TREATMENT APPROACH BASED ON EVOLUTIONARY PRINCIPALS TO INHIBIT CHEMO-RESISTANCE, PROLONG PROGRESSION-FREE SURVIVAL.

Moffitt researchers hope to improve treatment outcomes with development of a novel therapeutic strategy, called adaptive therapy, which is based on evolutionary principals and aims to keep resistant cells in check by maintaining a population of chemo-sensitive cells. The standard strategy for administering cancer chemotherapy has changed little over the past five decades, with cancer drugs typically given at the maximum tolerated dose. While this strategy is effective at killing cancer cells in the short-term, once the chemo-sensitive cells are removed, existing chemo-resistant cells survive and then continue to grow and divide despite the ongoing therapy. Previously, Moffitt researchers developed a novel treatment strategy, called adaptive therapy, based on evolutionary principals and originally tested the strategy through mathematical models. Rather than reducing tumor size with a maximum tolerated dose and leaving only resistant cells, the researchers’ goal was to prolong survival without disease progression. This adaptive strategy uses short bursts of therapy to maintain a residual population of chemo-sensitive cells that keep resistant cells in check and prevent them from growing uncontrollably.

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MOFFITT RESEARCHERS REPORT IMPROVED PROGRESSION-FREE SURVIVAL AND RESPONSE RATES FOR LUTATHERA OVER OCTREOTIDE IN PATIENTS WITH PROGRESSIVE METASTATIC MIDGUT NEUROENDOCRINE TUMORS.

Moffitt researchers conducted a phase 3 NETTER-1 study, showing clinically meaningful and significant results for Lutathera (77Lu-DOTA0-Tyr3-Octreotate) in patients with metastatic midgut neuroendocrine tumors (NETs). Somatostatin analogs, such as Octreotide LAR, are commonly used to treat NETs. They reduce hormone-related symptoms and stabilize the tumor. However, patients who develop advanced midgut NETs that progress after somatostatin analog therapy have few effective treatment options. Lutathera is a radionuclide (Lu177) somatostatin analogue that functions similar to standard somatostatin analogs, but also delivers toxic radiation directly to the tumor. Lutathera has received orphan drug status from the European Medicines Agency and the US Food and Drug Administration. The NETTER-1 phase 3 trial compares Lutathera to Octreotide LAR in patients with inoperable midgut carcinoid tumors that progressed following Octreotide LAR and express the somatostatin receptor. Results in 230 randomized patients showed improved outcomes for patients treated with Lutathera over Octreotide LAR. The safety profile of Lutathera was also favorable, with only 5% of patients experiencing a toxicity that led to a dose modification. Grade 3 or 4 adverse events were low, with the most common being neutropenia (1%), thrombocytopenia (2%) and lymphopenia (9%). Jonathan Strosberg, MD, associate member of Moffitt’s Gastrointestinal Oncology Department, presented the study results at ASCO on June 6, 2016.

MOFFITT FINDS RADIATION THERAPY WITH PEMBROLIZUMAB, BEVACIZUMAB SAFE FOR RECURRENT HIGH-GRADE GLIOMA PATIENTS.

Patients with recurrent high-grade glioma brain tumors have few effective treatment options, and the majority of available therapies do not improve survival. Moffitt presented preliminary results from a phase 1 study testing whether the addition of pembrolizumab to radiation therapy and bevacizumab is safe and can control tumor growth for these patients. The PD-1-targeting antibody pembrolizumab has shown activity in a variety of solid tumors and hematologic malignancies and is approved to treat non-small cell lung cancer and melanoma. This phase 1 trial was designed to determine the recommended phase 2 dose, safety, tolerability and activity of pembrolizumab combined with hypofractionated stereotactic irradiation (HFSRT) and bevacizumab in patients with recurrent glioblastoma or anaplastic astrocytoma. Pembrolizumab combined with HFSRT and bevacizumab produced durable disease control for 22 weeks or longer in three patients, with one patient achieving a complete response and two patients maintaining stable disease. Solmaz Sahebjam, MD, director of the Clinical Research Unit and assistant member of the Neuro-Oncology Department at Moffitt, presented the study results at ASCO, June 4, 2016.
Innovative Patient-Centered Care

MMG members focus on progress in preventing and curing cancer. MMG innovations consist of newly patented devices and novel therapies to improve outcomes and quality of life. MMG members have the privilege of being in the superior setting that only an NCI Comprehensive Cancer Center can provide: a culture of collaborative cancer care that embraces the pillars of patient-centered care, translational research and medical education. MMG members have access to the most advanced technologic and team science resources. These attributes are essential to the fast-track advances that enable us to provide exceptional options to our patients.

