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Ensuring continuity of care for our snowbirds

We affectionately call them “snowbirds.” Mainly from the Northeast or the Midwest, they choose to spend the winter months here in Florida. When snowbirds become cancer patients, we know they’re concerned about quality - and continuity - of care, and are sometimes conflicted about where to receive the care they need, or even if they can continue coming to Florida during the winter.

In June 2017, during the Annual Meeting of the American Society of Clinical Oncology (ASCO), Florida Cancer Specialists (FCS) launched a Snowbird Cancer Referral Program to enable Medical Oncologists/Hematologists in the midwestern and northern United States to ensure continuity of care for their patients who winter in Florida. This program enables medical oncologists to refer patients who plan to vacation in Florida, or live here seasonally, to FCS.

Our Care Management Team ensures that patients are referred to an FCS center close to the patient’s Florida home and that they receive the highest quality care. With nearly 100 locations across the state, it’s likely there’s an FCS center only a few minutes away.

FCS physicians are committed to regular, direct communication with oncologists from “up north” regarding their patients. A Referring Physician Portal allows the referring oncologist to follow the patient’s progress and receive updates, lab results and other pertinent information in a timely manner.

Whether it’s the close collaboration between oncologists who are miles apart, the most technologically advanced diagnostic equipment, or the remarkable commitment of an extraordinary couple donating blanket warmers for chemotherapy patients, our mission is to provide world-class care in a community setting. Referring physicians both near and far play an important role in helping us to accomplish that mission.

Oncologists in the northeastern or midwestern United States can refer patients to a Florida Cancer Specialists physician or clinic location by calling (855) 327-9952, sending an email to Refer@FLCancer.com or visiting FLCancer.com/Refer.

Shelly H. Glenn
Chief Marketing & Sales Officer

Florida Cancer Specialists & Research Institute

A Culture of Collaboration

Cancer isn’t grounding these snowbirds. Treating them - and sometimes just keeping up with them - requires a coordinated effort.

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“Providing a continuity of care is number one for the patient, in that it allows for maintaining a program of therapy without dropping any treatments that may be given or delaying any treatments – because of the benefits they afford the patient."

Dr. Abraham Mittelman
Purchase, NY

“I have personal knowledge of Dr. Spitz and know him to be a superb physician who takes care of his patients extremely well, and he has the same respect for me. I know when I refer a patient to Dr. Spitz, things aren’t going to be lost in translation or fall between the cracks, because he’s very responsible with follow up.”

Dr. Bruce Raphael
NYU Perlmutter Cancer Center

When snowbirds Jean Harnish and Linda Ann Turk flock to Florida in the winter, they don’t have the option of leaving their cancers in the cold. Their need for uninterrupted care relies on coordination between their oncologists in Florida and those “back home.”

According to Florida Cancer Specialists oncologist Dr. Daniel L. Spitz, who practices in West Palm Beach and Wellington, “It’s all about relationships.” Take, for example, Jean Harnish, a patient Dr. Spitz shares with Dr. Bruce Raphael at NYU’s Perlmutter Cancer Center.

Jean and her husband, Howard, are fairly typical snowbirds, spending winters in Boca Raton and summers in New York. It was while they were in Florida that Jean developed severe pain in her abdomen. Tests revealed a dangerously enlarged spleen, and her doctor suggested that she see an oncologist. Howard insisted that they go back to New York and see an oncologist there.

Several friends recommended Dr. Raphael, and the Harnishes made an appointment. The doctor did a bone marrow test, which revealed that Jean had non-Hodgkin lymphoma (NHL). Subsequently, Jean had her spleen removed; however, despite the surgery, issues continued to pop up.

A painful swelling in Jean’s optic nerve led to the discovery of a lymphoma in the optic nerve sheath. This time, Dr. Raphael prescribed what would be a successful round of radiation accompanied by chemotherapy.

But Jean soon started experiencing excruciating pain in her left arm, caused by a small tumor in the back of her neck in the spinal column. She had more chemotherapy and radiation treatments. Despite the constant setbacks, Jean’s spirit was undaunted.

Coordinated Care

It helped when Dr. Raphael told Jean that traveling back and forth between Florida and New York wouldn’t be necessary, as he knew a terrific doctor in Florida, Dr. Daniel Spitz, who would offer her the best treatment available.

The relationship between these two doctors goes back to their student days, when Dr. Spitz trained under Dr. Raphael at NYU.

