Obituary

Donald Lee Morton: In Memoriam (1934–2014)

Dave S.B. Hoon

On January 10, 2014, the melanoma clinical and research community lost one of its most influential and innovative members with the passing of Donald Lee Morton. Born on September 12, 1934, Morton came from humble beginnings in rural West Virginia. He graduated from the University of California, Berkeley and went on to receive his medical degree from the University of California, San Francisco. Morton then became head of the tumor immunology section and senior surgeon at the Surgery Branch of the National Cancer Institute, NIH in 1969. From there, Morton’s surgical career took him to University of California Los Angeles (UCLA), where he became professor and chief of surgical oncology (1971–1991) and chief of the Department of General Surgery (1977), where he mentored young clinicians and basic science faculty. By 1991, Morton’s burgeoning research programs had extended well beyond the University of California system. He became professor emeritus of surgery at UCLA (1991). In collaboration with the family of John Wayne, a former patient, Morton founded the John Wayne Cancer Institute (JWCI) at St. John’s Health Center in Santa Monica with the aim of focusing on surgical oncology training and translational cancer research.

Morton headed the JWCI in multiple capacities: President, Board Member, Medical Director, Chief of the Melanoma Program, Director of the Surgical Oncology Fellowship Program, and Distinguished Professor of Surgery. His leadership established JWCI as a successful, internationally known cancer research institute. Importantly, Morton was the driving force behind JWCI’s impressive melanoma biospecimen repository, which remains one of the oldest and best known clinically annotated melanoma patient tumor and blood specimen banks in the world. Its size and endurance are a tribute to Morton’s perseverance: six decades ago, he realized that correlative translational studies would require a carefully maintained archival specimen resource. He was right, as evidenced by countless translational studies, publications, and a record-setting level of multiple continuous program projects over five decades NIH funding based on proposals using the repository. Over the course of his illustrious career, Morton authored more than 880 research articles and reviews, many of which were featured in high impact, peer-reviewed translational and clinical journals, and served as a coeditor of Cancer Medicine for many years.

As an academic surgeon, Morton pioneered clinical approaches that laid the foundation for current strategies in surgery, immunotherapy, and diagnosis of early- and late-stage melanoma. One of his major contributions to clinical cancer management was the development of lymphatic mapping and sentinel lymph node biopsy for patients with early-stage primary cutaneous melanoma. This procedure has revolutionized the staging of clinically localized melanoma and is now a key factor in the American Joint Committee on Cancer (AJCC) melanoma staging system. Morton was principal investigator on four international phase III clinical trials, including two related to sentinel node biopsy: Multicenter Selective Lymphadenectomy Trials (MSLT) I and II. The first trial’s final results, which were recently published in the New England Journal of Medicine, confirmed the disease outcome and staging advantage of sentinel node biopsy in patients with early nodal metastasis; the results of MSLT-II, the largest surgical trial ever undertaken for melanoma, will determine whether complete nodal dissection is necessary in all patients with tumor-positive sentinel nodes. Meanwhile, sentinel node biopsy has become the standard of care for breast cancer as well as melanoma, and it is increasingly used for gastrointestinal and other solid tumors that spread via the lymphatics.

Morton’s surgical skill also allowed him to develop surgical approaches that redefined the management paradigm for distant melanoma metastases and often saved the lives of patients who otherwise would have no treatment options. He consistently and successfully endorsed surgical resection as the first-line curative option for early and advanced melanoma. He also was a strong advocate of postoperative active immunotherapy for melanoma, and he received long-term NCI funding to conduct phase I, II, and III trials of intralesional
bacille Calmette-Guerin, monoclonal antibodies, biologic modifiers, and therapeutic melanoma vaccines. The findings of these multicenter trials have influenced current protocols for adjuvant immunotherapy and underlined the importance of studying melanoma-associated antigens and humoral immunity. Morton had a strong interest in adjuvant immunotherapy in the clinic and the associated translational research. Throughout his career, he supported and provided mentorship to both clinicians and scientists in melanoma immunotherapy–related research.

Morton was a leader as well as a surgical scientist. He served as President of the Society of Surgical Oncology, President of the World Federation of Surgical Oncology Societies, and Founding President of the International Sentinel Node Society. He mentored more than 150 fellows in translational research and surgical treatment of cancer throughout his career. Morton was a pioneer of today's current surgical oncology practice and translational research. He was always approachable and available for fellows and faculty to discuss clinical and research issues; he had a unique mentoring quality that allowed him to pass on his experience and wisdom.

Those of us fortunate enough to have known him will miss his tenacity, enthusiasm, and vision. No matter how successful Morton became, he never lost sight of his fundamental goal: a cure for melanoma. A personal battle with cancer during the last decade of his life fueled his determination to eliminate melanoma—if not through his own research, then by inspiring young academic surgeons and scientists to follow his dream. His mentorship and charisma as an educator leave a legacy of UCLA and JWCI graduates who became leaders in academic medicine.

Through his dedication, insight, and creativity in melanoma studies, Morton has touched countless lives—patients that he treated, patients that are receiving or will receive treatments based on his techniques, and scientists who trained under his guidance. Morton lives on through his achievements, which are improving cancer management and bringing us closer to a cure for melanoma. His inspiration to clinicians in melanoma translational research has benefited many patients and will continue to in the future.

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