Advancing National Comprehensive Cancer Network (NCCN) Guidelines

Moffitt Cancer Center is one of 27 leading institutions in NCCN, which develops standards of care for the treatment of cancer. NCCN guidelines inform decision-making between patients and physicians and lead to improved outcomes. Nearly 50 MMG members serve on NCCN panels to advance cancer care through the dissemination of NCCN Clinical Practice Guidelines in Oncology.

Medical Informatics and Information Technology

In FY2016, intensive efforts were undertaken to expand and optimize the electronic health record (EHR) roadmap, thus ensuring the highest quality of personalized care, education and translational research.

Collaboration is a Priority

MMG and Moffitt Cancer Center are actively engaged in expanding partnerships in the Tampa Bay region, the state of Florida, the nation and beyond. Collaboration enables other institutions to access Moffitt’s beneficial resources and vice versa. Partnerships enhance value and increase the number of patients who have the opportunity to be evaluated for treatment that yields superior outcomes and improved quality of life. Partnerships transform cancer care through service, science, and partnership and accelerating progress in preventing and curing cancer.

MMG Multidisciplinary Clinics

Multidisciplinary cancer care, delivered by a multidisciplinary team of disease-specific experts, has been a hallmark of Moffitt Cancer Center from its very beginning. Multidisciplinary consultation clinics, designed to enhance access to care, get patients started on treatment more quickly, strengthen our clinical pathways and clinical trial accrual and boost the overall patient experience. The goal of “multi D” is for the patient to see key specialists at their initial visit, allowing them to receive the most comprehensive evaluation, hear all the management options, and end the visit with a treatment plan that can begin as soon as possible. Meeting the entire team in a collaborative visit is enormously comforting to patients. In FY2016 Head and Neck multi D consult clinics were piloted and staffed by Head and Neck medical oncologists, radiation oncologists and surgeons. Prostate Cancer multi D is staffed by a urologist and a radiation oncologist. Thyroid multi D includes endocrinology, surgery, and pathology.

Patients First

Moffitt Cancer Center’s Patients First initiative is the top priority for the cancer center and every MMG member. Patients First is led by Robert Keenan, MD, Moffitt Cancer Center’s chief medical officer and vice president of Quality at Moffitt, where he also serves as a surgeon in the Thoracic Oncology Program. Patients First is a collaborative effort to ensure a world-class experience for every patient and family member at every touch point throughout the continuum of care.

ORIEN’s Mission: Accelerating cancer discovery and delivering hope through collaborative learning and partnerships.
Financial Health

Redefining Academic Medicine in the Era of Value-Based Care

Academic medical centers (AMCs) are at the heart of quality health care, ensuring continued progress in preventing and curing diseases in an environment that blends the best in clinical care, education and research. Health care reform has compelled AMCs to adopt proactive strategies to sustain profit margins. Moffitt Cancer Center along with MMG leaders held strategic planning sessions in FY2016 to redefine the AMC model, identify opportunities for optimization and engage members in dynamic initiatives to ensure growth in the era of value-based care.

Education

Ongoing collaborative education is reinforced by rounding, department meetings, tumor boards, journal clubs, grand rounds, online training, seminars, and conferences. In FY2016, the following nine conferences were conducted and attended by MMG members at Moffitt Cancer Center: Current Concepts in Oncology Advanced Practice Professionals Conference; New Frontiers in Urologic Oncology Conference; Personalized Medicine Conference; American Society for Blood and Marrow Transplantation Regional Conference for NPs, PAs, Fellows and Junior Faculty; Clinical Breakthroughs & Challenges in Hematologic Malignancies Conference; Current Perspectives in Oncology Nursing Conference (open to APPs); State-of-the-Art Neuro-Oncology Conference; Florida Prostate Cancer Symposium; and the Florida Keys Musculoskeletal Oncology Conference.