“He knows who I am,” Dr. Spitz says. “He likes what I did as a Fellow, and he knows when he has a patient coming to Florida, he can send them to me, because of our long-term relationship. He can call me at any time on my cell. We send notes back and forth. We have similar ideas about how to manage patients, which make them comfortable – because we treat them the same way.”

For Jean, the relationship between the doctors has not only been comforting, it’s also been critical to her treatment.

“I began seeing Dr. Spitz, who coincidentally grew up near where we lived in Rockaway, a fact that helped my level of confidence. He did my blood tests and ‘maple tree topping,’” she says, referring to the Ommaya Port in her head through which she gets injections of chemotherapy into her spinal column. That treats the cancerous cells floating around her spinal cord and allows fluid to be extracted and analyzed so that she can avoid painful lumbar punctures.

“Because we still split our time between here and New York, both doctors continue to treat me. Dr. Spitz informs Dr. Raphael about everything he does and vice versa. It’s seamless.”

In May 2016, while in Florida, Jean contracted endocarditis, an infection of the heart’s inner lining caused by her immune system being comprised by the NHL. Howard took her to Dr. Spitz, who hospitalized her.

“Even though it wasn’t cancer, Dr. Spitz looked after me through the whole thing. It made a big difference to our peace of mind.”

“Then, at Christmas last year, we were in New York visiting our daughters when I started to feel ill again. Dr. Raphael sent me to the emergency room to have a PICC line inserted, so I could get a steady dose of antibiotics to boost my immune system.

“Dr. Raphael had shared all my information with Dr. Spitz. In fact, when we returned to Florida, and I called to make an appointment, Dr. Spitz had already scheduled me. It’s reassuring to know that both doctors are consulting on everything that happens to me and sharing ‘my saga.’”

“I have personal knowledge of Dr. Spitz,” Dr. Raphael says, “and know him to be a superb physician who takes care of his patients extremely well, and he has the same respect for me. I know when I refer a patient to Dr. Spitz, things aren’t going to be lost in

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A Culture of Collaboration
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translation or fall between the cracks, because he’s very responsible with follow up. We exchange notes to keep one another abreast of Jean’s treatment and what’s going on and what problems she may have had, because she’s here part of the year and in Florida part of the year. Finally, when she goes back and forth, I always personally call or he calls me, so that there’s nothing dropped between us.”

Another Coordinated Care Patient

Dr. Spitz shares a similar relationship with Dr. Abraham Mittelman, with whom he shares patient Linda Ann Turk. An oncologist in private practice in Purchase, New York, Dr. Mittelman was Chief Resident at Kings County Hospital in Brooklyn when Dr. Spitz was a resident there.

“Dr. Mittelman went on to Sloan-Kettering to do his fellowship, and I went to NYU to do mine,” Dr. Spitz explains. “We went into the same field, and we continued to interact when I moved to Florida. When he has a patient coming here, he can say he knows how I practice, that we trust one another, and that we have a great relationship.”

Dr. Mittelman concurs, “Providing a continuity of care is number one for the patient, in that it allows for maintaining a program of therapy without dropping any treatments that may be given or delaying any treatments - because of the benefits they afford the patient. Number two is the comfort that patients have knowing their physicians interact with one another, know each other and trust each other. That’s an important thing.”

Linda, who now lives full-time in Boca Raton but still returns to New York to see her daughter once a year, is sure to see Dr. Mittelman when she’s there. As with Dr. Spitz regularly monitored her, and for several years the medication worked. But when there was another rise in Linda’s red blood cells, Dr. Spitz, after conferring with Dr. Mittelman, changed her dosage and performed a phlebotomy, removing some of her body’s blood. A decrease of blood volume helps it flow more freely.

Knowing that she has two doctors in whom she has complete confidence, sharing information and looking after her, means a great deal to Linda and the attitude she brings to her fight against the disease.

“Like Dr. Mittelman, I love Dr. Spitz. He always listens and gives me as much time as I need to feel comfortable. I believe the reason I feel as well as I do is the care I get from these two doctors.”

Jean Harnish concurs. “It’s wonderful to have two caring doctors in whom you have complete faith.”

Jean, she is perfectly happy with how her two doctors have coordinated her care.

