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Expanding the pipeline. The 2018 Society of Gynecologic Oncology presidential address. Sunday, March 25, 2018. By Laurel W. Rice, MD. 2017–2018 SGO president

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Our mission is to *eradicate gynecologic cancers*. This is an audacious but worthy goal. I am confident that every individual in our field would be happy to be forced to look for a different line of work. The Society of Gynecologic Oncology's (SGO) ongoing effort to eradicate gynecologic cancers is hard driving, well organized, and multifaceted. Advancing the field of gynecologic oncology rests on the pillars we are so familiar with: scientific discovery, clinical excellence, education, and advocacy.

The first pillar, discovery, including bench research, translational research, and clinical research, is the bedrock for our efforts to advance our mission. The Cancer Genome Atlas project, published in 2011, provides a tremendous investigational platform for ovarian cancer research [1]. Detailed molecular information was obtained from 316 women with high-grade serous ovarian carcinoma. One of several important discoveries was that homologous recombination was defective in approximately 50% of patients, which paved the way for poly-ADP ribose polymerase (PARP) inhibitors in targeted therapy for ovarian cancer. There are three approved PARP inhibitors with different U.S. Food and Drug Administration-approved indications. In a randomized, double-blind, phase III clinical trial, Mirza and colleagues compared Niraparib to placebo in women with platinum-sensitive, recurrent ovarian cancer and reported a significantly longer median progression-free survival in women receiving Niraparib, irrespective of the presence or absence of germline *BRCA* mutation or homologous recombination deficiency (HRD) status [2]. Niraparib is now approved for this patient population with no need for pretreatment genetic or HRD testing. The field is advancing!

The second pillar, clinical excellence, is well represented by the Gynecologic Oncology Group (GOG) LAP2 study, published in 2009, which established that laparoscopic surgical staging for endometrioid endometrial cancer (EEC) is feasible and safe with fewer complications and shorter hospital stays compared to laparotomy [3]. A subsequent GOG trial and a population-based analysis established that minimally invasive procedures for EEC do not compromise long-term survival

[4,5]. According to the Premier Healthcare Database, which includes data regarding 55,861 hysterectomies for EEC, laparoscopic procedures increased from 23% in 2008 to 60% in 2015 [6]. We are a data-responsive group in pursuit of our mission and vision.

The third pillar, education, is core to all we do. We are dedicated to educating ourselves, other health care providers, government, industry, and patients – basically, the entire planet. There are myriad examples of how we make a major impact in this space. As I think most in the field are aware, clinical trials in gynecologic oncology have been under siege in the past 10 years. That is improving through the tenacity of the SGO and our partners. Education has been critically important in moving the dial. In 2017, the SGO developed an effective new tool that helps patients and primary care physicians learn about clinical trials. Under the direction of Ginger Gardner, MD; Ellen Sullivan; and Robyn Kurth, with funding support from the GOG Foundation, a patient-friendly video is now available to all of us for use in educating our patients about clinical trials. Our patient advocates – particularly Mary Scroggins, Debbie Miller, and Dee Sparacio – greatly assisted the development of this patient education tool.

Another example of our continued commitment to education is the outreach effort that took place at this year's Annual Meeting on Women's Cancer. Sandra Brooks, MD; Ginger Gardner, MD; Amy Jernigan, MD; Josh Kesterson, MD; and Jennifer Young Pierce, MD, with help from Teri Jordan and Ellen Sullivan, surveyed the medical directors at Federally Qualified Health Centers (FQHCs) in New Orleans to determine how SGO could best give back to the local community. SGO members led several educational sessions with FQHC clinic staff on best practices for discussing human papillomavirus (HPV) vaccination with parents. Feedback from the FQHC clinical staff was outstanding!