Organizational Development

MMG providers are supported by Organizational Development (OD) team members who provide coaching, leadership development, web-based learning and onboarding of newly hired team members. OD conducts an annual team member survey that measures general engagement and job satisfaction. Based on the results, OD collaborates and consults with faculty leadership to address concerns and sustain high engagement. In addition, OD provides targeted multilevel training for various priority initiatives, using focus groups to identify needs and to provide tailored solutions that blend one-on-one coaching, live seminars and workshops, meeting facilitation and web-based training sessions. OD uses evidence-based consulting methods and measures the effectiveness of its efforts.

Faculty Affairs

As an NCI-designated Comprehensive Cancer Center, Moffitt Cancer Center is dedicated to making education a fundamental part of the center’s core mission. The Faculty Affairs office supports academic activities of MMG faculty at Moffitt. Services include appointments and promotion and tenure, annual reviews, conflict of commitment and report of outside activities, faculty development, new faculty orientation, USF courtesy appointments, grievances and sabbaticals.

Graduate Medical Education

MMG faculty members mentor and train medical students, residents and fellows in programs run by Moffitt Cancer Center that include Advanced Gastroenterology, Advanced Radiology, Blood and Marrow Transplant, Breast Imaging, Breast Surgical Oncology, Cardio-Oncology, Gastrointestinal Oncology, Head and Neck Oncology, Medical Neurologic Oncology, Minimally Invasive Thoracic Surgical Oncology, Neurosurgical Oncology, Surgical Pathology, Molecular Pathology and Urologic Oncology.

MMG faculty members also train residents and fellows in University of South Florida programs that are based at Moffitt. The programs include Cytopathology, Dermatopathology, Hematology/Oncology, Hematopathology, Musculoskeletal Oncology, Radiation Oncology and Surgical Oncology. MMG faculty members oversee and mentor participants in 25 University of South Florida residency and fellowship programs with rotations at Moffitt.

Training and Communication

Students training to become Advanced Practice Professionals at regional schools have clinical rotations at Moffitt. An MMG PA leader coordinates PA students, and an MMG ARNP leader coordinates ARNP students. MMG leaders embrace transparency and freely share information among MMG team members. The status of priority initiatives, actions and planning meetings is shared among team members via multimedia communications that invite feedback and engagement. Communication genres include summaries of executive meetings hyperlinked to relevant resources and a web-based newsletter focused on MMG priorities. MMG members have convenient access to meeting reports and newsletters by email, print, or webpage.

FY2016 PAYER MIX

- Commercial 1%
- HMO/PPO 42%
- Medicare 35%
- Medicaid 3%
- Other 3%
- Medicaid Managed Care 4%
- Private Pay 1%
- Medicare Managed Care 11%
- Medicare 11%
- Medicaid Managed Care 11%
- Other 3%
- Private Pay 1%
- Medicare 35%
- Medicare Managed Care 11%
- Medicaid Managed Care 4%
- Other 3%
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- Medicare 35%
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- Medicaid Managed Care 4%
- Other 3%
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- Medicare 35%
- Medicare Managed Care 11%
- Medicaid Managed Care 4%
- Other 3%
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- Medicare 35%
- Medicare Managed Care 11%
- Medicaid Managed Care 4%
- Other 3%
- Private Pay 1%
- Medicare 35%
- Medicare Managed Care 11%
- Medicaid Managed Care 4%
- Other 3%
- Private Pay 1%
- Medicare 35%
- Medicare Managed Care 11%
- Medicaid Managed Care 4%
- Other 3%
- Private Pay 1%

Financial Health in Fiscal Year 2016

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<td>MMG Patents Pending</td>
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</tr>
<tr>
<td>Patents Filed</td>
<td>9</td>
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<tr>
<td>MMG Annual Billings</td>
<td>$234,584,000</td>
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<tr>
<td>MMG Annual Collections</td>
<td>$72,639,000</td>
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</tbody>
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MMG faculty members also train residents and fellows in University of South Florida programs that are based at Moffitt. The programs include Cytopathology, Dermatopathology, Hematology/Oncology, Hematopathology, Musculoskeletal Oncology, Radiation Oncology and Surgical Oncology. MMG faculty members oversee and mentor participants in 25 University of South Florida residency and fellowship programs with rotations at Moffitt.

Organizational Development

MMG providers are supported by Organizational Development (OD) team members who provide coaching, leadership development, web-based learning and onboarding of newly hired team members. OD conducts an annual team member survey that measures general engagement and job satisfaction. Based on the results, OD collaborates and consults with faculty leadership to address concerns and sustain high engagement. In addition, OD provides targeted multilevel training for various priority initiatives, using focus groups to identify needs and to provide tailored solutions that blend one-on-one coaching, live seminars and workshops, meeting facilitation and web-based training sessions. OD uses evidence-based consulting methods and measures the effectiveness of its efforts.