Linda had a lumpectomy as a young woman, and she continued to see Dr. Mittelman over the years to monitor her health. Her yearly blood tests revealed that her red blood cell count was beginning to rise, and it eventually reached a crisis point. Dr. Mittelman diagnosed polycythemia vera, a slow-growing blood cancer that causes bone marrow to make too many red blood cells. The excess cells thicken the blood, slowing its flow, which can lead to complications such as blood clots that can cause a heart attack or stroke.

Dr. Mittelman started Linda on a course of hydroxyurea but recommended that she see Dr. Spitz, so she could have care closer to home. There was no question for her about taking his recommendation, and she couldn’t be happier about her decision.

“[Dr. Mittelman] knows who I am. He likes what I did as a Fellow, and he knows when he has a patient coming to Florida, he sends them to me because of our long-term relationship.”

Dr. Daniel Spitz
Florida Cancer Specialists

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Mrs. Jean Harnish
Enjoying life in New York and Boca Raton

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Dr. Daniel Spitz
Florida Cancer Specialists
Leading a Golden Age of Research

A Conversation with Dr. James Reeves Jr., Director of Research Operations, Florida Cancer Specialists.

When we caught up with Dr. Reeves, he had just returned from a Sarah Cannon Research Institute symposium in Nashville. As he describes it, the meeting’s theme was “Let us peer into the future.” He says, “You can see the momentum building, both in the basic science and in the translation of that science into treatment that’s going to make the lives of people with cancer better.”

As someone who began his training in what he refers to as the “dark ages” of the ‘80s, and subsequently survived a bout with prostate cancer, Reeves is obviously passionate about the work he’s doing and the fruit it’s bearing. “It’s just an incredibly exciting and fulfilling time in cancer research.”

How would you describe your role as Director of Research Operations for the program?

We’ve had a robust program here for quite a while, and I’ve been a very active participant in seeing my patients put into research trials. My role is to find ways to increase approval for trials throughout our practice. I want to focus on those doctors who aren’t as active in the work we’re doing and see what we can do to increase their involvement, because those of us who are active see the incredible benefits of new knowledge in medical advances and new treatments. So, my role is to enhance that as much as I can.

How did you get involved in the research end of care?

In the early ’90s, academic centers were doing most of the research. We slowly began developing our own internal research programs. But the big push came in the late ’90s, when we started working with Sarah Cannon. That’s grown into us becoming a big player in terms of the number of patients we put in research trials in conjunction with Sarah Cannon.
What is your relationship with the Sarah Cannon Research Institute?

FCS is an affiliate of theirs, but we are separate practices. Operationally, Sarah Cannon oversees all of our research trials and does a lot of the heavy lifting on the regulatory and contracting sides, managing and administering our work. We do a significant number of the trials that they have running.

How did FCS earn its designation as a Phase 1 trial site?

My partner, Lowell Hart, started a small Phase 1 unit in Fort Myers in conjunction with Sarah Cannon Research Institute to see if we could get a Phase 1 trial done, and it was pretty successful. That led to the establishment of a freestanding Phase 1 unit in Sarasota. So basically, it grew organically. And we recruited physicians who only work in Phase 1 and don’t routinely see patients like the rest of us do.

What would you say are the advantages of participating in a trial close to home, as opposed to at an academic center?

Early on, most research trials require more of the patient than standard therapy, in terms of laboratory study, scanning and office visits. So, if you’re going to an academic center, you’re having a lot of travel time back and forth. If I have patients in a Moffitt trial, those patients are going back and forth to Tampa a lot, and once there, they’re typically there all day, even if the treatment itself is not very long.

Of the new cancer drugs approved by the FDA in 2015, 70% were studied in clinical trials with FCS participation. In 2016, the number jumped to 84%.

That’s quite impressive. But for each of those drugs, there were multiple trials in multiple locations. It’s not as though we did the entire development here, but we did participate in trials for all of them. The benefit of our involvement is our institutional knowledge about what the drugs are and how to handle them, as well as their side effects and the nuances of using them.

Which of these trials have been the most exciting to you, and which do you anticipate will have the greatest impact on cancer care, patient survivorship and quality of life?

If I had to choose just one class of drugs, I’d pick the immunotherapy drugs. For example, a patient of mine who was in decline with metastatic lung cancer had gotten on a research trial for Opdivo® before it was approved for lung cancer by the FDA. She’s had progressive improvement in her function and quality of life. That’s an example of what we see with immunotherapy. [See story on page 11.]