The fourth pillar, advocacy, is critically important as we continue to fight for the needs of our patients. With funding from the GOG Foundation, 22 SGO members descended on Capitol Hill on November 3, 2017, to oppose the proposed National Defense Authorization Act of 2017. As originally written, this bill would have completely cut all funding for ovarian cancer research via the Department of Defense (DoD) funding mechanism. Jill Rathbun, our fearless and tenacious Director of Government Relations, and Carol Brown, MD, our next SGO president, led the charge as our advocates visited 62 congressional offices and carried out 10 additional outreach efforts. We were successful in securing

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funding for another year, thanks to Jill and Dr. Brown. Since its inception in 1997, the DoD Ovarian Cancer Research Program has provided \$276.45 million focused on eradicating ovarian cancer. We are honey badgers and we care deeply about this program!

In addition to discovery, clinical excellence, education, and advocacy, there is a fifth pillar of our mission that is critical to advancing the field: expanding the pipeline of passionate individuals committed to eradicating gynecologic cancers. Mentorship and sponsorship are not novel concepts – certainly not in our field. As I queried individual SGO members about their mentoring relationships throughout the past year, it became obvious to me that the SGO is an organization that understands and appreciates mentorship. Several members of our society have written about this topic. In 2012, David Gershenson, MD published a very reflective editorial in *Gynecologic Oncology* [7]. In mentoring relationships, mentees expect guidance and advice from someone with skills or expertise in an area they would like to develop. Trust is the operative word. Sponsorship has a different flavor: bold, open advocacy. A sponsor should be willing to open up doors for you. To distinguish between mentor and sponsor and to demonstrate that both are necessary, I would like to reference several SGO colleagues.

Beth Karlan, MD needs no introduction, although I will mention that she was president of the SGO in 2005, is Editor-in-Chief of *Gynecologic Oncology*, and was recently elected to the National Academy of Medicine (NAM). Dr. Karlan's most important mentor was Leo Lagasse, MD. Dr. Karlan shares that Dr. Lagasse was honest and offered quiet, constant support and encouragement at a time when there had never been a female fellow at University of California-Los Angeles. Her academic sponsor, however, was Dennis Slamon, MD, PhD, a medical oncologist and translational researcher. He spoke up for her, opened doors, and gave her many academic opportunities at the National Cancer Institute (NCI) and elsewhere. During Dr. Karlan's training, one attending told her that it wasn't worth his time to train her because she was married to a general surgeon and would probably never work after fellowship. That individual missed the mark!

Groesbeck Parham, MD is another familiar face due to his continued contributions to the field of gynecologic oncology and to the world's underserved women. Dr. Parham, presently a professor at the University of North Carolina, moved to Lusaka, Zambia in 2005 to establish the Centre for Infectious Disease Research in Zambia Cervical Cancer Prevention Program. At the 2011 annual SGO meeting in Orlando, he won the Hugh R.K. Barber Lectureship and Presidential Award for Best Oral Abstract for his abstract "Effectiveness of a program to prevent cervical cancer among HIV-infected women in Zambia." In 2014, he received the SGO Humanitarian and Volunteerism Award, which acknowledges an individual who is committed to the underserved women of the world. Dr. Parham finished his fellowship in 1988, a year or so earlier than Dr. Karlan, when there were not many women nor under-represented minorities in the field of gynecologic oncology. He shares that Gary Poirier, an embryologist at the University of Alabama-Birmingham (UAB), convinced him he was good enough. Hugh Shingleton, MD, a gynecologic oncologist at UAB, opened the door. Phil DiSaia, MD and Mike Berman, MD, gynecologic oncologists at University of California-Irvine, armed him with skills. Edward Savage, MD, a gynecologic oncologist, and Abbo Hasaan Abbo, MD, a Sudanese gynecologist, taught him how to fight as a one-man army.