Training and Communication

Students training to become Advanced Practice Professionals at regional schools have clinical rotations at Moffitt. An MMG PA leader coordinates PA students, and an MMG ARNP leader coordinates ARNP students. MMG leaders embrace transparency and freely share information among MMG team members. The status of priority initiatives, actions and planning meetings is shared among team members via multimedia communications that invite feedback and engagement. Communication genres include summaries of executive meetings hyperlinked to relevant resources and a web-based newsletter focused on MMG priorities. MMG members have convenient access to meeting reports and newsletters by email, print, or webpage.
Research and Translation

Clinical trials and translational research are hallmarks of the cancer care provided by MMG members at Moffitt Cancer Center. Clinical trials enable the adoption of new strategies for preventing, screening, diagnosing and treating various cancers, ultimately advancing the standard of care for people who face cancer.

Moffitt Cancer Center and the Moffitt Research Institute

MMG physician members collaborate with world-renowned multidisciplinary scientists in the Moffitt Research Institute. Moffitt’s five research programs, supported in part by the NCI Cancer Center Support Grant (CCSG), consist of integrative teams of more than 140 faculty members working together to tackle the complexity of cancer.

CANCER BIOLOGY AND EVOLUTION (CBE). CBE is a first-in-kind CCSG program that emerged from systematic in-house collaborations of mathematicians, evolutionary biologists, and basic and clinical cancer researchers. Although these research teams investigate cancer via traditional research means, they include mathematicians and theorists who integrate multi-scalar data through quantitative models founded on evolutionary first principles.

CANCER EPIDEMIOLOGY (CE). The CE Program contributes to reducing cases of cancer through research to identify risk factors across the cancer continuum comprising etiology, progression and outcome, and the translation of that knowledge into successful prevention and early detection interventions.

CHEMICAL BIOLOGY AND MOLECULAR MEDICINE (CBMM). The CBMM Program integrates chemical biology and systems biology technologies to develop new therapeutic approaches for the treatment of cancer.

HEALTH OUTCOMES AND BEHAVIOR (HOB). The HOB Program contributes to the prevention, detection and control of cancer through the study of health-related behaviors, health care practices, and health-related quality of life. Work toward this goal involves research across the disease spectrum, from prevention and detection to survivorship.

IMMUNOLOGY (IMM). The IMM Program defines the mechanisms by which tumors evade rejection by the immune system and develops strategies to thwart them. Key to the program’s success is the close integration of IMM clinical, translational and basic scientists that facilitates rapid progression of novel immunotherapies from bench to bedside.

The DeBartolo Family Personalized Medicine Institute

MMG providers have a superior personalized medicine resource at Moffitt Cancer Center in The DeBartolo Family Personalized Medicine Institute (DFPMI), established in 2012 to revolutionize the discovery, delivery and effectiveness of cancer care on an international scale. Providing oversight for Moffitt Cancer Center’s Total Cancer Care® Study, the Institute seeks to create and share targeted treatments. Personalized medicine efforts also focus on the side effects of therapies, quality-of-life issues, symptom control and patient preferences. The Institute is supported by a generous donation from the DeBartolo family.

The DFPMI’s mission is to advance precision medicine research, catalyzing early adoption of personalized therapy into clinical practice, and educating the next generation of cancer treatment professionals. DFPMI’s work is inspired by patients who seek a more informed selection of therapy, clearer prediction of adverse effects and objective value for the use of expensive therapies.

DFPMI offers a consultation service, allowing a pharmacogeneticist to meet with patients to discuss genetic alterations and recommendations for therapy. The Clinical Genomics Action Committee (CGAC) reviews those cases that are complex or have limited conventional therapeutic options. CGAC members include medical oncologists, surgeons, pathologists, basic scientists, genetic counselors and even financial administrators who discuss and reach consensus on the best strategy for applying scientific advances to individual patient care.

Total Cancer Care®

Total Cancer Care® is a unique research study designed to bring cancer Treatment to a new level. By tracking and studying data from participants, the Total Cancer Care study is changing the way doctors prevent, detect and treat cancer. Moffitt has led the way in creating a network of respected cancer centers that will share this information, therefore expanding the tools available to oncologists in a way that has not been been done previously.