How do FCS physicians and research coordinators use the Trial Navigator to direct a patient to the most appropriate trial?

The Trial Navigator is a way to determine whether we have a research trial for which the patient is eligible. It lets you quickly drill down to the patient’s diagnosis and find trials for which that patient may be eligible. If they seem like they might be, we’ll discuss it, and if they’re willing to proceed, I’ll bring in my research nurse.

What is the most important thing for referring physicians to know about FCS clinical trials?

Our mission is to give the patient the best treatment we can, whether it’s standard therapy or through a research trial. But we do have a bias at looking for new research trials. That’s because, in many cases, perhaps in most cases these days, we know the drugs we’re investigating are likely to be as effective, if not more effective, than standard therapy, and the research trials are a mechanism to try to prove that.
It’s one thing to talk about clinical research trials in the abstract – the drugs being tested, the populations undergoing the trials, the statistical breakdowns that spell failure or success and, hopefully, FDA approval.

It’s quite another to talk about the lives touched, the quality of life restored and the hopes of those who benefit from these clinical trials. Jean and Lou Fiore of Fort Myers provide eloquent testimony to what participation in cancer research can mean to a family.

The Fiores came to Fort Myers in 1986 from Connecticut when Lou’s multiple sclerosis forced him to give up his dental practice, where Jean also worked as dental assistant and bookkeeper. Lou found comfort in Florida’s warm weather and the Fiores fell in love with their new life here. Avid boaters back in Connecticut, they bought a powerboat and joined a couple of yacht clubs. They spent time all over the Bahamas and Florida, particularly enjoying St. Petersburg, Sarasota and Key West.

They joined a group called the Power Squadron that teaches boating and plans trips for folks. When she and Lou weren’t on the water, Jean spent lots of time in her garden.

“Life was a pleasure,” Jean says. But all that was about to change.

The First Symptoms

About four or five years ago, Jean, then in her early 70s, became forgetful about more than just names and where she’d left her keys. She also began experiencing problems keeping her balance.

“We knew something wasn’t right,” Lou explains. “We went to see an internist who prescribed blood pressure medicine, even though her blood pressure was 130 over 80. On the medication, her pressure dropped so precipitously that she started falling.”

Unhappy with the results of that treatment, the Fiores found a new internist, Dr. Adriana Loukanova, who referred the couple to radiologist Dr. Alan Brown, who ordered a CAT scan.

The news was not good. Jean had four metastatic carcinoma lesions in her brain and one in her lung.

Treatment Begins

Dr. Brown irradiated the brain lesions, a treatment that was successful in shrinking the tumors to a barely perceptible level. But because he couldn’t irradiate the lung, he recommended that the Fiores see Dr. James Reeves Jr. at Florida Cancer Specialists (FCS) for the treatment of that metastatic lesion.

In June 2014, Dr. Reeves started Jean on a standard treatment of chemotherapy. Barely ambulatory, she was exhausted for days after an infusion. And it seemed that as soon as she started to regain her strength, it was time for another treatment. While she initially had some response, in February 2015 a scan revealed that her tumor had started to grow. With the quality of her life rapidly diminishing, Dr. Reeves enrolled her in a study of Opdivo®.

Jean and Lou Fiore with Dr. James Reeves Jr.

New Hope

Opdivo is one of the families of new, promising cancer therapies that trigger the body’s immune system to battle the disease. It had been successfully used to treat melanomas, and FCS was participating in a Phase 1 research trial in conjunction with the Sarah Cannon Research Institute to test its effectiveness on lung cancer. Jean fit the demographic profile for the test.

“For a time, it seemed as though all we did was visit doctors six days a week, sometimes two doctors a day. It left us exhausted. Now we only go to FCS every other week.”

Lou Fiore, husband of patient Jean Fiore

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Discover a better way to test for breast cancer recurrence with Prosigna. Now you can quickly and reliably identify your patients’ 10-year risk of distant recurrence.

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**Prosigna is a sophisticated advancement in breast cancer testing**

With the availability of the Prosigna® Breast Cancer Prognostic Gene Signature Assay in Florida Cancer Specialists & Research Institute’s Fort Myers laboratories, physicians have local and fast access to advanced testing technology to assess a breast cancer patient’s risk of recurrence of disease over a 10-year period.

