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came here for surgery and had no family member with him. One of our advisors spent the pre-op day taking him around for his appointments and then met him at the door early the next morning and escorted him to surgery.

"She spent the whole day in the surgery waiting

room so this patient would know he was not alone.

She also visited him every day while he was hospitalized. This is the spirit of people who volunteer to be a part of our organization. They have all experienced cancer on one level or another and this is what they do to give back,"

Newman said.

"It really is amazing."

Share your inspirational stories at:
www.moffittpinellaspartners.com

EVENT HIGHLIGHTS



Saks Fifth Avenue's Key to the Cure Kickoff Party

WestShore Plaza, Tampa

Wednesday, Oct. 14, 5:30 p.m.

For more information please contact
Moffitt Foundation, Sue Bliss (813) 745-4860



GET INSPIRED!

Run or walk through the beautiful streets of historic Ybor City with more than 1,000 of your friends in support of **Richard's Run for Life** under the Gonzmart Family Foundation. One-hundred percent of the proceeds will benefit the Amandalee Fund for Sarcoma Research at Moffitt Cancer Center.

\$25 thru 11/4/09; \$30 on Race Day

Friday, Nov. 6, 7 p.m.

Centennial Park, Ybor City, Tampa
813-248-3000, ext. 24, or visit
www.richardsrunforlife.com

Leah's Log



Leah Ramker

I am Leah Ramker, the newest member of the Moffitt Pinellas Partners Executive Committee. I am so thrilled to get involved in such a great organization and hopefully provide educational cancer information to all—including young adults like myself who think, "It can't happen to me." For the past five years I have worked for Provident Advertising and Marketing in various positions, but have recently taken over the promotions for Hooters Restaurants in Tampa Bay—a very supportive business of cancer research and awareness. In my spare time, I volunteer for the Palm Harbor Panthers Pop Warner youth cheer-leading team.

In 2009 cancer touched my family three times, and unfortunately the outcomes were not all happy endings. That has taught me a lot, but especially the importance of learning the facts about cancer and your own family's history. It is never too early to do your own research! I encourage everyone to get involved and learn more about Moffitt and all the wonderful things they do for cancer patients and families. I know personally that I worry about my family, my friends, my young cheerleaders, and myself and want to do everything I can to create more happy endings. I look forward to sharing my knowledge and stories with you!

MISSION STATEMENT

To contribute to the prevention and cure of cancer through education and outreach in an effort to support the work of the physicians and scientists working to cure this terrible disease that has touched all of our lives in one way or another.

MOFFITT FACT

Moffitt was created by the Florida Legislature to address the burden of cancer in Florida. The institution was incorporated in 1984 as a Florida not-for-profit corporation.



Pinellas Partners

Fall Months Bring Positive Change

Welcome to the October/November issue of the Moffitt Pinellas Partners newsletter. Fall is here and the leaves aren't the only things changing. The first order of business: The October 28 Women's Cancer Breakfast has been postponed. However, the Pinellas Partners Executive Committee is still planning a wonderful, informative event for the women of Pinellas County with area cancer experts. You won't want to miss it! We apologize for any inconvenience. Stay tuned for an event that's coming up real soon.

More developments include the addition of Leah Ramker of Provident Advertising to our newsletter staff. Leah will be keeping some of our younger Pinellas Partners members up to speed on Moffitt's involvement in events they might enjoy as well as cancer issues that concern young adults these days. Twitter, Facebook and all... she'll have it covered.

As the Executive Committee continues to work on beefing up the newsletter, we decided to make the jump to a quarterly publication instead of bi-monthly. All the articles, interviews and personal stories for the upcoming year will be even more informative. We look forward to continuing to help Pinellas Partners members get connected with "everything Moffitt" in 2010.

Sincerely,
Marsha Droste
Moffitt Pinellas Partners Co-chair

Get Connected...Stay Connected
MOFFITT.org

Steering Committee Members

- Scott Andringa
- Brian Aungst
- Rob Bauer
- Ernestine Bean
- Beverly Billiris
- Bruce Bokor
- Joe Burdette *
- Suzy Circle *
- Aaron Cohn
- Gary Conners
- William Crown
- Jodie Cunningham
- Ed & Marsha Droste *
- Holly Duncan
- Ron & Ann Duncan
- Jackie Edgington *
- Fred Fisher
- Doug Graska
- Lucy Grinnell
- Bob "Gator" Handley *
- Lindsay Hardee
- Mary Harvey *
- Bill Maher
- Judy Mitchell
- Pam Muma
- Bob Passwaters *
- Ron Petrini
- Leah Ramker *
- David Ruppel
- Leslie Schipani-Anderson *
- Karen Seel
- Julie Shannon *
- Covington Sharp
- Gary Skinner
- Laverne Smith
- Richard Spayde
- Susan Stern
- Bill Swisher *
- Dan Walker
- Gregory Wright

* Pinellas Partners Executive Committee

Advisory Council Helps Moffitt Patients

By Mary Harvey

Care that is centered on the patient and family has been a part of the Moffitt Cancer Center culture since it opened in 1986. An important part of that culture is the Patient and Family Advisory Council, or PFAC.