Moffitt offers patients opportunities not only to benefit from individually tailored treatment plans, but also to contribute to some of today’s most important cancer research. The study is designed to:

- Evaluate the long-term effects of different cancers, treatment choices and lifestyle
- Give physicians a better understanding of patient outcomes and treatment options
- Help patients find clinical trials based on the details of their diagnosis
- Develop a molecular database that can serve as a resource for future research

MMG members and personalized medicine specialists in the DFPMI use the information collected by the Total Cancer Care study to select the therapies that hold the most promise. This is just one more way MMG providers deliver personalized medicine to their patients. More than 140,000 patients have enrolled in the study since it was launched in 2006.
FUTURE DIRECTIONS

Cellular Immunotherapy

Immunotherapeutic cancer treatment strategies thwart the immunosuppressive mechanisms used by tumors to evade T-cell mediated rejection. Scott Antonia, MD, PhD, chair of the Department of Thoracic Oncology, is responsible for significant advances in immunotherapy and immunobiology. He has led gene-modified tumor cell vaccine trials at both preclinical and clinical stages. He has designed and conducted numerous cutting-edge studies with novel immunotherapeutics.

Expanded CAR-T Therapy

Chimeric antigen receptor T-cell (CAR-T) immunotherapy is bringing hope to many people with cancer. The greatest CAR-T response to date occurred in people with hematologic malignancies, when 14 out of 16 patients with acute lymphocytic leukemia experienced complete remissions after CAR-T immunotherapy. Moffitt Medical Group physician researchers are focusing on CARs for other cancers, including acute myeloid leukemia. Under the leadership of Claudio Anasetti, MD, Chair of the Blood and Marrow Transplant and Cellular Immunotherapy Department, Moffitt has established an array of resources to support competitive advances in CAR-T immunotherapy and to establish Moffitt as another major CAR-T cell research center, joining CAR research leaders that include Memorial Sloan Kettering, Fred Hutchinson Cancer Research Center, the University of Pennsylvania and the National Cancer Institute.

Optimized Patient and Provider Satisfaction

Dynamic changes in health care have touched the lives of patients and providers, sometimes introducing confusion with regard to third party payer coverage of cancer care. MMG has chosen to minimize the impact of changing health care dynamics by proactively projecting the impact and by devising strategies to prevent negative consequences. MMG continues to use foresight to head off potential problems that might be caused by rapid changes in national health care. In addition to Moffitt’s ongoing Patients First initiative, designed to ensure a world-class experience for patients, MMG leadership is preparing a multimedia, multilevel program for FY2017 that involves targeted interventions to ensure provider satisfaction. The initiative will include individual- and systems-focused interventions to improve efficiency and effectiveness, teamwork, and work-life balance.

MMG Strategic Margin Management

Strategic Margin Management (SMM) is Moffitt Cancer Center’s initiative to ensure financial health today and tomorrow by engaging all team members in finding and sharing opportunities to improve processes, generate additional revenue, and eliminate wasteful spending. The driver of the initiative is the changing health-care landscape, which is lowering reimbursement rates. SMM had a successful first year and exceeded its $5 million goal by $1.2 million for a savings of $6.7 million from ideas generated by team members and leaders. FY2017 will engage MMG members more intensively in efforts to optimize efficiency while improving patient and provider satisfaction through more streamlined processes.

Expansion of Partnerships and Multidisciplinary Clinics

New multidisciplinary clinics are being planned for FY2017 in Neuro-Oncology (for brain tumors and brain metastases), Gastrointestinal Oncology (for hepatobiliary cancers), Cutaneous Oncology, Malignant Hematology (for lymphoma), and Gynecologic Oncology. Streamlined visits will increase patient satisfaction by allowing patients to see multiple team members and obtain tests over the length of one day, saving patients and their families multiple trips to the cancer center. Growing partnerships within and beyond the community will expand opportunities for many more patients to have access to the uniquely unmatched quality that is available only at NCI-designated Comprehensive Cancer Centers.

MMG members in every program work diligently to accelerate progress in preventing and curing cancer. MMG innovations abound and consist of newly patented devices and novel therapies to improve outcomes and quality of life. As members of an NCI-designated Comprehensive Cancer Center, MMG service providers embrace a culture of collaborative cancer care composed of three pillars: patient-centered care, translational research and academic leadership. MMG members have access to the most advanced technologies and team science resources. These attributes are essential to the fast-track advances that enable us to provide an array of unrivalled options to our patients.