One of the most sophisticated advancements in breast cancer tests, NanoString Technologies’ Prosigna is an in vitro diagnostic assay indicated for postmenopausal women with Stage I/II lymph node-negative or Stage II lymph node-positive hormone receptor-positive breast cancer. It is prognostic, in that it can help determine a breast cancer patient’s risk of reoccurring cancer.

Prosigna precisely measures breast cancer genomic signatures. It looks at the activity of 50 genes - the PAM50 signature - and reports the Risk of Recurrence (ROR or Prosigna Score) in two ways: node-negative (low, intermediate or high) and node-positive (low or high). The higher the risk, the more likely additional treatment may be recommended.

FCS is the only community network in Florida offering Prosigna. FCS founder and president William N. Harwin, MD, states, “At FCS, we see (Prosigna) as a powerful tool for oncologists considering adjuvant therapy for their post-surgery patients. What’s more, because we can do the test locally at our Fort Myers lab, it has an added advantage: speed. Customized results come back in as little as five to six days.”

Most major health plans cover Prosigna. NanoString offers a robust Prosigna Patient Support Program that helps patients understand their insurance plan coverage for Prosigna.

For full product details, please visit WWW.PROSIGNA.COM

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Dr. Reeves stopped her chemotherapy treatments and began infusions every other week with Opdivo. While the drug had not yet been FDA approved for lung cancer (approval came later that year), Jean started feeling better almost immediately.

On the drug for nearly two years, Jean’s recent scans show a regression of the areas of the tumor, and only a trace of it is still visible. Also, the brain lesions that were radiated have virtually disappeared, and there’s been progressive improvement in her mobility and quality of life.

Feeling better means Jean is doing some baking: pies and cookies are her specialties. Their children and grandchildren visit when they can, but in general, the couple just enjoys their time together.

“She’s back to pestering me,” Lou says with a laugh.

They do dream about returning to Lou’s family’s native Sicily, where they had been lucky enough to spend a fair amount of time before her cancer struck.

**Care and Compassion in the Community**

“For a time, it seemed as though all we did was visit doctors six days a week, sometimes two doctors a day. It left us exhausted. Now we only go to FCS every other week,” Lou says, grateful that FCS is in the community and long travel to an academic center isn’t necessary for participation in the drug trial.

“Dr. Reeves has been just wonderful. He made it easy for us to get into the trial and is always just so considerate,” Jean says. “He takes the time to listen to what we have to say and discusses things until we’re comfortable.”

The Fiores have the same high praise for the rest of the team at FCS. According to Lou, not only is the FCS facility dedicated to patient comfort, their entire staff is totally patient-centric.

But it’s Dr. Reeves who gets the most praise from his patient’s loving husband.

“He saved Jean’s life getting her into the trial,” Lou says. And so, the Fiores’ love story continues.
Florida Cancer Specialists Foundation Names Lynn Rasys as Executive Director

The Florida Cancer Specialists Foundation (FCSF), a nonprofit 501(c)(3) organization that provides financial assistance for non-medical living expenses to qualified cancer patients, announced the promotion of Lynn Rasys to Executive Director. Lynn previously served as the Foundation’s Volunteer Program Manager. She is taking over the position following Valerie Vance’s retirement.

As Executive Director, Lynn oversees all aspects of the FCS Foundation, including strategic planning, financial oversight, staff management, program development and execution of the Foundation’s mission, vision and goals. A graduate of Salter College in Worcester, Massachusetts, Lynn has more than 25 years of experience in corporate and nonprofit management.

FCS Completes Leesburg South Renovation & Expansion

Florida Cancer Specialists & Research Institute (FCS) has completed renovations at the Leesburg South clinic, located at 601 E. Dixie Avenue, Suite 1001, Leesburg. The newly expanded facility will continue providing patients with the most advanced and personalized cancer treatment in the area, all under one roof - including medical oncology, fixed PET/CT imaging, and an expanded array of other services. Physicians practicing at Leesburg South include Dr. Jennifer Cultrera, Dr. Maen Hussein, Dr. Sandeep Thaper and Dr. Marays Veliz.

Dr. William Harwin, Founder and President of FCS, said, “The larger office at the Leesburg South location allows us to add several services for patients, including a fixed PET/CT scanner. The new scanner brings ‘next generation’ imaging technology to patients in Lake County. This enables our physicians to better monitor a patient’s progress and ensure that treatment is working.”