Diane Yamada, MD is Chief of Gynecologic Oncology at the University of Chicago, a member of the American Board of Obstetrics and Gynecology (ABOG), Division of Gynecologic Oncology, and one of the 2019 SGO annual meeting program directors. Dr. Yamada notes that Dr. Karlan took a chance on her when she was a resident in a smaller program by bringing her into the lab and instilling in her a love of scientific investigation. Dr. DiSaia is responsible for her leadership style, which is reminiscent of a big Italian family. Barbara Goff, MD opened many doors for her and encouraged and sponsored her in her pursuit of leadership roles in national organizations. Ernst Lengyel, MD, PhD, Chair of Obstetrics and Gynecology at the University of Chicago, continues to guide her as she rises through the leadership ranks at their institution.

There are a multitude of other poignant examples of remarkable mentorship and sponsorship in the SGO. Clearly, this organization is familiar with the sentiment of Sir Winston Churchill: "We make a living by what we get, but we make a life by what we give."

The fifth pillar of mentorship and sponsorship requires a broad perspective and organizational development of mentoring/sponsoring programs that lead to exponential expansion of the pipeline of committed individuals. Mentoring programs abound, both in and outside of medicine. One impressive non-medical program is iMentor. The iMentor Program was launched in 1990 with the mission of building mentoring relationships that empower first-generation students from low-income communities to graduate from high school, succeed in college, and achieve their ambitions. Seventy-one percent of students in iMentor programs enroll in college and 48% ultimately graduate, statistics that far exceed the rates for demographically matched peer schools. With 26,000 high school students completing the program since its inception, I would say this is a successful mentoring program!

There are many examples of powerful mentoring programs in ob-gyn. The Reproductive Scientist Development Program and the Research and Training Scholarships of the American Association of Obstetricians and Gynecologists Foundation are two powerful programs, both focused on providing support and mentorship for physician scientists. Both programs have a remarkable mentoring platform, and multiple gynecologic oncologists have launched their academic careers from these two programs. This year, the GOG Foundation has committed to supporting a gynecologic oncologist scholar in each program, and I am confident this investment will advance our field.

In the SGO, we have embraced the concept of organizational mentorship. I want to highlight three of our existing programs that are already making a difference in expanding our pipeline.

First, Train-the-Trainers, is an SGO program focused on mentoring for wellness. The SGO conducted a survey published in 2015, which revealed that 32% of SGO members suffered from burnout – a common problem in all fields of medicine [8]. Importantly, the same SGO survey revealed that 89% of us would do it all again! Having said that, there clearly is room for more wellness. In 2016, the SGO published the white paper, "Stress and burnout among gynecologic oncologists: A Society of Gynecologic Oncology evidence-based review and recommendations," led by Ilana Cass, MD, which summarized our action plan [9]. Jeff Fowler, MD, 2017 SGO President, has led the charge regarding burnout and wellness for the past several years. In his 2017 presidential address, he reviewed the landscape for physician burnout with a focus on improving wellness. His invited guest speakers presented powerful strategies on how to ameliorate burnout. One of Dr. Fowler's many important strategies was recruiting Andy Berchuck, MD and Bobbie Gostout, MD to serve as the first co-chairs of the SGO Wellness Task Force between 2014 and 2017.

With a generous grant from ABOG, the SGO developed a wellness curriculum focused on gynecologic oncology fellows. Two faculty members from 15 fellowship programs chosen to serve as beta sites met in Chicago in September 2017. David Kushner, MD; Kenny Kim, MD; and Jessica Oldham, with help from Stephanie Blank, MD, led the charge, and momentum continues. The preliminary results look great! The percentage of fellows who expressed comfort discussing wellness topics increased from 63% to 74%. The percentage of fellows who expressed comfort in identifying symptoms of burnout increased from 75% to 90%. Next steps include rolling the program out to all 51 gynecologic oncology fellowship programs in the country. The SGO Wellness Task Force is currently lead by Dr. Kushner with Dr. Kim and Dr. Cass as vice chairs. Their monthly wellness blogs are extremely popular, attracting the greatest number of hits among all SGO websites! The SGO is building a reputation as a specialty that is deeply invested in our own health.

A second area ripe for programmatic mentorship is early career development. In September 2017, the second SGO Early Career Development Program was held in Chicago, focused on mentoring our

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