Nancy Newman

Nancy Newman, who has been Moffitt's director of Patient Support Services from the beginning, says the idea came from a conference she attended in 2004. There she learned of a similar program at Dana-Farber Cancer Institute in Boston.

"The overall goal of the council was to ensure safety and quality of care through a collaborative effort between patients, families and the institution," Newman said. As she listened to the presentation she knew it was a concept that would work perfectly at Moffitt.

"Essentially, the patients and families were to be-

come 'partners' with the institution in planning and implementing Moffitt programs that would ultimately benefit the patients and families."

"From day one there was immense support from the upper level management" when Newman returned to Moffitt and approached them with the idea of a PFAC there.

Figuring out ways of integrating patient and family perspectives into what had formerly been solely administrative decisions was a major challenge, she said, "But everyone was immediately on board. I think one of the reasons for the success of this program is that everyone really wanted it to work."

Four basic principles apply to all areas of the program:

- *Dignity and respect* for patients and families
- *Open information sharing* among patients, families and their medical providers
- *Participation* by patients and families at the clinical level in decision making
- *Collaboration* among patients, family members and the health care team.

Kim Buettner, a five-year breast cancer survivor who has been patient co-chair of the PFAC since 2006, called working on

the council "an amazing experience. I have seen so much integration of the PFAC into committees throughout the Moffitt organization—not just small committees, but committees that have a profound impact on the patient's experience.

"She spent the whole day in the surgery waiting room so this patient would know he was not alone."

"I can see that the work we are doing is benefiting the patients and families on a personal level," Buettner said.

The advisory board has 15 patients and family members on "almost every committee in the organization," Newman said. They serve rotating terms of two years each. Initially the council was mostly advisory, but now it is also being used "at the health-

care delivery level. Our goals are to increase quality, increase safety and increase our patient satisfaction levels."

An additional dozen or more "unit-based advisors" get extensive training in such issues as patient privacy and talking with people who have just been diagnosed with cancer. "The great thing is that they can speak as one cancer patient to another, but they also know when it is appropriate to bring in someone from social services," Newman said.

Additional advisors work in the clinics to help patients who are new to Moffitt or are there alone and need personal assistance, she said.

"Sometimes it is as simple as getting them from one appointment to another, but in many cases our advisors have followed patients through a clinic day or even an entire hospital stay. I remember one patient who

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From left: Nancy Newman, Mary Harvey and Kim Buettner

Imaging—A Body in Motion

By Bill Swisher

Thinking of radiologists as people who look only at x-rays is very 20th century. The modern radiologist's arsenal includes many new imaging concepts and technologies, especially at Moffitt Cancer Center.

"Imaging," the term preferred by 21st-century radiologists, "is more than just a representation of anatomy," said Dr. Robert A. Gatenby, chief of Radiology and Integrated Mathematical Oncology at Moffitt.



Dr. Robert A. Gatenby

X-rays still form the basis of most radiology work, but "we're also using MRI [magnetic resonance imaging], which is a form of radio waves and magnetic fields, and ultrasound. All of those combined are now increasingly improving the resolution, both in terms of space and time, so we can see smaller and smaller things inside the body," Gatenby

said.

"But we can also image faster and faster, so we can set the body in motion." As a result of those improvements, he said, "we're talking more and more about physiology than just gross anatomy—how things function, not just what they look like. We're trying to understand the molecular and physiologic characteristics of tumors, like blood flow and metabolism. And we're trying to use that information to better

trying to quantify that, using formal image analysis, and to assign corresponding numbers to them. For example, can you give a tumor with 'an irregular border' a number based on its fractal dimension?"

His department is working with university and industry research teams that analyze such images, trying to see if they can adapt features from already-developed computer programs and use them "to predict either the outcome or the molecular 'signature' of a tumor."

"We've started with lung cancer and just received a grant. Our pilot group is 150 patients, and we've been at it for about two or three months," Gatenby said.

The object of that and other pending grants is to let clinical staff at Moffitt "individualize therapy so we can say not just that 'This tumor looks this way,' but that [it has] specific features we can identify and measure, and based on what we know, this patient will likely respond to this drug or has a good or poor prognosis."

"We're trying to change the way we read these images to one that's much more objective and quantifiable," he said.

"Therefore it's 'mineable' and we can actually use that information better."

A more long-term goal for Gatenby and Moffitt is establishing the Moffitt Integrated Imaging Institute, or MI3, that would focus on advance imaging studies performed on patients who are getting experimental drugs or procedures, known as clinical trials.

"In very big imaging departments, you might have a CT scan that was made by Siemens, one that was made by GE, and so on," Gatenby said. "The patients don't necessarily get scanned on the same one each time or with the same imaging protocol. We know there are tremendous variations in imaging qualities based on these differences, so we want to have an imaging center that's just for patients on clinical trials, where we can control all those variables."

The proposed institute is "a little bit beyond the talking stages. General Electric is very interested in collaborating with us and we've applied for a grant from National Institutes of Health to put up a building that would house it on Moffitt's campus on North McKinley Drive," Gatenby said.

"It's shovel-ready. We have the architectural plans and pretty much everything ready to go. If we get the grant, we'll move forward."