Newly Renovated & Expanded Villages Cancer Center

Florida Cancer Specialists physicians and staff members welcomed patients and community leaders to a Ribbon-Cutting Ceremony and tour of the newly renovated and expanded Villages Cancer Center on January 26, 2017. The facility offers a wide range of services all under one roof, including chemotherapy, infusion, clinical trials and radiation therapy.

Expansion of In-House Pathology Lab Team Increases Efficiency

Florida Cancer Specialists & Research Institute has one of the most advanced pathology laboratories in the state focusing on the diagnosis and treatment of cancer. The practice recently added three new pathologists to its in-house laboratory staff: L-R: Surgical Pathologists Dr. Jane Bernstein and Dr. Kelly Rose, and Hematopathologist Dr. Janet McNaughton.

FCS & FHS Open New Vero Beach Location

Physicians and staff of Florida Cancer Specialists (FCS) and Florida Healthcare Specialists (FHS) celebrated their new office location in Vero Beach, Florida with a Ribbon Cutting ceremony and Open House on March 23, 2017. The facility, at 3730 7th Terrace, Suite 101, Vero Beach, Florida 32960, features a new, state-of-the-art mobile PET/CT scanner.

Pictured L-R: FCS Chief Marketing & Sales Officer Shelly Glenn; Kirsten Nolan, ARNP; Dr. Marays Veliz; Dr. Jennifer Cultrera; Dr. Sandeep Thaper; Dr. Maen Hussein; FCS CEO Brad Prechtl; FCS VP of Practice Operations Inga Gonzalez; and FCS Senior Physician Liaison Danielle Spears (far right).

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Physicians and staff of Florida Cancer Specialists (FCS) and Florida Healthcare Specialists (FHS) celebrated their new office location in Vero Beach, Florida with a Ribbon Cutting ceremony and Open House on March 23, 2017. The facility, at 3730 7th Terrace, Suite 101, Vero Beach, Florida 32960, features a new, state-of-the-art mobile PET/CT scanner. The new scanner brings ‘next generation’ imaging technology to patients in Lake County. This enables our physicians to better monitor a patient’s progress and ensure that treatment is working.

Pictured L-R: FCS Chief Marketing & Sales Officer Shelly Glenn; Kirsten Nolan, ARNP; Dr. Marays Veliz; Dr. Jennifer Cultrera; Dr. Sandeep Thaper; Dr. Maen Hussein; FCS CEO Brad Prechtl; FCS VP of Practice Operations Inga Gonzalez; and FCS Senior Physician Liaison Danielle Spears (far right).

Newly Renovated & Expanded Villages Cancer Center

Florida Cancer Specialists physicians and staff members welcomed patients and community leaders to a Ribbon-Cutting Ceremony and tour of the newly renovated and expanded Villages Cancer Center on January 26, 2017. The facility offers a wide range of services all under one roof, including chemotherapy, infusion, clinical trials and radiation therapy.

Expansion of In-House Pathology Lab Team Increases Efficiency

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A Warm, Fuzzy Story

Providing comfort to fellow patients undergoing the rigors of chemotherapy has become the mission of Dave and Bobbi Norris.

When Dave Norris was declared disease-free in March 2016, after more than a year of battling a stage 4 metastatic gastric adenocarcinoma, one of deadliest forms of cancer, he had dinner with his wife, Bobbi, and one of their four children, daughter Andrea, and her husband, Jordan.

“Andrea asked what I was going to do now,” Norris said, “and I told her I was going to spend the remainder of the year and beyond being MAD. She asked what I meant by that, and I said, ‘I’m going to Make a Difference.’”

Making a difference wasn’t anything new to Dave and Bobbi. Believing in “paying it forward,” the couple had always engaged in small acts of kindness. And they had long ago established a 501(c)(3) nonprofit corporation that, until the advent of Dave’s care, had been chiefly devoted to helping inmates in county correctional institutions and their families. It’s, they’ve always felt, their responsibility to share their successes — Dave’s as a commercial banker and Bobbi’s as a health care consultant.

“It was at this point that the spiritual part of me — I’m a devout Catholic — said I needed to do something bigger after my ordeal.”

While Dave had been treated aggressively with chemotherapy at MD Anderson Cancer Center in Houston, when his therapy called for daily radiation in addition to his chemo, he decided to do it close to home. After Bobbi had done extensive research, the couple determined that the Florida Cancer Specialists (FCS) center near their home in Lakewood Ranch would be the best place to continue treatment.