Eric Haura, MD, leads the Lung Cancer Center of Excellence. He and his colleagues published a paper on signaling-associated proteins and biomarkers that was featured on the cover of Science Signaling.
MMG Leadership

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President and Chief Executive Officer

DAVID A. JOHNSON, PA-C
Director, Advanced Practice Professionals Services

BRYAN MCIVER, MD, PhD
Deputy Physician-in-Chief

BRAULIO VICENTE, MBA
Senior Vice President Moffitt Medical Group

SACHIN APTE, MD, MS, MBA
Associate Chief Medical Officer

MAUREEN CLEMENT, CPA
Director, MMG Revenue Cycle

LOUIS HARRISON, MD
Deputy Physician-in-Chief, MMG Chair, Radiation Oncology

G. DOUGLAS LETSON, MD
MMG President Executive Vice President and Physician-in-Chief

ROBERT KEENAN, MD
Chief Medical Officer & Vice President, Quality

MMG Program Leaders, Department Chairs

BLOOD AND MARROW TRANSPLANT AND CELLULAR IMMUNOTHERAPY
Claudio Anasetti, MD, Chair

BREAST ONCOLOGY
Brian Czerniecki, MD, PhD, Chair

CUTANEOUS ONCOLOGY
Vernon Sondak, MD, Chair

ENDOCRINE ONCOLOGY
Julie E. Hallanger Johnson, MD, ECNU Program Leader

GASTROINTESTINAL ONCOLOGY
Sarah Hoffe, MD, Interim Chair

GENITOURINARY ONCOLOGY
Julia P law-Sang, MD, MBA, Chair

GYNECOLOGIC ONCOLOGY
Robert Wenham, MD, MS, Chair

HEAD AND NECK ONCOLOGY
Christine Chung, MD, Chair and Program Leader

INTERNAL MEDICINE AND HOSPITALIST
Bjorn Holmstrom, MD, Interim Program Leader

INTERVENTIONAL RADIOLoGY
Robert Gatenby, MD, Program Leader

MALIGNANT HEMATOLOGY
Jeffrey Lancet, MD, Chair

NEURO-ONCOLOGY
Peter Forsyth, MD, Chair

PATHOLOGY-ANATOMIC
Anthony Magliocco, MD, Chair

PATHOLOGY AND LABORATORY MEDICINE
Lynn Moscinski, MD, Chair

RADIATION ONCOLOGY
Louis Harrison, MD, Chair

SARCOMA
Ricardo Gonzalez, MD, Chair

SENIOR ADULT ONCOLOGY
Marline Edermann, MD, PhD, Interim Program Leader

SUPPORTIVE CARE MEDICINE
Diane Fortman, MD, Program Leader

THORACIC ONCOLOGY
Scott Antonia, MD, PhD Chair

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The Moffitt Medical Group Board oversees the operation of the medical practice of the physicians and other medical professionals who staff the Hospital and who provide clinical research services to Moffitt Cancer Center.

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Former Speaker, Florida House of Representatives; Founder, Moffitt Cancer Center

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Hugo Fernandez, MD
Senior Member and Associate Chair, Department of Blood and Marrow Transplant and Cellular Immunotherapy, Moffitt Cancer Center

Robert Perez, DDS, FAGD
Dentist

The Honorable Mark A. Pizzo
U.S. Magistrate Judge, Sam M. Gibbons U.S. Courthouse

Julio Pow-Sang, MD
Department Chair, Genitourinary Oncology; Service Chief, Surgery, Moffitt Cancer Center

The Moffitt Medical Group is Florida’s largest multidisciplinary medical group practice that is dedicated to cancer care. Moffitt has hundreds of board-certified physicians, advanced practice professionals, researchers and supportive care providers, working together to provide each patient with a prompt and accurate diagnosis and a comprehensive, individualized treatment plan using a personalized medicine approach.

Moffitt’s team includes:
- Surgical oncologists
- Medical oncologists
- Malignant hematologists
- Radiation oncologists
- Interventional radiologists
- Anatomic pathologists
- Cancer genomic researchers
- Oncology nurses
- Anesthesiologists
- Supportive care providers

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