The transition from MD Anderson to FCS was seamless, and oncologist Dr. Miguel Pelayo took charge of Dave’s care.

“When Chemo was up, Dave returned to MD Anderson and had a hyperthermic intra-peritoneal chemotherapy (HIPEC) treatment, the results of which determined he was disease-free.

Now, more determined than ever to give back, Dave and Bobbi did their due diligence. They learned that FCS is the nation’s largest private oncology practice and that it administers one million visits a year at its nearly 100 offices. They discovered that the FCS Foundation’s mission is to provide “non-medical, financial assistance to adults undergoing cancer treatment in Florida to allow them to focus on fighting cancer.” To that end, it helps

“Dr. Pelayo was, no question, head and shoulders above the rest, from bedside manner to professionalism. I felt a human connection I hadn’t felt with any of the other doctors who had cared for me.”

When his 28 days were up, Dave returned to MD Anderson and had a hyperthermic intra-peritoneal chemotherapy (HIPEC) treatment, the results of which determined he was disease-free.

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patients who qualify with non-medical expenses, such as rent or mortgage, utilities and transportation costs.

“If anything we learned about the practice and the Foundation made us feel comfortable partnering with them,” Dave said.

Then set up a lunch with the executive director of the FCS Foundation, Shelly Glenn, for the FCS Foundation and Shelly Glenn, CMSO for FCS, and a member of the Foundation board of directors. They discussed any number of ideas about the best way they could “Make A Difference” for patients undergoing treatment.

Recalling Dave’s experience undergoing chemotherapy, Bobbi suggested warm blankets, citing the difference they had made for him at MD Anderson.

“As great as FCS was,” Dave explained, “there were no warm blankets — just regular ones at room temperature. And it was obvious that the other folks in the room receiving treatment with me were also cold.”
FCS Provides Leadership at National Community Oncology Conference

The 2017 Community Oncology Conference, held April 27-28, 2017, in Washington, D.C., drew more than 1,300 oncologists, administrators, nurses, pharmacists, industry leaders and patient advocates to discuss some of the most recent advancements in cancer care. Hosted by the Community Oncology Alliance, this year’s conference featured numerous physicians and leaders from Florida Cancer Specialists & Research Institute (FCS), including Dr. Michael Diaz, Dr. Craig Reynolds, FCS Founder and President Dr. William Harwin, FCS Director of Pharmacy Ray Bailey, FCS CEO Brad Prechtl, and Dr. Lucio Gordan, who served as a national co-chair for the conference. Sitting on post-conference panels were Don Champlain, Associate Director of Care Management, and Sarah Cevallos, Chief Revenue Cycle Officer.

Weighing in on this important metric, FCS Chief Operating Officer Todd Schonherz said, “Patient satisfaction, which results ultimately in patient loyalty, is the highest priority at Florida Cancer Specialists. We expect every patient to be treated like family, and our high score is the result of the high standards we maintain.”

People + Places

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Maria Ramos-Person Named 2017 Leukemia & Lymphoma Society’s Woman of the Year

The Suncoast Chapter of The Leukemia & Lymphoma Society (LLS) has named FCS Physician Liaison Manager Maria Ramos-Person their 2017 Woman of the Year. Maria raised more than $108,000 for LLS to help propel her to the Woman of the Year honor. 12 candidates raised a total of nearly $400,000 over the 10-week Man & Woman of the Year campaign.

In accepting the award, Maria acknowledged the love, support and encouragement of her husband, Cory, and two children, Cory Jr. and Adriana. She also thanked FCS physicians and staff, and campaign managers Sandy Brooks, Shelly Glenn and JoLynn Wright.

Have a suggestion for editorial content? Interested in sponsoring our next issue? Contact Maria Ramos-Person: mperson@FLCancer.com

Florida Cancer Specialists & Research Institute (FCS), founded in 1984, is the largest independent medical oncology/hematology practice in the United States, with nearly 100 locations. FCS delivers world-class cancer care in community-based settings, providing innovative clinical research and cutting-edge technologies that help advance targeted treatments and genetically-based immunotherapies.

FCS serves patients on the Gulf coast from Naples to Tallahassee, in central Florida communities, and on the east coast from Palm Coast to Palm Beach County.

For a listing of locations, helpful information about your first visit, and other patient resources, visit FLCancer.com